



# Report on Tobacco Control in the Region of the Americas

# 2018



Pan American  
Health  
Organization



World Health  
Organization  
Americas



# **Report on Tobacco Control in the Region of the Americas 2018**



**Pan American  
Health  
Organization**



REGIONAL OFFICE FOR THE

**World Health  
Organization**  
**Americas**

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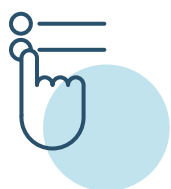
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# Foreword

## TOBACCO CONTROL: A SHARED, COLLECTIVE, AND PERMANENT RESPONSIBILITY

In 2018, the Pan American Health Organization (PAHO) will celebrate its 116th anniversary. As the world's oldest international public health organization, PAHO has a proven history of working closely with the countries of the Americas to address wide-ranging challenges in public health. Few challenges are on par with those posed by tobacco. Tobacco use and exposure to tobacco smoke cause not only a wide range of diseases with devastating public health impacts but also enormous social, economic, and environmental harm. At the same time, many of the scientifically based strategies and measures to combat this truly global epidemic have already been tested in a range of countries with different social and economic contexts, and do not require large budgets for their implementation. These strategies and measures are included in the World Health Organization's Framework Convention on Tobacco Control (FCTC), which has been in force internationally since 2005.

The FCTC is also key to the prevention and control of noncommunicable diseases (NCDs), since tobacco use is the only risk factor common to the four main NCDs. This has been recognized in the Political Declaration of the High-level Meeting of the United Nations General Assembly on the Prevention and Control of Noncommunicable Diseases, which was adopted in 2011 and called for accelerating implementation of the FCTC.

Given its adverse impact not only on health but on poverty, hunger, education, gender equality, the environment, and economic growth, tobacco use is an obstacle to development. It is recognized as such in the United Nations' 2030 Agenda for Sustainable Development, whose target 3.a calls for strengthening implementation of the FCTC in all countries.

Since the FCTC's entry into force, the percentage of the world's population protected by at least one effective tobacco control policy, as defined by WHO and consistent with the FCTC mandates, has grown from 15% to over 60%. In the past decade, 121 of WHO's 194 Member States have approved at least one effective tobacco control measure. This progress has also been seen in our Region, which has certainly witnessed many victories that were believed improbable at the beginning of the century. More than a decade has passed since Canada and Brazil spearheaded effective tobacco packaging and labeling regulations and Uruguay embraced the Convention's recommendation to ban smoking in all indoor public places and workplaces. Nineteen countries in the Region currently have laws that ban smoking in all indoor public places and workplaces, which means that 48.8% of the population in the Americas is effectively protected from exposure to tobacco smoke in these areas. Furthermore, 18 countries have regulations making it compulsory to include large graphic health warnings on tobacco product packaging and labeling.

Less progress has been made with other highly effective tobacco control policies designed to reduce consumption, such as a total ban on the advertising, promotion, and sponsorship of tobacco products or higher taxes on these products to make them less affordable. Furthermore, 12 of PAHO's 35 Member States have yet to implement a single effective tobacco control measure at the highest level of implementation, even though 9 of these countries are States Parties to the FCTC.

Regrettably, more than half the population of the Americas still lives in places where the right to a smoke-free environment at work or in public places is not guaranteed—a situation that requires immediate action.

This means that, while we celebrate our victories, we must step up our efforts to ensure that the Region's entire population can live tobacco-free. This is precisely the goal of the Strategy and Plan of Action to Strengthen Tobacco Control in the Region of the Americas 2018–2022, approved in September 2017 during the 29th Pan American Sanitary Conference. With this call to action, Member States have renewed their commitment

to tobacco control efforts, which will be furthered by the achievement of the strategy's targets. Continued efforts to implement the FCTC and tobacco control measures in general are essential, and remain an enduring responsibility shared by all.

**Carissa F. Etienne, Director**

Pan American Health Organization



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Leticia Martínez and Itziar Belausteguigoitia. The maps were prepared by Ramón Martínez.

We offer special thanks to the following guest authors for their contributions: Andrés Pigeon-Riviere (Instituto de Efectividad Clínica y Sanitaria, Argentina); Vera Luiza da Costa e Silva, Andrew Black, Rodrigo Santos Feijó, Nicolás Guerrero, and Patrick Musavuli (Secretariat of the WHO Framework Convention on Tobacco Control); Reina Gnaws (Ministry of Health of Panama); Roy Small (United Nations Development Program); Benn McGrady and Mark Goodchild (World Health Organization); Armando Peruga (Universidad de Desarrollo, Chile); Patricia Sosa (Campaign for Tobacco-Free Kids); Eduardo Bianco (Framework Convention Alliance); and experts from the Ministry of Public Health of Uruguay.





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# Introduction

This latest *Report on Tobacco Control in the Region of the Americas* offers an overview of the current situation and trends of the tobacco epidemic in the Region, and the implementation of effective policies to combat it in the 35 Member States of the Region.

As in the previous editions, the report presents up-to-date and validated data on the prevalence of tobacco use, mortality associated with tobacco, and progress made in adopting legislation and policies to implement the six tobacco control measures recommended by the World Health Organization (WHO), known as the MPOWER package.

A new development in this edition of the report is that it includes guest authors who share their views on issues of great interest to the Region. Vera Luiza da Costa e Silva, head of the Secretariat of the Framework Convention on Tobacco Control (FCTC), writes about the objectives and scope of the FCTC 2030 project, which seeks to provide intensive support to medium- and low-income States Parties for implementation of the FCTC within the framework of the 2030 Agenda for Sustainable Development. Reina Roa, the Americas Representative to the Bureau of the Conference of the Parties (COP) analyzes the decisions of this body's last meeting from a regional perspective and with an eye to the next Conference

scheduled for October 2018. In addition, a group of renowned experts from within and outside the Region share their views on a variety of topics, including the financial impact of the tobacco epidemic on health systems, regulation of electronic nicotine delivery systems (known as electronic cigarettes) and other new tobacco products, the role of tobacco control in the 2030 Agenda for Sustainable Development, and the impact of the decision in the *Philip Morris International v. Uruguay* case by the International Centre for Settlement of Investment Disputes (ICSID) for tobacco control policies and other public health measures.

The report is divided into four chapters. The first chapter gives an overview of regional and global trends in the tobacco epidemic, as well as progress in the Region in implementing the MPOWER measures. The second chapter provides details about international global and regional mandates related to noncommunicable diseases and their risk factors, particularly those relating to tobacco control. It also includes a description of the FCTC, guidelines for its implementation, and the Protocol to Eliminate Illicit Trade in Tobacco Products. Chapter 3 describes the status of implementation in the Region of each of the six cost-effective tobacco control measures in the MPOWER package. This chapter includes a complete regional overview to easily identify which countries have implemented the most measures, as well as the measures with which the Region has made the most progress. In Chapter 4, the guest authors share their thoughts about lessons learned and future challenges for the Region.

The report also has a Country Profiles section, which details the status of implementation of the six MPOWER measures in each of the 35 Member States of the Region. This is depicted in two summary pages per country—one on implementation of the MPOWER package and the other specifically on tobacco prices and taxes.

Finally, this report is particularly timely given the unanimous approval in September 2017, during the 29th Pan American Sanitary Conference, of the Strategy and Plan of Action to Strengthen Tobacco Control in the Region of the Americas 2018–2022.

The purpose of this initiative is to accelerate implementation of the FCTC in the Region through action based on four strategic lines:

- Implementation of measures for the creation of 100% smoke-free environments and the adoption of effective measures on the packaging and labeling of tobacco products as a priority for the Region;
- Implementation of a ban on the advertising, promotion, and sponsorship of tobacco products and the adoption of measures to reduce their availability;
- Ratification of the FCTC and the Protocol to Eliminate Illicit Trade in Tobacco Products by Member States that have not yet done so; and
- Strengthening of Member States' capacity in terms of public health policies to counter attempts at interference by the tobacco industry and those who work to further its interests.

This report offers a starting point for monitoring progress made in the implementation of PAHO's new strategy and plan of action. While it is undeniable that overall progress has been made in tobacco control, and much of the experience gained is leading to action on other risk factors for noncommunicable diseases, this progress is far from enough throughout the world and in our Region in particular. We hope that this report will help policymakers, activists, and researchers to determine the most urgent work to be done so they can channel efforts and allocate resources to accelerate full implementation of the FCTC in the Americas. This will help us achieve the targets set for reducing premature death from noncommunicable diseases.



# 1

## The Tobacco Epidemic and the Status of Tobacco Control

### 1.1 THE TOBACCO EPIDEMIC: CURRENT STATUS AND TRENDS

Tobacco use is a common risk factor for six of the eight leading causes of death, which account for almost two-thirds of total worldwide deaths (Figure 1) (1). Furthermore, it is a common risk factor for the four main noncommunicable diseases: cardiovascular diseases, chronic respiratory diseases, cancer, and diabetes. At the global level, these diseases account for 70% (39.5 million) of the total of deaths per year, of which 38% occur prematurely, that is, among those 30 to 70 years of age (2). In the Americas, noncommunicable diseases are responsible for 80% of the total of

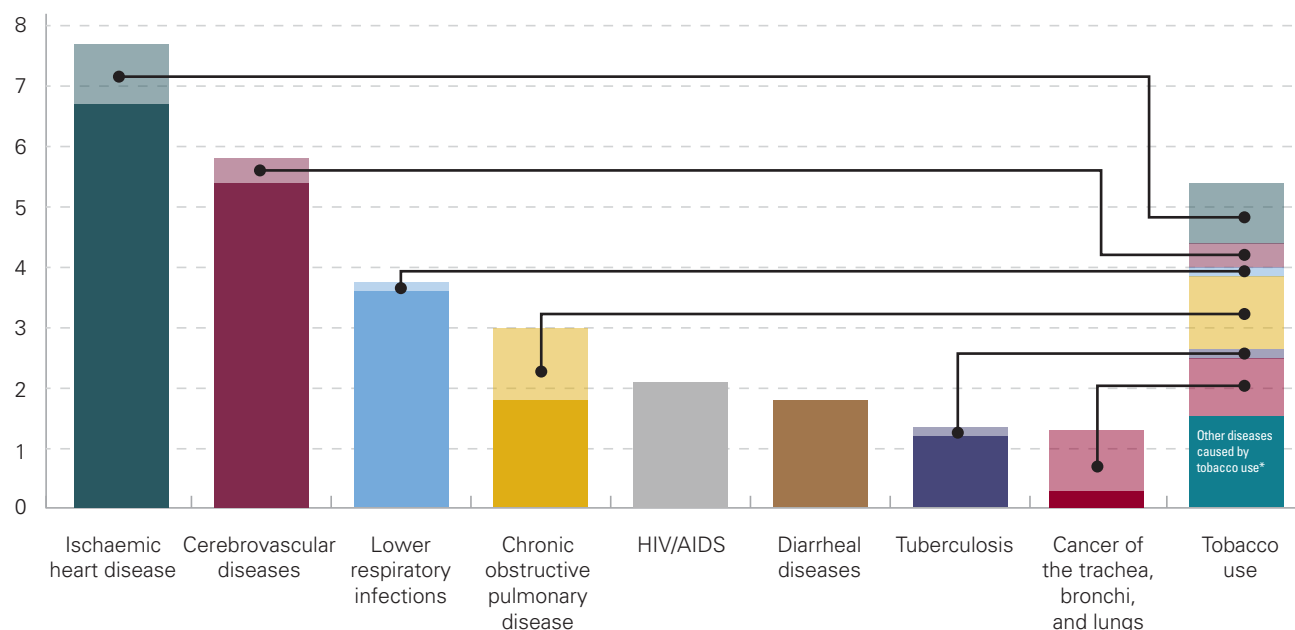
deaths per year (5.2 million) and 35% of premature deaths (3).

The World Health Organization (WHO) estimates that mortality attributed specifically to tobacco is 12% worldwide and 16% in the Americas (17% among men and 15% among women). Of deaths associated with noncommunicable diseases, tobacco is responsible for 15% of deaths from cardiovascular diseases, 26% of cancer deaths, and 51% of deaths from chronic respiratory disease (4).

In absolute terms, worldwide tobacco use kills more than 7 million people annually (more than 6 million from daily tobacco use and 900,000 from

FIGURE 1 Tobacco use and the leading global causes of mortality, 2005

Millions of deaths (2005)



Source: Adapted from reference 5.

Note: The shaded areas indicate the proportion of tobacco-related deaths, colored in accordance with the column corresponding to the cause of death.

\* Includes: oral, buccopharyngeal, esophageal, stomach, liver, and other types of cancer, as well as cardiovascular diseases other than ischemic heart disease and cerebrovascular diseases.

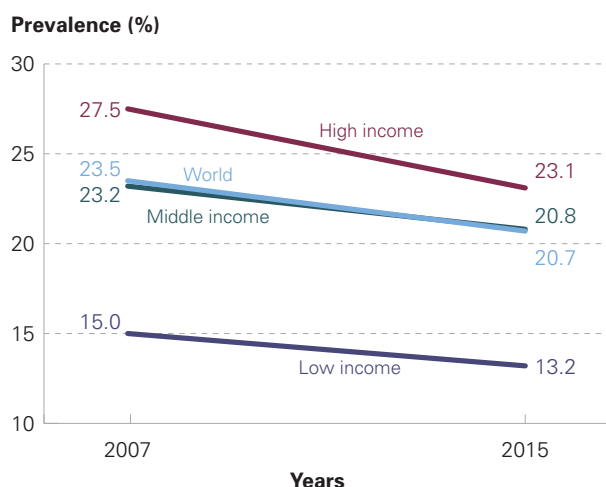
exposure to tobacco smoke), and of these almost two-thirds are women and 7% are children (6, 7). In the Region of the Americas, tobacco is responsible for nearly 1 million deaths per year (8).

Even though there continues to be a high burden of mortality and morbidity associated with tobacco in the world and in the Americas, positive results have begun to appear thanks to recent efforts to control this epidemic. According to WHO estimates, the prevalence of tobacco smoking in the world has declined significantly in recent years (6). From 2007 to 2015, the percentage of smokers fell from 23.5% to 20.7% among people aged 15 years and over, which represents a drop of 2.8 percentage points in that 8-year period. However, it should be emphasized that this downward trend is not uniform across countries. High-income countries account for much of this decline in worldwide prevalence, where 85% of their population is protected by tobacco control measures. Meanwhile, in low-income countries only a third of the population is protected by these control measures, which may explain the more modest reduction in smoking prevalence in these countries (Figure 2). Furthermore, because of worldwide population growth, the absolute number of smokers continues to increase (6).

As is true worldwide, in the Americas there is a downward trend in smoking prevalence. Between 2007 and 2015, the prevalence of tobacco smoking fell from 22.1% to 17.4%, that is, 4.7 percentage points, a bigger drop than that recorded at the world level. Moreover, according to WHO estimates, this trend is expected to continue and to bring prevalence in the Region down to 12.9% by 2025, which would surpass the target of 14.3% (equivalent to a 30% reduction since 2010) established by the Plan of Action for the Prevention and Control of Noncommunicable Diseases 2013–2020 (Figure 3) (9).

Although the trends are encouraging, we must remember that still one out of five adults (aged 15 years and over) consumes tobacco worldwide,

FIGURE 2 Worldwide prevalence of current tobacco smoking among adults according to country income level, 2007–2015



Source: Reference 6.

Notes: The prevalence of current tobacco smoking refers to the percentage of the adult population (people aged 15 years and over) that smoked a tobacco product in the 30 days prior to the survey; it includes both daily and occasional smokers. Data were standardized by age for 2015. For more details, see Technical Note II of reference 6.

with a higher prevalence among men (35%) than women (6%) (6). Of all adult tobacco smokers in the world (1.1 billion), 11.9% live in the Region of the Americas. It should be noted that the distribution of smoking by sex varies widely among countries according to their income levels (Figure 4) and, consequently, among the regions of WHO.<sup>1</sup>

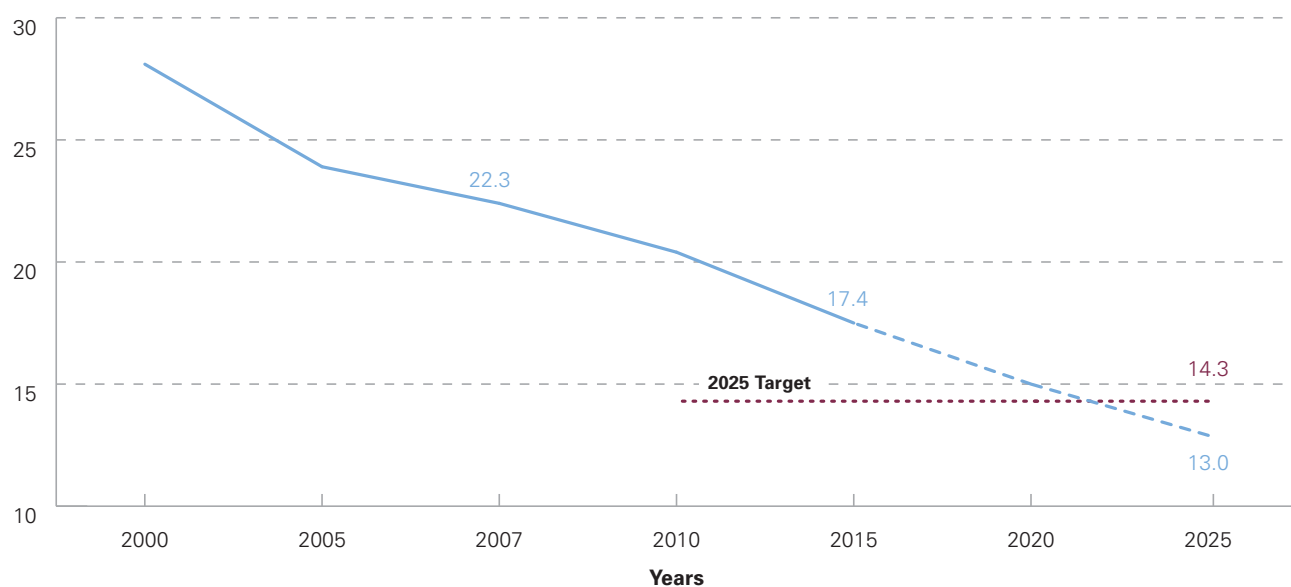
As stated earlier, the prevalence of current tobacco smoking among adults in the Region of the Americas is close to the world average. However, in terms of the distribution of prevalence by sex, the Americas follows Europe as the region with the second-largest percentage of female smokers. It is also one of the regions with the smallest difference between male (22%) and female (12%) smokers, with a ratio of 1.7 male smokers for each female smoker, which accounts for the feminization of smoking in the Region (9, 10) (Figure 5).

This prevalence also varies widely among countries. Among those for which standardized

1 There are six WHO regions: Africa (AFR), Americas (AMR), Eastern Mediterranean (EMR), Europe (EUR), Southeastern Asia (SEAR), and Western Pacific (WPR).

**FIGURE 3** Estimated trend in current tobacco smoking prevalence among adults in the Region of the Americas, 2000–2025

**Estimated prevalence (%)**

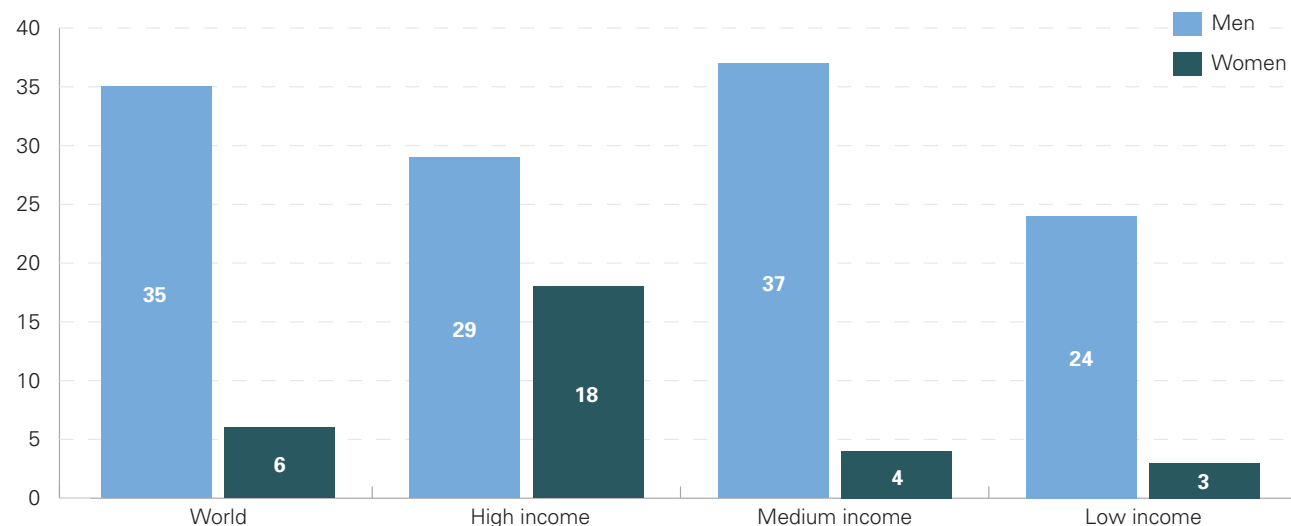


**Source:** Prepared based on reference 6.

**Notes:** The prevalence of current tobacco smoking refers to the percentage of the adult population (people aged 15 years and over) that smoked a tobacco product in the 30 days prior to the survey; it includes both daily and occasional smokers. Data were standardized by age for 2015. For more details, see Technical Note II of reference 6.

**FIGURE 4** Global prevalence of current tobacco smoking among adults according to sex and country income level, 2015

**Prevalence (%)**



**Source:** Adapted from reference 6.

**Notes:** The prevalence of current tobacco smoking refers to the percentage of the adult population (people aged 15 years and over) that smoked a tobacco product in the 30 days prior to the survey; it includes both daily and occasional smokers. Data were standardized by age for 2015. For more details, see Technical Note II of reference 6.

and comparable information is available, the highest prevalence is in Chile (38.7%), while the lowest is in Ecuador and Panama (7.4% and 6.5%, respectively) (Figure 6). Disaggregating by sex reveals that this prevalence is higher among men in all countries. However, in countries such as Brazil, Canada, Chile, United States, and Uruguay, prevalence rates (considering the confidence intervals) show no great difference between the two sexes (Figure 7), due to the feminization of tobacco use in the Region (10).

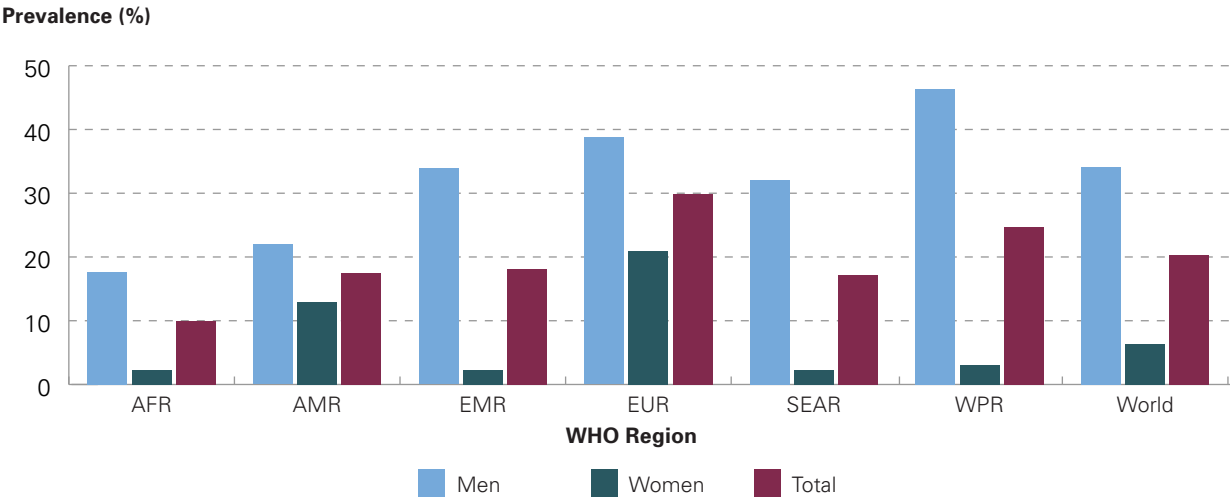
As for the types of tobacco products consumed in the Region, smoked tobacco was most common, with conventional cigarettes leading in this category. According to data from the Global Adult Tobacco Survey (GATS) for Argentina, Brazil, Costa Rica, Mexico, and Uruguay, between

0.1% and 0.3% of smoked tobacco consumption corresponds to products other than conventional cigarettes (e.g. water pipes, pipes, cigars, etc.) (11).

Not all countries include information about the use of smokeless tobacco products in their surveys.<sup>2</sup> Those that do include it report that its consumption levels in the Region are low. Venezuela has the highest prevalence, while Costa Rica and Uruguay have the lowest (Annex 8.3). Only 4 of the 16 countries with data available for this indicator present a prevalence of smokeless tobacco use of 1% or higher. Consumption among adult men tends to be higher than among women, and eight countries report prevalence rates of 1% or higher for the male population (6).

Among adolescents,<sup>3</sup> the prevalence of use of any tobacco product varies widely among countries,

**FIGURE 5** Prevalence of current tobacco smokers among adults according to sex and WHO region, 2015



**Source:** Prepared based on reference 6.

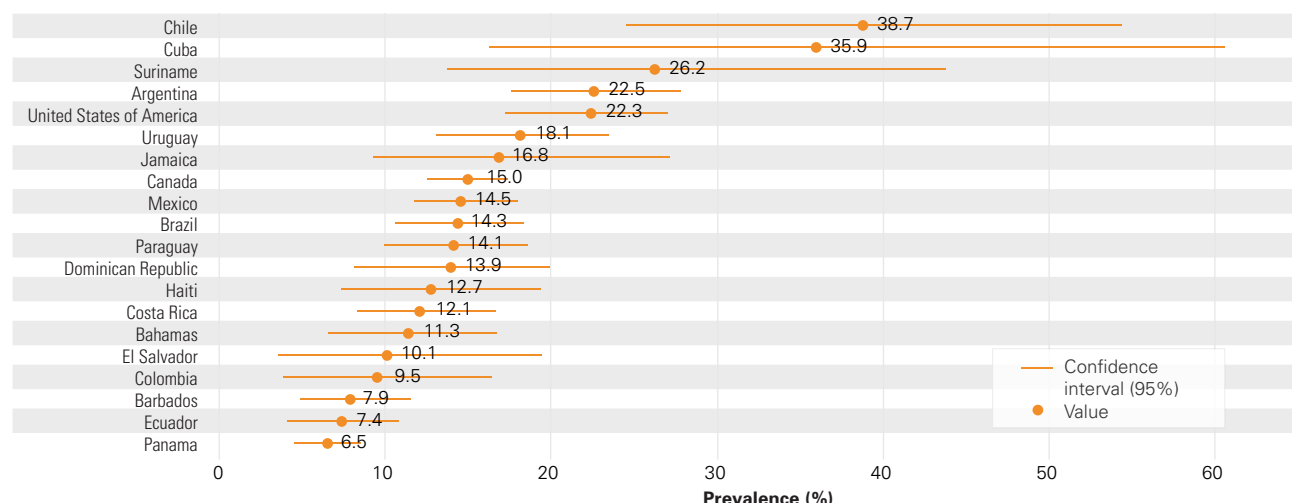
**Notes:** The prevalence of current tobacco smoking refers to the percentage of the adult population (people aged 15 years and over) that smoked a tobacco product in the 30 days prior to the survey; it includes both daily and occasional smokers. Data were standardized by age for 2015. For more details, see Technical Note II of reference 6.

AFR: Africa; AMR: the Americas; EMR: Eastern Mediterranean; EUR: Europe; SEAR: Southeast Asia; WPR: Western Pacific; World: all regions.

<sup>2</sup> Smokeless tobacco is not burned and may be ingested nasally (snuff) or orally; it may be chewed, sucked, or applied to the gums (as with chewing tobacco, chimó, snus, etc.).

<sup>3</sup> In this publication, the terms youth and adolescents refer to the population from 13 to 15 years old.

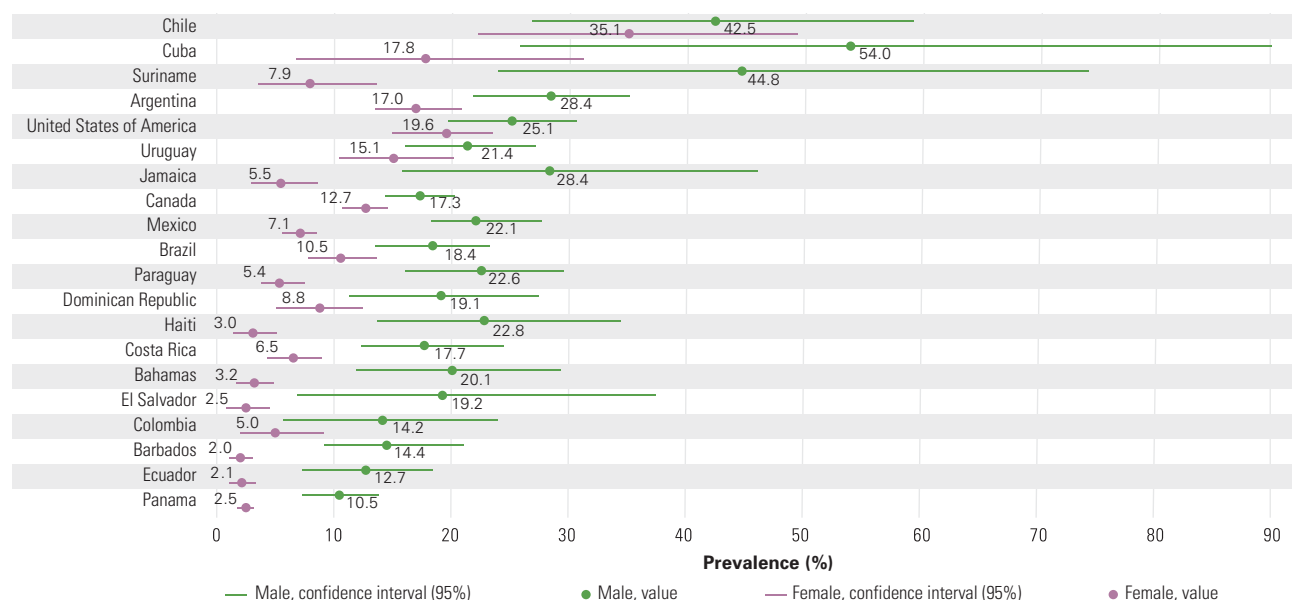
FIGURE 6 Prevalence and confidence interval (95%) of current tobacco smoking among adults in the Region of the Americas, 2015



Source: Prepared based on reference 6.

**Notes:** The prevalence of current tobacco smoking refers to the percentage of the adult population (people aged 15 years and over) that smoked a tobacco product in the 30 days prior to the survey; it includes both daily and occasional smokers. Data were standardized by age for 2015. These data should be used strictly for comparison purposes and not to calculate the absolute number of smokers in a given country. Data were either not available or the necessary information could not be obtained to do standardization for Antigua and Barbuda, Belize, Bolivia, Dominica, Grenada, Guatemala, Guyana, Honduras, Nicaragua, Peru, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Trinidad and Tobago, and Venezuela.

FIGURE 7 Prevalence and confidence interval (95%) of current tobacco smoking among adults in the Region of the Americas, according to sex, 2015



Source: Prepared based on reference 6.

**Notes:** The prevalence of current tobacco smoking refers to the percentage of the adult population (people aged 15 years and over) that smoked a tobacco product in the 30 days prior to the survey; it includes both daily and occasional smokers. Data were standardized by age for 2015. These data should be used strictly for comparison and not to calculate the absolute number of smokers in a given country. Data were either not available or the necessary information could not be obtained to do standardization for Antigua and Barbuda, Belize, Bolivia, Dominica, Grenada, Guatemala, Guyana, Honduras, Nicaragua, Peru, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Trinidad and Tobago, and Venezuela.

from 3.8% in Canada to 28.7% in Jamaica (Figure 8). As for differences in consumption between adolescent males and females, the Global Youth Tobacco Survey (GYTS) shows a feminization of consumption. Only 9 of the 32 Member States for which these data are available show statistically significant higher rates of consumption among adolescent males than adolescent females. There even is one country (Chile) in which consumption by adolescent females has been higher than that of adolescent males since 2000, when the country first conducted the GYTS. This reaffirms the trend toward the feminization of consumption that was previously mentioned.

Although the sale of cigarettes to minors is banned in many countries, in 14 of the 32 countries for which GYTS data are available, 20% or more of adolescents aged 13 to 15 years smoked their first cigarette before their tenth birthday. The countries with the highest levels of experimentation before this age are primarily in the Caribbean subregion (Figure 9).

As for adults, the most popular tobacco product among youth is conventional cigarettes. But the use of smokeless tobacco and other smoked tobacco products is on the rise, such as water pipes or shishas.<sup>4</sup> Figure 10 shows prevalence rates by country of current use of any tobacco product: conventional cigarettes, water pipes, and smokeless tobacco products. Six countries have a prevalence of smokeless tobacco use of 5% or higher (Barbados, Dominica, Jamaica, Saint Lucia, Trinidad and Tobago, and Venezuela). In Venezuela, the prevalence of *chimó*<sup>5</sup> use (12) is very close to that of cigarette smoking. In Guyana and Suriname, the prevalence of conventional cigarette smoking and shisha use is practically the same. Meanwhile, in the Dominican Republic the prevalence of shisha use is higher than the prevalence of use of other tobacco products.

Figures 11 and 12 illustrate prevalence by types of product, disaggregated by sex. Although for both sexes conventional cigarettes are the main product consumed, among male adolescents in several countries cigarette smoking was very close to the use of smokeless tobacco products and water pipes.

The data in Figures 11 and 12 show how important it is for tobacco surveillance systems to include not only information on the most frequently consumed products, but on all types of smoked and smokeless tobacco (as will be seen below, also for new products the industry is developing). This will facilitate early identification of changes in consumption patterns so that existing policies can be adjusted accordingly.

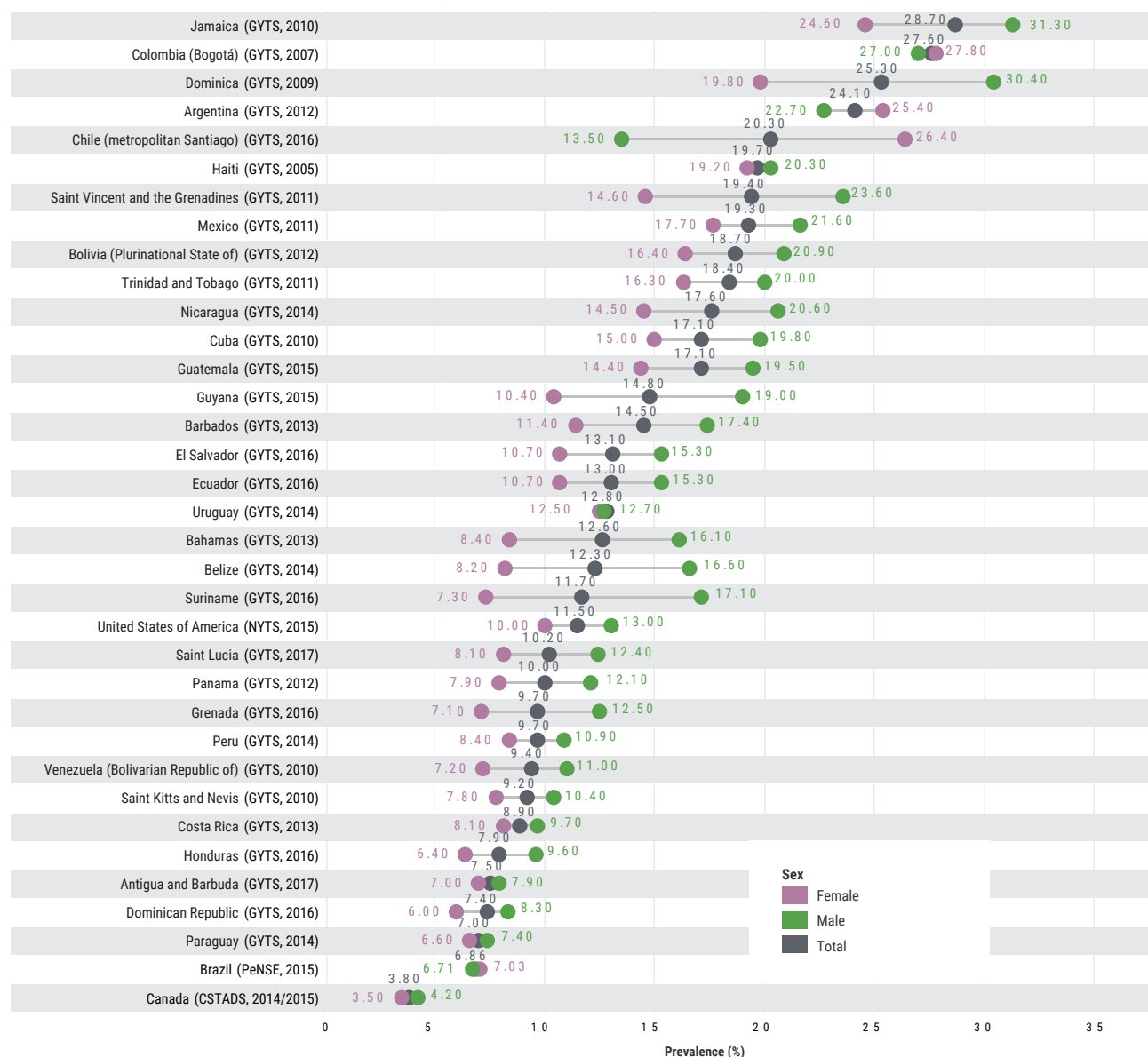
Finally, though they are not considered tobacco products according to the FCTC definition, electronic nicotine delivery systems (ENDS) and electronic non-nicotine delivery systems (ENNDS), commonly known as e-cigarettes, are examined. According to the GYTS, consumption of these products has been found among youth in all the countries of the Region in which this information has been collected. Table 1 presents prevalence rates and the confidence interval (95%) for current consumption of e-cigarettes and of conventional cigarettes among youth in the 18 countries for which data are available. The table shows that prevalence rates for current use of e-cigarettes among youth vary from 17.2% in Trinidad and Tobago to 2.4% in Peru. Table 1 shows that for several countries (Antigua and Barbuda, Dominican Republic, Panama, Saint Lucia, and Trinidad and Tobago) e-cigarettes are consumed more than conventional cigarettes, with statistically significant differences. This is similar to what has already been seen in the United States, where the use of e-cigarettes surpassed that of conventional cigarettes in 2015 (13).

4 Smoking tobacco in a water pipe, shisha, or narghile is a way of consuming tobacco through an instrument with one or more hoses, so that tobacco passes through water or another liquid before reaching the smoker.

5 Paste made from tobacco extract and sodium carbonate which is chewed, typical of Venezuela.

**FIGURE 8** Prevalence of current tobacco use (smoked and smokeless) among youth in the Region of the Americas (data from the most recent survey)

**Country, survey, and year**



**Source:** Prepared based on references 6 and 11.

**Notes:** The prevalence of current tobacco use refers to the percentage of the adolescent population (aged 13 to 15 years) who used a smoked or smokeless tobacco product at least once in the 30 days prior to the survey. In all countries, except for Brazil, Canada, and United States of America, data come from the Global Youth Tobacco Survey (GYTS). It should be noted that the surveys were conducted in different years.

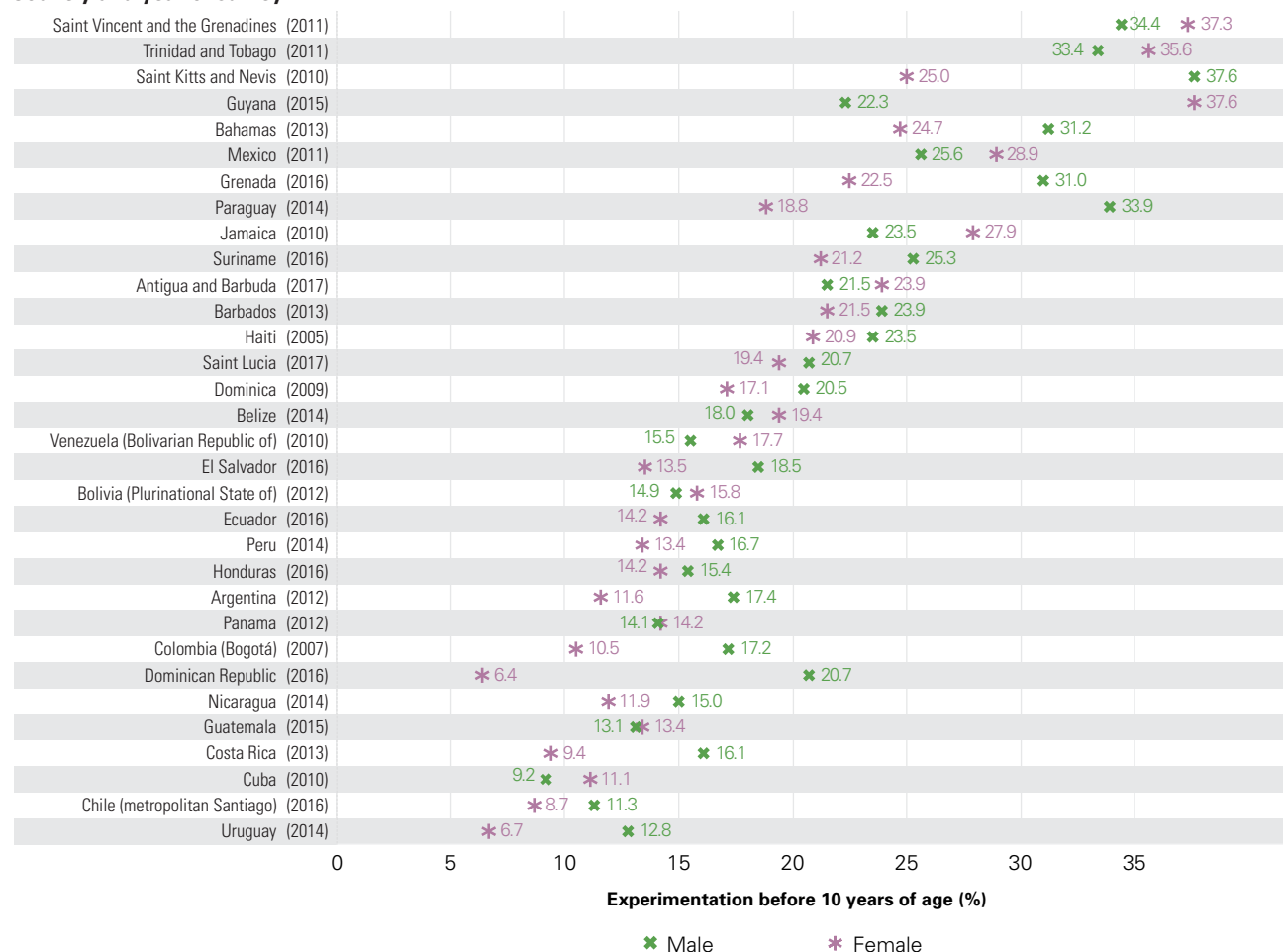
The results of the GYTS for this indicator in Bolivia, Colombia, Cuba, Haiti, Jamaica, Mexico, Saint Kitts and Nevis, Saint Vincent and the Grenadines, Trinidad and Tobago, and Venezuela were calculated according to the pre-2012 protocol and should not be compared directly to the results of countries that conducted the survey after this date. For Canada, this number should not be rounded.

For the United States of America, electronic cigarettes are included as tobacco products.

GYTS: Global Youth Tobacco Survey; NYTS: National Youth Tobacco Survey; CSTADS: Canadian Student Tobacco, Alcohol and Drugs Survey; PeNSE: National School Health Survey (Pesquisa Nacional de Saúde Escolar).

