Worldwide news and comment

INDONESIA: INTER-TABAC ASIA CANCELLED

Following sustained international pressure and a Change.org petition that gathered over 12 000 signatures, the tobacco trade fair Inter-tabac Asia 2014 was cancelled just days before it was due to be held in Bali on 27 and 28 February.

The trade fair had been billed as an opportunity to access the “booming growth market of Asia for companies in the tobacco industry and expand recognition in Asia’s growing markets.” In an announcement on the event website, the German organiser Messe Westfalenhallen Dortmund GmbH, a wholly owned company of the city of Dortmund, Germany, advised that they had been instructed by the Bali police that the event could not go ahead.

The governor of Bali, Made Mangku Pastika, withdrew permission for the fair after speaking out against it, saying it violated a Bali regulation banning smoking in certain areas. His stance against the trade exhibition was recognised by the Southeast Asia Tobacco Control Alliance (SEATCA) in an award conferred on 4 March, “for leadership and courage in putting health before profits and promoting strong tobacco control measures”. Bali’s rejection of the fair had been preceded by a refusal to host the World Tobacco Asia conference, which had been planned for September 2014.

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

Governor Pastika’s actions to protect public health in Bali, taken in response to the concerns expressed to him by Indonesians and the global community, were in stark contrast to the mayor of Dortmund Ullrich Sierau, who faced condemnation from German and international health advocates for his city’s role in organising Inter-tabac. On 3 February, Mr Sierau refused to accept the Change.org petition which activists Yosef Rabindanata Nugraha of Indonesia Bebas Rokok (Smoke Free Indonesia) and Max Vollmer of the German Association for Youth Protection had intended to present at Dortmund city hall, Sierau even threatening to call the police.

Notable among opponents to the tobacco fair was the Indonesian Hotels and Restaurants Association (PHRI), which praised the stance of local authorities in Bali. The hospitality industry has frequently been drafted to argue on behalf of the tobacco industry in opposing measures such as smoke free public places. Significantly, the head of the Bali chapter of the PHRI noted in public comments that while the cancellation would lead to an initial loss of occupancy rates, Bali stands to gain from a greater share of the (much larger) non-smoker market.

The cancellation comes amid other small but encouraging signs of change in Indonesia, driven by courageous tobacco control advocates within the country, and supported by international civil society. The country has received a stream of negative international media coverage in recent years because of its welcoming environment for tobacco companies. Encouraged by lax laws, many youth-focused events and music festivals sponsored by tobacco companies have been held, featuring a parade of international celebrities who have been happy to appear under the banner of cigarette brands. Often celebrity willingness to be used in tobacco industry promotions in

Indonesia has been in direct contradiction to their support of health and social causes in their home countries.

Two of the biggest festivals, Java Rocking Land and Java Jazz Festival, appear to have quietly dropped tobacco company sponsorships. Java Rocking Land has previously been sponsored by Indonesia’s largest clove cigarette manufacturer Gudang Garam, but in 2013 this sponsorship was absent for the first time. Meanwhile, the 2014 Java Jazz Festival held in early March, for the first time in several years did not feature Djarum Mild as a sponsor.

While Indonesia continues to resist signing the WHO Framework Convention on Tobacco Control (FCTC), and national government policy provides a welcoming context for the tobacco industry, the refusal of Bali to host Inter-tabac and the World Tobacco Asia conference event, and the sustained international pressure against tobacco sponsorship shows that local authorities and civil society do have the power to confront and subvert tobacco industry efforts.

NIGERIA: NEW TOBACCO LAW PASSES

The Lagos legislature passed a bill in late January creating a range of smoke free public places, including libraries, museums, public toilets, schools, hospitals, day care centres, public transportation and restaurants, and includes provision for fines and penalties for violations. It also prohibits the sale of cigarettes to minors and the sale of cigarettes in single sticks.

The law passed on its third reading, and will come into force after assent by the governor. It has been welcomed by health organisations in the country, who have engaged with the Lagos state ministry and ministry of health to work to get the bill passed. They have called on the national assembly to follow suit, to ensure uniform laws to protect the public in Nigeria.

