**Tobacco Control in Sweden – Much more is needed to protect women and girls health from tobacco use and the tobacco industry**

Submission to the UN Committee on the Elimination of Discrimination Against Women

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This report is presented by 12 civil society organizations, all of which join in voicing concern about the negative impact of tobacco use on the human rights of the women and girls of Sweden. The below signed organizations share the same commitment to promote tobacco control policies that improve the health and protect the human rights of people around the world.

**ACTION ON SMOKING AND HEALTH**

Founded in 2005 Action on Smoking and Health (ASH), an organization with ECOSOC status, is the oldest organization in the United States dedicated to combating the harms caused by tobacco, both in the United States and in the world, and dedicated to a world free from the damage caused by tobacco.

**REPORT PRESENTED JOINTLY BY:**

Action on Smoking and Health

Tobaksfakta – Independent Think Tank, Sweden

Doctors against Tobacco, Sweden

Swedish Nurses Against Tobacco

Dentistry Against Tobacco, Sweden

Psychologists against Tobacco, Sweden

Swedish Teachers against Tobacco

The Swedish Network Against Cancer

A Non Smoking Generation, Sweden

Women’s Organizations Committee on Alcohol and Drug Issues (WOCAD)

Swedish non-smoker’s organization

The Swedish Heart and Lung Association

**SUMMARY**

Every year 12 000 Swedish citizens die from tobacco related diseases out of which 46.7 percent are women and rising. (Ref: National Board of Health and Social Welfare. Report 2014-3-4 (In Swedish). Lung cancer among women has surpassed breast cancer as the cancer form that kills most women in Sweden.

Tobacco is a leading cause of preventable death and is therefore a considerable obstacle to the right to health of Swedish women.

Tobacco is a human rights and women’s and girls’ rights issue and should be considered as part of the Swedish government’s human rights obligations. Tobacco, and the actions of the tobacco industry, prevents the women and girls of Sweden from enjoying the highest attainable standard of health.

In the 1980’s Sweden was one of the pioneers in implementing measures to protect its citizens from the tobacco industry, as reflected by the introduction of 16 different rotating health warnings on cigarette packs. During the last two decades, however, Sweden has dropped from the 6th to the 15th position in the European Tobacco Control Scale (www.tobaccocontrolscale.org), mainly due to failure to implement important measures included in the WHO Framework Convention on Tobacco Control (FCTC).

As a result, the right to health of Swedish women and girls is not adequately protected from the predatory behaviours of tobacco industry.

**RELEVANT FACTS AND STATISTICS**

Smoking among women in Sweden peaked at around 30 percent in the late 1970’s and has since declined steadily to 7 percent in 2018. Occasional smoking is seen at the same level whereas smoke-free tobacco is used by five percent of women. While we welcome this decrease, we are concerned by the fact that the most vulnerable women in Sweden have not benefited from this smoking decrease, particularly those in the lower socio economical strata. Daily smoking in women without a high school degree is 14%, with a high school degree 9% and with an academic degree only 4% (The Public Health Agency of Sweden: 2018 national survey (in Swedish)).

There has been an increasing gap in life expectancy between high and low educated. In 2008 this gap had increased for women and was attributed mainly to smoking (32%) whereas among men smoking explained only 14%. (Ref: Östergren O, Martikainen P, Lundberg O. The contribution of alcohol consumption and smoking to educational inequalities in life expectancy among Swedish men and women during 1991–2008. Int J Public Health (2018) 63:41–48)

12% of girls in 9th grade smoke compared to 8% of boys (CAN 2019 in Swedish).

Women and girls are also exposed to second hand smoke (SHS), both at home and in public places, including work places. In the period 2011-2014 16% of women and 19% of men reported exposure to environmental tobacco smoke. (The Public Health Agency of Sweden: 2018 national survey (in Swedish)).