FIGURE 9 Prevalence of adolescents who have tried cigarettes before age 10 in the Region of the Americas, according to sex (data from the most recent survey)

Country and year of survey



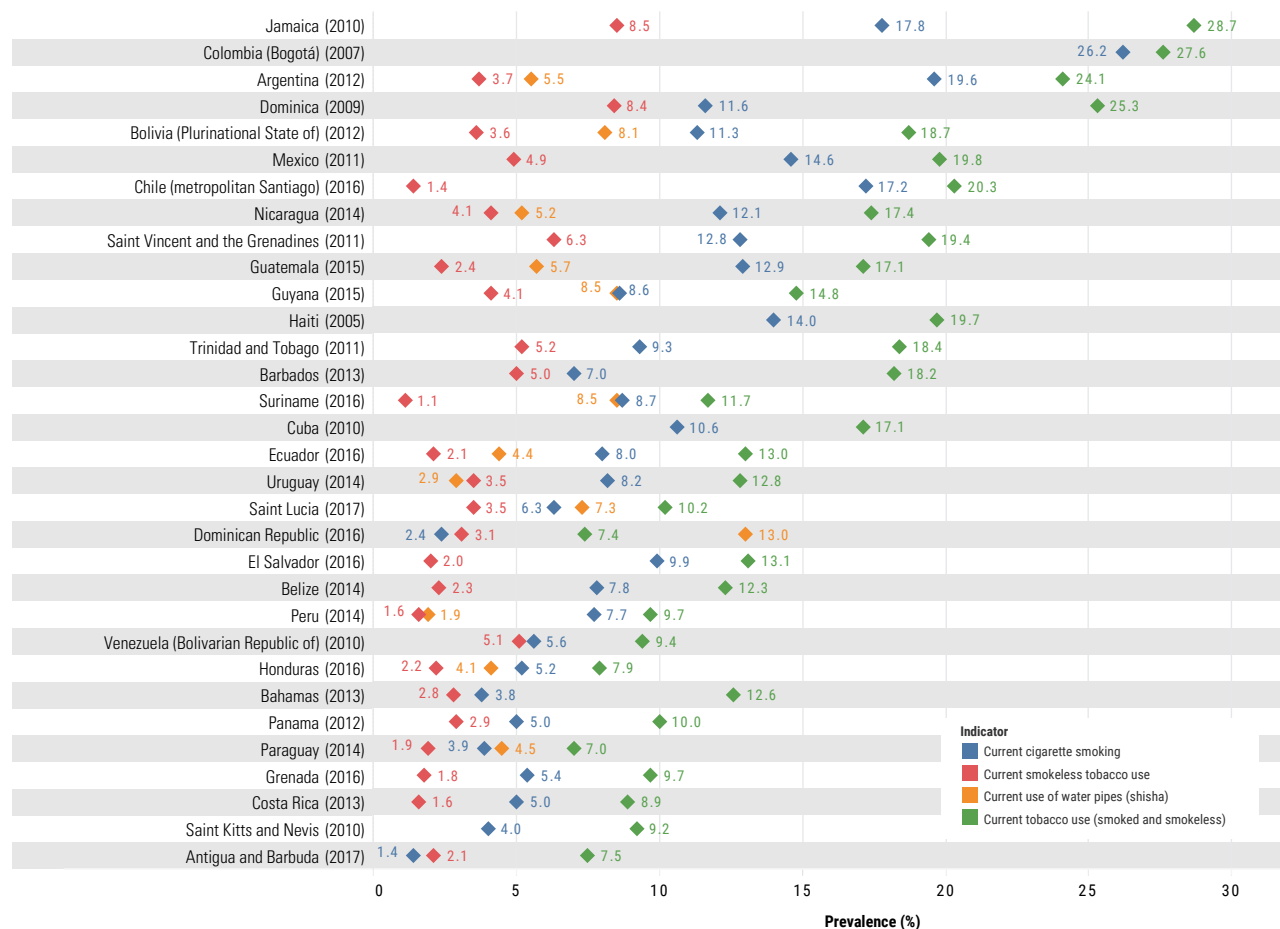
Source: Prepared based on reference 11.

Notes: The prevalence of adolescents who tried their first cigarette before age 10 refers to the percentage of the population aged 13 to 15 years that tried a cigarette (though it may be just one or two puffs) for the first time before their tenth birthday. The information from Chile and Colombia is subnational (in Chile it is from metropolitan Santiago, the capital; for Colombia, it is from Bogotá, the capital).



FIGURE 10 Prevalence of current use of tobacco (smoked and smokeless), cigarettes, water pipes, and smokeless tobacco among youth in countries of the Region of the Americas (data from the most recent survey)

Country and year of survey

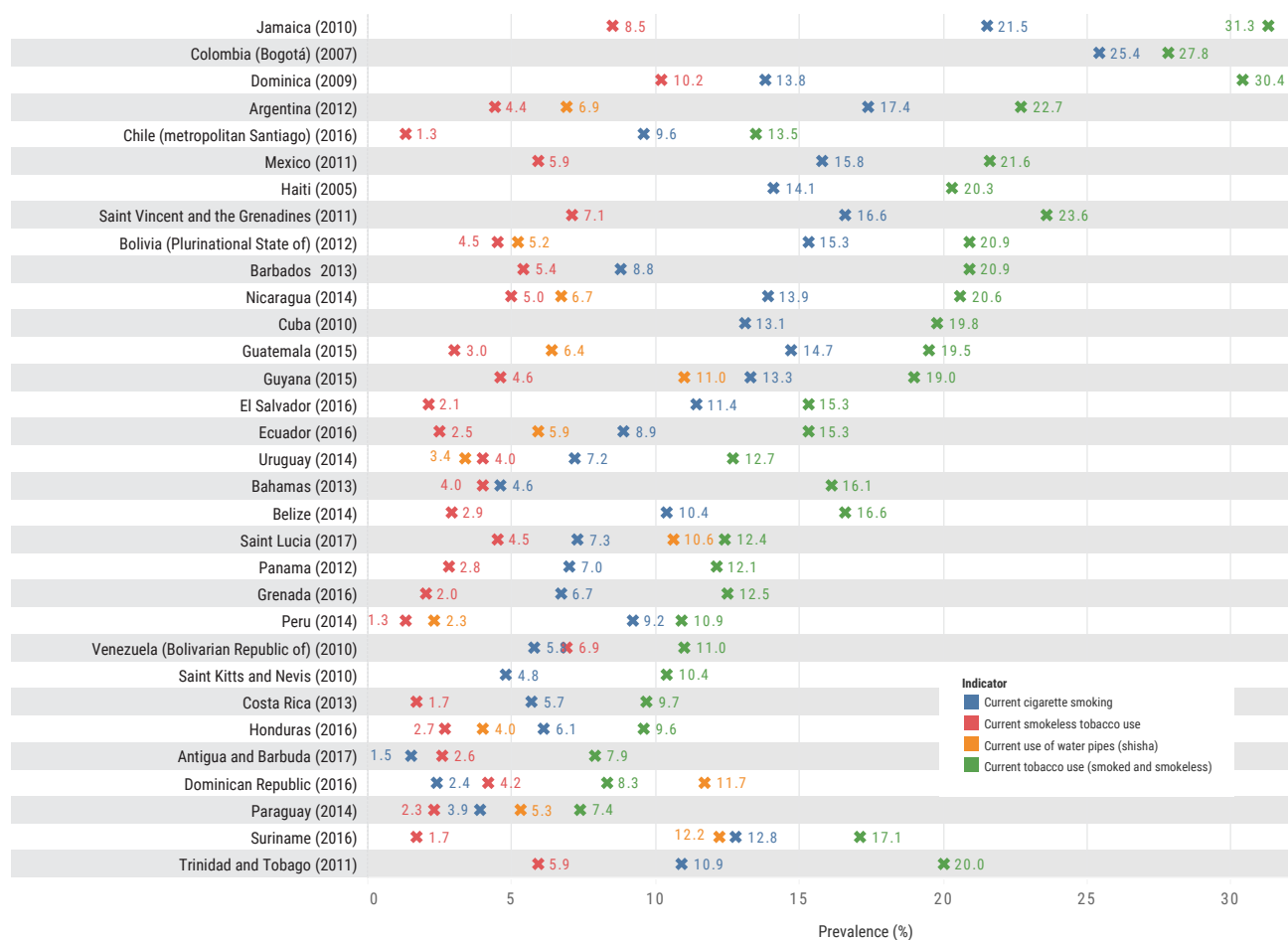


Source: Prepared based on reference 11.

**Notes:** In all cases, prevalence refers to the percentage of the population aged 13 to 15 years that used the specified tobacco product in the 30 days prior to the survey. The information from Chile and Colombia is subnational (for Chile, it is from metropolitan Santiago, the capital; for Colombia, it is from Bogotá, the capital). The results of the Global Youth Tobacco Survey (GYTS) for this indicator for Bolivia, Colombia, Cuba, Haiti, Jamaica, Mexico, Saint Kitts and Nevis, Saint Vincent and the Grenadines, Trinidad and Tobago, and Venezuela were calculated using the pre-2012 protocol and should not be compared directly to the results of countries that conducted the survey after that date.

FIGURE 11 Prevalence of current use of tobacco (smoked and smokeless), cigarettes, water pipes, and smokeless tobacco among young males in countries of the Region of the Americas (data from the most recent survey)

Country and year of survey

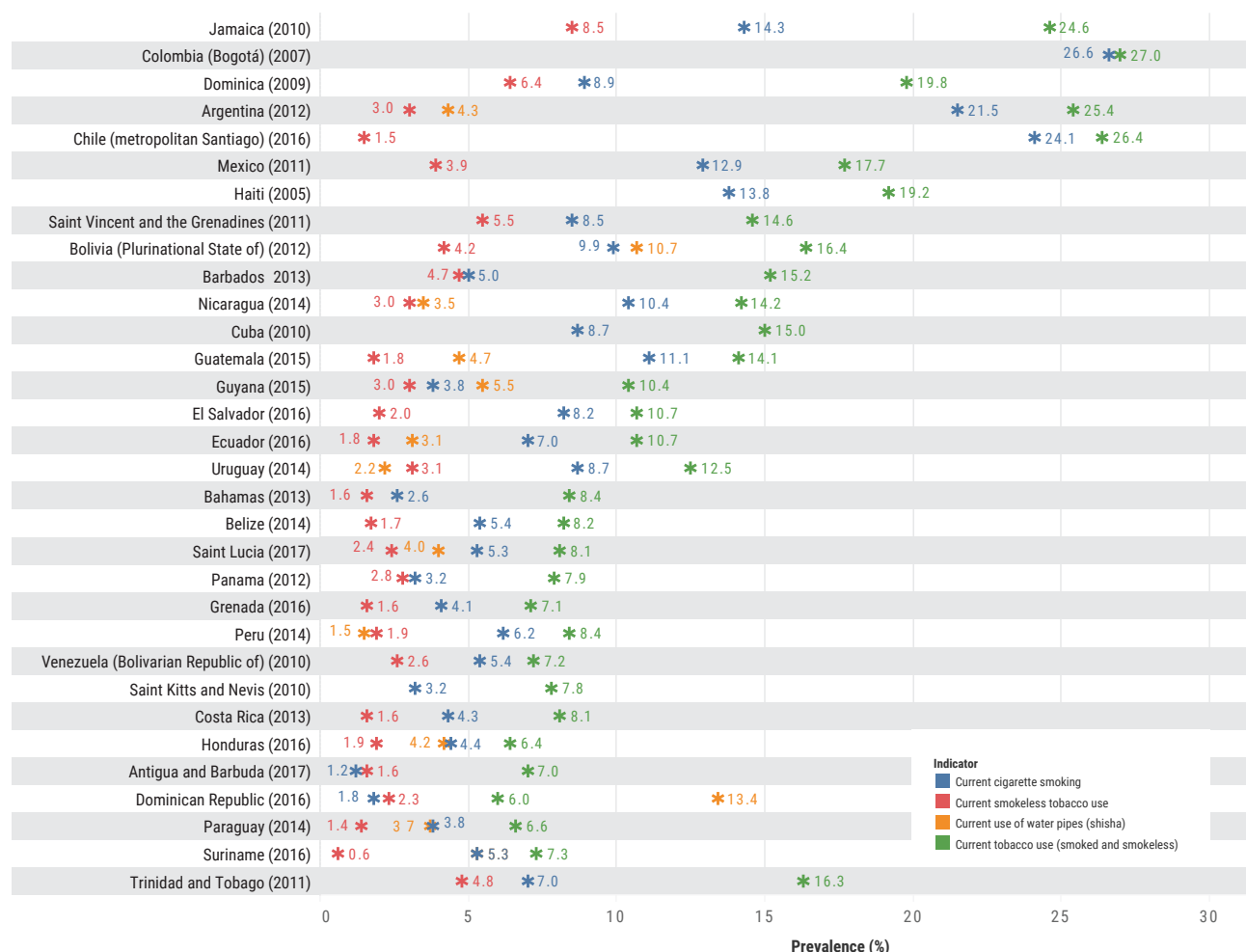


Source: Prepared based on reference 11.

**Notes:** In all cases, prevalence refers to the percentage of the population aged 13 to 15 years that consumed the specified tobacco product in the 30 days prior to the survey. The information from Chile and Colombia is subnational (for Chile, it is from metropolitan Santiago, the capital; for Colombia, it is from Bogotá, the capital). The results of the Global Youth Tobacco Survey (GYTS) for this indicator for Bolivia, Colombia, Cuba, Haiti, Jamaica, Mexico, Saint Kitts and Nevis, Saint Vincent and the Grenadines, Trinidad and Tobago, and Venezuela were calculated using the pre-2012 protocol and should not be compared directly to the results of countries that conducted the survey after that date.

FIGURE 12 Prevalence of current use of tobacco (smoked and smokeless), cigarettes, water pipes, and smokeless tobacco among young females in countries of the Region of the Americas (data from the most recent survey)

Country and year of survey



Source: Prepared based on reference 11.

**Notes:** In all cases, prevalence refers to the percentage of the population aged 13 to 15 years that consumed the specified tobacco product in the 30 days prior to the survey. The information from Chile and Colombia is subnational (for Chile, it is from metropolitan Santiago, the capital; for Colombia, it is from Bogotá, the capital). The results of the Global Youth Tobacco Survey (GYTS) for this indicator for Bolivia, Colombia, Cuba, Haiti, Jamaica, Mexico, Saint Kitts and Nevis, Saint Vincent and the Grenadines, Trinidad and Tobago, and Venezuela were calculated using the pre-2012 protocol and should not be compared directly to the results of countries that conducted the survey after that date.

TABLE 1 Prevalence and confidence interval (95%) for current consumption of electronic cigarettes and conventional cigarettes among youth in the Region of the Americas (data from the most recent survey)

Country, year	Prevalence of current electronic cigarette use	Confidence interval (95%)	Prevalence of current conventional cigarette smoking	Confidence interval (95%)
Antigua and Barbuda, 2017	4.0	3.1–5.1	1.4 <sup>a</sup>	0.9–2.2
Belize, 2014	6.5	5.1–8.1	7.8	6.1–9.9
Bolivia, 2012	4.3	2.1–8.6	11.3 <sup>a</sup>	8.9–14.3
Chile (metropolitan Santiago), 2016	12.1	10.4–14	17.2	13.0–22.5
Dominican Republic, 2016	7.7	5.7–10.5	2.4 <sup>a</sup>	1.3–4.5
Ecuador, 2016	10.7	8.8–12.8	8.0	6.5–9.7
El Salvador, 2016	2.7	1.9–3.8	9.9	7.9–12.2
Grenada, 2016	7.2	5.6–9.1	5.4	4.0–7.3
Guatemala, 2015	5.6	4.4–7.1	12.9 <sup>a</sup>	11.1–15.1
Guyana, 2015	9.0	5.5–14.5	8.6	5.9–12.3
Jamaica, 2017	11.7	...	11.2	...
Nicaragua, 2014	5.3	3.9–7	12.2 <sup>a</sup>	10.3–14.3
Panama, 2017	6.4	5.1–7.9	3.9 <sup>a</sup>	2.9–5.2
Paraguay, 2014	3.7	2.6–5.1	3.9	3.2–4.6
Peru, 2014	2.4	1.7–3.5	7.7 <sup>a</sup>	5.4–11.0
Saint Lucia, 2017	11.0	8.8–13.6	6.3 <sup>a</sup>	5.2–7.6
Suriname, 2016	5.9	4.3–8.1	8.7	6.4–11.7
Trinidad and Tobago, 2017	17.2	15.3–19.2	6.7 <sup>a</sup>	5.3–8.4

Source: Prepared based on reference 11.

Notes: Prevalence refers to the percentage of the population aged 13 to 15 years that consumed the specified tobacco product at least once in the 30 days prior to the survey. The information from Chile is subnational (from metropolitan Santiago, the capital). The Jamaica data are not weighted due to the survey response rate and thus do not have confidence intervals.

a Statistically significant difference.

In addition to monitoring tobacco use, it is important to know about exposure to tobacco smoke in environments such as the home and closed public spaces. According to the data presented in Figure 13, in 29 countries for which GYTS data are available, more than one-third of youth still reported having been exposed to tobacco smoke in closed public spaces such as schools, stores, shopping centers, and restaurants in the seven days prior to the survey. Fourteen<sup>6</sup> of these countries had smoke-free environment laws

in force at the time of the survey, which highlights the importance of monitoring enforcement of the legislation.

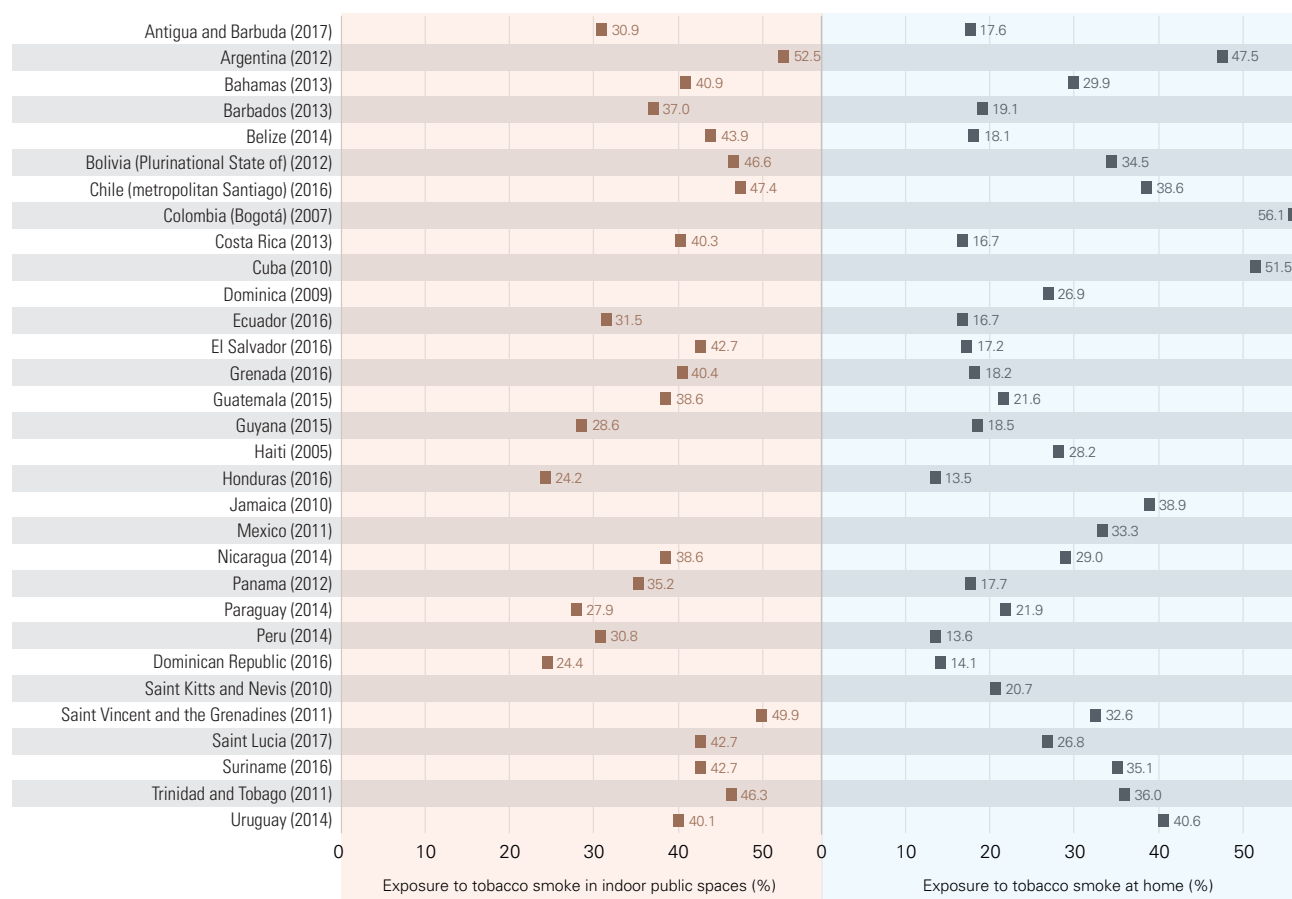
As for exposure to tobacco smoke in the home, in four countries (Argentina, Colombia, Cuba, and Uruguay) more than 40% of youth were exposed to tobacco smoke at home during the seven days prior to the survey.

According to GATS data, the percentage of adults who work in completely indoor spaces—

6 Argentina, Barbados, Chile, Colombia, Costa Rica, Ecuador, El Salvador, Guatemala, Honduras, Panama, Peru, Suriname, Trinidad and Tobago, and Uruguay.

**FIGURE 13** Percentage of adolescents exposed to tobacco smoke in indoor public spaces and at home in the countries of the Region of the Americas (data from the most recent survey)

**Country and year of survey**



**Source:** Prepared based on reference 11.

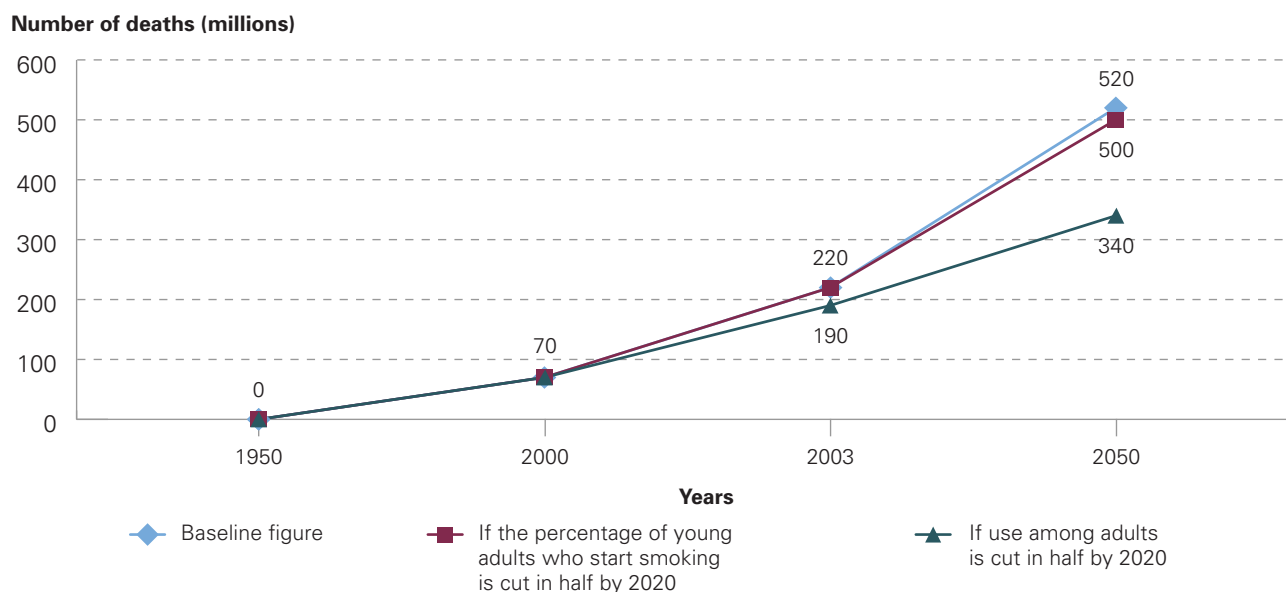
**Notes:** Data refer to the percentage of the population aged 13 to 15 years reporting that someone smoked in their presence within an indoor public space such as a school, store, shopping center, movie theater, or restaurant, or in his/her home, in the seven days prior to the survey. The information from Chile and Colombia is subnational (for Chile, it is from metropolitan Santiago, the capital; for Colombia, it is from Bogotá, the capital).

or in indoor/outdoor spaces—and are exposed to tobacco smoke at work varies by country. In Argentina, the percentage is 31.6%; in Mexico, 17%; in Uruguay, 16.5%; in Brazil, 13.5%; in Costa Rica, 6.3%, and in Panama, 5.3%. As for exposure to tobacco smoke in the home, in Argentina it is 33%; in Uruguay, 29.2%; in Mexico, 12.6%; and in Brazil, 10.7%. In Costa Rica and Panama, it is 4.9% and 4.4%, respectively (11).

To end the tobacco epidemic, two objectives must be attained: first, youth must not take up smoking; second, current smokers must stop using tobacco.

The great burden of tobacco-induced mortality expected for the first half of this century can only be avoided if the people who smoke now stop doing it (14) (Figure 14). The only way to achieve these two objectives is to have full and coordinated implementation of all the measures contained in the FCTC.

FIGURE 14 Estimated cumulative number of deaths worldwide due to tobacco, 1950–2050, according to different intervention strategies



Source: Adapted from reference 14.

## 1.2 PROGRESS IN IMPLEMENTATION OF THE MPOWER TOBACCO CONTROL MEASURES WORLDWIDE AND REGIONALLY

Several countries of the Region have made significant strides in tobacco control. However, the tobacco epidemic will continue to spread unless there is considerable acceleration in the adoption and enforcement of national laws consonant with the mandates of the FCTC and its guidelines. This will help to effectively counteract the efforts of the tobacco industry to undermine the progress made thus far (15). Investing in the implementation of the FCTC is a feasible and cost-effective way to prevent the spread of noncommunicable diseases (16–18).

As part of its technical assistance to countries, in 2008 WHO introduced six practical, accessible, and affordable measures for effective national tobacco control, which can be tailored to the needs of countries. These measures are a starting point for full national implementation of the FCTC and are known as the MPOWER package, an acronym for the six selected interventions for tobacco control

(5), each of which reflects one or more of the provisions of the FCTC:



- M** Monitor tobacco use and prevention policies
- P** Protect people from tobacco smoke
- O** Offer help to quit tobacco use
- W** Warn about the dangers of tobacco
- E** Enforce bans on tobacco advertising, promotion, and sponsorship
- R** Raise taxes on tobacco

WHO estimates that implementation of measures P, W, E and R of the MPOWER package, including general management of the program and media support, may cost US\$ 0.11 per capita annually in low- and middle-income countries. More than half of this figure is related to mass media campaigns. It is also estimated that 7.4 million premature deaths

have been prevented thanks to the measures in this package, which were adopted at the highest level of achievement between 2007 and 2010 (19).

According to the data of the *WHO Report on the Global Tobacco Epidemic, 2017* (6), 121 of 194 WHO Member States have introduced at least one MPOWER measure at the highest level of achievement. This means that 63% of the world's population (or 4.7 billion people) is protected by at least one effective tobacco control policy.

Since the report was first published in 2008, every two years approximately 15 countries have managed to implement one or more of these measures at the highest level of achievement. This marks significant progress, since in 2007 only 42 countries, home to 1 billion people (15% of the world's population), protected their populations with these measures (6). However, when we look at the percentage of the population covered by each MPOWER measure at the highest level of achievement according to WHO (Figure 15), we see that most of the world's population is still not

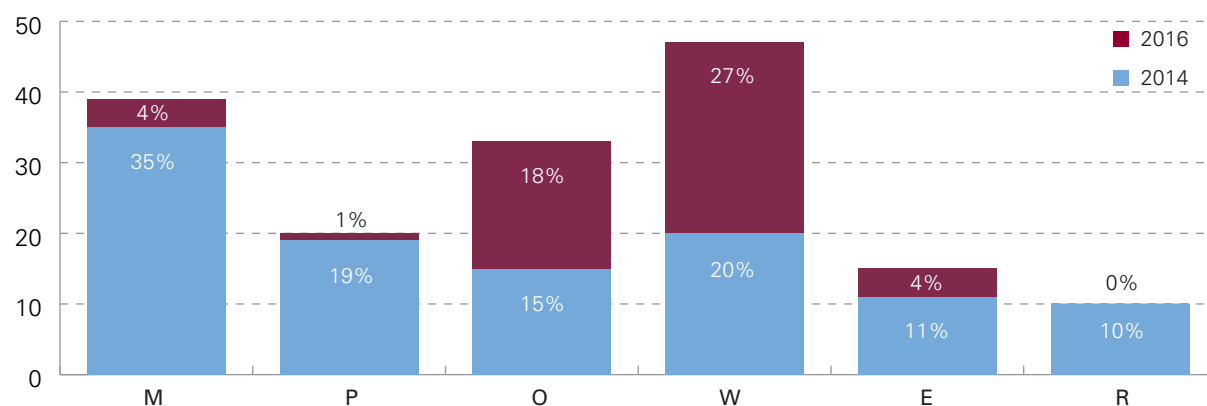
protected by effective tobacco control measures, despite the progress made in the last two years.

When the FCTC went into effect, 80% of countries in the Region of the Americas had not implemented any of the six MPOWER measures at the highest level of achievement (20). Currently, 23 of 35 countries have managed to implement at least one of these measures at the highest level of achievement, which represents a coverage of 95.3% of the population. At the time of this report, six countries of the Region are applying at least four measures at the highest level of achievement, but no country has yet managed to reach this level for all six measures in the package. It should be noted that 12 countries, nine of them States Parties to the FCTC, have not implemented any tobacco control measure at the highest level of achievement (Figure 16).

It is also observed that the different measures have not been applied uniformly. Of the set of measures analyzed, those for which the highest number of countries have attained the highest level of achievement are **P**-protect people from

**FIGURE 15** Share of the world population covered by at least one tobacco control policy at the highest level of achievement, 2014–2016

**Percentage of the world population**



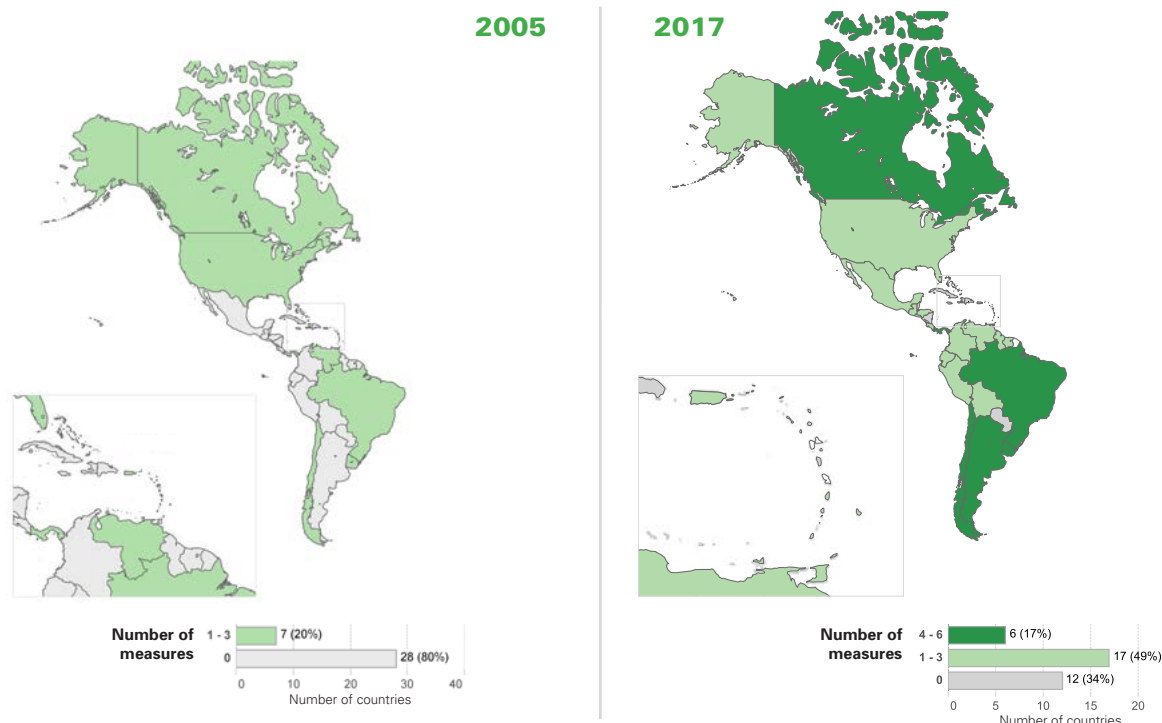
**Source:** Reference 6.

**Notes:** Only measures at their highest level of achievement are considered (see the definitions of categories in the Technical Note).

M: monitor tobacco use and prevention policies; P: protect people from tobacco smoke; O: offer help to quit tobacco use; W: warn about the dangers of tobacco; E: enforce bans on tobacco advertising, promotion, and sponsorship; R: raise taxes on tobacco.

FIGURE 16 Evolution in the implementation in the Region of the Americas of a selected set of measures from the WHO Framework Convention for Tobacco Control, 2005–2017

Countries by number of measures implemented at the highest level



**Source:** The source for the 2005 map is reference 6, which does not evaluate measure R, since the information was not available. The source for the 2017 map is reference 6 for measures M, O, and R. For measures P, V, and E, data from the PAHO/WHO Regional Tobacco Control team were used.

**Notes:** The selected FCTC measures are in the MPOWER package (19). Only measures at the highest level of achievement were considered, in accordance with the criteria proposed by WHO (6).

tobacco smoke and **W**-warn about the dangers of tobacco (by including large, graphic health warning on tobacco packages and labels). But even in these cases, measures to protect people from exposure to tobacco smoke have been implemented in only 19 countries and cover just 49% of the population of the Region. As for large, graphic warning labels, these have been implemented by 18 countries and cover just 55.2% of the population (Figures 17 and 18). Considering that these two basic health measures do not require a large budget and are within the purview of the health authorities, one would expect more progress 12 years after the FCTC went into effect.

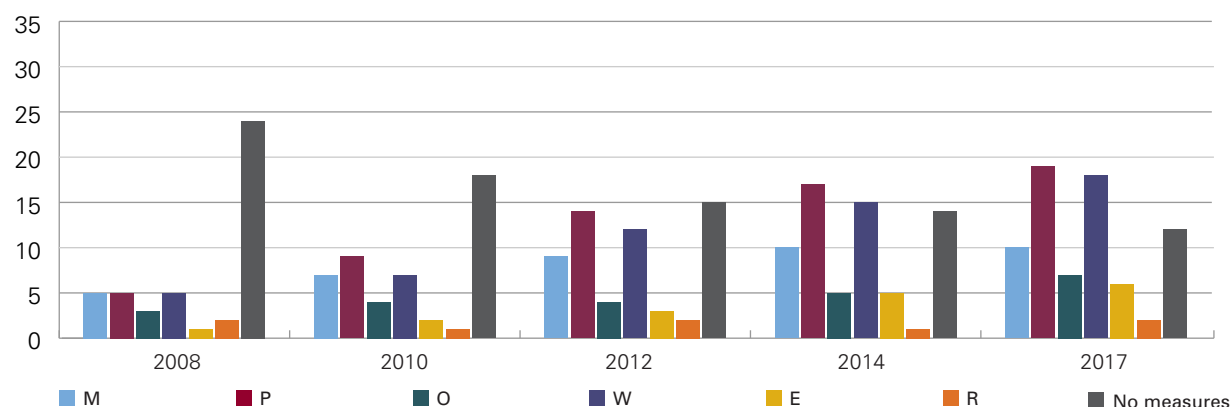
This trend is even stronger for the other measures. For example, only 26.7% of the population is

protected from the harmful influence of tobacco advertising, promotion, and sponsorship by tobacco companies. As for raising taxes on tobacco, according to WHO the highest level of achievement has only occurred in two countries, or only 6.2% of the Region's population. Yet without attaining the highest level of achievement, several countries of the Region have raised tobacco taxes in recent years, although few have done so significantly. In terms of monitoring tobacco control, although 70% of the population is covered by comprehensive surveillance systems, this percentage corresponds to only 10 countries that have recent, representative, and periodically compiled information (at least every 5 years) for both youth and adults (Figures 17 and 18).



**FIGURE 17** Trend in the implementation in the Region of the Americas of MPOWER tobacco control measures, by number of countries, 2008–2017

**Number of countries**



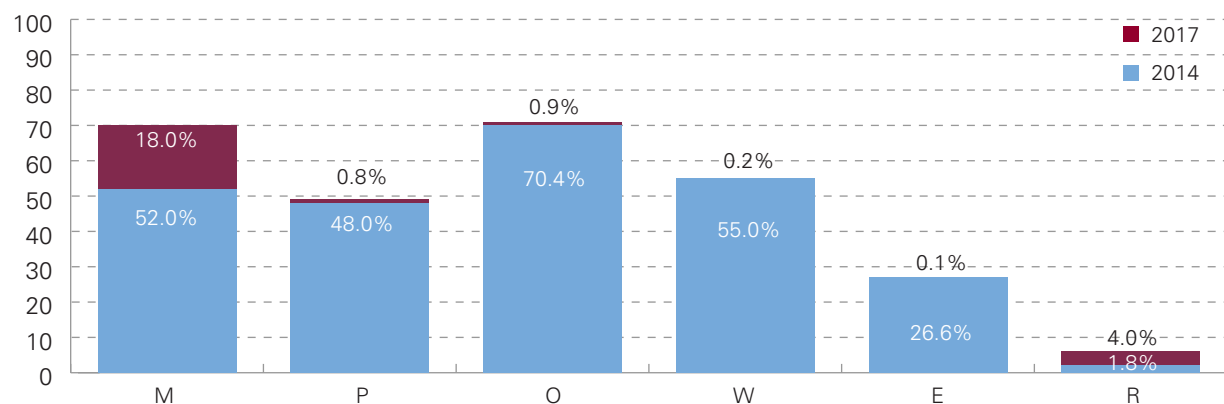
**Source:** Prepared based on reference 6 and data from the PAHO/WHO Regional Tobacco Control team.

**Notes:** Only measures at the highest level of achievement were considered (see the definitions of categories in the Technical Note). One of the countries at the highest level of achievement did not present data in 2010 and 2014 on measure R.

M: monitor tobacco use and prevention policies; P: protect the people from tobacco smoke; O: offer help to quit tobacco use; W: warn about the dangers of tobacco; E: enforce bans on tobacco advertising, promotion, and sponsorship; R: raise taxes on tobacco; No measures: none of the measures were implemented at their highest level of achievement.

**FIGURE 18** Share of the population covered by some tobacco control policies in the Region of the Americas, 2014–2017

**Percentage of the Region's population**



**Source:** For M, O, and R, prepared based on reference 6. For P, W, and E, prepared based on reference 6 and data the PAHO/WHO Regional Tobacco Control team.

**Notes:** Population of the 35 PAHO/WHO Member States. Coverage estimates done by the PAHO/WHO Regional Tobacco Control team. The 2015 population data obtained from United Nations, Department of Economics and Social Affairs, Population Division (2017). World Population Prospects: 2017 Revision.

Finally, as is shown in Figure 18, it is troubling to see that there was almost no change between 2014 and 2017 in the application of effective tobacco control policies, which reflects a slowing down in the Region compared to the years immediately following entry into force of the FCTC. A noteworthy exception to this is Guyana, which passed FCTC-consistent tobacco control legislation in August 2017.

### 1.3 FINANCIAL IMPACT OF TOBACCO USE ON HEALTH SYSTEMS IN LATIN AMERICA

#### Andrés Pichon-Riviere

Executive Director of the Institute of Clinical and Health Effectiveness (IECS)

In recent years, a vast amount of evidence has been compiled on the overwhelming economic burden that tobacco use imposes on society. Worldwide, it is estimated that the financial cost of tobacco use amounts to US\$ 1.4 billion annually, and that approximately 40% corresponds to low- and middle-income countries (7). This may cause countries to lose up to 1% of their gross domestic product (GDP).

This economic burden has complex facets, some more apparent than others. Take as an example a family in El Salvador in which the father and the mother—the household breadwinners—are both smokers. One day, one of them suffers a heart attack leading to death or severe disability. The more immediate implications of this event are apparent and are the ones usually measured in burden of disease studies: life years lost to premature death or disability.

Institutions and researchers from 12 countries of the Region participated in a collaborative project financed by the International Development Research Centre of Canada (IDRC). It analyzed the burden of disease, economic burden, and the potential impact of tax increases and other tobacco control measures (21). It was found that in Latin America more than 1,000 people die every day as a direct consequence of tobacco

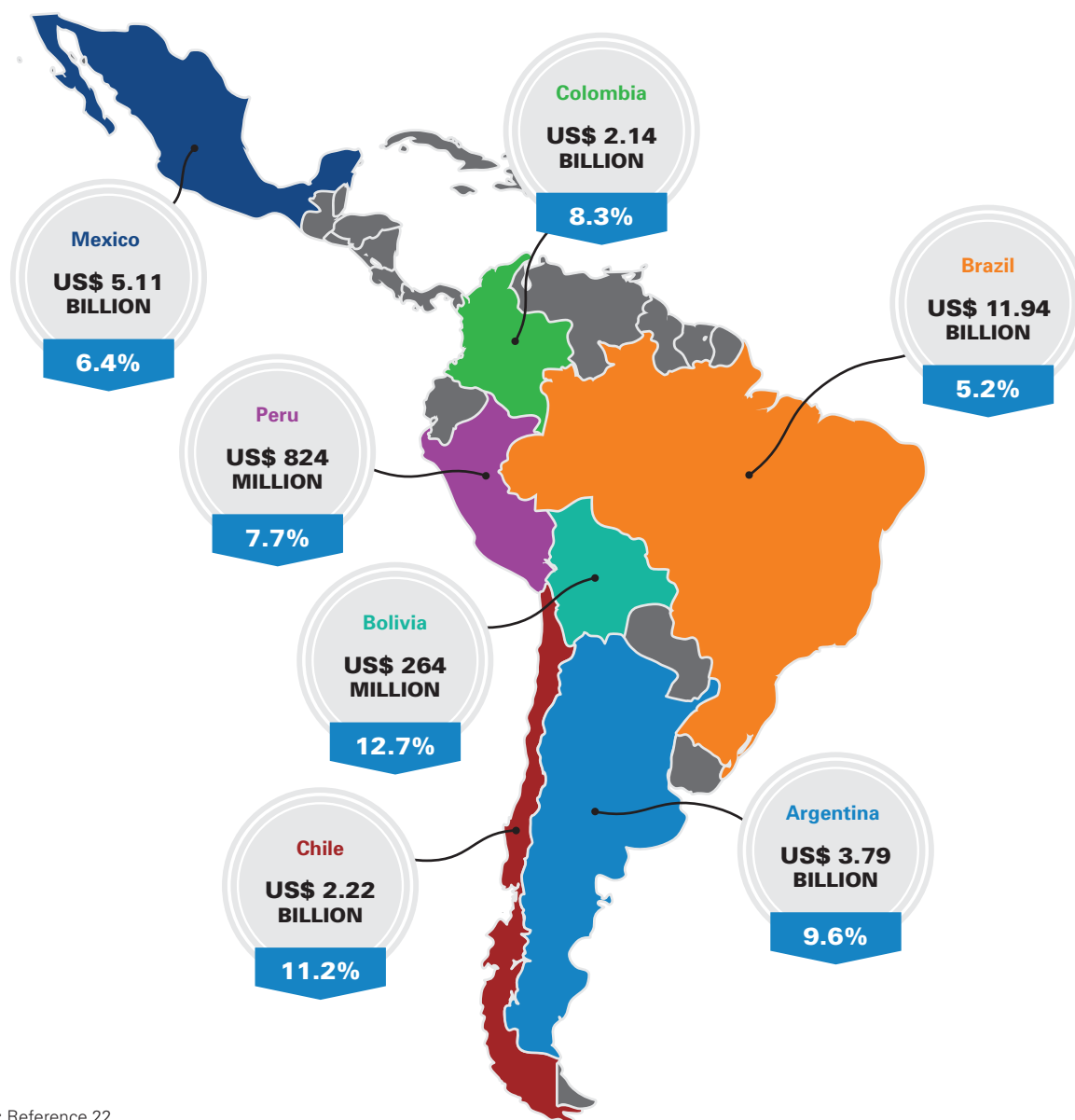
use. This represents 380,000 deaths every year, and almost 10 million years of life lost to avoidable premature death or disability.

But in the story of this family in El Salvador there are also various economic repercussions. A particularly easy one to see is the direct costs of medical care that the health system must provide to take care of this person. According to the estimates of the aforementioned study, each year tobacco use takes up almost US\$ 34 billion of the health budgets of the countries of Latin America (22). These losses amount to 0.7% of GDP and 8.3% of health expenditures. And although many people still believe that tobacco taxes generate significant revenue for the economies of their countries, they barely cover 35% of the direct medical expenditures generated by tobacco, without considering its other associated costs.

A closer look reveals the many layers of this family's story feed into a greater drama. The premature death or disability caused by this heart attack in El Salvador also means lost productivity for the economy of the city and province in which the family resides, and the country as a whole. In Brazil, estimates showed losses of R\$ 39 billion in direct medical expenditures, or approximately US\$ 11.5 billion. But when lost productivity is included, this figure added up to R\$ 57 billion, approximately US\$ 16.8 billion (23). This is an ominous burden that sometimes goes unnoticed.

Poor health is a major drag on economic development, especially in poorer countries. Tobacco particularly and disproportionately impoverishes low-income people, since there is a higher prevalence of tobacco use in this population, and less ability to pay for the costs stemming from health care and early death of family breadwinners. It is easy to imagine the situation of the 16-year-old son of this Salvadoran couple who had planned to begin higher education but will now be forced to work to support the family. This interrupted education will not only affect him, it will also change his own children's future—all for an event

FIGURE 19 Health system costs attributable to tobacco use in Latin America as a percentage of total health expenditure, 2015



Source: Reference 22.

that could have avoided with appropriate policies and actions.

Tobacco use continues to be the leading preventable cause of disease and death in the world. And every specific clinical event that affects an individual today, casts a long shadow that grows

over time and impacts the complex surrounding social fabric. In 30 years, the Region will still be suffering the consequences of decisions made today—or even worse, of decisions not made—despite the available evidence.

# 2

## Mandates and Frame of Reference for Tobacco Control

### 2.1 TOBACCO CONTROL WITHIN THE FRAMEWORK OF NONCOMMUNICABLE DISEASE PREVENTION AND CONTROL

#### 2.1.1 WORLDWIDE FRAME OF REFERENCE

The human, social, and economic consequences of noncommunicable diseases affect all countries, but are especially devastating for the most vulnerable populations. In 2007 in the Region of the Americas, the countries of the Caribbean community (CARICOM) acknowledged the problem of noncommunicable diseases in the Declaration of Port-of-Spain, “Uniting to Stop the Epidemic of Chronic NCDs” (24). It was not until 2011, however, that efforts to address this epidemic in a coordinated fashion began at the world level, when United Nations Member States adopted the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Noncommunicable Diseases (25). The Declaration recognized that prevention is fundamental in the world’s response to noncommunicable diseases, and that it is critically important to reduce the exposure of individuals and populations to the common modifiable risk factors for NCDs: harmful alcohol consumption, an unhealthy diet, physical inactivity, and tobacco use.

To translate political will into action, the 66th World Health Assembly adopted the Global Plan of Action for the Prevention and Control of Noncommunicable Diseases 2013–2020 (26), which includes the Global Monitoring Framework for NCDs (27). The Framework consists of nine voluntary global targets to prevent and control NCDs by 2025 (Table 2), which will in turn be evaluated according to 25 indicators on a broad range of regional and national situations in order to track trends and identify progress made in










implementation of national NCD strategies and plans.

