



HUMAN RIGHTS & HEALTH

PERSONS EXPOSED TO SECOND-HAND TOBACCO SMOKE

THE ENJOYMENT OF THE HIGHEST ATTAINABLE STANDARD OF HEALTH IS ONE OF THE FUNDAMENTAL RIGHTS OF EVERY HUMAN BEING WITHOUT DISTINCTION OF RACE, RELIGION, POLITICAL BELIEF, ECONOMIC OR SOCIAL CONDITION.

—Preamble to the Constitution of the World Health Organization

HEATHER’S DEATH*

Heather never smoked.

But for 40 years, Heather worked as a waitress in a restaurant where smoking was allowed. She worked hard, keeping long hours in an effort to make ends meet and provide a decent life for her daughter and herself. She recalled that the air in the place was always blue from patrons’ smoke.

But Heather never thought she was in danger. After all, even 15 years ago the tobacco industry maintained that second-hand smoke had no harmful effect.

Then Heather got sick, sick enough that she could no longer work. When she went to the doctor, she was told that she had lung cancer—a smoker’s tumor. Heather was dying of second-hand smoke.

In May 2006, Heather died of lung cancer.

* Information about Heather Crowe’s story can be found at: http://www.hc-sc.gc.ca/hl-vs/tobac-tabac/second/do-faire/ribbon-ruban/threat-menace_e.html

WHO ARE THEY? WHAT IS THEIR PLIGHT?

Second-hand smoke is the mixture of “sidestream” smoke emitted by the burning end of a cigar, cigarette, or pipe and “mainstream” smoke breathed out by a smoker. It contains more than 4,000 chemical compounds, like tar and nicotine, that make up at least 60 identified carcinogenic substances. Without a doubt, second-hand smoke is a human lung carcinogen, responsible for 3,000 lung cancer deaths each year in the United States alone. Given the capacity for mutation of carcinogenic substances even in a very small dose, it is impossible to establish any safe threshold for a dose of tobacco smoke exposure. In other words, there is no level at which exposure is not harmful.

Throughout the Americas, millions of people are denied access to safe and healthy work and living environments by involuntary exposure to second-hand smoke. As a result, many people suffer disease and death resulting from circumstances beyond their control. Exposure to tobacco smoke causes more than 3,400 cases of lung

cancer and between 23,000 and 70,000 deaths due to cardiovascular problems every year in the United States, according to estimates by California’s Environmental Protection Agency.

Exposure to tobacco smoke is common in the Americas: surveys of teenagers aged 13–15 years old have shown that 70% of them in Buenos Aires and 60% in Havana are exposed to tobacco smoke in their homes.

More than 90% of smokers are addicted to or dependent on tobacco, and more than 80% become addicts before they turn 18. Younger children are particularly damaged by second-hand smoke. Infants and children under 6 years old regularly exposed to second-hand smoke are at increased risk of lower respiratory tract infections such as bronchitis and pneumonia. In the United States, it is estimated that somewhere between 150,000 and 300,000 cases of these infections in children are attributable to exposure to second-hand smoke. The rights of the children are threatened when they spend a great deal of time exposed to second-hand smoke at home or in public places.

Exposure to second-hand smoke also exacerbates existing respiratory conditions such as asthma. Studies have shown that second-hand smoke increases the frequency of episodes and severity of symptoms in asthmatic children, and it is a risk factor for new cases of asthma in children who had not had previous symptoms. It increases the risk for sudden infant death syndrome. Asthmatic adults, too, are unduly restricted and isolated by second-hand smoke. They resort to staying away from public places that do not restrict tobacco smoking. Recent research conducted in Sweden has shown that pregnant women exposed to second-hand smoke may be at higher risk of miscarrying their babies. These considerations have an impact on the right to life, as well as on other rights.

While it could be argued that a smoker is entitled to smoke if he or she wishes, consideration must be given to the rights of nonsmokers who are exposed to that tobacco smoke. Second-hand smoke constitutes a grave threat to the fundamental right of all persons to the enjoyment of the highest attainable standard of physical and mental health (known as the “right to health”), as well as to other related human rights and fundamental freedoms.

