



FRAMEWORK CONVENTION
ALLIANCE
BUILDING SUPPORT FOR TOBACCO CONTROL

BULLETIN

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TODAY

13.00–14.00
Lunch-time briefing

DEATH CLOCK

SINCE THE OPENING OF THE
FIRST WORKING GROUP
FOR THE FRAMEWORK
CONVENTION ON TOBACCO
CONTROL, ON 25 OCTOBER
1999

40,205,478

PEOPLE HAVE DIED FROM
TOBACCO-RELATED DISEASES.
(AS OF 9AM ON 18 NOVEMBER
2008).

IT WON'T BE MUCH COP WITHOUT MORE RESOURCES

This week we all share big ambitions to push the FCTC forward further and faster. But more resources are needed to ensure our global ambitions can be realised. Tanzania, speaking for the Ministers of Health in the AFRO region at the opening plenary, forcefully stated the region's strong commitment to effective tobacco control and promised to demonstrate this by the inclusion of tobacco control in government budgets. But a plea was also made for Parties to meet their obligations under Articles 22 and 26 and provide increased technical, legal, financial and other assistance. This is not a rich region and will not be able to meet all its obligations under the FCTC without help.

Developed or high-income countries need to do more if the FCTC is to be effectively implemented by low-income countries. It is crucial that Parties with development assistance programmes promote the inclusion of tobacco control, recognising the links between tobacco use, poverty and development. Low-income countries also need to make this link when applying for development assistance. There are sources of funding which Parties can and should be able to access. Other opportunities, such as the Millennium Development Goals, shortly up for review, need to be fully explored by Parties, supported by the Secretariat.

WHO and the Secretariat must also do their bit. WHO has benefited greatly from the new resources coming into tobacco control from the Gates Foundation and the Bloomberg Global Initiative which has funded the MPOWER package. However, as the EURO region spelt out so eloquently in plenary yesterday,

“strong co-operation between the WHO's activities and the Secretariat of the Framework Convention is very important in order to progress the global fight against tobacco use.” They need to work together in a co-operative and co-ordinated way to ensure effective implementation of the FCTC in its entirety.

Parties to the FCTC should be recouping the costs of implementation from the tobacco industry – which profits from the devastation caused by its products. The Article 9 and 10 working group has been exploring financing mechanisms such as designated tobacco taxes; licencing fees on manufacturing and/or importing; product registration fees; tobacco selling licences; and non-compliance fees levied on the industry.

Parties like Brazil and Thailand already have experience of how to put some of these mechanisms into practice, without opening the door to tobacco industry interference in governments' public health policies. These provide useful examples for others to follow. These mechanisms should be applied not only in the product regulation context but also more widely to the implementation of all elements of the FCTC. This work must be given greater emphasis.

Last but not least, the budget and workplan for 2008-9 needs to be revised to ensure the provision of sufficient resources for all necessary work to be carried out between now and the fourth Conference of the Parties, whenever that may be held. The financial problems we face are great, but with imagination and commitment they can be overcome.

GLOBAL PROGRESS WITH SMOKE-FREE POLICIES

A new report being released during COP-3 by the Global Smokefree Partnership (GSP), and entitled *Status Report on Article 8*, reviews progress with smoke-free policies worldwide since the adoption of the FCTC's Article 8 guidelines in July 2007. The Article commits governments to protect their citizens from exposure to second-hand smoke in indoor public places and workplaces, and public transport.

The latest report by the GSP highlights the many countries and sub-national jurisdictions where enactment and enforcement of smoke-free policies is protecting hundreds of millions of people from second-hand smoke.

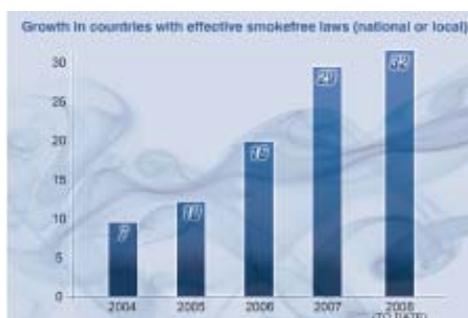
KEY MESSAGES IN THE REPORT

Since the adoption of the Article 8 guidelines, over 60 countries have begun working to pass strong and effective legislation for smoke-free air. More than 30 countries have already introduced laws at national or local level and these are proving popular. Compliance levels are high. A significant number of other countries are planning to tread the same path.

