



ALLIANCE BULLETIN

Framework Convention on Tobacco Control Geneva, Switzerland 27 November 2001 Issue Seventeen

Today's Weather: Sleet
High 7 C Low -1 C

Exchange Rate: 20 Swiss FR =
Cambodian Riels 45,893 Cuban Pesos 252.6
Djibouti Francs 2,034 Norwegian Kroner 108.6

INB-3 TUESDAY

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TODAY'S
DELEGATE BRIEFING

BACK TO BASICS:
TOBACCO & DISEASE

27 November 2001
13:00 - 14:00

DEATH
CLOCK

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

8,416,224

people have died from tobacco-related diseases.
(At 9 am 27 November 2001)

Why the FCTC is so important: the case of Russia

Russia in recent years continues to be marked by a vicious cycle of poor health and poverty. Large proportions of Russians live below the poverty line, and tens of millions of children and adults are undernourished. Life for most of the population is a struggle for survival.

Meanwhile, transnational tobacco companies are making their fortunes off the misery and desperation of the population. Russia is one of the four largest tobacco markets in the world, and tobacco thus represents one of the key public health challenges.

Over the past decade, since Russia opened its economy to the world, the tobacco companies have come flooding in. Shortages of cigarettes in the early 1990s were used as an excuse to allow the transnational tobacco companies to enter and begin producing cigarettes through joint ventures.

They have done more than that, with production now far exceeding demand. In 1995, the transnationals began constructing new factories to increase production: an investment of 2 billion US dollars in ten years.

At present, over 65% of tobacco production capacity is controlled by the transnationals, including Japan Tobacco International, BAT, and Philip Morris. In

the year 2000, the transnationals produced 190 billion cigarettes. Over the next two years, they plan to extend their share of the market to 80%.

Transnational tobacco companies are among the main advertisers in the country. Their share of outdoor advertising is 15%, and of print media, over 5%. In 2000, they spent 44 million USD on advertising.

The advertising has been successful, with prevalence of tobacco use increasing rapidly, reaching 63% among men and close to 10% among women. In some smaller studies, rates of smoking among schoolchildren reach over 51% in boys and 40% in girls.

Companies market cigarettes directly to youth, for instance, by giving free cigarettes to 13-year-old schoolchildren in Moscow. According to the WHO, smoking causes 400,000 premature deaths each year in Russia. Smoking causes half of cancer cases among men, and 5% among women. Meanwhile, due in part to the high smoking rates, life expectancy

is in decline in Russia.

Government and civil society responses to the tobacco epidemic in Russia have been weak. The government has shown more interest in collecting tax revenues and avoiding upsetting smokers than in protecting public health.



(Continued on p. 2)

FAIT A NOTER:

Au Canada, plus de 50% des fumeurs fument des marques « légères ».
(Santé Canada)

TODAY'S NOON HOUR DELEGATES BRIEFING

27 November 2001

Back to Basics: Tobacco and Disease

Members of the Framework Convention Alliance invite all delegates to a luncheon briefing today, 27 November, on the topic of the health effects of tobacco use. The briefing will start at 13.00, or 15 minutes after the Working Group meeting, whichever comes first.

You will hear from an international panel of experts who will discuss and answer your questions.

Moderators:

Dr. Mario Maranhao,
World Heart Federation
Dr. Elinor Wilson,
World Heart Federation

Speakers:

- **Dr. Srinath Reddy**
World Heart Federation and member of Indian delegation, on cardiovascular disease.
- **Tom Glynn**
International Union against Cancer, American Cancer Society, on cancer.
- **Dr. Elif Dagli**
International Union against Tuberculosis and Lung Disease, European Respiratory Society, on respiratory diseases.

The meeting is slated for Salle 3. A light lunch will be provided before the meeting, in the lobby.

When strong draft bills have been introduced to ban advertising, limit smoking in public places, and force the industry to pay for tobacco control activities and compensation for health damage from smoking, such bills have either been rejected or been so diluted as to become meaningless. For instance, a law adopted in 2001 requires warnings to cover a mere 4% of the cigarette pack.

Civil society has done little to support stronger bills, while transnational tobacco companies and advertisers have launched mass media campaigns to attack them. Local companies strongly support the ban on advertising, but their voice is drowned by the powerful transnationals.

