

POLICY BRIEF

TOBACCO CONTROL AS AN ACCELERATOR FOR THE SUSTAINABLE DEVELOPMENT GOALS IN CAMBODIA



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This policy brief was adapted from a joint report by the United Nations Development Programme (UNDP) and the World Health Organization (WHO) Framework Convention on Tobacco Control (FCTC) Secretariat, titled *The WHO Framework Convention on Tobacco Control: An Accelerator for Sustainable Development*.

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KEY MESSAGES

- Tobacco kills close to 10,000 people annually in Cambodia, which is equivalent to 30 people dying everyday.
- There is a high rate of tobacco use among men aged 15 years and older with a smoking prevalence of 33 percent, and a high rate of smokeless tobacco use among women aged 15 years and older with an estimated prevalence of 8.6 percent.
- Tobacco costs lives, causes economic losses, contributes to environmental degradation, and poses significant threats to sustainable development.
- Tobacco use displaces household expenditure on basic needs, including food and education.
- In 2015, Cambodia passed the Law on Tobacco Control, demonstrating strong political commitment to implementation of the WHO Framework Convention on Tobacco Control.
- This paper highlights how strengthening tobacco control can help accelerate Cambodia's efforts to achieve the 2030 Agenda for Sustainable Development and the Sustainable Development Goals.
- This paper explores linkages between tobacco control and the Sustainable Development Goals, and makes recommendations for using tobacco control as an accelerator for Sustainable Development.

INTRODUCTION

Tobacco costs lives, causes economic loss, contributes to environmental degradation, and poses significant threats to sustainable development. In Cambodia, close to 10,000 people die each year from tobacco related diseases, equivalent to nearly 30 people dying every day.¹ The overall adult smoking prevalence is 16.9 percent, or approximately 1.68 million Cambodians, with a much higher prevalence among males (32.9 percent) compared to females (2.4 percent).² On the other hand, the use of smokeless tobacco is much higher among women with an estimated prevalence of 8.6 percent, compared to 0.8 percent for men.³

Tobacco is one of the biggest public health threats, and a key risk factor for the four major non-communicable diseases (NCDs): cancer, diabetes, chronic respiratory disease and cardio vascular disease. Smoking-related health costs were estimated to represent 1.05 percent of Cambodia's GDP in 2013, equivalent to \$162.7 million.⁴ Not only does tobacco use and its supply deprive Cambodian people of health and wealth, it also threatens national development.

Tobacco use displaces household expenditure on basic needs, including food and education, and it can push families into poverty and hunger. It causes environmental damage, which in turn can contribute to climate change. It affects life under oceans and on land, and imposes

1 WHO (2012). Global Report: Mortality Attributable to Tobacco, available at http://www.who.int/tobacco/publications/surveillance/rep_mortality_attributable/en/

2 National Institute of Statistics, Ministry of Planning, Cambodia (2014). National Adult Tobacco Survey of Cambodia 2014.

3 Ibid.

4 National Center for Health Promotion, MOH Cambodia (2016). Health costs associated with tobacco use.

disproportionate health and socioeconomic challenges on tobacco users, the poor, women, the elderly, youth and other vulnerable populations.

The Royal Government of Cambodia ratified the WHO Framework Convention on Tobacco Control (FCTC) on November 15, 2005. Efforts to reduce consumption of tobacco use include establishing the high-level Inter-Ministerial Committee for Education and Reduction of Tobacco use in 2001, implementing smoke-free policies and instituting pictorial health warnings on tobacco packaging. In 2015, the Law on Tobacco Control was passed, demonstrating strong political commitment to implementation of the WHO FCTC (see Annex for regulations issued under the 2015 Law on Tobacco Control).⁵ While it introduced strong tobacco control measures, such as the prohibition of tobacco advertising and smoking in public places, public awareness and enforcement of the law need to be strengthened, along with engagement of stakeholders across health and non-health sectors. There is also a need to implement regular increases in tobacco taxation, as cigarette prices in Cambodia are amongst the lowest in South-East Asia.

Cambodia is one of 15 countries selected to be part of the FCTC 2030 project that will receive dedicated assistance from the United Nations to take action on tobacco use. The project, to run for five-years until 2021, will include expert advice, technical assistance and peer support. As part of the 'FCTC 2030 project', Cambodia will be assisted to undertake a government-wide programme of work that includes strengthening implementation of the law and the WHO FCTC.

To support country efforts, this paper highlights how a continued focus on strengthening tobacco control will help accelerate Cambodia's commitments towards achieving the 2030 Agenda for Sustainable Development and its Sustainable Development Goals (SDGs). UN Member States adopted the 17 SDGs in 2015, as a universal call to action to end poverty, protect the planet and ensure that all people enjoy peace and prosperity, with a commitment to leave no one behind. SDG 3, 'Ensure healthy lives and promote well-being for all at all ages,' includes a specific target on tobacco control (3.a), positioning implementation of the WHO FCTC as key to sustainable development. It also includes a target to reduce premature mortality from NCDs by one third, by 2030. This paper explores linkages between tobacco control and the SDGs, identifying issues and opportunities to deliver mutual benefits across the SDG agenda in the Cambodian context.