One of the most egregious examples of the infringement on the rights of nonsmokers happens in the workplace. Because smoke is airborne, second-hand smoke is a significant cause of air pollution, and smoke in an office or other workplace is unavoidable. Nonsmokers are forced to put themselves in peril simply by going to work when smoking is permitted in the workplace. Heather Crowe of Ontario, a nonsmoking waitress, contracted terminal lung cancer as a result of exposure to second-hand smoke at work, and there are many more people like her all across the Americas. Furthermore, exposure to second-hand smoke in the workplace seriously compromises health and safety through the danger posed by cigarette-caused fires.

There are many other public places where people are exposed to second-hand smoke, including at malls and supermarkets, which often have substantially less protection from smoke than workplaces. Governments have the authority to eliminate smoking in the workplace and in other situations and hold employers responsible for enforcement. The rights to a healthy environment and to safe and healthy working conditions are absolutely essential to the protection of health of nonsmokers. Second-hand

smoke also infringes on the right to equal protection, as protection from second-hand smoke is often arbitrary, determined by socioeconomic and other inequities.

Furthermore, freedom of expression includes the right to seek and receive information and ideas, for example, through public information campaigns and labels on tobacco packaging warning about the risks of second-hand smoke exposure. In most countries of the Americas, people lack accurate and comprehensive information about the dangers of second-hand smoke. In fact, tobacco companies have conducted misinformation campaigns to distort perceptions of the health risks of smoking and second-hand smoke. In the 1990s, Phillip Morris and British American Tobacco conducted the “Latin Project,” a project designed to dispel concerns about the health risks of second-hand smoke exposure and to kill, delay, or weaken regulatory measures. The campaigns to promote “Accommodation” and “Courtesy of Choice” programs encourage restaurants and bars to provide separate sections for smokers and nonsmokers, despite the fact that such accommodations do not ameliorate the dangers of second-hand smoke to rights such as life and physical integrity.

Even those restaurants, government offices, health care facilities, and educational institutions equipped with special ventilation systems are unable to provide a safe environment for nonsmokers, and advertising about “ventilation solutions” may be deceptive to those patrons who are aware of the dangers of second-hand smoke. Smoking sections only help protect non-smokers when they are completely enclosed, have a separate ventilation system that goes directly outdoors without re-circulating air in the building, and when employees are not required to pass through them.



PROTECTION THROUGH INTERNATIONAL AND REGIONAL HUMAN RIGHTS INSTRUMENTS

Both the United Nations (UN) and the inter-American human rights systems have a significant body of legal instruments that can be used to protect the rights and liberties of vulnerable groups such as those exposed to second hand tobacco smoke. International human rights instruments established by international law protect all persons without

distinction of any kind such as race, color, sex, language, religion, political or other opinion, national or social origin, property, birth or *other status*.

Some of these tools have emerged from conventions or treaties, and they are legally binding for States that have ratified them. Others —international human rights **declarations or “standards”**— although not legally binding, are considered to be authoritative interpretations of international convention requirements. It is important to note that these standards are enshrined in international law, and they represent a consensus of international opinion. In most cases, they are issued by the UN General Assembly, the Council of Human Rights, or the High Commissioner’s Office and by the Inter-American Commission on Human Rights (IACHR) of the Organization of American States (OAS), as well as by specialized UN and inter-American System agencies. They can be used to guide the formulation or review of policies, plans or programs; the enactment of pertinent legislation; and the restructure of health services to benefit vulnerable groups.

The United Nations System

Binding Instruments

International Covenant on Civil and Political Rights (1966). **Article 6** states that everyone has the right to life and that that right shall be protected by law. **Articles 2 and 26** ensures the right to non-discrimination and equal protection; **Article 19** states that all have the right to freedom of expression including freedom to seek, receive and impart information and ideas of all kinds. **Article 7** states that no one shall be subjected to inhumane treatment.

International Covenant on Economic, Social and Cultural Rights (1966). **Article 12** recognizes the right to health, while **Article 10** provides for the rights of the child. **Article 2** guarantees that the rights will be exercised without discrimination of any kind. **Article 7** acknowledges the right of everyone to the enjoyment of just and favorable conditions of work which ensure, in particular, (b) safe and healthy working conditions. **Article 15 (1)** recognizes the right of everyone to take part in cultural life and to enjoy the benefits of scientific progress and its applications.

These two covenants, along with the **Universal Declaration on Human Rights**, constitute what is

known as the **International Bill of Rights**. All three provide protection from discrimination, including in the form of second-hand tobacco smoke. See <http://www.unhchr.ch/pdf/report.pdf> for a list of countries that have ratified both covenants.

