

SMOKESCREEN

Double Standards of U.S. Tobacco Companies in International Cigarette Labeling



Macksood Aftab
Deborah Kolben
Peter Lurie, MD, MPH
Sidney M. Wolfe, MD

PUBLIC CITIZEN'S HEALTH RESEARCH GROUP

1600 20th Street, NW
Washington, DC 20009
Phone: (202) 588-1000
Website: <http://www.citizen.org/>
September 9, 1998

Table of Contents

Executive Summary	2
The Growing International Tobacco Market	5
Regulation of Tobacco	6
The Role of Warning Labels	10
Methods	11
Results	14
Discussion	21
Recommendations	22

Executive Summary

Background

- ? While U.S. cigarette consumption declined 4.5% between 1990 and 1995, cigarette consumption rose 5.6% in Europe and 8.0% in the Asia/Pacific region.
- ? The U.S. now sells more cigarettes abroad than domestically.
- ? The World Health Organization estimates that by 2020, 10 million people a year will die from tobacco-related illnesses, including 7 million in developing countries.
- ? Previous research indicates that warning labels on cigarette packs can be an important part of a multifaceted approach to reducing smoking rates.

Methods

- ? We conducted a cross-sectional study of cigarette labeling laws by posting a request for information on cigarette labels on GLOBALink, an Internet listserv with members in 56 countries.
- ? Countries received a point for each of 10 specific warnings mentioned on their cigarettes packs, yielding a quality score on a scale of 0-10.

Results

- ? In general, U.S. companies did no more in foreign countries than required by local law.
- ? The average developing country quality score was 1.6, compared to 5.0 in developed countries. Forty-two percent of countries either had no warning requirement or had only a very general health warning. The current U.S. label received a 6.
- ? The most common warning was for heart disease (49% of countries) and the least common was for addiction (14%). All warnings were more common in developed than developing countries.
- ? Twenty-six percent of developing countries compared to 89% of developed countries required rotating warning labels, as does the U.S. now.

- ? Seventy-three percent of developing country labels appeared on the side of the pack, while 78% of labels in developed countries appeared on both the front and back. Current U.S. warning labels appear on the side of the pack, but under the proposed legislation they would appear on the front of the pack.
- ? Forty-eight percent of developing countries required tar or nicotine levels on the pack, compared to 83% of developed countries. There are no such requirements in current U.S. labels.

Conclusions

- ? U.S. tobacco companies' labeling practices represent a double standard in which non-Americans are denied the information made available to U.S. residents.
- ? Such inadequate labeling may contribute to rising developing country smoking rates, with accompanying illness and death.

Recommendations

- ? Require U.S. companies to adhere to the same labeling and marketing restrictions in foreign countries as in the U.S.
- ? Prevent the U.S. government from promoting the sale of U.S. tobacco products abroad.
- ? Adequately fund the anti-tobacco activities of non-profit organizations and governments around the world.
- ? Reject the Multilateral Agreement on Investment, which includes no protection for public health.

Tobacco exports should be expanded aggressively, because Americans are smoking less.¹

Former Vice-President, Dan Quayle

The government should not be in the business of exporting death ... We must not allow tobacco companies to pay for the fines imposed by America by hooking children in other countries on nicotine.²

Rep. Lloyd Doggett

As the world's leading exporter of tobacco products, the U.S. has a moral responsibility to address the health devastation tobacco is causing in other countries. If we don't, people will equate our country with the tobacco epidemic they suffer.³

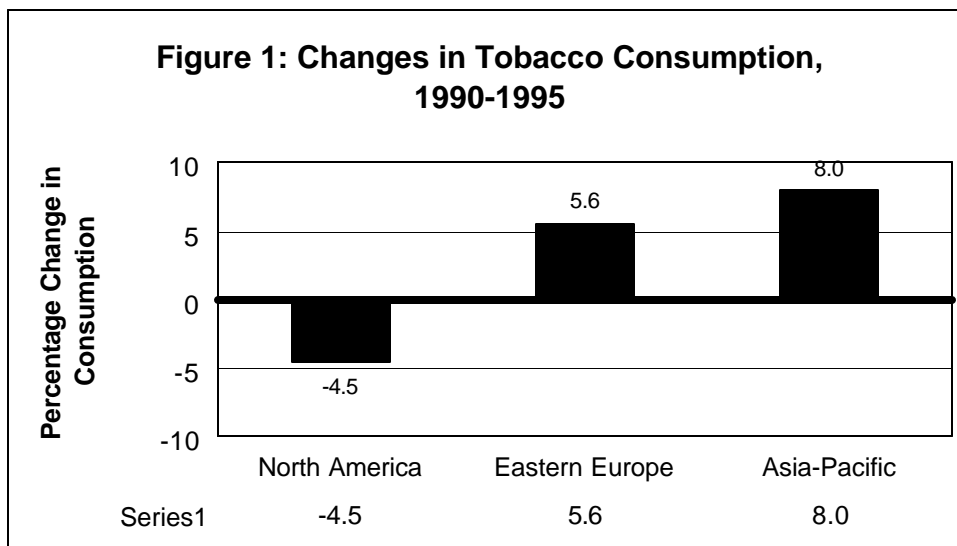
Sen. Richard Durbin

A smoker in Argentina will not see any warning on a box of American cigarettes that smoking causes emphysema or heart disease. A smoker in Kenya will be told even less. American cigarette packs in Kenya do not even warn of the harm to pregnant women, that smoking causes lung cancer, or that quitting might be beneficial. All of these are included in current U.S. warning labels.

Although smoking is just as damaging to Argentines and Kenyans as it is to Americans, American tobacco manufacturers provide fewer warnings to citizens of those and other foreign countries than they offer to the American public.

THE GROWING INTERNATIONAL TOBACCO MARKET

The World Health Organization reports that there are currently 1.1 billion regular smokers worldwide,⁴ equivalent to approximately one-third of the global population over the age of fifteen. However, U.S. cigarette consumption declined 4.5 percent between 1990 and 1995⁵ (see Figure 1) and Americans now constitute only 4 percent of smokers worldwide.



