



# ALLIANCE BULLETIN

Framework Convention on Tobacco Control • Geneva, Switzerland • 16 October 2000 • Issue One

Today's Weather: Rain  
High 12 C Low 8 C  
54 F 47 F

Exchange Rate: 20 Swiss FR =  
£ 7.80 EU 13.25  
¥ 1,219.08 Rand 84.76

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## Hearings Support Strong Convention; Industry Opposes Effective Measures

The vast majority of speakers at the WHO's historic public hearings on the Framework Convention on Tobacco Control endorsed a strong, specific and binding FCTC that puts protecting the public health first. In contrast, while the tobacco industry claimed to support "sensible regulations", they continued to oppose measures such as advertising bans and excise tax increases that have proven most effective at reducing tobacco use.

In testimony that reflected the views of many speakers, Bungon Ritthiphakdee, Director, Action on Smoking and Health Foundation of Thailand, said, "We believe that the FCTC is an essential global response to a global tobacco problem. The FCTC is an important step in prioritizing health, and it will support my country, and other devel-



Mary Mbandi of the African Centre for Empowerment, Gender and Advocacy testified Thursday. See page 4 for testimony excerpts.

oping countries, in introducing comprehensive tobacco control measures in order to reduce tobacco consumption."

Tobacco executives who testified tried to claim, in the words of David Davies, Vice President of Corporate Affairs, Philip Morris Europe, that "the message of the public health authorities is our message."

But Davies' effort to portray Philip Morris as a responsible corporation was undermined by his own words. While stating that "we agree that smoking is addictive and causes

*(Continued on page 2)*

## DEATH CLOCK

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

**3,932,712**  
people have died from tobacco-related diseases.

## The Framework Convention Alliance

The Framework Convention Alliance (FCA) is a diverse alliance of non-governmental organizations from around the world who are working jointly and separately to support the development of a strong Framework Convention on Tobacco Control, and related protocols.

The Alliance includes individual NGOs and organizations working at the local or

national level as well as existing coalitions/alliances working at national, regional and international levels.

The Alliance was formed out of the need for improved communication among groups already engaged in work around the FCTC process and the need for more systematic outreach to NGOs not yet engaged in the process, particularly in developing countries, who could both benefit from and

contribute to the creation of a strong FCTC.

Our chief aim is to secure a Framework Convention and protocols, which, when taken together as a package, are as effective as possible at furthering the cause of global tobacco control. *(Please see page 8 for a list of Alliance members.)*

**FACT:** Between 1989 and 1999, Philip Morris' international tobacco revenues increased 226% to \$27.4 billion (U.S.) , while profits from those sales rose 400% to \$5.05 billion.

## TODAY'S SCHEDULE

16 October 2000

Time of Negotiating Sessions  
Morning: 09.30-12.30  
Afternoon: 14.30-17.30

13.15-14.00  
FCA Women's Caucus Mtg  
Salle 15

Dr. Judith Mackay, chair of the WHO Policy Scientific Advisory Committee and Margaretha Haglund from the Swedish delegation will speak on "Gender perspectives on the FCTC."

*"We are proud of our products.... We agree that smoking is addictive and causes disease in smokers."*

— David Davies, Vice President of Corporate Affairs, Philip Morris Europe, October 13, 2000.

*"In general, the tobacco companies have indicated support for policies and measures that are known to have a very limited impact on youth and adult consumption of tobacco."*

—Dr. Gro Harlem Brundtland, Director-General of the WHO.

Views expressed in the *Alliance Bulletin* are those of the writers and do not necessarily represent those of the sponsors. The *Alliance Bulletin* presents views on the impact of the policies supported by the Framework Convention Alliance (FCA).

## Alliance Endorses Proposed Draft Elements as Basis for Negotiations

Members of the Framework Convention Alliance gathered in Geneva have expressed strong support for using the proposed draft elements prepared by the Framework Convention on Tobacco Control working group as the basis of negotiations on the FCTC.

Alliance members noted that this document is the result of extensive discussion and debate between the member states of the World Health Assembly during two working group sessions in October 1999 and March 2000.

