

Moving and changing

A comment from Dr. Karen Slama

As its first coordinator, I have seen INGCAT progress from searching for its specific role to making surprising strides forward. I was privileged to work in the period that started with the vision of its original creators and developed into recognition of INGCAT as a key player in international tobacco control. INGCAT is a result of the aspiration of its members for a way to play a greater role in combating the international tobacco companies' tactics: their onslaught in the troubled and poorer areas of the world; their deception and duplicity towards their customers and their corrupting influences on public health policy decisions. INGCAT has and will continue to provide a unique contribution to the fight against tobacco by mobilising and supporting national and international NGO tobacco control activities. It is with great enthusiasm that I hand over to Dr. Yussuf Saloojee the coordination of INGCAT, for he will steer it forward with well-honed skills and eloquent advocacy in this very important period for tobacco control in the on-going FCTC process. Yussuf is currently the Executive Director of the South African Council for Tobacco Control, and has been instrumental in the very strong tobacco control legislation that has been enacted by the government of South Africa in its commitment towards the health of its population. INGCAT's headquarters will move to South Africa - it is only fitting that an organisation fighting against the tobacco industry and for the rights of humans to free choices and protection from chicanery and exploitation be located in Africa, one of the areas of the world most in danger of being overpowered by the financial might of the transnational tobacco companies' world strategy for market growth. All of us can and must continue to work to make this world better for all its inhabitants, and one major step is in limiting the harm that tobacco companies can do. I am sure that under Yussuf's coordination INGCAT will grow and strengthen its role as a major arm in this fight.



Report of INGCAT General

A quorum of representatives of full and founding members was present.

An overview of INGCAT's activities to date was presented, noting highlights in the development of INGCAT. The idea for a coalition was evoked at the 9th World Conference in 1994; in 1995, the newly created INGCAT needed to begin defining the specific role in international tobacco control that it was most suited to fulfil; 1996 saw the beginning of regular communications with a growing number of members and contacts; 1997 was the first watershed, when NGOs were encouraged to support INGCAT in the resolutions of the 10th World Conference; 1998 saw continuing growth in membership and visibility of its campaigns; 1999 was the 2nd watershed with the organisation of the NGO mobilisation process, Together Against Tobacco. Finally, in the year 2000, INGCAT becomes a registered organisation on its own, with a new constitution and bylaws.

INGCAT will continue to work in NGO liaison, advocacy and capacity building. The main thrust of INGCAT activity with NGOs is through the diffusion of information and educational materials, international NGO mobilisation and collaboration with other NGO networks and the WHO to support the FCTC. Advocacy activities consist of supporting national and international initiatives, and particularly the FCTC process. Through newly begun technical training in collaboration with member NGOs, INGCAT has now added capacity-building as a third major activity. In all three areas of activity over the coming years, the FCTC process will continue to be given major prominence.

Currently, INGCAT membership represents 6 international organisations, 6 regional NGOs from Africa, Asia, Europe and Latin America, and 57 national or local NGOs from 39 countries. Our contacts represent NGOs, Health ministries or individuals in 164 countries.

INGCAT in the year 2000 benefits from the commitment of its founding members for strong financial support, and the regular renewal of membership fees from a growing number of full and associated members. The new organisation of INGCAT will allow for more opportunity to develop a firm financial base for operations.

The new constitution of INGCAT was approved unanimously upon changing the initial paragraph of Article 1 to read: "The objective of the International Non Governmental Coalition against Tobacco (herein called INGCAT) shall be to promote health and prevent disease through collaborative tobacco control activities between its members and other interested parties." A copy of the new constitution and by-laws is available on request from INGCAT headquarters, or can be obtained on the INGCAT website, at <http://www.ingcat.org>.

Assembly, 9th August 2000.

One of the major changes that is occurring in the new organisation of INGCAT is a new membership structure. Currently INGCAT includes: 69 paying and sponsored members; over 700 national members of the founding international organisations; over 300 other NGOs that have shown an interest in INGCAT; international NGOs that are a part of the INGCAT NGO mobilisation process, health ministries and interested individuals, for a total contact list of over 1500. With the new organisation, INGCAT will be composed of:

- § Founding members, of which there are 3:
UICC, IUATLD, WHF, providing substantial annual contributions for the operations of INGCAT, and having 1 seat each on the Board of Directors of INGCAT;
- § Principal members, more recent NGO members assuming the same rights and responsibilities as founding members, including financial support and a seat on the Board of Directors;
- § Full members, international or national organisations and foundations, which pay an annual contribution of 1/10 of the contribution of founding and principal members. 4 seats are reserved on the Board of Directors for representatives of full member organisations.
- § Associate members, organisations that pay an annual fee of 1/50 of the contribution of founding and principal members. One seat on the Board of Directors is reserved for a representative of all associate members.
- § Affiliate members are organisations from low-income countries that wish to be members but are not able to pay a membership fee or find a sponsor to pay.
- § Collaborating organisations are organisations that do not wish to become a member of INGCAT but want to collaborate in anti-tobacco activities.
- § Donors, individuals or legal entities having demonstrated their support for the activities of INGCAT by a grant or donation.

Founding, principal, full and associate members can vote at General Assemblies. Affiliate members, collaborating organisations and donors are not given voting privileges.

Elections for the new Board of Directors, 2001-2003, are currently being organised. All members that have paid membership fees for the year 2000 will be contacted about the voting procedure.

The meeting ended with a short acceptance speech from Dr. Yussuf Saloojee, who will take over from Dr. Karen Slama as INGCAT coordinator in 2001.

Sharing a vision - building the future.

A comment from Dr. Yussuf Saloojee

Health advocates frequently share a common virtue - the ability to see the world not just as it is but as it could be. Dreaming of what might be is easy. Getting things done can be hard. It is the gap between the vision and the reality that INGCAT must help fill.



As we work towards reducing the gap, and eliminating the suffering and dying caused by tobacco let us remember that the tobacco industry is afraid of our movement. It fears the sound scientific base for our actions; our understanding of the policy issues; and our increasing ability to mobilize our communities, governments and international organizations.

But what the industry fears most is our unity and commitment. Our greatest strength is the dedicated core of people and organizations working in alliance for a common cause. This alliance though has to continue to grow. It needs to be broadened to include new partners from both within and outside the health community. The alliance needs to be deepened by obtaining greater commitment from those who are already active. Finally, the alliance needs to be bolstered by re-directing resources to where the need is greatest.

This is not a negligible undertaking, but INGCAT is well-positioned to play its full part. Karen Slama has documented above how INGCAT has grown since its inception. Congratulations to Karen and the team on their achievements to date. The challenge now is to build on this.

INGCAT's members have the will to succeed... Together, it can be done.... It must be done.

