Allying tobacco control with human rights: invited commentary

Richard A Daynard

ABSTRACT
The recognition that tobacco control and human rights concerns overlap is quite recent. This commentary reflects upon tobacco control's growth through allying with other domains, and details a particular effort to build alliances between tobacco control and human rights practitioners.

The history and growth of the tobacco control movement involves repeated border crossings into other fields and transformations of self-image. In the 1980s we tended to see ourselves as largely involved in non-smokers’ rights, with organisational names such as Americans for Non-smokers Rights, Non-smokers Rights Association (of Canada) and Group Against Smoking (or even ‘Smokers’) Pollution. There were organisations with broader titles and missions such as ‘Action on Smoking and Health’, but it wasn’t until the end of the decade that we had redefined the movement as ‘tobacco control’.

Even then, most of us knew little or nothing about ‘public health’, but we soon found ourselves gathering regularly at American Public Health Association meetings. We knew nicotine was addictive long before 1988, when the Surgeon General’s Report on Nicotine Addiction placed cigarettes in the spectrum of addictive drugs, leaving many of us to recast our professional identities as members of the Society of Research on Nicotine and Tobacco. And environmentalism didn’t seem to have much to do with tobacco control until the 1992 report on Environmental Tobacco Smoke by the US Environmental Protection Agency made the connection clear.4

And so it is with human rights. Just 10 years ago there were barely any discussions of human rights in tobacco control circles or of tobacco control in human rights circles. More recently, human rights campaigners have begun to appreciate how useful human rights vocabulary and the established treaty bodies can be to our efforts.

Expressing tobacco control concerns in human rights terms invokes a universally accepted moral framework. Reaching out to women’s and children’s rights and other civil society organisations can broaden the existing national coalitions seeking strong and effective tobacco control measures. Human rights advocates can become engaged in tobacco control advocacy, pressing for full implementation of the FCTC within their countries, once they understand that the provisions of the FCTC specify the human right to health in the context of tobacco control.

One effort to bridge the tobacco control and human rights paradigms and communities has been led by the Public Health Advocacy Institute (PHAI) at the Northeastern University School of Law. PHAI has, thus far, organised in-country meetings.

Table 1 List of meetings

<table>
<thead>
<tr>
<th>Date</th>
<th>State</th>
<th>Stakeholders</th>
</tr>
</thead>
<tbody>
<tr>
<td>June 2006</td>
<td>Nepal</td>
<td>Public health and women’s rights NGOs</td>
</tr>
<tr>
<td>August 2006</td>
<td>Philippines</td>
<td>Legislators and lawyers</td>
</tr>
<tr>
<td>January 2007</td>
<td>China</td>
<td>Children’s rights NGO</td>
</tr>
<tr>
<td>April 2007</td>
<td>Vietnam</td>
<td>Women’s rights NGO</td>
</tr>
<tr>
<td>July 2007</td>
<td>Bangladesh</td>
<td>Women’s Lawyers Association</td>
</tr>
<tr>
<td>August 2007</td>
<td>Georgia</td>
<td>Tobacco control NGO; civil society NGO</td>
</tr>
<tr>
<td>November 2007</td>
<td>Indonesia</td>
<td>Consumer Law Association and various women’s rights NGOs</td>
</tr>
<tr>
<td>September 2008</td>
<td>Mexico</td>
<td>Several legislators and human rights organisations</td>
</tr>
<tr>
<td>April 2008</td>
<td>Cambodia</td>
<td>Women’s rights NGOs; legislators</td>
</tr>
<tr>
<td>August 2008</td>
<td>Malaysia</td>
<td>Human rights lawyers</td>
</tr>
<tr>
<td>November 2009</td>
<td>Russia</td>
<td>Academic political reformers; public health NGO</td>
</tr>
<tr>
<td>December 2009</td>
<td>Egypt</td>
<td>Government Ministry and agencies</td>
</tr>
<tr>
<td>June 2010</td>
<td>India</td>
<td>Reform-oriented lawyers</td>
</tr>
<tr>
<td>August 2010</td>
<td>Turkey</td>
<td>Civil society NGO</td>
</tr>
<tr>
<td>November 2010</td>
<td>Argentina</td>
<td>Legislators; NGOs</td>
</tr>
<tr>
<td>March 2011</td>
<td>South Africa</td>
<td>Public Health School; NGOs</td>
</tr>
<tr>
<td>January 2011</td>
<td>Kenya</td>
<td>Law reform and public health NGOs</td>
</tr>
<tr>
<td>July 2011</td>
<td>Romania</td>
<td>Women’s rights NGOs</td>
</tr>
<tr>
<td>July 2011</td>
<td>Bulgaria</td>
<td>Women’s rights NGO and Government officials</td>
</tr>
<tr>
<td>December 2011</td>
<td>Morocco</td>
<td>Women’s rights and public health NGOs</td>
</tr>
</tbody>
</table>

NGO, non-governmental organisation.

Received 17 November 2011
Accepted 6 December 2011

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sympoisas and roundtables in 20 countries that brought health ministry and other relevant officials together with leading national tobacco control advocates and women’s rights and children’s rights advocates for the first time. These meetings of the movements have helped all participants reconceptualise women’s and children’s rights to life and health to include the tobacco control agenda. They are listed in table 1. PHAI also met with members of the Convention on the Elimination of All Forms of Discrimination Against Women and Convention on the Rights of the Child treaty bodies to help sensitise them to the impact of tobacco on women and children.

Yet to be explored is the opportunity to work with the international disability rights community under the Convention on the Rights of Persons with Disabilities. Through these sorts of efforts, these potential allies can come to understand how the disabled face discrimination resulting from policies permitting smoking in the workplace and beyond.7

The outcomes of these promising meetings between movements and the long-term impact each may have on the other have yet to be determined. Building on these events and developing follow-up interventions is work that remains to be performed and will require resources, as have prior phases in the development and broadening of our movement.

Competing interests None.

Provenance and peer review Commissioned; internally peer reviewed.

REFERENCES
Competing interests None.

Contributors All authors included on the paper fulfil the criteria of authorship.

Provenance and peer review Not commissioned; externally peer reviewed.

REFERENCES


Corrections


The funding statement in this article should have read:

Funding Cancer Research UK; UK Centre for Tobacco Control Studies fund two of the authors (GH and AF).


The following competing interest statement should have been included with this article:

Competing interests The authors alone are responsible for the views expressed in this publication and they do not necessarily represent the decisions or the policies of the World Health Organization.

Tobacco Control 2012; 21:329. doi:10.1136/tobaccocontrol-2011-050417corr1


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Tobacco Control 2012; 21:329. doi:10.1136/tobaccocontrol-2011-050331corr1