

DEFINING TOBACCO CONTROL AS AN IMPORTANT HUMAN RIGHT AND DEVELOPMENT GOAL

The purpose of this paper is to advance tobacco control within a powerful rights and development framework in Turkey. The integration of a human rights based approach to the control of tobacco is a powerful tool in the protection of the rights of women and children. Turkey is a party to the the Framework Convention on Tobacco Control (FCTC) which should be read in the context of the Convention on the Elimination of Discrimination against Women (CEDAW) and the Convention on the Rights of the Child (CRC) which affirm a more holistic approach to tobacco control that takes into account the way in which the tobacco industry markets its harmful products and the way in which the exposure to secondhand smoke erode women's and children's indivisible rights to equality, health, food and reproductive rights. We conclude finally that strengthening tobacco control within the context of the rights of women and children will help augment Turkey's goals of accession to the membership of the European Union.

Rangita de Silva de Alwis & Richard Daynard*



* Rangita de Silva de Alwis is the Director of International Human Rights Policy at Wellesley Centers for Women and Faculty at the Madeline Albright Institute for Global Affairs at Wellesley College. Richard Daynard is President of the Public Health Advocacy Institute and Professor of Law at Northeastern University School of Law.

In early August, the Public Health Advocacy Institute (PHAI) partnered with the ARI Movement of Turkey to create an important forum on the human rights-based approach to tobacco control. Over the last four years, the PHAI has helped to develop new human rights models in tobacco control. This new paradigm seeks to forge alliances with a broad network of civil society organizations, including women's youth and children's organizations, to broaden the scope of tobacco control advocacy and to mainstream tobacco control in urgent human rights agendas as a way of holding stakeholders accountable to tobacco-related rights violations including the rights to life, health, reproductive health and food. This model creates a nexus between women's, youth, and health rights with tobacco control and provides the platform for joint action by different civil society groups so as to build common cause. The conference in Istanbul brought together for the first time leading tobacco control advocates to collaborate with women rights advocates at the forefront of social change. The hope is that this forum will be a catalyst for collaborative work on shared goals of tobacco control and women and youth rights and will ignite a more powerful campaign to advance tobacco control in Turkey.

This article draws from the presentations made by the authors at the conference. These presentations link the broader range of women's, children and social, economic and cultural rights with the Framework Convention on Tobacco Control (FCTC), the first global public health treaty adopted by the World Health Organization (WHO) on 21 May 2003. The treaty, ratified by Turkey, is one of the most widely embraced of all UN treaties. Linking human rights conventions with the FCTC norms provides us with a stronger discourse and sharpens the tools to monitor and implement the FCTC. A human rights-based approach to tobacco control demonstrates that the rights framework is dynamic, inextricably interlinked, interrelated and indivisible.

Why is Tobacco Control a Cardinal Women's Issue?

The historic Framework Convention on Tobacco Control is a landmark in international treaty making. As the seminal treaty of the World Health Organization it revolutionizes the way in which state parties are held accountable to universally binding treaty obligations. This accountability is pivotal to the human rights-based approach and helps advocates bring a critical gender lens to the scope of the Convention.

The WHO reports that smoking has recently become more popular among women and adolescents in Turkey. This is the consequence of false marketing strategies by tobacco companies that reinforce the image of the emancipated and empowered woman. Far from being an emancipating project, tobacco erodes

women's health and wellbeing and diminishes the agency of women at several levels. By succumbing to marketing practices that connect women's autonomy and tobacco consumption and glamorizes smoking, tobacco marketing practices women make uninformed choices affecting what is best for their health and wellbeing and the health and well being of their families.

Although direct tobacco advertising has been now banned, exposure to indirect advertising is very common in Turkey. There is evidence that peers and advertisements may have a considerable effect on youth smoking. Targeting women and vulnerable communities as consumers of tobacco is not just a violation of health rights, but can also be challenged on grounds of gender discrimination. A gender perspective to tobacco control will bring to the surface the need to challenge the commodification of women and the frequent portrayal of women as sex objects. Tobacco companies often exploit the unequal and vulnerable status of women in society to sell and market tobacco. Furthermore, tobacco marketing practices in Turkey enhance the commodification of women using images of glamour that are often linked to smoking, a framework of gender equality and non- discrimination is key to tobacco control.

Moreover, the water-pipe (*narghile*), an age-old tradition among elderly men in Turkey, has become popular among women and highlights the need for a heightened focus on smoking and women's health.

