

Tobacco Control in Practice

Article 13:
Tobacco advertising, promotion and sponsorship

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**THE WORLD
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Case studies of implementation of the WHO Framework
Convention on Tobacco Control in the WHO European Region

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Foreword

We have really advanced in our fight against tobacco, and it is hard to imagine that we once lived in a time where tobacco was not viewed as harmful and was even promoted by the doctors and nurses in whom we trust. Since then, however, we have collected all the evidence we need to know that tobacco use can kill in so many ways that it is a risk factor for six of the eight leading causes of death globally.

With our powerful tool, the WHO Framework Convention on Tobacco Control (WHO FCTC), by our side, the number of people being protected by tobacco control measures is growing at an extraordinary pace.

We have really come a long way, and one can think it will only get easier from here. We know what works and what does not. We have evidence to support our recommendations, we have the first health treaty that is legally binding for 174 countries that are Parties globally and we have the moral obligation to justify our actions. But we must not forget the vigilance of the tobacco industry and their desire to stay alive.

In some ways, it will only get tougher. Most people understand the harms of tobacco, but people continue to smoke. These are not only people that were

already addicted but new faces choosing tobacco over a healthy lifestyle.

What can explain this and where do we go from here? We have reached a unique and critical point, and we cannot underestimate the power, creativity and energy of the tobacco industry. Article 5.3 of the WHO FCTC obligates parties to prevent the industry from having any role in determining public health policy, but their involvement may not always be so clear.

In times of limited resources, we must rely more than ever on the experiences and lessons learned from one on another. We are all committed to a shared goal and, collectively, obstacles can be overcome and creative solutions can be found. This new series of case studies shares the stories of leaders within the Region, highlighting the challenges they faced as they implemented various articles of the WHO FCTC, as well as the ingredients that led to their success and their triumph over the tobacco industry.

Gauden Galea, Director, Division of Noncommunicable Diseases and Health Promotion

Preface

The numbers of women and girl tobacco users in the WHO European Region are the highest among all the WHO regions. The WHO European Region, together with the Region of the Americas, has the highest proportion of deaths attributable to tobacco (16%). The WHO Framework Convention on Tobacco Control is a powerful legal instrument to help stakeholders approach the tobacco control epidemic with an evidence-informed framework.

This series of case studies displays the art of the possible. They showcase what can be done, given determination, effort and goodwill, when a country responds to the challenge posed by the WHO Framework Convention on Tobacco Control (WHO FCTC) and sets itself the task of implementing one or several the articles in a national context.

Each case study reveals significant progress – and each, explicitly or implicitly, admits that more could have been done. With the benefit of hindsight, one suspects that some would just repeat the same exercise – whereas others might be tempted to try a different approach.

The WHO FCTC did not come out of the blue but was the culmination (some would say the end of the beginning) of many years' practical experience

in tobacco control, nationally and internationally, of advocacy and of painstaking negotiation. Each country in these studies had a different history in tobacco control and therefore found itself at a different starting-point when they ratified the WHO FCTC. Their stories are fascinating, because of the contrasts that they reveal.

There are some common themes in addition to the continual attempts by the tobacco industry to block any effective regulation: political leadership at a senior level; growing public opinion in favour of change; support of the professions and the health care system; wider involvement of civil society; voluntary sector activism; media advocacy; and – importantly – appropriate levels (and continuity) of funding.

There is also the sense of being part of a greater whole: that this particular activity (such as helping a tobacco user to quit or protecting the public from second-hand smoke) is important in itself, here and now – but it also contributes to a worldwide movement for change. There is no harm, perhaps, in adopting the mantra of environmentalism – “think globally, act locally” – for it appropriately describes what is happening in each of these studies and across the WHO European Region as a whole as the various articles of the WHO FCTC are brought into play.

Acknowledgements

WHO selected “tobacco industry interference” as the theme of the 2012 World No Tobacco Day, recognizing the serious danger the tobacco industry poses to public health and the need to expose and counter the industry’s increasing attempts to undermine the WHO Framework Convention on Tobacco Control (WHO FCTC).

The WHO Regional Office for Europe commissioned a series of case study publications highlighting successes and lessons learned and portraying the interference of the tobacco industry in public policy-making. The series of case studies is intended to reinforce the WHO FCTC as a powerful legal instrument in accordance with its spirit and recognizing “the need to be alert to any efforts by the tobacco industry to undermine or subvert tobacco control efforts ...”.

The case studies have been carefully selected to illustrate the struggles and triumphs of leading countries in their fight against tobacco, and oftentimes, the shadowing role of the tobacco industry. The first within the series of case studies focuses on France’s story on adopting groundbreaking measures to ban tobacco advertising, promotion and sponsorship and their success in fighting the extensive interference of the tobacco industry and the reminder to always remain vigilant.

Gauden Galea, Kristina Mauer-Stender and Agis D. Tsouros conceptualized this publication. Yulnara Kadirova, Rula Nabil Khoury and Kristina Mauer-Stender further realized the publication and are grateful to the many people who contributed.

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In charge of monitoring tobacco industry practices in France: advertising, promotion, sponsoring, investigating and analysing internal tobacco industry documents and mandated by the public health authorities to launch legal action when tobacco control legislation is violated. Involved in implementing the WHO FCTC measures and particularly smoke-free regulations, pictorial warnings, legal feasibility and opportunity for standardized plain packaging, display ban, regulation of flavoured tobacco products, taxation on tobacco products and the tobacco industry, protecting against the interference of the tobacco industry in the policies, legal and technical assistance for French-speaking countries.

The context in the WHO European Region

WHO Framework Convention on Tobacco Control – the story of the WHO European Region

The burden of tobacco across the WHO European Region is tremendous, and it is a powerful factor in health disparities among socioeconomic groups and between the sexes. Further, among all the WHO regions, the numbers of women and girls using tobacco in the WHO European Region are the highest in the world. The WHO Framework Convention on Tobacco Control is a powerful legal instrument to help stakeholders approach the tobacco control epidemic with an evidence-informed framework.

By Andrew Hayes

Introduction to the tobacco epidemic

The most basic fact about tobacco use still has the power to shock: one of two regular smokers dies as a direct result of the ill health caused by *their smoking*. *The second statistic is equally grim. Those who die lose, on average, 14 years of life: some more, some less.* Worldwide, tobacco use is a risk factor for six of the eight leading causes of death. Given the lead-in time for tobacco-related disease, the effects of the tobacco epidemic are inevitably about to get much worse and will continue to do so exponentially, unless effective countermeasures are taken now.