In order to maintain current levels of profit, the American tobacco industry must therefore expand to foreign markets. International cigarette consumption is already rising dramatically. For example, cigarette sales in Eastern Europe and the Asia/Pacific region rose 5.6% and 8.0% respectively between 1990 and 1995,⁵ even as American smoking levels were declining (see Figure 1). Eight hundred million of the 1.1 billion smokers internationally are in developing countries.⁴ The small pool of public health

funds in developing countries available to raise public awareness of the consequences of smoking provides little counterweight to the tobacco industry's \$4.9 billion annual global marketing assault.⁶

American cigarettes are now found across the globe and the U.S. has become the world's largest exporter of cigarettes.⁷ RJ Reynolds and Philip Morris, America's leading tobacco companies, currently sell more cigarettes in foreign countries than they do domestically.⁸ For example, Philip Morris, the nation's largest cigarette company,⁶ sold 711.5 billion cigarettes abroad in 1997 compared to 235.2 billion cigarettes domestically.⁹ Its international revenues rose 68% from 1993 to 1997,⁶ including a 12.6% increase in 1997 alone, bringing the company's international profit to \$4.5 billion.

Even at current consumption levels, tobacco takes an enormous public health toll. The number of global tobacco-related deaths per year will soon exceed those from AIDS, tuberculosis, automobile accidents, homicide and suicide combined.¹⁰ Worldwide, tobacco is the cause of approximately 10,000 deaths daily or 3.5 million annually.¹¹ By 2020, this number is expected to rise to 10 million per year, with 7 million of these deaths occurring in developing countries.¹¹ Tobacco now claims the lives of 2,000 people a day in China alone,¹¹ and the most recent studies indicate that tobacco will kill one-third of all young men in China if current trends in smoking persist.¹¹ U.S. tobacco legislation that fails to take these trends into account will have a limited global public health impact.

REGULATION OF TOBACCO

After the U.S. Surgeon General publicly announced the dangers of tobacco use in 1965, the U.S. became the first country to impose mandatory health warning labels on all cigarette packs. This one label was located on the side panel of the cigarette pack and read, "Caution: Cigarette smoking may be hazardous to your health."

In 1984, the U.S. replaced that label with a system of four rotating warning labels that appear on a quarterly basis. While these new labels were a marked improvement over their predecessor, they failed to disclose some important smoking-related hazards such as addiction and contained obscure language like "Cigarette smoke contains carbon monoxide." These warning labels, which are still in effect, are shown in Table 1.

TABLE 1: CURRENT U.S. CIGARETTE WARNING LABELS

U.S. SURGEON GENERAL'S WARNING:

- ? Smoking causes lung cancer, heart disease, emphysema, and may complicate pregnancy
- ? Quitting smoking now greatly reduces serious risks to your health
- ? Smoking by pregnant women may result in fetal injury, premature birth, and low birth weight
- ? Cigarette smoke contains carbon monoxide

In 1992, a European Union Directive established minimum standards for the labeling of tobacco products for member countries. All packs must carry two warnings. The warning on the front portion of the pack states, "Tobacco seriously damages health." The directive offers a choice of 15 additional warnings from which each country chooses rotating warnings for the back of the package (see below).



Ireland has Warning Labels on both the Front and Back surfaces of the Packs, as required by the European Union Directive

In June 1997, states Attorneys General from 40 U.S. states reached a proposed 25-year \$368.5 billion national tobacco settlement with the tobacco industry, which would have placed restrictions on cigarette advertising and increased cigarette pack taxes by about 60 cents over 5 years. However, many anti-tobacco activists, including former Surgeon General C. Everett Koop, former Food and Drug Administration (FDA) Commissioner David Kessler, and Public Citizen found fault with an immunity provision that would have protected the tobacco industry from future class action lawsuits

and placed a limit on punitive awards related to past practices. That settlement initially formed the basis for negotiations in the U.S. Congress. Because of its breadth and its inclusion of proposals to limit FDA authority and impose unique rules on the civil justice system for tobacco cases, the settlement could only be enacted by federal legislation.

Among the provisions of the state settlement was a requirement for a set of 9 rotating warning labels, including warnings regarding addiction and second-hand smoke that are absent from the present labels. The proposed labels for the U.S. are shown in Table 2.

TABLE 2: PROPOSED U.S. CIGARETTE WARNING LABELS

- ? WARNING: Cigarettes are addictive
- ? WARNING: Tobacco smoke can harm your children
- ? WARNING: Cigarettes cause fatal lung disease
- ? WARNING: Cigarettes cause cancer
- ? WARNING: Cigarettes cause strokes and heart disease
- ? WARNING: Smoking can kill you
- ? WARNING: Smoking during pregnancy can harm your baby
- ? WARNING: Tobacco smoke causes fatal lung disease in non-smokers
- ? WARNING: Quitting smoking now greatly reduces serious risks to your health

Because the states Attorneys General's agreement included no provisions to address the growing international sale of tobacco products, Rep. Lloyd Doggett of Texas introduced the International Tobacco Responsibility Act in July 1997. This Act had three main components: 1) requiring U.S. companies and their subsidiaries to print warning labels equivalent to those required in the U.S. on all exported products in the predominant language of the importing country; 2) preventing the U.S. government from promoting the export of tobacco products; and 3) urging the president to advocate for a United Nations Conference on tobacco control.¹² The second of these was made into law.

In February 1998, six Congressmen (Sens. Durbin, Lautenberg, Wyden, and Wellstone, and Reps. Doggett and Pallone) proposed five initiatives to curb international smoking (see Table 3).³

**TABLE 3: INTERNATIONAL TOBACCO CONTROL INITIATIVES
PROPOSED BY SIX CONGRESSMEN**

- ? Require U.S. companies to adhere to the same labeling and marketing restrictions as in the U.S.
- ? Impose strong anti-smuggling measures
- ? Prevent the U.S. government from promoting the sale of U.S. tobacco products abroad
- ? Create a non-profit organization to assist tobacco control efforts in foreign countries
- ? Fund the anti-tobacco activities of non-profit organizations and governments by a two-cent tax on each cigarette pack sold abroad

The February initiatives were endorsed by many organizations including the American Heart Association, the American Lung Association, the American Cancer Society, the National Center for Tobacco-Free Kids, the American Public Health Association, the World Federation of Public Health Associations, Americans for Nonsmokers' Rights, the Latino Council on Alcohol and Tobacco, and the New York Times.¹³

In March 1998, Commerce Committee Chairman Sen. John McCain introduced new tobacco legislation that included the February proposals on international tobacco control. The McCain Bill would have required the industry to make nominal payments of \$516 billion over 25 years and would have raised the price of cigarettes approximately \$1.10 over 5 years. Although the March 1998 version of the McCain Bill granted significant immunities and protections to the tobacco industry, it did not include the blanket immunity of the June 1997 deal, but did place a cap on annual payments by the industry. The McCain Bill in effect supplanted the states' agreement as the basis for comprehensive tobacco legislation. It passed the Senate Commerce Committee overwhelmingly, but failed in the full Senate.

