

FCA BULLETIN

Weather outlook: dull
and gloomy (well,
inside Committee B)

INSIDE THIS ISSUE:

<i>Gender equality matters</i>	2
<i>Article 14—a model?</i>	3
<i>Progress in US</i>	4
<i>La langue d'amour</i>	5
<i>Marketing a la mujer</i>	6



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Don't miss today:

**Lunchtime
briefing**

13.00h–14.30h

**Gender matters:
strategies to make
tobacco control
more gender-
responsive.**

Moderator:
Dr Adepeju Aderemi Olukoya,
WHO Gender, Women and
Health Department

Speakers:
Annemieke Brands and Heide
Richter-Airijoki, WHO-TFI
Rosemary Kennedy, RITC/IDRC
Soon-Young Yoon, IAW

MANY A MICKLE MAKS A MUCKLE*

During this morning's discussion in Committee A, delegates will be presented with a stark choice: they can agree to join forces to make the FCTC work, or they can stick to the hardened positions on financing they adopted in earlier negotiations.

The Chair's paper on financial resources offers an opportunity and a roadmap for this COP to resolve past differences. It provides a balanced overview of the perspectives that have, to date, driven countries apart and then suggests a 15-step program to bring them together.

It is clear to us that health ministries in both developed and developing countries are too frequently unable to influence their colleagues in senior ministries to make global tobacco control a priority for funding — whether it involves the offering of or the requests for financial assistance. This common problem has a shared solution — resolving the impasse over funding requires the engagement of senior levels of government.

The draft decision is a roadmap to make this happen. It identifies the steps that need to be taken by the World Health Assembly, by other multilateral agencies and financial bodies, by governments (both rich and poor) and by the Secretariat.

What a difference this could make: relatively small amounts of immediate resources are needed to kick-start the implementation of

this treaty. The relatively small cost of helping countries in need pass and enforce new tobacco laws, monitor tobacco use, educate the public (did we already mention how cost effective picture based health warnings are?), raise taxes and implement this treaty to a high standard will benefit us all.

Three things are needed to make this resolution work. The first is for delegates to forget the instructions they may have been given by their head offices to 'hold the line' on a global voluntary fund, and instead to give sympathetic consideration to each other's circumstances.

The second is the agreement of the COP to adopt the Chair's proposed resolution as both a statement of its political will and a commitment to action.

The third is a steadfast determination to leave the CIGG and take responsibility to help achieve each of the 15 steps.

Framework Convention Alliance

**Editor's note: This is an old Scots saying, meaning that a lot of little things (budget contributions, in this case) can add up to something much bigger (millions of lives saved, in this case).*

SMOKE-FREE? ENGLAND DECIDES.....

Today in the UK Parliament, MPs have a free vote on whether to implement smoke-free legislation that would protect all workers in England from exposure to tobacco smoke.

A YES vote would bring them into line with Scotland (going smoke-free next month), Northern Ireland (going smoke-free in 2007) and of course their near neighbour Ireland, smoke-free for more than a year now.

A NO vote, or a vote for the half-measures that are the government's preferred choice, would preserve England as the UK's smoking-corner.

Results expected early this evening.



Taking no chances—cigarette companies in Indonesia brand their packs with the logos of EVERY party in the election

“Tobacco companies are keen to target countries with low female smoking rates.”

What IS gender equality in tobacco control?

The Preamble and Guiding Principles of the WHO FCTC promote gender equality and a human rights approach to tobacco control. They provide a legally binding framework against which the success of all Articles must be measured. How can governments turn principles into action? Here are a few examples.

- **Non-discrimination in access to health services.** Women of all ages must have equal access to cessation support and treatment for tobacco-related illnesses. Cessation must take into account women’s different motivations, e.g. weight and mood control. Pregnant women should be offered treatment and not threatened with sanctions.

- **Protection of women’s right to participation while implementing tobacco control.** This requires equality in decision-making and leadership. Women should have equal representation on international monitoring bodies such as COP and national tobacco control committees—not just simplistic 50/50 head counts.

- **Protection from exposure to tobacco smoke in private as well as public places.** Women have to be empowered to protect themselves from passive smoke at home, and smoke-free policies must equally protect women workers.

- **Gender-specific approaches and protection from misleading advertising, promotion and sponsorship.** Counter advertising should be gender-specific in its messages and methods and promote women’s independence and rights. They should avoid building on women’s sense of guilt, or implying that women have the sole responsibility for children’s health. Gender-specific risks such as cervical cancer should be considered in health warnings and regulation of tobacco product disclosures.

- **Equal access to provision of support for economically viable alternative activities.** This applies particularly to women and girls in tobacco production and processing.

