

ASH comments on the SDSN report

What do you agree with about the narrative sections and why?

Action on Smoking and Health (ASH) welcomes the opportunity to provide its views on the report of the UN Sustainable Development Solutions Network (SDSN) on the sustainable development goals (SDGs).

ASH works to be a prime mover in domestic and global tobacco control through advocacy, communication, the force of law and our essential partnership with the Framework Convention Alliance for Tobacco Control. Despite misconceptions that tobacco use is no longer an issue in the developed world, it is still a major concern and causes a major threat to sustainable development. More than 25% of all deaths in the U.S. are attributable to tobacco¹. In the United States, each pack of cigarettes sold costs society an estimated \$18.05¹.

We welcome the report – An Action Agenda for Sustainable Development – and its recognition that in order to take the sustainable development path, business as usual (BAU) is not an option anymore. ASH strongly agrees that the BAU trajectory fails to achieve sustainable development in multiple ways². The need to respond to tobacco use and non-communicable diseases (NCDs) was not included in the Millennium Development Goals (MDGs). NCDs and their risk factors cannot be overlooked now. It is in this context that we would like to bring attention to the devastating social, economic, and environmental consequences of tobacco use.

Tobacco use is a leading preventable cause of disease, disability, and death. It damages the health of its users and of bystanders exposed to second-hand smoke. Tobacco is the only widely sold consumer product that kills a high percentage of its users – roughly 50% – when used as intended. Although all these facts have been known for decades, tobacco still kills 6 million people each year³.

What do you disagree with about the narrative sections, and what do you propose instead?

Although the SDSN report rightly highlights the importance of health within the SDGs, it insufficiently and inappropriately describes necessary steps to address non-communicable diseases (NCDs) and tobacco use.

¹ Action on Smoking and Health. Tobacco Statistics and Facts. <http://ash.org/resources/tobacco-statistics-facts/>

² Ref to the SDSN report, p.4

³ WHO. 2011. WHO Report on the global tobacco epidemic. Geneva: WHO.

In particular, Action on Smoking and Health (ASH) was disappointed to see the SDSN report frame NCD risk factors, such as tobacco use, as life choices of individuals⁴.

This is a particularly poor choice of words with respect to tobacco use, given the highly addictive nature of tobacco products. Many individuals start using tobacco too early in their lives to appreciate its harms and addictive nature. In this regard, the role of the tobacco industry, which seeks to market its products to children, should be emphasized.

Another ASH concern is that the SDSN report frames the role of public policies to address risk factors as tools that can merely “help” in promoting healthy behaviours⁵.

The truth is that NCDs have increased as a result of changes in social, economic and physical environments. In the case of low- and middle-income countries, the rapidly growing burden of NCDs is clearly accelerated by the negative effects of globalization, rapid unplanned urbanization and increasingly sedentary lives⁶. Since NCDs are expected to become a most common cause of death in all parts of the world by 2030⁷, their prevention may very well become one of the key ways of ensuring sustainable development.

In the case of tobacco, the overwhelming majority of governments are legally obliged to address tobacco use. The World Health Organization Framework Convention on Tobacco Control (WHO FCTC) is a legally binding and widely accepted framework for multi-sectoral action on tobacco control. It has been ratified by 177 Parties as of July 2013⁸.

The SDSN mentions several UN Conventions and recommends that the SDGs should be complementary to the tools of international law⁹. ASH was disappointed to see that the WHO FCTC – a unique global health tool – was not highlighted in the report.

What do you agree with about the goals, targets and indicators and why?

Action on Smoking and Health (ASH) is pleased to see a stand-alone goal on health among the illustrative SDGs proposed by the SDSN report. We agree that the MDG health targets need to be retained, updated, and expanded¹⁰. The proposed goal to “Achieve Health and Wellbeing at All Ages”

⁴ Ref to the SDSN report, p.16

⁵ Ref to the SDSN report, p.16

⁶ WHO. 2010. Global status report on noncommunicable diseases. Geneva: WHO.

⁷ WHO. 2010. Global status report on noncommunicable diseases. Geneva: WHO.

⁸ Ref to the official list of Parties

⁹ Ref to the SDSN report, p.26

¹⁰ Ref to the SDSN report, p.16

provides a good basis to address continuing as well as emerging health threats, and balance both prevention of diseases and their treatment.

We particularly welcome the specific inclusion of non-communicable diseases (NCDs) and their risk factors, such as tobacco use, among all three illustrative health targets. NCDs were recognized to represent one of the major challenges for development in the 21st century¹¹. It is, therefore, imperative to include NCDs and their drivers within SDGs.

What do you disagree with about the goals, targets and indicators, and what do you propose instead?

ASH welcomes the inclusion of non-communicable diseases (NCDs) among all three targets proposed by the SDSN report. We were particularly pleased to see a specific target on NCDs risk factors, including smoking. However, we would like to propose revisions to this target so that it addresses tobacco use – not only smoking – directly and becomes measurable. We propose the existing target 5c to be:

“Bring down tobacco use prevalence by [xx]% by 2030, promote healthy diets and physical activity, discourage unhealthy behaviours, such excessive alcohol intake, and track subjective wellbeing and social capital.” The tobacco use prevalence target – recently adopted by the World Health Assembly¹² – of a 30 percent relative reduction by the year 2025, should serve as the technical basis for a tobacco-related target in the post-2015 development agenda.

Finally, any ambitious target, be it on tobacco use or NCD mortality, needs to be linked to effective interventions. In the case of tobacco control, the WHO Framework Convention on Tobacco Control (FCTC) contains a comprehensive set of tobacco control policies. Accordingly, the tobacco-related target or the NCD-related target should be monitored through tobacco control indicators based on these policies, such as affordability of tobacco products, the presence of large and effective pictorial health warnings on packaging, comprehensive bans on tobacco advertising, promotion and sponsorship, access to tobacco dependence treatment and requirements for smoke-free public spaces, among others.

¹¹ UN NCD Summit - resolution

¹² Ref to WHA resolution