

FCTC – Implications for the Asia/Pacific Region

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INTRODUCTION

Tobacco kills one in two smokers who use cigarettes as intended by the manufacturer. Worldwide this represents almost 4,000,000 deaths per year, or around one every eight seconds.[1] In Australia, smoking kills 18,000 per year and costs the nation around \$12 billion annually. There are approximately 3.5 million smokers in Australia half of whom will die prematurely from smoking-related disease. This is about 1.8 million people or almost 10% of the Australian population. Comparable figures can no doubt be obtained for the various countries throughout the world.

All this raises the question: “How did this happen and what can be done about it?” In this paper the historical background to the smoking pandemic of the 20th century is set out and various responses to it including the response of the World Health Organisation (WHO) to establish an International Framework Convention On Tobacco Control (FCTC) which is examined particularly in the context of implications for the Asia/Pacific region.

BACKGROUND

The historical background to the smoking pandemic of the 20th century has been well documented. Essentially, whilst there have been warnings about the harmful effects of smoking dating back to James I of England’s Counterblaste to tobacco in 1604, it was only with the publication of five medical studies in 1950 that a real scientific basis for linking smoking with death and disease was established.[2],[3],[4],[5],[6] The first of these, by Ernst Wynder, was published in the Journal of the American Medical Association on 27 May 1950. Another by Richard Doll and Austin Bradford Hill, Smoking and Carcinoma of the Lung. A Preliminary Report appeared in the British Medical Journal of 15 September 1950. In time, these studies became the leading references on their respective sides of the Atlantic and, jointly, throughout the world.

Later knighted for his work in the field, Sir Richard Doll went on to publish numerous papers recording, with ever-increasing certainty, the link between smoking and various diseases based on following the health of a cohort of British doctors and establishing the correlation between smoking habits and disease outcomes. Indeed, Doll’s most recent contribution, Smoking, Smoking Cessation and Lung Cancer in the UK Since 1950: Combination of National Statistics with Two Case – Control Studies, appeared in a special commemorative issue of the British Medical Journal on 5 August 2000, 50 years on from his first publication on the topic.[7]

Meanwhile, Ernst Wynder went on to conduct further research and publish additional findings, including one appearing in Cancer Research in 1953[8] reporting the

development of cancerous tumors on mice whose backs had been experimentally painted with a concentrate of cigarette tar, which precipitated a course of events, the repercussions of which are still reverberating around the world today.

It is remarkable that so much is known with such precision about how the tobacco industry conspired to perpetrate a fraud on the world community which has persisted for half a century. On 15 December 1953, directly as a result of the Wynder tar painting experiment, the chiefs of all the US tobacco companies (excepting Liggett) met at the Plaza Hotel in New York City to devise a response. It is now notorious that the response was to hire a publicity relations firm, Hill & Knowlton, representatives of whom in fact attended the 15 December meeting, to embark on an elaborate subterfuge to conceal or distort the scientific evidence linking smoking with death and disease commencing with the Frank Statement advertising campaign which was initiated by way of full-page advertisements on 4 January 1954 appearing in 448 newspapers in 258 cities throughout the US reaching an estimated 43,245,000 readers.[9]

The advertisement entitled A Frank Statement to Cigarette Smokers, stated:

Recent reports on experiments with mice [conducted by Wynder, Graham, and Croninger, who found that painting mice with tobacco tar caused cancer] have given wide publicity to a theory that cigarette smoking is in some way linked with lung cancer in human beings ...

Many people have asked us what we are doing to meet the public's concern aroused by the recent reports. Here is the answer:

1. We are pledging aid and assistance to the research effort into all phases of tobacco use and health ...
2. For this purpose we are establishing a joint industry group consisting initially of the undersigned. This group will be known as TOBACCO INDUSTRY RESEARCH COMMITTEE.
3. In charge of the research activities of the Committee will be a scientist of unimpeachable integrity and national repute. In addition there will be an Advisory Board of scientists disinterested in the cigarette industry ...

