



## Response to the European Commission's Call for Evidence on tobacco control rules 2026

Organization: Consumer Choice Center

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### Summary

We welcome the opportunity to discuss and provide evidence to improve smoking policy, enhance the functioning of the European Union's internal market, and strengthen public health. At the same time, we are concerned about the evidence base for the [Staff Working Document](#) intended to guide revisions to the Tobacco Products Directive 2014/40/EU and the Tobacco Advertising Directive 2003/33/EC.

Our attention is drawn particularly to the Scientific Committee on Health, Environmental and Emerging Risks' (SCHEER) [Opinion on Electronic Cigarettes](#) and Health Outcomes Associated with the Use of E-Cigarettes, Heated Tobacco Products, and Nicotine Pouches by Perez-[Cornago et al.](#) under the Publications Office of the European Union.

We focused on these two sources as they represent the most comprehensive collection of evidence behind the Commission's skeptical position on the benefits of electronic nicotine delivery systems (ENDS), heated tobacco products (HTP), and nicotine pouches. Their arguments are also skewed heavily and incorrectly in favor of treating alternative nicotine products on par with cigarettes, banning flavors, and restricting advertising for these products in general.

For one, the studies cited on the health drawbacks of these products are woefully incomplete. **In their literature review, they link nicotine alternatives to cardiovascular-related issues (when either they are far less dangerous than cigarettes or the very opposite is the case), and overestimate the exposure to metals in unlikely scenarios for those vaping and for second-hand smoking. The two articles generally ignore the counter-evidence that, because they are non-combustible and do not contain tobacco, items like nicotine pouches and vapes reduce exposure to cardiotoxic substances by significant orders of magnitude, both to users and to those around them. Not only are these alternatives less harmful, but meta-reviews, population studies, randomized controlled trials, observational academic articles, and contextual findings have demonstrated improved blood pressure, a lower incidence of arteriosclerosis, and better vascular health overall for ENDS, HTP, and nicotine pouches. Sometimes the reports go as far as to claim, as in the case of ENDS, that the secondhand harm or that from inhalation even exceeds that of cigarettes, which has been repeatedly proven to be false.**



**Moreover, the evidence marshaled by the Commission understates the harm-reduction potential of all three alternatives and overstates the harm from each. Criticism is leveled at some studies (like the Cochrane review) that support harm reduction without an accompanying perspective on the rest of the literature. Alternatively, existing proof is simply not investigated. Any thorough analysis would include the accumulating substantial evidence that ENDS, nicotine pouches, and HTPs help smokers quit, oftentimes more effectively than traditional nicotine replacement therapy.**

**Finally, both texts revive the flimsy and discredited notion that flavored alternative nicotine products are a “gateway” for adolescents to switch to smoking or more dangerous addictions. The evidence for this claim is based on cohort studies with significant heterogeneity (clumping together 30-year-olds with 14-year-olds in the same analysis). It often ignores the common liability: adolescents who are more likely to transition are those who are more risk-seeking in the first place. Such studies also often remain unaware of bidirectional use patterns in which adolescent smokers often use vapes simultaneously, skewing the underlying data.**

**1. There are far fewer health drawbacks from alternative nicotine products compared to combustible cigarettes**

Rather than examining studies closely, the Joint Research Center’s Perez-Cornago et al. list reported conclusions by associations to assess the health effects of ENDS, heated products, and nicotine pouches. For example, when it comes to vapes, they claim based on observations from the German Cancer Research Center (DKFZ) that “Nicotine has high addiction potential, increases heart rate, narrows blood vessels, increases blood pressure and is toxic in larger amounts.” (p.17). Moreover, it is said that even though “The complete switch from tobacco cigarettes to e-cigarettes reduces exposure to pollutants. Many biomarkers for harmful substances and harmful effects are lower for e-cigarette consumers than for smokers”, supposedly, “On the cardiovascular system, the switch does not seem to have a significant effect.” (p.17). For its part, the SCHEER report stresses that “Even so, electronic cigarette users exposed to 11 mg/mL of nicotine content in e-liquids had increased cardiac output and heart rate (Farsalinos et al., 2014). Regular electronic cigarette use with nicotine-containing liquid is associated with a shift towards sympathetic predominance in heart rate and associated variability (Franzen et al., 2018), as well as vascular calcification and impaired vascular function (Babic et al., 2019), leading to prolonged elevated systolic blood pressure (Franzen et al., 2018).” (p. 50).

