

CPATH ♦ Center for Policy Analysis on Trade and Health

Bringing a Public Health Voice to Trade and Sustainable Development

TOBACCO CONTROL AND TRADE AGREEMENTS: STRATEGIES FOR POLICY CHANGE IN THE 21ST CENTURY

This statement reflects views and recommendations that emerged from a consortium meeting convened by the Center for Policy Analysis on Trade and Health (CPATH) and the Center for Tobacco Control Research and Education (CTCRE) at the University of California-San Francisco on February 19, 2013, in San Francisco. Participants identified strategies to advance tobacco control in California and the U.S., and to strengthen public health and medical voices to inform trade policy.

Public health and medical organizations in the U.S. and internationally are increasingly engaged in addressing the nexus between tobacco control and global trade. Trade rules and trade agreements, including present efforts to negotiate the Trans Pacific Partnership (TPP), present challenges to tobacco control, at local, state, and national levels. Tobacco companies have recently accelerated their use of trade rules to attempt to delay and reverse tobacco control measures in the U.S., Australia, Uruguay, Norway, and Ireland. ***In negotiating the TPP, a new agreement for the 21st century, the United States is presented with the opportunity to be a leader to safeguard public health and reduce the enormous burden of disease related to tobacco use.***

The following proposals articulate concerns, goals, and key strategies to achieve them, that were discussed during the consortium meeting. Many have been consistently advanced by the medical, health care, and public health communities.

Concerns:

- ♦ Tobacco is unique, the only legal consumer product that kills when used as intended. Causing six million deaths a year, tobacco use is the leading preventable cause of death worldwide, and a major contributor to the global pandemic of non-communicable diseases.
- ♦ Curtailing tobacco use must be a central element of policies to reduce preventable childhood morbidity and mortality, a key goal of the present U.S. Administration.
- ♦ Trade agreements and trade rules offer the tobacco industry powerful tools to undermine and supersede local, state, and national measures to implement and enforce tobacco control measures.
- ♦ The closed process of negotiating and adopting trade agreements uniquely privileges commercial interests, without the benefit of democratic public dialogue and debate, and review of evidence. Public health principles and perspectives are shut out.
- ♦ Current proposals for a TPP, and a trans-Atlantic U.S.-EU trade agreement, present particular and urgent threats to public health.

Strategies for Creating a 21st Century Trade Agreement: Incorporating Health-Related Concerns into Global Trade Negotiations and Agreements

We call on the United States to advance a trade proposal in the TPP negotiations that will safeguard public health, advance tobacco control measures that contribute to reducing the enormous burden of disease related to tobacco use, and prevent incursions by the tobacco industry against those measures.

1. Trade agreements must guarantee nations' rights to protect public health from tobacco use.

- **Incorporate reference to the Framework Convention on Tobacco Control (FCTC) in trade agreements.** Acknowledge deference to FCTC principles, as an expression of the international consensus on tobacco control, and affirm the right of nations to protect public health from tobacco and tobacco products in the text of all relevant chapters of trade agreements.
- **Incorporate in the text of each regional and bilateral trade agreement the World Trade Organization (WTO) Doha Declaration on countries' rights to protect public health.** The 2001 WTO Doha Declaration on the TRIPS Agreement and Public Health affirms that WTO members may use "to the full" the flexibilities in the Agreement on Trade-Related Aspect of Intellectual Property Rights (TRIPS) "to protect public health and, in particular, to promote access to medicines for all." This right can and should be extended to tobacco control measures. (Policy Coherence)
- **Strengthen the primacy of public health principles.** Strengthen adoption and implementation of FCTC recommendations within and across nations to protect the public's health from tobacco and tobacco products.

2. The TPP must not undermine the right and ability of participating countries from exercising their domestic sovereignty in order to adopt or maintain measures to reduce tobacco use and to prevent the harm it causes to public health.

- **Exclude tobacco control measures from existing and future trade agreements.** The medical, health care, and public health community has consistently supported removing tobacco, tobacco products, and tobacco control measures from trade agreements as the most effective solution.
- **Remove investor-state dispute settlement (ISDS) provisions.** Eliminate the rights of tobacco and other corporations to contest governments' domestic sovereignty over public health and other policies, and to sue nations directly for financial damages through the global trade arena.

3. We must set trade policy through a transparent process that involves the public.

- **Trade agreements and trade rules which may affect public health should be discussed and debated publicly, and in Congress,** including preventing disease and death from tobacco.
- **Include effective public health representation in setting trade policies** at the national, state, and local levels.

We further propose that advocacy for these goals can be strengthened by identifying and communicating with related constituencies concerned with trade: Labor, environment, access to medicines, sustainable agriculture, sustainable economic development, internet access; policy-makers at the local, state and national levels.

Establishing Endorsements

Organizational Endorsements:

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American College of Obstetricians and Gynecologists, Barbara Levy, MD, Vice President for Health Policy
American College of Physicians
American Heart Association, American Stroke Association, Terry Sue Mock, Senior Health Systems Policy Director
American Public Health Association, Georges C. Benjamin, MD, FACP, FACEP (E), Executive Director
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