

**Ms Ursula von der Leyen**  
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25 February 2026

Dear President von der Leyen,

## False and misleading European Commission statements about novel nicotine product safety

We write to express our concern about recent statements by Commissioner Várhelyi regarding the safety of nicotine products. These statements amount to spreading damaging misinformation, and we urge you to take action to prevent further loss of trust and confidence in the European Union. This letter sets out the false statements made by the Commissioner, an overview of the evidence that demonstrates they are false, and the implications for European Union policymaking and EU citizens.

### False statements made by Commissioner Várhelyi

In his interview with Euractiv,<sup>1 2</sup> Commissioner Várhelyi made the following statements:

**Euractiv:** Are you deeply convinced that alternative tobacco products are as harmful as traditional cigarettes?

**Commissioner Várhelyi:** Yes, I am. Absolutely. One hundred per cent.

**Euractiv:** Not less harmful, but as harmful?

**Commissioner Várhelyi:** As harmful. I know they do not like this, but I am absolutely sure.

These comments to Euractiv are not an accident, but part of a pattern of misinformation and false statements from the Commissioner. Other statements clearly show he is referring to the full range of smoke-free alternatives to cigarettes. He has made several public statements asserting or implying that vaping, nicotine pouches and heated tobacco are as harmful to health as smoking.

- On 13th May 2025, during an exchange of views with the ENVI Committee, Commissioner Várhelyi stated that *“vaping...has created completely new health risks [that are] comparable to or even bigger than smoking itself. It’s enough to read some articles about the “popcorn lungs” which is a completely new phenomenon, and which is breathtakingly overtaking the young generation”*.<sup>3</sup> The risks are not comparable, and there are no known cases of popcorn lung (bronchiolitis obliterans) caused by vaping.
- On 16th July 2025, Commissioner Várhelyi posted on X that *“For the first time ever, we acknowledge that new tobacco and nicotine products pose health risks comparable to traditional ones”*.<sup>4</sup> It is the first time a Commission official has made such a significant error.
- Soon after the X.com post above, a European parliamentary question inquired about the basis of this scientifically untenable position.<sup>5</sup> The Commissioner’s response doubles down on the claim, asserting that this is the Commission’s official position.<sup>6</sup> In January 2026, these positions were restated in an answer<sup>7</sup> to a new Parliamentary question.<sup>8</sup> In this answer, the Commission asserts incorrectly that: *“Using smoke-free tobacco and nicotine products, as opposed to combustible smoking, is not reducing risk to health”*, but bases this claim on a logical error: *“There are no safe levels of tobacco or nicotine consumption, including*

*from smoke-free tobacco and nicotine products.*” There is an important difference between *safe* and *safer*: smoke-free products do not have to be ‘safe’ to be far ‘safer’ than cigarettes.

## Evidence that the Commissioner’s statements are false

There is no serious dispute that vaping, pouches, and other forms of non-combustible tobacco and nicotine products are far less harmful than smoking, and a wide range of evidence confirms this. The key difference between combustible and non-combustible products is the formation of thousands of combustion byproducts. Tobacco smoke contains around 7,000 identifiable chemical agents, of which at least 158 are known to be toxic or carcinogenic.<sup>9</sup> Measures of toxicant exposure in the bodies of those using smoke-free products show levels that are much lower compared to those of people who smoke, close to background, or undetectable to people. There is no plausible way to reconcile these observations with the Commissioner’s statements. We do not claim that these products are “safe” or “harmless”, just that they are, beyond any reasonable doubt, far less harmful than cigarettes.

