WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL

Conference of the Parties to the WHO Framework Convention on Tobacco Control Eleventh session

Geneva, Switzerland, 17–22 November 2025

Provisional agenda item 4.5

FCTC/COP11/P/CONF./5(b)

29 October 2025

Draft decision: Harm reduction strategies in the context of tobacco control

(Proposed by Saint Kitts and Nevis)

The Conference of the Parties (COP),

Recalling that tobacco control aims to improve the health of a population by eliminating or reducing their consumption of tobacco products and exposure to tobacco smoke;

Reaffirming the Parties' commitments to protect public health by prioritizing supply and demand reduction measures;

Recognizing that the spread of the tobacco epidemic is a global problem with serious consequences for public health;

Determined to promote tobacco control measures based on current and relevant scientific, technical and economic considerations;

Noting with concern that the strategies and tactics used by the tobacco industry evolve constantly as the industry attempts to interfere with the setting and implementing of tobacco control measures;

Recalling decisions FCTC/COP6(9) and FCTC/COP7(9) inviting Parties to consider applying regulatory measures to prohibit or restrict the manufacture, importation, distribution, presentation, sale and use of electronic nicotine delivery systems and electronic non-nicotine delivery systems (ENDS/ENNDS), as appropriate to their national laws and public health objectives;

Further recalling decision FCTC/COP7(14) inviting WHO to continue to monitor and examine market developments and usage of novel and emerging tobacco products, such as "heat-not-burn" tobacco products;

Recalling decision FCTC/COP8(22) on novel and emerging tobacco products reminding Parties about their commitments under the WHO FCTC when addressing the challenges posed by

novel and emerging tobacco products such as heated tobacco products and devices designed for consuming such products;

Noting the report of the United Nations Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health Harm reduction for sustainable peace and development, presented to the United Nations General Assembly in document A/79/177;

Recognizing that the properties of certain novel and emerging tobacco products may pose regulatory challenges regarding their definition and classification, and that these may pose challenges for the comprehensive application of the WHO FCTC;

Noting with concern the increasing proliferation of novel and emerging tobacco and nicotine products, particularly heated tobacco products, nicotine pouches, ENDS/ENNDS, including disposable ENDS, and other new products that may be developed by the tobacco industry, including those composed of synthetic nicotine, adding complexity to already existing regulatory challenges;

Considering that, while cigarettes remain the most widely used tobacco product, the use of ENDS and other emerging products is increasing, including among children and adolescents, in some countries;

Noting with regret that these novel and emerging tobacco and nicotine products are being marketed with claims of “reduced risk”, “cleaner alternatives to conventional cigarettes” and as smoke-free alternatives to smoking, and recalling the past “low tar cigarettes” and “reduced carcinogen cigarettes” promoted by the industry;

Emphasizing that tobacco cessation is the best option to reduce the harm caused by tobacco smoking and nicotine use;

Mindful that Parties have achieved different levels of implementation of tobacco control measures;

Keeping in mind that Parties might require further guidance on the harm reduction strategies in tobacco control as provided by Article 1(d) of the Convention, and may find it challenging to identify how those strategies relate to tobacco products;

Noting the discussions about the harm reduction strategies during the Tenth session of the COP to the WHO FCTC and the views expressed by Parties, as referred to in document FCTC/COP/10/26,

1. DECIDES:

(a) to establish an intersessional Working Group on harm reduction strategies in tobacco control, as referred to in Article 1(d) of the Convention;

(b) to mandate the Working Group:

(i) to assess existing sources of information, including academic research, Party experiences, best practices and regulations about evidence-based interventions to reduce tobacco- and nicotine-associated harm, and to collect and share them as appropriate;

(ii) to study best practices in public health policy measures on noncommunicable and communicable diseases – such as, but not limited to, sexually transmitted infections, AIDS, HIV exposure, drug and alcohol addiction, air pollution, and sex work – that aim to reduce or eliminate exposure to risk factors, including prevention particularly among young people, women and persons from vulnerable socioeconomic and minority groups, other risk-mitigating means and cessation, and to evaluate the potential applicability of such measures to tobacco control, taking into account their cost–effectiveness;

(iii) to invite Parties to submit in writing to the Working Group best practices and examples of national experiences in regulations on public health strategies on minimizing harm in tobacco control;

(iv) to seek information from United Nations organizations and other intergovernmental organizations with relevant expertise in public health-oriented harm reduction;

(v) to recommend, based on the above, evidence-based interventions and measures for Parties to reduce relative risk and population harm associated with the consumption of tobacco that could be implemented by Parties in accordance with Article 1(d) of the Convention;

(vi) to standardize, for the purposes of the Convention, the terminology on reliable evidence-based interventions to reduce tobacco- and nicotine-associated harm in order to clearly distinguish them from the claims of “tobacco harm reduction” by the tobacco industry and its acolytes; and

(vii) to invite, in line with Article 5.3 of the Convention, civil society organizations that are officially participating, or have participated, in proceedings of the governing bodies of United Nations organizations referred to in point (iv) to inform the Working Group about their experiences and best practices in public health-oriented policies aimed at reducing or eliminating exposure to risk factors;

(c) that the Working Group shall be open to all interested Parties, and ensure regional balance, and that such regional nominations shall be coordinated by Regional Coordinators;

(d) that the Working Group shall work mainly through electronic means; however, the Working Group shall have, subject to financial resources, at least two face-to-face meetings during the intersessional period; and

(e) that the Working Group shall submit its report for consideration of the Twelfth session of the COP;

2. REQUESTS the Convention Secretariat:

(a) to make the necessary arrangements, including budgetary arrangements, for the Working Group to complete its work; and

(b) to establish an information hub in the form of a dedicated website, in at least the six official United Nations languages, on harm reduction policies in public health.

(XXX plenary meeting, XX November 2025)