While noting that there is room for improvement in the proposed draft elements, Alliance members argued for building on this hard work and progress, rather than starting over. They expressed concern that to do otherwise would waste the effort that has already been made,

The Framework Convention Alliance strongly supports document A/FCTC/INB1/2 (Proposed Draft Elements) as the basis for the negotiations on the Framework Convention on Tobacco Control. This document, the product of two working group meetings, resulted from extensive discussion and debate among the Member States. Given the overwhelming support for the Convention expressed during the Public Hearings and the 53<sup>rd</sup> World Health Assembly, the time has come to move forward and build upon the work already done by the Member States.

risk delay in negotiating the FCTC, and raise doubts about commitments to the process and goals established by the World Health Assembly when it endorsed the negotiation of the FCTC.

## Industry Sings Variation on an Old Tune

*(Continued from page 1)*  
disease in smokers" and conceding under questioning that specific diseases caused by smoking include lung cancer, emphysema, and cardiovascular disease, Davies also said, "We are proud of our products."

Davies further said, "We do not have legal responsibility for those who claim they have been injured. We should not be held responsible for their choices."

Matthew Myers, President of the Campaign for Tobacco-Free Kids in the USA, said Philip Morris' statement represented "extraordinary cynicism."

"Philip Morris' statement that it remains proud of its cigarette products while admitting that they are addictive and cause fatal disease represents one of the most callous expressions of disregard for health ever made by a corporation. No responsible corpo-

rate citizen would be proud of manufacturing a product that kills more than one-half of the people who use it regularly," Myers said.

Alliance members said there are fundamental differences between the kind of regulation that public health advocates support and the kind of regulation that the tobacco industry supports.

The industry called for, in Philip Morris' words, "a framework that would permit and guide the development, evaluation, approval and sale of reduced risk products" and that would allow the tobacco companies "to market these products effectively." But public health leaders said that approach would give the tobacco companies "a government stamp of approval" to market new and still deadly products, with a goal of keeping people smoking by providing an alternative to quitting.

In contrast, Alliance mem-

bers testified in support of effective regulation that would reduce smoking rates and the death and disease resulting from tobacco use. Specific measures supported by Alliance members who testified, but opposed by the industry, include total bans on tobacco advertising, sponsorship, and marketing; excise tax increases; and comprehensive product regulation.

"In general, the tobacco companies have indicated support for policies and measures that are known to have a very limited impact on youth and adult consumption of tobacco," said Dr. Gro Harlem Brundtland, Director-General of the WHO. "They appear to be against the interventions that WHO, the World Bank and public health experts have identified as having a measurable and sustained impact on tobacco

*(Continued on page 3)*

**FACT:** In 1999, British American Tobacco (BAT) had international tobacco revenues of \$17.61 billion (U.S.), with profits of \$3.18 billion.

## Thai Embassy Honors Tobacco Control Activists

The Government of Thailand on Friday, October 13, conferred royal decorations on two prominent public health leaders – Dr. Gregory Connolly and Dr. Judith MacKay – in recognition of their contributions to Thailand's tobacco control program.

Dr. Connolly, director of the Massachusetts (USA) Tobacco Control Program and adjunct at Harvard University, received the Commander (Third Class) of the Most Noble Order of the *Crown of Thailand*. Dr. MacKay, director of the Asian Consultancy in Tobacco Control in Hong Kong, received the Commander (Third Class) of the Most Admirable Order of *Direkgunabhorn*.

Dr. Connolly was recognized for his contribution to the Thai Government's efforts in tobacco control; for his scholastic achievements in the studies of international tobacco trade and marketing and public health, especially in the developing world; and for his significant role in promoting better understanding of Thailand's domestic market regulations, thereby facilitating a resolution of the cigarette dispute between Thailand and the



*Dr. Connolly testified Friday.*

United States.

Dr. MacKay was recognized for her contribution to Thailand's efforts in tobacco control, in particular for her sug-

gestions for the drafting of Thai laws and regulations concerning tobacco control, for her assistance in promoting better understanding of the international and regional levels of Thai-

land's policy on tobacco control; and for her strong support of Thailand in various international forums, including the Asia-Pacific Association for Control of Tobacco (APACT).

She also contributed greatly to the success of the 4<sup>th</sup> APACT Conference held in Thailand in 1995

Dr. Mongkol Na Songkhla, Permanent Secretary of Public Health of Thailand, presided over the Bestowal Ceremony held at the Permanent Mission of Thailand to the United Nations Office at Geneva.