A screenshot of online protests used in the Dortmund Kills campaign to cancel Inter-tabac Asia 2014.

In 2009, a similar national law was proposed, but derailed by a campaign by British American Tobacco (BAT), the market share leader in Nigeria. Nigerians have also been subject to targeted youth advertising in recent years, including 'secret' smoking parties. Despite—or perhaps because of—this, a poll conducted in February showed that nine out of ten Nigerians support strong tobacco laws. Perhaps reflecting marketing activities of the industry, 84% believe that tobacco smoking has become highly predominant in Nigeria. Awareness of harms was shown to be high; 94% believe smoking is very harmful, and 80% believe passive or second hand smoking pose serious health hazards to non-smokers.

WORLD: ONLINE WATERPIPE TOBACCO COMPANY FOR WOMEN

A new waterpipe tobacco company run entirely by women for women has opened trade in the online waterpipe retail industry. A first of its kind, Something Girlie markets its flavoured tobacco products exclusively to females in a move that underlines a growing concern about an unregulated and proliferating waterpipe tobacco industry.

Described by the company as 'sweeter than the other tobacco (sic) brands', Something Girlie boasts a variety of flavours ranging from 'Berry Broken Hearted' to 'Cotton Candy Kisses' each offered in 50 g, 250 g and 1 kg packs costing US\$5.99, US\$15.99 and US\$59.99, respectively. Each flavour represents a particular scenario or emotion, and is accompanied by a slogan or phrase. For example, 'Berry Broken Hearted'

portrays a formally-dressed, crying woman, tearing a letter and bearing the phrase "if someone you love hurts you—cry a river, build a bridge and get over it."

This is hardly a tobacco company aiming to market its products within the recommendations of the World Health Organisation FCTC. With barely noticeable health warnings and packaging cartooned with sexual allure, Something Girlie is unfortunately just following existing waterpipe marketing. *Tobacco Control* has documented on several occasions the misleading, non-compliant and deceptive marketing strategies of the waterpipe tobacco industry, but the first international waterpipe tobacco conference held in Dubai in October 2013 highlighted this was not showing any signs of fading.

This rise of Something Girlie is unsurprising considering the steady growth in waterpipe tobacco consumption among females. A practice once confined to elderly men residing in the Middle East and Indian sub-continent, the mass production of flavoured waterpipe tobacco during the 1990s resulted in a demographic shift in the industry's clientele to a global, younger generation. While a gender divide for waterpipe smoking certainly does favour males, a recent review by Jawad et al in *Addiction* showed the waterpipe gender divide to be smaller than for cigarettes, especially in countries that have a typically large cigarette gender divide.

Something Girlie's introduction to the waterpipe industry is accompanied by an emphatic opening statement: 'It's about time somebody realised we women are smoking hookah today.' The tagline

echoes the liberation theme of the Virginia Slims cigarette brand 'You've come a long way, baby' of decades ago, which undoubtedly lured millions of young women to take up a product that would lead to their early deaths. It is time someone realised this, however. Local and national authorities must acknowledge the public health importance of enacting policies to rein in the waterpipe tobacco industry. Yet such calls were made in the tobacco literature over ten years ago, and we remain unsure as to why there has been such a slow universal response to regulating the growing waterpipe tobacco industry.

Mohammed Jawad

Department of Primary Care and Public Health,
Imperial College London

Rima Nakkash

Faculty of Health Sciences,
American University of Beirut

JORDAN: PLAN TO ENFORCE WATERPIPE BAN

While waterpipe products and companies continue to proliferate, some of the countries where waterpipe has traditionally been popular are moving to restrict or ban it. Following recent moves in the United Arab Emirates, Jordan's health minister has vowed to make Jordan narghile (hookah) free by the end of 2014.

