



Forward-looking tobacco control measures (in relation to Article 2.1 of the WHO FCTC)

Report by the Expert Group

Purpose of the document

In accordance with decision FCTC/COP10(12), this report provides an overview of the work of the Expert Group on Forward-looking Tobacco Control Measures (in relation to Article 2.1 of the WHO FCTC) established by the Conference of the Parties (COP). The Expert Group was mandated to identify and describe forward-looking tobacco control measures and measures that expand or intensify approaches to tobacco control as they apply to tobacco products, and that may be contemplated within the scope of Article 2.1, taking into account the Guidelines for implementation of the WHO FCTC.

Action by the Conference of the Parties

The COP is invited to note the present report and the additional information contained in document FCTC/COP/11/INF.DOC./1, to provide further guidance and to consider adopting the draft decision contained in Annex 3 to the present report.

Contribution to the Sustainable Development Goals (SDGs): All SDGs; in particular, SDG 3 and Target 3.a.

Link to Workplan and Budget item: None.

Additional financial implications if not included in the Workplan and Budget: None.

Related document(s): FCTC/COP/11/INF.DOC./1, a report referencing the sources used by the Expert Group to inform document FCTC/COP/11/5; reports of the first, second and third meetings of the Expert Group on Forward-looking Tobacco Control Measures (supplementary information); report by the WHO FCTC Knowledge Hub on Legal Challenges to inform the work of the Expert Group (supplementary information); and compilation of information briefs on forward-looking tobacco control measures developed by the experts (supplementary information).

Background

1. At its tenth session, the Conference of the Parties (COP) to the WHO Framework Convention on Tobacco Control (WHO FCTC) decided to establish an expert group on tobacco control measures that are forward-looking and could be contemplated within the scope of Article 2.1 of the WHO FCTC. In accordance with decision FCTC/COP10(12), the expert group was mandated to:

- (a) identify and describe forward-looking tobacco control measures and measures that expand or intensify approaches to tobacco control as they apply to tobacco products, and that may be contemplated by the expert group within the scope of Article 2.1, taking into account the Guidelines for implementation of the WHO FCTC;
- (b) consider, in conducting its research and elaborating its findings, Party experience and published literature, as well as any other source of information that it may find appropriate, and properly reference all sources; and
- (c) prepare a report to be submitted to the Eleventh session of the COP (COP11) on the above matters.

2. In decision FCTC/COP10(12), the COP also requested the Convention Secretariat, under the guidance of the Bureau, to facilitate the establishment of the expert group, and to make arrangements for the expert group to complete its work.

3. At its first meeting, the Bureau elected at the Tenth session of the COP considered and approved the list of experts for the Expert Group on Forward-looking Tobacco Control Measures (in relation to Article 2.1 of the WHO FCTC) and its terms of reference. The composition of the Expert Group is contained in the report of the First meeting of the Expert Group, available on the WHO FCTC website as supplementary information to this report.¹

Expert Group meetings

4. The Expert Group held three meetings: two online (on 18–20 June 2024 and 1–2 April 2025) and one in person (in Helsinki, Finland, on 5–7 November 2024). A Chairperson and officers were elected by the members of the Expert Group to facilitate its work.

5. The First meeting of the Expert Group focused on discussing the mandate of the Expert Group, with reference to decision FCTC/COP10(12), and the terms of reference approved by the Bureau. The Expert Group discussed a wide range of forward-looking tobacco control measures (FLMs) and some key considerations to enable shortlisting of FLMs that the Expert Group could develop into information briefs. The Expert Group discussed the timeline and its method of work, including engagement with other international experts, such as the World Health Organization (WHO), and the possibility of requesting inputs from WHO FCTC Knowledge Hubs.

6. Four sub-groups of experts were established, each responsible for one of four FLM domains (tobacco supply, institutional structure/market, product and consumer). The domain groups were invited to shortlist FLMs for further development into information briefs, which would inform the final report to COP11, based on a template and guidance notes agreed among the Expert Group

¹ [COP11 Documentation: Supplementary information](#) (accessed 29 August 2025).

members. With support from the Convention Secretariat, the Expert Group sought a report from the WHO FCTC Knowledge Hub on Legal Challenges² to inform its work.

7. The Second meeting of the Expert Group focused on reviewing the first drafts of the FLM information briefs. As a result of the discussions, some FLMs were refined or merged; others were not taken forward in the context of the mandate of the Expert Group. The WHO FCTC Knowledge Hub on Legal Challenges presented its work to date.

8. Upon request following the Second meeting, the Convention Secretariat facilitated (including financially) the provision of research and review support to the Expert Group. The experts continued to revise their information briefs, engaging in internal feedback and taking into account the report provided by the WHO FCTC Knowledge Hub on Legal Challenges to inform their work.

9. The Third meeting of the Expert Group focused on reviewing the Expert Group's draft report to the COP and discussing the supplementary documentation that could accompany the main report.

FLMs considered by the Expert Group

Criteria for selection

10. The Expert Group found that there was a very large number of FLMs that it could potentially identify and describe. The Expert Group had a wide-ranging discussion to identify possible FLMs for description and, as mandated by decision FCTC/COP10(12), a non-exhaustive long list of FLMs was ultimately created (see Annex 1 to the present report).³ Based on subsequent discussions, a shorter list of FLMs was defined, which was further reduced to 16 FLMs, based on agreed criteria (see below).

11. The criteria for identification and selection of FLMs for development into information briefs were discussed at the First meeting of the Expert Group, but were refined over time. The Expert Group agreed that it was important to stress that non-selection, or a decision not to take forward any FLMs (from the original list of those identified) to be developed into information briefs does not imply that those FLMs lack merit as tobacco control interventions. The criteria that ultimately informed the selection of FLMs for development into information briefs were as follows.

- (a) FLMs must apply to tobacco products, as defined under the WHO FCTC, in accordance with the mandate of the Expert Group, as articulated in decision FCTC/COP10(12).
- (b) They must include measures that substantially expand or intensify approaches to tobacco control in line with the WHO FCTC or its Guidelines for implementation.
- (c) There is a sufficient level of readily available research, modelling, commentary and/or jurisdictional experience, and/or a solid conceptual foundation to draw on to enable the Expert Group to provide a useful description of the measure.

² Based within the McCabe Centre for Law and Cancer, Australia.

³ The titles of the FLMs initially considered by the Expert Group were further refined and amended.

(d) There is evidence, or high potential (based on experience from other interventions) for the measure, if implemented, to achieve one or more of the following:

- (i) a significant contribution to the prevention, reduction and/or cessation of tobacco use, nicotine addiction and the tobacco epidemic;
- (ii) positive benefits for vulnerable groups, including hard to reach population group(s); and/or
- (iii) changes to the policy and wider settings under which the tobacco industry operates, and/or tobacco is grown, manufactured, supplied and/or used, supporting or enabling wider tobacco control efforts to be more successful.

12. The Expert Group sought to ensure that it selected a range of FLMs that:

- (a) provide options for Parties at various stages of implementation of the WHO FCTC aiming at combating the tobacco epidemic (i.e. some measures would be able to be adopted regardless of the state of tobacco control in the selected Party, while other measures may have an easier path to adoption if the Party is further advanced in implementing the WHO FCTC and wider tobacco control efforts);
- (b) provide options for those Parties that are least developed countries, low-income countries and lower-middle-income countries, not just those Parties that are upper-middle-income countries and high-income countries; and
- (c) capture all forms of tobacco use, and are consistent with Article 5.2(b) of the WHO FCTC, which sets a general obligation for Parties to prevent and reduce tobacco consumption, nicotine addiction and exposure to tobacco smoke.