Smoking rates are high among health professionals, some of whom regard smoking as less harmful than alcohol, and alcohol in turn as less harmful than drug use. The press, dominated by tobacco advertising, maintains a pro-tobacco stance.

In order to improve their public image, tobacco companies run public relations campaigns, including through a youth smoking prevention campaign, sponsorship of arts and of competitions, and conferences on adolescent smoking and behaviour. For example, the industry conducts surveys among youth, the results of which they can use to tailor their advertising campaigns to a young audience.

Meanwhile, they engage in PR campaigns claiming that they are concerned about the problem of youth smoking and intend to be part of the solution. Without strong government or civil society presence, such campaigns are difficult to contest.

There are some positive developments in Russia. One is the growth of the Russian Coalition for a Tobacco-Free Russia, initiated by the Russian Public Health Association in May 2001. The challenge for the Coalition is to make the FCTC process comprehensible and transparent to interested citizens and decision-makers.

Another is government activity within the FCTC process. The development of a taskforce to address the FCTC has brought much-needed government attention to the issue of tobacco control.

Involvement in the FCTC has raised the profile of tobacco control in the government, which may also increase the level of motivation in taking strong action to limit

the activities of tobacco transnationals.

It is hoped that over the course of negotiation, Russian support for strong tobacco control measures will continue, and that Russia will finally sign a strong treaty and work actively to ensure the successful implementation of new legislation in the country.

Given the severity of the tobacco epidemic in Russia and other CIS countries, WHO and other international players interested in tobacco control should do more to support FCTC mobilization in the region.

The public health benefits to Russia's population would be immense, the domestic industry would be unlikely to suffer, advertising companies would find other sources of revenue as former smokers switched to other products, and democracy would be strengthened by a weakening of the lobbying activities of the transnational tobacco companies.

— Dr. Andrey K. Demin, M.D., President of
Russian Public Health Association



**New Brazilian health warnings
cover 100% of one surface
of the cigarette pack.**

FAIT A NOTER:

En 1999, le prix moyen des cigarettes en Europe de l'Ouest était 7,3 fois plus élevé que dans la région Asie-Pacifique. (*World Tobacco File, 4th edition*)

Lights, Lows and Lies

A landmark report to be issued later today by the United States National Cancer Institute concludes that the introduction of low-tar cigarettes and other changes in cigarette design over the past 50 years have not reduced *any* of smokers' health risks.



The report is based on a comprehensive review of all available epidemiological and other scientific evidence. It is the first study ever to look at internal industry documents, and is the most definitive study of this issue to date.

The report finds that cigarette companies' deceptive marketing of "low-yield" products created the illusion of reduced risk, and that the companies specifically intended to discourage smokers from quitting. In this regard, the industry tragically succeeded.

In many parts of the world, smokers who are concerned about their health smoke "low-tar," "light," or mild cigarettes. By doing so, they believe they may reduce the risk of smoking to a tolerable level. They are mistaken.

The scientific evidence is now overwhelming that so-called low-yield

products deliver the same amount of toxins to the smokers as other tobacco products. Low-yield smokers inhale the same amounts of hydrogen cyanide, benzene, formaldehyde, polycyclic aromatic hydrocarbons and tobacco-specific nitrosamines.

Users of "light" and "low" cigarettes contract lung cancer, heart disease, emphysema, and all the other smoking-caused diseases at the same rate. Most important, smokers of low-yield products die at the same rate as other smokers.

Why do smokers believe that "light" and "mild" cigarettes are safer alternatives to other cigarettes? It's what they've been told. Decades of deceptive advertising convinced smokers of the safety of "light" products.

In the 1950s, advertising promised that filters would remove a lot of the tar, so that the smoker's lungs and throat would be protected. In the 1960s, company ads promised lower tar levels (tested by a government laboratory), and employed gimmicks to trick the smoker (and government testing machine) into believing that the cigarettes were safer.

But the messages were conveyed by more than overt promises and milligram disclosures. There were the important "indirect" promises and assurances of safety and lowered risk, in the form of labels and trade names that promised this safety — labels such as "Light", "Mild", "low tar", "ultra low tar", and a host of other descriptors.