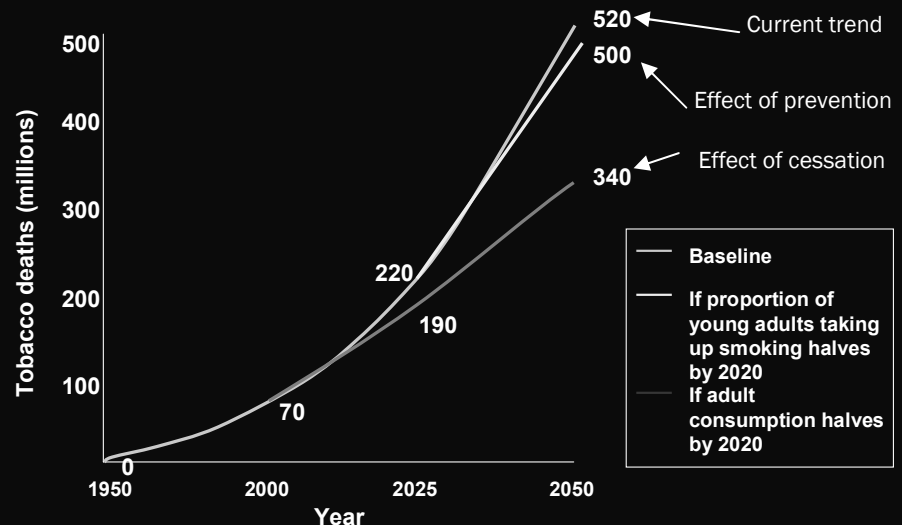
- **Countries should collect gender-specific data and included in reports to the COP.** In many countries, women’s smoking rates are still low, but tobacco companies are keen to change this with strategies targeting the female market. In some countries where female smoking rates may be low, other forms of tobacco use are common among women. This needs to be monitored as well as changes in the patterns of women’s tobacco use.

International Alliance of Women

Why treatment matters: an extra 160 million lives will be saved if adults smoking now are assisted to stop. See page 3 article.

Unless Current Smokers Quit, Tobacco Deaths will Rise Dramatically in the Next 50 years

Estimated cumulative tobacco deaths 1950-2050 with different intervention strategies



World Bank. *Curbing the epidemic: Governments and the economics of tobacco control.* World Bank Publications, 1999. p80.

CALLS GROWING FOR GUIDELINES ON ARTICLE 14—A MODEL FOR 8-13?

Brazil, Barbados, the Cook Islands and Uruguay are among the Parties calling for guidance on the implementation of Article 14—ironically, not because the obligations are particularly complex, but because there is a wealth of evidence and experience to share.

FCTC Article 14 commits parties to disseminate comprehensive guidelines on tobacco dependence and cessation and to promote adequate treatment. This includes integrating diagnosis and treatment of tobacco dependence into national health and education programmes, and ensuring accessible and affordable treatment (including medications).

At least 21 countries currently have treatment guidelines, but they vary greatly in how formal, national, and evidence-based they are. The US and English guidelines may be the best known. The English ones have probably had the greatest impact on national policy so far, as they led to the establishment of a comprehensive, free treatment service.

Why treatment?

Treatment is evidence based and extremely cost effective. Compared with many modern high-tech medical interventions, it is extremely cheap. It is also equitable to offer help to smokers when urging them to stop in public information campaigns.

On current trends, and because of the delay between smoking and developing serious disease, preventing uptake of smoking by young people will not reduce tobacco-related deaths for about 50 years. Only cessation in adults will produce significant population health gain in the foreseeable future, because the time lag to disease is so much shorter—see diagram on page 2.

Developing treatment systems

The key steps in creating a comprehensive national treatment system in England were:

- ⇒ draft evidence based treatment guidelines
- ⇒ consult and get formal endorsement from as many professional organizations as possible
- ⇒ present the evidence on cost effectiveness
- ⇒ persuade government officials of the value and need for treatment
- ⇒ explain the role of treatment in relation to other tobacco control measures
- ⇒ work with officials to introduce and monitor the services.

Treatment is not a population approach to reducing prevalence, although the numbers reached can be substantial. However most smokers are addicted to nicotine and in the absence of help only about 5% or less of quit attempts succeed. It is unfair on smokers to persuade them they should stop but not provide help for those who respond.

The next steps

There is a wealth of experience on how to produce national evidence and consensus-based treatment guidelines, and on how to design and introduce treatment systems. This experience should be distilled into guidance on the principles and processes countries should use to create their own guidelines.

The International Non-Governmental Coalition Against Tobacco (INGCAT) is currently leading the development of a global partnership for treatment, to help get this work off the ground.

For more information about the partnership initiative, please contact :

Doreen McIntyre: doreen.mcintyre@ingcat.org or

Martin Raw: martin@rawdata.demon.co.uk

You can also visit www.treatobacco.net for authoritative information on treating tobacco dependence, in 11 languages.