Rep. Doggett also introduced the International Tobacco Responsibility Act of 1998. This legislation is very similar to the international package proposed in February.

THE ROLE OF WARNING LABELS

Most tobacco control experts believe that no single factor caused the decrease in smoking rates in the U.S. and elsewhere in the past decade. Rather, a series of actions, including restrictions on advertising, vending machines and cigarette distribution, increased tobacco taxes, more prominent and forceful cigarette labels, and the banning of smoking in public places, combined to create a social milieu in which smoking was increasingly unacceptable. Cigarette warning labels can be an important part of the creation of this healthier social climate.

There is empiric evidence that cigarette warning labels can play an important part in smoking cessation campaigns. In an Australian study that examined the impact of strengthened warning labels implemented in 1995, the percentage of people reporting always noticing the warning labels increased from 17% before the new labels to 44% afterward.¹⁴ The number of smokers reporting that they had forgone a cigarette as a result of noticing the warnings increased from 7% with the old labels to 14% with the new labels.

In South Africa, tobacco consumption decreased by 15% between 1994 and 1997 due to a combination of radio advertising campaigns, increased excise taxes on cigarettes, and new health warning labels. Fifty-eight percent of smokers said that the cigarette warning labels made them want to quit, cut down on smoking, or at least change to a lighter cigarette. Among non-smokers, 38% said that the warnings made them glad they had never started smoking.¹⁵

In Canada, half of smokers who have cut down their cigarette intake or have recently tried to quit cited cigarette package warnings as a contributing factor.¹⁶ Finally, a European study conducted in 1990 found that 8% of smokers cited health warning labels on cigarette packs and advertisements as a factor leading them to quit.¹⁷

On moral grounds alone it can be argued that tobacco companies have a responsibility to provide equal information to all consumers, regardless of nationality. Tobacco products do not suddenly become less hazardous when exported or sold abroad and thus there can be no justification for providing foreign consumers with less information than U.S. consumers.

The need for appropriate warning labels is especially great in the developing world. The lack of other information on the adverse health effects of tobacco available in these countries creates a greater need for

informative labels displayed in a clear and concise format and in an appropriate language. Warning labels in developing countries may have a larger impact upon tobacco consumption than similar information in a developed country, as the South African experience suggests.

Few studies of tobacco warning legislation worldwide have been conducted in this decade. A 1993 report concluded that, of the 77 countries requiring warnings in 1991, 44 did no more than state that smoking may be dangerous to your health.¹⁸ Recently, the European Union commissioned a study to determine which countries were in compliance with the 1992 European Union Directive on tobacco labeling. While most companies were in compliance, many undermined the laws by poor color choice and package design.¹⁷ Our report is therefore the only recent systematic survey of international cigarette labeling.

METHODS

We conducted a cross-sectional study of labeling laws in the U.S. and foreign countries. Data collection was conducted through the Internet. We joined GLOBALink,¹⁹ a listserv for approximately 700 anti-tobacco activists in 56 countries managed by the International Union Against Cancer. Applicants are screened to exclude pro-industry persons. GLOBALink members include non-governmental organizations, academics, educators, and legislative staff.

In October 1997, we posted an initial brief letter on GLOBALink requesting that recipients mail, e-mail, or fax us specific information (see below) on cigarette labels in their country and send us actual Marlboro and Camel cigarette packs. The initial posting yielded responses from 9 countries. If a response left some questions unanswered or required clarification, we initiated an e-mail correspondence with the respondent. We re-posted the letter three weeks later and received 6 more responses. We then wrote personalized letters to selected GLOBALink members from countries that had not yet responded requesting the same information, resulting in 14 additional responses. In February 1998, we sent letters to all GLOBALink representatives of countries from which we had received no response; this yielded another 16 responses, to total 45.

With the exceptions of China, Indonesia, and Singapore, all information was gathered directly from GLOBALink members. Existing

legislation for those 3 countries was sent to us by a GLOBALink member in a U.S. Congressman's office who had obtained them from the Law Library of Congress.

Most respondents provided English translations of the laws. Fluent speakers of foreign languages at the University of Michigan were contacted to translate the remaining warnings.

We developed a health warning evaluation scale based upon concepts that either occur in the present U.S. labels or in the European Union Directive. The presence (assigned one point) or absence (0 points) of the following 10 concepts in the warning law produced a 10-point scale:

Addiction	Lung Cancer
Benefits of quitting	Other warnings
Cancer	Pregnancy
Emphysema	Second hand smoke
Heart Disease	Smoking kills

If a country mentioned "lung cancer" only, it did not receive a point for "cancer." Each country could receive no more than one point for the "other warnings" category. A point was assigned even if the wording on a label did not match our word exactly (e.g., "lung disease" instead of "emphysema"). No distinction was made between warnings that said, for example, "Cigarettes cause cancer" and "Cigarettes may cause cancer." The score assigned to each country was agreed upon by consensus of three of the researchers (MA, DK, PL).