With the Article 8 guidelines being based on the lessons learned and best practices from countries with successful smoke-free policies, they provide a roadmap for other countries to achieve

progress. Adoption of the guidelines has helped increase global momentum for smoke-free public places and workplaces.

Rapid progress with smoke-free policies is being made in low- and middle-income countries. Kenya, Niger, Panama and Thailand have recently implemented smoke-free legislation. Co-operation between countries has been a key feature of these developments. Latin



American countries with successful smoke-free policies, for example, have recently sent delegations of policy experts to help other countries keen on adopting similar policies. It demonstrates that smoke-free laws are not simply the preserve of wealthy nations; they can be successful anywhere in the world.

In some countries, progress is being driven by cities, states or provinces that are implementing the necessary

legislation.

Status Report on Article 8 focuses on best practice in smoke-free policies. It recommends legislation to prohibit smoking in all enclosed public places and workplaces, including bars restaurants and public transport, with no exemptions such as designated smoking rooms. These 'gold standard' smoke-free laws offer the majority of people the best possible protection from second-hand smoke.

GSP congratulates the nations and jurisdictions around the world that are going smoke-free. The first 40 Parties that ratified the FCTC have a deadline of February 2010 to turn effective smoke-free policies into legislation. Most of the nations concerned have yet to act. GSP strongly urges governments to strive for a gold standard by adopting, by 2010, smoke-free policies in line with Article 8 guidelines. To help overcome situations where lack of resources and technical expertise may hinder progress, GSP has produced an *Article 8 Implementation Toolkit*. The toolkit contains a range of resources to help policymakers and advocates with their smoke-free campaigns.

Gillian Griffith
Global Smokefree Partnership

NEW "HOW-TO" GUIDE ON SMOKE-FREE AIR

In addition to the *Status Report*, described above, the Global Smokefree Partnership is also releasing its new *Article 8 Implementation Toolkit* to help Parties and civil society realise true protection from tobacco smoke. By condensing the latest scientific knowledge and best-practice policies into a series of documents, the toolkit will help inform and persuade policy makers, the media and the public of the benefits of smoke-free air. It is designed to help turn knowledge into action and action into laws.

Formed as a multi-partner initiative to promote effective smoke-free air policies worldwide, GSP's activities include gathering information and making it available to practitioners,

offering expert assistance to public health advocates, and supporting smoke-free campaigns. Co-ordinated by the American Cancer Society and the Framework Convention Alliance, GSP includes partner organisations from around the globe.

The toolkit follows on from the work of the expert group and the *Guidelines on Protection from Exposure to Tobacco Smoke* that were adopted unanimously at the second session of the Conference of the Parties, in Bangkok. As a strong supporter of the guidelines, GSP designed the toolkit to help realise their potential to protect people from second-hand tobacco smoke.

The Guidelines call on Parties to implement Article 8 within five

DEATH CLOCK UNDERSCORES GRAVITY OF NEGOTIATIONS



The Death Clock does not lose its power to shock. In a sober ceremony, the clock was unveiled yesterday and representatives from the World Health Organization's six regions each laid a single white rose in front of the relentlessly rising figures. The representatives are (from left): Elaine Yin, Fouad Fouad, Maria Assunta, Laura Salgado, Thanguy Ntue Obame and Daria Khaltourina.

As South African Health Minister Barbara Hogan and COP President Dr Hatai Chitanondh removed the veil from the clock, the figure 40,194,002 came into view, reflecting the global death toll from tobacco since the start of the FCTC process in October 1999. Minister Hogan reminded the audience that the clock was speeding up, not slowing down. Just a few years ago it recorded one death every nine seconds but the pace has accelerated to today's one victim every 5.8 seconds, mainly because of the spread of tobacco use in the world's "poorest and most populous countries".

Continued from page 2

years of ratification, a deadline fast approaching for many countries. By adopting the Guidelines, FCTC Parties have agreed that effective protection from second-hand smoke requires complete elimination of tobacco smoke from all workplaces and public places.