Several high-quality, independent assessments conclude that exclusive smoke-free nicotine use poses a small fraction of the risks of cigarettes:

- *Scientific studies show that e-cigarettes themselves are much less hazardous than conventional cigarettes*—Bundesinstitut für Risikobewertung, [Federal Institute for Risk Assessment], Germany (2025)<sup>10</sup>
- *When you vape, the flavoured liquid (which may contain nicotine) is heated and turns into droplets of vapour and air. This way, you avoid most of the carcinogenic substances found in cigarettes*—Institut National du Cancer, France.<sup>11</sup>
- *Laboratory tests of e-cigarette ingredients, in vitro toxicological tests, and short-term human studies suggest that e-cigarettes are likely to be far less harmful than combustible tobacco cigarettes*—National Academies of Sciences, Engineering, and Medicine, United States (2018).<sup>12</sup>
- *...vaping poses only a small fraction of the risks of smoking*—Office for Health Improvement and Disparities, England (2022).<sup>13</sup>
- *Vaping exposes vapers to a far narrower range of toxins than does smoking cigarettes, and levels of toxins absorbed from vaping are generally low. It is therefore likely that vaping poses only a small fraction of the risk of smoking*—Royal College of Physicians, London (2024).<sup>14</sup>
- A detailed discussion of the health impacts of e-cigarettes compared to cigarettes is part of a paper by 15 former presidents of the independent Society for Research on Nicotine and Tobacco (SRNT).<sup>15</sup> These authors, some of the world’s leading authorities, summarise the safety case as follows:
  - o *Many scientists have concluded that vaping is likely substantially less dangerous than smoking because of the following:*
  - o *The number of chemicals in cigarette smoke, greater than 7000, exceeds that of e-cigarette aerosol by 2 orders of magnitude.*
  - o *Among potentially toxic substances common to both products, cigarette smoke generally contains substantially larger quantities than e-cigarette aerosol. However, e-cigarette aerosol contains some substances not found in cigarette smoke.*
  - o *Biomarkers reflecting exposure to toxic substances are present at much higher levels in exclusive cigarette smokers than in exclusive vapers, and studies of smokers who switch to e-cigarettes find decreases in toxicant exposures.*
  - o *Tests of lung and vascular function indicate improvement in cigarette smokers who switch to e-cigarettes. Exclusive users of e-cigarettes (most being former smokers) report fewer respiratory symptoms than do cigarette smokers and dual users.*

- *The use of oral nicotine pouches, as recommended by the manufacturer, as a replacement for cigarette smoking, is likely to be associated with a reduction in overall risk of adverse health effects*—Committee on Toxicology (UK government) 2023.<sup>16</sup>
- *The profound reduction (>99%) of key carcinogens [...] as well as substantial overall reduction of toxicants is expected to affect health risks, if people abstain completely from other tobacco products*—Heated Tobacco Products: A Review of Current Knowledge and Initial Assessments. Bundesinstitut für Risikobewertung, Germany (2019).<sup>17</sup>
- The United States Food and Drug Administration has authorised a range of e-cigarettes, nicotine pouches, heated tobacco products, and snus as “appropriate for the protection of public health” under its exacting population health standard.<sup>18</sup>

It is common to cite Professor Michael Russell’s 1976 insight, “*People smoke for the nicotine but die from the tar*”,<sup>19</sup> to convey the idea that it is not the nicotine that is the primary direct cause of disease and death arising from smoking. Nicotine is the reason people smoke and, as a result, expose themselves to thousands of toxicants in cigarette smoke. That insight still holds today. U.S. Food and Drug Administration leadership reiterated this point in 2017, setting out a strategic approach to nicotine: “*nicotine, though not benign, is not directly responsible for the tobacco-caused cancer, lung disease, and heart disease that kill hundreds of thousands of Americans each year*”.<sup>20</sup>

## The absence of European Union evidence that supports the Commissioner

We are unaware of any credible estimates of the death toll from vaping in the European Union or anywhere else. We are unaware of any cases of popcorn lung (bronchiolitis obliterans) attributable to vaping,<sup>21</sup> even though this condition forms part of Commissioner Várhelyi’s argument. The ingredient that caused it in American popcorn workers, diacetyl, is banned in lawfully marketed vapes in the European Union under existing European Union regulations.<sup>22</sup>

Though 11 years have passed since the 2014 Tobacco Products Directive, the European Commission has not reviewed the comparison of harms between vaping and smoking. Its own scientific committee (SCHEER) was charged with reviewing the data in 2021. However, it was mandated “*to focus only on health impacts compared to non-smoking,*” not on the all-important comparison with smoking.<sup>23</sup> Even the Commission’s major research initiative, the Joint Action on Tobacco Control,<sup>24</sup> has not provided a basis for the Commissioner’s claims. Though there is considerable analysis of e-cigarettes in the JATC work packages, we are unaware of any meaningful comparison between the risks of cigarettes and e-cigarettes in these analyses.

