

Tobacco and the Sustainable Development Goals

Sustainable Development Goals (SDGs)	Country or Region	Fact	Reference
Goal 1: End poverty in all its forms everywhere	Global	Tobacco use is highest among the poor, and it reinforces a vicious cycle of poverty: among low-income families, even a small diversion of income toward tobacco can have a significant impact on health and nutrition.	WHO. Systematic review of the link between tobacco and poverty. Geneva: WHO; 2011. Available from: http://www.who.int/tobacco/publications/economics/syst_rev_tobacco_poverty/en/
	Global	Tobacco cultivation increases poverty: the majority of tobacco farmers are smallholders driven into debt by the industry's exploitation of their labor.	Graen L. Doppelte Last: Tabak Im Globalen Suden. Berlin: Unfairtobacco.org; 2014 December. Available from: http://www.unfairtobacco.org/wp-content/uploads/doppelte-last_web.pdf
	Bangladesh	On a monthly basis, 5% of household expenditures are spent on tobacco products, money that is not used for food, health and educational needs.	WHO. Impact of Tobacco-related Illnesses in Bangladesh. Dhaka: WHO; 2005.
	Bangladesh	Healthcare costs associated with tobacco-related illnesses amount to 10% of monthly household expenditures.	WHO. Impact of Tobacco-related Illnesses in Bangladesh. Dhaka: WHO; 2005.
	China	Poor households in China spend up to 11% of total household expenditures on cigarettes. This is more than education and clothing.	Hu TW, Mao Z, Liu Y, de Beyer J, Ong M. Smoking, standard of living and poverty in China. Tobacco Control. 2005;14:247-250.

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	Indonesia	In 2005, Indonesian households with smokers spent 11.5% of their household income on tobacco products compared to 11% spent on fish, meat, eggs and milk combined, 3.2% on education and 2.3% on health.	Barber S, Adioetomo SM, Ahsan A, Setyonaluri D. Tobacco Economics in Indonesia. Paris: International Union Against Tuberculosis and Lung Disease; 2008.
	Thailand	Low-income families in Thailand spend 13.6% (5 times more than high-income families) of their annual income on tobacco products, money that could be used for food, clothing and education.	Southeast Asia Tobacco Control Alliance (SEATCA). Status of tobacco use and its control – Thailand report card. 2008. Available from seatca.org/upload_resource/%7BB8AB6E30-F488-42AA-B7E0-B40CEDF3AB78%7D_Thailand%20Report%20Card.pdf .
Goal 2: End hunger, achieve food security and improved nutrition and promote sustainable agriculture	Global	It has been estimated that almost 20 million people could be fed by food crops grown on land that is now devoted to tobacco cultivation.	Graen L. Doppelte Last: Tabak Im Globalen Suden. Berlin: Unfairtobacco.org; 2014 December. Available from: http://www.unfairtobacco.org/wp-content/uploads/doppelte-last_web.pdf
	Indonesia	In 2005, Indonesian households with smokers spent 11.5% of their household income on tobacco products compared to 11% spent on fish, meat, eggs and milk combined.	Barber S, Adioetomo SM, Ahsan A, Setyonaluri D. Tobacco Economics in Indonesia. Paris: International Union Against Tuberculosis and Lung Disease; 2008.
	Malawi	The majority of the labour force on tobacco farms are tenants, who are given insufficient food rations and must often find extra work outside of their main estate to make up for the food shortage.	Center for Social Concern (CSC). Tobacco Production and Tenancy Labour in Malawi: Treating Individuals and Families as mere Instruments of Production. Kanengo, Malawi: Center for Social Concern; 2015 January.
	Philippines	If expenditures of the poor on tobacco were reallocated to food, about 750 calories per day could be added to a person's diet.	Baquilod MM, Crisostomo ME, Estrada GB, Tan AG, Palatino MC, Adversario PL, et al. Tobacco and Poverty in the Philippines. Geneva: WHO; 2008.