One of the nine goals is a 30% relative reduction in the prevalence of tobacco consumption, to be achieved by implementing what WHO considers to be very cost-effective tobacco control measures, including raising taxes on tobacco, creating smoke-free environments, placing health warnings on tobacco packaging, and banning tobacco advertising, promotion, and sponsorship. Tobacco has such a great impact on premature mortality from NCDs that a more ambitious target of 50% (rather than 30%) reduction in tobacco use could significantly help ensure that all the WHO regions achieve a 25% relative reduction in premature mortality from NCDs (28).

To monitor the national and international commitments made in 2011, in 2014 the UN General Assembly held another high-level meeting to review and evaluate NCD prevention and control efforts since 2011, with a view to promoting fulfillment of the commitments (29). The meeting concluded that progress had been neither uniform nor sufficient. Ten indicators of progress were established, with targets to be met in 2015 and 2016, from which WHO prepared the 2015 (30) and 2017 (31) progress reports. The next evaluation meeting will be held in September 2018.

At the Summit for Sustainable Development held in September 2015, the Member States of the UN approved the 2030 Agenda for Sustainable Development, which includes 17 Sustainable Development Goals (SDGs) to put an end to poverty, fight against inequality and injustice, and address climate change. One of them, SDG 3, reads “Ensure healthy lives and promote well-being for all at all ages,” which includes prevention and control of NCDs and their risk factors. Within SDG 3 is target 3.4,

TABLE 2 Set of voluntary global targets to prevent and control noncommunicable diseases

	1	A 25% relative reduction in the overall mortality from cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases
	2	At least 10% relative reduction in the harmful use of alcohol, as appropriate, within the national context
	3	A 10% relative reduction in prevalence of insufficient physical activity
	4	A 30% relative reduction in mean population intake of salt/sodium
	5	A 30% relative reduction in prevalence of current tobacco use in persons aged 15+ years
	6	A 25% relative reduction in the prevalence of raised blood pressure or contain the prevalence of raised blood pressure, according to national circumstances
	7	Halt the rise in diabetes and obesity
	8	At least 50% of eligible people receive drug therapy and counselling (including glycaemic control) to prevent heart attacks and strokes
	9	An 80% availability of the affordable basic technologies and essential medicines, including generics, required to treat major NCDs in both public and private facilities

Source: Reference 26.

“reduce by one third premature mortality from noncommunicable diseases through prevention and treatment and promote mental health well-being.” And target 3.a specifically requires to “strengthen the implementation of the WHO Framework Convention on Tobacco Control in all countries, as appropriate” (32).

In preparation for the summit, in July 2015 the Third International Conference on Financing for Development was held in Addis Ababa (Ethiopia). There, participants noted “the enormous burden that noncommunicable diseases place on developed and developing countries. These costs are particularly challenging for developing Small Island States. We recognize, in particular, that as part of a comprehensive strategy of prevention and control, price and tax measures on tobacco can be an effective and important means to reduce tobacco consumption and health care costs, and represent a revenue stream for financing development in many countries” (33).

## 2.1.2 TOBACCO CONTROL IN THE 2030 AGENDA FOR SUSTAINABLE DEVELOPMENT<sup>7</sup>

### Roy Small

United Nations Development Programs (UNDP)

Inclusion of the WHO FCTC within the SDGs is a major step toward reducing the devastating health and development impacts of tobacco. Together, targets 3.a and 3.4 have the potential to raise awareness of tobacco as a sustainable development issue, commit national governments and other stakeholders to action, intensify and harmonize tobacco control efforts, and mobilize resources for WHO FCTC implementation. That the WHO FCTC is in Agenda 2030 as a “means of implementation” recognizes its potential, as an international treaty supported by the binding obligation of domestic legislation, to accelerate sustainable development progress, particularly in developing countries.

7 Adapted from reference 34.

But mere inclusion of the WHO FCTC in Agenda 2030 will not necessarily ensure greater attention and investments in tobacco control. Strategies and support are needed to ensure SDG target 3.a is achieved. In development circles, talk of win-win interventions that can accelerate progress across multiple SDGs predominates. Whether in relation to poverty and inequity reduction, decent work and economic growth, environmental sustainability, development financing or otherwise, tobacco control is central to all strands of development—social, economic, and environmental. Governments must be supported to routinely consider and address the interactions between tobacco and other sustainable development priorities and, accordingly, to treat WHO FCTC implementation as an obligation for not just health but all relevant sectors. Critical will be ensuring inclusion of the WHO FCTC in national development planning and other SDG implementation and domestication processes. Stronger partnerships are also needed within the health sector, capitalizing on the connections between the WHO FCTC and virtually all other targets under SDG 3. Not only can WHO FCTC implementation be a pathfinder for policy coherence in the Agenda 2030 era, but it can also demonstrate that key principles which underpin Agenda 2030, for example, to protect human rights and leave no one behind, are non-negotiable.

### 2.1.3 REGIONAL COMMITMENTS

Recognizing the challenges of implementing the FCTC in the Region of the Americas, in 2008 and 2010 the Directing Council of PAHO adopted two resolutions urging Member States that had not yet done so to consider ratification of the Convention, and, where applicable, to apply its provisions (35, 36). It also urged Member States to recognize and counteract attempts by the tobacco industry to undermine tobacco control policies.

Then, pursuant to the global mandates, in October 2013 the 52nd Directing Council of the Pan American Health Organization (PAHO) adopted the Plan of Action for the Prevention and Control

of Noncommunicable Diseases in the Americas 2013–2019 (37). It presents an array of policies and actions Member States can implement to achieve the nine voluntary global targets in the Global Monitoring Framework for NCDs by 2025. Specific objective 2.1 calls for reducing tobacco use and exposure to second-hand smoke; its indicator is the number of countries that reduce the prevalence of current tobacco use with a view to achieving a 30% reduction by 2025. The target set in the plan is for 15 countries to reduce their prevalence by 2019, and for 11 more countries to do so by 2025. But it was later, in the 2015 Directing Council of PAHO and the 2017 Pan American Sanitary Conference, that two extremely important tobacco control documents were approved for the Region.

The Strategy on Health-related Law (38) was adopted in 2015. It asks the Pan American Sanitary Bureau (PAHO secretariat) to strengthen advisory services and technical cooperation with Member States for the formulation, implementation, or review of countries' health-related laws and regulations. This has created synergies between PAHO's Office of Legal Counsel and the technical teams, including that of tobacco control, to collaborate with countries in the development of tobacco control legislation. It also has included training workshops that analyze the value of legislation in curtailing risk factors for noncommunicable diseases.

As we will see in the next chapter, progress has been made in the Region since the FCTC entered into force, but it is heterogeneous and has slowed down. Considering that the measures contained in the FCTC can be applied by the Member States regardless of whether they are parties to the Convention, in 2017 at the 29th Pan American Sanitary Conference, the Member States adopted the Strategy and Plan of Action to Strengthen Tobacco Control in the Region of the Americas 2018–2022 (39). The strategy seeks to prioritize key elements of the Convention to accelerate its application and thus achieve the targets set for reducing tobacco use and premature mortality



FIGURE 20 Meeting on legislation and noncommunicable diseases in Jamaica, 24–27 October 2017



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caused by NCDs. In particular, objective 1.1 on enactment of smoke-free environment legislation, and objective 1.2 on including health warnings on tobacco product packaging, set a target of covering all 35 countries of the Region by 2022. This would make the Region of the Americas completely smoke-free in indoor public spaces, workplaces, and in public transportation. Also, the entire population of the Region would be informed of the risks of tobacco use and second-hand smoke.

## 2.2 THE WHO FRAMEWORK CONVENTION FOR TOBACCO CONTROL



Since its entry into force, the FCTC has not only received broad international recognition, but,

as was detailed in the previous section, it has been incorporated into numerous international documents that address NCDs, given the impact that reduced tobacco use can have on curtailing premature death from these diseases throughout the world.

The FCTC is the global response to the tobacco epidemic. The first steps toward creation of the Convention date back to the late 1990s, when WHO created a tobacco control office and, the following year, a working group to prepare the draft of an international tobacco control treaty. The process culminated four years later, in 2003, when the 56th World Health Assembly unanimously adopted the FCTC (15, 40).

The FCTC took effect on 27 February 2005, and has become one of the most rapidly accepted international conventions in the history of the UN. By 31 December 2017, it already had 181 States Parties, including 30 of the 35 countries in the Region of the Americas (Table 3).

The Convention includes mechanisms to reduce both the supply and demand for tobacco products and its mandates cover the full chain of production, distribution, and sale of those products. Its comprehensive application will facilitate the achievement of several objectives: preventing youth from starting tobacco use; protecting non-smokers from exposure to second-hand smoke; and helping users to quit tobacco while helping quitters to remain abstinent.

The main provisions of the FCTC on demand reduction are contained in the following articles:

- Price and tax measures (Article 6).
- Non-price and tax measures:
  - Protection from exposure to tobacco smoke (Article 8)
  - Regulation of the contents of tobacco products (Article 9)
  - Regulation of tobacco product disclosures (Article 10)
  - Packaging and labelling of tobacco products (Article 11)
  - Education, communication, training, and public awareness (Article 12)
  - Tobacco advertising, promotion, and sponsorship (Article 13)
  - Demand reduction measures concerning tobacco dependence and cessation (Article 14)

The main provisions on supply reduction are in Articles 15 to 17:

- Illicit trade in tobacco products (Article 15)
- Sales to and by minors (Article 16)
- Provision of support for economically viable alternative activities (Article 17)

The FCTC also requires the Parties to implement cross-cutting and multisectoral activities,

since many of the measures needed to fight the tobacco epidemic fall outside the purview of the ministries of health. It is therefore indispensable that comprehensive multisectoral measures be implemented at the national, regional, and international level, which include the involvement of other government ministries and agencies, as well as the participation of civil society, as established in Articles 4 and 5 of the Convention. Article 5, paragraph 3 of the FCTC also requires that the parties protect public health measures from interference from commercial and other vested interests of the tobacco industry. Finally, the Convention also includes provisions on liability (Article 19), research, surveillance, and the exchange of information (Articles 20, 21, and 22).

Despite all this, application of the measures contained in the FCTC has not been uniform and has been slowing down. The most significant advances in the Region have primarily been in the establishment of smoke-free environments (Article 8) and the placement of health warnings on tobacco products (Article 11), for which 19 and 18 countries in the Region, respectively, have attained the highest level of achievement, according to the threshold set by WHO (see the Technical Note). However, other measures, such as taxation (Article 6) and a complete ban on tobacco advertising, promotion, and sponsorship (Article 13), have only two and six countries at the highest level of achievement, respectively.

Among the explanations for the uneven progress with these measures is that it is hard to generate opposition to measures that try to protect non-smokers from exposure to second-hand smoke, and to provide information about the risks of using a product. Furthermore, these measures both fall within the purview of the ministries of health in protecting the health of the population. However, measures related to tobacco taxation and bans on tobacco advertising, promotion, and sponsorship must be enforced by areas of government other than the health sector.



TABLE 3

# Status of the WHO Framework Convention for Tobacco Control in the Region of the Americas and summary of application of the MPOWER package, 2017

Countries	Date of ratification or accession	M	P <sup>a</sup>	O	W <sup>a</sup>	E <sup>a</sup>	R <sup>a</sup>	Total number of highly cost-effective measures	Total number of interventions
Antigua and Barbuda	5-Jun-2006							0	0
Argentina	Only signed	2010	2011		2012			3	4
Bahamas	3-Nov-2009							0	0
Barbados	3-Nov-2005	2012	2010		2017			2	3
Belize	15-Dec-2005							0	0
Bolivia (Plurinational State of)	15-Sep-2005				2009			1	1
Brazil	3-Nov-2005	2016	2011	2002	2003	2011		3	5
Canada	26-Nov-2004	2017	2007	2008	2011			2	4
Chile	13-Jun-2005	2007	2013		2006			3	4
Colombia	10-Apr-2008	2012	2008			2009		2	3
Costa Rica	21-Aug-2008	2010	2012		2013			2	3
Cuba	Only signed							0	0
Dominica	24-Jul-2006							0	0
Dominican Republic								0	0
Ecuador	25-Jul-2006		2011		2012			2	2
El Salvador	21-Jul-2014		2015	2016	2011			2	3
Grenada	14-Aug-2007							0	0
Guatemala	16-Nov-2005		2008					1	1
Guyana	15-Sep-2005		2017		2017	2017		3	3
Haiti	Only signed							0	0
Honduras	16-Feb-2005		2010					1	1
Jamaica	7-Jul-2005		2013	2016	2013			2	3
Mexico	28-May-2004			2013	2009			1	2
Nicaragua	9-Apr-2008							0	0
Panama	16-Aug-2004	2012	2008	2009	2005	2008		3	5
Paraguay	26-Sep-2006							0	0
Peru	30-Nov-2004		2010		2011			2	2
Saint Kitts and Nevis	21-Jun-2004							0	0
Saint Lucia	7-Nov-2005				2017			1	1
Saint Vincent and the Grenadines	29-Oct-2010							0	0
Suriname	16-Dec-2008		2013			2013		2	2
Trinidad and Tobago	19-Aug-2004		2009		2013			2	2
United States of America	Only signed	2007		2008				0	2
Uruguay	9-Sep-2004	2007	2005		2005	2014		3	4
Venezuela (Bolivarian Republic of)	27-Jun-2006		2011		2004			2	2
		10	19	7	18	6	2		

**Source:** Prepared based on references 6, 15, and 41 and data from the PAHO/WHO Regional Tobacco Control team.

**Note:** For definitions of the indicators and color-coded ratings, see the Technical Note.

<sup>a</sup> Highly cost-effective interventions.

Although six countries of the Region of the Americas have implemented four to six measures at the highest level of achievement, 17 countries have implemented only one to three measures, while 12 (one-third of the countries of the Region) have not implemented a single tobacco control measure at the highest level of achievement. Nine of the latter are States Parties to the FCTC.

### 2.2.1 THE FCTC 2030 PROJECT: STRENGTHEN IMPLEMENTATION OF THE FCTC TO ACHIEVE THE SUSTAINABLE DEVELOPMENT GOALS

**Vera Luiza da Costa e Silva, Andrew Black, and Rodrigo Santos Feijó**

Secretariat of the WHO Framework Convention on Tobacco Control

Tobacco use is a major concern and a barrier to development around the world. The importance of tobacco control in promoting development is recognized in the United Nations 2030 Agenda for Sustainable Development, including a specific target on WHO FCTC implementation (SDG target 3.a). Given the impact of tobacco on social, economic, and environmental development, effective WHO FCTC implementation can contribute to the achievement of the 2030 Agenda in a multitude of ways.

To counter those effects, the Secretariat of the WHO Framework Convention on Tobacco Control (WHO FCTC), in collaboration with the World Health Organization (WHO) and the United Nations Development Programme (UNDP), has initiated a new initiative to assist low- and middle-income countries (LMICs) to achieve the SDGs by advancing implementation of the Convention. The project is generously funded by the Government of the United Kingdom.

The FCTC 2030 Project supports Parties to the WHO FCTC that are eligible to receive official development assistance (ODA) to develop and implement government-wide tobacco control strategies, strengthen tobacco taxation, end tobacco advertising, introduce effective health

warnings on tobacco packs, and make work and public places smokefree. The Convention Secretariat is supporting countries through the realization of workshops, development of publications, promotion of international cooperation, and other forms of assistance to national governments.

The project promotes multisectoral, “whole of government” work to implement the WHO FCTC. It will run from April 2017 until March 2021 and focus on strengthening coordination mechanisms and strategic planning.

After an open and transparent selection process, 15 Parties to the WHO FCTC have been selected to receive direct technical assistance from the FCTC 2030 Project (see Figure 21). In the Region of the Americas, Colombia and El Salvador have been selected to participate in the project. These countries will be encouraged to share their experiences with other Parties as global leaders for the WHO FCTC.

## 2.3 GUIDELINES AND POLICY OPTIONS AND RECOMMENDATIONS FOR IMPLEMENTATION OF THE WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL

In order to help countries meet their obligations under the FCTC, the Conference of Parties (COP)—the intergovernmental decision-making body of the Convention—meets every two years and adopts decisions to facilitate implementation of the Convention. At its different meetings, the COP has adopted guidelines and policy options and recommendations (see Figure 22).

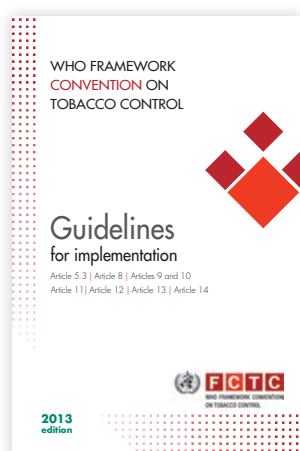
The guidelines reflect the consensus of the Parties on various aspects of implementation of the FCTC and promote best practices and standards based on the experiences of the countries. As of the drafting of this report, eight guidelines have been approved based on Articles 8 (adopted at the second COP in 2007), 5.3, 11, and 13 (third COP, 2008); 12 and 14 (fourth COP, 2010); and 6 (sixth COP, 2014). The guidelines on Articles 9 and 10 are

FIGURE 21 FCTC 2030 Project meeting in the Region of the Americas, Washington, DC, June 2017



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only partial since there is not enough evidence to make recommendations on some aspects of those Articles. Most of the text was approved at the fourth COP in 2010; it was expanded in 2012 and 2016 at the fifth and seventh COP, respectively.



At its sixth meeting, the COP adopted a set of policy options and recommendations to provide the Parties with a general framework to help them adopt the comprehensive policies and effective

measures needed to fulfill their obligations pursuant to Articles 17 and 18 of the FCTC. The intent is to steer the Parties toward implementation of innovative mechanisms to create alternative and economically viable livelihoods for tobacco growers and workers (42).

## 2.4 THE PROTOCOL TO ELIMINATE ILLICIT TRADE IN TOBACCO PRODUCTS

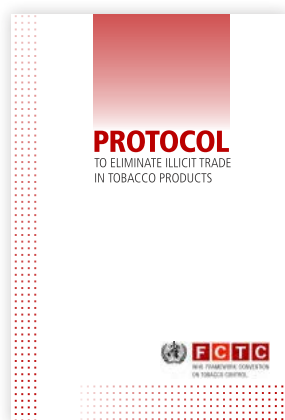
International illicit trade in tobacco products poses a serious threat to public health worldwide. All the ramifications of illicit trade help undermine the impact of public tobacco control policies, either because they increase the affordability of these products, because they reduce government revenue and, therefore, health budgets; because they encourage the initiation of tobacco use; or because its marketing it is not subject to the laws and regulations set up by countries to control tobacco (43). It is estimated that if illicit trade were eliminated throughout the world, 1 million

FIGURE 22 Seventh Meeting of the Conference of Parties in Delhi (India), November 2016



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premature deaths would be averted every six years and multiple economic gains would be generated for governments (44). In response to this situation, during the fifth COP a Protocol to Eliminate Illicit Trade in Tobacco Products was adopted, which is the first protocol of the FCTC and a new international treaty in its own right (45).



The objective of the Protocol is to control the tobacco product supply chain. Articles 6 to 13, considered the “core” of the Protocol, stipulate that within the period of five years after entry

into force a national and/or regional tracking and tracing system must be established, as well as a global information-sharing focal point. Article 8.12 specifically stipulates that, “Obligations assigned to a Party shall not be performed by or delegated to the tobacco industry.” Other provisions designed to ensure control of the supply chain refer to the granting of licenses, due diligence and record-keeping, etc. The Protocol also includes important issues related to sales over the internet and other media (Article 11), unlawful conduct (Articles 14 to 19), and aspects related to international cooperation (Articles 20 to 31). Like the FCTC, the Protocol requires governments to take a multisectoral approach and establish cooperation among authorities in health, finance, customs and trade, law enforcement, etc.

As of 31 December 2017, the Protocol had 33 ratifications, five of them from countries of the Region of the Americas (Table 4). The Protocol will enter into force 90 days after the deposit of the fortieth instrument of ratification or accession (46).

## 2.4.1 THE INTERNATIONAL PROCESS OF ACCESSION TO THE PROTOCOL TO ELIMINATE ILLICIT TRADE IN TOBACCO PRODUCTS AND ITS ENTRY INTO FORCE

**Patrick Musavuli and Nicolás Guerrero Peniche**

Secretariat of the WHO Framework Convention for Tobacco Control

Illicit trade in tobacco products increases the accessibility and affordability of tobacco products, undermines the implementation of effective tobacco control policies, fuels criminal activities, and results in loss of government revenue.

The Protocol to Eliminate Illicit Trade in Tobacco Products was developed as the WHO FCTC Parties' response to the illicit trade in tobacco products, and is the first Protocol to the WHO FCTC.

Thirty-three FCTC Parties including Costa Rica, Ecuador, Nicaragua, Panama, and Uruguay have ratified or acceded to the Protocol. However, 40 ratifications are needed by 2 July 2018 for the Protocol to enter into force in time to convene the 1st Meeting of the Parties to the Protocol (MOP1) on 8–10 October 2018, right after the 8th session of the Conference of the Parties to the WHO FCTC on 1–6 October.

The Protocol efforts concentrate on three aspects: preventing illicit trade, promoting law enforcement, and providing the legal basis for international cooperation.

Eliminating illicit trade in tobacco products ensures the market is composed of taxed tobacco products subject to health regulations and thus reduces tobacco consumption and smoking prevalence, as lower income and younger people find tobacco more expensive and less attractive. Central to these efforts is the establishment of a global track and tracing (T&T) regime, comprising national and/or regional T&T systems that will be coordinated by a Global Information-Sharing Focal

TABLE 4

Status of the Protocol to Eliminate Illicit Trade in Tobacco Products in the Region of the Americas, 2017

	Ratification or accession
Costa Rica	7 March 2017
Ecuador	15 October 2015
Nicaragua	20 December 2013
Panama	23 September 2016
Uruguay	24 September 2014

**Source:** Reference 46.

**Note:** Information as of 31 December 2017.

Point to be located at the Convention Secretariat and accessible to all parties. A proper functioning of domestic and global T&T regime is essential and it is thus a requirement of the Protocol that the T&T system must be "controlled" by each Party. The Convention Secretariat has warned the Parties of adopting systems that do not comply with this provision nor with Article 5.3 of the WHO FCTC and its Guidelines (on tobacco industry interference).

The risk of not attaining the 40 ratifications before 2 July is that the international community loses 2 years in its fight to improve national security and against organized crime, as part of the larger fight for promoting enjoyment of the highest attainable standard of health.

## 2.5 PRINCIPAL DECISIONS OF THE SEVENTH CONFERENCE OF THE PARTIES AND REGIONAL PERSPECTIVE

**Reina Roa**

Ministry of Health of Panama

The seventh session of the COP (COP7) was held in November 2016 in India with the participation of 18 of the 30 States Parties to the FCTC from

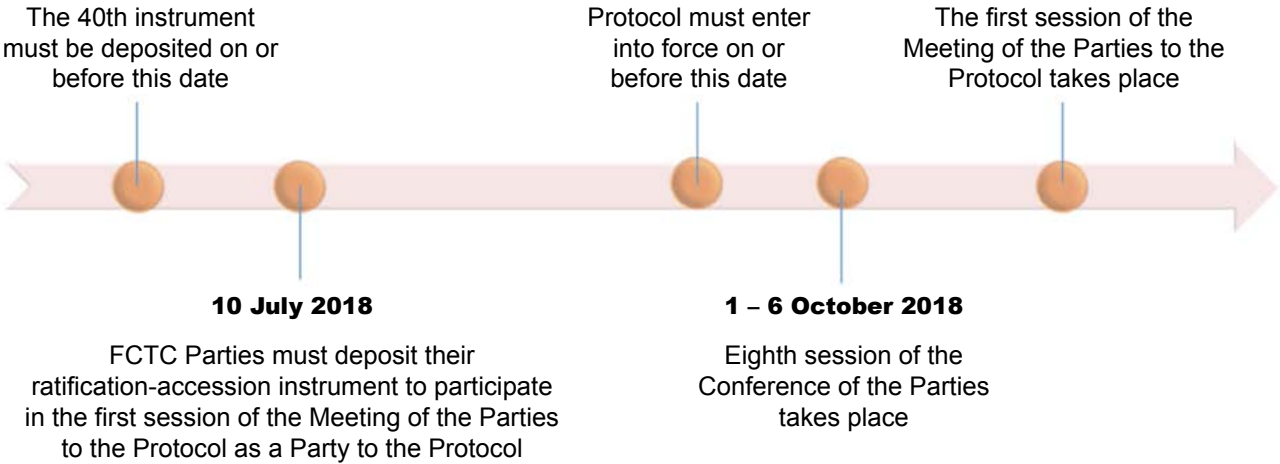


FIGURE 23 Meeting of experts of the Protocol to Eliminate Illicit Trade in Tobacco Products in Cape Town (South Africa), March 2018



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FIGURE 24 Deadlines for the ratification or accession, entry into force, and convening of the first Meeting of the Parties to the Protocol to Eliminate Illicit Trade in Tobacco Products



the Americas.<sup>8</sup> The COP7 adopted 31 decisions, which are available on the Secretariat's website (<http://www.who.int/fctc/cop/cop7/Documentation-Decisions/en/>).

Among the topics discussed and most important decisions for the Region of the Americas are the following:

- **Control and prevention of tobacco products for water pipes.** In the decision, the Parties are invited to consider comprehensive application of the FCTC to water pipes and to continue to monitor their use. It also asks the Convention Secretariat to work in coordination with WHO to prepare a report for the next COP providing a situation analysis and indicating challenges as well as recommendations.
- **Status of the Protocol to Eliminate Illicit Trade in Tobacco Products.** This decision asks the group of experts to prioritize, among other things, the provision of technical assistance to the Parties to document the sharing of best practices and map out new tracing systems. It also urges the Parties to not consider any proposal or offer of assistance related to tracking and tracing made by the tobacco industry or on its behalf.
- **Evaluation of the impact of the WHO FCTC.** This decision invites the Parties to weigh the possibility of conducting a periodic impact assessment on FCTC implementation. It asks the Convention Secretariat to publish sheets summarizing the lessons learned in the 12 countries in which the impact assessment was implemented, and to publish the methodology applied to help the Parties carry out their own national evaluations.
- **Electronic nicotine delivery systems (ENDS) and electronic non-nicotine delivery systems (ENNDS).** This decision (the subject of one of the longest debates during COP7) invites Parties to consider applying regulatory measures such as those mentioned in the WHO report on this issue presented at COP7.
- **Application of Article 19 of the FCTC (liability).** This decision acknowledges that the Article offers the Parties the option of holding the tobacco industry legally liable for damages stemming from use of these products and recalls that the report of the group of experts indicates that very few Parties have used such measures. It also encourages the Parties to review options, including the development of legislation or procedures related to liability, and asks the Secretariat to develop a pool of experts to provide technical assistance on the subject to Parties that request it.
- **Measures to strengthen application of the Convention through coordination and cooperation.** This decision reflects the COP's concern that Parties continue to face multiple challenges when applying the FCTC, such as problems accessing assistance mechanisms and mobilizing resources. The COP decided to establish a working group made up of 18 members to prepare a draft medium-term strategic framework to guide the preparation of biennial work plans, budgets, and assistance for application of the FCTC with a view to submitting it for consideration by the COP. The regions may appoint up to two members to represent the Parties. For the Americas, Canada and Brazil are members of the group, and Canada is also a key facilitator.
- **More detailed drafting of the partial guidelines for application of Articles 9 and 10 of the FCTC.** This decision adopts the new partial guidelines, which modify or expand definitions and characteristics related to addiction, the characteristics of tobacco product design, and the dissemination of information to government authorities.

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<sup>8</sup> Antigua and Barbuda, Bolivia, Brazil, Canada, Colombia, Costa Rica, Ecuador, El Salvador, Guatemala, Guyana, Honduras, Jamaica, Mexico, Nicaragua, Panama, Peru, Uruguay, and Venezuela.



- **Consolidation of the synergy between the COP and the World Health Assembly (WHA),**

which has been a subject of debate at the last two meetings of the COP. The decision asks the president of the COP to report on the results of the COP7 to the 70th WHA in order to promote high-level political discussion. The decision also invites the WHA to weigh the possibility of asking the COP to instruct its Secretariat to prepare a report on each COP to be presented at the WHA.

- **Work plans and budgets for the 2016–2017 and 2018–2019 financial periods and payment of assessed contributions.**

The corresponding plans and budgets were approved and it was agreed to change the term “voluntary assessed contributions” to “assessed contributions.”

- **Maximum transparency for delegations of the Parties, intergovernmental organizations, nongovernmental organizations, and civil society groups during meetings of the COP and its subsidiary bodies.**

Consensus was not reached to adopt this decision. On this point, the report indicates that despite valiant efforts to improve the transparency of the COP, the Parties exercised their sovereign right under international law to designate their delegates to international meetings. There are no precedents of other international organizations requiring State delegations to present declarations of interests, and any restrictions on State participation would not only run counter to the UN Charter, they would also contravene the spirit of good faith in which States had signed on to the Convention. Other representatives held that there are irreconcilable differences between the interests of the tobacco industry and public health; therefore, it is essential to prohibit the representatives of said industry from participating in the meetings of the FCTC. While there is no precedent for requiring declarations of interest as a criterion for the participation of

national representatives in meetings, neither is there a precedent for an international meeting being systematically undermined by a specific sector. Accordingly, some Parties opined that verifying the credentials of delegates prior to the COP would not violate the sovereignty of the Parties; they would preserve their right to designate their representatives and, since there is nothing to hide, there is no cause for concern. Four delegations of Parties (Brazil, Ecuador, Panama, and Uruguay) presented their declarations of interests to attend COP7. The COP7 agreed to postpone this point and include it in the agenda of the eighth meeting of the COP in order to continue the discussion. Uruguay made a statement in which it regretted the fact that no decision had been adopted on such an important topic.

The main topics of importance for Parties from the Americas at the eighth meeting of the COP, which will be held in October 2018, are the following:

- 1) Draft medium-term strategic framework, particularly regarding access to technical assistance and financing mechanisms to ensure comprehensive application of the FCTC in synergy with the objectives of the Strategy and Plan of Action to Strengthen Tobacco Control in the Region of the Americas 2018–2022;
- 2) maximum transparency for the delegations of the Parties;
- 3) decisions related to best regulatory practices on new tobacco products, such as heated tobacco products and ENDS/ENNDS;
- 4) election of a representative from the Americas to serve on the Bureau of the COP and as regional coordinator—jobs performed by Panama since 2014 and by Uruguay since 2016, respectively.



# 3

## The MPOWER Package: Progress in Its Implementation in the Region of the Americas

This chapter gives a general overview of progress made in the Region for each type of measure in the MPOWER package. The current status of each intervention in the Region is provided, along with how it has evolved since 2008.

The main source of information for this chapter is the *WHO Report on the Global Tobacco Epidemic 2017* (6). The cutoff date for information about the R interventions is 31 July 2016; for M and O, 31 December of 2016; and for P, W, and E, the PAHO Regional Tobacco Control team updated the information as of 31 December 2017.

In the Technical Note (Chapter 5 of this report), there is a description of the indicators and the classification criteria used for each measure.

### M Monitor tobacco use and prevention policies

“The Parties shall establish, as appropriate, programmes for national, regional, and global surveillance of the magnitude, patterns, determinants and consequences of tobacco consumption and exposure to tobacco smoke. Toward this end, the Parties should integrate tobacco surveillance programmes so that data are comparable and can be analysed at the regional and international levels, as appropriate.”

FCTC, Article 20.2

#### Monitoring tobacco control

According to WHO, surveillance is defined as the collection, analysis, and systematic and continuous interpretation of health data for the purpose of planning, analyzing, and evaluating practices in that sphere (47). Included in health data is information

related to communicable and noncommunicable diseases, injuries, risk factors, and health determinants. Consequently, the monitoring of tobacco control is part of the public health surveillance system (48).

An effective surveillance system should be **simple**, so that it does not require high-cost training; **flexible**, in order to adapt to the needs, challenges, and opportunities that can arise over time; and **standardized**, to allow comparison even if the data are collected at different times and through different systems, etc. The information produced by the system should be **valid and reliable**. Therefore, establishing protocols and standardization helps minimize errors in the various stages, from data collection up to analysis and dissemination of the results. Whenever possible, surveys should be designed to be **representative** of the general population, so that the policies and interventions can be adopted for the entire population (6, 49).

Furthermore, surveillance is generally described as **systematic and continuous**; that is, it should not be an event isolated in time, but must be carried out **periodically** and in **timely fashion**, so that the data generated can be available as quickly as possible. Finally, surveillance should be **sustainable**—which requires investments of human and financial resources—and **usable**, that is, it should be accompanied by plans to disseminate the information to make it available to decision-makers.

Tobacco control surveillance, including both consumption and exposure to tobacco smoke, is an essential component of a comprehensive tobacco control program. When it is combined with other types of research, it is essential for decision-makers to fully understand the impact of tobacco on the health and economic well-being

of populations in order to effectively confront the tobacco epidemic.

Knowledge of the patterns and trends of tobacco use and exposure to tobacco smoke helps decision-makers align their tobacco control policies to ensure that enough resources are invested in these measures and support for them (6, 50). Article 20 of the FCTC requires the Parties to establish surveillance programs and determines the characteristics these programs should have (15).

Since tobacco use trends and patterns change over time, a characteristic of a good tobacco surveillance system is the capacity to identify and understand these changes. For this reason, the implementation of surveillance systems requires a long-term commitment.

### ***Monitoring mechanisms for tobacco control surveillance***

Countries can ensure that the minimum amount of data needed to improve tobacco control programs is generated, even when resources are limited. Government entities should lead the monitoring of public health indicators, though they may not always be responsible for generating and analyzing the data. Other areas or institutions can provide useful data for the surveillance programs. Governments should consolidate the data and indicators produced by different sources and fill in any gaps in order to get a complete picture of the patterns of tobacco consumption and exposure to tobacco (6, 51).

In tobacco control surveillance, countries should monitor the aspects shown in Figure 25 (6).

FIGURE 25 Aspects for tobacco monitoring and surveillance



Source: Prepared based on reference 6.

There are different tools that the countries can use to monitor tobacco control, including the following:

- **Censuses:** Regular, official censuses carried out by governments produce systematic information on the population (52). Although they are expensive, many countries conduct them on a regular basis and keep a repository of data. Countries can use this tool to collect data on tobacco use, as is done in Austria, Germany, and Tonga, for example (6).

- **Surveys:** Population surveys on a representative sample of the population provide a snapshot of the health situation of that population, its behaviors, its attitudes, or the impact of interventions at a specific point in time (52). Repetition of surveys using the same data collection tools and methodology allows for monitoring of changes over time. There are several types of surveys that can produce data for tobacco surveillance:

- Surveys on a single risk factor—in this case, tobacco—including the Global Adult Tobacco Survey (GATS) and the Global Youth Tobacco Survey (GYTS). Both are part of the Global Tobacco Surveillance System (GTSS). Under the GTSS, the United States Centers for Disease Control and Prevention (CDC) and WHO developed a set of basic questions about tobacco called Tobacco Questions for Surveys (TQS). These questions are extracted from the GATS questionnaire to maintain consistency in the monitoring of tobacco use and fundamental aspects of tobacco surveillance, so that the estimates obtained can be compared over time and between countries and regions (6, 11).

a) The GATS is a household survey that provides global standards for the systematic monitoring of tobacco control in the population aged 15 years and over. By 2008, six countries of the Region had conducted the GATS (Argentina, Brazil, Costa Rica, Mexico, Panama, and Uruguay). Two of

them—Mexico and Uruguay—have even completed a second round of the survey (11).

b) The GYTS is a school based-survey that produces data on tobacco use in students aged 13 to 15 years. Since it uses standardized protocols for sampling and data collection, the survey produces data that can be compared over time within and between countries. In the Region of the Americas, the GYTS has been in use since 1999. A total of 32 PAHO/WHO Member Countries (all except for Canada, Brazil, and the United States) have conducted at least one round of the survey with nationally representative samples or in the main regions of the country, including their capitals, as in Chile and Colombia. In 12 countries, the GYTS has been carried out four times, producing nationally representative data in all rounds of the survey (11).

- **Multiple risk factor health survey:** This type of survey makes it possible to analyze tobacco use in a broader context that includes both the health status of individuals and behaviors that affect health. National health surveys in many countries already include questions about tobacco use (6). Another example of surveys is the WHO STEPwise approach to surveillance (STEPS), which uses a simple, standardized method to collect, analyze, and disseminate data on risk factors for noncommunicable diseases (53).
- **Socioeconomic and other surveys:** These surveys, such as the World Bank Survey of Living Conditions or continuous household surveys, such as the one conducted annually by the National Statistics Institute (INE) in Uruguay, can include TQS and collect data on tobacco use in the population.
- **School-based survey:** Other surveys related to multiple school-based issues, such as the Global School-based Student Health Survey (GSHS), also allow the collection of data on tobacco use in students from 13 to 17 years

of age. Surveys done at school produce different results than those that survey youth at home, where the presence of other family members can influence the responses (6).

- **Other sources of information:** Information on tobacco use in the population can be obtained from longitudinal studies, civil registry systems, health and administrative information systems, and tools to monitor tobacco control policies and identify potential gaps in existing policies and laws, and outline areas in which improvements are needed (54).

Standardized tools and methodologies allow data collected at different points in time to be compared in order to identify behavioral trends, even when the surveys are carried out by different authorities or systems. Periodicity is another important characteristic. Consistently repeating the surveys at regular intervals makes it possible to identify and define positive and negative changes over time. Additionally, the time elapsed from when the data is collected, analyzed, and results are presented, should be as short as possible to ensure the timeliness of the information. The data produced should be accessible to the public and serve as a decision-making tool. Furthermore, it is important to plan the dissemination, publication, and promotion of the results and the data analysis (6, 49).

There are clear benefits to monitoring tobacco use and tobacco control policies. However, there are significant challenges that often prevent countries from developing broader surveillance models. Among the challenges are the following:

- **Technical capacity:** The technical capacity to monitor tobacco use does not have to be separate from the capacity to monitor other risk factors or their mitigation policies. If the country has personnel with general monitoring and surveillance skills, they can receive specific training in tobacco control that would hardly require any additional resources (6).
- **Multisectoral commitment:** The central statistical authority can promote the coordination and commitment of multiple stakeholders to produce data for monitoring purposes (6, 55).
- **Share data:** Conducting surveys takes a great deal of time, resources, and personnel, which means that the data produced must be made available to a large number of researchers and policymakers to produce evidence in defense of tobacco control measures (6).
- **Use of data:** Tobacco programs should analyze data with a view to serving the needs of the programs, and the results should be shared with policymakers. National statistics institutes or academic institutions can help governments analyze the surveillance data and produce high-quality data to fill in any gaps (6).
- **Strategic communication:** Even the best tobacco control program is limited if it does not have an effective communications strategy. The surveillance data should be publicized to raise public awareness about the issue, but they should be presented in a way that maximizes understanding by different kinds of audiences (6).
- **Funds:** It is important to establish a budget for monitoring and surveillance. When funds are allocated to surveillance, they should not be considered for just data collection, but also data analysis, dissemination, and assessment of the results. All this helps ensure that the data collected are used to their maximum effect to trigger policy changes (6).
- **Political commitment:** In many countries, the political will to monitor the tobacco epidemic is still weak at the highest level. The inclusion of tobacco as one of the SDGs (target 3.a) has helped raise the international profile of professionals working in tobacco control. A political commitment also means that resources are allocated to allow countries to undertake effective monitoring of the tobacco epidemic (6).

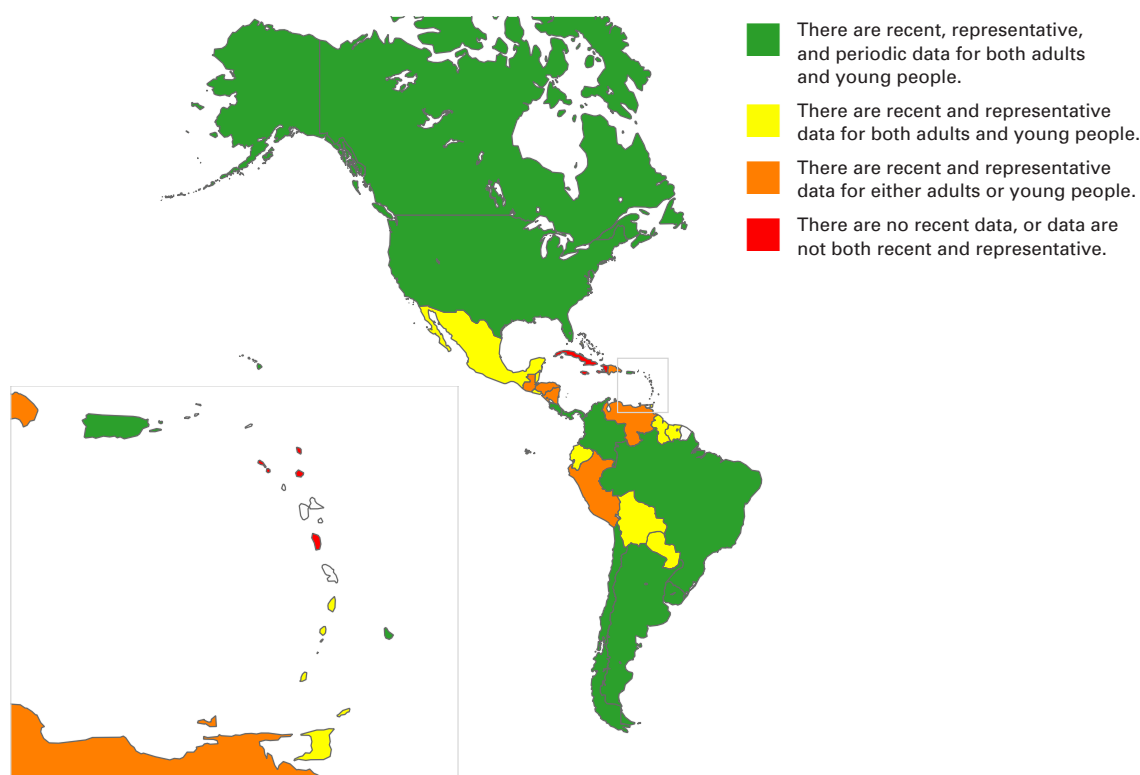


According to the *WHO Report on the Global Tobacco Epidemic, 2017 (6)*, almost 2.9 billion people in 76 countries are covered by tobacco surveillance systems that have produced periodic (data collected at least every five years), nationally representative recent data (last five years), on both adults and youth. Since 2007, the number of countries that are implementing a tobacco surveillance system at the highest level of achievement increased from 46 to 76. In the Americas, between 2007 and 2016, the total number of countries with surveillance systems operating at the highest level of achievement only increased by five, and there has been no progress since 2014.

In the Region of the Americas through December 2016, 10 countries<sup>9</sup> have attained the highest level of achievement, which means that they have tobacco surveillance systems producing recent, representative, and periodic data for both adults and youth. Thirteen additional countries<sup>10</sup> have representative data for adults and youth; however, the collection of that information does not occur at periodic intervals of no more than five years (Figure 26).

Effective surveillance is still an important challenge for medium- and low-income countries, both at the world level and in the Region. Of the 10 countries in the Americas that have a strong surveillance system, half are high-income countries according to the World Bank classification.

FIGURE 26 Status of tobacco control surveillance systems in the Region of the Americas, 2016



**Source:** Prepared based on reference 6.

**Note:** Available data as of 31 December 2016. For more information, see the Technical Note.

<sup>9</sup> Argentina, Barbados, Brazil, Canada, Chile, Colombia, Costa Rica, Panama, United States of America, and Uruguay.

<sup>10</sup> Bahamas, Belize, Bolivia, Ecuador, El Salvador, Grenada, Guyana, Mexico, Paraguay, Saint Lucia, Saint Vincent and the Grenadines, Suriname, and Trinidad and Tobago.



## P Protect people from tobacco smoke

“Each Party shall adopt and implement in areas of existing national jurisdiction as determined by national law and actively promote at other jurisdictional levels the adoption and implementation of effective legislative, executive, administrative and/or other measures, providing for protection from exposure to tobacco smoke in indoor workplaces, public transport, indoor public places and, as appropriate, other public places.”

FCTC, Article 8.2

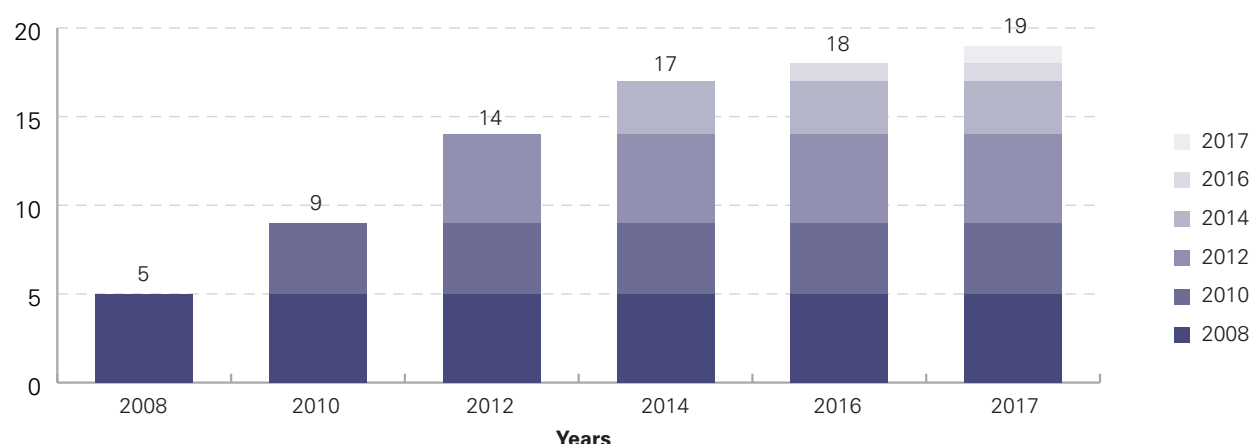
This is one of the measures on which more progress has been made in the Region: in 19 countries, indoor public places and work places, as well as public transportation, are totally smoke-free.<sup>11</sup> However, Figure 27 shows that between 2008 and 2012 nine countries approved legislation

for smoke-free environments at the highest level; in the following two years three countries were added (2014); and in the three years since then (2015 to 2017) only one new law was added (Guyana, 2017) along with regulations for a law (El Salvador, 2015). This denotes a clear slowdown in progress on this measure in the Region. The guidelines for implementation of Article 8 state that “each Party should strive to provide universal protection within five years of the WHO FCTC’s entry into force for that Party” (56). At present, 12 States Parties to the Convention have not yet implemented this measure at the highest level and their deadline has now expired.

