

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. HRTCN 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.

HRTCN 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. HRTCN 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 Slovakia

The Human Rights and Tobacco Control Network (HRTCEN) has reviewed Slovakia's report to the Committee on Economic, Social and Cultural Rights with respect to tobacco and the right to health. HRTCEN is concerned by the report's limited discussion of tobacco control under Article 12. The report only addresses tobacco when describing the national "Stop and Win" smoking cessation campaign. This campaign promotes cessation by awarding participants prizes for quitting, but does not include clinical interventions or proven pharmacotherapy tools such as nicotine replacement therapies.

Slovakia's report does not discuss efforts to prevent initiation into smoking or other strategies such as graphic warning labels, advertising bans or clean indoor air laws. The report also lacks current prevalence and incidence data on tobacco use and smoking initiation, indicating inadequate monitoring and surveillance of tobacco use.

HRTCEN calls the Committee's attention to the high prevalence of smoking in Slovakia, particularly among youth. Nearly half of Slovakian men and 28% of Slovakian women currently smoke. The Global Youth Tobacco Survey estimates that 65% of youth in Slovakia have tried cigarettes, 25% currently smoke cigarettes and 45% are exposed to second-hand smoke at home.¹ Smoking also remains common among Slovakian educators and medical students. One-quarter of school personnel currently smoke cigarettes as do one-third of medical and nursing students. Only 3% of medical students have received training on tobacco control and smoking cessation.² Recent surveys suggest that tobacco use among medical students may actually be increasing, particularly among women students.³

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

1. Surveillance: Strengthen national monitoring and surveillance of tobacco. Without up-to-date monitoring and surveillance, governments such as Slovakia's cannot develop evidence-based tobacco control programs that target areas of greatest need.
2. National Tobacco Control Strategy: Develop a national strategic plan for tobacco control that identifies priority areas, outlines goals and includes the participation of civil society and professional organizations.
3. 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.
4. Clean Indoor Air Laws: Draft and pass national clean-indoor air legislation to restrict tobacco use and limit exposure to second-hand smoke. Current legislation exempts bars, nightclubs, restaurants and private workplaces.
5. Smoking Cessation: 1. Implement evidence-based smoking cessation programs by training physicians in smoking cessation and offering people who smoke nicotine replacement and other pharmacotherapies. 2. Encourage smoking cessation among public role models including educators, physicians, nurses and other health professionals and medical students.

¹ Global Youth Tobacco Survey (GYTS) Survey (<http://www.cdc.gov/tobacco/global/gtss/index.htm>)

² Global Health Professions Student Survey (GHPSS) Survey (<http://www.cdc.gov/tobacco/global/gtss/index.htm>)

³ Baska, T. (2007). Increasing trends of tobacco use in medical students in Slovakia – a reason for concern? *Central European Journal of Public Health*, 15.1, 29-32.