## 4. Ministries of education can take important first steps to advance tobacco control and advance progress towards the SDGs.

Ministries of education can advance the right to health and education as fundamental responsibilities of government by supporting WHO FCTC implementation. In the first instance, ministries of education should:

- Adopt and enforce 100 percent tobacco-free schools.
- Reach children and young people early through health promotion in schools and school health services.
- Integrate tobacco control into the school curriculum to increase knowledge and awareness of tobacco and its negative impacts and the story of deception of the tobacco industry, among both teachers and pupils.
- Provide programme-specific training for teachers.
- Put in place interventions that encourage prevention, comprehensive counselling and support systems for cessation.
- Review tobacco control policies and programmes in school periodically to assess the need for additional support and interventions.

In line with the Convention Secretariat's Global Strategy to Accelerate Tobacco Control 2025 and UNDP's Strategic Plan 2022-2025 and HIV, Health and Development Strategy (2022-2025), these briefs emphasise the importance of a coordinated, multisectoral whole-of-government approach to tobacco control, empowering Parties to work across sectors to achieve policy coherence.

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# Tobacco Control

## What Ministries of Education Need to Know

### Key Points

1. **Health is a fundamental human right. Tobacco production, consumption and exposure to secondhand smoke affect health and subsequently education from early ages.**
2. **Better health equals better education, and vice versa.**
3. **Investing in tobacco control programmes in schools has a multiplier effect on health, well-being and sustainable development.**
4. **Ministries of education can take important first steps to advance tobacco control and accelerate progress towards the Sustainable Development Goals (SDGs).**

**Sustainable Development Goal 3 (SDG 3) aims 'to ensure healthy lives and promote well-being for all at all ages'.[1] One of the means of achieving this goal is to strengthen implementation of the World Health Organization Framework Convention on Tobacco Control (WHO FCTC) in all countries, as appropriate (Target 3.a).**

**The WHO FCTC is a legally binding treaty that reaffirms the right to health.[2] It was developed in response to the tobacco epidemic and currently has 183 Parties, covering more than 90 percent of the global population.[3]**

## 1. Health is a fundamental human right. Exposure to tobacco toxins through tobacco production, consumption and secondhand smoke affects health and subsequently education from early ages.

**Almost half of all children globally regularly breathe air polluted by tobacco smoke.**[4] Annually, 65,000 children around the world die from causes linked to secondhand smoke.[5] Tobacco and exposure to secondhand smoke are primary preventable causes of premature death and disease in many countries. Tobacco is a common risk factor for the major non-communicable diseases (NCDs) – including cardiovascular diseases, cancers, chronic respiratory diseases and diabetes – but also other diseases such as tuberculosis and neurological disorders. Around 25 million boys and girls between 13 and 15 years of age globally smoke cigarettes and 13 million use smokeless tobacco.[6] Moreover, many countries are witnessing an increase of tobacco use among youth, making tobacco use more common among young people than adults.[7]

**Children often bear the brunt of tobacco-related diseases.** Globally, many children must take care of family members that have tobacco-related diseases or replace them in gaining family income. High costs of medical care often push families into poverty, preventing children from going to school entirely, especially in low- and middle-income countries (LMICs).[8,9]

**Tobacco production remains a major source of child labour.** Tobacco growing is linked with food insecurity, malnutrition, sickness for farmers, poverty and child labour.[10] Children working on tobacco crops are not only exposed to significant health risks – for instance, by absorbing nicotine through their skin – but also to commercial exploitation.[11]

**Child labour deprives children's right to education,[12] which has further implications on their future earnings and job prospectives.** Child workers tend to earn significantly less than people who started work as adults and have a higher likelihood to end up with relatively low-skilled jobs.[13]

> Around 78,000 children in Malawi work on tobacco plantations. Such child labour not only prevents these children from attending school, but also imposes significant health threats. It is estimated that children working on tobacco farms in Malawi can absorb up to 54 milligrams of nicotine through their skin every day. This is equivalent to the amount of nicotine contained in 50 cigarettes.[14]

## 2. Better health equals better education, and vice versa.

**Spending on tobacco products and tobacco-related diseases diverts expenditure away from education and other necessities.** A study from 40 LMICs found that households that consume tobacco daily spend on average less on education (8 percent) and health care (5.5 percent) compared to households without tobacco users.[15] Smoking-attributable diseases cost the global economy over a trillion US dollars annually, due to health-care costs and lost productivity.[16] Analysis of 24 LMICs from phase 1 and phase 2 of the FCTC 2030 project found that tobacco use is costing over 2 percent of their annual gross domestic product (GDP) on average.[17] Such patterns can create a vicious circle of lack of opportunities





– such as access to education – inequalities and poverty, preventing the global community from reaching the SDGs.

**Nicotine impedes the development of the brain and can have a permanent impact on behaviour and decision-making.** The effects of nicotine are particularly harmful for young people, whose brains develop until the age of 25. Young people are more susceptible to both the addictiveness and harms of nicotine.[18] Nicotine alters brain activity in the brain's lobes and areas that influence attention, learning and memory.[19] Behaviours such as anxiety, irritability or impulsivity are exacerbated by nicotine use.[20] Moreover, the harms caused by nicotine on young people's brains can be permanent and irreversible.[21] Such damage caused by nicotine can result in limited ability to make decisions and increased risk of addiction to other substances.[22]

**Tobacco consumption has a negative effect on attitudes towards school.** Smoking can affect the motivation of youth to go to school, where smoking is forbidden, thus discouraging them from learning.[23] Similarly, students who smoke generally attain worse academic results and are more likely to drop out of school earlier and less likely to enrol into post-secondary education.[24]

## 3. Investing in tobacco control programmes in schools has a multiplier effect on health, well-being and sustainable development.

**The education sector can be used to influence the community at large.** The education sector is an essential part of the government's response to tobacco control. It can empower vast numbers of people with information to make healthier choices while providing an environment which helps to make the healthy choice the easy choice. Empowered children and youth can be agents of change and can encourage families and community members to adopt a healthy lifestyle.[25] Tobacco-free school facilities and school activities have a critical role in reducing tobacco use among young people. The education sector has an opportunity to address change and must aim to promote healthy habits and provide safe, harm-free environments.

**Education-centred tobacco control programmes in schools, combined with key WHO FCTC policy measures, can be an effective way to sensitize youth.** School time should contribute to developing healthy habits through smoke-free policies, as well as continuous information and support that enable children to make healthier choices through tobacco control programmes. Such programmes can include providing health and psychosocial support services to children and youth who are affected by tobacco addiction. Combining counselling with treatment, including cognitive behavioural, social influence and motivational strategies, is found to be the most efficient.[26] Investing in school-based interventions for prevention and cessation of tobacco use in adolescents can reduce or postpone the onset of smoking among youth by 25 to 30 percent.[27] If the intervention engages the whole community and tobacco control measures are widely applied, the impact can be even higher (35 to 40 percent). However, such programmes only address part of the issue and need to be combined with key WHO FCTC measures implemented at the country level, such as the creation of smoke-free public places and workplaces, bans on tobacco advertising, promotion and sponsorship and sufficient tax levels on tobacco products, among others.