

Worldwide news and comment

MAURITIUS: FIGHT AGAINST TOBACCO MANUFACTURING PLANT

After ratifying the WHO Framework Convention on Tobacco Control (FCTC) in 2004, Mauritius put in place effective tobacco control measures, supported by strong political will. Legislation was adopted to ban tobacco advertising, promotion and sponsorship and smoking in most public places, and the first pictorial health warnings on cigarette packs in Africa were introduced in 2008. More than 70% of the retail price of the most popular tobacco products is tax, although they are still easily affordable to the average-income smoker.

In 2007, British American Tobacco closed its manufacturing plant on the island. In 2012 it stopped the purchase of tobacco leaves from tobacco growers in Mauritius, bringing an abrupt end to domestic cultivation. Data compiled from the customs office indicate that the import of cigarettes is going down.

However, the shadow of big tobacco is looming again in the Mauritian landscape. An undisclosed international tobacco company based in Dubai is seeking authorisation from the government to set up a tobacco manufacturing plant for products to be exported to other African countries. Although officially the company will be manufacturing cigarettes, information indicates that the company will also be producing chewing tobacco. According to the existing law in Mauritius, the company will be allowed to sell up to 50% of its production on the local market.

The proposal has been strongly opposed by VISA, a Mauritian tobacco control NGO, on the basis that it violates the WHO FCTC as well as the United Nations Political Declaration of the High-Level Meeting of the General Assembly on the Prevention and Control of Non-Communicable Diseases. The proposed manufacturing plant will support the tobacco industry to increase consumption in Africa, leading to further tobacco-related suffering and deaths in a continent already faced with the double burden of



Mauritius introduced the first graphic health warnings in Africa in 2008. Will its status as a tobacco control leader be diminished by a new tobacco manufacturing plant?

communicable and non-communicable diseases. VISA and other organisations argue that Mauritius has a moral responsibility not to allow the tobacco industry to use its territory to manufacture a deadly product which will harm the populations of other African countries.

According to the World Customs Organization, the free zones in the United Arab Emirates, including Dubai, are known sources of considerable counterfeit cigarette production which targets predominantly West African markets. There is concern that the Dubai-based tobacco manufacturing plant may use the free port of Mauritius to engage in illicit trade of tobacco products.

Action led by VISA to dissuade the government of Mauritius from authorising the tobacco plant, including official protests to the prime minister and other key government ministers, and advocacy by international organisations such as the Framework Convention Alliance and African Tobacco Control Alliance appears to have fallen on deaf ears. The official response received from the Ministry of Agro-Industry is that the “cigarette is a legal product worldwide and smokers will purchase the product whether manufactured in Mauritius or in any other country”. This stance ignores the health, social, economic and environmental consequences of tobacco use and the normalising effect of welcoming a manufacturing plant, thereby signalling societal approval of its products.

Mauritius is regarded as a model and leader in tobacco control by the WHO and other international bodies. Establishing a tobacco manufacturing plant risks tarnishing this image, as it indicates a lack of regional and global responsibility in the face of the harms caused by the tobacco epidemic.

The issue is a reminder that the tobacco industry is always looking for opportunities to expand its commercial activities, even

(and perhaps especially) in countries that have put in place strong tobacco control measures. The national and international response by non-government organisations and other agencies shows that civil society remains a major force to counteract the power and influence of the tobacco industry.

Deowan Mohee

VISA, Mauritius

vdmohee@yahoo.com

SRI LANKA: BRIBERY ALLEGATIONS AND DELAYED HEALTH WARNINGS

The Asian Tribune reported in September that Sri Lankan health minister Maithripala Sirisena revealed that the tobacco industry had attempted to bribe him to block the issue of a special gazette notification. The notification was for a regulation to introduce pictorial health warnings covering 80% of the principal area of each packet of cigarettes, in line with Sri Lanka's obligations under article 11 of the FCTC. The minister said the money offered to him was “adequate to purchase properties for 15 generations of his family”.

According to the report, the tobacco industry had repeatedly tried to approach the minister when he was in parliament, at home and in his office. He had refused to meet with them, reaffirming his commitment to introduce the pack warnings, and also ensure measures were introduced to educate school children in Sri Lanka on the harmful effects of smoking.