The new report provides powerful scientific evidence for the world's nations, collectively and individually, to protect their citizens by prohibiting the tobacco industry from continuing to make deceptive health claims about their products.

Several countries have already taken action or have proposed action to ban such misleading labels. Recently, the EU adopted a directive that bans texts, names, trademarks, and so on from suggesting that one

tobacco product is less harmful than another.

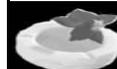
Brazil has prohibited the use of any type of descriptor that would mislead consumers about their tar exposure. Canada is preparing to act on the advice of an expert panel that recommended a total ban on such terms.

The deceptive use of terms like "light" and "mild" have already contributed to the deaths of millions of smokers around the world. A failure of governments to act now will cost further lives. There should no longer be any question about the wisdom and necessity of including a strong provision in the FCTC banning the use of these deceptive terms.

It is time for the rest of the world to take action to ensure that these claims disappear and no longer can offer smokers the false reassurance that there must be a safer smoke out there.

—Judith Wilkenfeld
Campaign for Tobacco-Free Kids

Orchid Award



India, for insisting on progressive language on trade, giving the priority to public health, not commerce.

Dirty Ashtray Award

The Japanese government, for forgetting that *it* is the controlling shareholder in Japan Tobacco, not the other way around.



Cinq questions sur les cigarettes légères

Q. Quelle est la différence véritable entre une cigarette « légère » et une « ordinaire » ? Est-ce le tabac utilisé dans la fabrication ?

R. Au Canada, où les fabricants doivent fournir des rapports sur la composition des cigarettes, on ne constate aucune différence notable entre la composition des cigarettes « légères » et « ordinaires ».

Seule différence vraiment marquée : plus une cigarette est « légère », plus elle contient de petits trous de ventilation autour du filtre. En principe, ces trous de ventilation rajoutent de l'air frais à la fumée de tabac qui passe par le filtre.

Q. Que signifie le taux de goudron qu'on voit imprimé sur le côté des paquets de cigarettes ?

R. Les taux de goudron, de nicotine et de monoxyde de carbone inscrits sur les paquets ne se réfèrent pas au contenu des cigarettes. Ce serait d'ailleurs un non-sens, puisque le tabac contient ni goudron ni monoxyde de carbone, qui sont des produits de combustion formés lorsque la cigarette brûle.

Actuellement, les taux imprimés sur les paquets reflètent la quantité de substances nocives inhalées par un « fumeur » mécanique, c'est-à-dire par une machine qui prend une bouffée de volume standard (35 mL) à intervalles standard (une fois par minute).

Malheureusement, cette méthode d'analyse n'a que très peu de rapport avec les quantités réellement inhalées par un fumeur humain — et le problème est particulièrement aigu dans le cas des cigarettes « légères ».

Étant dépendant à la nicotine, le fumeur ajuste sa façon de fumer (de manière consciente ou, plus souvent, inconsciente) pour retirer sa dose

habituelle de nicotine, quelle que soit la marque de cigarettes.

Le terme technique pour cet ajustement : la *compensation*. (Voir prochaine question.)

Q. Comment se fait-il qu'une cigarette « légère » (c'est-à-dire légère pour une machine à fumer) peut devenir une cigarette beaucoup plus forte dans les mains du fumeur ?

R. Il est très facile d'augmenter la quantité de goudron réellement inhalée — les cigarettes « légères » ont d'ailleurs été conçues de manière à favoriser la *compensation* :

Beaucoup de fumeurs bloquent les trous de ventilation avec leurs lèvres ou leurs doigts — en particulier les fumeurs de cigarettes « ultra-légères » ou « ultra-douces ». Une fois ces trous bloqués, la différence entre

que les cigarettes régulières?

R. Parce que la fumée diluée a un goût plus léger. En termes de quantité totale de substances nocives, 800 mL de fumée provenant d'une cigarette « légère » peut équivaloir très exactement à 500 mL de fumée provenant d'une cigarette régulière, tout en ayant un goût nettement moins irritant.

Q. Tout le monde sait que la cigarette nuit à la santé. Pourquoi se formaliser de la signification précise des descripteurs « légères » ou « douces » ?

