



fighting heart disease
and stroke

european heart network

EHN Response

to the European Commission's (DG TAXUD) Public Consultation on the Inception Impact Assessment for the Cross-border acquisitions of excise goods by private individuals – revision of Article 32 of Directive 2008/118/EC (from 13 February 2023 Directive (EU) 2020/262

5 January 2021

Smoking is the second largest cause of CVD after high blood pressure. It is associated with 13% of all CVD deaths in the EU, which translates to almost 250 000 CVD deaths every year (around 165 000 male and 82 000 female deaths). The average prevalence of smoking (daily and occasional smokers; people older than 15) in the EU is 24%. However, prevalence varies hugely, from just under 17% in Sweden to almost 35% in Bulgaria.

Harmful alcohol consumption is estimated to be responsible for close to 50 000 CVD deaths in the EU. High alcohol consumption, particularly binge drinking, increases the risk of CVD by raising blood pressure and blood levels of triglycerides. Consumption of three or more alcoholic drinks per day is associated with increased CVD risk.

Alcohol and tobacco taxation are some of the most effective policy instruments for reducing consumption and thereby the prevalence of alcohol and/or tobacco related harm. Increasing excise duties and raising the real price of both products through taxes and pricing policies is identified by the World Health Organisation as one of the most effective and cost-effective ways to reduce harm from both products.

The lack of rate (and price) convergence creates a strong economic incentive to shop in Member States with lower tax rates and increases the risk of fraud. The difficulties for authorities in enforcing Article 32 have an impact on Member States' ability to independently set their own public health policies and rates of taxation in this area.

Therefore, we ask that

- There should be an upward convergence of prices across the European Union for the products under this proposal. This would reduce cross-border purchasing and improve public health.
- Member States should have the flexibility to limit individual cross-border purchases so as not to diminish the impact of their current tax policies. For tobacco products, the guide level should be lowered to 200 cigarettes and 150g of smoking tobacco
- It is important that different combinations of the identified policy options are considered. The problems with the current rules are multi-layered and challenges

differ slightly between countries. The best final policy option is most likely a combination of different policy changes.

The European Heart Network (EHN) is a founding member of the Smoke Free Partnership (SFP). EHN refers to SFP's comments for more information on this topic.