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Ad Hoc Inter-Agency Task Force on Tobacco Control

Report of the Secretary-General

Summary

The present report responds to Economic and Social Council decision 2008/232, requesting the Secretary-General to report to the Council at its substantive session of 2010 on progress made by the Ad Hoc Inter-Agency Task Force on Tobacco Control in the implementation of multisectoral collaboration on tobacco or health.

The report first reviews the history of the Task Force. Section II describes the burden of tobacco consumption as well as the progress made in the implementation of tobacco demand reduction measures between 2007 and 2008, using recent data from the World Health Organization (WHO) Report on the Global Tobacco Epidemic, 2009. The following section focuses on the implementation of the WHO Framework Convention on Tobacco Control. Section IV examines specific areas of concern related to tobacco control, in which inter-agency collaboration can be important. Those areas are: tobacco and gender, reproductive health and child survival, human rights, indigenous peoples, the tobacco industry and corporate social responsibility, and the environmental impact of cigarette butts. The section also provides an update on the implementation of General Assembly resolution 63/8, on smoke-free United Nations premises. Section V identifies potential areas for inter-agency collaboration, and the final section provides recommendations for further work.

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I. Origins of the Ad Hoc Inter-Agency Task Force on Tobacco Control and update on its activities

1. In its resolution 1993/79, the Economic and Social Council requested the Secretary-General to establish, under the auspices of the World Health Organization (WHO) and from within existing resources, a focal point among existing institutions of the United Nations system on the subject of multisectoral collaboration on the economic and social aspects of tobacco production and consumption, taking into particular account the serious health consequences of tobacco use. The United Nations Conference on Trade and Development (UNCTAD) was entrusted with that responsibility. Between 1993 and 1998, the focal point submitted three reports of the Secretary-General to the Council, at its substantive sessions of 1994, 1995 and 1997 (E/1994/83, E/1995/67 and Add.1, and E/1997/62).

2. In 1999, the Secretary-General agreed to the designation of an Ad Hoc Inter-Agency Task Force on Tobacco Control under the leadership of WHO, thereby replacing the focal point arrangement located at UNCTAD. That decision was taken in order to intensify a joint United Nations response and to strengthen global support for tobacco control. The establishment of the Task Force was endorsed by the Organizational Committee of the Administrative Committee on Coordination at part II of its first regular session of 1999, held in Geneva on 12 and 13 April 1999 (see ACC/1999/2, sect. VII).

3. In accordance with resolution 1999/56, adopted by the Council at its substantive session of July 1999 and endorsing the establishment of the Task Force under WHO leadership, the Secretary-General reported to the Council at its substantive session of 2000 on progress made by the Task Force in the implementation of multisectoral collaboration on tobacco or health (see E/2000/21). Four reports were subsequently presented, at the substantive sessions of 2002, 2004, 2006 and 2008. The present report responds to Council decision 2008/232 requesting the Secretary-General to report on the work of the Task Force to the Council at its substantive session of 2010.

4. Since 1999, the Task Force[1] has met seven times. The eighth session was held on 18 and 19 February 2010 at United Nations Headquarters in New York. The International Labour Organization (ILO), the Food and Agriculture Organization of the United Nations (FAO), the World Bank, the United Nations Population Fund (UNFPA), the United Nations Children's Fund (UNICEF), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the United Nations Environment Programme (UNEP), WHO, the World Customs Organization, the secretariat of the Permanent Forum on Indigenous Issues, the Office of the United Nations High Commissioner for Human Rights, the Department of Economic and Social Affairs, the Department of Management and the secretariat of the WHO Framework Convention on Tobacco Control participated in the session. Representatives from the Permanent Missions of Brazil, Egypt, France, India and Uruguay participated as observers. Participants discussed a variety of tobacco-related issues regarding which various agencies could make important contributions. The session covered tobacco and human rights, indigenous populations, gender, women, reproductive health and child survival, the tobacco industry's activities and the environmental impact of cigarette butts, as well as the implementation of the

[1] The members of the Task Force are listed in the annex.

Convention and challenges to inter-agency collaboration at the country level. The representatives of the various agencies discussed how further collaboration could be carried out in relation to the areas of concern. Participants also defined the outline, the principal themes and the main recommendations of the present report.

II. Tobacco epidemic and tobacco control

5. Tobacco use continues to kill more than 5 million people throughout the world each year, and that number is expected to grow to more than 8 million by 2030. Almost 80 per cent of those deaths will occur in developing countries. By the end of the twenty-first century, tobacco may kill a billion people or more unless urgent action is taken. It is therefore very important to continue the work being done to strengthen tobacco control, particularly in low- and middle-income countries.

