



INB-5 Wednesday

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TODAY'S DELEGATE BRIEFING

Low Cost, High Value: Costs and Benefits of Implementing the FCTC

Dr Varabhorn Bhumiswasdi, Thailand
Dr Witold Zatonski, Poland
Mr Yussuf Saloojee, South Africa
Dr Tomasz Caks, Slovenia
Mr Neil Collishaw, Canada

Salle 3
12:30

DEATH CLOCK

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

12,029,472 people have died from tobacco-related diseases.

(At 9 am 23 October 2002)

ALLIANCE BULLETIN

Framework Convention on Tobacco Control

Geneva, Switzerland

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Silence and lame excuses on trade language

One text proposal was conspicuously absent yesterday from the bundle of texts produced by the informal working groups: there was no text, bracketed or otherwise, to deal with the contentious issue of “health or trade.”

Corridor conversations reveal a number of sticking points and lame excuses that seem to be preventing the adoption of language that is supported by the vast majority of negotiating countries:

Lame Excuse No. 1: “They aren’t really speaking for their governments.”

The position of countries which support strong language to protect the FCTC from unfair trade challenge is being undermined by the characterisation by (mostly developed country) teams that the pro-health perspectives of these (mostly developing country) delegates is not shared by their own governments.

The stated implication is that when the member states of SEARO, AFRO and the Pacific Islands get home, they will find that their trade departments take a different view (and that the trade department will prevail).

Those using this argument to undermine good-faith negotiations overlook the fact that many developing countries are represented by their ambassadors and permanent representatives to Geneva; people no less likely to represent their government’s overarching policy concerns that the delegates from wealthier nations.

Lame Excuse No. 2: We can’t budge.

With such polarised views, some movement is necessary to reach an agreement. But all the discernable movement to date has been on the side of the countries seeking a pro-health solution to the inevitable conflict between the FCTC and the rights of tobacco companies enshrined in the TRIPS agreement and other WTO instruments.

Text proposals submitted on behalf of 70 countries originally seeking for the FCTC to prevail over WTO agreements now ask only for the rights and obligations undertaken through the FCTC to not be diminished by other treaties.

This is a significant concession, and one which understandably troubles those who have watched domestic health measures crumble under trade pressure. But no similar movement has been detected with respect to the Northern countries: none of the European, North American, Australian or New Zealand delegates have offered any public willingness to move.

Lame Excuse No. 3: We’re boxed in.

A number of hitherto unmentioned international agreements — like the right of diplomats to purchase their cigarettes duty-free — have surfaced recently. Some are saying that these prior commitments are not negotiable, and that this must be explicitly reaffirmed in the FCTC if the Convention includes strong health measures. Does history stand still?

Lame Excuse No. 4: WTO can fix the problem.

The furthest the wealthy governments are willing to go is to seek something like the Doha statement on TRIPS and public health, which allows some diminishment of patent rights “in times of national emergencies.” This narrow health concession by WTO was made less than a year ago: long after FCTC negotiations were underway, and decades after tobacco moved from being a national emergency to a global pandemic.

If WTO were to offer some comfort, would it not already have done so?

— Cynthia Callard,
Physicians for a Smoke-free Canada

Today's Weather: Showers in the morning, cloudy in afternoon
High 10 °C Low 5 °C

El tamaño importa

Cuando se trata de las advertencias sanitarias en los productos del tabaco, el tamaño realmente importa. Las grandes advertencias son por lejos más efectivas que las pequeñas.

Elas permiten suficiente espacio para mayor cantidad de texto e imágenes más precisas, incrementando el destaque, la posibilidad de ser recordadas y el impacto global.

El texto del Convenio debería tener en cuenta las mejores prácticas internacionales. Canadá utiliza una serie de 16 mensajes rotativos basados en imágenes, que cubren el 50% del frente y dorso del paquete. Brasil utiliza seis tipos de mensajes basados en imágenes que cubren el 100% del frente o del dorso del paquete.

