



ALLIANCE BULLETIN

Framework Convention on Tobacco Control • Geneva, Switzerland • 17 October 2000 • Issue Two

Today's Weather: Cloudy
High 12 C Low 3C
53 F 37 F

Exchange Rate: 20 Swiss FR =
Yuan 93.57 Markka 78.78
Mark 25.91 AU\$ 21.25

Inside this issue:

Alliance Statement	2
Today's Schedule	2
NGO Participation Debated	3
Countries to Watch	3
Ambassador Amorim's Remarks	4
Views from the Alliance	4

One Billion Lives at Stake: Alliance Calls for Bold Action

Scientists say that if nothing changes, one billion people will die from using tobacco in the 21st century. Members of the Framework Convention Alliance gathered in Geneva on Monday, October 16, and issued a challenge to delegates as the Member States of the Intergovernmental Negotiating Body gathered to begin formal negotiations.

"The protection and promotion of public health must be the guiding principle for all the decisions and actions of the negotiating parties," the Alliance document states. "The Convention itself should in-

clude specific obligations on, among other issues, advertising, duty free sales, product regulation, smuggling, and warning labels."

STATEMENT OF THE FRAMEWORK CONVENTION ALLIANCE

The full Alliance statement follows:

The negotiation of the Framework Convention on Tobacco Control (FCTC) represents an historic opportunity for global action to curtail the tobacco epidemic. The Framework Convention Alliance would like to com-

mend the Member States for all of the hard work that has been put into the process so far. We urge the delegates to the Intergovernmental Negotiating Body (INB) to take bold actions this week to advance the progress made by the working groups. The decisions that delegates make on the procedural issues will help determine the ultimate strength of the FCTC.

Members of the Framework Convention Alliance present in Geneva would like to offer some initial recommendations for the procedures, principles and substance of the FCTC:

(Continued on page 2)

Amorim Elected, Moves Process Forward on Day One

Meeting for the first time Monday, the Intergovernmental Negotiating Body (INB) on the Framework Convention on Tobacco Control selected a chairman and a six-member bureau, but postponed a decision on the critical issue of expanded participation by non-governmental organizations (NGOs).

The INB elected Ambassador Celso L. Nunes Amorim, the Permanent Representative of Brazil to the United Nations, as chairman.

"The task before us is historic and urgent, but it is a delicate one," Amorim said. "Our common point of departure is the shared desire to put

a limit on and reduce tobacco-related illness and death through joint international efforts."

The INB also approved a bureau of six plus the chair to manage the negotiation process. The six countries selected by regional groups to sit on the bureau are Australia, India, Iran, South Africa, Turkey and the United States.

While no formal decision has yet been made about the powers of the bureau, the delegates voted for a limited, seven-person bureau based on the Chair's representation that the powers of the bureau would be narrowly limited to procedural issues. The delegates must also decide whether to use the existing Pro-



Chairman Amorim

posed Draft Elements as the basis for negotiations, an approach which is strongly favored by the Framework Convention Alliance.

DEATH CLOCK

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

3,946,941

people have died from tobacco-related diseases.

FACT: In four countries where advertising bans have been introduced as part of a comprehensive tobacco control policy (Finland, France, New Zealand, Norway) per capita consumption of cigarettes dropped between 14% and 37%.

TODAY'S SCHEDULE

18 October 2000

Time of Negotiating Sessions
Morning: 10.00-13.00
Afternoon: 15.00-18.00

13.15-14.00

INFACT Film "Making a Killing"
Salle XV

14.00-15.00

Women's Caucus
"Regional views on women and tobacco" Salle XV

Check this calendar each day this week for briefings and events.

Commonwealth Medical Association

NGOs from Commonwealth countries have called on Commonwealth delegations to support a strong, evidence-based convention to protect developing countries. In a statement issued following a meeting organised by the Commonwealth Medical Association on Saturday 14 October, governments were urged to place health at the heart of the framework convention.

The statement was presented to a meeting of Commonwealth delegations organised by the Commonwealth Secretariat. Speaking on behalf of CMA, Marianne Haslegrave said:

We believe that a strong Commonwealth voice will be crucial to the negotiation of an effective framework convention that will protect future generations from the scourge of tobacco, particularly in the developing countries of which the Commonwealth is largely composed.

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 Statement

(Continued from page 1)

On the **procedures** of the INB, we urge that:

- document A/FCTC/INB1/2 (Working Group Proposed Draft Elements) serve as the basis for the negotiations on the FCTC;
- there be full NGO participation in all meetings of the Negotiating Body, working groups, ad hoc bodies and any other committees that are established by the INB for the purposes of negotiating or implementing the FCTC; and that
- tobacco companies and their affiliates should not be an official party to the negotiations and should not be allowed to serve on any advisory, scientific, enforcement or implementation bodies of the FCTC.

