

Global Health & Environment MONITOR

Winter 2005

Vol. 13, Issue 2

More Than 100 Countries Ratify Tobacco-Control Treaty, But Implementation Poses Multiple Challenges

WHO's Framework Convention on Tobacco Control Positioned to Protect Billions Despite U.S. Failure to Ratify

by Clare Dougherty, Director, International Programs, and Ross Hammond, Consultant, Campaign for Tobacco Free Kids, Washington, D.C.

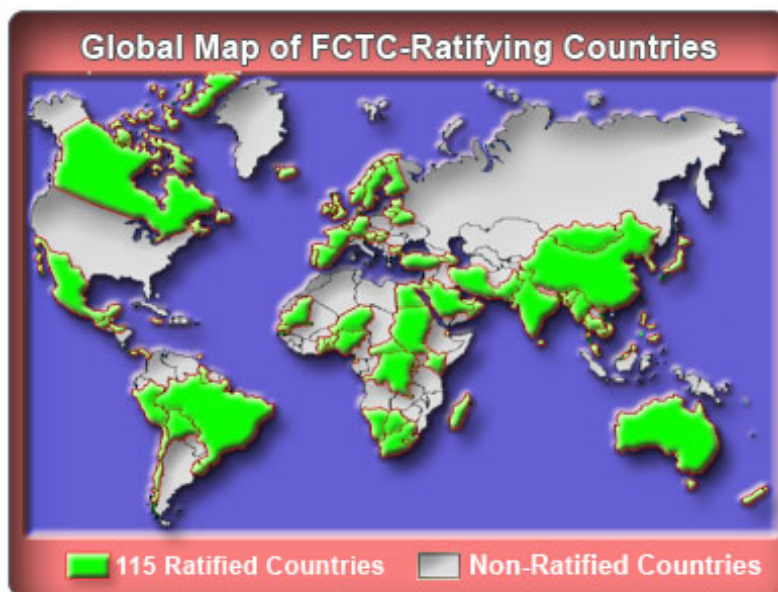
On February 27, 2005, a momentous achievement occurred in global tobacco control: Garnering its 40th ratification, the Framework Convention on Tobacco Control (FCTC) became international law.

Less than eight months later, on November 8, 2005, the same movement experienced a disappointing setback: The United States, the wealthiest and most powerful nation in the world, failed to ratify the FCTC, relinquishing any role in critical policy decisions related to the treaty and taking a back seat in addressing the global tobacco epidemic, the leading preventable cause of death in America today. Ironically, November 8th also marked the 100th ratification of the FCTC, with Brazil and Benin joining the ranks to ensure that two-thirds of the world's population will benefit from its implementation. As of December 12, 2005, 115 countries had ratified the historic treaty.

Administered by the World Health Organization (WHO), the FCTC is the world's first-ever public health treaty, and it could not come at a more important time. As rates of tobacco consumption are either flattening or declining in many developed countries, the tobacco industry is increasingly aiming its deadly products and deceptive marketing at the rest of the world. WHO estimates that there are 1.1 billion smokers in the world today, a number expected to rise to 1.64 billion by the year 2025. Almost 5 million people die each year from tobacco use. If current trends continue, this figure will reach about 10 million per year by 2020, with 70 percent of those deaths occurring in developing countries.

Treaty Development

Spearheaded in 1993 by Ruth Roemer, a professor of law at UCLA, and Allyn Taylor, an international lawyer, the FCTC



Source: Campaign for Tobacco Free Kids

As of December 12, 2005

began to take shape in 1994, when the 9th World Conference on Tobacco or Health in Paris passed a resolution calling for the negotiation of an International Convention on Tobacco Control. The process accelerated in 1998 when Dr. Gro Harlem Brundtland became the director-general of WHO. Brundtland immediately created a cabinet-level post on tobacco and demanded that work on the FCTC proceed.

The text of the FCTC was developed through almost four years of often-turbulent negotiations among WHO member states, and various objections threatened to torpedo a strong treaty until the last minute. The United States, Japan and

Germany, all home to multinational tobacco companies, often assumed pro-tobacco industry positions and tried to weaken or derail the process. But the developing nations most affected by the tobacco epidemic stood firm, with unwavering support from larger non-governmental organizations (NGOs). This strategy proved highly successful and ultimately helped thwart attempts to weaken the treaty.

The FCTC was finally adopted at the World Health Assembly on May 23, 2003, and unanimously endorsed by the member countries of the WHO. As stated in the preamble, the objective of the FCTC is "to protect present and future generations from the devastating health, social, environmental and economic consequences of tobacco consumption and exposure to tobacco smoke."

The treaty enshrines policies tobacco-control and public-health experts have recommended for years as the most effective tools to reduce tobacco use. Among other things, the FCTC commits nations to ban tobacco advertising and promotion; place large, graphic health warnings on cigarette packs; raise tobacco taxes; and protect people from secondhand smoke. Like other framework conventions, such as that on climate change, there are provisions for the negotiation of separate protocols, side-agreements that refine and specify the intent of the treaty. Possible protocols include smuggling and cross-border advertising.

One by-product of the FCTC negotiations was an increase in the number of NGOs around the world working on tobacco-control policy. Many of these new advocates came into the process through their participation in the Framework Convention Alliance (FCA), a structured network of over 200 NGOs from more than 90 countries formed to ensure that the end-product of the negotiations was a strong treaty which set a floor, rather than a ceiling, on what countries could do to reduce the death and disease caused by tobacco. Throughout the negotiations, FCA members lobbied governments and used the media to praise or shame member states for their stances. The FCA continues today as a driving force in FCTC ratification and implementation worldwide. (See www.fctc.org.)

Roadblocks to Ratification

Since becoming international law in early 2005, a broad cross-section of more than 100 nations has ratified the FCTC, ranging from highly developed countries such as Japan and Canada, to developing countries such as Tonga and Niger. The FCTC has become one of the most rapidly embraced U.N. conventions in history and represents a significant step forward for global public health.

Many challenges still exist around the world that make ratification, full implementation and enforcement of the FCTC very difficult, however. One such challenge is the tobacco industry's continued offers to implement "voluntary measures" as an alternative to the FCTC on such issues as tobacco advertising and package warnings. A technique perfected by Philip Morris, the world's largest multinational tobacco company, these proposals often appear to offer significant public health concessions. However, these

voluntary measures are usually designed for public relations purposes, are rarely followed and, once political pressure is reduced, are quickly ignored.



