CAPHRA
COALITION OF ASIA PACIFIC TOBACCO HARM REDUCTION ADVOCATES

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

Revised July 2025

"If the great majority of tobacco people who smoke who are unable or unwilling to quit would switch without delay to using an alternative source of nicotine with lower health risks, and eventually stop using it, this would represent a significant contemporary public health achievement."
- WHO Framework Convention on Tobacco Control, Conference of Parties 7th Meeting

Introduction

Article 21 of the World Health Organization Framework Convention on Tobacco Control (WHO FCTC) requires that each Party must submit to the Conference of the Parties (COP) periodic reports on its implementation of the Convention. As agreed during its fourth session in November 2010, Parties will report at intervals of two years and not later than six months before each regular session of the COP. Based on these reports ('reporting instrument') submitted by the Parties, the Convention Secretariat then prepares biennial global progress reports on the implementation of the Convention.

The World Health Organization, through funding from Bloomberg Philanthropies, has recently released their tenth "**Report on the Global Tobacco Epidemic, 2025: *Warning about the Dangers of Tobacco"***[1] According to WHO, this report tracks the progress made by countries in tobacco control since 2008 and also marks 20 years since the implementation of the WHO Framework Convention on Tobacco Control.

The 2025 report marks significant progress in global tobacco control, especially in health communication and regulatory coverage. However, gaps remain in mass media investment, taxation, and protection against industry interference. The transition from confronting new nicotine products (2021) to reinforcing behavioral deterrents (2025) illustrates a strategic pivot: from containment to consolidation. This report focuses on the W of the MPOWER measure: warn about the dangers of tobacco and it shows that, with 6.1 billion people protected by at least one MPOWER measure at best-practice level, many countries continue to make progress in the fight against tobacco. Four countries have now achieved the full MPOWER package while a further seven are only one measure away. At the same time 40 countries still have no MPOWER measure at best-practice level.

[1] https://www.who.int/publications/i/item/9789240112063
[2] See example, Information for civil society, NGOs and NHRIs, United Nations Human Rights Office of the High Commissioner, available at https://www.ohchr.org/en/treaty-bodies/cat/information-civil-society-ngos-and-nhris.
[3] Tomasz Jerzynski, Stimson, et al., *Estimation of the global number of e-cigarette users in 2020,* Harm Reduction Journal, October 23, 2021, available at https://harmreductionjournal.biomedcentral.com/articles/10.1186/s12954-021-00556-7.
[4] FCTC Article 1 , Use of terms xxx (d) "tobacco control" means a range of supply, demand **and harm reduction strategies** that aim to improve the health of a population by eliminating or reducing their consumption of tobacco products and exposure to tobacco smoke.

Whilst the previous report was a defensive stance against rising influence of new nicotine products and alleged tobacco industry lobbying, the new report is a celebratory yet urgent call to action marking 20 years of the FCTC, with emphasis on the need for the **full implementation of FCTC Article 5.3**, protecting policymaking from industry influence.

In line with Section 7, Article 4 of the WHO FCTC which states that one of the guiding principles of the Convention is the recognition that "**the participation of civil society is essential in achieving the objective of the Convention and its protocols**" and the well-established practice of various United Nations human rights treaty bodies of encouraging non-government organizations (NGOs) to submit supplemental reports when assessing a country's compliance with its human rights obligations[2], the **Coalition of Asia Pacific Tobacco Harm Reduction Advocates (CAPHRA)** is submitting this **Shadow Report** to the WHO FCTC Secretariat to provide alternative information and perspectives on the state of the implementation of the FCTC, particularly in Asia Pacific. More importantly, we are submitting this Shadow Report based on the human right to health embodied in Article 12 of the International Covenant on Economic, Social and Cultural Rights, particularly our right to health in tobacco control.

