

UNITED NATIONS COMMITTEE ON THE ELIMINATION OF ALL FORMS OF DISCRIMINATION
AGAINST WOMEN
45th Session Period (January, 2010)

**SHADOW REPORT TO THE COMBINED SIXTH AND SEVENTH
PERIODIC REPORTS BY THE GOVERNMENT OF EGYPT**

WOMEN AND TOBACCO IN EGYPT:

**PREVENTING AND REDUCING THE EFFECTS OF TOBACCO
CONSUMPTION THROUGH INFORMATION, IMPLEMENTATION
AND NON-DISCRIMINATION**

REPORT FILED BY:

O'Neill Institute
for National and Global Health Law

The O'Neill Institute for National and Global Health Law at Georgetown University is a center for health law, scholarship, and policy. Housed at Georgetown University Law Center, in Washington DC, the Institute's mission is to provide innovative solutions for the leading health problems both domestically and globally. The Institute, a joint project of the Law Center and School of Nursing and Health Studies, also draws upon the University's considerable intellectual resources, including the School of Medicine, the Public Policy Institute, and the Kennedy Institute of Ethics.

www.oneillinstitute.org

SHADOW REPORT TO THE PERIODIC REPORT BY THE ARAB REPUBLIC OF EGYPT

WOMEN AND TOBACCO IN EGYPT: PREVENTING AND REDUCING THE EFFECTS OF TOBACCO CONSUMPTION THROUGH INFORMATION, IMPLEMENTATION AND NON-DISCRIMINATION

The O’Neill Institute for National and Global Health Law (the “O’Neill Institute”) hereby respectfully submits the following shadow report, the purpose of which is to assist the United Nations Committee on the Elimination of All Forms of Discrimination Against Women (the “Committee” or “CEDAW Committee”) as it evaluates the combined sixth and seventh periodic reports filed by the Arab Republic of Egypt (the “State” or “Egypt”). This report will focus on the State’s obligations regarding Articles 3, 10 and 12 of the Convention on the Elimination of All Forms of Discrimination Against Women (“CEDAW”). We examine the prevailing tobacco control legal framework and the most important weaknesses in the statutory and regulatory language with special concern for the growing use of waterpipe tobacco among young women. Examining the fulfillment of governments’ obligations to protect the right to health vis-à-vis tobacco control and women is well within this Committee’s competence and authority. Moreover, we encourage the Committee to view tobacco consumption as a serious threat to women’s health and equality. This report suggests recommendations for the Committee to consider in formulating its concluding observations to the government of Egypt on its compliance with CEDAW.

I. EGYPT, WOMEN’S HEALTH AND TOBACCO

In view of the importance of health for women’s dignity and equality, countries around the world, and Egypt in particular, have assumed the obligation to recognize, guarantee and protect the right to the highest attainable standard of health for women. Egypt accepted this obligation under international law when it signed and ratified international human rights treaties – the UN Convention on the Rights of the Child, the International Covenant on Economic, Social and Cultural Rights, (“ICESCR”), as well as CEDAW – that enshrined this right and set forth requirements for its fulfillment.¹

In particular, the CEDAW Committee, in its General Recommendation No. 24 (on article 12, Women and Health), states that

For the benefit of States parties and those who have a particular interest in and concern with the issues surrounding women’s health, the present general recommendation seeks to elaborate the Committee’s understanding of article 12 and to address measures to eliminate discrimination in order to realize the right of women to the highest attainable standard of health.²

¹ Egypt ratified CEDAW on September 18, 1981; the ICCPR and the ICESCR on January 14, 1982; and the CRC on July 6, 1990.

² CEDAW, *General Recommendation 24*, UN GAOR, 1999, Doc. No. A/54/38/ Rev.1

CEDAW plays an important role by imposing an obligation on States Parties to adopt measures to incorporate the fundamental right of women's health into domestic law while also serving as the principal document in international human rights law for the advancement of women's equality. In particular, CEDAW provides for the following obligations, which are relevant to the periodic review of Egypt, as they are, to some extent, relevant to tobacco and women's health:

Article 3

States Parties shall take in all fields, in particular in the political, social, economic and cultural fields, all appropriate measures, including legislation, to ensure the full development and advancement of women, for the purpose of guaranteeing them the exercise and enjoyment of human rights and fundamental freedoms on a basis of equality with men.

