

CHILDREN HAVE A RIGHT TO A TOBACCO-FREE WORLD

FACTSHEET

BACKGROUND

Tobacco production and tobacco use are linked to numerous human rights violations and impede the achievement of the sustainable development goals (SDGs). Tobacco cultivation is associated with poverty, child labour and lack of occupational safety whereas tobacco marketing and sale violate the human rights to health and life. Thus, the implementation of the WHO Framework Convention on Tobacco Control (FCTC) was included in the sustainable development goals (SDG 3.a) with good reason.

Especially children and young people are affected by the effects of tobacco production and consumption. The state has great responsibility for this particularly vulnerable group and thus needs to protect and fulfil their rights as recognised in the UN Convention on the Rights of the Child (CRC). The entirety

of children's rights leads to the conclusion: Children have a right to a tobacco-free world, a world where tobacco consumption has been reduced to meaningless levels in the majority of countries and where the tobacco industry is highly regulated. Children have the right to be protected from the tobacco industry, i.e. not to be exploited in tobacco cultivation, to live in a smoke-free environment that protects them from secondhand smoke as well as from starting to smoke themselves and to have access to smoking cessation support if they have become addicted to tobacco.

These SDGs, children's rights and FCTC articles are important for tobacco control in the best interests of children:

WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL (FCTC)

- Art. 5.3 Protection of public health policies from vested interests of the tobacco industry
- Art. 6 Increase of prices and taxes
- Art. 8 Protection from exposure to tobacco smoke
- Art. 11 Regulation of packaging and labelling
- Art. 12 Education on the dangers of tobacco
- Art. 13 Ban of tobacco advertisement
- Art. 14 Cessation support
- Art. 16 Prohibition of sale of tobacco to and by minors
- Art. 17 Alternative livelihoods for tobacco farmers
- Art. 18 Protection of the environment and occupational safety in tobacco cultivation

SUSTAINABLE DEVELOPMENT GOALS (SDGs)

- SDG 1 No Poverty
- SDG 2 Zero Hunger
- SDG 3 Good Health and Well-Being
- SDG 4 Quality Education
- SDG 5 Gender Equality
- SDG 8 Decent Work
- SDG 10 Reduced Inequalities
- SDG 12 Responsible Consumption and Production
- SDG 16 Peace, Justice, Strong Institutions
- SDG 17 Partnerships for the Goals

UN CONVENTION ON THE RIGHTS OF THE CHILD (UN CRC)

- Art. 2 Non-discrimination
- Art. 3 Best interests of the child
- Art. 6 Life, survival and development
- Art. 12 Respect for the views of the child
- Art. 17 Access to information
- Art. 24 Health and health services
- Art. 27 Adequate standard of living
- Art. 28 Right to education
- Art. 31 Leisure, play and culture
- Art. 32 Child labour
- Art. 33 Drug abuse
- Art. 36 Other forms of exploitation

CHILDREN'S RIGHTS AND TOBACCO USE

The nicotine contained in tobacco is addictive and cigarettes are the only over-the-counter product that kills half of its consumers when used as intended. Approximately one billion people worldwide consume tobacco, and seven million people die from it every year, nearly 900,000 of them due to exposure to secondhand smoke. It is estimated that at least 165,000 children under the age of five are among the deaths due to secondhand smoke.¹ Tobacco is the leading preventable cause of death through non-communicable diseases (irreconcilable with SDG 3.4). Therefore, the human right to health cannot be achieved without tobacco control.

Children of smokers are already disadvantaged at the beginning of their lives: Secondhand smoke exposure and smoking during pregnancy increases the risk of complications such as miscarriages, premature birth and stillbirth. It leads to the reduction of birth weight, size reduction of body and head of newborns, and it is a risk factor for sudden infant death syndrome (irreconcilable with SDG 3.2).² Secondhand smoke leads to frequent respiratory diseases, middle ear infections and again to an increased risk of sudden infant death in children and adolescents.³

Thus, the children's rights to health (UN CRC Art. 24) and life (UN CRC Art. 6) are violated.

