

Worldwide news and comment

NETHERLANDS: MOVE TO PHASE OUT TOBACCO SALES IN SUPERMARKETS AND PETROL STATIONS

On 3 March 2020, a majority in the Dutch parliament voted to end the sale of tobacco in supermarkets and petrol stations. All political parties, apart from the three liberal right-wing parties, supported a motion that called on the government to ask supermarkets and petrol stations to voluntarily stop selling tobacco products. Should they fail to acquiesce before 2022, they will be legally required to do so.

Reducing the number of tobacco sales points is one of the main changes that health organizations in the Netherlands, in particular the Youth Smoking Prevention Foundation (Stichting Rookpreventie Jeugd; SRPJ), have been advocating. Making tobacco products more expensive and harder to access are the most effective ways of discouraging youth from taking up smoking.

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Estimates on the number of tobacco sales points in the Netherlands vary from 30 000 to 60 000. The 6300 supermarkets sell 50% of all tobacco in the Netherlands, generating annual turnover of €2.1 billion (6.2% of total turnover). The Netherlands also has over 2,000 staffed petrol stations that sell tobacco. These sales contribute 60% to 75% of retail turnover, excluding petrol, in those stores.

Supermarkets and petrol stations are places where young people can easily obtain tobacco. Recent figures from the Netherlands Food and Consumer Product Safety Authority (NVWA) revealed that only 35% of petrol stations and 73% of supermarkets complied with age limit restrictions for purchasing tobacco. This is

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A spoof of a supermarket commercial SRPJ commissioned in 2013 as part of a campaign called 'smoke alarm'. Image source: <https://www.youtube.com/watch?v=F1zGBsBb4kw>.

an important reason to limit tobacco sales, preferably through a licencing system, to specialist outlets that only sell tobacco.

That a majority in the Dutch Lower House of Parliament shares this view is the result of over a decade of continuous lobbying and campaigning by a coalition of health organizations in the Netherlands. Creative campaigning, high-profile legal challenges and thorough investigative journalism by the SRPJ has helped to bring about a reversal of public opinion on smoking. It is now widely accepted that smoking is an addiction, and three-quarters of the population, spread evenly across the political parties, support the introduction of comprehensive measures to discourage smoking. In 2018, 65% of the population agreed that the sale of tobacco should be restricted to designated tobacco shops.

While the government has not staged any major publicity campaigns for over a decade, the SRPJ has succeeded in making both the public and politicians aware of the true nature of tactics employed by the tobacco industry. Awareness of the behaviour of the tobacco lobby and the influence of the industry on policy-makers rose sharply after the SRPJ launched the website TabakNee in 2013 with support from the Dutch Cancer Society. The site introduced the principle of 'naming and shaming' leading figures and associates within the tobacco industry. This was much needed in a country where a former tobacco lobbyist had become Minister for Health in 2010.

In addition, for the past 7 years, investigative journalists from TabakNee have exposed the abject and deceitful activity of the tobacco industry, prompting questions in parliament on numerous occasions. In

this change of climate, the State Secretary for Health, Paul Blokhuis, who took office in the autumn of 2017, has emerged as a dedicated anti-smoking advocate. A widely supported National Prevention Agreement includes measures to increase excise duties, ban cigarette displays, enforce standard packaging (from 2020), and prohibit cigarette vending machines (from 2022).

The Lower House of Parliament intends to reduce the number of sales points by over 8,000. Ten years ago, that was still the goal of a small group of health campaigners. Now it is time to advocate for the introduction of a licencing system in the Netherlands to limit the sale of tobacco products only to specialist shops. Once in place, minors will no longer come into contact with tobacco at the point of sale. It will also ensure that the enforcement of minimum sales age laws will be streamlined.

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WORLD: STRENGTHENING WOMEN'S RIGHTS WHILE LOWERING TOBACCO USE

A worrying trend is emerging in numerous countries, where more adolescent girls smoke than adult women. The marketing of tobacco products to women by the tobacco industry is well documented and unfortunately, effective. A global trend towards feminisation of tobacco use will not only go against the objective of

the WHO Framework Convention on Tobacco Control (FCTC) which aims to “protect present and future generations from the devastating health, social, environmental and economic consequences of tobacco consumption and exposure to tobacco smoke” but will also slow progress towards achieving the Sustainable Development Goals (SDGs).