The volume of evidence supporting a case for harm reduction and refuting the Commissioner’s claims is far greater than we can cover here.<sup>25</sup> The Commission and its officials are required to “act objectively and impartially” under the Code of Good Administrative Behaviour,<sup>26 27</sup> and we expect the record to be corrected.

## Consequences for European Union policymaking

These are non-trivial errors, yet they are relevant to policy decisions about a major public health issue: around 90 million EU citizens still smoke (almost one in four adults), and over 700,000 Europeans die prematurely each year from smoking-related disease.<sup>28</sup> Reliable evidence is integral to the Better Regulation agenda,<sup>29</sup> and misleading presentation of risks will have the following adverse effects for European Union decision-making:

- **Revision of the Tobacco Excise Directive (TED).** The misrepresentation of risk in the case of smoke-free nicotine products has led to proposals for excessive levels of tax on smoke-free alternatives to cigarettes. The effect would be to distort the internal market, thereby protecting cigarettes and thus promoting ill-health. The revised excise regime proposed for tobacco and nicotine products in July 2025<sup>30</sup> was based on flawed assumptions about relative risk. Misrepresentation of risk violates the principles of

proportionality<sup>31</sup> and non-discrimination,<sup>32</sup> which justify taxation levels that reflect risk. The Commission's approach has created conflict with the European Council, which has been pressing for a more risk-proportionate regime. The European institutions have been generally positive and creative in their approach to "behavioural taxation" for health and environmental purposes, aiming to substitute high-risk with low-risk behaviours through differential tax rates.<sup>33</sup> Yet, the Commission proposal seeks "*to create a level playing field for both traditional tobacco products and new substitute products [...] anticipating risks of substitution between products.*" This interpretation of "non-discrimination" only makes sense if the Commission assumes that the risks of these products are broadly similar (they are not) and that substitution is undesirable (it is not).

- **Revision of the Tobacco Products Directive (TPD).** The Commission is expediting its proposal for a revised Tobacco Products Directive, which is currently expected in 2026. The effective regulation of novel nicotine products within this framework requires the legislature to consider both risks (uptake by people who would never otherwise have used nicotine) and benefits (smoke-free products displacing smoking). An incorrect understanding of risk will distort regulatory policymaking, leading to excessive regulation of products that Europeans wish to use to reduce risks associated with current smoking and future smoking uptake. The danger is driving a range of predictable unintended consequences: (i) more smoking than there would be otherwise; (ii) more illicit trade and ceding large parts of the novel nicotine market to illicit nicotine products with Russian or Chinese origins and sometimes supplied via criminal networks; (iii) a range of potentially risky workarounds by consumers and suppliers that may increase overall risk and undermine regulatory aims.
- **Major public health initiatives.** The European Union has established important public health objectives related to cancer (Europe's Beating Cancer Plan)<sup>34</sup> and cardiovascular disease (EU cardiovascular health plan: the Safe Hearts Plan).<sup>35</sup> In both cases, *smoking* is a major modifiable risk factor, with practical technologies that allow migration to low-risk nicotine use. The misrepresentation of the relative risks of smoking and smoke-free alternatives will undermine the potential effectiveness of these programmes.
- **The internal market.** Article 114 of the Treaty on the Functioning of the European Union states:<sup>36</sup> "(3) *The Commission, in its proposals [to develop the internal market], concerning health, safety, environmental protection and consumer protection, will take as a base a high level of protection, taking account in particular of any new development based on scientific facts.*" The internal market can be made to function efficiently to combat smoking and disease by enabling low-risk alternatives to compete with cigarettes, allowing consumers to improve their own health, on their own initiative, and at their own expense. The effective functioning of the internal market can only proceed if the institutions have a realistic appraisal of the pronounced variations in risk to human health between smoked and smoke-free products. Commissioner Várhelyi is at risk of leading the Commission into harmful prohibitionist regulation based on flawed reasoning that would distort the internal market, cause the avoidable deaths of thousands of Europeans, and nurture a gigantic unregulated black market in safer alternatives to cigarettes.
- **Disinformation.** Misleading information originating from the Commission will undermine the European Union's efforts to tackle disinformation through the Code of Practice on Disinformation (2022)<sup>37</sup> and the Code of Conduct on Disinformation (2025)<sup>38</sup>. The Commission correctly states that disinformation is "*a growing threat to European democracies.*" However, if the truthfulness of its own information is in question, critics will rightly doubt the Commission's sincerity, question its legitimacy, and act accordingly.
- **WHO Framework Convention on Tobacco Control (FCTC).** False risk estimates will lead to weak and flawed EU common positions on international agreements, such as the FCTC. The Commission's efforts to override the perspective of more pragmatic Member States led to a breakdown in trust before the COP-11 meeting in November 2025. According to Euroreporter, there were several reasons for the breakdown, including this: "*There was no agreement on novel nicotine products. A growing number of governments insist that harm reduction alternatives cannot be regulated identically to cigarettes without triggering*