Statement from INGCAT to the WHO Public Hearings

INGCAT, the International Non Governmental Coalition Against Tobacco, founded by the International Union Against Cancer, the International Union Against Tuberculosis and Lung Disease and the World Heart Federation, was established to promote anti-tobacco activities in and among international, regional and national non-governmental organisations (NGOs). INGCAT is an independent, non-political, non-sectarian association whose objectives are to promote health and prevent diseases through collaborative tobacco control activities between its members and other interested parties. INGCAT's funding comes from its members, other NGOs, international agencies, government aid agencies and the pharmaceutical industry.

In our collaborative work as an international coalition against tobacco, we have come to see the vast array of problems created by tobacco products and perpetrated by their manufacturers. If there is any solution to the mass destruction caused by tobacco it is through changing the behaviour of the tobacco industries and creating an environment that strongly disapproves of smoking. The tobacco company tactics are encouraged by the international vacuum that currently exists on regulations concerning tobacco industry behaviour. Our response is to work for a strong international treaty, a strong Framework Convention on Tobacco Control.

The tobacco epidemic is one of the major public health problems of our times. Unparalleled expansion of tobacco production and aggressive marketing throughout the world, particularly in low income areas, means that individuals and their nations are losing lives and resources in staggering numbers. Tobacco use causes at least 14 fatal diseases (1) and is expected to become over the next three decades the greatest cause of death in the world (2). This means millions of people who will be deprived of longer lives in better health. For it is not just a question of length of life: quality of life studies have shown that life-long smokers have greatly reduced quality of life before they die at younger ages than non-smokers (3).

Governments are surrounded by competing interests and may be reluctant to introduce strong legislation and allocate resources for tobacco control pro-

grammes. Whatever the legislation or policies put in place, transborder activities have sabotaged nations' tobacco programmes, and will continue to do so in the absence of an international treaty dealing with these issues. Activities such as untaxed tobacco sales, smuggling and unregulated promotions by satellite go unabated as health and social costs of tobacco-caused diseases strain the resources of governments around the world. The money and power behind tobacco investments can corrode public health initiatives and the ensuing tobacco marketing tactics exploit children, limit choice and disregard consumer rights. Tobacco use drains resources from poor countries. In most parts of the world, the effect of addiction on users is underestimated and little is provided for the users who need help to stop smoking or other forms of tobacco use.

The general public may not yet fully realise the vast amount of disease and premature death due to tobacco use or the extent of the deception that has constantly been demonstrated by the multinational tobacco industries towards governments, towards the non-smokers they attract into smoking and towards their own customers. Severely limiting the marketing tactics of the tobacco industry would give greater opportunity for free choice by governments and individuals, greater potential for public health and opportunities to stop smoking.

The tobacco industry is saying today that 1) it would like to be seen as a responsible corporate citizen, 2) that it does not

attempt to recruit young people and 3) that its practices concern consenting adults in the full exercise of their free choice. To these three points, one can point out the following:

1. Responsible corporations should not object to the principle of "polluter pays". This would of course mean that the loyal smokers who choose to smoke should be reimbursed their expenses if they are unlucky enough to contract any of the 25 diseases linked to tobacco use. Medical and associated payments should no longer be the responsibility and the burden of public health care systems or smokers' families. This should apply as well to the victims of exposure to secondhand smoke.
2. Responsible corporations that do not wish to see young people smoke should not object to stopping all marketing practices that attract non-smokers into smoking, including all advertising and sponsorship and any other activities which attribute positive values to the act of smoking. In a similar vein, profits of sales to the "unwanted" child and adolescent smokers should be returned to the appropriate bodies for immediate action to aid these young smokers.
3. Because addiction is clearly a violation of free choice, responsible corporate tobacco producers should immediately remove the addictive components of their products, so that adult use can be realistically defined as "free choice".

We do not expect that any of the manufacturers within the tobacco industry are willing to assume these signs of responsible corporate behaviour. For this reason, a Framework Convention should provide the strongest possible international regulations of their behaviour.

One of the greatest supports for stopping smoking in a population is an environment that encourages stopping. The

The World Trade Organisation and Health Policy

There are concerns in the NGO community about ensuring that the FCTC includes a provision to override current and future trade agreements. This issue is pertinent not only to tobacco control, but to all health and social policy.

processes before, during and after adoption of the Framework Convention could lead to the creation of such an environment throughout the world, for the FCTC would be the visible evidence that tobacco control is a serious, international issue. To further encourage this effect and to fight for the strongest possible convention, we encourage the inclusion of NGOs speaking for those affected by the epidemic into the negotiating process.

In conclusion, the NGO community that is represented by INGCAT urges the negotiating bodies to formulate a strong treaty that will allow national governments to make decisions in favour of public health and enable their citizens to be protected from the devastating health, social and economic effects of the disease and death caused by tobacco from an industry that has long enjoyed unrestricted profit-making and shows no sincere signs of stopping its incessant and carefully targeted search for new users around the world. To allow such behaviour to continue in this century is unconscionable. To allow the problems resulting from tobacco use to continue to be imported to the poorest areas in the world is unforgivable. We look to the Framework Convention to put a stop to such practices.

INGCAT requested and had the opportunity to speak at the hearings.

References:

1. Wald NJ, Hackshaw AK. Cigarette smoking: an epidemiological overview. *Br Med Bull* 1996; 52:3-11.

2. Murray CJL, Lopez AD. *The Global Burden of Disease. Summary.* 1996. Published by the Harvard School of Public Health on behalf of the World Health Organisation and the World Bank.

Hirdes JP, Maxwell CL. Smoking cessation and quality of life outcomes among older adults in the Campbell survey on well-being. *Can J Public Health* 1994; 85:99-102.

A briefing document issued by WEMOS, Medact, Physicians for Social Responsibility Finland and the European Public Health Alliance warns that World Trade Organisation (WTO) agreements hold vast implications for policy-makers and others involved in health debates in both developed and developing countries. The following is a summary of the 15-page document, which does not deal with tobacco particularly, but from which clear implications for tobacco control policy can be drawn.

The impact of the WTO on public health policy is being felt in these three areas: public health regulations and international standard-setting; the implications of tighter intellectual property rights; the increasing potential for trade in health services, and how this may affect the ability of countries to run cost-effective and equitable health systems.

Public health regulations and international standard-setting

Article 20 of the General Agreement on Tariffs and Trade (GATT) provides governments with rights to adopt or enforce measures to protect human, animal or plant life or health. But public health measures are not defined, and are decided by confidential meetings of dispute settlement bodies made up of experts in trade administration and trade law. Although expertise on health and social policy issues may be heard in panel discussion, decisions are not made on the basis of this expertise.