GOAL 1: END POVERTY IN ALL FORMS EVERYWHERE

Tobacco control can help accelerate poverty alleviation efforts. This is because tobacco use results in premature death and disability, with breadwinners exiting the labour market in the prime of their lives, and disruption to productive employment or schooling of caregivers – often women and girls. Treating diseases associated with tobacco use can result in catastrophic out-of-pocket medical expenditures especially for the poor, trapping families in a 'vicious cycle' of poverty and poor health. In every region of the world, the poor are those most likely to use tobacco, have reduced access to critical prevention and treatment services, and endure lower levels of access to education and other health messaging opportunities. Spending on tobacco also diverts a significant percentage of household resources from productive investments – such as for food, education, healthcare, housing and agricultural inputs – that can help keep and lift people out of poverty.

⁵ WHO Representative Office Cambodia "The Royal Government Of Cambodia steps up efforts to stop tobacco use with special support from the UN", available at <http://www.wpro.who.int/cambodia/mediacentre/releases/20180209-tobacco-control/en/>

KEY FACTS

- Buying tobacco robs families of the resources they need to rise out of poverty.
- In Cambodia, more than 40 percent of annual cash expenditure on manufactured cigarettes is being spent by adults earning \$2 (approximately 8,000 riel) per day or less – approximately \$41 million (166 billion riel) out of a total expenditure of \$99 million (401 billion riel).⁶
- Smokers earning \$2 per day or less spend about \$6 (24,000 riel) per month on tobacco – representing 10 percent or more of their income.⁷
- The annual expenditure on cigarettes and roll-your-own tobacco in Cambodia is equivalent to the cost of buying 53, 573 motorcycles, 20,358 wooden houses in rural settings, or 127, 236 tons of high quality rice.⁸
- The high cost of long-term health care and medicines for tobacco-related diseases, along with loss of income, pushes many Cambodian families deeper into poverty.⁹
- Current tobacco farmers spend almost four times as much as ex-tobacco farmers on medical care – \$11.31 (45,000 riel), compared to \$3.13 (12,000 riel).¹⁰
- The national costs attributable to health damage due to smoking reached \$162.7 million (664 billion riel) in 2013.¹¹
- National expenditures on tobacco products doubled from \$99 million (401 billion riel) in 2011 to \$201 million (814 billion riel) in 2014.¹²

RECOMMENDATIONS:

- Ensure that tobacco control policies address vulnerability to, and impact of tobacco on poor individuals and families, including providing access to tobacco cessation support for the poor.
- Conduct research on the socio-economic impacts of tobacco on the poor to inform pro-poor tobacco control policies.
- Incorporate tobacco control as part of national poverty reduction and development strategies.

6 National Adult Tobacco Survey Cambodia 2011.

7 Ibid.

8 SEATCA (2013). The ASEAN Tobacco Control Atlas

9 World Bank Group (2014). Tackling NCD's in Cambodia, an opportunity for inter - and intra-sectoral synergies: health, nutrition, and population (HNP) knowledge brief, available at <https://openknowledge.worldbank.org/handle/10986/21062>

10 SEATCA (2008). Survey of tobacco farming in Cambodia, available at <https://seatca.org/dmdocuments/Survey%20of%20Tobacco%20Farming%20in%20Cambodia.pdf>

11 National Center for Health Promotion, MOH Cambodia (2016). Health costs associated with tobacco use.

12 National adult tobacco survey of Cambodia 2011 and 2014



GOAL 2: END HUNGER, ACHIEVE FOOD SECURITY AND IMPROVED NUTRITION AND PROMOTE SUSTAINABLE AGRICULTURE

Tobacco control helps tackle the problem of hunger. Household expenditure on tobacco products, and out-of-pocket medical costs for tobacco-related ill-health, is money not invested in food and nutrition. Current smokers are more likely to be food insecure than non-smokers, including in wealthier countries. Moreover, tobacco cultivation eats up large swaths of land, which could otherwise support sustainable food production systems. About 90 percent of commercial tobacco leaf is grown in the Global South, often in countries where undernourishment and child labour continue to pose challenges.

KEY FACTS

- Tobacco farming poses a significant threat to food and nutrition security as well as sustainable agriculture and livelihoods.
- In Cambodia, tobacco farming represents 0.17 percent of total employment, with a growing number of tobacco farmers switching to alternative livelihoods.¹³
- Nearly half of tobacco farmers (45.5 percent) tend to discourage their children from becoming tobacco growers due to: a) low yield and revenue; b) their desire for their children to engage in another vocation; and c) limited market and low price of the produce.¹⁴
- In a survey, Cambodian women married to smokers expressed concern about the money their husbands spent on smoking, with one stating: “The sum that my husband spends on cigarettes each week could buy 7-8 kg of rice.”¹⁵

RECOMMENDATIONS:

- Prevent subsidies to tobacco farmers by tobacco companies.
- Support tobacco farmers to engage in economically viable alternatives, and when designing alternative livelihoods programmes for tobacco farmers, provide information on the mechanics of introducing alternative crops.
- Offer vocational training for youth in farming families, so that they have alternatives to tobacco farming.

¹³ SEATCA (2013). The ASEAN Tobacco Control Atlas.

¹⁴ Ibid.

