



INB-4 MONDAY

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TODAY'S DELEGATE BRIEFING

LAW AS A PUBLIC HEALTH TOOL

18 March 2002
13:00 - 14:00

Check for room announcement

DEATH CLOCK

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

9,639,000

people have died from tobacco-related diseases.

(At 9 am 18 March 2002)

ALLIANCE BULLETIN

Framework Convention on Tobacco Control

Geneva, Switzerland

Issue 18

18 March 2002

Failure is not an option

Tobacco is personal. The grandmother wasting away from emphysema, hooked up to an oxygen tank. Her only consolation is watching her granddaughters grow up. But she's so addicted, she sneaks cigarettes anyway — at the risk of burning down the house, granddaughters included.

Then there's the classic late-marrying father: middle-aged, with young kids. Already had one heart attack, scared stiff of dying and leaving the children without a father. Tries and tries to quit, but just can't do it.

Or the woman who's thinking of getting a court order against her own husband, because he won't stop smoking around their asthmatic child.

We cannot and should not forget this human side, these millions of shattered existences, as we go about our work this week. But neither should we forget that tobacco is also big business: for a handful of companies, addiction is a ticket to windfall profits.

It is *their* role, as the vector of the tobacco epidemic, that has made tobacco control a necessary topic of international law. If Philip Morris were content to sell only in the US, British American Tobacco in Britain, Japan Tobacco in Japan, it might be possible for the rich, Northern countries — where the modern plague of manufactured cigarettes began — to deal with the problem at the national level.

But these companies have long understood that their days are numbered at home, that their future lies in the South. Barring vigorous, co-ordinated action by the international community, they will use all their tricks, their unlimited resources for hiring lawyers, PR consultants, ad agencies, and lobbyists to outmanoeuvre governments and flog their deadly product in every available forum.

In an era when satellite TV and other transnational media make national boundaries increasingly porous,

no country can fight tobacco marketing alone. Similarly, the power of taxation — a central element of national sovereignty — is difficult for any one country to defend against tobacco companies with no scruples about organising large-scale smuggling operations, as routinely occurs in Latin America, Africa, the Middle East and other regions.

Thus, the choice for delegations at INB-4 is not one between national sovereignty and tobacco control measures. The real choice is between watching national sovereignty being further eroded by an extremely resourceful, highly virulent disease vector — the tobacco industry — or setting international rules, in the spirit of multilateralism, that protect everyone.

With determination, intelligence and daring, we can slow this epidemic. And do so before the whole world smokes like South Koreans, before the whole world has the lung cancer rates of Great Britain or the United States.

If we fail, in a few decades tobacco will become the main source of preventable disease and death in countries where manufactured cigarettes are still a marginal product at present. The financial and development costs of this death toll will be huge; the human costs, larger still.

Excellent work was accomplished at INB-3. As we get closer to the horse-trading phase, when delegates seek trade-offs and corridor compromises, we must not lose sight of the essential. There are millions of lives riding on

whether or not we are up to the task.

Happy and productive INB-4!

—Francis Thompson
Non-Smokers' Rights Association (Canada)

WELCOME BACK!

Today's Weather: Cloudy with sunny periods, occasional showers
High 13 °C Low -6 °C

Ensuring the supremacy of health over trade: how to strengthen the FCTC

Can the FCTC ensure that measures to protect public health will not be sacrificed to trade agreements? Much overlap exists between the FCTC and other treaties related to commerce, most importantly international trade and investment agreements. To be effective, the FCTC must include general principles that public health takes priority over commercial interests, and that the FCTC should prevail over competing international trade or other agreements.

Many international trade and investment treaties are very strong, with tightly binding obligations on Member states, strong enforcement mechanisms, and aggressive rules on their relation to national law and other international agreements. In general, since such agreements are intended to promote trade, they seek to roll back rules and regulations that would inhibit trade — even in a deadly, addictive product like tobacco.

Many governments and the FCA have therefore argued that it is vital that the FCTC contain language specifying that, when it comes to tobacco, its rules should take priority over international trade agreements.