The WTO agreement stipulates that a country should not exclude a good produced in a foreign nation, even if production of that good involves risks to health or society. Thus products made by compromising labour rights, for example, are considered to be identical to those which have been produced with respect for those rights. This means that there is a requirement to treat products as 'similar' even if they differ in contents important to health, e.g., salt, fat, alcohol, fibre, etc., complicating efforts to promote healthier diets. Complications also arise for restricted access, imposed higher taxation or set higher prices for products with negative health impacts.

Dispute settlement decisions to date suggest that 'least trade restrictive measures' should be used to address public health and safety concerns. "As a result, there seems to be pressure to use labelling as a guide to matters of health concern in place of more systematic regulatory mechanisms - for example, taxation or banning of access, advertising or use."

Although international trade agreements hosted by the WTO are in principle open to interpretation, should there be a conflict between a trade agreement and a national or international law, the latter would need to be revised, because nation members of the WTO are supposed to ensure that their laws and measures are compliant with the negotiated agreements. "This implies that trade considerations rank higher than social and human rights and any other national or international legislation."

Intellectual property rights

The Trade-Related Aspects of Intellectual Property Rights (TRIPS) Agreement sets minimum standards of protection for all forms of intellectual property, including trademarks. "Although it has been claimed that the introduction of TRIPS would stimulate transfer of technology, encourage foreign direct investment, strengthen research and development and innovation and ensure the early introduction of new products in developing countries, there is little evidence in support of these assumptions." Indeed, TRIPS appears to shift resources from consumers, the public sector and developing countries to multinational research-based industries. "Unanticipated side-effects of better protection of intellectual property rights might include the privatisation of knowledge, restrictions on the dissemination of information and a fundamental shift in the nature of scientific exchange and practice."

The briefing paper acknowledges that so far the role of countries and governments has restricted or influenced appeals concerning hazardous products. It notes however, that the mere threat of trade sanctions and dispute settlement may influence governments to allow foreign companies greater scope for action than they would otherwise do.

Trade in health services

The General Agreement on Trade in Services (GATS) has so far played a limited role in health or other public services, but health care and public sector reforms

Agenda for Action

The briefing document concludes with the following general suggestions:

1. A full review needs to be made of the WTO agreements and their implications for health and social policies.
2. Ministries responsible for health and social policies should be informed about these implications and have the capacity to analyse policies and bring these forward in decision-making.
3. At the international level, disputes about issues concerning public health and safety, labour rights and environmental sustainability should be shifted to more appropriate forums such as the specialised UN agencies rather than being dealt with in the closed dispute settlement body of the WTO.
4. Agreements made in the WTO should allow for fair treatment of poor countries for ethical, social, distributional, health and environmental concerns. The influence of strong transnational actors and lobbying groups for private industries should be balanced and efforts made to address the representation needs of less powerful actors.

Source: M. Rowson. World Trade Organisation: Implications for Health Policy. The report is based on research and analysis by M. Koivusalo, whose research paper 'World Trade Organisation and trade-creep in health and social policies' can be obtained from: Medact, 601 Holloway Road, London N19 4DJ, UK

<http://www.medact.org>
email: mikerowson@medact.org

advocated by the World Bank and OECD are paving the way to privatisation and the enlargement of contractual arrangements in the public sector and competition in government contracting and procurement.

Indeed, pressures for cost-containment and cost-sharing have promoted government retrenchment and private sector enlargement. "The problem with this trend in the

context of healthy public policies is that the privatisations and introduction of competition in health care has not delivered the gains that were promised and in many countries the results have been dismal. It follows that there is a danger that the promotion of international trade and privatisation of health services will in fact lead towards the development of less effective, costlier and inequitable health systems."

WTO is the only global international organization dealing with the rules of trade between nations. At its heart are the WTO agreements, negotiated and signed by the bulk of the world's trading nations and ratified in their parliaments. The goal is to help producers of goods and services, exporters, and importers conduct their business.

Source: WTO website

Location: Geneva, Switzerland

Established: 1 January 1995

Created by: Uruguay Round negotiations (1986-94)

Membership: 138 countries (as of 8 Sept. 2000)

Budget: 127 million Swiss francs for 2000

Secretariat staff: 500

Head: Mike Moore (director-general)

Functions: Administering WTO trade agreements, Forum for trade negotiations, Handling trade disputes, Monitoring national trade policies, Technical assistance and training for developing countries, Cooperation with other international organizations.

For more information, visit their website at: <http://www.wto.org>



Filtering Access to Tobacco on the Internet

The Center for Media Education is a US national non-profit organisation dedicated to improving the quality of electronic media and telecommunications policymaking in the public interest. It has released a report on the current possibilities for filtering of Websites that promote the sale and consumption of alcohol and tobacco, particularly those whose design, content or promotions can be attractive to children and teens.

The following excerpts come from the Executive Summary of *Youth Access to Alcohol and Tobacco Web Marketing. The Filtering and Rating Debate*, October 1999.

“Because of legal and political pressures, tobacco companies do not have Web-based marketing efforts, but there is no shortage of sites devoted to the use, sale, even glorification of smoking cigarettes and cigars. At Smoke Signals (www.smokesigs.com), for example, visitors are invited to explore “the fetish of smoking.” The site features racy pictures of women smoking cigarettes and a banner ad for “Phone sex and phone chat with smoking women.” The Smoking Section (www.smokingsection.com) is the self-proclaimed home of “smokers with attitude.” The site features “cool ways to smoke” and offers lessons in such smoking “tricks” as French inhaling and blowing smoke rings. There is even a portion of the site devoted to “smoker’s rights.”

Impact on Children and Teens

Although there has yet to be a detailed study on the impact of online marketing and promotion on underage alcohol and tobacco consumption, there is enough evidence to suggest that there is a relationship between online advertising and alcohol and tobacco consumption. Public health experts point to the growing body of research on the relationship between offline advertising and promotions and young people’s experimentation with alcohol and tobacco to illustrate their point.

The impact of advertising, in general, on youth has been well documented. As Victor Strasburger has observed, “a variety of studies have explored the impact of advertising on children and adolescents. Nearly all have shown advertising to be

extremely effective in increasing youngsters’ awareness of and emotional responses to products, their recognition of certain brands and their desire to own or use the products advertised.”

While this trend is alarming, it becomes even more so when the relationships are created between children and spokespersons for alcohol and tobacco products. A number of studies have examined the influence of alcohol and tobacco advertising and marketing practices, many focusing on the industries’ successful efforts to target youth. The most significant findings have shown that advertising contributes to youths’ attitudes, values and preference, and is influential in their decisions about alcohol and tobacco use. ...