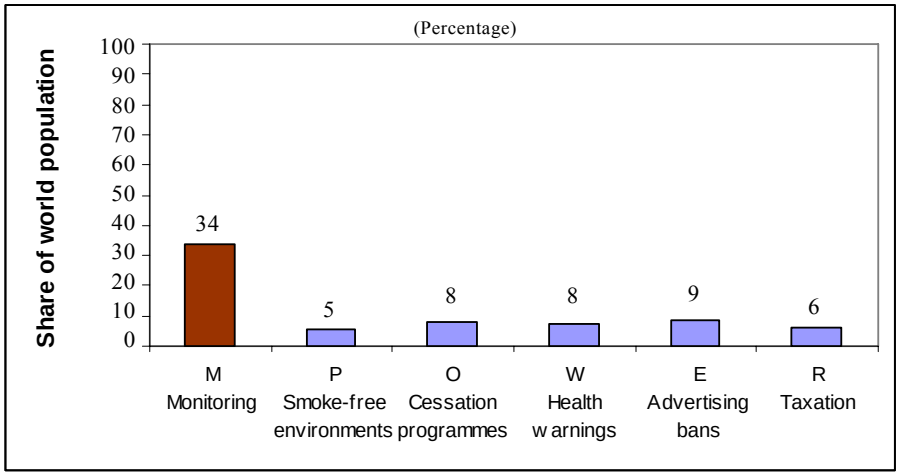
6. The WHO Report on the Global Tobacco Epidemic, 2009, provides an update on the implementation of tobacco control policies around the world during 2008. The report is structured to reflect the demand reduction measures[2] introduced by WHO to assist in the country-level implementation of effective measures aimed at reducing the demand for tobacco, as set out in the Convention. Results presented in the 2009 report show that an additional 154 million people, mostly in middle-income countries, have been covered by comprehensive smoke-free laws since 2008. However, very little progress has been seen with regard to advertising and marketing bans since 2008, with only one country (Panama) adopting a new advertising ban. Progress regarding tobacco taxation is also slow, with nearly 94 per cent of the world's population living in countries in which taxes represent less than 75 per cent of the price of a pack of cigarettes.

7. Although progress has been made in implementing the demand reduction measures set out in the Convention (which provides the overarching global policy framework for tobacco control) and introduced by WHO, with nearly 400 million people covered by at least one complete measure during 2008, data show that less than 10 per cent of the world's population is covered by any one of the measures, revealing the need to do more in terms of tobacco control implementation. The figure below shows the population coverage of each of the measures.

8. Similarly, as explained in the following section, the treaty implementation reports submitted by the parties to the Convention provide an update on the status of the implementation of the treaty.

[2] MPOWER, a package of six demand reduction measures introduced by WHO, stands for: *Monitor tobacco use and prevention policies*; *Protect people from tobacco smoke*; *Offer help to quit tobacco use*; *Warn about the dangers of tobacco*; *Enforce bans on tobacco advertising, promotion and sponsorship*; and *Raise taxes on tobacco*.

Share of the world population covered by effective demand reduction measures



Source: WHO Report on the Global Tobacco Epidemic, 2009.

III. WHO Framework Convention on Tobacco Control: update on implementation and key challenges

9. Only a few years after its adoption in 2003, there are 168 parties to the WHO Framework Convention on Tobacco Control, which makes it one of the most rapidly embraced treaties in United Nations history.

10. The Convention sets out a comprehensive multisectoral approach and measures aimed at providing effective responses to various dimensions of the tobacco epidemic. Inter alia, it provides for supply- and demand-side measures and scientific and technical cooperation, as well as international cooperation. It also requires parties to establish multisectoral coordinating mechanisms and to develop and implement comprehensive multisectoral national tobacco control plans, programmes and strategies. The multisectoral dimension of the Convention is increasingly being emphasized as more and more parties report the establishment of national coordinating mechanisms that include representatives of ministries of, inter alia, health, justice, foreign affairs, the interior, finance, youth and sports, and local government.

11. In keeping with the decisions of the Conference of the Parties to the Convention, the supreme organ of the treaty, implementation tools such as guidelines and a protocol are being developed to assist parties. Guidelines for the implementation of articles 5.3 (on the protection of public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry), 8 (on protection from exposure to tobacco smoke), 11 (on the packaging and labelling of tobacco products) and 13 (on tobacco advertising, promotion and sponsorship) were adopted by the Conference at its previous sessions. Work is under way to develop guidelines for articles 9 (on the regulation of contents of tobacco products), 10 (on the regulation of tobacco product disclosures), 12 (on education, communication, training and public awareness) and 14 (on demand reduction measures concerning tobacco dependence and cessation), within the framework of

the deliberations of intergovernmental working groups and with a view to adoption by the Conference at its fourth session, to be held in November 2010 in Uruguay. The intergovernmental working group on article 17, concerning economically sustainable alternatives to tobacco growing, and article 18, on protection of the environment and the health of persons is expected to submit a progress report to the Conference at its fourth session. In addition, the Conference has requested the WHO Tobacco Free Initiative to develop, by means of the Convention secretariat and on the basis of expert advice, a comprehensive technical report relating to price and tax policies (article 6), to be submitted at the fourth session.

12. Furthermore, a protocol aimed at the elimination of the illicit trade in tobacco products (article 15 of the Convention) is under negotiation. The fourth session of the intergovernmental negotiating body on such a protocol was held in Geneva from 14 to 21 March 2010.

13. The Convention requires parties to submit time-specific implementation reports. They are obliged to submit their first implementation report within two years of becoming a party and a second report within the following three years. On the basis of the reports submitted by parties, the Convention secretariat has published the 2009 Summary Report on global progress in the implementation of the Convention.