Tellingly, many of the claims are simply assumed to transfer to ENDS simply because they contain nicotine, without direct proof: “It could be assumed that similar mechanisms exist



regarding electronic cigarettes use (Benowitz et al., 2016)” (p.50). On the contrary, systematic studies do not support such hasty generalizations. The metareview (study of studies) entitled [Cardiovascular health effects of vaping e-cigarettes: a systematic review and meta-analysis by Kundu, A. et al. \(2025\)](#) examined 63 studies in the primary analysis, 12 in the meta-analysis, and 32 articles in the socio-demographic factor analysis. It found that increased heart rate was, in fact, lower after acute exposure to vapes compared with cigarettes (MD  $-5.415$ ,  $p < 0.01$ ) and that, “despite some association between e-cigarette and endothelial dysfunction, short-to-medium-term transition from cigarettes to e-cigarettes may improve blood flow and BP, particularly among females and younger individuals”. More so, “there is lack of evidence supporting any association of e-cigarette use with cardiovascular diseases and cardiac dysfunction or remodeling.”

Curiously, though the SCHEER report cites an earlier text by Farsalinos, it neglects to report on a [more recent 2016 paper](#) by the same author, which shows that switching to vaping is far from harmful or without merit and aids in lowering blood pressure: “In conclusion, smokers who reduce or quit smoking by switching to e-cigarettes may lower their systolic blood pressure in the long term, and this reduction is apparent in smokers with elevated BP. The current study adds to the evidence that quitting smoking with the use of e-cigarettes does not lead to higher BP values, and this is observed whether e-cigarettes are regularly used or not”. [The British Heart Foundation](#) provides an additional (albeit limited) piece of evidence: “A study from the University of Dundee, published in November 2019 and funded by the British Heart Foundation, suggests that vaping may be less harmful to your blood vessels than smoking cigarettes. Within just one month of switching from tobacco to electronic cigarettes, measures of blood vessel health, including [blood pressure](#) and stiffness of their arteries, had started to improve. The study looked at 114 people who had smoked at least 15 cigarettes a day for at least two years. This is a relatively small number of people, and the study does not prove that vaping is completely safe.”

Concerning vascular effects, [a review article](#) of general studies on how smoking initiates and contributes to atherosclerosis (still poorly understood in many respects). It finds “Current evidence suggests that the effects of nicotine are much less important than are the [prothrombotic effects of cigarette smoking](#) or [the effects of CO](#). Nicotine itself does not appear to enhance thrombosis. In various models, although high doses of nicotine are associated with atherogenic changes, the majority of current evidence suggests that nicotine, at concentrations similar to a smoker’s blood level, has a minor effect on the initiation or propagation of atherosclerosis”. This text highlights the significantly lower risk profile associated with nicotine-only products, like vapes and nicotine pouches.



Cardiovascular issues are not the only claims made by the studies. The other accusations concern the chemical composition of ENDS described in sweeping terms. A vape “includes nicotine, in situ formed formaldehyde, acrolein, acetaldehyde, and the hardware-related metals cadmium, chromium, iron, lead, mercury, nickel, titanium, and aluminium. ANEC (2019) addressed substances in e-liquids (solvents, contaminants, and flavours) as well as substances formed (degradation products) or released (from materials) during electronic cigarette use. Priority was given to substances frequently found in screened literature, substances with the highest measured concentrations, and substances with identified (low) thresholds” (p.58). Taking the heaviest user as a baseline (“500 inhalations per day, 2 puffs per minute with a total daily use duration of 240 minutes.”), the SCHEER report asserts “formaldehyde, acrolein and diacetyl were present in concentrations sufficient for potential damage to the respiratory tract for heavy users (MoEs 0.11-34), while the risk was considered not to be excluded (MoEs 0.24 – 0.9) or uncertain for average and light users (MoEs 5 -75). It was noted that formaldehyde-induced damage to the respiratory epithelium can be a precursor to tumour formation and that in a few cases, the formaldehyde concentrations were sufficient to create a risk of tumour development in the respiratory tract, maybe exacerbated by the presence of acetaldehyde, acrolein and diacetyl. No definite conclusion was drawn. Other systemic risks were considered low for these substances.” (p.60).