The pack warning regulation was issued, but was delayed in September by a supreme court challenge, which resulted in the regulation being suspended until January 2014. The court will hear a special leave to appeal the application in May 2014. The delay echoes the many examples around the world where the industry has delayed or blocked legislation through legal challenges.

The revelation by the health minister of tobacco industry attempts to bribe him raise particular concerns about whether there may have been attempts to influence other officials, who have not been so forthright in disclosing such attempts. The Sri Lankan and international health community will be watching closely as the case unfolds.

AUSTRALIA: 'VILLAGE APPROACH' TO PRISON SMOKING BAN

Recent announcements in the UK and some states in Australia of plans to introduce total smoking bans in all prisons have predictably led to controversy. As in many other places that have implemented such policies, opponents suggest the potential for riots and other disturbances, problems

All articles written by Marita Hefler unless otherwise attributed. Ideas and items for News Analysis should be sent to: marita.hefler@menzies.edu.au



Smoking makes you sick

- Short breath
- Can't walk long way
- Baby sick if mother smokes
- Die young

Call the Quitline - dial 13 7848. They can help you stop smoking and you will feel better

Smokes will not be provided on reception from **1 May 2013**

The last day you will be allowed to buy smokes is **16 June 2013**

Smokes will not be allowed at the **Barkly Work Camp from 1 July 2013.**

NT Department of Correctional Services gratefully acknowledges Phyllis Hanna for her original illustrations and Erik Taft for the original concept for this brochure



SMOKING NO GOOD STORY

Corrections will support you to stop smoking



You will not be able to smoke anywhere at the Barkly Work Camp from 1 July 2013. You have to give up smokes.



What does smoking do to my body?



How do I stop smoking?

1. Set a day to stop smoking (you need to stop by 1 July 2013)
2. Get your family to help you - they may even want to stop smoking too
3. Support is available to you from Corrections to help you stop smoking. See a prison officer, they can give you patches to help you stop smoking. Support is also available to you from Anyinginyi in Barkly Work Camp, and you can call the Smoking Quitline dial 13 7848.



Things to do when you feel like having a smoke

Take deep breaths and relax

Drink water or tea

Do some training

One of the best ways to forget about smoking is to do training. Not only will you be healthier from giving up smokes, your body will also get fit and healthy from training.



A brochure used to educate prisoners and community members about the prison smoking ban in the Northern Territory, Australia.

with contraband and standover tactics, and arguments that such bans violate human rights. However, innovative new approaches are being implemented, which are likely to mitigate against the concerns aired in attention-grabbing headlines.

Australia's Northern Territory (NT), where a high proportion of prisoners are Indigenous, was the first jurisdiction in that country to introduce a smoking ban in July 2013. The comprehensive approach, based on New Zealand's successful 2011 policy, included a 15 month lead-in time to communicate the policy to staff and cultivate support among staff at all levels of the prison service. It also included a culturally appropriate social marketing campaign to create awareness and support among prisoners, their families and communities.

A variety of staff were trained as quit educators, and comprehensive quit support is provided, including nicotine replacement therapy and unrestricted access to the Quitline through the prisoner free telephone service.

The 'village approach' to the policy meant cooperation was developed beyond the prison service, with community health services and workers to provide ongoing cessation support to prisoners and their families after release. Families visiting correctional centres were offered information about the policy, and provided with information about secondhand smoke. There are also plans underway to train some prisoners as smoking cessation workers in their own communities upon release.

As with the introduction of the New Zealand policy, early indications are that implementation of the new ban is occurring with few problems. While prison smoking bans have a mixed history of success, comprehensive approaches such as in the NT may signify a new phase in reducing smoking prevalence among prisoners, who typically form some of the most disadvantaged populations and have among the highest prevalence of any distinct population groups.

MALAYSIA: STANDING FIRM ON TRADE AND TOBACCO

The tide may be turning for tobacco control in Malaysia, where male smoking prevalence is 45%. Although a signatory to the WHO FCTC since 2005, Malaysia has been relatively slow to translate its commitment into substantive actions. However, recent steps signal what appears to be a strengthening in Malaysia's progress on tobacco control.

