Czech Republic: BAT gets round weak ad ban

The Czech Republic’s current advertising ban dates from 2003, but there are strong signs that it needs to be strengthened. The law bans all forms of advertising and promotion of tobacco products, including sponsorship. Unfortunately, however, the use of tobacco products’ names or mention of their supposed attributes is only banned on radio and television. This is currently exploited by BAT’s Pall Mall brand, which has been promoting a range of clothes on billboards in Prague. In addition, BAT used the Pall Mall brand name in its sponsorship of the country’s world renowned film festival, Febiofest, in both 2006 and 2007. Such activities apparently get round the country’s laws, though to date, there have been no serious challenges.

Not content with such brand stretching and promotion of the brand name in association with a much publicised cultural activity, BAT also uses its continuing marketing activities for lobbying purposes, to try to prevent additional measures known to be effective in reducing tobacco consumption. For example, an ad for Febiofest in 2006 proclaimed not only BAT’s status as the principal sponsor of the film festival, but also its support for “efficient ventilation and a pleasant environment for smokers and non-smokers in selected Prague facilities.” Similarly, using a favourite tobacco sophistry to try to prevent tax rises by diverting attention to the sale of fake and smuggled cigarettes, ads in this year’s Fabiofest newspaper said, “Cigarette forgery and smuggling costs the state at least US$78 million. This money could pay for the filming of 50 full length films. 500 sports cars for the mafia, or 50 full length films? Choose for yourself.”

Of course, BAT knows full well that this is not a choice for the government, far less one that the general public can make. But it is free propaganda that will embed itself in the public psyche, and that of the country’s elected representatives, when it is time for those continuing acts of political bravery and clear sightedness that are regularly required to enforce and strengthen tobacco control laws.

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Mongolia: proportion of tobacco tax for health

In March 2007, Mongolia started to divert a proportion of its tobacco tax revenue towards a new health promotion foundation. This followed a tobacco control law that required that the foundation be established “to enhance healthy lifestyles and reduce tobacco consumption among the population.”

In the debate leading up to the new law, it was reported that “some of the lawmakers insisted that the excise tax on tobacco should be accumulated in a national fund to fight hazards of tobacco and be used for anti-smoking advertising campaigns.”

While the amount of funds for the new foundation are modest—2% of the tobacco tax revenue, or around US$180 000
per year—it represents a fairly rare move for a developing country. Only a few other such countries dedicate any of their tobacco tax revenue to health related purposes—Estonia, Poland, Egypt, Thailand, Korea, Taiwan and Qatar. All these have higher per capita incomes than Mongolia.

Despite this progressive move, Mongolia still has plenty of scope for improved tobacco control. A recent survey in 2005 indicated that smoking prevalence was currently 43.1% for men and 4.1% for women. In particular, there is a need to further raise the overall level of tobacco tax, which, including value added tax and customs duty, is only around 40% of the price paid by the smoker. Without higher excise taxes, tobacco will continue to be relatively cheap owing to Chinese imports and Mongolia’s own domestic products.

There is also scope in Mongolia for improving compliance with the current smoke-free environments law that limits smoking to designated areas. There may even be a need for a new smoke-free law that is more comprehensive, with complete restrictions on smoking in all public places and hospitality venues.

As members of the south Asian diaspora around the world celebrated the 60th anniversary of the partition of India, the creation of Pakistan and the independence of the two countries from their former colonial rulers, some in the region had cause to ponder how little some things had changed. In another former British colony just to the south, tobacco control advocates saw how the future health of their people continued to be jeopardised by the activities of a transnational tobacco company based in the UK. Moreover, they noted just how similar its tactics remained to those used for generations back in “the old country” for fostering influence with the government. Even if the “old boy” network had faded a bit at home, it appeared to be alive and well in Sri Lanka.

As the 8th international congress on AIDS in Asia and the Pacific (ICAAP) was about to open in the capital, Colombo, in August, health advocates learned that the chairman and another director of BAT’s 90% owned subsidiary, CTC (Ceylon Tobacco Company), were members of the conference finance committee. Public health workers maintained that their presence was a serious conflict of interest, and said it was yet another subtle strategy of BAT to build its image as a socially responsible company. After all, they reasoned, since BAT used the experience of its board members to further its business interests, both in the boardroom and behind the scenes, it seemed unlikely that the company would be averse to exploiting the service rendered to the conference by its directors, in whatever capacity, if that would give it an advantage in maintaining business as usual.

