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EVENTS

13.30 - 14.45:

Lessons learned for future implementation - views and experiences of Parties

Organised by the Convention Secretariat

Room: Montecarlo C

DEATH CLOCK

SINCE THE OPENING OF THE FIRST WORKING GROUP FOR THE FRAMEWORK CONVENTION ON TOBACCO CONTROL ON 29 OCTOBER 1999

51,022,738

PEOPLE HAVE DIED FROM TOBACCO-RELATED DISEASES (AS OF 09:00 ON 19 NOVEMBER 2010)

THE TOBACCO EPIDEMIC DOES NOT TAKE A BREAK – ARTICLE 6 WORKING GROUP NOW!

Yesterday finally saw some welcome progress in Committee A with the unanimous and harmonious adoption of guidelines on Articles 12 and 14.

Congratulations are in order, particularly to the key facilitators and members of the working group who worked so hard on the guidelines over the last two years.

The new guidelines have an important element in common: they mainly involve programming, rather than legislation, and hence require funds for proper implementation. In practice, that means many low-income countries may need years or even decades to benefit fully from these new guidelines.

Strangely enough, lack of money in rich countries was the reason raised a few hours later by the European Union to justify its opposition to a working group on the one tobacco control measure that can raise substantial revenue in all countries: tobacco taxation (Article 6). The EU highlighted its own considerable experience and expertise in tobacco taxation, and high tobacco taxes in many European countries, but then claimed that “now is not the time” to share that experience and expertise with others.

AFRO, SEARO and numerous countries in other regions, from Ecuador, Jamaica and Brazil to Malaysia and Palau and many others, strongly supported the use of tobacco taxes to reduce tobacco consumption – and called for a working group to provide guidance for lower-resource countries.

The case for a working group, in our view, is overwhelming.

First, Parties have collectively spent many millions of dollars negotiating a protocol on illicit trade. The health justification for the protocol – and the reason it is being negotiated through the FCTC – is that illicit trade makes it more difficult to raise tobacco taxes and thus reduce deaths from tobacco. As South Africa pointed out, an increase in the average price of tobacco of just 10 per cent, at the global level, has been calculated to save 10 million lives.

Thus, it would be thoroughly illogical to postpone an Article 6 working group that would cost roughly US\$235,000, and that the vast majority of Parties strongly support.

Continues on page 2

SURVEY IN TODAY'S BULLETIN

Dear Readers, would you please take a couple of minutes to fill out the survey in today's *Bulletin* concerning FCA documents? Completed surveys can be deposited in the box in the NGO room, next to the registration desk.

If you prefer to fill it out in French or Spanish, please go to the FCA website: http://www.fctc.org/index.php?option=com_content&view=article&id=475:survey-about-fca-documents&catid=222:meeting-resources&Itemid=230.

Thank you from FCA. We value your feedback.

Continued from page 1

Second, the two other opposing Parties, China and Japan, raised the concern that guidelines on Article 6 would interfere with countries' sovereign right to control their own tax policies. This is an argument the tobacco industry has used in its lobbying against guidelines, but it is entirely baseless.

Working groups are made up of Parties. Any draft guidelines they develop must be approved by Parties. It is highly unlikely that an Article 6 working group would attempt to set hard targets for tobacco tax levels – and if they did, it is even less likely a future COP would accept such targets.

On the other hand, there are many things a working group could usefully discuss. To name a few:

1. the state of scientific evidence on tobacco taxation and its impact on public health;
2. best practices in the choice of types of taxes (specific or *ad valorem*);
3. tax differentials between different types of products;
4. tax collection systems;
5. maintaining tax levels to keep up with rising prices and incomes.

In the process of discussing these issues, such a working group would bring together tax and health experts and, crucially, finance and health ministries. In many countries, lack of communication between these two ministries is a critical obstacle to successful tobacco control. An Article 6 working group could help set an example for inter-ministerial as well as international co-operation.