The tobacco industry, in its various shapes and forms, is directly responsible for 1.6 million deaths per year throughout the WHO European Region

The tobacco industry, in its various shapes and forms, is directly responsible for this death toll. The industry knows that the products it makes and markets will kill every other customer. Maintaining the market is what matters.

Expanding the market is even better. The industry has been managing to do this as a result of trade liberaliza-

tion, foreign investment and global marketing, with the emphasis shifting from mature markets to the exploitation of new opportunities in low- and middle-income countries.

The people who use tobacco experience the most obvious downside of tobacco: totally avoidable morbidity and premature mortality. But others who do not use tobacco themselves are also put at risk: they suffer collateral damage from those smoking around them. This is known variously as second-hand or environmental tobacco smoke or as passive smoking.

The tobacco trade is dominated by a few multinationals operating in a globalized economy and has side effects that adversely affect the wider community. These include child labour and nicotine poisoning on tobacco farms, deforestation and soil erosion, monoagriculture and food shortages in some (predominantly African) countries, illicit sales, smuggling and tax evasion, tobacco litter and environmental degradation.

Tobacco is a product that permeates and affects society in many ways and at every level. People start to use tobacco for many different reasons. They then continue to do so because they become addicted to nicotine and find the addiction hard to break. Many of the provisions of the WHO Framework Convention on Tobacco Control (WHO FCTC), a worldwide treaty to combat the harmful effects of tobacco on health, are designed to de-normalize tobacco and thus to reduce demand: raising awareness of the health risks, banning advertising and promotion, ensuring graphic health warnings, raising tax levels and selling prices, protecting against the danger of second-hand smoke etc.

The single most obvious reason for starting to use tobacco is that it is there: people could not smoke if tobacco were not available. Planting, harvesting and processing of tobacco leaf, manufacture and distribution of tobacco products and promotion and sale in local retail outlets are all recognizable features of any normal supply chain. Several provisions of the WHO FCTC seek to disrupt this pattern and thus to reduce supply: outlawing sales to minors, preventing smuggled and counterfeit products from reaching the market, removing subsidies for tobacco farming, promoting economically viable alternative crops etc.

Tobacco is unlike any other consumer product. When used exactly as intended, tobacco kills its consumers at an astonishing rate. Yet governments around the world have a prime responsibility to safeguard the lives of their citizens. No wonder they have come together to tackle the problem that they all share: the most deadly epidemic the world has ever known.

Scale of the problem

In 2007, 29% of adults in the WHO European Region smoked regularly. Tobacco is the leading risk factor for premature mortality, causing about 1.6 million deaths a year throughout the Region (1).

Globally, 12% of all deaths among adults aged 30 years and older are attributed to tobacco. The WHO European Region, together with the Region of the Americas, had the highest proportion of deaths attributable to tobacco (16%). This is in contrast to the African Region and the Eastern Mediterranean Region, with 3% and 7% tobacco-attributable deaths, respectively. Globally, more men than women die from tobacco. In the WHO European Region, this difference was greater than the global average and very large (5:1), particularly in relation to one or more Regions having nearly a 1:1 ratio (2).

Tobacco is also a major cause of inequity in health between socioeconomic groups and (until now) between men and women. Smoking-related death rates are, on average, two to three times higher in low-income groups than in higher-income social groups, and many more men than women have been dying from tobacco-related disease.

But now, in the European Region, the prevalence of tobacco use among women and girls is creating particular concern. In many countries across the Region, tobacco use among women has been increasing – as more girls start to smoke than boys. Unless something can be done to reverse this trend, tobacco-related morbidity and mortality will come to affect women as much as men in future years.

Tackling the tobacco problem: origins and objectives of the WHO FCTC

Globalization of the tobacco epidemic reduces the capacity of individual countries to regulate tobacco through domestic measures alone. A coordinated, international response is essential. The early 1990s saw the first steps towards developing an international legal approach to tobacco control, formalized in a resolution of the World Health Assembly in May 1995. In 1999, the World Health Assembly called for work on the WHO FCTC to begin and established an International Negotiating Body for the purpose.

The International Negotiating Body held six sessions between October 2000 and February 2003. The text agreed at the final session was referred to the World Health Assembly, which unanimously adopted it in May 2003.

WHO regional meetings were held before and during each of the International Negotiating Body sessions. This gave regional groupings the opportunity to consider and agree on joint negotiating positions. For the WHO European Region, the European Union (EU) participated alongside individual EU Member States and eventually became a party to the WHO FCTC.

After the World Health Assembly adopted the WHO FCTC, it was opened for signature. By 30 June 2004, 168 countries had signed. The WHO FCTC came into force on 28 February 2005, 90 days after the necessary 40 countries had completed ratification procedures.

As of April 2012, there were 174 parties to the WHO FCTC of 194 WHO Member States. These countries cover more than 85% of the world's population.

All Member States in the European Region have ratified except for Andorra, the Czech Republic, Monaco, Switzerland, Tajikistan and Uzbekistan. However, implementation among even the parties has been uneven. For instance, about 50% of the countries that have ratified still have to introduce policies for smoke-free public places.

The WHO FCTC articles and associated guidelines set out a mix of interrelated tobacco control measures that should all be implemented comprehensively. Every country that is a party to the WHO FCTC has accepted a legal obligation to implement these various provisions on its own territory. This requires political commitment, strategic planning, reasonable funding, partnership working and the sharing of experience and lessons learned both within and between countries.

Scope of the WHO FCTC

The WHO FCTC commits parties to give priority to protecting public health. Throughout the preamble to the text, parties assert their overriding intent to reduce health inequity. The text clearly acknowledged that tobacco has particularly devastating effects on those least able to protect themselves, whether as individuals (children and adolescents) or as communities (low- and medium-income countries and indigenous peoples); and a repeated commitment to high standards of health as a fundamental human right. The Treaty underlines the necessity to involve civil society in promoting the provisions of the WHO FCTC. The WHO FCTC is an instrument promoting equity and social justice: seeking to achieve the best possible health for all, irrespective of gender, race, religion, political belief, economic or social condition.