The two royal decorations are of the same level. The Most Noble Order of the *Crown of Thailand* is for government officials, and the Most Admirable Order of *Direkgunabhorn* is for persons in non-governmental organizations.

online: <http://www.fctc.org>

*(Continued from page 2)*  
use."

Alliance members also said that while tobacco companies have been forced to admit to Western nations that smoking is deadly and addictive, they continue to deny these health effects elsewhere in the world, while also working to block and circumvent tobacco control policies.

"While tobacco companies have admitted causing lung cancer in the United States, it is business as usual in Asia," said Mary Assunta of Consumers Association of Penang (Malaysia).

### The Negotiations: Countries to Watch

**Brazil** – The lower chamber of Brazil's Congress passed a law which sets a ban on all tobacco advertising other than point of sale from the end of 2000. The law still must be approved by the Senate. The sponsorship ban currently has a transitional period of one year, which will allow tobacco sponsorship of the Brazilian Formula One grand prix, 2001, but then goes into effect. Expected to play a leadership role.

**Canada** – Tough domestic policies; advocate for strong FCTC. Highly graphic tobacco warning labels go into effect January 2001. Welcomes NGO participation in FCTC process.

**Japan** – The Japanese Government has a vested financial interest in the maintenance of open, available cigarette markets. The Ministry of Finance owns two-thirds of the Japan Tobacco Corporation.

**Thailand** – The Thai government has enacted tobacco control legislation that is among the strongest in the world.

**United States** – Current administration has supported strong domestic tobacco control. US Surgeon General exhorted negotiating team with necessity of strong FCTC. Historically, US has not ratified most non-trade treaties. Few positions articulated.

# On the Record:

The following are excerpts of the Alliance members testimony at the FCTC public hearings on 12-13 October 2000. Streaming video of the testimony is online at [www.who.int/genevahearings/live.html](http://www.who.int/genevahearings/live.html).

Akinbode Oluwafemi  
Environmental Rights Action  
Nigeria

The Tobacco Desk of ERA has been waging relentless campaigns against the glamourisation of nicotine by tobacco transnationals and their local collaborators.

Tobacco companies have frighteningly taken over Nigeria's media, both print and electronic, its arts, entertainment and sports. Apart from the numerous spot advertisements, they sponsor regular programmes on radio and TV, and events including St Moritz Soul Selection, Rothmans Groove, Rothmans European Soccer, Rothmans 100 Goals Competition, Benson and Hedges Golden Tones Concert, Benson and Hedges Golden Tones (radio & TV), Benson and Hedges Grab the Mic Competition, and Performing Musician Association of Nigeria (PMAN) Patron Nite, among many others. Besides, the nation's roads and streets are now replete with giant and glitzy tobacco billboards.

The tobacco transnationals led by Philip Morris have also

taken brand-stretching to an obscene level as they now have their logos and names printed on match boxes, fez caps, T-shirts, school bags etc, which in some cases are distributed freely. The adverts paint tobacco in golden colours while saying very little or nothing about the dangers of smoking.

The characters used in the numerous billboards and TV adverts are usually young men and women. They are presented as successful, sophisticated and sociable. These adverts carry an unambiguous message for the youths, which simply is that they must smoke to show that they are no longer mothers' pets: a way of asserting their 'adulthood' and freedom to choose.

Today, every Nigerian child can recite at least one tobacco advert. The sad truth is that most of them recite two to four different types. Tobacco adverts are also placed in magazines that most often find their ways into the hands of our children who are becoming more conscious about the world around them. We believe there is a deliberate attempt by the smoke merchants to imprint tobacco smoking on the minds of children so that they can

grow to become smokers.

Only paltry information exists in Nigeria about the dangers of smoking to the foetus and to the mother herself. Yet, the tobacco companies have continued to place their adverts in gossip magazines mostly read by women. It should be noted that in some of these adverts a woman smoker is presented as free, sophisticated and urbane.



*Oluwafemi testifying*

A survey by ERA in some Nigerian cities indicates that the number of tobacco billboards in areas occupied by the poor and middle income earners far

exceeds those in areas occupied by the rich. In some of the adverts, a smoker is depicted as somebody successful, a deceit the tobacco industry sells to the poor to make them think they are celebrating success by burning their hard

earned Naira in smokes. The London Tobacco Company (LTC) has a rather obscene one for its London cigarette. In Nigeria the

west is an Eldorado of a sort so LTC designed the advert titled "Welcome to London", designed to give the illusion that a smoker is merely behaving like someone who has visited London.