The time for an Article 6 working group is now. The potential benefits, both in human lives and in government revenue, are tremendous.

KENYA'S NEW PLAN UPDATES GRAPHIC IMAGES

The Kenyan Government has announced that spine-chilling images of throat cancer tumours and rotten teeth are to appear on cigarette packets before 2012, intended to shock smokers out of the habit.

Findings show that the enlarged health warnings that manufacturers put on cigarette packets over the past two years have had little effect. Only two per cent of middle-aged Kenyans are kicking the smoking habit every year, according to government research.

According to the Kenya National Tobacco Control Action Plan, the number of smokers in the country has risen, increasing cases of tobacco-related diseases like cancer.

Annual cigarette consumption in Kenya has increased to about one billion sticks a year, says the new five-year tobacco control plan, launched by the country's director of non-communicable diseases, William Maina.

The figure is based on last year's Kenya Demographic and Health Survey, which concluded that 19 per cent of men and

two per cent of women are smokers.

"The war is not against the tobacco growers, manufacturers or smokers," Mr Maina said.

He said the government is keen to reduce the burden that tobacco-related diseases impose on the economy.

Leading cigarette maker BAT says the 2007 Tobacco Control Act, which allows the government to introduce stringent regulations, was already "choking" the company.

BAT chairman Evanson Mwaniki also says the company faces increased discrimination, although it is engaged in a legal business and is among the top taxpayers in Kenya.

Since 2008, the government has threatened to force cigarette makers to carry images of dying cancer patients on packets.

Such measures have taken a long time to come into effect, however, despite Kenya having signed the World Health Organization Framework Convention on Tobacco Control in 2004.

WHO says that including pictures on cigarette packets has worked "miracles" in countries that have implemented it.

Canada was the first to introduce pictorial warnings, in 2001. Research a year later found that 31 per cent of former smokers said the images had motivated them to quit, while 27 per cent said the images discouraged them from taking up the habit.

Graphic images are now included as part of tobacco product packaging in Australia, Brazil, Canada, India, New Zealand, Singapore, Venezuela, Thailand, Uruguay and the UK.

Kenya's Tobacco Control Board chairman, Peter Odhiambo, who was involved in developing the new five-year plan, has said the Board will also push tobacco farmers to adopt alternative crops.

The plan also commits the government to establish anti-tobacco clinics in 30 per cent of the country's health clinics.

*John Muchangi
Journalist*

INFORME SOBRE EL CONTROL DEL TABACO EN URUGUAY

El consumo de tabaco es aún una conducta socialmente aceptada en Uruguay, sin embargo en los últimos años se ha evidenciado un cambio en la concepción social del problema, con una mayor concientización de fumadores y no fumadores con respecto a los daños que causa el consumo de tabaco y a su derecho a no estar expuestos al humo de tabaco ajeno. Esto en gran medida fue posible gracias a la legislación vigente.

En Marzo de 2006, basado en las recomendaciones del CMCT de la OMS, Uruguay se transformó en el primer país en la Región de las Américas totalmente libre de humo de tabaco en todos los espacios públicos cerrados, incluyendo bares, restaurantes, discotecas y casinos, definiéndose al mismo tiempo las sanciones en caso de incumplimiento.

La Ley nº18.256, ley integral de control del tabaco, aprobada en el año 2008, validó y amplió las normas ya establecidas en los diversos decretos. En forma simultánea el país inició la transición hacia un Sistema Nacional Integrado de Salud que incluye también legislación con respecto al Tabaquismo.

Algunas de estas leyes y sus decretos reglamentarios contienen normativas vinculadas a artículos que están siendo discutidos en la COP4:

• En relación a los Artículos 9 y 10 del CMCT:

El Ministerio de Salud Pública (MSP) está habilitado a realizar análisis y mediciones del contenido y las emisiones de los productos de tabaco. Se prohíbe explícitamente el agregado de amoníaco. La industria tabacalera debe declarar ante el MSP y divulgar cada tres meses en los principales medios de comunicación, la información que el MSP le solicite relativa a los componentes tóxicos de los productos de tabaco y de las emisiones que éstos pueden producir.

