



ALLIANCE BULLETIN

Framework Convention on Tobacco Control

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Editor's tip of the day

DON'T
spill coffee
on
your
laptop.

Note to self

Coffee and typing do not mix.

**DEATH
CLOCK**

Since the opening of the first working group for the Framework Convention on Tobacco Control on 25 October 1999,

21,227,832
people have died from tobacco-related diseases.

(At 9 am 2 February 2005)

NGOs yes, industry no

How can the COP reap the benefit of legitimate NGO participation while keeping out the wrong kind of interests? There are real concerns that tobacco company interests may try to abuse NGO participation rights to gain access to the COP.

This issue vexed delegates in Tuesday's session when Rule 30 of the Draft Rules of Procedure, dealing with NGO observers, was up for debate. Delegates fully recognized the importance of facilitating NGO participation, as well as the role that civil society has played in the development of the FCTC till now, and will continue to play in its implementation.

The final version of Rule 30 will, of course, be decided by the COP, but delegates broadly agreed on several points, including:

- the rules adopted by the COP should ensure that the right organizations (those whose involvement will bring benefit to the Parties) are admitted and able to contribute meaningfully;
- the rules should ensure that the wrong organizations (those whose involvement will not bring benefit to the Parties, i.e. the tobacco industry and organizations directly or indirectly connected with it) are kept out;
- accreditation should be granted not only to relevant international NGOs, but also to national and regional NGOs.

A number of delegates made the point that the WHO rules on official relations could not, on their own, adequately deal with accreditation for the FCTC. First, the WHO rules only allow international NGOs to enter into official

relations with the WHO, not national and regional ones.

Second, the FCTC is concerned with the very specific issue of tobacco control, whereas the WHO is concerned with a broad range of health issues. One would therefore expect the accreditation criteria for each to be different.

Third, the interim Secretariat informed delegates that there is no specific screening process in place at WHA level to ensure that the tobacco industry and its affiliates are kept out.



It was standing room only at yesterday's lunchtime briefing by NGOs.

The Framework Convention Alliance has proposed a way forward which embodies the views expressed by the delegates. This comprises suggested text for the Rules of Procedure, and a resolution that the COP might make, setting out very clear criteria for accreditation, application procedures and the rights and responsibilities of accredited NGOs.

Under the FCA's proposal, decisions on accreditation would be made by the COP, granting accreditation to NGOs:

(Continued on page 2)

Today's Weather: Same lovely weather as always. Showers. Wind.
High 2 °C Low 1 °C

COP must meet sooner, not later

Although the FCTC will come into force on 27 February 2005, there are indications that the first meeting of the Conference of the Parties (COP) will not take place until fully 12 months later — in February 2006. Such a lengthy delay should not happen.

Article 23(1) of the FCTC states: "The first session of the Conference shall be convened by the World Health Organization not later than one year after the entry into force of this Convention."

Thus the FCTC specifies a maximum time period during which the first meeting of the COP must be held. But the first COP can and should be held much earlier than that.

The sooner the COP meets, the faster progress will be made on implementation of the Convention. The COP has a lot of work to do, indeed far more work than is the case in most other treaties.

Among its tasks, the COP must elect officers, approve rules of procedure, approve financial rules, approve a budget, and establish subsidiary bodies, including for implementation. Importantly, the COP must negotiate Protocols. The FCTC itself contains provisions requiring the COP to consider Protocols on smuggling and on cross-border advertising.

Delays mean a loss of momentum. Delays harm implementation. Delays must be avoided.

— Rob Cunningham,
Canadian Cancer Society

Cancer: Now In Assorted Flavours

Winter Mocha Mint. Warm Winter Toffee. Are these names of ice cream flavours or the latest Camel cigarettes? If you guessed Camel cigarettes, you are correct. The industry is now selling its cancer-causing cigarettes in assorted flavours.