With a population of over 120 million people, a weak and unimplemented anti-tobacco laws and a government bogged down by overarching problems of dwindling economy, corruption and many others associated with its past military years, Nigeria is indeed, on its path to becoming the biggest ashtray in the new millennium.

What we are witnessing in Nigeria, as we have said before, is the replacement of one dictatorship with another: a dictatorship of the transnational companies backed by a monopolistic agenda bound to affect our

*"What we are witnessing in Nigeria ... is the replacement of one dictatorship with another: a dictatorship of the transnational companies backed by a monopolistic agenda bound to affect our present and future."*

present and future. Sadly, this agenda is now encouraged, by a religious wave sweeping across certain parts of the country. The Sharia legal system forbids the use of alcohol but current reports indicate that residents

of these areas have shifted to the massive use of cigarettes and colanuts, a local fruit, based on an erroneous belief that the two used together

# Voices of the Alliance

could intoxicate like alcohol. A confused Ministry of Health recently raised an alarm over increasing rate of smokers in the country. The ministry had earlier put the figure of smokers in Nigeria at 10 million. A disaster is looming and yet our health facilities remain in the Stone Age form. Nigeria is indeed set to contribute more than its own share of the 10 million people projected to die yearly from tobacco-related illnesses as from 2030. A strong FCTC is thus an imperative.

A strong FCTC is needed to serve as a benchmark for efforts at curtailing the tobacco epidemic looming in my country.... This instrument must be strong enough to save not only Nigeria but the whole of Africa from these new colonisers whose mission is nothing but to ruin the health of our youths and our children and keep Africa perpetually depressed.

Bungon Ritthiphakdee  
Action on Smoking and Health  
Foundation of  
Thailand

We believe that the FCTC is an essential global response to a global tobacco problem. The FCTC is an important step in prioritising health, and it will support my country, and other developing countries, in introducing comprehensive tobacco

control measures in order to reduce tobacco consumption.

In Thailand, 41,000 people die from tobacco-related diseases

each year, equating to 115 deaths a day. The effects of tobacco use are not limited to premature deaths but also place a significant economic burden on the country. A recent study has estimated that the treatment costs of lung cancer patients is equal to at least 25 percent of the national health budget of Thailand. This clearly places a significant strain on the health care system in Thailand. At a family level, the purchase of tobacco products wastes much needed income and diverts money away from the purchase of food, education, health care, etc.

Recognizing how much tobacco costs the country, the Thai government, with the support of the public health community, introduced comprehensive tobacco control measures in 1992. These measures have been important in reducing tobacco use and protecting Thai people from some of the worst excesses of the tobacco industry. They have done this by introducing 'point-of-sale' advertising, engage in 'brand stretching' promotions, and cutting the price of cigarettes. In addition, the tobacco industry has en-

gaged in repeated attempts to block legislation and influence government policy both directly and through their Embassies. This type of unwarranted interference occurs worldwide. Tobacco companies have repeatedly tried to influence countries both large and small not to regulate tobacco. Only a global agreement will see significant developments to control tobacco at a national level. Comprehensive tobacco control requires many issues to be dealt with globally, specifically issues such as smuggling, advertising and promotion, and trade issues. The FCTC offers the opportunity to jointly track these problems. ASH Thailand's recommendations include:

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ASH Thailand's recommendations include:

- Advertising: There is no justification for the continued promotion of tobacco products, which are both addictive and carcinogenic. However, many countries have had difficulty introducing (and implementing) ad bans due to the tobacco industry's strident opposition. The tobacco industry has treated national laws in

developing countries with contempt. As such, ASH Thailand strongly supports the implementation of a truly comprehensive global ban.

- Trade: Since tobacco is addictive and harmful, normal trade practices should not apply to tobacco.
- Tax-Free Sales: There is no good reason for allowing tobacco to be given the advantage of being sold tax-free and therefore there should be a worldwide ban on "duty free" sales of tobacco products.
- Health Warnings: Advertising for tobacco products have been misinforming people around the world for many years. The introduction of pictorial cigarette package warnings to educate people (both literate and illiterate) of the health risks of smoking are an essential basic element in informing smokers.
- We further believe that the tobacco industry must be held accountable for its actions in all countries in which it operates and not just in wealthier countries.