It seems clear, then, that the presence of alcohol and tobacco marketing in a powerful interactive media environment like the Web could pose significant public health risk, especially for young people. ...”

“Throughout the debate concerning the need to safeguard children online, the new technology itself has been seized upon by many as the most appropriate source of protection. ... Specifically, filtering and blocking software, combined with Website ratings, have been heralded by many industry groups, politicians, and parenting organisations as the most effective and least restrictive means of online protection. ...”

The Report’s Research on filtering and ratings found:

§ “A wide range of filtering and rating technologies are currently available for use in the home. These technologies include stand-alone and server-based filters; filtered Internet Service Providers; filtered and restricted browsers for children; filtered and

The entire report is available at: <http://www.cme.org>

“child-friendly” search engines; PICS-based rating systems; and monitoring software.

§ Parental control over these products ranges from “complete” control - including access to URL and keyword lists used to filter content - to limited control - with no access to such lists.

§ Filtering mechanisms used by filtering programs cover a wide range. The four most utilised mechanisms are “black” and “white” URL lists, keyword lists, PICS rating systems, and Internet Protocol (IP).

§ A large and complex debate surrounds the use and creation of filtering and rating technologies. Issues addressed in this debate include, but are not limited to: the efficacy of filtering and rating technologies; the degree of transparency related to filtering mechanisms; the current state of the PICS-based ratings system; and the social implications of filtering and rating technologies.

§ Based on CME’s testing, stand-alone filters do not effectively screen promotional alcohol and tobacco content. Of the six programs tested, only one, Surf Watch, was able to block access to more than half of the promotional alcohol and tobacco sites. One product, X-Stop, failed to block any sites. Another, Net Nanny, blocked only one of the alcohol and tobacco sites tested.

§ Based on CME’s testing and interviews with software representatives, it is apparent that few stand-alone filters focus their filtering efforts on promotional alcohol and tobacco content. ...”

The Report’s recommendations include these:

For software developers:

“Filtering and blocking software companies should make a greater effort and allocate more resources to systematically identify Web sites promoting alcohol and tobacco products.”



For the tobacco industry:

“Cigarette companies should continue to comply with the 1969 Federal Cigarette Labelling and Advertising Act, 15 U.S.C. Sec. 1335, and not market their products on the Internet and through other digital media.”

For the Public Health and Research Communities:

“The public health community should carefully study and monitor technological and marketing developments of the new media in order to better understand and study the strategies employed by marketing companies.”

“The national public health community should undertake research initiatives designed to assess the effect of interactive marketing

and other promotional alcohol and tobacco sites on the consumption of alcohol and tobacco by youth and teens.”

For the Non - profit Community:

“Working with the research community, non-profit groups should develop a framework for establishing safeguards for alcohol and tobacco marketing in digital media.”

“Non-profit groups should stimulate broad public debate about the impact of new media on public health.”

For the Public:

“Parents should become more informed about the technological tools currently available, and about their effects on democracy.”

UK Ad Agencies' Tobacco Marketing Strategies

The Centre for Tobacco Control Research at the University of Strathclyde in Scotland investigates the marketing strategies of the tobacco industry. The following excerpts are taken from a submission from the Centre (Appendix 26) to the UK House of Commons Select Committee on Health about the mindset and tactics of tobacco advertisers and their clients in the UK, based on documents obtained from five advertising agencies (CDP, M&C Saatchi, Mustoe Merriman Herring and Levy, TBWA GCT Simons Palmer Ltd, Low Hiward-Spink).

The documents establish the following key points:

1. The aim to increase consumption as well as brand share. The notion, much vaunted by the industry, that their concern is to expand brand share, rather than a sector of the market - or the market as a whole - is exploded. The documents show how branding and consumption are inextricably linked; that individual brands will gain from market expansion - and therefore deliberate plans are made to encourage it; that efforts are made to enhance the social acceptability of smoking per se, not just particular brands and that the industry is actively involved in increasing per capita consumption, recruiting new smokers and discouraging existing ones from quitting.

For example, a document produced for Japan Tobacco regretted the fact that “the smoker is under siege.” And suggested a campaign that would promote the idea that:

“Smoking can be a delight for everyone if it is done right.”

“Ultra has yet to demonstrate a consistent ability to attract new smokers. The key question is “can we expect the brand to appeal to new entrants - or is there a positioning that we can adopt that makes the brand more attractive to entrants?”

“The threat to the existing smoker base for the brand seems more likely to come from a desire to give up smoking ... rather than from competitor brands. ... Indeed, it is the very low tar level of SCUL [Silk Cut Ultra Light] and its perceived less harmful affect [sic] on health which explains the high opinion held by users of the brand.”

2. Other strategies include undermining government policy and evading regulation. It is clear that considerable efforts have been made to undermine tobacco control policy. Serious consideration is given to attacking Tessa Jowell [the UK Health Minister], ideas for resisting and circum-

venting the ad ban are explored and campaigns that will undermine budget price rises are developed and run. These latter two activities confirm an interest in expanding consumption as well as brand share.

(T)here is considerable evidence that the industry is at least happy to benefit from (the black market...and) voluntary codes are treated with equal cynicism.

Some advertising concepts that made it to consumer research stage include the following approaches:

“How soon will it be before the government starts to interfere in other areas of our lives?”

“Soon all foods that are potentially “dangerous” (like butter, coffee and sugar) may be restricted in the same way as cigarettes are.”

“Any potential marketing ban imposed by the government is a denial of the right to free commercial speech.”

As for undermining current regulations, one can read, “Even in the presence of an advertising ban it is possible, through intensive point of sale efforts, price discounting and use of new communications media ... to reinforce the image of existing brands with the consumer and to launch new brands.”

"B&H sell over two million packets a day (and there haven't been one million days since Jesus was born...!) Even with a market decline of 2 per cent per year this still means B&H will remain a huge business for at least 260 years ... why should they stop marketing their products simply because advertising is banned?"

"The role of mailing is to 'disguise' the duty increase (15p) on a packet of fags."

"Bootleggers (who account for over 70 per cent of the market [of roll your own tobacco] in most areas) only bother with big brands - Old Holborn and Golden Virginia. We need to create a demand for Amber Leaf among the newer, younger consumers to encourage both shop purchase and a willingness among bootleggers to sell Amber Leaf."

3. The young are a key target and imagery is the way to reach them. In many instances care is taken to refer to young adult smokers, but there is also an overwhelming recognition that young people and the "youth market" are vital to commercial success. Their lifestyles, motivations and aspirations are all the subject of detailed and continuous market research and everything possible is done to attract and retain them. ...

Tobacco advertisers are not allowed to target those under 16, and the tobacco industry loudly protests that their interest is only in adults. This is what one can read:

"What did 1995 B&H SF advertising need to achieve? --- Cement the brand into the repertoire of the experimental smoker."