Article 10(1)(h)

Access to specific educational information to help to ensure the health and well-being of families, including information and advice on family planning.

Article 12(1)

States Parties shall take all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, on a basis of equality of men and women, access to health care services, including those related to family planning.

The Fourth World Conference on Women held in Cairo, and its accompanying Beijing Platform for Action, acknowledge that there is "significant synergy between the substantive content of the Convention and the Beijing Platform for Action and they are therefore mutually reinforcing."³ Paragraph 100 of the Beijing Platform for Action acknowledges the grim reality that "women throughout the world, especially young women, are increasing their use of tobacco with serious effects on their health and that of their children."⁴ Actions to be taken by governments to strengthen preventive programs that promote women's health under Paragraph 107(o) include "creat[ing] awareness among women, health professionals, policy makers and the general public about the serious but preventable health hazards stemming from tobacco consumption and the need for regulatory and education measures to reduce smoking as important health promotion and disease prevention activities."⁵

The O'Neill Institute for National and Global Health Law is a non-governmental organization with a record of providing both reliable and independent information to UN committees on the issue of the right to health. Thus, it is appropriate for the O'Neill Institute to evaluate the position taken by Egypt concerning its obligation to respect, protect and fulfill women's right to health within the framework of the fight against smoking and tobacco use. As a starting point, approximately 34,000 Egyptians die each

³ http://www.un.org/womenwatch/daw/csw/csw52/crps/crp1_e.pdf

⁴ http://www.unesco.org/education/information/nfsunesco/pdf/BEIJIN_E.PDF

⁵ Ibid.

year from causes linked to tobacco use.⁶ While smoking rates among women in Egypt are relatively low, there is a scientific consensus that women are a growing sector of the population taking up tobacco use.⁷

Within this report, we set forth areas of greatest concern with respect to Egypt's efforts to combat the unique threat tobacco consumption poses for women with particular emphasis on the growing use of waterpipe tobacco among women in Egypt.⁸ Our focus on waterpipe tobacco consumption in women does not exhaust our more general concern with tobacco use in Egypt and we hope this report will be used by the Committee to issue recommendations on a particularly important and growing concern.

II. Egypt's Duty to Protect Women's Health

Egypt's duty to protect women's health is imposed by CEDAW and the Framework Convention on Tobacco Control ("FCTC"), among other international treaties. While international human rights instruments, such as ICESCR and CEDAW, impose obligations to states (duty bearers) while granting rights to individuals (right holders), other international treaties, such as the FCTC, help interpret the content of such rights and obligations, by establishing concrete and measurable state obligations. In connection with the protection of the right to health vis-à-vis tobacco control, these measures include, but are not limited to, implementation of legislation regulating tobacco production, advertisement, distribution and use, as well as public policies – such as smoking cessation and information programs – designed to protect women from tobacco use and exposure to tobacco smoke.

As a threshold matter, CEDAW General Recommendation No. 9 (eighth session, 1989) on the gathering of statistical data concerning the situation of women provides that:

Considering that statistical information is absolutely necessary in order to understand the real situation of women in each of the States parties to the Convention,

Having observed that many of the States parties that present their reports for consideration by the Committee do not provide statistics,

[The Committee] Recommends that States parties should make every effort to ensure that their national statistical services responsible for planning national censuses and other social and economic surveys formulate their questionnaires in such a way that data can be disaggregated according to gender, with regard to both absolute numbers and percentages, so that interested users can easily obtain

⁶ Mostafa K. Mohamed, "Cairo's Popular Waterpipes no safer than cigarettes," *Reuters* March 15, 2007. Dr. Mohamed is a Professor of Community Medicine at Ain Shams University, Cairo, Egypt.

⁷ See e.g. WHO Report on the Global Tobacco Epidemic, 2008, p. 86, noting that prevalence among adult women is 2.7% while prevalence among females 13-15 years of age is 7.6%.

⁸ The waterpipe is also popularly called gouza, nargileh, hubble-bubble, shisha, hookah. Because the epidemiological literature most frequently refers to "waterpipe," this report does as well.

information on the situation of women in the particular sector in which they are interested.