*"The tobacco industry has engaged in repeated attempts to block legislation and influence government policy both directly and through their Embassies."*

*Watch future issues of the Alliance Bulletin for more testimony from Alliance members.*

**FACT:** In Brazil, officials predicted in 1998 that approximately 35% of the tobacco growers would finish the harvest owing more money to the tobacco companies than they earned.

## EVENTS THIS WEEK

### Tuesday

17 October

12.30-13.15

Women's Caucus

"Regional views on women and tobacco" *Salle XV*

13.15-14.00

*INFACT* Film "Making a Killing"  
*Salle XV*

### Wednesday

18 October

12.30-13.15

Alliance lunch briefing

Topic: Smuggling *Salle XV*

13.15-14.00

Women's Caucus

"FCTC and other treaties –  
CEDAW, environment treaties  
and others" *Salle XV*

### Thursday

19 October

13.15-14.15

*INFACT* Film "Making a Killing"  
*Salle XV*

### Friday

20 October

13.00-14.00

Alliance lunch briefing

Topic: Advertising *Salle XV*

## Women's Caucus

A women's caucus of the Framework Alliance will meet daily during lunch time in Salle XV. Among their objectives is to network among women leaders for the Framework Convention on Tobacco Control. Government delegates, NGOs and UN agencies are invited to attend. Throughout the week, the caucus will hold special events. On Monday, October 16, Dr. Judith Mackay, chairperson of the WHO Policy Scientific Advisory Committee and Margaretha Haglund from the Swedish delegation will speak on "Gender perspectives on the FCTC." All wishing to attend future events please consult this bulletin.

# 11th World Conference on Tobacco OR Health Resolutions • Chicago, IL USA 11 August 2000

*11th World Conference on Tobacco OR Health Final Approval of Global Tobacco Control Actions*

BE IT RESOLVED, that all governments, as part of a comprehensive tobacco control program, include effective cessation methods, and that these be made available and affordable in all countries;

BE IT RESOLVED, that the Framework Convention on Tobacco Control (FCTC) be strong, driven by public health considerations, not preclude nations from adopting stronger measures and fully integrate NGOs working for tobacco control in the process;

BE IT RESOLVED, that the international tobacco control community work vigorously to exclude and remove tobacco and tobacco products from bilateral and multilateral trade agreements that would have negative public health consequences;

BE IT RESOLVED, that all national health ministries should have full-time staff charged with overall responsibility for ensuring sustained country tobacco control programs.

## Test Your Tobacco Knowledge!

Q1: What proportion of long-term smokers will die from a smoking-related disease?

A: 1 out of 4    B. 1 out of 3    C. 1 out of 2    D. 1 out of 6

Q2: What country has the largest difference between male and female smoking rates?

A: China    B. Vietnam    C. Japan    D. Egypt

Q3: The tobacco industry is estimated to be a \$300-400 billion industry. How many countries have a total Gross Domestic Product that is greater than this?

A: 15    B. 25    C. 35    D. 45

Q4: Given the current level of smoking worldwide, how many deaths per year from smoking does the World Health Organization estimate for the year 2030?

A: 1 out of 6 adult deaths    B. 1 out of 4    C. 1 out of 8    D. 1 out of 3

Answers:

Q1: C: 1 out of 2 will die from diseases such as cancer, heart disease, and lung disease.

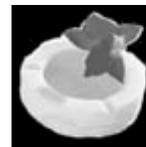
Q2: B: Vietnam—a 70% difference, with 74% of men and 4% women smoking.

Q3: A: Only 15 countries (8%) have economies larger than the tobacco industry.

Q4: D: By 2030 tobacco will cause 1 out of 3 adults deaths (10 million).

## COMING TOMORROW:

### ORCHID & DIRTY ASHTRAY AWARDS:



### RECOGNITION FOR LEADERSHIP



### RECOGNITION FOR BAD BEHAVIOR

**FACT:** Farmers in Kenya who follow tobacco company instructions are exposed to pesticides during 16 separate applications over a three month period, from seedbed to transplanting.