“Compared with many modern, high-tech medical interventions, treatment of tobacco dependence is extremely cheap.”

“If only the US would ratify the FCTC, true tobacco control progress could be made.”

SMOKE CLEARING AT LAST IN U.S. CAPITAL?

US tobacco control advocates cheered last month as Washington D.C.'s City Council finally legislated to make the U.S. capital city smoke free. The new law will apply immediately to restaurants and extend to all workplaces, including restaurants and bars, on January 1, 2007. Of course, the challenge now is to ensure the law is enforced.

With this new law, Washington, D.C. joins 10 U.S. states that have enacted smoke-free workplace laws that include restaurants and bars. Hundreds of cities and counties across the U.S. have also taken local action, but the U.S. yearns to be up there with those countries that have gone completely smoke-free, like Ireland, Norway, New Zealand, Sweden and Italy.

Evidence worldwide explodes the myth that smoke-free policy harms business. Smoke-free laws do not harm sales or employment in restaurants and bars – on the contrary, they often have a positive impact.

Some of the strongest evidence comes from New York City, where, in the year after the city's comprehensive smoke-free law took effect, business receipts for restaurants and bars increased, employment rose, the number of liquor licenses increased, almost all establishments comply with the law, and the vast majority of New Yorkers support the move.

There is also growing evidence that smoke-free laws can save money. A study released in August 2005 by the American Society of Actuaries found that second-hand smoke costs the U.S. \$10 billion a year in health care bills, lost wages and other costs.

The U.S. is making good progress on local smoke-free law. Now, if only the it would ratify the FCTC, true tobacco control progress would be made.

Clare Dougherty
Campaign for Tobacco Free Kids

BEIJING SOUHAITE DES JEUX OLYMPIQUES SANS TABAC EN 2008

Sha Zukang, ambassadeur et chef de la délégation permanente au bureau de l'ONU à Genève, a indiqué que la Chine avait connu de réel progrès en matière de lutte anti-tabac.

La Chine a promulgué successivement des réglementations sur la vente de tabac, les droits publicitaires, la protection des mineurs, et les mesures d'hygiène dans les lieux publics. Le gouvernement chinois a ainsi créé des espaces non fumeur sur les lieux de travail et engagé les villes à bannir la publicité pour le tabac. Il a aussi encouragé la fusion des fabricants de tabac et s'est attaqué au commerce illégal de tabac. En Chine, il est défendu de vendre du tabac aux mineurs et d'installer des distributeurs automatiques de cigarettes. Beijing souhaite par ailleurs des Jeux Olympiques sans tabac en 2008.

M. Sha a indiqué que la restriction de tabac était une mesure de santé publique difficile à mettre en place et qui prendra du temps. En tant que pays en voie de développement, la Chine doit faire face aux disparités économiques entre les régions. Elle envisage d'établir un plan cohérent sur la restriction du tabac à partir de la situation du pays tout en validant les règles de la Convention.

D'après lui, le gouvernement chinois va promouvoir la Convention, et informera davantage le public sur la nuisance du tabac à travers des événements thématiques comme le Sport Sans Tabac. Il développera également l'éducation en matière de santé et soutiendra tous les efforts destinés à créer une conjoncture sociale favorable à la mise en application de la Convention.

U.S. "VIRTUAL PROTEST" IN SUPPORT OF THE FCTC

Want to protest about FCTC in the US, but can't get to Washington? This February 1 saw the launch of www.tobaccotreatyprotest.org. This interactive website allows FCTC supporters across the U.S. to take action on the FCTC and to call for the President to submit the treaty to the U.S. Senate for immediate consideration and speedy ratification.

The site also encourages visitors to write to the editors of their local newspapers in support of the FCTC. The "virtual protest" will culminate in a "White House call-in day" on February 27, the one-year anniversary of the FCTC coming into force.

Already over 4,000 Americans have agreed to call the White House in support of the FCTC – looks like the switchboard will be busy. The tobacco control organisations who launched the idea originally hoped to get 5,000 protest call pledges, but it seems that target will be exceeded. Watch this space!

JOYEUSE FÊTE DE ST VALENTIN 100% SANS TABAC

Les amoureux tabagiques savent-ils les désagréments et les dangers auxquels ils s'exposent et exposent leurs partenaires?

- ♥ Un handicap pour la séduction : la fumée de tabac donne une mauvaise haleine, un teint gris, des dents et des doigts jaunes, des rides et une peau vieillie, des cheveux secs et cassants, et son odeur nauséabonde imprègne les vêtements.
- ♥ Le cœur souffre : Les maladies cardiovasculaires tuent encore plus de fumeurs que le cancer ou les maladies respiratoires.
- ♥ Fumer rend impuissant et cause des problèmes de fertilité.