R.J. Reynolds' "seasonal" Camel cigarettes also come with names such as *Kauai Kolada* and flavours such as peppermint. Not to be left out, Brown and Williamson's Kool brand is promoting *Caribbean Chill* cigarettes in

tropical flavours. If there was any doubt that the tobacco industry is continuing its insidious marketing practices, the emergence of these flavoured cigarettes should put it

to rest. These cigarettes are clearly designed and marketed with the aim of enticing young people to smoke.

What's next — *Bubble Gum Blues* cigarettes? The FCTC's advertising provisions would prohibit the marketing and advertising of these products. It is critical that countries move swiftly to implement the FCTC and its advertising provisions.



Policy on NGOs

(Continued from page 1)

- whose purposes and activities are consistent with the spirit, purposes and objectives of the Convention;
- which can demonstrate competence in matters falling within the purview of the Convention;
- which are non-profit in nature; and
- which are not directly or indi-

rectly associated or connected with, or working on behalf of, any tobacco industry entity.

In addition to adopting such rules, the first COP should grant accreditation to those NGOs that have been accredited to sessions of the Intergovernmental Negotiating Body and the Intergovernmental Working Group. This is a sensible step that ensures that those NGOs which have been involved in the FCTC's development to this point will be able to stay involved once the COP is established — such a decision was taken by the first COP of the United Nations

Convention to Combat Desertification.

The detail of the FCA proposals can be found at FCA's booth, and will soon be available on-line at www.fctc.org. The different elements of the proposal are in two separate documents: "FCA's recommendations on the Rules of Procedure" and "FCA's recommendations on rules for accreditation and participation of NGOs".

— Jonathan Liberman,
Legal Consultant
The Cancer Council Victoria
(Australia)

Éxitos y desafíos del control del tabaco en Uruguay

El año 2004 fue el año de la consolidación del movimiento del control del tabaco en Uruguay, gracias al esfuerzo conjunto del Ministerio de Salud Pública (MSP) y la sociedad civil, integrados en una Alianza Nacional para el Control del Tabaco (ANCT).

El objetivo principal fue la ratificación del CMCT, la cual se logra el 9 de setiembre de 2004, convirtiéndose Uruguay en el 31º país en ratificar el CMCT, e integrando el selecto grupo de países que hicieron posible la entrada en vigor de este primer tratado de salud pública mundial.

Pero no sólo se trabajó sobre el CMCT, sino también sobre otros aspectos del control del tabaco, como la estrategia Ambientes Libres de Humo de Tabaco, habiéndose señalado como objetivos primarios: los centros de salud y los centros educativos.

Desde octubre de 2004 está vigente un decreto del MSP que prohíbe fumar en todos los establecimientos de salud, públicos y privados, del país. Días atrás, el propio Director General de Salud, Dr. Diego Estol, junto a integrantes de la ANCT realizaron la primera inspección en centros de salud públicos y privados.

En el 2005 se extenderá esta acción a los centros de enseñanza y se reglamentará dos disposiciones ya vigentes: la prohibición de fumar en oficinas públicas y en los espacios públicos destinados a la venta y manipulación de alimentos, lo que podría determinar que en un futuro próximo no se pueda fumar en espacios públicos compartidos, incluidos bares y restaurantes.

En noviembre de 2004, el MSP dio a las organizaciones integrantes de la ANCT el carácter "oficial" de Comisión Asesora del Ministerio en Control del Tabaco.

Este trabajo conjunto no sólo se evidencia en el proceso de ratificación del CMCT sino también en el intento de modificar la legislación vigente en Uruguay, sobre el Control del Tabaco.

Otros hechos a destacar: el 13 de enero del 2005, el Presidente de Uruguay firmó un Decreto,

dísticos del medio.