Convention on the Elimination of All Forms of Discrimination against Women (1979). **Article 11** ensures the same rights equally to men and women, including the right to protection of health and to safety in working conditions.

Convention on the Rights of the Child (1989). **Article 6** recognizes the right of children to life. **Articles 19 and 24** note the right to physical, mental and moral integrity and health of children specifically. **Article 32** recognizes the right to safe and healthy working conditions for children, and **Article 24** recognizes the right to a healthy environment. **Article 23** states that a mentally or physically disabled child should enjoy a full and decent life. **Article 31** guarantees the right of the child to rest and leisure and to equal opportunities for cultural, artistic, recreational and leisure activity.

Framework Convention on Tobacco Control (2003). The Framework Convention on Tobacco Control (FCTC) provides a clear roadmap for action, offering guidance on key strategies. **Article 8**, which calls for protection from second-hand smoke in ALL indoor public places, public transportation and workplaces. **Article 12**, which calls for broad access to education and public awareness programs on the health risks of second-hand smoke exposure; the review, enactment and implementation of legislation, policies, plans and practices consistent with international human rights law; the equal protection of all citizens without discrimination consistent with international human rights law; and accessibility to clear information about second-hand smoke exposure consistent with a person’s right to seek and receive information under the right to freedom of expression in international human rights law.

Declarations, Principles, Standards and Technical Guidelines

Universal Declaration of Human Rights (1948). **Article 3** states that everyone has the right to life, liberty, and security of person. **Articles 2 and 7** entitle all people (including persons exposed to second hand tobacco smoke) to equal protection under the law without discrimination.

INTERNATIONAL INSTRUMENTS FOR THE PROTECTION OF BASIC HUMAN RIGHTS AND FREEDOMS OF PERSONS EXPOSED TO SECOND-HAND TOBACCO SMOKE

UNITED NATIONS HUMAN RIGHTS SYSTEM						
Protected Rights & Fundamental Freedoms	Universal Declaration of Human Rights	International Covenant on Civil and Political Rights	International Covenant on Economic, Social and Cultural Rights	Convention on the Rights of the Child	Convention on the Elimination of All Forms of Discrimination against Women	Convention against Torture and Other Inhuman or Degrading Treatment or Punishment
Life	Art. 3	Art. 6.1		Art. 6.1		
Humane Treatment	Art. 5	Art. 7		Art. 37.a		Arts. 1 & 16
Personal Liberty	Art. 3	Art. 9		Art. 37.b		
Fair Trial	Art. 8	Art. 14		Art. 40.2		Art.13
Privacy	Art. 12	Art. 17		Art. 16		
Freedom of Expression	Art. 19	Art. 19.2		Art. 13		
Name		Art. 24.2		Art. 7.1		
Movement	Art. 13	Art. 12		Art. 10.2	Art. 15.4	
Equal Protection	Art. 7	Art. 26		Art. 2	Arts. 3 & 15.1	
Judicial Protection	Art. 10	Art. 14		Art. 40.2	Art. 15.2	Art. 13
Work	Art. 23		Arts. 6 & 7	Art. 32	Art. 11	
Enjoyment of the Highest Attainable Standard of Physical and Mental Health	Art. 25.1		Art. 12	Arts. 17, 19.1 & 24	Art. 12	
Education	Art. 26		Art. 13	Art. 28	Art. 10	
Benefits of Culture and Scientific Progress	Art. 27		Art. 15	Art. 31.2	Art. 13.c	
Protection of Persons with Disabilities	Art. 25.1			Art. 23		
Protection of Children	Art. 25.2	Art. 24	Art. 10	All		
Protection of Women	Art. 25.2		Art. 12.2.a		All	
Protection of Older Persons	Art. 25.1					

COUNTRIES OF THE AMERICAS THAT ARE PARTY TO UNITED NATIONS HUMAN RIGHTS TREATIES:

Universal Declaration of Human Rights: Not subject to ratification.

International Covenant on Civil and Political Rights: Argentina, Barbados, Belize, Bolivia, Brazil, Canada, Chile, Colombia, Costa Rica, Dominica, Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago, United States of America, Uruguay, Venezuela.

Convention on the Elimination of All Forms of Discrimination against Women: Antigua and Barbuda, Argentina, Bahamas, Barbados, Belize, Bolivia, Brazil, Canada, Chile, Colombia, Costa Rica, Cuba, Dominica, Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago, Uruguay, Venezuela.

