

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 New Zealand

The Human Rights and Tobacco Control Network (HRTCEN) has reviewed New Zealand's report to the Committee on Economic, Social and Cultural Rights with respect to tobacco control and the right to health. HRTCEN commends New Zealand for the substantive discussion of tobacco control in its report. In particular, HRTCEN is encouraged by New Zealand's *Clearing the Smoke: a National Five Year Plan for Tobacco Control* and its work in addressing sudden infant death syndrome (SIDS) by promoting smoking cessation among families.

Despite significant progress, smoking remains the largest cause of preventable premature death in New Zealand. As New Zealand's report notes, tobacco-related premature morbidity and mortality disproportionately affect some socio-economic and ethnic groups. Large disparities in smoking and tobacco-related chronic diseases contribute to the markedly lower life-expectancy among Maori and Pasifika. Compared to an overall smoking prevalence of 23.6%, a respective 45.8% and 36.2% of Maori and Pasifika adults smoked in 2006. Maori and Pasifika also experience greater risk of death from cardiovascular disease, cancer and diabetes than non-Maori.

Smoking also remains prevalent among youth. According to 2007 Global Youth Tobacco Survey data, 18% of New Zealand youth currently smoke cigarettes and an additional 22% of never-smoking youth are vulnerable to initiate smoking. Prevalence of current smoking is higher among boys than girls (24% of boys currently smoke compared to 13% of girls). Youth also report frequent exposure to second-hand smoke at home and in public, with 65% of youth reporting exposure to second hand smoke in public during the preceding week. Current clean indoor air legislation restricts smoking in bars, restaurants and other facilities but does not include outdoor spaces such as parks.

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

1. Tobacco Disparities: Develop innovative ways to address tobacco-related health disparities that contribute to higher premature morbidity and mortality among Maori and Pasifika communities. Recent investments in District Health Boards and Primary Health Organizations represent a significant first step in this direction.
2. Smoking Cessation: Expand access to smoking cessation, including pharmacotherapies and nicotine replacement therapies, among vulnerable and low-income smokers. Greater cost support and physician-led counseling offer two strategies to increase access to smoking cessation.
3. Environmental Exposure: Address the frequent and high exposure among youth to secondhand smoke by strengthening current clean air legislation to include parks and other outdoor spaces.
4. Retail Environments: Strengthen youth tobacco control by restricting point-of-purchase advertising in retail environments. Graphic warning labels should be accompanied by additional restrictions on point-of-purchase promotions, advertising and marketing.
5. Infant Health: Commend New Zealand on its progress in improving maternal and infant health through tobacco control, particularly its program to reduce SIDS deaths through smoking cessation. The integration of tobacco control into maternal and child health provides a strong framework for progress moving forward.