Tobacco-control advocates around the world also face the critical issue of whether their country will move forward with full and effective implementation of the treaty or whether – due to industry pressure and/or government inertia – it will interpret the treaty so narrowly that tobacco-control laws and regulations remain virtually unchanged. To counter a weak interpretation of the treaty, FCA members have mounted a vigorous lobbying campaign to compel their governments to fully and rigorously implement the FCTC.

Although Mexico ratified the FCTC in 2004, the government recently struck an agreement with tobacco behemoths BAT and Philip Morris. In return for a government pledge not to raise tobacco taxes, the companies agreed to make tax-deductible contributions to an emergency health care fund. An official with the National Public Health Institute maintains that "by accepting donations from the tobacco companies in exchange for a tax break, [the Mexican government] is violating the Framework Convention," which states that parties to the convention are obligated to implement tough tax and price policies aimed at curbing tobacco consumption. The official was quoted in the press as saying that the agreement has been used by the companies "to put an end to the firm hand used against them in Mexico."

Malaysia also ratified the FCTC in September 2005. Yet, just recently, the Malaysian government postponed for the second time a 2004 ban on "kiddie-packs," cigarette packs with less than 20 cigarettes. BAT, Japan Tobacco and Philip Morris all sell these small packs, which are more affordable to the country's young people and poor. Although the government has publicly stated that the decision was made in the interest of the 13,000 tobacco farmers in the country – a bizarre defense given the nation's huge imports of foreign tobacco leaf, this display of government support for tobacco over public health underlines the many hurdles to full FCTC implementation and enforcement.

Action and America

In February 2006, countries that have ratified the FCTC will convene in Geneva for the first meeting of the Conference of the Parties (COP), the intergovernmental body that will oversee the implementation of the treaty. Although former Health & Human Services Secretary Tommy Thompson

signed the FCTC on behalf of the United States in 2003, America did not ratify the treaty by the November 8, 2005 deadline and, thus, will not play an official role at the COP.

The Campaign for Tobacco Free Kids and other U.S. NGOs continue a campaign to convince the United States to ratify the FCTC. As home to Philip Morris, the United States has a special obligation to provide global leadership in reducing the alarming rates of death and disease caused by tobacco use. U.S. ratification and support for the treaty even now would signal to the rest of the world that America puts the interests of public health ahead of the interests of tobacco companies. In addition, ratification in the near future may

secure at least partial U.S. participation in implementing the treaty and negotiating side-agreements on issues of special importance to the nation, such as cigarette smuggling. To take action, Americans are encouraged to visit www.tobaccotreatynow.org and contact their congressional representatives.

The FCTC has the potential to save millions of lives; however, while there is much to celebrate, most of the hard work lies ahead. Partnership will play a major role in future progress: Together, countries around the world can protect their citizens from the dangers of tobacco by ratifying the treaty and effectively implementing it as soon as possible.

Hazardous Hollywood: Clearing Tobacco from Films Would Avert Deaths Worldwide at Virtually No Cost

by Jonathan R. Polansky, Principal, Onbeyond LLC, Fairfax, Calif.; and Stanton A. Glantz, Ph.D., Professor of Medicine, University of California, San Francisco

Motion pictures are powerful marketing mechanisms for tobacco. Thanks to U.S. research on the dangers of on-screen exposure, however, the risk posed to young audiences is attracting worldwide attention and compelling action.

Pressure is mounting from all fronts. The World Health Organization (WHO) and major U.S. health groups are urging film industry reforms to prevent future addiction and death. India is pursuing a January 1, 2006 end to tobacco imagery in all films and TV programs produced and seen within the country. And pediatricians, youth and shareowners are lobbying the media giants that own the major Hollywood studios to protect audiences both inside and outside North America.

Research Reveals...

To date, one of the most significant studies to look at the promotional effect of on-screen smoking followed 2,600 New England 10- to 14-year-olds for two years to isolate the influence of movie smoking from all other personal, family and social factors known to predict smoking initiation. Published by M. A. Dalton and cohorts in the 2003 *Lancet* (362(9380): 281-5), the results showed that 52 percent of smoking initiations in this age group were attributable to exposure to on-screen smoking.

The study also showed the dose-response relationship between exposure and smoking risk: Adolescents in the highest quartile of exposure were almost three times more likely to start smoking than those in the lowest quartile. Furthermore, nonsmokers' children were more powerfully influenced than the children of smokers.



Marking International Day of Action 2005, smoke-free movie advocates launched a media publicity blitz in three languages. Versions of this ad appeared on two mobile billboards at Oscar® venues across Los Angeles.

Congruent with a decade of other peer-reviewed research into the promotional effect of smoking on-screen, the results of this cohort study indicate that on-screen smoking is the primary recruiter of a new generation of U.S. smokers. The accompanying commentary by S.A. Glantz in the same issue of *The Lancet* (362(9380): 258-9) estimates that 390,000 teens start smoking annually because of on-screen exposure. Of these, 120,000 a year will ultimately die from tobacco use — more than the current U.S. death toll from murder, suicide, drug use and HIV/AIDS combined.

Campaign for Tobacco-Free Kids have endorsed the “R” rating proposal.

Advocacy Builds Momentum

SFM has adopted a push-pull approach to advocacy. To raise the “cost” of current practices in the film industry, it holds individuals and studios accountable in confrontational ads placed in the Hollywood trade press and also informs autonomous public pressure campaigns by youth, pediatricians, shareowners and others in the United States and abroad.

SFM also seeks to lower the “cost” of industry cooperation. It supports genuine dialogue with the film industry and encourages established civil society groups and public officials to intervene with the top executives of the media conglomerates that own the major studios. Rather than embarking on the impossible task of educating the American public en masse, SFM concentrates on mobilizing existing organizations and concentrating resources on key leverage points and time-sensitive opportunities to alter corporate behavior.

SFM does not expect revolutionary changes. (Film studios will no doubt first seek to lower their political vulnerability by clearing tobacco out of G and PG “family movies.”) The question is, how long can the media companies afford to defend the tobacco industry’s interests at great reputational, political and possibly legal risk to themselves? Advocates’ persistence and a growing base of organized support will finally lead one company to forswear smoking in youth-rated movies and claim the mantle of social responsibility. The others will then necessarily follow suit.