Ideally, if the WHO FCTC had a robust reporting and enforcement mechanism, the public health community could use it to raise awareness and demand remedial action where increases in tobacco use among women and girls are happening at a national level. Unfortunately, this process is not yet in place for the FCTC. However, it does exist for Human Rights Treaties that have been ratified by most of the country Parties to the FCTC. For example, the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) has a committee constituted of independent experts that monitors its implementation.

For this reason, ASH US has been working with partners around the world to encourage these committees to include tobacco in their considerations in order to raise awareness at country level about the negative impact tobacco has on human rights, and in the case of CEDAW, the challenges in reaching gender specific tobacco reduction targets. A key part of this work has been to build the capacity of civil society in various countries to use human rights frameworks to remind their governments that, unless they do more to protect their citizens from the tobacco industry, they will fail to live up to their obligations under international human rights law, and often under the country’s national law as well.

ASH US and its partners in Japan developed and submitted a gender centric parallel report to CEDAW for consideration alongside the government’s own report. The report stresses that the actions of the tobacco industry in Japan create an obstacle to Japanese women and girls enjoying the highest attainable standard of health. The report concludes that while Japan has made some progress in tobacco control, the government must remember that tobacco is a human rights issue, as well as a women’s and girls’ rights issue, and should be considered as part of Japan’s human rights obligations.

Similarly, ASH US worked with partners in Spain to submit a report to the Universal Periodic Review (UPR) of the UN Human Rights Council highlighting the lack of progress in reducing women’s smoking in Spain. The parallel report also laments the

lack of progress in reducing smoking prevalence among younger populations, points out that smoking prevalence is decreasing at a lower rate for Spanish women than men, and calls on Spain to take steps such as increasing tobacco taxes to achieve human rights objectives.

These are just two examples of the many country reports that ASH has been involved in over the past few years, and country reports are simply the tip of the iceberg for using the human rights framework to further tobacco control. The human rights framework provides a very useful tool to remind all governments that the implementation of the WHO FCTC, the SDGs and the global human rights agendas are mutually reinforcing. In contrast, any delay in FCTC implementation will result in countries not living up to their obligations under the human rights treaties they have ratified. It is up to us as civil society and academia to remind them of this fact.

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ETHIOPIA: NGO, GOVERNMENT & INTERGOVERNMENT COLLABORATION RESULTS IN TAX INCREASE

With a large youth population and rapidly growing household income, tobacco companies see Ethiopia as a growth market. In February 2020, Ethiopia’s parliament approved a landmark bill to increase taxes on tobacco products. The tax reform came almost exactly a year after the country passed its comprehensive tobacco control law including smoke free policies, a complete ban on advertising, promotion, and sponsorship, large graphic health warnings, and sales restrictions to anyone under the age of 21, among others.

The recent bill introduced a specific excise tax at a rate of eight Ethiopian birr (ETB) (\$0.25 USD) per cigarette pack, while reducing the ad valorem excise tax rate from 75% to 30%. It is estimated that the impact of the new tax on cigarette prices will be large enough to reduce the rate of cigarette smoking among adults by 10%, saving around 91,000 lives. Notably, the introduction of the specific tax will reduce large price gaps between economy and premium cigarettes, preventing smokers from shifting to less expensive brands and, thus, boosting the positive health impacts of the tax. Finally, the new tax is predicted to bring an additional 925 million ETB (\$28.7 million USD) in tax revenue. Future increases in the specific tax and indexing the tax to inflation

and income growth would bring further public health and revenue gains.

This success was possible thanks to the sustained and collaborative effort among government, non-governmental and inter-governmental organisations. The technical evidence generated by the WHO, the World Bank, and the United Nations Development Programme provided a strong advocacy argument. In late 2019, WHO organised a workshop on tobacco tax modelling attended by experts from Ethiopia representing the finance, revenue and health authorities. It also briefed the Minister of Health ahead of the Council of Ministers meeting regarding the tax amendment. Non-governmental organisations, supported by numerous international donors, helped to promote the evidence and debunk the tobacco industry’s false statements.