Studies show that 90 percent of smokers start smoking before the age of 18 – 82,000 to 99,000 children and adolescents worldwide every day.⁴ The tobacco use of children and adolescents determines their later development and long-term dependence on tobacco.⁵ In other words: already in their youth it is decided whether they will most likely die prematurely and will have long, painful experiences of illness in their lifetime.

Tobacco advertising is pure image advertising, which is intended in particular to appeal to young people. Corporations use a variety of promotion channels, e.g. billboard advertising, advertising at the point of sale, sponsoring of sports and music events, cinema commercials and increasingly social media influencers. This is proven by internal industry documents and extensive studies from all over the world.⁶

In fact, tobacco advertising increases the likelihood that children and adolescents start smoking. This jeopardizes the best interests of the child (UN CRC Art. 3) and violates the right to health. In addition, children have a right to information (UN CRC Art. 17), which includes being protected from information and materials that endanger their well-being.⁷

Other factors which influence the onset of smoking in adolescence are the positive image of smoking in society (e.g. through smoking in films), in particular the smoking behaviour of parents and adult role models, social pressure among peers, curiosity and the desire for self-determination, but also social and economic disadvantages (irreconcilable with SDG 10.2).⁸

In addition, in many countries tobacco products are too affordable and thus easily available to children and young people, although governments can and are supposed to influence tobacco prices through appropriate tobacco tax and price measures (FCTC Art. 6).⁹

Novel tobacco and nicotine products such as e-cigarettes, e-shishas and heated tobacco devices are an additional danger for children and adolescents, as they can lead to nicotine addiction and possibly encourage later tobacco use.¹⁰



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TOBACCO CONTROL MEASURES

According to the UN Convention on the Rights of the Child, children have a right to health, and the legislator is obliged to give priority to the best interests of the child in all measures affecting children. This means that there is an obligation to regulate the tobacco industry to such an extent that it no longer endangers the well-being of the child.¹¹

Therefore, a tobacco-free environment for children

and adolescents must be created. To this end, the WHO Framework Convention on Tobacco Control must be implemented in its entirety (SDG 3.a).

In all tobacco control measures, it must be ensured that the best interests of the child are given priority and that they reach particularly vulnerable and disadvantaged groups, e.g. people with low socio-economic status.

THESE MEASURES HAVE A POSITIVE IMPACT ON CHILDREN'S HEALTH:

- ▶ Regular tobacco tax increases adapted to national purchasing power development (FCTC Art. 6)
- ▶ A comprehensive ban on tobacco advertising, promotion and sponsorship (FCTC Art. 13)
- ▶ An increase in the age rating for films in which people smoke, in line with the recommendations of the World Health Organisation
- ▶ A ban on the sale of tobacco products to and by minors (FCTC Art. 16)
- ▶ The introduction of plain packaging for tobacco products (FCTC Art. 11)
- ▶ Comprehensive protection from secondhand smoke exposure in public places, including a ban on indoor smoking in restaurants, bars and pubs (FCTC Art. 8) and a ban on smoking in vehicles carrying minors
- ▶ Programmes for protection from secondhand smoke exposure at home, e.g. through public support for smoke-free housing or awareness raising campaigns (FCTC Art. 12)
- ▶ Prevention programmes tailored to specific target groups (FCTC Art. 12)
- ▶ Free cessation services (FCTC Art. 14) for adolescents, pregnant women and expectant parents as well as evidence-based, affordable cessation support for all smokers
- ▶ Strict regulation of novel nicotine and tobacco products via taxes, advertising bans, sales bans to minors and other measures

SMOKING IN GERMANY

Currently, about 390,000 children and adolescents (7.2%) smoke in Germany.¹² There are enormous socio-economic differences: While only 4% of young people with a high socio-economic status smoke, the proportion among socially disadvantaged groups is twice as high (8%).¹³ The proportion of children and adolescents who smoked water pipes in the 12 months prior to the survey is significantly higher at worrying 20.4%.¹⁴

In addition, one in ten mothers smokes during pregnancy, with significant socio-economic differences. Among the socially disadvantaged population groups, one in three to four mothers smokes during pregnancy, while only one in eleven of those with middle socio-economic status and only one in sixty-two of those with high socio-economic status smokes during pregnancy.¹⁵