"The success of Marlboro Lights derives from its being: the aspirational lifestyle brand - cool, everybody's smoking it in bars and clubs image - the Diet Coke of cigarettes."

4. The issue is marketing, not advertising. Even though the documents come from advertising agencies - and therefore one would expect them to emphasise the role of advertising - it is very apparent that all aspects of marketing play a crucial role in their efforts to increase sales. ...

5. Sponsorship and advertising have become one. Sponsorship and advertising perform the same key task of promoting the all important brand images that appeal to young smokers. ... The only distinction between the two that the papers draw is that sponsorship is more hidden, enabling covert or "subliminal" messages to be used. Given this, it is surprising that regulators continue to treat them differently, and extremely wor-

rying that sponsorship will not disappear until 2006 [in accordance with the European Union Directive banning advertising, since overturned.]

Suggestions for Formula 1 try to sneak parts of the "B&H Special Filter" name and logo into camera shot and even the Jordan logo, pushing copyright law as well as tobacco regulations...

"We feel if we can legally say the words 'A Special F1' (as in Special Filter) then we could utilise the area behind the driver's head - as you see - to attempt to get a little closer to more 'overtly' implying the brand on the car. Do you think we could get this past the various legal bodies? If Rothmans can get away with 'racing' in the brand type-face, I think we may have a case."

"We wonder if you could slightly corrupt the Jordan logo to include a large 'ampersand' [&] (from B&H). I think this will be sailing very close to the wind. Our reasoning for suggesting it is that the ampersand is not actually part of your logo though if it were to appear I believe people would recognise it as being so."

6. ... Paradoxically, although marketing is supposedly about making the consumer the centre of the company's efforts, and ensuring that their satisfaction is paramount, they are not treated with great respect; Their intelligence is questioned, one segment (which amounts to 27 per cent of their most loyal customers) is referred to as "slobs" and they are actively deceived.

"Cluster 1 - 'Slobs' ... Describing members of this cluster as 'slobs' may seem unkind, but this title is particularly earned by their low concern with their appearance and the little effort they make to keep themselves informed."

Another group is described this way: "These people are not rocket scientists. They get frustrated by advertising that goes over their heads."

"Primarily we are talking to existing B&H smokers, who are 20-45, mass market with a male bias. They currently see smoking B&H as slightly indulgent because they know it is now considerably more expensive than other brands. What helps to keep them loyal is an irrational belief that in some way B&H is better than other brands."

"The attached ad is a trial generating ad for the launch of Hamlet Extra Mild. The idea is to trick Castella Classic smokers into applying for a free pack under the belief they will

receive Classic back. In fact they will receive a pack of Hamlet Extra Mild and Gallaher will have captured their name for their database."

7. Health issues are avoided. Far from warning their customers of the hazards of smoking, care is taken to avoid any association with the issue. ...

(Perhaps the most disturbing aspect of these documents is ... their light-hearted tone and complete absence of any ethical qualms. One quote from a creative brief epitomises this:

"...We want to see Great, British B&H in the Ben Sherman shirt pockets of Brit-popped, dance-crazed, Tequila drinking, Nike kicking, Fast Show watching, Loaded reading, Babe pulling, young gentlemen. So what we need is the coolest, most exciting, white knuckle ride of a campaign ever."

One is left with the inescapable conclusion that given the greatest threat to public health this country has faced since the great plague, these people are having fun, making money and showing absolutely no concern for the consequences of their actions.

The entire report is available at:
<http://www.parliament.the-stationery-office.co.uk/pa/cm199900/cmselect/cmhealth/27/27ap29.htm>

A more recent, more complete report on these documents has been prepared by the Centre for Tobacco Control Research and is available at:
<http://www.tobacco-control.org/tcrc.nsf/webpagesvw/news>



Tobacco Industry Infiltration of WHO to Limit Tobacco Control Activities

The WHO has published a report on the tactics used by major tobacco companies to discredit the World Health Organisation and divert it away from tobacco control. The expert report is based on information disclosed through investigation of tobacco companies' internal documents that have been released into the public domain as a result of litigation in the United States. This is a fascinating report on how to undermine tobacco control within public health, and the tactics clearly may be used in other organisations.

Excerpts from the report, Tobacco Company Strategies to Undermine Tobacco Control Activities at the World Health Organisation. July 2000.

“The tobacco company documents reviewed by the committee of experts reveal that tobacco companies have focused significant resources on undermining WHO tobacco control activities and have used a wide range of tactics to achieve their goal. Evidence before the committee of experts suggests that some of these strategies were successful in influencing WHO activities, while others were not. ...

Establishing inappropriate relationships with WHO staff to influence policy

In one of their most significant strategies for influencing WHO's tobacco control activities, tobacco companies developed and maintained relationships with current or former WHO staff, consultants and advisors. In some cases, tobacco companies hired or offered future employment to former WHO or UN officials in order to indirectly gain valuable contacts within these organisations that might assist in its goal of influencing WHO activities. Of greatest concern, tobacco companies have, in some cases, had their own consultants in positions at WHO, paying them to serve the goals of tobacco companies while working for WHO. Some of these cases raise serious questions about whether the integrity of WHO decision-making has been compromised. All of them illustrate the need for rules requiring that current and prospective WHO employees, including consultants, advisors, and members of expert committees, disclose any ties to the tobacco industry.

[Editor's note: this is now being instituted into WHO procedure.]

Wielding financial power to influence WHO policy

In several cases, tobacco companies have attempted to undermine WHO tobacco control activities by putting pressure on relevant WHO budgets. Tobacco companies have also used their resources to gain favour or particular outcomes by making well-placed contributions.

A 1991 document prepared for BAT looks at the WHO's Tobacco or Health Programme: “The programme's budget from regular sources is minuscule - US\$80,000 a year, hardly enough to pay for two secretaries. An additional US\$500,000 has been received this year from one private benefactor, the Sasakawa Foundation (JSIF) of Japan. ... The TOH programme, unless it receives massive external funding, is likely to remain fairly small and insignificant in terms of WHO's priorities and resources. ... Unless the programme can recruit up to ten professionals, it is unlikely to reach a stage of critical mass where it begins to achieve the substantial international impact as other WHO programmes such as Immunisation, Essential Drugs etc.”

Already in 1989, Philip Morris had set forth a plan to explore “a variety of avenues ... [for] containing funding from private sources.” In 1993, the funding from JSIF was cut to US\$300,00 for 1994-95. In 1995, the fund was eliminated entirely for 1996-97. The committee of experts attempted to discover whether TOH's loss of funds was caused or influenced by the tobacco industry, but the attempt was unfeasible because relevant files from the WHO Executive Board

meetings had been destroyed or “were unsearchable due to inefficiencies in WHO's tracking system.”