This statement is being issued because we believe the people are entitled to know where we stand on this matter and what we intend to do about it.

The Frank Statement also sets out the tobacco industry's claimed concern for the health of its smokers: 'We accept an interest in people's health as a basic responsibility paramount to every other consideration in our business.'

Contrary to this voluntary and public undertaking, through the Tobacco Industry Research Centre (TIRC) and, later, the renamed Council for Tobacco Research (CTR), the participating tobacco companies deliberately distorted scientific fact for their own commercial gain. The activities of TIRC and CTR in this regard are well documented. A small sample of documents, largely from Brown and Williamson, formed the basis of an insightful analysis in a series of articles published in the 19 July 1995 issue of the Journal of the American Medical Association. As summarised

in a paper by University of California Professor of Medicine, Stan Glantz and others, styled Looking Through a Keyhole at the Tobacco Industry, these documents reveal a deliberate course of deception over several decades in which public statements by the tobacco industry on such topics as nicotine and addiction, smoking and disease, environmental tobacco smoke, and even the role of TIRC/CTR, can be seen to be demonstrably false and misleading by reference to internal research results and private statements.[10]

These documents, and what they reveal, are the subject of an even more detailed analysis in the 529 page text The Cigarette Papers by Glantz and others published by University of California Press in 1996. Many more documents were uncovered and used in various tobacco litigation cases in the US, starting in the 1980s and especially in the 1990s, as described in various books on the subject.[11],[12],[13],[14],[15]

Moreover, two of the major world tobacco companies, being the two which primarily operate in Australia, have effectively admitted that the public stance they have taken over the decades is at odds with the overwhelming consensus in the world scientific community.[16],[17] Indeed, the Philip Morris website cites a catalogue of US Surgeon Generals' Reports on smoking and health dating back to 1964 as references to support the admission that there is an overwhelming consensus in the scientific community that smoking causes lung cancer and other serious diseases.

Further, documents now available on the worldwide web as a result of tobacco litigation in the US evidence the formation of a formal conspiracy between seven of the world's major tobacco companies, including BAT and Philip Morris, to promote a "false" controversy over smoking and disease and to implement strategies of "smoker reassurance" to allay smokers' concerns over the link between smoking and disease.[18]

Suffice to say, the conduct of the tobacco industry in the US has been comprehensively demonstrated to be fraudulent and deceitful and, to the extent that it can be shown to have been engaged in elsewhere, this applies in other places throughout the world including in the South Pacific.

RESPONSES TO TOBACCO INDUSTRY CONDUCT

From the first discovery of evidence scientifically linking smoking with disease, the health and medical community have responded by advocating ever-increasingly stringent measures directed at tobacco control. The first significant step in this direction was the preparation of the first US Surgeon General's report on tobacco released in 1964.[19] Since then numerous reports on the subject have been prepared in various countries throughout the world including 29 reports on the subject by the US Surgeon General, the most recent being Reducing Tobacco Use released in September 2000.[20] Publication of these reports has resulted in increased international cooperation commencing with the 1st World Conference on Tobacco OR Health in New York City in 1977, the 11th World Conference being held in Chicago in August 2000.

Along the way many countries have introduced legislation directed at tobacco control but to a varying extent in different countries. At the same time many attempts have

been made by way of litigation to make the tobacco industry accountable for its actions. This has been most successful in the United States although that success has prompted other litigation worldwide.[21] It was of course, as stated above, litigation in the United States which resulted in the public disclosure of tobacco companies' documents which have implicated the industry throughout the world. Litigation currently on foot in the United States, Australia and elsewhere may result in the tobacco industry being made accountable for its conduct at least to some extent. However, for some countries a litigation response may not be a realistic option and, in any case, there is an urgent need for an equitable and effective worldwide response.