FLMs identified and described

13. The following 16 FLMs were selected for description in line with the mandate of the Expert Group:

- (a) Tobacco supply
 - (i) Retail reduction
 - (ii) Ban on incentives to retailers
 - (iii) Price controls for tobacco products and devices (“minimum price policies”)
 - (iv) Birthdate-based sales restrictions (BSRs) (“tobacco-free generation”)
 - (v) Increase in minimum legal age for sales of tobacco products
 - (vi) Ban/phase out sales of tobacco products
- (b) Institutional structure/market
 - (i) Environmental controls (“producer pays”)
 - (ii) End of any government support for tobacco farming
 - (iii) Measures to reduce tobacco supplier profits and pricing power

- (iv) End the commercial sale of tobacco industry products
 - (v) Quota on tobacco manufacture and imports, followed by regular reduction (“sinking lid”)
- (c) Product
 - (i) Low/very low nicotine content levels in combustible tobacco products
 - (ii) Ban on all flavouring agents and other additives in tobacco products
 - (iii) Tobacco supply freeze on brands and reduction of variants
 - (iv) Ban on cigarette filters
- (d) Consumer
 - (i) Expansion of smoke-free venues in private/semi-private environments and reduction of exposure to second- and third-hand tobacco smoke

14. Information briefs have been prepared to describe each selected FLM. Each brief describes the FLM and what it is intended to do; discusses the availability of information/research evidence on the potential impact of the FLM; discusses the awareness and profile (among policy-makers and the public) of the FLM as a potentially promising intervention; presents some implementation considerations specific to the FLM (see discussion below about wider implementation considerations, including potential legal challenges and barriers); and presents a case study or studies where available. A short summary (abstract) of each information brief is contained in Annex 2 to the present report. A compilation of FLM information briefs, containing contextual information about the work of the Expert Group, forms a supplementary document published on the WHO FCTC website.⁴

15. In line with its mandate, the Expert Group, in conducting its research and developing its findings, considered Party experience and published literature, as well as other sources of information, and properly referenced all sources. A report referencing all sources that informed the FLM information briefs, per decision FCTC/COP10(12), is also published on the WHO FCTC website (document FCTC/COP/11/INF.DOC./1).⁵

Report by the WHO FCTC Knowledge Hub on Legal Challenges to inform the work of the Expert Group

16. As noted above, the WHO FCTC Knowledge Hub on Legal Challenges prepared a report for the Expert Group on the legal challenges that have been raised by the tobacco industry to the implementation of tobacco control and analogous measures. This report is available as a supplementary document on the WHO FCTC website.⁴ The report notes that the tobacco industry frequently uses or threatens litigation against countries that propose tobacco control measures, with the intent of weakening, delaying or blocking their adoption. It also notes that Parties have prevailed in the vast majority of legal challenges brought against their tobacco control measures, and that Parties should therefore not be dissuaded from implementing FLMs by the threat of legal

⁴ [COP11 Documentation: Supplementary information](#) (accessed 29 August 2025).

⁵ [COP11 Documentation: Information documents](#) (accessed 29 August 2025).

challenges. The report recommends a set of good practices that may assist Parties in mitigating the risk of legal challenges (presented below):

- (a) establishing cross-government coordination from the outset, noting that it is particularly important to coordinate with ministries with legal, trade or investment mandates early to ensure that measures are developed in a way that is robust to legal challenge and that non-health ministries are sensitized to the importance of their obligations under Article 5.3 of the WHO FCTC;
- (b) documenting the rationale for an FLM and any available and relevant supporting evidence, which may include international evidence and recommendations by international bodies, including those developed through the COP and by WHO, and does not necessarily require Parties to conduct new local studies;
- (c) following any required procedures for the adoption of the measure, where applicable, to prevent legal challenges on procedural grounds;
- (d) mapping any relevant laws at different levels of government to ensure that laws at one level of government do not pose a barrier to implementation of FLMs by other levels of government; and
- (e) ensuring that political commitment to tobacco control is maintained across levels and sectors of government, including in relation to FLMs.

17. The report also highlights that the WHO FCTC is an important part of the legal and evidentiary framework for courts that are hearing legal challenges. It further suggests that by identifying and describing FLMs and providing further information about the supporting evidence and experience of Parties in implementing them, the Expert Group's work could be a helpful resource for Parties that may face legal challenges to FLMs.

Context for the work of the Expert Group, and considerations for Parties

18. As described above, the mandate of the Expert Group was to:

identify and **describe** forward-looking tobacco control measures and measures that expand or intensify approaches to tobacco control as they apply to **tobacco products**, and that may be contemplated by the expert group within the scope of Article 2.1, taking into account the Guidelines for implementation of the WHO FCTC. [emphasis added]

19. Accordingly, the FLM information is descriptive in nature. It is not intended to provide systematic evidential reviews of the proposed interventions but rather to present a current narrative summary of each FLM. The present report was prepared primarily using readily available, predominantly English-language published literature, supplemented by select grey literature and expert insights available at the time of preparation (see document FCTC/COP/11/INF.DOC./1).⁶ Thus, this information would benefit from updating and revising as new evidence becomes available.

20. The present report focuses on tobacco products as defined by the WHO FCTC, in line with the mandate of the Expert Group. Parties may wish to adopt and apply the FLMs to both tobacco

⁶ [COP11 Documentation: Information documents](#) (accessed 29 August 2025).

and nicotine products, depending on their domestic definitions, and approach to regulation, of those products.

21. The Expert Group has identified some potential challenges and barriers to adoption, some risks, and some potential unintended consequences of the FLMs, and has included some commentary on how to mitigate these. Any Party considering the adoption of an FLM could, consistent with their regulatory and policy-making procedures, identify potential challenges to adoption and implementation by conducting a full policy/regulatory impact analysis, and consider approaches to mitigate these challenges.

22. The Expert Group sought views on potential legal challenges – and how to mitigate them – in relation to some of the FLMs.⁷ The present report does not discuss legal analyses in depth; such legal matters will need to be considered by each Party in accordance with their legal system, legislation and jurisprudence.

23. A typical objection by opponents to FLMs may be that there is insufficient evidence that they will be effective in reducing tobacco use. This may be the case where a measure has not been implemented in other jurisdictions. However, the absence of past implementation need not be a barrier to the adoption of FLMs. For measures that have not yet been implemented, there exist other kinds of evidence that may support the likelihood that those measures would lead to benefits. These include clinical trials, modelling, behavioural research and inference from other similar interventions, or interventions applied to other products, markets or behaviours. The present report is accompanied by a document referencing the sources used by the Expert Group in its development, which include and cite such sources of evidence.

24. The Expert Group notes that an expected challenge to the development and adoption of an FLM is tobacco industry interference. Tobacco industry interference may relate to specific FLM-related challenges but, overall, while tobacco industry interference can be expected in response to any new or expanded tobacco control measures, with effective planning and management, it need not be a barrier to adoption. In that respect, Parties are reminded of their obligations under Article 5.3 of the WHO FCTC and its Guidelines for implementation.

25. The tobacco industry often seeks to impede the implementation of tobacco control measures and FLMs by raising the spectre of increased illicit trade in tobacco. As emphasized by many experts, effective solutions to illicit trade in tobacco products are well documented – for example, by the World Bank⁸ and WHO⁹ – and addressing illicit trade does not require compromising on tobacco control or broader public health measures that can continually and substantially reduce tobacco use and the tobacco epidemic. The Expert Group notes that the Protocol to Eliminate Illicit Trade in Tobacco Products includes a range of evidence-based measures to prevent and combat illicit trade in tobacco products.

26. The Expert Group notes that the adoption of any FLM will depend on the readiness of Parties to take action, which is influenced by a number of factors – such as political and/or social readiness, cultural and economic factors, and public support (among others). The Expert Group

⁷ [COP11 Documentation: Supplementary information](#) (accessed 29 August 2025).

⁸ [Confronting illicit tobacco trade: a global review of country experiences \(vol. 2 of 2\): executive summary \(English\)](#). Washington, DC: World Bank Group; 2019 (accessed 22 May 2025).

⁹ [WHO technical manual on tobacco tax policy and administration](#). Geneva: World Health Organization; 2021 (accessed 22 May 2025).

selected for description FLMs that can be adopted by a Party regardless of how advanced their tobacco control programme may be, and other FLMs that may be easier to adopt if a Party has a comprehensive tobacco control programme in place. While Parties should not necessarily consider any of these FLMs out of their reach, the adoption of some FLMs may, however, require supporting measures to be implemented concurrently, or may require greater emphasis on efforts to manage challenges to implementation. This is consistent with Article 4 of the WHO FCTC, which highlights the need for comprehensive multisectoral tobacco control measures, and Article 5, which provides that each Party shall develop, implement, periodically update and review comprehensive multisectoral national tobacco control strategies, plans and programmes in accordance with the WHO FCTC.

Recommendations by the Expert Group

27. The Expert Group notes the considerable potential of the FLMs that have been identified and described in this report to advance global tobacco control and reduce the tobacco epidemic. While the Expert Group considers that it has completed its mandate, it encourages the COP to take this work forward, promoting and supporting the adoption by Parties of FLMs. The body of research and Party experience with implementing FLMs will increase over time, as will the number and scope of FLMs, necessitating updates to the work on FLMs.

28. The Expert Group also notes that the adoption of FLMs that could be contemplated within the scope of Article 2.1 of the Convention should be complementary to – and should reinforce – the implementation of other articles of the Convention; it should not be regarded as an alternative to that implementation. These measures should be considered an integral part of comprehensive tobacco control.

29. The Expert Group recommends that Parties:

- (a) consider the FLMs that could be contemplated within the scope of Article 2.1 of the WHO FCTC, which have been identified and described by the Expert Group, with a view to their potential adoption and implementation by Parties, alongside the provisions of the other articles of the Convention;
- (b) note that the list of FLMs identified and described by the Expert Group is not exhaustive, and other forward-looking measures exist or may arise in the future: these further FLMs might also be contemplated for adoption by Parties;
- (c) report, as part of their reporting obligations on their implementation of the Convention, on implementation of FLMs that expand or intensify approaches to tobacco control, and that may be contemplated within the scope of Article 2.1, including lessons and outcomes arising from the implementation of such measures; and
- (d) consider the need to conduct further work and mobilize resources, in respect of FLMs, taking into account that the findings contained in document FCTC/COP/11/5 may be reviewed and updated as necessary.