Many nations have already successfully implemented comprehensive protection from second-hand smoke. They include Iceland, Iran, Ireland, New Zealand, Norway, South Africa, Thailand, the United Kingdom, Uruguay, and jurisdictions within Australia and Canada. Experience demonstrates that smoke-free laws are beneficial, inexpensive and popular.

The toolkit is designed to aid

governments, civil society and media in interpreting, understanding and implementing Article 8. It comprises:

- A briefing paper on the *Guidelines on Protection from Exposure to Tobacco Smoke*, highlighting key elements;
- *Facts for Smokefree Air Advocates* - a guide for civil society to push for strong smoke-free air laws;
- *Briefing for Policymakers* - on using the Article 8 guidelines as a blueprint for smoke-free air legislation;
- *Questions and Answer on Smokefree Air and the FCTC* - basic facts for media or anyone interested in smoke-free air;
- *Key Facts on Smokefree Air* - a more in-depth look at smoke-free air laws and

their benefits.

Chris Bostic
Global Smokefree Partnership

The toolkit is free and available in printed or digital form at the GSP booth. It can also be downloaded from www.globalsmokefreepartnership.org. For assistance on any issue concerning smoke-free air, contact: info@globalsmokefreepartnership.org.

MALAYSIA DITCHES UNSUSTAINABLE TOBACCO FOR GREENER CROP

Malaysia has made a dramatic about turn and it is beginning to assist tobacco farmers to shift to the cultivation of an alternative cash crop, kenaf.

After years of propping up an unsustainable and uncompetitive tobacco-growing sector, the country is well on its way to implementing Article 17 of the FCTC. This requires ratifying governments to promote viable options for tobacco workers, growers and individual sellers.

The move will also have a positive environmental impact, as required under the terms of Article 18.

For decades, Malaysian tobacco farmers were well looked after under the National Tobacco Board Act of 1973. Although tobacco farmers were a small group whose activities and acreage formed less than one per cent of the agricultural sector, they commanded high political support. The tobacco industry used them in arguing against tobacco control measures. Nobody wanted poor tobacco farmers to become unemployed or to suffer.

Tobacco industry documents describe Malaysian leaves as being of poor quality. But a market was guaranteed by a policy requiring domestically manufactured cigarettes to contain 70 per cent local leaves. The tobacco industry pumped in money to ensure farmers had good infrastructural support.

Meanwhile, media reports extolled the virtues of tobacco cultivation and portrayed it as an undertaking that provided farmers with a lucrative income. In reality, tobacco growing is capital- and labour-intensive. The crop requires heavy fertilisation, is subject to pest attack and vulnerable to monsoon floods.

Tobacco companies repeatedly rescued farmers with grants and hand-outs. The farmers' vulnerability meant that tobacco companies could use them for political leverage. For example, in the mid-1990s, the government dropped a proposal to ban tobacco advertising and sponsorship because policymakers came to believe this would affect farmers adversely. More recently a ban on kiddie packs was postponed to 2010 and farmers were again cited as one of the reasons.

Figures show tobacco farming is an unsustainable and uncompetitive form of agriculture in Malaysia which is also insignificant in terms of the nation's economy. For example:

- Malaysian tobacco leaves cost about RM14.00 (US\$4.40) per kilogram. This is easily three times higher than tobacco

produced in Indonesia, the Philippines or Vietnam;

- Despite efforts to make Malaysian tobacco production more efficient, other countries in the ASEAN region still produce cheaper leaves. The ASEAN Free Trade Area (AFTA) has made tobacco leaf imports even cheaper;

- The number of tobacco-farming families dropped from 23,000 in 1985 to the current 3,000 and the amount of land under tobacco cultivation has decreased dramatically.

Against this background, Malaysia finally adopted a national agricultural policy to phase out tobacco cultivation. It is the first country in the region to do so.

Tobacco farmers are now venturing into planting kenaf (*hibiscus cannabinus*) which is a crop that can be put to many uses in absorbent materials, paper products, and fibrous reinforcement of plaster, cement and other binders. It can also be used in non-traditional applications in 'green' building, auto, furniture, and bio-composites.