The evidence supporting this measure is very clear: there are no safe levels of exposure to second-hand smoke (57); this exposure causes cancer and many severe respiratory tract and cardiovascular diseases in children and adults, often leading to death (58, 59). In the 2014 report by the United States Surgeon General with details on the health consequences of smoking, cerebrovascular

**FIGURE 27** Evolution in the number of countries with smoke-free environment legislation at the highest level of achievement in the Region of the Americas, 2008–2017

**Number of countries**



**Source:** Prepared based on reference 6 and data from the PAHO/WHO Regional Tobacco Control team.

**Note:** Available data as of 31 December 2017. The numbers above each bar indicate the total number of countries that have implemented the measure at the highest level of achievement as of 31 December of the indicated year.

<sup>11</sup> Argentina, Barbados, Brazil, Canada, Chile, Colombia, Costa Rica, Ecuador, El Salvador, Guatemala, Guyana, Honduras, Jamaica, Panama, Peru, Suriname, Trinidad and Tobago, Uruguay, and Venezuela.

accident was added to the list of diseases causally related to exposure to second-hand smoke (60).

A complete ban on smoking in indoor places is not the final goal, since the FCTC requires the application of protective measures in “other” public places as well, that is, outdoor or quasi-outdoor places. Some countries of the Region have acted on this and banned smoking in open areas of educational or health centers, or in places where children are allowed, for example.

Meanwhile, the tobacco industry continues to propose alternatives to 100% smoke-free environments, such as ventilation and the establishment of designated smoking areas. Nevertheless, the guidelines on Article 8 of the Convention clearly indicate that these measures

do not solve the problem. A complete ban on smoking in indoor spaces is the only intervention that effectively protects against the damages caused by tobacco smoke. The Article 8 guidelines also emphasize that it has been repeatedly shown that the adoption of voluntary measures to achieve smoke-free environments is ineffective and does not offer adequate protection. For this reason, Article 8 establishes that legislation is needed to guarantee the universal protection of people against exposure to tobacco smoke and that, in order to be effective, said legislation it should be simple, clear, and binding.

Figure 28 shows the status of policies to protect people from exposure to tobacco smoke in the Region of the Americas in 2017.

**FIGURE 28** State of the policies to protect the population against exposure to tobacco smoke in the Region of the Americas, 2017

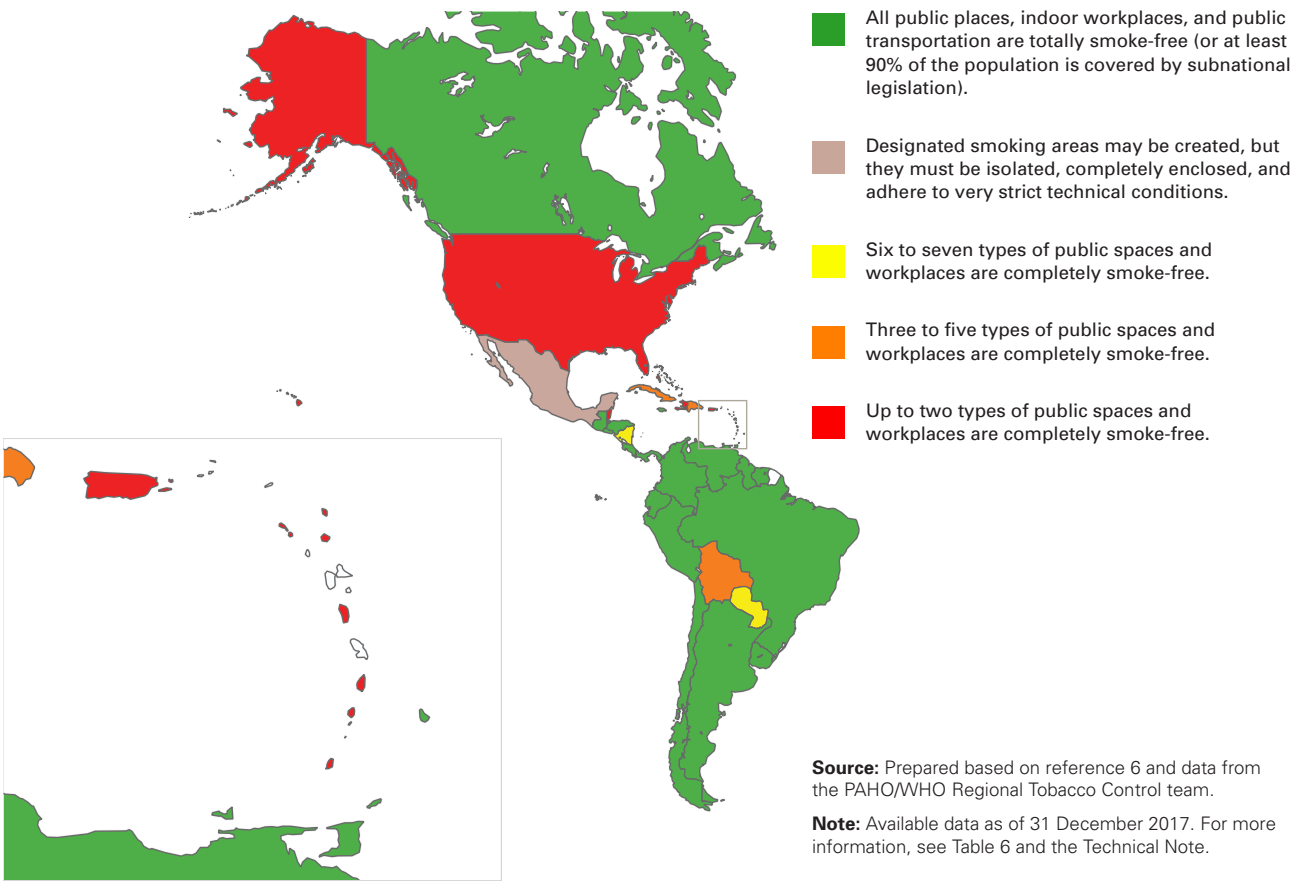


TABLE 5

## Smoke-free environment legislation in the Region of the Americas, 2017

Country (year of legislation) <sup>a</sup>	Health centers	Schools (excluding universities)	Universities	Government offices	Offices	Restaurants	Bars and pubs	Public transportation
Antigua and Barbuda				✓				
<b>Argentina (2011)</b>	✓	✓	✓	✓	✓	✓	✓	✓
Bahamas								
<b>Barbados (2010)</b>	✓	✓	✓	✓	✓	✓	✓	✓
Belize								
Bolivia (Plurinational State of)	✓	✓		✓				✓
<b>Brazil (2011)</b>	✓	✓	✓	✓	✓	✓	✓	✓
<b>Canada (2007)<sup>b</sup></b>	✓	✓	✓	✓	✓	✓	✓	✓
<b>Chile (2013)</b>	✓	✓	✓	✓	✓	✓	✓	✓
<b>Colombia (2008)</b>	✓	✓	✓	✓	✓	✓	✓	✓
<b>Costa Rica (2012)</b>	✓	✓	✓	✓	✓	✓	✓	✓
Cuba	✓	✓	✓					✓
Dominica								
Dominican Republic	✓	✓	✓					
<b>Ecuador (2011)</b>	✓	✓	✓	✓	✓	✓	✓	✓
<b>El Salvador (2015)</b>	✓	✓	✓	✓	✓	✓	✓	✓
Grenada								
<b>Guatemala (2008)</b>	✓	✓	✓	✓	✓	✓	✓	✓
<b>Guyana (2017)</b>	✓	✓	✓	✓	✓	✓	✓	✓
Haiti								
<b>Honduras (2010)</b>	✓	✓	✓	✓	✓	✓	✓	✓
<b>Jamaica (2013)</b>	✓	✓	✓	✓	✓	✓	✓	✓
Mexico <sup>d</sup>	e	✓	e	e	e	e	e	
Nicaragua	✓	✓	✓	✓	✓			✓
<b>Panama (2008)</b>	✓	✓	✓	✓	✓	✓	✓	✓
Paraguay	✓	✓	✓	✓	✓			✓
<b>Peru (2010)</b>	✓	✓	✓	✓	✓	✓	✓	✓
Saint Kitts and Nevis								
Saint Lucia								
Saint Vincent and the Grenadines								
<b>Suriname (2013)</b>	✓	✓	✓	✓	✓	✓	✓	✓
<b>Trinidad and Tobago (2009)</b>	✓	✓	✓	✓	✓	✓	✓	✓
United States of America <sup>c</sup>				✓				
<b>Uruguay (2005)</b>	✓	✓	✓	✓	✓	✓	✓	✓
<b>Venezuela (Bolivarian Republic of) (2011)</b>	✓	✓	✓	✓	✓	✓	✓	✓

**Source:** Prepared based on reference 6 and data from the PAHO/WHO Regional Tobacco Control team.

**Notes:** Available data as of 31 December 2017.

- a Only for laws that completely ban smoking in indoor public places, indoor work places, and public transportation.
- b Although there is no national legislation, at least 90% of the population is protected by subnational laws establishing 100% smoke-free environments.
- c There is no federal law, but there are subnational laws establishing completely smoke-free environments.
- d Although the federal law is incomplete, at the subnational level there are laws establishing completely smoke-free environments.
- e There is a possibility of creating designated smoking areas, but they should be separated, completely enclosed, and comply with very strict technical conditions.

Table 5 lists the types of public and work places that are totally smoke-free according to national law in each country. An environment is considered totally smoke-free when smoking is not allowed in that place at any time, in any space, or under any circumstance.

## **O** Offer help to quit tobacco use

“Brief advice should be incorporated into all health care systems. All health-care workers should be trained to ask about tobacco use, record it in the notes, give brief advice on stopping, and direct tobacco users to the most appropriate and effective treatment available locally.”

Guidelines on Article 14 of the FCTC

Article 14 of the FCTC establishes that treatment for smoking and nicotine dependence is an essential component of any comprehensive tobacco control strategy. However, unlike other FCTC measures analyzed in this report, the delivery of comprehensive smoking cessation services at the national level depends largely on the availability of human and financial resources allocated to this purpose.

Considering that resources tend to be limited, few countries can establish a comprehensive system with all its components simultaneously; nevertheless, little by little, the countries of the Region are making progress in this regard. At the time of writing this report, seven countries<sup>12</sup> of the Region have reported implementing this measure at the highest level of achievement (Figure 29). As can be seen in Figure 30, the rest of the Region is at different levels in providing cessation assistance.

Although all Parties should create a comprehensive system to offer various interventions, the guidelines for implementation of Article 14 recommend that the Parties use a progressive

method that takes advantage of existing resources and infrastructure. This would ensure that tobacco users at least a brief health assessment, which would be a first step toward comprehensive treatment (61). The incorporation of brief counseling sessions for smokers into primary care services is a strategy that could reach more than 80% of tobacco users each year, motivate more than 40% of them to quit, and help 2–3% of those who receive brief advice to successfully quit (62).

The success of a service is measured by its coverage (number of people that receive the service/intervention), its effectiveness (percentage of people that change their behavior as a result of the service/intervention), and the cost per person of providing that service. Primary care is the least expensive way to reach most tobacco users in many countries (62).

It is possible to considerably reduce mortality and the burden of disease caused by tobacco in the short- and medium-term if population-based tobacco control policies (measures **P**, **E**, **W**, **R**, etc.) are combined with interventions that help smokers quit (measure **O**). As was shown in Figure 14 in Chapter 1, if tobacco use could be cut in half by 2020, approximately 180 million tobacco-related deaths could be prevented (62).

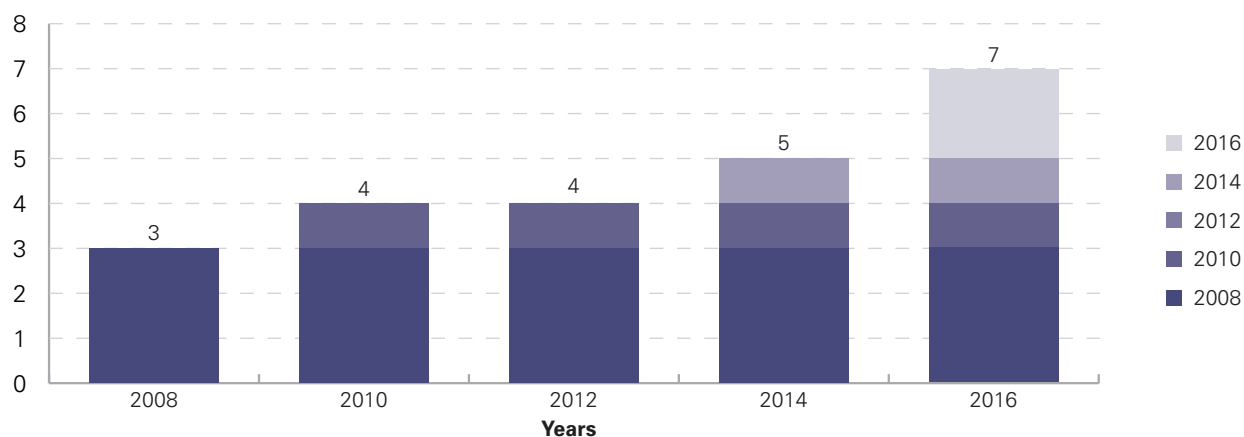
The nicotine contained in tobacco products creates an addiction similar to that of some illicit drugs. While three out of four smokers say that they want to quit smoking, some need help to do so. It is essential that, in tandem with population-based measures, assistance be offered for quitting tobacco use. And although a majority of those who quit do so without any type of intervention, the use of smoking cessation drugs doubles the chances of success, and prescribing medication together with counseling increases the odds of success even more (63).

If tobacco users receive support in their efforts to quit, and if treatment is successful, this will reinforce other tobacco control policies through

12 Brazil, Canada, El Salvador, Jamaica, Mexico, Panama, and United States of America.

**FIGURE 29** Evolution in the number of countries that provide assistance to quit tobacco use at the highest level of achievement in the Region of the Americas, 2008–2016

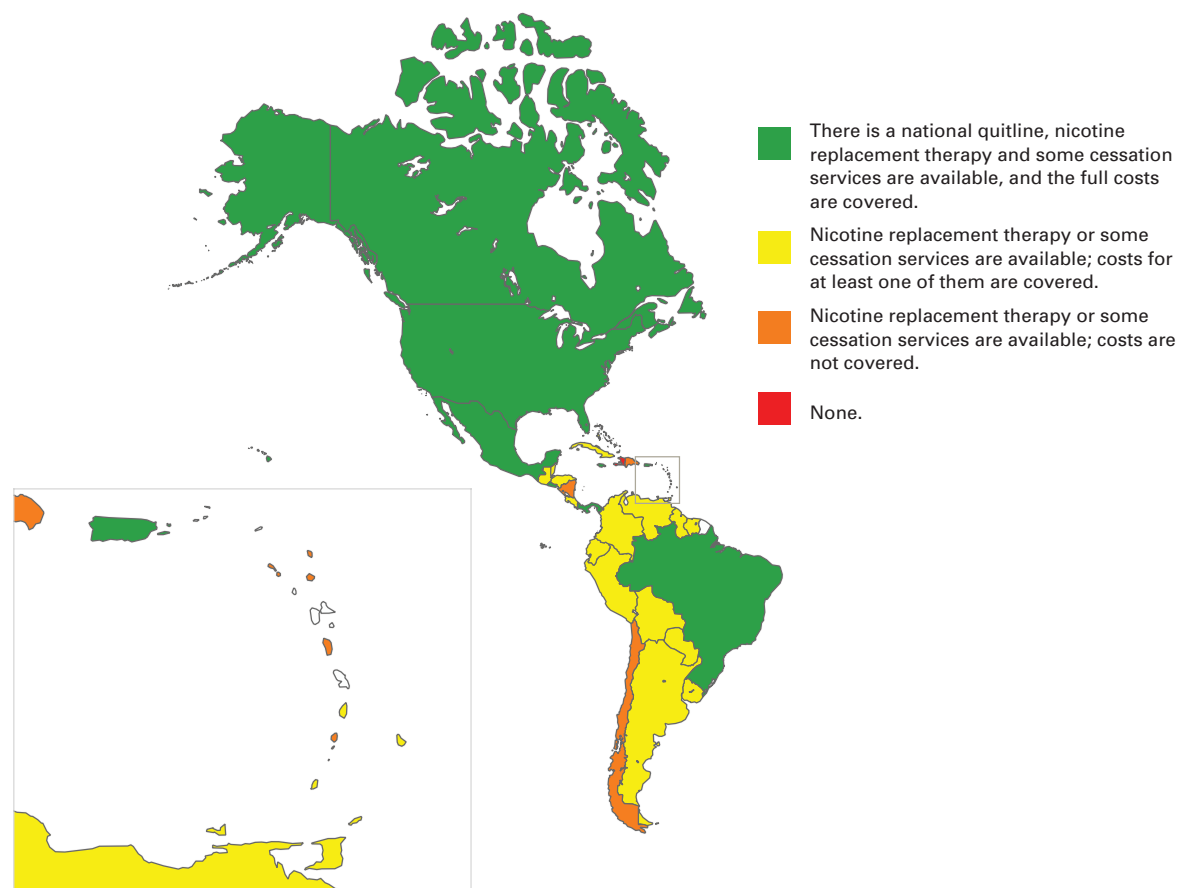
Number of countries



**Source:** Prepared based on reference 6.

**Note:** Available data as of 31 December 2016. The numbers above the bars indicate the total number of countries that have implemented the measure at the highest level of achievement as of 31 December of the corresponding year. Some numbers are different from what appeared in PAHO's previous report published in 2016 due to adjustments in the information provided by countries. For more information, see Annex 8.6.

**FIGURE 30** Status of the availability of tobacco dependence treatment and coverage of costs in the Region of the Americas, 2016



**Source:** Prepared based on reference 6.

**Note:** Available data as of 31 December 2016. For more information, see Tables 7 and 8 and the Technical Note.

TABLE 6

## Availability of tobacco dependence treatment, and coverage of costs in the Region of the Americas, 2016

Country (year of law <sup>a</sup> )	Toll-free quitline	Nicotine replacement therapy		
		Available at	Cost coverage	Included in the list of essential medicines
Antigua and Barbuda		Pharmacies	No	
Argentina	√	Pharmacies	No	
Bahamas		Pharmacies	No	
Barbados		Pharmacies	No	√
Belize		Not available	---	
Bolivia (Plurinational State of)		Pharmacies	No	
<b>Brazil (2002)</b>	√	Pharmacies	Total	√
<b>Canada (2008)</b>	√	Pharmacies	Partial	
Chile	√	Pharmacies	No	
Colombia		Pharmacies	Partial	
Costa Rica		Not available	---	
Cuba	√	Not available	---	
Dominica		Pharmacies	No	
Dominican Republic		Pharmacies	No	
Ecuador		Not available	---	
<b>El Salvador (2016)</b>	√	Pharmacies, with prescription	Total	
Grenada		Not available	---	
Guatemala		Pharmacies	No	
Guyana		...	...	√
Haiti		Not available	---	
Honduras	√	Not available	---	
<b>Jamaica (2016)</b>	√	Pharmacies, with prescription	Total	
<b>Mexico (2013)</b>	√	Pharmacies	Partial	√
Nicaragua		Pharmacies	No	√
<b>Panama (2009)</b>	√	Pharmacies	Total	√
Paraguay		Not available	---	√
Peru	√	Pharmacies, with prescription	No	
Saint Kitts and Nevis		Pharmacies	No	
Saint Lucia		Not available	---	
Saint Vincent and the Grenadines		Pharmacies	No	
Suriname		Pharmacies	Total	
Trinidad and Tobago		Pharmacies	Total	√
<b>United States of America (2008)</b>	√	General store	Partial	...
Uruguay		Pharmacies	Total	√
Venezuela (Bolivarian Republic of)		Pharmacies	Total	

Source: Reference 6.

Note: Available data as of 31 December 2016.

a Only for the countries that meet all the requirements, according to the Technical Note.

--- Not applicable.

... Data not reported or not available.

TABLE 7

Availability of tobacco dependence treatment at different levels of care, and coverage of costs in the Region of the Americas, 2016

Country (year of legislation) <sup>a</sup>	Primary care		Hospitals		Doctor's offices		Community		Other	
	Available <sup>b</sup>	Cost coverage	Available <sup>b</sup>	Cost coverage	Available <sup>b</sup>	Cost coverage	Available <sup>b</sup>	Cost coverage	Available <sup>b</sup>	Cost coverage
Antigua and Barbuda	No	---	No	---	In some	No	No	---	No	---
Argentina	In most	Total	In most	Total	In some	Partial	In some	Partial	No	---
Bahamas	In some	Total	In some	Total	In some	No	No	---	In some	Total
Barbados	No	---	No	---	In some	No	No	---	In some	Total
Belize	In some	Partial	No	---	No	---	No	---	In some	Partial
Bolivia (Plurinational State of)	No	---	In some	No	In some	Partial	No	---	No	---
<b>Brazil (2002)</b>	In some	Total	In some	Total	No	---	In some	No	No	---
<b>Canada (2008)</b>	In most	Partial	In most	Partial	In most	Partial	In some	No	In some	Partial
Chile	No	---	No	---	In some	No	No	---	In some	No
Colombia	No	---	In some	No	In some	No	No	---	In some	No
Costa Rica	In some	Total	In most	Total	In some	Total	In some	Total	In some	Total
Cuba	In most	Total	In most	Total	In most	Total	In most	Total	In some	Total
Dominica	In most	No	In most	---	No	---	No	---	---	---
Dominican Republic	No	---	No	---	In most	No	No	---	In some	No
Ecuador	In some	Total	No	---	In some	Total	No	---	No	---
<b>El Salvador (2016)</b>	No	---	No	---	No	---	No	---	In some	Total
Grenada	In some	Partial	No	---	In some	No	No	---	No	---
Guatemala	No	---	In some	Partial	In some	No	No	---	In some	No
Guyana	In some	Total	In some	Total	No	---	No	---	In some	Total
Haiti	No	---	No	---	No	---	No	---	No	---
Honduras	In some	Partial	In some	Partial	In some	Partial	No	---	In some	Partial
<b>Jamaica (2016)</b>	In most	Total	In most	Total	In some	Partial	In some	No	In some	Partial
<b>Mexico (2013)</b>	In most	Partial	In some	Partial	In some	Partial	In some	Partial	In some	No
Nicaragua	In most	No	In most	No	In most	No	No	---	No	---
<b>Panama (2009)</b>	In some	Partial	In some	Partial	In some	Partial	No	---	In some	Partial
Paraguay	No	---	In some	Partial	In some	Partial	No	---	No	---
Peru	In some	Partial	In some	Partial	No	---	No	---	No	---
Saint Kitts and Nevis	No	---	No	---	No	---	No	---	No	---
Saint Lucia	No	---	No	---	No	---	No	---	In some	Partial
Saint Vincent and the Grenadines	No	---	In some	---	In most	---	In some	---	No	---
Suriname	In most	Total	No	---	No	---	In some	No	In some	Total
Trinidad and Tobago	In some	Total	No	---	In some	No	No	---	No	---
<b>United States of America (2008)</b>	In some	Partial	In some	Partial	In some	Partial	In some	Partial	No	---
Uruguay	In most	Total	In most	Total	In some	Total	In some	No	In some	Total
Venezuela (Bolivarian Republic of)	In some	Total	In some	Total	In some	No	No	---	In some	Total

Source: Reference 6.

Note: Available data as of 31 December 2016.

a Only for the countries that meet all the requirements, according to the Technical Note.

b "In most" indicates that availability is not an obstacle to treatment; "in some" means that availability of the service is often an obstacle to treatment.

--- Not applicable.



enhanced societal support and acceptability. Moreover, bans on smoking in public places and in the workplace, bans on advertising, and price increases will all facilitate abstinence by preventing triggers that can cause relapses. As a result, the coordinated application of all these measures will cause synergies and maximize their impact (62).

The guidelines for implementation of Article 14 describe several underlying considerations. First, tobacco creates a strong dependency; also, it is important to apply measures to treat tobacco dependence in synergy with population-based tobacco control measures; strategies should be based on scientific evidence that proves their effectiveness; and treatment should be accessible and affordable. Details are also given about essential and effective measures needed to promote smoking cessation, and to incorporate tobacco treatment into both tobacco control programs and the national health systems. The following are particularly noteworthy:

- The Parties are encouraged to strengthen or create a sustainable infrastructure that favors quit attempts, which ensures that smokers who want to quit have broad access to support, and which provides sustainable resources to ensure that support is available.
- The essential and effective measures needed are defined: educational and mass media programs, inclusion of brief advice in all health care systems, telephone quitlines, specialized tobacco dependence treatment services, and availability of drugs.
- The Parties are urged to share their experiences and collaborate to facilitate the development and strengthening of mechanisms to support tobacco use cessation and the treatment of tobacco dependence.

Table 6 gives details on the availability of tobacco dependence treatment and how the cost of

treatment is covered in the countries of the Region. Table 7 provides additional information on the availability of tobacco dependence treatment at different levels of care and coverage of the costs of treatment in the various countries of the Region.

## W Warn about the dangers of tobacco<sup>13</sup>

“Each Party shall, within a period of three years after entry into force of this Convention for that Party, adopt and implement, in accordance with its national law, effective measures to ensure that:

- a) tobacco product packaging and labelling do not promote a tobacco product by any means that are false...; and
- b) each unit packet and package of tobacco products and any outside packaging and labelling of such products also carry health warnings describing the harmful effects of tobacco use, and may include other appropriate messages [...].”

FCTC, Article 11.1

Like the measures under **P** of the MPOWER package related to protecting the population from exposure to tobacco smoke, the **W** measures are among those for which the Region has made the most progress. Eighteen countries<sup>14</sup> use health warnings at the highest level of achievement (Figure 31). These countries have graphic warnings that occupy 50% or more of the main display areas of the packaging and fulfill all the recommendations established in Article 11 and the guidelines for its implementation. The most recent provisions (laws or regulations) on these measures were implemented in the Caribbean (in Barbados, Guyana, and Saint Lucia) in 2017. However, similar to what has happened with legislation on smoke-free environments (measures

<sup>13</sup> Although the WHO report provides information on W measures (warn about the dangers of tobacco) in the MPOWER package regarding health warnings in the packaging and labeling of tobacco products and holding media campaigns to counteract advertising, this report only provides information about health warnings in packaging.

<sup>14</sup> Argentina, Barbados, Bolivia, Brazil, Canada, Chile, Costa Rica, Ecuador, El Salvador, Guyana, Jamaica, Mexico, Panama, Peru, Saint Lucia, Trinidad and Tobago, Uruguay, and Venezuela.

under **P**), since 2014 only three new countries have been added. Furthermore, one country (Suriname) ceased fulfilling this obligation at the highest level of achievement in 2017 because the decision to require the health warnings to appear in Dutch was withdrawn.

The FCTC requires that this measure be applied within three years of entry into force of the Convention for the Party. However, 13 States Parties have still not met the minimum requirements even though the deadline has already passed for all of them.

The guidelines for implementation of Article 11 provide more precise information on the characteristics health warnings should have to be most effective. For example, it has been proven that the effectiveness of warnings and messages increases with their size. Therefore, the guidelines recommend that those warnings and messages occupy more than 50% of main display areas and should aim to “cover as much of the main display

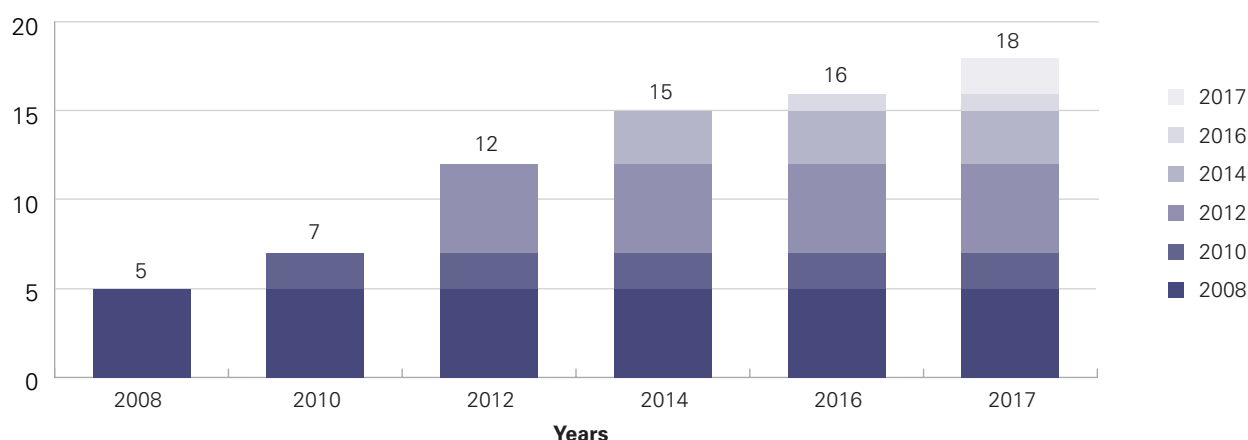
areas as possible.” Furthermore, the guidelines offer specifications on other design elements, such as rotation of the warnings, the content of the messages, etc. (64).

Uruguay has the largest warnings in the Region (covering 80% of both front and back of the package). Furthermore, it has a single presentation rule, which means that each brand of tobacco can be marketed with only one presentation. Other countries have health warnings that occupy more than 50% of both faces of the packaging, such as Canada (75%) and Barbados, Ecuador, Guyana, and Jamaica (60%). Brazil, Mexico, and Venezuela have warnings that occupy 100% of one of the principal surfaces, and 30% of the surface of the opposite side.

The guidelines also define plain packaging and recommend that Parties consider adopting measures “to restrict or prohibit the use of logos, colors, brand images, or promotional information on packaging other than brand names or product

**FIGURE 31** Evolution in the number of countries with laws requiring health warnings at the highest level of achievement in the Region of the Americas, 2008–2017

**Number of countries**



**Source:** Prepared based on reference 6 and data from the PAHO/WHO Regional Tobacco Control team.

**Note:** Available data as of 31 December 2017. The numbers on the columns indicate the total of countries that have implemented the measure at the highest level of achievement as of 31 December of the corresponding year. Some of the numbers differ from those in the PAHO 2016 report due to adjustments in the information provided by countries. For more information, see Annex 8.6.

FIGURE 32 Status of policies on health warnings in the Region of the Americas, 2017.

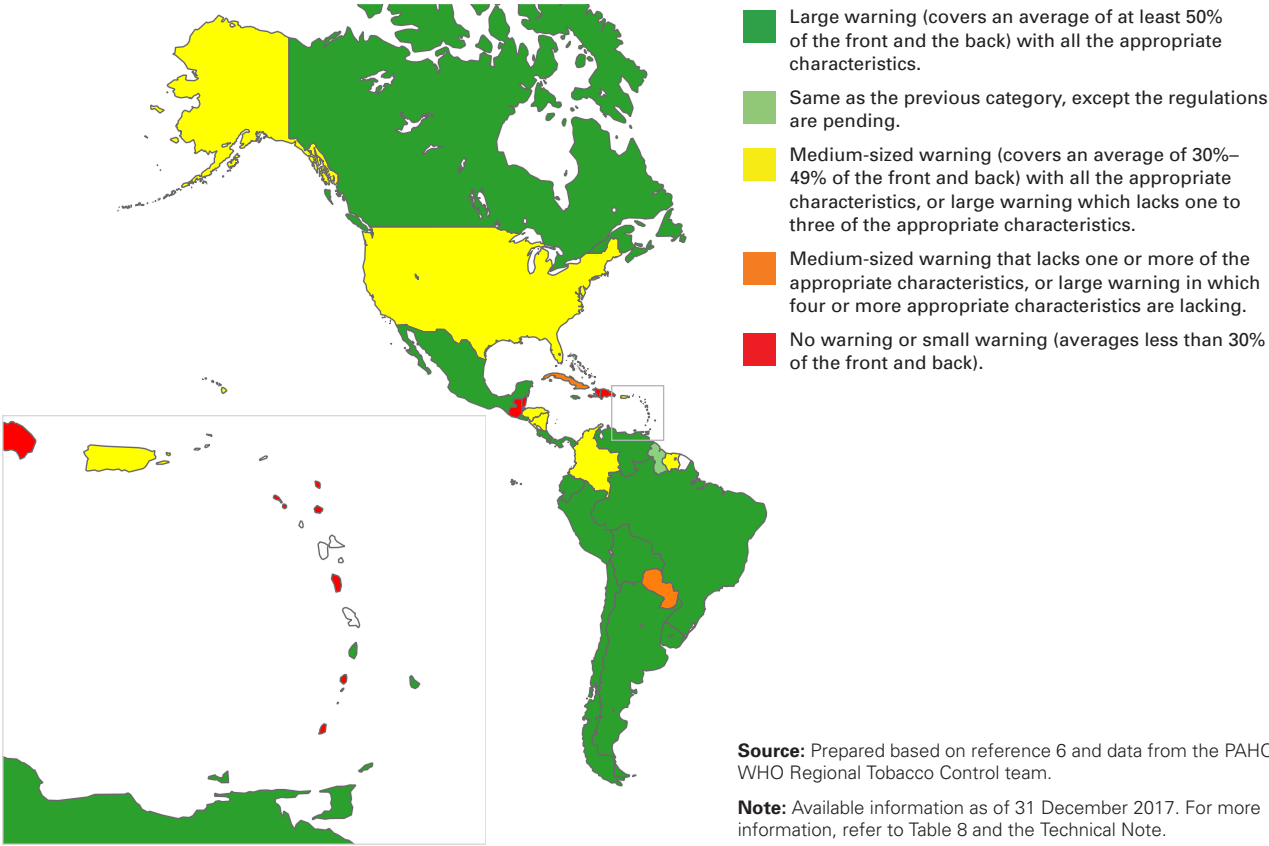


FIGURE 33 Example of plain packaging



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TABLE 8

# Characteristics of the health warnings in cigarette packaging in the Region of the Americas, 2017

Country (year of law) <sup>a</sup>	Percentage of main surfaces (average front/back) <sup>b</sup>	Number <sup>b</sup>	Does it appear on the entire package for retail sales? <sup>b</sup>	Does it describe the harmful effects of tobacco on health? <sup>b</sup>	Font, size, and color specified by law? <sup>b</sup>	Are they rotating? <sup>b</sup>	Written in the language of the country? <sup>b</sup>	Does it include images? <sup>b</sup>	Are deceptive terms prohibited?
Antigua and Barbuda					–				
<b>Argentina (2012)</b>	50-50/50	10	✓	✓	✓	✓	✓	✓	✓
Bahamas	c	c	✓						
<b>Barbados (2017)<sup>d</sup></b>	60-60-/60	16	✓	✓	✓	✓	✓	✓	✓
Belize	c	1			✓		✓		
<b>Bolivia (Plurinational State of) (2009)</b>	50-50/50	8	✓	✓	✓	✓	✓	✓	✓
<b>Brazil (2003)</b>	65-30/100	9	✓	✓	✓	✓	✓	✓	✓
<b>Canada (2011)</b>	75-75/75	16	✓	✓	✓	✓	✓	✓	✓
<b>Chile (2006)</b>	50-50/50	4	✓	✓	✓	✓	✓	✓	✓
Colombia	30-30/30	6	✓	✓	✓	✓	✓	✓	✓
<b>Costa Rica (2013)</b>	50-50/50	12	✓	✓	✓	✓	✓	✓	✓
Cuba	30 <sup>e</sup>	5	✓	✓	✓	✓	✓		✓
Dominica					–				
Dominican Republic	c	1	✓		✓		✓		
<b>Ecuador (2012)</b>	60-60/60	6	✓	✓	✓	✓	✓	✓	✓
<b>El Salvador (2011)</b>	50-50/50	10	✓	✓	✓	✓	✓	✓	✓
Grenada					–				
Guatemala	13-25/0	6	✓	✓	✓	✓	✓		
<b>Guyana (2017)</b>	60-60/60	f	✓	f	✓ <sup>g</sup>	✓	✓	✓ <sup>g</sup>	✓
Haiti					–				
Honduras <sup>h</sup>	50-50/50	c	✓		✓	✓	✓	✓	✓
<b>Jamaica (2013)</b>	60-60/60	16	✓	✓	✓	✓	✓	✓	✓
<b>Mexico (2009)</b>	65-30/100	11	✓	✓	✓	✓	✓	✓	✓
Nicaragua	50-50/50 <sup>i</sup>	6 <sup>i</sup>	✓		✓	✓ <sup>i</sup>	✓	i,j	✓
<b>Panama (2005)</b>	50-50/50	5	✓	✓	✓	✓	✓	✓	✓
Paraguay	40-40/40	4	✓	✓		✓	✓	✓	✓
<b>Peru (2011)</b>	50-50/50	12	✓	✓	✓	✓	✓	✓	✓
Saint Kitts and Nevis					–				
<b>Saint Lucia (2017)<sup>d</sup></b>	50-50/50	16	✓	✓	✓	✓	✓	✓	✓
Saint Vincent and the Grenadines					–				
Suriname	50-50/50	6	✓	✓	✓	✓		✓	✓
<b>Trinidad and Tobago (2013)</b>	50-50/50	24	✓	✓	✓	✓	✓	✓	✓ <sup>k</sup>
United States of America	50-50/50 <sup>l</sup>	9 <sup>l</sup>	✓	✓	✓	✓	✓	m	✓
<b>Uruguay (2005)<sup>n</sup></b>	80-80/80	4	✓	✓	✓	✓	✓	✓	✓
<b>Venezuela (Bolivarian Republic of) (2004)</b>	65-30/100	12	✓	✓	✓	✓	✓	✓	✓

**Source:** Prepared based on reference 6 and data from the PAHO/WHO Regional Tobacco Control team.

**Note:** Available information as of 31 December 2017.

a Only countries with major health warnings and all the characteristics, according to the Technical Note.

b Characteristics used for classification of the regulations, in accordance with the Technical Note.

c Not specified in the law.

d The following regulations on tobacco health warnings have been assessed according to the following documents: **Barbados:** Health services (packaging and labeling of tobacco products), Regulations, 2017, Public Health Memorandum, CAP. 44; **Saint Lucia:** Saint Lucia National Standard SLNS 27: 2016, Specifications for the labelling of tobacco products (CRS 26: 2013, MOD). Neither document specifies the effective date or the implementation date.

e By law, the warnings must occupy 30% of each main surface or 60% of one of them.

f Regulation pending.

g The law establishes that the regulation must incorporate these elements.

h There is no regulation requiring images. The regulatory entity provides the requirements on warnings through direct communication with the companies.

i Regulation was adopted in 2010, but it has not been regulated or implemented as of 31 December 2016.

j Data not approved by the national authorities.

k Regulation adopted, but implemented as of 31 December 2016.

l Regulation adopted, but not implemented as of 31 December 2016; regulation pending.

m Administrative rules should be developed to require graphic health warnings.

n Only one presentation per brand is allowed.

— The law does not establish health warnings.

FIGURE 34 Health warning image in Guaraní language (Paraguay)



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names displayed in a standard color and font style” (64). To date, 11 countries in the world have plain packaging legislation: Australia was the first to apply the measure in 2012; France and the United Kingdom have applied this measure since 2017; Ireland, New Zealand, and Norway will fully implement the measure in 2018; and Hungary and Slovenia will do so in 2019. Romania, Thailand, and Georgia have approved legislation, but still do not have the regulations needed for implementation (65). In the Region of the Americas, Brazil, Canada, Chile, Ecuador, Panama, and Uruguay are considering this measure.

Plain packaging is also recommended in the guidelines for implementation of Article 13 regarding the ban on tobacco advertising, promotion, and sponsorship (64), which means that this measure facilitates compliance with two FCTC articles. First, it increases the effectiveness

of health warnings, helping to correct the market’s imperfect information on the magnitude of health risks posed by tobacco (66, 67). Second, it prevents the packaging from being used to promote the product or to confuse consumers about its characteristics.

The specific requirements established in each country for health warnings in tobacco packaging are presented in Table 8.

## E Enforce bans on tobacco advertising, promotion, and sponsorship

“Each Party shall, in accordance with its constitution or constitutional principles, undertake a comprehensive ban of all tobacco advertising, promotion and sponsorship [...] within the period of five years after entry into force of this Convention for that Party.”

FCTC Article 13.2

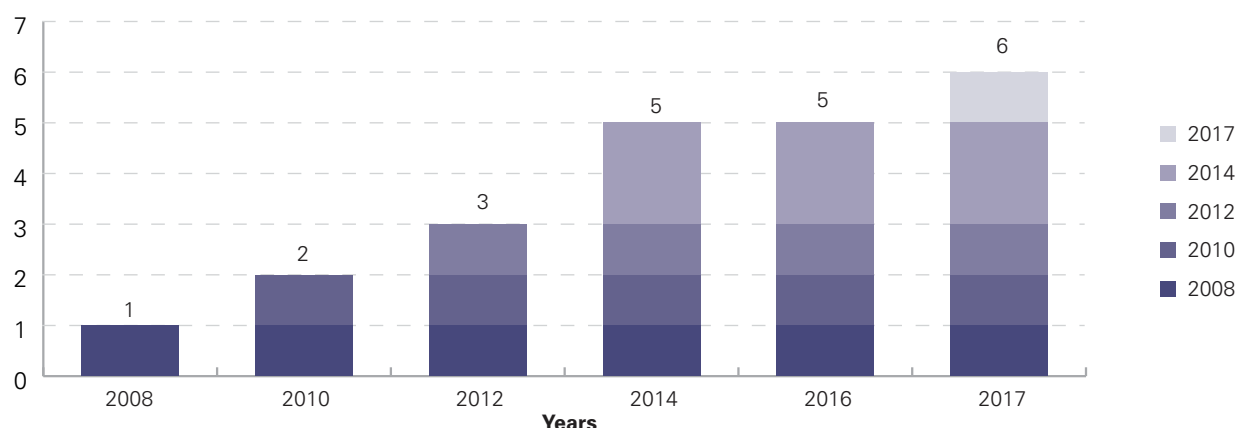
The ban on tobacco advertising, promotion, and sponsorship is another measure on which the Region has made little progress. As of the writing of this report, six countries<sup>15</sup> have legislation implementing this measure at the highest level of achievement (Figure 35). The latest countries to comply were Suriname in 2013, Uruguay in 2014, and Guyana in 2017. This is another measure for which the FCTC establishes a five-year deadline for implementation. Of the 24 States Parties in the Region that have still not complied with this mandate, the five-year deadline since entry into force of the Convention has already elapsed for 23 of them.

The evidence and the tobacco industry’s own internal documents show that the recruitment of new smokers is crucial for the survival of the industry (68), which is why tobacco advertising,

15 Brazil, Colombia, Guyana, Panama, Suriname, and Uruguay.

FIGURE 35 Evolution in the number of countries with regulations completely banning tobacco advertising, promotion, and sponsorship at the highest level of achievement in the Region of the Americas, 2008–2017

Number of countries



**Source:** Prepared based on reference 6 and data from the PAHO/WHO Regional Tobacco Control team.

**Note:** Available data as of 31 December 2017. The numbers over the columns indicate the total of countries that have implemented the measure at the highest level of achievement as of 31 December of the corresponding year.

promotion, and sponsorship are essential to it. In this regard, the industry has two important target audiences: youth, who are more susceptible to starting use; and women, who generally, save some exceptions as mentioned above, consume tobacco to a lesser degree than men, which means they still constitute an attractive niche market. Tobacco advertising, promotion, and sponsorship associate entertainment, happiness, beauty, and sporting events, etc. with tobacco use—which makes tobacco use very appealing to that target audience. Furthermore, its widespread presence in various media “normalizes” it, depicting it as just another consumer product and obscuring the risks it carries (69).

The guidelines for implementation of Article 13 reaffirm the notion that a ban on tobacco advertising, promotion, and sponsorship is only effective if it is complete. Contemporary marketing integrates advertising and promotion of the sale of products. It includes direct marketing, public relations, and personal or interactive online marketing. If only certain forms of direct advertising are banned, the tobacco industry will inevitably reorient its spending toward other advertising and communications strategies, and will resort to

creative and indirect modalities to promote tobacco product consumption, especially among youth.

For this reason, the guidelines make special mention of some elements that are not always recognized as tobacco advertising, promotion, and sponsorship. These include brand name stretching and brand sharing, tobacco product or brand name placement in the entertainment media—something that can have a strong influence on tobacco consumption, particularly among the young—corporate social responsibility activities by the tobacco industry, and finally, the packaging itself.