The following criteria were also evaluated, either by inspection of the pack or from descriptions of the law provided by the respondents:

- Voluntary or required by law
- Language of warning label
- Rotating system of warning labels
- Size of warning label
- Location of warning label
- Tar or nicotine levels

For members of the European Union the constant front label was not included in the count of the number of rotating labels. Although all 8 Canadian labels appear on different packs at any moment in time, they were

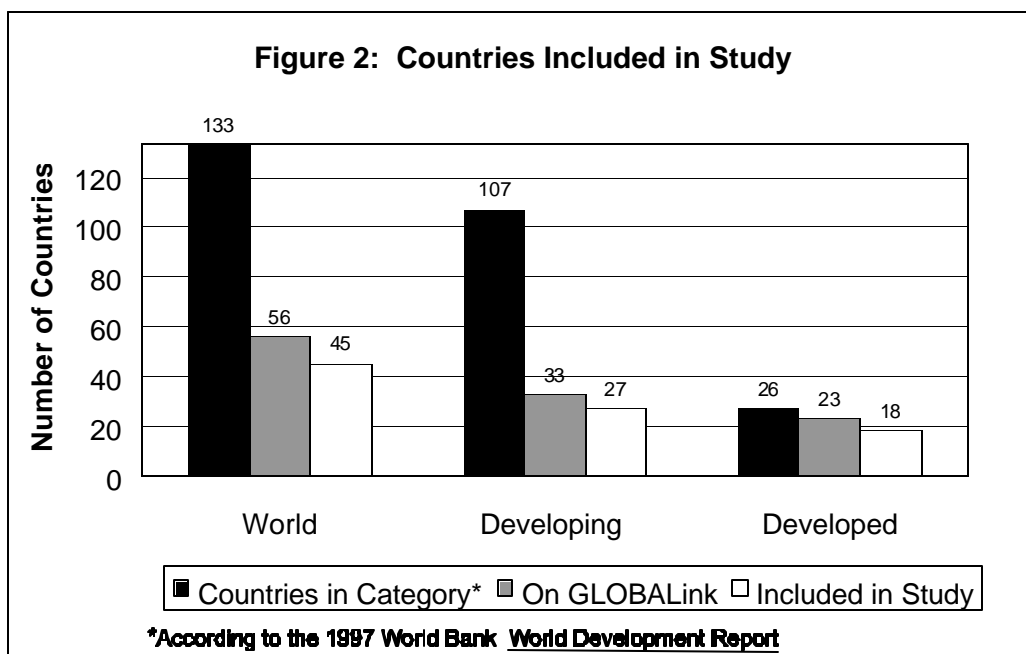
considered rotating for the purposes of this study. The size of each warning was measured as a percentage of the surface area of the box, excluding the top and bottom. We included data on size from countries where the respondent provided the size or specified the size required by law. If we received packs, we performed the measurements ourselves. We did not include packs sent to us by fax, due to the distortion that occurs in the faxing process.

The World Bank lists 133 countries in the world for which adequate economic data are available (there are only limited data available for 76 additional countries), and categorizes them as high-income economies or not.²⁰ We used these to classify countries as “developed” (27) or “developing” (106). This study was limited to cigarettes and excluded information relating to cigars, roll your own, or chewing tobacco.

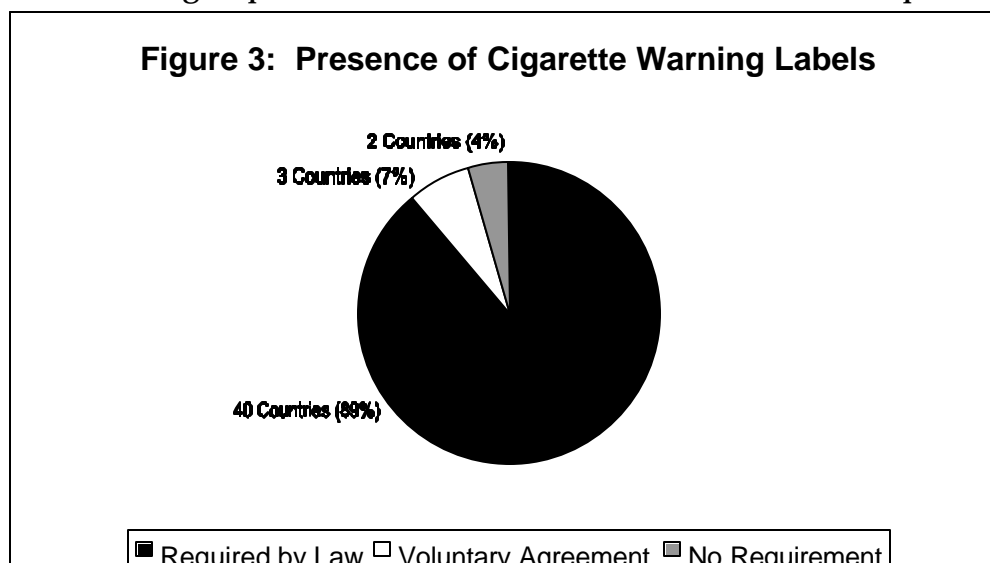
Results

Appendix 1 depicts the distribution of responses received. Most of Africa, Central Asia, and Eastern Europe was not represented on GLOBALink. Nonetheless, the responses covered a large geographic area, with the exception of sub-Saharan Africa and the states of the former Soviet Union.

Fifty-six countries are represented on GLOBALink (33 developing and 23 developed), and we received data from 45 (80%) of these countries. As Figure 2 demonstrates, the majority of countries not included in the study were developing countries not represented on GLOBALink. The response rate for developing countries represented on GLOBALink was 82% and for developed countries it was 78%. Twenty-seven of the 45 responding countries (60%) were developing nations.



Forty countries (89%) had laws requiring cigarette warning labels (see Figure 3). Canada, Fiji, and Finland had voluntary labeling agreements with the industry and Romania and Vietnam had no labeling requirements. We encountered no example where a U.S. manufacturer was out of compliance with local labeling requirements. In the two countries without requirements,



the U.S. packs still provided some health warning. A Marlboro pack obtained from Romania contained an English warning from the U.S. Surgeon General and from Vietnam we received a Marlboro pack with the warning “Smoking is harmful to your health,” printed in Vietnamese.

U.S. cigarette packs with the U.S. Surgeon General's warning printed in English were found in Costa Rica, Mexico, Nigeria, Pakistan, and Romania. Because most of these are non-English speaking countries, these may well have been smuggled packs (see below).



