

## CED Resolution - Update

# Tobacco, alternative tobacco and tobacco-free nicotine products

## INTRODUCTION

The Council of European Dentists (CED) is the representative non-for-profit association of the dental profession in the European Union, representing over 340,000 dental practitioners from 33 national dental associations in 31 European countries. Established in 1961 to advise the European Commission on matters relating to the dental profession, the CED promotes high standards of oral healthcare and dentistry, and effective patient-safety centred professional practice across Europe.

European dentists, as health professionals, aim to improve the general and oral health of Europeans. As health professionals directly and most immediately concerned with the diseases and conditions of the mouth, we strongly support health promotion initiatives for prevention and smoking cessation. According to the WHO global report on trends in prevalence of tobacco use 2000-2030, the European region has some of the highest rates of tobacco users as well as cigarette smoking prevalence among adolescents. The recent Eurobarometer study confirms that one in four citizens of the European Union currently smoke<sup>1</sup>, with strong disparities between countries<sup>2</sup>. By 2030, the WHO estimates that Europe will have the highest tobacco smoking rates globally, with a prevalence of just over 23%<sup>3</sup>.

The European region is also shown not to be on track to achieve the NCD 2025 target of a 30% reduction in tobacco use prevalence, projected at a 17% relative reduction by 2030<sup>4</sup>.

The CED is deeply concerned that the progressive decline in the number of smokers in the EU appears to have levelled off, and that the number of e-cigarettes and aerosol users is on the rise, particularly among European adolescents. Vaping rates have indeed increased from 4% to 6% among 15 to 24 year-olds from 2020 to 2023 in the European Union<sup>5</sup>, with serious concern of the impact of second-hand aerosol smoke on the oral and general health of adolescents and young adults.

Tobacco use is highly addictive and has an adverse effect on general and oral health. Chronic smoking harms nearly every organ of the body, increases the risk for many diseases, and reduces the health of smokers and non-smokers through second-hand smoke inhalation, in general. A growing body of literature has depicted clear evidence of the impact of Heated Tobacco Products (HTP) and vaping on both respiratory and cardiovascular diseases, as well as damaged

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<sup>1</sup> This includes any of the following products consumed on a monthly basis: cigarettes, cigars, cigarillos, pipe, e-cigarettes, heated tobacco products, nicotine pouches, water pipe tobacco, oral tobacco, chewing tobacco or nasal tobacco.

<sup>2</sup> European Commission. Directorate for Health and Food Safety. 2023. Attitudes of Europeans towards tobacco and related products. Special Eurobarometer 539. Available from: [Attitudes Europeans Tobacco Related Products SP539 summary\\_en.pdf](#)

<sup>3</sup> World Health Organization. WHO global report on trends in prevalence of tobacco use 2000–2030. Available from: <https://iris.who.int/bitstream/handle/10665/375711/9789240088283-eng.pdf?sequence=1>. [accessed 11 September 2024]

<sup>4</sup> Ibid

<sup>5</sup> European Commission. Directorate for Health and Food Safety. 2023. Attitudes of Europeans towards tobacco and related products. Special Eurobarometer 539. Available from: [Attitudes Europeans Tobacco Related Products SP539 summary\\_en.pdf](#)

endothelial functions<sup>6</sup>. The carcinogenic and mutagenic substances in high concentration levels included in the composition of most Heated Tobacco Products is also of significant concern for oral and general health.

As the primary route of delivery, the oral cavity is particularly sensitive to harmful exposure from tobacco products including Swedish snus. The use of tobacco leads to an increased risk for oral cancer, periodontal diseases, periodontitis, peri-implantitis, tooth loss and other serious oral diseases and it adversely affects the outcome of oral healthcare. In addition, staining and discoloration of teeth and dentures, loss of taste and smell acuity and halitosis can occur<sup>7</sup>.

In addition to the consistently high prevalence rate of tobacco users, the CED is concerned about the rapidly growing use of tobacco-free products such as electronic nicotine delivery system (ENDS), electronic non-nicotine delivery system (ENNDS) or nicotine pouches. The ENDS- and ENNDS-devices heat a liquid containing additives, flavours, chemicals and typically nicotine to create aerosols that are inhaled by the consumer via a mouthpiece. Consequently, the first contact of the various chemicals inhaled with the e-aerosol takes place in the oral cavity. The effects of these so-called e-liquids and their aerosols on oral health have not yet been sufficiently investigated, but there are indications that they can potentially damage the structures of the oral cavity.

ENDS/ENNDS such as e-cigarettes, e-cigars or e-pipes are a health threat for non-smokers and a potential gateway to smoking. In addition, most e-cigarettes contain nicotine, which is highly addictive. The CED is concerned that manufacturers and sellers of ENDS and ENNDS, such as e-cigarettes, use a range of aggressive marketing strategies to target young people.

