

The Fourth Pillar of the Framework Convention on Tobacco Control: Harm Reduction and the International Human Right to Health

Journal Editorial Article ¹⁾

Tobacco harm reduction as a human right

Approximately one-quarter of all lifelong smokers will die in middle age (between 35 and 69) as a result of smoking and the authors of this 2006 paper (PDF) urge tobacco harm reduction to be viewed as a human right.

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CONCLUSION

Even though harm reduction is not perceived to be the most pressing issue facing many countries, it is— based upon its dignity-enhancing and life-saving potential— a fundamental component of the right to health. Bolstered by the authoritative force of the FCTC, countries have a unique opportunity to realize their obligations under the right to health to aid those addicted to nicotine. Researching and evaluating harm reduction through the FCTC would give countries direction in fulfilling their human rights obligations in tobacco control.

Harm reduction is not a panacea for the ills of tobacco, but it could be, at best, a synergistic complement to the other tobacco-control approaches employed by the FCTC. Preventing initiation of smoking and promoting cessation remain the primary approaches of a comprehensive tobacco control program. However, nicotine addiction involves complex biological and psychological processes, and clearly no single approach to treatment of this addiction will be effective in addressing the individualized effects of nicotine products. In light of many countries' widespread failure to prevent initiation and promote cessation, both before and after the FCTC, these countries have a responsibility under the right to health not to deprive smokers of a possibly efficacious means of reducing harm through acceptable substitutes to conventional nicotine self-administration.

Unlike cessation efforts, nations need not do anything to introduce a harm-reduction strategy; private corporations already are developing and marketing these products without governmental - encouragement. Through a robust regulatory process, national and international policymakers must be prepared to engage these harm-reduction strategies and to assess the placement of harm-reduction products within clinical best practices.



Webmaster Note: This paper was written in 2006, before e-cigarette devices and usage became widely known.

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Benjamin Mason Meier, and Donna Shelley (10-2006) 'The Fourth Pillar of the Framework Convention on Tobacco Control: Harm Reduction and the International Human Right to Health', Public Health Reports, 121: 494 – 500, <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1564445/>

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