WHO Framework Convention on Tobacco Control requires Parties to protect the environment and the health of persons within their respective Territories. Manufactured cigarettes are by far the most widely consumed tobacco product globally. Every year, cigarette factories all around the world produce about 5 trillion (around 150,000–200,000 billion) cigarettes (second). This process requires use of significant natural resources that result in substantial land degradation, water and air pollution, pesticide exposures, and destruction of biodiversity. The life cycle of each cigarette imposes a heavy burden on the environment, from tobacco cultivation through manufacturing, packaging, distribution, consumption, and disposal of non-biodegradable cigarette filters. Through United Nations agencies, the world community has developed a range of treaties and accords to help the world manage environmental externalities associated with agriculture, fishing, housing, transport, food processing, health services, recreation and countless other human endeavours. A fundamental difference between these activities and tobacco production and consumption is that while the former activities’ negative externalities require careful management, these externalities are counterbalanced by the positive benefits required for the well-being and survival of humans and other living organisms. Tobacco production on the other hand has no redeeming positive features save those for the economic viability of the multi-national, national, and local tobacco industries. An examination of several international environmental agreements, treaties, and conventions (the United Nations Framework Convention on Climate Change (UNFCCC) or Convention on Biological Diversity (UNCBD), and the Rio 20 Declaration) indicate that such instruments could provide new avenues with which to address the tobacco epidemic as an environmental issue.

Tobacco smoke contains more than 50 carcinogenic agents. Those agents have been proven to increase the severity of tobacco-related disease and death at a global level. Additionally, significant progress might be made by tobacco control advocates engaging more effectively with other development and global health agendas and by working to prioritise tobacco control measures within national development planning processes.

OP015
TOBACCO EPIDEMIC AND CHILD ABUSE IN INDONESIA: MINISTRY OF SOCIAL WELFARE ROLE AND RESPONSIBILITY
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Background: In the near future, Ministry of Social Welfare, Republic of Indonesia, will conduct a national survey on child abuse. It was said that this survey is aimed to collect information on the prevalence of physical, emotional and sexual abuse to Indonesian males and females aged 13–24 years in Indonesia. The unclear reason on why Ministry of Social Welfare do not give attention to tobacco related child abuse have raised question on the author. This paper will discuss examples adverse effects of tobacco epidemic on child abuse in Indonesia.

Objective: The objective of this study is to encourage Ministry of Welfare to give attention to this kind of child abuse in their scope of national survey.

Method: This is a review study on tobacco related child abuse in Indonesia. The author used combination method of observation, focus group discussion, non-formal in-depth interview with various informants including high school students, teachers, parent, and head of public health centre. This was done by the author during 2008–2013 in the tours of duty as a researcher of National Institute of Health Research and Development. The overheard information from Indonesian news papers, Indonesian Tobacco Control network, and internet also added to make a more comprehensive review on the tobacco related child abuse.

Result: Year 2009–2011, in Gorontalo, it was revealed that fathers were very permissive to boy smoking, on the other hand, girls were afraid to be slapped by their fathers if asking their fathers not to smoking inside their home. In the year 2012, in Bengkulu, a poor nicotine addicted father smoked five packs of cigarette a day though sometimes he had to owe food for his children. Year 2013, a Head of Public Health Centre in West Nusa Tenggara reported that tobacco epidemic had caused local tobacco farmers did not care harmful effects of tobacco smoke to their own child – using a case of child death near tobacco leaf processing.

Conclusion: The implementation of effective smoking control strategies should be implemented in Indonesia as integral part of child abuse prevention and control. This including total ban on tobacco ads and promotion, increasing retail price and tobacco taxes, prohibit sale to minors, ban on tobacco importation and encourage crop substitution to local tobacco farmers. If Indonesian social welfare have become Indonesian Ministry of Social Welfare Mission, consequently, the Ministry should play its role and responsibility in this kind of child abuse prevention.

OP028
TAKING CONTROL OF TOBACCO TOWARDS THE ACHIEVEMENT OF MDGs
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Background: The relation between MDGs and tobacco is its impact to the achievement of MDGs, specifically in the low income country such as Indonesia. Indonesia with more than 240 million of citizens and a weak regulation to control tobacco, make itself in the third place as a country with the biggest number of smokers after China and India. No doubt, Indonesia is a good target for effective implementation of the FCTC. A much greater international commitment will be needed in order to address the growing health and economic cost of tobacco at a global level. Additionally, significant progress might be made by tobacco control advocates engaging more effectively with other development and global health agendas and by working to prioritise tobacco control measures within national development planning processes.