30. The Expert Group recommends that the Convention Secretariat:

- (a) disseminate the work of the Expert Group, through facilitating experience-sharing between Parties on the adoption and implementation of FLMs; publishing information received from the Parties pursuant to their reporting obligations under the Convention;

supporting the work of the WHO FCTC Knowledge Hubs in developing and sharing best practice, and case studies on Parties' experience in relation to FLMs; and publishing information material, including with support from WHO, on FLMs; and

(b) continue to raise awareness about FLMs and measures that expand or intensify approaches to tobacco control that may be contemplated within the scope of Article 2.1.

Action by the Conference of the Parties

31. The COP is invited to note the report of the Expert Group and to consider adopting the draft decision contained in Annex 3 of the present report.

Annex 1

Long list of forward-looking tobacco control measures (FLMs)¹

Tobacco supply
Retail reduction
Model for supply of tobacco
Ban on incentives to retailers
Change of retailer incentives from earnings per sale to incentives to promote quitting
Ban on online sales of tobacco products
Price controls for tobacco products and devices ("minimum price policies")
Tobacco-free generation (Birthdate-based sales restrictions)
Increase in minimum legal age for sales of tobacco products
Ban sales of tobacco products
Phase out combustible tobacco products or other product classes
Quota on tobacco manufacture and imports and then reduce regularly ("sinking lid")
Institutional structure/market
Supplemental national transfer from national excise taxes to subnational jurisdictions (incentives to subnational jurisdictions to reduce smoking rates)
Financial divestment (pension/wealth funds) from tobacco
Environmental controls ("producer pays")
Ban government support for tobacco farming and production
Phase out tobacco growing
Tobacco supplier profit surtax/health levy/user fee
Prohibit profit from sale of tobacco
Performance-based regulation: companies reduce smoking prevalence on a schedule
Large fines based on youth prevalence
Quantifiable metrics warranting industry-wide corporate death penalties
Product
Low/very low nicotine levels in cigarettes/combustible tobacco products
Ban nicotine analogues
Ban flavours/additives
Performance standard for combustible tobacco
Ban/moratorium on new products
Ban on new brands, variants and packaging; single-presentation requirement
Filter ban
Mandatory labelling that filters are plastic waste
Stick/device standards
Ban on slims
Ban on combustible tobacco products
Low nitrosamine smokeless tobacco regulations
Incentives in relation to other forms of nicotine
Consumer
Increase smoke-free venues (private homes, vehicles, multi-unit housing)
Reduce third-hand exposure
Licensing of tobacco users
Cessation options for those who use non-tobacco products
Prescription to purchase tobacco
Restrictions or bans for groups in situation of vulnerability (minors, pregnant women, people with mental health conditions and psychosocial disabilities)

¹ The titles of the FLMs initially considered by the Expert Group were further refined and amended.

Annex 2

Summaries of forward-looking tobacco control measure (FLM) information briefs

1. This Annex presents summary information for the 16 FLMs retained from the long list in the form of abstracts to the information briefs prepared by the Expert Group. A report referencing all sources that informed the FLM information briefs is contained in document FCTC/COP/11/INF.DOC./1. The 16 FLMs described further are:

(a) Tobacco supply

- (i) Retail reduction
- (ii) Ban on incentives to retailers
- (iii) Price controls for tobacco products and devices (“minimum price policies”)
- (iv) Birthdate-based sales restrictions (BSRs) (“tobacco-free generation”)
- (v) Increase in minimum legal age for sales of tobacco products
- (vi) Ban/phase out sales of tobacco products

(b) Institutional structure/market

- (i) Environmental controls (“producer pays”)
- (ii) End of any government support for tobacco farming
- (iii) Measures to reduce tobacco supplier profits and pricing power
- (iv) End the commercial sale of tobacco industry products
- (v) Quota on tobacco manufacture and imports, followed by regular reduction (“sinking lid”)

(c) Product

- (i) Low/very low nicotine content levels in combustible tobacco products
- (ii) Ban on all flavouring agents and other additives in tobacco products
- (iii) Tobacco supply freeze on brands and reduction of variants
- (iv) Ban on cigarette filters

(d) Consumer

- (i) Expansion of smoke-free venues in private/semi-private environments and reduction of exposure to second- and third-hand tobacco smoke.

(a) Tobacco supply

(i) Retail reduction

Policy description and background

2. Retail reduction means reducing the number, density and/or type of retail outlets where tobacco products can be sold. Several forward-looking policy approaches have already been used or proposed in this regard, including: 1) limits on types of retailers allowed to sell tobacco; 2) zoning measures to create retail buffer zones around schools or other places; 3) restricting sales to a capped number of privately operated stores; 4) requiring minimum distance between tobacco retailers; 5) limiting and winnowing the number of tobacco sales licences issued, based on geographical area or population; and 6) restricting tobacco sales to a limited number of state-operated retail outlets.

3. This FLM aligns with Article 4.2(b) of the Guiding principles of the WHO FCTC, guiding Parties to take measures to prevent initiation, to promote and support cessation, and to decrease the consumption of tobacco products in any form. This FLM also serves to advance Article 12 of the Convention, by strengthening public awareness that the sale of harmful products such as tobacco products is no longer normalized; Article 13, as retail reduction measures also reduce exposure to tobacco products and advertising and promotion at points of sale; and potentially Article 17, since such initiatives may be designed with resources to help tobacco retailers make the transition from selling tobacco products to economically viable alternative activities.

Evidence of impact

4. There is a substantial, rapidly growing body of evidence from cross-sectional studies, modelling studies, meta-analyses and some real-world post-policy impact research suggesting that proximity to a tobacco retailer and/or higher density of tobacco retailers in a community is associated with daily smoking, greater youth tobacco use initiation, reduced success for people trying to quit using tobacco, greater exposure to tobacco product marketing, and negative health outcomes. A pre-post study found decreases in smoking among adolescents and in illegal sales to young people in Hungary, following an 85% reduction in tobacco retail density.

Benefits and strengths

5. Retail reduction would significantly reduce tobacco availability and, with fewer retailers selling, could streamline monitoring and enforcement of regulations. Retail reduction also reduces the number of local tobacco industry allies, thus reducing industry interference and opposition to other types of tobacco control policy initiatives.

Implementation considerations

6. Reductions in the number of tobacco retail outlets need to be substantive in order to have measurable impacts on tobacco use.

Conclusion

7. Retail reduction as an FLM is supported by a large body of evidence indicating that more tobacco retailing is associated with more tobacco use initiation, difficulty quitting, more exposure to tobacco marketing and negative health outcomes. A range of retail reduction approaches have been proposed and studied, several have been implemented, and some outcomes have been

measured. Retail reduction holds promise for materially changing the social environment of tobacco use initiation and cessation, altering the conditions that sustain the tobacco epidemic.

(ii) Ban on incentives to retailers

Policy description and background

8. This policy prohibits tobacco industry retailer incentive programmes that affect tobacco consumer behaviours through modifications to the retail environment and retailer behaviour. These include programmes with the aim of increasing tobacco product sales, obtaining favourable tobacco product placement, forcing tobacco product promotion, and increasing specific tobacco product availability. These incentives contribute to increased tobacco consumption, exposure to marketing and impulse purchases. To date, only a few countries have banned retailer incentive programmes. This FLM aligns with Article 13 of the WHO FCTC, aiming to “restrict the use of direct or indirect incentives that encourage the purchase of tobacco products by the public”. Additionally, the Guidelines for implementation of Article 13 and Specific guidelines to address cross-border tobacco advertising, promotion and sponsorship and the depiction of tobacco in entertainment media for implementation of Article 13 provide further details on the nature and extent of incentives to tobacco retailers that may be subject to banning, including in relation to the promotion of tobacco products on digital media communication platforms.

Evidence of impact

9. A review of evidence identified that the “4 Ps” (placement, price, promotion and product) included as main elements in the contracts of tobacco retail marketing eventually target increased purchasing by the consumer and use of discounted products by retailers. Research on the impact of tobacco retailer incentive programmes suggests that banning such programmes would decrease impulse tobacco purchases, exposure to tobacco retail marketing and use of discounted tobacco products. An evaluation of a ban on tobacco retailer incentives in Quebec, Canada, found that the ban had no significant effects on tobacco pricing. This suggests that these bans may not be effective on their own and might need additional supportive measures or complementary policies; it could also indicate that compliance and enforcement had been insufficient. There is a lack of research on the impact of similar bans that have been implemented by some jurisdictions in the United States of America and in low- and middle-income countries. As many countries have adopted only some form of ban on incentives to retailers, the impact of specific partial bans – and how outcomes of such partial bans might be measured – is unclear. Effective implementation and comprehensive enforcement could lead to observable short-term changes in disrupting the tobacco industry’s marketing strategies.