The policy is given statutory effect through the National Kenaf and Tobacco Board Bill 2008,

which has passed two readings in parliament this year. This Bill has many positive clauses which will protect farmers, assist their new venture and secure their future.

But there is a problem: the Bill has simultaneously strengthened the tobacco industry's hold over the new Kenaf Board.

While the farming community has some challenges ahead, the kenaf industry is expected to create more jobs and increase the income of about 10,000 marginal tobacco farmers.

By making tobacco imports cheaper and rendering Malaysia's farmers uncompetitive, AFTA helped prompt this shift from tobacco to kenaf. But the trade agreement has not ultimately made tobacco less accessible to Malaysian tobacco consumers. This situation highlights, once again, the need for international co-operation in order to achieve effective tobacco control.

Mary Assunta
Malaysia



GABON- CCLAT-OMS : VERS LA RATIFICATION EFFECTIVE DU TRAITÉ MONDIAL DE LUTTE CONTRE LE TABAGISME ?

Présenté par le Ministre des Affaires Etrangères et de la Coopération, Madame Laure Olga NGONDJOUT à l'Assemblée nationale le mardi 07 octobre 2008, puis par son successeur, Monsieur Paul TOUNGUI au Sénat le 04 Novembre 2008, le projet de loi autorisant le Chef de l'Etat à ratifier la Convention Cadre de la Lutte Anti-tabac de l'Organisation mondiale de la Santé (CCLAT-OMS), signée par le Gabon en 2003 vient d'être adopté par les deux chambres du parlement gabonais au cours de ces mois d'Octobre (Assemblée Nationale) et Novembre (Senat) 2008, plaçant ainsi le pays en ligne de mire, des futures probables parties à la CCLAT.

Le document stratégique qui vient d'être adopté par le parlement gabonais identifie les axes législatifs, fiscaux et communicationnels de la lutte contre le tabagisme pour orienter et coordonner les politiques publiques en la matière. La ratification de cette convention permettrait au département gabonais de la Santé publique d'élaborer des lois et campagnes de sensibilisation pour endiguer le phénomène aux fortes répercussions sanitaires, sociales et économiques du pays et de la sous région Afrique Centrale.

Le projet de loi relatif à la ratification de la Convention Cadre pour la Lutte Antitabac, (CCLAT-OMS) a été adopté par les parlementaires des deux chambres membres de la commission des Affaires Etrangères de l'Assemblée Nationale et du SENAT du Gabon, faisant ainsi un grand pas vers la ratification effective de cet important traité international en matière de santé publique.

A titre de rappel, le Gabon demeure l'un des Etats les plus politiquement et socialement stables de la région Afrique centrale. Il est parmi les premiers Etats à avoir signé la convention Cadre de lutte antitabac de l'OMS en 2003, mais qui reste à ce jour l'un des rares, sinon le

seul de la sous région à ne pas l'avoir signé.

La forte influence de l'industrie du tabac qui, profitant de la stabilité politique et sociale dont jouit le pays, en a fait un espace stratégique pour la fabrication, la promotion et de distribution de ses produits en direction de l'ensemble des pays de la sous région : Tchad, Congo Brazzaville, République Centrafricaine, Guinée Equatoriale...

Lors de la célébration de la Journée Mondiale Sans Tabac 2008 et durant le séminaire atelier organisé à cet effet par l'ONG PHM-GABON sur l'urgence de la ratification de la CCLAT par le Gabon, le Président de l'Assemblée Nationale, l'honorable Guy NZOUBA NDAMA, avait pris l'engagement ferme de tout mettre en œuvre pour que la CCLAT soit enfin ratifiée.

Cette étape importante que vient de franchir le parlement gabonais suscite un espoir certain chez les activistes anti-tabac et les populations victimes de tabagismes actif et passif.

Le Parlement Gabonais étant composé de deux chambres, la présentation du projet de loi portant ratification de la convention cadre de l'OMS CCLAT a été faite au Sénat le 04 novembre 2008, la chambre Haute du parlement, pour examen, amendements éventuels et adoption par cette seconde chambre, par le Ministre Paul TOUNGUI, ancien ministre des finances, qui poursuivait là le processus entamé par son prédécesseur.

La procédure en cours mérite donc d'être suivie de près et encouragée, pour qu'elle aille jusqu'au bout tant les interférences de l'industrie du tabac sont nombreuses.

