Framework on tobacco control
Possible European linkages

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A major landmark in the World Health Organization's fifty-year history took place during the 52nd World Health Assembly, which ended on 25 May 1999. WHO's 191 member states adopted, by consensus, Resolution WHA52.18, which paves the way for WHO's first legally binding global convention.1 A record number of member states, including the five permanent members of the United Nations Security Council, major tobacco growers and exporters and developing countries facing the impact of the tobacco industry's intensified marketing strategies called for active work on a Framework Convention on Tobacco Control (FCTC). This decision started a process leading to formal negotiations on the text of a Convention and related protocols. At the first meeting of the FCTC Working Group in October 1999, the possible content of the Convention was discussed. Formal negotiations will commence in about one year's time and it is planned that the FCTC and first protocols will be adopted by the year 2003. The framework convention protocol approach has been used successfully to address environmental, arms control, trade, and human rights issues. In general terms, a framework convention is an umbrella agreement that establishes a general system of governance for an issue area, such as tobacco control. The protocols will elaborate more specific commitments or additional institutional arrangements.2 Framework conventions are designed to be supported by protocols, which are also legally binding treaties; in fact, framework conventions can be thought of as generators of protocols.

The FCTC and related protocols could address specific issues such as taxation, smuggling, tax-free tobacco products, advertising/sponsorships, testing methods, package design/labelling, information sharing, agricultural diversification, and the regulation of tobacco.3 The content of the FCTC and the related protocols will depend on WHO's member states, as the negotiation of binding treaties is a prerogative of sovereign states. However, since the framework convention-protocol approach will allow for the incremental development of an international legal regime for global tobacco control, more issues could be added, even after the initial adoption of the FCTC and first protocol agreements.

The Framework Convention could create linkages to the work of the European Union. Resolution WHA52.18 provides a mechanism for regional economic integration organizations constituted by sovereign states, for instance the European Community, to participate actively in the work of the intergovernmental negotiating body and working group established by the resolution. As the European delegate to the 52nd World Health Assembly noted 'On the matters covered by Community legislation and policies, member states had transferred their competency, including negotiation of treaties, to the European Community'. The Member States of the European Community have taken the initiative to harmonize the labelling of tobacco products,4 to regulate the maximum tar yield of cigarettes5 and to ban all forms of advertising and sponsorship for tobacco products.6 The definition of tobacco product includes all products intended to be smoked, sniffed, sucked or chewed inasmuch as they are made, even partly, of tobacco. Under the advertising directive all means of advertising are included, with the exception of television advertising, which was covered previously under Council Directive 89/552/EEC of October 1989.7 Regarding sponsorships, however, the directive includes a provision whereby member states may continue to authorize sponsorships of events ending not later than 1 October 2006. Based on existing empirical evidence a global ban on advertising and sponsorship would be an important objective for members states of WHO to pursue in development of the FCTC and related protocols. The recently released World Bank report on the economics of tobacco provides conclusive empirical evidence of the effectiveness of nonprice measures, such as comprehensive bans on advertising and promotion of tobacco, and information measures such as mass media counteringvertising.8 The European Union's efforts to harmonize tobacco control policies could act as a catalyst for the adoption of similar nonprice measures at the global level, particularly in countries of Central and Eastern Europe, many of which look to the European Union as a model and seek membership.

The timing of the Framework Convention presents a unique opportunity for linkages with the European Union. The first meeting of the FCTC Working Group in October 1999 coincided with Finland's Presidency of the European Union. This is fortuitous given Finland's exemplary work and leadership in the area of tobacco control at national, regional and global levels. Finland realized the great burden of tobacco use on public health some 30 years ago. In the mid-1970s, comprehensive
legislation was adopted and currently Finland has implemented all of those recommendations on national tobacco control measures. The results have been encouraging: tobacco use in Finland is virtually the lowest in Europe. However, despite significant progress, the situation remains far from satisfactory. The question has thus arisen as to what more should be done. Finland realizes that there is a limit to national action, since smoking and tobacco use are becoming increasingly global issues. Globalization is greatly influencing tobacco use throughout the world. One example is international motor racing. In 1998 and 1999, the world champions of both Formula 1 and motor rallying were from Finland. Finnish children were able to view tobacco advertising on television while watching races that took place abroad, even though such advertising is banned in Finland. Such global promotion is especially harmful to children, who constitute the future of world health. A second illustration is the trend in the Western tobacco industry to move into developing countries and Eastern Europe using aggressive marketing strategies. Based on examples such as these, Finland has explicitly supported strong international actions, broad coalitions and an internationally binding convention for tobacco control. Therefore, Finland’s Presidency of the European Union provided an excellent model for the European Union member states to launch into the pre-negotiation phase of the FCTC process.

The public health community in Europe has for a long time been active in the fight against tobacco. The great burden of tobacco use on public health in the European continent is definite. However, the limits of activities by medical and other professionals are equally obvious. Public campaigns need to be linked with appropriate policy decisions. Thus the public health experts in Europe should warmly welcome this new WHO initiative that could support and catalyse effective national approaches.

REFERENCES


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