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GASTROENTEROLOGY
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Honourable Cypriot Presidency and Makis Keravnos,

We, the undersigned civil society organisations; including the Smoke Free Partnership (SFP) coalition, the European Cancer Organisation (ECO), the European Respiratory Society (ERS), the Association of European Cancer Leagues (ECL), the European Network for Smoking and Tobacco Prevention (ENSP), European Heart Network (EHN), United European Gastroenterology (UEG), International Diabetes Federation Europe (IDF), Standing Committee of European Doctors (CPME) and write to you in your capacity as President of the EU Tobacco Tax Working Party to express our serious concern about the direction of the current Council negotiations on the EU Tobacco Tax Directive (TTD).

The context for these negotiations demands greater ambition, not less. The WHO European Region has the highest smoking prevalence of any WHO region in the world and is projected to retain that position through 2030.¹ Around 24% of the EU adult population still smokes today,² a rate that must fall to 20% by 2025 and below 5% by 2040 to meet Europe's Beating Cancer Plan targets.³ Progress is already off track. The scale of the challenge is stark: 62 million women in the WHO European Region smoke, accounting for over 40% of the world's adult female smokers; around 4 million adolescents aged 13–15 use tobacco products; and 14.3% of adolescents use e-cigarettes—the highest regional average globally. Girls aged 13–15 in the European Region also have the highest tobacco-use rates of their age group anywhere in the world.⁴ Against this backdrop, the revised Tobacco Tax Directive remains one of the EU's most powerful tools to reduce tobacco use, prevent addiction, and protect public health. That is precisely why the current direction of negotiations is so concerning.

We acknowledge the considerable effort invested by the Cypriot Presidency in advancing these negotiations, and we recognise the genuine political difficulties involved. However, the trajectory of the Working Party discussions gives us cause for serious concern. The concessions made so far, taken together, are moving the Directive away from the Commission's proposal in ways that are mutually reinforcing and cumulatively damaging to public health. We urge the Presidency to use its remaining mandate to restore greater ambition before a general approach is agreed.

Three Areas of Concern

1. Minimum rates are being driven below what public health requires

Across the course of the Working Party discussions, minimum excise rates; for cigarettes, new nicotine products, and heated tobacco products alike, have been revised downward from the Commission's already carefully calibrated proposal. The Commission's proposal was not designed with room for dilution; it reflects the minimum level required to meaningfully reduce tobacco affordability and consumption. Every reduction in minimum rates translates directly into reduced pressure on affordability, undermining the central mechanism through which tobacco taxation saves lives.

¹World Health Organization Regional Office for Europe (2026). Tobacco crisis: WHO European Region projected to remain worst globally by 2030. WHO/Europe, 26 February 2026. <https://www.who.int/europe/news/item/26-02-2026-tobacco-crisis--who-european-region-projected-to-remain-worst-globally-by-2030>

²Eurobarometer (2023). Attitudes of Europeans towards tobacco and related products. European Commission.

³European Commission (2021). Europe's Beating Cancer Plan. COM(2021) 44 final.

⁴World Health Organization Regional Office for Europe (2026). Ibid

It also widens the price gap between product categories, encouraging nicotine uptake while undermining cessation efforts. This risks weakening prevention measures aimed at protecting children and young people by making nicotine products more affordable and accessible.

2. The indexation mechanism is being weakened beyond recognition

Effective indexation is not a technical detail; it is the mechanism that preserves the real value of taxation over time and ensures the Directive continues to deliver public health results without requiring constant legislative intervention. The current direction of discussions risks delaying the start of indexation significantly and capping the rate at which adjustments can be made. The consequence is straightforward: tobacco and nicotine products will become progressively more affordable in real terms during the very years when the Directive is still being phased in. For young people, who are the most price-sensitive consumers and among whom uptake of new nicotine products is rising at alarming rates, this growing affordability translates directly into higher initiation rates and deeper addiction. A Directive that allows the real value of its own tax floors to erode year on year is not a structural reform; it is a one-off intervention with a built-in expiry date.

3. Transition periods are being extended in ways that delay health gains

Transition periods serve a legitimate purpose in allowing market adjustments, but those currently under discussion go well beyond what is justified. Stretching implementation timelines further into the decade, including for product categories where consumption among young people is growing rapidly, means that the public health benefits of the Directive will be deferred at precisely the moment they are most needed. With e-cigarette use among 15–16-year-olds now reaching one in five across the EU⁵, and with accelerating uptake of oral nicotine products, long transition periods for new categories are not a technical accommodation: they are a public health failure built directly into the text.

We are also conscious that concerns about illicit trade have been invoked in the negotiations as a reason to moderate ambition. We urge Member States to treat this argument carefully: the evidence consistently shows that illicit markets are driven by weak enforcement and governance failures, not by high tax levels. The appropriate response to illicit trade is stronger enforcement and full implementation of the FCTC Protocol; not lower minimum rates, longer transition periods and weakened indexation mechanisms.