Convention on the Rights of the Child: Antigua and Barbuda, Argentina, Bahamas, Barbados, Belize, Bolivia, Brazil, Canada, Chile, Colombia, Costa Rica, Cuba, Dominica, Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago, Uruguay, Venezuela.

Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment: Antigua and Barbuda, Argentina, Belize, Bolivia, Brazil, Canada, Chile, Colombia, Costa Rica, Cuba, Ecuador, El Salvador, Guatemala, Guyana, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Saint Vincent and the Grenadines, United States of America, Uruguay, Venezuela.

International Covenant on Economic, Social and Cultural Rights: Argentina, Barbados, Bolivia, Brazil, Canada, Chile, Colombia, Costa Rica, Dominica, Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago, Uruguay, Venezuela.

INTERNATIONAL INSTRUMENTS FOR THE PROTECTION OF BASIC HUMAN RIGHTS AND FREEDOMS OF PERSONS EXPOSED TO SECOND-HAND TOBACCO SMOKE

INTER-AMERICAN HUMAN RIGHTS SYSTEM						
Protected Rights & Fundamental Freedoms	American Declaration of the Rights and Duties of Man	American Convention on Human Rights	Additional Protocol to the American Convention on Human Rights in the Area of Economic, Social and Cultural Rights (Protocol of San Salvador)	Inter-American Convention on the Elimination of All Forms of Discrimination against Persons with Disabilities	Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women	Inter-American Convention to Prevent and Punish Torture
Life	Art. I	Art. 4			Art. 4.a	
Humane Treatment	Art. XXV	Art 5			Art. 4	Art. 6
Personal Liberty	Art. I	Art. 7			Art. 4.c	
Fair Trial	Art. XVIII	Art. 8			Art. 7.f	Art. 8
Privacy	Art. V	Art. 11				
Freedom of Expression	Art. IV	Art. 13				
Name		Art. 18				
Movement	Art. VIII	Art. 22				
Equal Protection	Art. II	Art. 24		Arts. II & III	Art. 4.f	Art. 8
Judicial Protection	Art. XXVI	Art. 25			Arts. 4.g & 7	
Work	Art. XIV		Arts. 6 & 7	Art. III.1.a		
Enjoyment of the Highest Attainable Standard of Physical and Mental Health	Art. XI		Art. 10	Arts. III.2.a & III.2.b	Art. 4.b	
Education	Art. XII		Art. 13	Arts. III.1.a & 2.b		
Benefits of Culture and Scientific Progress	Art. XIII		Art. 14	Arts. III.2 & IV.2		
Protection of Persons with Disabilities	Art. XVI		Art. 18	All	Art. 9	
Protection of Children	Art. VII	Art. 19	Art. 16			
Protection of Women	Art. VII				All	
Protection of Older Persons	Art. XVI		Art. 17		Art. 9	

PARTIES TO INTER-AMERICAN HUMAN RIGHTS TREATIES:

American Declaration of the Rights and Duties of Man: Not subject to ratification.

American Convention on Human Rights (Pact of San José): Argentina, Barbados, Bolivia, Brazil, Chile, Colombia, Costa Rica, Dominica, Ecuador, El Salvador, Grenada, Guatemala, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Dominican Republic, Suriname, Trinidad and Tobago, Uruguay, Venezuela.

Additional Protocol to the American Convention on Human Rights in the Area of Economic, Social and Cultural Rights (Protocol of San Salvador): Argentina, Brazil, Colombia, Costa Rica, Ecuador, El Salvador, Guatemala, Mexico, Panama, Paraguay, Peru, Suriname, Uruguay.

Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women (Convention of Belem do Para): Antigua and Barbuda, Argentina, Bahamas, Barbados, Belize, Bolivia, Brazil, Chile, Colombia, Costa Rica, Dominica, Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago, Uruguay, Venezuela.

Inter-American Convention to Prevent and Punish Torture: Argentina, Bolivia, Brazil, Chile, Colombia, Costa Rica, Dominican Republic, El Salvador, Guatemala, Haiti, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Suriname, Uruguay, Venezuela.

Inter-American Convention on the Elimination of All Forms of Discrimination against Persons with Disabilities: Argentina, Bolivia, Brazil, Chile, Colombia, Costa Rica, Dominica, Dominican Republic, Ecuador, El Salvador, Guatemala, Haiti, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Uruguay, Venezuela.