La mobilisation et la vigilance doivent cependant être de mise afin de s'assurer que la dernière étape à franchir, à savoir l'acte ultime de ratification du texte de la convention par le Président de la République Gabonaise conformément

aux articles 113 et 114 de la constitution gabonaise qui disposent que :

Article 113 (L. 1/94 du 18 mars 1994)

Le Président de la République négocie les traités et les accords internationaux et les ratifie après le vote d'une loi d'autorisation par le Parlement et la vérification de leur constitutionnalité par la Cour constitutionnelle.

Le Président de la République et les Présidents des chambres du Parlement sont informés de toute négociation tendant à la conclusion d'un accord international non soumis à ratification.

Article 114

Les traités de paix, les traités de commerce, les traités relatifs à l'organisation internationale, les traités qui engagent les finances de l'Etat, ceux qui modifient les dispositions de nature législative, ceux qui sont relatifs à l'état des personnes ne peuvent être approuvés et ratifiés qu'en vertu d'une loi... »

se fera comme promis dans les tous prochains jours sans subir à nouveau, la très forte et habituelle influence de l'industrie du tabac qui a, pour mémoire, empêché le Gabon entre 2003 et 2008, de devenir une partie à la CCLAT.

Par Thanguy NZUE OBAME
Inspecteur du Travail
Président ONG PHM-GABON

Profil sur <http://www.coopgabon.net/thanguy>

TOWARDS A COMPLETELY SMOKE-FREE ENVIRONMENT



At the launch of the Bloomberg Caribbean Project on Tobacco Control, in Barbados, on 1 September 2008, Dr Kenneth George, Senior Medical Officer at the Ministry of Health, announced the government's intention to ban smoking in public. This announcement was reiterated by the Hon Dr David Estwick, Minister of Health, National Insurance and Social Security. Such a move demonstrates a proactive approach, since legislative action that mandates smoke-free environments is necessary to protect public health.

When tobacco smoke pollutes the air, especially in enclosed spaces, it is inhaled by everyone and exposes smokers and non-smokers to its harmful effects. Second-hand smoke is not only a nuisance, it causes heart disease, serious respiratory diseases and cardiovascular diseases both in children and adults.

According to the World Health Organization (WHO), tobacco is the single greatest preventable cause of death in the world and has been implicated in six of the eight leading causes of death globally. This is stimulating moves by several countries to legislate to ban smoking in public places. The latest country being India where there are 120 million cigarette smokers. India's new law, which took effect on 2 October 2008, will help address the problem of the hundreds of thousands of people who die each year from exposure to smoke from other people's cigarettes.

The benefits of smoke-free environments are indisputable. Scientific evidence has clearly established that 100 per cent smoke-free environments are the only effective way to protect the health of people from the harmful effects of exposure to second-hand smoke.

As the government of Barbados joins the growing movement to legislate for smoke-free environments, it becomes necessary to have a clear sense of what constitutes a public place. Definition of a "public place" should avoid divergent interpretations which only breed confusion and conflict. Legislation should therefore be simple, clear, enforceable and comprehensive.

"THE DEBATE IS OVER. THE SCIENCE IS CLEAR. SECOND-HAND SMOKE IS NOT A MERE ANNOYANCE BUT A SERIOUS HEALTH HAZARD."

Former United States Surgeon General
Richard Carmona

Interestingly, the WHO defines a public place as "a place which the public, or section of the public, is entitled to use or which is open to, or is being used by, the public or a section of the public (whether on payment of money, by virtue of membership of a body, or otherwise)".

WHO further defines an indoor public place as "all places accessible to the general public or places for collective use, regardless of the type of ownership or right to access that are covered by a roof and one or more sides, regardless of the type of building material used or whether the structure is permanent or temporary".

With the above definitions in mind, public places should include the

following: auditoriums, cinema halls, hospitals, health institutions, stations, bus shelters and stations, restaurants, hotels, bars, rum shops, pubs, offices, libraries, courts, markets, shopping malls, airports, discotheques, educational institutions, fun parks and all places of work. Everyone has the right to an environment that is free from tobacco smoke. (You are invited to add other places to the list).

