

Open Letter to the UN High Commissioner for Human Rights

in relation to the Tenth Session of the Conference of the Parties (COP10)
to the WHO Framework Convention on Tobacco Control (20-25 November 2023)

16 October 2023

Dear UN High Commissioner for Human Rights Mr. Volker Türk,

Smoking is the single most preventable cause of illness and death. According to the WHO, smoking kills more than 8 million people each year, including 1.3 million non-smokers who are exposed to second-hand smoke, and it is a major risk factor for non-communicable disease.

Key to tackling this issue is imparting to all citizens the 'Right to Health'.

The Right to Health is recognized and enshrined in several UN treaties and documents, as well as in the Constitution of the WHO and its Framework Convention on Tobacco Control (WHO FCTC).

Central to the Right to Health is allowing adults who smoke to access safer alternatives to smoking, as no person can attain the highest possible level of health if they lack the ability to control their own health and body, free from interference.

The Right to Health is also closely related to the right to information, the right to access reliable and appropriate information that allows for informed choices.

When adults who smoke switch to safer alternatives to smoking, they reduce the harm caused by smoking. Therefore, such decisions are legitimate expressions of the Right to Health. Encouraging harm reduction helps people to take positive steps to protect their own health, whilst also respecting their freedoms and entitlements.

The harm reduction approach in respect of drug use is already recognized by the UN Human Rights Office as an 'obligation' under the Right to Health. Yet this is not also true for harm reduction in respect of smoking.

By implementing policies that prevent access to safer alternatives to smoking, governments are violating the Right to Health and making global public health less equitable.

The “contribution of the WHO FCTC to the promotion and fulfilment of human rights” will be discussed during the Tenth Session of the Conference of the Parties (COP10) in November.[1] This creates an opportunity to unequivocally recognize harm reduction in relation to smoking as a legitimate and evidence-based strategy.

Harm reduction in respect of smoking and the experience of Sweden

In practice, harm reduction in respect of smoking means giving people who smoke access to safer alternative nicotine products, to help them reduce their personal risk, just as Sweden has done to achieve its current smoking prevalence rate of 5.6%.[2] In other words, to become “smoke-free”.

Sweden has adopted measures emanating from the WHO FCTC, including the provisions of its article 1 (d), which states that “‘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’ (added emphasis is ours). Sweden has implemented a comprehensive regulatory framework and education programs aimed at prevention and cessation and has also made safer alternative nicotine products accessible and affordable, and allowed them to be acceptable for people who smoke to switch and stay away from smoking.

In our view, providing people who smoke with accurate information about the relative risks of using safer alternative nicotine products compared to smoking, and their efficacy, is critical to harm reduction in respect of smoking. As an example, the 2022 Cochrane Review of vaping for quitting smoking showed that nicotine vaping helps more people quit smoking at six months or longer than nicotine replacement therapy.[3] Cochrane is a global, independent network of researchers, professionals, patients, carers, and people interested in health who gather all available high-quality evidence on specific health topics and summarize it in Cochrane Reviews. Cochrane’s reach, rigor, and independence from any commercial or conflicted funding mean its reviews are widely regarded as the gold standard for authoritative, reliable health research.

It is therefore a concern that when enquired about the successful harm reduction approach of Sweden, the WHO has pointed to Turkmenistan as a country making greater strides in its journey to becoming “smoke-free”.^[4]

To hold Turkmenistan up as a beacon for the rest of the world is deeply flawed.

There are serious concerns related to Human Rights in Turkmenistan. The country has been described as a totalitarian state. No opposition parties are allowed, while citizens endure systemic repression. Women are prohibited from sitting in the front passenger seat of a car and banned from wearing eyelash or nail extensions. Independent journalism is virtually non-existent, and data collection is sufficiently poor that Turkmenistan was the only sovereign nation in the world to report no cases of COVID-19, despite international media reports that the country’s hospitals were overrun with patients displaying COVID-like symptoms.