R. En premier lieu parce que les consommateurs ont droit à une information complète et véridique quant aux produits qu'ils consomment.

Pour de nombreux consommateurs, le tabagisme est une dépendance

extrêmement forte dont il est très difficile de se libérer. Les marques « légères » ont été lancées pendant les années 1970 dans le but d'*apaiser l'inquiétude des fumeurs*. On leur donnait un moyen de « faire quelque chose » pour leur santé tout en continuant de fumer.

Lorsqu'on sait qu'environ 50 % des fumeurs à long terme meurent des suites de leur tabagisme, on comprend à quel point une tactique de marketing qui arrive à convaincre même une minorité de fumeurs de ne pas « décrocher » représente une menace pour la santé publique.

— Francis Thompson, Association pour les droits des non-fumeurs (Canada)

Pour de plus amples informations, consulter « Mettre fin au mensonge : rapport du Comité consultatif ministériel » (Canada), sur internet à l'adresse : http://www.hc-sc.gc.ca/francais/media/communiques/2001/2001_117f.htm

Le ministre canadien de la Santé dénonce les cigarettes « légères »

« Ne nous y trompons pas ! Il n'y a rien de « léger » ou « doux » dans les mensonges de l'industrie du tabac. »

« C'est pourquoi, je réitère aujourd'hui mon engagement à tenir l'industrie responsable et je passerai à l'étape suivante. J'annonce aujourd'hui que nous proscrirons ces étiquettes trompeuses. On peut prévoir que l'industrie va nous défier — laissons-la débattre de son soi-disant droit de tromper, plutôt que de faire volontairement ce que nous lui avons demandé de faire en mai. »

— allocution de M. Allan Rock, 13 août 2001

les « légères » et les « ordinaires » disparaît.

En augmentant le volume de fumée par bouffée, ou la fréquence des bouffées, le fumeur humain augmente à la fois sa dose de nicotine et son exposition au goudron. Pour le fumeur dépendant, ce type d'ajustement se fait instinctivement.

Q. Comment se fait-il que les cigarettes « légères » ont un goût plus léger

Cambodian Tobacco Control Pushes Ahead

Cambodia, a Southeast Asian country with a big tobacco problem, encounters many obstacles to effective legislation, not the least of which is the power of the tobacco companies to block any effective legislation. It is difficult for Cambodia, a poor country with insufficient legislation on tobacco control, to cope with global issues, and with the global pressure that the tobacco industry puts on the country. Thus the Cambodian delegates strongly welcome the opportunities that the FCTC provides for global control to a very pressing national problem.

Cambodia is represented at this INB by two members of government: His Excellency Peou Yada, Under Secretary of State, Ministry of Information, and Dr. Po Samnang, Deputy Director, National Center for Health Promotion, Ministry of Health.

Cambodia's tobacco control legislation is not yet strong. The tobacco companies take full advantage of the situation, with advertising of foreign and domestic brands rampant.

The Marlboro Man is on display everywhere in this poor country. Ads are allowed even on television. A tobacco billboard looms large over a children's playground in the capital, Phnom Penh. Smiling young girls offer free cigarettes. Companies run contests offering motorbikes and other consumer goods for

those who buy their cigarettes.

But Cambodia is starting to fight back. H.E. Peou Yada is the Vice-Chair of a new inter-ministerial committee for education and reduction of tobacco use. The committee is composed of members from eleven ministries, representing a new recognition that tobacco is a cross-sectoral problem.

His Excellency is impressed with the



information he is gaining here, and plans to have a press conference on his return, to push for a ban on tobacco advertising on the media. He explained that tobacco companies are eager to work in easy countries such as Cambodia, where they can act basically as they please.

Dr. Samnang has been working on tobacco control since attending an APACT (Asia-Pacific Association for the Control of Tobacco) conference in 1995.

He has been very supportive of the FCTC for a long time, as he sees it as the only way to help Cambodia with tobacco control. The major issues he perceives that the FCTC can improve are advertising and trade.

Dr. Samnang is particularly interested in seeing language that places public health above trade. After all, he says, public health is not just about health, but also about trade, economics, and agriculture. If we do not deal with these other issues, the public health will not be improved.