¹⁵ SEATCA (2007): Tobacco use in South East Asia: key evidences for policy development



GOAL 3: ENSURE HEALTHY LIVES AND PROMOTE WELL-BEING FOR ALL AT ALL AGES

Tobacco control is essential for meeting many of the SDG 3 targets to ensure healthy lives and well-being at all ages. Tobacco use is one of the key risk factors for non-communicable diseases (NCDs), and substantially increases risk of tuberculosis. Exposure to tobacco smoke affects the health of mothers, infants and children. Environment pollutants from tobacco manufacturing and air pollution from smoking also cause adverse health outcomes. SDG 3 includes a tobacco specific target (3a), which seeks to accelerate implementation of the WHO FCTC with a view to reduce prevalence of tobacco use by 2030. The treaty's overarching objective "to protect present and future generations from the devastating health, social, environmental and economic consequences of tobacco consumption and exposure to tobacco smoke" makes it instrumental for Cambodia to achieve this Goal.

KEY FACTS

- Tobacco use can constrain Cambodia's progress towards achieving many of the SDG health targets.
- NCDs account for 61 percent of all deaths in Cambodia, with the probability of premature mortality (death before age 70) from NCDs at 23 percent.¹⁶ Reduction in tobacco use will contribute maximally to achieving NCD targets.
- The highest prevalence of smoking tobacco in Cambodia is among males aged 45-64 at 48.7 percent.¹⁷
- Data from the Cambodian Demographic and Health Surveys conducted in 2000 and 2005, shows that one of the factors behind child stunting is smoking tobacco by mothers.¹⁸
- In 2013, Cambodia was listed among 10 countries with the highest rate of second-hand smoke exposure.¹⁹
- 24.3 percent of students that were exposed to second-hand smoke, were exposed while at home, and 44.5 percent in public places.²⁰

RECOMMENDATIONS:

- Increase tobacco taxes according to the WHO FCTC recommendations, taking into account affordability and inflation; move to a single tier tax system; and increase tax on roll-your-own cigarettes.

16 WHO (2017). Non-communicable diseases progress monitor 2017, available at <http://www.who.int/nmh/publications/ncd-progress-monitor-2017/en/>

17 National Adult Tobacco Survey of Cambodia 2014

18 Kyu HH, Georgiades K, Boyle MH. Maternal smoking, biofuel smoke exposure and child height-for-age in seven developing countries. *Int J Epidemiol* 2009; <http://dx.doi.org/10.1093/ije/dyp253> PMID: 19622677.

19 The Phnom Penh Post, "Higher tax, healthier kid"; 27 November 2012, available at <https://www.phnompenhpost.com/national/higher-tax-healthier-kids-study>

20 GYTS (2016). Global Youth Tobacco Survey Cambodia Factsheet.

- Strictly enforce public smoking bans and prevent sale of tobacco to persons under 18, and sale of loose cigarettes.
- Design programmes for cessation of smoking among vulnerable populations including the poor, elderly, youths, and street children, with the appropriate social support.



GOAL 4: ENSURE INCLUSIVE AND QUALITY EDUCATION FOR ALL AND PROMOTE LIFELONG LEARNING

Tobacco control helps advance educational achievements. A quality education includes accessible messaging around how children can lead healthy, productive lives, and should provide a safe-environment free from risks such as second-hand smoke and tobacco advertising. Supporting schools to create tobacco-free environments can help protect children (and teachers), shift social norms, and enhance education. Tobacco control also helps keep children in school: (1) when families are healthier, children are not forced to drop out of school to take care of a sick relative or to find work to make up for lost wages; (2) household spending on tobacco products, and expenditures in response to tobacco-related ill-health, is money not used to support children's education; and (3) for tobacco growing families, children are often kept from school to work. Adding to the list of interactions is the fact that adolescent smoking is associated with attention deficits and increased risk of cognitive impairment later in life. University students who use tobacco may have lower academic scores than those who do not use tobacco.²¹ Studies also found that teachers' smoking is a strong influencing factor for smoking by students. Furthermore, by making teachers and parents sick, tobacco can take away important educational resources from children.

KEY FACTS

- In Cambodia, 2.4 percent of students use tobacco products.²²
- The National Adult Tobacco Survey of 2011 found that one in five smokers aged 15-19 started their habit before the age of 15. About a quarter started smoking daily in their late teens (17 to 19 years of age).²³
- Among Cambodian students interviewed for the Global Youth Tobacco Survey of 2010, about 11 percent of students thought that boys who smoke have more friends, and 5.8 percent thought the same for girls. About 4 percent thought that boys and girls who smoke look more attractive.²⁴
- There is a strong association between parental smoking status and environmental tobacco smoke exposure among non-smoking adolescents both in and outside the home.²⁵

21 University of New Hampshire, "How does tobacco use impact your academic performance?" available at <https://www.unh.edu/healthyunh/blog/tobacco/2015/10/how-does-tobacco-use-impact-your-academic-performance>

22 GYTS (2016). Global Youth Tobacco Survey Cambodia Factsheet.

23 National Adult Tobacco Survey of Cambodia 2011 and 2014

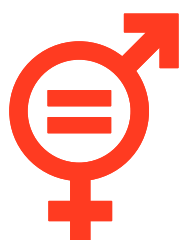
24 GYTS (2010). Cambodia country report, available at http://untobaccocontrol.org/impldb/wp-content/uploads/reports/cambodia_annex1_2014_gyts_2010.pdf