Unfortunately, the most effective language proposed by countries on these issues does not appear in the current FCTC draft text.

Intellectual property

There are a number of potential conflicts between the FCTC and international trade agreements. Many international trade agreements include intellectual property rules establishing mandatory protections for patents, copyright, trademarks and trade secrets. Tobacco companies may be able to use intellectual property protections to challenge country efforts to:

- Impose large warning labels (including images) or mandate plain paper packaging, on the grounds that such rules violate the companies' trademark intellectual property rights. Tobacco companies have made just such arguments in Canada and elsewhere.
- Restrict use of terms such as "mild" or "light," claiming that these terms are part of their product name and thus merit trademark protection. Japan has made such an argument in Europe, and Philip Morris is making the same argument in Canada (see sidebar).
- Require disclosure of ingredients, with the companies alleging that such rules violate international trade secret protections.

Floor = ceiling

Another set of problems may arise from international trade agreement provisions that specify that countries cannot enact regulatory rules that are more trade-limiting than those established by international standards.

For example, there is a consensus among tobacco control advocates that the FCTC should include a prohibition on all tobacco advertising, marketing and promotion, or at least as far as permitted by national and regional constitutions.

However, if the FCTC contained provisions calling only for a partial ban, it could be argued that under the World Trade Organization or other trade agreements, the FCTC partial ban was the *most* a country could do. If a country then sought to enact a complete ban, it could be vulnerable to challenge under WTO rules.

The complete ban could be characterized as discriminating against foreign companies that need to rely on advertising to build up market share, and unjustifiable since it exceeds the international standard.

Solutions

These potential problems are avoidable, but only with careful drafting of the FCTC. If these problems are not acknowledged and addressed directly, they will almost surely work eventually to undermine the FCTC, at least in part.

In addition to establishing appropriate guiding principles, each provision of the FCTC must be drafted so as to avoid being interpreted as a regulatory ceiling. Every standard or near-standard should be framed explicitly as a floor — using language such as "at least" or "countries shall, at minimum, do X, but may do more."

The FCTC represents a historic opportunity to address one of the world's great public health scourges. It would be a tragedy if its potential benefits were inadvertently undermined by imprecise drafting that resulted in it being subordinate to other treaties whose aims have far more to do with protecting business than public health.

—Rob Weissman
Essential Action

Philip Morris tries to intimidate Canada out of banning "light" and "mild"

Excerpts from a submission to Health Canada, January 2002:

Philip Morris believes that banning descriptive terms on tobacco packaging would violate Canada's obligations under the North American Free Trade Agreement, the World Trade Organization's Agreement on Technical Barriers to Trade and the Agreement on Trade Related Aspects of Intellectual Property.

The descriptive terms Canada seeks to ban are contained in lawfully-registered Canadian trademarks. Consumers understand these trademarks to designate distinct brands of low yield cigarettes with characteristic tastes and corresponding tar and nicotine yields.

Prohibiting the use of these descriptive terms would effectively ban the display of trademarks containing them. If enacted, the proposed ban would therefore expropriate and destroy the affected trademarks and brands in Canada as well as the substantial goodwill that accompanies them in violation of both NAFTA and TRIPS.



PM is fighting for the right to lie on behalf of its Canadian subsidiary, Rothmans, Benson & Hedges.

Suing the Industry: A Public Health Perspective

At 13:00 today, WHO is sponsoring a briefing on "Law as a Public Health Tool." The briefing will feature Roberta Walburn, the attorney most responsible for the release of millions of pages of incriminating tobacco industry documents presently on the Internet.

In the United States, lawsuits against the tobacco industry have already resulted in settlements with the 50 states totalling about \$10 billion per year in perpetuity, along with agreed-upon restrictions on the industry's marketing practices, and funding for counter-advertising campaigns.

There have been multi-million dollar verdicts in several individual cases, leading the industry for the first time to publicly admit the dan-

gers of smoking in an effort to improve their litigation posture.