Una directiva de la Comunidad Europea otorga a sus miembros la opción de utilizar advertencias basadas en imágenes, con un tamaño mínimo (incluyendo un borde alrededor de la advertencia) del 40% del frente y un 50% del dorso, y aún más grandes en los países con más de un lenguaje oficial. Tailandia ha anunciado oficialmente que pronto utilizará advertencias basadas en imágenes, y muchos otros países lo están considerando activamente.

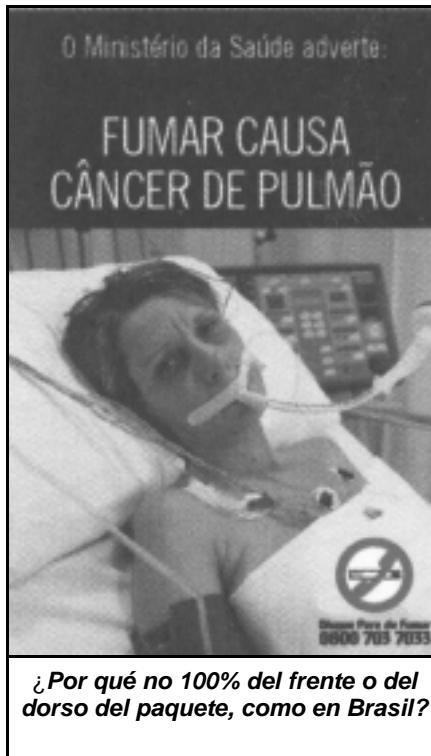
¿Que propone el texto del presidente? Al presente, el Artículo 12 simplemente establece que la advertencia sea 'visible' y 'legible'. Esto permitiría que aún pequeños mensajes en uno de los lados del paquete serían suficientes.

Nosotros tenemos evidencia contundente que muestra que las grandes advertencias funcionan. Las investigaciones para evaluar las nuevas advertencias canadienses muestran que ellas son muy efectivas para desestimular el consumo.

Las imágenes son críticas

El texto del presidente establece que las advertencias

incluyen una imagen o pictograma, reflejando la posición de muchos Estados en las últimas negociaciones. La utilización de imágenes incrementa mucho la efectividad de la advertencia. Como el dicho establece: 'Una imagen dice más



que mil palabras'.

Las imágenes son especialmente útiles para alcanzar poblaciones analfabetas. La industria del tabaco utiliza imágenes en su publicidad para incrementar el consumo; las mismas técnicas de comunicación deberían ser utilizadas en las advertencias para desestimularlo.

Además de requerirse un mínimo tamaño de 50% de la mayor superficie del paquete, el texto debería ser mejorado de la siguiente manera:

- Establecer una serie de mensajes rotativos, no un solo tipo.
- Permitir mensajes no vinculados a la salud, que desestimulen el consumo (ej. Religión y tabaquismo,

información sobre leyes de fumar en el trabajo, estimular a las personas a dejar para ahorrar dinero) sean parte de una serie rotativa con mensajes relacionados a salud.

- Establecer normas para el resto de las partes no incluidas en los mensajes obligatorios.
- Eliminar la exigencia de colocar la prohibición de las ventas de tabaco a menores.
- Eliminar la exigencia de informar sobre las emisiones tóxicas del producto, vistas las experiencias de muchos países.

La Alianza para el Convenio Marco (ACM) ha recomendado que el Artículo 11(1)(d) sea expresado como: 'cada paquete unitario, así como los cartones y cajas de los productos del tabaco, tendrán una serie de advertencias sanitarias rotativas con mensajes que desestimulen el fumar, u otros mensajes obligatorios similares, que deberán cubrir por lo menos el 50% de la superficie exterior del empaquetado, e incluir imágenes o pictogramas en algunos mensajes, por lo menos'.

La ACM apoya el establecimiento en el Artículo 11 (2) de que los mensajes obligatorios del empaquetado estarán en el lenguaje o los lenguajes del mercado donde los productos son vendidos.