U.S. Cigarette Packs Received from Pakistan (left) and Romania (right)

Appendix 2 illustrates the overall quality scores for the 43 countries for which we obtained detailed labeling information. Six countries' warnings scored better than the current U.S. warnings and two countries (South Africa and Norway) would still score better than the proposed U.S. labels, which would receive a 9 on our quality score (only the warning for lung cancer is missing). Sixteen countries, in addition to Romania and Vietnam, scored a zero because, although they had a general health warning, (e.g., "Ministry of Health warning: Tobacco is harmful to health" in Kenya) they failed to meet any of our specific quality score criteria.

The average quality score was 3.0. Generally, warnings in developing countries were far worse than warnings in developed countries, which were themselves inadequate (see Figures 4 and 5). The average score for developing countries was 1.6, while the average score for developed countries was 5.0. However, some developing nations received high scores, while some developed nations fared poorly. Most notable were South Africa, which received a score of 10, and Thailand, which received a score of 9. In contrast, Japan scored a 0 for its only label, "Be careful not to smoke too much, because it might be harmful for your health."

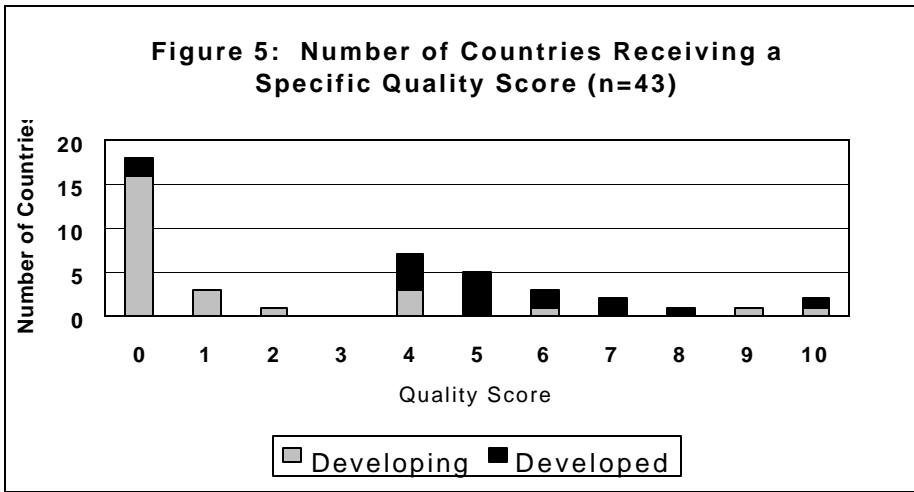
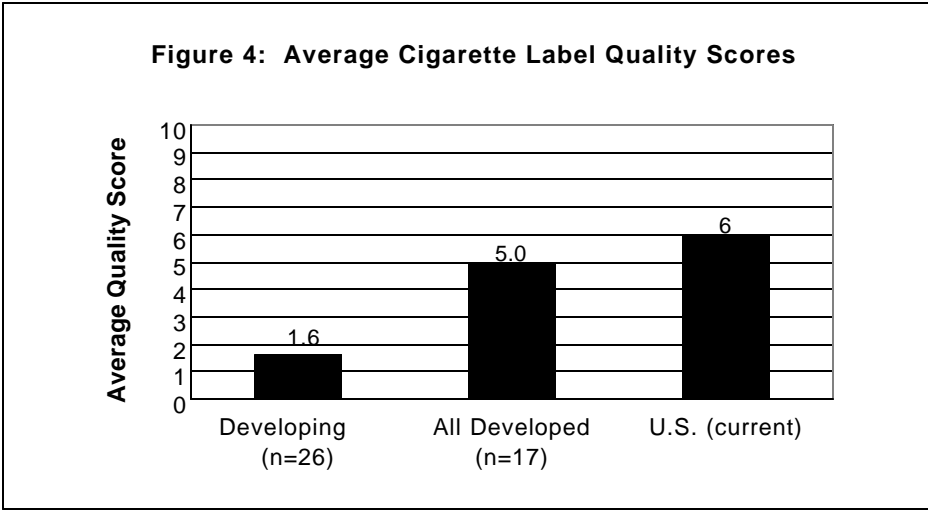
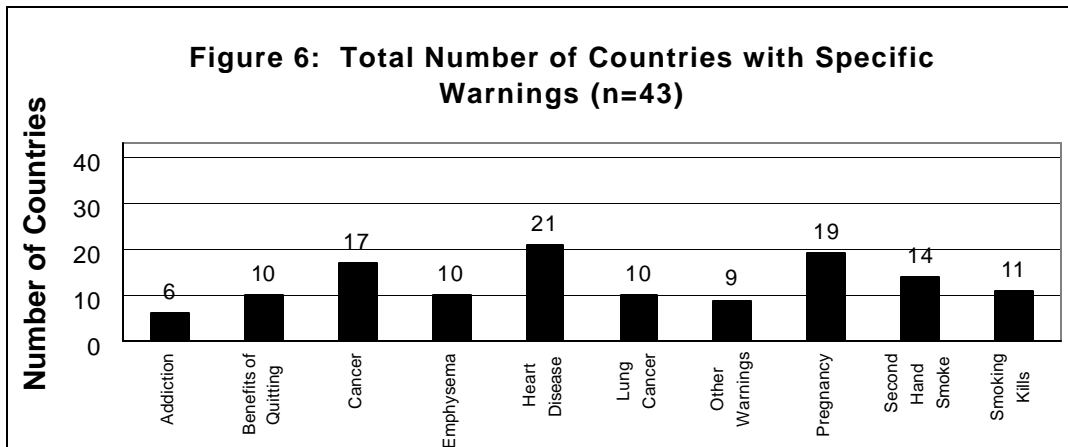
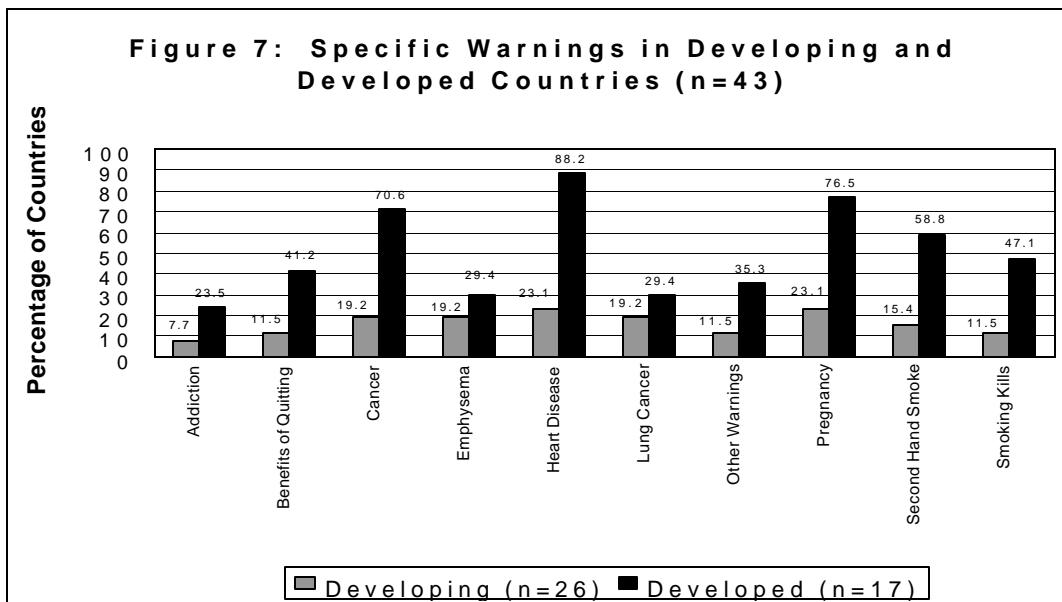