The two BAT men, CTC’s chairman Mr Ken Balendra and his fellow director Mr Deva Rodrigo, between them must have a vast list of influential contacts. Mr Balendra also chairs the South Asia Regional Fund sponsored by the Commonwealth Development Corporation for investment in South Asia, and in the past has been chairman of the Ceylon Chamber of Commerce, the Securities and Exchange Commission, and the Insurance Board of Sri Lanka. Mr Rodrigo’s CV, too, contains a wealth of blue chip appointments.

The aim of tobacco control legislation, if it is really to be effective, must be to reduce consumption, for that holds by far greatest potential to prevent the vast amount of premature death, disease and disability caused by tobacco. And good works by worthy individuals must be worth something to BAT when trying to persuade governments not to pass tobacco control proposals that might actually be effective, which would mean reducing consumption.

Thirty years ago, in the infancy of tobacco control in the UK, tobacco companies such as BAT had people embedded in every conceivable part of British public life, from government and quasi-government organisations, to culture, sport and just about anything else that enabled contact with those who ultimately held the key to their long term future. It is only in comparatively recent times that members of most self respecting organisations have preferred not to sit down with the brown mafia.

Despite what is now a long history of active tobacco control exposing the many tricks of the tobacco industry to recruit and keep Sri Lankans smoking, citizens like the BAT directors, albeit with a long record of public service as well as top level business and commercial experience, are still available for appointment by BAT. Of more concern is that there still seem to be many in the health community, as well as in government, who do not understand how it all works, and continue to appoint them to prestigious positions where, however innocent the individuals’ intentions may be, BAT can reap the most inappropriate corporate rewards.

Sri Lanka: BAT and the influence game

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Cameroon: disappearing ads mark good start

Cameroon, set in the crook of west Africa, is one of the many African countries that, while not often in the news, have tended to be open playing fields for tobacco companies. Depending on economic factors, some of them have at times seemed like adventure playgrounds for tobacco advertisers. In the past, like so many similar developing countries, Cameroon’s frail economy, with all the immediate concerns of any low income developing country, helped ensure that tobacco control never became a dominant issue. Apart from smoking bans in healthcare facilities, and restrictions in government buildings and educational facilities, it showed nearly a full house of “not regulated” scores in surveys of tobacco control measures and infrastructure. It is therefore just the sort of country where one could expect to see some noticeable changes deriving from the World Health Organization’s Framework Convention on Tobacco Control (FCTC).

Cameroon signed the FCTC in May 2004 and ratified it less than two years later, in February 2006. Before that, smoking prevalence was low among the African population—around 36% among all adults—but higher in the country’s expatriate population, who tend to be a focus for advertising for their significantly larger incomes and their perceived status as leading the consumer good life that
advertisers wanted to sell to everyone else. BAT has a third of the market, the more expensive end, and its advertising has been fairly predictable. Offers of cigarette packs with coupons offering the chance to win luxury prizes have been typical, as used by BAT as recently as this year to promote its Pall Mall brand. Other Pall Mall billboards, featuring a giant picture of the brand, have claimed, “5,000,000 people smoke one cigarette.” At around a fifth of the adult population, this would make Pall Mall significantly the most popular brand, though Benson & Hedges, Marlboro and other brand advertising was also widespread. Tobacco sports sponsorship included golf tournaments in which prizes included boxes of cigarettes, irrespective of whether the winner was a smoker.

Now, however, tobacco billboards are reported to have largely disappeared, though cigarette emblazoned umbrellas at sales booths and restaurants are still common. Tobacco manufacturers, no doubt using the hospitality trade to do their dirty work, will squeal loudly if and when the government acts to remove remaining promotional items, but that and many other measures will cost nothing to implement. Health warnings, for example, currently contain classic tobacco industry language to indicate uncertainty about smoking causing disease: printed in both French and English, they warn only that “Tobacco may be dangerous to your health.” It is to be hoped that the lengthy FCTC negotiation process made Cameroonian health officials realise that such tentative statements are no longer acceptable, and that their country can have the same sort of warnings as the international leaders by means of a simple ultimatum to the manufacturers.