## DEFINITIONS

### Heated tobacco products

Heated tobacco products are tobacco products containing tobacco, nicotine, and non-tobacco additives and flavourings, and are often marketed in the form of heat sticks or pods<sup>8</sup>.

### E-cigarettes and aerosols: ENDS and ENNDS

Category	Description
ENDS (Electronic Nicotine Delivery Systems)	Devices that heat a liquid to create aerosols for inhalation, typically containing nicotine.
ENNDS (Electronic Non-Nicotine Delivery Systems)	Similar to ENDS, but without nicotine, these devices still pose health risks from chemicals and additives.

<sup>6</sup> Questions and answers: Tobacco: E-cigarettes. The World Health Organization. 2024. Online Newsroom. Available here: [Tobacco: E-cigarettes](#)

<sup>7</sup> Çalışkan Batı, B., Buduneli, N., and Meriç, P. 2024. Examining awareness of tobacco's oral health effects: Dentists' role in smoking cessation among dental patients. *Tobacco Induced Diseases*, 22(February), 41. <https://doi.org/10.18332/tid/176227>

<sup>8</sup> World Health Organisation. 2020. Heated Tobacco Products, Information Sheet. 2<sup>nd</sup> Edition. Available here: [WHO-HEP-HPR-2020.2-eng.pdf](#)

E-cigarettes	A form of ENDS/ENNDS that doesn't contain tobacco but may include nicotine, additives, flavours, and chemicals.
E-cigars and E-pipes	Other forms of ENDS/ENNDS that mimic traditional cigars and pipes.
Flavors and Additives	Over 16,000 flavours available, with chemicals and additives that may pose health risks.
<b>Concern</b>	<b>Details</b>
Marketing towards young people	Aggressive marketing via social media and influencers, targeting youth with enticing flavours & modern designs.
Appeal to children	Products resemble toys and games, and some feature animated characters to attract younger users.
Global age restrictions	88 nations lack a minimum age requirement for purchasing e-cigarettes.
Global regulations	74 nations do not regulate e-cigarettes, posing a public health risk.

Table: According to WHO product details<sup>9</sup>.

### Nicotine pouches

Nicotine pouches do not contain tobacco. Nicotine pouches are placed under the upper lip so nicotine and other ingredients can be absorbed through the oral mucosa. The oral health effects from the use of this tobacco-free product are unknown but likely to be in keeping with other orally administered nicotine products<sup>10</sup>. Localised gingival recession might be seen.

### Snus

The term snus currently refers to both tobacco-free pouches containing nicotine and flavouring ("white snus" or "snuff"), as well as tobacco pouches containing both nicotine and tobacco ("brown snus"), according to the World Health Organization<sup>11</sup>.

## SMOKING AND DENTISTRY

Quitting smoking has a beneficial impact on both general and oral health. Health professionals, including oral health professionals, can play a crucial role in smoking cessation by ensuring availability and accessibility of oral healthcare services. The CED notes that good oral health should systematically be improved through promoting accessible and affordable services to ensure good oral hygiene and regular visits to the dentist, as well as integrating oral health messaging into broader public health campaigns and education systems.

The global nicotine market is rapidly evolving due to the recent emergence and expansion of novel products, such as e-cigarettes, various vaping devices, and heated tobacco products. Regulators around the world are considering a broad range of policies to minimize uptake of novel products,

<sup>9</sup> Questions and answers: Tobacco: E-cigarettes. The World Health Organization. 2024. Online Newsroom. Available here: [Tobacco: E-cigarettes](#)

<sup>10</sup> Travis N, Warner KE, Goniewicz ML, Oh H, Ranganathan R, Meza R, Hartmann-Boyce J, Levy DT. The Potential Impact of Oral Nicotine Pouches on Public Health: A Scoping Review. *Nicotine Tob Res.* 2024 Jun 17:ntae131. doi: 10.1093/ntr/ntae131.

<sup>11</sup> Please see [here](#).

particularly with regard to restrictions on forms of promotion and product attributes that may enhance their appeal to current non-smokers, especially adolescents and young people.

Even though existing studies and data on novel products might be considered limited, mainly concerning long-term health effects, there is clear evidence that they present a health hazard both for individual users and for public health in general. Ultimately, those two categories of risk must be taken into account from regulatory as well as medical perspectives.

Current smokers should be encouraged to quit completely, without switching to new harmful alternatives to conventional tobacco, while addressing the danger of smoking renormalisation and prevention measures should be a top priority on the countries' tobacco control agenda.

Dental practitioners are particularly well-positioned to contribute significantly to smoking cessation efforts<sup>12</sup>.

