



TOBAKSFAKTA

OBEROENDE TANKESMEDIA

Barnets
Rätt
i
Tobaksfrågan

WORKING DRAFT

A Child's Rights Perspective on Article 14 of WHO-FCTC: Demand Reduction Measures Concerning Tobacco Dependence and Cessation – A Summary

The WHO Framework Convention on Tobacco Control states that Parties should develop and disseminate evidence-based and accessible programs to promote tobacco cessation and adequate treatment of tobacco dependence.

Guidelines for Article 14 emphasize that treatment for tobacco cessation should be extensive and that factors such as gender, cultural background, age and socio-economic status should be considered so that cessation strategies can be as broad as possible.¹

Measures to reduce tobacco dependence and promote tobacco cessation

Tobacco control efforts include support to those who want to stop using tobacco. Article 14 emphasizes the need to develop and implement tobacco cessation methods that should be adapted to the needs of individual users.

In the 2013 annual survey conducted among pupils in year 9 and in year two of secondary school by the Swedish Council for Information on Alcohol and Other Drugs, between 70% and 80% of smokers responded that they wanted to quit. However, more than half of them replied: "Yes, but in the future". There were no major differences between primary and secondary school pupils, but more girls than boys wanted to quit smoking.²

Between 56% and 73% of primary healthcare centres in Sweden offered tobacco cessation services in 2008.³ Since then, a policy on smoking cessation before surgery has been put in place in a growing number of counties.

Today, good information materials are available to support tobacco cessation efforts for adolescents. Examples include: "Butt out now!" (Fimpa Nu!) initiative of the National Institute of Public Health; an app entitled

"Fimpaaa!" provided by UMO, a youth-oriented online clinic; and the national quit-smoking telephone line.

At present there is no comprehensive overview of the methods used or their effectiveness. A 2005 review of relevant studies about tobacco cessation methods for children concluded that it was fundamental for them to be encouraged to stop smoking, but that no single method for how to achieve that could be identified.⁴

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

Article 24 is based on the child's right to the highest attainable standard of health and the right to health care. States shall ensure that all children are provided with necessary health care.

According to a clarification issued in 2013 by the Committee on the Rights of the Child:

"Children have a right to quality health care that includes prevention, treatment, rehabilitation and palliative care. These efforts must be sufficient both in quantity and quality, well-functioning and accessible to all children."⁵

Other arguments based on Swedish and international law

Health promotion is statutory and available on an equal basis in accordance with health care legislation. However, the Swedish Tobacco Act does not include any regulations concerning tobacco cessation. The national goals for public health include the establishment of a public health preventive approach, and a subsidiary goal to halve the number of people under age 18 who start smoking or using snus. The target date for the subsidiary goal was 2014, but it will not be met.

In addition, the Alcohol, Narcotics, Doping and Tobacco (ANDT) strategy states that tobacco cessation treatment should be made available to children who have started to use tobacco.⁶

The ANDT strategy calls for individuals who in a harmful manner use, abuse or depend on alcohol, drugs, doping substances or tobacco, to receive healthcare assistance in gradually reducing ANDT-related ill health and in the promotion of better health. Dental care should also be better utilized in the work of tobacco cessation.

The way forward

There is a need for increased knowledge regarding effective methods for long-term tobacco cessation treatment for children. At present, there is no example or legal requirement for youth centres to work on tobacco prevention. There is also a need for clarification regarding collaboration between schools and healthcare facilities on tobacco cessation services within the framework of the Health Services Act and the Education Act. All affected children should be offered tobacco cessation treatment; and active efforts to promote cessation, for example in care services outside the home, should be a priority.

It has been shown by a variety of studies that implementation of effective tobacco cessation efforts requires continuous support from policymakers and the investment of targeted resources. Adequate time must also be allocated to the continuing education of personnel who have undergone cessation training, in order to provide opportunities for tobacco cessation and to determine which methods are most effective for children.

Notes:

1 Guidelines for implementation of Article 14 of the WHO FCTC, s. 119. The World Health Organization in 2010.

2 Skolelevers drogvanor 2013, CAN rapport 139, s 48.

3 På väg mot ett Tobaksfritt Landsting En uppföljning av landstingens tobaksprevention 2009. Statens Folkhälsoinstitut 2010.

4 Youth Smoking Cessation: What can we do? National Institute of Public Health 2005. Available at: <http://www.folkhalsomyndigheten.se/documents/livsvillkor-levnadsvanor/andts/tobak/forebyggande-arbete/tobaksavvanjning/youth-smoking-cessation.pdf>

5 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). (25) March 2013.

6 ANDT strategi (Prop 2010/11:47) s37: "...metoder utvecklas för tidiga insatser för de som har börjat röka eller snusa".