

# Could International Human Rights Obligations Motivate Countries to Implement Tobacco Cessation Support?



# Speakers



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# **FCTC Article 14 obligations to develop tobacco cessation support**

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and  
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16 March 2023

# **WHO Framework Convention on Tobacco Control (FCTC)**

**First ever and only UN treaty on health**

**Adopted by WHA in 2003**

**Entered into force 2005**

**Currently 181 Parties**

**91% of UN member states, 87% world's population**

**Most widely embraced treaty in UN history**

WHO FRAMEWORK  
CONVENTION ON  
TOBACCO CONTROL



Guidelines  
for implementation

Article 5.3 | Article 8 | Articles 9 and 10  
Article 11 | Article 12 | Article 13 | Article 14



**FCTC**

WHO FRAMEWORK CONVENTION  
ON TOBACCO CONTROL

**2011  
edition**

# **Article 14 guidelines**

## **Three main sections**

**Developing an infrastructure to support cessation**

**Key components of a treatment system**

**A stepwise approach**

# **Developing an infrastructure**

**Conduct national situation analysis (NSA)**

**Strengthen national coordination and funding**

**Develop official strategy and guidelines**

**Address tobacco use in healthcare workers**

**Make recording of tobacco use in medical notes  
mandatory**

**Ensure that all tobacco users are identified and provided  
with at least brief advice**

# **Key components of a system**

**Mass communication programmes to encourage cessation**

**Brief advice integrated into all healthcare systems**

**Quitlines**

**Specialised treatment services**

**Medications**

# **A stepwise approach 1: establish system components**

**First implement Articles that increase demand for cessation (eg. 6, 8, 11, 12)**

**Use existing infrastructure (eg. primary healthcare system, TB clinics)**

**Strengthen national coordination and identify funding**

**Develop and disseminate a national strategy and national guidelines**

## **A stepwise approach 2: address issue in healthcare workers**

**Incorporate tobacco dependence and cessation into core curriculum of medical, dental, nursing, pharmacy and other relevant training**

**Train healthcare workers (and relevant others) to give brief advice**

**Help healthcare (and relevant others) workers quit**

# Reducing tobacco use in health professionals

Table 3.1: Selected studies of GP smoking prevalence			
Country	Method and sample details	Published	% who smoke
Bulgaria <sup>3</sup>	National survey (n=1194) in 8 of 28 regions	2005	<b>44.2</b>
Denmark <sup>6</sup>	Postal questionnaire with 313 GPs	1993	<b>33</b>
Greece <sup>10</sup>	National questionnaire of 1,284 physicians including 370 GPs	2007	<b>38.6</b>
Italy <sup>11</sup>	Regional phone interview	2003	<b>28.3</b>
Netherlands <sup>12</sup>	Postal survey with GPs and other physicians.	1990/93	<b>38</b>
Romania <sup>14</sup>	Survey, details not given, n=1136, p=0.05	2000	<b>43.2</b>
Slovakia <sup>4</sup>	European postal survey of GPs	2005	<b>48.5</b>
Sweden <sup>4</sup>	European postal survey of GPs	2005	<b>3.7</b>

Stead M, Angus K, Holme I, Tait G (2007) Review of the literature on factors that facilitate and hinder use of smoking cessation interventions by GPs, and of interventions to change GP behaviour. CRUK Centre for Tobacco Control Research

## RESEARCH ARTICLE

## Prevalence of tobacco use in healthcare workers: A systematic review and meta-analysis

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## OPEN ACCESS

**Citation:** Nilan K, McKeever TM, McNeill A, Raw M, Murray RL (2019) Prevalence of tobacco use in healthcare workers: A systematic review and meta-analysis. PLoS ONE 14(7): e0220168. <https://doi.org/10.1371/journal.pone.0220168>

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**Data Availability Statement:** All relevant data are within the manuscript and the Supporting Information files.

**Funding:** This work was supported by the Medical Research Council [grant number MR/N023195/1]; the UK Centre for Tobacco and Alcohol Studies (<http://www.ukctas.net>); and the British Heart Foundation, Cancer Research UK, the Economic and Social Research Council, and the National Institute of Health Research, under the auspices of the UK Clinical Research Collaboration, and is gratefully acknowledged. The funders had no role

## Abstract

## Objectives

To estimate tobacco use prevalence in healthcare workers (HCW) by country income level, occupation and sex, and compare the estimates with the prevalence in the general population.