25 Rudatsikira, E., Siziya, S., & Muula, A. S. (2010). Prevalence and Predictors of Environmental Tobacco Smoke Exposure among Adolescents in Cambodia. *Indian Journal of Community Medicine : Official Publication of Indian Association of Preventive & Social Medicine*, 35(1), 100–104. <http://doi.org/10.4103/0970-0218.62556>

- Teens who smoke are nine times more likely to meet the medical criteria for past year alcohol abuse or dependence, and 13 times more likely to meet the medical criteria for drug dependency and abuse of illegal drugs than teens who do not smoke.²⁶
- Tobacco cultivation is highly labour-intensive and involves family labour, including child labour. From a survey carried out in a selected tobacco production area in Cambodia, children were always used as part of the family labour in 50 percent of the farms. The involvement of one to two children was the most common practice on the farms.²⁷

RECOMMENDATIONS:

- Strictly enforce smoke-free schools.
- Support and train teachers, who can be instrumental in not only promoting non-smoking behaviour and literacy among students, but also among their families.
- Develop strategies to free children from unfair and unsafe tobacco-related labour practices. Stringent implementation of child labour laws may keep children out of tobacco fields.
- Incorporate more tobacco control and health related information in the formal education system.
- Develop tobacco prevention and support programmes targeting out-of-school children.
- Reduce affordability of tobacco products to adolescents by increasing taxes and preventing single-stick sales.



GOAL 5: ACHIEVE GENDER EQUALITY AND EMPOWER ALL WOMEN AND GIRLS

Tobacco control measures, which address gender-specific risks – as required under Article 4.2(d) of the WHO FCTC – can contribute to women's well-being. Women are not only exposed to sex-specific health risks from tobacco, including in relation to tobacco use during pregnancy, but also bear a disproportionate burden of second-hand smoke exposure. Power inequities in the home and workplace, as well as low levels of empowerment, are impediments to changing this dynamic. Green tobacco sickness, poisoning caused by absorption of nicotine, is often more prevalent among women in tobacco growing areas. Even as women account for over half of all deaths from NCDs globally, NCDs are still often misconstrued as being of greater importance for men, leading to critical delays in diagnosis and treatment for women. Meanwhile, socially prescribed gender norms of masculinities in relation to tobacco smoking, puts men at risk for health harming behaviour. Attention to gender aspects in tobacco control can help to strengthen policy, programmes and research, while countering harmful messaging from the tobacco industry that attempts to associate smoking with female empowerment, and perceptions of masculinities among males.

26 Centre on Addiction (2007). New CASA report: teen cigarette smoking linked to brain damage, alcohol, and illegal drug abuse, mental illness, available at <https://www.centeronaddiction.org/newsroom/press-releases/tobacco-the-smoking-gun>
 27 SEATCA (2008). Survey of tobacco farming in Cambodia, available at <https://seatca.org/dmdocuments/Survey%20of%20Tobacco%20Farming%20in%20Cambodia.pdf>

KEY FACTS

- In Cambodia, use of smokeless tobacco is more than 10 times higher among adult women (8.6 percent) than men (0.8 percent),²⁸ with the highest prevalence among older women. 9.9 percent of women aged 15+ in rural areas use smokeless tobacco.²⁹
- In a survey, most pregnant women who used smoke-less tobacco indicated that their habit was either initiated or increased during pregnancy, with more than half reporting that pregnancy-related symptoms were the reason.³⁰
- The highest prevalence of chewing tobacco among rural women was seen among midwives (67.9 percent) and traditional healers (47.2 percent).³¹
- One-third of non-smoking pregnant women (31.4 percent) were exposed to second-hand tobacco smoke at home.³²

RECOMMENDATIONS:

- Identify gender-specific risks, such as chewing tobacco for women, and develop gender-specific strategies for more effective tobacco control including prevention and cessation.
- Design awareness programmes for women of reproductive ages, to warn of the dangers of tobacco use while pregnant.
- Support community-based health education programmes to inform the public of the dangers to adult and child health of smoking inside the home.
- Incorporate tobacco control in gender strategies and maternal/child health responses.
- Educate traditional healers and midwives about the dangers of tobacco use.



GOAL 6: ENSURE AVAILABILITY OF AND SUSTAINABLE MANAGEMENT OF WATER AND SANITATION FOR ALL

Tobacco control supports clean water and sanitation because cigarette butts are the most widely littered product globally, often dumped into our planet's oceans, lakes and other water sources. Meanwhile, tobacco production is not only water intensive but also disperses chemicals into nearby waterways. Without considering the "environmental life cycle of tobacco" and its impacts on pollution, hazardous waste disposal, and inefficient water use, efforts to achieve clean water and sanitation will be both less comprehensive and less effective.

28 WHO (2017) WHO report on the global tobacco epidemic, available at http://www.who.int/tobacco/surveillance/policy/country_profile/khm.pdf

29 National Adult Tobacco Survey Cambodia 2014.

30 Singh, P. N., Kheam, T., Lopez, J., Job, J. S., & Yel, D. (2013). Patterns of maternal tobacco use among Cambodian women: findings from a nationwide sample. *Asia Pacific Journal of Public Health*, 25(5_suppl), 54S-63S.

