

# Worldwide news and comment

## INDONESIA: EXPOSÉ ON TOBACCO INDUSTRY INTERFERENCE

Indonesia has a notorious reputation when it comes to tobacco control. While there are many reasons, nothing is as compelling as direct tobacco industry interference in the legislative process. An Indonesia weekly, *Tempo*, in an investigative report in the 27 June–2 July issue, recounts a series of extraordinary events in the Indonesian parliamentary process in recent years. According to *Tempo*, the tobacco industry is behind these shenanigans in parliament.

Among other events, a clause on the addictive nature of tobacco mysteriously disappeared from an approved health bill. The *Tempo* report is also damning of how a new draft tobacco bill has been 'smuggled' into parliament for inclusion in the 2013 programme of national legislation (Prolegnas) for debate. *Tempo* reports how the chair of the legislating body himself submitted the draft bill and there seems to be an urgency to push this industry-friendly bill—which replaces an earlier tobacco control bill dropped by parliamentarians because it was not considered a priority.

Apparently parliamentary procedure was not followed in how this new draft bill has been introduced. It was not supported by an academic paper which is a requirement of legislation, and is therefore marked with a 'star' to indicate it is still needs more information and further studies. However, some supporters of the bill among the law makers have already started campaigning in favour of it in the provinces. Calling this a 'manoeuvre', *Tempo* accuses the legislators of clearly moving in the opposite direction of tobacco control advocates and public health.

*Tempo* quotes political faction leaders claiming this bill is sponsored by the tobacco industry; specifically PT Sampoerna, which is owned by Philip Morris International (PMI). Although the chair of the legislating body has denied this, previous events seem to lend support

to this allegation. The chair has been invited several times by Sampoerna for briefings and discussions on the importance of tobacco and farmers. In July 2011 he was invited to speak in a forum on the need to protect tobacco farmers and the industry. A few days before that forum, the legislating body met to discuss a letter from the Indonesian Tobacco Community Alliance (AMTI), which had submitted a draft bill on controlling tobacco products.

AMTI is a cigarette industry association established in 2010 by Sampoerna and other cigarette factories and the tobacco farmers association.

Sampoerna is acknowledged as the largest financial supporter of AMTI's activities in conducting seminars, publishing pamphlets, and mobilising farmers to protest regulations deemed to be detrimental to the industry. AMTI's role as a local platform to support industry interference in the fourth Framework Convention on Tobacco Control (FCTC) Conference of the Parties (COP4) has previously been documented in the November 2012 issue of Tobacco Control (*Tobacco industry's ITGA fights FCTC implementation in the Uruguay negotiations*).

This is not the first time Sampoerna has attempted to initiate a draft bill in parliament. In 2010, *Tempo* reports Sampoerna proposed a draft bill on controlling the impact of tobacco to be added to the 2009–2014 National Legislative Program. This measure was rejected (for reasons that were not specified).

In 2009 a clause on the addictiveness of tobacco disappeared from the revised health law after it was approved by Parliament. According to *Tempo*, the chair of the health commission was responsible for the clause being 'stolen'. It reappeared only after tobacco control advocates raised the issue and filed an official complaint with the police. A government regulation based on the Indonesian health law has now been approved which will require all cigarette packs to carry 40% pictorial health warnings from July 2014 onwards.

An indication of how explosive the *Tempo* expose was can be seen in this issue of the magazine reportedly disappearing from the streets by noon on the day it was published. Indonesia enjoys freedom of the press, which is important for tobacco control advocates trying to keep tabs on tobacco industry interference. The advocates have now filed an official complaint with the national Anti-Corruption Agency (KPK) urging the agency to investigate the disappearance of the issues.

Though companies such as PMI and BAT finally concede that 'smoking is addictive and causes many serious diseases', the fact is that when a government in a country such as Indonesia—with a population of around 65 million smokers and 200 000 smoking-related deaths per year—proceeds to enact legislation to protect public health, the industry continues to mobilise its immense resources to defeat these measures and protect its business. Plus ça change...

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## MALAYSIA: WATERPIPE TOBACCO SMOKING DECLARED 'HARAM'

With a population of just over 225 000, the smallest state in Malaysia has publicly declared that the sale and consumption of waterpipe tobacco, known locally as shisha, is now 'haram' or forbidden by Islamic law. The Fatwa Committee of Perlis, a region that lies at the northern aspect of the west coast of Peninsular Malaysia, made the declaration in late June 2013 on the grounds that shisha is more harmful than cigarettes. The committee did not specify the research consulted to reach this conclusion.