The socio-economic differences are also an important factor for the secondhand smoke exposure of children and adolescents. While 59% of children in disadvantaged groups have at least one parent who smokes, this applies to 40.8% of children with medium socio-economic status and 20.7% of children with

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CHILDREN'S RIGHTS AND TOBACCO CULTIVATION

More than 17 million people worldwide work in tobacco cultivation, mainly in low- and middle-income countries with low labour standards (concerns SDG 8.8).¹⁹

Smallholder farmers find it difficult to earn a living from tobacco cultivation (irreconcilable with SDGs 1, 2). Farmers in Brazil, Kenya, Bangladesh, Vietnam and other countries complain that prices for their tobacco harvest are being suppressed by companies. In Malawi, Spain and Italy, the tobacco industry was found guilty of collusion over prices. Many smallholder families are indebted to tobacco companies. Their income is often so low that they are not able to pay workers and cannot improve their living conditions sustainably. For this reason, many smallholder families require their own children to contribute to their livelihood by working in the fields (irreconcilable with SDG 8.7).²⁰

The US Department of Labor lists 16 countries where children work in tobacco cultivation: Argentina, Brazil, Cambodia, Indonesia, Kenya, Kyrgyzstan, Lebanon, Malawi, Mexico, Mozambique, Nicaragua, the Philippines, Tanzania, Uganda, Vietnam and Zambia.²¹ Although carefully compiled, the list does not include e.g. Zimbabwe and the USA, where child labour on tobacco fields is also widespread according to Human Rights Watch.²²

In tobacco cultivation, pesticides and other chemicals are used intensively. As a result, occupational accidents such as poisonings are widespread (irreconcilable with SDGs 3.9, 8.8). Smallholder farmers often lack adequate protective clothing. Poisoning with organophosphates and other agrochemicals causes headaches, nausea, depression and suicidal tendencies.²³

In addition, the tobacco plant itself contains the water- and liposoluble neurotoxin nicotine, which is absorbed through the skin, especially when tobacco leaves are wet. This can cause acute nicotine poi-

soning, known as Green Tobacco Sickness (irreconcilable with SDG 8.8). It leads to dizziness, nausea, vomiting and severe dehydration.²⁴

In addition to poisonings, children are at risk of injuries because they have to use sharp tools for field work.

Because of these dangers, child labour in tobacco cultivation violates the International Labour Organization's (ILO) Convention No. 182 on the elimination of the worst forms of child labour, the right to health and the right to protection from economic exploitation (UN CRC Art. 32).

The working time spent and the consequences of injuries and poisonings also impair the right of children to education, leisure and play (UN CRC Art. 28, 31). At the same time, education (SDG 4) is necessary to break the cycle of poverty and the dependence of farming families on tobacco companies. However, the relationship between education and child labour is complex. In some cases children use their earnings to pay school fees, books or school uniforms and thus are able to go to school at all.²⁵

Germany, the world's largest cigarette exporter with an annual export volume of around 120 billion cigarettes, benefits from these working conditions.²⁶ The four largest multinational cigarette companies – Philip Morris International (PMI), Japan Tobacco International (JTI), British American Tobacco (BAT), Imperial Brands – have subsidiaries in the country. Every year, around 115 million tonnes of tobacco leaf are imported into Germany, among others from Brazil, the USA, Malawi and Zimbabwe.²⁷ However, the supply chains and the inherent responsibilities are difficult to trace, as there are no publicly accessible import directories and company organisation charts. This allows companies to evade their human rights due diligence. Consumers have no chance to know exactly where the tobacco in their cigarettes comes from.

high socio-economic status. These differences are also reflected in the exposure to secondhand smoke: over 20% of children with low socio-economic status are exposed to secondhand smoke at home. For children with medium and high status, this is much less common (7.7% and 1.5%).¹⁶ As a result, children and adolescents with low and medium socio-economic status are severely discriminated against in terms of health.