Using other UN agencies to influence or resist WHO tobacco control

The committee of experts' research reveals that tobacco companies attempted to use other UN agencies to acquire information about WHO's tobacco control activities and to interfere with or resist WHO's tobacco related policies. Most of the tobacco companies' efforts appear to have focused on the Food and Agricultural Organisation (FAO), but the documents also reveal that tobacco companies targeted other UN agencies, including the World Bank, the United Nations Conference on Trade and Development (UNCTAD), the United Nations Economic and Social Council (ECOSOC) and the International Labour Organisation (ILO), either directly or through surrogates. Tobacco company lobbying was aimed at influencing the FAO to take a stance against WHO's tobacco control policies and to promote the economic importance of tobacco as more significant than the health consequences of tobacco use.

Discrediting WHO or WHO officials to undermine WHO's effectiveness

Tobacco companies used “independent” individuals and institutions to attack WHO's competence and priorities in published articles and presentations to the media and to politicians, while concealing its own role in promoting these attacks.

Influencing WHO decision-making through surrogates

Documents found for the enquiry illustrate that tobacco companies utilised a number of outside organisations to lobby against and influence tobacco control activities at WHO including trade unions, tobacco company-created front groups

and tobacco companies' own affiliated food companies.

Additionally, tobacco companies lobbied delegates from developing country member states. The documents indicate that tobacco companies believe that as a result, an increasing number of delegates from these countries have resisted WHO tobacco control resolutions.

Distorting WHO research

The most notable result of this tobacco company strategy is the misrepresentation of the 1998 study on environmental tobacco smoke (ETS) by the International Agency for Research on Cancer (IARC). The tobacco company distortion of these study results continues today to shape public opinion and policies surrounding the health effects of ETS.

Media events

The documents show that tobacco companies staged media events to distract attention from tobacco-related WHO events such as the World Conference on Tobacco Or Health.

Surveillance of WHO activities

Finally, the documents show that tobacco companies have carried out intensive monitoring of WHO and its Regional Offices to gather intelligence about its tobacco control programmes. In some cases, tobacco companies have secretly monitored WHO meetings and conferences, had confidential WHO contacts, and obtained confidential documents and information.”

The report provides several case studies, very briefly described below.

The Boca Raton Action Plan is a master plan devised in 1988 by Philip Morris for, among other goals, attacking WHO's tobacco control programmes, influencing the priorities of WHO Regional Offices and targeting the structure, management and resources of WHO. The Plan identified 26 global threats to the tobacco industry and strategies for countering each

of them. The Plan implemented a programme for the redirection and containment of WHO tobacco control activities through surrogates as well as the tobacco industry organisations: non-tobacco subsidiary companies, business organisations, front groups and other seemingly independent organisations with strong industry ties. These groups were able to gain access to national and world leaders, health ministers, WHO and other UN agency delegates. Philip Morris used its regional offices and non-tobacco subsidiaries to press business groups like the International Chamber of Commerce to lobby the World Health Assembly and the ILO, and attempted to get the FAO, the ILO and other UN agencies, Regional Offices and Collaborating Centres to influence WHO tobacco policies. Through an elaborate system of personal contacts in Geneva, Philip Morris was able to influence the adoption of a pro-tobacco amendment to a WHA smoking and health resolution.

The “Third World Issue” In response to fears in the late 1970s of WHO and anti-tobacco movement criticism of tobacco industry activities in the developing world, the tobacco industry began a massive campaign to win developing nations' support within the UN with the argument that the loss of tobacco as a cash crop would result in economic destabilisation in tobacco-growing countries, significantly increasing their burden of poverty and malnutrition. To this was added the idea that tobacco control was a “First World” concern and that the damage to health in the Third World from tobacco control activities might exceed the toll from tobacco use itself. Meetings were organised for government and UN delegates to present research about the “social and economic benefits” of tobacco and the lack of sustainable alternatives. Tobacco-related illnesses were presented as an issue for rich countries, countries unconcerned about the economic realities or “real” health issues of the developing world.

The committee of experts state, “By pressing the economic importance of tobacco and stirring resentment against the developed world, tobacco companies, by their own assessment, influenced delegates to alter

WHO and FAO policy on tobacco. Instead of facing world condemnation for its actions in developing countries, tobacco companies benefited from these countries' advocacy for tobacco at the international level.”

“Independent” critics of the WHO secretly paid by the tobacco companies, were used throughout the 1980s and 1990s to attack WHO priorities so as to divert attention from tobacco control to other health needs, through articles and contacts with journalists and government officials. Their financial ties to the tobacco companies were not disclosed, and they always presented themselves as independent experts. One such expert, Paul Dietrich, was appointed in 1990 to the Development Committee of the Pan American Health Organisation, and used this position to take tobacco off the list of priorities for 1991, and to divert attention from the 8th World Conference on Tobacco Or Health in Buenos Aires, Argentina, in 1992.

Diverting attention from the 8th World Conference on Tobacco Or Health, Dietrich developed a media programme to promote the position that health spending in Latin America should not go to tobacco control initiatives, but to other pressing public health issues. In the month leading up to the tobacco conference, the press would be focused on the major health priority, to vaccinate all children. Furthermore, the documents indicate that the tobacco companies planned to recruit scientists to infiltrate the conference. In the words of JB Dastugue, from BAT, “With proper press handling we could, for the first time, create a controversy in areas in which public opinion is under the impression that none exists. This, of course requires that we are able to achieve the participation of top level scientists ...

The industry, obviously, can not [sic] appear to sponsor the activity nor finance participants trips. That would have to be done through donations to foundations or independent institutions.”

United Nations Standard-Setting for EBDC Pesticides:

The ethylene bis-dithiocarbamate (EBDC) pesticides protect tobacco and other crops from fungi and moulds. In the 1980s, evidence began to mount that the common breakdown of these chemicals, known as ethylene thiourea (ETU), causes cancer. Anticipating regulatory action, the tobacco industry, through its organisation CORESTA, the Cupertino Centre for Scientific Research Relative to Tobacco began a campaign to ensure the continued availability of EBDC. CORESTA commissioned a former WHO official, Gaston Vettorazzi, to review the safety of ETU. His reports, revised and edited by tobacco industry scientists, concluded that ETU was “not a carcinogen”. In 1992, Vettorazzi sent his review under the name of the International Toxicology Information Centre (with no mention of CORESTA) to the Joint Meeting on Pesticide Residues (JMPR), a combined programme of WHO and the FAO, which sets standards for pesticides including whether or not there are safe intake levels. Soon after submitting the report, Vettorazzi was asked by the WHO secretariat to serve as a temporary advisor to review pesticides. Vettorazzi obtained funding (nearly \$100,000) from CORESTA to work at JMPR in 1992 and 1993. The connection with CORESTA was never disclosed to the WHO or the JMPR. In November 1993, the JMPR set a safe intake level for ETU that eventually led to a legal recognition of safety under international standards. This is in opposition to the conclusion of the US Environmental Protection Agency.