31 Ibid.

32 Rudatsikira, E. M., Knutsen, S. F., Job, J. S., Singh, P. N., Yel, D., Montgomery, S. B., ... & Ferry, L. H. (2008). Exposure to environmental tobacco smoke in the nonsmoking population of Cambodia. *American journal of preventive medicine*, 34(1), 69-73

KEY FACTS

- As a mono-crop, tobacco plants are vulnerable to a variety of pests and diseases, which require the application of large quantity of chemicals – pesticides and growth regulators. The common agricultural practices related to tobacco farming, especially in low-income and middle-income countries, lead to deforestation and soil degradation.³³

RECOMMENDATION

- Provide assistance for alternative livelihoods for tobacco farmers, to prevent water contamination because of tobacco farming and use of pesticides.



GOAL 8: PROMOTE SUSTAINED, INCLUSIVE AND SUSTAINABLE ECONOMIC GROWTH, FULL AND PRODUCTIVE EMPLOYMENT AND DECENT WORK FOR ALL

Tobacco control can help avoid the tangible productivity and GDP losses which result from premature mortality, sick leave, and unwell workers who remain on the job but perform below capacity. Tackling tobacco would also advance better and safer working conditions, while helping to diversify economies. Pathways include smoke-free spaces for workers and leveraging workplaces as a platform to deliver health messaging as well as tobacco cessation counselling and services. Tobacco control efforts can also support families to shift from tobacco growing, and the debt-bonded and child labour it often entails, to alternative economic activities which can be more lucrative and do not harm growers' health. Indeed, nicotine toxicity from handling tobacco leaves (i.e. 'green tobacco illness') undermines the well-being of farm workers, particularly women, children, minority and migrant workers. Cigarette manufacturers and leaf buying companies often exploit farmers to obtain profits from below-cost leaf with frequent sustained debt a result.

KEY FACTS

- The total health care cost of treating five diseases attributable to tobacco use in Cambodia was \$34.5 million (approximately 38 billion riel), in 2013.³⁴
- In total, the costs attributable to health damage due to smoking, including productivity loss from premature mortality, and productive loss from morbidity reached \$162.7 million (approximately 665 billion riel).³⁵
- These costs were equivalent to 1.05 percent of Cambodia's GDP in 2013.³⁶

33 Novotny, T. E., Bialous, S. A., Burt, L., Curtis, C., Costa, V. L. D., Iqtidar, S. U., ... & Tursan d'Espaignet, E. (2015). The environmental and health impacts of tobacco agriculture, cigarette manufacture and consumption. *Bulletin of the World Health Organization*, 93, 877-880.

34 MOH Cambodia (2013). Health costs associated with active tobacco use.

35 Ibid.

36 Ibid.

- In 2013, the costs of treating tobacco related diseases and other associated productivity loss was nearly 12 times higher than the tobacco domestic tax revenue.³⁷
- Cambodia's Tobacco Control Law bans smoking in workplaces and imposes fines for not putting up no-smoking signs in designated public places.

RECOMMENDATIONS:

- Provide alternative livelihoods programmes for tobacco farmers that are sensitive to their needs, including their willingness to shift livelihoods and associated costs.
- Extend tobacco-free work places to cover all workplaces, without exception.



GOAL 9: BUILD RESILIENT INFRASTRUCTURE, PROMOTE INCLUSIVE AND SUSTAINABLE INDUSTRIALIZATION AND FOSTER INNOVATION

Research optimization is an important element of tobacco control, particularly for uncovering cost-effective tobacco treatment interventions, which can be widely disseminated with strong uptake. Access to information and communications technology is also relevant to tobacco control. In an increasingly 'connected' world, the marketing of tobacco products has only grown more global and more nuanced. Tobacco control advocates must continue to actively capitalize on emerging platforms (e.g. social media) and disciplines (e.g. behavioural sciences) to raise awareness, support cessation, and unmask tobacco industry tactics (a strategy which can increase people's autonomy and instil in them a sense of social justice). WHO's mobile health (mHealth) programme, for example, leverages the ubiquity of mobile technologies to support a range of tobacco control objectives, from smoke-free places to cessation and training of health workers.

KEY FACTS

- In 2016, almost 7 in 10 students noticed anti-smoking messages in the media. Almost 2 in 10 students noticed tobacco advertisements or promotions when visiting a point of sale.³⁸
- In 2016, the Prime Minister launched a social media campaign on Facebook, urging his people to quit smoking.³⁹

RECOMMENDATIONS:

- Proactively encourage and use innovations in technology to change the way tobacco is perceived, and get messages across in a more powerful way.

³⁷ Ibid.

³⁸ GYTS (2016). Global Youth Tobacco Survey Cambodia Factsheet.

³⁹ VOA Khmr, "Can Hun Sen help Cambodia quit smoking?" 10 February 2016, available at <https://www.voacambodia.com/a/can-hun-sen-help-cambodia-quit-smoking/3184842.html>

- Forums/expos promoting tobacco in Cambodia should be prohibited, as well as branding targeted towards youth.
- Strictly enforce the ban on advertisement of tobacco products in public places in accordance with the 2015 Law on Tobacco Control.