Lo que se establezca en el Artículo 11 sobre las advertencias puede ser potencialmente uno de los más importantes resultados del Convenio. Es esencial que esta disposición sea lo más fuerte posible, para que finalmente comencemos a establecer normas internacionales sobre como dar a los consumidores más adecuadas advertencias sobre los peligros del uso del tabaco.

— Rob Cunningham,
Sociedad Canadiense del Cáncer

What's a nice doctor like me doing in Geneva?

I am a physician. I started my medical career as an intern in New York. One of my first patients was a 70-year-old man with severe emphysema due to smoking, who was so short of breath, he couldn't even speak. Shortly after admission to the hospital his condition grew worse. He turned blue and lapsed into a coma. Even with the use of a mechanical respirator, the man died, practically in my arms.

It's an experience I have never forgotten. It led to my career as a lung disease specialist, a position which means that I witness the toll taken by tobacco on thousands of patients, and repeatedly observe the agony and hardship of families trying to cope with the loss of a spouse or a parent.

Early in my medical career I decided that to maintain my sanity I would have to find a way other than my clinical practice to deal with the diseases caused by tobacco. I thus became a volunteer for, and eventually president of, the American Lung Association.

The American Lung Association was founded to fight what was at the time mankind's greatest scourge, tuberculosis. It applied what were new weapons to the fight against disease: public health education and advocacy, which greatly reduced the prevalence of tuberculosis even before effective drugs became available.

Since the early 1960's, the American Lung Association and other agencies have fought a campaign against tobacco-related disease using the same weapons: public health education and advocacy. Tobacco use in the United States has ceased to be the norm. Exposure to second-hand smoke is no longer tolerated as a mere nuisance, but recognized as a health hazard.

Changes in the public's attitude have become institutionalised and reinforced by changes in the law. As a result, there has been a decrease in the prevalence of smoking and the beginnings of a decrease in smoking-related disease.



Tobacco is an epidemic that begins with an addictive product, and is propagated by human greed embodied in the multinational tobacco industry. It is an epidemic sadly enabled by the corruption of governments beholden to the tobacco industry. Every step in the fight against tobacco has met with opposition from the tobacco industry and its friends in government.

I have occasionally sat in on sessions of the UN Economic and Social Council, where I listened to a debate that ultimately resulted in the treaties that now govern the trade in narcotics and other dangerous drugs.

Tobacco is at least as addictive as heroin and cocaine. But it has been exempt from all the treaties that govern the trade in narcotics. In spite of all that we have learned about the harm caused by tobacco, it is still accorded a privileged and protected status.

The Framework Convention on Tobacco Control offers the hope of knocking tobacco off its pedestal. Nothing would give me greater pleasure. Recently a good friend, who as a teenager had been se-

duced by the promise of glamour in tobacco advertisements, consulted me because she had a persistent cough. She turned out to have lung cancer, which had already spread to her bones and internal organs.

I am in Geneva to exact a price from the tobacco industry for her pain and suffering. I am in Geneva because I have seen enough of the pain caused by tobacco. I am in Geneva because I do not want the tobacco industry to gain a foothold in new markets or seduce more children. I am also in Geneva because I do not want to see my government, the government of the United States, be an accomplice in the death of millions of people.

— Alfred Munzer, MD,
American Lung Association

Canadian report confirms need to put health over trade

Putting *Health First* is the telling title of a report issued this week by Canada's Royal Commission on Health Care on the subject of trade treaties, foreign policy and health care reform.

"As the forces of globalisation increase health interdependence," note the authors, "it becomes increasingly important to redress the imbalance in international law and strengthen international mechanisms for re-

alising the right to health and protecting public health." In the case of tobacco, the report is clear on its recommendations to government:

- "Affirm the competence of the World Health Organization in determining legitimate international health risks involved in trade disputes"
- "Support provisions in the FCTC to ensure that tobacco control measures supersede

trade rules where there is a conflict"

- "End public support for the export of tobacco products".