WHO says that smoke-free laws enjoy popular support and high levels of compliance when properly implemented; they forcefully deliver the message that smoking is socially unacceptable.

By making workplaces and public places 100% smoke-free inside we keep the bodies in those places smoke-free inside, too. Smoke-free is the new norm. Don't fall behind. Claim your right to be 100% smoke-free inside! (Pan American Health Organization)

Wayne Hunte
Project Officer – Tobacco Control
Bloomberg Caribbean Project
(Barbados)
Heart & Stroke Foundation of Barbados
Inc.

Pan American Health Organization
<http://www.paho.org/english/ad/sde/ra/Engbrochure.pdf>

TOBACCO INDUSTRY INTERFERENCE IN HEALTH POLICY IN ASEAN COUNTRIES

The tobacco industry has never been short of innovative ideas to promote its deadly products. Over the years, despite their intentions having been exposed, tobacco companies continue to undermine tobacco control activities and fight regulation of the industry. To protect their commercial interests, tobacco companies employ sophisticated tactics to challenge, discredit, weaken, obstruct and delay implementation of effective tobacco control measures. They rely on lobbying governments, politicians and the media.



INDUSTRY IS THE PROBLEM, NOT A STAKEHOLDER IN PUBLIC HEALTH

By promoting itself as a 'stakeholder', the tobacco industry has frequently sought to be included in national or sub-national task forces or committees dealing with tobacco control. But, realistically, would a government invite drug dealers to meetings to decide on the narcotics trade?

However, since 2003, as per Section 29 of Republic Act 9211 (or the Tobacco Regulation Act 2003), the Philippine Tobacco Institute and the National Tobacco Administration have been members of the Inter-Agency Committee-Tobacco (IACT) – the body tasked with implementing the regulation. The reason is that Section 29 of the law requires a representative from the tobacco industry to be a member of the IACT. Tobacco control advocates have questioned the inclusion of a tobacco industry representative in the very committee which has the exclusive power and function to administer and implement the provisions of RA 9211. PTI is therefore in a position to interfere in decision-making despite there being a clear conflict of interest. This year, there have been reports that Philip Morris Philippines Manufacturing Inc. (PMPMI) has asked to be involved in meetings of the Legazpi City Anti-smoking Committee.

DILUTING GOVERNMENT EFFORTS

PMI interfered in government administration in Thailand, in 2006, when it organised the Fiscal Policy Office Forum. That same year, in the Philippines, the Philippine Tobacco Institute, of which PMI is a member, requested a four-month delay in complying with the law mandating a change in pack warning placement.

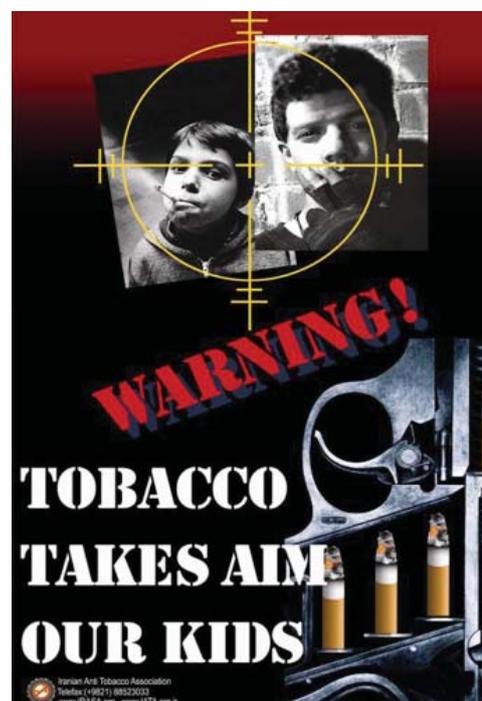
THE FCTC EMPOWERS POLITICAL WILL THROUGH INTERNATIONAL GUIDELINES

Acknowledging the need to create guidelines for Article 5.3, the Conference of the Parties to the FCTC has established a working group tasked with their elaboration. These guidelines should apply to the tobacco industry and to those working on its behalf. They should apply to any areas of policy that are directly or indirectly related to tobacco control. This should not be limited to interactions between the tobacco industry and government health agencies but also include interactions with other agencies including those dealing with tax, agriculture, trade, industry, youth, consumer protection and the environment. Again, this should cover matters directly or indirectly related to tobacco control.