14. The report presents data showing that 85 per cent of parties have established a national tobacco control coordinating mechanism or focal point, that nearly 80 per cent have established educational programmes for the dissemination of information on the health risks of tobacco use and prohibited sales of tobacco products to minors, and that 70 per cent have introduced large, clear and visible health warnings on the packages of tobacco products. The analysis provided also shows that the implementation of other treaty provisions needs to be accelerated. These include provisions related to comprehensive bans on tobacco advertising, promotion and sponsorship; smoke-free policies in hospitality and entertainment venues; measures concerning tobacco dependence and cessation; the provision of support for economically viable alternatives to tobacco growing; and the use of litigation as a tool for tobacco control.

15. The Summary Report notes that more than three quarters of the reporting parties cited the following constraints and barriers to the effective implementation of the Convention: lack of adequate technical and financial resources; weakness or lack of national legislation and/or rules and regulations for implementation; insufficient public information; lack of public and media awareness; lack of capacities for tobacco control; interference on the part of the tobacco industry; and lack of effective taxation policies.

16. The conclusions set out in the Summary Report further highlight the following trends:

- Regional differences and differences between parties in the same regions, revealing the need to share experiences at the regional and subregional levels
- Underreported issues, including international collaboration, exchange of information and mutual assistance, highlighting the need for coordinated international, inter-agency and multisectoral responses

- A need for technical and financial resources to assist parties in implementation, including through joint needs assessment exercises
- A need for stronger support for several treaty measures, including the provision of support for economically viable alternatives to tobacco growing, a comprehensive ban on tobacco advertising, promotion and sponsorship, smoke-free policies at hospitality and entertainment venues, and demand reduction measures concerning tobacco dependence and cessation, in order to ensure full compliance.

17. Given the evidence presented in the Summary Report, which is based on reported information concerning the implementation of the Convention by the parties, it is imperative that a closer analysis of the potential of Task Force members be carried out with a view to exploring the potential for strengthened multisectoral response at the country and international levels, taking the following particularly into account:

- How members can provide a multilateral platform in developing a global response to the emerging tobacco epidemic
- How members can effectively supplement and contribute to efforts to implement the Convention at the global, regional and country levels.

18. The aforementioned exercise assumes greater significance in the light of the important development dimension of tobacco control. Evidence shows that tobacco use and poverty are linked and create a vicious circle. The opportunity cost of tobacco use can be significantly higher for poor households, especially given the associated out-of-pocket health expenditure. Thus, the importance of integrating the implementation of the Convention into the United Nations Development Assistance Framework can hardly be overemphasized.

19. Therefore, measures aimed at strengthening the implementation of the Convention under the Framework, at the country level and as part of a single United Nations strategy, may add further value to development assistance. Such an integrated and multisectoral approach would further demonstrate how, through the alignment of development priorities, national Governments may potentially attain the development assistance objective of the harmonization and alignment of inter-agency and country efforts, with national ownership of development priorities and related processes.

Action points

20. Strengthen inter-agency support, through relevant agencies, for the integration of the implementation of the Convention into the United Nations Development Assistance Framework, at the country level and as part of a single United Nations strategy. Convene a special meeting of the Ad Hoc Inter-Agency Task Force with a view to specifically deliberating on and exploring the possibility of further strengthening multisectoral and inter-agency response to the needs related to the global implementation of the Convention. The meeting may focus on specific articles of the Convention and the corresponding potential for contributions by members of the Task Force.

IV. Tobacco use: key areas of concern

1. Tobacco and gender

21. Women constitute some 20 per cent of the world's more than 1 billion smokers. While the smoking rate for women is lower than that for men, male rates have already peaked and female rates are on the rise. In 1987, lung cancer mortality among women in the United States of America surpassed breast cancer as the leading cause of cancer deaths. Each year, second-hand smoke kills some 600,000 persons throughout the world, 64 per cent of whom are women. Many women are exposed to second-hand smoke when their husbands smoke. Lung cancer mortality rates for non-smoking wives are highest among those whose husbands have smoked for 20 years or more. In addition, there are indications that female smoking rates will be increasing in future. This can be seen in the current prevalence rates for girls. In a number of countries and regions around the world, the prevalence of tobacco use and cigarette smoking is higher among girls than among women. For example, in 2005, cigarette smoking prevalence was more than three times higher among girls (5.2 per cent) than among women (1.5 per cent) in the African region. In the Western Pacific region, prevalence among girls (8.4 per cent) was almost twice as high as prevalence among women (4.95 per cent).

22. Women are a major target of opportunity for the tobacco industry, which needs to recruit new users to replace the nearly 50 per cent of current users who will die prematurely from tobacco-related diseases. Companies use advertising tactics such as purse packs containing super-slim cigarettes, packs designed to look like clutch-style purses, and coupons to target women of various cultures and young women. It is estimated that more than 1 billion people will die of tobacco-related illness during the twenty-first century. If no action is taken, tobacco use among young girls and women will continue to increase, with serious social and economic consequences. The new WHO report entitled "Women and health: today's evidence, tomorrow's agenda" points to evidence that tobacco advertising increasingly targets girls. As recognized in the WHO Framework Convention on Tobacco Control, gender-specific tobacco control strategies are needed, and women should participate fully at all levels of policymaking and implementation with respect to tobacco control measures. The theme of World No Tobacco Day 2010, "Gender and tobacco with an emphasis on marketing to women", will encourage policymakers to adopt laws banning the advertising, promotion and sponsorship of tobacco products. It will also encourage the general public to help in the fight against tobacco marketing and encourage men to avoid exposing women to second-hand smoke.