Months will pass before the Canadian government formally responds to the recommendations of the Commission and this report. It would be a sad irony if the government accepted the advice, but only after negotiating the health-over-trade provisions out of the FCTC.

A-t-on le droit de dénoncer les manigances de l'industrie du tabac ?

Dès les années 1980, les grands cigarettiers, Philip Morris et British American Tobacco en tête, ont décidé qu'il fallait à tout prix empêcher que se dégage un consensus scientifique et réglementaire autour de la nocivité du tabagisme passif.

Bien avant les autorités, ils ont compris la menace qui pesait sur leur chiffre d'affaires : si l'usage du tabac dans les lieux publics étaient interdits, beaucoup de fumeurs parviendraient à se libérer de leur dépendance et d'autres réduiraient leur consommation.

À coup de millions de dollars, l'industrie a donc travaillé pour brouiller les pistes par rapport à la nocivité du tabagisme passif.

Ainsi, Philip Morris a lancé le projet *Whitecoat* en Europe, avec pour seul objectif d'empêcher que les conclusions de 1992 de l'agence environnementale américaine EPA soient reprises par les autorités européennes. La société a créé une série de relais dans les milieux universitaires, médiatiques et publicitaires pour maintenir la controverse autour de l'impact du tabagisme passif sur le taux de cancers du poumon.

C'est dans ce contexte, bien documenté dans la littérature scientifique, que s'est déroulée en Suisse « l'affaire Rylander ».

Deux organismes, CIPRET et OxyGenève, ont accusé le Pr Ragnar Rylander d'avoir accepté des fonds de Philip Morris pour l'aider à contester la nocivité du tabagisme passif. En conférence de presse, ils ont présenté une série de documents de Philip Morris à propos de Rylander. Celui-ci a poursuivi en diffamation les deux porte-parole respectifs, Jean-Charles Rielle et Pascal Diethelm.

En première instance, le Dr Rielle et M. Diethelm ont été condamnés à payer la somme de 4000 CHF, la cour

ayant statué qu'ils n'avaient pas réussi à démontrer deux de leurs affirmations à propos de Rylander. Les deux ont interjeté appel.

Cette semaine avaient lieu les plaidoiries finales à la Cour de justice de Genève.

M^e Pirker, avocat de la défense, a débuté sa plaidoirie en rappelant ce qui était reproché au Pr Rylander : le présumé conflit d'intérêt d'un scientifique à la solde de l'industrie du tabac pendant 30 ans. Il a dit que l'industrie du tabac paye cher pour ce qui est profitable à l'industrie du tabac, et ce qui est profitable à l'industrie du tabac ne l'est pas pour la santé publique.

Prenant le relais, M^e Poncet a parlé des liens incontestables qui existent entre la fumée passive et le cancer (Étude de White & Forbes). Selon l'avocat, le Dr Rylander, tout en le sachant, s'acharnait à le nier. Ce dernier aurait « corrigé » les données d'une étude menée auprès des enfants genevois. « *En science comme en droit, seule la vérité compte* », c'est ce qui justifie l'engagement du Dr Rielle et de M. Diethelm envers les intérêts de la santé publique.

L'avocat du Pr Rylander, M^e Halpérin, a contesté la pertinence des documents présentés à la cour par l'accusation. Selon lui, le Pr Rylander n'a jamais caché ses liens avec l'industrie du tabac. Concernant la nocivité scientifiquement établie de la fumée passive du tabac, il a avancé cet argument : « *Je ne suis pas responsable de*

ce que savent les autres ». Il a contesté le droit des défenseurs de la santé publique de « saccager » la vie de son client.

Il faudra attendre le jugement de la Cour, dont on ne connaît pas encore la date, pour savoir si on le droit en Suisse de critiquer, à la manière du Dr Rielle et de M. Diethelm, les gestes d'un universitaire qui accepte des fonds de l'industrie du tabac.



Le Pr Rylander, au centre de la controverse.

