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Health Policy

journal homepage: www.elsevier.com/locate/healthpol



Letter to the Editor

Framework convention on tobacco control . . . in search of outcomes. The responsibility to protect

Keyword:

Framework convention on tobacco control

The WHO's Framework Convention on Tobacco Control (FCTC) is an international treaty designed to respond to the tobacco pandemic. It specifies the measures that governments should implement (e.g. advertising bans, taxation, smoke-free policy, health promotion, and cessation support). Wipfli and Huang evaluated the FCTC as "effective, even when the outcomes are unclear from the start" [1].

Sadly, the facts tragically belie this paradox. The FCTC came into force in 2005, being the international treaty ratified by the biggest number of countries at the quickest rate, and by 2008 at most 5% were implementing the measures. Among countries in Europe, implementation is at best incomplete, and in most developing countries, implementation is minimal [2].

Below, we develop the example of France to stress that a treaty based upon policies but not on goals is fake which allows for concealment.

In European Union, France was the first of the old Member to ratify the FCTC treaty in October 2004. From 1991 to 2005, mainly due to important and repeated increases in excise tax, prices almost tripled and cigarettes sales nearly halved from 9.7 billion to 5.5 billion. Since 2005 cigarettes sales leveled off, being 5.5 for 2010 and the prevalence of smoking even increased by 3% although several tobacco control policies were implemented: (a) three successive increases in price. However, the increases in price were limited to 6% in retail price (a level known to be inefficient on sales in France) and concerned the manufacturer price, not taxes; (b) the ban on smoking in public and workplaces was obtained in 2006, implemented in 2007 for workplaces and 2008 for public places. However, first well implemented, nowadays this ban is flawed as the enforcement is lacking [3]; (c) pictures on packages were enforced in 2011. However, France is only the 39th country to enforce this recommendation and the size of the picture is limited to 30% of the size on the front side and 40% on the back, far from for Uruguay where tobacco labels cover 80% of the package, on both side. More than 3 years were needed to decide and implement this decision which is costless for

the state and need no more than 3 months to be applied. Such a deliberate constancy in flaws of the measures for tobacco control allowed a 3% rise in the profits of the death industries (Philip Morris, British American Tobacco and Imperial Tobacco) from 2008 to 2009, despite the world crisis.

The world yearly production of tobacco slightly decreased from 6.6 million of tons (1999–2001) to 6.4 in 2003–2005 but reached 6.9 in 2009 [4]. Who can ignore that in many countries governments exhibits inertia for implementation of the treaty and that some have exploited it to conceal their link with the death industries. Although the term conceal may be inappropriate for France. Indeed, the 'Hospital, patients, health and territories' (or Bachelot's law, named after the minister of health) "aimed to improved public health" in 2009 allowed advertising for alcohol on the internet, the most used medium by young people. This disregarded both medical associations' claims and results of polls indicating that 8 out of 10 French citizens opposed such a measure. Bachelot's law almost nullified 'Evin's law' issued in 1991 [5].

No one can be satisfied by the evolution of the tobacco pandemic but the death industries. The FCTC is resting on processes and promises. It failed to quantify goals and to assess outcomes for countries that ratified the treaty. Why the WHO does not raise the bar? Since 1999, the United Nations intervene in many countries to protect civilians from the effects of armed conflict (resolution 1265). It is the responsibility to protect (R2P). More than five million civilians die from smoking every year and this figure is predicted to rise to 8 million per year by 2030. The WHO must go further. The first step may be to issue blames when a government sacrifices its citizens' health to vested interests like in France, despite FCTC article 5.3 which ask specifically to prevent such very negative situation.

Conflict of interest

Dr. Braillon, a senior tenured consultant was sacked from Pr Dubois' unit by the French Department of Health against the advice of the National Statutory Committee, while Pr Dubois was being sued for libel by the French Tobacconists Union. (Abuse of libel laws and a sacking: the gagging of public health experts in France. Tobacco control 8 November 2010. [http://blogs.bmj.com/tc/2010/11/08/.](http://blogs.bmj.com/tc/2010/11/08/))

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15 May 2011