Egypt is a participant in the Global Tobacco Surveillance System (GTSS), which is aimed at enhancing the capacity of countries to design, implement, and evaluate their national comprehensive tobacco action plan and to monitor the key articles of the WHO FCTC.

- The Global Youth Tobacco Survey (GYTS) focuses on youth aged 13-15 and collects information in schools.
- The Global School Personnel Survey surveys teachers and administrators from the same schools that participate in the GYTS.
- The Global Health Professions Student Survey focuses on 3rd year students pursuing degrees in dentistry, medicine, nursing, and pharmacology.
- The Global Adult Tobacco Survey (GATS), a household survey, monitors tobacco use among adults.

Egypt has agreed to join GATS, the results of which will assist Egypt in the formulation, tracking and implementation of effective tobacco control interventions, and will allow Egypt to compare results of its survey with results from other countries.

GATS covers:

- Tobacco use prevalence (smoking and smokeless tobacco products)
- Secondhand tobacco smoke exposure and policies
- Cessation
- Knowledge, attitudes and perceptions
- Exposure to media
- Economics

This Shadow Report commends the Government of Egypt for agreeing to participate in GATS as part of its effort to fulfill General Recommendation No. 9 and the Framework Convention on Tobacco Control. The Report urges the Government of Egypt to fully implement the FCTC as the chief means to combat the growing use of tobacco by Egyptian women.

A. WORLD HEALTH ORGANIZATION: FRAMEWORK CONVENTION ON TOBACCO CONTROL

Egypt is a signatory of, and has ratified, the World Health Organization's Framework Convention on Tobacco Control (FCTC). The preamble to the FCTC recalls CEDAW, while the FCTC preamble expresses alarm at the potential rise in women's and girls' tobacco use worldwide, it encourages full participation by women at all levels of policy making and implementation and it emphasizes the need for gender-specific tobacco control strategies. The FCTC guiding principle (Article 4.2(d)) emphasizes the need to take measures to address gender-specific risks when developing tobacco control strategies. The FCTC makes States' obligation to protect public health a priority by

implementing measures that will prevent and reduce tobacco use and exposure in the population. Egypt ratified the FCTC text on February 25, 2005.

The FCTC aims to set the minimal tobacco control standards in signatory States. Toward that end, in 2007 Egypt passed Law No. 154 which completely banned tobacco advertisement, mandated pictorial health warnings covering 50% of each pack of cigarettes and established 100% smoke-free government offices, medical facilities and youth centers. Law No. 154 also delegated authority to the Minister of Health to ban advertising and smoking in additional areas.⁹ The law provides for a Higher Committee for Tobacco Control chaired by the Ministry of Health and including representatives from civil society groups to expand its policy reach.¹⁰

B. EGYPT'S TOBACCO CONTROL LEGISLATION

Currently, the principal national laws and decrees designed to protect the population against the risks of tobacco use and exposure to tobacco smoke are:

- Law No. 52/1981 (20 August 1981) limiting the tar content of each cigarette to 20mg; ordering the use of a warning reading “smoking is very dangerous to health;” and limiting advertisement to packages and point-of-sale.
- Law No. 137/1981 (13 August 1981) prohibiting smoking in the workplace.
- Law No. 4/1994 prohibiting smoking on public transport and in enclosed public places.
- Ministry of Health Decision No. 344/1997 establishing a high committee on issues of tobacco control comprised of representatives from all ministries and authorities concerned with smoking.
- Law No. 85/2002 (10 June 2002), which complements the tobacco control legislation No. 52 of 1981, banning advertising in “newspapers, magazines” as well as “fixed or moving pictures, visual images, audio means, or any other means.” The law also prohibits promotions, competitions featuring prizes or free gifts, or otherwise participating in a venture that offers cigarettes or tobacco products for obtaining monetary, literary or other in-kind prizes. The law also bans sales of tobacco to minors.
- Law No. 154/2007 (21 June 2007, amending Law 52/1981), requiring warnings covering 50% of each pack of cigarettes or tobacco products stating that “smoking destroys health and causes death” and authorizing the Minister of Health to support these warnings with graphic pictures. The law also bans smoking in health and educational establishments, governmental offices, sporting and social clubs, youth centers and other places designated by the Minister of Health.
- Ministry of Health Decision No. 443 (16 October 2007), which regulates Law No. 154/2007 by clarifying certain warnings and disclosures related to package labeling.