- We are especially educated and concerned about the adverse effects in the oropharyngeal area of the body that are caused by smoking practices.
- We typically have access to children, young people and their caregivers on a regular basis and thus can influence individuals to quit or never begin smoking.
- We often treat women of childbearing age and thus can inform about the potential harm to babies from tobacco use.
- We can build patient's interest in discontinuing smoking by showing actual smoking effects in the mouth.
- We are the first point of contact for the screening and detection of cancers of the oral cavity and maxillofacial region, including head, neck and lip cancers, caused by tobacco consumption.

Oral health professionals are among the group of healthcare professionals that patients visit particularly frequently. In developed countries, more than 60% of tobacco users see their dentist or dental hygienist annually<sup>13</sup>. We therefore have significant potential to promote the reduction of tobacco use, relative to efforts made to increase accessibility to oral health services.

The CED strongly advocates for an active role of dentists in smoking cessation and health promotion, for which their efforts should be financially recognised.

We believe these, in addition to smoking counselling, should be incorporated into basic dental curricula, as well as CED members' dental education priorities.

Smoking is the leading preventable cause of illness and premature death. Moreover, it places a substantial economic burden on healthcare systems and national economies.

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<sup>12</sup> Çalışkan Batı, B., Buduneli, N., and Meriç, P. 2024. Examining awareness of tobacco's oral health effects: Dentists' role in smoking cessation among dental patients. *Tobacco Induced Diseases*, 22(February), 41. <https://doi.org/10.18332/tid/176227>

<sup>13</sup> Davis JM, Arnett MR, Loewen J, Romito L, Gordon SC. Tobacco dependence education: A survey of US and Canadian dental schools. *J Am Dent Assoc.* 2016;147(6):405-12. doi: 10.1016/j.adaj.2015.12.012. Epub 2016 Feb 5

The CED supports all initiatives aimed at reducing the prevalence and uptake of tobacco and smoking, especially among young people. Targeted and equitable-based policies are essential, tailored to the distinct smoking and vaping prevalence, needs, and oral health levels of different population groups.

We particularly support initiatives related to tobacco use and call for de-normalisation of tobacco products, especially of their availability and presence in non-specialized retail outlets where new smokers might be recruited. Systematic age verification of buyers should be reinforced for retail sales of tobacco products.

The CED further asserts that tobacco-related products, such as e-cigarettes or snus as well as tobacco-free nicotine products, must also be subject to regulations, as they pose health risks to the oral cavity and serve as a gateway to smoking (see table above).

## CED RECOMMENDATIONS

The CED welcomes the adoption of the Council Recommendation on smoke-free and aerosol-free environments in December 2024, replacing and strengthening the previous Recommendation on smoke-free environments.

The CED also fully supports Council's proposal to evaluate and revise the EU's tobacco legislation and highlights the urgency of such a revision. The CED therefore adheres to the call by a cluster of European health non-governmental organisations to urge the European Commission to review and update all existing legislation, including the Tobacco Products Directive (TPD), the Tobacco Taxation Directive (TDD), the Tobacco Advertising Directive (TAD) and well as regulations on the cross-border selling of tobacco and electronic cigarettes (including ENDS and ENNDS devices)<sup>14</sup>, including all new associated products, e.i. snus, cannabidiol, flavourings.

The CED calls for the consistent implementation of *Europe's Beating Cancer Plan* to create a tobacco-free generation, where less than 5% of the population uses tobacco by 2040. We believe that governments and political institutions should utilize all available resources to make smoking less appealing, significantly reduce the number of smokers, and establish a solid foundation for a robust European Health Union.

The CED

- Highlights the essential role of dental practitioners in health promotion and smoking cessation and calls for an increased recognition of dental practices when considering policies around prevention and smoking cessation.

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<sup>14</sup> See the Press Release: European Societies call EU to Not Lose Momentum on Tobacco Policy. 2024. Available here: [News - PRESS RELEASE - European Societies call EU to Not Lose Momentum on Tobacco Policy - European Cancer Organisation](#)

- Urges the European Commission to extend current Recommendations on smoke-free environments to all novel tobacco products as well as electronic cigarettes (including both ENDS and ENNDS).
- Calls on the European Commission to introduce a ban on disposable e-cigarettes, as well as ban flavourings and additives in all e-cigarettes, Heated Tobacco Products (HTP) and related products.
- Calls to strengthen excise taxes on tobacco products covered under the Tobacco Taxation Directive as well as introduce excise taxes on HTPs, e-cigarettes and other novel-tobacco products.
- Calls to extend mandatory plain packaging rules for all tobacco products, including novel tobacco products.
- Insists on the introduction of effective rules banning advertisement of novel tobacco products, as well as e-cigarettes, particularly those targeting children and adolescents.

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**Adopted at the CED General Meeting of 23-24 May 2025**