The Cambodian delegates explain that the Government of Cambodia is also concerned about the issue of passive smoking. The Ministry of Health, Ministry of Cults and Religion, Ministry of Education, and Ministry of Women and Veterans' Affairs, are all working to make workplaces smoke-free. Both Cambodian delegates would welcome language in the FCTC that would ban smoking in public places.

As far as the process of negotiations at INB3, the Cambodian delegates are concerned about the very slow pace — many countries giving ideas on each single paragraph. They suggest that more work needs to be done in working groups.

— Debra Efroymson, PATH Canada

A. Dear {Mum & Dad}/[parental figures],

1. {Kisses}/[Hugs] from Geneva! It's been a {great}/[mind-numbing] week here, observing the negotiations as they {progress}/[slow to a grinding halt].
2. {The U.S. delegation, in particular, has been a {joy}/[marvel] to see every day.}

or

2. [I have been {most impressed}/[gobsmacked] {with}/[by] the [in] security measures at the conference centre.]
3. [I {heard}/[was informed] T[**the weather has been {great}/[varied], but it's been a bit hard to tell from the {{basement}/[dungeon]}/[confines] of the CIGC.;**]

and

4. [[I'm {really looking forward to INB-4, and hoping you can see your way to a voluntary contribution to my travel fund}/[considering slitting my wrists][to the extent possible][within the means at my disposal] - springtime in Europe!/[I miss you all terribly.]]
5. {Give my L[love] to everyone.}/[Your {loving} son/daughter],
Pat



M. mon père et/ou Mme ma mère
Rue des amants
Ouagadougou
Burkina Faso

The court-ordered route to tobacco control

The Framework Convention on Tobacco Control (FCTC) is an attempt to advance tobacco control globally through legislative means. There are two very recent developments in India that provide examples of a significant advance of tobacco control without going through the legislative process.

One example is a directive from the Supreme Court of India banning smoking in enclosed public places, including transport vehicles. This directive was given while the court was hearing a public interest litigation case about protecting citizens from tobacco and considering a request for compensation from tobacco companies for the diseases they are causing.

The Indian Government pointed out that it has already proposed a comprehensive tobacco control bill that is under consideration by the Indian Parliament.

The Supreme Court judges considered the protection of non-smokers from second-hand smoke as an urgent measure and decided to pass the order immediately. As it was a Supreme Court directive, it became applicable without delay; within a few days, there was news of thousands of smokers being fined as per the court directive.

This Supreme Court directive is not an isolated incident. A few years back the High Court in the State of Kerala handed down a judgement banning smoking in public places. Further, the honourable judge had included open places such as roads and parks in the definition of public places. This judgement resulted in a significant decrease in smoking in Kerala — by some estimates by as much as 30%.

Courts crack down on smokeless

Another example is the banning of smokeless tobacco products. In India, smokeless tobacco use is very common, as manufactured smokeless tobacco products are being vigorously advertised and marketed, resulting in disastrous health consequences.

Under Indian laws, such products get classified as food items (since they are intended to be placed in the mouth) and the High Court of the State of Rajasthan had directed the Indian Government to find out whether such products are really hazardous.



Gutkha: attractively packaged, aggressively marketed

The Government had entrusted the task to its Central Committee on Food Safety. After many hearings, the committee concluded that these products were indeed hazardous and ought to be banned. This recommendation is still under consideration within the Central Government after nearly two years.

Last week, the Government of the southern State of Tamil Nadu went ahead and declared a ban on smokeless tobacco products. It implemented the ban immediately and seized million of rupees worth of stock.

These are very fast and effective approaches to tobacco control. Their long-term sustainability however remains doubtful as the governments, judges and other officials change.

For sustainability, such actions ought to be backed by due legislative process such as the one being discussed under the FCTC.

— Prakash Gupta, Tata Institute of Fundamental Research, Bombay

Tobacco shortens women's lives

Women's issues need to be mainstreamed in the FCTC process for many reasons, one of these being the significant and unique effect that tobacco has upon women's health and life expectancy.

Fourteen years. That's how many years women on average stand to lose of their lives as a result of smoking. This can be greatly reduced by quitting earlier rather than later, given that the benefits of smoking cessation are greater when women stop smoking at younger ages. Despite this, it is never too late to quit. Smoking cessation can bring benefits to women of all ages.

