

EDITORIAL

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From Evidence to Enforcement: The 2025 Rebranding of the World Conference on Tobacco Control as a Strategic Pivot

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Global tobacco control stands at a critical juncture. Tobacco continues to kill more than eight million people annually and remains one of the most preventable causes of premature death worldwide [1]. The challenge today is no longer scientific uncertainty, but implementation. In this context, the 2025 transition from the World Conference on Tobacco or Health (WCTOH) to the World Conference on Tobacco Control (WCTC) represents a substantive shift in global framing.

Established in 1967, the WCTOH served as a convening platform for researchers, clinicians, and advocates committed to consolidating evidence on tobacco-related harm and mobilizing policy action [2]. Over time, it evolved into a central hub for international collaboration, strengthening transnational civil society networks and facilitating cross-country learning [3]. The intellectual and political foundations of the WHO Framework Convention on Tobacco Control (FCTC) were shaped in part through deliberations within this forum [2]. Adopted in 2003 and entering into force in 2005, the FCTC remains the first and most widely ratified international public health treaty [4].

Two decades after its entry into force, the global conversation has shifted decisively from evidence generation to enforcement. Operational frameworks such as MPOWER have provided countries with concrete implementation pathways [5], yet substantial gaps persist. Many low- and middle-income countries continue to face capacity constraints, sustained industry interference, and uneven enforcement of core treaty provisions [6].

In 2025, the conference formally adopted the name World Conference on Tobacco Control, with its first meeting under this title convened in Dublin, Ireland [7]. This renaming is not merely symbolic. It signals that tobacco control has evolved from documenting health harms to confronting a governance challenge that requires regulation, enforcement, and accountability. Scholarly commentary has interpreted this transition as emblematic of broader debates within global tobacco control regarding strategy and direction [8]. Notley (2025) notes that the rebranding highlights differing perspectives within the field. Those focused on governance generally support the stronger emphasis on regulation and enforcement, viewing it as an important step toward greater accountability and oversight. Harm reduction advocates and cessation specialists have raised concerns that a 'control' framing may de-emphasize clinical treatment pathways and evidence-based harm reduction approaches such as nicotine replacement therapy [8, 9]. There is also

debate about whether a structural emphasis on taxation and marketing restriction may inadvertently sideline individual-level cessation support, particularly in settings where pharmacotherapy remains inaccessible [10].

The shift from "tobacco or health" to "tobacco control" emphasizes the necessity of regulation, taxation, comprehensive marketing restrictions, and protection of policymaking from industry interference, particularly under Article 5.3 of the FCTC. It signals that voluntary behavior change alone is insufficient when confronting a transnational industry whose commercial practices undermine public health objectives [11]. However, the growing dominance of the tobacco control governance model, a heavily regulation-focused approach, especially one shaped largely by priorities from high-income countries, can encourage rigid or punitive policies that may not fit the realities of low-resource settings, where the capacity to enforce comprehensive regulations is often limited [12]. Such governance-first agenda may reduce space for harm reduction strategies, such as safer nicotine product regulation and tobacco cessation, that remain contentious but evidence-supported in some settings [8, 13].

At the same time, tobacco control is increasingly positioned within integrated non-communicable disease (NCD) prevention strategies addressing shared commercial determinants of health [11]. However, tobacco control remains distinct as the only major NCD risk factor governed by a legally binding international treaty. Preserving this regulatory clarity is essential.

The 2025 transition therefore represents continuity rather than rupture. The conference's commitments to independence from industry, evidence-based policymaking, and global solidarity remain intact. What has changed is clarity of purpose. The era of debating tobacco's harms has passed; the imperative now is enforcement, accountability, and sustained regulatory action. Effective tobacco control enforcement in 2025 differs substantially from the early post-FCTC era. While implementation in the mid-2000s focused largely on establishing smoke-free laws, taxation policies, and health warnings, contemporary tobacco control increasingly involves regulation of digital advertising, social media promotion, plain packaging compliance, and emerging nicotine products such as e-cigarettes. Greater emphasis is also being placed on transparency measures, protection of policymaking from tobacco industry interference under Article 5.3 of the WHO FCTC, and integration of tobacco control within broader commercial determinants of health

frameworks.

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