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 Spain

The Human Rights and Tobacco Control Network (HRTCN) has reviewed Spain’s report to the Committee on Economic, Social and Cultural Rights with respect to tobacco control and the right to health. Spain’s report contains a brief discussion of tobacco that highlights declining prevalence among both men and women. Despite this progress, current smoking remains common among adults. Over 45% of men and 36% of women currently use tobacco in some form. Beyond these summary statistics, the report does not discuss differences in tobacco use between men or women. The report also does not examine variable progress in implementing tobacco control legislation and programming across the diverse territories that form the Kingdom of Spain.

Law 42/2010 creating comprehensive, 100% smoke free clean indoor air legislation represents a significant step toward decreasing environmental exposure to tobacco. Enforcement and compliance will present challenges, particularly given the tobacco industry’s long-standing efforts to dilute and undermine smoke free legislation in Spain. Much room remains, however, for Spain to use law as a tool of tobacco control. Greater restrictions on point-of-purchase advertising and promotions in retail environments would discourage youth initiation into smoking. According to Spain’s 2007 report to the Framework Convention on Tobacco Control, 35% of men and 31% of women ages 16-24 currently smoke. High youth prevalence demonstrates the need to develop stronger tobacco control among youth.

In light of these concerns, HRTCN asks the Committee to raise the following issues to Spain’s country representative:

1. **Clean Indoor Air Laws**: Commend Spain for passing Law 42/2010 creating comprehensive, 100% smoke free clean indoor air legislation. Encourage the Spanish government to continue to work closely with the business community to achieve comprehensive compliance in the face of industry attempts to undermine this landmark legislation.

2. **Tobacco Disparities**: Encourage Spain to devote more resources to monitoring and addressing tobacco disparities in its national comprehensive tobacco control programming. In particular, tobacco control in Spain should pay greater attention to differences in tobacco use between men and women and across the diverse territories of the Royal Kingdom of Spain.

3. **Smoking Cessation**: Expand access to smoking cessation, including pharmacotherapies and nicotine replacement therapies, given continued high prevalence of tobacco use among adults. Greater cost support and physician-led counseling offer two strategies to increase access to smoking cessation.

4. **Tobacco and Youth**: Develop stronger anti-tobacco education among youth given high current prevalence among both young men and women. Greater restrictions on point-of-purchase advertising and promotions in retail environments offer one strategy to discourage initiation into smoking.