GOAL 10: REDUCE INEQUALITIES WITHIN AND AMONG COUNTRIES

Tobacco use widens inequalities within and amongst countries, not just in terms of health outcomes but across development dimensions. Low and middle income countries already endure 87 percent of the world's premature mortality from NCDs, with the poorest and most marginalized disproportionately affected. Various forms of social disadvantage and deprivation – stress, isolation, unsafe neighbourhoods and limited recreation, for example – are associated with greater vulnerability to smoking⁴⁰, which leads back to inequitable conditions. Meanwhile, the tobacco industry is increasingly targeting low and middle-income countries and vulnerable populations in their marketing strategies, and disadvantaged groups face difficulties accessing essential health services and information.

KEY FACTS

- In Cambodia, the smoking of various tobacco products is inversely related to number of years of education. Smoking prevalence is estimated at 42.3 percent for males with six years or less of education, compared to 26.4 percent for males with 7-12 years of education.⁴¹
- The number of people smoking is much higher in rural (18.2 percent), than urban (10.7 percent) areas.⁴²

RECOMMENDATIONS:

- Strictly enforce the Law on Tobacco Control of 2015, to reduce inequalities among people in Cambodia.
- Tailor tobacco control programmes to benefit low income and vulnerable groups, in order to reduce inequities.

40 American Cancer Society and World Lung Foundation (2015). The tobacco atlas, available at: http://3pk43x313ggr4cy0lh3tctjh.wpengine.netdna-cdn.com/wp-content/uploads/2015/03/TA5_2015_WEB.pdf

41 National Adult Tobacco Survey of Cambodia 2014

42 Ibid.



GOAL 11: MAKE CITIES AND HUMAN SETTLEMENTS INCLUSIVE, SAFE, RESILIENT AND SUSTAINABLE

Tobacco smoke diminishes ambient air qualities such that, without appropriate tobacco control measures, the safety of housing, workplaces, transport systems and public spaces is compromised. With the majority of the global population now living in urban areas, local governments are presented with a challenge and responsibility to protect and enhance the lives of entire city populations. Through the lens of tobacco control, local governments worldwide are showing initiative and leadership which, in turn, can shape national standards. Examples include smoke free cities and raising of tobacco excise taxes, with the latter not just important for reducing health inequities but also for sustainably financing municipal priorities.

KEY FACTS

- In 2012, Cambodia declared the world heritage Angkor temples site a smoke-free zone.⁴³
- In 2014, smoking was banned in workplaces and public places including all levels of educational institutions, outdoor and indoor public buildings, and public transport, among others.⁴⁴

RECOMMENDATIONS:

- Rigorously implement and enforce the Law on Tobacco Control of 2015 banning smoking in work and public places.
- Promote campaigns on Smoke Free Homes/Cities for safer environments for people, families and communities, especially for vulnerable populations such as children, women, and other groups exposed to smoke.



GOAL 12: ENSURE SUSTAINABLE CONSUMPTION AND PRODUCTION PATTERNS

Tobacco farming is a complicated process involving heavy use of pesticides, growth regulators, and chemical fertilizers. These can create environmental health problems, particularly in low and middle-income countries with lax regulatory standards. In addition, tobacco, more than food and cash crops, depletes soil of nutrients, including nitrogen, potassium, and phosphorus. As a result, in many regions of the world, new areas of woodlands are cleared every year for tobacco crops (as opposed to re-using plots) and for wood needed for curing tobacco leaves, leading to deforestation. This deforestation can contribute to climate change by removing trees that eliminate CO₂ from the atmosphere.

⁴³ WHO, Cambodia (2018). Update on tobacco control in Cambodia

⁴⁴ Ibid.

RECOMMENDATIONS:

- Strengthen regulation of tobacco agriculture to prevent deforestation and land degradation.
- Extend tobacco product sales regulation to eliminate single-use filters – including any biodegradable varieties – to reduce post-consumption waste.



GOAL 13: TAKE URGENT ACTION TO COMBAT CLIMATE CHANGE AND ITS IMPACTS

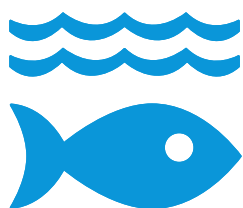
Tobacco control and climate action are mutually reinforcing. The WHO FCTC, in particular Article 18, calls for the protection of the environment in addition to human health. This is largely because growing and curing tobacco is a proximate cause of deforestation worldwide, with several negative impacts including increased greenhouse gas emissions (e.g. carbon dioxide and methane), global warming and changes in rainfall, and irreversible biodiversity loss. In other words, tobacco farming is a uniquely destructive and aggressive environmental force.

KEY FACTS

- Cambodia is ranked one of the most vulnerable countries in the world to climate change, since it is an agrarian society, dependent on weather patterns.⁴⁵
- Cambodia ratified the Paris Agreement on Climate Change in 2016.

RECOMMENDATIONS:

- Support alternative economic livelihoods for tobacco growers to help tackle a major threat to the planet and raise awareness around climate change.
- Consider tobacco and its environmental impacts in the implementation of the UN Framework Convention on Climate Change (UNFCCC), including the 2015 Paris Agreement.