Last week it became known that the U.S. Justice Department has asked the court in the civil racketeering case it is pursuing against the industry to force cigarette companies, among other things, to:

- package their products only in black and white
- put graphic health warnings on at least 50 percent of the space of all tobacco advertising
- end the use of "light" and "mild" to describe cigarettes
- withdraw point-of-sale advertising
- eliminate sales of cigarettes in vending machines
- pay for counter-advertising.

Article J presents an opportunity for the FCTC to ensure that law is available as a public health tool in every country. And this is only fair. The history of the tobacco industry's misbehaviour is not restricted to the United States.

A history of deceit

In 1953 the American tobacco industry (including Philip Morris, BAT, and RJ Reynolds) met at the Hotel Plaza in New York, and agreed never to tell the truth about the dangers of cigarettes, but instead to launch a "wholly positive" public relations campaign.

This conspiracy, to lie about the dangers of cigarettes, continued at least through the 20th century, and succeeded for decades in fooling legislators, public health authorities, and ordinary citizens. As a result, regulation was delayed and weakened, and millions of Americans began and continued to smoke who would not otherwise have done so.

The conspiracy was so successful

that the tobacco industry, meeting in a British castle in 1977, decided to extend it to the rest of the world. Pursuing this plan, they have lied to legislators, public health authorities, and ordinary citizens everywhere they do business, resulting in much higher smoking rates than would otherwise have occurred.

The most viable basis for tobacco industry liability is the principle of "wrongdoer pays". "Wrongdoer pays" has deep roots in every legal tradition, and is the basis for the successful lawsuits against the tobacco industry in the United States.

Unlike "polluter pays", a much more controversial principle that would make the industry responsible for the harm its products cause regardless of fault, "wrongdoer pays" makes the tobacco industry's liability turn on its behavior.

Perhaps it has already violated the law in a particular country, causing individuals who would not otherwise have smoked to do so, thereby resulting in unnecessary disease and early death. If so, it is liable for the resulting financial harm – but only because of its own actions.

It is difficult for the cigarette exporting countries to make a *principled* argument against extending wrongdoer-pays liability worldwide. No country can credibly argue that wrongdoers, whoever they may be, should not be required to pay for the harm they foreseeably cause.

The Framework Convention should guarantee the right of citizens and governments in every country to bring lawsuits against misbehaving tobacco companies for two reasons.

First, if people in the US can sue a company for misbehaviour, it is only fair that people outside the US can sue the same company for its misbehaviour in their own country.

Second, if the tobacco companies fear massive civil liability for failing to obey the requirements of the Framework Convention or of national laws, regulations, or "common law", they are much more likely to obey the law.

The proposals by Iran, Norway, and China provide a solid starting point for negotiations this week to guarantee that litigation is available as a public health tool throughout the world.

—Richard A. Daynard

Suggestions to improve trade text

The proposed guiding principle language, should be deleted:

"The Parties agree that tobacco control measures shall be transparent, non-discriminatory and implemented in accordance with their existing international obligations" or
"Tobacco control measures should not constitute a means of arbitrary or unjustifiable discrimination in international trade."

Bracketed language in the current text should be adopted:

"Priority should be given to measures taken to protect public health when tobacco control measures contained in this Convention and its protocols are examined for compatibility with other international agreements" and

"Tobacco control measures taken to protect human health should not be deemed as constituting a means of arbitrary or unjustifiable discrimination in international trade."

Language previously proposed, but not in the current FCTC draft, should be reinserted:

"The devastating effect of the use of tobacco products on public health requires the implementation of stringent measures, as set forth in this convention, designed to diminish tobacco use as far as feasible, and these measures, of necessity, should prevail over commercial interests and rights."



Interview avec le Pr. Daynard

La lutte africaine contre l'industrie du tabac

[article tiré du bulletin mensuel de SOS-Tabagisme Niger]

Info-Tabac : Professeur, vous êtes un des grands défenseurs de la lutte antitabac dans le monde. Quelle analyse faites-vous des actions des firmes du tabac en Afrique?