Meanwhile, the film industry is employing diversionary tactics reminiscent of the tobacco industry itself, which uses fronts to snipe at advocates, obfuscate research and delay meaningful change as long as possible. These same techniques are being used to postpone and possibly dilute India’s policy to end smoking in future movies and TV broadcasts. In fact, protests from some parts of the Indian film industry appear to follow the script written by a Philip Morris public relations firm to stop U.S. anti-product

placement legislation in 1989 (<http://legacy.library.ucsf.edu/tid/lan87d00>).

A sound policy in Bollywood (and the South Indian film industry) and Hollywood would protect hundreds of millions of young people worldwide. Because Hollywood exports dominate 60 percent of the motion picture box office in most overseas markets, WHO focused on “tobacco-free film” on World No Tobacco Day, 2003. Advocates in a dozen nations joined the Smokefree Movies Action Network in global publicity events in early 2005. The next International Day of Action, giving parents a voice, is scheduled for February 28, 2006, just prior to the 78th Annual Academy Awards®.

While countries with different exposure patterns, legal systems or rating regimes might adopt approaches other than those SFM has developed in the United States, advocates caution that simple rules are the easiest to enforce. Exceptions should be few and specific. Policies must be judged by their actual effectiveness, not the comfort they provide opponents of change.

Closing Credits

Faced with revealing research and reaction, why does the film industry resist life-saving measures? Filmmakers already calibrate such elements as violence, sex and foul language to achieve a desired rating for commercial reasons. Why not simply include tobacco, the only imagery conclusively shown to harm the audience physically, in this mix? Does compensated product placement continue?

Advocates are now less concerned with how smoking gets into movies than with how to get it out. But SFM estimates that Hollywood’s annual crop of new U.S. smokers alone is worth \$3.2 billion to the tobacco companies in lifetime sales revenue (net present value). Either the film industry and the ad-driven media corporations that own it still gain from tobacco appearances, in which case they are murderously corrupt, or they are doing all this for free, in which case they are criminally stupid.

No matter what the circumstances, it is time for cinema to be delivered from this dilemma.

CECheck-Up

On February 27, 2005, the World Health Organization’s Framework Convention on Tobacco Control (FCTC) became international law. As the winter 2005 *MONITOR* “goes to press,” more than 115 countries have ratified the FCTC, the most comprehensive and far-reaching global anti-tobacco treaty to date. This issue of the *MONITOR* presents the elements of the FCTC and addresses the multiple challenges that lie ahead in achieving its potential.

In the lead article, Clare Dougherty and Ross Hammond from the Campaign for Tobacco-Free Kids discuss the origins, the development and the features of the FCTC as well as the roadblocks to its ratification. The authors

challenge the United States, which has yet to sign on, to ratify the treaty. In a companion article, Jonathan Polansky of Onbeyond and Dr. Stanton Glantz of the University of California, San Francisco tackle a major challenge to tobacco control — the promotional effect of on-screen smoking on the prevalence of smoking among youth. Their research shows that clearing tobacco from films would avert deaths worldwide at virtually no cost.



In the Insider's View, Hemant Goswami from the Burning Brain Society in India presents clear evidence that anti-tobacco efforts are no match for tobacco company maneuvers in his country. He spells out a series of solutions, urging civil society activists to mount campaigns to sensitize the public and the government to the scourge of tobacco.

This issue's *Features* address a problem and a solution. Dr. Maria Paz Corvalan of Chile laments the challenges that women face, especially in developing countries where they are particular targets of tobacco industry promotions, and exemplifies a successful women's movement to address the problem. Ruben Israel of GLOBALink demonstrates how this online tobacco-control community successfully links anti-tobacco advocates across the globe, helping them to find common ground, strengthen their resolve and pool their resources to fight the tobacco industry.

In *Policy Beat*, Dr. Harley Stanton from New Caledonia outlines both the public health and economic toll of tobacco use, especially among poorer nations and people. He holds

out hope that national commitments inherent in the FCTC, supplemented by proposals in the World Development Report and similar authoritative documents, can dramatically change the global tobacco-control scenario.

Finally, *CECHE News* reports on the progress of two of CECHÉ's programs, a smoking-cessation initiative to motivate Russian physicians and a communications program in a South Indian village to break women and children out of the tobacco trade.

The Framework Convention is a giant step forward in the tobacco-control movement. The challenge, as noted by our authors and many other experts, lies in persuading governments and their societies around the globe to put the FCTC principles into practice!

Sushma Palmer, D.Sc.
Chairman, CECHÉ

Insider's View

Anti-Tobacco Efforts Are No Match for Tobacco Company Maneuvers in India

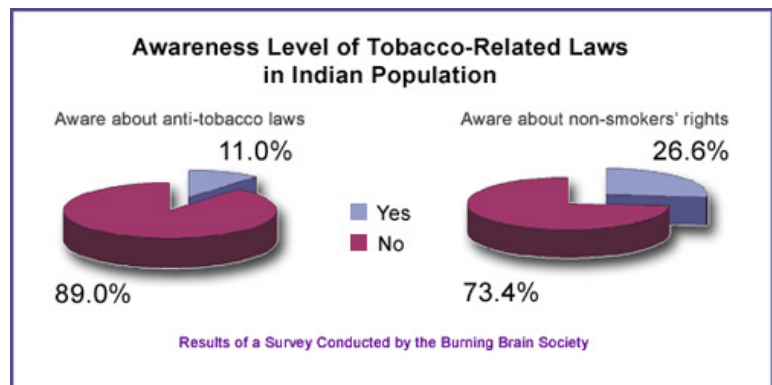
by Hemant Goswami, Chairperson, Burning Brain Society, Chandigarh, India

Anti-tobacco campaigns aren't cutting through the smoke in India. Even as Bollywood movie king Shahrukh Khan announced that he was quitting smoking for his 40th birthday, a recent survey by the Burning Brain Society, an anti-tobacco civil society organization based in Chandigarh, India, revealed that more than 89 percent of respondents were unaware of the country's anti-tobacco laws, and 73 percent were ignorant about the rights of non-smokers. (See table.) Conversely, almost all of the respondents could recall more than one brand of tobacco product and some form of tobacco advertisement.

This is reason to worry especially because tobacco companies continue to promote their products relentlessly in India despite ratification of landmark anti-tobacco treaties such as the Framework Convention on Tobacco Control (FCTC) and the 2003 Cigarette and Other Tobacco Products Act (COTPA). In fact, these behemoths are pursuing innovative means of surrogate advertisement, publicity, product placement and point-of-purchase (POP) displays, including eye-catching arrangements in super stores, grocery shops, restaurants, toy stores and stationery outlets.