⁹ <http://www.egyptlaws.com/comprehensive10.html>

¹⁰ The State's Ministry of Health works together with the Ministry of Finance on tax issues and with the Ministry of Education on certain outreach programs aimed at smoking prevention in schools as well as the Ministry of Justice to ensure that the regulations it promulgates are within its authority.

The current legislation regulates tobacco by establishing the following measures:

- Banning advertisement in magazines, newspapers, television and radio, as well as publicly viewable images;
- Prohibiting sponsorships and competitions featuring the distribution of tobacco products;
- Prohibiting smoking in some, but not all, public places;
- Requiring images and warning phrases on cigarette packs; and
- Prohibiting the sale of cigarettes to minors under the age of 18.

However, important exceptions and gaps in the law limit its effectiveness.¹¹

1. WATERPIPES

The scientific and medical evidence proves that the health of tobacco users *and* non-users plays a significant and preventable role in the development of cardiac and lung diseases as well as many forms of cancer that disproportionately affect women.¹² In Egypt, these risks take on a unique dimension by virtue of waterpipe smoking, a mode of tobacco consumption that is especially popular in the Eastern Mediterranean region.¹³ In tobacco waterpipes, tobacco is packed into a small container upon which smoldering charcoal burns; the tobacco smoke is drawn by suction through a small vessel half-filled with water through which the tobacco smoke passes. Waterpipe tobacco is a combination of crude tobacco, molasses and varying fruit flavors like apple, banana, strawberry and other sweet flavors such as cinnamon. While smoking rates among Egyptian women have been relatively low, current evidence shows that tobacco use by women is growing. In 2002, the prevalence of overall smoking among adult females in Egypt was estimated at less than 1% compared to 47% (34% cigarettes only, 10% waterpipes only, 3% mixed) among adult males.¹⁴ However, the 2005 Global Tobacco Survey estimated adult female

¹¹ A 2005 study conducted by the Egyptian Smoking Prevention Research Institute showed that out of 1000 shop owners in Egypt, 94% sell cigarettes to minors. Out of the 25 waterpipe café owners who were interviewed, all 25 of them provided waterpipes to minors. M.K. Mohamed, “Tobacco Burden in Egypt and efforts for control and prevention: Global support needs in developing countries,” available at <http://74.125.47.132/search?q=cache:7PK759BTp1kJ:www.cdc.gov/tobacco/icsh/meetings/summary041305/presentations/pdfs/mohamed/mohamed.pdf+smoking+ban+%2B+egypt+%2B+minors&cd=7&hl=en&ct=clnk&gl=us>.

¹² A. Langhammer, R. Johnsen, J. Holmen, A. Gulsvik, L. Bjørner, “Cigarette smoking gives more respiratory symptoms among women than among men,” The Nord-Trøndelag Health Study (HUNT), *Journal of Epidemiology and Community Health*, (54) 2000, pp. 917-922; J. Castelao, J. Yuan, P. Skipper, S. Tannenbaum, M. Gago-Domínguez, J. Crowder, R. Ross, M. Yu, “Gender and Smoking-Related Bladder Cancer Risk,” *Journal of the National Cancer Institute*, (93/7) 2001, pp. 538-545.

¹³ Jason Sumner, Tomorrow’s Regular Customers? Stamping out tobacco use in the Middle East and Africa, *The Economist*, p. 3 (2009).

¹⁴ M.K. Mohamed, C. Loffredo, E. Israel eds. Tobacco use in Shisha. Studies on waterpipe smoking in Egypt, 2006 (www.who.int/infobase IBRef: 102658), available at <https://apps.who.int/infobase/reportviewer.aspx?rptcode=ALL&surveycode=102658a1&dm=8#pgstring1>, See also R.M. Youssef, S.A. Abou-Khatwa1 and H.M. Fouad, “Prevalence of smoking and age of initiation in Alexandria, Egypt,” *Eastern Mediterranean Health Journal* (8/4&5), September 2002.

smoking prevalence in Egypt at 2.7%, while smoking among female youth is an alarming 7.6% and growing.¹⁵