Dessin: Véronique Le Clézio

Derek Yach talks straight to the Germans

Yesterday's edition of a major German daily, *Süddeutsche Zeitung*, carried an interview with WHO's very own Derek Yach, talking about FCTC and the obstructionist role of Germany on tobacco control issues. Since our German friends appear largely impervious to criticism in UN official languages, we will make a small exception to *Bulletin* policy and publish a short excerpt in German — along with our own unofficial translation back into English.

[Auszug aus einem Interview mit der *Süddeutschen Zeitung*, 22.10.02]

Was erwarten Sie konkret von Deutschland?

Yach : „Deutschland ist ein wichtiges Beispiel, denn es hat Einfluss in der EU und weltweit Vorbildfunktion. Leider hat die Regierung in Brüssel verhindert, dass Brüssel ein Werbeverbot für Tabak durchsetzen konnte... Es existiert praktisch keine eigene Zigarettenindustrie, seit Reemstma von Imperial Tobacco gekauft worden ist. Und wenn weniger geraucht wird, könnte man die Einbußen durch eine Erhöhung der Tabaksteuer kompensieren. In Großbritannien kosten Zigaretten fast das Dreifache.“

Aber ist es nicht problematisch, Tabakwerbung zu verbieten? Zigaretten sind ja nicht illegal.

Yach: „Auch für Waffen und verschreibungspflichtige Medikamente darf nicht geworben werden. Warum sollte Werbung für ein suchterzeugendes und krebsförderndes Mittel erlaubt sein? Die Tabakwerbung hier zu Lande ist so aggressiv und sexistisch, das habe ich nirgendwo sonst auf der Welt gesehen. Ich frage mich übrigens auch, wo die deutsche Frauenbewegung bleibt.“

What concretely do you expect from Germany?

Yach: “Germany is an important example, because it has influence within the US and is a model throughout the world. Unfortunately, the Berlin government stopped Brussels from implementing a tobacco advertising ban... There has basically been no domestic tobacco industry since Reemstma was bought by Imperial Tobacco. And if people smoked less, any losses could be made up by increasing tobacco taxes. Cigarettes cost almost three times as much in Great Britain.”

But isn't it problematic to prohibit tobacco advertising? Cigarettes aren't illegal.

Yach: “Advertising for weapons and prescription drugs is also prohibited. Why should advertising for an addictive, cancer-causing product be allowed? Tobacco advertising in this country is more aggressive and more sexist than anything I have ever seen anywhere else in the world. In fact, I wonder why the German women's movement is nowhere to be seen on this.”

Anatomy of a German cigarette advertisement

The tobacco industry claims the only purpose of cigarette advertising is to induce adult smokers to switch brands.

The German government claims cigarette companies have a constitutionally guaranteed right to advertise — presumably because advertising in general is supposed to help consumers make informed choices.

But should manufacturers have a guaranteed right to lie about a lethal product?

No signs of the wrinkling and premature aging which tobacco smoke causes.

Cigarettes apparently keep you young and glamorous.

When worries about second-hand smoke became more widespread, manufacturers began air-brushing smoke out of cigarette advertisements.

This vehicle looks like a Volkswagen bus from the 1960s or 1970s. By implication, Camel is associated with trendy students, possibly on holidays in Southern Europe.

In fact, in Germany as in other countries, cigarette addiction is much more common amongst lower-class people.



English slogans are typical for German cigarette ads, even for purely German brands. Though made in the United States, Camel is actually sold by Japan Tobacco. But USA = glamour.

This slogan is a direct reference to the pharmacological effects of nicotine. Of course, Japan Tobacco does not explain that the main 'positive' effect of nicotine is temporary relief of nicotine cravings. But it certainly makes this type of drug use alluring to those who haven't tried it.

And how would a smoker in the early days of a quit attempt respond to this slogan?



The suggestion of continuity ("Camel... since 1913") ignores numerous changes in cigarette engineering and composition, particularly in the last three decades.