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Goal 3: Ensure healthy lives and promote well-being for all at all ages	Global	Tobacco kills over 6 million people each year.	WHO. Report on the Global Tobacco Epidemic, 2011: The MPOWER package. Geneva: World Health Organization; 2011.
	Global	600,000 nonsmokers are killed each year from exposure to secondhand smoke. Nearly half of these deaths are women, and over a quarter are children under age 5.	Oberger M, Jaakkola MS, Woodward A, Peruga A, Pruss-Ustun A. 2011. Worldwide burden of disease from exposure to second-hand smoke: a retrospective analysis of data from 192 countries. Lancet 377(7760): 139-146.
	Argentina	An estimated 111 people die every day due to tobacco-related diseases.	Pichon-Riviere A, Alcaraz A, Bardach A, Augustovski F, Caporale J, and Caccavo F. Carga de Enfermedad atribuible al Tabaquismo en Argentina. Buenos Aires: Instituto de Efectividad Clinica y Sanitaria (IECS): Documento Tecnico N° 7; 2013 May. Available from: http://www.asat.org.ar/images/novedades/carga_de_enfermedad.pdf
	Brazil	Between 1996 and 2005, there were over 1 million hospitalizations in Brazil attributable to tobacco use.	Iglesias R, Jha R, Pinto M, da Costa e Silva VL, Godinho J. Tobacco Control in Brazil. HNP Discussion Paper. Washington, DC: The International Bank for Reconstruction and Development, The World Bank. 2007. Available at: http://siteresources.worldbank.org/BRAZILEXTN/Resources/TobaccoControlinBrazilenglishFinal.pdf .
	China	Lung cancer deaths have increased 465% in the past 30 years, due for the most part to increasing rates of smoking, and make up 23% of all cancer deaths in China.	China Ministry of Health. Third National Survey on Causes of Mortality [in Chinese]. Beijing: China Ministry of Health; 2008.

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	Egypt	90% of all lung cancer cases in Egypt are due to tobacco use.	Nassar H. HNP Discussion Paper, Economics of Tobacco Control Paper No. 8—The Economics of Tobacco in Egypt: A New Analysis of Demand. Washington, DC: The World Bank; 2003. Available at: http://www1.worldbank.org/tobacco/pdf/Nassar%20-%20The%20Economics%20-%20whole.pdf
	India	In 2004, direct healthcare costs attributable to tobacco reached 1.2 billion USD, 4.7% of India’s total national healthcare expenditure.	John RM, Sung HY, Max W. Economic Cost of Tobacco Use in India, 2004. Tobacco Control. 2009 Apr;18(2):138-43.
	India	The total cost of tobacco use in 2004 was estimated at 1.7 billion USD – not including premature mortality costs.	John RM, Sung HY, Max W. Economic Cost of Tobacco Use in India, 2004. Tobacco Control. 2009 Apr;18(2):138-43.
	Indonesia	In Indonesia, smoking kills at least 225,000 people annually.	Global Burden of Disease [database on the internet]. Institute for Health Metrics and Evaluation (IHME). c2013 [cited 2013 August 15]. Available from: www.healthmetricsandevaluation.org/gbd/
	Malawi	During harvesting season, tobacco farm workers absorb the equivalent of 50 cigarettes' worth of nicotine through their skin every day-- enough to cause strong nicotine poisoning (Green Tobacco Sickness).	Plan Malawi. Hard work, long hours, and little pay: Research with children working on tobacco farms in Malawi. Lilongwe, Malawi: Plan Malawi; 2009.
	Mexico	10% of all deaths in Mexico are attributable to tobacco use.	Secretariado Tecnico del Consejo Nacional contra las Adicciones (CONADIC). Informacion para medicos: Programa de educacion para la salud en tabaquismo. CONADIC; 2003. Available from: http://www.conadic.salud.gob.mx/pdfs/publicaciones/infmed.pdf