Article 19 states that everyone has the right to freedom of opinion and expression. **Article 23 (1)** guarantees the right to safe and healthy working conditions, and **Article 5** says that all have a right to humane treatment.

The Inter-American System

Binding Instruments

American Convention on Human Rights (1969) known as the **Pact of San José** and **The Rules of Procedure of the Inter-American Commission on Human Rights** (2000). These instruments cover a range of civil, political, economic, social, and cultural rights and set a binding protection and monitoring by the Inter-American Commission on Human Rights and the Inter-American Court of Human Rights. They require states to protect the rights and freedoms of all persons, “without discrimination for reasons of race, color, sex, language, religion, political or other opinion, national or social origin, economic status, birth, or any other social condition.” **Article 4** states that everyone has the right to life, and **Article 5** states that everyone has the right to physical, mental and moral integrity. **Article 19** recognizes the rights of the child to measures of protection by the state. **Article 1 and 24** guarantee the rights to non-discrimination and equal protection. **Article 13** notes the right to freedom of thought and expression. **Article 5** states that no one shall be subjected to inhumane treatment.

Additional Protocol to the American Convention on Human Rights in the area of Economic, Social and Cultural Rights (Protocol of San Salvador) (1988). **Article 10** acknowledges that everyone has the right to health, particularly as related to the prevention of endemic, occupational and other diseases and education of the public about health problems. **Article 3** guarantees the right to non-discrimination; **Article 7** recognizes the right to a safe and healthy work environment. **Article 18** protects **persons with disabilities** so that he or she may achieve the greatest possible personality development. **Article 14** states that everyone has the right to the benefits of culture and to enjoy the benefits of scientific and technological progress.

Inter-American Convention on the Prevention, Punishment and Eradication of Violence Against Women (Convention of Belem do Para) (1994). **Article 4** recognizes the right to life and the right to physical, mental and moral integrity of women.

Declarations, Principles, Standards and Technical Guidelines

American Declaration of the Rights and Duties of Man (1948). **Article I** states that everyone has the right to life. **Article XI** states that everyone has the right to the preservation of health and **Articles VII and XXX** recognize the rights of children to special protection and care. **Article II** notes the right to non-discrimination and equal protection. **Article IV** says that every person has the right to freedom of opinion and expression. **Article XIV** protects the right to safe and healthy working conditions. **Article XV** notes that every person has the right to wholesome recreation and culture.

PAHO Directing Council Resolution CD43.R12 (2001) urges member states to “protect all nonsmokers, in particular children and pregnant women, from exposure to second-hand smoke through elimination of smoking in government facilities, health care facilities, and educational institutions as a priority, and through the creation of smoke-free environments in workplaces and public places as soon as possible, recognizing that smoke-free environments also promote cessation and prevent initiation of tobacco use.”



WHAT YOU CAN DO

Governments, in general, are constitutionally obliged to protect and monitor the life and health of its people. Taking into account the human rights instruments mentioned above, governments should apply actions based on scientific knowledge to protect the population from second hand tobacco smoke, just like they impose the use of seat belts or regulate the permitted level of alcohol use while driving.

The Government

Every branch of government can —and should— participate actively in the effort to promote the rights of second-hand smokers, and then to safeguard those rights. Some governments have voluntarily signed and ratified international and regional human-rights conventions, and by so doing have accepted a range of obligations to nonsmokers. Among other obligations, human rights law requires protection against infringements on personal

integrity, life, freedom of expression, judicial protection, equal protection of the law and healthy working conditions. Governments must understand their obligations to human rights as related to second-hand smoke.

In **Uruguay**, all indoor workplaces and public places are required to be smoke free.

In **Brazil, Canada, Venezuela**, and now **Uruguay**, governments have used packaged messages to communicate health information, including second-hand smoke risks, to consumers. These countries require packages to carry large, graphic images accompanied by text. Studies of the impact of the warnings from Canada and Brazil indicate that the warnings were very effective at conveying health risks, motivating smokers to try to quit, and motivating smokers to smoke outdoors and away from their families more often.

Legislators should gather information about the international human rights instruments to which their Government is party to ensure that their country's legislation conforms with convention obligations and international human rights standards. If the domestic legal framework does not conform, it should be reviewed and revised to bring it in line. If needed, new legislation should be enacted, all of it conforming with international human rights law provisions.