23. In 2009, WHO carried out a pilot study in Viet Nam aimed at taking a gender-based approach to reducing second-hand smoking in the Vietnamese society. The primary objectives of the project were to encourage and support women in raising their voices against second-hand smoking and to communicate with male smokers regarding its dangers. Activities included carrying out interventions at the community level and requesting support from local leaders. During the post-study evaluation, it was found that the project had been highly effective in raising awareness about the dangers of second-hand smoking and in modifying relevant behaviours on the part of both men and women. The pilot study was successful because it mobilized the community to change social norms related to smoking and

engaged men as well as women in changing their behaviours. WHO plans to scale up the pilot study in 2010 at more study sites.

24. Population-based policies such as taxation, advertising bans and pictorial warnings are very effective in preventing initial tobacco use among women. However, there is still a need to do something to help tobacco users quit. There is not enough data regarding the impact of cessation programmes on women and adolescent girls. In Canada, Scotland and the United States, efforts have been made to effect behavioural change, but it is still too early to see their impact. There is a very high rate of smoking relapse for mothers who have stopped breastfeeding. Studies now look beyond this phase. A good success story is the Hong Kong cessation programme, which targets maternal health settings. The programme also provides cessation services for fathers, employing a family-based approach. The example of the Vietnamese study is also good because it was based on community mobilization to counter tobacco marketing. However, it is clear that there is a need to invest more money in efforts to address the issue of gender, smoking and adolescent health.

Action points

25. The gender-specific aspect of tobacco use can be addressed through various approaches. However, as shown by the Viet Nam experience, the empowerment of women is very important in any action to address the problem of tobacco use among women. Women should be actively involved in the planning, design and implementation of tobacco information, education and communications programmes intended for them.

2. Tobacco use, reproductive health and child survival

26. Tobacco use can be directly linked to Millennium Development Goals 4 (Reduce child mortality) and 5 (Improve maternal health). Evidence has shown that smoking leads to a higher risk of infertility, a higher chance of complications during pregnancy and an increased risk of maternal death. Its impacts on child health include increased risk of stillbirth, neonatal death and sudden infant death syndrome; pre-term birth; higher proportion of low-birth-weight infants; and increased risk of lower respiratory infection and attention-deficit/hyperactivity disorder. Paternal risks should also be considered, including damage to sperm, which results in poor foetal outcomes. Moreover, exposure to tobacco smoke has negative consequences. Second-hand smoke is a combination of exhaled (mainstream) smoke and smoke emitted directly from tobacco products (sidestream). Sidestream smoke contains greater concentrations of many harmful ingredients than active smoke. Exposure to second-hand smoke is associated with low birth weight, increased risk of congenital anomalies, higher risk of stillbirth, and illnesses such as pneumonia, middle ear disease and asthma. There is evidence that both smoking and smokeless tobacco have an impact on reproductive health. The WHO guidelines for making pregnancy safer note the importance of avoiding the use of tobacco and alcohol during pregnancy. Action needs to be taken to promote non-tobacco-use counselling during pregnancy for tobacco-using mothers and couple counselling for both mothers and fathers.

27. Tobacco control measures are an effective means of reducing the burden of disease and premature mortality by reducing consumption and preventing initial use. Comprehensive tobacco control programmes such as those carried out in California and Thailand have proved both cost-effective (as shown through lower health-care expenditure) and effective in reducing consumption. Interventions promoting smoking cessation during pregnancy lessen the percentage of women who smoke during pregnancy and reduce the frequency of low-birth-weight and premature birth. The International Tobacco Control Policy Evaluation Project, which is aimed at evaluating the psychosocial and behavioural effects of national-level tobacco control policies throughout the world and covers some 20 countries, confirms that health-warning labels, especially those including images, are effective. They provide a low-cost means of increasing knowledge about the dangers of smoking, persuading people to attempt to quit and eliciting high arousal in order to cause an avoidance response. Studies show that comprehensive advertising bans are effective in decreasing the consumption of tobacco products. Raising taxes on tobacco is another effective method of reducing the number of smokers. Tobacco control measures are an effective way to reduce tobacco use among men, women and young people. The results are reduced exposure to tobacco smoke, reduced consumption among women and, consequently, improved maternal, child and population health.

28. With regard to child survival, encouraging professional organizations to engage in tobacco control activities is essential. One example is the work of the Julius B. Richmond Centre of Excellence of the American Academy of Pediatrics. The Centre is dedicated to eliminating children's exposure to second-hand smoke and tobacco. Its projects include data and surveillance communication and coordination approaches and clinical practice and policy interventions. Paediatric leadership is an influential policy method of improving children's health because it can help drive social movements and change societal attitudes. The Neonatal Resuscitation Programme, a "train-the-trainers" educational programme on concepts and basic skills related to neonatal resuscitation, has become a model for tobacco programmes. It led to a decrease in asphyxia in 10 Chinese provinces over a period of five years. Hospitals in India that participated in the Programme reduced the neonatal mortality rate by 7 per 1,000. The Academy and the International Pediatric Association are actively encouraging paediatricians and child health advocates to educate parents about second-hand smoke, to provide cessation treatment or referrals, to advocate for smoke-free areas and policies, and to promote tobacco control policies that include children, young people and families.