Unlike Turkmenistan, Sweden is a democratic country with excellent data collection practices that show a consistent decline in smoking rates. And the benefits of harm reduction in Sweden are visible in its significantly lower incidence of tobacco-related diseases and deaths. Sweden has a 39.6% lower rate of death of all tobacco-related diseases compared to the average of EU countries, who also have an average smoking prevalence rate of 23%. Like Sweden, the rest of EU countries have adopted measures proposed by the WHO to reduce smoking, but have not adopted the comprehensive, harm reduction approach of Sweden.

Harm reduction in respect of smoking and the Right to Health

As such, harm reduction in respect of smoking is fully consistent with the Right to Health. The WHO recognizes both the concept and the objective of harm reduction. Harm reduction strategies are supported by the weight of scientific evidence that shows that safer alternative nicotine products are effective tools to help people who smoke to switch and stay away from smoking, an overview of which is enclosed to this letter.

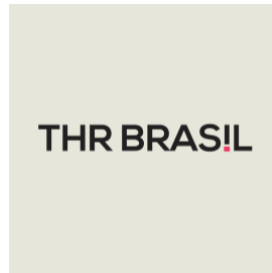
Therefore, government-supported harm reduction strategies should be not just a “nice-to-have”, but obligatory under the Right to Health.

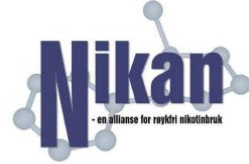
Your predecessors have recognized the importance of a harm reduction approach in relation to illicit drugs. We urge you to do the same in relation to smoking, and to take the lead on advancing this approach as a human rights issue and a public health priority. This should include:

- Encouraging the WHO to recognize harm reduction in relation to smoking as a legitimate and evidence-based strategy, particularly within the context of the WHO FCTC and its implementation guidelines.
- Encouraging the WHO to review its position on safer alternative nicotine products based on the latest scientific and empirical evidence.
- Encouraging and supporting the UN and the WHO member states to adopt harm reduction policies and programs in relation to smoking in a way that is consistent with the Right to Health and human rights standards.
- Encouraging the WHO FCTC to welcome the participation of consumer groups in its COP10 and to invite them to share their experience, switching from smoking to safer alternative nicotine products.
- Having a representation of the UN Human Rights Office at the WHO FCTC's COP10.

We hope that you will take our letter into serious consideration. We are ready and willing to work with you and your Office on this issue of mutual concern, and we believe that together we can make a difference in saving lives and improving health outcomes for millions of people who smoke around the world.

Sincerely,







Cc: Ms. Tlaleng Mofokeng, Special Rapporteur on the Right to Health

Enclosed:

1. [Addressing common myths about vaping – Putting the evidence in context](#), a brief reviewed by academics and clinicians expert in addiction; behaviour change techniques; electronic cigarettes, smoking cessation and tobacco control; epidemiology; mental health and health inequalities; and respiratory and critical care medicine. This brief was published by Action on Smoking and Health (ASH), an independent public health charity set up by the Royal College of Physicians to end the harm caused by tobacco.
2. [Balancing Consideration of the Risks and Benefits of E-Cigarettes](#), a paper co-authored by fifteen past presidents of the Society for Research on Nicotine and Tobacco (SRNT). This paper was published in the American Journal of Public Health.

[1] Convention Secretariat, *Provisional agenda for COP10 of the WHO FCTC*, available at <https://storage.googleapis.com/who-fctc-cop10-source/Main%20documents/fctc-cop10-1-en.pdf>

[2] Folkhälsomyndigheten, *Adults' use of tobacco and nicotine products (2023)*, available at <https://www.folkhalsomyndigheten.se/livsvillkor-levnadsvanor/andts/utveckling-inom-andts-anvandning-och-ohalsa/anvandning/anvandning-av-tobaks-och-nikotinprodukter/vuxnas-bruk-av-tobaks--och-nikotinprodukter/>

[3] Hartmann-Boyce et al., *Electronic cigarettes for smoking cessation*, Cochrane Database of Systematic Reviews (2022), available at <https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD010216.pub7/full>

[4] Pele and Ritter, *Sweden close to becoming first 'smoke free' country in Europe as daily use of cigarettes dwindles*, The Associated Press (2023), available at <https://apnews.com/article/smoking-cigarettes-snus-sweden-7e374480a4714bdee4bcb1736983586>