“Brand stretching” is when the brand name, emblem, trade name, logo, commercial decoration or any other distinctive feature (including its distinctive color combination) of a tobacco product is linked to a non-tobacco product or service, in such a way that the tobacco product tends to be associated with the non-tobacco product or service. Meanwhile, “brand sharing” refers to the inverse phenomenon: when the name of a brand, emblem, commercial trademark, logo, commercial insignia, or any other distinctive feature (including its distinctive color combination) of a non-tobacco product or service is linked to a tobacco product



TABLE 9

# Regulations banning tobacco advertising, promotion, and sponsorship in various media in the Region of the Americas, 2017

Country (year of the law) <sup>a</sup>	Direct Advertising				Product display at points of sale
	National television and radio <sup>b</sup>	Local magazines and newspapers <sup>b</sup>	Billboards and open-air ads <sup>b</sup>	Points of sale <sup>b</sup>	
Antigua and Barbuda					
Argentina	✓	✓	✓		
Bahamas	✓				
Barbados					
Belize					
Bolivia (Plurinational State of)	✓	✓	✓		
<b>Brazil (2011)</b>	✓	✓	✓	✓	
Canada	✓	✓	✓		
Chile	✓	✓	✓	✓	
<b>Colombia (2009)</b>	✓	✓	✓	✓	c
Costa Rica	✓	✓	✓	✓	
Cuba					
Dominica					
Dominican Republic					
Ecuador	✓	✓	✓	d	
El Salvador	✓	✓	✓		
Grenada					
Guatemala					
<b>Guyana (2017)</b>	✓	✓	✓	✓	✓
Haiti					
Honduras	✓	✓	✓		
Jamaica	✓				
Mexico	✓		✓		
Nicaragua	✓		✓		
<b>Panama (2008)</b>	✓	✓	✓	✓	✓
Paraguay	✓	✓	✓		
Peru	✓				
Saint Kitts and Nevis					
Saint Lucia					
Saint Vincent and the Grenadines					
<b>Suriname (2013)</b>	✓	✓	✓	✓	✓
Trinidad and Tobago	✓		✓		✓
United States of America	✓		e		
<b>Uruguay (2014)</b>	✓	✓	✓	✓	✓
Venezuela (Bolivarian Republic of)	✓		✓		

**Source:** Prepared based on reference 6 and data from the PAHO/WHO Regional Tobacco Control team.

**Notes:** Available information as of 31 December 2017.

a Only for countries with a complete ban on tobacco advertising, promotion, and sponsorship.

b Features used for the classification, according to the Technical Note.

c There is no explicit ban on the display of tobacco products at the point of sale, but the ban may be implicit due to a total ban on tobacco advertising and promotion.

d It is only allowed inside, cannot be seen from outside, and it cannot be larger than 1 m<sup>2</sup>.

e Data not approved by the national authorities.



TABLE 10

# Regulations banning tobacco advertising, promotion, and sponsorship through different forms of indirect advertising in the Region of the Americas, 2017

Country (year of the law) <sup>a</sup>	Distribution free by mail or other means <sup>b</sup>	Promotional discounts <sup>b</sup>	Brand stretching <sup>b, c</sup>	Brand sharing <sup>b, d</sup>	Tobacco brand placement on television or in films <sup>b</sup>	Tobacco product placement on television or in films <sup>b</sup>	Ban on publicizing financial or other sponsorship, or support from the tobacco industry for events, activities, or individuals <sup>b</sup>
Antigua and Barbuda							
Argentina	✓	✓	✓	✓	✓	✓	✓
Bahamas							
Barbados							
Belize							
Bolivia (Plurinational State of)							✓
<b>Brazil (2011)</b>	✓	✓	✓	✓	✓		✓ <sup>e</sup>
Canada	✓	✓			✓		✓
Chile	✓	✓	✓		✓		
<b>Colombia (2009)</b>	✓	✓	✓	✓ <sup>f</sup>	✓	✓	✓
Costa Rica			✓	✓	✓	✓	✓
Cuba							
Dominica							
Dominican Republic							
Ecuador	✓		✓		✓	✓	✓
El Salvador			✓	✓	✓	✓	✓
Grenada							
Guatemala	✓	✓					
<b>Guyana (2017)</b>	✓	✓	✓	✓	✓	✓	✓
Haiti							
Honduras							
Jamaica							
Mexico	✓	✓	✓				✓
Nicaragua					g		
<b>Panama (2008)</b>	✓	✓	✓	✓	✓	✓	✓
Paraguay	✓		✓	✓			✓
Peru							
Saint Kitts and Nevis							
Saint Lucia							
Saint Vincent and the Grenadines							
<b>Suriname (2013)</b>	✓	✓	✓	✓	✓		✓
Trinidad and Tobago					✓		✓
United States of America	g				g	g	
<b>Uruguay (2014)</b>	✓	✓	✓	✓	✓	✓	✓
Venezuela (Bolivarian Republic of)	✓	✓					

**Source:** Prepared based on reference 6 and data from the PAHO/WHO Regional Tobacco Control team.

**Notes:** Available information as of 31 December 2017.

a Only for regulations completely banning tobacco advertising, promotion, and sponsorship.

b Features used for classification according to the Technical Note.

c Naming a tobacco brand using non-tobacco products.

d Naming a non-tobacco product using tobacco products.

e The law prohibits the sponsorship of cultural and sports activities. However, the law does not prohibit the sponsorship of other types of events, activities, or individuals.

f Although the law does not explicitly prohibit the use of non-tobacco product brand names in tobacco products (brand sharing), nor does it define tobacco advertising and promotion, we understand that the brand sharing falls within the current ban on all forms of advertising and promotion because this country is a Party to the FCTC and it is understood that the FCTC definition applies.

g Data not approved by the national authorities.

or company with the objective of establishing an association between the two.

Tobacco companies are increasingly trying to create an image of good corporate citizenship by making contributions to worthy causes or using other ways to make their business policies appear “socially responsible.” The guidelines recommend prohibiting the tobacco industry from making such contributions, because they constitute a form of sponsorship.

Finally, as was mentioned earlier in the section about warnings on the dangers of tobacco, the package itself can be used as a vehicle of advertising and promotion, and plain packaging can eliminate this possibility. Furthermore, displaying tobacco products at points of sale also constitutes

a form of advertising and promotion. It is estimated that where many advertising and promotion activities are prohibited but the product continues to be displayed, sales may be increased by 10% to 28%, primarily as a result of impulse purchases (70).

The guidelines recommend that the Parties completely ban any display or visibility of tobacco products at points of sale, including fixed retail points of sale and street vendors. In the Region, five countries<sup>16</sup> have prohibited display of the product at the point of sale (Table 9).

For further information, the guidelines also provide an indicative (non-exhaustive) list of the possible forms of tobacco advertising, promotion, and sponsorship from the standpoint of the FCTC (64).

16 Guyana, Panama, Suriname, Trinidad and Tobago, and Uruguay.

FIGURE 36 Status of policies banning tobacco advertising, promotion, and sponsorship in the Region of the Americas, 2017

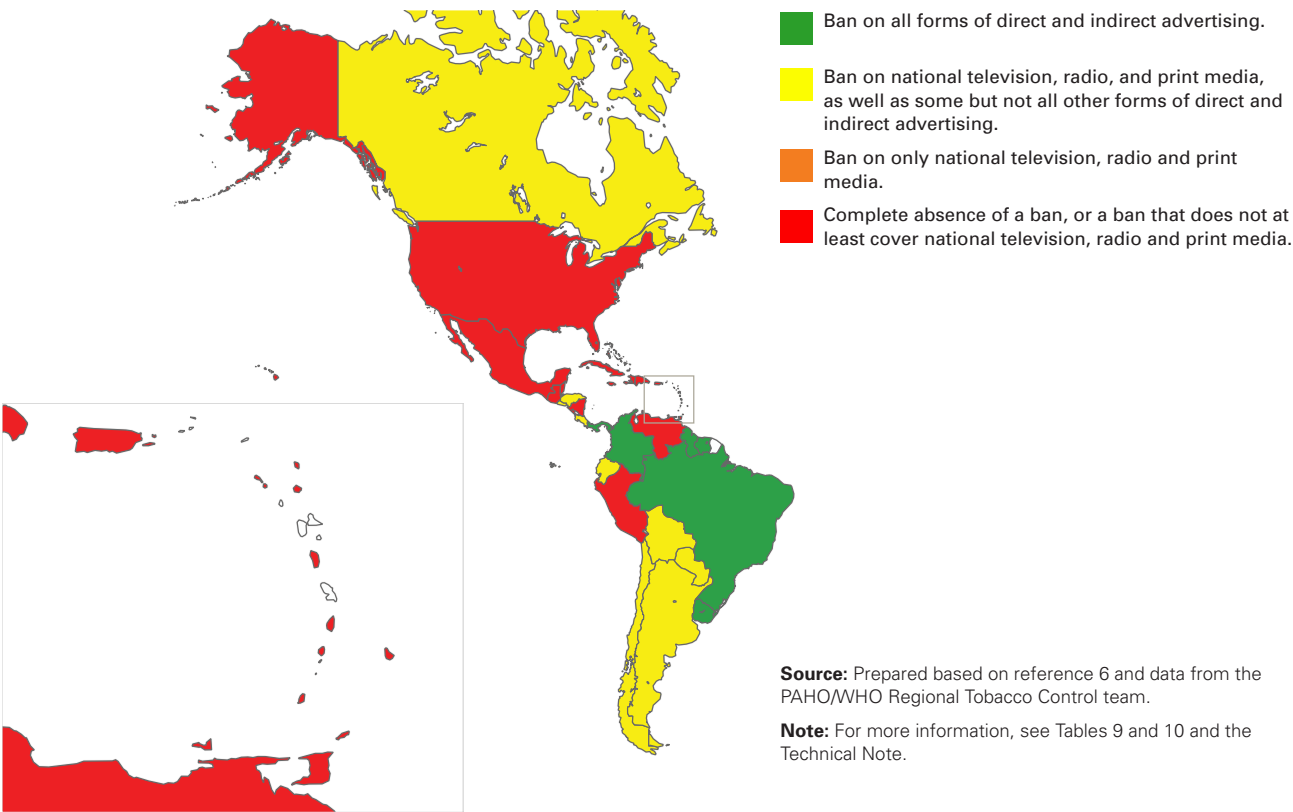


Figure 36 shows the status of policies banning tobacco advertising, promotion, and sponsorship in the Region of the Americas. Tables 9 and 10 also include the forms of tobacco advertising, promotion, and sponsorship that are completely prohibited at the national level in the State Party. Complete prohibition in a given medium or form of communication is understood to mean that tobacco advertising, promotion, or sponsorship are totally prohibited in that medium or form of communication, without exceptions for target audience or time of day.

## R Raise taxes on tobacco

“The Parties recognize that price and tax measures are an effective and important means of reducing tobacco consumption by various segments of the population, in particular young persons.”

FCTC Article 6.1

The measure on which the least progress has been made since 2008, at both the global and regional level, is that of raising taxes on tobacco (Figure 37). According to the *WHO Report on the Global Tobacco Epidemic, 2017* (6), the number of countries in the world that have attained the highest level of achievement for this measure increased by only 10 (from 22 countries in 2008 to 32 countries in 2016). This contrasts with other measures, for example, the packaging and labeling of tobacco products, which was implemented by 69 more countries during the same period (from 9 countries in 2008 to 78 countries in 2016) (6). The underutilization of tobacco taxes is also observed at the regional level, since only two countries, Argentina and Chile, impose consumption taxes on cigarettes to make them account for more than 75% of the retail sale price (this percentage is a benchmark for application of the measure at the highest level). Figure 38 gives a regional overview of implementation of this measure.

Although consumption taxes include excise taxes, value-added tax (VAT), and import duties, it is important to emphasize that the most relevant from the standpoint of public health are excise taxes on consumer goods, since these can single out tobacco products and raise their relative price compared to other products and services. Therefore, WHO and the Guidelines for Article 6 of the FCTC recommend that excise taxes represent at least 70% of the sale price to consumers. With this threshold as a benchmark, Table 11 shows that only three countries of the Region (Argentina, Chile, and Cuba) apply tobacco excise taxes that account for at least 70% of the sale price to consumers.

Table 11 shows the change during the 2008–2016 period in the percentage of the final retail sale price that is comprised of excise taxes, as well as the prices of the most sold brands of cigarettes. Although the Region has not made much progress with implementation of this measure at the percentages recommended by WHO, it should be noted that several countries have taken important steps to make tobacco products more expensive. Since 2008, the percentage of the per capita GDP required to purchase 2000 cigarettes of the most sold brand has increased in 14 countries, which means that since 2008 cigarettes have become less affordable in 14 countries (Table 12). Furthermore, the proportion of the final price that corresponds to taxes (tax share) has increased by more than 10 percentage points since 2007 in nine countries<sup>17</sup> (Table 11). It should also be stressed that countries such as Colombia and Peru have recently increased tobacco excise taxes by 100% and 157%, respectively.<sup>18</sup>

This progress has been possible, among other reasons, thanks to the abundance of international literature on the effectiveness of tax increases (when they increase real prices) for reducing consumption of tobacco products (71, 72). For the countries of Latin America and the Caribbean, the evidence, although less abundant and more recent

<sup>17</sup> Argentina, Brazil, Chile, Colombia, Costa Rica, El Salvador, Nicaragua, Panama, and Saint Lucia.

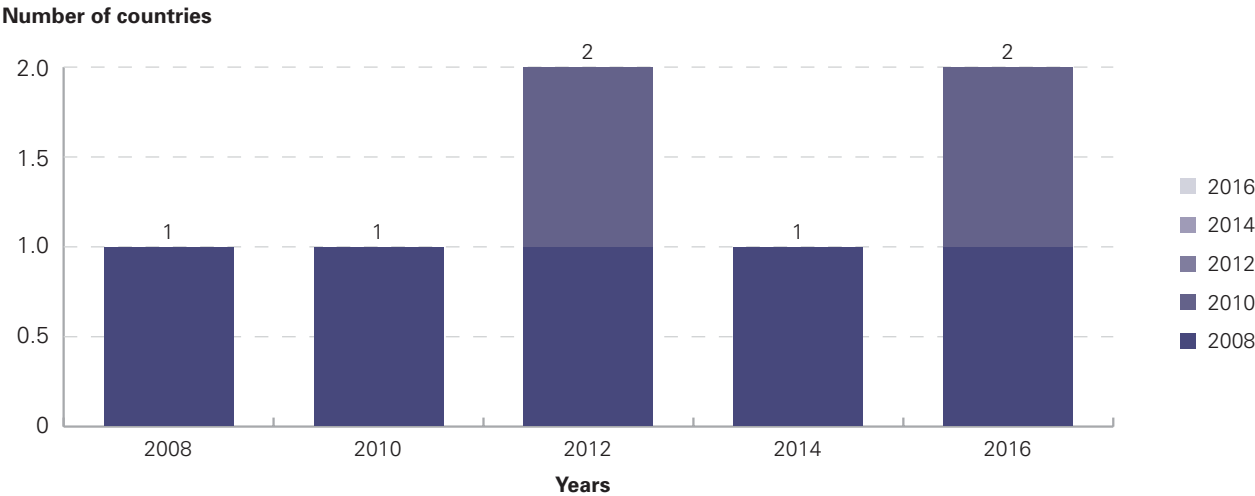
<sup>18</sup> Given the cutoff date of this report (July 2016), the increase for Colombia is not observed in the taxation indicator.

FIGURE 37 Training in the economics of tobacco control for researchers, government officials, and activists in Latin America and the Caribbean in Washington, DC, February 2018



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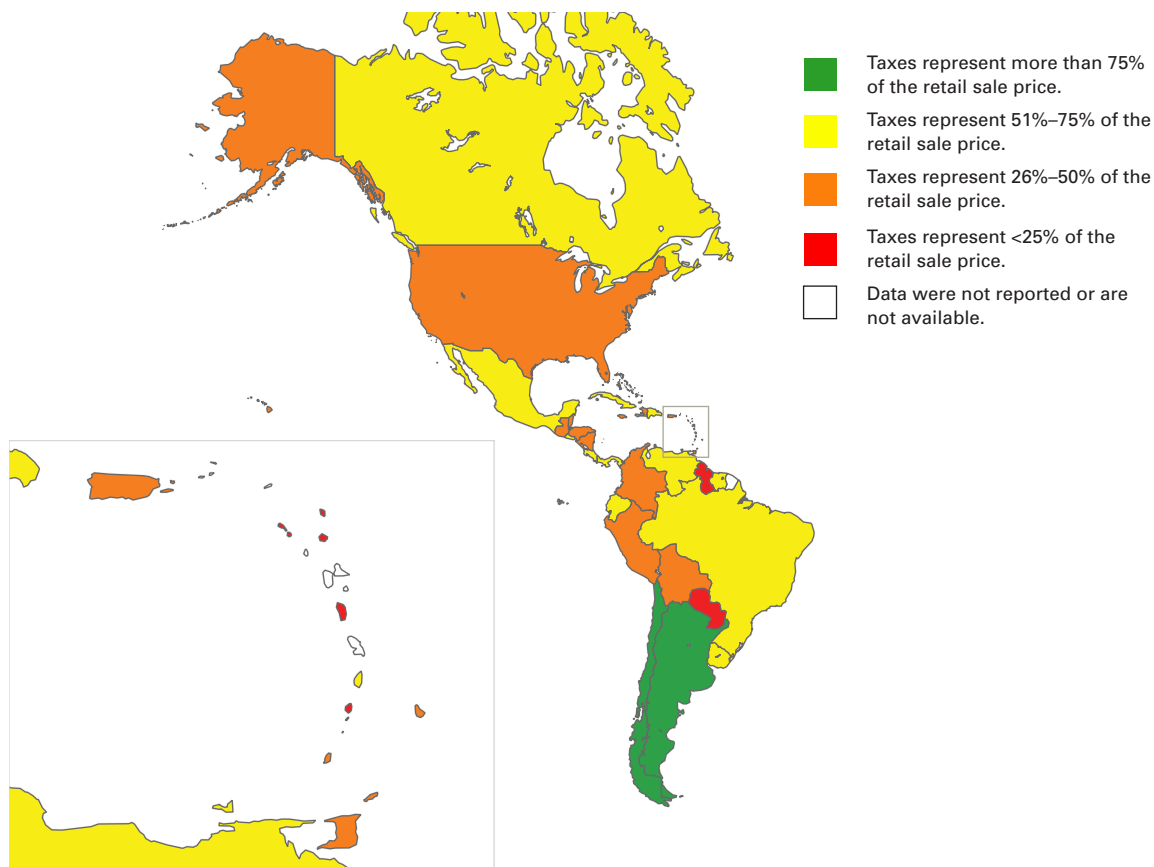
FIGURE 38 Evolution in the number of countries with tobacco taxes at the highest level of implementation in the Region of the Americas, 2008–2016



Source: Prepared based on reference 6.

Notes: Available data as of 31 July 2017. The numbers above the bars indicate the total of countries that had implemented the measure at the highest level of achievement as of 31 July of the corresponding year.

FIGURE 39 Status of tobacco taxes in the Region of the Americas, 2016



**Source:** Prepared based on reference 6.

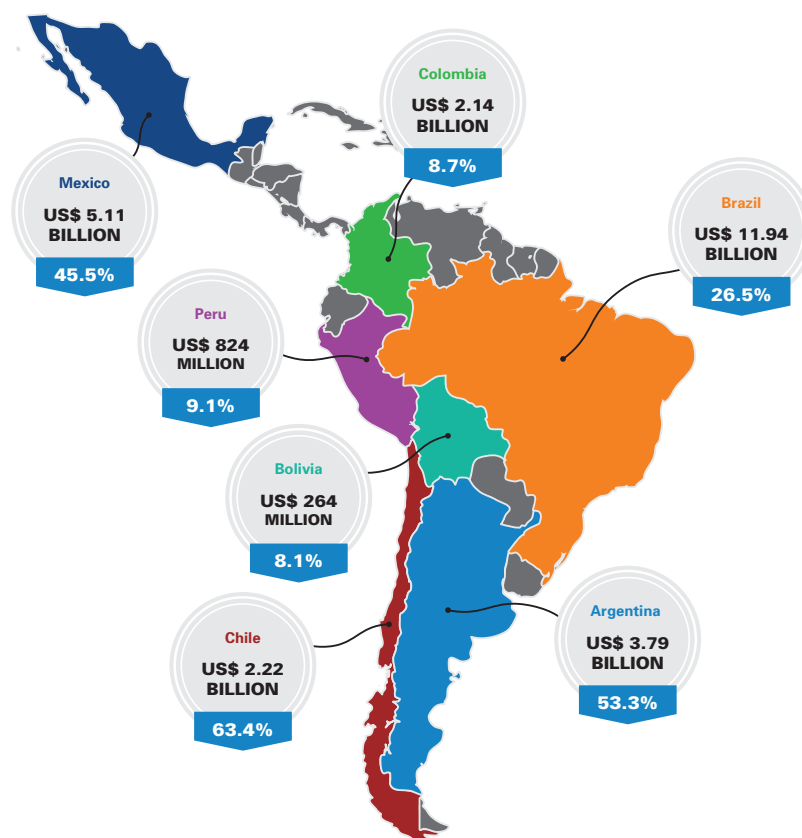
**Note:** Available data as of 31 July of 2016. For more information, see Table 13 and the Technical Note.

than that of the high-income countries, points in the same direction. A systematic review of the impact of prices and taxes on tobacco use in Latin America and the Caribbean found that there is a strong negative relationship between the price of cigarettes and consumption. In the Region, the average price elasticity<sup>19</sup> is  $-0.3$  for the short-term and  $-0.4$  for the long-term. Although this type of analysis must be expanded and further developed, for example, to determine the impact of price increases according to individual characteristics (age, sex, socioeconomic status, etc.), the results thus far show that price elasticity does not vary significantly between the countries of the Region with high prevalence rates of consumption and high per capita income levels, compared to countries with low prevalence rates of consumption and relatively low per capita income levels (73).

Another factor that has proven crucial for making progress with these policies is the clear mandate stated in Article 6 of the FCTC recognizing that price and tax measures are the most effective way to influence tobacco use. In 2014, the States Parties to the FCTC approved the guidelines for implementation of Article 6 (74). These guidelines stress that tobacco use generates an important economic burden for all of society and gives rise to significant negative externalities, including high health costs and lost productivity derived from diseases attributable to tobacco. The guidelines emphasize that taxes not only limit such externalities by reducing consumption and prevalence; they also help cover public health expenditures related to consumption and exposure to tobacco smoke.

19 Degree to which demand for a product or service changes (or is elastic) in response to a change in price.

**FIGURE 40** Health systems costs attributable to tobacco use in Latin America, and percentage of this figure recovered through tobacco taxes, 2015



Source: Reference 22.

The guidelines focus on excise taxes because, as was mentioned earlier, these raise the relative price of tobacco products compared to other goods and services. These taxes can be specific (when they are based on quantity, such as number of cigarettes or weight of tobacco) or *ad valorem* (when they are levied on selected products based on value, such as retail selling price, the manufacturer's price, etc.). Such taxes can be used individually or in combination.

The guidelines stress that other consumption taxes, such as the value-added tax (VAT) and general sales tax, are levied on tobacco products and have an impact on retail prices, but they usually do not affect tobacco prices in relation to the prices of other goods in the economy. Therefore, they have less of an impact on achievement of public health objectives. Other taxes such as income taxes and investment fostering contributions are not covered by the guidelines.

The guidelines for implementation of Article 6 list six guiding principles:

1. Determining tobacco taxation policies is a sovereign right of the Parties.
2. Effective tobacco taxes [that lead to higher real consumer prices] significantly reduce tobacco consumption and prevalence.
3. Effective tobacco taxes are an important source of revenue.
4. Tobacco taxes are economically efficient and reduce health inequalities.
5. Tobacco tax systems and administration should be efficient and effective.
6. Tobacco tax policies should be protected from the vested interests of the tobacco industry.

The guidelines also offer recommendations on the design and administration of tobacco taxes. With regard to the design, the following apply:

1. When establishing or increasing their national levels of taxation, Parties should take into account—among other things—both price elasticity and income elasticity of demand, as well as inflation and changes in household income, to make tobacco products less affordable over time in order to reduce consumption and prevalence. Therefore, Parties should consider having regular adjustment processes or procedures for periodic revaluation of tobacco tax levels.
2. Parties should implement the simplest and most efficient system that meets their public health and fiscal needs, while taking into account their national circumstances. Parties should consider implementing specific or mixed excise systems with a minimum specific tax floor, as these systems have considerable advantages over purely *ad valorem* systems.
3. Parties should establish coherent long-term policies on their tobacco taxation structure and monitor on a regular basis including targets for their tax rates, in order to achieve their public health and fiscal objectives within a certain period of time. Tax rates should be monitored, increased, or adjusted on a regular basis, potentially annually, taking into account inflation and income growth developments in order to reduce consumption of tobacco products.
4. All tobacco products should be taxed in a comparable way as appropriate, in particular where the risk of substitution exists. Parties should ensure that tax systems are designed in a way that minimizes the incentive for users to shift to cheaper products in the same product category or to cheaper tobacco product categories as a response to tax or retail price increases or other related market effects. In particular, the tax burden on all tobacco products should be regularly reviewed and, if necessary, increased and, where appropriate, be similar.

Taxes not only reduce the negative externalities of tobacco use through reduced consumption and prevalence; they also help cover the public health expenditures associated with it.

With regard to tax administration, the use of tax revenue to finance tobacco control and tax-free sales, the guidelines include these recommendations:

1. Ensure that transparent license or equivalent approval or control systems are in place.
2. Adopt and implement measures and storage and production warehouses to facilitate excise controls over tobacco products.
3. To reduce the complexity of tax collection systems, domestic excise taxes should be imposed at the point of manufacture, importation, or release for consumption from the storage or production warehouses.
4. Tax payments should be required by law to be remitted at fixed intervals or on a fixed date each month. Ideally, this should include reporting of production and/or sales volumes, and price by brands, taxes due and paid, and may include reporting of the volume of raw material inputs.
5. Tax authorities should also allow for the public disclosure of the information contained within the reports, through available media, including online media, taking into account confidentiality rules in accordance with national law.
6. Implement anti-forestalling measures, such as restricting the release of excessive volumes of tobacco products immediately prior to a tax increase and levying the new tax on products already produced or kept in stock, but not yet supplied to the final consumer, including retail products (known as floor-stock or inventory tax).
7. Consider requiring the application of fiscal markings to increase compliance with tax laws.



8. Clearly designate and grant appropriate powers to tax enforcement authorities, provide for information sharing among enforcement agencies, and establish an appropriate range of penalties to deter non-compliance with tax laws.
9. Consider dedicating revenue from tobacco taxes to tobacco control programs.
10. Consider prohibiting or restricting the sale to and/or importation by international travelers of tax-free or duty-free tobacco products.

These last recommendations highlight the need for control and oversight measures to prevent illicit trade, such as those contained in the Protocol to Eliminate Illicit Trade in Tobacco Products. Higher taxes on tobacco do not necessarily lead to smuggling or other types of tax evasion (1), although this is one of the arguments that the tobacco industry uses to discourage the use of tobacco taxation policies to combat the tobacco epidemic. WHO has coined the acronym SCARE to reflect the tactics used by the tobacco industry as seen in Figure 41.

Finally, although it is not an extensive practice, some countries in the Region have established the use of tax revenues specifically for health purposes (Table 13), including for illicit trade control measures as in the case of Panama.

### 3.1 TOBACCO TAXATION IS A POLICY THAT BENEFITS EVERYONE IN LATIN AMERICA AND THE CARIBBEAN

#### Mark Goodchild

World Health Organization, Department of Noncommunicable Disease Prevention

Tobacco taxation has been a cornerstone of tobacco control efforts for over a decade, with Article 6 of the WHO FCTC recognizing tax as an important and effective means to reduce demand for tobacco (15, 74). There has also been increased interest recently in tobacco taxation as a means of generating substantially more revenue for developing countries. This is partly because these

FIGURE 41 SCARE tactics

**S – Smuggling and illicit trade**  
**C – Court and legal challenges**  
**A – Anti-poor rhetoric**  
**R – Revenue reduction**  
**E – Employment impact**

countries will need to mobilize more of their own domestic resources to finance their achievement of the SDGs. Tobacco taxation is thus one of the few “win-win” policies available to policymakers.

The scope of tobacco taxation to generate more tax revenues (while also reducing consumption) hinges most critically on the price elasticity of demand. In empirical studies throughout the world, the price elasticity of demand for cigarettes is found to be relatively “inelastic,” meaning the percentage change in price in demand is less than the percentage change in price. This inelasticity provides the economic foundation upon which a tobacco tax increase will reduce tobacco consumption yet increase tax revenue.

Globally, for example, the price elasticity of demand for cigarettes in developing countries tends to range between –0.2 to –0.8, clustering around –0.5. This means that a 10% increase in the price of cigarettes will decrease consumption by about 5%. There is also a wealth of such evidence in Latin America, with a systematic review by Guindon et al. (2015) concluding that cigarette price elasticities in the region are likely below –0.5, with pooled estimates providing an elasticity of –0.31 [with a confidence interval (CI) from –0.24 to –0.39] (73). Thus, the demand for cigarettes in the Americas is relatively price inelastic, just as it is in other regions throughout the world.

Another recent study by Goodchild et al. (2017) used price elasticity studies from Latin America

and the Caribbean to quantify the expected fiscal impact of raising cigarette excise by 50% per pack in all developing countries across the region (75). The study's findings were unambiguous, with tax revenues from cigarettes expected to increase by 32% (CI 27–37%), representing an extra US\$ 7 billion (CI US\$ 6–8 billion) in tax revenue annually. At the same time, cigarette consumption would fall 7% (CI 3–11%). These findings demonstrate that the expected fiscal benefits of raising tobacco taxes are robust across the region. Policymakers should take advantage of this opportunity to fast-track their progress towards achieving the SDGs.



TABLE 11

# Taxes and prices for a pack of 20 cigarettes of the most sold brands in the Region of the Americas, 2008–2016

Country	2008			2016		
	Price of a 20-pack of cigarettes of the most sold brand (international dollars PPP) <sup>a</sup>	Excise taxes on the most sold brand (as percentage of sales price)	Total share of tax in the most sold brand <sup>a</sup> (percentage of sales price)	Price of a 20-pack of cigarettes of the most sold brand (international dollars PPP) <sup>a</sup>	Excise taxes on the most sold brand (as percentage of sales price)	Total share of tax in the most sold brand <sup>a</sup> (percentage of sales price)
Antigua and Barbuda	3.77	0.00	14.77	4.94	0.00	15.47
Argentina <sup>c</sup>	2.36	62.60	69.20	4.35	76.10	80.25
Bahamas	2.66	31.23	31.23	8.97	33.52	40.50
Barbados	5.13	34.18	47.77	8.06	25.07	39.96
Belize <sup>c</sup>	4.27	48.00	57.17	4.36	26.00	37.11
Bolivia (Plurinational State of)	2.18	29.50	41.00	3.52	27.85	39.36
Brazil <sup>c</sup>	1.98	25.79	57.15	3.17	31.98	67.95
Canada <sup>c,d</sup>	6.31	58.79	64.55	8.54	57.24	66.21
Chile <sup>c</sup>	3.46	60.40	76.37	5.75	73.16	89.13
Colombia <sup>c</sup>	1.68	23.80	34.31	2.19	35.72	49.51 <sup>e</sup>
Costa Rica <sup>c</sup>	2.54	44.22	55.72	4.37	57.88	69.38
Cuba <sup>c</sup>	...	75.00	75.00	...	70.00	70.44
Dominica <sup>c</sup>	1.99	12.57	25.61	2.47	11.26	24.30
Dominican Republic <sup>c</sup>	5.88	43.24	57.03	7.28	41.96	57.21
Ecuador <sup>c</sup>	3.55	53.57	64.29	9.58	61.54	73.82
El Salvador	2.87	29.97	41.47	4.12	41.02	52.52
Grenada	3.26	0.00	40.50	4.68	31.80	46.73
Guatemala	3.08	41.07	51.79	4.12	38.27	48.98
Guyana	2.38	14.25	28.04	2.97	10.89	24.68
Haiti	...	...	...	3.36	8.26	31.13
Honduras <sup>c</sup>	2.12	32.20	45.25	3.95	19.06	34.31
Jamaica <sup>c</sup>	9.26	29.63	43.88	14.30	28.27	44.48
Mexico	3.99	48.13	61.17	5.67	53.50	67.29
Nicaragua <sup>c</sup>	2.82	6.74	19.79	4.36	22.05	35.09
Panama	4.02	21.33	36.59	7.17	43.48	56.52
Paraguay <sup>c</sup>	0.50	6.42	15.52	0.83	8.31	17.40
Peru <sup>c</sup>	2.86	25.21	41.18	6.63	34.29	49.54
Saint Kitts and Nevis	2.91	6.52	18.20	4.43	4.03	19.76
Saint Lucia	3.72	28.25	30.08	4.83	39.11	53.09
Saint Vincent and the Grenadines <sup>c</sup>	3.11	3.11	16.15	3.60	7.65	20.69
Suriname <sup>c</sup>	3.44	48.40	57.85	5.54	55.98	63.90
Trinidad and Tobago	3.22	23.64	36.69	7.48	14.65	25.76
United States of America <sup>c,f,g</sup>	4.58	31.55	36.57	6.43	37.81	43.01
Uruguay <sup>c</sup>	3.49	47.79	65.82	5.01	47.47	65.51
Venezuela (Bolivarian Republic of) <sup>c</sup>	6.07	68.16	70.79	22.12	67.57	73.04

Source: Prepared based on reference 6.

a PPP: international dollars with purchasing power parity.

b Includes excise taxes, applicable customs rates, value-added tax (VAT), and other consumption taxes.

c The country has raised tobacco taxes since 2014; however, due to price variability, the effect is not necessarily reflected in the tax indicators.

d WHO has used subnational rates and the national excise tax rates to reflect an average tax rate for Canada. Consequently, the reported tax rates are different from the rates stated here. The price shown is an average weighted by sales at the price of the most sold brand in Canada.

e In December 2016, after the closing date of the World Report, the Colombian Congress approved a 100% increase on the specific component of the excise tax on cigarettes and manufactured tobacco. The measure also included an additional 50% increase in January 2018 and annual adjustments starting in January 2019 equivalent to the annual change in the consumer price index plus 4 percentage points. It is therefore estimated that taxes currently represent more than 50% of the price and could reach 60% in 2019.

f The price is an average weighted by sales at state prices; taxes include federal taxes and a weighted average of sales taxes in the states.

g Data not approved by the national authorities.

... Data were not reported or were not available.

TABLE 12

## Changes in the affordability of the most sold brand of cigarettes by country, 2008–2016

Country	Percentage of per capita GDP needed to purchase 2000 cigarettes of the most sold brand <sup>a</sup>					Have cigarettes become less affordable since 2008?	Did cigarettes become less affordable between 2014 and 2016?
	2008	2010	2012	2014	2016		
Antigua and Barbuda	1.47	1.78	1.71	2.06	1.91	Yes	No <sup>b</sup>
Argentina	1.31	1.32	1.27	1.35	2.16	No change <sup>c</sup>	Yes
Bahamas	1.10	1.17	2.10	2.93	3.69	Yes	Yes
Barbados	3.30	3.42	3.62	4.44	4.58	Yes	Yes
Belize	5.88	5.79	5.41	5.23	5.39	No <sup>d</sup>	Yes
Bolivia (Plurinational State of)	4.37	4.32	4.38	4.63	5.02	Yes	Yes
Brazil	1.48	1.64	1.76	2.02	2.05	Yes	Yes
Canada <sup>e</sup>	1.58	1.77	1.62	1.65	1.84	No change <sup>c</sup>	Yes
Chile	1.91	1.82	2.20	2.04	2.37	Yes	Yes
Colombia <sup>f</sup>	1.64	1.57	1.59	1.56	1.54	No <sup>d</sup>	No
Costa Rica	2.05	1.85	2.59	2.81	2.67	Yes	No <sup>b</sup>
Cuba	13.00	...	10.86	...	...	...	...
Dominica	2.01	1.86	2.29	2.11	2.17	No change <sup>c</sup>	Yes
Dominican Republic	5.58	5.74	5.28	5.22	4.55	No <sup>d</sup>	No
Ecuador	3.98	3.67	4.59	4.86	8.77	Yes	Yes
El Salvador	3.92	4.94	4.97	4.88	4.60	No change <sup>c</sup>	No
Grenada	2.80	3.77	...	3.24	3.32	No change <sup>c</sup>	Yes
Guatemala	4.63	5.87	5.36	5.59	5.21	No change <sup>c</sup>	No <sup>b</sup>
Guyana	4.59	4.91	3.90	3.61	3.79	No <sup>d</sup>	Yes
Haiti	...	...	...	...	18.81	...	...
Honduras	4.98	6.77	7.14	6.91	7.34	Yes	Yes
Jamaica	11.04	13.79	13.91	14.52	16.02	Yes	Yes
Mexico	2.54	2.58	3.00	3.12	2.97	Yes	No <sup>b</sup>
Nicaragua	7.14	8.59	6.69	7.66	8.24	No change <sup>c</sup>	Yes
Panama	2.83	4.12	3.54	3.38	3.11	No change <sup>c</sup>	No
Paraguay	0.75	0.86	0.89	0.72	0.88	No change <sup>c</sup>	Yes
Peru	3.22	3.18	3.14	3.31	5.02	No change <sup>c</sup>	Yes
Saint Kitts and Nevis	1.28	1.79	2.10	1.92	1.85	No change <sup>c</sup>	No
Saint Lucia	3.45	3.21	4.22	3.34	4.20	No change <sup>c</sup>	Yes
Saint Vincent and the Grenadines	3.14	3.21	3.52	2.80	3.16	No change <sup>c</sup>	Yes
Suriname	2.67	2.66	2.80	2.87	4.31	Yes	Yes
Trinidad and Tobago	1.05	1.50	1.58	1.86	2.54	Yes	Yes
United States of America <sup>g,h</sup>	0.95	1.18	1.18	1.14	1.12	No change <sup>c</sup>	No
Uruguay	2.38	2.94	2.47	2.02	2.37	No change <sup>c</sup>	Yes
Venezuela (Bolivarian Republic of)	3.47	4.49	5.39	8.97	15.40	Yes	Yes

**Source:** Prepared based on reference 6.

a Calculated using the price (in local currency) of a pack of 20 cigarettes of the most sold brand from different editions of this report, and estimates of per capita GDP from the database of the World Economic Outlook of the IMF, April 2017 (<https://www.imf.org/external/pubs/ft/weo/2017/01/weodata/index.aspx>).

b Cigarettes became more expensive between 2012 and 2014, then became more affordable from 2014 to 2016.

c There has been no change in affordability since 2008. No change is when the growth rate of the least-squares is not statistically significant at the level of 5%.

d The most sold brand of cigarettes has become more affordable since 2008.

e Subnational market quotas have been used to calculate the average price of cigarettes in Canada.

f In December 2016, after the closing date of the *World Report*, the Colombian Congress approved a 100% increase on the specific component of the excise tax on cigarettes and manufactured tobacco. The measure also included an additional 50% increase in January 2018 and annual adjustments starting in January 2019 equivalent to the annual change in the consumer price index plus 4 percentage points. It is therefore estimated that taxes currently represent more than 50% of the price and could reach 60% in 2019.

g The price per year is a weighted average of state prices in the United States.

h Data not approved by the national authorities.

... Data not available.

TABLE 13

## Use of tobacco taxes, at least partially, for specific health purposes in the Region of the Americas, 2016

Country	Use of tobacco taxes
Argentina <sup>a</sup>	The additional emergency tax is established by Law 24625 of 1995, and its purpose is to fund social and health programs of the Rural Change Program and the Social-Agricultural Program.
Colombia <sup>b</sup>	Of the specific excise tax on cigarettes and tobacco, 16% is allocated to sports, according to Law 1393 of 2010. <sup>c</sup> Furthermore, the entire surcharge on cigarette consumption (10% on the retail price) must be allocated to health as follows: 1) universal insurance coverage; 2) merger of contributory and subsidized insurance plans; and 3) funding of services for low-income people of items not covered by demand subsidies. This was defined in Article 7 of Law 1393 of 2010; the criteria for use of these resources are regulated by Decree 1124 of 2011. Both the specific excise tax (including the component set aside for sports) and the surcharge, are revenue administered by the Departments and the Capital District. The value-added tax (VAT) and customs duties are national and are not set aside for a specific purpose.
Costa Rica	The General Law on Control of Tobacco and its Harmful Health Effects (Law 9028 of 2012) establishes in its Article 29 that revenue collected under this law should be administered in a specific account in a national state-run bank, in accordance with the Financial Management Law. Thus, the National Treasury can withdraw funds directly and in timely fashion—perhaps monthly—and distribute them as follows: a) 60% of resources will be allocated to the Costa Rican Social Security Fund (CCSS) to be used for: 1. the diagnosis, treatment, and prevention of diseases associated with smoking, and 2. to strengthen the National Oncological Network so that it can be used for cancer prevention, diagnosis, treatment, rehabilitation, and palliative care; b) 20% will be allocated to the Ministry of Health to carry out the duties assigned to it by Law 9028; c) 10% will be allocated to the Institute on Alcoholism and Drug Dependence (IAFA) for the purposes established in the aforementioned law; and d) 10% will be allocated to the Costa Rican Sports and Recreation Institute (ICODER) to carry out its sports and recreation functions.
El Salvador	35% of revenue from taxes on tobacco, alcohol, weapons, and explosives (or a minimum of US\$ 20 million per year) is allocated to the Health Solidarity Fund (FOSALUD), according to the special law establishing that fund.
Guatemala	100% of the <i>ad valorem</i> tax collected is allocated to health programs, according to Decree 61-77, of 1977.
Jamaica	According to the National Health Fund Act of 2003, 5% of excise taxes (including on tobacco products) are allocated to the National Health Fund. According to the 2008/2009 Revenue Measure (documented in Ministerial Paper No. 23), the percentage of tobacco excise taxes allocated to the National Health Fund was increased to 20%.
Panama	According to Law 69 of 2009, 20% of what is collected from tobacco excise taxes goes to the National Oncological Institute, 20% to the Ministry of Health for prevention activities and treatment of diseases caused by tobacco use, and 10% to the National Customs Authority for prevention activities and prosecution of tobacco product smuggling.
United States of America	It varies by state. Funds raised finance various activities, many of which are health-related.

**Source:** Prepared based on reference 6 and data from the PAHO/WHO Regional Tobacco Control team.

**Notes:**

- a Argentina also established a Special Tobacco Fund, which is an earmarked contribution established by Law 19800 to tackle economic and social issues related to tobacco.
- b On 29 December 2016, after the closing date of the *World Report*, the Colombian Congress approved, through Law 1819, a 100% increase on the specific component of the excise tax on cigarettes and manufactured tobacco. The measure also included an additional 50% increase in January 2018 and annual adjustments starting in January 2019 equivalent to the annual change in the consumer price index plus 4 percentage points. It is therefore estimated that taxes currently represent more than 50% of the price and could reach 60% in 2019. Furthermore, Law 1819 establishes that the additional revenue perceived from increases on the cigarette excise tax starting in 2017 be allocated to finance health insurance.
- c Rate established in paragraph 1 of Article 5. The allocation of cigarette tax revenue to sports was established by Law 30 of 1971.



# 4

## Challenges and Lessons Learned

Public health advances in tobacco control are under constant threat of being undermined by challenges both new and old. New products appearing in the market—such as heated tobacco products and flavored tobacco products aimed at younger consumers—threaten to become fashionable, compounding the threat already posed by electronic nicotine delivery systems (ENDS), similar non-nicotine systems (SNNDS), and even water pipes, an ancient product whose use is expanding to new regions, including the Americas. The tobacco industry is taking advantage of the novelty of these products to make unsubstantiated claims about the safety of their use. Consistent with this marketing strategy, discussed below, Philip Morris International has created the Foundation for a Smoke-free World as part of its “commitment” to a smoke-free future, with a view to making these products acceptable both to the public and in academic and health circles. International trade has presented challenges to tobacco control; however, as we will discuss in this chapter, the lessons learned will be useful not only for tobacco control, but also for other products, such as alcohol and sugar-sweetened beverages, which are also risk factors for noncommunicable diseases.

### 4.1 TOBACCO INDUSTRY: A CONTINUOUS CHALLENGE

#### Eduardo Bianco

Regional Coordinator, Americas, of the Framework Convention Alliance

The FCTC has had a significant impact in the Region. Although we still have a long way to go to achieve full implementation, it has no doubt greatly helped diminish the social acceptability of smoking. This has translated into a decline in sales and prevalence of tobacco use, albeit unevenly, in the countries of the Americas (20).

“In setting and implementing their public health policies with respect to tobacco control, Parties shall act to protect these policies from commercial and other vested interests of the tobacco industry in accordance with national law.”

FCTC Article 5.3

The tobacco industry has felt the impact and some commercial operators even predict the disappearance of cigarettes in the coming decades (76). But this industry, with tremendous resources and capacity, is not passively awaiting its own demise. Rather, it is on high alert and waging a fierce and clever fight. We do not know its exact strategy, or even whether each company plays its own independent “game” or if they have made an agreement to work together.

What is clear, at least in the Region of the Americas, is that tobacco companies continue to rely on proven tactics (though they are applying them more aggressively): direct lobbying, especially at the ministries of finance and the highest levels of government, to oppose tobacco tax increases, bans on advertising, and plain packaging (77). And they will continue to do so until regulations are approved to implement Article 5.3 and multisectoral, interministerial national coordination mechanisms are established with the involvement of civil society.

Furthermore, with electronic nicotine delivery systems (ENDS) and electronic non-nicotine delivery systems (ENNDS), as well as other new products including heated tobacco products, the industry plans to reinvent itself and deploy another old strategy: harm reduction.

FIGURE 42 Electronic nicotine delivery system (ENDS)



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But, without a doubt, the most cunning and dangerous strategy is that of Philip Morris International (PMI), who are investing \$1 billion in the Foundation for a Smoke-free World (78). This plays on several fronts: it brings together a host of researchers to generate independent data to support their harm reduction strategy, it fractures the tobacco control movement, and it slows progress with tobacco control policies by serving as a distraction. In a worst-case scenario, Philip Morris International would be better positioned than its competitors in the new smokeless tobacco market.

The tobacco industry is not defeated. We cannot let down our guard.

## 4.2 REGULATION OF ELECTRONIC NICOTINE DELIVERY SYSTEMS (ENDS), ELECTRONIC NON-NICOTINE DELIVERY SYSTEMS (ENNDS), AND NEW TOBACCO PRODUCTS

### Dr. Armando Peruga

Universidad del Desarrollo, Chile

Electronic nicotine and non-nicotine delivery systems (ENDS/ENNDS), popularly known as electronic cigarettes, became commercially available around 2006. They have since evolved

into a very diverse group of products. In 2015, the United States of America and the United Kingdom had captured about 65% of the market share of sales of ENDS/ENNDS. The European Union (EU) had an additional 26% of the market share.