En este informe, no sólo se abordó clara y explícitamente todos los aspectos del problema del tabaco, sino que se puso en evidencia la actitud de la industria tabacalera en Uruguay. Se mostró un documento interno de la filial de Philip Morris en Uruguay, donde se describía que la industria había, deliberadamente, saboteado la discusión parlamentaria de un proyecto de ley sobre control del tabaco. Resultado: ese proyecto fue bloqueado.

En las últimas semanas, la industria tabacalera ha comenzado su contraataque. Lo está haciendo a través de periodistas "afines" y, en los dos últimos días, a través de una presencia masiva en los medios, fundamentalmente de la filial de Philip Morris, quien ha sacado a relucir su "campana de responsabilidad social", y ha declarado en los medios, que "medidas parciales no sirven", que quiere "regulaciones más fuertes" y que está dispuesta a apoyar al próximo gobierno para obtener estas medidas.

Nuestra respuesta a la industria es: "quédense tranquilos, no se preocupen, nosotros nos estamos *ocupando* de que el control del tabaco sea más fuerte, y para ello reglamentaremos e implementaremos el Convenio Marco para el Control del Tabaco".

— Dr. Eduardo Bianco,
Fundación InterAmericana del
Corazón
Sindicato Médico del Uruguay
Alianza Nacional para
el Control del Tabaco (Uruguay)



presentado por el MSP, por el cual se aumenta el tamaño de la advertencia sanitaria vigente, llevándola al 50% de ambas caras principales. Si bien la legislación no permite modificar la leyenda ("Fumar puede causar cáncer, enfermedades pulmonares y cardíacas. Fumar durante el embarazo perjudica a tu hijo. MSP"), ni colocar imágenes o pictogramas, pensamos que esta medida constituye un avance importante del control del tabaco.

Casi en los mismos días, en la televisión oficial, se emitió un extenso y completo "informe especial sobre el problema del tabaco", en uno de los principales programas perio-

Japan's ratification: one of life's mysteries?

*Japanese NGOs were delighted that their country was, unexpectedly, among the first 40 countries to ratify the FCTC. However, questions remain among IWG participants about Japan's motives for ratification. Why did a country that seemed so hostile during INBs suddenly do a U-turn? Japan's **Nabuko Nakano** describes the groundswell of activism in Japan that pushed it into ratification, and reminds us of the major challenges that remain for NGOs there in holding their government to account.*

Japan's challenging environment for tobacco control

- Having had a state tobacco monopoly until 1985, the Japanese Government still owns half of the stock in Japan Tobacco Inc (JTI) although nowadays only 1-2% of state revenue comes from tobacco.
- Japanese smoking rates are notoriously high — 46% of men still smoke and 13% of women. Smoking rates among younger age groups are even higher and the age of onset is lowering.
- The legislative framework has been perverse: the objective of the "Tobacco Industry Law" is to promote sound development of the tobacco industry as a national revenue generator.
- Regulatory provisions have been few and weak:
 - ⇒ Ineffective voluntary code on advertising
 - ⇒ Feebly worded, insignificant health warnings
 - ⇒ Unenforced prohibition on sales to minors, undermined by ubiquitous vending machines.

The beginning of activism

Tobacco control activism began among some pioneering doctors in the 1970s, leading to the emergence of some grassroot groups on non-smokers' rights. Actions included:

- Attempts at litigation (though unsuccessful, awareness was raised)
- Mobilization of women in the workplace on passive smoking
- Engagement of school children through competitions and curriculum work
- Petitions to politicians to ban advertising and vending machines
- Media advocacy

- The creation of a Doctor's League Against Tobacco
- Annual World No Tobacco Day events

FCTC — a catalyst

The prospect of FCTC shone a media spotlight on tobacco issues. However, the Government at first kept silent, because the pro-tobacco Finance Ministry and the Ministry of Health were in conflict. The Government's dilemma was to find a way to ratify the treaty without damaging its tobacco industry.

Engaging politicians

In 2002 the National Diet Member's League Against Tobacco was formed at the suggestion of anti-tobacco citizen's groups. Although only about 10% of all members of the Diet joined the League, it had great influence among politicians and officials.