CAPHRA is an alliance of civil society groups particularly among Tobacco Harm Reduction Advocates and their respective organizations in the Asia Pacific region. We are comprised of adults who formerly smoked and now use safer nicotine products. Our mission is to educate, advocate and represent the right of the at least 15 million adult alternative nicotine consumers in the Asia Pacific region to access and use products that reduce harm from combustible and unsafe oral tobacco use.[3]

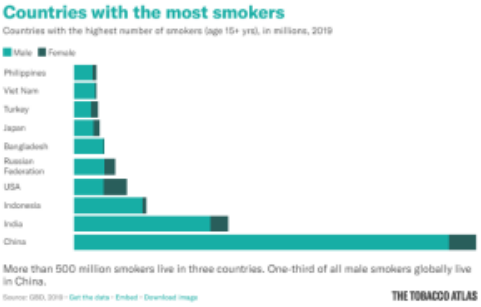
In this Shadow Report, we demonstrate that a careful review of the 2023 global progress report as well as the previous WHO FCTC biennial progress reports, including the recently published 2025 WHO report on the global tobacco epidemic, show the **neglect of tobacco harm reduction** (THR), which is required by the FCTC under Article 1 (d) as an essential element of tobacco control.[4] These progress reports also consistently show that a number of FCTC 'model countries' are **failing to achieve their main objective of reducing smoking prevalence in their respective countries.** As consumers of THR products, such as e-cigarettes and heated tobacco products, we are therefore compelled to write and submit this Shadow Report as an independent assessment of the WHO FCTC global progress reports as well as share additional information and policy perspectives that we hope should be reflected in the next (2027) WHO FCTC global progress report and also be considered during the 11th Conference of Parties in Geneva this November.

The State of Tobacco Control in Asia Pacific Today

Smoking of tobacco is a major public health concern worldwide, causing numerous diseases and premature deaths. According to the latest WHO report on the global tobacco epidemic, it kills *an astounding 8.7 million people each year*. Despite the creation of the World Health Organization Framework Convention on Tobacco Control 20 years ago, there are still more than 1 billion people who smoke in the world today – the same as a decade ago – and the direct and indirect costs of smoking-related disease is nearly $2 trillion USD annually.[5]

According to the Tobacco Atlas, an online platform developed in partnership between Vital Strategies and Tobacconomics at the University of Illinois Chicago, **Asia remains a "hot zone" of high smoking prevalence,** with seven countries accounting for more than half of the smoking in the world (See Figure 1).

Figure 1. 7 Asian countries accounting for more than half of the smoking in the world.



Source: https://tobaccoatlas.org/challenges/prevalence/

Data from WHO itself shows that smoking prevalence remains a persistent problem in Asia. Although there has been some significant progress over the last three decades, the prevalence of tobacco use is persistent, and populations are growing, particularly in low and middle-income countries (LMIC) and the developing world. Despite the well-known health risks associated with smoking, many people continue to smoke especially in Asia – and particularly within the WHO South-East Asia (SEARO) and Western Pacific (WPRO) Regions. According to WHO data, as of 2019, ***"*WHO's South East Asian Region has the highest rates of tobacco use**, of more than 45% of males and females aged 15 years and over, while the Western Pacific Region (WPRO), including China, is projected to overtake South East Asia as the region with the highest average rate among men."[6]

Vaping Products: An Innovation that Could Save Lives

With the overwhelming science behind THR products, such as e-cigarettes, people who smoke now have an alternative to traditional tobacco products that may reduce the harm caused by smoking. For example, Public Health England (PHE) published a report in 2015 that concluded that e-cigarettes are at least 95% less harmful than smoking. Similarly, the National Academy of Sciences, Engineering, and Medicine (NASEM) in the United States released a report in 2018 that found that while e-cigarettes are not without health risks, they are likely to be less harmful than combustible tobacco cigarettes.

In Japan, where HTPs have become increasingly popular in recent years, the Department of Environmental Health, National Institute of Public Health conducted a study in 2017 that found that HTPs emit significantly lower levels of toxicants compared to combustible cigarettes. The study also found that HTPs may be less harmful than smoking, and that they have the potential to reduce the harm associated with smoking.[7]

Finally, the UK Royal College of Physicians (RCP) published a report in 2016 that concluded that e cigarettes have the potential to benefit the health of UK people who smoke, and that the hazards associated with e-cigarettes are unlikely to exceed 5% of the harm associated with smoking

tobacco. The report also noted that e-cigarettes have the potential to reduce the public health impact of smoking in the UK.