GOAL 14: CONSERVE AND SUSTAINABLY USE THE OCEANS, SEAS, AND MARINE RESOURCES FOR SUSTAINABLE DEVELOPMENT

Tobacco control can reduce marine pollution and toxicity, thus improving aquatic life. The majority of the nearly 6 trillion cigarettes smoked each year are littered, and the filter on cigarettes is comprised of plastic ingredients, which are particularly harmful to beaches and oceans. Amongst the substances found in cigarette butts are arsenic, lead, nicotine and ethyl phenol, all of which leach into aquatic environments. Cigarette butt leachate kills aquatic life, for example marine and

⁴⁵ VOA, "Unprepared Cambodia vulnerable to climate change," 27 November 2015 available at <https://www.voanews.com/a/changing-climate-has-major-impacts-for-under-prepared-cambodia/3075404.html>

freshwater fish. Moreover, pesticides and agrochemical residues from tobacco growing pollute nearby waterways, jeopardizing not just clean water but also the welfare of aquatic organisms. If tobacco control reduces both cigarettes smoked and tobacco grown, then it also means a major threat to life below water is confronted.

KEY FACTS

- Among the top 10 items collected globally on beaches, cigarette butts were number one.⁴⁶
- Tobacco waste contains over 7,000 toxic chemicals that pollute not just air - with tons of carcinogenic, greenhouse effect-causing gases - but also land, sea and waterways.⁴⁷

RECOMMENDATIONS:

- Consider introducing tobacco-free beaches as part of preserving the natural environment and promoting sustainable tourism.
- Prevent litter of cigarette butts on beaches, and provide systems to collect this waste.
- Ensure that solid waste management mechanisms allow for separation of waste at the source, so that cigarettes do not end up polluting waterways.



GOAL 15: PROTECT, RESTORE AND PROMOTE SUSTAINABLE USE OF TERRESTRIAL ECOSYSTEMS, SUSTAINABLY MANAGE FORESTS, COMBAT DESERTIFICATION, AND HALT AND REVERSE LAND DEGRADATION AND HALT BIODIVERSITY LOSS

Tobacco control can improve life on land because tobacco farming is land intensive and frequently uses large amounts of chemical fertilizers, pesticides, growth regulators and wood for flue-curing. Tobacco crops strip soil of nutrients such as nitrogen, phosphorus and potassium to a greater extent and faster than other major food and cash crops. Clearing land for tobacco growing cuts into forest reserves, as do tobacco-related forest fires. Wood is required to cure tobacco leaves and one tree is consumed to produce every 300 cigarettes.⁴⁸ Tobacco production disrupts the ecosystem and leads to soil and land degradation including deforestation.

46 Ocean Conservancy (2017). International coastal conservancy 2017 report, available at https://oceanconservancy.org/wp-content/uploads/2017/06/International-Coastal-Cleanup_2017-Report.pdf

47 Agencia EFE, "WHO report highlights toxic life cycle of used tobacco," 30 May 2017, available at <https://www.efe.com/efe/english/life/world-health-organization-report-highlights-toxic-life-cycle-of-used-tobacco/50000263-3281757>

48 Muller M. Tobacco and the Third World: tomorrow's epidemic? A War on Want investigation into the production, promotion, and use of tobacco in the developing countries. London: War on Want; 1978, as quoted in WHO (2017) Tobacco and its environmental impact: an overview.

KEY FACTS

- In Cambodia, there are reports of farmers obtaining fuel wood from nearby forests and backyards to cure tobacco, as well as reports of rubber trees (used for economic products) being cut for tobacco curing.⁴⁹
- Tobacco control, in particular supporting economic alternatives to tobacco growing, can help restore biodiversity and protect land resources while advancing other important development objectives, for example increased food security.

RECOMMENDATIONS:

- Conduct monitoring to prevent tobacco farmers from illegally using wood for curing tobacco.
- Support tobacco farmers' transition to alternative livelihoods.



GOAL 16: PROMOTE PEACEFUL AND INCLUSIVE SOCIETIES FOR SUSTAINABLE DEVELOPMENT, PROVIDE ACCESS TO JUSTICE FOR ALL AND BUILD EFFECTIVE, ACCOUNTABLE AND INCLUSIVE INSTITUTIONS AT ALL LEVELS

Tobacco control requires good governance to fulfil the WHO FCTC's general obligations, including the development and implementation of comprehensive multi- sectoral national tobacco control strategies, as well as the establishment or reinforcement of national coordinating mechanisms for tobacco control. Advancements in meeting these obligations can promote a range of broader governance objectives in turn, including: enhanced capacities for intersectoral engagement and conflict of interest management; greater transparency and accountability; reduced corruption and stronger protection against undue interference in policy making (e.g. from the tobacco industry); and combating organized crime (e.g. with respect to the illicit trade of tobacco products by ratifying the Illicit Trade Protocol). Tobacco control can also be a concrete entry point for strengthening the legislative and oversight capacities of lawmakers and parliamentarians.

