

Submission to the Committee on Economic, Social and Cultural Rights
Pre-Sessional Working Group, 46th Session, 23-27 May 2011

Tobacco Control and the Right to Health

Tobacco will kill an estimated one billion people in the 21st century in the absence of aggressive action by governments to advance tobacco control and smoking cessation. Eighty percent these deaths will be in developing countries – those least able to manage this epidemic. One in two smokers will die from a tobacco related disease and 50% of these deaths will be in middle age. The human stories behind these statistics are so often heartbreaking. Not only illness and death, but also the impact on families due to loss of primary breadwinners, the toxic exposures and lost educational opportunities for children who work in tobacco farming, environmental degradation through deforestation and runoff of pesticides into rivers and streams, and the contribution of tobacco purchases to increased poverty and malnutrition. The World Health Organization projects increasing numbers of smokers over the next 20 years, with women in low- and middle-income countries being a particular target of tobacco marketing.

A broad evidence base supports a combination of legal, policy, medical, environmental and behavioral interventions that governments can take to control tobacco and improve health. Tobacco taxes, clean indoor air laws, comprehensive bans on advertising and promotion, public information campaigns, graphic warning labels on tobacco products and smoking cessation have all been shown to reduce tobacco consumption and dependence. As such, States Parties to the Convention on Economic, Social and Cultural Rights are obligated to pursue tobacco control under their duties to respect, protect and fulfill Article 12: the Right to the Highest Attainable Standard of Health.

The following submissions to the 46th Pre-Sessional Working Group of the Committee on Economic, Social and Cultural Rights summarizes the tobacco control content within each State Party report. Each submission concludes with three to four key recommendations for improvement and a list of questions that the Committee can raise to country representatives to encourage stronger tobacco control policies. HRTCEN believes that these tobacco control strategies and recommendations sit at the heart of government obligations to respect, protect and fulfill the right to the highest attainable standard of health.

HRTCEN works to advance a human rights based approach to tobacco control – utilizing the legal remedies and reporting requirements of current treaties and conventions, including the recent Framework Convention on Tobacco Control, the Convention on the Rights of the Child (CRC), the Convention on the Elimination of Discrimination Against Women (CEDAW) and the Covenant on Economic, Social and Cultural Rights. HRTCEN will educate on and utilize measures that are currently accessible and will encourage adoption of new measures in order to decrease the morbidity and mortality of the people with the least agency to claim their rights.

Tobacco Control and the Right to Health in Peru

The Human Rights and Tobacco Control Network (HRTCEN) has reviewed Peru's report to the Committee on Economic, Social and Cultural Rights with respect to tobacco control and the right to health. HRTCEN calls the Committee's attention to the following concerns. Peru's report only discusses tobacco in the context of drugs, alcohol and other narcotics, describing tobacco as "the most consumed non-alcoholic legal substance." The report disaggregates data on substance use by territory, but does not discuss specific tobacco control initiatives.

Peru's 2007 report to the Framework Convention on Tobacco Control indicates that close to 30% of youth are current smokers. Most troubling, Peru's report to the FCTC contains numerous gaps in estimates of tobacco prevalence, indicating weak monitoring and surveillance of tobacco use in Peru. The report does not disaggregate data by occasional vs. regular smokers, making it difficult to gauge the severity of the tobacco epidemic in Peru.

One-third of medical students in Peru reported current tobacco use and only three in ten reported receiving training on tobacco control and smoking cessation in the 2006 Global Health Professionals Survey.¹ Protections against indoor air pollution and secondhand smoke also remain weak. Current legislation does not apply to bars, clubs, restaurants and private workplaces.

In light of these concerns, HRTCEN asks the Committee to raise the following issues to Peru's country representative:

1. Prioritize Tobacco Control: Encourage Peru to report on tobacco control as a separate topic outside the context of narcotics and other forms of substance use.
2. National Tobacco Control Plan: Develop a national plan for comprehensive tobacco control that identifies priority areas, articulates clear goals and includes the participation of civil society and professional organizations.
3. Surveillance: Strengthen monitoring and surveillance of tobacco use to inform evidence-based tobacco control programs. HRTCEN emphasizes the incomplete surveillance data in Peru's 2007 report to the Framework Convention.
4. Smoking Cessation: 1. Expand smoking cessation and education on tobacco control among medical students and other health professionals and encourage cessation among the medical community to create smoke-free role models. 2. Expand smoking cessation services including quit lines and access to pharmacotherapy
5. Clean Indoor Air Laws: Expand national clean indoor air legislation to ban smoking in restaurants, bars, clubs and private workplaces, three spaces exempted under current legislation.
6. Tobacco Taxes: Increase tobacco excise taxes to encourage smoking cessation and discourage initiation into smoking. A World Health Organization review concluded that tobacco price increases are the single most effective intervention to reduce demand for tobacco.

¹ Global Health Professions Student Survey (GHPSS) Survey (<http://www.cdc.gov/tobacco/global/gtss/index.htm>).