According to the Johns Hopkins Bloomberg School of Public Health, 77 countries regulate ENDS specifically, almost 40 countries proscribe or restrict the use of ENDS/ENNDS in indoor public places, and 30 countries prohibit their sale. In addition, Australia, Canada, and the USA, as federal countries, have subnational legislation in some jurisdictions banning the use of ENDS/ENNDS indoors. Only six countries, mostly European, impose specific taxes on ENDS/ENNDS, in addition to several states of the USA (80).

As detailed in Table 14, in the Region of the Americas the sale of ENDS is prohibited in Argentina, Brazil, Mexico, Panama, Suriname, Uruguay, and Venezuela. Argentina and Panama go a step further and also regulate the use of ENDS in public places in the event ENDS enter the country on a non-commercial route. The following countries prohibit or restrict indoor use of ENDS in public places: Costa Rica, Ecuador, El Salvador, Honduras, Jamaica, and Paraguay.

**Regulations in the two main markets:** The EU approved the new Tobacco Products Directive (TPD) in 2014, which, among other issues, regulates ENDS as a consumer product if the e-liquid contains less than 20 mg of nicotine per milliliter of e-liquid. Otherwise, ENDS with higher nicotine concentrations are treated as medicinal products. The TPD bans ENDS advertising, promotion, and sponsorship, except outdoor and point-of-sale advertising, and stipulates e-liquid packaging requirements. It requires manufacturers of ENDS under its purview to file a premarketing notification, but not approval, to make e-liquids with high-purity ingredients and not contain some specified additives. It also requires manufacturers to survey possible adverse effects. The TPD also introduces a registration scheme for businesses engaged in cross-border distance sales of ENDS.



TABLE 14

Status of the regulation of electronic nicotine delivery systems (ENDS) and electronic non-nicotine delivery systems (ENNDS) in the Region of the Americas, 2016

Country	Total ban on sales	Regulation of products	Regulation of sales			Regulation of use <sup>a</sup> and advertising		
			Regulated as a therapeutic product	Regulated as a tobacco product	Regulated as a consumer product	Regulated through the same laws as P <sup>b</sup>	Regulated through the same laws as W <sup>b</sup>	Regulated through the same laws as E <sup>b</sup>
Antigua and Barbuda	No	No	–	–	–	–	–	–
Argentina	Yes*	Yes	No	No	No	Yes	No	Yes
Bahamas	No	No	–	–	–	–	–	–
Barbados	No	No	–	–	–	–	–	–
Belize	No	No	–	–	–	–	–	–
Bolivia (Plurinational State of)	No	No	–	–	–	–	–	–
Brazil	Yes*	No	–	–	–	–	–	–
Canada	No	Yes	Yes** <sup>c</sup>	No	Yes* <sup>d</sup>	No	No	No
Chile	No	Yes	Yes**	No	No	No	No	No
Colombia	No	No	–	–	–	–	–	–
Costa Rica	No	Yes	No	Yes*	No	Yes	Yes***	Yes
Cuba	No	No	–	–	–	–	–	–
Dominica	No	No	–	–	–	–	–	–
Dominican Republic	No	No	–	–	–	–	–	–
Ecuador	No	Yes	No	Yes*	No	Yes	Yes	Yes
El Salvador	No	Yes	No	No	Yes*	Yes	No	No
Grenada	No	No	–	–	–	–	–	–
Guatemala	No	No	–	–	–	–	–	–
Guyana	No	No	–	–	–	–	–	–
Haiti	No	No	–	–	–	–	–	–
Honduras	No	Yes	No	Yes*	No	Yes	Yes***	Yes
Jamaica	No	Yes	No	Yes*	No	Yes	Yes***	Yes
Mexico	Yes*	No	–	–	–	–	–	–
Nicaragua	No	No	–	–	–	–	–	–
Panama	Yes*	Yes	No	No	No	Yes	No	No
Paraguay	No	Yes	No	Yes*	No	Yes	Yes***	Yes
Peru	No	No	–	–	–	–	–	–
Saint Kitts and Nevis	No	No	–	–	–	–	–	–
Saint Lucia	No	No	–	–	–	–	–	–

TABLE 14 (Continued)

Country	Total ban on sales	Regulation of products	Regulation of sales			Regulation of use <sup>a</sup> and advertising		
			Regulated as a therapeutic product	Regulated as a tobacco product	Regulated as a consumer product	Regulated through the same laws as P <sup>b</sup>	Regulated through the same laws as W <sup>b</sup>	Regulated through the same laws as E <sup>b</sup>
Saint Vincent and the Grenadines	No	No	—	—	—	—	—	—
Suriname	Yes*	No	—	—	—	—	—	—
Trinidad and Tobago	No	No	—	—	—	—	—	—
United States of America	No	Yes	Yes**	Yes*	No	No	No	No
Uruguay	Yes*	No	—	—	—	—	—	—
Venezuela (Bolivarian Republic of)	Yes*	No	—	—	—	—	—	—

**Source:** Prepared with data approved by the national authorities.

**Notes:**

\* Regardless of the nicotine concentration.

\*\* According to the nicotine concentration.

\*\*\* Treated exactly the same as conventional cigarettes.

a Since the ban on marketing does not eliminate the possibility of these products entering the market illegally, some countries have opted to also regulate their use to be consistent with legislation on smoke-free environments.

b According to the interventions in the MPOWER package: P, protect people from tobacco smoke; W, warn about the dangers of tobacco; E, enforce bans on tobacco advertising, promotion, and sponsorship (15).

c Products that contain nicotine or that claim to have health benefits.

d Products that contain nicotine or products that claim to have health benefits are not considered consumer products.

e Only if the advertising claims a medicinal or therapeutic benefit. Otherwise, it is regulated as a tobacco product.

— Not applicable.

Individual Member States of the EU can regulate all aspects of ENDS and the use of ENDS in indoor public spaces.

In the USA, the Federal Food and Drug Administration (FDA) has the authority to regulate all tobacco products. It considers ENDS to be one of them, except when they are marketed as drugs, devices, or combination products that claim to help people quit smoking. Its regulation as a tobacco product mandates all ENDS to have a premarketing authorization, and to carry one static mandatory warning label on packages and advertisements. It also prohibits the distribution of free ENDS samples, the sale of ENDS to minors (under 18 years of age), and the sale in

vending machines, except in adults-only facilities. The FDA can take action for false or misleading and unauthorized modified risk claims. The Child Nicotine Poisoning Prevention Act of 2015 (80) requires child-resistant packaging for nicotine-containing e-liquid containers. State and local governments can regulate ENDS beyond the FDA authority on issues such as taxing, minimum prices for tobacco products, use in public spaces, and raising the minimum legal sales age for tobacco products to 21.

The Conference of the Parties (COP) to the WHO Framework Convention on Tobacco Control (FCTC) is the only international body that has released regulatory recommendations on ENDS/ENDS to

governments. At its sixth session, the COP invited “Parties to consider prohibiting or regulating ENDS/ENNDS, including as tobacco products, medicinal products, consumer products, or other categories, as appropriate, taking into account a high level of protection for human health” (81). It invited Parties to consider taking measures such as those referred to in document FCTC/COP/6/10 Rev.1 (82). The COP nevertheless urged Parties to consider banning or restricting advertising, promotion, and sponsorship of ENDS/ENNDS.

A number of tobacco companies have started to market a system known as heated tobacco products. These novel tobacco products produce aerosols containing nicotine, which makes them addictive, and other chemicals that are inhaled by users (83). Recently, an advisory panel to the FDA agreed with the company’s claim that this tobacco product reduces smokers’ exposure to harmful chemicals but said the company had not proven conclusively that this would result in less harm and disease. In the Americas, these products are either marketed or planned to be marketed at least in Canada, Colombia, Guatemala, and the USA (84). In these countries, they are considered tobacco products and, therefore, regulated as such.

### 4.3 “KILLER FLAVORS”: A CAMPAIGN SOUNDING THE ALARM ON FLAVORED CIGARETTES

#### Patricia Sosa

Campaign for Tobacco-Free Kids

The tobacco industry has introduced a new generation of tobacco products with flavors such as fruits and menthol, and is displaying the products at points of sale. The combination of innovation and display is extremely attractive to children. This is reflected in a 2017 study conducted in five cities in Latin America by Johns Hopkins University’s Bloomberg School of Public Health, with the collaboration of civil society organizations from Argentina, Bolivia, Brazil, Chile, and Peru.

FIGURE 43 Heated tobacco products



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During the study, data collectors visited points of sale near 310 primary and secondary schools, and the results indicated that 85.2% of them sold flavored cigarettes. In addition, 92.3% of the points of sale that sold flavored cigarettes had these products on display, in many cases close to candies, soft drinks, and other products aimed at children.

In the case of menthol cigarettes, the use of menthol plays an important role because menthol makes cigarettes less harsh and easier to smoke; menthol facilitates increased initiation of tobacco use among youth, is more addictive, and decreases the success of cessation attempts.

Participating organizations launched the #SaborQueMata (“Killer Flavors”) regional campaign in June 2017. The campaign calls attention to the need for countries to:

1. Prohibit the sale of flavored cigarettes;
2. Adopt a complete ban on the advertising, promotion, and sponsorship of tobacco products, including display at points of sale; and
3. Acknowledge that, despite their claims, large tobacco companies, such as Philip Morris, British American Tobacco, and Japan Tobacco, continue marketing practices that draw new generations to this deadly addiction.

FIGURE 44 Images of tobacco products at the point of sale in Rio de Janeiro (Brazil) and Lima (Peru) (“Killer Flavors” campaign)



© Campaign for Tobacco-Free Kids and its “Killer Flavors” campaign



#### 4.4 CONSISTENCY BETWEEN TRADE POLICIES AND TOBACCO CONTROL POLICIES: LESSONS LEARNED

##### **Benn McGrady**

World Health Organization, Department of Noncommunicable Diseases and Mental Health

In recent years, four high-profile international legal disputes have highlighted the intersection of trade and tobacco control.

In *US v. Clove Cigarettes*, a United States ban on flavored cigarettes was successfully challenged by Indonesia through a World Trade Organization (WTO) dispute settlement. Although the ban on flavored cigarettes was upheld as not more trade restrictive than necessary, an exemption for menthol was considered discriminatory because it treated imported products less favourably than domestic (menthol) products. In another (ongoing) WTO dispute, *Australia v. Tobacco Plain Packaging*, Cuba, the Dominican Republic, Honduras, and Indonesia are challenging Australia’s tobacco plain packaging law.

Outside the WTO, the tobacco company Philip Morris brought two unsuccessful claims under bilateral investment treaties. In the first claim, Philip Morris challenged Uruguay’s tobacco packaging and labeling measures, including the size of the country’s health warnings and a ban on brand variants. After a six-year legal battle, the Tribunal ruled in Uruguay’s favor and stressed the sovereign right to regulate. In the second claim, Philip Morris challenged Australia’s tobacco plain packaging law. This claim was decided before the Tribunal considered the merits of the dispute because the Tribunal did not have jurisdiction.

Although the outcome of these disputes has reinforced the right of States to regulate under trade and investment agreements, they have been costly and time-consuming for the governments involved. The disputes have also caused other governments to pause for thought when implementing measures like plain packaging.

Questions have been raised, therefore, about how to ensure coherence between trade, investment,

and tobacco control policies. A range of responses have been adopted, including clarifying the right to regulate in contemporary investment treaties; reviewing and renegotiating older investment treaties, including a tobacco specific exception; and protecting the right to regulate in trade agreements.

The lessons learned for tobacco control and regulation of other risk factors for noncommunicable diseases include that trade and investment agreements typically include a substantial right to regulate for purposes of protecting health, and that good regulation is often the best defence to a legal challenge. There are ways that States can strengthen their legal positions under existing treaties, and protect their right to regulate under new treaties. Assistance is also available for States that request it.

#### 4.5 REFLECTIONS ON THE ICSID AWARD IN THE CASE OF *PHILIP MORRIS INTERNATIONAL V. URUGUAY*: IMPACT OF THIS DECISION ON TOBACCO CONTROL POLICIES AND OTHER PUBLIC HEALTH MEASURES

##### **Ministry of Public Health of Uruguay**

In July 2004, Uruguay ratified the WHO Framework Convention on Tobacco Control and began to implement a long list of actions based on scientific evidence. Pursuant to this, in 2009 the country enlarged its pictorial health warning to 80% of both main faces of the package and required each brand name tobacco product to have a single presentation—that is, brand name variants were not allowed. The measure was based on evidence that variants within a single brand mislead consumers about the risks.

In February 2010, Philip Morris International filed suit against Uruguay before the International

Centre for Settlement of Investment Disputes (ICSID) alleging a violation of the bilateral investment protection treaty between Uruguay and Switzerland, because of two measures: health warnings covering 80% and the requirement of a single brand presentation.

In July 2016, the arbitral tribunal issued its award dismissing the claims and ordering Philip Morris to pay Uruguay's costs and the costs of the arbitration. The following conclusions contained in the decision are noteworthy:

- the challenged measures that were adopted constituted a valid exercise of the State's police powers.
- The manufacturers and distributors of harmful products, such as cigarettes, cannot have expectations that new and more onerous regulations will not be imposed.
- For a country with limited technical and economic resources, such as Uruguay, accession to the WHO FCTC was an important way to acquire scientific knowledge. In such circumstances, Uruguay was not required to conduct additional studies or obtain more evidence in support of the contested measures.

In short, the tribunal recognizes the sovereign right of States to establish health policies and considers the FCTC to be a treaty based on scientific evidence that underpins the measures it advocates.

There is a global consensus to prioritize the right to protect public health. It is our unavoidable responsibility to promote and apply the measures contained in the FCTC that our States have sovereignly ratified.





# 5

## Technical Note

The data presented in this document are from the *WHO Report on the Global Tobacco Epidemic, 2017 (6)*, updated with data compiled in 2017 by the Pan American Health Organization (PAHO) Regional Tobacco Control team where so indicated.

The information on tobacco taxation (R of the MPOWER package) is from data that were available for PAHO Member States as of 31 July 2016. For tobacco surveillance and cessation (M and O of the MPOWER package), the data presented are as of 31 December 2016. Finally, for smoke-free environments, health warnings, and bans on tobacco advertising, promotion, and sponsorship (P, W and E of the MPOWER package, respectively), the data were updated by the Tobacco Control team as of 31 December 2017.

### Evaluation of existing policies

#### Data sources

The data compiled on the MPOWER package measures come from the following sources:

- For all areas: official reports by the Parties to the FCTC to the Conference of the Parties (COP) and accompanying background documents.
- M (monitor tobacco use and prevention policies): tobacco prevalence surveys found in official reports to the COP, both through the regional office and PAHO country offices. The indicators used to characterize the prevalence of tobacco use are shown in this technical note.
- P (protect people from tobacco smoke), W (warn about the dangers of tobacco), and E (enforce bans on tobacco advertising, promotion, and sponsorship): tobacco control laws, including their regulations, adopted by Member States with regard to smoke-free environments; packaging and labeling; and tobacco advertising, promotion, and sponsorship. If a law was

adopted before 31 December 2017 but was not yet implemented, the respective law was studied and a note was added to clarify that a law was adopted but was not implemented as of 31 December 2017.

- R (raise taxes on tobacco): tobacco tax laws, including their regulations, adopted by Member States. Data on prices and tax revenue were obtained from the countries through the ministries of finance or respective government agencies.

#### Validation of technical data

Two experts, one from WHO headquarters and another from the PAHO Regional Tobacco Control team, reviewed the data on country legislation. Any inconsistencies were resolved with a third expert who did not participate in the original legislative evaluation. This method produced consensus on each piece of data.

#### Final data approval

The validated data on each country were submitted to the respective governments for their review and final approval in a summary information sheet for each country. If the national authorities requested changes, the WHO and PAHO experts reviewed the legislation and the clarifications requested by the national authorities, which resulted in them either updating the data or not. If agreement was not reached with the national authorities, this is reflected in the corresponding box of the respective country's information sheet.

More information can be found on processing of the data in the *WHO Report on the Global Tobacco Epidemic, 2017 (6)*.



### Analysis of data and highest level of achievement of the measures

The report describes the status of implementation of the MPOWER package for each country. It should be emphasized that the data in the report are based on existing legislation and reflect the status of rules adopted, though not necessarily implemented, as long as the law establishes a date of entry into force and is not subject to a legal challenge.

The level of implementation of each measure is classified in four categories, identified by the colors green, yellow, orange, and red. Green indicates the

highest level of implementation of the measure in question. The report shows how measures M, O, and R evolved from 2008 to 2016; and how P, W, and E evolved from 2008 to 2017; while giving a more detailed overview of the current situation. The year in which the highest level of implementation was attained for each measure is shown in Annex 8.6 for measures M, P, O, W, and E.

Calculations on the percentage of the population covered by each policy or measure, and how this changed over time, were prepared by WHO experts for the world level and PAHO experts for the regional level.

### Indicators used to characterize the prevalence of tobacco use

Age Group	Indicator
<b>Youth<sup>a</sup></b>	
Current tobacco use	Use of any tobacco product (smoked and smokeless) in the 30 days prior to the survey
Current cigarette use	Cigarette use in the 30 days prior to the survey
Current smokeless tobacco use	Use of any smokeless tobacco product in the 30 days prior to the survey
<b>Adults<sup>a</sup></b>	
Current smoked tobacco use	Use of any smoked tobacco product (cigarettes or other) in the 30 days prior to the survey; includes daily and occasional smokers
Current cigarette use	Cigarette use in the 30 days prior to the survey; includes daily and occasional smokers
Current smokeless tobacco use	Use of any smokeless tobacco product in the 30 days prior to the survey

<sup>a</sup> The definition of age groups is detailed in each survey.

### Indicators and data used to characterize the status of implementation of the MPOWER package measures

#### M: monitor tobacco use and prevention policies

##### Classification criteria

In evaluating surveillance systems, national surveys of youth and adults are analyzed according to the following characteristics:

- **Recent survey:** data were compiled in the last five years (2011 or later).
- **Representative survey:** a random sampling method was used that ensures the results were nationally representative.
- **Periodicity:** the same or a similar survey is repeated at least every five years.

	There are recent, representative, and periodic data for both adults and youth.
	There are recent and representative data for both adults and youth.
	There are recent and representative data for either adults or youth.
	There are no recent data, or data are neither recent nor representative.

**Youth survey:** school-based surveys of students (male and female) in grades that include people aged 13 to 15 years. The questions should provide indicators that are consistent with the Global Youth Tobacco Survey (GYTS) and its manuals.

**Adult surveys:** household surveys that provide indicators for adults aged 15 years and over, consistent with those of the Global Adult Tobacco Survey (GATS) and its manuals.

## P: protect people from tobacco smoke

### Classification criteria

Smoke-free environment laws are evaluated to verify whether they provide a totally smoke-free indoor space, at all times, in the following eight places:

- Health centers
- Educational facilities
- Universities
- Government buildings
- Offices
- Restaurants (or places that primarily serve food)
- Bars and pubs (or places that primarily serve drinks)
- Public transportation

**Totally smoke-free space:** a space in which smoking is prohibited at all times, in all areas, and under all circumstances.

	All public places, indoor workplaces, and public transportation are totally smoke-free (or at least 90% of the population is covered by subnational legislation).
	Designated smoking areas may be created, but they must be isolated, completely enclosed, and adhere to very strict technical conditions.
	Six to seven types of public spaces and workplaces are completely smoke-free.
	Three to five types of public spaces and workplaces are completely smoke-free.
	Up to two types of public spaces and workplaces are completely smoke-free.

## O: offer help to quit tobacco use

### Classification criteria

The status of nicotine dependence treatment is evaluated according to availability of nicotine replacement therapy, the availability of cessation services, reimbursement for costs of either of these, and the existence of a national toll-free quitline.

**Cessation services:** cessation support is available at health centers or other primary care services, hospitals, offices of health professionals, or in the community.

**Availability of the services:** “readily available” means that access is not an obstacle to treatment; “in some” indicates that lack of availability of the services is often a barrier to treatment.

	There is a national quitline, nicotine replacement therapy and some cessation services are available, and the full costs are covered.
	Nicotine replacement therapy or some cessation services are available; costs for at least one of them are covered.
	Nicotine replacement therapy or some cessation services are available; costs are not covered.
	None.

## W: warn about the dangers of tobacco

### Classification criteria

Health warnings are evaluated according to their size and the following characteristics:

- The health warnings are required by law
- They appear on all retail packaging
- They describe the harmful effects of tobacco on health
- The font, the size, and color are mandated by law
- The warnings rotate
- They are written in the language or languages of the country
- They include images or pictograms

	Large warning (covers an average of at least 50% of the front and the back) with all the appropriate characteristics.
	Same as the previous category, except the regulations are pending.
	Medium-sized warning (covers an average of 30%–49% of the front and back) with all the appropriate characteristics, or large warning, which lacks one to three of the appropriate characteristics.
	Medium-sized warning that lacks one or more of the appropriate characteristics, or large warning in which four or more appropriate characteristics are lacking.
	No warning or small warning (averages less than 30% of the front and back).

## E: enforce bans on tobacco advertising, promotion, and sponsorship

### Classification criteria

Regulations are evaluated in terms of whether there is a ban on the following types of activities:

#### Direct advertising

- National television and radio
- Magazines and local newspapers
- Billboards and open-air ads
- Advertising at points of sale

#### Indirect advertising

- **Promotion:** distribution free by mail or other means, promotional discounts, brand stretching, brand sharing, tobacco brand placement or appearance of tobacco products on television or in films
- **Sponsorship:** including corporate social responsibility

	Ban on all forms of direct and indirect advertising.
	Ban on national television, radio, and print media, as well as some but not all other forms of direct and indirect advertising.
	Ban on only national television, radio, and print media.
	Complete absence of a ban, or a ban that does not at least cover national television, radio, and print media.

## R: raise taxes on tobacco

### Classification criteria

The status of tobacco taxation is evaluated according to the percentage of the total retail price comprised of tobacco taxes. The taxes analyzed include the excise tax, value-added tax (VAT), import duties, and any other tax on tobacco. Only the price of the most sold cigarette brand is considered for each country.

	Taxes represent >75% of the retail sale price.
	Taxes represent 51%–75% of the retail sale price.
	Taxes represent 26%–50% of the retail sale price.
	Taxes represent ≤25% of the retail sale price.
	Data were not provided or are not available.

# 6

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# 7

## Country Profiles

The following chapter focuses on the status of implementation of the MPOWER package in each country. Two technical specifications were prepared for each Member State in the Americas:

- A summary sheet showing the most significant progress made with the six measures, as well as classification of the country in each category, according to the criteria and indicators specified in the Technical Note.
- A more detailed summary sheet with the evolution of prices, taxes, and tax structure of the country, as well as certain additional data on taxes. Consolidated data for all the countries of the Region are found in Annex 8.7.



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# ANTIGUA AND BARBUDA

## Prevalence of tobacco use

Youth				Adults			
POPULATION GROUP	CURRENT TOBACCO USE (SMOKED AND SMOKELESS) (%)	CURRENT CIGARETTE SMOKING (%)	CURRENT SMOKELESS TOBACCO USE (%)	POPULATION GROUP	CURRENT TOBACCO USE (SMOKED AND SMOKELESS) (%)	CURRENT CIGARETTE SMOKING (%)	CURRENT SMOKELESS TOBACCO USE (%)
Men	7.9	1.5	2.6	Men	...	...	...
Women	7.0	1.2	1.6	Women	...	...	...
Total	7.5	1.4	2.1	Total	...	...	...

Source: Global Youth Tobacco Survey (13-15 years). Survey published or identified by PAHO's Regional Tobacco Control Team after the cutoff date for the *WHO Report on the Global Tobacco Epidemic, 2017*.

## MPOWER Measures

### M (MONITORING)

Survey	Youth	Adults
Recent	No	...
National representativeness	Yes	...
Periodic	No	...

### W (WARNINGS)

Health warnings required by law	No
Images	---
Size (average-front/back)	---
Ban on misleading terms	---
Is any feature missing?	---

### P (SMOKE-FREE POLICIES)

Health centers	No
Schools (except universities)	No
Universities	No
Government buildings	Yes
Offices	No
Restaurants	No
Bars and pubs	No
Public transportation	No

### E (ADVERTISING BANS)

<b>Ban on direct advertising</b>	
Television, radio, and print media	No
Billboards	No
Publicity at points of sale	No
<b>Ban on product placement</b>	
Ban on promotion	No
Ban on sponsorship	No
<b>Ban on product display</b>	
	No

### O (CESSATION)

<b>Toll-free quitline</b>	No	
<b>Nicotinic substitution therapy is available in:</b>	<b>Are the costs covered?</b>	
Pharmacies	No	
<b>Cessation services are available in:</b>	<b>Are the costs covered?</b>	
Primary care services	No	---
Hospitals	No	---
Doctor's offices	Yes, in some	No
The community	No	---
Other	No	---

### R (TAXATION)

<b>Price of most sold brand (pack of 20 cigarettes)</b>		
In national currency	XCD	8.00
In international dollars		4.94
<b>Tax (share of the final price of most sold brand)</b>		
Total taxes		15.47
Specific excise taxes		0.00
Ad valorem excise taxes		0.00
Value-added tax (VAT)		13.04
Import duties		0.00
Other taxes		2.43
<b>Evolution of taxes and prices</b>		
	<b>2008</b>	<b>2016</b>
Tax (share of the final price of most sold brand)	14.77	15.47
Price of most sold brand (international dollars)	3.77	4.94

... Data not reported/not available

--- Data not required/not applicable

For definitions of the indicators and color-coded ratings, see the Technical Note.



	WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL	PROTOCOL TO ELIMINATE ILLICIT TRADE IN TOBACCO PRODUCTS
Date of signature (d/m/y):	28/06/2004	—
Date of the ratification or accession (d/m/y):	05/06/2006	—

## Tobacco: prices and taxes

### RETAIL PRICE PER PACK OF 20 CIGARETTES

		In local dollars (XCD)	In international dollars (PPP) <sup>1</sup>
Most popular brand:	Benson & Hedges	8.00	4.94
Most inexpensive brand:	L&M	4.00	2.47
Most expensive brand:	Marlboro	8.00	4.94

### TAXES ON TOBACCO<sup>2</sup>

#### Taxes as percentage of the final price of the most sold brand

Excise taxes <sup>3</sup>	Specific taxes <sup>4</sup>	0.00%
	Ad valorem tax <sup>5</sup>	0.00%
Value-added/sales tax (VAT)		13.04%
Import duty <sup>6</sup>		0.00%
Other taxes		2.43%
Total excise taxes		15.47%

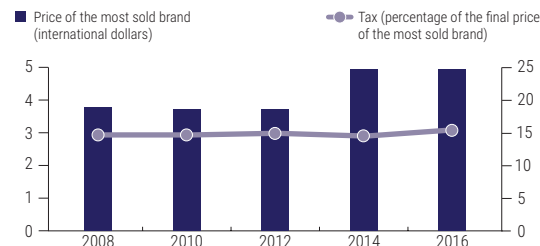
#### Design and administration of cigarette taxes

Are taxes applied in mixed fashion ( <i>ad valorem</i> and excise)?	No
If a mixed tax system is used, is the tax burden of excise taxes greater than that of <i>ad valorem</i> taxes? <sup>7</sup>	---
If an <i>ad valorem</i> or mixed tax system exists, is a specific minimum tax applied? <sup>8</sup>	---

- The international dollar is a currency unit adjusted for purchasing power parity (PPP) that is used to compare the value of products and services in different countries.
- Taxes: taxes imposed on goods or services which cause consumers to pay higher prices.
- Excise taxes: these have a greater impact on public health since they are applied exclusively to tobacco products and raise their relative price compared to other products and services.
- Specific tax: it is established in relation to quantity, for example, a set quantity of cigarettes, or by weight.
- Ad valorem* tax: is based on the value of the product, such as a percentage of the retail price, the manufacturer's price, etc.
- The effectiveness of import duties in raising sales prices has been declining as countries have signed bilateral, regional, and global trade agreements.
- Specific excise taxes tend to raise consumer prices more, relatively, than *ad valorem* taxes. Imposing the same specific excise tax on all cigarettes sends the clear message that they are all equally detrimental.
- If the tax calculated falls below a specified minimum level, a specific tax rate is applied.

### EVOLUTION OF TAXES AND PRICES ON THE MOST POPULAR BRAND OF CIGARETTES

	2008	2010	2012	2014	2016
Tax (percentage of the final price of the most sold brand)	14.77%	14.77%	15.00%	14.63%	15.47%
Price of the most sold brand (international dollars)	3.77	3.73	3.71	4.94	4.94



### EVOLUTION OF THE PRICE OF CIGARETTES COMPARED TO INCOME

	2008	2010	2012	2014	2016
Percentage of per capita GDP required to purchase 100 packs <sup>9</sup>	1.47%	1.78%	1.71%	2.06%	1.91%

Have cigarettes become less affordable since 2008?

Yes

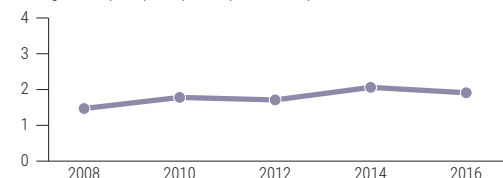
Did cigarettes become less affordable between 2014 and 2016?

No<sup>10</sup>

<sup>9</sup> Note that a higher percentage means it is less affordable, which discourages cigarette smoking.

<sup>10</sup> Cigarettes became more expensive between 2012 and 2014, then became more affordable between 2014 and 2016.

Percentage of GDP per capita required to purchase 100 packs



### SUPPLEMENTARY INFORMATION ON TAXES

Are tax stamps or bar codes required for tobacco products?	No
Are duty-free sales banned or limited?	Limit of 200 cigarettes
Is tobacco tax revenue pre-allocated to a specific purpose or activity?	No

--- Data not reported/not available

--- Data not required/not applicable

# ARGENTINA

## Prevalence of tobacco use

### Youth

POPULATION GROUP	CURRENT TOBACCO USE (SMOKED AND SMOKELESS) (%)	CURRENT CIGARETTE SMOKING (%)	CURRENT SMOKELESS TOBACCO USE (%)
Men	22.7	17.4	4.4
Women	25.4	21.5	3.0
Total	24.1	19.6	3.7

Source: Global Youth Tobacco Survey, 2012 (13-15 years).

### Adults

POPULATION GROUP	CURRENT TOBACCO USE (SMOKED AND SMOKELESS) (%)	CURRENT CIGARETTE SMOKING (%)	CURRENT SMOKELESS TOBACCO USE (%)
Men	...	29.9 <sup>a</sup>	0.1 <sup>b</sup>
Women	...	20.9 <sup>a</sup>	0.2 <sup>b</sup>
Total	...	25.1 <sup>a</sup>	0.2 <sup>b</sup>

<sup>a</sup> National Survey of Risk Factors for Noncommunicable Diseases, 2013.

<sup>b</sup> Global Adult Tobacco Survey, 2011-12 (≥15 years).

## MPOWER Measures

### M (MONITORING)

Survey	Youth	Adults
Recent	Yes	Yes
National representativeness	Yes	Yes
Periodic	Yes	Yes

### P (SMOKE-FREE POLICIES)

Health centers	Yes
Schools (except universities)	Yes
Universities	Yes
Government buildings	Yes
Offices	Yes
Restaurants	Yes
Bars and pubs	Yes
Public transportation	Yes

### O (CESSATION)

<b>Toll-free quitline</b>	Yes	
<b>Nicotinic substitution therapy is available in:</b>	<b>Are the costs covered?</b>	
Pharmacies	No	
<b>Cessation services are available in:</b>	<b>Are the costs covered?</b>	
Primary care services	In most	Totally
Hospitals	In most	Totally
Doctor's offices	Yes, in some	Partially
The community	Yes, in some	Partially
Other	No	---

... Data not reported/not available

--- Data not required/not applicable

For definitions of the indicators and color-coded ratings, see the Technical Note.

### W (SANITARY WARNINGS)

Health warnings required by law	Yes
Images	Yes
Size (average-front/back)	50-50/50
Ban on misleading terms	Yes
Is any feature missing?	No

### E (ADVERTISING BANS)

Ban on direct advertising	
Television, radio, and print media	Yes
Billboards	Yes
Publicity at points of sale	No
Ban on product placement	
Ban on promotion	Yes
Ban on sponsorship	Yes
Ban on product display	No

### R (TAXATION)

Price of most sold brand (pack of 20 cigarettes)		
In national currency	ARS	40.00
In international dollars		4.35
Tax (share of the final price of most sold brand)		
Total taxes		80.25
Specific excise taxes		0.00
Ad valorem excise taxes		76.10
Value-added tax (VAT)		4.15
Import duties		0.00
Other taxes		0.00
Evolution of taxes and prices	2008	2016
Tax (share of the final price of most sold brand)	69.20	80.25
Price of most sold brand (international dollars)	2.36	4.35



	WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL	PROTOCOL TO ELIMINATE ILLICIT TRADE IN TOBACCO PRODUCTS
Date of signature (d/m/y):	25/09/2003	—
Date of the ratification or accession (d/m/y):	—	—

## Tobacco: prices and taxes

### RETAIL PRICE PER PACK OF 20 CIGARETTES

		In local dollars (ARS)	In international dollars (PPP) <sup>1</sup>
Most popular brand:	Phillip Morris	40.00	4.35
Most inexpensive brand:	Next	15.10	1.64
Most expensive brand:	Phillip Morris	40.00	4.35

### TAXES ON TOBACCO<sup>2</sup>

#### Taxes as percentage of the final price of the most sold brand

	Specific taxes <sup>4</sup>	
Excise taxes <sup>3</sup>	<i>Ad valorem</i> tax <sup>5</sup>	76.10%
Value-added/sales tax (VAT)		4.15%
Import duty <sup>6</sup>		0.00%
Other taxes		0.00%
Total excise taxes		80.25%

1 The international dollar is a currency unit adjusted for purchasing power parity (PPP) that is used to compare the value of products and services in different countries.

2 Taxes: taxes imposed on goods or services which cause consumers to pay higher prices.

3 Excise taxes: these have a greater impact on public health since they are applied exclusively to tobacco products and raise their relative price compared to other products and services.

4 Specific tax: it is established in relation to quantity, for example, a set quantity of cigarettes, or by weight.

5 *Ad valorem* tax: is based on the value of the product, such as a percentage of the retail price, the manufacturer's price, etc.

6 The effectiveness of import duties in raising sales prices has been declining as countries have signed bilateral, regional, and global trade agreements.

7 Specific excise taxes tend to raise consumer prices more, relatively, than *ad valorem* taxes. Imposing the same specific excise tax on all cigarettes sends the clear message that they are all equally detrimental.

8 If the tax calculated falls below a specified minimum level, a specific tax rate is applied.

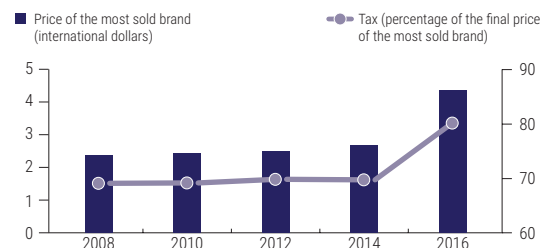
#### Design and administration of cigarette taxes

Are taxes applied in mixed fashion ( <i>ad valorem</i> and excise)?	No
If a mixed tax system is used, is the tax burden of excise taxes greater than that of <i>ad valorem</i> taxes? <sup>7</sup>	---
If an <i>ad valorem</i> or mixed tax system exists, is a specific minimum tax applied? <sup>8</sup>	Yes

### EVOLUTION OF TAXES AND PRICES ON THE MOST POPULAR BRAND OF CIGARETTES

	2008	2010	2012	2014	2016 <sup>9</sup>
Tax (percentage of the final price of the most sold brand)	69.20%	69.27%	69.93%	69.84%	80.25%
Price of the most sold brand (international dollars)	2.36	2.44	2.50	2.69	4.35

9 The country has increased excise taxes on tobacco since 2014; however, due to price variability, this does not necessarily have an effect on the tax indicator.



### EVOLUTION OF THE PRICE OF CIGARETTES COMPARED TO INCOME

	2008	2010	2012	2014	2016
Percentage of per capita GDP required to purchase 100 packs <sup>10</sup>	1.31%	1.32%	1.27%	1.35%	2.16%

Have cigarettes become less affordable since 2008?

No change<sup>11</sup>

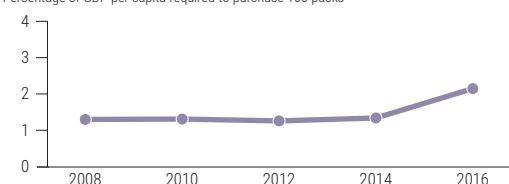
Did cigarettes become less affordable between 2014 and 2016?

Yes

10 Note that a higher percentage means it is less affordable, which discourages cigarette smoking.

11 Affordability is considered unchanged (2008-2016) if the least-squares growth rate is not statistically significant at the 5% level.

Percentage of GDP per capita required to purchase 100 packs



### SUPPLEMENTARY INFORMATION ON TAXES

Are tax stamps or bar codes required for tobacco products?	Yes <sup>12</sup>
Are duty-free sales banned or limited?	No
Is tobacco tax revenue pre-allocated to a specific purpose or activity?	The additional emergency tax is established by Law 24625 of 1995, and its purpose is to fund social and health programs of the Rural Change Program and the Social-Agricultural Program.

12 Indicates that tax stamps or codes can be read by the naked eye (such as color-changing inks, holograms, latent images, watermarks, and security threads).

--- Data not reported/not available

--- Data not required/not applicable

# BAHAMAS

## Prevalence of tobacco use

### Youth

POPULATION GROUP	CURRENT TOBACCO USE (SMOKED AND SMOKELESS) (%)	CURRENT CIGARETTE SMOKING (%)	CURRENT SMOKELESS TOBACCO USE (%)
Men	16.3	4.6	4.0
Women	8.4	2.6	1.6
Total	12.6	3.8	2.8

Source: Global Youth Tobacco Survey, 2013 (13-15 years).

### Adults

POPULATION GROUP	CURRENT TOBACCO USE (SMOKED AND SMOKELESS) (%)	CURRENT CIGARETTE SMOKING (%)	CURRENT SMOKELESS TOBACCO USE (%)
Men	26.9	...	0.9
Women	6.4	...	0.1
Total	16.7	...	0.5

Source: STEPS Survey, 2012 (25-64 years).

## MPOWER Measures

### M (MONITORING)

Survey	Youth	Adults
Recent	Yes	Yes
National representativeness	Yes	Yes
Periodic	Yes	No <sup>a</sup>

<sup>a</sup> Only surveys with national representativeness were considered.

### W (WARNINGS)

Health warnings required by law	Yes
Images	No
Size (average-front/back)	Not specified
Ban on misleading terms	No
Is any feature missing?	Yes <sup>b</sup>

<sup>b</sup> For more information, see Table 8.

### P (SMOKE-FREE POLICIES)

Health centers	No
Schools (except universities)	No
Universities	No
Government buildings	No
Offices	No
Restaurants	No
Bars and pubs	No
Public transportation	No

### E (ADVERTISING BANS)

<b>Ban on direct advertising</b>	
Television, radio, and print media	Incomplete <sup>c</sup>
Billboards	No
Publicity at points of sale	No
<b>Ban on product placement</b>	
Ban on promotion	No
Ban on sponsorship	No

**Ban on product display** No

<sup>c</sup> For more information, see Tables 9 and 10.

### O (CESSATION)

Toll-free quitline		No
Nicotinic substitution therapy is available in:		Are the costs covered?
Pharmacies		No
Cessation services are available in:		Are the costs covered?
Primary care services	Yes, in some	Totally
Hospitals	Yes, in some	Totally
Doctor's offices	Yes, in some	No
The community	No	---
Other	Yes, in some	Totally

... Data not reported/not available

--- Data not required/not applicable

For definitions of the indicators and color-coded ratings, see the Technical Note.

### R (TAXATION)

<b>Price of most sold brand (pack of 20 cigarettes)</b>		
In national currency	BSD	8.95
In international dollars		8.97
<b>Tax (share of the final price of most sold brand)</b>		
Total taxes		40.50
Specific excise taxes		33.52
Ad valorem excise taxes		0.00
Value-added tax (VAT)		6.98
Import duties		0.00
Other taxes		0.00
<b>Evolution of taxes and prices</b>	<b>2008</b>	<b>2016</b>
Tax (share of the final price of most sold brand)	31.23	40.50
Price of most sold brand (international dollars)	2.66	8.97





	WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL	PROTOCOL TO ELIMINATE ILLICIT TRADE IN TOBACCO PRODUCTS
Date of signature (d/m/y):	29/06/2004	—
Date of the ratification or accession (d/m/y):	03/11/2009	—

## Tobacco: prices and taxes

### RETAIL PRICE PER PACK OF 20 CIGARETTES

		In local dollars (BSD)	In international dollars (PPP) <sup>1</sup>
Most popular brand:	Rothmans	8.95	8.97
Most inexpensive brand:	Palms	3.60	3.61
Most expensive brand:	Rothmans	8.95	8.97

### TAXES ON TOBACCO<sup>2</sup>

#### Taxes as percentage of the final price of the most sold brand

Excise taxes <sup>3</sup>	Specific taxes <sup>4</sup>	33.52%
	Ad valorem tax <sup>5</sup>	0.00%
Value-added/sales tax (VAT)		6.98%
Import duty <sup>6</sup>		0.00%
Other taxes		0.00%
Total excise taxes		40.50%

1 The international dollar is a currency unit adjusted for purchasing power parity (PPP) that is used to compare the value of products and services in different countries.

2 Taxes: taxes imposed on goods or services which cause consumers to pay higher prices.

3 Excise taxes: these have a greater impact on public health since they are applied exclusively to tobacco products and raise their relative price compared to other products and services.

4 Specific tax: it is established in relation to quantity, for example, a set quantity of cigarettes, or by weight.

5 Ad valorem tax: is based on the value of the product, such as a percentage of the retail price, the manufacturer's price, etc.

6 The effectiveness of import duties in raising sales prices has been declining as countries have signed bilateral, regional, and global trade agreements.

7 Specific excise taxes tend to raise consumer prices more, relatively, than ad valorem taxes. Imposing the same specific excise tax on all cigarettes sends the clear message that they are all equally detrimental.

8 If the tax calculated falls below a specified minimum level, a specific tax rate is applied.

#### Design and administration of cigarette taxes

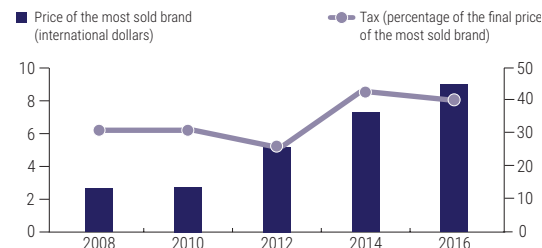
Are taxes applied in mixed fashion (*ad valorem* and excise)? No

If a mixed tax system is used, is the tax burden of excise taxes greater than that of *ad valorem* taxes?<sup>7</sup> ---

If an *ad valorem* or mixed tax system exists, is a specific minimum tax applied?<sup>8</sup> ---

### EVOLUTION OF TAXES AND PRICES ON THE MOST POPULAR BRAND OF CIGARETTES

	2008	2010	2012	2014	2016
Tax (percentage of the final price of the most sold brand)	31.23%	31.23%	26.40%	42.86%	40.50%
Price of the most sold brand (international dollars)	2.66	2.75	5.19	7.29	8.97



### EVOLUTION OF THE PRICE OF CIGARETTES COMPARED TO INCOME

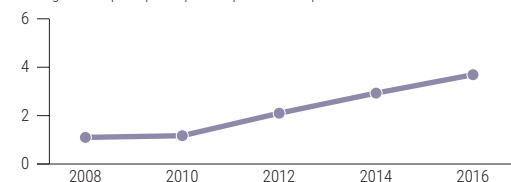
	2008	2010	2012	2014	2016
Percentage of per capita GDP required to purchase 100 packs <sup>9</sup>	1.10%	1.17%	2.10%	2.93%	3.69%

Have cigarettes become less affordable since 2008? Yes

Did cigarettes become less affordable between 2014 and 2016? Yes

<sup>9</sup> The country has increased excise taxes on tobacco since 2014; however, due to price variability, this does not necessarily have an effect on the tax indicator.

Percentage of GDP per capita required to purchase 100 packs



### SUPPLEMENTARY INFORMATION ON TAXES

Are tax stamps or bar codes required for tobacco products?	Yes <sup>10, 11</sup>
Are duty-free sales banned or limited?	---
Is tobacco tax revenue pre-allocated to a specific purpose or activity?	No

<sup>10</sup> Indicates that tax stamps or codes are concealed (that is, they cannot be read by the naked eye, but only with special electronic readers or via laboratory analysis).

<sup>11</sup> Indicates that tax stamps or codes can be read by the naked eye (such as color-changing inks, holograms, latent images, watermarks, and security threads).

--- Data not reported/not available

--- Data not required/not applicable



# BARBADOS

## Prevalence of tobacco use

### Youth

POPULATION GROUP	CURRENT TOBACCO USE (SMOKED AND SMOKELESS) (%)	CURRENT CIGARETTE SMOKING (%)	CURRENT SMOKELESS TOBACCO USE (%)
Men	17.4	8.8	2.9
Women	11.4	5.0	3.0
Total	14.5	7.0	2.9

Source: Global Youth Tobacco Survey, 2013 (13-15 years).

### Adults

POPULATION GROUP	CURRENT TOBACCO USE (SMOKED AND SMOKELESS) (%)	CURRENT CIGARETTE SMOKING (%)	CURRENT SMOKELESS TOBACCO USE (%)
Men	15.5 <sup>a</sup>	...	0.0 <sup>b</sup>
Women	3.7 <sup>a</sup>	...	0.6 <sup>b</sup>
Total	9.2 <sup>a</sup>	...	0.3 <sup>b</sup>

<sup>a</sup> National Health Survey, 2011-2012 (≥25 years).

