

**Shadow Report on the (NON)-Implementation of the
Framework Convention on Tobacco Control
Article 1 (d) on Harm Reduction Strategies
(Revised July 2025)**

Executive Summary

CAPHRA is an alliance of civil society groups particularly among Tobacco Harm Reduction Advocates and their respective organizations in the Asia Pacific region. This is a Shadow Report on the World Health Organization's (WHO) "Report on the Global Tobacco Epidemic, 2025: Protect People from Tobacco Smoke".

In this Shadow Report, we demonstrate that a careful review of the abovementioned WHO report shows the perverse neglect of tobacco harm reduction (THR), which is required by the FCTC under Article 1 (d) as an essential element of tobacco control. Despite the overwhelming scientific evidence supporting safer nicotine products as less harmful alternatives to smoking, the WHO has also consistently disregarded the positive role that vaping can play in tobacco control.

This, and previous WHO and FCTC progress reports, have consistently shown that a number of FCTC 'model countries' or those countries that completely adhere to WHO's MPOWER strategies such as Thailand, India, and recently Mauritius and Netherlands, are failing to significantly achieve their main objective of reducing smoking prevalence in their respective countries. Around 1% annual declines in smoking prevalence in Mauritius and Thailand, for example, while they should be celebrated, are not enough – and would not be seen as success in any other context. On the contrary, in countries where tobacco harm reduction is embraced as a tool for tobacco control, such as Japan, the United Kingdom, New Zealand, the United States and Canada, the evidence suggests that vaping is helping to reduce smoking rates.

Despite 20 years of FCTC implementation and widespread adoption of MPOWER measures, global smoking prevalence remains over 1 billion, with Asia accounting for more than half of the world's smokers. Smoking continues to cause over 8.7 million deaths annually and incurs nearly \$2 trillion USD in global economic costs.

We suggest that a core strategy should be to make smoking – the most harmful form of tobacco consumption – "the focus of the work". This is the core that we agree on. This means focusing on meeting people where they are. The focus needs to be on helping people who smoke quit, providing support to those who want to quit, and promoting harm reduction strategies that can help reduce the harm caused by smoking.

Tobacco harm reduction is rooted in human rights and respects the dignity of the over one billion current smokers that the FCTC treaty is designed to help. Perhaps most importantly, it's effective. The WHO knows that from decades of work on illicit drug use and AIDS – where they shifted from an "abstinence-only" approach to encouraging people who engage in risky behaviors to minimize those risks.

The concept of harm reduction is science- and rights-based. Evidence from Public Health England, the US National Academies and the UK Royal College of Physicians confirms that THR products are significantly less harmful than combustible tobacco. THR aligns with public health ethics and human rights, particularly the right to health under Article 12 of the International Covenant on Economic, Social and Cultural Rights.

Tobacco Harm Reduction is delivering results in countries that have embraced harm reduction, such as the UK, Japan, and New Zealand, who are seeing sharper declines in smoking rates. Japan's cigarette sales fell steeply with the rise of HTPs; in the UK, vaping is supported through public campaigns and has helped millions quit smoking.

WHO FCTC's application of Article 5.3, has been misused to exclude consumers, researchers and THR advocates from policymaking processes. NGOs backed by the Bloomberg and Gates foundations have labeled independent THR voices as "tobacco interests" without evidence, undermining public health inclusivity and rights-based engagement.

Doing more of the same focussing on MPOWER may incrementally enhance smoking rate reduction, but we need to use innovative approaches, prioritize science-based and inclusive policy making, challenge dogma and our own way of thinking, and use the full arsenal of tools contemplated by the FCTC to meaningfully address the problem of smoking in Asia. We suggest that it is time to deploy the third weapon in the FCTC tobacco control arsenal, article 1D Harm Reduction.

We need a practical campaign to reduce the devastating harms caused by smoking, not a moral crusade for abstinence. Scientific and behavioral evidence should be the basis of policy, not dogma. We need to work with and for people who smoke and for vapers, rather than against them. It is time for the WHO FCTC and its member states to listen to the voice of the sector that they are supposed to fight for and not against – the over 1 billion people who who smoke whose lives are in danger if they continue to smoke.