It is in this context that it was first proposed at the 10th World Conference on Smoking OR Health in Beijing in 1997 that the WHO invoke its power to promote an International Framework Convention on Tobacco Control. Since then the World Health Assembly have approved WHO embarking on this course with the result that a timetable for implementing an FCTC has been devised and is currently being implemented. Just last week WHO commenced Public Hearings in Geneva into the conduct of the tobacco industry as a preliminary to further development of FCTC during the course of this week. It is therefore timely to consider the WHO's proposed FCTC and its implications for the Pacific Island Region.

INTERNATIONAL FRAMEWORK CONVENTION ON TOBACCO CONTROL

A Framework Convention is an international legal instrument, which allows law making to proceed incrementally, by establishing a general system of governance for an issue area, and then developing more specific commitments and institutional arrangements in protocols. A convention is another name for a treaty - an international legal agreement concluded between States in written form and governed by international law. The term protocol is generally used to refer to a subsidiary international agreement that supplements or extends an earlier or concurrent international agreement. In the context of framework conventions, protocols build on the parent convention through the elaboration of additional or more specific commitments and institutional arrangements

The Framework Convention on Tobacco Control (FCTC) with related protocols will offer an approach found in numerous human rights and environmental treaties. The development of the FCTC will represent the first time that the World Health Organization (WHO) has used its constitutional mandate to facilitate the creation of an international convention, making the FCTC the first multilateral convention focussing specifically on a public health issue.

History

In May 1996, the World Health Assembly adopted Resolution WHA 49.17 that called upon the Director General of WHO to initiate the development of a Framework Convention on Tobacco Control.

Between 1996-1999 preparatory technical work was undertaken. On 24 May 1999, the World Health Assembly unanimously adopted Resolution WHA 52.18 that maps the process for negotiation of the FCTC.

Formal negotiations on the FCTC commence with the convening of the first meeting of the Intergovernmental Negotiating Body in Geneva from 16-21 October 2000.

Rationale

Globally, the number of deaths from tobacco is increasing. Tobacco is currently responsible for the deaths of over 3.5 million people each year or one death every 8 or 9 seconds. Unless current trends are reversed, by the decade 2020-2030, tobacco will kill 10 million people a year (World Health Organization, 1998).

According to WHO:

'The enormity and the gravity of the present and future worldwide tobacco epidemic mean that the adoption of an international instrument for tobacco control has become urgent. Although 91 countries have enacted tobacco control legislation, many countries still have weak or no legislation and their response to the dangers of tobacco use has been limited. The aggressive marketing practices of the multinational tobacco companies threaten the lives and health of the people in both developing and industrialised countries.' (WHO FCTC technical briefing papers, 1999)

'Four factors form the basis for present efforts towards a collective international response to tobacco-caused death and disease:

- (i) the scope of the damage makes tobacco a public health tragedy of the first order;
- (ii) the problem exists in every country;
- (iii) key elements, smuggling for instance - transcend national boundaries; and
- (iv) the tobacco problem has proved incapable of being fully tamed by countries acting in isolation.' (WHO FCTC technical briefing papers, 1999)

Process for development

On 24 May 1999, the World Health Assembly unanimously adopted Resolution WHA52.18, which maps the process for negotiation of the FCTC, including the establishment of an FCTC Working Group and an Intergovernmental Negotiating Body to draft and negotiate the proposed FCTC and Protocols. The FCTC will be developed by WHO's 191 member states. The content of the Convention and its related Protocols will depend on the member states of WHO.

The mission of the FCTC Working Group, which was open to participation by all WHO member states, was to prepare proposed draft elements of the FCTC and to submit a report to the Fifty-Third World Health Assembly.

The FCTC Working Group met in Geneva, Switzerland in October 1999 and March 2000. The Working Group prepared proposed draft elements of the convention and completed its work by submission of a report to the 53rd World Health Assembly in May 2000.

The World Health Assembly at its May 2000 meeting recognised the report of the FCTC Working Group containing proposed texts as a sound basis for initiating formal negotiations on the FCTC.