Civil Response is Slow

Why is civil society so sluggish to respond while the tobacco companies force identified poison down the throat of the new generation?



Among the multiple reasons, one is most certainly financial. The total budget of anti-tobacco campaigns is just a fraction of the marketing resources of the tobacco industry. In India, the total spending by government and non-governmental agencies on anti-tobacco activities is less than 5 percent of the total spent by the tobacco companies on advertisement (which post-FCTC and - COTPA means POP and counter displays, product placement in mass media and product/brand visibility through surrogate means). Big Tobacco's corporate spent also includes bribing officials and other people, both directly and indirectly.

So why is the government not pitching in at a higher level? The answer is complex: corruption in government; the vested interest of certain key officials at the decision-making levels; the trivialization of the tobacco issue vis-à-vis other health problems and its ensuing non-priority status; and the

acceptance of tobacco consumption as a part of Indian social behavior.

Another reason for tempered civil response has to do with poor planning regarding the money spent on anti-tobacco activities. When resources are limited, a higher level of cohesiveness is imperative, but this is missing in India. While a couple of agencies and the Indian government do work jointly, overall, there is no tracking of the money spent on anti-tobacco initiatives. In addition, most of the financial resources are confined to urban areas, where it is convenient for civil society organizations (CSOs) to operate – despite the fact that more than 75 percent of Indians live in villages, where tobacco use and abuse are most acute thanks to few existing or planned information, education and communication (IEC) tools and a host of savvy tobacco companies that have successfully infiltrated these rural areas via innovative means.

Marketing Maneuvers Work

Unfortunately, tobacco companies seem to understand the Indian psyche better than their civil counterparts. In doing so, they have unleashed innovative marketing ploys, like greeting cards bearing their cigarette logos, to capture attention – and to associate their brands with pleasant moments. In addition to cards, tobacco company ITC is also marketing biscuits, candies and snacks bearing its logo, a practice that is becoming popular with other brands. Sadly, these marketing initiatives are supported by a strong rural network; they also have the involvement and support of various state governments and high-ranking officials

Known for product placement around the world, Philip Morris is now positioning its popular Marlboro brand in Hindi movies. These movies are watched in rural and urban areas alike, and Bollywood stars like Shahrukh Khan, and their movie characters and actions, have significant influence over youngsters nationwide. Meanwhile, Godfrey Phillips India Ltd. associates its tobacco brand with bravery, giving out awards for courage. Because of Burning Brain Society efforts, the company dropped the logo and name of its cigarette from the awards, but then renamed them the Godfrey Phillips Bravery Awards – a smooth move, since they are now promoting their company name as the mother brand for their entire range of tobacco products.

A Global Problem Exists

India is hardly the poster child for the anti-tobacco movement. Then again, the commitment level of many developed nations is lagging. Take the United States, for example. “Dedicated” to fighting the ravages of tobacco, America is the origination point for most of the world’s tobacco advertisements, and the majority of the print magazines it publishes and exports still carry full-page tobacco advertisements. In addition, a sizeable number of Hollywood movies prominently display various tobacco brands, and the open affiliation of U.S. producers and tobacco companies is well-known. The kind of influence U.S. print material and movies have on young people is indisputable. Yet, America drags its feet – signing the FCTC, but doing nothing to ratify it. Is this mighty nation also bowing to the pressure of revenue-generating tobacco

companies at the cost of its own populace and other developed nations?

National Inertia is a Barrier

What is the India government doing? Not much – mostly sitting on its laurels, thinking that it has done its duty by enacting COTPA (and ratifying the FCTC). But COPTA is being implemented in non-priority areas, and it is far too lenient and full of loopholes.

Why such glaring gaps exist is a matter of deliberation. And even if the current union minister for health, and officials in the central government and associated organizations were serious about addressing the fissures, they would still have to counter the abysmal lack of anti-tobacco enforcement by state governments.

All the money spent on education and other IEC activities is wasted when such initiatives are not supported by the responsible agencies on the legal front. Inaction and inefficiency also trivialize the role of CSOs, which are then seen as petty noisemakers out to make a quick buck.

A Solution Can be Found

What can civil society members do? First, they need to engage in more active planning and coordination so that they are able to take on the tactics of the tobacco companies and the limitations of the laws more specifically and emphatically. Additionally, all CSOs should:

- Stop the policy of appeasing the government and its non-serious officials. A head-on approach is the call of the day; soft peddling will not produce results.
- Take direct action. Use the independent judiciary more often and ensure that erring officials are punished without fail.
- Focus more on preventing the younger generation from getting into the tobacco trap rather than on spending limited time, energy and resources on tobacco-cessation efforts.
- Generate a higher level of public opinion against political functionaries who do not support anti-tobacco efforts, and let this judgment be openly known.
- Support the move to license all tobacco shops so that more control can be exercised over the spread of tobacco and tobacco products.
- Conserve resources by increasing the level of transparency in functioning and by emphasizing greater coordination amongst organizations.

These are just a few of a long list of urgent requirements. But with the right strategy at the right level, much can be achieved at a faster pace than is happening today. Post-FCTC, India is primed for such initiative. Anti-tobacco organizations across the world have already covered more than 90 percent of the distance; it is the last 10 percent that now requires our energy and efforts. Come; let’s cover it post-haste.

For details on the Burning Brain Society and its successes in the fight against tobacco, visit the society’s website at www.burningbrain.org

You've Gone Too Far, Baby: Civil Society and Symposium Tackle Women and Tobacco

by Maria Paz Covalan, M.D., M.P.H., GLOBALink International Team Member, Noticias & Información Editor, Focal Point for Chile, Santiago

Currently, too many people around the world are spending more money on tobacco than food. A growing number of these individuals are women. In fact, tobacco use is among the greatest health threats facing women around the globe today. Worldwide, about 12 percent of women smoke compared to about 47 percent of men, but tobacco-control advocates project that, without strong government and private-sector intervention, smoking prevalence among women will nearly triple over the next generation, with the number of women smokers rising from the current 187 million to more than 530 million. Eighty percent of these female smokers will live in the developing world, and half will die prematurely from tobacco-related causes.

