# TOWARDS A '100% SMOKE-FREE CARIBBEAN' WHAT MINISTRIES OF EDUCATION NEED TO KNOW



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HCC Healthy Caribbean Coalition

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UWI Cave Hill Campus Faculty of Law

# KEY MESSAGES

**There is a strong human rights and development case for smoke-free environments, including in schools and their environs.**

**Tobacco consumption and exposure undermine the enjoyment of a range of rights, including the right to life, health, and children's right to development, survival, and education.**

**Tobacco consumption and exposure to tobacco adversely affect children's learning, development, and overall quality of life.**[1]

**Implementation of smoke-free environments in schools and their environs is one way in which States can fulfil their obligation to respect, protect and fulfil children's rights.**

**Cigarette smoking is the addictive behaviour most likely to be established during adolescence.**[2]

**Elimination of exposure to second-hand smoke is a cost-effective WHO 'Best Buy' for the reduction of tobacco use.**

**Only 7 of the 14 CARICOM FCTC State Parties have implemented smoke-free environments and the region is far behind the target set by Caribbean Ministers of Health in 2017 of attaining a 100% smoke-free Caribbean by 2022.**[3]

**Article 8 of the WHO Framework Convention on Tobacco Control (FCTC) requires State Parties to provide effective protection from public and workplace exposure to tobacco smoke. This can only be achieved through comprehensive smoke-free environments, including in schools and their environs.**

**Industry interference is a major challenge and must be guarded against. Ministries of Education and schools more generally must refrain from partnering with the tobacco industry. Decisions must be based on evidence that is free from conflict of interest.**





## THE URGENT NEED FOR A '100% SMOKE-FREE CARIBBEAN'

***The Caribbean sub-region is trailing the rest of the Americas in implementation of the Framework Convention on Tobacco Control (FCTC), including in the area of smoke-free environments.***

In September 2017, Caribbean Ministers of Health endorsed the PAHO Strategy and Plan of Action to Strengthen Tobacco Control in the Region of the Americas 2018-2022, including 100% smoke-free environments throughout the Americas by 2022. In the same year CARICOM Heads of Government supported the use of tagline ***"CARICOM: A Region Free of Tobacco Smoke by 2022"***; and in 2018 Heads renewed the region's commitment to '*establishing and maintaining a smoke free status*'.

Currently, of the 14 CARICOM States that are FCTC State Parties, only 7 (Antigua & Barbuda, Barbados, Guyana, Jamaica, St Lucia, Suriname and Trinidad & Tobago) have implemented 100% smoke-free environments.[4] This is particularly troubling, bearing in mind the existence of strong regional and sub-regional mandates on this issue, and the fact that the FCTC Article 8 obligations are time-sensitive and their expected implementation period has long passed.

***Implementation of smoke-free environments will significantly benefit Caribbean economies by reducing the socio-economic burden caused by the region's high rates of non-communicable diseases (NCDs) and NCD mortality.***

The Caribbean has the Americas' highest rates of NCD mortality, a fact which has potentially catastrophic effects for most Caribbean small economies if not reversed.[5] The region's NCD prevalence rate also has significant direct and indirect economic costs in the form of cost of treatment, work-absenteeism due to illness, lower employee productivity, etc.

Implementation of smoke-free environments in the Caribbean would have health benefits for smokers and non-smokers, such as improved air quality, discouraging initiation of smoking, and increased smoking cessation rates. It would also reduce the costs associated with NCD treatment. This would ultimately improve national economic performance.

***Tobacco consumption and second-hand smoke exposure is a serious problem for Caribbean youth.***

The Caribbean has the second highest prevalence of current tobacco use among adolescents aged 13 – 15 years in the Americas. Its rate of 21.3% is significantly above the regional estimate of 13.5%.[6]

The Caribbean has some of the highest levels of experimentation with cigarette smoking before age 10 in the Americas: Antigua & Barbuda (2017) 21.5% in males and 23.9% in females; St Lucia (2017) 19.4% in males and 20.7% in females; and Guyana (2015) 22.3% in males and 37.6% in females.[7]

While conventional cigarettes generally remain the principal tobacco product consumed in the region, Barbados, Dominica, Jamaica, St Lucia and Trinidad and Tobago all reported prevalence of smokeless tobacco use of 5% or higher.[7]

The use of e-cigarettes is also on the rise in the Caribbean, with Antigua and Barbuda, St Lucia and Trinidad and Tobago all having prevalence rates for current use among adolescents 13-15 years that surpassed that of conventional cigarettes. The differences in the respective prevalence of current e-cigarette use versus prevalence of current conventional cigarette smoking are statistically significant: Antigua & Barbuda (2017), 4% vs 1.4%; St. Lucia (2017), 11% vs 6.3%; and Trinidad & Tobago (2017), 17.2% vs 6.7%.[7]

Global Youth Tobacco Surveys in CARICOM Member States show that adolescents have high levels of exposure to second-hand smoke, at home and in public places.[7] This is a serious threat to their health and development, as there are no safe levels of exposure to second-hand smoke.