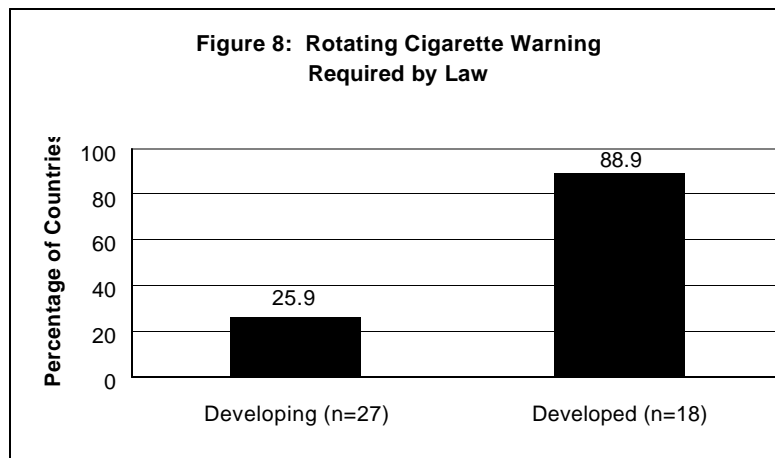
Figure 6 demonstrates the frequency with which specific warnings occurred. No warning appeared in more than 50% of countries. Heart disease appeared most frequently (21 of 43 countries). Addiction was least commonly present (6 countries) and lung cancer was only mentioned on 10 countries' packs (see Table 1 for current U.S. warning labels).



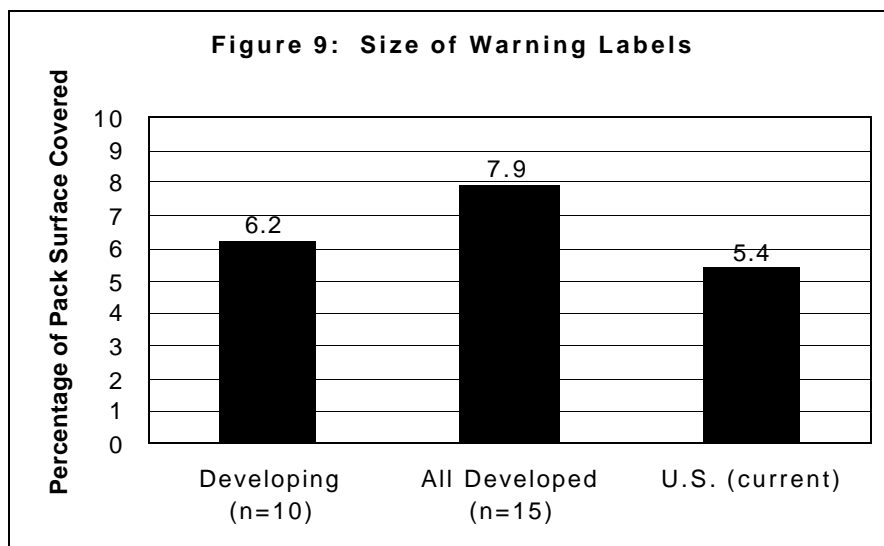
Every warning was more common in developed countries than in developing countries (see Figure 7 and Appendices 3 and 4). Heart disease and pregnancy warnings appeared most often in both developing and developed countries. Addiction occurred least often in both developing and developed nations. The smallest relative discrepancies between developing and developed countries were warnings for emphysema and lung cancer, both of which occurred in 19% of developing countries and 29% of developed countries. The largest relative discrepancy was for smoking kills, which occurred at a rate four times as great in developed countries (47%) as in developing countries (12%).



Twenty-three of 45 countries (51%), including the U.S., required a system of rotating warning labels (see Figure 8). Twenty-six percent of developing countries required rotating warnings, whereas 89% of developed countries required a rotating system. Among countries with a rotating system, the mean number of rotating labels was 5.9 (5.5 for developing and 6.1 for developed).



The average size of the warnings for the 25 countries for which size data were available, expressed as a percentage of the total pack surface area excluding top and bottom, was 7.2% (6.2% for developing countries, 7.9% for developed countries; see Figure 9). The current U.S. labels covers 5.4% of the surface and under the settlement would expand to 25% of the front panel or 8.9% of the total surface area.