Research on risk perception shows that familiar products and situations are perceived as less dangerous than new, unfamiliar products and situations.

Die EU-Gesundheitsminister: Rauchen gefährdet die Gesundheit. Der Rauch einer Zigarette dieser Marke enthält 0,9 mg Nikotin und 12 mg Kondensat (Teer). (Durchschnittswerte nach ISO)

The only direct mention of health risks in this entire advertisement is this barely legible warning: "EU Health Ministers: Smoking endangers health. Smoke from a cigarette of this brand contains 0.9 mg nicotine and 12 mg of tar. (Averages according to ISO)."

In fact, ISO numbers are often well below average human intake, and provide no basis for comparison shopping. A fairer warning would be: "Cigarettes kill one-half of their long-term users."

The Japanese government does not represent Japanese opinion on tobacco

To the shame of many Japanese, our government is showing its true colours to the international audience at INB meetings. The Japanese government's opposition to a strong FCTC is no surprise, given that it owns two-thirds of the stocks of Japan Tobacco. The Ministry of Finance (MOF) acts as the Japanese Government's voice on tobacco. Japan has no laws to control tobacco, with the exception of a 1900 law prohibiting minors from smoking.

NGOs have for many years attempted to get tobacco control laws passed, but have consistently come up against the brick walls of politicians and the media, who are supported by the tobacco industry.

Despite all the difficulties, the social situation in Japan has been changing. Over 60% of smokers wish to quit. Smoking is now restricted on public transportation, and at the request of non-smokers, more offices are becoming smoke-free.

What little is reported on the FCTC encourages ordinary people and the Ministry of Health to hope for further progress. Recently 90 members of the Diet (12% of total members) joined to form the "Association of Members of the National Diet Against Tobacco".

The tables have turned, and those allied with the tobacco industry are sensing a crisis and are making frantic efforts to pursue their own interests.

An MOF panel on tobacco, which consists of representatives of the MOF, Japan Tobacco, tobacco farmers, retailers, and others, has been quietly working out counter-measures to the FCTC. The panel submitted a report to the Finance Minister on October 10 to prepare for INB5. The report takes a stand against cutting consumption of tobacco.

But the Japanese Government is not monolithic on tobacco. While the MOF wishes to weaken the FCTC, does not want to cut consumption of tobacco, and has no intention of restricting tobacco ads or vending machines on the street, the Health Ministry insists on supporting the FCTC and the new Chair's text.

A national law on tobacco control will help the Health Ministry to promote tobacco control. The members of the Diet who support tobacco control are preparing a tobacco control law in co-operation with NGOs. They will take up tobacco and FCTC problems at the coming sessions of the National Diet.

Japan is very slow, but we are advancing gradually. We will make the best use of the opportunity that the FCTC presents us to support tobacco control nationally and globally.

— Nobuko Nakano,
Representative of Women's Action on Smoking and
Vice-President
of Japan Association Against Tobacco

Liberate the working papers

The Chair has reminded NGOs of that great liberal saying: "what isn't forbidden is permitted". We remind delegates that there are no prohibitions, or even restrictions, on sharing the informal group working papers with NGOs for comment and analysis.

So we conclude that delegates should feel free to share these documents with NGOs openly, and help us to participate effectively in the FCTC. We respect delegates' right to hold private negotiating positions, but the text working papers have no attribution and could easily be shared for the benefit of all involved.

Tiré du *Manifeste des médecins pour le contrôle mondial du tabac*

« Au Japon, il existe peu de mises en garde contre les dangers du tabac pour la santé. Les fumeurs doivent être informés des risques réels, notamment des maladies spécifiques engendrées par le tabagisme. Les avertissements fortement formulés, en alternance, sont très efficaces. »

— Dr Eitaka Tsuboi
Président de l'Association Médicale Japonaise

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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Dirty Ashtray Award

To Those who continue to seek to exclude civil society from the negotiations.



Orchid Award

To the Pacific Islands, for keeping their focus on public health and not succumbing to intimidation by bigger countries.