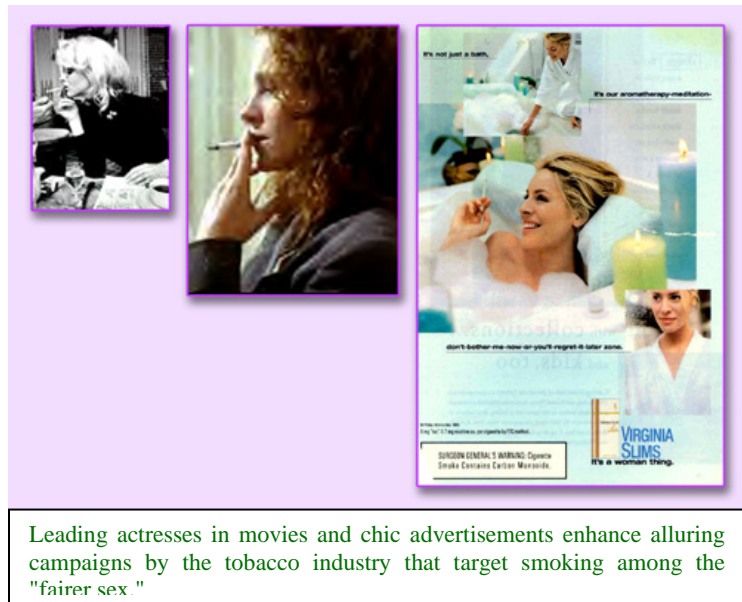
In developing countries, only 2 to 10 percent of women smoke, compared with 25 to 30 percent in developed countries. Cultural stigmas help maintain this gap. But, while smoking may be socially unacceptable in some countries, bringing shame upon a woman's family, tobacco use in other forms among women in developing countries is extremely high. In Central and South Asia, only 3 percent of women presumably smoke manufactured cigarettes, but 50 to 60 percent chew tobacco in many parts of India. In Nepal and some areas of rural India, women also smoke bidis (0.2 grams of wrapped tobacco) and chutta (a kind of cheroot).

Tobacco and Gender

Women have fought many years for equality with men, and tobacco has cleverly been situated as an "equality engine." Sadly, women have partially succeeded in their quest for parity, but it has come with a deadly price: They continue to be discriminated against in the workplace, but their mortality rates for tobacco-related pathologies are practically equal to those of men.

The tobacco industry targets women, and, worried about their waistlines and workplace potential, the "fairer sex" is lighting up at alarming rates. Unfortunately, smoking cessation is not yet specially directed to women.

Research shows that there are biological differences in addiction patterns between men and women. An investigation by Sakire Pogun of Izmir, Turkey on sex differences in the cerebral effects of nicotine was conducted using male and female rats. The rats were placed into a vat of water in which there was a hidden platform. In the



beginning, all of the rats had to swim for a long time before locating the platform. Then the platform was removed and replaced by another one. The female rats found the new platform much more quickly than the male rats. After injecting nicotine into male rats in the same study, however, they behaved similarly to female rats and located the new platform with ease.

Taking Steps to Address the Gender Issue

In an effort to better understand and reverse the relationship between women and tobacco, the 1st International Symposium on Women and Tobacco (ISOWAT) was held in Toledo, Spain, October 5-8, 2005.

Sending representatives from governmental, non-governmental and inter-governmental organizations and other forms of civil society, about 45 countries from five continents participated, including an important number from Latin America, where governmental support for tobacco control is almost nonexistent. Only a few people do the majority of tobacco-control work in most Latin American nations, volunteering their time, taking on extra professional responsibilities and sacrificing their home lives to make a difference. The Chilean tobacco-control team, for example, consists of only a handful of people trying to do the work of 100, most of them for no salaried compensation.

Nonetheless, progress is being made. Argentina, Brazil, Mexico and Uruguay have created tobacco-control movements; their work in tobacco cessation is noteworthy, and transferable to the rest of the continent. Argentina has focused on legislation; it has yet to ratify the Framework Convention on Tobacco Control (FCTC), however, because so many of its regions that produce tobacco (and have been smartly manipulated by the tobacco industry) are opposed to the ratification. Brazil has already ratified the FCTC and is the leader in the region when it comes to tobacco control with very advanced tobacco-control legislation. Mexico is spearheading an interesting smoking-cessation program, while Uruguay is preparing to enact legislation that prohibits smoking in all public places and all workplaces, public and private, in 2006.

Chile is doing its best to catch up to its continental neighbors. Although it has ratified the FCTC, the nation has the world's highest prevalence (a 44 percent incidence) of cigarette smoking and tobacco use among young girls, according to The Global Youth Tobacco Survey. That said, the country's next president will probably be a female medical doctor with a master's in public health, so the situation may soon improve.

Symposium Results

ISOWAT has also fostered hope, sparking discussion and emphasizing the need for cooperation in understanding and addressing the tobacco-control issue from a gender perspective. To facilitate collaboration among those dedicated to female tobacco control in Ibero-America, an e-mail conversation list, redmujer@globalink.org, was developed. The symposium also resulted in the creation of the Toledo Declaration, an unprecedented decree that calls on national governments to:

- Ratify the FCTC, especially countries that are significant tobacco producers
- Involve women and civil society in the development of policies, legislation and programs to ensure implementation of the FCTC
- Act in good faith to protect their people and the environment by recognizing the inherent contradiction between the goals of the tobacco industry and the aims

of tobacco control

- Recognize that tobacco use and exposure to second-hand smoke violate fundamental human rights, including the right to life, health and well-being
- Use tobacco control as a key strategy for achieving the United Nations Millennium Development Goals
- Facilitate the development of leadership and other capacities within countries without strong tobacco-control initiatives
- Understand critical gender-specific issues in relation to tobacco and to implement, where appropriate, gender-specific interventions to reduce tobacco use
- Ban immediately tobacco advertising, promotion and sponsorship, and if they are parties to the FCTC, develop a protocol addressing global aspects of tobacco promotion.

The Toledo Declaration also summons parties to the FCTC to develop a women's protocol to ensure that all aspects of the treaty, including data collection, monitoring, surveillance and research, incorporate measures to take account of gender.

And so it begins. One step at a time. One person at a time. But as dedicated tobacco-control advocates join together, the movement, and the motion, mount. And women the world over will soon benefit.