Formal negotiations on the FCTC commence with the convening of the first meeting of the Intergovernmental Negotiating Body in Geneva from 16-21 October 2000. The Intergovernmental Negotiating Body meeting is open to participation by all WHO member states.

May 2000 to May 2003 has been identified as the period for formal negotiations prior to the adoption of the FCTC.

FCTC Outcomes

WHO anticipates the FCTC will help to:

- Mobilise national and global technical and financial support for tobacco control.
- Raise awareness among several ministries likely to come into the loop of global tobacco.
- Raise awareness of various sectors of society directly concerned with the public health aspects of tobacco.
- Mobilise non-government organisations and other members of civil society in support of tobacco control.(WHO FCTC technical briefing papers, 1999)

[The foregoing is taken from the Australian Government website on FCTC www.health.gov.au/fctc. WHO also has an extensive website on the FCTC <http://tobacco.who.int/en/fctc> which includes a FAQs compilation, press releases and background documents.]

IMPLICATIONS OF FCTC FOR THE ASIA/PACIFIC REGION

As an international treaty, the FCTC necessarily involves countries in the Asia/Pacific Region. Apart from achieving objectives in each particular country, there is a need for worldwide cooperation and this may well be better achieved by securing a high level of regional cooperation. In this way, individual countries will become conscious of the need to cooperate to achieve international goals and this will be especially important for the purposes of uniformity and in the area of smuggling.

The benefits to be obtained through implementation of the FCTC are obvious once the full extent of the devastating impact of tobacco smoking is appreciated.

However, the lessons of history teach us that these objectives will not be achieved easily and will not be achieved without considerable resistance from the tobacco industry.

Already the tobacco industry has developed a response to the WHO FCTC proposal, carefully crafted by public relations consultants and tailored for particular regions around the world.

For example, Philip Morris Asia has released (through public relations advisor Burson/Marsteller) September 21 a "Call for reasonable tobacco regulation and cooperation with the World Health Organization". A copy is shown below together with an appropriate public response developed by the Hong Kong Council on Smoking and Health.

PHILIP MORRIS ASIA EXECUTIVE CALLS FOR REASONABLE TOBACCO REGULATION AND COOPERATION WITH THE WORLD HEALTH ORGANIZATION (WHO)

(MANILA, Sept. 21, 2000) - For the first time in Asia, a Philip Morris senior executive publicly supported reasonable regulation of cigarettes and called for "constructive engagement" with the WHO as part of an effort by Philip Morris Asia Ltd. (PMAL) to reach out to Asian governments and tobacco industry critics in crafting "common-sense solutions to issues of common concern."

The comments today by Ellis Woodward, vice president of corporate affairs at Philip Morris Asia Ltd., on Asian tobacco issues came as part of a major address delivered before the National Congress of the Public Relations Society of the Philippines, and occurred only a few weeks before Philip Morris is scheduled to testify at public hearings in Geneva on a proposed WHO framework convention on tobacco control.

In his remarks, Woodward addressed the challenges and lessons learned by Philip Morris in managing tobacco-related issues. "We're seeking common ground on issues of mutual concern," he said. Philip Morris's approach of "constructive engagement" is best reflected by the company's commitment to reach out to WHO and its member states on a proposed framework convention on tobacco control, he added.

"Our commitment to work with the WHO - along with government, civic and international organizations, and the public health community - rests on a simple premise: We believe that society is best served by a cooperative, constructive approach to tobacco, not by a continuous cycle of hostility, mistrust and recrimination," Woodward said.

Building on a written submission to the WHO sent by Philip Morris International on August 30, 2000, Woodward said Philip Morris would vocally and clearly support a framework convention based on four key principles:

- 1) Smoking-related decisions should be made on the basis of a consistent public health message;
- 2) Effective measures should be taken to prevent minors from smoking;
- 3) The right of adults to choose to smoke should be preserved; and
- 4) All manufacturers of tobacco products should compete on a level playing field.

