

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

Coalition of Asia Pacific Tobacco Harm Reduction Advocates

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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, 2023 Protect People from Tobacco Smoke" and the WHO Framework Convention on Tobacco Control's (FCTC) "2021 Global Progress Report on the Implementation of the WHO Framework Convention on Tobacco Control".

In this Shadow Report, we demonstrate that a careful review of the abovementioned WHO and FCTC reports show **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 vaping products as less harmful alternatives to smoking, the **WHO has also consistently disregarded the positive role that vaping can play in tobacco control.**

These WHO and FCTC progress reports also consistently show 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 the creation of the WHO FCTC 20 years ago, there are still more than 1 billion smokers in the world today – the same as a decade ago – where Asia remains a "hot zone" of high smoking prevalence. **We suggest that a core strategy should be to make smoking – the most harmful form of tobacco consumption – "public enemy number one."** This means focusing on helping smokers 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. Millions of lives have been saved as a result.

Doing more of the same like MPOWER may incrementally enhance smoking rates reductions, 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: Harm Reduction.**

We now 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 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.