For their part, Perez-Cornago et al. loosely reference the “Presence of toxic substances: e-cigarette aerosols contain various toxic substances, including metals, carbonyl compounds (formaldehyde, acetaldehyde), and volatile organic compounds.”, that “Product characteristics and use patterns may affect the actual metals present and their concentrations in e-cigarette aerosols. Some of these metals may lead to serious health effects.” and “A large proportion of chemicals examined in these reports did not have toxicological assessment data available on inhalation toxicity and it cannot be concluded that absence of toxicological assessment data equates to absence of harm. Where toxicological assessment data were available, the majority of chemicals currently known to be used in e-cigarettes were associated with risks to health” (p.28).

It is no coincidence that SCHEER chooses to model results based solely on heavy use. It is only under such circumstances that one even detects some of the harmful substances mentioned. In normal usage that reflects actual vaping, [scientific articles](#) detect little to no formaldehyde. Unsurprisingly, studies of biomarkers confirm vapers have [much lower levels of harmful chemicals](#) than smokers. The main dangers of smoking come from burning tobacco, which creates over 7,000 chemicals, including tar, carbon monoxide, and dozens of carcinogens. Nicotine vaping avoids combustion, so it does not expose users to these toxic substances. The (fewer) chemicals found in ENDS (propylene glycol, vegetable glycerin, flavorings) pose issues only [during “dry puff.”](#) when the device is overheated, or there is not enough liquid, both of



which create unpleasant vapor. Consumers will consequently avoid such situations, if only because they lead to a very unpleasant taste and smell. The SCHEER report recognizes this limitation - “The diversity of puffing regimes and reported units makes comparison difficult, as well as the distinction between realistic exposure conditions and dry puff conditions, characterized by low levels of liquid, limited liquid supply, high power and/or long puff duration. Studies with controlled, realistic conditions are rare.” (p.37). But it does not note the immediate implications that the likelihood of harm from such substances (or of their occurring in the first place) is low.

With regards to secondary smoking, Perez-Cornago et al. are careful to note the limitations of their findings, yet still insist that “There is also the risk that nicotine addiction may develop in nicotine-naïve users. There is good evidence from animal studies for an increased risk of adverse effects on development associated with nicotine exposure, but the data set on this aspect was not adequate for the level of such risk in humans from exposure to ENDS emissions to be assessed. The possibility of adverse effects of nicotine in bystanders cannot be excluded, although in most exposure scenarios, the level of exposure to nicotine from ambient air would be low. E(N)NDS use is associated with some emissions into ambient air, including nicotine. For most health effects, the risks to bystanders will probably be low in conventional exposure scenarios, although pharmacological effects from exposure to nicotine in ambient air may occur in some individuals.” (pp.31-2).

The risks are indeed low and will remain so. That is due to the very mechanisms behind vaping. Electronic nicotine and non-nicotine systems heat vapor using water and other liquids in the delivery device. Harm from second-hand exposure is small to non-existent because they do not contain the dozens of toxic ingredients found in cigarettes and do not use fire to produce a flame at all. A [full 85%](#) of noxious second-hand smoke comes from the side-stream effect of a lit cigarette, whereas vape aerosols only come from users’ breath. As the World Vapers’ Alliance notes in [its factsheet](#), [passive vapers are exposed to an insignificant proportion of the nicotine](#) involved in vaping compared to passive smokers (around a 6th), and present [much lower](#) biomarker exposure levels.

