# Position of the European Alliance for Cardiovascular Health (EACH) on the Revision of the Tobacco Products Directive (TPD) and Tobacco Advertising Directive (TAD)

The European Alliance for Cardiovascular Health (EACH) welcomes the revision of the Tobacco Products Directive (TPD) and Tobacco Advertising Directive (TAD) as a crucial opportunity to strengthen cardiovascular disease (CVD) prevention and improve cardiovascular health across Europe.

**Cardiovascular diseases remain the leading cause of death in the European Union. A substantial proportion of this burden is preventable through effective action on tobacco and nicotine use.** In line with EACH's objective of reducing premature and preventable cardiovascular deaths, the revision of the TPD and TAD should be recognised as a key component of EU action on primordial and primary prevention.

The current EU tobacco control framework has contributed significantly to progress in tobacco control and public health. However, it is no longer adequately equipped to address a rapidly evolving market in which newer tobacco and nicotine products often outpace existing legislative tools. Youth uptake is increasing, while digital marketing practices have created significant regulatory gaps. The revised framework must therefore build on the progress achieved while becoming more comprehensive, future-proof and centred on the protection of human health.

EACH calls on the European Commission, the European Parliament and Member States to adopt a modern, comprehensive and future-proof tobacco control framework that:

- **Regulates all tobacco and non-medical nicotine products consistently;**
- **Protects children and young people from nicotine addiction;**
- **Closes advertising and marketing loopholes;**
- **Places public health above commercial interests in line with Article 5.3 of the WHO Framework Convention on Tobacco Control;**
- **Rejects the use of the tobacco industry's harm reduction narrative to weaken public health protections;**
- **Preserves the ability of Member States to adopt stronger measures where necessary.**

**1. Regulate all tobacco and non-medical nicotine products under a comprehensive framework**

The revised TPD and TAD should maintain strong regulation of conventional tobacco products while ensuring that all newer tobacco and non-medicinal nicotine products are comprehensively covered. This should include electronic cigarettes, heated tobacco products, nicotine pouches, synthetic nicotine, nicotine analogues and future products. Heated tobacco products should continue to be classified and regulated as tobacco products, in line with WHO FCTC Decision FCTC/COP8(22).[1]

Given the established harms of tobacco use and growing evidence linking nicotine exposure to cardiovascular harm, all tobacco and non-medicinal nicotine products should be subject to appropriate and consistent regulatory requirements. The legislation should be designed around broad product categories capable of capturing future products and preventing regulatory loopholes. This can be ensured by establishing flexible rules that will enable regulators to act swiftly and decisively on new products in the interest of public health.

The current notification system should be replaced with mandatory pre-market authorisation. Manufacturers should be required to demonstrate, through robust evidence corroborated by independent research, that products do not undermine public health objectives, increase nicotine dependence or encourage youth uptake before they can be placed on the EU market. The precautionary principle should apply, whereby regulatory action can and should be taken when there are reasonable grounds for concern about potential harm to health, even if scientific certainty is not yet complete.

**2. Protect children and young people from nicotine addiction**

Protecting children, adolescents and non-smokers must be a central objective of the revised framework.

The revised legislation should:

- Introduce a comprehensive ban on flavours and flavour accessories across all tobacco and nicotine products;
- Prohibit product characteristics that increase attractiveness or facilitate initiation;

[1] iris.who.int/server/api/core/bitstreams/b00a10e9-acc9-4c00-becc-51dbf0e7ab91/content

- Introduce plain and standardised packaging across all tobacco and nicotine products;
- Strengthen health warnings, including pictorial warnings that adequately communicate cardiovascular consequences such as heart attack and stroke, and remove remaining exemptions.
- Ensure that the wider EU tobacco control framework supports comprehensive smoke- and aerosol-free environments, including indoor public places, workplaces and public transport.

For children and adolescents, there is no public health benefit from initiating nicotine use. Measures should also address tobacco- and nicotine-related health inequalities and protect populations experiencing disproportionate exposure and harm, including emerging patterns of use among women and girls.

Prevention and cessation of nicotine addiction must remain the primary objective of EU tobacco control policy.