Although shisha is not yet legally banned in Perlis, two other states in the country (Malacca and Kelantan) imposed bans on shisha in 2011 after considering the balance of evidence. Perlis' edict places the religious stance towards shisha on par with alcohol and pork consumption, and now calls for a nationwide ban on the product have been issued. 'We noticed that this substance is popular among students, especially those at institutions of higher learning in Perlis,' a spokesperson explained.

Indeed, a publication by Al-Naggar & Saghir in the 2011 *Asian Pacific Journal of Cancer Prevention*, found that 30% of Malaysian university students are current shisha smokers. In 2012, Yen *et al* published in the *International Journal of Public Health Research* that Malaysian teenagers were also highly subject to this form of smoking, citing reduced harm perceptions, cheap price and attractive flavours as key drivers for use. This corroborates with other international publications, where rising prevalence is seen alongside the perception that shisha is considered a safe alternative to cigarettes.

These states of Malaysia do not appear isolated in their reaction against the growing threat of waterpipe tobacco

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smoking. In February 2013, Turkey passed shisha-specific legislation which declared that shisha cafes must operate at least 200 metres away from educational establishments, in a bid to curb youth smoking. It also prohibited using substances other than water in the base of the apparatus, in light of reports that a popular cocktailing past-time is smoking waterpipe tobacco through alcohol or caffeinated soft drinks.

Pakistan and India have gone one step further and banned the consumption of shisha in regions, effectively ending the commercial shisha café industry. In August 2012 the Lahore High Court ruled that, in a bid to make Lahore a drug-free city, shisha would be categorically banned in public places as part of the Prohibition of Smoking and Protection of Nonsmokers' Health Ordinance of 2002. India's Yediyur councillor N R Ramesh, who has been leading the crusade against shisha cafes, has been quoted in the Indian daily *The Hindu* stating that that 'many centres (shisha cafes) mix narcotic drugs such as marijuana and opium to hook youngsters, who eventually get addicted'. Bans have since been imposed on their second and third largest cities, Delhi and Bangalore.

In contrast, Western countries' *laissez-faire* attitude towards the shisha industry may reflect politico-cultural sensitivities to an ethnic population likely to run such businesses, or simply a lack of awareness as to the true scale of the problem. What we have learnt from countries such as Malaysia is that religious fatwas appear to have a key role in promulgating topical issues and aligning local legislation to suit religious schools of thought, which may be vital to the enforcement of tobacco control laws.

Considering the shisha industry has attracted considerable interest from the cigarette industry, the time for Western countries to consider tighter enforcement on the industry may be approaching soon.

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### ITALY: CAMEL AND 100 YEARS OF MARKETING

The display below was photographed at Rome's international airport on 4 June 2013. At a time when political debates within Europe are increasingly moving towards removing branding, including the introduction of standardised (plain) packaging, it is curious that such an eye catching, six-foot-high display was allowed. The bright yellow camel with multi-coloured side panels seemed purposely designed to appeal to children, projecting an image of fun, alongside a slogan designed to appeal to adults: '100 years of inspiring creativity'. The slogan appears to suggest that the smoker who chooses Camel is a 'creative' type and that the smoker's work is facilitated by their consumption of Camel cigarettes. Research shows that smokers believe their concentration is enhanced by smoking, despite a lack of evidence, and thus its use in promotional material is particularly worrying for public health.

Guidance on Article 13 of the Framework Convention on Tobacco Control (FCTC) states that the ban on advertising and marketing should apply to all forms of promotion, as this will reduce smoking prevalence (3.b). The guidance also states that such promotion should also be banned in airports (13). As a Party to the FCTC, it is not clear

why Italy is allowing these large tobacco promotions to take place.

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### HUNGARY: STATE LICENSING FOR TOBACCO OUTLETS

In Hungary on 1 July 2013, a law came into force to limit the distribution of tobacco products nationwide to government-licensed or a designated retail outlets network called 'National Tobacco Shops'. The move is a bold effort by the Hungarian government to reduce youth smoking, and is projected to dramatically reduce the number of outlets allowed to sell tobacco products from 42 000 to 7000.