Richard Daynard : Les compagnies multinationales du tabac qui opèrent en Afrique suivent les mêmes procédures qu'ils ont utilisées avec succès à travers le monde. Les femmes ne fumaient pas beaucoup en Amérique ou au Japon, mais les compagnies cigarettières ont changé cela à travers des campagnes de marketing efficaces. Similairement, les femmes ne fument pas beaucoup en Afrique, mais les compagnies montrent des femmes dans leur publicité en les encourageant à fumer. Les compagnies ignorent les lois nationales et les règlements qui limitent la publicité de cigarette; et d'une façon ou d'une autre, ils arrivent à éviter les sanctions gouvernementales.

Info-Tabac : Vous êtes ici à Abidjan en tant qu'expert pour aider les pays africains à comprendre certains aspects de la Convention-cadre antitabac. Or un des points de controverse au cours de cette réunion d'Abidjan a été le principe de la responsabilité civile et de la compensation.

Alors, en tant que spécialiste de la question, quelle est votre position?

Richard Daynard : Je crois que la CCLAT devrait contenir un langage fort à l'appui des droits des individus qui sont blessés par des cigarettes à obtenir une compensation de la part des producteurs de cigarettes. Je crois que la base de cette responsabilité devrait être le principe reconnu universellement que le contrevenant devrait payer pour les dommages qu'il cause. Les cigarettiers ont menti aux gouvernements; à d'autres autorités de la santé publique; et au public en général en Afrique ainsi que dans le reste du monde sur les dangers associés à la consommation de leurs produits. Ils devraient être rendus financièrement responsables pour les dommages qui résultent aux Africains; de la même façon qu'ils ont été rendu responsables face aux fumeurs malades aux Etats-Unis. Ceci n'est pas seulement juste, mais ça les force à respecter les lois nationales contre la publicité afin d'éviter des procès futurs.

Info-Tabac : SOS Tabagisme-Niger, une petite ONG nigérienne, vient d'assigner cinq firmes du tabac devant la justice nigérienne.

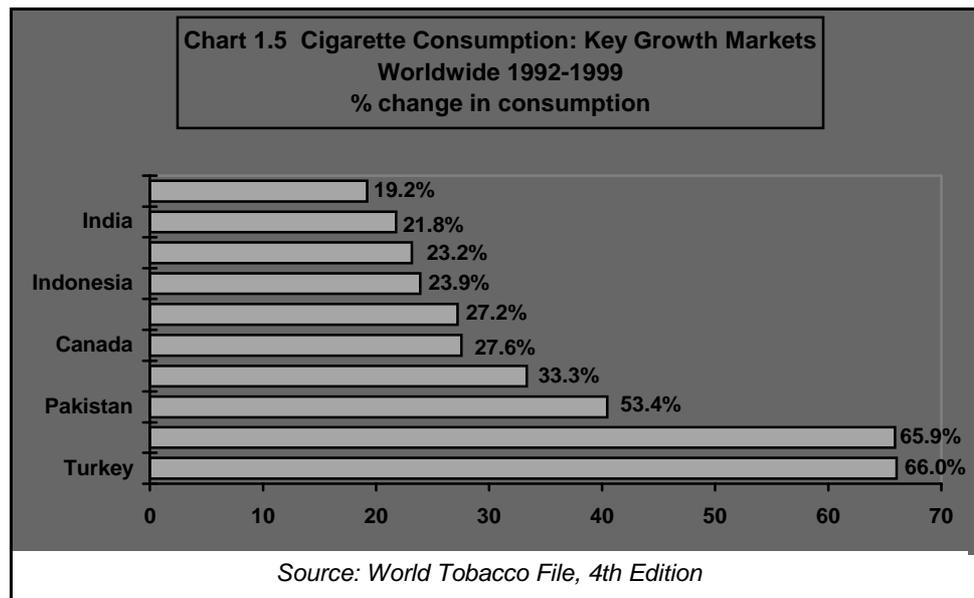
Quel est votre commentaire par rapport à une telle démarche?