The WHO FCTC commits parties to give priority to protecting public health

The bulk of the text is devoted to strategies that reduce both the demand for and the supply of, tobacco products. It details the responsibilities that states undertake in becoming parties to the WHO FCTC, to:

- adopt and implement effective legislation, and establish a national coordinating mechanism, for tobacco control (Article 5.2);
- protect public health policies from commercial and other vested interests of the tobacco industry (Article 5.3);
- adopt price and tax measures to reduce the demand for tobacco (Article 6);
- protect people from exposure to tobacco smoke (Article 8);
- regulate the content of tobacco products (Article 9);
- regulate tobacco product disclosures (Article 10);
- regulate the packaging and labelling of tobacco products (Article 11);
- warn people about the dangers of tobacco and about the tobacco industry's marketing tactics (Article 12);
- ban tobacco advertising, promotion and sponsorship (Article 13);
- offer people help to end their addiction to tobacco (Article 14);
- control the illicit trade in tobacco products (Article 15);
- ban sales to and by minors (Article 16);
- support economically viable alternatives to tobacco growing (Article 17); and

- implement a surveillance system for monitoring tobacco use and tobacco control (Article 20)

Making it work

Becoming a party to the WHO FCTC implies a commitment on behalf of a country to introduce its provisions at national level. Three articles require parties to take action within a specific time period. Article 11 (packaging and labelling) has to be brought into effect within three years of ratification, whereas Article 13 (advertising, promotion and sponsorship) are to be implemented within five years and Article 21 requires periodic reporting on the implementation of the Convention. In addition, the guidelines for Article 8 (protection from exposure to tobacco smoke) urge implementation within five years.

WHO FCTC guidelines

The WHO FCTC recognizes that the Conference of the Parties may adopt guidelines to assist with implementation. The Conference of the Parties has established an intergovernmental process for developing guidelines for implementing various provisions of the WHO FCTC. The Conference of the Parties has already adopted guidelines for implementing several articles. Working groups established by the Conference of the Parties are already working on additional guidelines (3).

The parties are finalizing work on the first protocol to the WHO FCTC on illicit trade in tobacco products, and it is hoped that the next Conference of the Parties will adopt it in November 2012.

Various organizations can help parties in implementing the provisions of the WHO FCTC.

WHO FCTC Secretariat

The Secretariat supports the work of the Conference of the Parties and its subsidiary bodies; manages parties' reporting, including summary reports; assists with implementation – including local needs assessment visits by negotiation with individual parties; coordinates with relevant organizations; and administers the development of the WHO FCTC guidelines and protocols.

WHO Tobacco Free Initiative at the global, regional and country levels along with the MPOWER package

To help countries fulfil their WHO FCTC obligations, in 2008 WHO introduced the MPOWER package of six evidence-informed tobacco control measures within the WHO FCTC that are proven to reduce tobacco use and save lives. The MPOWER measures provide practical assistance in implementing effective poli-

cies to reduce the demand for tobacco at the country level. It focuses on demand reduction, although WHO also recognizes the importance of, and is committed to implementing the supply-side measures contained in the WHO FCTC:

- **Monitor** tobacco use and prevention policies – Article 20 of the WHO FCTC;
- **Protect** people from tobacco smoke – Article 8 of the WHO FCTC;
- **Offer help** to quit tobacco use – Article 14 of the WHO FCTC;
- **Warn** about the dangers of tobacco – Articles 11 and 12 of the WHO FCTC;
- **Enforce** bans on tobacco advertising, promotion and sponsorship – Article 13 of the WHO FCTC; and
- **Raise** taxes on tobacco – Articles 6 and 15.

Maximizing the potential of the WHO FCTC in a changing world

The state of the world economy, social and demographic change, globalization and advances in modern technology, especially in broadcast media and online communication, all have major effects on tobacco use, causing consumption patterns to change over time. Tobacco control efforts have to keep pace with these developments, tracking particular trends that may be emerging and adjusting priorities in response.

Consider the increase in tobacco use by women and girls, for instance. However much average smoking rates may have differed historically from country to country, far more men than women have been regular smokers in all countries in the European Region. This pattern has been changing over recent decades, with women already experiencing a rise in tobacco-related ill health in their later years. Part of this change is a direct consequence of the tobacco industry's efforts to expand its potential market. Since the 1930s, brands have been created (such as pack design and addition of flavourings) to appeal particularly to women, and advertising campaigns have targeted women. Nowadays, teenage girls are more likely to smoke than teenage boys. Enticed by the tobacco industry to jeopardize their own health, tobacco use leads to higher rates of prenatal exposure to tobacco smoke and puts another generation at risk.

This example suggests that the activities of the tobacco industry need to be kept under review; the industry should have no input into or influence over the development of tobacco control policy. Further, patterns of tobacco consumption, the prevalence of

tobacco-related disease and public attitudes towards tobacco need to be monitored systematically and over time, thus ensuring a comparable and accurate database. Action for tobacco control needs to incorporate a range of interrelated measures to obtain maximum effect, such as price, pack design, health warnings, product regulation (additives), advertising and promotion bans, sales age limit and prevention of illicit trade. Finally, tobacco users should receive advice and support to quit, whatever their age.

The activities of the tobacco industry need to be kept under review, and the industry should have no input into or influence over the development of tobacco control policy.

In terms of vision, objectives, overall strategy, action planning and implementation, an integrated approach is needed. Within the European Region, this means close working relationships between government and intergovernmental organizations: WHO, the EU and the governments of all Member States. It also requires strong partnerships with civil society, such as health care professionals and voluntary sector networks.

The same approach needs to be replicated at the national level. Within government itself, many different departments, besides health, are implicated in tobacco policy – such as finance, justice, trade and law enforcement – posing the challenge of achieving an agreed strategic approach and practical coordination. The health care professions and the health care system need to lead by example: for instance, completely smoke-free health care settings, routine advice to all tobacco users to quit (whatever their presenting symptoms) plus access to quit support.

Think globally, act locally

In ratifying the WHO FCTC, parties agree to respect and deliver its various provisions at the national level. This requires a joined-up whole-of-government approach – involving review and renewal of all domestic policy, legislation and programmes that affect tobacco control.

A member of the government should be mandated to take responsibility for oversight of treaty implementation, through a national coordinating mechanism linking all relevant ministries, with adequate resources for

needs assessment, capacity-building, technical support, intersectoral action, surveillance and monitoring. Various guides and training packages (such as those from the WHO FCTC secretariat, WHO Tobacco Free Initiative, WHO Regional Office for Europe and Framework Convention Alliance) contain useful advice to help in this process.

Parties may find added impetus from their involvement in two other programmes: Action Plan for implementation of the European Strategy for the Prevention and Control of Noncommunicable Diseases 2012–2016; and Health 2020 – the new European policy for health. Both call for accelerated implementation of the WHO FCTC, since effective tobacco control reduces the death toll from noncommunicable diseases and enhances the right of all Europeans to achieve their full health potential.