Benefits and strengths

10. Comprehensive bans on incentives to tobacco retailers will minimize the tobacco industry’s ability to promote new, low-cost brands, and to implement discounts and coupons at retail locations to circumvent tax/price increases, preventing young people from initiating tobacco use and supporting tobacco users to treat their tobacco dependence.

Implementation considerations

11. Partial bans on tobacco retailer incentives that have been implemented by some countries leave gaps that allow the tobacco industry to adapt its marketing strategies. It remains unclear how the outcomes of these partial restrictions will be measured. Tobacco companies have

fostered alliances with convenience stores that undermine tobacco control policies: 97% of the tobacco industry's marketing budget in the United States is now focused on saturating convenience stores and other retailers with incentives for consumers to buy its products. This highlights the need for comprehensive bans on tobacco retailer incentive programmes and for regulatory clarity and comprehensiveness.

Conclusion

12. Comprehensive bans on incentives to retailers could effectively weaken relationships between retailers and the tobacco industry, if implemented comprehensively with a strong monitoring and enforcement mechanism to prevent the tobacco industry shift in its retail incentive marketing schemes.

(iii) Price controls for tobacco products and devices ("minimum price policies")

Policy description and background

13. Setting a minimum price for tobacco products aims to reduce tobacco consumption by making products less affordable. These policies set minimum prices for all tobacco products, including, when feasible, heated tobacco product devices that support tobacco use. Products cannot be sold below the set minimum prices, which limits the ability of tobacco companies to offer low-priced options through price manipulation. While minimum price policies have been implemented in the majority of states across the United States, Brazil and Pakistan, and are under consideration in Scotland (United Kingdom of Great Britain and Northern Ireland), there is limited adoption of these measures globally. Such policies serve as a complementary measure in combination with tax increases, and are an alternative that could be considered in contexts where raising taxes on tobacco products and devices may be legally or politically challenging.

14. Minimum price policies can increase the impact of implementing WHO FCTC measures related to both the demand and supply of tobacco products, such as those under Article 6 calling for price and tax measures to reduce the demand for tobacco; Article 11 providing for measures on packaging and labelling of tobacco products; Article 13 in respect of tobacco advertising, promotion and sponsorship; Article 14 in respect of demand reduction measures concerning tobacco dependence and cessation; and Article 16 on measures related to sales to and by minors.

Evidence of impact

15. Modelling studies suggest that higher minimum prices for cigarettes could decrease smoking rates, especially among people on low incomes who smoke.

Benefits and strengths

16. A minimum price policy would prevent tobacco companies from reducing prices on lower-cost brands to undermine tobacco excise tax increases. This would ensure that the lowest-price brands that are often purchased by people on low incomes and subpopulations experiencing vulnerability are not excluded, thereby helping to reduce tobacco use prevalence among these groups.

Implementation considerations

17. To be effective, strict penalties for non-compliance, careful consideration of the policies' potential impact on widening health inequities in underserved communities, regular adjustments

for annual inflation and real income growth (to ensure that the impact of the policies is not reduced over time), and implementation of the policies along with other tobacco control measures – including raising excise taxes, minimum pack sizes, bans on promotions and free cessation services – should be considered, with tax increases being the most essential to pair with minimum price policies.

Conclusion

18. Minimum price policies can complement existing tobacco control efforts by making tobacco products less affordable, and thus less appealing to consumers, especially for price-sensitive populations. The effectiveness of minimum price policies depends on the design of schemes and the legal context within a jurisdiction. Regulators can avoid pitfalls through careful crafting and implementation of laws. A comprehensive strategy that prioritizes regular excise tax increases adjusted to inflation and real income growth, in combination with minimum price laws applied to tobacco products and devices with other tobacco control measures, would be most effective for curbing tobacco use.

(iv) Birthdate-based sales restrictions (BSRs) (“tobacco-free generation”)

Policy description and background

19. This policy permanently prohibits sales of some or all tobacco products to persons born on or after a set date, regardless of age. This would have the effect of increasing the age of legal purchase annually, while allowing sales to all current legal purchasers in perpetuity, gradually reducing tobacco uptake and use. The policy was passed in New Zealand (but later rescinded before implementation), the Maldives (in force from 1 November 2025) and in numerous cities in the state of Massachusetts (United States of America); has been introduced (but not yet implemented) in the United Kingdom of Great Britain and Northern Ireland; and is under consideration in the state of South Australia and several Canadian provinces. Variations on BSR policies have also been proposed elsewhere, including Australia, Malaysia, the Philippines, Tasmania and three American states.

20. This FLM aligns with advancing Article 4.2(b) of the WHO FCTC, in particular in respect of measures to prevent the initiation of tobacco products in any form; Article 12, in so far as the measure is accompanied by effective public education; and Article 16, as its focus is on lifelong prevention of tobacco initiation by young people through establishing policies that make it illegal ever to sell tobacco products to those born after the date selected.

Evidence of impact

21. Modelling studies suggest that the policy could reduce smoking and, if effectively enforced, would lead to a significant reduction in tobacco use. Modelling commissioned by the previous New Zealand Government found that, if well enforced, the policy could halve smoking rates within 15 years. A subsequent analysis projected that a combination of policies, including a BSR policy, would rapidly reduce adult smoking prevalence. However, as a standalone policy, a BSR policy would take several decades to affect population health. United Kingdom Government modelling studies estimated that under the policy smoking prevalence would fall from 13% in 2023 to nearly zero by 2050 among people aged 14–30 years, and from 12.7% in 2023 to 1.5% in 2056 among those aged 18 years and over.

Benefits and strengths

22. The policy is politically appealing as it does not call for immediate changes to the retail environment. It establishes the idea that tobacco is a product too harmful to permit sales to continue indefinitely.

Implementation considerations

23. Effective, systematic monitoring and enforcement are required, particularly as affected cohorts grow older. The risk of product shifting, particularly among young people, could be mitigated by ensuring that sales of all tobacco and nicotine products are subject to the policy.

Conclusion

24. A BSR policy, if successfully implemented and enforced – supplementary to other measures under the WHO FCTC – could have the potential to reduce the initiation of use of tobacco products significantly, and could thereby eventually contribute to ending the tobacco epidemic. It would have a long-term (in around 30 years) impact on the whole population as the age for legal sales would rise annually. This could eventually close off the pipeline of tobacco users, as the tobacco industry would no longer be able to target younger potential users to become consumers for their business, “replacing” smokers lost to death and disease. However, the policy does not benefit older people who smoke, as they are not subject to the policy.

(v) Increase in minimum legal age for sales of tobacco products***Policy description and background***

25. This measure increases the minimum legal age for the sale of or access to tobacco products.

26. This FLM aligns with Article 16 of the WHO FCTC, which requires Parties to prohibit the sale of tobacco products to and by persons under the age set by domestic law, national law or eighteen.

Evidence of impact

27. As of 2023, 141 Parties have established a minimum legal sales age of 18 years, nine Parties have set it at 21 years, and only one Party (Sri Lanka) has set it at 24 years – the highest globally. Jurisdictions, primarily in the United States (including the federal government and individual states), have raised the minimum legal sales age for tobacco from 18 to 21 years – a policy commonly referred to as Tobacco 21. Studies from various American states indicate that increasing the minimum legal sales age has a significant impact on the targeted age group by: 1) limiting or eliminating access to tobacco products; 2) preventing retail and other outlets from selling tobacco to youth; and 3) reducing young people’s ability to obtain tobacco from older peers who are close in age. Strong evidence for the effectiveness of Tobacco 21 in reducing youth tobacco use led to the adoption of a nationwide policy in the United States in 2019.

Benefits and strengths

28. Minimum legal sales age policies, such as Tobacco 21, target a specific age group. Raising the minimum legal sales age limits or eliminates this group’s access to tobacco products. Furthermore, it prohibits retail outlets from selling tobacco products to the targeted age group.

Implementation considerations

29. The effectiveness of minimum legal sales age policies in reducing tobacco use depends heavily on compliance by retailers and other outlets, as well as consistent enforcement by governments. Young people may still be able to access tobacco products through alternative sources, such as social networks, online platforms or neighbouring jurisdictions without similar age restrictions. Additionally, evidence from the United States suggests that there may be differences in the capacities of states to enforce minimum legal sales age due to resources needed for implementation. The tobacco industry may also support such policies strategically, aiming to pre-empt the authority of local governments to implement more impactful regulations.

Conclusion

30. Raising the minimum legal sales age limits or eliminates access to tobacco products for the targeted age group and prohibits the sale of tobacco products to this demographic. Policy evaluations demonstrate that such policies effectively reduce tobacco use within the target population.

(vi) Ban/phase out sales of tobacco products

Policy description and background

31. This policy involves phasing out or banning sales of some or all tobacco products within a jurisdiction. Many countries ban sales of some types of tobacco products. Some countries have banned sales and later rescinded their policies. Two cities in California (United States) have ended sales of all tobacco products.