Further, he added, Philip Morris is committed to reaching out to national governments, health authorities and competitors around the world in support of "a comprehensive, common-sense global tobacco policy." Among elements of such a policy, Woodward said, would be:

- Increased law enforcement, resources and cooperation to stamp out cigarette smuggling, as well as counterfeit cigarettes;
- Recommendations for the text of cigarette health warning messages on packaging and in advertising;
- Standard formats for disclosing cigarette ingredients to governments and consumers;
- Reasonable public smoking restrictions; and
- Consistent criteria to define reduced-risk tobacco products.

As an example of Philip Morris Asia's efforts to address common societal concerns about tobacco such as youth smoking, Woodward noted that Philip Morris is already actively encouraging Asian countries to adopt minimum age laws. He also said that Philip Morris has created, often in partnership with local governments or community groups, more than 100 youth smoking prevention programs in almost 60 countries.

While noting that "the fact remains that on many issues, we share common ground with the WHO," Woodward also declared his company's opposition to what he described as extreme measures proposed by organizations that aim to completely eliminate tobacco and "run counter to common sense in a world where adults who choose to smoke are free to do so." Total bans on cigarette marketing, all-out public smoking bans and rejection of the International Monetary Fund's call for cigarette tax rates based on local and regional factors are some of the positions which Woodward said Philip Morris opposed.

"Do we agree with everything that the World Health Organization is currently considering? No, we don't," he said. "Do we, however, believe that we can work with the WHO and its member states on consistent, meaningful, and effective regulation of cigarettes? We most certainly do," he concluded.

Philip Morris Companies Inc. - the largest producer and marketer of consumer packaged goods - consists of five principal operating companies: Kraft Food Inc. (comprising Kraft Foods North America and Kraft Foods International), Miller Brewing Company, Philip Morris USA, Philip Morris International, and Philip Morris Capital Corporation. Philip Morris Asia Ltd. is part of Philip Morris International and has been active since the early 1970s. Today, Philip Morris in Asia employs nearly 3,000 people spanning some 20 countries.

PHILIP MORRIS & THE WORLD HEALTH ORGANIZATION (WHO) FACT SHEET

Philip Morris supports a Framework Convention on Tobacco Control based on the following four principles:

1. Smoking-related decisions should be made on the basis of a consistent public health message.
2. Effective measures should be taken to prevent minors from smoking.
3. The right of adults to choose to smoke should be preserved.
4. All manufacturers of tobacco products should compete on a level playing field.

Philip Morris's position on possible provisions of a framework convention: **FOR**

- Minimum-age laws and retail access prevention programs to keep cigarettes out of the hands of minors.
- Reasonable marketing restrictions that prohibit targeting minors in tobacco product marketing, and reduce exposure of minors to tobacco advertising.
- Increased law enforcement and cooperation to prevent cigarette smuggling.
- Resources and measures to eliminate counterfeit cigarettes.
- Recommendations for the text of cigarette health warning messages on packaging and in advertising.
- Uniform, standardized methods for testing cigarette ingredients.
- Standard formats for disclosing cigarette ingredient information to governments and consumers.

- Uniform, standardized method for measuring the constituents of cigarette smoke, and a meaningful disclosure regime for governments and consumers.
- Reasonable public smoking restrictions that would minimize unwanted second-hand smoke, while preserving spaces where adult smokers can smoke comfortably.
- Establishing criteria for tobacco products that might reduce health risks to consumers, and criteria for communicating to consumers about those products.

AGAINST

- Internationally determined tax rates, which go counter to the International Monetary Fund's recommendation for local and regional cigarette tax rates
- Encouraging signatory countries to forgo well-established legal systems and adopt American-style litigation tactics
- Limits on free trade in tobacco products and rejection of long-held international trade principles.
- Public smoking bans that fail to allow business owners to provide smoking areas for adult smokers
- Total ban on marketing cigarettes to adult smokers
- Use of "shock" images in health warning designed to disparage cigarette consumers.