Germany is lagging far behind in tobacco control, i.e. the implementation of SDG 3.a. The great potential of essential tobacco control measures (e.g. tobacco tax increases; tobacco advertising bans)¹⁷ has so far been used insufficiently. Therefore, the slightly declining trend in smoking prevalence among children and adolescents could be slowed down at any time and market shares for traditional tobacco products and product innovations (tobacco heaters) could be gained, e.g. by tobacco companies reversing the trend with an effective advertising campaign.¹⁸

TOBACCO FIELDS IN ZIMBABWE

Zimbabwe is currently the fifth largest exporter of tobacco leaf in the world,³¹ which generated 51% of its export revenues in 2017. Tobacco leaf accounts for 56% of import value in the trade relations with Germany.³² Two thirds of tobacco farmers have direct contracts with tobacco companies. Many companies buying tobacco in Zimbabwe have integrated voluntary commitments into their labour standards to prevent exploitative forms of child labour in their supply chains. Nevertheless, child labour is common in tobacco cultivation.³³

Children remove weeds on tobacco fields, apply fertilizers and pesticides, collect worms and other pests and pick green tobacco leaves. During drying and sorting the harvest, they again come into contact with the tobacco leaves, as they do when tobacco is stored in bedrooms until it is sold. All children interviewed by Human Rights Watch reported symptoms consistent with acute nicotine poisoning and pesticide exposure. Two 15-year-olds reported: „We were working in fields that had been sprayed. [...] They spray first, and then the worms come out, and then we go [into the field] and get them. Every time they spray, people go home sick [after work].“³⁴ Furthermore, there is a lack of adequate protective clothing and washing facilities.

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MEASURES TO REDUCE CHILD LABOUR IN TOBACCO CULTIVATION

According to the UN Convention on the Rights of the Child, children have a right to protection against economic exploitation, as well as the rights to health, education and leisure. Therefore states, the ILO and corporations have an obligation to effectively combat child labour in tobacco cultivation. This responsibility lies primarily with the authorities in tobacco growing countries.

tobacco growing countries in the implementation of the FCTC through research, scientific cooperation and finance (FCTC Art. 20, 22, 26.3; SDG 17). Particularly suitable for this purpose is a long-term strategy for phasing out tobacco cultivation.

In addition, the UN Guiding Principles on Business and Human Rights clarify that states have to ensure that business-related human rights violations are

THESE MEASURES HAVE A POSITIVE IMPACT ON THE LIVING CONDITIONS OF CHILDREN IN TOBACCO GROWING REGIONS:

- Training on the dangers of chemicals and nicotine for tobacco farmers and inspections of tobacco farms to ensure occupational health and safety as well as protection of the environment (FCTC Art. 18)
- Introduction of a state-controlled quality inspection of tobacco leaf, independent of the tobacco industry, as a measure against price manipulation
- Support for alternative livelihoods to tobacco cultivation for adults (FCTC Art. 17)²⁸
- Access to free, high quality, flexible and relevant education for children and adolescents
- Promotion of context-specific vocational training for young people

The ILO's work in combating child labour is limited by the influence of the tobacco industry. Therefore, the ILO urgently needs to end cooperations with the tobacco industry, like other UN organisations already did. ILO member states that are parties to the FCTC are even obliged to do so (FCTC Art. 5.3).²⁹

Germany in turn has the responsibility to support

prevented by appropriate regulation.³⁰ According to these principles, Germany must legally oblige subsidiaries of multinational companies located in its territory to assume responsibility for the impact of their businesses in the tobacco value chain and to ensure compliance with binding social and environmental standards (SDG 17).

TOBACCO FIELDS IN ZIMBABWE

Children in tobacco growing families have difficulties to continuously attend school. Particularly during harvest time, they have to assist in the fields instead of going to school. In addition, money to pay for school fees is scarce. Usually, it can be paid only in the first trimester after tobacco sales or by the earnings of the children themselves. Many adolescents do not complete their education.

Existing government programmes to prevent child labour are neither financially nor geographically adequate to the scale of the problem. According to Human Rights Watch, the existence of child labour in the tobacco sector is even denied by the government.³⁵



IMPRINT

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