



HUMAN RIGHTS AND TOBACCO PRODUCTS: OBLIGATIONS OF STATES UNDER INTERNATIONAL LAW AND PRACTICE IN UZBEKISTAN

Munisa Rayimova Nozim kizi

Lecturer and Independent Researcher at

Tashkent State University of Law

m.rayimova@tsul.uz

Abstract

This article analyzes the international obligations of states to regulate the circulation of tobacco products and their impact on ensuring the right to health in Uzbekistan's practice. The requirements and standards of the International Covenant on Economic, Social and Cultural Rights and the World Health Organization Framework Convention on Tobacco Control regarding tobacco control are considered as the legal basis. Uzbekistan's legislation and policy measures are compared with these international norms, and the effectiveness of mechanisms aimed at protecting youth health is analyzed. According to the research results, although national policy includes important preventive and control measures, there is a need to improve restrictions on advertising and marketing, regulation of new nicotine products, and strengthening of the monitoring system. In conclusion, it is argued that full compliance with international obligations serves to ensure Uzbekistan's real implementation of the right to health.

Keywords: Tobacco control, right to health, international obligations, WHO FCTC, youth rights, Uzbekistan legislation, preventive policy.



Introduction

The fact that every six seconds a person dies somewhere in the world due to a tobacco-related illness speaks volumes. The root of such a tragedy often begins in the early stages of smoking, when a person is still a minor and their body is vulnerable. According to the World Health Organization, the majority of young people become addicted to tobacco between the ages of 13-15. This signifies a serious future weakening of the right to health. The right to health is enshrined in fundamental documents ranging from the Universal Declaration of Human Rights to the International Covenant on Economic, Social and Cultural Rights. The state's obligation in this regard is not limited to establishing a treatment system but also includes protecting the population, especially children, from disease-causing risk factors.

In Uzbekistan, steps are also being taken to strengthen tobacco control measures aimed at protecting children's health. This is evidenced by the fact that even in areas where students should not be able to buy cigarettes, some stores are "ready to serve," and perhaps more dangerously, electronic cigarettes and nicotine vapes are becoming popular among young people through covert advertising. Sometimes schoolchildren have devices in their hands that are advertised as "just fashionable, not harmful." Despite the existence of legal mechanisms, these real-life situations raise questions about the extent to which the right to health is actually protected. Therefore, this article aims to analyze the international obligations of states to regulate the circulation of tobacco products and their impact on health protection of young people in Uzbekistan, in particular.

The article seeks answers to the following questions:

- What do international norms on tobacco control impose on the state?
- To what extent is Uzbekistan implementing these obligations?
- What else needs to be done to fully protect children's right to health?

Article 12 of the International Covenant on Economic, Social and Cultural Rights (ICESCR) stipulates that states recognize "the right of everyone to the enjoyment of the highest attainable standard of physical and mental health."¹ This norm views health protection not only as the treatment of disease but also

¹ Refworld. "UN Human Rights Council – Document Sources." Available at: <https://www.refworld.org/document-sources/un-human-rights-council> (accessed 11 November 2025).



as a right that encompasses a healthy lifestyle, safe environment, free access to information, and equal opportunities for all².

The Committee's General Comment No. 14 details the content of this right, the obligations of states, and control mechanisms. In conclusion, states undertake to implement the principles of "progressive realization" and "non-discrimination" in ensuring the right to health³.

International legal instrument for tobacco control: WHO Framework Convention on Tobacco Control (FCTC)

This convention, designed to address global health problems related to tobacco products through international cooperation, binds states with obligations in the field of tobacco control.⁴

Among the main obligations are:

- states must recognize that there is a "fundamental and irreconcilable" conflict between the tobacco industry and its interests and public health policy, and stop the tobacco industry's interference in health policy⁵.
- Taking measures to reduce demand for tobacco products, including tax and pricing policies, restricting advertising and promotion, regulating tobacco content, and raising awareness⁶.
- states should establish monitoring, information exchange, and international cooperation on tobacco control in their national legislation⁷.

² Global Health & Human Rights Database. "Global Health & Human Rights Database." Available at: <https://www.globalhealthrights.org/> (accessed 11 November 2025).