<sup>b</sup> STEPS Survey, 2007 (≥25 years).

## MPOWER Measures

### M (MONITORING)

Survey	Youth	Adults
Recent	Yes	Yes
National representativeness	Yes	Yes
Periodic	Yes	Yes

### P (SMOKE-FREE POLICIES)

Health centers	Yes
Schools (except universities)	Yes
Universities	Yes
Government buildings	Yes
Offices	Yes
Restaurants	Yes
Bars and pubs	Yes
Public transportation	Yes

### O (CESSATION)

Toll-free quitline		No
Nicotinic substitution therapy is available in:		Are the costs covered?
Pharmacies		No
Cessation services are available in:		Are the costs covered?
Primary care services	No	---
Hospitals	No	---
Doctor's offices	Yes, in some	No
The community	No	---
Other	Yes, in some	Totally

... Data not reported/not available

--- Data not required/not applicable

For definitions of the indicators and color-coded ratings, see the Technical Note.

### W (WARNINGS)

Health warnings required by law	Yes <sup>c</sup>
Images	Yes
Size (average-front/back)	60-60/60
Ban on misleading terms	Yes
Is any feature missing?	No

<sup>c</sup> Document: Health services (packaging and labeling of tobacco products) Regulations, 2017. Public health act, CAP. 44. The document does not specify the date of entry into force nor the implementation date.

### E (ADVERTISING BANS)

<b>Ban on direct advertising</b>	
Television, radio, and print media	No
Billboards	No
Publicity at points of sale	No
<b>Ban on product placement</b>	
Ban on promotion	No
Ban on sponsorship	No
<b>Ban on product display</b>	No

### R (TAXATION)

<b>Price of most sold brand (pack of 20 cigarettes)</b>		
In national currency	BBD	15.00
In international dollars		8.06
<b>Tax (share of the final price of most sold brand)</b>		
Total taxes		39.96
Specific excise taxes		25.07
Ad valorem excise taxes		0.00
Value-added tax (VAT)		14.89
Import duties		0.00
Other taxes		0.00
<b>Evolution of taxes and prices</b>	<b>2008</b>	<b>2016</b>
Tax (share of the final price of most sold brand)	47.77	39.96
Price of most sold brand (international dollars)	5.13	8.06



	WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL	PROTOCOL TO ELIMINATE ILLICIT TRADE IN TOBACCO PRODUCTS
Date of signature (d/m/y):	28/06/2004	—
Date of the ratification or accession (d/m/y):	03/11/2005	—

## Tobacco: prices and taxes

### RETAIL PRICE PER PACK OF 20 CIGARETTES

		In local dollars (BBD)	In international dollars (PPP) <sup>1</sup>
Most popular brand:	Benson & Hedges	15.00	8.06
Most inexpensive brand:	Pall Mall	13.00	6.98
Most expensive brand:	Marlboro	16.00	8.59

### TAXES ON TOBACCO<sup>2</sup>

#### Taxes as percentage of the final price of the most sold brand

Excise taxes <sup>3</sup>	Specific taxes <sup>4</sup>	25.07%
	Ad valorem tax <sup>5</sup>	0.00%
Value-added/sales tax (VAT)		14.89%
Import duty <sup>6</sup>		0.00%
Other taxes		0.00%
Total excise taxes		39.96%

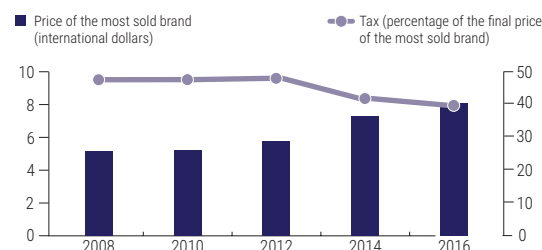
#### Design and administration of cigarette taxes

Are taxes applied in mixed fashion ( <i>ad valorem</i> and excise)?	No
If a mixed tax system is used, is the tax burden of excise taxes greater than that of <i>ad valorem</i> taxes? <sup>7</sup>	---
If an <i>ad valorem</i> or mixed tax system exists, is a specific minimum tax applied? <sup>8</sup>	---

- The international dollar is a currency unit adjusted for purchasing power parity (PPP) that is used to compare the value of products and services in different countries.
- Taxes: taxes imposed on goods or services which cause consumers to pay higher prices.
- Excise taxes: these have a greater impact on public health since they are applied exclusively to tobacco products and raise their relative price compared to other products and services.
- Specific tax: it is established in relation to quantity, for example, a set quantity of cigarettes, or by weight.
- Ad valorem* tax: is based on the value of the product, such as a percentage of the retail price, the manufacturer's price, etc.
- The effectiveness of import duties in raising sales prices has been declining as countries have signed bilateral, regional, and global trade agreements.
- Specific excise taxes tend to raise consumer prices more, relatively, than *ad valorem* taxes. Imposing the same specific excise tax on all cigarettes sends the clear message that they are all equally detrimental.
- If the tax calculated falls below a specified minimum level, a specific tax rate is applied.

### EVOLUTION OF TAXES AND PRICES ON THE MOST POPULAR BRAND OF CIGARETTES

	2008	2010	2012	2014	2016
Tax (percentage of the final price of the most sold brand)	47.77%	47.80%	48.20%	42.04%	39.96%
Price of the most sold brand (international dollars)	5.13	5.20	5.75	7.27	8.06



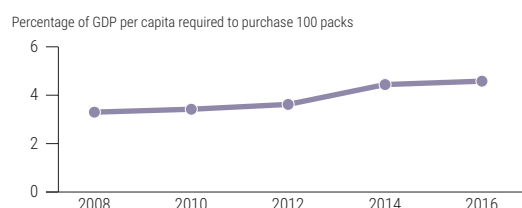
### EVOLUTION OF THE PRICE OF CIGARETTES COMPARED TO INCOME

	2008	2010	2012	2014	2016
Percentage of per capita GDP required to purchase 100 packs <sup>9</sup>	3.30%	3.42%	3.62%	4.44%	4.58%

Have cigarettes become less affordable since 2008? Yes

Did cigarettes become less affordable between 2014 and 2016? Yes

<sup>9</sup> Note that a higher percentage means it is less affordable, which discourages cigarette smoking.



### SUPPLEMENTARY INFORMATION ON TAXES

Are tax stamps or bar codes required for tobacco products?	No
Are duty-free sales banned or limited?	Banned
Is tobacco tax revenue pre-allocated to a specific purpose or activity?	No

- Data not reported/not available
- Data not required/not applicable

# BELIZE

## Prevalence of tobacco use

### Youth

POPULATION GROUP	CURRENT TOBACCO USE (SMOKED AND SMOKELESS) (%)	CURRENT CIGARETTE SMOKING (%)	CURRENT SMOKELESS TOBACCO USE (%)
Men	16.6	10.4	2.9
Women	8.2	5.4	1.7
Total	12.3	7.8	2.3

Source: Global Youth Tobacco Survey, 2014 (13-15 years).

### Adults

POPULATION GROUP	CURRENT TOBACCO USE (SMOKED AND SMOKELESS) (%) <sup>a</sup>	CURRENT CIGARETTE SMOKING (%)	CURRENT SMOKELESS TOBACCO USE (%)
Men	16.4	...	...
Women	2.1	...	...
Total	...	...	...

Source: Multiple Indicator Cluster Survey (MICS), 2015 (15-49 years).

a The reported data refer to use of all types of tobacco.

## MPOWER Measures

### M (MONITORING)

Survey	Youth	Adults
Recent	Yes	Yes
National representativeness	Yes	Yes
Periodic	Yes	No <sup>b</sup>

b Only surveys with national representativeness were considered.

### P (SMOKE-FREE POLICIES)

Health centers	No
Schools (except universities)	No
Universities	No
Government buildings	No
Offices	No
Restaurants	No
Bars and pubs	No
Public transportation	No

### O (CESSATION)

<b>Toll-free quitline</b>	No	
<b>Nicotinic substitution therapy is available in:</b>	<b>Are the costs covered?</b>	
Not available.	---	
<b>Cessation services are available in:</b>	<b>Are the costs covered?</b>	
Primary care services	Yes, in some	Partially
Hospitals	No	---
Doctor's offices	No	---
The community	No	---
Other	Yes, in some	Partially

... Data not reported/not available

--- Data not required/not applicable

For definitions of the indicators and color-coded ratings, see the Technical Note.

### W (WARNINGS)

Health warnings required by law	Yes
Images	No
Size (average-front/back) <sup>c</sup>	
Ban on misleading terms	No
Is any feature missing?	Yes <sup>d</sup>

c Not specified in the law.

d For more information, see Table 8.

### E (ADVERTISING BANS)

#### Ban on direct advertising

Television, radio, and print media	No
Billboards	No
Publicity at points of sale	No

#### Ban on product placement

Ban on promotion	No
Ban on sponsorship	No

#### Ban on product display

No

### R (TAXATION)

#### Price of most sold brand (pack of 20 cigarettes)

In national currency	BZD	5.00
In international dollars		4.36

#### Tax (share of the final price of most sold brand)

Total taxes	37.11
Specific excise taxes	26.00
Ad valorem excise taxes	0.00
Value-added tax (VAT)	11.11
Import duties	0.00
Other taxes	0.00

#### Evolution of taxes and prices

	2008	2016
Tax (share of the final price of most sold brand)	57.17	37.11
Price of most sold brand (international dollars)	4.27	4.36



	WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL	PROTOCOL TO ELIMINATE ILLICIT TRADE IN TOBACCO PRODUCTS
Date of signature (d/m/y):	26/09/2003	—
Date of the ratification or accession (d/m/y):	15/12/2005	—

## Tobacco: prices and taxes

### RETAIL PRICE PER PACK OF 20 CIGARETTES

		In local dollars (BZD)	In international dollars (PPP) <sup>1</sup>
Most popular brand:	Colonial Light	5.00	4.36
Most inexpensive brand:	Colonial/Independence	5.00	4.36
Most expensive brand:	Benson & Hedges/Marlboro	12.00	10.46

### TAXES ON TOBACCO<sup>2</sup>

#### Taxes as percentage of the final price of the most sold brand

Excise taxes <sup>3</sup>	Specific taxes <sup>4</sup>	26.00%
	Ad valorem tax <sup>5</sup>	0.00%
Value-added/sales tax (VAT)		11.11%
Import duty <sup>6</sup>		0.00%
Other taxes		0.00%
Total excise taxes		37.11%

#### Design and administration of cigarette taxes

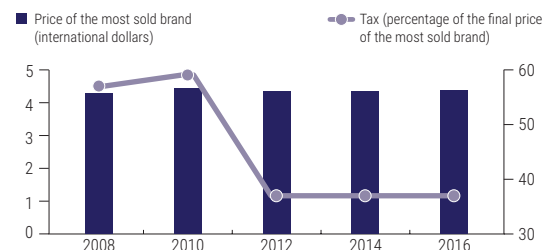
Are taxes applied in mixed fashion ( <i>ad valorem</i> and excise)?	No
If a mixed tax system is used, is the tax burden of excise taxes greater than that of <i>ad valorem</i> taxes? <sup>7</sup>	---
If an <i>ad valorem</i> or mixed tax system exists, is a specific minimum tax applied? <sup>8</sup>	---

- The international dollar is a currency unit adjusted for purchasing power parity (PPP) that is used to compare the value of products and services in different countries.
- Taxes: taxes imposed on goods or services which cause consumers to pay higher prices.
- Excise taxes: these have a greater impact on public health since they are applied exclusively to tobacco products and raise their relative price compared to other products and services.
- Specific tax: it is established in relation to quantity, for example, a set quantity of cigarettes, or by weight.
- Ad valorem* tax: is based on the value of the product, such as a percentage of the retail price, the manufacturer's price, etc.
- The effectiveness of import duties in raising sales prices has been declining as countries have signed bilateral, regional, and global trade agreements.
- Specific excise taxes tend to raise consumer prices more, relatively, than *ad valorem* taxes. Imposing the same specific excise tax on all cigarettes sends the clear message that they are all equally detrimental.
- If the tax calculated falls below a specified minimum level, a specific tax rate is applied.

### EVOLUTION OF TAXES AND PRICES ON THE MOST POPULAR BRAND OF CIGARETTES

	2008	2010	2012	2014	2016 <sup>9</sup>
Tax (percentage of the final price of the most sold brand)	57.17%	59.19%	37.11%	37.11%	37.11%
Price of the most sold brand (international dollars)	4.27	4.44	4.35	4.34	4.36

<sup>9</sup> The country has increased excise taxes on tobacco since 2014; however, due to price variability, this does not necessarily have an effect on the tax indicator.



### EVOLUTION OF THE PRICE OF CIGARETTES COMPARED TO INCOME

	2008	2010	2012	2014	2016
Percentage of per capita GDP required to purchase 100 packs <sup>10</sup>	5.88%	5.79%	5.41%	5.23%	5.39%

Have cigarettes become less affordable since 2008?

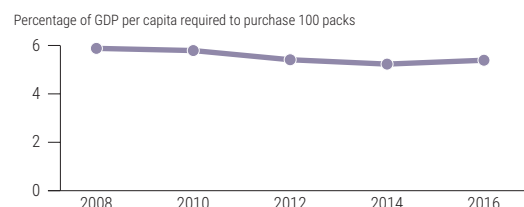
No<sup>11</sup>

Did cigarettes become less affordable between 2014 and 2016?

Yes

<sup>10</sup> Note that a higher percentage means it is less affordable, which discourages cigarette smoking.

<sup>11</sup> The most sold brand of cigarettes has become more affordable since 2008.



### SUPPLEMENTARY INFORMATION ON TAXES

Are tax stamps or bar codes required for tobacco products?	No
Are duty-free sales banned or limited?	Limit of 200 cigarettes
Is tobacco tax revenue pre-allocated to a specific purpose or activity?	No

... Data not reported/not available

--- Data not required/not applicable

# BOLIVIA (PLURINATIONAL STATE OF)

## Prevalence of tobacco use

### Youth

POPULATION GROUP	CURRENT TOBACCO USE (SMOKED AND SMOKELESS) (%)	CURRENT CIGARETTE SMOKING (%)	CURRENT SMOKELESS TOBACCO USE (%)
Men	20.9	15.3	4.5
Women	16.4	9.9	4.2
Total	18.7	11.3	3.6

Source: Global Youth Tobacco Survey, 2012 (13-15 years).

### Adults

POPULATION GROUP	CURRENT TOBACCO USE (SMOKED AND SMOKELESS) (%)	CURRENT CIGARETTE SMOKING (%)	CURRENT SMOKELESS TOBACCO USE (%)
Men	21.9	...	...
Women	9.1	...	...
Total	14.8	...	...

Source: National Household Survey of Prevalence and Characteristics of Drug Use, 2014 (12-65 years).

## MPOWER Measures

### M (MONITORING)

Survey	Youth	Adults
Recent	Yes	Yes
National representativeness	Yes	Yes
Periodic	No	No

### W (WARNINGS)

Health warnings required by law	Yes
Images	Yes
Size (average-front/back)	50-50/50
Ban on misleading terms	Yes
Is any feature missing?	No

### P (SMOKE-FREE POLICIES)

Health centers	Yes
Schools (except universities)	Yes
Universities	No
Government buildings	Yes
Offices	No
Restaurants	No
Bars and pubs	No
Public transportation	Yes

### E (ADVERTISING BANS)

<b>Ban on direct advertising</b>	
Television, radio, and print media	Yes
Billboards	Yes
Publicity at points of sale	No
<b>Ban on product placement</b>	
Ban on promotion	No
Ban on sponsorship	Yes
<b>Ban on product display</b>	No

### O (CESSATION)

<b>Toll-free quitline</b>	No	
<b>Nicotinic substitution therapy is available in:</b>	<b>Are the costs covered?</b>	
Pharmacies	No	
<b>Cessation services are available in:</b>	<b>Are the costs covered?</b>	
Primary care services	No	---
Hospitals	Yes, in some	No
Doctor's offices	Yes, in some	Partially
The community	No	---
Other	No	---

### R (TAXATION)

<b>Price of most sold brand (pack of 20 cigarettes)</b>		
In national currency	BOB	11.00
In international dollars		3.52
<b>Tax (share of the final price of most sold brand)</b>		
Total taxes		39.36
Specific excise taxes		0.00
Ad valorem excise taxes		27.85
Value-added tax (VAT)		11.50
Import duties		0.00
Other taxes		0.00
<b>Evolution of taxes and prices</b>	<b>2008</b>	<b>2016</b>
Tax (share of the final price of most sold brand)	41.00	39.36
Price of most sold brand (international dollars)	2.18	3.52

... Data not reported/not available

--- Data not required/not applicable

For definitions of the indicators and color-coded ratings, see the Technical Note.



	WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL	PROTOCOL TO ELIMINATE ILLICIT TRADE IN TOBACCO PRODUCTS
Date of signature (d/m/y):	27/02/2004	—
Date of the ratification or accession (d/m/y):	15/09/2005	—

## Tobacco: prices and taxes

### RETAIL PRICE PER PACK OF 20 CIGARETTES

		In local dollars (BOB)	In international dollars (PPP) <sup>1</sup>
Most popular brand:	L&M	11.00	3.52
Most inexpensive brand:	Astoria	6.00	1.92
Most expensive brand:	Capri	25.00	8.00

### TAXES ON TOBACCO<sup>2</sup>

#### Taxes as percentage of the final price of the most sold brand

Excise taxes <sup>3</sup>	Specific taxes <sup>4</sup>	0.00%
	Ad valorem tax <sup>5</sup>	27.85%
Value-added/sales tax (VAT)		11.50%
Import duty <sup>6</sup>		0.00%
Other taxes		0.00%
Total excise taxes		39.36%

1 The international dollar is a currency unit adjusted for purchasing power parity (PPP) that is used to compare the value of products and services in different countries.

2 Taxes: taxes imposed on goods or services which cause consumers to pay higher prices.

3 Excise taxes: these have a greater impact on public health since they are applied exclusively to tobacco products and raise their relative price compared to other products and services.

4 Specific tax: it is established in relation to quantity, for example, a set quantity of cigarettes, or by weight.

5 Ad valorem tax: is based on the value of the product, such as a percentage of the retail price, the manufacturer's price, etc.

6 The effectiveness of import duties in raising sales prices has been declining as countries have signed bilateral, regional, and global trade agreements.

7 Specific excise taxes tend to raise consumer prices more, relatively, than ad valorem taxes. Imposing the same specific excise tax on all cigarettes sends the clear message that they are all equally detrimental.

8 If the tax calculated falls below a specified minimum level, a specific tax rate is applied.

#### Design and administration of cigarette taxes

Are taxes applied in mixed fashion (*ad valorem* and excise)? No

If a mixed tax system is used, is the tax burden of excise taxes greater than that of *ad valorem* taxes?<sup>7</sup> ---

If an *ad valorem* or mixed tax system exists, is a specific minimum tax applied?<sup>8</sup> No

### EVOLUTION OF TAXES AND PRICES ON THE MOST POPULAR BRAND OF CIGARETTES

	2008	2010	2012	2014	2016
Tax (percentage of the final price of the most sold brand)	41.00%	37.67%	39.36%	39.36%	39.36%
Price of the most sold brand (international dollars)	2.18	2.29	2.58	3.09	3.52



### EVOLUTION OF THE PRICE OF CIGARETTES COMPARED TO INCOME

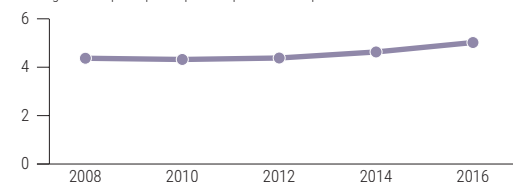
	2008	2010	2012	2014	2016
Percentage of per capita GDP required to purchase 100 packs <sup>9</sup>	4.37%	4.32%	4.38%	4.63%	5.02%

Have cigarettes become less affordable since 2008? Yes

Did cigarettes become less affordable between 2014 and 2016? Yes

9 Note that a higher percentage means it is less affordable, which discourages cigarette smoking.

Percentage of GDP per capita required to purchase 100 packs



### SUPPLEMENTARY INFORMATION ON TAXES

Are tax stamps or bar codes required for tobacco products?	Yes <sup>10</sup>
Are duty-free sales banned or limited?	Limit of 400 cigarettes
Is tobacco tax revenue pre-allocated to a specific purpose or activity?	No

10 Indicates that tax stamps or codes can be read by the naked eye (such as color-changing inks, holograms, latent images, watermarks, and security threads).

--- Data not reported/not available

--- Data not required/not applicable



# BRAZIL

## Youth

POPULATION GROUP	CURRENT TOBACCO USE (SMOKED AND SMOKELESS) (%)	CURRENT CIGARETTE SMOKING (%)	CURRENT SMOKELESS TOBACCO USE (%)
Men	6.9	5.3 <sup>a</sup>	6.3 <sup>b</sup>
Women	6.7	5.6 <sup>a</sup>	4.6 <sup>b</sup>
Total	7.0	5.4 <sup>a</sup>	5.5 <sup>b</sup>

<sup>a</sup> National School-Based Health Survey (PeNSE), 2015 (13-15 years).

<sup>b</sup> Global Youth Tobacco Survey (São Paulo), 2009 (13-15 years).

## Adults

POPULATION GROUP	CURRENT TOBACCO USE (SMOKED AND SMOKELESS) (%)	CURRENT CIGARETTE SMOKING (%)	CURRENT SMOKELESS TOBACCO USE (%)
Men	18.9	18.7	0.5
Women	11.0	10.8	0.2
Total	14.7	14.5	0.3

Source: National Survey on Health, 2013 (≥18 years).

## MPOWER Measures

### M (MONITORING)

Survey	Youth	Adults
Recent	Yes	Yes
National representativeness	Yes	Yes
Periodic	Yes	Yes

### P (SMOKE-FREE POLICIES)

Health centers	Yes
Schools (except universities)	Yes
Universities	Yes
Government buildings	Yes
Offices	Yes
Restaurants	Yes
Bars and pubs	Yes
Public transportation	Yes

### O (CESSATION)

Toll-free quitline	Yes
Nicotinic substitution therapy is available in:	Are the costs covered?
Pharmacies	Totally
Cessation services are available in:	Are the costs covered?
Primary care services	Yes, in some Totally
Hospitals	Yes, in some Totally
Doctor's offices	No ---
The community	Yes, in some No
Other	No ---

--- Data not reported/not available

--- Data not required/not applicable

For definitions of the indicators and color-coded ratings, see the Technical Note.

### W (WARNINGS)

Health warnings required by law	Yes
Images	Yes
Size (average-front/back)	65-30/100
Ban on misleading terms	Yes
Is any feature missing?	No

### E (ADVERTISING BANS)

Ban on direct advertising	
Television, radio, and print media	Yes
Billboards	Yes
Publicity at points of sale	Yes
Ban on product placement	
Ban on promotion	Yes
Ban on sponsorship	Yes <sup>c</sup>
Ban on product display	No

<sup>c</sup> The law prohibits the sponsorship of cultural and sports activities. However, the law does not prohibit sponsorship of other types of events and activities or of individuals.

### R (TAXATION)

Price of most sold brand (pack of 20 cigarettes)		
In national currency	BRL	6.24
In international dollars		3.17
Tax (share of the final price of most sold brand)		
Total taxes		67.95
Specific excise taxes		22.44
<i>Ad valorem</i> excise taxes		9.54
Value-added tax (VAT)		25.00
Import duties		—
Other taxes		10.97
Evolution of taxes and prices	2008	2016
Tax (share of the final price of most sold brand)	57.15	67.95
Price of most sold brand (international dollars)	1.98	3.17



	WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL	PROTOCOL TO ELIMINATE ILLICIT TRADE IN TOBACCO PRODUCTS
Date of signature (d/m/y):	16/06/2003	—
Date of the ratification or accession (d/m/y):	03/11/2005	—

## Tobacco: prices and taxes

### RETAIL PRICE PER PACK OF 20 CIGARETTES

		In local dollars (BRL)	In international dollars (PPP) <sup>1</sup>
Most popular brand:	Du Maurier	6.24	3.17
Most inexpensive brand:	Minister/Continental	5.00	2.54
Most expensive brand:	Dunhill	7.47	3.80

### TAXES ON TOBACCO<sup>2</sup>

#### Taxes as percentage of the final price of the most sold brand

Excise taxes <sup>3</sup>	Specific taxes <sup>4</sup>	22.44%
	Ad valorem tax <sup>5</sup>	9.54%
Value-added/sales tax (VAT)		25.00%
Import duty <sup>6</sup>		0.00%
Other taxes		10.97%
Total excise taxes		67.95%

1 The international dollar is a currency unit adjusted for purchasing power parity (PPP) that is used to compare the value of products and services in different countries.

2 Taxes: taxes imposed on goods or services which cause consumers to pay higher prices.

3 Excise taxes: these have a greater impact on public health since they are applied exclusively to tobacco products and raise their relative price compared to other products and services.

4 Specific tax: it is established in relation to quantity, for example, a set quantity of cigarettes, or by weight.

5 Ad valorem tax: is based on the value of the product, such as a percentage of the retail price, the manufacturer's price, etc.

6 The effectiveness of import duties in raising sales prices has been declining as countries have signed bilateral, regional, and global trade agreements.

7 Specific excise taxes tend to raise consumer prices more, relatively, than ad valorem taxes. Imposing the same specific excise tax on all cigarettes sends the clear message that they are all equally detrimental.

8 If the tax calculated falls below a specified minimum level, a specific tax rate is applied.

#### Design and administration of cigarette taxes

Are taxes applied in mixed fashion (*ad valorem* and excise)? Yes

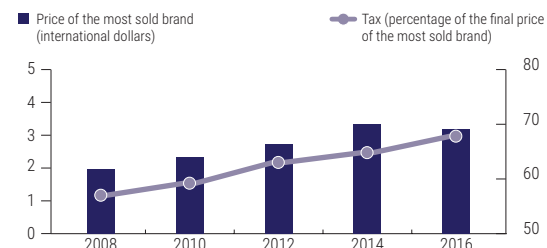
If a mixed tax system is used, is the tax burden of excise taxes greater than that of *ad valorem* taxes?<sup>7</sup> Yes

If an *ad valorem* or mixed tax system exists, is a specific minimum tax applied?<sup>8</sup> Yes

### EVOLUTION OF TAXES AND PRICES ON THE MOST POPULAR BRAND OF CIGARETTES

	2008	2010	2012	2014	2016 <sup>9</sup>
Tax (percentage of the final price of the most sold brand)	57.15%	59.35%	63.15%	64.94%	67.95%
Price of the most sold brand (international dollars)	1.98	2.34	2.73	3.33	3.17

9 The country has increased excise taxes on tobacco since 2014; however, due to price variability, this does not necessarily have an effect on the tax indicator.



### EVOLUTION OF THE PRICE OF CIGARETTES COMPARED TO INCOME

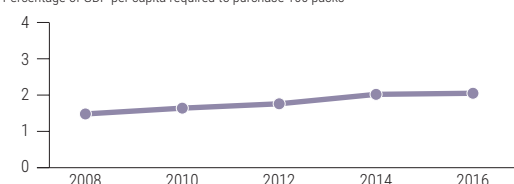
	2008	2010	2012	2014	2016
Percentage of per capita GDP required to purchase 100 packs <sup>10</sup>	1.48%	1.64%	1.76%	2.02%	2.05%

Have cigarettes become less affordable since 2008? Yes

Did cigarettes become less affordable between 2014 and 2016? Yes

10 Note that a higher percentage means it is less affordable, which discourages cigarette smoking.

Percentage of GDP per capita required to purchase 100 packs



### SUPPLEMENTARY INFORMATION ON TAXES

Are tax stamps or bar codes required for tobacco products?	Yes <sup>11, 12</sup>
Are duty-free sales banned or limited?	Limit of 200 cigarettes
Is tobacco tax revenue pre-allocated to a specific purpose or activity?	No

11 Indicates that tax stamps or codes are concealed (that is, they cannot be read by the naked eye, but only with special electronic readers or via laboratory analysis).

12 Indicates that tax stamps or codes can be read by the naked eye (such as color-changing inks, holograms, latent images, watermarks, and security threads).

... Data not reported/not available

--- Data not required/not applicable

## Prevalence of tobacco use

### Youth

POPULATION GROUP	CURRENT TOBACCO USE (SMOKED AND SMOKELESS) (%) <sup>a</sup>	CURRENT CIGARETTE SMOKING (%)	CURRENT SMOKELESS TOBACCO USE (%)
Men	4.2	0.9 <sup>b</sup>	0.8
Women	3.5 <sup>c</sup>	<1 <sup>b</sup>	0.3
Total	3.8	<1 <sup>b</sup>	0.6

Source: Canadian Tobacco, Alcohol and Drugs Survey (CTADS), 2014-15 (grades 6-9).

a Tobacco smoking includes recent smoking of cigarettes (including mentholated and roll-your-own), cigarillos or small cigars, cigars, smokeless tobacco, water pipe or herb tobacco, bidis and blunt sheath cigarettes. Electronic cigarettes are excluded.

b Interpret with caution due to the sampling variability: moderate for male rates and high for female and total rates.

c This number should not be rounded.

## MPOWER Measures

### M (MONITORING)

Survey	Youth	Adults
Recent	Yes	Yes
National representativeness	Yes	Yes
Periodic	Yes	Yes

### P (SMOKE-FREE POLICIES)<sup>d</sup>

Health centers	Yes
Schools (except universities)	Yes
Universities	Yes
Government buildings	Yes
Offices	Yes
Restaurants	Yes
Bars and pubs	Yes
Public transportation	Yes

d Although no national legislation exists, at least 90% of the population is protected by subnational laws guaranteeing 100% tobacco smoke-free environments.

### O (CESSATION)

Toll-free quitline		Yes
Nicotinic substitution therapy is available in:		Are the costs covered?
Pharmacies		Partially
Cessation services are available in:		Are the costs covered?
Primary care services	Yes, in most	Partially
Hospitals	Yes, in most	Partially
Doctor's offices	Yes, in most	Partially
The community	Yes, in some	No
Other	Yes, in some	Partially

--- Data not reported/not available

--- Data not required/not applicable

For definitions of the indicators and color-coded ratings, see the Technical Note.

### Adults

POPULATION GROUP	CURRENT TOBACCO USE (SMOKED AND SMOKELESS) (%)	CURRENT CIGARETTE SMOKING (%)	CURRENT SMOKELESS TOBACCO USE (%)
Men	...	15.6	0.8
Women	...	10.4	<1
Total	...	13.0	0.4

Source: Canadian Tobacco, Alcohol and Drugs Survey (CTADS), 2015 (≥15 years).

### W (WARNINGS)

Health warnings required by law	Yes
Images	Yes
Size (average-front/back)	75-75/75
Ban on misleading terms	Yes
Is any feature missing?	No

### E (ADVERTISING BANS)

#### Ban on direct advertising

Television, radio, and print media	Yes
Billboards	Yes
Publicity at points of sale	No

#### Ban on product placement

Ban on promotion	Incomplete <sup>e</sup>
Ban on sponsorship	Yes

#### Ban on product display

	No
--	----

e For more information, see Tables 9 and 10.

### R (TAXATION)

#### Price of most sold brand (pack of 20 cigarettes)

In national currency	CAD	10.29
In international dollars		8.54

#### Tax (share of the final price of most sold brand)

Total taxes	66.21
Specific excise taxes	57.24
Ad valorem excise taxes	0.00
Value-added tax (VAT)	8.97
Import duties	0.00
Other taxes	0.00

#### Evolution of taxes and prices

	2008	2016
Tax (share of the final price of most sold brand)	64.55	66.21
Price of most sold brand (international dollars)	6.31	8.54



	WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL	PROTOCOL TO ELIMINATE ILLICIT TRADE IN TOBACCO PRODUCTS
Date of signature (d/m/y):	15/07/2003	—
Date of the ratification or accession (d/m/y):	26/11/2004	—

## Tobacco: prices and taxes

### RETAIL PRICE PER PACK OF 20 CIGARETTES

	In local dollars (CAD)	In international dollars (PPP) <sup>1</sup>
Most popular brand: ---	10.29	8.54
Most inexpensive brand: JTI LD Blue KS 25s	8.54	7.09
Most expensive brand: ITC du Maurier Signature KS 25 pack	11.17	9.27

### TAXES ON TOBACCO<sup>2</sup>

#### Taxes as percentage of the final price of the most sold brand

Excise taxes <sup>3</sup>	Specific taxes <sup>4</sup>	57.24%
	Ad valorem tax <sup>5</sup>	0.00%
Value-added/sales tax (VAT)		8.97%
Import duty <sup>6</sup>		0.00%
Other taxes		0.00%
Total excise taxes		66.21%

#### Design and administration of cigarette taxes

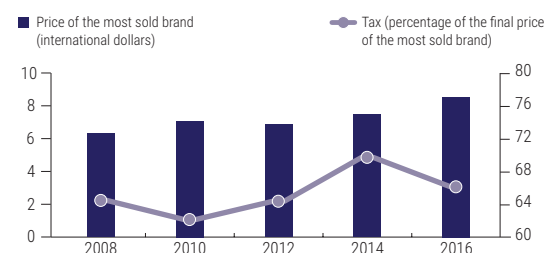
Are taxes applied in mixed fashion ( <i>ad valorem</i> and excise)?	No
If a mixed tax system is used, is the tax burden of excise taxes greater than that of <i>ad valorem</i> taxes? <sup>7</sup>	---
If an <i>ad valorem</i> or mixed tax system exists, is a specific minimum tax applied? <sup>8</sup>	---

- 1 The international dollar is a currency unit adjusted for purchasing power parity (PPP) that is used to compare the value of products and services in different countries.  
2 Taxes: taxes imposed on goods or services which cause consumers to pay higher prices.  
3 Excise taxes: these have a greater impact on public health since they are applied exclusively to tobacco products and raise their relative price compared to other products and services.  
4 Specific tax: it is established in relation to quantity, for example, a set quantity of cigarettes, or by weight.  
5 *Ad valorem* tax: is based on the value of the product, such as a percentage of the retail price, the manufacturer's price, etc.  
6 The effectiveness of import duties in raising sales prices has been declining as countries have signed bilateral, regional, and global trade agreements.  
7 Specific excise taxes tend to raise consumer prices more, relatively, than *ad valorem* taxes. Imposing the same specific excise tax on all cigarettes sends the clear message that they are all equally detrimental.  
8 If the tax calculated falls below a specified minimum level, a specific tax rate is applied.

### EVOLUTION OF TAXES AND PRICES ON THE MOST POPULAR BRAND OF CIGARETTES

	2008	2010	2012	2014	2016 <sup>10</sup>
Tax (percentage of the final price of the most sold brand) <sup>9</sup>	64.55%	62.22%	64.45%	69.80%	66.21%
Price of the most sold brand (international dollars)	6.31	7.07	6.87	7.49	8.54

- 9 WHO has used subnational and national tax rates to reflect an average tax rate for Canada. Consequently, the reported tax rates are different from the rates shown. The price shown is a weighted average for sales of the most sold brand price in Canada.  
10 The country has increased excise taxes on tobacco since 2014; however, due to price variability, this does not necessarily have an effect on the tax indicator.



### EVOLUTION OF THE PRICE OF CIGARETTES COMPARED TO INCOME

	2008	2010	2012	2014	2016
Percentage of per capita GDP required to purchase 100 packs <sup>11</sup>	1.58%	1.77%	1.62%	1.65%	1.84%

Have cigarettes become less affordable since 2008?

No change<sup>12</sup>

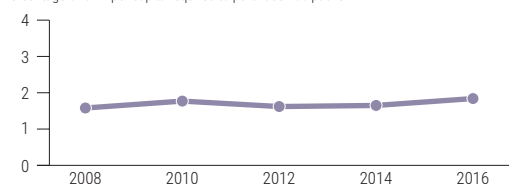
Did cigarettes become less affordable between 2014 and 2016?

Yes

Note: Subnational market shares have been used to calculate the average price of cigarettes in Canada.

- 11 Note that a higher percentage means it is less affordable, which discourages cigarette smoking.  
12 Affordability is considered unchanged (2008-2016) if the least-squares growth rate is not statistically significant at the 5% level.

Percentage of GDP per capita required to purchase 100 packs



### SUPPLEMENTARY INFORMATION ON TAXES

Are tax stamps or bar codes required for tobacco products?	Yes <sup>13, 14</sup>
Are duty-free sales banned or limited?	Limit of 200 cigarettes
Is tobacco tax revenue pre-allocated to a specific purpose or activity?	No

- 13 Indicates that tax stamps or codes are concealed (that is, they cannot be read by the naked eye, but only with special electronic readers or via laboratory analysis).  
14 Indicates that tax stamps or codes can be read by the naked eye (such as color-changing inks, holograms, latent images, watermarks, and security threads).

- Data not reported/not available  
--- Data not required/not applicable

# CHILE

## Prevalence of tobacco use

### Youth

POPULATION GROUP	CURRENT TOBACCO USE (SMOKED AND SMOKELESS) (%)	CURRENT CIGARETTE SMOKING (%)	CURRENT SMOKELESS TOBACCO USE (%)
Men	19.8 <sup>a</sup>	19.1 <sup>a</sup>	1.3 <sup>b</sup>
Women	27.8 <sup>a</sup>	26.4 <sup>a</sup>	1.5 <sup>b</sup>
Total	24.5 <sup>a</sup>	23.3 <sup>a</sup>	1.4 <sup>b</sup>

<sup>a</sup> Global School-based Health Survey, 2013 (13-15 years).

<sup>b</sup> Global Youth Tobacco Survey, 2016 (13-15 years). Data are subnational (from the Santiago metropolitan area).

### Adults

POPULATION GROUP	CURRENT TOBACCO USE (SMOKED AND SMOKELESS) (%)	CURRENT CIGARETTE SMOKING (%)	CURRENT SMOKELESS TOBACCO USE (%)
Men	37.0	...	...
Women	31.0	...	...
Total	34.0	...	...

Source: National Survey of Drugs in the General Population, 2012 (12-64 years).

## MPOWER Measures

### M (MONITORING)

Survey	Youth	Adults
Recent	Yes	Yes
National representativeness	Yes	Yes
Periodic	Yes	Yes

### P (SMOKE-FREE POLICIES)

Health centers	Yes
Schools (except universities)	Yes
Universities	Yes
Government buildings	Yes
Offices	Yes
Restaurants	Yes
Bars and pubs	Yes
Public transportation	Yes

### O (CESSATION)

<b>Toll-free quitline</b>	Yes	
<b>Nicotinic substitution therapy is available in:</b>	<b>Are the costs covered?</b>	
Pharmacies	No	
<b>Cessation services are available in:</b>	<b>Are the costs covered?</b>	
Primary care services	No	---
Hospitals	No	---
Doctor's offices	Yes, in some	No
The community	No	---
Other	Yes, in some	No

... Data not reported/not available

--- Data not required/not applicable

For definitions of the indicators and color-coded ratings, see the Technical Note.

### W (WARNINGS)

Health warnings required by law	Yes
Images	Yes
Size (average-front/back)	50-50/50
Ban on misleading terms	Yes
Is any feature missing?	No

### E (ADVERTISING BANS)

Ban on direct advertising	
Television, radio, and print media	Yes
Billboards	Yes
Publicity at points of sale	Yes
Ban on product placement	
Ban on promotion	Incomplete <sup>c</sup>
Ban on sponsorship	No
Ban on product display	No

<sup>c</sup> For more information, see Tables 9 and 10.

### R (IMPUESTOS Y PRECIOS)

Price of most sold brand (pack of 20 cigarettes)		
In national currency	CLP	2,178.00
In international dollars		5.75
Tax (share of the final price of most sold brand)		
Total taxes		89.13
Specific excise taxes		43.16
Ad valorem excise taxes		30.00
Value-added tax (VAT)		15.97
Import duties		0.00
Other taxes		0.00
Evolution of taxes and prices	2008	2016
Tax (share of the final price of most sold brand)	76.37	89.13
Price of most sold brand (international dollars)	3.46	5.75



	WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL	PROTOCOL TO ELIMINATE ILLICIT TRADE IN TOBACCO PRODUCTS
Date of signature (d/m/y):	25/09/2003	—
Date of the ratification or accession (d/m/y):	13/06/2005	—

## Tobacco: prices and taxes

### RETAIL PRICE PER PACK OF 20 CIGARETTES

		In local dollars (CLP)	In international dollars (PPP) <sup>1</sup>
Most popular brand:	Pall Mall	2,178.00	5.75
Most inexpensive brand:	Latino	2,100.00	5.55
Most expensive brand:	Marlboro	3,100.00	8.19

### TAXES ON TOBACCO<sup>2</sup>

#### Taxes as percentage of the final price of the most sold brand

Excise taxes <sup>3</sup>	Specific taxes <sup>4</sup>	43.16%
	Ad valorem tax <sup>5</sup>	30.00%
Value-added/sales tax (VAT)		15.97%
Import duty <sup>6</sup>		0.00%
Other taxes		0.00%
Total excise taxes		89.13%

1 The international dollar is a currency unit adjusted for purchasing power parity (PPP) that is used to compare the value of products and services in different countries.

2 Taxes: taxes imposed on goods or services which cause consumers to pay higher prices.

3 Excise taxes: these have a greater impact on public health since they are applied exclusively to tobacco products and raise their relative price compared to other products and services.

4 Specific tax: it is established in relation to quantity, for example, a set quantity of cigarettes, or by weight.

5 Ad valorem tax: is based on the value of the product, such as a percentage of the retail price, the manufacturer's price, etc.

6 The effectiveness of import duties in raising sales prices has been declining as countries have signed bilateral, regional, and global trade agreements.

7 Specific excise taxes tend to raise consumer prices more, relatively, than ad valorem taxes. Imposing the same specific excise tax on all cigarettes sends the clear message that they are all equally detrimental.

8 If the tax calculated falls below a specified minimum level, a specific tax rate is applied.

#### Design and administration of cigarette taxes

Are taxes applied in mixed fashion (*ad valorem* and excise)? Yes

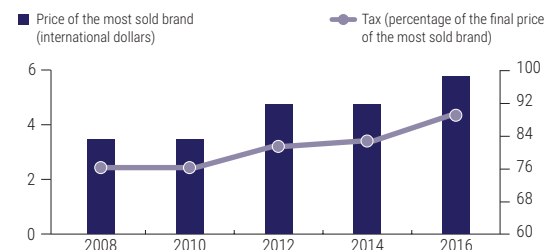
If a mixed tax system is used, is the tax burden of excise taxes greater than that of *ad valorem* taxes?<sup>7</sup> Yes

If an *ad valorem* or mixed tax system exists, is a specific minimum tax applied?<sup>8</sup> Yes

### EVOLUTION OF TAXES AND PRICES ON THE MOST POPULAR BRAND OF CIGARETTES

	2008	2010	2012	2014	2016 <sup>9</sup>
Tax (percentage of the final price of the most sold brand)	76.37%	76.37%	81.54%	82.85%	89.13%
Price of the most sold brand (international dollars)	3.46	3.46	4.75	4.73	5.75

9 The country has increased excise taxes on tobacco since 2014; however, due to price variability, this does not necessarily have an effect on the tax indicator.



### EVOLUTION OF THE PRICE OF CIGARETTES COMPARED TO INCOME

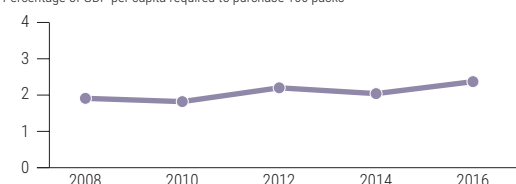
	2008	2010	2012	2014	2016
Percentage of per capita GDP required to purchase 100 packs <sup>10</sup>	1.91%	1.82%	2.20%	2.04%	2.37%

Have cigarettes become less affordable since 2008? Yes

Did cigarettes become less affordable between 2014 and 2016? Yes

10 Note that a higher percentage means it is less affordable, which discourages cigarette smoking.

Percentage of GDP per capita required to purchase 100 packs



### SUPPLEMENTARY INFORMATION ON TAXES

Are tax stamps or bar codes required for tobacco products?	No
Are duty-free sales banned or limited?	Banned
Is tobacco tax revenue pre-allocated to a specific purpose or activity?	No

--- Data not reported/not available

--- Data not required/not applicable



# COLOMBIA

## Prevalence of tobacco use

### Youth

POPULATION GROUP	CURRENT TOBACCO USE (SMOKED AND SMOKELESS) (%)	CURRENT CIGARETTE SMOKING (%)	CURRENT SMOKELESS TOBACCO USE (%)
Men	...	11.9	...
Women	...	9.0	...
Total	...	10.4	...

Source: National Survey on the Use of Psychoactive Substances in the School-Age Population, 2011 (13-15 years).

### Adults

POPULATION GROUP	CURRENT TOBACCO USE (SMOKED AND SMOKELESS) (%)	CURRENT CIGARETTE SMOKING (%)	CURRENT SMOKELESS TOBACCO USE (%)
Men	18.8	...	...
Women	7.4	...	...
Total	13.0	...	...

Source: National Survey on the Use of Psychoactive Substances in Colombia, 2013 (12-65 years).

## MPOWER Measures

### M (MONITORING)

Survey	Youth	Adults
Recent	Yes	Yes
National representativeness	Yes	Yes
Periodic	Yes	Yes

### P (SMOKE-FREE POLICIES)

Health centers	Yes
Schools (except universities)	Yes
Universities	Yes
Government buildings	Yes
Offices	Yes
Restaurants	Yes
Bars and pubs	Yes
Public transportation	Yes

### O (CESSATION)

<b>Toll-free quitline</b>	No	
<b>Nicotinic substitution therapy is available in:</b>	<b>Are the costs covered?</b>	
Pharmacies	Partially	
<b>Cessation services are available in:</b>	<b>Are the costs covered?</b>	
Primary care services	No	---
Hospitals	Yes, in some	No
Doctor's offices	Yes, in some	No
The community	No	---
Other	Yes, in some	No

... Data not reported/not available

--- Data not required/not applicable

For definitions of the indicators and color-coded ratings, see the Technical Note.