The image that Perez-Cornago et al. paint of heated tobacco products is equally, if not more, bleak. Their text references only 7 reports on the matter, all of which cite cardiovascular effects. For example, one World Health Organization report from “In addition, the levels of biomarkers of many cardiovascular and other diseases did not decrease and in some cases increased (CC16, alanine aminotransferase activity, plasma bilirubin) after a switch to HTPs over baseline levels. This suggests that HTPs have similar or greater cardiovascular toxicity than conventional cigarettes. [...]” (p.56). Another referenced WHO report heaps further concern when it comes to



the chemical composition of HTP: “Significant differences in exposure of users to toxicants. Increasing the intensity of HTP puffing dramatically increases the yields of toxicants and the cytotoxic and mutagenic effects of HTP emissions in a dose–response manner. There could therefore be significant variation in toxic exposures and subsequent risks among individuals who use the same HTP, depending on the product type and use topography.” (p.61).

The available evidence suggests otherwise. A 2024 review article by [Dabrowska et al.](#) finds that HTPs do have a negative effect on cardiovascular effect, but that this effect is significantly lower than that of combustible cigarettes: “Researchers from Greece confirmed the negative impact of HTPs on the circulatory system, considering parameters such as HR, systolic and diastolic blood pressure, PWV, malondialdehyde (MDA) as a measure of oxidative stress, thromboxane B2 (TxB2) affecting platelet activation, and carbon monoxide (CO). Analysis showed that the use of both forms resulted in an increase in the aforementioned physiological parameters, with CC showing significantly higher levels. Based on these findings, researchers suggest that transitioning from traditional to alternative forms will bring health benefits to former smokers”.

The mechanism should be intuitive. Given that they are heated and not burnt, HTPs feature far fewer toxic substances than cigarettes: “Numerous studies have clearly shown that as a result, fewer toxic and carcinogenic substances are released during the use of HTPs. Reductions in the emission of compounds such as acetaldehyde, formaldehyde, and acrolein reach up to 80–96%. The most significant decrease was observed for styrene, toluene, benzene, toluene, isoprene, and 1,3-butadiene, reaching up to 99.8%. Importantly, nicotine levels were almost the same when comparing HTPs sticks and CC, making HTP sticks a viable alternative for individuals addicted to nicotine”. In fact, the most thorough toxicological assessments [have found](#) that heated tobacco products emit up to [99.8% fewer](#) of the toxic chemicals associated with traditional options (such as styrene, toluene, benzene, isoprene, and 1,3-butadiene).

Last but not least, nicotine pouches are regarded in very similar terms as deleterious to cardiovascular health based on scant proof. Just three reports (not full academic studies) claim that “There seems to be some evidence of cardiovascular impacts from nicotine pouches consumption”, “This included increased risks of dependency and addiction, exposure to toxicants, cardiovascular impacts, chronic respiratory disease, or developmental impacts.” and the far-reaching “Nicotine is harmful to health, including to the nervous and cardiac systems.” (p.72).

However, existing studies (though fewer in number than for vapes) confirm that the opposite is the case. [An older review](#) of the literature from 2017 lends credence to the differing risk profile of nicotine pouches and vapes - “Studies of nicotine medications and smokeless tobacco indicate



that the risks of nicotine without tobacco combustion products (cigarette smoke) are low compared to cigarette smoking....” One of the most [extensive reviews](#) of nicotine pouches in existence, which included 62 studies, showed that nicotine pouches contained far fewer dangerous chemicals than traditional cigarettes – “The chemical composition of ONPs suggests fewer harmful/potentially harmful compounds at lower levels than cigarettes and smokeless tobacco (SLT), except formaldehyde.”

## **2. Alternative nicotine products have a proven track record of effectiveness in helping smokers quit**

Both the SCHEER and the Joint Research Center downplay the evidence for harm reduction, characterizing it as either weak or non-existent. SCHEER highlights the insufficiency of the 2020 Cochrane Review as central to its case for rejecting harm reduction: “To this extent, a previous Cochrane Review (Hartmann-Boyce, 2016) included 24 studies (three RCTs, two of which were eligible for meta-analysis, and 21 cohort studies)- up to 2015, in which the authors noted that there is evidence from two trials that electronic cigarettes help smokers to stop smoking in the long term compared with placebo electronic cigarettes. However, the small number of trials, low event rates, and wide confidence intervals around the estimates mean that our confidence in the result is rated 'low' by GRADE standards. Malas et al. (2016) identified 62 relevant references appraised in accordance with the GRADE system, in which the quality of the evidence in support of electronic cigarettes' effectiveness in helping smokers quit was assessed as very low to low, and the evidence on smoking reduction was assessed as very weak to moderate.” (pp.74-5).