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	Mexico	Approximately 100,000 patients demand healthcare services each year to treat tobacco-related illnesses.	Arredondo A, Carrillo C, Zuniga A. Economic burden of expected epidemiological changes in diseases related to tobacco. <i>Rev Saude Publica</i> . 2007; 41(4):523-9.
	Russia	Tobacco use is the third leading cause of premature death in Russia after high blood pressure and high cholesterol.	Marques P, Suhrek M, McKee M, Rocco L. Adult health in the Russian Federation: more than just a health problem. <i>Health Affairs</i> . 2007; 26 (4): 1040-1051.
	Russia	In Russia, the average life expectancy among males is over 10 years less than for men in Western Europe, in part due to high rates of tobacco use.	Federal State Statistics Service. Life expectancy at birth. Moscow, Russia, 2008. Available at gks.ru/free_doc/2008/demo/osn/05-08.htm . Accessed April 8, 2008
	United States	On average, smokers lose a decade of their life compared to non-smokers.	Jha P, Ramasundarahettige C, Landsman V, et al. 21st-Century hazards of smoking and benefits of cessation in the United States. <i>The New England Journal of Medicine</i> . 2013 January 24; 368: 341-350.
	Uruguay	14.5% of all deaths are attributed to tobacco use, of which 34.9% are from cancer, 28.7% from respiratory diseases, 28% from cardiovascular diseases, and 8% from secondhand smoke.	Sandoya E, Bianco E. Mortalidad por tabaquismo y por humo de segunda mano en Uruguay. <i>Revista Uruguaya de Cardiología</i> . 2011; 26: 201–06.
Goal 4: Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all	Indonesia	In 2005, Indonesian households with smokers spent 11.5% of their household income on tobacco products compared to just 3.2% on education.	Barber S, Adioetomo SM, Ahsan A, Setyonaluri D. Tobacco Economics in Indonesia. Paris: International Union Against Tuberculosis and Lung Disease; 2008.
	Malawi	At least 78,000 children are forced to work in tobacco fields, preventing most of them from attending school.	Plan Malawi. Hard work, long hours, and little pay: Research with children working on tobacco farms in Malawi. Lilongwe, Malawi: Plan Malawi; 2009.

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	Philippines	In 2003, the poorest households in the Philippines spent eight times as much on tobacco as they did on education.	Baquilod MM, Crisostomo ME, Estrada GB, Tan AG, Palatino MC, Adversario PL et al. Tobacco and Poverty in the Philippines. Geneva: WHO; 2008.
	Vietnam	Smoking households classified as very poor spent 2.3 times more on tobacco than they did on education per pupil.	Hoang M, Thu L, Efroymsen D, FitzGerald S, Jones L, Tuan T. Tobacco over education: an examination of the opportunity losses for smoking households. Hanoi: Path Canada (HealthBridge) Vietnam Office, 2004.
Goal 5: Achieve gender equality and empower all women and girls	Global	600,000 non-smokers are killed each year from exposure to secondhand smoke. Nearly half of these deaths are women, and over a quarter are children under age 5.	Oberg M, Jaakkola MS, Woodward A, Peruga A, Pruss-Ustun A. 2011. Worldwide burden of disease from exposure to second-hand smoke: a retrospective analysis of data from 192 countries. Lancet 377(7760): 139-146.
	Global	Women comprise 20% of the world's more than 1 billion smokers, and are heavily targeted by tobacco companies as a market for high potential growth.	Haglund M. Women and tobacco: Bulletin of the World Health Organization. Geneva: WHO; 2010; 88:563-563.
	Global	Deaths among women aged 20 years and over may rise from 1.5 million in 2004 to 2.5 million by 2030; almost 75% of these projected deaths will occur in low-income and middle-income countries.	World Health Organization (WHO). Women and health: Today's evidence, tomorrow's agenda. Geneva: World Health Organization.
	China	53% of women of reproductive age in China were exposed to secondhand smoke at work and 65% were exposed to secondhand smoke at home, which raises the risk of complications in pregnancy, including stillbirths and infant death.	Caixeta RB, Khoury RN, Sinha DN, et al. Current Tobacco Use and Secondhand Smoke Exposure Among Women of Reproductive Age – 14 Countries, 2008-2010. Morbidity and Mortality Weekly Report 2012. 61(43): 877-882.
	Uruguay	From 2007 to 2012, among pregnant women who smoked, the proportion who quit smoking by their third trimester significantly increased from 15 to 42 percent.	Harris JE, Balsa AI, Triunfo P. Tobacco Control Campaign in Uruguay: Impact on Smoking Cessation During Pregnancy and Birth Weight. Cambridge, MA: National Bureau of Economic Research (NBER); January 2014.