Misinformation about the relative safety of waterpipe smoking¹⁶ explains, in part, the recent surge in waterpipe tobacco consumption in women. In a study of 196 female university students, 27% claimed that they smoked cigarettes only while 37.8% reported waterpipe smoking only. Most of the waterpipe smokers (74.1%) preferred this method because they believe it to be less harmful than smoking cigarettes.¹⁷ These perceptions are driven by the mistaken impression that filtering through water removes more toxins¹⁸ and that the milder flavors like apple, cinnamon and strawberry which are markedly different than the strong, harsh flavors that characterize common Egyptian and foreign brands of cigarettes, represent lower health risk.¹⁹ The intricate designs of the waterpipe vessels and the elaborate preparation procedures boost its popularity in cafes and hotels. A recent American University of Cairo study conducted on 70 middle-class women in Greater Cairo found that 16 to 21 year-olds are the most avid consumers of waterpipe smoking, spending anywhere between LE 30 and LE 220 monthly, which represents between 4.4% and 32% of the monthly minimum wage for government workers.²⁰

One-third of Egypt's tobacco-caused deaths are attributable to waterpipe smoking for which no information or warnings are provided.²¹ In addition to cancer and other fatal diseases caused by tobacco use, for pregnant women or women who wish to become pregnant, direct or indirect exposure to waterpipe smoke is associated with low-birth weight and increased risk of respiratory disease in newborns.²² Waterpipe smoking produces more smoke than cigarette smoking, and it has been estimated that smoke exposure could be as much as 100–200 cigarettes per session, directly proportional to the

¹⁵ WHO Report on the Global Tobacco Epidemic, 2008, p. 86, quoting the 2005 Tobacco Survey.

¹⁶ World Health Organization, "Tobacco use in shisha: studies on waterpipe smoking in Egypt" (January 1, 2006). *Tobacco Control. WHO Tobacco Control Papers*.

<http://repositories.cdlib.org/tc/whotcp/SHISHA>; Jason Sumner, Tomorrow's Regular Customers? Stamping out tobacco use in the Middle East and Africa, *The Economist*, p. 7 (2009).

¹⁷ N. Labib, G. Radwan, N. Mikhail, M. El Setouhy, M.K. Mohamed, E. Israel, C. Loffredo, "Comparison of cigarette and waterpipe smoking among female university students in Egypt," *Nicotine and Tobacco Research* 9(5) 2007, pp. 591-6.

¹⁸ W. Maziakk, "Water pipe: time for action," *Addiction* 103(11) 2008, pp. 1763-7.

¹⁹ E. Israel et. al. "Water pipe smoking in cafes in Egypt," *Journal of the Egyptian Society of Parasitology* 33(3 Suppl.) 2003, pp. 1073-85.

http://www.who.int/tobacco/global_interaction/tobreg/Waterpipe%20recommendation_Final.pdf

²⁰ This is equivalent to USD\$5.40 to \$40.00 per month. Available at

<http://www.thedailynewsegypt.com/article.aspx?ArticleID=22371>; Ingrid Wassmann, "Why are we running this story?" *Egypt Today*, November 2004, available at

<http://www.egypttoday.com/article.aspx?ArticleID=2816>.

²¹ Mostafa K. Mohamed, "Cairo's Popular Waterpipes no safer than cigarettes," Reuters March 15, 2007. Dr. Mohamed is a Professor of Community Medicine at Ain Shams University, Cairo, Egypt.

²² World Health Organization, "Tobacco use in shisha: studies on waterpipe smoking in Egypt" (January 1, 2006). *Tobacco Control. WHO Tobacco Control Papers*.

http://www.cdc.gov/tobacco/data_statistics/fact_sheets/tobacco_industry/hookahs/index.htm; I.A.