Ce serait dommage que votre fumée cause des maladies et une mort prématurée chez la personne que vous aimez, et vous prenne cinq à vingt-cinq ans de vie...

Valentins et Valentines, soyez donc amoureusement 100% sans tabac et vous gagnerez en séduction, en santé du cœur, en libido et en fertilité.

L'amour et le tabac ne font décidément pas bon ménage.

Véronique Le Clézio
ViSa Maurice



*« L'amour et le
tabac ne font
décidément pas bon
ménage. »*

BEATING THE BOLLYWOOD SMOKE BAN



Amitabh Bachchan, the iconic Indian actor was issued a legal notice on January 5 for breaking India's national law by appearing a cigar in his mouth on posters for the film "Family".

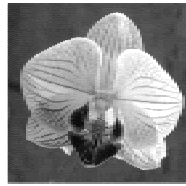
While the actor has since apologised and asked his producers to take corrective steps, the posters are still on display in various parts of the country. India's government banned tobacco advertisements in 2003 and has since proposed a ban on display of smoking and tobacco products in movies.

Despite film industry promises to self-police tobacco promotion on screen, tobacco brands popped up in more than 40% of Indian films released since 2004. That is almost triple the 15% incidence observed before the comprehensive ban on tobacco advertising, promotion and sponsorship.

Chandigarh based NGO "The Burning Brain Society" found that 89% of films released after the tobacco advertising ban included generic or branded tobacco imagery. This is significantly up from the 76% of Indian films with tobacco imagery found in a 2003 study by WHO.

Shoba John
PATH Canada, Mumbai

ORCHIDS AND ASHTRAYS



An orchid goes to Iran today, for asking the right questions on the relationship between the Permanent Secretariat and WHO.

Today's ashtray goes to the Marshall Islands.

Need we say more?



LONELY HEARTS



Mature man, outdoor type, slight cough, seeks companion for horseback rides in wide open countryside, and moody road trips to 50's -style locations. Must have own lighter.



Slim girl, good at tennis, has come a long way but still frets that she's not quite skinny enough. Needs a mate who'll light up her life.



Looking to strike lucky with racy type? Little guy with big car looking for someone who's impressed by that kind of thing.



Animal lover sought for hirsute type who can hold his drink. Must enjoy long walks in the desert.

EL FLAGELO ENFRENTA LA MUJER

Trágicamente frente al continuo incremento de evidencia que demuestra las enormes consecuencias de fumar en la salud de las mujeres, la industria tabacalera continúa dirigiéndose agresivamente a ellas en sus publicidades y campañas promocionales y ahora están intentando exportar la epidemia del tabaquismo a aquellas mujeres en países donde la prevalencia del consumo de tabaco entre las mismas ha sido tradicionalmente baja.

Con la declinación de los mercados del mundo desarrollado a causa del abandono del tabaco por parte de los hombres y de los millones de consumidores muertos cada año a consecuencia de enfermedades vinculadas a dicho producto, la industria tabacalera ha tenido que apuntar a otros mercados, los países en vías de desarrollo y en especial, sus mujeres.

Actualmente, el uso de tabaco en las mujeres es un problema internacional con complejas dimensiones e implicaciones. Alrededor del mundo, 200 millones de mujeres fuman cigarrillos y muchas otras mujeres usan otras formas de tabaco. Para el año 2030, se estima que ocurrirán 10 millones de muertes por causas relacionadas con el tabaco, de las cuales el 70% serán en países en vía de desarrollo y aproximadamente un millón de mujeres en países desarrollados.

En una cultura que promete el bienestar y el confort, empujando a los jóvenes en búsqueda de éxito total, libertad individual y pleno goce, la industria tabacalera encuentra un terreno fértil para el desarrollo de sus extensos planes de marketing y publicidad para promover sus productos a las mujeres alrededor del mundo, para que las jóvenes comiencen a fumar, convirtiéndolas en esclavas de una adicción, en oposición con este mensaje de libertad.

Es urgente que encontremos soluciones al peligro del uso de tabaco y cambiemos la dirección de esta epidemia entre mujeres y adolescentes.

Como el uso del tabaco en las mujeres es todavía relativamente bajo en algunos países, tenemos una increíble oportunidad y responsabilidad de frenar la curva de las muertes y enfermedades relacionadas con el tabaco.

Este resultado podemos cambiarlo si implementamos medidas que han demostrado ser efectivas en otros países. Sin duda nuestra principal herramienta lo constituye el Convenio Marco para el Control del Tabaco, que permitirá frenar uno de los más graves problemas sociales que debe enfrentar la mujer en la actualidad: el flagelo del tabaco.

Gabriela Regueira
Red Internacional de Mujeres contra el Tabaco - INWAT
www.inwat.org



"Esta concentrada o quiere desconcentrarlo."

Una campaña publicitarias de Philip Morris en Argentina en el año 2004 y 2005.