Improved legislation

In 2003 the Health Promotion Act was enacted, with a single provision on tobacco requiring managers of public places to "endeavour to take measures to protect users from passive smoking". Although the law is very weak, with no sanctions and allowing for designated smoking areas, it proved much more effective than expected. Smoke-free policy spread quickly in hospitals, schools, and government facilities, but more slowly in small offices and social settings.

Restrictions on advertising were revised in 2004, confining it to

smoking areas and points of sale and allowing only adults to be targeted. Sponsorship is allowed for adult-oriented events. However, brand-stretching and corporate imagery is still allowed on TV and radio, and the tobacco industry is still a major sponsor of TV programmes.

Looking forward

Japan's tobacco control climate continues to be reasonably favourable:

- It is now the norm for public places to be smoke-free (although this is still largely on a voluntary basis)
- Tobacco production and tobacco control are being separated
- A 'national coordinating mechanism for tobacco control' was set up in response to the FCTC. It is at this stage no more than a committee of bureau heads from relevant ministries, with a working group whose current focus is teen prevention. While is an epoch-making group, it is still weak. This may improve with the appointment of the Ministry of Health's first full time official in charge of tobacco control.
- A strong coalition of nationwide Health-oriented NGOs continues to focus on FCTC.

Major issues remain, however:

Although health warnings will be improved slightly from 2005, they will still be inadequate in size, prominence and legibility; tobacco advertising and sponsorship is not comprehensively banned, and the continuing presence of pro-tobacco communication on TV is a particular problem; young people still have easy access to vending machines; taxation and price have yet to be addressed.

Japanese NGOs are committed to holding their government to the ratification promise.

— *Nobuko Nakano*,
Japan Association Against Tobacco

The true cost of Formula One in Turkey

Is Turkey's long-standing ban on tobacco advertising under threat from Formula One (F1) motor racing? Turkey hosts its first Grand Prix in August 2005. Despite assurances from F1 officials, concerns have been raised that the tobacco advertising ban will be flouted.

Turkey's tobacco advertising ban was achieved in 1997, despite years of lobbying by Philip Morris and RJ Reynolds and a tumultuous journey through Parliament. Ironically, it was Mr Arkacali, champion of the tobacco advertisement bill and current Minister for Tourism, who initially lobbied for F1 racing as a means to improve the economy. He eventually backed down after protests from global tobacco control advocates.

In 2003, the Turkish Federation of Automotive and Motor Sports bid to host F1 and built a US\$10 million circuit on an ecologically fragile site. The cost to the Turkish government is estimated at US\$13 million per year for seven years. Given that the 2003 health budget was US\$2.67 million, this indicates a staggering confusion of priorities.

The Turkish government is also threatened with penalty charges for limiting tobacco advertisements before 2006 when the European ban is enforced. While the Health Minister has vowed to uphold the

driven the expansion of F1. Martin Broughton, former CEO of British American Tobacco (BAT) claims that "if it wasn't for cigarette sponsorship, Formula 1 would not sit at the pinnacle of motorsports as it is today."



Even in rural Madagascar, kids have a thing for fast cars.

In reality the dependence in this relationship is the other way round: F1 has been a critically important marketing tool in the development of global brands. Moreover, TTCs' support of F1 has delayed the sport from seeking funding elsewhere and alternative sponsors can be deterred by its close association with tobacco.

F1's debut race in Turkey must not be allowed to become a vehicle for tobacco advertising. Dwarfing the economic costs of the racetrack, Turkey would incur an even greater burden in the erosion of its legislation and the subsequent deaths of its citizens.

— Sue Lawrence,
London School of Hygiene and
Tropical Medicine

total ban on advertising during the Grand Prix, he is less confident of keeping tobacco branding off the cars. Current Turkish law allows advertisements via international press, creating a significant loophole.