*unintended public health consequences.*<sup>39</sup> The misrepresentation of risks will only worsen these divides and give Member States grounds to reject negotiating positions grounded in flawed assumptions.

The Commissioner's statements are problematic because human lives and suffering are at stake. There are further implications: the functioning of the internal market and the credibility of the European Union are compromised by politicised, unsubstantiated scientific statements.

## Consequences for European Union citizens

Smoking is a uniquely harmful consumer behaviour, creating significant risks for cancer, cardiovascular and respiratory disease, and numerous other conditions.<sup>40</sup> Nearly all the risks from tobacco use arise from *smoking*: inhaling thousands of chemical agents, many toxic or carcinogenic, produced during the combustion of tobacco leaves in the burning tip of a cigarette.<sup>41</sup>

The European Union has made lethal mistakes in this field in the past. In 1992, oral tobacco (also known as snus) was banned throughout the European Union,<sup>42</sup> yet snus presents far lower risks than smoking.<sup>43 44</sup> At the time of accession, Sweden was granted an exemption from the ban. One estimate suggests that snus avoids 3,000 smoking-related deaths per year in Sweden, which has an exemption from the ban.<sup>45</sup> In the rest of the European Union, with a population more than forty times greater than Sweden's, smokers have been deliberately denied this life-saving option. Yet, twenty million European Union citizens have died from smoking-related diseases since the snus ban came into effect in 1992.<sup>46</sup> Many deaths could have been avoided through switching nicotine use from smoking to snus. If the internal market had been allowed to function correctly based on a proper appreciation of risk, the burden of smoking-related death and disease in the European Union could have been significantly lower. *The European Union must not repeat these mistakes with new and emerging alternatives to cigarettes.*

The Commission leadership, or other institutions, must move swiftly to correct dangerous, false, and misleading statements made by Commissioner Várhelyi and to ensure that policymaking with the potential to save or threaten the lives of millions of EU citizens is grounded in sound science. Fundamentally, the European institutions can back the Commissioner's posture, or they can take their policymaking responsibilities seriously. They cannot do both.

We are copying this letter to the College of Commissioners, European Council representatives and interested parties in the European Parliament.

