



TOBAKSFAKTA

ÖBEROENDE TANKESMEDIA

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WORKING DRAFT

A Child's Rights Perspective on Article 12 of WHO-FCTC: Education, Information and Public Awareness – A Summary

Article 12 of the WHO Framework Convention on Tobacco Control states that Parties should promote and strengthen public awareness about all aspects of tobacco control (for example environmental tobacco smoke, adverse health effects of tobacco use and the tobacco industry), including taking the opportunities the community has to influence addressing the tobacco problem by using all available means of communication. Countries shall also promote educational programmes targeted at staff in health care, social services, schools, media and other specific professional groups.

Education, information and public awareness concerning tobacco use and children

The WHO-FCTC calls upon states to ensure that there are continuous and adequately funded initiatives for education, information and advocacy to increase knowledge and awareness about various aspects of the tobacco issue.

According to a Swedish study, four out of five school-children say that pupils smoke on school property and that the majority of those attend secondary school.¹ The same study found that 60% of child respondents want more information about tobacco in school.

The website of the Swedish National Agency for Education provides support materials and links to other materials by many authors which inform schools on how to work with alcohol, narcotics, doping and tobacco issues (ANDT) in the classroom. However, there are no data on how those materials are used or on how many schools use them.

What does the Convention on the Rights of the Child state?

Articles 17 and 24 of the CRC emphasize child's right to information intended to promote their health, and to assistance with the practical application of that knowledge.

Article 17 emphasizes the child's right to information and other materials from various national and international sources, especially those concerned with promoting the social, spiritual and moral well-being of the child, and their physical and mental health.

Article 24 is based on the child's right to the highest attainable standard of health. That includes the right to information and access to education about health issues, along with support in applying their knowledge in everyday life. According to the Committee on the Rights of the Child:

“Children need information and training on all aspects of health in order to be able to make informed decisions in relation to their lifestyles and access to health care. Information and life skills must focus on a variety of health-related fields, including the dangers of alcohol, tobacco and other drugs. This includes appropriate information on the child's right to health, the State's obligations and how and where to get access to health information and health interventions. The information shall also be made available as an integral part of the school plan, as well as through health care and other areas that reach children outside the school. Materials in the health field will be developed in collaboration with children and disseminated widely within the public sector.”²

Other arguments based on Swedish and international law

Nothing in the Swedish Tobacco Act regulates information about the prevention of tobacco use. Nor is there anything in the Swedish Education Act concerning requirements for information or instruction on tobacco issues (Education Act 2010:800); it is noted, however, that the school is an important arena for preventive interventions.

The national primary school curriculum asserts the right of the child to tobacco-free school hours. Students are also entitled to have ANDT-related issues integrated into core subjects in order to broaden their knowledge of such issues.³ The secondary school curriculum for 2011 points out that school principals have a special responsibility to students regarding their acquisition of knowledge about the risks of tobacco, alcohol, and other drugs.

The syllabus for physical education and health for school years 7–9 notes that students shall be provided with information and knowledge concerning relationships between addictive substances and ill health. Biology students should gain an understanding of how physical and mental health are affected by sleep, diet, exercise, social relations and addictive substances.⁴

Social welfare personnel serving under the Social Services Act should pay particular attention to the health and development of children and young people in foster homes and other child boarding facilities. Social welfare personnel should also work actively to prevent and combat consumption of alcohol, the use of other intoxicants and/or addictive substances, and doping among children.

Among the public health goals for 2014 is a reduction by half of the number of people under 18 who start smoking or using snus. The Swedish government's ANDT strategy prioritizes early cessation intervention for children who have started smoking or using snus.⁵

The way forward

The Swedish Tobacco Act should be revised to include education and awareness initiatives in tobacco-prevention efforts, based on children's right to information about their health.

The Education Act should make clear that the schools have an obligation to work proactively on tobacco issues. Today there are deficiencies not only in evaluation of the quality, but also in the effectiveness and use of education and information on tobacco issues directed to children. Many who encounter the issue of tobacco in their workplace find it difficult to address the issue. One possible solution might be to integrate the various aspects of tobacco control into relevant university and vocational school curricula. This could include information about tobacco's negative effects on health, and on the social, economic and environmental impacts of production and information on new tobacco products, in order to promote dialogue about tobacco in workplaces and in activities aimed at children.

Evidence-based practices regarding information and the education of children about tobacco issues must be adopted more widely. Dissemination may occur by way of existing communication channels and techniques, adapted or developed for use in a variety of media and activities. Information campaigns which focus on the knowledge, attitudes and behaviours of specific target groups can be used. The information that is disseminated should convey a clear message and, in particular, seek to ensure that it is suitable for children. It should also have long-term effects and be both factually correct and relevant.

Article 4.2(d) of the WHO-FCTC stipulates that gender should be taken into account within all relevant contexts. Toward that end, initiatives should be designed to address the different needs of girls and boys.

But the most important message is that communicated by staff at schools, pre-schools and healthcare facilities who act as role models by not using tobacco.⁶

Notes:

1. Nilsson, Maria. Tonåringar om tobak: vanor, kunskaper och attityder. Statens Folkhälsoinstitut 2010

2. Committee on the Rights of the Child, General Comment No. 15: The right of the child to the enjoyment of the highest attainable standard of health (Article 24) March 2013.

3. www.skolverket.se/skolutveckling/miljo-och-halsa/elevhalsan/andt (2014-10-23)

4. WHO. Guidelines for implementation of Article 12 of the WHO Framework Convention on Tobacco Control (Education, communication, training and public awareness, 2010)

5. Regeringens proposition (Prop 2010/11:47) En samlad strategi för alkohol-, narkotika-, dopnings- och tobakspolitiken. Section 8.2 Page 37

6. WHO:s Framework Convention on Tobacco Control Guidelines for Article 12