## Tobacco Industry Exploits World's Poorer Nations

*(Continued from page 8)*  
tries are strengthening restrictions through legislation and litigation or through increased public awareness to reject tobacco products, they seek out new frontiers in developing nations.

Tobacco companies are the first companies to enter emerging countries opening their economies to international trade, especially former Communist countries in Eastern Europe and Asia. Thus, if there is at all any imperialism or 'neo-colonialism' such labels are more befitting the tobacco industry.

Philip Morris said on Friday that "we do not support American-type litigation for the rest of the world."

What they actually mean is that although they have been compelled to take responsibility to compensate victims of tobacco smoke, as they have already done by payments of huge lawsuit settlements in the USA, they are not prepared to take similar responsibility in respect to victims of their products in the rest of

the world. Is this not a double standard and discriminatory treatment towards the developing nations? So let us not for a moment be fooled by the language of the industry, which successfully camouflages its discriminatory treatments and double standards towards poorer nations.

In contrast, the Framework Convention offers an opportunity for emerging nations to be treated in an equal footing with the rest of the world.

I can tell you as a point of information that Bangladesh successfully litigated against BAT – not on a compensation basis as has been done in the USA but as a human rights issue. I can also tell you that the industry did not like it. They do not like any litigation, whether it is American style or Bangladeshi style.

As an emerging country we feel compelled to highlight that although the tobacco epidemic will claim 70 percent of its deaths in the developing countries, the lion's share of resources are devoted to the northern and western regions of the world.

As the developed world becomes more fortified against the epidemic, millions become more vulnerable in developing countries because the transnational companies merely shift their predatory practices to the world's poorer nation.

We are therefore encouraged by the UK House of Commons Health Committee's report at paragraph 230 that, "it would be a hollow victory if, as a result of more stringent actions taken on tobacco control in the developed world, smoking related deaths were merely exported to the world's poorer nations." We therefore welcome the FCTC which addresses this global imbalance, so as to ensure that there are mechanisms in place for more equitable distribution of resources globally. Otherwise, we may be faced with the danger of merely winning a few battles in certain geographical pockets, but ultimately losing the global war against the tobacco epidemic.

*"In the name of globalization and free trade, transnational tobacco companies are engaging in what could be termed as 'neo-colonisation' by making the poor, the young and the disadvantaged hooked and dependent on their products."*

*—Tania Amir, Bangladesh Anti-tobacco Alliance (BATA)*

**Myth:**  
**Reducing Tobacco Use is an Issue that Only Affluent Countries Can Afford to Address**

Currently, approximately 80% of the world's smokers live in developing countries, where smoking rates have risen dramatically in the past few decades. By the year 2020, 70% of all deaths from tobacco use will occur in developing countries, up from around 50% today. This means that in the coming decades developing countries will face increasing costs from tobacco use in terms of health care expenditures and lost productivity.



*Diseased lung*

## Disease of the day

Lung cancer is the most common cause of cancer death in both men and women. Smoking is the most common cause of this kind of cancer. Unfortunately, lung cancer is hard to cure. In most cases, lung cancer is not found until it has spread to other parts of the body, like the brain, liver or bones. WHO

reports that lung cancer among women rose four fold in rich nations in the past 30 years. Levels of mortality among older women due to lung cancer are now similar in developing and developed countries. By quitting smoking, you can reduce your chance of getting this kind of cancer.