Richard Daynard : SOS Tabagisme Niger a pris un pas courageux (devant les tribunaux) afin de forcer les compagnies de tabac à se soumettre à la loi nigérienne contre la publicité. Les compagnies de tabac ignorent sans vergogne la loi nigérienne, avec des résultats terribles :

Premièrement, les citoyens nigériens sont exposés à la publicité qui les encourage à adopter une dépendance et mortelle;

Deuxièmement, le respect pour la loi est sapée par l'habileté qu'ont les compagnies cigarettières d'ignorer la loi.

J'espère que les magistrats du Niger vont suivre l'exemple déjà établi par leurs collègues du Mali et condamner fort les firmes du tabac afin de sécuriser le peuple nigérien.



Info-Tabac : Votre mot de la fin.

Richard Daynard : Pendant que les compagnies de tabac ont de fortes ressources financières et un pouvoir politique à travers le monde, des ONG courageuses comme SOS... ont l'habileté d'obtenir des résultats incroyables grâce à leur détermination, travail dur, stratégies imaginatives et un peu de ressources. Je me réjouis d'avance de vos futurs succès. Je me réjouis aussi de la position du groupe AFRO-OMS par rapport à la Convention-cadre de lutte antitabac; l'Afrique se présente toujours unie lors de la session de négociation de cette convention contrairement aux groupes des autres régions.