For example, legislators can introduce and pass laws raising the rates of taxation for tobacco products. Studies have indicated that increasing the price of tobacco products through taxation is a very cost-effective measure to reduce national tobacco use. Economic studies by the World Bank and others show that for every 10% increase in the real price of tobacco, consumption drops by about 4% in high-income countries and 8% in low- and middle-income countries.

Ministers of health, of education, and of labor—as well as civil servants at all levels in those ministries—and policy makers should be trained on the obligations from international human-rights conventions to which their Government is Party. |

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Ministers of health can implement prohibitions on advertising and promotion to reduce the ability of cigarette companies to attract new smokers. **Article 13** of the WHO Framework Convention on Tobacco Control (WHO FCTC) requires parties to the treaty to prohibit all tobacco advertising, promotion, and sponsorship.

Judges, ombudspersons, the police, and officers of other relevant agencies in the criminal justice

system should be aware about the international-treaty obligations that they may be called upon to enforce. Ombudsperson's offices can follow up citizen complaints to ensure compliance with national laws. They also should embrace the human rights of nonsmokers consistent with international human rights instruments as part of their agendas visiting those places that are not smoke free yet.

Civil Society

Civil society has the power to create commissions that fight against tobacco and national coalitions. Examples include medical schools and scientific societies (cardiology, family medicine, etc.). In Uruguay, several civil society groups have taken action, including the Uruguayan Society of Behavior Analysis and Modification, the Uruguayan Civil Association of Passive Smokers and the Association of Chronic Obstructive Pulmonary Patients.

Civil society can motivate and involve the decision-makers through the promotion of human rights texts that speak about the right to life and health, educate to the public on its rights and how to exercise them, and form networks to take action.

Activists, organizations for smokers and second-hand smokers, and nongovernmental organizations working on human rights issues should understand how international human rights legal instruments protect the basic rights and freedoms of second-hand smokers and how to use the mechanisms of protection provided by the human rights conventions. They can also help advocate for and create community-based programs to help empower

citizens and promote awareness about the dangers of second-hand smoke.

Educators should teach units on tobacco and the effects of smoke and second-hand smoke. Such units can be used to teach students to think critically about marketing and advertising, the science of addiction, the politics of the tobacco industry and human rights, and

the short-term and long-term costs of use. Integrating these lessons into the curriculum will help students think independently about the dangers of smoke and second-hand tobacco smoke.

The **media** can air any human rights violations to the public. It also could be very helpful in disseminating the sorts of protection afforded by international instruments.

THE PAN AMERICAN HEALTH ORGANIZATION'S WORK

The Pan American Health Organization (PAHO), as the UN and OAS specialized agency for health in the Americas, has a central role to play in promoting and protecting the right to the enjoyment of the highest attainable standard of health and linking this right to other human rights. PAHO will:

- Disseminate and promote the international human rights instruments that protect the life, health, and other rights of people exposed to second-hand tobacco smoke.
- Advise PAHO Member States on policies, programs and legislation related to second-hand smoke necessary to fulfill human rights obligations.
- Collaborate with international human rights bodies, such as the Inter-American Commission on Human Rights, and special rapporteurs in providing technical opinions, participating in hearings and conducting *in loco* visits to assess protection of human rights *vis-à-vis* second-hand tobacco smoke exposure.¹
- Provide training and technical expertise to governments and civil society to raise awareness of human rights undermined by second-hand smoke exposure and of national, regional and international mechanisms to exercise and monitor those rights.
- Publish and disseminate technical documents outlining the human rights framework applicable to second-hand tobacco smoke exposure.
- Work closely with the Center for Law and the Public's Health (Georgetown University Law Center and Johns Hopkins School of Public Health), which is the PAHO/WHO Collaborating Center on Human Rights Law.

¹ For example, some of the functions of the Inter-American Commission on Human Rights are to review and grant decisions regarding petitions concerning alleged violations of human rights recognized in the American Convention on Human Rights and other Inter-American instruments, visit OAS Member States and review their compliance with Regional human rights treaties, request that States adopt precautionary measures to prevent irreparable harm to persons and conduct general and specific hearings on human rights issues or individual cases. For further information see <http://www.iachr.org>.



This brochure was written by Javier Vasquez, PAHO Human Rights Advisor, and the editors of the Publications Area. It was reviewed by Heather Selin, former PAHO Advisor on Tobacco Control. Any errors or omissions are the responsibility of the authors.

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