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	Uruguay	Comprehensive tobacco control policies improve the health of newborns by encouraging pregnant women who smoke to quit.	Harris JE, Balsa AI, Triunfo P. Tobacco Control Campaign in Uruguay: Impact on Smoking Cessation During Pregnancy and Birth Weight. Cambridge, MA: National Bureau of Economic Research (NBER); January 2014.
Goal 6: Ensure availability and sustainable management of water and sanitation for all	No Literature Identified		
Goal 7: Ensure access to affordable, reliable, sustainable and modern energy for all	No Literature Identified		
	Global	Lost economic opportunities in highly populated, developing countries are severe because up to half of all tobacco-related deaths occur during the prime productive years (age 30–69).	Mackay J, Eriksen M, Shafey O. The Tobacco Atlas. 2nd ed. Atlanta: American Cancer Society; 2006.
	Argentina	The direct cost of tobacco-related diseases accounts for 1% of the GNP and 12% of national health expenditures.	Pichon-Riviere A, Alcaraz A, Bardach A, Augustovski F, Caporale J, and Caccavo F. Carga de Enfermedad atribuible al Tabaquismo en Argentina. Buenos Aires: Instituto de Efectividad Clinica y Sanitaria (IECS): Documento Tecnico N° 7; 2013 May. Available from: http://www.asat.org.ar/images/novedades/carga_de_enfermedad.pdf

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Goal 8: Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all.	Bangladesh	Former tobacco farmers increased their average net profit twelvefold after switching to mixed cultivation of potatoes, corn, lentils, and coriander, which also helped contribute to food security.	Akhter, Farida/Daniel Buckles/Rafiqul Haque Tito (2014): "Breaking the dependency on tobacco production: transition strategies for Bangladesh." In: Leppan W, Lecours N, Buckles D. Tobacco Control and Tobacco Farming: Separating myth from reality. New York: Anthem Press, International Development Research Centre; 2014: 141-187.
	Bangladesh	Loss of income from death or disability due to tobacco-related illnesses is estimated at 652.86 million USD.	Shafey O, Eriksen M, Ross H, Mackay J. The Tobacco Atlas, 3rd Ed. Atlanta: American Cancer Society; 2009.
	Bangladesh	63% of adults are exposed to secondhand smoke in the workplace.	Ministry of Health and Family Welfare Bangladesh, World Health Organization Country Office of Bangladesh. Global Adult Tobacco Survey: Bangladesh Report 2009: World Health Organization, 2009.
	Chile	In 2008, the cost of treating tobacco-related diseases was 1,140 million USD, equivalent to the nation's expenses for public safety.	Eriksen, Michael/Judith Mackay/Hana Ross (2012): The Tobacco Atlas. Fourth edition. Atlanta. American Cancer Society.
	China	In 2008, tobacco consumption cost the economy 28.9 billion USD.	Yang, Lian, Hai-Yen Sung, Zhengzhong Mao, et al. 2011. "Economic Costs Attributable to Smoking in China: Update and an 8-year Comparison, 2000–2008." Tobacco Control, 20(4): 266 – 272.
	Egypt	Almost 61% of indoors workers are exposed to secondhand smoke at work. Nearly 59% of them are non-smokers.	Centers for Disease Control and Prevention. Global Adult Tobacco Survey Fact Sheet: Egypt: CDC, WHO, 2009.

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	India	Raising the tax on bidis from 9% to 40% and on cigarettes from 38% to 78% could generate a 3.9 billion USD revenue increase.	John, Rijo M., R. Kavita Rao, M. Govinda Rao, et al. 2010. "The Economics of Tobacco and Tobacco Taxation in India." Paris: International Union Against Tuberculosis and Lung Disease.
	India	25% of public health spending goes to treating tobacco-related diseases.	John, Rijo M., R. Kavita Rao, M. Govinda Rao, et al. 2010. "The Economics of Tobacco and Tobacco Taxation in India." Paris: International Union Against Tuberculosis and Lung Disease.
	Indonesia	It is estimated that raising tobacco taxes by 25% would lead to a net increase in employment of 84,340.	Ashan, Abdillad. 2007. "An Analysis of the Impact of Higher Cigarette Prices on Employment in Indonesia." Bangkok: Southeast Asia Tobacco Control Alliance (SEACTA).
	Malawi	63% of the labour force on tobacco farms are tenants, 71% of whom have either an oral contract or no contract. Tenants all work long hours involving hazardous activities, and receive only a fraction of the end sales revenue of tobacco despite bearing most of the risk.	Center for Social Concern. Tobacco Production and Tenancy Labour in Malawi: Treating Individuals and Families as mere Instruments of Production. Kanengo, Malawi: Center for Social Concern, January 2015.
	Malaysia	In 2008, the cost of treating tobacco-related diseases was 922 million USD, equivalent to the expenses for the entire national programme for rural development	Eriksen, Michael/Judith Mackay/Hana Ross (2012): The Tobacco Atlas. Fourth edition. Atlanta. American Cancer Society.
	Mexico	Nearly 20% of adults are exposed to secondhand smoke at their workplace and 17% of adults are exposed to secondhand smoke at their home.	GATS Mexico, 2010.
Goal 9: Build resilient infrastructure, promote inclusive and sustainable industrialization and foster innovation		No Literature Identified	