A 2008 law that bans smoking in public places is set to be enforced, with no new licences or renewals to be issued for cafés and restaurants to serve hookah. According to an Al Jazeera report, all licences are set to expire by 31 March 2014 (<http://www.aljazeera.com/indepth/features/2014/02/>

SOMETHING GIRLIE - BERRY BROKEN HEARTED

Email to a Friend Be the first to review this product

Availability: In stock ✓

Add to Wishlist

Product Name	Price	Qty
Something Girlie - Berry Broken Hearted 50g	£5.99	0
Something Girlie - Berry Broken Hearted 250g	£15.99	1
Something Girlie - Berry Broken Hearted 1 Kilo	£59.99	0

Image of Something Girlie advertising from <http://www.medwakh.com/shisha-tobacco/something-girlie-shisha/something-girlie-berry-broken-hearted.html>

water-pipe-ban-lights-up-jordan-smokers-2014214185149588570.html).

Echoing tobacco industry concerns often expressed by the hospitality industry when smoking restrictions take effect, the Jordan Restaurant Association has warned of job losses and hits to revenue. However, the move has been welcomed by health officials, who note the high smoking prevalence among men contributes to a significant proportion of Jordan's non-communicable disease burden.

ETHIOPIA: SMOKING BAN PASSES PARLIAMENT

Ethiopia's parliament passed a law in January that will outlaw smoking in public venues including restaurants, hotels and cinemas. The law also provides for tax increases, health warnings and a ban on advertising and promotion. It was passed unanimously; however, it will only go into effect after it has been published in the country's official newspaper.

Smoking prevalence in Ethiopia is low, at around 4.5% of the adult population. However, a 2013 study published in *Harm Reduction Journal* found that half of all homes allow smoking, with daily smoking occurring in approximately one third of homes—seemingly at odds with the low prevalence rate. If it is clearly communicated to the general public and well enforced, the ban in public spaces has the potential to not only avert an increase in smoking, but potentially influence attitudes towards indoor smoking in homes.

USA: PHARMACY CHAIN CVS TO PHASE OUT CIGARETTES SALES

US pharmacy chain CVS announced in early February that it will phase out cigarette sales in its 7600 US stores by October. The move has been widely praised, including by US president Barack Obama who said in a statement "(The) decision will help advance my administration's efforts to reduce tobacco-related deaths, cancer, and heart disease, as well as bring down healthcare costs".

In an op-ed for the *Journal of the American Medical Association*, chief medical officer of CVS Dr Troyen Brennan, outlined the many sensible reasons for CVS to phase out cigarettes: reducing retail density reduces smoking overall and likely helps reduce initiation among young people, pharmacies selling cigarettes sends a subtle message that they can't be that harmful, stopping cigarette pharmacy sales helps reinforce the social unacceptability of smoking, and—perhaps

most importantly—selling cigarettes is antithetical to promoting health and improving care.

He called for other pharmacies to follow CVS' lead, and regulation to force it if they do not do so voluntarily: "CVS believes now is the time for retailers, perhaps spurred by policy makers, to eliminate sales of cigarettes and other tobacco products by institutions that also have pharmacies." "If pharmacies do not make this effort voluntarily, federal or state regulatory action would be appropriate." It should be noted that most independent pharmacies in the US stopped tobacco sales long ago, and San Francisco and some other cities have banned pharmacy tobacco sales. However, until now, no other large chain pharmacy had done so.

Dr Brennan also outlined more strategic reasons for the decision: "Responding to the overall shortage of primary care practitioners in the USA and to recent legislation that expands access to health care coverage, most pharmacy chains are retooling themselves as an integral part of the health care system." Part of this retooling is retail health clinics, designed to offer an alternative to routine care by office-based physicians. He explained: "These retail clinics, originally designed to address common acute infections, are gearing up to work with primary care clinicians to assist in treating hypertension, hyperlipidaemia, and diabetes—all conditions exacerbated by smoking".