Action points

29. The negative impact of smoking and exposure to tobacco smoke on maternal and child health is undeniable, but little work has been done to address that issue. Unfortunately, even less work has been done to deal with the impact of smokeless tobacco. Stronger inter-agency collaboration is crucial in order to advance efforts at the country level and increase awareness about the issue at the community level. Effecting social change through community mobilization is critical in tobacco control. Professional organizations of doctors and nurses must be encouraged to engage in tobacco control activities. The adoption of a resolution on the issue by States members of the Economic and Social Council could be very helpful in terms of joint action aimed at reproductive and child health and tobacco control.

3. Tobacco and human rights

30. The human rights approach can act as a framework for the articulation of the common goals of various United Nations partners, as it is a multidisciplinary perspective. The overall objective is to integrate tobacco control into the human rights framework and vice versa. Specifically, article 8 of the Convention (on protection from exposure to tobacco smoke) is grounded in fundamental rights and freedoms. In its preamble, the Convention identifies linkages to other United Nations instruments, including the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women.

31. With a view to the sustainable implementation of the Convention at the country level, and in keeping with the mandates set out in several other United Nations instruments (articles 17 and 32 of the Convention on the Rights of the Child, article 15 of the International Covenant on Economic, Social and Cultural Rights, the Universal Declaration of Human Rights, the International Covenant on Civil and Political Rights, the International Convention on the Elimination of All Forms of Racial Discrimination, and the Convention on the Elimination of All Forms of Discrimination against Women), Governments need to be reminded of their treaty obligations through the use of various mechanisms. Most human rights treaties require States to report on their progress and achievements; that requirement provides opportunities to assess the country implementation of tobacco control. In addition, opportunities are provided through the offices of special rapporteurs, such as the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, and through the universal periodic review. The latter is a State-driven process carried out every four years, under the auspices of the Human Rights Council, which provides each State with the opportunity to declare what actions it has taken to improve its human rights situation and to fulfil its human rights obligations. Moreover, all development cooperation programmes, policies and technical assistance should promote the realization of human rights as set out in the Universal Declaration of Human Rights and other international human rights instruments. Human rights standards and principles must guide all development cooperation and programming in all sectors and in all phases of the programming process. Human rights language is based on a twofold approach, involving agency and duty. “Agency” is defined as the state of being in action or of exerting power (operation). “Duty” is defined as the binding or obligatory force of something that is morally or legally right (moral or legal obligation). Development cooperation contributes to the development of the capacity of duty-bearers to meet their obligations and/or the capacity of rights-holders to claim their rights. It is important to promote borderless responsibilities to the international community, thereby establishing a linkage among these rights, which are enforced voluntarily or through mandatory regulations. As a vehicle for sustained and meaningful efforts to mainstream tobacco control in the broader human rights agenda, WHO has provided guidance and used its convening powers in the creation of the Human Rights and Tobacco Control Network, a global association of tobacco control advocates and human rights professionals devoted to strategizing and implementing the objectives of the network.

Action points

32. There is a need to assemble a team of medical, public health and legal professionals who can collectively work to develop enforceability language with a scientific basis. Outcomes might include the publishing of an academic paper on a human-rights-based approach to tobacco control, the development and strengthening of partnerships, and the further incorporation of tobacco control into human rights treaties. Immediate next steps might include a general day of discussion on tobacco control and human rights during meetings of either the Committee on the Elimination of Discrimination against Women or the Committee on the Rights of the Child by 2012. Human rights language is based on a twofold approach, involving agency and duty. General comment 14, on article 12 of the International Covenant on Economic, Social and Cultural Rights, is a powerful mandate that should be used against the tobacco industry, referring to "the minimization, so far as is reasonably practicable, of the causes of health hazards inherent in the working environment" and recognizing the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.

33. Ways in which to move forward in integrating tobacco control into the human rights agenda can include utilizing United Nations human rights treaty bodies (the Committee on the Elimination of Discrimination against Women, the Committee on the Rights of the Child and the Committee on Economic, Social and Cultural Rights), developing guidelines and alerting more non-governmental organizations to the importance of including this issue in their lobbying and awareness-raising activities with Governments. In addition, efforts could be made to ensure that the High-level Task Force on the Right to Development and the High-level Plenary Meeting on the Millennium Development Goals to be held in September 2010 include a human rights approach to the Goals, so as to assist the High Commissioner in her efforts.

4. Tobacco and indigenous peoples

34. Tobacco use poses a significant risk to the health of indigenous populations, because it appears to be more prevalent among such groups in comparison with the general population in the countries concerned. In New Zealand, for example, the Māori (the indigenous population) have higher smoking rates for all age groups than the non-Māori population, with a prevalence rate of 49 per cent for Māori women. Te Reo Marama (a non-governmental organization seeking to reduce tobacco use among the Māori in New Zealand) is committed to supporting the implementation of the Convention. The Māori would benefit socially, culturally, economically and in terms of personal health from reduced tobacco use.