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Goal 10: Reduce inequality within and among countries	Global	More than 80% of the world’s smokers live in low- and middle-income countries, which have fewer resources to devote to the health and other costs of tobacco and tobacco use.	Jha P. Avoidable global cancer deaths and total deaths from smoking. <i>Nature Reviews: Cancer</i> . 2009 September; (9):655-664.
	Global	From 1970 to 2000, cigarette consumption tripled in developing countries due to aggressive acquisition and marketing strategies by the tobacco industry.	Guindon GE, Boisclair D. Past, current and future trends in tobacco use. <i>Health, Nutrition and Population (HNP) Discussion Paper. Economics of Tobacco Control Paper No. 6</i> . Washington, DC, World Bank, 2003. Available from: http://www1.worldbank.org/tobacco/publications.asp
	Global	The tobacco industry continues to aggressively target and expand in low- and middle-income countries, particularly in Asia-Pacific, Africa, and the Middle East where consumption levels are still increasing.	Gilmore, Anna et al. Exposing and addressing tobacco industry conduct in low-income and middle-income countries. <i>The Lancet</i> 385;9972, p1029-1043, 14 March 2015.
	Global	By 2030, 80 % of tobacco-related deaths will be in low- and middle-income countries, as the tobacco industry responds to increased regulation in high-income countries.	WHO. Report on the Global Tobacco Epidemic, 2011: The MPOWER package. Geneva: World Health Organization; 2011.
	Uruguay	Smoking rates are higher among the poor: 35% of adults in the poorest quarter of the population smoke, while 19.6% of adults in the wealthiest quarter do.	Bonilla-Chacín, ME (ed.) Bonilla-Chacin M. Risk Factors for NCDs in Latin America and the Caribbean. In: Bonilla-Chacin M. <i>Promoting Healthy Living in Latin America and the Caribbean</i> . Washington, DC: The World Bank; 2014. 39-67. Available at: http://documents.worldbank.org/curated/en/2013/12/18639184/promoting-healthy-living-latin-america-caribbean
	Egypt	Nearly 71% of Egyptians allow smoking inside their homes and more than half (51%) report exposure to secondhand smoke on a weekly basis.	GATS Egypt, 2009.

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Goal 11: Make cities and human settlements inclusive, safe, resilient and sustainable	Indonesia	78% of youth (age 13-15) are exposed to secondhand smoke in public places, and 69% of youth are exposed to secondhand smoke at home.	GYTS Indonesia, 2009.
	Mexico	Nearly 20% of adults are exposed to secondhand smoke at their workplace and 17% of adults are exposed to secondhand smoke at their home.	GATS Mexico, 2010.
	Pakistan	About 7 in 10 adults (16.8 million adults) who worked indoors were exposed to tobacco smoke at the workplace. Nearly 8 in 10 adults (49.2 million adults) who used public transport were exposed to tobacco smoking. Nearly 9 in 10 adults (21.2 million adults) who visited restaurants were exposed to tobacco smoke.	GATS Pakistan, 2014.
	Thailand	68% of youth (age 13–15) are exposed to secondhand smoke in public places and 49% are exposed to secondhand smoke in their homes.	GYTS Thailand, 2009.
Goal 12: Ensure sustainable consumption and production patterns	Indonesia	Lost economic opportunities in highly populated, developing countries are severe because half of all tobacco related deaths occur during the prime productive years (30-69 years).	Mackay J, Eriksen MP, Shafey O. The tobacco atlas, 2nd edition. Atlanta, Georgia: American Cancer Society; 2006.
Goal 13: Take urgent action to combat climate change and its impacts	Global	Tobacco cultivation accounts for 1% of the world's agricultural land use, yet it is responsible for 2-4% of global deforestation, "making a visible footprint for climate change."	Eriksen, Michael et al. (2015): The Tobacco Atlas. Fifth edition. Atlanta. American Cancer Society.