The experts looking into this case study do not take a position on the actual safety of the pesticides, but note many troubling aspects and suggest that further investigation is necessary, and an independent evaluation by WHO of those pesticides in which Vettorazzi took an active interest. This is a clear instance of a tobacco company attempt to influence the scientific community, hiding its own role, and undermining the integrity of an international body.

The IARC ETS study was the focus of a multi-million dollar tobacco company campaign to undermine the evidence about the

Recommendations to WHO

1. Increase public awareness of tobacco company influence.
2. Investigate further tobacco industry influence in other UN agencies and member countries.
3. Expect and prepare counter strategies to opposition campaigns by the tobacco industry to the FCTC.
4. Protect the integrity of the WHO decision-making process by clarifying and strengthening existing rules to guard against conflict of interest.
5. Protect scientific integrity by
 - S Education of scientific investigators about tobacco industry efforts to undermine research;
 - S Guidelines for contact with industry representatives and disclosure of information and funding sources;
 - S New interagency communications standards for the UN systems;
 - S Affirmative communications plans by WHO and IARC to anticipate and to counter tobacco company misrepresentation of new research findings.
6. Address tobacco companies' developing country strategy with sound economic analysis and techniques to address the loss of tobacco as a cash crop.
7. Correct past misconduct and protect the public from future misconduct of the tobacco companies:
 - S Assist member states in determining whether they have a legal and factual basis to seek restitution for past conduct;
 - S Monitor tobacco company activities to determine whether the misconduct is continuing, with regular public reports.

health consequences of exposure to second-hand tobacco smoke, and thereby weaken the possibility of new smoking restrictions in Europe and around the world. From 1993 up to the release of the study in 1998, Philip Morris and other tobacco companies implemented their plan to influence the conduct of the study and interpretation of its results. Through outside scientists, they obtained confidential information about the study and its progress. They commissioned studies to cast doubt on methods used in the IARC study, and worked for the adoption of epidemiological standards that would challenge the use of certain types of studies as the basis for policy making. They orchestrated an elaborate media and government strategy to distort the study results and spawned widespread media reports that the IARC study showed no risk of cancer from ETS.

The entire report is available at:
<http://www.who.int/geneva/hearings/inquiry.html>

These distorted results continue to be repeated in media accounts and in tobacco company presentations to regulatory authorities.

The expert committee suggests in its recommendations that tobacco control must be seen not only as a battle against chemical addiction and the health consequences of smoking, but also against an active, organised and calculating industry. This is of importance not only to WHO, but also to other international bodies, and clear steps need to be taken to protect the integrity of their decision-making processes.

Conspiracy to create controversy: Operation Berkshire

Internal tobacco company documents contain much damning information. In a recently published article in the *British Medical Journal*, N. Francey and S. Chapman recount a conspiracy hatched at a 1977 meeting of seven tobacco companies to design a common strategy to create controversy about the health consequences of smoking, with the intent to reassure the public and give the impression that the issue of causality remained unresolved.

A secret meeting was arranged in Shockerwick House, near Bath, England with representatives of Philip Morris, RJ Reynolds, British-American Tobacco, Rothmans, Reemstma, Gallaher and Imperial in 1977, under the code name, "Operation Berkshire". Documents indicate that the major motivation for the meeting was fear of legal liability, particularly in the United States.

According to a preliminary memorandum from Philip Morris, "the initial objective of this group was to develop a smoking and health strategy which would include a voluntary agreement that no concessions beyond a certain point would be voluntarily made by the members and if further concessions were required by respective governments, that these not be agreed to and

that governments be forced to legislate." The conspiracy objectives included "determining areas of future cooperation in matters relating to smoking and health, discussing the feasibility of joint industry research into the benefits of smoking, and mounting a programme of 'smoker reassurance' to counter the increasing social unacceptability of smoking." Working groups were established to implement the plan and international executives who were included became known as the International Committee on Smoking Issues, and then, in 1981, the International Tobacco Information Centre. This group instigated the establishment of national tobacco manufacturers associations to carry out their goals in the smoking and health field. One such exercise had the goal "to influence, modify or change public opinion to the industry, smokers and smoking, to create a more favourable climate however directly or indirectly."

The documents contain this important admission from BAT, dated 16 May 1980: "The company's position on causation is simply not believed by the overwhelming majority of independent observers, scientists and doctors... The industry is unable to argue satisfactorily for its own continued existence, because all arguments eventually lead back to the primary issue of

causation, and on this point our position is unacceptable... our position on causation, which we have maintained for some twenty years in order to defend our industry is in danger of becoming the very factor which inhibits our long term viability."

The authors offer this conclusion: "It would seem that the activities of the International Committee on Smoking and International Tobacco Information Centre in creating a "smoking and health controversy" have been, and for over two decades have been known by the tobacco industry to be, entirely spurious. Likewise, the promotion of the controversy by national manufacturers' associations has been calculating and disingenuous. Without question, the creation and promotion of this controversy, and the adoption of strategies implementing the conspiracy resulting from Operation Berkshire, have greatly retarded tobacco control measures throughout the world." They suggest that there are thousands of documents available about this operation and further investigation should proceed, country by country.

Source: Francey N, Chapman S. "Operation Berkshire": the international tobacco companies' conspiracy. *BMJ* 2000; 321:371-4.



K. M. Siddharth - India



Krishnendu Kumar Ghosh - India

INGCAT WORLD YOUTH FESTIVAL

The INGCAT World Youth Festival was initiated in India in 1999-2000, following a successful drive based in Lucknow to gather signatures for the INGCAT Declaration on Growing Up Without Tobacco in 1998. The Festival was an event giving youth from many countries an opportunity to show their creativity in the fight against tobacco in posters, essays and short stories, poetry, cartoons, slogans and plays. In all, 14,744 children and adolescents from 15 countries were enrolled, thanks to the active support of 45 team coordination and advisory board members* working voluntarily on this project. Funding from INGCAT covered only

modest coordination costs. All Festival participants are receiving a certificate of appreciation, and WHO SEARO has provided awards for local events. Many of the posters entered were displayed at the INGCAT booth at the 11th World Conference on Tobacco Or Health, and at other international conferences, and they are available for display at up-coming conferences. INGCAT is currently investigating ways to publish some of the best entries.