32. This FLM could be viewed as building on measures considered under the following articles of the WHO FCTC: Article 8, if the measure included smoked products, and thus would be expected to reduce smoking; Article 12, informing the public that some products are too harmful to continue to be sold as everyday consumer items; Article 13, since such a sales ban would also eliminate all points of sale, as well as all tobacco advertising, promotion and sponsorship; Article 15 on the reduction of illicit supply of tobacco products; and Article 17, which refers to individual sellers as well as tobacco workers and growers in its focus on promoting economically viable alternative activities.

Evidence of impact

33. Eliminating sales of tobacco products would have immediate effects on the specific population groups still using or at greatest risk for initiating tobacco use, by denormalizing tobacco sales, eliminating exposure to tobacco products and their advertising and promotion, and supporting those trying to quit by reducing access to the products. Depending upon the jurisdiction, the products subject to the sales ban, the phasing of the ban(s), and the situation regarding cross-border and illicit purchasing, this FLM could have an impact either immediately or within several years.

Benefits and strengths

34. Ending tobacco product sales makes visible, permanent changes to retail availability, advertising and product exposure, and accessibility. It reduces the number of industry allies, and represents the ultimate denormalization of tobacco products. It is also fully consistent, rather than incongruent, with public health messages about the harmfulness of tobacco products. High public

support for ending sales of tobacco products has been documented in multiple countries – including in Australia, Bhutan, Germany, Ireland, the Netherlands (Kingdom of the), New Zealand, Pakistan, the Republic of Korea and England (United Kingdom) – for different age ranges and among groups of people who smoke and those who do not smoke. This support has also remained stable or increased over time, even among people who smoke in some of the studied cases and countries, despite the lack of campaigns promoting such measures.

Implementation considerations

35. Sales phase-outs are likely to be most successful in jurisdictions with the following in place: strong existing tobacco control policies; political commitment; already low tobacco use prevalence; capacity for effective implementation and enforcement; low potential for illicit sales of tobacco products; resources to support cessation of tobacco use; inclusion of bans on manufacture, transport and distribution of the products subject to the sales ban; consideration of retailer transition from tobacco sales; and enacted retail reduction policies. There is a gap in research on modelling the optimum pace for phasing out sales to minimize disruption to programmes supported by tobacco taxes while maximizing positive impacts. This may include identifying other potential taxes or sources of revenue.

Conclusion

36. If fully implemented and adequately enforced, a ban on / phase-out of sales of tobacco products would have a large effect on tobacco product availability, and could be expected to improve population health. Based on the extensive evidence on retail reduction, if well planned, phased, implemented and enforced, a sales phase-out would be expected to reduce tobacco initiation, increase cessation success and denormalize tobacco use.

(b) Institutional structure/market

(i) Environmental controls (“producer pays”)

Policy description and background

37. The principle of “producer pays” would hold tobacco manufacturers financially accountable for preventing, managing and addressing the negative environmental and related health impacts of waste from the entire life cycle of tobacco production and consumption, including farming, manufacturing, distribution and post-consumption product waste. This FLM applies the “producer pays” principle specifically to tobacco product waste, with the aim of addressing its environmental harms, ultimately contributing to long-term health benefits. There are several policy approaches to address this principle, including extended producer responsibility, which places the responsibility on producers not only to finance, but also to implement solutions that mitigate the environmental harms of tobacco product waste.

38. Legislation to hold tobacco manufacturers accountable for the environmental harms of tobacco product waste has been implemented at different levels across countries in the European Union, where the Single-Use Plastic Directive imposes extended producer responsibility on producers of tobacco products with plastic filters.

39. This measure aligns with Article 18 of the WHO FCTC, which calls on the Parties to have due regard to the protection of the environment and the health of persons in relation to the environment in respect of tobacco cultivation and manufacture within their respective territories.

Evidence of impact

40. Evidence from other sectors highlights the potential application of the “producer pays” principle, through extended producer responsibility policies (holding producers responsible for financing and implementing policies). These measures also reduce tobacco product waste litter, and generate revenue that can be used for tobacco control.

Benefits and strengths

41. This FLM has the potential to reach the majority of the population. Reduced exposure to environmental toxins would contribute to long-term health benefits. Shifting the clean-up costs to the tobacco industry would reduce the taxpayer burden.

Implementation considerations

42. Operational relocation by the tobacco industry from strictly regulated regions to regions with weaker regulatory measures may undermine regulatory efforts. Greenwashing by the tobacco industry through adopting superficial measures and continuing harmful practices is possible if not monitored and acted upon. In light of its long history of deceit and efforts to distance its image from the lethal nature of the product it produces and sells, the tobacco industry may use producer responsibility programmes as part of activities it describes as “corporate social responsibility”. Therefore, it has been suggested that the “producer pays” principle should be implemented purely as a producer tax, without granting the industry a stakeholder role for the implementation of solutions, in accordance with Article 5.3.

Conclusion

43. This policy would support public health by generating revenue, which can be reinvested in tobacco use prevention, education and cessation programmes. This would reduce the environmental footprint of the tobacco industry and promote equity and health.

(ii) End of any government support for tobacco farming***Policy description and background***

44. Ending government support for tobacco growing aims to phase out tobacco farming, making it more difficult for the tobacco industry to obtain tobacco leaf, and yielding better outcomes for farmers – freeing them to grow more profitable and less exploitative crops, while still receiving support for their activities.

45. This FLM supports Article 17 of the WHO FCTC, which requires Parties to promote economically viable alternatives for tobacco growing; and Article 18, providing for the protection of the environment and the health of persons in relation to the environment in respect of tobacco cultivation and manufacture.

Evidence of impact

46. Government support for tobacco farming is often based on the perception that tobacco growing benefits national economies. However, economic analyses generally show that tobacco growing does not provide economic benefits for countries or for farmers, and that such government support does not positively contribute to economic growth. Given this lack of economic benefit, and the health harms of tobacco farming both to the farmers and via the

products that are created from tobacco, reducing or ending such government support for tobacco farming would be a policy step to consider. In fact, evidence from Sri Lanka, the United States and the European Union indicates that ending government support has led to substantial declines in tobacco cultivation.

Benefits and strengths

47. Ending government support for tobacco growing would most directly and immediately affect tobacco farmers, who are exposed to health risks and subjected to exploitative contracts and pricing. In theory, if adopted by enough countries, ending government support for tobacco farming might contribute to decreasing the supply and increasing the cost of tobacco leaf, provided a sufficient number of farmers stop growing tobacco.

Implementation considerations

48. This FLM would need to be accompanied by support to tobacco growers in raising their awareness about the negative health and economic impacts of tobacco farming and in substituting tobacco growing with economically viable alternative activities. The tobacco industry response might be to attempt to provide so-called solutions in lieu of government support, while continuing with exploitative contracting and pricing approaches that leave farmers impoverished. To avoid this, governments should regulate industry practice, contracting and pricing of tobacco leaf, and should support transition to economically viable alternative activities.

Conclusion

49. Widespread adoption of this FLM could decrease the supply of tobacco leaf, leading to price increases and ultimately to decreased tobacco use.

(iii) Measures to reduce tobacco supplier profits and pricing power

Policy description and background

50. This FLM comprises two components: a cap (a maximum level) on the wholesale price of tobacco (the manufacturer price) the tobacco industry is able to charge, based on product production costs plus a modest, regulated profit margin; and a substantial increase in tobacco excise taxes and/or the application of a new “polluter pays” levy to ensure that retail prices remain high. It would limit tobacco industry using differential pricing strategies to undermine tobacco tax policies, thereby leading to decreased industry profits, increased government tax revenues and, ultimately, reduced tobacco consumption.

51. This FLM supports Article 6 of the WHO FCTC, requiring Parties to adopt or maintain measures including implementation of tax policies and, where appropriate, price policies, on tobacco products as effective and important means to contribute to the health objectives aimed at reducing tobacco consumption.

Evidence of impact

52. A wholesale price cap and concomitant tax strategy have been recommended as a policy by several organizations in the United Kingdom. However, this FLM has not been implemented by any jurisdiction to date. The measure is justified based on its potential to effectively limit tobacco industry monopoly power that creates very high profit margins, and to support public health by limiting price-based sales tactics and increasing government tax revenues.

Benefits and strengths

53. Implementation of this FLM would be likely to lead to substantial reductions in tobacco industry profit incentives, to limit tobacco industry price-based sales tactics that undermine tax policies, and to generate substantial additional government tax revenues that can be used to support public health and other goals. This measure would have the potential to raise the cost of the cheapest tobacco product brands, which could reduce tobacco consumption and increase cessation – particularly among low-income groups who are more price sensitive.

Implementation considerations

54. Effective implementation of this FLM will require a regulatory body to set and periodically adjust price caps based on production costs, and tailored to the unique context and needs of individual jurisdictions. Safeguards to protect this regulatory body from any influence by the tobacco industry are essential, in accordance with Article 5.3 of the WHO FCTC. Policy-makers should also consider whether this FLM should be applied across all tobacco products, to avoid tobacco industry transitioning to other products outside the FLM. Investing additional tax revenue to fund cessation support for disadvantaged groups should be considered to prevent financial strain on those unable or unwilling to quit.