While Cameroon is something of a cultural and market leader for some of its neighbours, such as Chad and the Central African Republic, the economic challenges it still faces make it unlikely to be a prime target for international tobacco companies. However, as long as people are paid to try to get citizens in any country to smoke, they will try to get round legislation. With tobacco control a relatively recent item on the agenda, countries such as this may offer instructive case histories as the process of implementing and enforcing legislation under the FCTC unfolds.

### Australia: WARNING: outdated pack health warnings are addictive— to tobacco companies

Health groups in Australia have warned governments to close stockpiling loopholes when introducing new picture based health warnings on tobacco packets. Under Australian law, all tobacco packets manufactured from March 2006 must by law display the new graphics— alerting smokers and potential smokers to the full range of diseases and disabilities caused by tobacco products, and how to get help with quitting. But a survey carried out by ASH in late July this year found that 70% of Sydney tobacco retailing shops were still selling some tobacco products with text only warnings—fully 16 months after the graphic warnings were introduced.

ASH surveyed 40 shops (10 supermarkets, 10 general “convenience” stores, 10 petrol stations and 10 tobacconists) in the city and inner suburbs. At 28 shops, ASH was able to buy either cigarettes or roll your own or cigars carrying the old warnings—including from all 10 of the tobacconists, eight of the convenience stores and five each of the supermarkets and petrol stations. In the big supermarket chains and petrol stations where turnover was high, there was less evidence of stockpiling. In all cases, less than 5% of the packets in the shops carried the outdated warnings.

### World: a guide to evaluating FCTC led policies

Since the Framework Convention on Tobacco Control (FCTC) of the World Health Organization (WHO) became binding international law in February 2005, it has already generated a large number of policy initiatives, which public health researchers have an obligation to ensure are as effective as possible. Towards this end, a working group formed by 26 scientists from nine countries and the WHO, under the joint chairmanship of Ron Borland (Australia) and Mike Cummings (USA), met at the International Agency for Tobacco Control in Geneva, Switzerland, to prepare a guide to evaluating FCTC led policies in tobacco control.
Research on Cancer (IARC) in Lyon, France, in March this year to outline a common conceptual framework for the evaluation of FCTC tobacco control policies, to guide assessments about what policies work and why they work.

The result of their work, to be published next year as the 12th handbook in the IARC Handbooks of Cancer Prevention series, will provide a theory driven framework that IARC plans to apply in the evaluation of specific tobacco control policy interventions.

As policies and the disseminated programmes that result from policy decisions can affect large numbers of people, in some cases the entire population, it is important to determine whether they achieve their objectives, and do so in a cost effective way with any incidental effects ideally having net benefits.

Four broad questions were considered, each with several more specific related questions, to guide the review of the scientific literature on the methods and measures of tobacco policy evaluation. The broad questions cover how the effects of a policy are determined; the core constructs for understanding how and why a given policy works; the potential moderator variables to consider when evaluating a given policy; and the data sources that might be useful for evaluation.

The working group proposed a common conceptual framework to guide future FCTC policy evaluation, specifying two levels of mediating variables: those specific to the policy, and those that are part of more general pathways to the outcomes of interest. It also accepted that various other factors (moderators) might affect the size of the effect, and recognised the possibility of effects incidental to those an intervention is designed to produce. The group concluded that tobacco use was the appropriate end point for most policy evaluations because both prevention and cessation of tobacco use reduce tobacco related deaths and illnesses. The group elaborated the model most completely for tobacco use outcomes, but it was also applied to policies affecting product harmfulness.

For policies designed to affect tobacco use, policy specific mediators involve such elements as awareness, policy specific knowledge and reactions to specific elements of the intervention. For example, new graphic warning labels are predicted to increase the salience and visibility of warnings, and perhaps forgoing of occasional cigarettes. General mediators are constructs taken from behavioural science theory that we know mediate the effects of such things as knowledge and awareness on behaviour, in this case tobacco use. They include attitudes, normative beliefs and intentions.

Moderator variables include those factors that change the magnitude of the effects of an intervention without necessarily being changed by the intervention. They often include sociodemographic characteristics (for example, age, gender, socioeconomic status, cultural background) and psychological factors that are either assumed to be stable or which the intervention is not designed to change (for example, level of dependence).