## Methods

We systematically searched five databases; Medline, EMBASE, CINHAL Plus, CAB Abstracts, and LILACS for original studies published between 2000 and March 2016 without language restriction. All primary studies that reported tobacco use in any category of HCW were included. Study extraction and quality assessment were conducted independently by three reviewers, using a standardised data extraction and quality appraisal form. We performed random effect meta-analyses to obtain prevalence estimates by World Bank (WB) country income level, sex, and occupation. Data on prevalence of tobacco use in the general population were obtained from the World Health Organisation (WHO) Global Health Observatory website. The review protocol registration number on PROSPERO is CRD42016041231.

## Results

229 studies met our inclusion criteria, representing 457,415 HCW and 63 countries: 29 high-income countries (HIC), 21 upper-middle-income countries (UMIC), and 13 lower-middle-and-low-income countries (LMLIC). The overall pooled prevalence of tobacco use in HCW was 21%, 31% in males and 17% in females. Highest estimates were in male doctors in UMIC and LMLIC, 35% and 45%, and female nurses in HIC and UMIC, 21% and 25%. Heterogeneity was high ( $I^2 > 90\%$ ). Country level comparison suggest that in HIC male HCW tend to have lower prevalence compared with males in the general population while in

## **Our systematic review**

**229 studies from 2000 to 2016 representing 457,000 healthcare workers in 63 countries**

**(but still few up-to-date studies – a seriously neglected area)**

**Overall average – 21% used tobacco**

**Highest – 35% and 45%**

**(male doctors in upper and lower middle income countries)**

## Basic infrastructure

Does your country (% yes)	2012	2015
Have an officially identified person responsible for treatment?	41	54
Have a clearly identified budget for treatment?	20	25
Have national treatment strategy?	44	32 *
Have national treatment guidelines?	44	40 *
Offer to help healthcare workers to stop using tobacco?	46	44
Mandatory recording of tobacco use in medical notes	22	30

n = 121 and 142 (83% response rate)

# So what should countries be doing now?

- 1. Review where treatment fits into their tobacco control programme and what resources they have - do the National Situation Analysis (NSA)**
- 2. Starting with core infrastructure measures**  
(budget, official in charge, official policy, official guidelines, mandatory recording)
- 3. Then broad reach low cost approaches**  
(brief advice, text messaging (quitlines?), access to affordable medications)
- 4. Then more specialised support**  
(face-to-face support including in clinics, providing all meds)

## **So what should countries be doing now?**

- 1. This could be expressed more succinctly – they should be implementing the FCTC Article 14 Guidelines**
- 2. But they are not**
- 3. At least not adequately or quickly**
- 4. There are various reasons why not but perhaps more important – what can be done to improve implementation?**

**Thank you**

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# Tobacco Undermines the Right to Health State Cessation Obligations & International Accountability Mechanisms



THE UNIVERSITY  
of NORTH CAROLINA  
at CHAPEL HILL

Benjamin Mason Meier, JD, LLM, PhD  
ASH Webinar Series  
March 16, 2023



# Birth of the Right to Health



## CONSTITUTION OF THE WORLD HEALTH ORGANIZATION

The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being

The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief,

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, sex or social class.