On the **principles** of the FCTC, we would urge that:

- the principal aim of the FCTC must be to substantially and quickly reduce death, disease, and disability;
- the protection and promotion of public health must be the guiding principle for all the decisions and actions of the negotiating parties;
- the Convention itself include specific obligations on, among other issues, advertising, duty free sales, product regulation, smuggling, and warning labels, rather than reserving all obligations to the protocols;
- the public health provisions of the FCTC should take precedence over other in-

ternational agreements.

For example, measures to protect public health may conceivably conflict with trade liberalisation, but the public health objectives are legitimate and should take precedence over trade when lives are at stake; and that

- nothing in the FCTC should undermine existing tobacco control initiatives or regulations in any signatory state nor prevent, pre-empt or discourage any party from taking stronger action than required by the FCTC.

"The protection and promotion of public health must be the guiding principle for all the decisions and actions of the negotiating parties,"
—the Framework Convention Alliance

Finally, we would also like to make some recommendations on the **substance** of the FCTC, which should include, among other measures:

- a total ban on all forms of direct and indirect tobacco advertising, sponsorship, promotion and "brand-stretching";
- strong measures to combat tobacco smuggling;
- a ban on duty free sales and duty free imports of tobacco;
- comprehensive tobacco product regulation, includ-

ing but not limited to minimum standards for manufacturing, packaging, ingredient and smoke composition and disclosure, product content, and labeling;

- prominent health warnings in the main language of the country in which the tobacco product is to be sold;
- a prohibition on the use of misleading terms like "light" or "mild" on tobacco products;
- a mechanism for the transfer of technology, finance and knowledge to assist countries in their tobacco control efforts; and
- the use of tobacco tax policy as a public health tool to achieve continuous decreases in tobacco consumption.

The FCTC should require all parties to establish and document an evidence-based, comprehensive tobacco control program including local, national and international measures with the aim of reducing harm caused to tobacco users and to those exposed to secondhand smoke. Finally, Member States should not wait for the conclusion of the negotiations to implement these measures, including those called for in World Health Assembly resolutions that have already been unanimously approved.

The Alliance pledges to work constructively with the members of the INB to ensure that a strong and effective FCTC is developed that protects public health and reduces the death and disease caused by tobacco.

FACT: In the U.S., over 80% of teenagers who smoke use the three most heavily advertised brands—Marlboro, Camel and Newport—even though these brands constitute only 30% of the U.S. adult market.

Openness of Negotiations to be Debated

The Framework Alliance is closely watching a debate on NGO participation and access that began late Monday.

On Monday Canada proposed a plan to increase NGO participation. Under Canada's plan, the INB would invite national NGOs with expertise in the area of tobacco control to apply for accreditation by the WHO. Accredited organizations would be able to attend and participate, without the right to vote, in the plenary and main committee meetings.

They would also have access to non-confidential documenta-

tion, the right to submit memoranda to the chair, and to make statements of an expository nature upon the invitation of the Chair.

Ed Aiston, Chief Canadian delegate, stated, "NGO participation is essential if the FCTC is to be reflective of civil society's public health goals...good policy is public policy openly arrived at."

Thailand offered a refinement to the Canadian proposal to confirm that any change in the roles should explicitly exclude NGOs that receive financial or other support from tobacco companies and their affiliates.

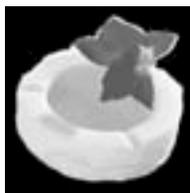
"Whatever rules are adopted by the Member States," said the Thai delegate, "we want to ensure that those NGOs that are accredited to the INB have the right to participate in all meetings of the Ne-

gotiating Body, working groups, ad hoc bodies and any other committees that are established by the INB for the purposes of negotiating or implementing the FCTC. Such participation, we believe, will help craft a strong FCTC."

Alliance members said the issue is a critical one. "The principles of transparency, openness and democracy demand that stake holders with long-standing interest in tobacco control be fully included in this process," said Alliance member Dr. Yussuf Saloojee, Executive Director of the National Council Against Smoking in South Africa.

"NGO participation is essential if the FCTC is to be reflective of civil society's public health goals... good policy is public policy openly arrived at."
—Ed Aiston, Chief Canadian Delegate

"...we want to ensure that those NGOs that are accredited to the INB have the right to participate in all meetings of the Negotiating Body, working groups, ad hoc bodies and any other committees that are established by the INB."
—Thai delegate



Orchid Award Canada

For its support of NGO participation in the FCTC process.