Another troubling phenomenon in Turkey is that smoking rates are remarkably high among teachers. In some areas, 30-35 percent of women teachers smoke. Given their role in teaching schoolchildren about the hazards of smoking as well as their position as role models for their students, this is a very troubling phenomenon that should be addressed within the framework of human rights and development.

Why Tobacco Control is an Urgent Child Rights Issue?

The FCTC references the Convention on the Rights of the Child (CRC) as an intersecting right. The CRC and FCTC are mutually reinforcing treaties as the FCTC advances the right of the child's enjoyment to the highest attainable standard of living and the best prenatal health.

In Turkey, on average, young people start to smoke at around 13 years of age. Some children start at ten years of age. Adolescence is a vulnerable period for starting to smoke, thus adolescents are a major target for tobacco companies. Tobacco industries have used insidious marketing techniques to reach students. In 2000, the Faculty of Education at Bosphorus University, developed a project in schools entitled "The Power is Yours" financed by Phillip Morris. The project was

about teaching students on the process of decision making, without mentioning smoking.

Given the comparative ignorance of the teachers, letters explaining the tobacco industry tactics in various countries were sent to lecturers and researchers involved in the study and to the Dean of the Faculty and the Rector of the University. Although the Education Ministry intervened to stop the program, marketing of tobacco and tobacco products continue in Turkey and youth continue to be targets of cigarette marketing.¹

Second Hand Smoking: A Violation of Women's and Children's Rights

Apart from the harm from direct smoke, women are often the victims of second hand smoke. Given that a majority of smokers in Turkey are men, women and children are often the victims of passive smoking. This must be seen both in the context of a violation of a health right as well as in the context of gender and child discrimination. The impact of direct and second hand smoking on the health of children and on maternal health can be addressed by the convention on the rights of the Child. The CRC as the most widely ratified Convention in the world offers a broad scope of protection for children. The CRC states that "in all actions concerning children...the best interests of the child shall be a primary consideration." Given the strong evidence that smoking adversely affects a child's health and anticipated life span, it impacts the "inherent right to life." As a result, Turkey has an obligation to prevent children's access to tobacco and minimize children's exposure to tobacco in order to ensure to the maximum extent possible the survival and development of the child."²

In Turkey, 59.9 percent to 81.5 percent of homes have at least one family member who smokes. This is usually the father. A study shows that about 90 percent of the smokers in different occupational groups indicate they smoke at home and 50–85 percent smoke in front of their children. Data show that over eight in ten schoolchildren are exposed to smoke from others in their homes (81.6 percent) and in public places (85.9 percent).

Both women and children face risk of disease because of prolonged exposure to secondhand tobacco smoke in Turkey and elsewhere. Women and children are disproportionately affected by second hand smoke because of their general powerlessness in a patriarchal society to control their environment. Using a human rights lens will help to address these disempowering factors that lead to greater

¹ Information provided by Professor, Dr. Elif Dağlı at Marmara University Hospital, Istanbul.

² Article 24 of the convention on the Rights of the Child.

exposure to second hand smoke in a holistic framework.

Millennium Development Goals and Tobacco Control

At the UN Summit on the Millennium Development Goals (MDG) in September 2010, Secretary-General Ban Ki-moon kicked off a major concerted worldwide effort to accelerate progress on the Millennium Development Goals (MDG) to be met by 2015. While all of the eight Millennium Development Goals intersect with tobacco control, tobacco control impacts the the first MDG in very fundamental ways. MDG Goal One is to eradicate extreme poverty and hunger. The targets are to reduce by half the proportion of people living on less than a dollar a day. One of the most cost-effective ways to help halve poverty and hunger is by advancing tobacco control.

Improved food and nutrition impact human development and poverty reduction. Second, health innovations have a greater impact on growth than other innovations.³ There is a clear correlation between smoking and poor health and poverty and food in security. Data from many countries show that the economically vulnerable are most likely to smoke. Tobacco consumption also exacerbates poverty as money spent on tobacco is money is diverted from spending on basic necessities such as food, health care, shelter and education.

“A gender perspective to tobacco control will bring to the surface the need to challenge the commodification of women and the frequent portrayal of women as sex objects.”

The consumption of tobacco has a negative impact on the whole family. In low-income communities and families, the cash spent on tobacco results in disadvantaging and subordinating the most marginalized in the family. In communities and families that devalue the female child, this translated often into discrimination against the female child in the family whose rights to food security are often subordinated and sacrificed at the altar of tobacco consumption.