The announcement on 30 August by the Malaysian government that it was seeking to 'carve out' tobacco from the Trans-Pacific Partnership Agreement (TPPA) came as a surprise to many. This bold move is in stark contrast to the weak assurances and waffling by trade ministers from other nations involved in the TPPA. More evidence of leadership such as this is desperately needed in the region.

On 1 October 2013 the government announced there would be a sharp rise in tobacco excise of 14%. The increase builds on a very low base cost, so in absolute terms is unlikely to have a marked effect on smoking prevalence. Nevertheless, it is the first rise in excise tax for 3 years. The tobacco industry announced increases in product prices shortly after, presumably to make a margin on the back of the tax increase. The challenge for the government will be to prevent the benefits of the price rise being undermined by an increased flow of very cheap tobacco smuggled across Malaysia's many borders.

Many countries are questioning how they should respond to electronic cigarettes and shisha but few are doing so in a systematic way. The Malaysian ministry of health has established a multidisciplinary task force to examine the evidence of harms and benefits to advise government on how it should respond to the challenges posed by these novel products.

Another significant step has recently occurred at one of the nation's leading mental health institutions, the 1400 bed Hospital Permai in Johor Bahru. Earlier this year, the director Dr Abdul Kadir Abu Bakar introduced a range of comprehensive

smoke-free policies, including the hospital becoming fully smoke-free. Support is offered for all smokers to quit on admission and continued through to discharge and subsequent follow-up. This initiative sets a new benchmark for other mental health facilities in Malaysia, and sends the message that if it can happen here, it can be done elsewhere.

A further encouraging sign has been the development of a programme in tobacco dependence treatment and tobacco control advocacy in the undergraduate curricula of two leading health professional educational institutions (a dental school and a medical school, both in Kuala Lumpur). The programme, developed during a 2 day workshop in 2012 led by the University of Malaya, is currently being piloted, with the aim of ultimately being rolled out to other health professional undergraduate curricula across the nation.

Tobacco control activity in the regions is also showing signs of renewed activity. In early October, academics from the University of Malaya, with support from University Malaysia Sabah and Hospital Queen Elizabeth, led an inaugural tobacco control symposium. Sabah, in East Malaysia, is home to many isolated indigenous people groups with high tobacco use prevalence and limited access to cessation services. The symposium was attended by 84 healthcare providers and demonstrated Malaysia's commitment to Articles 12 and 14 of the FCTC, to ensure that all of Malaysia is ready for up-scaling of tobacco control activities, in particular cessation.

These signs of progress are encouraging. Further actions demonstrating the government's resolve to take its tobacco problem seriously are needed, to meet its obligations under the FCTC, and to support and resource initiatives emerging from the health professional and research communities.

**Amer Siddiq Amer Nordin &
Christopher Bullen**

University Malaya Centre of Addiction Sciences,
Malaysia
amersiddiq@um.edu.my

BANGLADESH: TOBACCO USED FOR ELECTION CAMPAIGNING

In Bangladesh, several elections have been held to elect local and central level of governments for 5 year terms at the village (union), district/city (pourashova/upozila porishad/city corporations). National elections are due to be held before the end of January. The campaigns leading up to the elections involve massive popular mobilisation, particularly of children and youth. Previous campaigns over the last 20 years

have frequently seen candidates of each election, or their representatives, provide free tea, cigarettes and bidis (local hand-made filterless and low-cost cigarette) to campaigners, supporters and voters to attract them into their campaigns.

This issue was discussed at a forum on National No Tobacco Day in October at the National Press Club, organised by Bangladesh Tamak Birodho Jote (The Bangladesh Anti Tobacco Alliance, BATA). Professor Pran Gopal Datta, the Vice Chancellor of Bangabondhu Sheikh Mujib Medical University (BSMMU), eminent writer and civil society leader Syed Abul Moksud, and coordinator of BATA Saifuddin Ahmed spoke about tobacco use during election campaigns. They urged the government to impose a ban on free distribution of the tobacco products during election campaigns, and expressed concern that "free distribution during elections has turned into a common trend to woo voters, endangering public health".

Distribution of tobacco has been an ongoing issue in Bangladesh, with non-government organisations, politicians and others repeatedly raising concern. In January 2012, Work for a Better Bangladesh (WBB) Trust in collaboration with BATA, organised a national workshop on tobacco control, where local government and election expert Tofayel Ahmed claimed; 'during election, smoking and other addiction is increasing among youth. Many youth become smokers during election campaigns and it pushes them to become addicted and regular smokers later.' He also demanded priority be given to non-smokers as election candidates.