³ UN Committee on Economic, Social and Cultural Rights (CESCR). *General Comment No. 14: The Right to the Highest Attainable Standard of Health (Article 12 of the Covenant)*. 11 August 2000, E/C.12/2000/4. Available at: <https://www.refworld.org/pdfid/4538838d0.pdf>

⁴ *WHO Framework Convention on Tobacco Control*. Adopted by the World Health Assembly on 21 May 2003 (resolution WHA56.1); entered into force on 27 February 2005. Available at: https://www.who.int/fctc/text_download/en/ (Accessed 11 November 2025)

⁵ Ministry of Health (New Zealand). *Implementing Article 5.3 of the WHO Framework Convention on Tobacco Control: Guidelines for Protecting Public Health Policies from Tobacco Industry Interference*. Wellington: Ministry of Health, 2018. Available at: <https://www.health.govt.nz/publication/guidelines-protecting-public-health-policies-tobacco-industry-interference>

⁶ United Nations Office of Legal Affairs. *Depositary Notification: WHO Framework Convention on Tobacco Control*. United Nations Treaty Collection. Available at: https://treaties.un.org/pages/ViewDetails.aspx?src=TREATY&mtmsg_no=IX-4&chapter=9

⁷ World Health Organization. *WHO Framework Convention on Tobacco Control (FCTC)*. Articles 6–13. Geneva: WHO, 2003. Available at: https://www.who.int/fctc/text_download/en/



Measures related to tobacco products serve as a direct means of ensuring the right to health. Health rights obligations (ICESCR Article 12 and others) and the tobacco control convention are interconnected: if the state reduces the risk of tobacco consumption and distribution, it strengthens people's right to a healthy lifestyle and a safe environment. For example, FCTC Article 5.3 obliges the state to protect health policy in relations with the tobacco industry - thereby establishing limits on interference with health services and prevention policies in the context of the right to health⁸.

At the same time, a "practical approach" is needed so that legal obligations do not remain only on paper: monitoring, reporting, implementation of expected sovereign measures. The FCTC is specifically equipped with reporting and monitoring mechanisms.

Legislation and Tobacco Control Policy of Uzbekistan

The Law "On Limiting the Distribution and Consumption of Alcohol and Tobacco Products," government decisions on increasing tax rates on tobacco and nicotine products, as well as regulatory documents on expanding the list of public places where smoking is prohibited and introducing strict restrictions on the storage, consumption, and use of tobacco products in educational institutions are recognized as the main regulatory legal basis governing the circulation of tobacco products. The main goal of these measures is to protect public health, shield the younger generation from the effects of tobacco, and consistently reduce the level of tobacco consumption.

At the practical stage, important initiatives are being put forward by the state. In particular, restrictions have been imposed on the sale of tobacco products near schools and colleges, administrative responsibility for selling tobacco products to minors has been strengthened, and large-scale campaigns have been launched to expand "No Smoking" signs in public places and promote a healthy lifestyle. Additionally, the requirement to place warning labels and graphic images on tobacco product packaging has been introduced, which helps to raise public awareness. Nevertheless, the effectiveness of the existing regulatory framework

⁸ Ibid.



does not always yield the expected results. In some small retail outlets, there are cases of tobacco being sold to minors, the legal status of electronic cigarettes and vapes has not yet been fully clarified, and hidden tobacco advertising continues on the Internet and social networks. The lack of a systematic statistical database makes it difficult to plan preventive policies and monitor results.

Furthermore, the economic significance of tobacco tax revenues in some cases hinders the establishment of public health as a top priority. Therefore, improving tobacco control policy in Uzbekistan, widely implementing international best practices, and prioritizing health interests over economic factors remain urgent tasks for the future.

Uzbekistan has taken significant steps in creating the legal and organizational framework for tobacco control. Increased tax rates, smoking bans in public places, restrictions on sales near educational institutions, and preventive campaigns are all positive actions taken by the state to ensure the right to health. These measures serve to reduce the likelihood of young people starting to smoke and decrease the risk of passive smoking. However, against the backdrop of international standards, these measures are not fully sufficient. The "complete ban on tobacco advertising and marketing" demanded by the WHO FCTC is not being fully implemented in Uzbekistan. In particular, digital marketing is circumventing the policy aimed at young audiences: vaping devices are promoted on social networks as a "modern accessory," and hidden advertising by bloggers is widespread. This poses a serious threat to the health rights of young people.

There are also gaps in the control mechanisms. Violations of the law occur even in areas where smoking is prohibited. Although there are regulations prohibiting the sale of tobacco to minors, some stores regularly violate these requirements. This indicates that the state is still seeking balance in pursuing a sustainable policy against pressure from the tobacco industry. As a result, legal norms exist, but their implementation is not sufficiently consistent. This may partially conflict with the obligation to ensure the highest attainable standard of health provided for in Article 12 of the ICESCR⁹. From the perspective of young

⁹ https://treaties.un.org/doc/treaties/1976/01/19760103%2009-57%20pm/ch_iv_03.pdf



people, Uzbekistan's tobacco control policy does not yet appear to be fully "prevention-centered," but rather seems more focused on mitigating consequences. It is necessary to strengthen preventive measures and expand mechanisms for raising awareness through education.