## FCA MEMBER ORGANISATIONS

Action on Smoking and Health, Australia  
Action on Smoking and Health Foundation, Thailand  
Action on Smoking and Health, Ireland  
Action on Smoking and Health, London (UK)  
Advocacy Institute (USA)  
African Center for Empowerment and Gender and Advocacy  
Alcohol and Drug Information Center (Ukraine)  
American Cancer Society  
American Heart Association  
American Lung Association  
American Public Health Association  
Asociacion Espanola contra el Cancer  
Asociacion Mexicana de Estudios para la Defensa del Consumidor (Mexico)  
Association of the European Cancer Leagues  
ATOM-AFIS (Kenya)  
Bangladesh Anti-Tobacco Alliance  
British Medical Association  
Campaign Against Foreign Control of Aotearoa (New Zealand)  
Campaign for Tobacco Free Kids (USA)  
Canadian Cancer Society  
Cancer Foundation of Western Australia  
Cancer Research Campaign (UK)  
Chinese Progressive Association (USA)  
CNCT (French Committee for Smoking Prevention)  
Coalition on a Smoke-Free Environment for Kids in Japan & Tobaccoless Japan  
Community Health Cell (India)  
CONACTA (Honduras)  
Conselho de Prevencao do Tabagismo (Portugal)  
Consumers Association of Malawi  
Consumers Association of Penang (Malaysia)  
Environmental Rights Action (Nigeria)  
European Network for Smoking Prevention  
European Respiratory Society  
Federation des ONGs et OCBs Luttant Contre le Tabagisme (Senegal)  
German Cancer Research Centre  
German Coalition Against Smoking  
German Medical Action Group Smoking and Health  
Heart and Stroke Foundation of Canada  
INFACT (USA)  
International Agency on Tobacco or Health  
International Council of Women  
International Network Of Women Against Tobacco  
International Non Governmental Coalition Against Tobacco  
International Union Against Cancer  
International Union Against Cancer/ GLOBALINK  
International Union Against Tuberculosis and Lung Disease (IUATLD)  
Medical Women's International Association  
National Council Against Smoking (South Africa)  
National Heart Foundation (Australia)  
National Organisation for Tobacco Eradication (India)  
Network Association for the Rational Use of Medication in Pakistan  
Network for Consumer Protection (Pakistan)  
New South Wales Cancer Council (Australia)  
OxyGeneve (Switzerland)  
Physicians for a Smoke-Free Canada  
Public Services International  
REDEH – The Network in Defense of Humankind  
San Francisco Tobacco Free Coalition (USA)  
Society for Research on Nicotine and Tobacco  
SOS Tabagisme (Mali)  
Soul City (South Africa)  
Tobacco Free Las Cruces Coalition (USA)  
Turkish Committee on Tobacco and Health  
Women's Environment and Development Organization  
World Dental Federation  
World Federation of Public Health Associations  
World Vision International  
Zuna Women's Operation Green

## FRAMEWORK CONVENTION ALLIANCE

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FIRST MEETING OF THE  
INTERGOVERNMENTAL NEGOTIATING BODY  
OF THE FRAMEWORK CONVENTION ON  
TOBACCO CONTROL  
INTERNATIONAL CONFERENCE CENTRE  
GENEVA (CICG)  
16-21 OCTOBER 2000

## Views from the Alliance: Tobacco Companies Are The Real Imperialists

*Tania Amir, Bangladesh Anti-tobacco Alliance (BATA)*

The tobacco companies have sought to portray themselves as defending the interests of developing nations. In fact, the opposite is true – a strong Framework Convention on Tobacco Control will help defend us against a predatory industry. I want to respond to several of the industry's specific claims.

British American Tobacco argues that the FCTC is a

western imperialistic agenda being imposed on developing countries.

On the contrary, it is not how it is seen in Bangladesh. This is not how it was seen by the African Health Ministers at their meeting in 1999, either. And it is certainly not how it is seen by the health ministry in China.

Our perception in the developing countries is that the predatory practices and policies of transnational tobacco companies are imperialistic in nature. We find that in the name of globalization and free trade, transnational tobacco companies are engaging in what could be termed as 'neo-colonisation' by making the poor, the young and the disadvantaged hooked and dependent on their products.

BAT's alternative predatory marketing schemes, like the 'Voyage of Discovery' are such examples. This 'Voyage' sailed out of the UK targeting 17 developing countries in Africa and Asia. It is significant that the 'Voyage' calls

itself the 'Voyage of Discovery' because it begs the question as to what it is out to discover. I humbly submit that it is called the 'Voyage of Discovery' because it sails out to discover new and potential victims among the poor, the young and the disadvantaged, whom they consider to be 'soft targets.' Let us not forget that opium also came to China through a foreign vessel that addicted and crippled the Chinese people and its economy historically for a very long period of time.

The industry also displays double standards by engaging in predatory marketing practices in developing countries such as sponsoring pop concerts, handing out free cigarettes, and plastering the cities with billboards and posters which are otherwise prohibited or restricted in their own countries. It is also significant to note the timing of the voyage. Just as the industry knows that there is to be a global convention on tobacco control and just when the northern and western coun-

*(Continued on page 7)*



*In Sri Lanka, young girls sell John Player Gold Leaf cigarettes*