SCHEER cites two additional studies (a 2019 randomized controlled trial by Hajek et al. and a New Zealand RCT in that same year), yet concludes that the lack of longitudinal data leaves harm reduction inconclusive about the long-term effects of smoking cessation: “There is a lack of robust longitudinal data on the effect of electronic cigarettes on smoking cessation. Until such research is available, electronic cigarettes should only be considered to support smoking cessation for a limited time and under supervision. Furthermore, it should also be noted that the conclusions of some of the RCTs and reviews are only based on quitting at six months and do not take into account what proportion of smokers may relapse into smoking or dual use of e-cigarettes and cigarettes after the initial six months” (p.76).

For their part, Perez-Cornago et al. endorse the viewpoint that “E-cigarettes have not undergone any procedures as required for recognized medical products. There is currently no known long-term health change due to the switch from tobacco cigarettes to e-cigarettes” (p.51).



Though they do recognize some evidence for harm reduction (particularly citing later Cochrane Reviews and the New Zealand Ministry of Health, unlike SCHEER), it is consistently described as qualified and weak: “Electronic cigarettes as actually used in the population as consumer products have not been proven to be effective for cessation at the population level and may lead to ongoing nicotine dependence.” (p.52).

Their analysis of HTPs and nicotine pouches is even more lacking. For HTPs, “To date, there is no conclusive evidence on their usefulness to transition away from conventional combustible cigarette smoking or other tobacco use, nor on their effectiveness for such a purpose. Studies lacked population-level data, had limited information on exposure and health effects, and there was an absence of empirical studies on the complete transition from smoking or nicotine use.” A stronger claim is that “There is no evidence to support HTPs as effective in complete smoking cessation, with some studies suggesting HTP users are less likely to transition away from conventional cigarettes.” On that basis, “HTPs are not recommended in smoking cessation guidelines.” (p.67). Nicotine pouches are reduced to a single report, which “identified no compelling evidence of any benefit from the use of snus or nicotine pouches as a smoking cessation tool. Studies lacked population-level data, had limited information on exposure and health effects, and there was an absence of empirical studies on the complete transition from smoking or nicotine use with these products” (p.74).

A complete list of studies would not ignore the growing body of evidence around harm reduction. While older Cochrane reviews may be limited, the latest [2025 study](#) does include longitudinal analyses among 104 studies (the majority, 61, are randomized controlled trials) representing over 30,000 patients, all converging on the conclusion that nicotine vaping boasts quit rates compared with traditional nicotine replacement therapies (NRTs) and behavioral support, and that there is no serious harm from nicotine vaping. Of course, there has been a medical evaluation of the merits of ENDS devices for the purposes of harm reduction. There is the landmark study by [Public Health England \(August 2015\)](#), which found that vapes were 95% less harmful than cigarettes, based on a systematic review of the evidence. Subsequent studies from the UK have reconfirmed the finding. A [2016 report by the Royal College of Physicians](#) drew similar conclusions to the earlier Public Health England investigation. In their words, “However, the hazard to health arising from long-term vapour inhalation from the e-cigarettes available today is unlikely to exceed **5% of the harm from smoking tobacco.**” A [2019 article in the New England Journal of Medicine](#) compared vaping as a harm-reduction tool with other nicotine substitutes. It revealed that vaping was twice as effective at smoking cessation compared to lozenges, patches, and sprays. As per the WVA’s analysis, “the UK’s Office for Health Improvement and Disparities’ [series of independent reports on vaping](#), an analysis of over 100 studies conducted by King’s College London, found in their [latest report](#), that vaping poses a



small fraction of the risks of smoking and that it remains the most common aid used by people to help them stop smoking, with quit attempts involving vaping products associated with the highest success rates.”