• Con respecto al Artículo 12:

El MSP estableció la capacitación obligatoria de todo el personal de la salud, sobre diversos temas prioritarios, entre ellos el tabaquismo, promoviendo la misma a través de una compensación económica para las instituciones sanitarias.



Intervención urbana realizada por el Fondo Nacional de Recursos en el marco de la COP-4. Montevideo, Uruguay (2010).



Intervención urbana realizada por el MSP en Montevideo, Uruguay (2009).

• Referido al Artículo 14:

Es obligatorio el registro del diagnóstico de tabaquismo y el tratamiento de la dependencia al tabaco en todos los servicios de salud del Primer Nivel de Atención. Así como poner en práctica las recomendaciones establecidas en la Guía Nacional para el Abordaje del Tabaquismo publicada en 2009.

• Relacionado al Artículo 15:

El Poder Ejecutivo dispone de los recursos humanos y materiales necesarios para propender a la eliminación de todas las formas de comercio ilícito de productos de tabaco.

Se estableció que todos los cigarrillos y productos de tabaco falsificados o de contrabando y todos los equipos de fabricación de éstos sean destruidos.

Uruguay ha sido facilitador en la elaboración de las directrices del Artículo 14 del CMCT, volcando en el documento que se ha discutido con los demás países facilitadores, la experiencia recogida por los profesionales del país en el tratamiento de la dependencia al tabaco y en la capacitación de los mismos por parte de referentes nacionales.

Este proceso legislativo y social, ha sido y sigue siendo fuertemente resistido por la industria tabacalera. La misma ha tratado de obstaculizar la creación y aplicación de la normativa, realizando intenso cabildeo sobre los parlamentarios, las empresas de publicidad y la prensa. El MSP, así como la mayoría de los parlamentarios y las organizaciones de la sociedad civil, sostenidos por un fuerte compromiso de controlar la epidemia de consumo de tabaco, siguen la evidencia científica sin tomar en cuenta los argumentos tendenciosos de la industria tabacalera.

Goja B, Sica A, Lorenzo A, Esteves E, Camps X, Frascheri M, Guerrero MI, Llambí L, Parodi C.

Sociedad Uruguaya de Tabacología

LA NÉCESSITÉ D'ADOPTER DES LIGNES DIRECTRICES POUR LE SEVRAGE TABAGIQUE

Au titre de l'article 14 de la CCLAT, les pays sont tenus d'élaborer des lignes directrices thérapeutiques fondées sur des preuves scientifiques et d'adopter des mesures efficaces pour promouvoir le traitement adéquat de la dépendance au tabac. Présentées à la COP 4, ces lignes directrices¹ soulignent qu'il est important que les mesures de traitement de la dépendance au tabac soient mises en œuvre en synergie avec d'autres mesures de lutte antitabac et que le traitement soit accessible et d'un coût abordable. Elles mettent également l'accent sur les mesures tirant profit des infrastructures existantes, afin de développer, rapidement et à moindre coût, un système de traitement, offrant au minimum:

- la mention obligatoire du tabagisme dans tous les dossiers médicaux;
- l'abord du sujet et la fourniture de brefs conseils par les médecins ou les professionnels de santé, notamment dans les services de soins de santé primaires;
- un service téléphonique proactif, gratuit, d'aide au sevrage permettant de recevoir des conseils spécialisés;
- l'accès à des médicaments financièrement abordables.