35. In the United States, the level of tobacco use among the indigenous population is higher than that among any other ethnic group. In Canada, according to the Institute of Aboriginal Peoples' Health of the Canadian Institutes of Health Research, the prevalence of smoking among First Nations and Inuit peoples is more than double that among the general population in the 20-24, 25-34 and 75-and-older age groups and much higher among young women. Although there has been an overall decrease in the percentage of aboriginal smokers among the off-reserve population, there has been an increase in the number of smokers aged 55 and older in the north. Canadian indigenous groups have higher mortality rates than

non-aboriginal people. For males, the major contributing factors are injury and suicide, while for females the major cause is chronic disease, particularly smoking-related disease, such as lung cancer or chronic obstructive pulmonary disease.

36. Furthermore, in a study conducted recently in Jujuy province, Argentina, it was found that, in the 13-15 age group, smoking prevalence was higher among both males and females of indigenous and mixed ethnicity. From 2004 to 2006, the number of "ever smokers" (those who had smoked at some point in their lives) increased 8.5 per cent, with the number of current, established and regular smokers increasing significantly. There has been an emphasis on the solidarity principles of indigenous culture and on engagement in alternative creative activities. It is important to distinguish between the traditional, ceremonial use of tobacco by indigenous peoples in the Americas and the abuse of tobacco that is so harmful to health.

37. Individuals and organizations in the mainstream — researchers, health professionals and decision makers — have important roles to play, but indigenous communities need to lead and to be fully involved in the process. Progress will be made in reducing the inequities/inequalities faced by indigenous peoples in terms of health only if indigenous communities are engaged in the process of healing and revitalization. Interventions linked to social determinants, such as economic development or improving the built environment, should benefit not only the social development of indigenous peoples, but also their health. It is essential to promote patient-oriented research and target science and technology innovations in order to improve health outcomes and health systems; to support a high-quality, accessible and sustainable health-care system; to address the health inequities/inequalities faced by indigenous peoples and other vulnerable populations; to prepare for emerging global threats to health and respond to existing ones; and to promote health and reduce the burden of chronic disease and mental illness. In addition, if greater success is to be achieved, the message sent to indigenous populations to help them reduce their tobacco use must be redefined. It is not just a question of health; the tobacco industry and manufactured tobacco are an impediment to indigenous development, and therefore tobacco addiction needs to be aligned with sovereignty and social justice frameworks. It is essential to challenge the current leadership mindset and to place tobacco on the larger agenda in every area, including the arts, business, sport, the environment, health and education. This can be done by drawing on cultural lore and ownership, focusing on community responses.

38. Moreover, the respectful recognition of traditional/cultural practices involving tobacco within indigenous communities should be considered in the development of future processes.

Action points

39. A declaration on indigenous peoples and tobacco use should be adopted by the Permanent Forum on Indigenous Issues. An international expert meeting on indigenous populations and tobacco should be convened, and an outcome document should be issued. There is a need to galvanize support, and it is essential that indigenous peoples own this issue. Such efforts should be carried out by the Permanent Forum on Indigenous Issues, in collaboration with WHO.

5. Tobacco industry and corporate social responsibility

40. "Tobacco control" programmes carried out by the tobacco industry do not work. The industry is vast and includes a variety of interests such as manufacturers, importers, exporters, leaf processors and related businesses. With combined profits of more than $30 billion, the largest manufacturers are the China National Tobacco Corporation, Phillip Morris International and Phillip Morris USA, the British American Tobacco Group of companies, Japan Tobacco International and Imperial Tobacco Group plc. In its article 5.3, the Convention calls upon countries to monitor the industry and its efforts. The guidelines adopted at the third session of the Conference of the Parties to the Convention set out measures that "aim at protecting against interference not only by the tobacco industry but also … by organizations and individuals that work to further the interests of the tobacco industry". One of the most significant challenges is to combat the industry's attempts to portray itself as exercising corporate social responsibility and its efforts as a "partner" in the "reasonable" regulation of tobacco products. The industry has indeed been involved, but that must change. In this context, the United Nations Educational, Scientific and Cultural Organization (UNESCO) is now questioning the contribution of money by a tobacco company (Davidoff) to one of its Goodwill Ambassadors. A decision of the UNESCO Executive Board unequivocally states that no funding from companies involved in the production or distribution of tobacco can be accepted. There needs to be increased monitoring of the relationship between the industry and the United Nations, including its Goodwill Ambassadors, who, according to the Guidelines for the designation of Goodwill Ambassadors and Messengers of Peace, are expected to be "persons of integrity who demonstrate a strong desire to help mobilize public interest in, and support for, the purposes and principles of the United Nations".

Action points

41. In the light of the guidelines set out in article 5.3 of the Convention, there should be a review of the United Nations Goodwill Ambassador Programme to ensure that no industry-sponsored person represents the United Nations.