The concessions to operate tobacco shops last for 20 years and individuals were required to submit a business plan and pay a flat fee. The licence permits shops to sell cigarettes alongside other products such as ice cream, refreshments, newspapers, and cheap loans. Retailers who lack licences could be fined up to half a billion Hungarian Forints (US\$2.2 million dollars) for unauthorised sales. The government also plans to increase the price of tobacco to support these new businesses. The law was passed in September 2012, and bids for licences were called for in November 2012.

Implementation of the process to allocate licences has been controversial, and criticised by both tobacco retailers and civil society groups. When the bidding results were announced earlier this year, some tobacconists were outraged by the outcomes of the selection process. Opposition parties alleged the Hungarian government influenced the bid process to selectively distribute licences to companies and individuals with close political ties to the right-wing ruling party known as Fidesz. The Fidesz Party has insisted that the allegations are fraudulent and part of a 'political smear campaign' by Philip Morris International.

Concerns about the process deepened in May 2013, when the Fidesz Party submitted a legislative amendment to the Information Act to restrict access to information of public service entities, including review of bid data and procedures. Several civil society groups such as Transparency International have expressed their dissatisfaction with the government's lack of transparency and unwillingness to fight corruption.

While reducing points of sale locations have been used for decades as public



Camel 100 year anniversary promotional display at Rome International Airport.



health interventions for alcohol outlets, policies restricting the density, number or locations of tobacco outlets are rare. Hungary's example demonstrates that reducing the points of sale, such as the number of outlets and/or retailers permitted to sell tobacco products, is a viable policy option for governments to control the sale of a lethal product. Further restrictions may be forthcoming: on 24 June 2013, the National Elections Committee in Hungary permitted a referendum to ask voters whether national tobacco shops should be restricted solely to sales of tobacco products. 200 000 signatures will be required for this to be legislated.

Hungary has shown that the tobacco retail sector can be overhauled with planning and political will. Creating a licence to sell tobacco for retailers is a recommendation of the latest guidelines for the Article 9 and Article 10 of the Framework Convention on Tobacco Control. As a result, the government now has greater control to refrain issuing new licences for non-compliance or other violations in the public health interest.

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### JAMAICA: SMOKE-FREE PUBLIC PLACES & GRAPHIC HEALTH WARNINGS REGULATIONS

Eight years after Jamaica ratified the Framework Convention on Tobacco Control (FCTC) in 2005, the country has finally passed regulations banning smoking in public places and workplaces. The regulations also call for graphic health warnings on cigarette packs. The delay was due in part to lack of political will and the fact that tobacco control was not seen as a priority by the government. The new regulations were enacted on 25 June 2013, and have been warmly welcomed by the Heart Foundation of Jamaica (HFJ) and the Jamaica Coalition for Tobacco Control (JCTC).

It has been a long hard road leading to this victory. The new administration in power since December 2011 has made tobacco control a priority, despite the consistent and strong tobacco industry interference in Jamaica in recent years. Civil society organisations have continuously monitored the activities of the tobacco industry and worked closely with key interest groups to help make the passage of this regulation a reality. These measures



'Thank you John'. One of the graphics to be used on Jamaican cigarette boxes within the next 6 months. John Maxwell was a well-known journalist who used his voice to deter others from smoking. He died of lung cancer 2 years ago and gave permission for his likeness to be used to help the tobacco control campaign. Chairman of the Jamaica Coalition for Tobacco Control (JCTC) Dr Knox Hagley (l) with Heart Foundation board member Peter Bangeter (centre) and Heart Foundation executive director Deborah Chen (r).

constitute a strong signal of Jamaica's intention to be compliant with the FCTC.

Data obtained from a recent public opinion poll undertaken by the JCTC shows that an overwhelming portion of Jamaican citizens fully support the establishment of smoke free public spaces and workplaces. These regulations will not only reduce tobacco consumption, but also save lives of smokers and passive smokers.

The JCTC and JHF note that health minister Fenton Ferguson and his team at the health ministry have persevered with the regulations, under less than ideal circumstances, to see Jamaica move into the ranks of countries which have enacted tobacco control laws.

The decision to go with specific regulations rather than a more comprehensive tobacco control law was a difficult one for the minister, but facing several delays with the legal framework, he opted to go with the regulations. While this is a significant step forward, other key articles of the FCTC need to be implemented as well. Bans on advertising, promotion and sponsorship are a priority if Jamaica is to stem the increase in youth smoking rates. The ongoing role of civil society organisations will be vital as the watchdog for the citizens of Jamaica against tobacco industry interference, as well as to support the

ministry of health to help implement and monitor the current regulations.