Dirty Ashtray Nominations requested



MYTH

Higher Tobacco Taxes Will Hurt the Poor

Tobacco companies argue that prices should not be increased because to do so will harm low income earners. However, research shows that low-income populations are most harmed by smoking itself, which imposes massive costs in terms of morbidity, mortality, health care expenses, and lost wages.

MYTH

Higher Tobacco Taxes Will Lead to Smuggling

The Tobacco Industry often argues that higher taxes will lead to massive increases in smuggling from low tax, countries to high tax countries; thereby keeping cigarette consumption high but reducing government revenues. The World Bank report concludes that since tax increases lower tobacco consumption while raising government revenue, the appropriate response is to crack down on criminal activity rather than forego the tax increases.

The Negotiations: Countries to Watch

Australia – Active tobacco control movement. First nation to require "how to quit" information in every pack of cigarettes. Keen on a strong convention focused on transnational issues.

China – Leads the world in tobacco production, at 34% of the world's tobacco. Exports very little, as it consumes over 1.6 trillion ciga-

rettes per year. Last seen pushing for a very general convention.

Finland – Home to successful "Quit and Win" contests. Earliest leader in tobacco control. Advertising and sponsorship banned. Per capita consumption has fallen 31% from 1970 to 1995.

Germany – Tobacco industry has enormous influence. Rothmans a key company. Between 1993 and 1997 smoking rates among 12 to 25 year old women in East Germany nearly doubled from 27% to 45%. Funds very little tobacco control activity. Undermined EU ad ban on trade grounds.

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 (Zimbabwe)

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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

" Task Before Us is Historic and Urgent"

*Excerpts of Remarks
Ambassador Celso Amorim*

I am deeply honoured to be associated with this pioneer initiative launched by the World Health Organization. I wish to pay tribute to Dr. Gro Harlem Brundtland for her leadership role in raising the level of awareness on the issue of tobacco control. Indeed, this is a public health cause that requires increased diplomatic attention if we are to establish a regulatory framework and enhance international cooperation for the benefit of individuals in all our countries.

The task before us is historic and urgent, but it is also a delicate one. This is the first time in the history of the World Health Organization that a legally binding convention will be negotiated under its auspices. Our common point of departure is the shared desire to put a limit on and reduce tobacco-related illness and death through joint international efforts. Tobacco related disease is on the increase and could be killing as many as ten million people a year, in worldwide terms, within the next thirty years or so. It is already responsible for four million annual deaths.

Of special concern are the emerging patterns of illness and death due to increased tobacco consumption in developing countries, which place an undue burden on societies already struggling to improve their national health systems under unfavorable economic conditions. Our perspective must be fundamentally dictated by public health concerns. But, of course, we cannot ignore the social dimensions of the issue, especially in developing countries, where international cooperation could play an important role in facilitating the necessary adjustments.

Views from the Alliance: Why the Tobacco Industry Says it Wants to Protect Kids ... and Why the FCTC Shouldn't Believe It

Clive Bates, Action on Smoking and Health-UK

The most cynical moment of the Hearings was the man from BAT mentioning his own children and his concern that teenagers should not smoke and that advertising should not be directed at teenagers. Fine words... at first sight. But on closer inspection revealed as a sinister public relations offensive.

The simple fact is that kids smoke because it seems adult. The appeal of tobacco is as part of the rite of passage to adulthood. Advertisers don't reach teenagers by being childish, but by showing attractive young adult role models doing young adult activities. If you

tried to ban advertising that appeals to kids - it would be impossible. You have to ban all advertising because it all appeals to kids.

What about a message that says "hey kids, smoking is for adults only"? Does that put kids off smoking? It probably makes it more attractive. Doesn't this just make tobacco a 'forbidden fruit' and smoking an important rebellious act?

The best way to stop kids smoking is to help adults turn away from tobacco. We already know what works to do that - all the things opposed by BAT and Philip Morris. Everywhere an FCTC negotiating text mentions children, delegates should BEWARE - by

focusing on kids only, it could easily make things worse.

Internal documents reveal the true purpose of tobacco industry youth programmes: "... we refined the objective of a juvenile program as follows: 'maintain and proactively protect our ability to advertise, promote and market our products via a juvenile initiative.'" (Cathy Leiber, Philip Morris International, 1995).

See the report **DANGER! PR in the Playground** at www.ash.org.uk/?advertising with summary in all WHO languages and available from NGOs.