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	Global	Clearing of land for cultivation and the large amount of wood needed for curing tobacco cause massive deforestation at a rate of approximately 200,000 hectares per year, and the subsequent release of greenhouse gases contributes to climate change.	Eriksen, Michael et al. (2015): The Tobacco Atlas. Fifth edition. Atlanta. American Cancer Society.
Goal 14: Conserve and sustainably use the oceans, seas and marine resources for sustainable development	Global	Cigarette butts are washed into rivers, lakes and oceans where they are eaten by birds, animals and fish.	Ocean Conservancy. International Coastal Cleanup: a rising tide of ocean debris, 2009.
	Global	Cigarette butts, which can take up to 12 years to decompose, were the most common debris item found in the 2013 International Coastal Clean-Up in 92 countries. They made up 15% of the total pieces of debris.	Ocean Conservancy. International Coastal Cleanup 2013 Report.
	Global	Thousands of chemicals are present in a cigarette, and the residues may be found in littered butts. Leachate from cigarette butts is acutely toxic to some marine and freshwater fish species, and even unsmoked filters are slightly toxic.	Slaughter E, Gersberg RM, Watanabe K, Rudolph J, Stransky J, Novotny TE. Toxicity of cigarette butts, and their chemical components, to marine and freshwater fish. Tob Control. 2011 May; 20(Suppl_1): i25–i29. doi: 10.1136/tc.2010.040170.
	Global	Tobacco cultivation is responsible for biodiversity losses and pollution through the use of pesticides. Tobacco also uses many more soil nutrients than other crops, leading to exacerbated soil degradation and erosion.	WHO. Study group on economically sustainable alternatives to tobacco growing (in relation to Articles 17 and 18 of the Convention). Conference of the Parties to the WHO Framework Convention on Tobacco Control. South Africa, 2008
	Global	Cigarette manufacturing contributes to deforestation. Cigarette-manufacturing machines use up to four miles of paper an hour to roll and package cigarettes.	University of California, Berkeley. Tobacco and the Environment. Health and Human Services Department website.

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Goal 15: Protect, restore and promote sustainable use of terrestrial ecosystems, sustainably manage forests, combat desertification, and halt and reverse land degradation.	Bangladesh	In two tobacco growing sub-districts, 65,000 tons of firewood are used every year for curing tobacco. In another district, tobacco farmers have switched to burning straw or jute because the forests have already been decimated.	Akhter, Farida/Daniel Buckles/Rafiqul Haque Tito (2014): "Breaking the dependency on tobacco production: transition strategies for Bangladesh." In: Leppan/Lecours/Buckles 2014: 141-187
	Bangladesh	30% of deforestation in Bangladesh is related to tobacco manufacturing.	John S, Vaite S. Tobacco and poverty: observations from India and Bangladesh. Efroymson D, editor. Canada: PATH Canada; 2002
	Brazil	According to the WHO, the negative consequences of tobacco farming are "clearly visible in the form of forest devastation, erosion and abnormally low water levels."	Assistance and Management of Studies about Nature. Human Development and Agro-Ecology, 2007 Submission to the Public Hearing on Agricultural Diversification and Crop Alternatives to Tobacco for the WHO FCTC (Brasilia, Brazil, 26 February 2007).
	Brazil	In Brazil, the 200,000 tobacco-growing families use an average of 3 kilograms of wood to cure 1 kilogram of tobacco.	Geist H, Chang K-t, Eteges V, Abdallah JM. Tobacco growers at the cross-roads: Towards a comparison of diversification and ecosystem impacts. Land Use Policy, 2009; 26 (4): 1066-1079.
	Kenya	Plantations set up by British American Tobacco in Kenya consist largely of non-native, fast-growing eucalyptus and cypresses which adversely affect biodiversity and can lower the water table.	Action on Smoking or Health. Tobacco and the Environment. August 2009.
	Malawi	Between 1990 and 1995, tobacco growing accounted for 26% of deforestation in Malawi.	Millington A and Jepson W. (eds), Land-change science in the tropics: Changing agricultural landscapes. Springer: New York, 2008. Ch 14.
	Tanzania	In the Urambo tobacco-growing region, land clearing for tobacco planting is responsible for 3.5% of annual deforestation while farmers' use of stacked wood to cure tobacco adds another 3% of deforestation.	Mangora, M. Ecological impact of tobacco farming in miombo woodlands of Urambo District, Tanzania. African Journal of Ecology, 2006. 43:4: 385-391. Published online 13 Jan. 2006.