Individually, each of these trends is worrying. Together, they represent a systematic dilution of the Directive's public health purpose. Lower rates, slower indexation, and longer transitions compound one another, and invoking illicit trade concerns to justify further concessions would only deepen the damage. We are approaching a point at which our organisations are concerned about a possible missed opportunity to fully realise the potential of the Commission proposal, mindful of the EU's treaty obligations to ensure a high level of human health protection.

Our Call to the Presidency

We respectfully call on the Cypriot Presidency to:

- Hold the line on minimum rates at the levels set in the Commission's proposal, treating them as a genuine floor that cannot be traded away in search of a lowest-common-denominator agreement;

⁵ European School Survey Project on Alcohol and Other Drugs (ESPAD) (2024). Key findings. European Union Drugs Agency (EUDA). [Key findings from the 2024 European School Survey Project on Alcohol and Other Drugs \(ESPAD\) | The European Union Drugs Agency \(EUDA\)](#)

- Defend a meaningful and timely indexation mechanism; one that preserves real tax levels over time and begins operating well before the end of the decade; and
- Resist pressure to extend transition periods beyond what is strictly necessary, particularly for product categories where youth consumption is rising.

The revised Tobacco Tax Directive is a once-in-a-generation opportunity to make tobacco less affordable across the EU, protect a new generation from nicotine addiction, and secure substantial additional public revenue. The evidence is unambiguous: higher taxes reduce consumption, prevent initiation, and save lives. With over 700,000 Europeans dying every year from tobacco-related illness, the political cost of falling short of this ambition must be weighed against the very real human cost of a Directive that fails to deliver.

We remain fully committed to supporting the Presidency and Member States with evidence-based analysis, policy guidance, and stakeholder engagement. We would welcome the opportunity to discuss these concerns further and respectfully ask that this letter be shared with all delegations ahead of the next Working Party meeting.

Yours sincerely,

Dr Erin Roman

Director, Smoke Free Partnership

Dr Filippos Filippidis

Chair, ERS Tobacco Control Committee

Wolfgang Fecke

Executive Director,
Association of European Cancer Leagues

Cornel Radu Loghin

Secretary General, ENSP

Dr Ole Johan Bakke

President, CPME

Karin Eriksson

Director Research and Health,
Swedish Cancer Society

Dr Isabel Rubio

President, European Cancer Organisation

Birgit Berger

CEO, European Heart Network

Prof. Tadej Battelino

Chair, International Diabetes
Federation Europe.

Dr. Prof. Alexander Hann

Public Affairs Group Chair UEG

Emma Balmaine

CEO, Irish Heart Foundation

List of organisations supporting and endorsing this letter:

1. Association Healthy Romania 2035
2. Association Health Mission
3. Association of European Cancer Leagues
4. ASH Ireland
5. ASH Scotland
6. ASH Wales
7. Asociación Española Contra el Cáncer
8. Asociația Română pentru Promovarea Sănătății (Romanian Association for Health Promotion)
9. Advocacy Centre LIFE
10. Alliance contre le tabac
11. Campaign for Tobacco Free Kids
12. Cancer Society of Finland
13. Centro de Apoio, Tratamento e Recuperação, IPSS
14. Comité National Contre le Tabagisme
15. Comité Nacional de Prevención del Tabaquismo
16. Danish Cancer Society
17. EuroHealthNet
18. European Medical Students Association
19. Fondation Cancer Luxembourg
20. Fresh - Balance
21. Gezondheidsfondsen voor Rookvrij
22. Grupo I + D en Economía, Políticas Públicas y Salud
23. Health and Environment Alliance
24. Health Institute Association
25. INWAT Europe
26. Institute of Public Health of Republic of Macedonia
27. Irish Cancer Society
28. Irish Heart Foundation
29. Kosovo Advocacy and Development Center
30. Kreftforeningen, Norwegian Cancer Society
31. La Ligue contre le cancer
32. Lithuanian National Tobacco and Alcohol Control Coalition
33. National Health Institute / University of Gdansk
34. No Excuse Slovenia
35. NVO JUVENTAS
36. Progressive Reinforcement of Organizations and Individuals
37. Serbian Society for the Fight Against Cancer
38. Slovenian Coalition for Public Health, Environment and Tobacco Control
39. Slovenian NCD Alliance
40. Smoke Free Israel
41. Smoke Free Life Coalition Bulgaria
42. Società Italiana di Tabaccologia
43. Standing Committee of European Doctors
44. Suomen ASH
45. Swedish Cancer Society (Cancerfonden)

46. The Institute of Economic Sciences, Serbia
47. Tobaksfakta: A think tank on tobacco
48. UK Centre for Tobacco and Alcohol Studies
49. XQNS! Spain
50. Youth Smoking Prevention