In addition, studies have also shown that people who smoke who switch to e-cigarettes or heated tobacco products are more likely to quit smoking altogether.[8] One factor contributing to the effectiveness of alternative nicotine products as a smoking cessation device is their ability to deliver nicotine in a way that satisfies the user's cravings. THR products can thus also save current adult people who smoke who are struggling to quit smoking. Nicotine addiction is a powerful force that can make it difficult for some people who smoke to quit. E-cigarettes and heated tobacco products can provide an alternative source of nicotine that is less harmful than smoking, making it easier for people who smoke to transition away from traditional cigarettes. This approach is known as harm reduction, and it has been shown to be an effective strategy for helping people who smoke quit.

The Limits of FCTC MPOWER

The FCTC recognizes that there are three pillars to tobacco control: demand reduction, supply reduction, **and harm reduction**. To date, the FCTC's focus has been exclusively on supply and demand – as exemplified by the "MPOWER" initiative, a "policy package to reverse the tobacco epidemic" which establishes regulatory recommendations against which FCTC Parties' progress is monitored.

Figure 2. The WHO 'MPOWER' measures:

Monitoring tobacco use and prevention policies.
Protecting people from tobacco smoke.
Offering help to quit tobacco use.
Warning people about the dangers of tobacco.
Enforcing bans on tobacco advertising, promotion and sponsorship.
Raising taxes on tobacco.

However, despite MPOWER and other efforts to control tobacco use, two decades of evidence shows that MPOWER adoption and FCTC implementation have not led to sufficient decreases in smoking rates, particularly in Asia.

[5]The Tobacco Atlas 7th edition, available at https://tobaccoatlas.org/.
[6]https://www.who.int/news/item/19-12-2019-who-launches-new-report-on-global-tobacco-use-trends.
[7] Study available at https://pubmed.ncbi.nlm.nih.gov/28904270/.
[8] University of Oxford, Latest Cochrane Review finds high certainty evidence that nicotine e-cigarettes are more effective than traditional nicotine-replacement therapy (NRT) in helping people quit smoking, November 17, 2022 *available at https://www.ox.ac.uk/news/2022-11-17-latest-cochrane-review-finds-high-certainty-evidence-nicotine-e-cigarettes-are more#:~:text=New%20evidence%20published%20today%20in,such%20as%20patches%20and%20gums*.

In its previous 2023 global tobacco epidemic report, WHO has hailed Mauritius and Netherlands for implementing all of the WHO's MPOWER tobacco control measures.[9] Two Asian countries, India and Thailand are also considered by the WHO FCTC as role models on the MPOWER implementation. However, data from WHO itself shows that the smoking prevalence on these countries remain high and the decrease has not been significant over the last 20 years:

Table 1. Current tobacco use prevalence trends among people aged 15 years and older, 2000–2025, not age-standardized

	Both sexes					
year	**2000**	**2005**	**2010**	**2015**	**2020**	**2025**
India	48.7	41.7	35.8	31.1	26.9	23.4
Thailand	31.5	28.9	26.5	24.4	22.3	20.3
Mauritius	25.9	24.3	22.6	21.2	19.9	18.8
Netherlands	33.9	30.1	26.8	23.6	21.0	18.6

Source: WHO global report on trends in prevalence of tobacco use 2000-2025 Fourth edition[12]

It is clear that MPOWER is not empowering significant declines in smoking prevalence (see Table 1). A study by Hoffmann et al. concluded that FCTC implementation (as reflected by adoption of MPOWER demand-and-supply measures) has had little if any effect on smoking prevalence: "***After numerous statistical analyses, we could not find evidence that the rate at which global cigarette consumption per adult had been decreasing over the past three decades was accelerated by the adoption of the FCTC in 2003****, whether through socialization, normative, or legal pathways*." That's particularly true in Asia. In contrast to high-income and European countries, the authors found that "*low and middle income and Asian countries showed increased [cigarette] consumption above what would have been anticipated without adoption of the FCTC.*"[11]

We suggest that a core strategy should be to make smoking – the most harmful form of tobacco consumption – "public enemy number one." 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.