Transnational tobacco companies (TTCs) have traditionally

United States Flunks Tobacco Control Report

In the American Lung Association's *State of Tobacco Control 2004* report released in January, both the Bush Administration and the US Congress received failing grades for their tobacco control record. The report graded the United States for tobacco control policies in the areas of tobacco regulation, cigarette taxation, cessation and the FCTC.

Despite the exceptionally high economic and human costs of smoking, the United States failed to enact strong policies to combat tobacco use and addiction in 2004. In fact, their only accomplishment of the year was signing the FCTC. Sadly, since it was signed the

treaty has languished on President Bush's desk, as he has failed to send it to the Senate for ratification.

The United States has a long history of strong tobacco control laws at both the local and state level.

United States Tobacco Control Report Card
FDA regulation of tobacco products – Grade: F
Smoking cessation policies – Grade: F
Cigarette taxes – Grade: F
Framework Convention on Tobacco Control – Grade: D

However, at the national level the United States is lagging behind other countries. The U.S. can do better and follow the example of the United Kingdom, Australia and the other ratifiers. The tragedy of tobacco addiction, disease and death it causes, will not be resolved with a half-hearted response consisting of partial measures and weak policy. The United States should join the countries that have ratified the FCTC and once again be a worldwide leader in tobacco control.

肩がぶつかったら謝るのに、
煙がぶつかっても謝らなかった。

When I bumped into someone, I apologized.
When my smoke hit your face, I said nothing.



Found by your faithful editors:
Japanese campaign against second-hand smoke (we think)

Lost by same: The meaning, in the translation.

Challenge to readers: Identify public health message.

Bonus question: Identify target group.

Please submit answers to Fabrica.

América Latina : el objetivo de la industria

Cada vez más la industria tabacalera trata de vencer a los gobiernos de las desventajas de ratificar el CMCT. Para ello usan las falacias de las eventuales pérdidas económicas que generaría el control del tabaco, así como la legalidad de sus productos y se muestran favorables a una regulación "sensata".

La verdad es otra, no les interesa ser regulados y la autorregulación no es efectiva, se niegan al incremento de los impuestos y a la prohibición del consumo de tabaco en espacios laborales cerrados, entre otras medidas, y están más interesados en garantizar los mecanismos que les aseguren la libre competencia entre las marcas; mientras tanto, cada día mueren más latino-

americanos debido al consumo de una droga adictiva, el tabaco.

Cuando se trata de las advertencias sanitarias con sus respectivos pictogramas en los paquetes, su preocupación es que éstas no denigren sus productos; además consideran que los países latinoamericanos en desarrollo no tenemos iguales derechos de informar a la población sobre los riesgos y daños que produce el tabaco. Sin embargo, para los gobiernos y la sociedad civil, la principal preocupación es y debe ser la salud pública de la población del mundo. Ratificar el convenio es la mejor manera de afirmar una política en favor de la salud.

Para los países que ya han ratificado la implementación de las disposiciones del CMCT, no será fácil ya que los gobiernos siguen estando expuestos a las presiones de la industria tabacalera. Sin embargo la decisión debe seguir siendo la salud. Salvemos vidas, ahora.

Progress continues outside these walls!

Congratulations to **Botswana** who ratified the FCTC on Tuesday 1 February.

Meanwhile, the Libyan Arab Jamahiriya and China have both announced their intentions to ratify imminently. Honduras too is about to deposit its ratification instrument in New York.

FRAMEWORK CONVENTION ALLIANCE

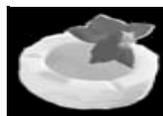
Dirty Ashtray Award

To those responsible for the lack of budgetary foresight which may prevent the Conference of Parties from meeting within this calendar year.



Orchid Award

To the Kenyan delegation, for demanding the information necessary to create an effective and autonomous Secretariat.



The Framework Convention Alliance (FCA) is an alliance of NGOs from around the world 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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