Advocates organised meetings with government representatives, sent letters to governmental organisations, ran workshops involving key policy champions, and issued press releases. Civil society included not only tobacco control advocacy groups, but also medical and professional associations such as the Mathiwos Wondu-YeEthiopia Cancer Society. There was also a strong group of governmental public health organisations that pushed for the new bill. These included the Ethiopia Food and Drug Authority, the Ethiopian Public Health Institute and the Ministry of Health.

The bill was passed despite strong opposition from the tobacco industry. Historically, the industry has consistently prevented, stalled and circumvented tobacco control legislation in Africa. Their interference in the political process to increase tobacco taxes in Ethiopia is an example. The industry pushed strongly to lower the proposed tax rates and to spread the tax increase over time, while claiming high and rising sales of illicit cigarettes in the Ethiopian market. Those industry messages were eventually overwhelmed by solid evidence coming from the public health sector. The passing of this life-saving bill in Ethiopia demonstrates that great results can be achieved when the global tobacco control community works closely with local officials, advocates and experts to produce compelling evidence to support policy reform that promotes public health.

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SWITZERLAND: UNIVERSITY OF GENEVA SCHOOL ADOPTS UN GLOBAL COMPACT TO EXCLUDE TOBACCO

On 23 January 2020, the School of Economics and Management (GSEM) at University of Geneva adopted a directive according to which the school and its faculty members abstain from engaging with 'high-risk' industries excluded from the United Nations Global Compact (UNGC). The directive is based on UNGC's policy to exclude companies from participation in its activities if they produce nuclear, chemical, or biological weapons, antipersonnel landmines or cluster bombs, and tobacco products. In 2011, the United Nations General Assembly asserted the "fundamental conflict of interest between the tobacco industry and public health," which also implies a fundamental conflict of interest between the tobacco industry and human rights. The UNGC excluded tobacco companies in 2017.

The directive notably asks GSEM and its faculty members to abstain from accepting research funds from companies of excluded industries, providing space at university job fairs for companies of excluded industries, or inviting company representatives from excluded industries to guest lectures. The adoption of this directive by the GSEM follows the creation of the GSEM Center for Business and Human Rights in November 2019, the first of its kind in Europe, whose declared purpose is "to develop business models that allow profits and principles to co-exist."

Shortly after the creation of the Centre, its director, Prof. Dorothee Bauman-Pauly, learnt that a guest speaker from Japan Tobacco International had been invited by the faculty to speak about human rights. Such an invitation blatantly contradicted the very purpose of the Centre, as tobacco profits could not co-exist with human rights principles. Prof. Bauman-Pauly realised the best way to protect the faculty against future tobacco industry interference was to formally adopt the UNGC policy document with that purpose.

The GSEM is among more than 800 business and management schools around the world who have adopted the Principles for Responsible Management Education (PRME) of UNGC. In its commitment to encourage other academic institutions and associations to adopt and support these Principles, GSEM presented its new directive in the February newsletter of PRME, addressed to all members of the network, explaining that it is "in alignment with UN Global Compact integrity policy." The GSEM policy of excluding high-risk industries, including the tobacco industry, should be widely adopted by academia and become the standard of integrity worldwide.

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FROM THE TOBACCO CONTROL BLOG

A page which gathers resources about smoking and COVID-19 has been established on the blog. It includes research

published in Tobacco Control and other BMJ titles as well as other journals, consumer information about the virus and smoking, and media articles which will be updated regularly throughout the pandemic. See <https://blogs.bmj.com/tc/2020/03/26/covid-19-and-smoking-resources-research-and-news/>. Other recent articles published on the Tobacco Control blog include a tribute to health and tobacco control economist Professor Teh-wei Hu who died in early February, (<https://blogs.bmj.com/tc/2020/03/08/world-tribute-to-professor-teh-wei-hu-health-and-tobacco-control-economist/>), an investigation into how e-cigarette companies are investing in political activity (<https://blogs.bmj.com/tc/2020/03/22/world-tobacco-industry-hydras-many-political-investment-heads/>), a review on how waterpipe smoking can increase the risk of spreading COVID-19 (<https://blogs.bmj.com/tc/2020/03/23/waterpipe-tobacco-smoking-a-potential-conduit-of-covid-19/>), and a detailed analysis on the role of smoking in the contraction, transmission and mortality rate of COVID-19 (<https://blogs.bmj.com/tc/2020/03/24/covid-19-and-smoking-the-elephant-in-the-room/>).

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