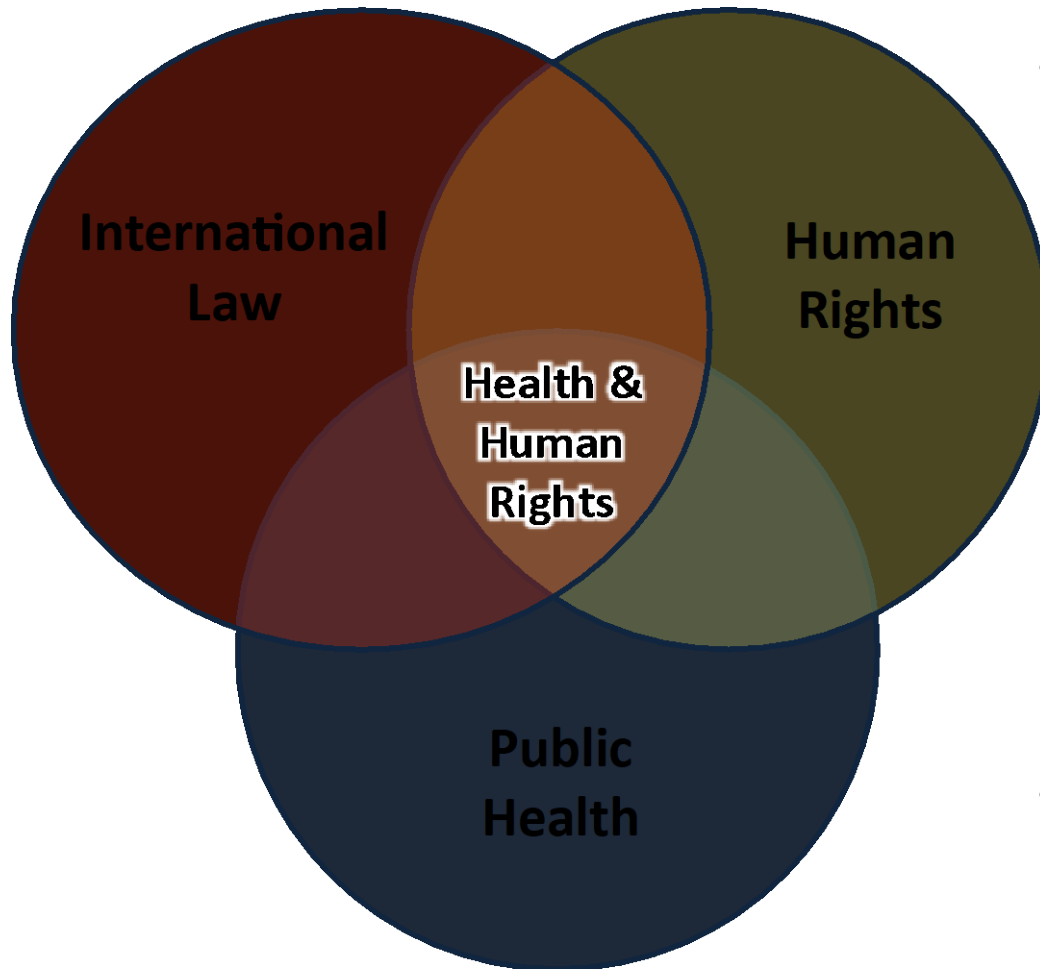
Unequal development in different countries in the promotion of health and control of disease, especially communicable disease, is a common danger.

Governments have a responsibility for the health of their peoples which can be fulfilled only by the provision of adequate health and social measures.

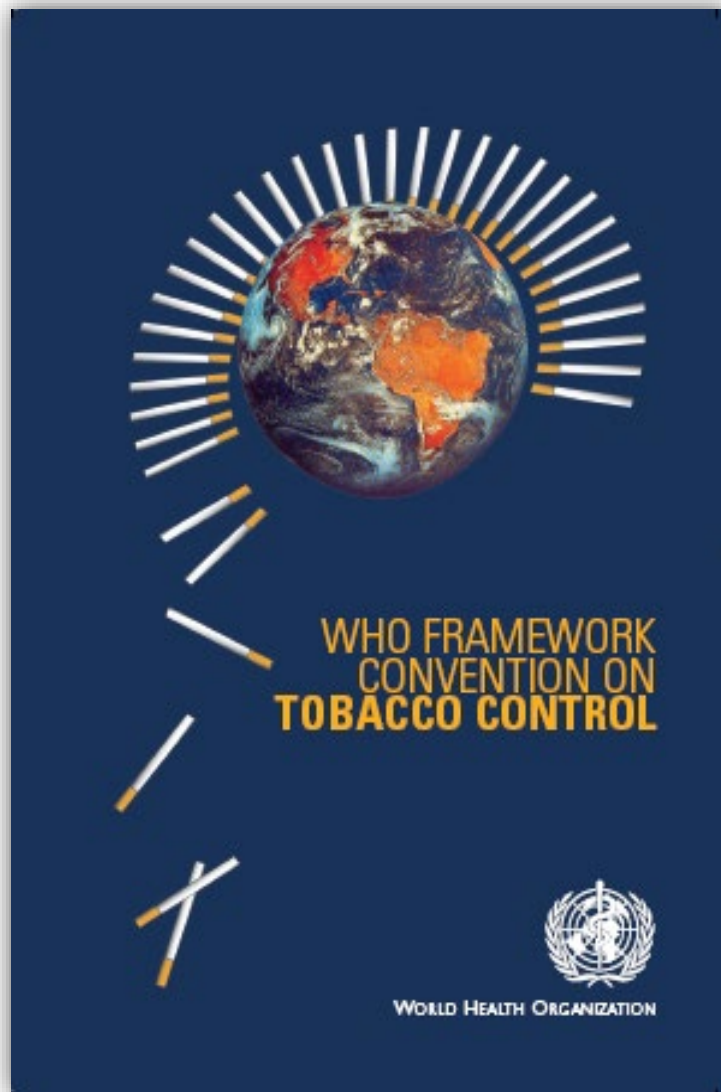
importance in the improvement of the health of the people.

Governments have a responsibility for the health of their peoples which can be fulfilled only by the provision of adequate health and social measures.