Temps, ressources et volonté politique sont les maîtres mots pour y parvenir. Le dernier rapport MPOWER montre que les États membres des Nations Unies offrant le plus grand degré d'aide sont seulement au nombre de 17, soit 8,2 % de la population mondiale, alors que traitement n'est pas ou est peu accessible pour 92 % de la population.²

Une autre étude portant sur divers pays à revenus élevé, intermédiaire et faible, a révélé que seuls 44 % d'entre eux avaient adopté une politique officielle en matière de traitement, que 40 % ne disposaient pas de services téléphoniques nationaux d'aide au sevrage, que 80 % ne bénéficiaient pas d'un système de traitement national, et, fait plus inquiétant encore, que l'aide au sevrage n'était facilement accessible dans les services de soins de santé

primaires que dans 22 % d'entre eux.³

Par ailleurs, ces systèmes de traitement sont susceptibles d'engager des coûts auxquels les pays à revenus faible et intermédiaire ne seront probablement pas en mesure de faire face. Prenons l'exemple d'études de cas sur les données de quatre pays en développement se trouvant à différents stades de la mise en œuvre de la CCLAT.

L'Inde a développé un système de traitement reposant sur l'aide spécialisée en centres de soins, mais la couverture des besoins est très faible. Les efforts actuellement déployés pour intégrer le traitement dans le système de prise en charge de la tuberculose devraient se traduire par un accès élargi. Au niveau national, des lignes directrices sont en cours d'élaboration et un service téléphonique d'aide au sevrage est envisagé.⁴

En Afrique du Sud, il n'existe qu'un service téléphonique d'aide au sevrage payant. L'intégration du traitement dans d'autres programmes de santé publique hautement prioritaires, tels que ceux consacrés à la tuberculose, est limitée. Les fumeurs ont toutefois accès à une infrastructure de conseils et d'aide au sevrage tabagique à travers le système de soins de santé primaires. L'Afrique du Sud envisage de former les professionnels de soins de santé primaires à enregistrer les cas de tabagisme et à prodiguer de brefs conseils. Elle envisage aussi d'intégrer les traitements de substitution nicotinique à sa liste de médicaments essentiels.⁴

La Zambie ne possède aucun système de traitement national. Identifiant l'absence de formation comme un obstacle majeur à l'aide au sevrage tabagique, en 2009, 19 professionnels de santé publique ont été formés à l'aide comportementale aux fumeurs.⁵ Ces professionnels formés travaillent maintenant dans ce que l'on appelle désormais les « espaces de sevrage ». Ces espaces occupent les mêmes infrastructures que d'autres services consacrés à la prise en charge de la tuberculose, aux soins de santé génésique et au traitement anti-rétroviral,

qui proposent à présent des services d'aide au sevrage.⁵

L'adoption de lignes directrices pour l'article 14 permettra de développer des systèmes de traitement (notamment dans les pays à revenus faible et intermédiaire) privilégiant des interventions élargies et financièrement abordables. De telles interventions devraient améliorer les infrastructures de systèmes de santé existantes, et notamment l'utilisation de services téléphoniques d'aide au sevrage et de médicaments à bas coût (par exemple, la nortriptyline).

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Bibliographie*

1. Projet de lignes directrices pour l'application de l'article 14 de la Convention-cadre de l'OMS pour la lutte antitabac Conférences des Parties à la Convention-cadre de l'OMS pour la lutte antitabac. Quatrième session. http://apps.who.int/gb/fctc/PDF/cop4/FCTC_COP4_8-fr.pdf (consulté le 28/10/2010).

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CROSS-BORDER TOBACCO ADVERTISING, PROMOTION AND SPONSORSHIP

Under Article 13 of the WHO FCTC, each Party shall have a comprehensive ban on tobacco advertising, promotion, and sponsorship in accordance with its constitutional principles. According to the guidelines for implementation of Article 13, a comprehensive ban should be applicable to both in-flowing and out-flowing advertising, promotion, and sponsorship.

Nevertheless, cross-border advertising, promotion, and sponsorship persists.

Magazine advertising that originates from the US and enters into Canada serves as one example.