Article 13: Tobacco advertising, promotion and sponsorship

Article 13: Tobacco advertising, promotion and sponsorship

By Andrew Hayes

Article 13 guidelines? Yes

Timetable for implementation? Within 5 years

Tobacco companies are in business to make money. They do this by manufacturing and marketing their products with the same intent as any other commercial company – to increase sales and thus to increase profits. There is a difference, however: no other business kills its customers at such an astonishing rate. To stay in business, the tobacco industry has to replace the customers it kills each year. Young people have to be lured into a life of addiction – the real purpose of tobacco advertising.

Advertising bans have to be applied internationally to have any real effect. If some countries allow advertising, the industry will find a way to export their influence to neighbouring countries (cross-border advertising) and even further via viral advertising and the Internet.

Article 13 requires parties to introduce a comprehensive ban on all tobacco advertising, promotion and sponsorship. There are some caveats – and therefore slightly less stringent requirements – for the countries that may have constitutional difficulties in restricting commercial communication. Nevertheless, in general, parties to the WHO FCTC are encouraged to introduce measures that go beyond their treaty obligations.

They are also required to ban any false, misleading or deceptive claims (such as about the characteristic or health effect of the product) and to demand disclosure of tobacco industry expenditure on any form of promotion or sponsorship not yet prohibited.

Implementation progress within the WHO European Region

Most countries (41 of 53) in the Region ban tobacco advertising on television, radio and print media – as well as some, but not all, other forms of direct and/or indirect advertising. Only two countries (Montenegro and Norway) ban all forms of direct and indirect advertising. There has been a slight increase in bans on product placement, promotional discounts, distribution of free products and advertising at points of sale.

France

Population	62.6 million
Date WHO FCTC ratified	19 October 2004
Prevalence of smoking (adults, age-standardized)	Total 31% Male 36% Female 27%
Selling price (per pack, 20 cigarettes)	Most sold US\$ 7.30 Cheapest US\$ 6.65

The story of France

One of the most striking things about smoking prevalence in the WHO European Region in the last two decades has been the increase in smoking by women and girls in many parts of the Region. This is largely due to skilful and successful marketing by the tobacco industry to female smokers. France, which ratified the WHO FCTC in October 2004, has historical ties to the tobacco industry but has managed to adopt groundbreaking and exemplary measures to ban advertising, promotion and sponsorship.

By Emmanuelle Beguinot

Case study questions

What arguments and tactics did the tobacco industry use to circumvent the legislation?

How can France's experience be applied to other country settings?

Country context

In 2011, France is still strongly affected by the smoking epidemic. Each year 60 000 people die from active smoking; it is by far the leading cause of avoidable premature death. Smoking alone represents over 10% of the country's overall mortality (4). Tobacco consumption remains high: about one third of people 15 to 85 years old smoke tobacco: 27% are daily smokers and 4% occasional smokers. Men continue to smoke more than women: 36% versus 28% (5).

Beating the odds

The stable or even increasing tobacco consumption throughout the 1970s and 1980s can essentially be explained by the development of an industrial epidemic generated by the marketing strategies of tobacco manufacturers. The very high smoking rate among youth and the increase in smoking among women are direct consequences of such strategies (6). France is known for the strong ties between public authorities and the tobacco industry in the broadest sense. These ties are for mostly the product of a long history. Since 1674, France had a monopoly on tobacco and, in the 20th century, this was turned into SEITA, a government-owned commercial company under the authority of the budget ministry. The firm was privatized in 1995 and the Director-General of Customs at the time was appointed CEO of the new company. The state retained a seat on the tobacco company's Board of Directors until 2000. There continues to be a monopoly on the distribution and sale of tobacco products, forming a very strong lobby group that is connected to manufacturers and under the authority of the budget ministry. This constitutes a major obstacle to adopting and applying effective

tobacco control measures. This situation thus facilitates the pervasiveness of tobacco in French society, granting it the status of an unavoidable or even enviable norm, especially among opinion leaders and in intellectual and cultural spheres.

From challenge to success

Given how essential banning advertising is to changing the positive image that still far too often surrounds tobacco, completely banning all advertising and tobacco promotion through special offers and sponsorship is especially important. As such, France is a good example of a country that managed to adopt groundbreaking antismoking legislation despite its difficult context and managed to take exemplary measures in banning advertising, promotion and sponsorship. The results of this endeavour and the lessons learned can be applied to other countries.

A ban on advertising was deemed critical given the high social acceptance of tobacco in society and the strong links between the tobacco industry and government authorities.

Getting it on the agenda

Early legislation

In 1976, France distinguished itself by passing anti-tobacco legislation. The health minister at the time had a set of provisions adopted (Law No. 76-616 of 9 July 1976 relating to tobacco control), including a whole chapter on banning advertising, promotion and sponsorship. These provisions introduced only a partial ban, however, and tobacco manufacturers found loopholes in the system that allowed them to pursue their marketing strategies. They were able to circumvent the law and, ultimately, violate all the established measures; not only the private firms in the market perpetrated such violations but also the government-owned SEITA Company.

Stricter legislation

The scope of tobacco consumption in the country and the sheer amount of advertising exploited led a few actors from the public health sector to campaign for greater involvement from public authorities and for changing the current legislation towards stricter measures. In 1989, a report on public health by five professors of medicine was submitted to Claude Evin, the Minister of Social Affairs. The five professors, Gérard Dubois, François Grémy, Claude Got, Albert Hirsch and Maurice Tubiana, had a political vision of the tobacco epidemic that differed from a strictly medical approach, which was basically confined to getting people to quit smoking.

The report submitted to the health minister notably recommended a total ban on all advertising of tobacco products to effectively combat the scourge of tobacco. This measure was emboldened by support from the public, as demonstrated in a survey published in *La Croix* newspaper on 10 January 1990, which pointed out that nearly two thirds of the French population supported such a measure. The involvement of this minister, however, was crucial in overcoming the obstacles both within the government – the government-owned SEITA Company was under the authority of the budget ministry – and also of Parliament, where tobacco lobby groups particularly targeted members of Parliament.

Votes divided parties, making clear that an advertising ban went far beyond traditional political divides. There were thus three essential components to adopting this legislation:

- the involvement of actors from the public health sector and civil society;
- a favourable public opinion; and
- the involvement of a politician who can withstand pressure from lobbying groups.

A groundbreaking and comprehensive anti-tobacco law

The new law was a considerable step forward for public health at the time, not only in France but internationally. Indeed, it was a comprehensive law and a model ahead of its time; it was drafted based on the tobacco industry's attempts to bypass the previous legislation.