Nuwayhid, et. Al. Narghile (hubble bubble) smoking, low birth-weight, and other pregnancy outcomes, *American Journal of Epidemiology* (148) 1998, pp. 375-83.

length of the session.²³ Egyptian women are currently being targeted by manufacturers given the form, availability and taste of waterpipe smoking. For example, *Tobacco Asia*, a tobacco-industry promotional magazine, quotes Egypt's tobacco monopoly – Eastern Company SAE – as confirming the relationship between mild, fruit-flavored waterpipe tobacco and gendered smoking preferences: “Apple is the most preferred flavor, especially with women, as it is light and flavored with a wonderful fruity aroma.”²⁴

Egyptian tobacco control law does not explicitly cover waterpipe smoking, a major form of women’s tobacco consumption and exposure in Egypt. Because it is not clear whether waterpipes fall within the law’s restrictions on “tobacco products,” waterpipe smoking is left in the shadow of the law – consumed in greater numbers by young and adult women with no warnings as to its hazards or meaningful restraint on direct or indirect exposure to its smoke.²⁵

2. CONSUMER INFORMATION

Article 10(1)(h) of CEDAW requires that States provide relevant health information to ensure the well-being of families. Egypt’s 2007 law mandates graphic health warnings that cover 50% of both sides of the packets. But, the law does not cover waterpipes.²⁶

The Government of Egypt has attempted to combat the growing trend of tobacco use among women. For example, the State adopted an advertising campaign that discouraged women from smoking based on the appearance of impropriety.²⁷ As the Ministry of Health’s artistic production studio director, Gamal Shanan, summarized about the campaign, “[w]e are declaring war on women who smoke *shisha* and in so doing we intend to hit where it hurts. Our intention is to protect the image of women. And what on earth should any decent woman care about if not, before all else, her image?”²⁸ As this report has shown, rising use of the waterpipe by Egyptian women is linked with a perception that it is less harmful; authorities should provide relevant health information as part of a comprehensive public health campaign.

Because of the unique factors that encourage women’s use of the waterpipe as a mode of tobacco consumption, the State should equally regulate “tobacco products” and waterpipes by including (i) warning labels on tobacco waterpipes, (ii) ban smoking of waterpipes in enclosed public places, and (iii) ban advertising of waterpipe smoking on the same terms under which advertising of cigarette smoking is banned.

²³ World Health Organization, "Tobacco use in shisha: studies on waterpipe smoking in Egypt" (January 1, 2006). *Tobacco Control. WHO Tobacco Control Papers.*

<http://repositories.cdlib.org/tc/whotcp/SHISHA>

²⁴ <http://www.tobaccoasia.com/news.asp?id=876>. Egypt owns 66% of the shares of Eastern Company SAE, the monopoly tobacco product manufacturer in Egypt.

²⁵ Michael Slackman, “Antismoking Fight Proves a Pyramid-Size Task,” New York Times, Nov. 16, 2009 (detailing the confusion surrounding a short-lived and uncoordinated attempt to ban shisha smoking in Egyptian cafes).

²⁶ The images of Egypt’s graphic warning labels can be found at:

<http://www.tobaccolabels.ca/labelima/egypt>

²⁷ See ‘Bubble, bubble, toil and trouble’ by Yasmine Fathy, Al-Ahram Weekly January 2004, available at <http://weekly.ahram.org.eg/2004/673/fel1.htm>.

²⁸ Ibid.

III. CONCLUSIONS AND RECOMMENDATIONS

In this report, we have emphasized a key flaw in Egypt's regulation of tobacco control and the particular effect of that flaw on women's health. We commend the State's efforts to implement the FCTC, and in particular, we welcome the adoption of the law mandating graphic health warnings on cigarette packs as they are one way of reducing tobacco consumption among women and men. Yet for the reasons outlined above, the Egyptian tobacco control law does not meet either FCTC requirements or Paragraph 107(o) of the Beijing Platform for Action, which requires Egypt and other State parties to "create awareness among women . . . about the serious but preventable health hazards stemming from tobacco consumption . . ." We respectfully request this Committee to take our analysis into account when drafting recommendations to the Egyptian government. In sum, we urge you issue the following recommendations in the final report:

1. This Report commends Egypt's participation in the Global Adult Tobacco Survey as part of the effort to collect and publish accurate gender disaggregated data as to attitudes and prevalence of women's tobacco consumption in Egypt, including forms of tobacco smoked and environmental influences that encourage or discourage consumption.
2. This Report urges the Government of Egypt to regulate equally "tobacco products" and waterpipes by including warning labels on tobacco waterpipes, ban smoking of waterpipes in enclosed public places and ban advertising of waterpipe smoking because of the unique factors that encourage women's use of the waterpipe as a mode of tobacco consumption.