

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 Argentina

The Human Rights and Tobacco Control Network (HRTCEN) has reviewed Argentina's report to the Committee on Economic, Social and Cultural Rights with respect to tobacco control and the right to health. HRTCEN commends Argentina for making progress on tobacco control during the recovery period following its economic and currency crisis at the beginning of the decade. Argentina's report outlines the *National Program for Tobacco Control* under the Ministry of Health, but contains few details on tobacco control in Argentina.

Argentina remains one of the few non-Party States to the Framework Convention on Tobacco Control. Argentina signed the FCTC in 2003, but ratification would strengthen tobacco control and the right to health in Argentina by obligating the Argentine government to act on the statements of principles and actionable steps included in the FCTC.

HRTCEN also calls the Committee's attention to high prevalence of tobacco use in Argentina. According to the Global Youth Tobacco Survey, one-quarter of Argentine youth currently smoke cigarettes and over half are exposed to second-hand smoke at home.¹ Argentina's report to the Committee acknowledges that tobacco remains highly accessible and retains a positive image in Argentine society. Smoking also remains common among Argentine medical professionals. One-third of medical students reported current smoking in 2005, and only 5% had received training on tobacco control or smoking cessation.²

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

1. Ratify the FCTC: Urge Argentina to ratify the Framework Convention on Tobacco Control and mainstream its articles and protocols into the *National Program for Tobacco Control*. Ratification would require Argentina to regularly report on progress to the international community.
2. Clean Indoor Air Laws: Draft and pass national clean indoor air legislation to reduce exposure to environmental smoke at schools, offices, restaurants/bars and public spaces.
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. Smoking Cessation: 1. Strengthen education on tobacco control and smoking cessation among health professionals and encourage smoking cessation among the medical community to create smoke-free role models. 2. Expand smoking cessation services including quit lines and access to pharmacotherapy, particularly in light of high exposure among youth to passive smoking at home.
5. Tobacco Industry Influence: Counter tobacco industry influence and capture of public health policymaking. Transnational tobacco companies and their Argentine subsidiaries have consistently acted to undermine comprehensive tobacco control measures in Argentina.³
6. Tobacco Agriculture: Mainstream tobacco control into agricultural development schemes to help farmers transition away from growing tobacco. Currently, 92,000 hectares of farmland are under tobacco cultivation in Argentina.

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 Sebrie, E. and Barnoya, J. (2005). "Tobacco industry successfully prevented tobacco control legislation in Argentina." *Tobacco Control*, vol. 14; e2.