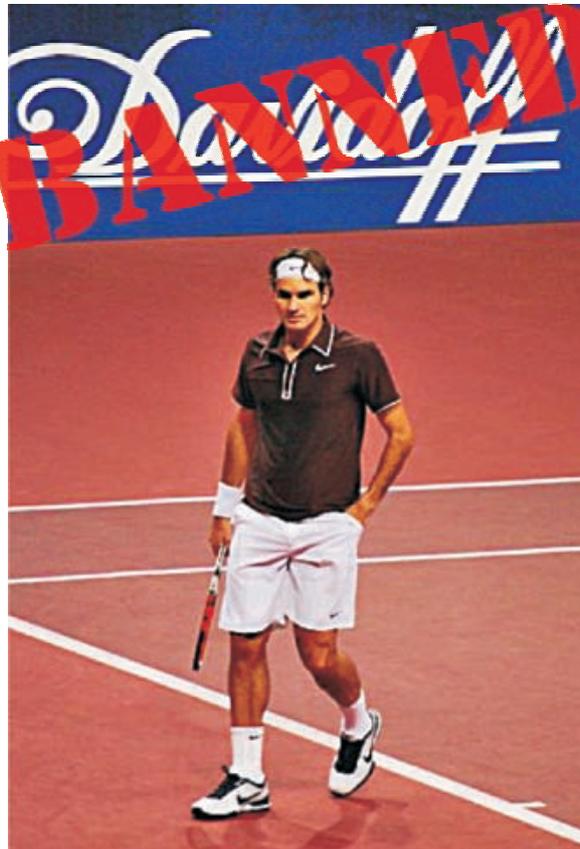
Widely read magazines in Canada, such as *Vanity Fair*, *GQ* and *Details*, commonly depict tobacco advertising that would not be allowable domestically in accordance with Canada's Tobacco Act and its amendments.

Such magazines are obviously meant for Canadian distribution with prices often being displayed on the covers in both Canadian and US currencies.

Tobacco advertisements, with the US Surgeon General's warning depicted, have also appeared in Canadian editions of magazines, such as *Maxim* and *UMM* (Urban Male Magazine), in which the covers display the price in Canadian currency only.

This is one example of a global problem: many FCTC Parties find themselves harmed by advertising entering their territory in printed materials.

Tobacco representation in the entertainment and digital media is also of concern. Considerable research has suggested that young people are influenced to smoke by positive smoking



portrayals in the movies and by celebrities serving as role models. As outlined in the World Health Organization's *Smoke-free movies: From evidence to action*, "movies reach every corner of the world," and consequently the content crosses many borders.

The internet is truly a global medium with an estimated one billion users, the highest proportion being in the Asia-Pacific region.

These forms of communication are addressed in the guidelines for implementation of Article 13, but further work is needed to support international co-operation to deal with them fully and effectively.

Recent developments provide hope for effective action on some forms of cross-border advertising, promotion, and sponsorship.

Until 2009, Davidoff's sponsorship of the Swiss Indoors tennis tournament provided brand visibility and promotion on TV broadcasts that were transmitted into the EU. Davidoff tobacco branding was apparent on court-side signage as well as the clothing of line judges and ball-boys/ball-girls.

Legislative action, or the threat of such action, prompted the ATP (Association for Tennis Professionals), the body sanctioning the Swiss Indoors tournament, to announce this year the termination of what had been a 17-year partnership with Davidoff.

Timothy Dewhirst
Department of Marketing and Consumer Studies
University of Guelph

SEYCHELLES A LEADER ON ARTICLES 8 & 13

In the Seychelles, an archipelago with only 86,000 inhabitants, strong progress has been made on two key FCTC Articles, among others. The Tobacco Control Act of August 2009 banned smoking in virtually all public places, including transport, all workplaces and outdoor stadiums. The Act also cemented a long-standing ban on tobacco marketing.