The Evin law (named after Claude Evin) very precisely defines advertising, promotion and sponsorship and is clear about a total and complete ban.

With political leadership and support from civil society, the groundbreaking tobacco control law was shaped despite tobacco industry lobbying efforts.

Evin law – legislation banning advertising

All propaganda promoting an organization, service, activity, product or item other than tobacco, a tobacco product or an ingredient shall be considered propaganda or indirect advertising ... when its design, presentation, use of a brand name, advertising emblem or other distinctive sign recalls tobacco, a tobacco product or an ingredient.

Direct or indirect propaganda or advertising for tobacco, tobacco products or ingredients, as well as all free distribution or sale of a tobacco product at a promotional price that counteracts public health goals is prohibited.

... all sponsorship is prohibited when its goal or effect is propaganda or direct or indirect advertising promoting tobacco, tobacco products or ingredients ...

As such, anything considered to be direct or indirect advertising, promotion or sponsorship of tobacco products is prohibited. The law thus no longer defines the specific media in which the ban applies since such an approach allows manufacturers to easily circumvent the system by advertising on a medium not covered by the law. Even when a lawmaker believes that a comprehensive initial list has been defined, tobacco manufacturers always manage to find a loophole. The law stipulates penalties, and the court can ban for one to five years the sale of products that were the focus of an illegal operation by repeat offenders.

Minimizing the potential for loopholes in the law

The law was improved in 2004 to recognize the responsibility of corporate entities and no longer individuals for offences committed, which facilitated pursuing offenders much more easily. Previously, manufacturers often changed the members on the board of directors so that the person in charge became different from the name mentioned on a court summons, thus nullifying the entire procedure.

The Evin law incorporated word for word the article on the right of associations to go before a court to defend the interests of civil society.

Associations whose statutory mission includes anti-tobacco activities and that have been legally registered for at least five years from the date of the event can exercise the right granted to the civil party for violations of the provisions in of the present law.

This possibility was further extended to consumer associations and family associations in 2004.

The battle

Reaction of the tobacco industry

On the whole, the law immediately constituted – and still remains – a major threat for cigarette manufacturers. Manufacturers immediately feared that the law would set a precedent for other countries, particularly in Europe. The tobacco industry thus reacted very quickly to the threat posed by the proposed legislation, particularly in terms of its advertising facet. The chosen strategy combined techniques defined at the international level but tailored to suit the French context.

The tobacco industry attacked the Evin law in several ways. First, the cigarette manufacturers in the French market decided to work together and form a coalition. During summer 1990, manufacturers operating in France united behind a seemingly respectable organisation, the Documentation and Information Centre on Tobacco. The Centre coordinated and supported the manufacturers' lobbying and communications activities. Manufacturers' internal documents, particularly those from Philip Morris, show that active steps were taken to, among other things, limit the legislative package, appeal it and organize future challenges. In an internal Philip Morris document (7), the company talks about creating groups of parliamentarians (members of parliaments and senators) regularly kept informed about regulation at the European level, which "we will take on trips in Europe and the United States and which we will educate".

Cigarette manufacturers also decided to shield themselves behind other lobby groups since their own claims were too overt. With the advertising ban, they turned to the information and communications sector as well as to sports lobby groups and the cultural sphere. With regard to current events publications, the print media felt threatened by the loss of advertising income with the application of the new legislation. Similarly, advertising agencies, for whom the tobacco manufacturers were major clients, stepped into the breach to criticize the law as a "violation of freedom".

A coalition of tobacco companies in France and their allies formed and coordinated a multifaceted lobbying effort to inhibit the actualization of the advertising ban. Arguments from basic individual rights to advertising revenue losses in the sports and cultural sectors were made to maintain product advertisements.

Arguments about individuals' basic rights, defending the right to information and freedom of speech were used to appeal to values held dear to the French and were as such highly convincing and particularly hard to "counter". At the same time, public health advocates in favour of the text's measures were discredited and presented as health fanatics and absolute "fundamentalists".

From a technical perspective, the industry and its allies invoked the following arguments.

- They claimed that smoking is not a topic of great concern to the population, which is much more worried about things like unemployment and job security.
- They contested the effects of advertising on tobacco consumption and alleged that it was a matter of applying marketplace rules and competition and claimed that advertising simply aims to get smokers to switch brands.
- They even used health arguments to challenge the advertising ban: the print media and advertising agencies claimed that a total advertising ban would adversely affect public health since it would inhibit the promotion of light tobacco products which, at the time, were falsely presented as being less dangerous for consumers.
- Through its allies, the tobacco industry also put forward economic arguments claiming that there would be major job losses, the disappearance of some magazines and an end to prestigious cultural and sports events because of the loss of funding from cigarette manufacturers.
- They aimed to isolate the Ministry of Health, which backed the proposal to ban advertising from other ministries, particularly sport (eager to maintain tobacco manufacturers' sponsorship of sporting events), culture (for whom the sponsor-

ship of cultural events was also important) and the budget ministry.

- They recommended good practice agreements in an attempt to show their “goodwill” towards youth by recalling that smoking is an individual, adult choice.
- They strongly opposed the idea of a complete ban but said that they favoured a partial ban, for example a ban in publications aimed at young people; this was because it knew that partial measures were ineffective and would not hinder its marketing and communication abilities.

Even after the legislation was passed, cigarette manufacturers never stopped trying to challenge it. Numerous initiatives were orchestrated throughout the year once the total ban on advertising came into effect. These involved representatives from the communication, sports and cultural spheres protesting against the loss of funding from tobacco manufacturers and threatening catastrophic economic fallout, while using ideological arguments opposing the involvement of “prosecutor” associations in applying the law.

The same year, publicity campaigns were launched to challenge the law: the Reynolds Company (now Japan Tobacco International) ran a campaign foretelling the end of the print media. The manufacturer took out full-page advertisements in the most widely read magazines, notably those read by policy-makers, such as *VSD*, *Nouvel Observateur*, *Express*, *Événement du jeudi* and *Actuel*. The following year, Rothmans (now British American Tobacco) used the “Your idea can earn you US\$ 15 000” campaign for its Golden American brand to encourage groups to deliberately circumvent the law. To do so, the manufacturer once again purchased full-page advertisements in the print media. In general, the 1990s were filled with illegal advertising campaigns secretly initiated by the various tobacco manufacturers.