Written with assistance from: Mira Aghi (India), Adriana Blanco (Uruguay) and Carmen Gloria Lafuente (Chile), with thanks to members of the ISOWAT Organizer Equipment in Spain formed by Cleopatra R'Kaina; Pilar Espejo; Javier Ayesta; Cristina de Castro; Ricardo Abengózar; Blanca Benito; Lázara Lisset Gelabert; Mireia Jan; P. Lourdes Márquez; Miriam Rodríguez; Miriam Otero; M. Ángeles Planchuelo; Justa Redondo; and Elena Uría.

GLOBALink Unites International Tobacco-Control Landscape

By, Ruben Israel, Director, GLOBALink, Geneva, Switzerland

When it comes to tobacco control, health professionals have several options as they seek to do their work. In attempting to locate relevant information on tobacco, they can spend countless hours and resources surfing the Internet or purchasing news clippings — and still end up missing important developments. They can also use their contacts to share views on specific problems. When they want to provide information to a wide audience, create a petition or mobilize colleagues, they can purchase services from commercial vendors. Or they can simply turn to UICC GLOBALink, the Geneva-based, worldwide tobacco-control online community, for most of their information and communication needs.

Services Powered by GLOBALink

Since 1993, GLOBALink has analysed the way tobacco-control advocates work and has evolved a series of services that make up the International Tobacco-Control Community. The real strength of GLOBALink lies in its membership: more than 5,000 carefully selected and screened tobacco-control and health care professionals, scientists, researchers, educators, lawyers, computer-scientists, policy-makers and journalists committed to reducing the incidence of tobacco-related diseases worldwide.

"It is amazing for world tobacco-control experts to be able to respond to requests from a tiny country like ours...GLOBALink provides us with an e-mail address and Web site hosting...Since TEAN really has no offices or physical presence in Uganda, the Internet is where we live, and we are grateful to GLOBALink."

— Phillip Karugaba, The Environmental Action Network (TEAN), Uganda

Headquartered at the International Union Against Cancer, GLOBALink operates as a large-scale cooperative where knowledge is the central element. Its international team is composed of staff and volunteers who are dedicated to helping others on tobacco-related and strategic issues, as well as on technical matters.

GLOBALink has also proven to be a highly reliable partner when it comes to developing new tobacco-control projects: The Johns Hopkins Bloomberg School for Public Health recently partnered with GLOBALink and member group the Syrian Center for Tobacco Studies to develop the Global Tobacco Research Network, whose objective is to enhance tobacco-related research by promoting collaboration and partnerships, providing information, facilitating training, and sharing research tools.



A strong community spirit exists among GLOBALink members, who meet regularly at workshops and

"[GLOBALink] helped us to react quickly and accurately after several panic articles about carcinogenicity of nicotine were published in Czech newspapers. It was also a pivotal tool in collecting petitions and pressuring politicians to ratify the FCTC when the Senate refused to."

— Eva Kralikova, Czech Republic

conferences. Often, members first “meet” virtually – on GLOBALink – then in person at these international gatherings. Members contribute to GLOBALink in various ways, by sharing views, answering queries and posting documents (text, graphics, audio, video).

A wide range of online services have also been developed and adapted to meet the evolving needs of the community. In addition to its 600 e-mail list-servers replicated on the members'-only Web site, GLOBALink offers:

- **Community hosting**, which enables members to organize their Internet communications with easy-to-use administrative tools
- **Web hosting**: whereby GLOBALink provides server space and Internet connectivity for more than 150 organizations' Web sites
- **World Tobacco Control Multimedia database**, an online repository for tobacco-control-related materials
- **BlogLink**, Web-logs dedicated to tobacco control
- **Tobacco-Control Petitions**, a Web site dedicated to online petitioning, an efficient way to mobilize governments for signature and ratification of the World Health Organization Framework Convention on Tobacco Control.

As the tobacco industry attempts to extend its global reach and deadly foothold, organizations like GLOBALink will continue to constitute a frontline, and powerful, defense in the war on tobacco.

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Program to Motivate, Train Russian Physicians for Smoking Cessation Reports Progress, But Uphill Battle Continues...

Smoking in Russia is the norm rather than the exception; and high smoking prevalence among Russian physicians isn't helping. In fact, this poor role modeling continues to be one of the main barriers to decreasing smoking prevalence among the general population.

That's why the Russian Cancer Research Center (RCRC), with assistance from CECHE, the Moscow Public Health Department and the Moscow Medical Academy, developed

a program to educate, motivate and train Russian physicians to champion smoking-cessation among their patients. Fighting a decidedly uphill battle, the comprehensive 18-month program, which

includes the development, implementation and dissemination of surveys, seminars in smoking-cessation counseling and a course on tobacco-related health problems, control measures and dependence treatment, has been effecting change little by little since late 2003.

This year, the number of smokers who visited the RCRC-based smoking-cessation service following physicians' recommendations increased more than twofold. This encouraging upswing indicates that the quantity of knowledgeable and skilled tobacco-control clinicians has expanded in the Moscow area – and the program is making some headway in meeting its goals.

To date, a total of 1,700 health professionals have participated in 45 educational sessions conducted in 32 outpatient clinics and 10 hospitals in and around Moscow, and in the Nizhny Novgorod and Altay regions. Nine one-day training workshops have also been conducted in Moscow, and the Moscow and Altay regions; because of a lack of regional support, however, this number is less than originally planned.

On the publication front, approximately 800 copies of smoking-cessation guidelines for physicians, published in Russian this year, have been distributed via workshops and medical bookstores. In addition, a "Tobacco or Health"



Dr. Vladimir Levshin of the Russian Cancer Research Center and physicians engaged in a smoking-cessation workshop in Moscow.

educational training course for post-graduate students devoted to treating tobacco use and dependence made its debut at the Moscow Medical Academy.

Going forward, a second cross-sectional survey of 500 physicians will be conducted using a self-administered questionnaire to elucidate personal smoking history, knowledge and practices concerning the provision of smoking-cessation counseling for patients. The results of this survey will be compared with the previously administered survey data.

Given the enormity of the Russian smoking situation, the scale of the RCRC program is admittedly small. But progress is what counts, and progress is being made. This program is just the beginning – additional resources, initiatives and persistence are key to effecting the widespread change and benefits required to reverse tobacco's devastating national toll.

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Tobacco Program Encourages S. Indian Village To Bid "Bye" to Beedis

Six years ago, all 2,500 families in the South Indian village of Pattur supported themselves by rolling beedis, small, unfiltered cigarettes. Today, only 250 families earn their living this way. Meanwhile, the number of companies that collect Pattur beedis has dropped from five to three in the

last year, and the incidence of beedi smoking in the village is down 60 percent.