Cigarette smoking is the major cause of heart disease and lung cancer among women in the United States. If US trends are mirrored in the rest of the world, we can expect that the incidence of lung cancer will exceed that of breast cancer globally.

Smoking is the primary cause of COPD (chronic obstructive pulmonary disease) and a major cause of cancer of the oropharynx and bladder among women. Women who smoke also have a slightly elevated risk for rheumatoid arthritis and even cataracts.

Smoking can increase pain during menstruation and can cause irregularity. Female smokers may experience menopause at an earlier age than non-smokers, and can have more severe menopausal symptoms.

Exposure to paternal and maternal smoking can lead to reduced lung function among infants, and second-hand smoke during childhood and adolescence can be associated with lung dysfunction.

Reproductive problems are another side-effect of smoking. Infertility is greater among men and women who smoke. The risk of pregnancy complications, premature birth, low birthweight infants, infant mortality and spontaneous abortion, also increase.

Clearly, tobacco is a no-win situation when it comes to women's health. Smoking means that women can potentially forfeit fourteen years of their lives — time that could be spent enjoying grandchildren and a full life!

—FCA Women's Caucus

We Don't Want Youths To Smoke Our "Risky" Product



Philip Morris is quick to boast that it is "actively involved in more than 130 programmes in nearly 70 countries to help prevent youth smoking". One example it cites is in the Philippines, implemented together with the University of Asia and the Pacific (UAP), entitled, "I am STRONG...I am Responsible."

The programme, it alleges, was even endorsed by the Secretary of the Department of Education, Culture, and Sports under the previous (Estrada) government administration.

According to Philip Morris, "the programme's specific objective is to cultivate strength and courage among the students so that they can make responsible decisions on a variety of lifestyle issues, including smoking." A review of the programme, however, reveals that for the duration of the programme, high school students are indeed taught various human virtues geared toward making "responsible decisions", but that is all.

There is no mention of the many deleterious consequences of smoking on health. There is no mention of nicotine addiction. There is no mention of the effects of second-hand smoke. Thus like other youth smoking prevention (YSP) programmes of the tobacco industry, it is a sham.

In fact, only two brief sentences in the entire programme refer to smoking: "There are decisions that teenagers can make and decisions that are properly adult. For instance, smoking and drinking are adult decisions. Hence, children and youth should not smoke."

Quite obviously, by labelling the decision to smoke as an "adult choice", it reinforces the wrong idea that in order to be more adult (which youths aspire to be), youths should smoke. Therefore, instead of preventing youth smoking, it actually promotes it. It also implies that smoking is harmful to youths, but it is safe if one is an adult.

A conversation with the former dean of the UAP College of Education reveals even more:

1. Philip Morris only provides funding for the programme. The course content and actual implementation are purely a UAP effort. Philip Morris officials don't deny this, yet they claim that their company is "actively in-

involved". Talk about genuine concern...

2. Philip Morris refuses to receive any feedback on the programme, supposedly so that it will not know the mindset of the programme participants. Of course, we all know that any such feedback would show how ineffective it is as a YSP programme.
3. The programme was started in 1998 and was supposed to end this year. Philip Morris Philippines had decided not to continue the programme, but the decision from higher up (Philip Morris Asia) was to renew the contract with UAP for another 3 years. Since Philip Morris has no idea as to the (in)effectiveness of the programme, its willingness to continue funding the programme can only be interpreted as another public relations gimmick to help polish its tarnished image.

Fortunately, the new Secretary of Education, Secretary Raul Roco, has refused outright any and all offers that Philip Morris has been making in recent months.

—Ulysses Dorotheo, MD



Support rises for picture-based warnings

The more the idea is discussed, the more countries seem to like it: an increasing number of countries have spoken out in the last days in favour of pictures and pictograms in pack warnings.

These delegations included representations on behalf of the AFRO and SEARO regions, the 19-country Rio group from Latin America, Norway, Syria, Canada, Saudi Arabia, Vietnam, Estonia, Latvia and Lithuania.

Sudan called for warnings to cover 75% of the package, while Norway, Egypt, Syria, Saudi Arabia, Canada and Israel called for a minimum size of 50%.