**3. Close advertising, promotion and sponsorship loopholes**

The revised TAD should establish a comprehensive ban on all forms of direct and indirect advertising, promotion and sponsorship across all tobacco and nicotine products.

This should explicitly cover social media promotion, algorithm-driven advertising, influencer marketing, gaming platforms, user-generated promotional content, cross-border online advertising and retail promotion, sponsorship, product placement, brand stretching and emerging digital marketing techniques.

The legislation should be technologically neutral and adaptable to future communication platforms to ensure continued protection of young people from commercial promotion of addictive products.

**4. A strong and consistent internal market supporting a strong and healthy Union**

EACH recognises the importance of a well-functioning internal market and the contribution of good health to Europe's economic resilience, competitiveness and productivity. Tobacco products remain one of the leading preventable causes of disease, disability and premature death in Europe. Nicotine products are addictive and increasingly associated with cardiovascular harm, particularly among young people. Together, they impose substantial health, social, economic and environmental burdens on individuals and families, healthcare systems and society. These impacts extend beyond health: cigarette filters remain a major source of single-use plastic pollution, while disposable nicotine products create a growing stream of plastic, electronic and

battery waste. It is therefore imperative that they are regulated consistently across the internal market through a high level of public health protection.

The primary objective of the revised TPD and TAD must remain the protection of human health, in line with Articles 168 and 191 TFEU.[2] A strong internal market should support ambitious public health action rather than constrain it.

Strong tobacco and nicotine control is not only a public health imperative but a long-term social and economic investment. By keeping people healthier for longer, effective prevention reduces healthcare expenditure and productivity losses, supports healthy ageing and workforce participation, and reduces the wider societal costs of cardiovascular and other non-communicable diseases.

**5. Ensure a strong and future-proof public health framework**

The revised directives should establish strong minimum standards for all tobacco and nicotine products across the European Union while preserving the right of Member States, with due regard for national sovereignty, to adopt more ambitious public health measures where necessary.

The revision process and implementation of the legislation should fully respect the WHO Framework Convention on Tobacco Control, including Article 5.3,[3] and ensure that public health policy is protected from tobacco industry interference.

EACH supports the full application of Articles 168 and 169 TFEU[4] to ensure a high level of health and consumer protection across the European Union. Newer tobacco and recreational nicotine products are not established smoking-cessation therapies and should not be promoted as such. Any product marketed with smoking-cessation or therapeutic claims should be formally assessed and authorised for that purpose under the relevant EU regulatory frameworks governing medicinal products and medical devices. Evidence-based cessation support, including authorised nicotine replacement therapies and other established pharmacological treatments, should remain accessible and affordable to people seeking to quit.

Claims of reduced harm should not provide a basis for weaker regulatory requirements. For non-smokers, and particularly children and young people who would otherwise not use tobacco or nicotine, initiation represents additional exposure and harm rather than harm reduction. Dual and multiple product use may likewise increase rather than reduce overall exposure to nicotine and other harmful substances.

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[2] https://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=CELEX:12012E/TXT:en:PDF
[3] https://iris.who.int/server/api/core/bitstreams/264104b3-241a-4e48-88f9-aa7120779ffc/content
[4] https://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=CELEX:12012E/TXT:en:PDF

In line with the precautionary principle, manufacturers should bear the burden of substantiating claims of reduced risk with robust evidence, corroborated by independent research. This is particularly important given evidence of cardiovascular dysfunction associated with novel nicotine products, including endothelial dysfunction and elevated blood pressure, alongside the absence of evidence demonstrating long-term cardiovascular safety or reductions in cardiovascular clinical events or mortality.

The revised framework should therefore prioritise preventing initiation, reducing consumption and supporting complete cessation, while preventing misleading health or cessation claims from being used to weaken public health protections.

The framework should be supported by effective implementation and enforcement, including coordinated surveillance of product use, marketing and regulatory compliance, adequately resourced enforcement authorities, and strengthened action against illicit trade. Complementary fiscal measures should ensure that tobacco and nicotine products do not become more affordable, particularly to children and young people.