FCA's shadow report *Tobacco Watch*, released this week, inadvertently listed the Seychelles as having weak Article 8 implementation. In addition, a lack of independent verification led to the Party's intentional omission from the Article 13 section of the report. We regret the error, and commend the government of the Seychelles for its ongoing commitment to its people's health and the FCTC.

Chris A Bostic
Programme Manager, Shadow Reporting

UK NO SMOKING DAY

USING EARNED OR UNPAID MEDIA TO HELP SMOKERS QUIT

The idea of a day for smokers to quit, like many ideas in tobacco control, started in the US as long ago as 1973, and spread.

In the US, it's called the *Great American Smokeout* and is run by the American Cancer Society. Its equivalent in Britain, *No Smoking Day*, has since 1984 been helping smokers who want to stop and every year around one in ten smokers makes a quit attempt prompted by the Day.

When the Day was first launched, the world was a different place. The Framework Convention on Tobacco Control (FCTC) had not yet been dreamed of, over one-third of all adults in Britain smoked, tobacco advertising was legal and you could smoke pretty much anywhere you wanted.

More than a quarter of a century later, only around one in five UK adults smoke, advertising is banned and smoking is prohibited in all enclosed public places.

But as this fourth Conference of the Parties of the FCTC prepares to adopt guidelines on Article 12, (on education, communication and training), and Article 14, (on tobacco cessation treatment), *No Smoking Day* remains a good example of the effective use of earned or unpaid media to encourage smokers to quit.

The Day is always held on the second Wednesday in March. Separated and distinct from *World No Tobacco Day*, which is about advocacy, it focuses solely on helping smokers quit. It relies not on paid-for advertising but on a public relations campaign which is entirely re-designed and re-launched each year with a fresh theme.¹

Ideas for the campaign theme are tested with smokers and campaign organisers from right across the UK, from different age ranges, ethnic groups and lifestyles, to make sure that its messages are supportive of smokers wanting to quit.

Materials are also produced in a wide range of different languages including Arabic, Bengali, Urdu and Welsh.

In its early years, *No Smoking Day* was run by volunteers and even now the charity of the same name is run by less

than a handful of staff. The success of the Day is built not on the commitment of just its staff, but of local organisers throughout the UK. There are currently over 8,000 registered campaigners for *No Smoking Day* and over 35,000 campaign packs are distributed each year.

The success of the Day depends on this network of local campaigners organising newsworthy activities based on the campaign theme. Events attract widespread local publicity and are sufficient in number to gain much needed national publicity for the event.

Materials will shortly be distributed for next year's Day, to give the organisers time to develop their local campaigns.

The media launch of the campaign is also well in advance of the Day, to ensure that there is a good chance of getting widespread publicity on the day itself. During last year's main campaign period, over 1,700 media mentions were recorded, covering newspapers, magazines, TV and radio.

The Advertising Value Equivalent (the amount that coverage would have cost in paid-for advertising) equated to almost £1.7 million (US\$2.7 million), with a return on investment of 34-1. It is no surprise that around 70 per cent of the population has heard of the Day.

In 2007, *No Smoking Day* generated 24 hours of broadcast coverage in just one day. Most recently, it has adapted to using new media including Facebook, Twitter and YouTube, to reach a new generation of smokers and help them tap in to both networks of support and expert information that are available online.

There have been many different themes for *No Smoking Day* over the years, including "The Great No Smoking Challenge", "Make a Fresh Start" and, in 2010, "Break Free". But one theme remains constant: the desire of most smokers to quit.

In the UK, the Day now offers professional support through national Quitlines and Stop Smoking Services, but it was successful long before such



Choking off tobacco, by the UK Houses of Parliament

help was available by offering evidence-based information on the harm caused by smoking, and advice on quitting.

Evaluation of its effectiveness remains essential and recent research has shown that the Day remains a highly cost-effective intervention which generates around 6,000 permanent long-term quitters each year.² For those who want to quit, *No Smoking Day* can inspire and motivate, and empower people with the belief that this time they really can succeed.