These developments are deeply worrying, bearing in mind that the US Surgeon General described nicotine as "brain poison for youth".[8] Specifically, nicotine exposure during adolescence can negatively affect learning, memory and attention.[8] Other health effects of nicotine exposure include addiction to nicotine, reduced lung function and growth and early cardiovascular damage.[9] Smokeless tobacco use by adolescents is also associated with dental issues and mouth lesions.[2] Adolescent smokeless tobacco users are more likely than non-users to become cigarette smokers.[2] E-cigarettes also contain ultrafine particles, heavy metals and volatile organic compounds, all of which are harmful to health.[10] Finally, nicotine use during adolescence can also act as a 'gateway' to other addictive drugs.[8]





## THE EDUCATION SECTOR AND TOBACCO CONTROL

**Tobacco control is a child rights issue. Tobacco consumption and exposure to second-hand smoke undermine children's rights to health, development and survival, among others.**[1]

CARICOM Member States all have an obligation under the United Nations Convention on the Rights of the Child 1989 to 'respect, protect and fulfil' children's right to, inter alia, 'enjoyment of the highest attainable standard of health' (Article 24) and an obligation to ensure that any institutions, services and facilities for the care or protection of children meet, inter alia, health and safety standards (Article 3).

The Committee on the Rights of the Child's General Comment 15 on the right to health specifically mentions States' obligation to protect children from tobacco, and the need for them to regulate advertising and sale of substances such as tobacco which are harmful to children's health.[11] Ministries of Education therefore should ensure that schools and their environs do not expose children to smoking or vaping products, including through sales, scholarship offerings or other partnerships involving the tobacco industry.

Ministries of Education and school administrators need to provide a safe and healthy school environment for students, including by ensuring that schools and their environs are 100% smoke-free. For example, under St Lucia's Public Health (Smoking Control) Regulations 2020, 'smoking, holding lit, electronic tobacco, other products and substances' is prohibited within a 10-metre radius of 'an educational institution of all levels and a childcare institution' as well as 'a bus stop, public transport terminal' or 'an area specifically for use by children'.[12] Similar prohibitions can be found in other Caribbean countries such as Jamiaca and Antigua and in several countries across the globe.[13]

Tobacco control measures such as smoke-free environments also help to promote children's right to education, development and survival as they protect children from nicotine exposure which can negatively affect children's learning, memory and attention[8].

**Teachers are (potentially) important influencers in terms of students' smoking behaviour.**

Research in Scotland and Northern Ireland point to a potentially "protective effect" of student-teacher relationships on adolescent smoking behaviour.[14] Canadian research has also found that schools which focused on smoking prevention and restriction policies were associated with lower smoking prevalence among the students[14].

**Policies aimed at establishing smoke-free environments, prevention of initiation of smoking and smoking cessation support children's educational development.**

Studies conducted in Australia and England point to an association between smoking in youth and lesser academic achievement. These studies also suggest that youth who smoke are more likely to have negative attitudes towards school and miss school more often[14]. The previous section also highlighted the range of health issues associated with youth smoking or their exposure to second-hand smoke, all of which would negatively impact their ability to give of their best in an academic setting.

Besides contributing directly to children's health and educational well-being, policies which encourage smoking cessation and prevention can also positively impact children indirectly, in so far as they may improve the health status of their family members who may be smokers and who may need their wards to act as caregivers.

Schools can also play a role in fulfilling the State's FCTC tobacco control public education obligations by sharing information about the harms of tobacco and the content of smoke-free laws, etc in their curricula[15].





**Industry interference is a major challenge and must be guarded against. Ministries of Education and schools more generally must refrain from partnering with the tobacco industry. Decisions must be based on evidence that is free from conflict of interest.**

Industry interference remains one of the major obstacles to implementation of effective tobacco control measures such as smoke-free environments. This has taken various forms, including trying to discredit the science behind these measures, promoting false claims about their economic impact, and generally trying to delay, dilute or derail the implementation of tobacco control policies. More recently, within the context of the COVID-19 pandemic, the industry further sought to convey its interest in public health by embarking on developing vaccines, making donations of health equipment, supplies and cash, enticing youths through scholarships, and capitalizing on promoting their newer products as cessation tools.

The FCTC Article 5.3 obliges State Parties to protect their tobacco control public health policies (which include smoke-free environments) from the tobacco industry's 'commercial and other vested interests'. It is important that governments guard against and counter such interference by, inter alia, ensuring that their policy decisions are based on evidence that is free from conflict of interest, and by protecting public health tobacco control policymaking from 'the commercial and other vested interests of the tobacco industry and those who work for them'.15 Further and within the context of this brief, Ministries of Education and schools more generally must refrain from partnering with the tobacco industry, including with respect to the grant of scholarships or other tobacco industry-driven partnerships and collaborations.respect to the grant of scholarships or other tobacco industry-driven partnerships and collaborations.

## About this Policy Brief:

This Policy Brief is part of a series of four (4) sectoral policy briefs addressing smoke free environments and ministries of finance, education, the blue economy and tourism. The aim of the series is to facilitate effective engagement between health and other sectors which play an important role in relation to the development and implementation of smoke-free environment provisions, in line with Article 8 of the WHO FCTC.




TOWARDS A '100% SMOKE-FREE CARIBBEAN'
WHAT MINISTRIES OF THE BLUE ECONOMY NEED TO KNOW




TOWARDS A '100% SMOKE-FREE CARIBBEAN'
WHAT MINISTRIES OF EDUCATION NEED TO KNOW




TOWARDS A '100% SMOKE-FREE CARIBBEAN'
WHAT MINISTRIES OF FINANCE NEED TO KNOW




TOWARDS A '100% SMOKE-FREE CARIBBEAN'
WHAT MINISTRIES OF TOURISM NEED TO KNOW





## End Notes


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