The handbook will include logic models outlining relevant constructs for evaluating the effectiveness of policies on tobacco taxation, smoke-free environments, tobacco product regulations, limits on tobacco marketing communications, product labelling, anti-tobacco public communication campaigns and tobacco use cessation interventions. Additionally, it will provide examples of measures used to assess key constructs, with special attention to measurement issues with survey methods.

It will also include descriptions of sources of data on tobacco control policies, tobacco production and trade, and repositories of youth and adult surveillance surveys. These sources of information are particularly important for making comparisons between countries, and in some cases can be used to demonstrate the impact of policies, although not the mechanisms by which they occur. Lastly, the volume will present the terminology to judge the quality of the evidence considered in the evaluation of tobacco control policies and to be used in future IARC handbook publications.

The FCTC has propelled tobacco control into a new era as countries all over the world incorporate its policies and recommendations into their own laws. As tobacco control policies are formulated and implemented, it is important that they undergo rigorous evaluation. In the same way that evidence based medicine has been built from rigorous evaluation of treatment options, evidence based public health must build on a database of rigorous evaluations of public health policies. Such knowledge will allow implementation of the most powerful policy interventions, and will do so in ways that will maximise their effectiveness.

**UK: Fl promotion dead, but won’t lie down**

Tobacco companies will keep testing what they can get away with in their efforts to attach the most persuasive images to their cigarette brands, even in countries with total bans on promotion. If they provide the means and rationale for promotion, they can also rely on others to do the same.

In recent months, a motorsports shop in Regent Street, at the very heart of London’s west end shopping area, had a window display of three mannequins dressed in Formula One driving suits, two with Lucky Strike logos on the chest, and one in a Benson & Hedges suit, albeit with new lettering used by B&H to get around the UK’s sponsorship restrictions.

In addition to the mannequins, there were numerous examples of tobacco promotion within the shop, such as model racing cars, drivers’ caps and pictures of motor racing events. Specific tobacco company logos featured on the products included Marlboro, Benson & Hedges and Camel.

Action on Smoking and Health (ASH) contacted local trading standards officials, who acted quickly, ordering the shop to remove the tobacco sponsored clothing within a week. ASH had less success with the other promotional items in the shop. It is highly likely that other shops around the UK are doing the same sort of thing, without a well informed and alert passer-by spotting and reporting them. And if a majority of such promotions go unpunished, presumably the industry will keep orchestrating or facilitating them.

**Belgium: ban fails entrance test**

Belgians are facing that classic problem after a public places smoking ban: smoke
pollution at the entrances of buildings. A particularly unpleasant and inappropriate situation was described recently by a smoking cessation counsellor at one of the country’s top teaching hospitals. Smoke from the many smokers packed into the entrance area at any one time—staff, patients and visitors—and the mass of litter they left behind, was not only denying other staff a smoke-free workplace, but was manifestly unpleasant for the smokers themselves.

The counsellor suggested that the hospital set up a temporary smoking room, coupled with the offer and provision of cessation counselling for those who used it. Despite a promise that the situation would be remedied—it had been the subject of other complaints—it took adverse publicity in a national newspaper to produce action. The hospital authorities announced a separate area for smokers, though there was no mention of linking this with cessation services.

Clearly, such a measure must only be an interim stage on the way to a completely smoke-free environment. It illustrates the difficulties that many countries face, especially if there has not been steady preparation over many years, using public information and education campaigns, to create a genuinely smoke-free culture.

North Korea: singular aim of smoking ban

We all know of countries that owe their smoking bans mainly to one individual. It is usually a health minister, often a physician who has seen all too much of the clinical results of smoking, who persuades fellow ministers to back a tobacco control bill, and has the dedication, political skills and courage, not to mention the energy to see it through the inevitable media and parliamentary storms thrown up by tobacco interests before it finally becomes law. North Korea now has a smoking ban, not mainly but entirely due to the influence of one individual, and not for the usual reasons. Although detailed information does not flow too easily from the Democratic People’s Republic of Korea, as it is officially called, it has been reported that doctors recommended to president Kim Jong-il that he stop smoking (as well as drinking alcohol) and arrange to live and work in a totally smoke-free environment. Thus the home, office and everywhere else visited by Kim Jong-Il, chairman of the national defence commission, supreme commander of the Korean people’s army and general secretary of the workers’ party of Korea, have been made smoke free.

The Lighter Side

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