Response to tobacco industry attitude to FCTC

The statement from Philip Morris will not help to resolve the continuing problem of promotion of tobacco to young people and their recruitment to nicotine addiction. What is needed is tighter drafting of comprehensive legislation on tobacco control, effective enforcement, and full compliance by the tobacco industry.

The statement by Philip Morris is a damage limitation exercise by an industry which is now universally recognised to have created enormous damage to communities in the Western Pacific Region of WHO. The industry is now terrified that truly effective controls on tobacco promotion will be introduced worldwide. They will do and say anything which might help to neutralize the impact of the Framework Convention on Tobacco Control.

Measures being taken by Government to reduce and eliminate disease and premature death caused by tobacco must not be deflected by the empty rhetoric of the tobacco industry.

- Governments and the public must remember that the present problem of tobacco promotion to youth has been largely created by the tobacco industry itself; because their future markets depend on this process they will not do anything which might seriously disrupt it.
- The tobacco industry is unlikely to take effective steps to reduce tobacco consumption amongst the section of the community which generates its biggest source of revenue - that is young people of all ages.
- It has been reported in the medical press that Philip Morris youth smoking prevention programmes in the US are the least popular of any currently offered. The messages from the tobacco industry are that smoking is an adult behaviour. Such messages are designed to fail given that most young people aspire to achieve maturity.

- An examination of documents from Philip Morris and BAT (documents released as a result of the Minnesota tobacco settlement), clearly indicate that there is “no common ground of mutual concerns”. The industry concerns have been to

- * suppress evidence on the harm caused by active and passive smoking
- * deny that nicotine is addictive
- * derail health measures by allocating massive resources to support the obfuscation of bone fide health information and broadcast disinformation on all aspects of tobacco and diseases caused by it.

- Philip Morris states that the company is committed to reach out to WHO and its member states on the Framework Convention but Philip Morris has by its conduct over the past 50 years forfeited any entitlement to be included in any such process – they simply cannot be trusted. The same goes for BAT.

- What Philip Morris calls “a cycle of hostility, mistrust and recrimination” is in fact their reaction to an intellectually honest approach, by the public health sector worldwide, to ensure that the health of children and the public in general is defended. This process must not be undermined by meaningless rhetoric from the industry.

– What is required is observance of the spirit of the law rather than constant attempts to circumvent it. Philip Morris’ brand name Marlboro has already been associated with flagrant breaches of the new law. The industry can begin its so-called collaboration with public health by observing the law and ceasing its intense activity to find ways around it.

- Nowhere does the PM statement by Ellis Woodward acknowledge that

- * nicotine is addictive
- * passive smoking is harmful.

Until and unless we can progress to that stage in terms of industry pronouncements, there is no point in us paying any heed to what the industry says.

- Philip Morris’ call for
law enforcement
health warnings
information on ingredients
smoking restrictions
simply reiterates part of the task list which has been on the public health and Government agenda for years, but resolutely opposed by the industry.

- PM calls for “minimum age laws” but from a public health viewpoint there are no arguments for designating an age point at which tobacco should be promoted to young people and the destruction of their health initiated. The industry’s freedom to damage young people of any age must be removed. Furthermore we will be working for an entirely new framework in which tobacco is a fully controlled substance. That is what the industry will fight to avoid.

- It appears that the tobacco industry is now in opposition to WHO, the World Bank, the International Monetary Fund, the public health and health care sector and most Governments of the world. Ellis Woodward’s plea for collegial relationships between

the tobacco industry and WHO contrasts sharply with the earlier pronouncements this year by Martin Broughton, CEO of British American Tobacco, who castigated WHO and its director general Dr Gro Harlem Brundtland over the launching of the Framework Convention on Tobacco Control. Does Philip Morris repudiate Broughton's onslaught on the Tobacco Free Initiative and Framework Convention?
- The tobacco industry has a long history of carefully practised deception. There is so far no reason to believe that this time the outcome will be any different.