Furthermore, studies consistently find that smokers who transition completely to vaping see dramatic improvements in health markers. Exclusive vapers have [substantially lower exposure to harmful chemicals](#) associated with smoking-related disease compared to smokers, with levels similar to never smokers, even if they were previously smokers. The [reductions in exposure occur within days of switching](#), approaching complete abstinence. [A subsequent meta-analysis](#) has confirmed these results, while another [study](#) suggested that switching is also linked to adopting healthier routines and exercising.

Though fewer in number than for ENDS, recent studies on heated tobacco products consistently find the potential for harm reduction. A 2026 [research article in Cureus](#), authored by Albuquerque et al. finds qualified support for harm reduction: “Available evidence indicates that HTPs generate substantially lower levels of several carcinogenic compounds and are associated with reductions in biomarkers of exposure and biomarkers of potential harm compared with CCs. Risk estimation models suggest that the excess LC risk associated with HTP use may represent approximately 3-4% of that observed among CC smokers; however, these projections rely on indirect measures and carry considerable uncertainty”. Of course, the Dabrowska et al. study cited earlier in this analysis also supports the same conclusion. Then, there is the direct practical experience from Member States. Based on legislation ([4715/2020](#)) establishing a specialized committee to assess and authorize reduced-risk messaging for novel tobacco products, Greece’s specialist committee from the Ministry of Health in 2023 concluded that health claims around HTPs for harm reduction were accurate and allowed adult smokers to access accurate information about the reduced emissions of these products compared to cigarettes. Thanks to these changes, Greece saw one of the most dramatic reductions in smoking rates, from 42% in 2021 to 36% in 2024, based on Eurobarometer data. To compare, the EU as a whole witnessed a more modest reduction from 28% to 24% over the span of 14 years, per the Commission’s own [evaluation of the EU tobacco control framework](#).

For nicotine pouches, [a 2025 cross-sectional study](#) focused on 110,000 individuals in the US over three months of data (2022-2023). It is the first widespread study of nicotine pouch use in the United States and one of the largest samples in the world. It found that former smokers comprise virtually all current nicotine pouch users in America. Moreover, the absence of combustion means that pouches (like vapes) pose far fewer risks of cardiovascular disease as they avoid the substances found within traditional tobacco use. As the study itself notes, then, even if nicotine pouch use is associated with cardiovascular risks of its own relative to no use, its



harm reduction potential should be strongly considered when compared to smoking cigarettes. “However, to our knowledge, this is the first study to show that daily nicotine pouch use is most prevalent among adults who recently quit using another tobacco product, with the largest association, after SLT use, observed among adults who recently quit cigarettes.”

Unsurprisingly, the British [Royal College of Physicians](#) maintains that “However, **in the interests of public health**”, **it is important to promote the use of e-cigarettes, NRT, and other non-tobacco nicotine products** as widely as possible as a substitute for smoking in the UK”, a conclusion that applies to vapes, HTPs, and pouches alike.

### **3. The “gateway effect” is unsupported by robust data and statistical logic**

The most damaging aspect of the two texts is the attempted revival of the “gateway effect”, the idea that alternative nicotine products will ultimately lead teenagers to transition from less harmful to more harmful and addictive substances. The SCHEER report uses a cohort study to stress this position: “One such study design that could potentially shed light on the potential impact of electronic cigarette experimentation on subsequent tobacco use is a prospective cohort study design. To this extent, a recent systematic review and meta-analysis of cohort studies that assessed initial use of electronic cigarettes and subsequent cigarette smoking has been published and included nine individual cohort studies among youth, all of which are based in the US (Soneji et al., 2017). This meta-analysis included 17 389 adolescents and young adults, aged between 14 and 30 years at baseline, and 56.0% were female. The pooled probabilities of cigarette smoking initiation were 30.4% for baseline ever electronic cigarette users and 7.9% for baseline never-electronic cigarette users. The pooled probabilities of past 30-day cigarette smoking at follow-up were 21.5% for baseline past 30-day electronic cigarette users and 4.6% for baseline non-past 30-day electronic cigarette users. Adjusting for known demographic, psychosocial, and behavioural risk factors for cigarette smoking, the pooled odds ratio for subsequent cigarette smoking initiation was 3.62 (95% CI, 2.42-5.41) for ever vs never-electronic cigarette users, and the pooled odds ratio for past 30-day cigarette smoking at follow-up was 4.28 (95% CI, 2.52-7.27) for past 30-day electronic cigarette vs non-past 30-day electronic cigarette users at baseline” (p.71). For its part, the Joint Research Center’s work raises concerns that “There is evidence that using e-cigarettes increases the likelihood of young people using other tobacco products, including conventional combustible cigarettes” and “Flavours might make e-cigarettes more appealing, and their use may renormalise smoking, making it seem normal and attractive again.” (pp.48-9).



