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A Child's Rights Perspective on Article 8 of WHO-FCTC: Protection from Exposure to Tobacco Smoke – A Summary

The guidelines for Article 8 of the WHO-Framework Convention on Tobacco Control stipulate that all indoor environments should be 100% smoke-free, without exception. From a child's rights perspective, full implementation and continuous monitoring of that requirement are crucial.

Children and passive smoking

There is no doubt that passive smoking or environmental tobacco smoke (ETS) is dangerous.¹ ETS contains over 7000 chemicals, of which more than 60 are carcinogenic.² There are no "safe levels" of ETS. There is no ventilation system that can remove all harmful substances from ETS, and a number of research studies indicate that it is harmful to inhale passive smoke outdoors.

A child breathes at a higher frequency compared to an adult, and its lungs are also smaller. They are therefore "filled" more quickly with smoke. Children are harmed by passive smoking which, for example, exacerbates asthma and causes ear infections, and can also cause coughing. Children are more vulnerable than adults, who can more readily voice their wishes or objections in order to protect themselves against passive smoking. Today, one per cent of children in Sweden are exposed to passive smoking³; in some areas the figure is as high as 29 per cent.⁴

Some research has also shown that legislation on 100% smoke-free indoor public areas and workplaces also increases the likelihood of people to apply smoke-free rules in their homes.

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

It states that child's best interests are paramount, and that their right to a smoke-free environment takes precedence over the right to smoke.

One fundamental principle is expressed by Article 6 which stresses that the child has the right to survive and develop.

Article 24 underscores the child's right to the highest attainable standard of health. The Committee on the Rights of the Child considers that the right to good health is linked with Article 2 which concerns non-discrimination. That article emphasizes that possibilities for attaining the best possible health must not be influenced by such factors as socio-economic differences and geographical location.

The Swedish government and parliament have set as a goal that, by 2014, no one shall be involuntarily exposed to tobacco smoke to be reached by 2014 (Government Proposition. 2002/03: 35).

The way forward

The laws that protect all citizens and especially children from exposure to environmental tobacco smoke should be strengthened and expanded, including provision for adequate supervision which reflects scientific evidence. Sweden and a growing number of countries have adopted legislation which requires that all indoor public areas and work environments be smoke-free. That legislation could be further strengthened to include smoke-free public outdoor environments — for example, playgrounds, bus stops and outdoor workplaces including outdoor restaurant patios. One might also consider implementing legislation for smoke-free working hours among all public employees; such legislation has already been adopted by over 200 local municipalities in Sweden.

Raising awareness among the general population with regular information campaigns is another important task for public authorities to undertake in collaboration with civil society.

Notes:

- 1 United States Surgeon General's Report on The Health Consequences of Involuntary Exposure to Tobacco Smoke. 2006.
- 2 United States Department of Health and Human Services. How Tobacco Smoke Causes Disease: The Biology and Behavioral Basis for Smoking-Attributable Disease: A Report of the Surgeon General. 2010.
- 3 Institute of Environmental Medicine. Karolinska Institutet. Environmental Health Report 2013 Page 102
- 4 Child Health Division Southwest. Annual Report 2011, Child Health, Stockholm County Council.
- 5 Phillips R, Amos A, Ritchie D, Cunningham-Burley S, Martin C. Smoking in the home after The Smoke-Free Legislation in Scotland: qualitative study. *BMJ*, 2007 Sep 15; 335 (7619): 553