For more information about the Day go to: www.nosmokingday.org.uk/

*Deborah Arnott
Chief Executive
Action on Smoking and Health, UK*

¹ <http://www.nosmokingday.org.uk/corporate/pastposters.htm>

² Kotz et al (2010) How cost-effective is 'No Smoking Day'? doi: 10.1136/tc.2009.034397 Tobacco Control

RUSSIA'S NATIONAL CONCEPT PROMISES MUCH FOR TOBACCO CONTROL

Russia comes to COP-4 as one of the surprise tobacco control superstars of the year. Just in September, Russian Prime Minister Vladimir Putin approved a national policy on tobacco control. Formally called the Concept on National Policy to Combat Tobacco Use (National Concept), this document outlines the key strategies the government will enact through to 2015, all based on and reinforcing Russia's obligations to the FCTC.

By adopting the National Concept, in September, the Russian government acknowledged the seriousness of its tobacco problem and made it a top priority, with an aggressive timeline. In 2011, the Ministry of Health and Social Development will introduce a comprehensive legislative package that should introduce or revise all of Russia's tobacco control laws. The key provisions are quite specific and provide guidance for strong laws on all major FCTC policy areas:

- increase tobacco taxes to average WHO EURO region levels by 2015, with equal excise rates for filter cigarettes and non-filter cigarettes, and a uniform tax increase on all kinds of tobacco products;
- introduce a total ban on smoking in public places, including restaurants and bars;
- packaging and labelling: implement strict regulations on ingredients and labelling, including pictorials and bans on misleading indicators;
- implement a total ban on direct and indirect advertising, promotion, and sponsorship, including brand stretching, and restrictions on corporate sustainable responsibility campaigns developed by or with the tobacco industry;
- take measures to combat illicit trade;
- prevent underage sales;
- engage in government-sponsored public education campaigns;
- organise government-sponsored cessation services.

When Russia ratified the FCTC in 2008, the country's tobacco epidemic could not have been more dire. Russia has among the highest smoking prevalence rates in the world – 40 per cent of the population smokes, leading to between 330,000 and 400,000 deaths from tobacco-related diseases each year. Sixty per cent of men smoke, and smoking among women and young people is exploding. Cigarettes are extremely cheap and easy to purchase. They are sold everywhere, they are smoked everywhere, and advertising and social acceptance is everywhere.

This is why the National Concept is so important. Russia should be congratulated for this first, important step in a comprehensive national policy approach to the tobacco burden. The Ministry of Health should also be applauded for drafting and championing this document.

Russia comes to COP-4 able to demonstrate significant progress in moving toward full FCTC compliance. It has the potential to play an influential role in the COP, in particular in adapting strong guidelines on Articles 11 and 15.

Following the COP, Russia must be encouraged to follow through on its policy promises and introduce the strongest possible



legislation in 2011. The concept does not go into the specifics of most of these policies. There are some gaps or potential loopholes in the wording that the government will need to fix; for example, the smoke-free provisions allow a transitional period to 100 per cent for certain public places, such as restaurants and hotels, without an indication of how long that period should be.

The National Concept's strong wording on packaging and labelling could also be at risk. Russia is currently negotiating a treaty on technical regulations with Kazakhstan, Kyrgyzstan, Tajikistan, and Belarus, which make up the Eurasian Economic Community (EEC). It would be surprising and distressing to see the final treaty reflect anything less than what Russia's own, domestic policy declares acceptable. Russian negotiators to the EEC would do well to honour the Concept's provisions on packaging and labelling and ensure that the Community adapts a treaty that bans all misleading indicators, mandates pictorial as well as text warnings, and bans flavoured and aromatic cigarettes.