Conclusion

55. This FLM aims to control tobacco product prices in order to reduce significantly the industry's ability to segment markets and manipulate prices (such as by offering cheap "starter" brands or luxury "premium" brands). The measure would make existing tobacco taxes more effective and hence reduce tobacco consumption, while the accompanying tax increase/polluter pays levy to offset the reduction in wholesale prices would prevent unintended reductions in retail prices. The government revenue could be reinvested in tobacco control efforts, public health and other initiatives.

(iv) End the commercial sale of tobacco industry products

Policy description and background

56. This FLM eliminates what has been described as the "perverse incentive" tobacco product manufacturers and, to a certain extent, retailers/distributors currently operate under, whereby the more products they sell, the more profit they make. These increased sales lead to higher tobacco use, and consequently increased health harms. This model requires tobacco industry products to be supplied by not-for-profit enterprises that operate under a strict public health mandate, overseen by a not-for-profit authority. This FLM would reduce and subsequently eliminate profits that can be made by the tobacco industry and, as the case may be, retailers and distributors. The policy has the potential to rapidly reduce tobacco harms in the population.

57. The model complements implementation of price and tax measures under Article 6 of the WHO FCTC, and prevention of illicit trade in tobacco industry products under Article 15, as it takes over the supply chain, thereby allowing greater oversight and record-keeping, and eliminating potential avenues for supply of illicit tobacco industry products through retailers. The not-for-profit authority would have the ability to exert controls in line with Articles 9 and 10 on the regulation of contents and disclosure of tobacco products and Article 11 in respect of packaging and labelling of tobacco products. Lastly, the model would facilitate effective

implementation of Article 13 by banning tobacco advertising and promotion through product packaging and in retail outlets.

Evidence of impact

58. No jurisdictions have implemented a model where commercial sales are banned, and products are supplied through not-for-profit enterprises with a public health mandate. Evaluations of government-owned alcohol monopolies document public health benefits of governments taking over the supply of a dangerous product, even when none were operating with a public health mandate as a priority. Implementation of the proposed model under a strict public health mandate would be likely to lead to significant improvements in public health.

Benefits and strengths

59. The strength of this FLM is that it dismantles the current tobacco product supply chain that underpins many of the barriers and delays that Parties may face when implementing articles of the WHO FCTC. The model would eliminate the ability of the tobacco industry to recruit and addict new users to their tobacco products. Benefits to those already addicted to tobacco industry products are significant: individuals would no longer have to overcome the temptation and triggers that ubiquitous commercial access to tobacco industry products currently burdens them with when trying to break their tobacco dependence.

Implementation considerations

60. With the right political will, and with expert and careful development and implementation of the model, any barriers to implementation could probably be overcome. A key consideration is that the implementation of this model, if applied to tobacco products only, could lead to tobacco users switching to nicotine products such as electronic nicotine delivery systems (ENDS) and nicotine pouches. This would mean that their nicotine addiction would be maintained, and the tobacco industry would continue to profit from this addiction, while users face the health, social and economic consequences of their continued addiction.

Conclusion

61. The proposed FLM can be seen at the end of a continuum under which many countries have already introduced restrictions on supply of tobacco products, and surveys show there is strong public support for banning the sale of tobacco products. The model helps to overcome barriers to the implementation of the WHO FCTC, and accelerates the elimination of tobacco industry interference and use of tobacco industry products.

(v) Quota on tobacco manufacture and imports, followed by regular reduction (“sinking lid”)

Policy description and background

62. This policy involves government intervention to reduce the amount of tobacco products released to the market for sale (a “sinking lid”) regularly, leading to a reduced supply and higher prices – which would increase requests for tobacco cessation services and decrease tobacco consumption.

63. The aim of reducing tobacco supply through this FLM aligns with and builds on Article 15 of the WHO FCTC, requiring Parties to implement measures with a view to eliminating illicit trade in

tobacco products; Article 16, requiring to prohibit the sales of tobacco products to persons under the age set in a given jurisdiction; and Article 17, promoting economically viable alternatives for tobacco workers, growers and, as the case may be, individual sellers; while the resulting price increase aligns with the aims of Article 6 to reduce tobacco consumption through the application of price and tax measures.

Evidence of impact

64. There is no real-world evidence for the impact of sinking lid quotas on tobacco products. Reviews of similar cap-and-trade systems for carbon emissions find that they are effective at reducing carbon emissions, and are cost-effective.

Benefits and strengths

65. If implemented with sufficient quota reductions in a reasonable period of time, tobacco products would become unaffordable, leading to large numbers of people quitting and to ever smaller numbers initiating. This could disrupt the tobacco supply chain, potentially making the for-profit manufacture and distribution of tobacco products untenable.

Implementation considerations

66. Implementation of quotas/sinking lids requires data on tobacco sales. Jurisdictions without the capacity to collect valid sales data would probably be unable to adopt this policy. Similarly, where substantial parts of the tobacco market are in home-made or small-scale manufactured products (such as bidis), the supply of tobacco products would be difficult to track. It is possible that the tobacco industry would, at certain stages, adjust prices to mitigate the impact of reduced supply on purchases. To prevent such manipulation, minimum price regulation may be necessary.

Conclusion

67. Imposing a sinking lid quota to reduce the amount of tobacco products released regularly would be aimed at disrupting the tobacco supply market. This FLM could be considered in light of the success of quota systems in other areas. It has the potential to have a substantial impact on the tobacco epidemic, and strong public support.

(c) Product

(i) Low/very low nicotine content levels in combustible tobacco products

Policy description and background

68. Nicotine is responsible for the high addictiveness of tobacco products. This FLM would lower nicotine in cigarettes and other products to minimally or non-addictive levels – very low nicotine content (VLNC). This FLM would establish guidance for nicotine regulation, and would make tobacco products less appealing, less addictive, less toxic and less harmful, protecting the full spectrum of the population.

69. Promoting tobacco use cessation and adequate treatment for tobacco dependence is an obligation in Article 14 of the WHO FCTC and its Guidelines for implementation.

70. This FLM aligns with the aim to prevent and reduce tobacco consumption, nicotine addiction and exposure to tobacco smoke under Article 5.2; measures to regulate the contents, emissions,

design features and disclosures of tobacco products under Articles 9 and 10; guidance for countries under the 2015 WHO Tobacco Regulation Group Advisory Note on a Global Nicotine Reduction Strategy; acknowledgement that modification of tobacco products is a strategy to prevent nicotine addiction and promote cessation by Parties in decision FCTC/COP7(14); and the supplementary document to the Eighth session of the COP in 2018 based on a WHO Global Consultation on tobacco addictiveness measures.

Evidence of impact

71. This FLM has not yet been implemented by any country. Legislation requiring this FLM was passed in New Zealand in 2022, but repealed in 2024 before implementation; it was also issued in the United States in 2025 as a proposed rule, and is currently undergoing the required rulemaking process. While in principle this FLM is applicable to all tobacco products, all available evidence to date has focused on cigarettes. Randomized clinical trials conducted in high-income countries have found that VLNC cigarettes significantly reduce consumption of cigarettes, with no evidence for sustained increased compensatory smoking; some trials also found increases in smoking cessation. Modelling studies conducted in high-income countries suggest that this policy could reduce cigarette smoking prevalence by decreasing smoking initiation and increasing smoking cessation, with the potential for substantial decreases in smoking-related mortality over time. There is moderate to strong public support for VLNC cigarettes, even among people who smoke.

Benefits and strengths

72. As nicotine is a powerfully addictive substance, a regulatory policy that would reduce the nicotine levels in tobacco products could lead to substantial public health benefits from decreases in initiation that would reduce the demand for tobacco and increases in cessation. If implemented across all tobacco products (as well as being considered for nicotine products), this FLM would increase the public health benefits.

Implementation considerations

73. Research suggests that implementation of this policy is technically feasible but depends on countries' regulatory capacity, including the ability to test products; however, greater reductions in nicotine are likely to produce greater impact of this FLM. This FLM would require market surveillance and product testing, as well as enforcement mechanisms with appropriate penalties. Strengthened surveillance systems would also provide the necessary information to either respond to or counter any industry claims and arguments. Consideration should be given to the implementation of measures preventing product substitution, including comprehensive regulation across all products. Public education campaigns and warning labels that emphasize that VLNC tobacco products are less addictive, but still harmful, would inform the population and address misperceptions. Nicotine reduction policies should take place within the context of comprehensive tobacco control. International collaboration, including sharing of laboratory resources and technical expertise, could further support countries with limited testing capacity. The burden of proof should be on manufacturers of relevant products, and the cost of implementation of this policy measure should be borne by the manufacturer.