In addition to posters on other pages of this issue, here are a few more selected from entries in the INGCAT World Youth Festival.



Rana Vidram N. - India



Unknow - Germany



Christian Blattenrein - Germany



Kriti Roopendra - India



Eliana Pangestuti- Indonesia



Teh Peng Kong - Indonesia



Mazwin BT Abdul Wahab - Indonesia

For more information, please contact:

Mr Bobby Ramakant
INGCAT Task Force, South East Asia
C-2211, C-Block Crossing, Indira Nagar
Lucknow-16
INDIA

Phone : + 91- 522 - 358230
Fax : + 91- 522 - 380610
email : ramakant@globalink.org
website : Tambakookills.globalink.org

*Key Coordination Team: Dr. Sania Nishtar, Pakistan; Bethany Gadzinski, USA; Bhevana Mathur, India; Dzulifli Abdul Razak, Malaysia; Faridah Hussain, Malaysia; Giacomo Mangiaracina, Italy; Greg Hallen, Cambodia; Jane Freyana Tedja, Indonesia; Rina Elizabeth Rumawas, Indonesia; Dr. Tjandra Yogi Aditama, Indonesia; Julio Arreluce Delgado, Peru; Martina Poetschke-Langer, Germany; Mike Sawyer, USA; Nina Jones, USA; Dr. Pooja Ramakant, India; Radu Gorincioi, Moldova; Rosa Maria Hermitte, Spain; Ruta Andriuskeviciene, Lithuania; Dr. Sanjeev Misra, India; Dr. Surya Kant Tripathi, India; Prof. Rama Kant, India; Dr. Nishi Pandey, India; Dr. Stephen Hamann, Thailand; Stephanie Erick, New Zealand; Trish Frazer, New Zealand; Trudy Prins, Netherlands; Yousuf Jhugroo, Mauritius; Zariah Zain, Malaysia; Tariq Pervez, Pakistan; Kinner Shah, India; Dolly Rizvi, India.

Advisory Board: Karen Bissell, INGCAT headquarters, Geeta Dayal, Navayuga Radiance Senior Secondary School; IK Mathur, Dabble College; Kusum Katoch, Police Modern School; Nirmal Tandon, Rani Laxmi Bai Memorial School; Veena Sharma, Bhartiya Vidya Bahawan Inter College; Nishi Pandey, University of Lucknow; Shobha Shukla, Loreto Convent; Poonam Khanna and Rehana Ali, La Martinere Girls' College; Kiron Nagar, St. Francis' College.

The Tokyo Declaration on Tobacco

At the 9th World Conference on Lung Cancer, the International Association for the Study of Lung Cancer (IASLC) adopted the IASLC 2000 Tokyo Declaration on Tobacco:

Lung cancer is the leading cause of cancer death in the world. The incidence is rising at an alarming rate in both men and women. Ninety percent of cases are caused by active or passive smoking and therefore could be avoided or prevented. Smoking is a major factor in the development of many other cancers, cardiovascular disease and chronic lung disease. As a consequence of smoking, nicotine addiction in our children is a major worldwide epidemic requiring immediate action.

In order to help achieve its goal of eliminating lung cancer, the IASLC:

1. Requests governments to:

- 1) Develop new methods of preventing smoking, and therefore nicotine addiction, in children.
- 2) Forbid smoking in all public facilities and transportation systems to protect non-smokers from the effects of passive smoking.

- 3) Through governmental and public notifications and advertising, warn of the ill effects of smoking on health.
- 4) Increase taxes on tobacco in order to prevent its use.
- 5) Enforce higher co-payments by smokers for the cost of treatment of smoking-related diseases.
- 6) Introduce anti-smoking education at all levels of education.

2. Encourages other medical societies and health care institutions to join in campaigns against smoking and for anti-smoking education.

3. Encourages all health care providers to receive training in counselling on stopping smoking.

4. Requests all industrial sectors and media organs to eliminate tobacco advertising and marketing.

5. Promises to produce materials that will aid in education concerning smoking and lung cancer.

Warning: Tobacco Moulds Can Kill You!

The *New Scientist* has reported on a presentation at the 40th Interscience Conference on Antimicrobial Agents and Chemotherapy in Toronto, Canada. Researcher Paul Verweig from the University Medical Centre in Nijmegen told delegates that tobacco contains a mould that could endanger the lives of people with weakened immune systems. His team analysed 98 cigarettes from 14 commercial brands. All brands had some fungal contamination, in 69% of the cigarettes. Most of the moulds found were *Aspergillus fumigatus*, which causes 95% of all invasive, often fatal, mould infections in patients recovering from treatments such as organ or bone marrow transplants and chemotherapy.

The *New Scientist* reporter, Alison Motluk, notes that the US Centers for Disease Control and Prevention recommends that high-risk patients should not be exposed to any possible sources of the mould, including plants, flowers and pepper. She reports that the new research suggests that tobacco should be added to this list.

Source: A. Motluk, *Fungal fear*. *New Scientist*, Thursday, 21 September 2000

Resolutions of the 11th World Conference on Tobacco OR Health

BE IT RESOLVED, that the Framework Convention on Tobacco Control (FCTC) be strong, driven by public health considerations, not preclude nations from adopting stronger measures and fully integrate NGOs working for tobacco control in the process;

BE IT RESOLVED, that the international tobacco control community work vigorously to exclude and remove tobacco and tobacco products from bilateral and multilateral trade agreements that would have negative public health consequences;

BE IT RESOLVED, that all governments, as part of a comprehensive tobacco control program, include effective cessation methods, and that these be made available and affordable in all countries;

BE IT RESOLVED, that all national health ministries should have full-time staff charged with overall responsibility for ensuring sustained country tobacco control programs.

Do you want to continue to receive *INGCAT Update*?

We are now revising our mailing lists.

INGCAT changed its constitution at the General Assembly in August. As of 2001, a new membership structure will be introduced, as explained in this *Update*. This will be accompanied by a slight change in policy concerning *INGCAT Update*. All members will of course continue to receive a copy. However, other **contacts** currently receiving the *Update* must respond to this request for information **to continue to receive it**. If we do not hear from you, we will remove you or your organisation from the mailing list. The *Update* will continue to be available on the INGCAT website, at **www.ingcat.org**

I or my organisation would like to continue receiving INGCAT Update.

Organisation name:

.....

Contact name:

Address

.....

Zip code / City Country

Telephone (country and area code)

Fax (country and area code)

E-mail

Please return this form

· by fax to: 33/1.43.29.90.87 or

· by e-mail at: info@ingcat.org or

· by mail to: INGCAT, 68 bd Saint-Michel, 75006 Paris, FRANCE

THANK YOU. We look forward to hearing from you.