Yours sincerely

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## References

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- <sup>1</sup> Euractiv. (2025). INTERVIEW: Várhelyi says health package is effort to keep pace with global competition. *Euractiv*. 19 December 2025, [\[link\]](#)
- <sup>2</sup> Euractiv. (2025). EXCLUSIVE: EU health chief 100% convinced new products as harmful as cigarettes. *Euractiv*. 18 December 2025 [\[link\]](#)
- <sup>3</sup> European Parliament, Committee on the Environment, Climate and Food Safety, 13th May 2025 [\[link\]](#)
- <sup>4</sup> Commissioner Várhelyi X.com feed 16 July 2025, [\[link\]](#)
- <sup>5</sup> Charlie Weimers, Beatrice Timgren, Dick Erixon, Parliamentary Question, *Scientific basis for Commissioner Várhelyi's statement that 'new tobacco and nicotine products pose health risks comparable to traditional ones'*: Question for written answer E-003099/2025, European Parliament, 25 July 2025. [\[link\]](#)
- <sup>6</sup> European Commission. EN E-003099/2025 Answer given by Mr Várhelyi on behalf of the European Commission. 11 September 2025 [\[link\]](#)
- <sup>7</sup> Answer given by Mr Várhelyi on behalf of the European Commission, 19 January 2026 [\[link\]](#)
- <sup>8</sup> Kristoffer Storm, Question for written answer E-004350/2025 to the Commission, 5 November 2025 [\[link\]](#)
- <sup>9</sup> Fowles, J., & Dybing, E. (2003). Application of toxicological risk assessment principles to the chemical constituents of cigarette smoke. *Tobacco Control*, 12(4), 424–430. [\[link\]](#)
- <sup>10</sup> Bundesinstitut für Risikobewertung [German Federal Institute for Risk Assessment] Are e-cigarettes actually less harmful than conventional cigarettes? [\[link\]](#)
- <sup>11</sup> République Française, Institut National du Cancer, Agir pour sa santé contre les risques de cancer, 2024 “*Quand vous « vapotez », le liquide aromatisé (qui peut contenir de la nicotine) est chauffé et se transforme en gouttelettes dans de la vapeur et de l'air. Vous évitez ainsi la plupart des substances cancérigènes de la cigarette.*” [\[link\]](#)
- <sup>12</sup> National Academies of Sciences, Engineering, and Medicine (“NASEM”), United States, *Public Health Consequences of E-Cigarettes*, National Academies Press (2018), Summary at 1, [\[link\]](#)
- <sup>13</sup> Office for Health Improvement and Disparities (“OHID”) (formerly Public Health England), *Nicotine Vaping in England: 2022 evidence update summary* (2022), at chapter 16 [\[link\]](#).
- <sup>14</sup> Royal College of Physicians (2024). *E-cigarettes and harm reduction: An evidence review*. at 67. [\[link\]](#).
- <sup>15</sup> Balfour, D. J. K. et al. (2021). Balancing Consideration of the Risks and Benefits of E-Cigarettes. *American Journal of Public Health*, 111(9), 1661–1672. [\[link\]](#)
- <sup>16</sup> Committee on Toxicology (UK). (2023). *Statement on the bioavailability of nicotine from the use of oral nicotine pouches and assessment of the potential toxicological risk to users* (Statement 2023/01). Committee on Toxicology. [\[link\]](#)
- <sup>17</sup> Mallock, N., Pieper, E., Hutzler, C., Henkler-Stephani, F., & Luch, A. (2019). Heated Tobacco Products: A Review of Current Knowledge and Initial Assessments. *Frontiers in Public Health*, 7. [\[link\]](#)
- <sup>18</sup> Food and Drug Administration (United States) Searchable Tobacco Products Database [\[here\]](#) Accessed 27 January 2026, 85 PMTA authorisations for vapes, pouches (designated ‘other’), heated tobacco and smokeless tobacco products.
- <sup>19</sup> Russell, M. A. H. (1976). Low-tar medium-nicotine cigarettes: A new approach to safer smoking. *British Medical Journal*, 1(6023), 1430–1433. [\[link\]](#)
- <sup>20</sup> Gottlieb, S., & Zeller, M. (2017). A Nicotine-Focused Framework for Public Health. *New England Journal of Medicine*, 377(12), 1111–1114. [\[link\]](#)
- <sup>21</sup> Cancer Research (UK), Does vaping cause popcorn lung? “*E-cigarettes don't cause the lung condition known as popcorn lung.*” London, August 2024. [\[link\]](#)
- <sup>22</sup> Tobacco Products Directive Article 20 3(e): “*except for nicotine, only ingredients are used in the nicotine-containing liquid that do not pose a risk to human health in heated or unheated form;*” All member states should ban diacetyl in vapes because the substance is listed in the European Chemicals Agency [database](#) as follows: Butanedione (Diacetyl): *toxic if inhaled, causes damage to organs through prolonged or repeated exposure [...]*.
- <sup>23</sup> European Commission, Scientific Committee on Health, Environmental and Emerging Risks (SCHEER). *Electronic Cigarettes*, 19 April 2021. [\[link\]](#)
- <sup>24</sup> Joint Action on Tobacco Control (JATC) <https://jaotc.eu/> - see especially Work Package 7 (WP7) E-cigarettes and novel tobacco products evaluation.