As Dr Brennan stated: "The Affordable Care Act increases health care coverage, but that coverage comes with a price." In the case of CVS, the estimated foregone

revenue is US\$1.5–2 billion. However the strategic benefit of being the first major pharmacy chain to voluntarily cease cigarette sales, the public relations and reputational benefits, and the possible flow on effects as the large pharmacy chains jostle for market share as part of the health system, and in the retail healthcare market, are likely to exceed the short-term foregone revenue.

One factor Dr Brennan did not reference in his op-ed, but presumably could not have been unaware of, was a three year protest aimed at persuading CVS to stop selling cigarettes. From May 2010 through to June 2013, Dr Terence Gerace personally protested outside CVS stores in Washington as part of the 'CVS sells poison' project. The protests, the reactions of passers-by, and the interactions Dr Gerace had while protesting are detailed at the project website <http://www.toxic-tobaccolaw.org>. The website is powerful testimony to the power of individual persuasion for changing people's attitudes.

The motivation for Dr Gerace's protest was three letters he sent to Dr Brennan from October 2009, requesting CVS to stop selling tobacco. When the letters received no response, Dr Gerace started his protests.

Unquestionably, the move by CVS to phase out tobacco sales is a positive development. The question is: why did it take so long, and how long until all other US pharmacies follow suit? As Dr Brennan noted in his op-ed, "This is primarily a US problem: pharmacies in other developed countries do not sell cigarettes."

Welcome to the Toxic-Tobacco Law Coalition

The 'CVS sells poison' project, documented at <http://www.toxic-tobaccolaw.org> involved over 140 personal protests

The cover of the 'Maybe you're the target' report detailing PMI's global campaign 'Be Marlboro', which targets youth. Full report available at <http://www.stopcorporateabuse.org/resource/youre-target-new-global-marlboro-campaign-found-target-teens>

SOUTHEAST ASIA: TOBACCO INDUSTRY INTERFERENCE INDEX

The first-ever Tobacco Control Interference Index for Association of Southeast Asian Nations (ASEAN) countries was launched by the Southeast Asia Tobacco Control Alliance (SEATCA) on 3 February 2014. It covers seven countries in Southeast Asia: the Philippines, Brunei Darussalam, Cambodia, Lao PDR, Indonesia, Malaysia, and Thailand, in relation to their

compliance with Article 5.3 of the WHO FCTC, which focuses on protecting public health policy from tobacco industry interference

The index, available for download at <http://seatca.org/?p=3504>, shows tobacco companies are able to influence public policy, facilitated by non-disclosure of government interactions with the tobacco industry, lack of transparency, and insufficient conflict of interest protections.

Brunei and Thailand scored well in their efforts to implement article 5.3, while Indonesia (a non-party), Malaysia and Philippines have plenty of room for improvement.

WORLD: PHILIP MORRIS CAMPAIGN TARGETS TEENS

A report called 'You're the Target', released on 12 March details a global marketing campaign, 'Be Marlboro', by Philip Morris International (PMI) to target teens.

The report, a joint initiative of Corporate Accountability International, Campaign for Tobacco Free Kids, Alliance for the Control of Tobacco Use, Tobacco Control Alliance, Framework Convention Alliance, InterAmerican Heart Foundation and SEATCA, highlights the need for governments to urgently introduce comprehensive tobacco advertising bans, in line with requirements under the WHO FCTC.

In Germany, the campaign was banned in October 2013, after a court found it violated Germany's advertising law and specifically targets risk-taking, rebellious youth. As any veteran industry watcher would expect, PMI has said it intends to challenge the ruling. Complaints about the campaign have also been made in Brazil, Columbia and Switzerland.

The report can be downloaded at <http://www.stopcorporateabuse.org/resource/youre-target-new-global-marlboro-campaign-found-target-teens>.

AUSTRALIA: SMOKING IN CARS WITH CHILDREN COMPLETELY OUTLAWED

Smoking in cars with children present will be illegal in all Australian states and territories from August 2014. The Northern Territory voted in favour of the ban in February. It was the last Australian jurisdiction to do so; the first ban was introduced by South Australia in 2007.

Tob Control 2014;23:189–192.
doi:10.1136/tobaccocontrol-2014-051704