Doing more of the same may incrementally enhance those reductions, but **we need to use innovative approaches, 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.**

Harm Reduction: The Untapped Weapon in the FCTC Tobacco Control Arsenal

Tobacco harm reduction recognizes that people who smoke who don't quit can reduce their health risks if they completely switch from cigarettes to significantly less harmful products. If policies enable or encourage millions of people who smoke to switch (and guard against people who smoke or youth from using them), public health can benefit tremendously, and quickly.

As far back as 1998, "the UN Focal Point on Tobacco or Health concluded that 'to attain a substantial reduction in tobacco-caused death and disease in existing people who smoke and in future generations, it is important to adopt a triadic approach: a) tobacco-use prevention, b) smoking cessation, and c) **reduction of exposure to tobacco toxins in people who are unable or unwilling to completely abstain from tobacco**.'"[14]

Tobacco harm reduction is a concept that is already enshrined in the FCTC which defines tobacco control as "a range of supply, demand and harm reduction strategies…" This approach to tobacco control is also already supported by national governments around the world including the United States, United Kingdom, New Zealand and Canada. **Harm reduction is rooted in human rights and respects the dignity of the over one billion people who currently smoke that the FCTC treaty is designed to help. It focuses on helping people who smoke quit and, for those who don't, empowers them to make better decisions for themselves and for public health.**

In countries where there is a growing number of vapers, such as Japan, the United Kingdom, New Zealand, and Canada, the evidence suggests that vaping is helping to reduce smoking rates (See Table 2).

Table 2. Current tobacco use prevalence trends among people aged 15 years and older, 2000–2025, not age-standardized

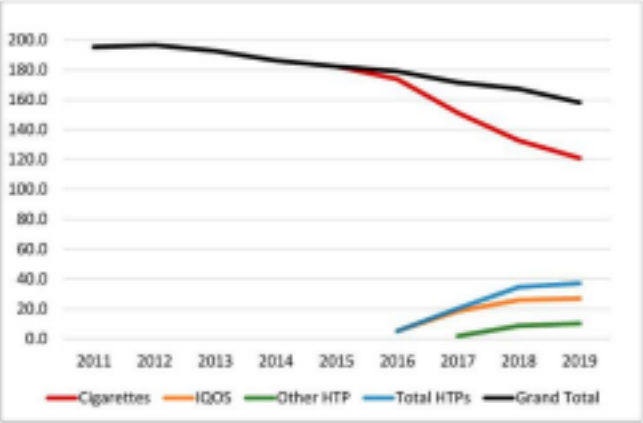
	Both sexes					
year	**2000**	**2005**	**2010**	**2015**	**2020**	**2025**
Canada	28.0	22.9	18.8	15.3	12.5	10.2
New Zealand	28.9	23.4	19.1	15.5	12.7	10.3
United Kingdom	36.1	28.6	22.7	18.1	14.3	11.4
Japan	31.7	27.6	23.8	20.7	17.9	15.5

Source: WHO global report on trends in prevalence of tobacco use 2000-2025 Fourth edition

[9]United Nations News, WHO hails Mauritius, Netherlands for tobacco control measures but global risks remain, *available at* https://news.un.org/en/story/2023/07/1139287.
[10] Available at https://www.who.int/publications/i/item/9789240039322.
[11] Hoffman et al., Impact of the WHO Framework Convention on Tobacco Control on global cigarette consumption: quasi experimental evaluations using interrupted time series analysis and in-sample forecast event modelling, https://www.bmj.com/content/365/bmj.l2287.

Japan is a particularly interesting case, as the country has traditionally had a high smoking rate. However, in recent years there has been a significant increase in the number of people who vape. According to a survey conducted by the Japanese government in 2018, the number of vapers in the country had doubled since 2015, while smoking rates had declined. One study suggests that the accelerated decline in cigarettes sales in Japan since 2016 'corresponds to the introduction and growth in the sales of HTPs' (See Figure 3).