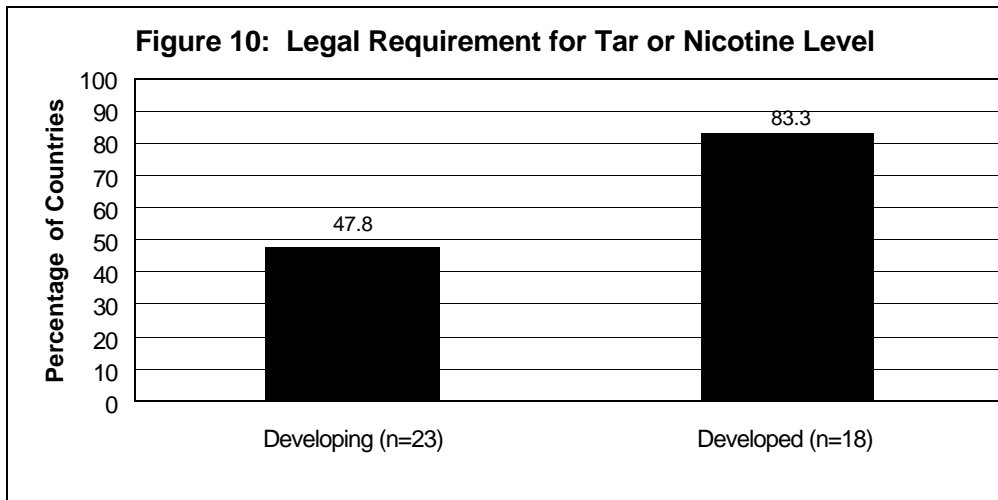
The Warning Label on a Hong Kong Pack Occupies 10% of the Surface Area

For the analysis of the location of the warning label, we excluded the 10 developing countries from which no information on location was received and the two developing countries which had no legal requirement for location (see Table 4). The majority of labels for developing countries (73%) appeared on the side of the pack only, whereas most labels in developed countries (78%) appeared on both the front and back of the packs (10 of these 14 countries were members of the European Union). In the proposed tobacco settlement, the U.S. warnings (which currently appear on the sides of packs) would appear on the front panel of the pack.

TABLE 4: LOCATION OF CIGARETTE WARNING LABELS

	Side Only No. (%)	Front Only No. (%)	Front and Back No. (%)
Developing (n=15)	11 (73)	1 (7)	3 (20)
Developed (n=18)	3 (17)	1 (6)	14 (78)
Total (n=33)	14 (42)	2 (6)	17 (52)

Sixty-three percent of the 41 countries providing us with appropriate data had laws requiring tar or nicotine levels to be displayed on the pack. Again, developing country consumers received less information: 48% of developing countries required tar or nicotine information compared to 83% of developed countries (see Figure 10). Under current U.S. law, it is not necessary to provide tar or nicotine levels in the U.S., but under the proposed settlement both would be required. Australia and Canada also require carbon monoxide levels to be printed on the pack.

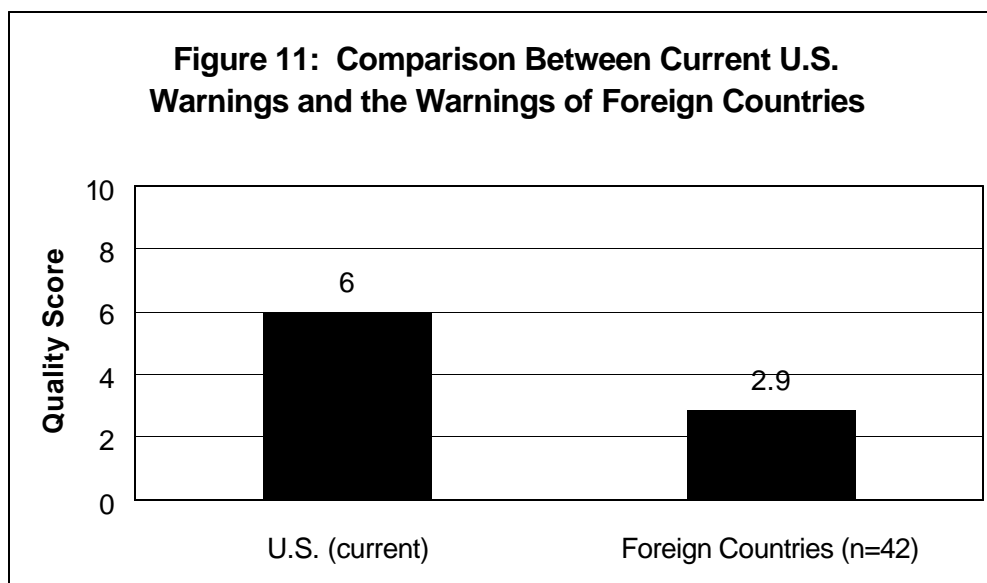


Packs from 24 countries (53%) were received. In every case, the pack corroborated the information we received from the GLOBALink representative.

DISCUSSION

Faced with declining domestic sales, U.S. tobacco companies have increasingly taken their business abroad, particularly to the developing world. However, they have not taken U.S. standards for warning consumers about the grave dangers of tobacco use with them, an unacceptable double standard. In order for cigarette-related deaths to decline, steps must be taken internationally. As the world's largest exporter of cigarettes and a major tobacco producer through its foreign subsidiaries as well, the U.S. has a responsibility to lead the way toward improved international standards.

The U.S. tobacco industry is supplying U.S. residents with one set of information while denying non-Americans similar information. The current U.S. labels scored a 6 (itself inadequate) while the rest of the world received an average score of 2.9 (see Figure 11). The proposed U.S. warning labels would receive a score of 9. Because the U.S. companies generally provide no more information than required by local law, these foreign scores reflect U.S. cigarette labeling abroad.



In almost every respect we measured (quality score, rotating system of warnings, location and tar/nicotine levels), labels in the developed world were far superior to those found in developing nations. The average quality score for all developed countries was a 5.0 and for developing countries was a 1.6. Two developing countries (South Africa and Thailand) actually surpassed the U.S. warnings in quality. Norway and South Africa have warning labels that surpass even the proposed U.S. warnings.

This study was limited to countries found on GLOBALink, 59% of which are developing countries. Because developing countries were proportionately underrepresented and their average scores were lower, the data collected represent an underestimate of the actual disparity in the quality of warning labels between the U.S. and the rest of the world.