6. Environmental impact of cigarette butts

42. There are many negative environmental effects associated with tobacco production and consumption. More than 5 trillion cigarette butts are deposited throughout the environment every year, containing hundreds of carcinogenic and radioactive chemicals. Cigarette filters, which do not biodegrade, are designed to absorb and "trap" harmful vapours, residues, tars and particulates. In areas with substantial amounts of cigarette litter, serious environmental hazards may exist, as the compounds absorbed from mainstream smoke are leached out of the butts. Aluminium, barium, cadmium, chromium, copper, iron, manganese, nickel, lead, strontium, titanium and zinc are all leached from butts in varying concentrations, with toxicity lasting for longer than a month. The tobacco company has responded by making failed attempts to develop a biodegradable filter and by partnering with environmental groups. Suggested policy options include mandatory biodegradable filters, hazardous-waste labelling, a waste tax/surtax and fines.

Action points

43. The Human Rights Council Special Rapporteur on toxic waste has submitted a thematic report on the dumping of hazardous waste and its effect on the enjoyment of right to health (article 12 of the International Covenant on Economic, Social and Cultural Rights). Cigarette butts could be an example of the infringement of the right to health. The deleterious environmental impact of cigarette butts should also be taken into account in the implementation of article 18 of the Convention, on protection of the environment and the health of persons. In addition, WHO and the United Nations Environment Programme (UNEP) could prepare a joint technical document on the topic, taking into consideration the efforts of the intergovernmental working group established by the Conference of the Parties to, inter alia, formulate recommendations regarding articles 17 and 18 of the treaty.

7. Smoke-free United Nations

44. On 3 November 2008, the General Assembly, at its sixty-third session, unanimously adopted its resolution 63/8, on smoke-free United Nations premises. Through the resolution, the Assembly decided to implement a complete ban on smoking at United Nations Headquarters indoor premises and on sales of tobacco products at United Nations Headquarters premises. The Assembly also recommended the implementation of a complete ban on smoking at "all United Nations indoors premises, including regional and country offices throughout the United Nations system", as well as a ban on sales of tobacco products at all United Nations premises. In addition, the Assembly also requested that a report on the implementation of the resolution be submitted at its next session. Consequently, in August 2009, the Secretary-General submitted to the Assembly a report on smoke-free United Nations premises (A/64/335), prepared by the World Health Organization in consultation with the Department of Management at Headquarters, offices away from Headquarters and regional commissions. Pursuant to resolution 63/8, the Secretary-General has put in place a comprehensive strategy for smoke-free United Nations premises that informs staff, delegations and visitors to United Nations offices of the implementation of a complete smoking ban.

45. The purpose of the aforementioned report was to update Member States on the status of the implementation of the resolution. As described in the report, following the adoption of the resolution, the Department of Management took a number of actions to make United Nations premises smoke-free. Those actions included conducting a comprehensive information campaign to inform staff, delegations and visitors to the premises of the smoking ban and to invite them to respect it. Other actions included banning the sale of tobacco products at the premises of the United Nations Secretariat and providing within the Medical Service at Headquarters a six-week monitored smoking cessation programme with individual follow-up on all United Nations staff and members of delegations.

46. Further details about the issue are provided in the report.

Action points

47. Representatives of Member States and staff members have provided positive feedback and support regarding the measures taken to create a smoke-free environment within the Organization.

48. Additional rules and information are important in creating an enabling environment. Personal commitment and a sense of responsibility for oneself and the well-being of others are needed if the resolution is to be fully implemented. All staff, delegations and visitors to United Nations premises are invited to safeguard their own health and that of others by refraining from smoking on the premises.

V. Potential areas of collaboration with other agencies

49. The following are issues related to tobacco control with regard to which collaboration can help improve results in curbing the epidemic.

– *Smoke-free workplaces.* From an occupational perspective, the International Labour Organization (ILO) is actively involved in promoting smoke-free workplaces. The ILO SOLVE educational programme is aimed at addressing psychosocial problems in the workplace. It identifies smoking as one of five key psychosocial issues. The SOLVE training course is in the process of being revised with the assistance of WHO. WHO and ILO are also currently collaborating to provide training for trade unions and involve them in implementing policies to ensure smoke-free workplaces.

– *Tobacco use, maternal and child health.* Inter-agency collaboration, specifically among UNFPA, UNICEF, WHO and the World Bank, is essential in order to raise awareness about the important contribution of tobacco control to efforts to improve maternal and child health.

– *Tobacco and human rights.* WHO is working closely with the Office of the United Nations High Commissioner for Human Rights to seek to ensure that tobacco control is included in the human rights agenda.

– *Tobacco and indigenous peoples.* Collaboration between WHO and the Permanent Forum on Indigenous Issues needs to be initiated in order to raise awareness about the problems associated with tobacco use among indigenous peoples.

– *Tobacco and the environment.* Stronger collaboration is needed among the Convention secretariat, WHO and UNEP to help address the risks associated with tobacco growing (deforestation, soil degradation and the contamination of water supplies as a result of the heavy use of pesticides) and the harmful impact of cigarette butts.

– *Tobacco growing.* Countries should be assisted in identifying economically viable alternative activities for tobacco growers and others whose livelihoods depend on tobacco growing. The active participation of the Convention secretariat, FAO, ILO, WHO and the World Bank in the efforts of the working group on economically sustainable alternatives to tobacco growing (aimed at the implementation of article 17 of the Convention, on the provision of support for economically viable alternative activities, and article 18, on the protection of the environment and the health of persons) is very important.