Conclusion

74. Significantly reducing levels of nicotine in tobacco products – especially cigarettes – is technically feasible and could lead to substantial public health benefits in reducing initiation of smoking and potentially increasing cessation among those who smoke.

(ii) Ban on all flavouring agents and other additives in tobacco products

Policy description and background

75. This policy calls for a ban on all additives and flavouring agents in tobacco products, including flavour accessories that may be used to increase their palatability and appeal, thus promoting initiation and sustained tobacco use – particularly among young people. Additives have no beneficial effects on health. Furthermore, additives can be toxic or can lead to toxicants created by pyrolysis.

76. This FLM aligns with the aim to prevent and reduce tobacco consumption, nicotine addiction and exposure to tobacco smoke under Article 5.2. It is also consistent with the Partial guidelines for implementation of Articles 9 and 10 of the WHO FCTC, which propose to Parties measures to reduce the attractiveness of tobacco products as part of effective tobacco product regulation, as this has the potential to contribute to reducing tobacco-attributable disease and premature death. In relation to attractiveness, guidance is provided as follows: “Tobacco products are commonly made to be attractive in order to encourage their use. From the perspective of public health, there is no justification for permitting the use of ingredients, such as flavouring agents, which help make tobacco products attractive.” Further, this FLM builds on the WHO Study Group on Tobacco Product Regulation’s technical report series, which has recommended banning or regulating flavours and restricting other additives since 2015.

Evidence of impact

77. A growing number of countries have implemented bans on ingredients that may be used to increase attractiveness or to mask tobacco smoke harshness (such as flavouring agents) in several types of tobacco products, particularly in cigarettes, and an increasing number of countries have extended flavour restrictions to heated tobacco products. Studies show that cigarette flavour bans are effective for decreasing tobacco use among adults and young people, and – contrary to industry claims – some studies indicate no increase in the use or purchasing of illicit cigarettes after menthol cigarette bans. A small number of countries and jurisdictions have banned the use of other non-flavouring additives such as cooling agents in tobacco products.

Benefits and strengths

78. Bans on flavouring agents in tobacco products will lead to higher cessation rates and lower initiation rates, with similar outcomes expected for other tobacco additive bans. Existing research suggests that bans on flavouring agents in tobacco products will have a significant population-level impact, with high reach (the entire population) and strength (large effects on decreasing initiation and supporting cessation). Tobacco additive bans are expected to have similarly positive effects. There is a strong conceptual foundation supporting the idea that a complete ban on flavouring agents in all tobacco products and accessories would optimize intended public health outcomes, prevent tobacco industry workarounds, and facilitate compliance and enforcement. Such forward-looking legislation would also reduce the need to revise laws in response to market developments and industry strategies to undermine regulation.

Implementation considerations

79. Obligations for the submission of ingredient information to regulators, and use of non-targeted laboratory methods for broad screening of product composition, may help to ensure compliance. The establishment of global or central laboratory capacity and banning of flavour

accessories that may be used for tobacco products may support successful policy implementation. As tobacco products can be produced with only very few or no additives, it is proposed to ban all additives – if needed, with a few exceptions, such as preservatives. Therefore, a limited and comprehensive list of allowed additives, comprised of these few exceptions, rather than a negative list of banned additives, could simplify and enhance implementation. Parties may also consider guiding principles for regulation of flavouring agents and other additives: 1) legislation needs to be comprehensive, to minimize the potential for loopholes; 2) legislation needs to be flexible enough to adapt to developments and for changes to be made easily; and 3) to the extent possible, legislation should apply across all tobacco products (and nicotine and related products), to avoid consumer switching and thus undermining of the impact of the policy.

Conclusion

80. A comprehensive ban on flavouring agents and other additives in all tobacco products, including flavour accessories, will reduce initiation use and encourage cessation, and thereby decrease tobacco demand and use prevalence.

(iii) Tobacco supply freeze on brands and reduction of variants

Policy description and background

81. This policy aims both to freeze the quantity of tobacco products available in the market and to reduce the variety of products by banning – or, at a minimum, placing a moratorium on – the entry of new products (allowing only products already in the market to be sold). When combined with restrictions on existing brand variants (that allow only one presentation per brand), the approach will further reduce the number and variety of available products. Banning the entry of new tobacco products in the market would give countries the time to develop regulatory frameworks after evaluating the public health and environmental impacts of these products.

82. This FLM avoids the promotion of a tobacco product by any means that are false, misleading, deceptive or likely to create an erroneous impression about its characteristics, health effects, hazards or emissions through alignment with both Article 11 of the WHO FCTC, on measures on tobacco product packaging and labelling, and Article 13, through a comprehensive ban on advertising, promotion and sponsorship. The implementation of this FLM also aligns with the promotion of cessation of tobacco use and adequate treatment for tobacco dependence (Article 14). More broadly the FLM aligns with the aim to prevent and reduce tobacco consumption, nicotine addiction and exposure to tobacco smoke under Article 5.2.

Evidence of impact

83. There is evidence that a ban on new products and a reduction in brand variants can be implemented successfully. There is also evidence that the entry of existing products in new markets without regulatory frameworks, may lead to the emergence of new trends, such as the increase in waterpipe tobacco smoking among young people in the United States and Europe. As a result, waterpipe tobacco was banned from entering some markets, including Kenya, Pakistan and Tanzania; and snus is banned in Australia, the European Union (except for Sweden), New Zealand, Singapore and Sri Lanka. A 2023 systematic review of policies on smokeless tobacco products (including snus), covering countries where these products are banned, reported that in two of the three studies that evaluated the impact of bans on smokeless tobacco, there was a significant reduction in the sale and use of these products.

84. Uruguay is the only country to have implemented limitations on cigarette brand variants and successfully defended the policy against a legal challenge brought by a tobacco company. Research has demonstrated that replacing cigarette brand names with numbers may deter smoking initiation. Brazil also invoked this principle in 2009 when it restricted the entry of any products with an electronic element – including heated tobacco products – into the market, pending evidence of their safety and non-toxicity.

Benefits and strengths

85. A supply freeze would prevent the tobacco industry from continuing attempts to “reinvent” itself and launching new products – especially those that are particularly appealing to young people. A reduction in the types of variants from each brand would also reduce the brand appeal, and a freeze would preclude new products taking their place. These restrictions would have the potential to reduce youth experimentation, initiation and uptake, and could potentially encourage tobacco cessation among users versus switching to other tobacco products not yet available.

Implementation considerations

86. A tobacco supply freeze is a measure that governments can justify for the protection of public health. Regulations are necessary to limit both the number of brand variants and the number of brands that are allowed on the market. Implementation without a prolonged phase-in period would help to prevent the tobacco industry from flooding the market with new products ahead of entry into force. Enforcement would focus on measures to prevent illicit trade and to ensure that sellers are informed about which products are allowed to be sold and what presentation (variant) of each product is allowed.

Conclusion

87. This policy is feasible, has been successfully implemented to varying degrees in other countries, has public support and, if implemented across all products, could have a significant positive impact on tobacco consumption and prevalence.

(iv) Ban on cigarette filters

Policy description and background

88. This policy prohibits the sale, import, distribution and manufacture (where relevant) of cigarettes with filters, as well as filters that are sold separately from cigarettes. Around 90% of cigarettes on the market are filtered. Although filters are marketed by the tobacco industry as an effective method for reducing the harms of cigarette smoke, in reality they do very little to prevent the many toxicants in cigarette smoke from being inhaled, and thus do not eliminate the harms of cigarette smoking. In fact, filters have been shown to lead smokers to engage in more intensive puffing, which leads to deeper deposit of the toxicants. Ultimately, this has contributed to increased rates of lung adenocarcinoma, a particularly deadly form of lung cancer. While the microfibres that comprise cigarette filters have been found in lung tissue of patients with lung cancer who smoke cigarettes, further research is needed to establish a causal effect. In addition to their negative impacts on public health, cigarette filters are harmful to the environment, as a major source of plastic pollution.

89. Removing any filters from cigarettes would have important effects in reducing the appeal and attractiveness of cigarettes, in line with Articles 9 and 10 and their Partial guidelines for

implementation. Plastic filters in cigarettes pose additional environmental harms. In relation to Article 18, decision FCTC/COP10(14) recognizes “that plastic cigarette filters are unnecessary, avoidable and problematic, single-use plastics that are widely spread in the environment, killing microorganisms and marine life, as well as polluting oceans”. In addition, it notes “the work of the Intergovernmental Negotiating Committee on Plastic Pollution, the issue of microplastic pollution caused by plastic cigarette filters, ongoing global efforts in the development of standards for hazardous waste management under environmental laws, and the fact that the WHO FCTC has been officially referenced during the United Nations plastics treaty negotiations”.

Evidence of impact

90. To date, Santa Cruz County, in California (United States), has passed a filter ban that will be implemented in 2027 or when two other local jurisdictions pass similar ordinances, whichever is later. As there is no evidence of the impact of a filter ban at this time, the information presented in this report discusses the conceptual foundation for such a ban.