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	Tanzania	Tobacco growing in the Tabora Region of Tanzania has decimated the Miombo Forests, resulting in a loss of biodiversity and in desertification.	Waluye, J. Presentation at the 13th Annual World Conference on Tobacco or Health.
	Zimbabwe	Nine kilograms of wood are used to cure one kilogram of raw tobacco. This leads to the destruction of 50,000 hectares of forest each year.	Scoones, Ian (2014): "Going up in smoke: The environmental cost of Zimbabwe's tobacco boom." In: Think Africa Press. January 27. Published at: http://thinkafricapress.com/zimbabwe/going-smoke-environmental-costs-zimbabwes-tobacco-boom , 20/11/2014.
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	Global	In 2000, the European Community (EC) accused tobacco companies Phillip Morris and RJ Reynolds of smuggling cigarettes, obstructing governmental tobacco control, bribery of foreign public officials, and illicit trade with terrorist groups. Though the case was dropped, it resulted in a legally-binding agreement that PMI pay the EC 1 billion USD and implement actions to prevent smuggling.	Joossens, L and M Raw. Progress in combating cigarette smuggling: controlling the supply chain. Tobacco Control 2008;17:399-404. Accessed at http://tobaccocontrol.bmj.com/content/17/6/399.full.pdf%20rel='nofollow
	European Union	Off the record meetings and inappropriate payments involving a tobacco industry representative and an unregistered lobbyist with access to the European Union Health Commissioner raised suspicions of bribery as the EU Tobacco Products Directive was being negotiated. The EU Anti-Fraud Office launched an investigation, resulting in the resignation of the Health Commissioner in 2012.	Tobacco Tactics. "TPD: DalliGate." Updated 1 June, 2015. Accessed at: http://www.tobaccotactics.org/index.php/TPD:_DalliGate
	Thailand, Kyrgyzstan	In 2010, two foreign subsidiaries of Virginia-based Alliance One International Inc., a leading independent tobacco leaf merchant, pleaded guilty to bribing officials in Thailand and Kyrgyzstan to ensure contracts and purchase tobacco, thus violating the U.S. Foreign Corrupt Practice Act.	Palazzolo, Joe. "Tobacco Companies Plead Guilty to Bribing Kyrgyz, Thai Officials." Main Justice: Politics, Policy and the Law. Published online August 6, 2010. http://www.mainjustice.com/2010/08/06/tobacco-companies-plead-guilty-to-bribing-kyrgyz-thai-officials/

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<p>Goal 17: Strengthen the means of implementation and revitalize the global partnership for sustainable development</p>	Global	<p>The UN General Assembly has endorsed the policies and actions in the outcome document of the Third International Conference on Financing for Development (FfD3). One of these policies is to increase tobacco taxes, because price and tax measures on tobacco can be an effective and important means to reduce tobacco consumption and health-care costs, and, in many countries, to raise revenue to finance development programmes.</p>	<p>United Nations General Assembly (UN). Resolution adopted by the General Assembly on 27 July 2015: Addis Ababa Action Agenda of the Third International Conference on Financing for Development. 2015 August 17. Available from: http://www.un.org/ga/search/view_doc.asp?symbol=A/RES/69/313.</p>
	Global	<p>Slow implementation of the WHO Framework Convention on Tobacco Control costs millions of lives, causes economic hardship due to healthcare costs, and perpetuates lost opportunities to invest in sustainable development.</p>	<p>D. Buckles, N. Lecours and W. Leppan. 2014. "Reframing the Debate on Tobacco Control and Tobacco Farming". The concluding chapter in W. Leppan, N. Lecours and D. Buckles (eds). 2014. Tobacco Control and Tobacco Farming: Separating Myth from Reality. London: Anthem Press and IDRC.</p>