The turning point occurred in September 2004, when CECHE partnered with the Chennai-based NGO Roshni to

implement a two-year Tobacco Control Communications Program in Pattur, including health hazard awareness and education, vocational training and job placement. In the past year alone, as many as 100 individuals and nine families have given up beedi production for other professions, including garment design, tailoring and embroidery, leather goods production and grocery/shop businesses. In fact, the rate of beedi rolling work in Pattur has been reduced by 50 percent in the current year.

Program Progress and Plans

One of the primary goals of the Tobacco Control Communications Program in S. India is the formation of self-help groups (SHGs) that would practice and promote a healthy lifestyle in general and cessation of beedi rolling and smoking in particular. Targeted primarily to women, these groups meet once a week and include vocational fieldwork and microcredit discussions, as well as treatment and clinical follow-up for former beedi laborers. The CECHE-Roshni initiative also conducts monthly activities to forward tobacco awareness and change, and organizes health and hygiene classes and camps.

With the two-year program now passing its halfway point, progress is palpable. In mid-June 2005, for example, Pattur residents exhibited a strong knowledge of tobacco hazards when Roshni conducted a prize-filled quiz contest in the village. Over the summer, the children of SHG members were encouraged to pursue higher studies and received admissions and course selection assistance. During this academic year, two boys and one girl were admitted to college after passing their school final exams. Additionally, with assistance from the local counselor, a women taking active part in the CECHE-Roshni program, 42 needy children from grades 1 through 8 received free textbooks and notebooks.

Over the past year, 61 girls who underwent training at Roshni's tailoring school, established 12 years ago in Pattur with the object of discouraging beedi rolling, got two-month apprenticeships at a nearby leather factory and are now earning monthly salaries ranging from Rs.1000 to Rs.2500. Similarly, six boys got into workshops and the leather industry after completing a vocational course offered through the program. Underlining the effectiveness of the CECHE-Roshni initiative, today, three buses come to the village every day to transport dozens of women and girls to and from the garment factories. And the women of Pattur get even more jobs during Diwali, Ramzan and the school uniform season since Roshni assists them in getting, and filling, bulk orders.

On September 10, 2005, health workshops were launched at the Roshni centre in Pattur. Roshni secretary, Dr. Shamsia Banu, conducted the debut session, which focused on healthy cooking, clean food and nutritious choices for special-needs groups such as children and diabetics. Other members of Roshni demonstrated how to make healthy drinks with inexpensive seasonal fruits, vegetables and protein-rich whole grains and cereals. The 30 workshop attendees received materials and certificates of participation.



Citizens of Pattur engrossed in a community health workshop in South India.

Going forward, CECHE and Roshni will continue to wean people from beedi rolling as they engage more community groups in the fight for health and adopt science-based methods for treating tobacco dependence. Specifically, the groups plan to participate in the World Health Organization's 2006 QUIT and WIN campaign, a bi-annual, international smoking-cessation competition. They are also making arrangements to conduct a program on diabetic retinopathy awareness and screening in coordination with the NGO Sankara Nethralaya (The Temple of the Eye) for around 150 villagers.

Optimistic Outlook

The numerous educational and training activities sponsored by the Tobacco Control Communications Program in S. India have already had substantial impact on both use cessation among beedi smokers and the increase in non-tobacco trades among beedi rollers: The rate of beedi smoking has dropped 60 percent, and the incidence of beedi rolling is 10 percent of what it was five to six years ago.

Assessment through random interviews and discussions with residents will clarify the effect of program pamphlets and other educational materials on recognition of the hazards of smoking, while periodic check-ups and follow-ups at the health center will help to determine the degree of awareness, and cessation responsiveness, among beedi smokers.

Overall, the CECHE-Roshni program is expected to generate substantial health and economic benefits among Pattur's population as it promotes the reduction of beedi-smoking-related morbidity and mortality throughout South India. Thankfully, current data appears encouraging on all fronts.

*Dr. Shamsia Banu
Roshni
Chennai, South India*

Public Health, National Economies Suffer from Tobacco Scourge

by Harley Stanton, Dr. P.H., Health Promotion Adviser – Tobacco and Alcohol, Secretariat of the Pacific Community, Noumea, New Caledonia

There's no such thing as minimal damage when it comes to tobacco. In fact, tobacco use continues to be the single most preventable cause of death in the world, with 5 million people dying from it in 2001 alone.

Sixty-one percent of this premature disease affects people age 15 to 59, and 39 percent afflicts those aged 60 or more, revealed Rodgers, et al. in their current "Global Burden of Disease" study. Until recently, the majority of these tobacco-related deaths occurred in developed countries; but now, the burden is shifting to developing countries, where the majority of tobacco-related deaths will take place during the 21st century.

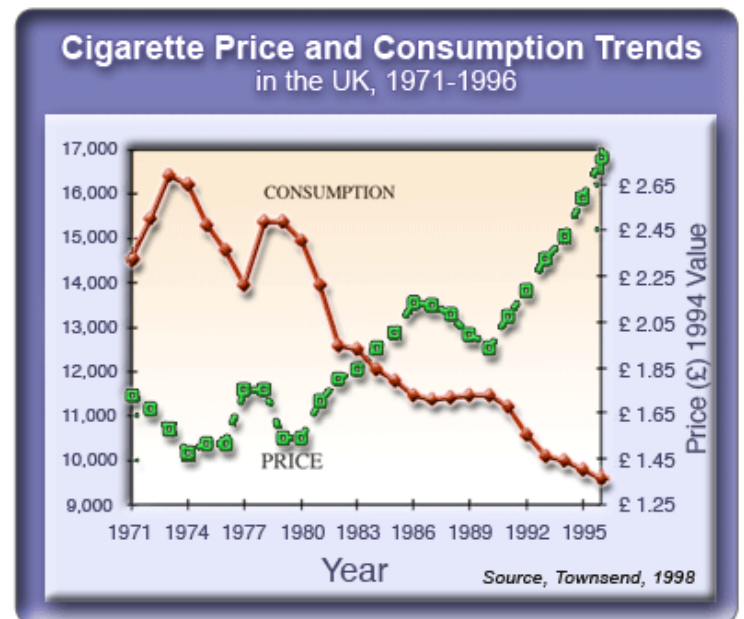
Health in a Handbag

When people start smoking early and for lengthy periods of life, they are likely to develop disease and die prematurely from their addiction. In fact, half of all long-term smokers die from tobacco use, and one in two of them lose between 15 and 25 years of life due to their habit. The seminal work of the late Sir Richard Doll and others in a 50-year study of British doctors showed that smokers died an average of 10 years earlier than non-smokers. According to a 2005 review by Bjartveit and Tverdal, people who consume even small numbers of cigarettes are 1.5 times more likely to die sooner than those who have never smoked, with the steepest increase in risk occurring with those consuming up to four cigarettes per day.