There are several glaring issues with these observations. For one, as the SCHEER report admits, there is heterogeneity in such analyses. The demographic range of the results is far beyond anyone reasonably characterized as an adolescent (given the sample includes studies on 30-year-olds in order to supposedly shed light on the habits of adolescents!), the measured timeframes are often insufficient to draw strong conclusions (a general “over 30-day” aggregate as opposed to multi-year follow-ups), and there is no control for the type of devices used, which can range from state-of-the-art to older vapes or refills. There is also a bidirectional effect, whereby some adolescent smokers habitually switch between smoking and vaping, which can skew the data and suggest a “gateway” where there is none.

Another issue is that the causal explanation behind the “gateway effect” is flawed. Common liability suggests that a third factor, a heightened risk-taking propensity, explains the predisposition among some adolescents to increased risk-taking. Research backs this up. [A review of fifteen articles](#) concluded that “a true gateway effect in youths has not yet been demonstrated” and that personal factors like levels of anxiety and parental smoking habits (not just income) would need to be considered first. [Another study](#) challenges the explanation directly with evidence that adolescents who are less satisfied with their lives are more likely to engage in substance abuse and risky activities, and not the other way around. [Other articles](#) point out a selection rather than a treatment mechanism – personality traits account for why some are willing to take more risks than others and begin smoking. Empirically, smoking rates for teenagers have declined substantially with the rise of vaping’s popularity, a fact supported by [longitudinal associations](#) looking at young people’s preferences over time in the Netherlands.

It is particularly concerning to see flavors being targeted when they are some of the most useful tools in helping smokers quit. The EU’s own data reveals that adult vapers prefer non-tobacco varieties, with the [latest Eurobarometer](#) showing that fruit flavors are the most popular among vapers (48%), followed by tobacco (38%), menthol (31%), and sweet candy flavors (20%). What such descriptive statistics show is that a wide variety of flavors attract ex-smokers as substitutes, making flavor choice crucial to helping people abstain from cigarettes. More analytical research confirms this finding. A 2020 [study](#) with over 15 thousand participants found that vapers using flavored e-cigarettes had 2.3 times (230%) higher odds of quitting. [Another study in dual-use](#) smokers switching to fruit/dessert flavors showed greater reductions in cigarette use and higher rates of complete cessation. Similarly, a [study of data across four countries](#) showed fruit/candy users were substantially more likely to report vaping as “very/extremely enjoyable” and helpful for quitting than tobacco flavor users, supporting sustained abstinence.



#### **4. Recommendations**

Given the facts, we urge policymakers to reconsider the provisions of the Tobacco Products Directive and Tobacco Advertising Directive:

- Reflect all scientific information on alternative nicotine products, both positive and negative. Consider and incorporate the vast majority of scientific findings from leading health authorities that confirm alternative products have significantly lower risks than smoking.
- Recognize harm reduction as a proven method to help smokers quit
- Recognize and discuss case studies that show the success of harm reduction. As evidenced by countries such as Sweden, the Czech Republic, and Greece, harm reduction has a proven track record in real-world settings. Such a record should be recognized and openly discussed in reports.
- Maintain flexibility in the application of EU-level rules to allow for policy experimentation on harm reduction.
- Maintain a classification of alternative nicotine systems that distinguishes them from tobacco products

#### **About the Consumer Choice Center:**

The Consumer Choice Center is a non-profit organization dedicated to defending the rights of consumers around the world. Our mission is to promote freedom of choice, healthy competition, and evidence-based policies that benefit consumers. We work to ensure that consumers have access to a variety of quality products and services and can make informed decisions about their lifestyle and consumption.

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