During a long term project 1995-2010 “Smokefree pregnancy” – also involving “expecting” husbands - smoking in pregnancy diminished from 25 to 5%. Today approximately 5 % of Swedish women smoke during pregnancy, a cause of preterm delivery and impaired foetal growth. According to epidemiological estimates, pregnant women who smoke have almost double the risk of low birth weight and three times the risk of premature birth compared to pregnant women who do not smoke.

Snus use by pregnant women is also associated with increased risks.Follow up of 5-6 year old children exposed to snus during pregnancy showed higher systolic blood pressure, heart rate variability and stiffer arterial walls than tobacco-free controls**. “**In conclusion, several long-lasting associations with prenatal snus exposure were discovered, indicating a prenatal programming of the cardiovascular function. Pregnant women should be recommended to abstain from all tobacco- and nicotine-containing products during the entire pregnancy”. (Nordenstam F, Perinatal snus exposure and cardiovascular function in the child. PhD thesis, Karolinska Institutet 2019).

It’s obvious that more attention should be directed to this passive nicotine exposure of foetuses in smoking and snus using mothers. The “complacency” after the successful “Smokefree pregnancy” project mentioned above should be challenged!

The economic cost of smoking in Sweden is estimated to at least 31 billion SEK (roughly 3.5 billion US dollars). This includes direct costs related to healthcare expenditures and indirect costs related to lost productivity and sick leave due to morbidity and early mortality. However, in a very detailed study the annual cost of smoking was estimated to be 13,9 billion SEK for COPD alone. (REF Jansson SA, Backman H, Stenling A, Lindberg A, Rönmark E, Lundbäck B. Health economic costs of COPD in Sweden by disease severity--has it changed during a ten years period? Respir Med. 2013 Dec;107(12):1931-8). The results point to a possible underestimation and it could be hypothesized that a global estimate of much higher costs like the study by Goodchild et al. could be closer to the true costs. An estimate based on that study could result in an annual cost of at least 75 billion SEK. (REF Goodchild M, Nargis N, Tursan d'Espaignet E. Global economic cost of smoking-attributable diseases. Tob Control. 2018 Jan;27(1):58-64).

Tobacco use also negatively impacts sustainable development and the environment, both of which have obvious negative consequences of the right to health of women and girls.

Cigarette butts are the most commonly discarded pieces of waste worldwide. Every day 2,7 million cigarette butts - not biodegradable – are thrown into the environment and packs wind up as toxic trash in Sweden each year. Also 1 100 tonnes snus pouches are thrown into the environment.

**SPECIAL CONCERNS**

From being one of international leaders in tobacco control in the 1980´s Sweden has been slow when it comes to introducing a TAPS ban – tobacco advertising, promotion and sponsorship. Sweden still lacks a display ban, still lacks standardised plain packs. Another weak spot in Swedish tobacco control is the failure to exclude the tobacco industry sufficiently from tobacco control policy making, according to article 5.3 in the FCTC. An example of this legislative “weakness”: The snus manufacturers argue that their products are “safer” than conventional cigarettes – therefore snus products should not have to obey the same rules as cigarettes. The result (so far) is: no display ban for any tobacco products. Snus manufacturers should not be permitted to influence public health measures.

Smokeless tobacco products – snus – is of particular concern in Sweden. Snus has been used by Swedish men for centuries, today by 18 percent. For the past two decades “women friendly” snus products have been introduced and attract today some 4-5 percent of women, mostly girls and young women.

In recent years the tobacco industry has realized that the conventional cigarette will no longer be accepted by the society due to its enormous damage to health and environment. Nicotine products, extracted from the tobacco plant, are therefore widely introduced. Attractive flavours indicate that girls and young women are the main target groups, running a risk of developing a long term nicotine addiction. Aggressive marketing during the last year has increased the proportion of girls having tested the so called “white snus” from 7 to 19%. Legislators have been slow to keep up with this development, partly due to the argument from the industry that these new products are “tobacco-free” and should therefore not be ruled by the tobacco law... Flavours in cigarettes are banned but - so far – not in snus, e-cigarettes or in the new nicotine products.