Favourable conditions

Indeed, political will on tobacco control tends to fluctuate over time in many countries, and governments – wrongly – frequently fail to give it priority. The result is often weak government involvement in enforcing its own laws. The ability to act granted to civil society and the support it receives to carry out its activities provide a guarantee. The limits of this type of activity are that governments often dispense with their own commitments and do not even get involved to support the associations.

When the Evin law was passed, the SEITA tobacco company was still owned by the government. Given

the lack of a specifically appointed body to enforce the law’s measures and given the public prosecutor’s refusal to give priority to violations of the advertising ban, there was a good chance that the Evin law might not be respected at all.

The Ministry of Health, through its Directorate-General of Health, entrusted an association recognized as a public utility, National Committee for Tobacco Control, with the public service mission of judicial vigilance to ensure that the terms of the law were respected. When the Evin law was passed in 1991, the Directorate-General of Health thus decided to award a grant to the National Committee for Tobacco Control for this specific purpose. Given the force of the tobacco industry lobby and its connections with public authorities via the network of tobacconists, the Ministry of Health continues to mandate the association to pursue legal proceedings and carry out its monitoring mission. It is thus civil society – with support from the health authorities – that is responsible for monitoring and enforcing legislation related to the advertising, promotion and sponsorship ban.

How is the law enforced in France, and what difficulties are associated with enforcement?

The law did not specify any body to monitor the enforcement of the legislation and to sanction possible violations. The usual *agents de police judiciaire* (police) are mobilized for other priorities. In this respect, only civil society enforces the legislation banning tobacco advertising and promotion and tobacco sponsorship.

Concretely, the Ministry of Health mandates tobacco control nongovernmental organizations and especially the National Committee for Tobacco Control to launch legal actions in case of violation of the legislation and the Ministry of Health financially supports the nongovernmental organizations for this mission.

To carry out this mission, the National Committee for Tobacco Control defined a strategy that was adapted in accordance with the evolution of violations and circumvention by the tobacco industry. The National Committee for Tobacco Control:

- set up an observatory in all the areas (advertising, promotions and charitable donations) and all the media channels (cinema, press and television) that serve to support the actions initiated and enable regular follow-up on the conduct of the manufacturers;

- systematically gathers proof of the most noteworthy violations that have been reported and can be proven in court, even when a lawsuit is not brought immediately;
- groups together the most important lawsuits: the same type of violations by the same cigarette manufacturer reported in the same time period, to approach the courts with strong cases and not on an ad hoc basis, since the amount of information one should pass on to the judges during a lawsuit should never be underestimated;
- generates detailed arguments as to the sums claimed in the judgement and endeavours to obtain financial sanctions proportionate to the profit made from the violation by the manufacturer and to provide precise data on the cost of the antismoking campaign (prevention in the broad sense) incurred by the nongovernmental organizations as civil parties to the case; and
- strategically communicates about victories, particularly when a not yet legally binding judgement has been handed down for innovative conduct that has never previously been sanctioned.

This mission devoted to civil society is difficult.

On average, the legal actions last between 5 and 7 years or more because the tobacco industry uses all means to challenge the previous decisions and, because of their extraordinary financial means, they build what has been called a real procedural wall of money.

Besides this, even if the actions launched by the civil society enable the legislation to be enforced, prevent violations and bring money to the state thanks to the penalties, there is not usually any support from the public authorities except the Ministry of Health. Nongovernmental organizations indeed confront the lack of political will concerning tobacco control, which means that:

- no prosecutor launches at his or her level an action in case of violations and, above all, the prosecutor usually considers that it is just a case between two parties, the tobacco industry and the nongovernmental organization, and it does not even support the action and demands of civil society; and
- the customs authorities, which are in charge of the tobacco retailers, adopt no internal and administrative sanctions.

But if the public authorities support such cases, judges' penalties and sanctions become much higher and much more effective. In this respect, it is really in the interest of tobacco control that both civil society and public authorities support each other.

Civil society taking responsibility to enforce legislation through legal proceedings is a technical means to quickly end illegal advertising operations. The legal strategy adopted in France with regard to the advertising ban aims primarily to pursue the manufacturers, which are primarily responsible for the marketing campaigns aimed at getting youth to take up smoking. Given this, distributors, particularly the mass media, are not necessarily taken to court for an observed violation. Instead, they are offered a settlement agreement in which they promise not to do it again and in which they agree to devote the same amount of advertising space to prevent smoking. The National Committee for Tobacco Control defines this as the doctrine of media compensation, and its goal is to clearly establish that public health is not at all against the media; it also very concretely allows for applying the law while giving the associations the means to widely communicate about prevention.

From a financial perspective, the support granted to the National Committee for Tobacco Control by the government via the Ministry of Health is largely offset by the fines paid to the public treasury following legal action initiated by the Committee and the fines imposed on tobacco manufacturers for their violations.

Evaluation

There are several ways to assess the scope of the ban on all advertising, promotion and sponsorship of tobacco products. The impact of the Evin law, and especially its ban on advertising, promotion and sponsorship, was felt very quickly. A delay in implementation was granted until 1 January 1993. During the following three years, tobacco consumption declined by 14% as a result of the measures adopted (8); this corresponds with decreases recorded in other countries that adopted similar measures. The drop in sales, also reflected in lower consumption and prevalence rates throughout the 1990s and beyond, irrefutably indicates the measure's success. Despite a few shortcomings and frequent and repeated violations by the tobacco industry, the measure was generally well respected.

Exposure to advertising

Before the complete ban on advertising came into effect, there were bodies in charge of monitoring advertising by the different tobacco brands. These groups assessed the scope of advertising investment to promote tobacco. Such was the case with SECODIP, a private company firm that assessed the annual advertising investment of tobacco manufacturers in the print media and on posters of 250 million French francs per year right before the new legislation came into effect. These were spectacularly large budgets

at the time, and the back covers of most magazines contained a tobacco advertisement.

Civil society

The year the ban came into effect, the observatory set up by the National Committee for Tobacco Control monitored advertising of tobacco products and estimated an investment of 53 million French francs (9). The uptake in advertising investment in 1994 was thwarted by the outcome of legal proceedings against indirect advertising. Further, advertisements in the classic media (press, cinema, posters, etc.) plummeted to less than 10 million French francs in 1997 (10) and virtually disappeared in the following years.

The National Committee for Tobacco Control set up an advertising observatory to monitor tobacco industry advertising in France and was granted the authority to enforce the current legislation.

Shift in practices

The advertising observatory of the National Committee for Tobacco Control had to expand its monitoring field since tobacco manufacturers transferred their classic advertising efforts towards promotional offers, notably in tobacco shops and at events. Moreover, manufacturers had stealthily had an amendment passed in late 1992 that allowed the introduction of an exemption to the ban on all sponsorship. This exemption related to the broadcasting of motor sports events that take place in countries in which tobacco advertising is permitted.