FCA MEMBER ORGANISATIONS

- Action Council Against Tobacco (India)
 Action on Smoking and Health (Australia)
 Action on Smoking and Health (Finland)
 Action on Smoking and Health (Ireland)
 Action on Smoking and Health (London)
 Action on Smoking and Health (New Zealand)
 Action on Smoking and Health (Papua New Guinea)
 Action on Smoking and Health (Scotland)
 Action on Smoking and Health (USA)
 Action on Smoking and Health Foundation (Thailand)
 Adventist Development & Relief Agency (ADRA) (Mongolia)
 Adventist Development and Relief Agency (ADRA) (Cambodia)
 Advocacy Institute (USA)
 Aer Pur Romania
 African Centre for Empowerment and Gender Advocacy (Kenya)
 Alcohol and Drug Information Centre (Sri Lanka)
 Alcohol and Drug Information Centre (Ukraine)
 American Cancer Society
 American Heart Association
 American Lung Association
 American Public Health Association
 Apārangi Tautoko Auahi Kore (Maori Smokefree Coalition) (New Zealand)
 Argentine Union Against Tobacco
 Asociación Española contra el Cáncer
 Association for Consumers Action on Safety and Health (ACASH) (India)
 Associação Moçambicana de Saúde Pública (AMOSAPU)
 Association of the European Cancer Leagues
 Association pour la Défense des Droits des Consommateurs (Tchad)
 Association Togolaise pour la Défense du Consommateur (ASTODEC)
 Association Togolaise De Lutte Contre L'Alcoolisme et les Autres Toxicomanies (ATLAT)
 Association VISA – Vie-Santé (Life-Health) (Mauritius)
 Association Women Against Tobacco (Bulgaria)
 Bangladesh Anti-Tobacco Alliance
 Bons Templiers Congolais (Congo)
 British Medical Association
 British Medical Association - Tobacco Control Project
 Campaign Against Foreign Control of Aotearoa (NZ)
 Campaign for Tobacco Free Kids (USA)
 Canadian Cancer Society
 Cancer Foundation of Western Australia
 Cancer Institute (India)
 Cancer Society of Finland
 Centre for Tobacco Education and Development (CTFED) (Kenya)
 Centre of Information and education for Drug Abuse Prevention (Peru)
 Chinese Progressive Association (USA)
 CNCT (French Committee for Smoking Prevention)
 Coalition For A Tobacco Free Palau
 Coalition for Tobacco-Free Trinidad and Tobago
 Community Health Cell (India)
 Conselho de Prevenção do Tabagismo (Portugal)
 Consumer Education and Research Centre (India)
 Consumer Watch (Kenya)
 Consumers Association of Malawi
 Consumers Association of Penang (Malaysia)
 Consumers International Regional Office for Asia and the Pacific (CI-ROAP)
 Croix Bleue de la République démocratique du Congo
 Czech Coalition Against Tobacco
 Czech Committee of European Medical Association Smoking OR Health
 Environmental Rights Action (Nigeria)
 Essential Action (USA)
 European Heart Network
 European Medical Association on Smoking and Health
 European Network for Smoking Prevention
 European Respiratory Society
 European Union of Non-Smokers
 FDI World Dental Federation
 Framework Convention Alliance Philippines
 Georgian Medical Association
 Georgian National Counter Tobacco Center
 German Cancer Research Centre
 German Coalition Against Smoking
 German Coalition Against Smoking
 German Medical Action Group Smoking and Health
 German Medical Association
 Grupo Universitario Anti-Tabáquico (Uruguay)
 Health 21 Hungarian Foundation
 Health Related Information Dissemination Amongst Youth (HRIDAY) (India)
 Heart and Stroke Foundation of Canada—Fondation canadienne des maladies du cœur
 Heart Foundation of Barbados
 Hellenic Cancer Society
 Hong Kong Council on Smoking and Health
 Hungarian National Tobacco Control Forum
 Indonesian Association of Pulmonologist
 Indonesian Smoking Control Foundation
 INFACT (USA)
 International Non-Government Coalition Against Tobacco (INGCAT)
 InterAmerican Heart Foundation
 Interfaith Center on Corporate Responsibility
 International Agency on Tobacco or Health (IATH)
 International Council of Women
 International Federation of Medical Students Association
 International Network of Women Against Tobacco
 International Union Against Tuberculosis and Lung Disease
 IOGT Regional Council for South and South East Asia
 Iranian Heart Foundation
 Isfahan Cardiovascular Research Centre (Iran)
 Israel Cancer Association
 Janak Memorial Services Centre (Nepal)
 Japan Association Against Tobacco
 Japan Coalition on a Smokefree Environment
 Japan Medical-Dental Association on Tobacco Control
 Kaunas Abuse Help Centre for Youth (Lithuania)
 Korean Association on Smoking and Health (KASH)
 Lithuanian Association of Non-smokers
 London School of Hygiene and Tropical Medicine
 Medical Women's International Association
 Mouvement Anti-Tabac du Sénégal
 Mouvement National des Consommateurs (MNC) (Cameroun)
 Mutuelle Sociale de Santé (MSS) (Cameroun)
 National Council Against Smoking (South Africa)
 National Heart Foundation (Australia)
 Network for Consumer Protection (Pakistan)
 New South Wales Cancer Council (Australia)
 Non-Smokers' Rights Association — Association pour les droits des non-fumeurs (Canada)
 OxyGenève
 Pakistan Society for Cancer Prevention
 PATH Canada
 Philippine Cancer Society
 Physicians for a Smoke Free Canada — Médecins pour un Canada sans fumée
 Public Health Initiative (Philippines)
 Public Services International
 REDEH-CEMINA - The Network in Defense of Humankind (Brazil)
 Robert Wood Johnson Foundation (USA)
 Russian Public Health Association
 San Francisco Tobacco Free Coalition (USA)
 Saudi Charitable Anti-Smoking Society
 School of Preventative Oncology, Patna (India)
 Sindicato Médico del Uruguay
 Smoke free Pacific Action Network (SPAN) (New Zealand)
 Smokefree Coalition (New Zealand)
 Social Needs Network (Kenya)
 Society for Research on Nicotine and Tobacco (USA)
 SOS Tabagisme (Mali)
 Soul City (South Africa)
 Southeast Asian Tobacco Control Alliance
 St. Lucia Cancer Society
 Sudan Committee for the Control of Tobacco Consumption
 Swedish Dentistry against Tobacco
 Swiss Association for Smoking Prevention
 Tanzania Public Health Association
 The Environmental Action Network (Uganda)
 Tobacco Free Coalition (USA)
 Tobacco Law Project (USA)
 Tobacco-Free Las Cruces Coalition (USA)
 Toombak and Smoking Research Centre (Sudan)
 Transnational Resources and Action Centre (USA)
 Turkish Committee on Tobacco or Health
 Uganda Consumers Protection Association
 UICC Globalink
 UICC International Union Against Cancer
 Unitat de Tabaquisme Corporacio Sanitaria Clinic (Spain)
 Vietnam Standards and Consumer Association
 Women Against Tobacco Association (Bulgaria)
 Women's Environment and Development Organisation
 Work for a Better Bangladesh
 Working Group or Prevention and Treatment of Tobacco Dependence, Czech Medical Association
 World Assembly of Youth
 World Federation of Public Health Associations
 World Heart Federation
 World Vision International
 Zuna Women's Operation Green (Zimbabwe)