In a discussion paper in 2003, Guindon and Boisclair emphasized that, assuming a 2 percent decrease in prevalence every year to 2025, the world would still be host to 1.1 billion smokers in two decades. Without changes in prevalence and per capita consumption, 1.9 billion users will be consuming more than 9 billion cigarettes per year by 2025. Sadly, recent data shows only modest changes in global consumption in the period from 2000 to 2004, indicating that few, if any, reductions are likely to be achieved in the near future.

The Economics of Tobacco Use

Close to 60 percent of the nearly 6 billion cigarettes and 75 percent of today's tobacco users are now in developing countries. Research from a broad range of nations shows that as much as 25 percent of household income is spent on



tobacco, meaning that, in many cases, tobacco is given priority over other basic necessities of life, including food, clothing, health care and education. In Vietnam, for example, expenditures on tobacco are often 1.5 times the moneys spent on education and five times higher than expenditures on health care. And they can be one-third of the budget spent on food.

Poorer households spend a greater percentage of their income on tobacco than wealthier ones, and often children suffer most. In Bangladesh, for example, the poorest citizens are twice as likely to smoke as the wealthiest ones and spend up to 10 times more on tobacco than they do on education. According to a 2004 report by the World Health Organization (WHO), more than 10 percent of expenditures in lower-income Egyptian households went towards cigarettes or other tobacco products; the lowest income group in Indonesia spent 15 percent of its total expenditures on tobacco; and even homeless children in India spent a significant portion of their income purchasing tobacco, often prioritizing it over food.

Even within developed countries, the same trends apply. A recent U.S. study by Armour, Pitts, Lee, Woollery and

Caraballo found that poor families spent up to 12 percent of their income on tobacco as compared to non-poor ones. Meanwhile, a host of studies in the United Kingdom in the early 1990's by Marsh and McKay showed that out-of-work families spent an average of 12 percent of their net household income on cigarettes, while those with moderate incomes spent an average of 5 percent.

And the Poor Get Poorer

Studies in more than 80 countries have shown that trade liberalization increases tobacco consumption, especially in low- and middle-income nations. "Tobacco has a negative impact on the balance of payments of many countries," report Esson and Leeder in the 2005 WHO *Millennium Development Goals and Tobacco Control: An Opportunity for Global Partnership*. "Two-thirds of 161 countries, where data are available, are net importers of tobacco, losing more hard currency in cigarette imports than they gain by exporting tobacco. Several countries, including Cambodia, Malaysia, Nigeria, Republic of Korea, Romania and Viet Nam, have a negative tobacco trade balance of more than \$100 million [per annum]," they assert.

Several key documents published within the last five years, including the WHO Commission on Macroeconomics and Health (CMH), affirm that a high national disease burden correlates with low national wealth and reduced productivity, that people who are sick cannot earn full wages, that poverty increases vulnerability to disease, and that tobacco is a link between poverty and illness. They note that significant changes can be achieved through modest investments in tax increases, ad bans and strong health warnings on cigarette packages.

Pockets of Progress

A challenge bordering on a crisis, global tobacco control is not all doom and gloom. While no other area of health and medicine is so well financed to oppose change, international developments are encouraging. For the first time in recent history, a number of developed countries have prevalence rates below 20 percent, including Australia, Canada and Sweden. Meanwhile, Singapore and Hong Kong maintain low prevalence rates due to a minimal incidence of smoking among women, and several other Asian countries are making progress.

Smoking rates among Thai women have declined below 5 percent and male smoking rates continue to fall since Thailand introduced strong legislation to ban tobacco advertising and sponsorship, and instituted other control measures. Thanks to tax increases, counter marketing, smoke-free policies for public buildings and workplaces, and support to cessation in Korea, smoking rates among Korean men have dropped from around 70 percent to 50 percent in less than five years, one of the most significant declines in smoking rates observed worldwide.

A Chance, and the Choice, to Change

Among the most encouraging development of the last five years is the enactment of the WHO Framework Convention on Tobacco Control (FCTC). As of December 12, 2005, 115 countries had ratified the FCTC, making it the most rapidly supported global treaty ever implemented. Unfortunately, two large producer countries, the United States and Indonesia, have yet to ratify it and will not participate in the first meeting of the Conference of Parties in Geneva on February 6-17, 2006.

The binding obligations of FCTC-ratifying countries have placed tobacco on the global agenda in a way that cannot be undone. The treaty requires resources and funding to be allocated for tobacco control within national agendas, opening the door for a worldwide "sea change" on tobacco control. With development agencies increasingly aware of the poverty-related aspects of tobacco and by reducing smoking prevalence and reliance on tobacco within country budgets, nations will foster better health and economic improvements.

Both the CMH and the recent World Development Report show that investment in health yields excellent returns. Since national wealth and productivity are low where the disease burden is high, health improvement is an economic imperative; and efforts to reduce tobacco-caused illness will significantly boost global health, while enhancing development and FCTC success.

Still, many countries hesitate to reduce tobacco use. They are, in a statement made at the 2003 World Bank meeting in Brussels on the Economics of Tobacco Control, concerned that "...the harm caused by tobacco may be offset by the economic benefits that the country derives from growing, processing, manufacturing, exporting and taxing tobacco. The argument that 'tobacco contributes revenues, jobs and incomes' is a formidable barrier to tobacco control."

But tobacco control may be good for business as well as health. The recent experiences of Ireland and Italy show that tobacco-control legislation makes economic and physical sense. For example, despite recent smoking bans, the hospitality industry in these countries continues to thrive, possibly attracting people who avoided these establishments when they were smoke-filled, instead of smoke-free.

Tobacco control is about preserving the future for generations to come. For too many years in too many places, the tobacco industry has sought to pervert truth and justice by litigation, lobbying and lies. Finally, some progress is being made — and it is hoped that development resource agencies will begin to give stronger support to these important issues in acknowledgement.