Figure 3. Decline of cigarettes sales in Japan coincided with introduction of HTPs[12].



Source: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7277739/

The United Kingdom has also seen a significant increase in the number of vapers in recent years. According to a report by Public Health England (now Office for Health Improvement and Disparities), there are now around 3.1 to 3.2 million vapers in the UK, up from 2.8 million in 2018. The report also noted that smoking rates in the country had continued to decline, which suggests that vaping is displacing smoking as a preferred method of nicotine consumption.

The UK government officially recognized this potential of THR products to reduce smoking prevalence in the country when it recently launched a national campaign encouraging one million people who smoke to swap cigarettes for vapes under a pioneering 'swap to stop' scheme 'designed to improve the health of the nation and cut smoking rates.'[13]

In New Zealand, vaping is also displacing smoking. In 2023/24, the prevalence of daily smoking is actually 6.9% not 10.3%. This is similar to the previous year (6.8%), but down from 16.4% in 2011/12. The estimated number of daily smokers decreased from 573,000 to 300,000 from 2011/12 to 2023/24.[14]

According to a recent survey, the estimated number of daily vapers increased from 33,000 to 480,000 over the 8 years from 2015/16 to 2023/24. The same survey also found that smoking rates in the country had declined significantly over the same period. [15]

[12] Hatsukami et al., Developing the science base for reducing tobacco harm, 9(4) NICOTINE & TOBACCO RESEARCH S537 (Dec. 2007).
[13]UK Department of Health and Social Care, Press release people who smoke urged to swap cigarettes for vapes in world first scheme, 11 April 2023, available at https://www.gov.uk/government/news/people who smoke-urged-to-swap-cigarettes-for-vapes-in-world-first-scheme.
[14, 15] https://www.health.govt.nz/statistics-research/surveys/new-zealand-health-survey/publications/202324-survey-publications.

An Important Reminder to WHO-FCTC: Smoking is the Real Enemy

Smoking is a major public health threat that is been responsible for millions of premature deaths worldwide. The WHO FCTC was precisely established to help address this problem by providing guidelines and recommendations to countries on how to reduce tobacco use and its related harms. However, recent actions by the WHO FCTC suggest that its priorities may be misplaced. The primary objective of tobacco control should be to end the premature deaths caused by combustible tobacco. We agree on the end game of less than 5% of combustible tobacco smoking globally. This means focussing on providing people with as many tools in the toolbox to move away from combustible tobacco including safer nicotine products such as vapes, oral nicotine pouches, snus and heated tobacco products which have all shown reduced risk.

This also means focusing on meeting people where they are to help people who smoke to quit, and for those who cannot or will not stop, provide support to them in making the switch to a safer alternative, including promoting harm reduction strategies that can help reduce the harm caused by smoking. Unfortunately, the WHO FCTC seems to be more interested in fighting the tobacco industry than in helping people who smoke. In 2017, no less than WHO Director General Dr. Tedro Adhanom Ghebreyesus publicly announced that **"governments and health organizations like [WHO] are at war with the tobacco industry, and [WHO] will continue fighting until [WHO] beat[s] Big Tobacco**."[16] But will Dr. Ghebreyesus also fight for the rights of people who smoke to have access to less harmful alternatives?

It is, therefore, a pity that one of the agenda items during COP 10 included looking at the potential *contribution of the WHO FCTC to the promotion and fulfilment of human rights.*[17] WHO FCTC itself has for the longest time denied the efficacy of harm reduction principles for people who smoke and consumers of safer alternatives of their right to have access and accurate information on THR products. WHO FCTC should first address its lack of respect for human rights and harm reduction for tobacco before looking further at other aspects of human rights application in the global tobacco control treaty. WHO FCTC should stop denying people who smoke, vapers, and other tobacco users of their right to have a meaningful participation and inclusion in the formulation of policies that hugely impact them.