# Human Rights in Global Health



- Health & Human Rights Movement
  - Human Rights Law Matters
  - Human Rights Evolve
  - Human Rights Frame Policy
- Human Right Can Frame Cessation



**Right to Health** – Addiction  
Undermines Autonomy

**Tobacco Cessation** –Cessation  
as a Human Rights Obligation

**Human Rights Accountability**  
–Monitoring to Support FCTC  
Implementation

# Addiction Undermines Autonomy

**Nicotine  
Addiction  
Limits  
Individual  
Autonomy**

Right to Health  
Upholds  
Healthy  
Decision  
Making  
Industry  
Manipulates  
Addiction to  
Undermine  
Individual  
Decision  
Making



# Article 14 as a Human Rights Obligation



- Cessation
  - Helps overcome influence of nicotine addiction
  - Supports restoration of individual autonomy over health



## Article 14

*Each Party shall develop and disseminate appropriate, comprehensive and integrated guidelines based on scientific evidence and best practices, taking into account national circumstances and priorities, and shall take effective measures to promote cessation of tobacco use and adequate treatment for tobacco dependence.*

# Accountability through Monitoring

- **FCTC Monitoring**
  - State Party Reporting
  - WHO Reporting
- **Human Rights Monitoring**
  - Human Rights Treaty Bodies
  - Universal Periodic Review
  - UN Special Rapporteurs

## Human Rights Monitoring & Review

Implementation  
& Follow-Up

Review  
of State  
Reports

Concluding  
Observations

Constructive  
Dialogue



# Could International Human Rights Obligations Motivate Countries to Implement Tobacco Cessation Support?

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**Benjamin Mason Meier, JD, LLM, PhD**  
**Professor of Global Health Policy**  
**University of North Carolina**  
**at Chapel Hill**



# Utilizing human rights mechanisms to influence local tobacco control regulations

March 16, 2023

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# RUGGIE PRINCIPLES



**Protect =**

Protect citizens from tobacco industry

**Respect =**

Industry should respect human rights norms

**Remedy =**

Mechanisms and processes to request reparation when industry infringes on human rights

# HUMAN RIGHTS: THE ARGUMENT

Everyone has a  
right to life and  
to health

Governments  
have a duty to  
enforce those  
rights

Governments therefore  
have a duty to protect  
their citizens from the  
tobacco industry and  
harms from tobacco

Legal remedies are  
available at the  
international, regional,  
and national levels.

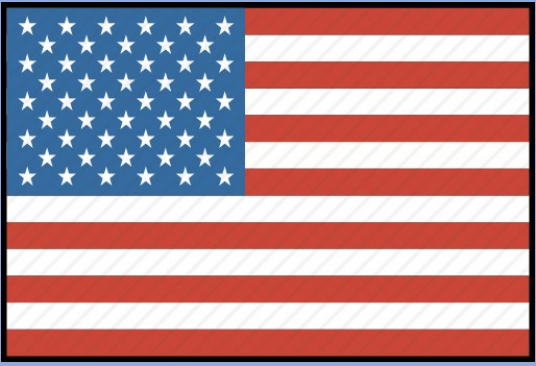
# HUMAN RIGHTS: THE ARGUMENT

Everyone has a right  
to health (aided by  
quitting smoking)

Governments have  
a duty to enforce  
those rights (by  
helping citizens quit  
smoking\_

Governments therefore have  
a duty to protect their  
citizens from the tobacco  
industry and harms from  
tobacco (by providing  
cessation support)

(if governments don't  
provide cessation support)  
Legal remedies are available  
at the international,  
regional, and national levels.

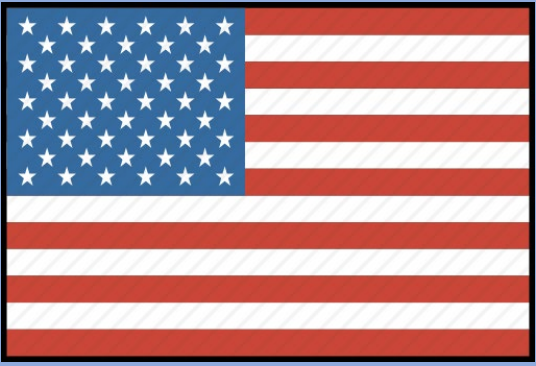


# Human Rights in the U.S.

The U.S. has not ratified:

- The Framework Convention on Tobacco Control (the FCTC) (Signed)
- International Covenant on Economic, Social and Cultural Rights (ECOSOC) (signed)
- Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) (signed)
- Convention on the Rights of the Child (CRC) (signed)





# Human Rights in the U.S.

The U.S. has ratified:

- International Covenant on Civil and Political Rights (ICCPR)
- International Convention on the Elimination of All Forms of Racial Discrimination (CERD)



# How it comes together: a real life example

## The National Component



# How it comes together: a real life example

## The National Component

Case 3:20-cv-04012 Document 1 Filed 06/17/20 Page 1 of 45

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11 UNITED STATES DISTRICT COURT  
12 NORTHERN DISTRICT OF CALIFORNIA  
13 SAN FRANCISCO DIVISION

14 AFRICAN AMERICAN TOBACCO )  
15 CONTROL LEADERSHIP COUNCIL and ) Case No.:  
ACTION ON SMOKING AND HEALTH, ) **COMPLAINT**  
Plaintiffs, ) **(Administrative Procedure Act Case)**

# How it comes together: a real life example

## The International Component

### **International Convention on the Elimination of All Forms of Racial Discrimination**

**Adopted and opened for signature and ratification by General Assembly resolution 2106 (XX) of 21 December 1965**

**entry into force 4 January 1969, in accordance with Article 19**

The States Parties to this Convention,

Considering that the Charter of the United Nations is based on the principles of the dignity and equality inherent in all human beings, and that all Member States have pledged themselves to take joint and separate action, in co-operation with the Organization, for the achievement of one of the purposes of the United Nations which is to promote and encourage universal respect for and observance of human rights and fundamental freedoms for all, without distinction as to race, sex, language or religion, Considering that the Universal Declaration of Human Rights proclaims that all human beings are born free and equal in dignity and rights and that everyone is entitled to all the rights and freedoms set out therein, without distinction of any kind, in particular as to race, colour or national origin,

Considering that all human beings are equal before the law and are entitled to equal protection of the law against any discrimination and against any incitement to discrimination,



# How it comes together: a real life example

## The Local Component



# Upcoming opportunities

- COP 10
- CERD General Recommendation
- Reports from civil society when countries report to various treaty bodies
- Engaging with Special Rapporteurs, etc.

# TOBACCO AND HUMAN RIGHTS HUB

Visit:  
[ash.org/hrhub](https://ash.org/hrhub)

## Advocacy Tools for the Fight for the Right to Health

When people think of tobacco, they often think of it as a public health problem, but it is a human rights problem as well.

**The marketing and sale of tobacco violate the right to health and life of people all around the world.**

ASH has been working to convince both the tobacco control community and the human rights community that it is time to address tobacco through a human rights based approach. The resources found in this database are designed to help advocates achieve that goal. This hub is meant as a living resource and will be frequently updated with new information.

[Not sure where or how to dive into this new database? Watch our Hub How-To video here.](#)



### SEARCH HUMAN RIGHTS HUB



TOBACCO AND HUMAN RIGHTS BASICS

GLOBAL MECHANISMS

INTERNATIONAL HUMAN RIGHTS TREATY BODIES

LEGISLATION

ACADEMIC ARTICLES

PARALLEL ISSUES

THE FRAMEWORK CONVENTION ON TOBACCO CONTROL

THE HUMAN RIGHTS COUNCIL

REGIONAL HUMAN RIGHTS BODIES

LITIGATION

LEARNING RESOURCES

# Thank you!

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<https://ash.org>

 @ASHglobalAction

   @ASHorg

## Tobacco infringes on



right to **life**  
right to **health**  
right to **education**  
**children's** rights  
**women's** rights  
and many others

**ASH**  
ACTION  
ON SMOKING & HEALTH

# Stay Involved



Have you seen tobacco industry interference in public health policymaking? Email us the details at [info@ash.org](mailto:info@ash.org)!

## Read More:



## NEXT WEBINAR:

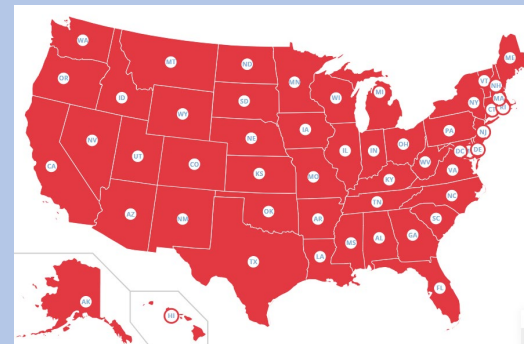
**April 13, 2023**

**STPA on UN Plastic  
Pollution Treaty**

## Tools for Advocates

*Tobacco & Human  
Rights Hub*

[ash.org/hrhub](https://ash.org/hrhub)



*U.S. Tobacco Lobbyist &  
Lobbying Firm  
Registration Tracker*

[ash.org/tobacco-money](https://ash.org/tobacco-money)