Palau, speaking on behalf of the Pacific Islands, made an important contribution by calling for generic packaging. The proposed legal text submitted would require generic packaging on the part of the package other than where warnings and other

mandatory messages are required.

China called for the deletion of pictures from the Chair's text. The European Community suggested wording whereby countries could choose whether or not to require pictures.

The International Union Against Cancer called for picture-based warnings to cover at least 50% of the package, with generic packaging for the remainder of the package.

A growing number of countries have adopted or are considering adopting stronger warning requirements.

Canada requires pictures in the top 50% of the front and back. Brazil requires pictures on warnings on 100% of either the front or back of the package. The European Community gives its members the option of using pictures. And Jordan requires pictograms as part of its warnings.

A Word of Thanks from the Editor

An acquaintance of mine was showing me pictures recently from a family holiday in Holland, with his two young children. Heavy travelling was out of the question, so instead they went to an outdoor museum with miniature reproductions of all the famous landmarks of the Netherlands.

I've felt a bit the same editing the FCA bulletin at INB-3: it's a bit like a miniaturized version of treaty negotiations. Same loooooong nights, worrying over which word to insert where. Same balancing act between dozens of people from different parts of the world, with different ideas of what's needed next in tobacco control. Same hurry-up-and-wait, followed by spurts of frantic activity.

But, like the children visiting model Holland, barely an opportunity to go into the plenary hall to see the real FCTC.

Like probably everyone else who has slogged through the whole week in Geneva, there's been the occasional moment of doubt for me: is this really worth it?

And then I remind myself of all the positive things we've seen. In particular, we've created at least the beginnings of an international sense of community on tobacco issues. Community, real community, is created by working together towards a common goal.

And so the frustrating exercise of finding mutually acceptable wording builds bonds — and make it that much more likely that people in other countries will notice when Philip Morris or BAT pull off another of their outrageous stunts in some far-off corner of the world.

On a smaller scale, I've experienced co-operation far beyond the call of duty from my NGO colleagues. Philip Karugaba, a Ugandan law professor in his normal life, learnt layout in a matter of hours and did much of the production work into the early hours of the morning. Debra Efroymsen, Saifuddin Ahmed, Neil Collishaw and Cynthia Callard all put in night shifts — in one case until 6 am.

The Bulletin's editorial board did a wonderful job of cajoling shy delegates into writing about their respective country: Shoba John, Mahamane Cissé, Eva Kralikova, Laurent Huber and Philip Karugaba. Alliance co-ordinator Belinda Hughes also did some effective advance arm-twisting. A number of people helped out with copy-editing, notably Debra Efroymsen, Vince Willmore and Laurent Huber. Jenny Foreit was our photographer and official photo scanner.

UICC kindly provided us with office space for our night shift, and allowed us to abuse their photocopier. NGO reps took turns passing out bulletins to delegates.

Most of all, I'd like to thank the many people who agreed to write material for the Bulletin, especially those who were writing in their second or third language.

Thank you, and à la prochaine...

— Francis Thompson

Brushes with tobacco, lifetime changes

In 1955, a young Swiss medical student, observing an autopsy of a lung cancer case, asked his professor if smoking might have had something to do with the cancer. "Are you kidding?", asked the incredulous professor. And thus began a life study of the impact of smoking on human's health for the student, who became Dr. Theo Abelin, a well known specialist in the field.

A similar career-changing experience occurred for Fred Odhiambo, at the time a history teacher in Nairobi. He thought the smoke-filled air and ever-present cigarette advertisements in his country, though troublesome, were the norm.

He was shocked upon visiting the USA in 1997: he could breath smoke-free air everywhere, even during dinner in a restaurant, nor was he exposed to tobacco advertising at every place he went. Thus came a life change, leading to his new position as director of the Centre for Tobacco-free Education and Development in Nairobi.

If only everyone's experience with tobacco could prove as positive—for themselves and others—as it proved for Dr. Abelin and Mr. Odhiambo. Unfortunately, the experience of most includes addiction, illness, and for many, an early death. We all have the responsibility to ensure that the FCTC shifts the balance of power from the tobacco companies, to the health and welfare of individuals.

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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