It is especially important now that delegations understand the real meaning behind Article 5.3 of the treaty. At its third session in November 2008, the Conference of the Parties (COP) adopted guidelines for implementation of Article 5.3 of the WHO FCTC on the protection of public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry (decision FCTC/COP3(7)). "**Protection of public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry."**[18]

Since FCTC CoP 8, held in Geneva in 2018, there has been an insidious and discriminatory application of Article 5.3 to exclude consumers and advocates from participation in the process as "civil society" at both the local government level and at the FCTC itself. NGO's and "approved civil society" organisations, mostly funded via Bloomberg Philanthropies and the Gates Foundation, have waged a campaign of disinformation against nicotine consumers researchers and scientists who support tobacco harm reduction, labelling them as "tobacco company interests" without any proof of such influence from industry, in order to exclude their lived experience and labelling them

"anecdotes" in the greater scheme of harm reduction.

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. It should recognize that e-cigarettes are not a perfect solution, but they are a less harmful alternative to smoking that can help people who smoke quit. 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 smoke whose lives are in danger if they continue to smoke. People who smoke should have the right to access less harmful alternatives to smoking, and the WHO FCTC should focus on helping them. **We need a pragmatic campaign to reduce the harm caused by smoking,** rather than a dogmatic, deceptive, ineffective campaign to compel adults who smoke to 'quit or die'. **The WHO, the COP secretariat and institutions, their funders, and national governments need to change their mindsets and ways of operating:** Abstinence and ideological purity have proven to be insufficient strategies. 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 meet people where they are to work *with* and *for* people who smoke and vapers rather than against them.

In conclusion, smoking remains a major public health threat that needs to be addressed effectively. The WHO FCTC should prioritize ending the premature deaths caused by cigarettes by also looking at promoting harm reduction strategies that can help reduce the harm caused by smoking.

We thus call on the WHO and WHO FCTC to:

Firstly, **focus on reducing combustible and unsafe oral tobacco prevalence**. This should be the primary objective of tobacco control efforts, as these both remain a major public health threat that causes millions of premature deaths annually.

Secondly, **provide honest, risk-proportionate communication and regulatory recommendations for THR products**. While not perfect, these products can be a less harmful alternative to smoking and can help people who smoke switch to a less harmful alternative. It is critical that people who smoke, policy experts, public health, government officials and the general public have access to accurate information about these products and that regulations are proportionate to their risks.

We are also calling on all Member States who will be attending the 11th FCTC Conference of Parties on November 17 - 22 to question the methodology of the suggested application of Article 5.3 as well as reject prohibitionist proposals that will just further contribute to millions more unnecessary deaths from smoking.

[16]Available at https://www.who.int/publications/i/item/9789240039322.
[17]UK Department of Health and Social Care, Press release people who smoke urged to swap cigarettes for vapes in world first scheme, 11 April 2023, available at https://www.gov.uk/government/news/people who smoke-urged-to-swap-cigarettes-for-vapes-in-world-first-scheme.abstinence.
[18] https://fctc.who.int/resources/publications/m/item/guidelines-for-implementation-of-article-5.3

In summary, we request that delegations:

1. Oppose the treatment of reduced risk nicotine products as tobacco products and therefore reject the guidance to regulate and tax them the same way as combustible products;

2. Oppose treating vaping aerosols as smoke and therefore extending very restrictive FCTC provisions coverage to reduced risk products;

3. Oppose banning all reduced risk product flavors and open systems, online sales and product communications – tools that most help people who smoke to switch to the safer alternatives;

4. Oppose undue restrictions on nicotine delivery and nicotine content in general; and

5. Oppose any radical progressive tobacco measures that will be extended to novel and emerging tobacco products.

Lastly, we request that delegate countries demand the WHO **prioritize science-based, inclusive policy making, including at the Conference of Parties meetings of the Framework Convention on Tobacco Control**. It is essential that policy making is based on the best available evidence and that all stakeholders are included in the decision-making process.

By including harm reduction strategies and focusing on reducing smoking prevalence, we believe that the WHO FCTC can make progress towards its goal of reducing the global burden of tobacco related diseases and deaths.