KEY FACTS

- In Cambodia, tobacco industry interference remains a major concern. According to the Southeast Asia Tobacco Control Alliance, there was very little improvement in developing preventive measures to curb tobacco industry interference from 2015 to 2016.⁵⁰

49 SEATCA (2009). Study on tobacco farming in Cambodia.

50 SEATCA (2017). Tobacco industry interference, available at [indexhttps://seatca.org/dmdocuments/TI%20Index%202017%209%20November%20FINAL.pdf](https://seatca.org/dmdocuments/TI%20Index%202017%209%20November%20FINAL.pdf)

- There are no regulations prohibiting contributions from the tobacco industry or any entity working to further its interests to political parties, candidates, or campaigns, or requiring full disclosure of such contributions.⁵¹
- When the law requiring pictorial health warnings on cigarette packages came into effect in 2016, there was low compliance among tobacco companies.⁵²
- Cambodia is one of the main routes of transit to countries for illegal cigarettes.⁵³

RECOMMENDATIONS:

- Strictly follow the FCTC Article 5.3 guidelines to prevent tobacco industry interference.
- Ensure full transparency in dealing with the tobacco industry, by appropriate processes of disclosure
- Develop codes of conduct for government officials to prevent tobacco industry interference.
- Monitor implementation of measures to prohibit engagement of the tobacco industry in tobacco control policy discussions.
- Require tobacco companies to disclose and report all expenditure on marketing, retailer incentives, corporate social responsibility activities, philanthropy, lobbying and political contributions.



GOAL 17: STRENGTHEN THE MEANS OF IMPLEMENTATION AND REVITALIZE THE GLOBAL PARTNERSHIP FOR SUSTAINABLE DEVELOPMENT

Calls for a 'New Global Partnership' and policy coherence are highly pertinent to tobacco control because all sectors have a fundamental responsibility to protect the right to health. Trade agreements must preserve national policy space to implement strong tobacco control measures, which protect this right, for example plain packaging laws and access to affordable health technologies including nicotine replacement therapy. Win-wins are possible because tobacco can hurt businesses overall, when factors such as reduced productive capacities and increased health insurance premiums – not just sales – are considered. Moreover, tobacco taxation, and the inter-sectoral collaboration it requires, enhances domestic capacity for tax and other revenue collection. Tobacco control efforts also leverage and promote South-South and Triangular Cooperation.

⁵¹ Ibid.

⁵² Cambodia Daily, "Past deadline, most cigarettes still lack graphic pictures," 27 Jul 2016, available at <http://phsarpp.com/threads/past-deadline-most-cigarettes-still-lack-graphic-pictures.9125>

⁵³ WHO, "The protocol to eliminate illicit trade in tobacco products," available at <http://www.who.int/fctc/protocol/about/Protocol-to-Eliminate-Illicit-Trade-in-Tobacco-QA-EN.pdf>

KEY FACTS

- Studies by the World Bank point out that a 10 percent increase in tobacco tax leads to a 4 percent reduction in smoker prevalence in developed countries and 8 percent in developing countries.⁵⁴
- While Cambodia in recent years raised excise tax on cigarette products from 15 percent to 25 percent of the retail price,⁵⁵ this is still much below the level recommended by WHO of 75 percent of the retail price.
- Cambodia ratified the WHO FCTC to combat the global tobacco epidemic in 2005, and actively participates in the FCTC Conference of Parties meetings.

RECOMMENDATIONS:

- Increase tobacco excise tax rates on a regular basis to reduce affordability, taking into account inflation and income growth.
- Consider using part of tobacco tax revenues to help finance pro-poor programmes such as universal health coverage, alternative livelihood support for tobacco farmers, and other social protection schemes.
- Move forward with plain tobacco packaging.
- Continue to play an active role in the FCTC Conference of Parties meetings.

54 The Phnom Penh Post, "Government smoke signals on tobacco tax," 29 October 2015, available at <https://www.phnompenhpost.com/national/govt-smoke-signals-tobacco-tax>

55 WHO, Cambodia (2018). Update on tobacco control in Cambodia

ANNEX: REGULATIONS ISSUED UNDER THE 2015 LAW ON TOBACCO CONTROL

Subsequent to the promulgation of the Law on Tobacco Control of 2015, the following regulations were issued:

- A sub-decree on printing of pictorial warnings and health warnings in Khmer covering 55 percent of tobacco product packages, on 22 October 2015.
- A prakas on the measures on display of tobacco products at point of sale on 11 November 2015.
- A prakas on legal procedures for printing of pictorial warnings and health warning in Khmer on tobacco product packages, on 15 February 2016.
- A sub-decree on measures for banning of smoking, or blowing of tobacco products smoke at work places and public places, on 16 March 2016.
- A prakas on signs for banning of smoking or blowing tobacco product smoke, on 18 May 2016.
- A sub decree on increasing of excise tax rate from 15 percent to 20 percent on tobacco products signed on 29 December, 2015 and become effective 01 April, 2016, and a prakas on increasing of excise tax base from 65 percent to 90 percent of the invoice price, on 9 July, 2014
- A sub decree on establishing the Tobacco Control Committee, on 14 July 2017.
- A joint prakas of the Ministry of Justice and the Ministry of Health appointing 490 Tobacco Control Inspection Officers (53 Tobacco Control Inspection Officer at the national level, and 437 for 25 provincial health departments), on 11 April 2018.

Definition:

Prakas: a prakas, or a proclamation is a ministerial or inter-ministerial decision signed by the different ministers. A prakas must conform to the Constitution and to the law or sub-decree to which it refers.



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