From SEATCA

Excerpts from the booklet, *Tobacco Industry Interference in Health Policy In ASEAN*, Southeast Asia Tobacco Control Alliance (SEATCA), November 2008

Full text available at <http://www.seatca.org>



Strong imagery employed in an anti-smoking advert from Iran, intended to warn the nation's young people of the dangers of tobacco. The Iranian Anti Tobacco Association (IATA) is working with the Iranian Ministry of Health and the Tobacco Prevention, Control and Research Centre (TPCRC) in implementing the FCTC.

Ali Abdolahinia, M.D.
Research Manager
Iranian Anti Tobacco Association

DIRTY ASHTRAY AWARD



You have been warned. This space is on hold for the discussion on Article 5.3.

ORCHID AWARD



To SEARO for being the first region to announce its support for adoption of Article 11 and 13 guidelines unchanged.



FRAMEWORK CONVENTION
ALLIANCE

The Framework Convention Alliance (FCA) is a global alliance of NGOs working to achieve the strongest possible Framework Convention on Tobacco Control. Views expressed in the Alliance Bulletin are those of the writers and do not necessarily represent those of the sponsors.

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BAN TOBACCO PRODUCT DISPLAYS AT POINT OF SALE

As governments restrict tobacco advertising and promotion, the tobacco industry has increased its use of point-of-sale displays. Also called 'power walls', these attractive and colourful displays are often beside candy and other products of interest to children, despite the industry's claim they only target adult smokers.

These large displays contain far more tobacco products than are necessary to supply customers. They contribute to the belief that tobacco is a normal product like candy and newspapers. They effectively communicate that "Everyone smokes".

Impulse buying by youth and occasional smokers is promoted by point-of-sale displays, as research amply demonstrates. Displays can also weaken the resolve of ex-smokers not to smoke.

Iceland (2001) and the Canadian province of Saskatchewan (2002) were the first two jurisdictions in the world to ban these displays. Other jurisdictions followed and now include almost all of Canada, plus Thailand, Ireland, British Virgin Islands, Australian Capital Territory and Tasmania.

Our experience with the ban in Saskatchewan, as well as in other Canadian provinces and territories, has been very positive. There is widespread public acceptance. Very high compliance by retailers was achieved after only a few months.

The tobacco industry, predictably, mounted a legal challenge to Saskatchewan's legislation. The law was upheld by the Supreme Court of Canada. Misinformation campaigns, often run by tobacco company 'front groups', carry messages suggesting the ban will have negative impacts.

However, there has been no evidence of any negative consequences anywhere the ban has been implemented.

Various types of misinformation are being perpetrated. But there is evidence to counter it. Following in italics is some of that misinformation followed by evidence to counter the claim:

- *Banning displays will cause undue economic hardship*

No Canadian province has reported any economic losses. In Saskatchewan, where the ban has been in place for over five years, there have been no media or other reports of economic loss. Enforcement officers have not reported any stores closing or staff being laid off and the provincial pharmacy association reports "no significant problems or failures, economically or otherwise".

A Canadian Convenience Store Association spokesperson, formerly a tobacco industry employee, has recently claimed the display ban would result in the closure of 30 per cent of stores. No province or territory where the ban has been implemented has experienced this.

- *Thefts in stores will increase because clerks will spend more time with their backs turned*

This has not been observed in Iceland or in Canada. In fact, about a half of Saskatchewan tobacco retailers kept their display bans in place in the 18 months when the legislation was struck down by the industry's legal challenge. Some retailers reported they thought displaying tobacco products led to increased thefts.

- *Banning tobacco displays won't affect youth smoking*

Research shows tobacco promotion increases tobacco use especially among youth.

Since extensive research shows banning tobacco promotion is key to reducing tobacco use, it is important to consider the damaging influence these displays have on children, youth and others. Many jurisdictions have successfully implemented retail display bans and it is time for the world to ensure all children and youth, as well as ex-smokers and others, are protected from the tobacco industry's promotion of its deadly products.

Lynn Greaves
Saskatchewan Coalition for Tobacco
Reduction, Canada