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### WALES: GOVERNMENT REFUSES TO EXEMPT FILM & TV FROM SMOKEFREE LEGISLATION

The Welsh government has decided to withdraw its proposal to amend the Smokefree Premises Regulations for Wales following widespread opposition from public health professionals, as well as the voluntary sector, and a sustained campaign led by Action on Smoking and Health (ASH) Wales.

The amendment was first proposed in the National Assembly in July 2012, despite three-quarters of respondents registering their opposition during a 6-week consultation period immediately prior. Had it been approved, actors would have been allowed to smoke on television and film sets as part of their role, which ASH Wales argued would have created a dangerous precedent for other industries to challenge the legislation in the future. Television and film production companies had expressed concerns that work may be lost to England, where a similar exemption was



A 'crime scene' of tobacco-caused death in the Manila metro on World No Tobacco Day.

written into the original legislation, but were unable to produce sufficient evidence that this had happened.

A vote on the amendment was scheduled for the National Assembly plenary in October 2012, but a concerted campaign—#keeptheban—was launched by ASH Wales, with social media channels used as a medium for maintaining opposition to the proposal, in particular the use of an on-line petition and Twitter. The campaign generated enough concern to see the amendment referred to not one, but two committees: Health and Social Care; and Enterprise and Business. This led to a National Assembly first, with two sub-committees being created to jointly hear evidence before each producing their own report for consideration.

Hearings began in January 2013, with evidence from Cancer Research UK, the British Heart Foundation, ASH Wales and the BBC, amongst others. Despite initial expectations that the committees' reports would be published in mid-March, following three evidence sessions, a further hearing was announced for mid-June to take evidence from the two responsible ministers and the Chief Medical Officer for Wales, as well as members of the Welsh Government's executive creative industries units. With an apparent lack of firm evidence from the production companies that work and jobs had been lost

to England for this specific reason, combined with strong opposition from professional bodies such as the British Medical Association and the Royal College of Physicians, it appeared there was little support for the amendment in the Assembly.

In the meantime, however, a reshuffle in the Welsh Government had led to the most outspoken opponent of the amendment in the Assembly, Professor Mark Drakeford, being elevated from the role of chair of the Health and Social Care Committee to Minister for Health and Social Care. Shortly after taking up his post, he made clear in a newspaper interview in early April, that his position on the amendment had not changed and he would be seeking to convince his cabinet colleagues to withdraw the proposal. The proposal was withdrawn on 15 May 2013, after a review of the evidence submitted to the hearings by the respective ministers—Mark Drakeford and Edwina Hart, Minister for Economy, Science and Transport.

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**WORLD NO TOBACCO DAY**

Full coverage and pictures of World No Tobacco Day are on our blog at: <http://www.heart.org>



World No Tobacco Day 2013: A winning poster for the Indian Cancer Society art competition in New Delhi.

[blogs.bmj.com/tc/2013/07/04/world-no-tobacco-day-a-wrap-up-of-reports-and-pictures-from-around-the-world/](http://blogs.bmj.com/tc/2013/07/04/world-no-tobacco-day-a-wrap-up-of-reports-and-pictures-from-around-the-world/).

## WORLD: NEW WHO REPORT ON THE GLOBAL TOBACCO EPIDEMIC

The WHO *Report on the Global Tobacco Epidemic 2013* was launched in Panama City on 10 July 2013. It shows the number of people worldwide covered by at least one life-saving measure to limit tobacco use has more than doubled in the last 5 years. The number of people covered by TAPS bans, the focus of this year's report, increased by almost 400 million people, the majority in low and middle-income countries. Three billion people are now covered by national anti-tobacco campaigns, and 24 countries with 694 million people have introduced complete TAPS bans. However, 67 countries currently do not ban any TAPS activities, or have an incomplete ban. Full coverage and links to the report are available on our website at <http://blogs.bmj.com/tc/2013/07/11/new-who-report-more-tobacco-advertising-bans-smoke-free-spaces-save-millions-of-lives/>.

*Tobacco Control* 2013;**22**:291–294.  
doi:10.1136/tobaccocontrol-2013-051251