FRAMEWORK CONVENTION ALLIANCE

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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Arrogant Germany isolated and cornered on advertising

Just when you thought it couldn't get any worse, Germany's FCTC position has just deteriorated still further. Surprised? You thought that was impossible...? Well Germany's politicians will always find a way to pay back the tobacco industry for its financial support of the main political parties — and this is what we are witnessing at the start of INB-4.

In refusing to agree to the February Warsaw declaration calling for a ban on tobacco advertising, Germany claimed it can't agree because its constitution guarantees 'free speech' to tobacco companies. In reality, that's a self-serving and flawed argument, but it is the excuse the German government uses.

In contrast, the majority of EU states have moved to a much more positive position since INB-3. They have formed a progressive proposal in which all forms of to-

bacco advertising would be banned up to the limits imposed by a domestic constitution — an approach favoured by the Framework Convention Alliance of NGOs. This would allow a progressive EU position and deal with Germany's supposed problem ... but Germany is still resisting furiously. Why? It can only be because they want to support the tobacco industry outside Germany as well as inside.

Because of the new proposal backed by the progressive, Germany is now isolated, cornered and outmanoeuvred by the rest of the EU and so it is beginning to fight dirty. There have even been unkind rumours suggesting Germany is trying to buy support from other EU countries by promising to protect their tobacco subsidies and threatening smaller states at Ambassador level and higher. Obviously such rumours cannot be true — no respectable or

sensible state would behave in such a crude and bullying way and risk exposure in the newspapers.

All of it shows that Germany is not simply protecting its own interests, but actively promoting the tobacco industry's interests at the expense of European unity. As the saying goes, "who pays the piper call the tune..."

Sadly, despite a highly progressive position adopted by a large majority its states, the EU continues to present the position of its last surviving dinosaur — Germany. Why is so much EU goodwill suppressed under the useless, negative and commercially influenced attitude of one member state? Despite fine words from Commissioner Byrne, the EU still seems to force the worst positions forward whatever its majority wants.

—Clive Bates, ASH UK

Which country might EU Commissioner David Byrne mean?

"...frankly I find it impossible to understand how some Member States continue to block solutions to this deadly problem. How is it possible that Governments whose first duty is the protection of their citizens' well-being, will block and obstruct and even litigate, rather than put their citizens' health first?"



"Because for our citizens, renewing the politics of health, is about restoring the health of our politics. And for me, where you stand on tobacco control is the bottomline.

"...[I]sn't it ironic - to see an industry citing "freedom of speech" -when its own products rot the tongues and mouths of its consumers to a stony premature silence."

Lighter workload for Working Group 1

In an effort to more evenly distribute workloads between INB's three Working Groups, three items have been moved from WG1.

Two are being transferred to Working Group 2:

- Elimination of sales to and by young persons (I.8-12)
- Research (K.2)

One central item is being moved to Working Group 3:

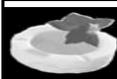
- Advertising, promotion and sponsorship (G.2-4).

Dirty Ashtray Award

The *Zigarettenrepublik Deutschland*, for living up to its horrid reputation for defending the tobacco industry's efforts to recruit new customers.



Orchid Award



David Byrne, for having the courage to say it like it is.