Of all the submissions to the WHO Public Hearings, the most succinct and potent, in my view, was one by ASH UK read out by Tania Amir, a lawyer from Bangladesh. To do it justice, I can do no more than set it out in full:

“ASH London Statement to WHO Hearings
12th October 2000.
Read by Tania Amir, The Law Associates, Bangladesh.

Good morning, my name is Tania Amir and I am from Bangladesh, where I practice as a lawyer and health advocate. I work closely with Action on Smoking and Health from Britain, which is better known as ASH, and I am reading ASH's statement today. I hope this helps to underline an important message: tobacco is everybody's concern - as much in Dhaka as it is in London.

We have heard many complaints from the tobacco companies that 5 minutes and 5 pages is not enough to make their points. It certainly isn't enough for an adequate apology for their conduct or abuse of the truth over the last fifty years.

At least the tobacco industry gets to speak - we just hope the ghosts of the 100 million people that died from tobacco in the 20th century will also make themselves heard at these hearings. We need to remember them because one thousand million tobacco-related deaths are projected for the 21st century unless the current trends change. That's a BILLION lives we are talking about here.

And that is why it is right for the World Health Organisation to be involved ... and that is why it is absolutely right that Dr. Brundtland has made tobacco a priority for W.H.O.

But we want to take our few minutes here to address some of the objections to the Framework Convention raised by the tobacco industry in their submissions.

They say it is undemocratic, unwanted W.H.O-imposed regulation.

Well we respond that governments have asked for it, governments will negotiate it and governments will sign and ratify it. There is no democratic deficit in this Convention - it reflects the will of 191 nations.

They say tobacco policy should be done at national level and there is no place for international action:

In contrast, we understand that we live in a globalising world - advertising flows across borders, smuggling exploits the trade system, and product standards,

warnings, packaging and so on, all have international implications. We need a treaty to deal with this.

They say that reducing tobacco consumption will cost jobs...

We point out that job losses to date are overwhelmingly due to automation in tobacco manufacturing and farming. But even if jobs are lost, then we have to say "so be it". In the UK there are 140 years of lost life for every year of tobacco industry employment. We ask therefore - "where would YOU place the priority - human lives or tobacco jobs?"

A Final point - the tobacco industry says that curbing the tobacco epidemic is just a western agenda and developing countries have other things to worry about.

Well I can tell you - that's not how it's seen in Bangladesh. And it's not how African Health ministers saw it at their meeting in October 1999. And it is not how it is seen by the Health Ministry in China. In fact the idea that developing countries shouldn't worry about tobacco comes from the old imperialist assumption that life is cheap in developing countries.

Life is not cheap anywhere and tobacco is a killer second to none. That is why ASH, and our friends from every corner of the globe will push as hard as we can to secure a meaningful treaty to reduce tobacco consumption and to have the world's most aggressive and destructive industry brought under democratic and legal control."

CONCLUSION

It is clear that the harm caused by tobacco smoking can only be described as the greatest deliberate infliction of harm on the human population of all time. The sinister way in which this has occurred has now been exposed. The magnitude of the problem requires an international response requiring a degree of cooperation normally reserved for the case of widespread human conflict. As it is, the death toll from tobacco is more than comparable with world wars of the 20th century. In World War II, for example, the total death toll, civilian and military, has been estimated at 40 million or 8 million per year.

WHO calculations indicate that the death toll from tobacco is currently half that rate and it will be exceeded by 2020. Moreover, the long latency period involved with tobacco-related disease means that much of the damage has already been done and as a consequence an annual global death toll between 4 and 10 million is likely to be experienced every year for the first two decades of the 21st century.

The importance of the FCTC cannot therefore be underestimated. Nor, given their previous form, can the conduct of the tobacco industry.

Hopefully this paper will give some insight into the size of the problem, the source of the problem and the possible solution to the problem. Fortunately there is now a highly sophisticated infrastructure in existence to provide accurate and reliable information as well as international support. This is probably best done by the World

Health Organisation Tobacco Free Initiative. Further information can be obtained from the TFI website: <http://www.tobacco.who.int/en/fctc/>

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