



## **Harm Reduction and the FCTC: Reconciling Treaty Mandates with Current Policy Direction**

### **Executive Summary**

The World Health Organization's Framework Convention on Tobacco Control (FCTC) defines tobacco control as a combination of supply, demand, and harm reduction strategies, as outlined in Article 1(d). Despite this, recent deliberations leading into COP11 reveal a growing inconsistency between the treaty's founding principles and its current interpretation by working committees. Draft decisions under Article 2.1 make no explicit reference to harm reduction, while Agenda Item 4.5 characterizes it as an "industry narrative." This selective interpretation risks undermining global tobacco control by disregarding independent scientific evidence, successful national experiences, and the rights of Parties to incorporate harm reduction into their public health strategies.

### **Background**

Adopted in 2003, the FCTC was the first international treaty negotiated under the auspices of the WHO. Article 1(d) makes clear that tobacco control is defined as a combination of supply, demand, and harm reduction strategies. This reflects a broad public health approach that recognizes the value of mitigating risk when immediate elimination is not possible. Harm reduction has long been accepted in other public health contexts such as HIV prevention, drug use, and alcohol control. The exclusion of tobacco harm reduction therefore represents a striking inconsistency.

### **Current Inconsistencies**

The draft decision text under Article 2.1 encourages Parties to adopt forward-looking tobacco control measures but makes no reference to harm reduction. By omitting this principle, Parties are left without clear guidance that they are entitled to incorporate novel and emerging nicotine products into their national strategies, even when evidence shows these approaches can reduce smoking prevalence. The absence of harm reduction from the draft text is a contradiction of the FCTC's own definition of tobacco control.

In addition, the framing of harm reduction within Agenda Item 4.5 is deeply concerning. The report dismisses harm reduction as an "industry narrative," disregarding a substantial body of independent research, including reviews conducted by Cochrane and Public Health England. It also overlooks the experience of Parties such as New Zealand,



Sweden, Canada, and the United Kingdom, which have implemented pragmatic regulatory approaches and achieved remarkable reductions in smoking rates. This framing contradicts the requests made by several Parties at COP10 for a substantive discussion on harm reduction and its role in advancing tobacco control.

### **Evidence from Parties**

New Zealand has seen record declines in smoking prevalence through regulatory frameworks that enable access to vaping products. Sweden, with its widespread use of snus, has achieved the lowest smoking rates and tobacco-related mortality in Europe. The United Kingdom and Canada have both embraced pragmatic regulation of vaping, accelerating smoking cessation and reducing exposure to toxic tobacco smoke. These examples demonstrate that harm reduction is neither theoretical nor industry-driven. It is a proven, evidence-based approach that saves lives when incorporated into comprehensive public health policy.

### **Policy Recommendation**

To align practice with principle, CAPHRA and allied stakeholders call on Parties at COP11 to reaffirm harm reduction as integral to tobacco control by explicitly referencing Article 1(d) in the final decision text under Article 2.1. The establishment of a Party-led Working Group would allow Parties to examine global evidence and national experiences with novel nicotine products, including how different regulatory models impact smoking prevalence, youth protection, and broader health outcomes. Transparent reporting on national harm reduction initiatives would ensure that best practices are shared across Parties and would contribute to more effective global policy.

### **Conclusion**

The credibility of the FCTC depends on applying its principles consistently. The selective omission of harm reduction from draft decisions and reports undermines the integrity of the treaty and risks denying millions of people who smoke access to safer alternatives. If the FCTC is to remain relevant and effective, COP11 must recognize harm reduction as central to forward-looking tobacco control policy. Only by doing so can the treaty meet its mandate to protect global public health.

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