Benefits and strengths

91. Banning cigarette filters would: 1) eliminate the false perception that filtered cigarettes are safer than unfiltered cigarettes; 2) reduce plastic pollution; 3) reduce the economic costs of cigarette litter clean-up; and 4) reduce the environmental harm caused by toxic chemicals in discarded cigarette filters.

92. A comprehensive ban on cigarette filters – which have been identified by tobacco companies as features that improve brand popularity – would make smoking less attractive to people who smoke, and especially young people. Young people in particular perceive filtered cigarettes as less harmful, and this false perception would be removed. The harshness of the initial smoking experience may reduce its pleasurable effects, potentially discouraging young people from initiating smoking or progressing to regular smoking.

93. Because unfiltered cigarettes are perceived as offering a less satisfying sensory experience, their removal could potentially both decrease the likelihood of initiation or progression to regular smoking and increase the likelihood of quitting among those who smoke. However, there is no direct evidence of this. Banning cigarette filters would also prevent tobacco industry marketing that conveys misperceptions of safety or other desirable qualities of filtered cigarettes. Banning filters would also remove “flavour capsule” cigarettes from the market.

Implementation considerations

94. Strong regulatory and enforcement capacity will be important to ensure compliance. There will be resistance from the tobacco industry, which has relied on the deception of filters to increase the appeal of cigarettes to those initiating smoking, particularly among young people and women, as well as to keep people who smoke from quitting. The industry may advocate use of biodegradable or plastic-free paper filters, which would do little to counter public misperceptions that these alternative filters reduce the harms of cigarette smoke, the resulting health consequences that sustain continued smoking, and the environmental impact of toxins leaching from discarded cigarette butts. Implementation of a comprehensive ban on cigarette filters together with public education and producer pays regulations may accelerate health and environmental benefits. Santa Cruz County’s filter ban, which was driven by environmental concerns, highlights the importance of building broad stakeholder support for this measure. Public

education campaigns, cessation support and surveillance to monitor changes in the market and consumer behaviour should also be considered to ensure effective implementation.

Conclusion

95. Banning cigarette filters could have positive health and environmental impacts, including reducing smoking prevalence and decreasing both the economic costs of cleaning up toxic cigarette butt litter and the environmental contamination from its toxic chemicals. Adopting this measure would reduce the demand for cigarettes and lower smoking uptake, thereby saving lives, and would promote environmental and socioeconomic objectives. To ensure successful implementation, a ban on cigarette filters, as part of comprehensive tobacco regulation aligned with the WHO FCTC, requires collaboration across sectors and coordination with global initiatives.

(d) Consumer

(i) Expansion of smoke-free venues in private/semi-private environments and reduction of exposure to second- and third-hand tobacco smoke

Policy description and background

96. This policy focuses on expanding protection from exposure to tobacco smoke (Article 8 of the WHO FCTC) in public places and workplaces to private/semi-private places, for increased protection from second- and third-hand tobacco smoke. Relevant legislation, regulations, policies and standards have been enacted, both in environments with broad population reach – including multi-unit housing, rental dwellings and private cars – and in environments that reach subpopulations experiencing vulnerability, such as public/subsidized housing and housing for health and social services.

97. This FLM aligns with Article 4.2(a) of the WHO FCTC. It also aligns with Article 8, which requires Parties to adopt and implement effective measures to protect people from exposure to tobacco smoke in indoor workplaces, public transport, indoor public places and, as appropriate, other public places. The Guidelines for implementation of Article 8 note that this creates an obligation to provide universal protection by ensuring that all indoor public places, all indoor workplaces (including motor vehicles used as places of work – for example, taxis, ambulances and delivery vehicles), all public transport and possibly other (outdoor or quasi-outdoor) public places are free from exposure to second- and third-hand tobacco smoke. Further, the Guidelines explicitly state that careful consideration should be given to workplaces that are also individuals' homes or dwelling places – for example, prisons, mental health institutions and nursing homes. Including additional private/semi-private homes and vehicles under smoke-free protections would build on the Guidelines for implementation of Article 8.

Evidence of impact

98. Several examples of implementation exist, mostly in multi-unit housing and public/subsidized housing high-income countries. Most policies are generally voluntary and promoted either in individual homes or through housing operators. Some national- or federal-level regulatory implementations do exist but have not been comprehensively evaluated. The available evidence indicates that policies are associated with higher cessation rates, reduced consumption of smoked tobacco products, reduced exposure to tobacco smoke, and lower incidence of breathing problems among residents, as well as lower levels of airborne nicotine and particulate

matter in the buildings. Legislation requiring smoke-free private cars when children are present has been shown to reduce exposure to tobacco smoke among children.

Benefits and strengths

99. Smoke-free policies are the most effective method to reduce second- and third-hand tobacco smoke exposure in homes and cars. Concerns have been raised around reduced individual autonomy; however, smoke-free policies in homes and cars do not differ from other health and safety regulations for private spaces, such as compulsory smoke alarms in homes and seat-belt laws in cars.

Implementation considerations

100. Successful implementation requires effective enforcement, and unintended consequences in relation to bans on smoking in multi-unit housing can largely be avoided through: 1) planning and policy development tailored by property type; 2) clear and culturally relevant communication; 3) resident engagement; 4) cessation support; and 5) gradual implementation to allow transition time for residents who smoke. Economic benefits, such as decreased renovation and fire costs, appear to outweigh any implementation costs. Legislation requiring smoke-free private cars when children are present is already successfully implemented in several countries.

Conclusion

101. Expanding smoke-free environments – especially in multi-unit housing homes and cars – would be likely to reduce exposure to second- and third-hand tobacco smoke both in the general population and in vulnerable groups, contributing to prevention and cessation of tobacco use and improved health equity.

Annex 3

Draft decision: Forward-looking tobacco control measures (in relation to Article 2.1 of the WHO FCTC)

The Conference of the Parties (COP),

Recalling that Article 2.1 of the WHO Framework Convention on Tobacco Control (WHO FCTC) states that in order to better protect human health, Parties are encouraged to implement measures beyond those required by the Convention and its protocols, and that nothing in those instruments shall prevent a Party from imposing stricter requirements that are consistent with their provisions and are in accordance with international law;

Noting that Article 3 of the Convention articulates the objective of the treaty in the context of a framework for tobacco control measures to be implemented by the Parties at the national, regional and international levels in order to reduce continually and substantially the prevalence of tobacco use and exposure to tobacco smoke;

Recalling that Article 4 of the Convention highlights the need for comprehensive multisectoral tobacco control measures, and that Article 5 provides that each Party shall develop, implement, periodically update and review comprehensive multisectoral national tobacco control strategies, plans and programmes in accordance with this Convention;

Recalling that Article 5.3 of the WHO FCTC calls on Parties in setting and implementing their public health policies with respect to tobacco control to act to protect these policies from commercial and other vested interests of the tobacco industry in accordance with national law;

Recalling decision FCTC/COP10(12) that established an expert group on tobacco control measures that are forward-looking and could be contemplated within the scope of Article 2.1 of the WHO FCTC;

Welcoming the report contained in document FCTC/COP/11/5 and noting with satisfaction the outcome of the work of the Expert Group,

1. INVITES Parties:

- (a) to consider the forward-looking tobacco control measures that expand or intensify approaches to tobacco control that may be contemplated within the scope of Article 2.1 of the WHO FCTC that have been listed and described by the Expert Group, with a view to their potential adoption and implementation by Parties, and to contribute to their efforts to meet their obligations under the WHO FCTC;
- (b) to note that the list of forward-looking tobacco control measures identified and described by the Expert Group is not exhaustive, and other forward-looking measures exist or may arise in the future: these further forward-looking measures might also be contemplated for adoption by Parties;

(c) to report, as part of their reporting obligations on their implementation of the Convention, on implementation of forward-looking tobacco control measures that expand or intensify approaches to tobacco control, and that may be contemplated within the scope of Article 2.1, including lessons and outcomes arising from the implementation of such measures;

(d) to consider the need to conduct further work and mobilize resources, in respect of forward-looking tobacco control measures, taking into account that the findings contained in document FCTC/COP/11/5 may be reviewed and updated as necessary;

2. REQUESTS the Convention Secretariat:

(a) to disseminate the work of the Expert Group, through facilitating experience-sharing between Parties on the adoption and implementation of forward-looking tobacco control measures; publishing information received from the Parties pursuant to their reporting obligations under the Convention in relation to forward-looking measures, in ways that showcase and support their potential adoption by other Parties; supporting the work of Knowledge Hubs in developing and sharing best practice, and case studies on Parties' experience, in relation to forward-looking tobacco control measures; and publishing information material, including with support from WHO, on forward-looking tobacco control measures;

(b) to continue to raise awareness about forward-looking tobacco control measures and measures that expand or intensify approaches to tobacco control that may be contemplated within the scope of Article 2.1.

(XX plenary meeting, November 2025)