Our data were based on self-reported information from anti-tobacco activists. Whenever possible, we checked respondents' information against actual packs to confirm that their reports were accurate. We received packs from 53% of countries and in every case the information received from the contacts corresponded to the information presented on cigarette packs. In addition, after stratifying by developed versus developing country status, there was no difference in the average quality score between countries from which we did and did not receive packs (data not shown).

Several countries had innovative labeling systems. South Africa has a system of rotating warning labels that appear in pairs on the front and back of the pack. The front health warning is brief and in large font, while the back warning provides more details on the front warning as well as a telephone number for those who want information or help quitting. Iceland, in order to increase the effectiveness of its labels, has a pictogram to accompany each label.¹⁸ Italy has a warning that informs consumers that "Each year smoking kills more people than car accidents." One Singapore label emphasizes that "Smoking harms your family."

RECOMMENDATIONS

It is clear that the U.S. tobacco industry is perpetrating a potentially lethal double standard by supplying U.S. residents with one set of information while denying non-Americans similar information. How can this be remedied, and how can the trends for tobacco companies to recruit new smokers in developing countries be reversed?

We endorse many of the international tobacco control proposals made in February 1998 and included in the McCain bill, Sen. Durbin's international recommendations, and Rep. Doggett's International Tobacco Responsibility Act. These bills would at least hold American tobacco companies responsible for providing the same levels of information internationally as they do domestically.

Foreign governments, however, must not leave the fates of their citizens in the hands of U.S. legislators. Even with U.S. companies providing foreigners with the same information as they provide U.S. consumers, local or non-U.S. companies could still provide inadequate information. Each country must therefore act now to require its own strong health warning labels. If a given country were to pass legislation requiring warning labels more stringent than those required by the U.S., the local law should take precedence. Local health officials should determine if their labels are superior to the American ones.

One issue that has eluded attention, and which has enormous implications for the international regulation of tobacco, is the Multilateral Agreement on Investment (MAI). This agreement, currently being negotiated in secret by developed countries, is related to previous free-trade agreements like the General Agreement on Tariffs and Trade (GATT) and

the North American Free Trade Agreement (NAFTA). Again, the emphasis is on removing any constraints on free trade, but the MAI has some more pernicious elements. Unlike the GATT, which has limited exceptions to protect the public health, the MAI has no such exceptions. The MAI also allows corporations (as opposed to countries) to sue countries they view as violating MAI rules, including intellectual property rules that may provide grounds for challenging some labeling requirements. These elements have the capacity to seriously undermine any efforts at international tobacco control, with predictable implications for public health.

While the U.S. cannot on its own curb global tobacco consumption, it is the largest exporter of tobacco and bears a particular responsibility to provide leadership in this area. In Table 5 we provide the minimum requirements for an international tobacco control program, including legislative initiatives, that should be part of any tobacco legislation adopted by Congress. Anything less would leave the developing world open to continuing exploitation and suffering and the U.S. open to charges of hypocrisy.

TABLE 5: RECOMMENDATIONS FOR INTERNATIONAL TOBACCO CONTROL

- ? Require U.S. companies to adhere to the same labeling and marketing restrictions in foreign countries as in the U.S.
- ? Impose strong anti-smuggling measures
- ? Prevent the U.S. government from promoting the sale of U.S. tobacco products abroad
- ? Create non-profit organizations in foreign countries to assist tobacco control efforts
- ? Adequately fund the anti-tobacco activities of non-profit organizations and governments
- ? Expand the authority of the Bureau of Alcohol, Tobacco and Firearms to curb international tobacco smuggling
- ? Reject the Multilateral Agreement on Investment, which includes no protections for public health

REFERENCES

- ¹ Anon. The Search for El Dorado. *The Economist*. May 16, 1992.
- ² Beck J. Using U.S. Trade Policies To Push Illness and Death. *Chicago Tribune*, November 16, 1997.
- ³ Press Release from Senator Richard Durbin, February 27, 1998.
- ⁴ World Health Organization. The Tobacco Epidemic: A Crisis of Startling Dimensions. (www.who.org)
- ⁵ della Cava MR. Romania typical foreign target of tobacco firms. *USA Today*, August 8, 1997.
- ⁶ Gould S, Miller JY. Tobacco companies look to overseas as Americans snuff out habit. *Houston Chronicle*, April 18, 1998.
- ⁷ Anon. U.S. Department of Agriculture. Tobacco. Economic Research Service, September 16, 1997.
- ⁸ Akhter M. Expanding a deadly export business. *The Washington Post*, September 11, 1997.
- ⁹ Philip Morris Holdings Corporation 10-K report for the year ending December 31, 1997.
- ¹⁰ Carlsen W. Tobacco firms find new markets abroad: sales are soaring in poor nations. *San Francisco Chronicle*, June 4, 1997
- ¹¹ The Smoking Epidemic—A Fire in the Global Village. World Health Organization Press Release, August 25, 1997 (as presented by Dr. Richard Peto, Oxford University/World Health Organization Collaborating Centre for Chronic Disease Control at the 10th World Conference on Tobacco Health, Beijing, August 1997).
- ¹² Press Release from Rep. Lloyd Doggett, July 10, 1997.
- ¹³ Anon. Tobacco's foreign strategy (editorial). *New York Times*, April 20, 1998.
- ¹⁴ Borland R. Tobacco health warnings and smoking-related cognitions and behaviours. *Addiction*. 1997; 92:1427-35.
- ¹⁵ Salooje Y. Council Against Smoking, South Africa, personal communication, May 7, 1998.
- ¹⁶ Anon. Cigarette packaging study: the evaluation of new health warning messages. Health Canada, Tandemar Research, Inc., 1996.
- ¹⁷ Naett C, Howie C. The Labeling of Tobacco Products in the European Union. European Bureau for Action on Smoking Prevention, 1995.
- ¹⁸ Roemer R. Legislative Action to Combat the World Tobacco Epidemic. World Health Organization, Geneva, 1993.
- ¹⁹ <http://www.globalink.org>
- ²⁰ World Bank. World Development Report 1977: The State in a Changing World. Oxford University Press, New York, 1997.