Given this, tobacco advertising observatories were created to monitor the following:

- advertising in the classic media: print media, billboards, television, etc.;
- point-of-sale promotions;
- point-of-sale advertising;
- sponsorship during the broadcasting of motor sports events;
- product placement in films; and
- advertising on the Internet.

These observatories have played an important role in enforcing the law since, when assessing a violation, judges have access to data that allows them to tie the infringement into an overall strategy by cigarette manufacturers, revealing the scope of their opera-

tions. This has led to token convictions often accompanied by dissuasive penalties.

Case law

This relates to the contribution of case law in the sense of toughening legislation with a restrictive and protective interpretation of the spirit of the law. The Evin law is clear about the principle of a ban, and this has allowed manufacturers' attempts to circumvent the law to be countered following a few memorable legal battles. The case law that has been built over the years is indeed the result of emblematic legal proceedings launched to thwart brands' advertising strategies.

Conclusion

A ban on all advertising, promotion and sponsorship of tobacco products is among the boldest measures taken in France, given the country context. The ban on advertising, promotion and sponsorship of tobacco products de-normalizes such products and facilitates the adoption of other tobacco-control measures. The advertising ban in general and its application in combination with information about the recurrent criminal attempts by tobacco manufacturers to attract youth have damaged the glamorous image that once surrounded tobacco and the respectability of its manufacturers. Further, compared with the early 1990s, when journalists were generally quite hostile towards antismoking measures since they feared that an advertising ban would bankrupt and ruin the print media, they are now much more open to arguments advanced by tobacco control advocates and as such supported the adoption and implementation of the smoking ban in workplaces and public places in 2006–2007, whereas they were fiercely opposed in the early 1990s.

Other countries can learn much from France's ban on the advertising, promotion and sponsorship of tobacco products, both from its successes and from the challenges it has encountered. The disappearance of a large portion of advertising is the result of a comprehensive law that established a clear ban on any form of advertising, echoing widespread acceptance and compliance with the spirit of Article 13 of the WHO FCTC and its guidelines.

A key learning opportunity from the France example is to be unwaveringly vigilant. Manufacturers have refocused on the use of images, particularly in cinematographic, cultural and artistic work, to pursue the promotion of their products and, above all, ensure that smoking remains an unavoidable or even enviable societal norm. Several studies have shown that films now contain a larger share of smokers than the country's prevalence rate and, moreover, widespread

product placement, particularly for the leading brands or those most popular among young audiences (11). Measures such as the requirement that all film credits contain a statement about the lack of direct or indirect funding from tobacco manufacturers would likely help reduce the number of product placements in new French films, which also happen to be publicly funded.

Effects on other countries

The launching of some proceedings in France and subsequent rulings have also affected other countries. This was notably the case with legal action taken in reaction to Davidoff sponsorship of the ATP Tennis World Tour in Basel, the Davidoff Swiss Indoors. Broadcasting of the event in France and the ruling against the brand name's appearance led the organizers to switch sponsors.

Images are also used as a means to challenge legislation. With help from the best public relations firms, manufacturers do not hesitate to orchestrate invented scandals in which legislation banning advertising is accused of leading to the censorship of cultural and artistic work and thus to interfering with freedom of speech. Politicians and journalists can be easily taken advantage of and manipulated with arguments about freedom of speech. Similar attempts to challenge strong legislation by such roundabout means could also occur in other countries. It is thus important to always remain vigilant.

Unfinished business

The case law built up through the massive – even exclusive – involvement of civil society has allowed the legislation to be further improved. The involvement of public authorities, however, and notably of the public prosecutor should be much bolder than is currently the case. The failure of the latter is too often the result of indifference and a lack of legal policy on the subject, even though the penalties imposed allow the advertising ban to be enforced while ruling against and working towards de-normalizing the tobacco industry and its products. Finally, given the tactics adopted by manufacturers who continually circumvent the law and seize upon every possible exception granted, the current system needs to be further reinforced to become fully effective.

Legal action undertaken in France over the past few decades to enforce legislation has indicated loopholes in the existing system. To address these, some measures have been adopted as amendments to the legislation. The ongoing dispute over the packaging of tobacco products is proof of the need to

implement neutral, standardized packets. Similarly, tobacco retailers' infringement of the regulation on advertising in shops reveals the need to eliminate all point-of-sale advertising and push for implementing "under the counter" sales.

Eliminate the exemption for motor sports

An increasing number of countries across the world have banned tobacco advertising. Although the exemption for motor sports in French legislation is now strictly regulated by case law, it still undermines the entire system and should thus be eliminated.

Eliminate point-of-sale advertising from vendor displays and create a new system aimed at informing consumers

The Evin law of 10 January 1991 established a ban on all tobacco advertising. An exception to this exists, however, for tobacco shops, which are allowed to have point-of-sale advertising materials. Point-of-sale materials – defined as advertising by producers or distributors inside stores using counter cards, videos, etc. – are an undeniable means of advertising. Such materials are authorized in France under strict conditions, but these are not respected. This exception should be eliminated and a real means of informing consumers implemented. Further, given the particularly attractive packaging of products, merely displaying them is a form of advertising in and of itself. Executives from the various manufacturers develop all kinds of schemes and rewards systems aimed at tobacco retailers to get them to make their brands most visible. To avoid vendor stands being used as advertising space, tobacco products should be placed out of clients' sight and be sold out of closed cupboards, such as in Iceland and Norway, and is a best practice recommended in the guidelines of the WHO FCTC.

Institute neutral, standardized packets

Current tobacco packaging is a ubiquitous advertising device. Instituting neutral standardized packets is an extremely effective way to quell the attractiveness of products (12,13).

Include corporate patronage and communication about corporate social responsibility in the ban

In view of implementing the guidelines of Article 13 of the WHO FCTC, advertising and promotion not only of tobacco brands but any type of promotion for the companies themselves should be included in the ban. This measure is particularly important given that tobacco manufacturers are passing agreements – in violation of the measures outlined in Article 5.3 of the WHO FCTC – with ministries, especially the Ministry of Finance, which is responsible for customs, to officially “cooperate” in combating parallel markets. In reality, such agreements allow manufacturers to not only put pressure on governments regarding the taxation of tobacco products; they also use the opportunity to communicate.