Research findings also support this claim. The WHO argues that if these men stopped smoking and put 70 percent of that income into food purchases, 10.5 million Bangladeshi children will be saved from malnutrition.

³ MDG based poverty reduction strategies, UNDP.

While children and women in smoking households tend to be more food insecure, the health care costs of smoking are also a cause of impoverishment of a family. The loss of productivity as a consequence of disease caused by smoking can further lower family income and increase the risk of food insecurity. Moreover, tobacco related illnesses, including heart disease, stroke and cancer are costly. In 2000, the Indian government spent 5.8 billion dollars on tobacco related diseases. Medical costs from smoking lead to impoverishment. Tobacco-control interventions are one of the most effective ways to prevent health care costs and require little investments of capital. Approximately, 20 million smokers in Turkey spend nearly 20 billion dollars on tobacco products – four times the annual budget of the

Ministry of Health. The economic burden of tobacco-related diseases in the world is compounded by the money spent by families who live below the poverty line on tobacco. Money diverted to food, health care and education can fight poverty in achieving the MDG targets.⁴

A study shows that about 90 percent of the smokers in different occupational groups indicate they smoke at home and 50–85 percent smoke in front of their children.

As one of the largest consumers of tobacco and as the fifth largest cigarette producer in the world, tobacco control in Turkey is an important MDG Goal. A renewed commitment must be made in Turkey to control tobacco as a pivotal strategy to achieving the MDG goals. The potential benefits of implementing tobacco control measures are extensive and would contribute to the implementation of a long-term strategy for growth and sustainable development in Turkey.

Ministry of Health. The economic burden of tobacco-related diseases in the world is compounded by the money spent by families who live below the poverty line on tobacco. Money diverted to food, health care and education can fight poverty in achieving the MDG targets.⁴

Looking Forward to European Union Accession

The recent reforms in Turkey are admirable but much more must be done to match the European Union member state policies in order to bolster Turkey's European Union (EU) membership application.

The Council of Europe Convention for the Protection of Human rights and Fundamental Freedoms, adopted in 1950, enshrines the right to life in Article 2 (1). The

⁴ In Indonesia, where smoking is most common among the poor, the lowest income group spends 15 percent of its total expenditure on tobacco. In Egypt, more than 10 percent of household expenditure in low-income homes is on tobacco. The poorest 20 percent of households in Mexico spend nearly 11 percent of their household income on tobacco. In Bangladesh, an absence of household tobacco use corresponds to an increase of 500 calories to children's diet. In Uganda, 50% of men smoke, while 80 percent of the population lives on less than one dollar a day.

European Social Charter adopted in 1961, articulates the right to protection of health in Article 11, which imposes a duty upon the parties to the agreement to take appropriate measures designed inter alia...to remove as far as possible the causes of ill health.”

According to Sebastiaan Princen and Mark Rhinard, anti-smoking policy has gradually become an area of “considerable EU activity.”⁵ As Laura Spinney writes, “Europe is finally stumbling out from under its centuries-old haze of cigarette smoke” – Wales, Ireland, Scotland, Malta, Italy and Sweden are “smoke-free” in public (albeit with “comforting loopholes built into their anti-smoking laws.”).⁶

In June of 2009, the European Commission announced that it had adopted, after extensive consultation, a proposal for a Council Recommendation calling on all member states to bring in laws to protect their citizens from exposure to tobacco smoke by 2012. In making the announcement, the European Commission stated that tobacco remains the largest single cause of premature death and disease in the European Union. EU Health Commissioner Androulla Vassiliou said: “It is my firm belief that each and every European merits full protection from tobacco smoke. There is a wave of support from the general public and we will work with Member States to make this a reality”.

The recommendation calls on EU member states to act in three main fronts:

- Adopt and implement laws to fully protect their citizens from exposure to tobacco smoke in enclosed public places, workplaces and public transport as cited in Article 8 of the Framework Convention on Tobacco control, within three years of the adoption of the Recommendation.
- Enhance smoke-free laws with supporting measures such as protecting children, encouraging efforts to give up tobacco use and pictorial warnings on tobacco packages.
- Strengthen co-operation at EU level by setting up a network of national focal points for tobacco control.

⁵ Sebastiaan Princen and Mark Rhinard, “Crashing and creeping: agenda-setting dynamics in the European Union,” *Journal of European Public Policy* Vol. 13 No.7: 1123.

⁶ Laura Spinney, “Public smoking bans show signs of success in Europe,” *The Lancet* 369 (9572): 1507.