Others have advocated for a complete ban on distributing tobacco during election campaigns. In April 2012, national daily 'Amader Orthoneeti' organised a seminar at Dhaka Reporters Unity. The general secretary of Bangladesh Poribesh Andolon (BAPA), a civil society platform dedicated to environmental protection said 'during elections, smoking increases rapidly. That is why all elections should be tobacco free by law.' In the same event, the vice chancellor of BSMMU noted that it has become tradition to provide free bidi cigarettes and chew tobacco. 'Those who do not smoke or use chew tobacco, they also use it with peers and became addicted at this time.' Perhaps most disturbingly, news reports have also claimed that the distribution of bidis to also extends to children, when they are involved in poster and voter number dissemination.

Aminul Islam Sujon

Bangladesh Anti-Tobacco Alliance
info@bata.net.bd

GERMANY: HELPING THE TOBACCO INDUSTRY TO EXPAND IN SOUTH-EAST ASIA

When it comes to producing and promoting tobacco products, Germany has the dubious distinction of playing a leading role in the world. The country is home to the Körber Group (owner of the Hauni AG), the world's leading supplier of machines for the production of cigarettes. It is also the largest producer of cigarettes in the European Union, and leading exporter of cigarettes worldwide.

Germany also hosts the worldwide leading specialist trade fair for tobacco products and smokers' requirements. The 'Inter-tabac' is completely organised by a city-owned company, the Westfalenhallen Dortmund GmbH, in close cooperation with members of the tobacco industry. Although Germany has ratified the FCTC, and thus committed itself to prohibit any form of promotion of tobacco products, the city of Dortmund fails to prevent one of its own companies from doing so. Unsurprisingly, the strict law for the protection of non-smokers in Dortmund is interpreted in a rather permissive way during the fair.

Not only is this tobacco trade fair promoting tobacco in its home country, it has been exported to South East Asia as 'Inter-tabac Asia'. It was held in the Philippines in 2012 and 2013, the 'door into the growing Asian market opened', as the organiser proclaimed on its website. In February 2014, the fair is scheduled to be held in Indonesia. The German organiser is full of praise for a country which has notoriously lax restrictions, particularly when it comes to selling cigarettes to children. The fact that Indonesia has the highest tobacco consumption per capita in the whole of Asia is lauded, as is the fact that rising incomes enable more people to consume international tobacco products and services.

Tobacco control groups in Germany are more than indignant about this. Initiated by Forum Rauchfrei, a Berlin-based, nationwide operating group of tobacco control activists, which organised a protest rally against the trade fair in Dortmund in September 2013, a growing protest movement against the Inter-tabac and its offspring in Asia has been forming. However, this protest may fall on deaf ears as the tobacco industry holds a strong position in Germany. In a formal letter to Forum Rauchfrei, Dortmund's mayor has already stated, that "the city of Dortmund understands, that all standards resulting from the law on the WHO FCTC are being respected ... when holding the trade fair." The chairman of the Westfalenhallen Dortmund GmbH's supervisory board was



Protesters at the Dortmund Inter-tabac trade fair.

even blunter when confronted with criticism: "This is not a children's birthday-party. We are obliged not to produce financial losses for the city of Dortmund."

It would appear that the city of Dortmund will not alter its practice and will go on to develop the market for tobacco products in South-East Asia for the tobacco industry, unless the international tobacco control community puts an end to this shameful conduct by expressing its massive protest and putting pressure on the city of Dortmund. A petition against Inter-yabac Asia can be signed at <https://www.change.org/en-GB/petitions/no-cigarettes-for-children-stop-the-german-city-of-dortmund-s-tobacco-promotion-in-indonesia>.