This was the case with the campaign launched by British American Tobacco in France in July 2010 with a major communication campaign that notably included political leaders at its launch. The same manufacturer also developed a whole message around the topic of “corporate responsibility”, recommending and distributing pocket ashtrays, advancing arguments about the company’s concern for environmental protection. With this undertaking, the tobacco manufacturer circumvented the law through indirect advertising for its products, and it also received widespread media coverage since the British American Tobacco web address appeared on the ashtray, which did not contain any health warnings. The goal was to give the firm a much-needed image boost in terms of respectability to keep selling its products.

Efforts are continually being made to eliminate tobacco advertising at the point of sale, on the tobacco package itself and banning messages implying that tobacco companies exercise corporate social responsibility.

Rigorously enforce the guidelines of Article 13 regarding advertising on the Internet

Tobacco advertising persists and may even be increasing on the Internet, particularly on web sites devoted to motor sports and websites selling merchandise (clothing and miniatures with the logo of tobacco manufacturer sponsors) on sites devoted to Formula 1 racing.

Given this, the measures outlined in the guidelines with regard to all players involved – content producers, editors, hosts, net browsers and service providers – need to be more strictly complied with, to avoid an increase in such indirect but very pernicious advertising.

Checklist for success

- ✓ Clear and enforceable legislation
- ✓ Enhancing the scope of the advertising ban and strengthening legislation
- ✓ Political commitment and leadership of the health ministry
- ✓ Strong capacity of nongovernmental organizations to counteract the actions of the tobacco industry
- ✓ Strong leaders such as former health minister Claude Evin
- ✓ Strong public support

Conclusion

Reflections and lessons learned

Each of these case studies has its own focus – the national implementation of a specific article of the WHO FCTC. Each story is specific to the individual country and to the measure being introduced. Nevertheless, common themes are discernible between the lines of every single report. Taken together, these reiterate the case for effective tobacco control and provide a checklist for local action.

By Andrew Hayes

Secrets of success

Ignoring the tobacco problem is unrealistic and irresponsible: doing nothing is not an option. Doing something is not necessarily easy, but it has become more manageable thanks to the WHO FCTC – which provides a framework for the task – and accompanying resources such as the MPOWER package. Moreover, doing something works in the long term. Tobacco control advocacy takes time: success is often incremental, rather than immediate – as all these case studies demonstrate. But one success builds on another, one example of best practice inspires many others, and the world itself becomes healthier as fewer people use tobacco and fewer people run the risk of exposure to environmental tobacco smoke.

The seven secrets of successful implementation, revealed through these case studies, might be summarized as:

- national leadership
- national coalitions
- evidence-informed
- industry-aware
- media-savvy
- enforceable legislation
- professionally responsible.

There is one additional contextual reason why the WHO FCTC cannot be ignored – at least not by the parties. In becoming parties, they have agreed to become legally bound by its provisions – and therefore have a duty, within their resources, to implement them nationally.

The wider context

The EU

Many parties in the WHO European Region are EU countries – which is also a party to the WHO FCTC. These countries have the potential advantage of moving forward as a group, in the sense that they may be able to develop some of the legislation required by the WHO FCTC as EU directives – with each country

then responsible for transposing them into national legislation. An example is the pending revision of the Tobacco Products Directive (draft text likely to be presented by the European Commission in autumn 2012), which will take health warnings, plain packaging, point-of-sale displays and tobacco flavourings and additives into account.

The EU clearly has a direct role to play in terms of its own members. It is critical that this be a positive and enabling role. The EU also has to remember that it provides an example, especially in the standards set by EU legislation, which may be of influence throughout the Region, beyond the current EU countries. Nothing less than bold and inspirational will do.

Health 2020

A tobacco control agenda centred on the requirements of the WHO FCTC will dovetail perfectly with the emerging vision and priorities for Health 2020. The dilemma for tobacco control has always been the dichotomy between personal responsibility and government responsibility. Is improving health solely a matter of personal autonomy? Or does society have a role in creating conditions for good health or at least for people's potential to make health-promoting lifestyle choices?

Health 2020 is values-driven, giving priority to human rights to health and health care in a style reflective of tobacco control advocacy. It is intended to be people-centred (in this case tobacco users, health care professionals, the voluntary sector etc.); and anticipates whole-of-society and whole-of-government approaches, which are central to effective tobacco control. A key objective of Health 2020 is to reduce health inequity across the Region, an objective most likely to be reached by tackling three particular lifestyle issues: obesity, alcohol abuse and tobacco use. Effectively implementing the WHO FCTC will contribute, more than any other measure, to the desired reduction in health inequity across the region.

Action plan for implementation of the European Strategy for the Prevention and Control of Noncommunicable Diseases 2012–2016

Many of the measures featured in these case studies are likely to cost very little to implement and will quickly generate savings. Increased taxes provide immediate dividends: tobacco use reduces and tax take increases: a win-win situation for the national health and economy. Changes in product packaging (such as graphic warnings or plain packaging) do not require government expenditure. They may involve industry in some slight setting-up charge – although no more than their own frequent changes in product design – but then make no difference to routine packaging overhead. Going smoke-free requires initial expenditure on publicity, sign-posting and enforcement. But smoke-free quickly becomes self-policing; and owners find that the running costs of smoke-free premises decrease: easier and cheaper to maintain, less litter to clear away and reduced business insurance fees (less fire risk) etc.

WHO has recently calculated that the total cost of introducing all these measures in low- and middle-income countries would be less than US\$ 1 per person per year.

The provision of cessation support is likely to be more costly, although this depends on the type of programme (such as a quitline, access to one-to-one counselling or free or subsidized medicines) introduced. The benefits are also longer term, rather than immediate. However, individual quitters benefit from better health, longer lives and increased disposable cash. The economy benefits from reduced demand on the health care system, less sickness absence from ill health and increased spending on other goods and services.

Member States in the WHO European Region adopted in 2011 an action plan for implementation of the European Strategy for the Prevention and Control of Noncommunicable Diseases 2012–2016, designed to tackle the greatest causes of preventable mortality and morbidity throughout the Region, and to reduce health inequities across the Region. Tobacco-related disease is one such cause.

The best of the best buys

The WHO FCTC, the European Strategy for the Prevention and Control of Noncommunicable Diseases 2012–2016 and the new European policy for health – Health 2020 all provide authority and impetus for parties and for Member States to take effective action on tobacco. But the real justification, of course, is that it is the right thing to do. A comprehensive fully engaged tobacco control programme has to be among

the best of the best buy investments that any government could make. It yields dividends for the national economy. It improves the public health. Above all, it saves lives.

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