Globalization, Tobacco Control, and Political Conflict

Abstract: Public health policies are increasingly the subject of global trade and investment disputes. What are the consequences of this trend for existing and future policies designed to protect the public interest? In this timely analysis, Jarman uses the concept of political conflict to examine the effects of globalization on tobacco control policies. Arguing that the scope of a political conflict—which voices can be heard in a particular debate, and which individuals or groups are excluded—has a significant effect on the outcome of that conflict, Jarman focuses on how globalization alters the scope of conflicts over tobacco control policies. She explains how this narrowed scope decreases the ability of the public, and public health advocates to present their views directly in trade and tobacco control debates.

There is a fundamental and irreconcilable conflict between the tobacco industry’s interests and public health policy interests.

– Framework Convention on Tobacco Control, Guidelines for Implementation of Art. 5.3

Tobacco use is a global problem that causes morbidity and mortality on a vast scale. According to the World Health Organization (WHO), tobacco is the ‘leading global cause of preventable death’ and kills approximately 6 million people per year, accounting for one in ten adult deaths worldwide. This includes more than 600,000 people per year who are not smokers but who die from the effects of secondhand smoke. WHO predicts that tobacco may kill as many as 1 billion people this century if current levels of usage are maintained (WHO 2013a).

Tobacco use is not just a problem in industrialized countries. Nearly 80 percent of the world’s 1 billion smokers now live in low- and middle-income countries, and global consumption of tobacco is still rising (WHO 2013a). Tobacco use is decreasing in some high- and middle-income countries but rapidly increasing in low-income countries as smokers in high- and middle-income states quit or die without being replaced by new smokers, and as tobacco firms increasingly target low-income markets (Giavino et al. 2012).

For every person who dies from tobacco use, there are many more who are living with the effects, which include cancer, heart disease, stroke, and lung diseases such as emphysema, bronchitis, and chronic airway obstruction (CDC 2010). Cigarette smoke contains more than 7,000 chemicals and compounds, hundreds of which are toxic and at least 69 of which cause cancer. Smoking increases the risk for adverse pregnancy outcomes such as ectopic pregnancy, miscarriage, and low birth weight. It increases the damage caused by diabetes and increases the risks of eye disease causing blindness, nerve damage, and poor circulation. Smoking is addictive, and particularly so for adolescents whose bodies are more vulnerable to nicotine (CDC 2010).

To tackle these problems, and the resulting demands placed upon health systems, governments around the world create policies to try to curb tobacco use, including adding tax to tobacco products, controlling tobacco advertising, prohibiting sales to minors, and prescribing certain elements of tobacco product packaging. But the formulation and implementation of these policies are complicated by existing constellations of powerful actors with a strong interest in the production, sale, marketing,