The tobacco industry will be sure to exploit any opportunity to capitalise on any inconsistencies in the National Concept, and to water down or oppose as much of the coming legislation as possible. The tobacco industry is extremely strong in Russia, with PMI, BAT, and JTI dominating 95 per cent of the market. It has benefited from lax laws and low taxes since the early 1990s, when the industry began its aggressive expansion into post-Soviet Russia. The government will need to be vigilant to uphold Article 5.3 and ensure lawmaking processes exclude any and all interventions by the tobacco industry.

After this first, important step, the FCTC Parties and tobacco control community will look to see how Russia follows through on its promises. The tobacco control community is already encouraged by the strong language in the National Concept and by the Russian government's comprehensive approach to combat tobacco. Russia's achievement should be celebrated and its government should be encouraged to become a world leader in implementing strong, effective legislation that complies with or even exceeds the FCTC.

*By Joshua Abrams
Campaign for Tobacco-Free Kids*

DIRTY ASHTRAY AWARD



No ashtray... but we are watching you, and you know who you are

ORCHID AWARD



Committee A:

South Africa on behalf of AFRO, SEARO and the many other countries for their overwhelming support of an Article 6 guidelines working group

Committee B:

Kenya and Brazil (supported by others) for offering constructive proposals to increase financial resources for treaty implementation

WORKING GROUP ON TAXATION WOULD SUPPORT POLITICIANS' PLEDGES IN GHANA

Current levels of tax levied on tobacco products in Ghana still mean cigarettes are cheap and easily accessible, even to minors. Tax revenue generated by tobacco sales falls far short of what the government spends on treating tobacco-related diseases.

The most popular brand costs GHS1.50 (US\$1.16) per pack of 20 cigarettes. Total tax amounts to 29 per cent of the retail price, made up of 13 per cent total excise (specific and *ad valorem*) and 16 per cent Value Added Tax.

Following recent newspaper stories, various government officials have spoken out in favour of higher tobacco taxes. On 21 December 2009, *Public Agenda* published a front page story headlined "Ghana's cheap cigarettes even children can buy", which exposed the dangers of the affordability and availability of cigarettes to children.

On 14 January 2010, *The Chronicle* published a story by Naa Betty Nelson, the second Vice President of Media Alliance of Tobacco Control (MATCO). The article called on the government to "slap a 100 per cent tax on tobacco, to discourage its consumption and patronage". The increased tax could be used to treat tobacco-related diseases, the article suggested.

More recently, the government, in the shape of the Health Minister and the Women and Children's Affairs Minister, has expressed its commitment to adopt tax and price measures to reduce tobacco use and to raise revenue to finance health expenditures.

During the celebration of *World No Tobacco Day*, on 31 May 2010, Minister of Health Hon Dr Benjamin Kumbour stated in his address, "The Ministry of Health recommends that tobacco products be made less affordable by raising prices through tax measures and applying the

revenue raised to specific tobacco control activities benefiting women, young people and the disadvantaged."

Women and Children's Affairs Minister, Hon Juliana Azumah Mensah, has stated that, "Government will encourage not only legislative and tax interventions to reduce smoking rates alone but also the promotion of public awareness and supporting tobacco control interventions in the country."

Tax increases will raise the price of cigarettes, and lead to a reduction in tobacco use. Some ex-smokers in Accra have testified to the effect of tax increases in cutting tobacco use.

Vision for Alternative Development, and other civil society groups, have called on Ghana's government to remain committed to comprehensive implementation of FCTC Article 6, and to emulate good practices to increase taxes on tobacco products. As well as financing treatment of tobacco-related diseases, revenues should go to supporting tobacco control programmes nationwide and could also be used to strengthen the National Health Insurance Scheme to support minors, the aged and the poor.

By establishing a working group to develop guidelines for the implementation of Article 6, the COP will provide strong support to developing countries' efforts to reduce tobacco use and meet some of their health expenditures.

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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 Bulletin are those of the writers and do not necessarily represent those of the sponsors.

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