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- 25 Clive Bates, Evidence briefs for policymakers: Product Safety. The Counterfactual. [\[link\]](#), All briefs [\[link\]](#)
- 26 Rule of Procedure of the Commission (C(2000) 3614) Annex: Code of Good Administrative Behaviour [\[link\]](#)
- 27 Code of Conduct for the Members of the European Commission (2018/C 65/06), Article 2.1 and 2.5 [\[link\]](#)
- 28 European Commission, Tobacco: Overview – accessed 18 December 2025 [\[link\]](#) & Special Eurobarometer 539: Attitudes of Europeans towards tobacco and related products, 2024 [\[link\]](#)
- 29 European Commission. Better Regulation Guidelines, 2021, SWD(2021) 305 final [\[link\]](#)
- 30 European Commission, Revision of the Tobacco Taxation Directive (proposal), COM(2025) 580 final, 16 July 2025 [\[link\]](#)
- 31 Consolidated Treaty on European Union Article 5.4. [\[link\]](#) “the content and form of Union action shall not exceed what is necessary to achieve the objectives of the Treaties.” This creates the basis for “risk-proportionate regulation”
- 32 Case 304/01 Sept 2004 *Spain v European Commission* para 31 [\[link\]](#) “the principle of equal treatment or non-discrimination requires that comparable situations must not be treated differently and that different situations must not be treated in the same way unless such treatment is objectively justified.” This creates the basis for treating products with markedly different risks differently.
- 33 Baert, P. (2024) *Shaping choices: Behavioural taxation in the EU*. European Parliamentary Research Service. 16 October 2024 [\[link\]](#)
- 34 European Commission, Europe’s Beating Cancer Plan, 2021 ongoing, [\[link\]](#)
- 35 European Commission, EU cardiovascular health plan: the Safe Hearts Plan, 2025 ongoing, [\[link\]](#)
- 36 Treaty on the Functioning of the European Union, Article 114 [\[link\]](#)
- 37 European Commission. *Code of Practice on Disinformation*. June 2022 [\[link\]](#)
- 38 European Commission. *Code of Conduct on Disinformation*. July 2025, [\[link\]](#)
- 39 Stevens, C. (2025). Why Europe has no common position on tobacco and nicotine. *Euroreporter*. 17 November 2025 [\[link\]](#)
- 40 Jha, P. (2020). The hazards of smoking and the benefits of cessation: A critical summation of the epidemiological evidence in high-income countries. *eLife*, 9, e49979. [\[link\]](#)
- 41 U.S. Department of Health and Human Services. How Tobacco Smoke Causes Disease: The Biology and Behavioral Basis for Smoking-Attributable Disease. Centers for Disease Control and Prevention (US); 2010. [\[link\]](#)
- 42 Council Directive [92/41/EEC](#) amending Directive [89/622/EEC](#).
- 43 Foulds, J., Ramstrom, L., Burke, M., & Fagerström, K. (2003). Effect of smokeless tobacco (snus) on smoking and public health in Sweden. *Tobacco Control*, 12(4), 349–359. [\[link\]](#)
- 44 Lee, P. N. (2013). Epidemiological evidence relating snus to health – an updated review based on recent publications. *Harm Reduction Journal*, 10(1), 36. [\[link\]](#)
- 45 Ramstrom, L. M. (2024). If there had been no snus in Sweden: The impact of snus on mortality attributable to smoking. *Harm Reduction Journal*, 21(1), 176. [\[link\]](#)
- 46 Institute of Health Metrics and Evaluation, GBD Compare tool, European Union number of deaths from smoking 1992-2023, accessed 13 January 2026: <https://vizhub.healthdata.org/gbd-compare/>