Proposals for improving Uzbekistan's policy

Although Uzbekistan has achieved certain results in tobacco control, the following legal and institutional measures are necessary for full compliance with international obligations.

Firstly, national mechanisms for controlling digital advertising of tobacco products must be strengthened. Article 13 of the WHO FCTC provides for the prohibition of all types of tobacco advertising. Currently, hidden advertising persists on social networks in Uzbekistan, especially on platforms widely used by minors. If the legal status of "influencer marketing" is not clearly defined, the threat to youth health will continue.

Secondly, specific legal regulations are necessary for electronic cigarettes and nicotine products. The FCTC External Annexes provide recommendations to countries on controlling new nicotine products that are gaining popularity. Uzbekistan's legislation has not yet clearly classified these products. This creates an opportunity for them to spread among young people with the misconception that they are "harmless."

Thirdly, it is necessary to institutionally strengthen control and monitoring processes. The state's obligation to "take effective measures" under the ICESCR also includes reducing violations. Continued observations of smoking ban violations, sales to minors, and illegal sales near schools indicate insufficient monitoring.

Fourthly, the tax policy on tobacco products should be fully aligned with healthcare interests. Article 6 of the WHO FCTC recognizes price measures as a primary means of reducing demand. While steps to increase taxes exist in Uzbekistan, it is advisable that this process be consistent and predictable, with a portion of the revenues directed specifically to youth health protection programs.



The implementation of these proposals will serve to fully meet Uzbekistan's international legal obligations, especially in effectively protecting minors' right to health.

Conclusion

The right to health is one of the fundamental principles of international law, requiring states to take active and effective measures to protect the population, especially minors, from factors harmful to their health. Regulating the circulation of tobacco products is an integral part of fulfilling this obligation. Although Uzbekistan has established important regulatory and legal foundations for tobacco control, significant gaps still exist in areas such as restricting advertising and marketing, regulating new nicotine products, strengthening reporting and monitoring systems, and fully aligning tax policy with health protection goals. This indicates that international obligations under Article 12 of the ICESCR and WHO FCTC requirements are not being fully implemented. Therefore, ensuring the priority of preventive policy in tobacco control, strengthening real guarantees of young people's right to health, and achieving consistent alignment with international standards remain urgent tasks in Uzbekistan's legal policy. In particular, preventing digital marketing, introducing clear regulatory frameworks for electronic cigarettes, and strengthening public oversight mechanisms are among the urgent measures that the state must take. In general, by fully aligning its tobacco control policy with international obligations, Uzbekistan will not only strengthen its constitutional approach but will also take a principled step towards protecting the health of future generations. This is one of the most legally effective ways to protect society's most important asset - human capital.



REFERENCES

1. Refworld. "UN Human Rights Council – Document Sources." Available at: <https://www.refworld.org/document-sources/un-human-rights-council> (accessed 11 November 2025).
2. Global Health & Human Rights Database. "Global Health & Human Rights Database." Available at: <https://www.globalhealthrights.org/> (accessed 11 November 2025).
3. UN Committee on Economic, Social and Cultural Rights (CESCR). General Comment No. 14: The Right to the Highest Attainable Standard of Health (Article 12 of the Covenant). 11 August 2000, E/C.12/2000/4. Available at: <https://www.refworld.org/pdfid/4538838d0.pdf>
4. WHO Framework Convention on Tobacco Control. Adopted by the World Health Assembly on 21 May 2003 (resolution WHA56.1); entered into force on 27 February 2005. Available at: https://www.who.int/fctc/text_download/en/ (Accessed 11 November 2025)
5. Ministry of Health (New Zealand). *Implementing Article 5.3 of the WHO Framework Convention on Tobacco Control: Guidelines for Protecting Public Health Policies from Tobacco Industry Interference*. Wellington: Ministry of Health, 2018. Available at: <https://www.health.govt.nz/publication/guidelines-protecting-public-health-policies-tobacco-industry-interference>
6. United Nations Office of Legal Affairs. *Depositary Notification: WHO Framework Convention on Tobacco Control*. United Nations Treaty Collection. Available at: https://treaties.un.org/pages/ViewDetails.aspx?src=TREATY&mtdsg_no=IX-4&chapter=9
7. World Health Organization. WHO Framework Convention on Tobacco Control (FCTC). Articles 6–13. Geneva: WHO, 2003. Available at: https://www.who.int/fctc/text_download/en/