Dieter Eichinger

Forum Rauchfrei, Berlin, Germany
aktionszentrum@forum-rauchfrei.de

JAPAN: JAPAN TOBACCO INTERNATIONAL AGAIN MOVES TOWARDS FULL PRIVATISATION

After a 9-year interval, the government of Japan again released a portion of their Japan Tobacco International (JTI) stocks through the ministry of finance in March 2013. JTI is a top-ranked mega-company in Japan, and its total sales revenue in 2012 was more than 2 trillion yen (21 billion USD). JTI is the world's third-largest tobacco company behind Altria Group (previously Phillip Morris Companies) and British American Tobacco. According to a Nikkei Shimbun newspaper report, JTI's market capitalisation was 6.1 trillion yen at the end of March. The government earned 190 billion yen from JTI stock dividends in the last decade.

The government privatised Japan Tobacco and Salt Public Corporation (Nihon Senbai Kosya) in 1985, and JTI was established subsequently. All the issued stocks (amounting to 2 million shares) were held by the government until 1994. Thereafter, the government released

49.9% of its JTI stockholdings through several public releases until 2004. In 2006 and 2012, JTI split the stocks into 5:1 and 200:1, respectively, to reduce the unit purchase price and become more attractive to individual investors.

In March 2011, a huge earthquake occurred in the northern part of Japan, and 20 000 people were killed by the resulting tsunami. This natural disaster also caused severe damage to the Fukushima Daiichi Nuclear Power Plant. To recover from the disaster, the government secured an estimated 19 trillion yen for the budget over the next 5 years and decided that they will release a part of their JTI stocks, on the basis of the consideration of the Finance System Council established by the ministry of finance. Following the government decision, the 1984 JTI Act was revised in December 2011 to decrease the ratio of the JTI stocks held by the government by 33.3%.

In response to the unexpected privatisation planned by the government, JTI stated that they plan to purchase treasury stock equivalent to 250 billion yen to strengthen their management and provide protection against the possible hostile takeover. JTI has appealed to the government to release all JTI stocks in order to become fully privatised. One of the related tobacco industries, the Japan Tobacco Growers Association, opposed the full privatisation of JTI because the government will not be able to oblige JTI to fulfil the fixed requirements contract system for tobacco farmers. Further, the National Federation of Tobacco Retail Cooperative Associations is concerned that the government will be unable to sustain the licensed tobacco selling system for retailers and the authorised tobacco price system for JTI. These two organisations are specifically concerned that they will be exposed to free-market competition, similar to the case of any other commodity.

Although the government released 250 million stocks and secured 970 billion yen

this time, the government is still a top stockholder and retains the right to veto against extraordinary resolutions in matters related to JTI's management policy. The government may continue to retain their 'blue chip' stocks for some time rather than actively pursuing the privatisation reform.

Kaname Ishiguro

C.D.C. International Corporation, Kobe, Japan
kaname_ishiguro@cdc-kobe.com

INDIA: E-CIGARETTES BANNED IN PUNJAB

Currently, e-cigarettes are not regulated by any national authority in India. Though not generally available in stores, they are widely promoted through social media, direct email marketing and even official websites with discount offers.

The Cigarettes and other Tobacco Products Act of 2003 (COTPA) provides for smoke free public places, prohibits sales to and by minors and bans advertising, sponsorship and promotion. As a non-tobacco product, COTPA contains no provisions for regulating e-cigarettes—potentially opening the way for tobacco companies to advertise and distribute them alongside other tobacco products, which are also not banned under COTPA.

In September 2013, Punjab became the first state in India to declare e-cigarettes illegal. Under this new development, the manufacturers, sellers, promoters and distributors can be prosecuted under the Drugs and Cosmetics Act for selling an unapproved drug in the form of nicotine. If e-cigarette supplies are found, an inspection report is prepared, which records all relevant details and breaches, including the absence of a drug manufacturing license number, no batch number, whether the label claims that the product contains nicotine, percentage of active ingredients falsely listed on the label, and absence of any health warnings. If nicotine is mentioned/claimed on label, a show cause notice may be issued to the vendor. If nicotine is found to be present, action may be taken under the noxious food and drinks act.

The declaration by the government of Punjab opens the way for other states to follow suit, and prevent e-cigarettes becoming an additional marketing strategy for tobacco companies.

Sonu Goel

Post Graduate Institute of Medical Education & Research, Chandigarh, India
Sonugoel007@yahoo.co.in

Rakesh Gupta

Tobacco Control, Punjab, India

Tob Control 2014;23:3–6.
doi:10.1136/tobaccocontrol-2013-051432