**LEGAL OBLIGATIONS**

Swedish democracy is founded of the free formation of opinion and on universal and equal liberty and dignity of the individual. The instrument of Government in Sweden, one of the four fundamental laws (Regeringsformen chapter 1 article 2) clearly states that favourable conditions for good health as well as the promotion of sustainable development shall be fundamental aims of public activity.

The overarching goal of Sweden’s national gender equality work is for women and men to have the same power to shape society and their own lives. This goal is separated into sub-goals in various areas, i.a. influence, education and health. The Swedish Gender Equality Agency was established in 2018 to contribute to effective implementation of the policy.

Sweden is Party to the World Health Organization’s Framework Convention on Tobacco Control (FCTC) since 2005. The FCTC has been ratified by 181 countries and the European Union, which are obligated to put in place a range of measures to reduce tobacco use. The preamble encourages States Parties “to give priority to the right to protect public health,” and to respect the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, as expressed in Article 12 of the International Covenant on Economic, Social and Cultural Rights (ICESCR).

The preamble of the FCTC also includes a statement “Recalling that the Convention on the Elimination of All Forms of Discrimination against Women, adopted by the United Nations General Assembly on 18 December 1979, provides that States Parties to that Convention shall take appropriate measures to eliminate discrimination against women in the field of health care.

In the preamble of the FCTC, Parties to the FCTC state that they are “Alarmed by the increase in smoking and other forms of tobacco consumption by women and young girls worldwide and keeping in mind the need for full participation of women at all levels of policy-making and implementation and the need for gender-specific tobacco control strategies.”

In 2020 the Convention of the Rights of the Child (CRC) was included in the Swedish law, adding power to the Framework Convention on Tobacco Control (FCTC).

And of course, CEDAW itself which provides for several health protections for women and girls.

**RECOMMENDATIONS**

We respectfully encourage CEDAW to call on the Swedish government to implement the obligations of the World Health Organization Framework Convention on Tobacco Control and its recommendations - to its highest standards.

Ban all forms of tobacco advertising, promotion, and sponsorship, as called for in Article 13 of the FCTC. Introduce standardised plain packs for all tobacco and (non-medicinal) nicotine products..

Banall flavour additives in all tobacco and nicotine products such as cigarettes, heated tobacco products, e-cigarettes, snus and all new nicotine products.

Increasing tobacco taxes is very effective; every 10 percent increase of the price of cigarettes reduces consumption by about four percent among adults and about seven percent among youth. This has the additional benefit of increasing tax revenue for Sweden, while simultaneously reducing the medical costs associated with tobacco use. Tobacco taxes should be increased so that the retail price will harmonise with Sweden´s neighbouring countries. Today Sweden’s tobacco taxes are lower causing a substantial cross border trade, triggering (especially) snus use among women and girls in other Nordic countries.

Address and counter the tobacco industry’s long term change of focus from conventional cigarettes to nicotine products, with their many flavours especially targeting girls and young women, causing potentially lifelong nicotine addiction.

Firmly exclude the tobacco industry from policy development including national recommendations, as required by FCTC Article 5.3.

Up till the year 2000 Sweden was one of the leading countries concerning equality in tobacco control but in the last two decades no strategic work has been carried out. Sweden should be recommended to take again the lead in developing a gender sensitive tobacco control policy according to article 4.2.d of the FCTC which states that parties shall take measures to address gender-specific risks when developing tobacco control strategies.

Within a national gender-sensitive tobacco control strategy Sweden should provide smoking cessation approaches that address women’s concerns of depression, weight gain andprenatal cessation approaches.

We finally recommend the Government - when strengthening its tobacco policy - always to refer to the Swedish democracy which clearly states that favourable conditions for good health as well as the promotion of sustainable development shall be fundamental aims of public activity in Sweden.