– *Illicit trade in tobacco products.* With regard to the implementation of the draft protocol on illicit trade in tobacco products, once it is adopted, WHO, the Convention secretariat and the World Customs Organization should explore and promote synergies and complementarity in areas relevant to the protocol.

VI. Recommendations

50. **The following recommendations are submitted to the Economic and Social Council:**

(a) **Tobacco use among women is low compared with that among men, particularly in low- and middle-income countries. However, data on smoking among girls reveal that that trend might be reversed because more girls are becoming tobacco users. Exposure to tobacco smoke is also a source of great concern, as a large number of women live with men who smoke regularly. Women are a major target of opportunity for the tobacco industry. Action needs to be taken to ensure that tobacco use among young girls and women does not continue to increase; otherwise, there will be serious social and economic consequences. Gender-specific tobacco control strategies are needed, and women should participate fully at all levels of policy-making and implementation with respect to tobacco control measures. Close collaboration with the secretariat of the Convention on the Elimination of All Forms of Discrimination against Women can help increase awareness of the gender aspect of tobacco use.**

(b) **Tobacco consumption and exposure to tobacco smoke are associated with high health risks for women during pregnancy and delivery, and with significant child health problems. Therefore, tobacco use can be directly linked to Millennium Development Goals 4 (Reduce child mortality) and 5 (Improve maternal health). Tobacco control and reduced tobacco use will help improve maternal health and reduce child mortality. It is important that the United Nations agencies, programmes and funds working in the area of maternal and child health work together to reduce the risks posed by tobacco use. WHO, UNICEF, UNFPA and the World Bank should work within existing frameworks to improve awareness at the country level regarding the importance of tobacco-free communities. Professional organizations of doctors and nurses must be encouraged to engage in tobacco control activities. The Task Force also recommends the adoption of a resolution by States members of the Economic and Social Council calling for joint action to raise the profile of tobacco control among women, their partners and young people.**

(c) **The right to health through the reduction of tobacco use in general and, more particularly, the implementation of article 8 of the Convention (on protection from exposure to tobacco smoke) is based on fundamental rights and freedoms. Additionally, linkages to other United Nations instruments are identified in the preamble to the Convention and make clear the need to include tobacco control in the human rights agenda. This will require closer work with United Nations human rights treaty bodies (the Committee on the Elimination of Discrimination against Women, the Committee on the Rights of the Child and the Committee on Economic, Social and Cultural Rights) to promote a human rights approach to the Millennium Development Goals, including within the High-level Task Force on the Right to Development and at the High-level Plenary Meeting on the Millennium Development Goals to be held in September 2010.**

(d) **Tobacco use poses a significant risk to the health of indigenous populations, because it is more prevalent among those groups than among the**

general population. Close collaboration with the Permanent Forum on Indigenous Issues should be initiated in order to raise awareness about the issue of high tobacco use among indigenous peoples.

(e) **The Convention calls upon countries to monitor the industry and its efforts (article 5.3), but one of the most significant challenges is to combat the industry's attempts to portray itself as exercising corporate social responsibility and its efforts as a "partner" in the "reasonable" regulation of tobacco products, involving the United Nations in some cases. There needs to be increased monitoring of the relationship between the industry and the United Nations, including its Goodwill Ambassadors, who are expected to be "persons of integrity who demonstrate a strong desire to help mobilize public interest in, and support for, the purposes and principles of the United Nations". In the light of the guidelines set out in article 5.3 of the Convention, there should be a review of the United Nations Goodwill Ambassador Programme to ensure that no industry-sponsored person represents the United Nations.**

(f) **Tobacco use undermines poverty alleviation, and joint efforts aimed at improved development in low- and middle-income countries should take into account tobacco control in general and the implementation of the Convention in particular. In that regard, it is important to strengthen inter-agency support for the integration of tobacco control and the implementation of the Convention into the United Nations Development Assistance Framework at the country level.**

(g) **The negative environmental impact of cigarette butts has become an increasing concern. The cigarette butts deposited throughout the environment every year contain hundreds of carcinogenic and radioactive chemicals. The Convention secretariat, WHO and UNEP should prepare a joint technical document on that topic in order to raise awareness about it.**

(h) **To assist in the implementation of the Convention, the Task Force could convene a special meeting to explore the possibility of further strengthening multisectoral and inter-agency response to the needs related to its global implementation. Such a meeting might focus on specific articles of the Convention and the corresponding potential for contributions by members of the Task Force.**

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Annex

Members of the Ad Hoc Inter-Agency Task Force on Tobacco Control

Department of Economic and Social Affairs

Food and Agriculture Organization of the United Nations

International Civil Aviation Organization

International Labour Organization

International Monetary Fund

Office of the United Nations High Commissioner for Human Rights

Secretariat of the Permanent Forum on Indigenous Issues

Secretariat of the World Health Organization Framework Convention on Tobacco Control

United Nations Children's Fund

United Nations Conference on Trade and Development

United Nations Development Fund for Women

United Nations Development Programme

United Nations Educational, Scientific and Cultural Organization

United Nations Environment Programme

United Nations Fund for International Partnerships

United Nations Office on Drugs and Crime

United Nations Population Fund

World Bank

World Customs Organization

World Health Organization

World Intellectual Property Organization

World Trade Organization