### W (WARNINGS)

Health warnings required by law	Yes
Images	Yes
Size (average-front/back)	30-30/30
Ban on misleading terms	Yes
Is any feature missing?	No

### E (ADVERTISING BANS)

<b>Ban on direct advertising</b>	
Television, radio, and print media	Yes
Billboards	Yes
Publicity at points of sale	Yes
<b>Ban on product placement</b>	
Ban on promotion	Yes
Ban on sponsorship	Yes
<b>Ban on product display</b>	No <sup>a</sup>

<sup>a</sup> Ninguna prohibición explícita de la exhibición de productos de tabaco en el punto de venta, pero la prohibición puede estar implícita debido a una prohibición total de la publicidad y la promoción del tabaco.

### R (TAXATION)

Price of most sold brand (pack of 20 cigarettes)		
In national currency	COP	2,726.00
In international dollars		2.19
Tax (share of the final price of most sold brand)		
Total taxes		49.51
Specific excise taxes		25.72
Ad valorem excise taxes		10.00
Value-added tax (VAT)		13.79
Import duties		0.00
Other taxes		0.00
Evolution of taxes and prices	2008	2016
Tax (share of the final price of most sold brand)	34.31	49.51
Price of most sold brand (international dollars)	1.68	2.19



	WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL	PROTOCOL TO ELIMINATE ILLICIT TRADE IN TOBACCO PRODUCTS
Date of signature (d/m/y):	—	—
Date of the ratification or accession (d/m/y):	10/04/2008 (adhesión)	—

## Tobacco: prices and taxes

### RETAIL PRICE PER PACK OF 20 CIGARETTES

		In local dollars (COP)	In international dollars (PPP) <sup>1</sup>
Most popular brand:	Boston	2,726.00	2.19
Most inexpensive brand:	Caribe	1,550.00	1.24
Most expensive brand:	Marlboro	3,772.00	3.03

### TAXES ON TOBACCO<sup>2</sup>

#### Taxes as percentage of the final price of the most sold brand

Excise taxes <sup>3</sup>	Specific taxes <sup>4</sup>	25.72%
	Ad valorem tax <sup>5</sup>	10.00%
Value-added/sales tax (VAT)		13.79%
Import duty <sup>6</sup>		0.00%
Other taxes		0.00%
Total excise taxes		49.51%

1 The international dollar is a currency unit adjusted for purchasing power parity (PPP) that is used to compare the value of products and services in different countries.

2 Taxes: taxes imposed on goods or services which cause consumers to pay higher prices.

3 Excise taxes: these have a greater impact on public health since they are applied exclusively to tobacco products and raise their relative price compared to other products and services.

4 Specific tax: it is established in relation to quantity, for example, a set quantity of cigarettes, or by weight.

5 Ad valorem tax: is based on the value of the product, such as a percentage of the retail price, the manufacturer's price, etc.

6 The effectiveness of import duties in raising sales prices has been declining as countries have signed bilateral, regional, and global trade agreements.

7 Specific excise taxes tend to raise consumer prices more, relatively, than ad valorem taxes. Imposing the same specific excise tax on all cigarettes sends the clear message that they are all equally detrimental.

8 If the tax calculated falls below a specified minimum level, a specific tax rate is applied.

#### Design and administration of cigarette taxes

Are taxes applied in mixed fashion (*ad valorem* and excise)? Yes

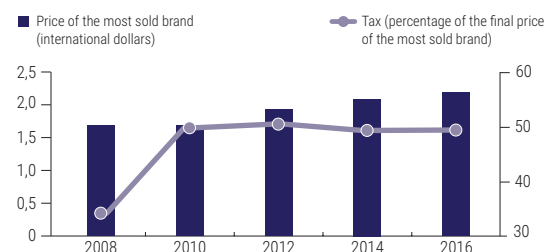
If a mixed tax system is used, is the tax burden of excise taxes greater than that of *ad valorem* taxes?<sup>7</sup> Yes

If an *ad valorem* or mixed tax system exists, is a specific minimum tax applied?<sup>8</sup> No

### EVOLUTION OF TAXES AND PRICES ON THE MOST POPULAR BRAND OF CIGARETTES

	2008	2010	2012	2014	2016 <sup>9</sup>
Tax (percentage of the final price of the most sold brand)	34.31%	49.93%	50.59%	49.44%	49.51%
Price of the most sold brand (international dollars)	1.68	1.69	1.93	2.09	2.19

9 The country has increased excise taxes on tobacco since 2014; however, due to price variability, this does not necessarily have an effect on the tax indicator.



### EVOLUTION OF THE PRICE OF CIGARETTES COMPARED TO INCOME

	2008	2010	2012	2014	2016
Percentage of per capita GDP required to purchase 100 packs <sup>10</sup>	1.64%	1.57%	1.59%	1.56%	1.54%

Have cigarettes become less affordable since 2008?

No<sup>11</sup>

Did cigarettes become less affordable between 2014 and 2016?

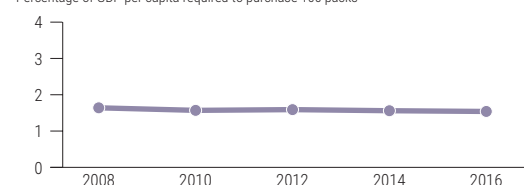
No

Note: In December 2016, after the cut-off date of the global report, the Colombian Congress approved a 100% increase in the specific component of the excise tax on cigarettes and manufactured tobacco, which resulted in the tax component of the total price rising to 52% in 2017. The measure also includes an additional increase of 50% in January 2018 and annual adjustments as of January 2019 equivalent to the annual change in the consumer price index plus 4 percentage points. As a result, it is expected that in 2019 the taxes will represent about 60% of the total price.

10 Note that a higher percentage means it is less affordable, which discourages cigarette smoking.

11 The most sold brand of cigarettes has become more affordable since 2008.

Percentage of GDP per capita required to purchase 100 packs



### SUPPLEMENTARY INFORMATION ON TAXES

Are tax stamps or bar codes required for tobacco products?	...
Are duty-free sales banned or limited?	...
Is tobacco tax revenue pre-allocated to a specific purpose or activity?	Of the specific excise tax on cigarettes and tobacco, 16% is allocated to sports, according to Law 1393 of 2010. Furthermore, the entire surcharge on cigarette consumption (10% on the retail price) must be allocated to health as follows: 1) universal insurance coverage, 2) merger of contributory and subsidized insurance plans; and 3) funding of services for low-income people of items not covered by demand subsidies. This was defined in Article 7 of Law 1393 of 2010; the criteria for use of these resources are regulated by Decree 1124 of 2011. Both the specific excise tax (including the component set aside for sports) and the surcharge, are revenue administered by the Departments and the Capital District. The value-added tax (VAT) and customs duties are national and are not set aside for a specific purpose.

... Data not reported/not available

--- Data not required/not applicable

# COSTA RICA

## Prevalence of tobacco use

### Youth

POPULATION GROUP	CURRENT TOBACCO USE (SMOKED AND SMOKELESS) (%)	CURRENT CIGARETTE SMOKING (%)	CURRENT SMOKELESS TOBACCO USE (%)
Men	9.7	5.7	1.7
Women	8.1	4.3	1.6
Total	8.9	5.0	1.6

Source: Global Youth Tobacco Survey, 2013 (13-15 years).

### Adults

POPULATION GROUP	CURRENT TOBACCO USE (SMOKED AND SMOKELESS) (%)	CURRENT CIGARETTE SMOKING (%)	CURRENT SMOKELESS TOBACCO USE (%)
Men	13.4	13.0	0.1
Women	4.4	4.3	0.0
Total	8.9	8.7	0.1

Source: Global Adult Tobacco Survey, 2015 (≥15 years).

## MPOWER Measures

### M (MONITORING)

Survey	Youth	Adults
Recent	Yes	Yes
National representativeness	Yes	Yes
Periodic	Yes	Yes

### P (SMOKE-FREE POLICIES)

Health centers	Yes
Schools (except universities)	Yes
Universities	Yes
Government buildings	Yes
Offices	Yes
Restaurants	Yes
Bars and pubs	Yes
Public transportation	Yes

### O (CESSATION)

<b>Toll-free quitline</b>	<b>No</b>	
<b>Nicotinic substitution therapy is available in:</b>	<b>Are the costs covered?</b>	
Not available	---	
<b>Cessation services are available in:</b>	<b>Are the costs covered?</b>	
Primary care services	Yes, in some	Totally
Hospitals	Yes, In most	Totally
Doctor's offices	Yes, in some	Totally
The community	Yes, in some	Totally
Other	Yes, in some	Totally

--- Data not reported/not available

--- Data not required/not applicable

For definitions of the indicators and color-coded ratings, see the Technical Note.

### W (WARNINGS)

Health warnings required by law	Yes
Images	Yes
Size (average-front/back)	50-50/50
Ban on misleading terms	Yes
Is any feature missing?	No

### E (ADVERTISING BANS)

Ban on direct advertising	
Television, radio, and print media	Yes
Billboards	Yes
Publicity at points of sale	Yes
Ban on product placement	
Ban on promotion	Incomplete <sup>a</sup>
Ban on sponsorship	Yes
Ban on product display	No

<sup>a</sup> For more information, see Tables 9 and 10.

### R (TAXATION)

Price of most sold brand (pack of 20 cigarettes)		
In national currency	CRC	1,700.00
In international dollars		4.37
Tax (share of the final price of most sold brand)		
Total taxes		69.38
Specific excise taxes		26.64
Ad valorem excise taxes		31.24
Value-added tax (VAT)		11.50
Import duties		0.00
Other taxes		0.00
Evolution of taxes and prices	2008	2016
Tax (share of the final price of most sold brand)	55.72	69.38
Price of most sold brand (international dollars)	2.54	4.37



	WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL	PROTOCOL TO ELIMINATE ILLICIT TRADE IN TOBACCO PRODUCTS
Date of signature (d/m/y):	03/07/2003	21/03/2013
Date of the ratification or accession (d/m/y):	21/08/2008	07/03/2017

## Tobacco: prices and taxes

### RETAIL PRICE PER PACK OF 20 CIGARETTES

		In local dollars (CRC)	In international dollars (PPP) <sup>1</sup>
Most popular brand:	Derby	1,700.00	4.37
Most inexpensive brand:	L&M	1,500.00	3.86
Most expensive brand:	Marlboro	1,900.00	4.89

### TAXES ON TOBACCO<sup>2</sup>

#### Taxes as percentage of the final price of the most sold brand

Excise taxes <sup>3</sup>	Specific taxes <sup>4</sup>	26.64%
	<i>Ad valorem</i> tax <sup>5</sup>	31.24%
Value-added/sales tax (VAT)		11.50%
Import duty <sup>6</sup>		0.00%
Other taxes		0.00%
Total excise taxes		69.38%

1 The international dollar is a currency unit adjusted for purchasing power parity (PPP) that is used to compare the value of products and services in different countries.

2 Taxes: taxes imposed on goods or services which cause consumers to pay higher prices.

3 Excise taxes: these have a greater impact on public health since they are applied exclusively to tobacco products and raise their relative price compared to other products and services.

4 Specific tax: it is established in relation to quantity, for example, a set quantity of cigarettes, or by weight.

5 *Ad valorem* tax: is based on the value of the product, such as a percentage of the retail price, the manufacturer's price, etc.

6 The effectiveness of import duties in raising sales prices has been declining as countries have signed bilateral, regional, and global trade agreements.

7 Specific excise taxes tend to raise consumer prices more, relatively, than *ad valorem* taxes. Imposing the same specific excise tax on all cigarettes sends the clear message that they are all equally detrimental.

8 If the tax calculated falls below a specified minimum level, a specific tax rate is applied.

#### Design and administration of cigarette taxes

Are taxes applied in mixed fashion (*ad valorem* and excise)? Yes

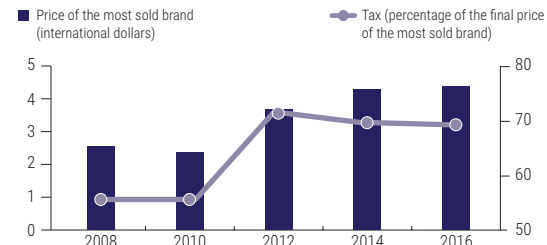
If a mixed tax system is used, is the tax burden of excise taxes greater than that of *ad valorem* taxes?<sup>7</sup> No

If an *ad valorem* or mixed tax system exists, is a specific minimum tax applied?<sup>8</sup> Yes

### EVOLUTION OF TAXES AND PRICES ON THE MOST POPULAR BRAND OF CIGARETTES

	2008	2010	2012	2014	2016 <sup>9</sup>
Tax (percentage of the final price of the most sold brand)	55.72%	55.72%	71.50%	69.76%	69.38%
Price of the most sold brand (international dollars)	2.54	2.36	3.68	4.29	4.37

9 The country has increased excise taxes on tobacco since 2014; however, due to price variability, this does not necessarily have an effect on the tax indicator.



### EVOLUTION OF THE PRICE OF CIGARETTES COMPARED TO INCOME

	2008	2010	2012	2014	2016
Percentage of per capita GDP required to purchase 100 packs <sup>10</sup>	2.05%	1.85%	2.59%	2.81%	2.67%

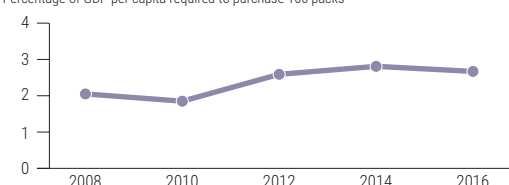
Have cigarettes become less affordable since 2008? Yes

Did cigarettes become less affordable between 2014 and 2016? No<sup>11</sup>

10 Note that a higher percentage means it is less affordable, which discourages cigarette smoking.

11 Cigarettes became more expensive between 2012 and 2014, then became more affordable from 2014 to 2016.

Percentage of GDP per capita required to purchase 100 packs



### SUPPLEMENTARY INFORMATION ON TAXES

Are tax stamps or bar codes required for tobacco products?	No
Are duty-free sales banned or limited?	Limit of 400 cigarettes
Is tobacco tax revenue pre-allocated to a specific purpose or activity?	<p>The General Law on Control of Tobacco and its Harmful Health Effects (Law 9028 of 2012) establishes in its Article 29 that revenue collected under this law should be administered in a specific account in a national state-run bank, in accordance with the Financial Management Law. Thus the National Treasury can withdraw funds directly and in timely fashion—perhaps monthly—and distribute them as follows: a) 60% of resources will be allocated to the Costa Rican Social Security Fund (CCSS) to be used for the diagnosis, treatment, and prevention of diseases associated with smoking, and to strengthen the National Oncological Network so that it can be used for cancer prevention, diagnosis, treatment, rehabilitation, and palliative care; b) 20% will be allocated to the Ministry of Health to carry out the duties assigned to it by Law 9028; c) 10% will be allocated to the Institute on Alcoholism and Drug Dependence (IAFA) for the purposes established in the aforementioned law; and d) 10% will be allocated to the Costa Rican Sports and Recreation Institute (ICODER) to carry out its sports and recreation functions.</p>

... Data not reported/not available

--- Data not required/not applicable

## Prevalence of tobacco use

### Youth

POPULATION GROUP	CURRENT TOBACCO USE (SMOKED AND SMOKELESS) (%)	CURRENT CIGARETTE SMOKING (%)	CURRENT SMOKELESS TOBACCO USE (%)
Men	19.8	13.1	...
Women	15.0	8.7	...
Total	17.1	10.6	...

Source: Global Youth Tobacco Survey, 2010 (13-15 years).

### Adults

POPULATION GROUP	CURRENT TOBACCO USE (SMOKED AND SMOKELESS) (%) <sup>a</sup>	CURRENT CIGARETTE SMOKING (%)	CURRENT SMOKELESS TOBACCO USE (%)
Men	27.2	26.8	...
Women	11.1	10.9	...
Total	...	...	...

Source: Multiple Indicator Cluster Survey (MICS), 2014 (15-49 years).

<sup>a</sup> The reported data refer to use of all types of tobacco.

## MPOWER Measures

### M (MONITORING)

Survey	Youth	Adults
Recent	No	Yes
National representativeness	Yes	No <sup>b</sup>
Periodic	No <sup>b</sup>	No <sup>b</sup>

<sup>b</sup> Only surveys with national representativeness were considered.

### P (SMOKE-FREE POLICIES)

Health centers	Yes
Schools (except universities)	Yes
Universities	Yes
Government buildings	No
Offices	No
Restaurants	No
Bars and pubs	No
Public transportation	Yes

### O (CESSATION)

<b>Toll-free quitline</b>	Yes	
<b>Nicotinic substitution therapy is available in:</b>	<b>Are the costs covered?</b>	
Not available	---	
<b>Cessation services are available in:</b>	<b>Are the costs covered?</b>	
Primary care services	Yes, In most	Totally
Hospitals	Yes, In most	Totally
Doctor's offices	Yes, In most	Totally
The community	Yes, In most	Totally
Other	Yes, in some	Totally

... Data not reported/not available

--- Data not required/not applicable

For definitions of the indicators and color-coded ratings, see the Technical Note.

### W (WARNINGS)

Health warnings required by law	Yes
Images	No
Size (average-front/back)	30 <sup>c</sup>
Ban on misleading terms	Yes
Is any feature missing?	Yes <sup>d</sup>

<sup>c</sup> By law, the warnings must occupy 30% of each main surface or 60% of one of them.

<sup>d</sup> For more details, see Table 8.

### E (ADVERTISING BANS)

<b>Ban on direct advertising</b>	
Television, radio, and print media	No
Billboards	No
Publicity at points of sale	No
<b>Ban on product placement</b>	
Ban on promotion	No
Ban on sponsorship	No
<b>Ban on product display</b>	No

### R (TAXATION)

Price of most sold brand (pack of 20 cigarettes)		
In national currency	CUP	7.00
In international dollars		...
Tax (share of the final price of most sold brand)		
Total taxes		70.44
Specific excise taxes		0.00
Ad valorem excise taxes		70.00
Value-added tax (VAT)		0.00
Import duties		0.00
Other taxes		0.44
Evolution of taxes and prices		
	2008	2016
Tax (share of the final price of most sold brand)	75.00	70.44
Price of most sold brand (international dollars)	...	...



	WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL	PROTOCOL TO ELIMINATE ILLICIT TRADE IN TOBACCO PRODUCTS
Date of signature (d/m/y):	29/06/2004	—
Date of the ratification or accession (d/m/y):	—	—

## Tobacco: prices and taxes

### RETAIL PRICE PER PACK OF 20 CIGARETTES

		In local dollars (CUP)	In international dollars (PPP) <sup>1</sup>
Most popular brand:	Criollos	7.00	...
Most inexpensive brand:	Criollos	7.00	...
Most expensive brand:	Hollywood	32.50	...

### TAXES ON TOBACCO<sup>2</sup>

#### Taxes as percentage of the final price of the most sold brand

Excise taxes <sup>3</sup>	Specific taxes <sup>4</sup>	0.00%
	Ad valorem tax <sup>5</sup>	70.00%
Value-added/sales tax (VAT)		0.00%
Import duty <sup>6</sup>		0.00%
Other taxes		0.44%
Total excise taxes		70.44%

#### Design and administration of cigarette taxes

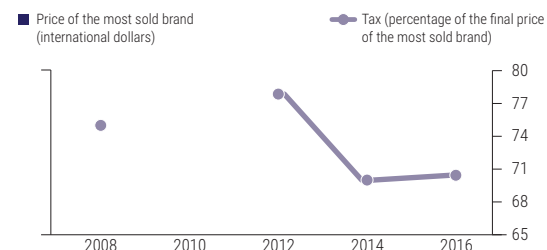
Are taxes applied in mixed fashion ( <i>ad valorem</i> and excise)?	No
If a mixed tax system is used, is the tax burden of excise taxes greater than that of <i>ad valorem</i> taxes? <sup>7</sup>	---
If an <i>ad valorem</i> or mixed tax system exists, is a specific minimum tax applied? <sup>8</sup>	No

- The international dollar is a currency unit adjusted for purchasing power parity (PPP) that is used to compare the value of products and services in different countries.
- Taxes: taxes imposed on goods or services which cause consumers to pay higher prices.
- Excise taxes: these have a greater impact on public health since they are applied exclusively to tobacco products and raise their relative price compared to other products and services.
- Specific tax: it is established in relation to quantity, for example, a set quantity of cigarettes, or by weight.
- Ad valorem* tax: is based on the value of the product, such as a percentage of the retail price, the manufacturer's price, etc.
- The effectiveness of import duties in raising sales prices has been declining as countries have signed bilateral, regional, and global trade agreements.
- Specific excise taxes tend to raise consumer prices more, relatively, than *ad valorem* taxes. Imposing the same specific excise tax on all cigarettes sends the clear message that they are all equally detrimental.
- If the tax calculated falls below a specified minimum level, a specific tax rate is applied.

### EVOLUTION OF TAXES AND PRICES ON THE MOST POPULAR BRAND OF CIGARETTES

	2008	2010	2012	2014	2016 <sup>9</sup>
Tax (percentage of the final price of the most sold brand)	75.00%	...	77.86%	70.00%	70.44%
Price of the most sold brand (international dollars)	...	...	...	...	...

<sup>9</sup> The country has increased excise taxes on tobacco since 2014; however, due to price variability, this does not necessarily have an effect on the tax indicator.



### EVOLUTION OF THE PRICE OF CIGARETTES COMPARED TO INCOME

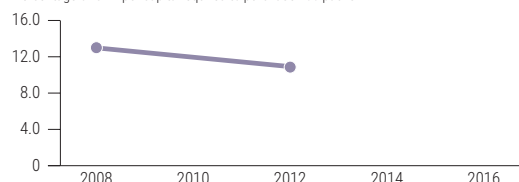
	2008	2010	2012	2014	2016
Percentage of per capita GDP required to purchase 100 packs <sup>10</sup>	13.00%	...	10.86%	...	...

Have cigarettes become less affordable since 2008? ...

Did cigarettes become less affordable between 2014 and 2016? ...

<sup>10</sup> Note that a higher percentage means it is less affordable, which discourages cigarette smoking.

Percentage of GDP per capita required to purchase 100 packs



### SUPPLEMENTARY INFORMATION ON TAXES

Are tax stamps or bar codes required for tobacco products?	No
Are duty-free sales banned or limited?	Banned
Is tobacco tax revenue pre-allocated to a specific purpose or activity?	No

... Data not reported/not available

--- Data not required/not applicable



# DOMINICA

## Prevalence of tobacco use

### Youth

POPULATION GROUP	CURRENT TOBACCO USE (SMOKED AND SMOKELESS) (%)	CURRENT CIGARETTE SMOKING (%)	CURRENT SMOKELESS TOBACCO USE (%)
Men	30.4	13.8	10.2
Women	19.8	8.9	6.4
Total	25.3	11.6	8.4

Source: Global Youth Tobacco Survey, 2009 (13-15 years).

### Adults

POPULATION GROUP	CURRENT TOBACCO USE (SMOKED AND SMOKELESS) (%)	CURRENT CIGARETTE SMOKING (%)	CURRENT SMOKELESS TOBACCO USE (%)
Men	16.6	17.0	1.6
Women	3.2	3.2	0.0
Total	10.2	10.4	0.8

Source: STEPS Survey, 2007-2008 (15-64 years).

## MPOWER Measures

### M (MONITORING)

Survey	Youth	Adults
Recent	No	No
National representativeness	Yes	Yes
Periodic	No	No <sup>a</sup>

<sup>a</sup> Only surveys with national representativeness were considered.

### W (WARNINGS)

Health warnings required by law	No
Images	---
Size (average-front/back)	---
Ban on misleading terms	---
Is any feature missing?	---

### P (SMOKE-FREE POLICIES)

Health centers	No
Schools (except universities)	No
Universities	No
Government buildings	No
Offices	No
Restaurants	No
Bars and pubs	No
Public transportation	No

### E (ADVERTISING BANS)

<b>Ban on direct advertising</b>	
Television, radio, and print media	No
Billboards	No
Publicity at points of sale	No
<b>Ban on product placement</b>	
Ban on promotion	No
Ban on sponsorship	No
<b>Ban on product display</b>	No

### O (CESSATION)

Toll-free quitline		No
Nicotinic substitution therapy is available in:		Are the costs covered?
Pharmacies		No
Cessation services are available in:		Are the costs covered?
Primary care services	Yes, In most	No
Hospitals	Yes, In most	...
Doctor's offices	No	---
The community	No	---
Other	...	...

--- Data not reported/not available

--- Data not required/not applicable

For definitions of the indicators and color-coded ratings, see the Technical Note.

### R (TAXATION)

Price of most sold brand (pack of 20 cigarettes)		
In national currency	XCD	4.30
In international dollars		2.47
Tax (share of the final price of most sold brand)		
Total taxes		24.30
Specific excise taxes		11.26
Ad valorem excise taxes		0.00
Value-added tax (VAT)		13.04
Import duties		0.00
Other taxes		0.00
Evolution of taxes and prices		
	2008	2016
Tax (share of the final price of most sold brand)	25.61	24.30
Price of most sold brand (international dollars)	1.99	2.47



	WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL	PROTOCOL TO ELIMINATE ILLICIT TRADE IN TOBACCO PRODUCTS
Date of signature (d/m/y):	29/06/2004	—
Date of the ratification or accession (d/m/y):	24/07/2006	—

## Tobacco: prices and taxes

### RETAIL PRICE PER PACK OF 20 CIGARETTES

		In local dollars (XCD)	In international dollars (PPP) <sup>1</sup>
Most popular brand:	Hillsborough	4.30	2.47
Most inexpensive brand:	Hillsborough	4.30	2.47
Most expensive brand:	Marlboro	10.95	6.28

### TAXES ON TOBACCO<sup>2</sup>

#### Taxes as percentage of the final price of the most sold brand

Excise taxes <sup>3</sup>	Specific taxes <sup>4</sup>	11.26%
	Ad valorem tax <sup>5</sup>	0.00%
Value-added/sales tax (VAT)		13.04%
Import duty <sup>6</sup>		0.00%
Other taxes		0.00%
Total excise taxes		24.30%

1 The international dollar is a currency unit adjusted for purchasing power parity (PPP) that is used to compare the value of products and services in different countries.

2 Taxes: taxes imposed on goods or services which cause consumers to pay higher prices.

3 Excise taxes: these have a greater impact on public health since they are applied exclusively to tobacco products and raise their relative price compared to other products and services.

4 Specific tax: it is established in relation to quantity, for example, a set quantity of cigarettes, or by weight.

5 Ad valorem tax: is based on the value of the product, such as a percentage of the retail price, the manufacturer's price, etc.

6 The effectiveness of import duties in raising sales prices has been declining as countries have signed bilateral, regional, and global trade agreements.

7 Specific excise taxes tend to raise consumer prices more, relatively, than ad valorem taxes. Imposing the same specific excise tax on all cigarettes sends the clear message that they are all equally detrimental.

8 If the tax calculated falls below a specified minimum level, a specific tax rate is applied.

#### Design and administration of cigarette taxes

Are taxes applied in mixed fashion (*ad valorem* and excise)? No

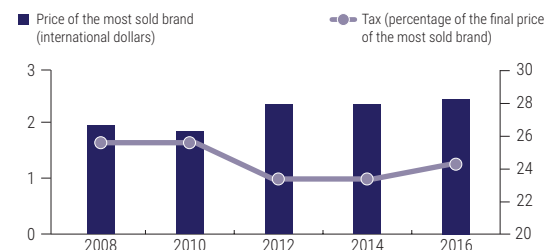
If a mixed tax system is used, is the tax burden of excise taxes greater than that of *ad valorem* taxes?<sup>7</sup> ---

If an *ad valorem* or mixed tax system exists, is a specific minimum tax applied?<sup>8</sup> ---

### EVOLUTION OF TAXES AND PRICES ON THE MOST POPULAR BRAND OF CIGARETTES

	2008	2010	2012	2014	2016 <sup>9</sup>
Tax (percentage of the final price of the most sold brand)	25.61%	25.61%	23.40%	23.40%	24.30%
Price of the most sold brand (international dollars)	1.99	1.87	2.37	2.37	2.47

9 The country has increased excise taxes on tobacco since 2014; however, due to price variability, this does not necessarily have an effect on the tax indicator.



### EVOLUTION OF THE PRICE OF CIGARETTES COMPARED TO INCOME

	2008	2010	2012	2014	2016
Percentage of per capita GDP required to purchase 100 packs <sup>10</sup>	2.01%	1.86%	2.29%	2.11%	2.17%

Have cigarettes become less affordable since 2008?

No change<sup>11</sup>

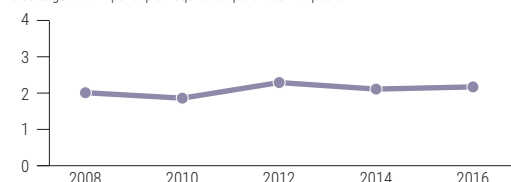
Did cigarettes become less affordable between 2014 and 2016?

Yes

10 Note that a higher percentage means it is less affordable, which discourages cigarette smoking.

11 Affordability is considered unchanged (2008-2016) if the least-squares growth rate is not statistically significant at the 5% level.

Percentage of GDP per capita required to purchase 100 packs



### SUPPLEMENTARY INFORMATION ON TAXES

Are tax stamps or bar codes required for tobacco products?	No
Are duty-free sales banned or limited?	Limit of 200 cigarettes
Is tobacco tax revenue pre-allocated to a specific purpose or activity?	No

--- Data not reported/not available

--- Data not required/not applicable

# DOMINICAN REPUBLIC

## Prevalence of tobacco use

### Youth

POPULATION GROUP	CURRENT TOBACCO USE (SMOKED AND SMOKELESS) (%)	CURRENT CIGARETTE SMOKING (%)	CURRENT SMOKELESS TOBACCO USE (%)
Men	8.3	2.4	4.2
Women	6.0	1.8	2.3
Total	7.4	2.4	3.1

Source: Global Youth Tobacco Survey, 2016 (13-15 years).

### Adults

POPULATION GROUP	CURRENT TOBACCO USE (SMOKED AND SMOKELESS) (%)	CURRENT CIGARETTE SMOKING (%)	CURRENT SMOKELESS TOBACCO USE (%)
Men	11.7	8.0	1.9
Women	4.6	3.9	0.3
Total	...	...	...

Source: For the current consumption of smoked tobacco and cigarettes, Demographic and Health Survey, 2014 (women, 15-49 years); for the current consumption of smokeless tobacco, Demographic and Family Health Survey, 2007 (women, 15-49 years).

## MPOWER Measures

### M (MONITORING)

Survey	Youth	Adults
Recent	Yes	Yes
National representativeness	Yes	No
Periodic	No	No

### P (SMOKE-FREE POLICIES)

Health centers	Yes
Schools (except universities)	Yes
Universities	Yes
Government buildings	No
Offices	No
Restaurants	No
Bars and pubs	No
Public transportation	No

### O (CESSATION)

<b>Toll-free quitline</b>	<b>No</b>	
<b>Nicotinic substitution therapy is available in:</b>	<b>Are the costs covered?</b>	
Pharmacies	No	
<b>Cessation services are available in:</b>	<b>Are the costs covered?</b>	
Primary care services	No	---
Hospitals	No	---
Doctor's offices	Yes, In most	No
The community	No	---
Other	En algunos	No

... Data not reported/not available

--- Data not required/not applicable

For definitions of the indicators and color-coded ratings, see the Technical Note.

### W (WARNINGS)

Health warnings required by law	Yes
Images	No
Size (average-front/back)	<sup>a</sup>
Ban on misleading terms	No
Is any feature missing?	Yes <sup>b</sup>

<sup>a</sup> Not specified in the law.

<sup>b</sup> For more information, see Table 8.

### E (ADVERTISING BANS)

<b>Ban on direct advertising</b>	
Television, radio, and print media	No
Billboards	No
Publicity at points of sale	No
<b>Ban on product placement</b>	
Ban on promotion	No
Ban on sponsorship	No
<b>Ban on product display</b>	No

### R (TAXATION)

<b>Price of most sold brand (pack of 20 cigarettes)</b>		
In national currency	DOP	150.00
In international dollars		7.28
<b>Tax (share of the final price of most sold brand)</b>		
Total taxes		57.21
Specific excise taxes		33.40
Ad valorem excise taxes		8.56
Value-added tax (VAT)		15.25
Import duties		0.00
Other taxes		0.00
<b>Evolution of taxes and prices</b>	<b>2008</b>	<b>2016</b>
Tax (share of the final price of most sold brand)	57.03	57.21
Price of most sold brand (international dollars)	5.88	7.28



	WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL	PROTOCOL TO ELIMINATE ILLICIT TRADE IN TOBACCO PRODUCTS
Date of signature (d/m/y):	—	—
Date of the ratification or accession (d/m/y):	—	—

## Tobacco: prices and taxes

### RETAIL PRICE PER PACK OF 20 CIGARETTES

		In local dollars (DOP)	In international dollars (PPP) <sup>1</sup>
Most popular brand:	Nacional	150.00	7.28
Most inexpensive brand:	Premier	120.00	5.83
Most expensive brand:	Marlboro	200.00	9.71

### TAXES ON TOBACCO<sup>2</sup>

#### Taxes as percentage of the final price of the most sold brand

Excise taxes <sup>3</sup>	Specific taxes <sup>4</sup>	33.40%
	Ad valorem tax <sup>5</sup>	8.56%
Value-added/sales tax (VAT)		15.25%
Import duty <sup>6</sup>		0.00%
Other taxes		0.00%
Total excise taxes		57.21%

1 The international dollar is a currency unit adjusted for purchasing power parity (PPP) that is used to compare the value of products and services in different countries.

2 Taxes: taxes imposed on goods or services which cause consumers to pay higher prices.

3 Excise taxes: these have a greater impact on public health since they are applied exclusively to tobacco products and raise their relative price compared to other products and services.

4 Specific tax: it is established in relation to quantity, for example, a set quantity of cigarettes, or by weight.

5 Ad valorem tax: is based on the value of the product, such as a percentage of the retail price, the manufacturer's price, etc.

6 The effectiveness of import duties in raising sales prices has been declining as countries have signed bilateral, regional, and global trade agreements.

7 Specific excise taxes tend to raise consumer prices more, relatively, than ad valorem taxes. Imposing the same specific excise tax on all cigarettes sends the clear message that they are all equally detrimental.

8 If the tax calculated falls below a specified minimum level, a specific tax rate is applied.

#### Design and administration of cigarette taxes

Are taxes applied in mixed fashion (*ad valorem* and excise)? Yes

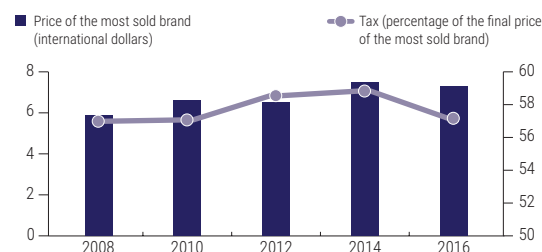
If a mixed tax system is used, is the tax burden of excise taxes greater than that of *ad valorem* taxes?<sup>7</sup> Yes

If an *ad valorem* or mixed tax system exists, is a specific minimum tax applied?<sup>8</sup> No

### EVOLUTION OF TAXES AND PRICES ON THE MOST POPULAR BRAND OF CIGARETTES

	2008	2010	2012	2014	2016 <sup>9</sup>
Tax (percentage of the final price of the most sold brand)	57.03%	57.11%	58.59%	58.87%	57.21%
Price of the most sold brand (international dollars)	5.88	6.59	6.52	7.47	7.28

9 The country has increased excise taxes on tobacco since 2014; however, due to price variability, this does not necessarily have an effect on the tax indicator.



### EVOLUTION OF THE PRICE OF CIGARETTES COMPARED TO INCOME

	2008	2010	2012	2014	2016
Percentage of per capita GDP required to purchase 100 packs <sup>10</sup>	5.58%	5.74%	5.28%	5.22%	4.55%

Have cigarettes become less affordable since 2008?

No<sup>11</sup>

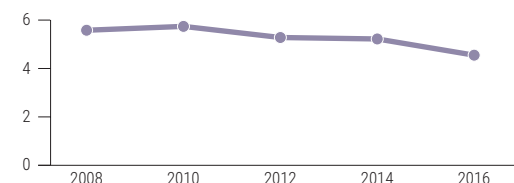
Did cigarettes become less affordable between 2014 and 2016?

No

10 Note that a higher percentage means it is less affordable, which discourages cigarette smoking.

11 The most sold brand of cigarettes has become more affordable since 2008.

Percentage of GDP per capita required to purchase 100 packs



### SUPPLEMENTARY INFORMATION ON TAXES

Are tax stamps or bar codes required for tobacco products?	Yes <sup>12</sup>
Are duty-free sales banned or limited?	Limit of 200 cigarettes
Is tobacco tax revenue pre-allocated to a specific purpose or activity?	No

12 Indicates that tax stamps or codes can be read by the naked eye (such as color-changing inks, holograms, latent images, watermarks, and security threads).

--- Data not reported/not available

--- Data not required/not applicable

# ECUADOR

## Prevalence of tobacco use

### Youth

POPULATION GROUP	CURRENT TOBACCO USE (SMOKED AND SMOKELESS) (%)	CURRENT CIGARETTE SMOKING (%)	CURRENT SMOKELESS TOBACCO USE (%)
Men	15.3	8.9	2.5
Women	10.7	7.0	1.8
Total	13.0	8.0	2.1

Source: Global Youth Tobacco Survey, 2016 (13-15 years).

### Adults

POPULATION GROUP	CURRENT TOBACCO USE (SMOKED AND SMOKELESS) (%) <sup>a</sup>	CURRENT CIGARETTE SMOKING (%)	CURRENT SMOKELESS TOBACCO USE (%)
Men	38.2	...	...
Women	15.0	...	...
Total	31.5	...	...

Source: National Survey on Health and Nutrition (ENSANUT), 2011-2013 (20-59 years).

a Defined as the proportion of people who have ever smoked and who are current smokers.

## MPOWER Measures

### M (MONITORING)

Survey	Youth	Adults
Recent	Yes	Yes
National representativeness	Yes	Yes
Periodic	No <sup>b</sup>	No <sup>b</sup>

b Only surveys with national representativeness were considered.

### P (SMOKE-FREE POLICIES)

Health centers	Yes
Schools (except universities)	Yes
Universities	Yes
Government buildings	Yes
Offices	Yes
Restaurants	Yes
Bars and pubs	Yes
Public transportation	Yes

### O (CESSATION)

<b>Toll-free quitline</b>	No	
<b>Nicotinic substitution therapy is available in:</b>	<b>Are the costs covered?</b>	
Not available	---	
<b>Cessation services are available in:</b>	<b>Are the costs covered?</b>	
Primary care services	Yes, in some	Totally
Hospitals	No	---
Doctor's offices	Yes, in some	Totally
The community	No	---
Other	No	---

... Data not reported/not available

--- Data not required/not applicable

For definitions of the indicators and color-coded ratings, see the Technical Note.

### W (WARNINGS)

Health warnings required by law	Yes
Images	Yes
Size (average-front/back)	60-60/60
Ban on misleading terms	Yes
Is any feature missing?	No

### E (ADVERTISING BANS)

<b>Ban on direct advertising</b>	
Television, radio, and print media	Yes
Billboards	Yes
Publicity at points of sale	No <sup>c</sup>
<b>Ban on product placement</b>	
Ban on promotion	Incomplete <sup>d</sup>
Ban on sponsorship	Yes
<b>Ban on product display</b>	No

c Allowed only indoors, cannot be seen from the outside and cannot be larger than 1 m<sup>2</sup>.

d For more information, see Tables 9 and 10.

### R (TAXATION)

Price of most sold brand (pack of 20 cigarettes)		
In national currency	USD	5.20
In international dollars		9.58
Tax (share of the final price of most sold brand)		
Total taxes		73.82
Specific excise taxes		61.54
Ad valorem excise taxes		0.00
Value-added tax (VAT)		12.28
Import duties		0.00
Other taxes		0.00
Evolution of taxes and prices		
	2008	2016
Tax (share of the final price of most sold brand)	64.29	73.82
Price of most sold brand (international dollars)	3.55	9.58



	WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL	PROTOCOL TO ELIMINATE ILLICIT TRADE IN TOBACCO PRODUCTS
Date of signature (d/m/y):	22/03/2004	25/09/2013
Date of the ratification or accession (d/m/y):	25/07/2006	15/10/2015

## Tobacco: prices and taxes

### RETAIL PRICE PER PACK OF 20 CIGARETTES

		In local dollars (USD)	In international dollars (PPP) <sup>1</sup>
Most popular brand:	Lider	5.20	9.58
Most inexpensive brand:	L&M	5.00	9.21
Most expensive brand:	Marlboro	5.30	9.76

### TAXES ON TOBACCO<sup>2</sup>

#### Taxes as percentage of the final price of the most sold brand

Excise taxes <sup>3</sup>	Specific taxes <sup>4</sup>	61.54%
	Ad valorem tax <sup>5</sup>	0.00%
Value-added/sales tax (VAT)		12.28%
Import duty <sup>6</sup>		0.00%
Other taxes		0.00%
Total excise taxes		73.82%

#### Design and administration of cigarette taxes

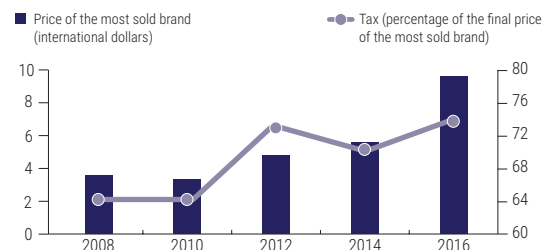
Are taxes applied in mixed fashion ( <i>ad valorem</i> and excise)?	No
If a mixed tax system is used, is the tax burden of excise taxes greater than that of <i>ad valorem</i> taxes? <sup>7</sup>	---
If an <i>ad valorem</i> or mixed tax system exists, is a specific minimum tax applied? <sup>8</sup>	---

- 1 The international dollar is a currency unit adjusted for purchasing power parity (PPP) that is used to compare the value of products and services in different countries.  
2 Taxes: taxes imposed on goods or services which cause consumers to pay higher prices.  
3 Excise taxes: these have a greater impact on public health since they are applied exclusively to tobacco products and raise their relative price compared to other products and services.  
4 Specific tax: it is established in relation to quantity, for example, a set quantity of cigarettes, or by weight.  
5 *Ad valorem* tax: is based on the value of the product, such as a percentage of the retail price, the manufacturer's price, etc.  
6 The effectiveness of import duties in raising sales prices has been declining as countries have signed bilateral, regional, and global trade agreements.  
7 Specific excise taxes tend to raise consumer prices more, relatively, than *ad valorem* taxes. Imposing the same specific excise tax on all cigarettes sends the clear message that they are all equally detrimental.  
8 If the tax calculated falls below a specified minimum level, a specific tax rate is applied.

### EVOLUTION OF TAXES AND PRICES ON THE MOST POPULAR BRAND OF CIGARETTES

	2008	2010	2012	2014	2016 <sup>9</sup>
Tax (percentage of the final price of the most sold brand)	64.29%	64.29%	73.02%	70.39%	73.82%
Price of the most sold brand (international dollars)	3.55	3.35	4.80	5.59	9.58

- 9 The country has increased excise taxes on tobacco since 2014; however, due to price variability, this does not necessarily have an effect on the tax indicator.



### EVOLUTION OF THE PRICE OF CIGARETTES COMPARED TO INCOME

	2008	2010	2012	2014	2016
Percentage of per capita GDP required to purchase 100 packs <sup>10</sup>	3.98%	3.67%	4.59%	4.86%	8.77%

Have cigarettes become less affordable since 2008?

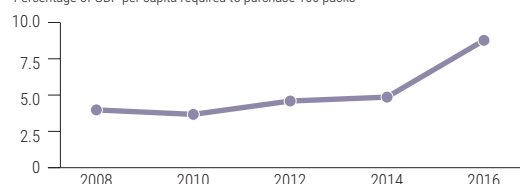
Yes

Did cigarettes become less affordable between 2014 and 2016?

Yes

- 10 Note that a higher percentage means it is less affordable, which discourages cigarette smoking.

Percentage of GDP per capita required to purchase 100 packs



### SUPPLEMENTARY INFORMATION ON TAXES

Are tax stamps or bar codes required for tobacco products?	No
Are duty-free sales banned or limited?	Banned
Is tobacco tax revenue pre-allocated to a specific purpose or activity?	No

--- Data not reported/not available

--- Data not required/not applicable



# EL SALVADOR

## Prevalence of tobacco use

### Youth

POPULATION GROUP	CURRENT TOBACCO USE (SMOKED AND SMOKELESS) (%)	CURRENT CIGARETTE SMOKING (%)	CURRENT SMOKELESS TOBACCO USE (%)
Men	15.3	11.4	2.1
Women	10.7	8.2	2.0
Total	13.1	9.9	2.2

Source: Global Youth Tobacco Survey, 2015 (13-15 years).

### Adults

POPULATION GROUP	CURRENT TOBACCO USE (SMOKED AND SMOKELESS) (%)	CURRENT CIGARETTE SMOKING (%)	CURRENT SMOKELESS TOBACCO USE (%)
Men	...	16.9	...
Women	...	2.2	...
Total	...	8.8	...

Source: National Alcohol and Tobacco Survey, 2014 (≥18 years).

## MPOWER Measures

### M (MONITORING)

Survey	Youth	Adults
Recent	Yes	Yes
National representativeness	Yes	Yes
Periodic	Yes	No <sup>a</sup>

<sup>a</sup> Only surveys with national representativeness were considered.

### P (SMOKE-FREE POLICIES)

Health centers	Yes
Schools (except universities)	Yes
Universities	Yes
Government buildings	Yes
Offices	Yes
Restaurants	Yes
Bars and pubs	Yes
Public transportation	Yes

### O (CESSATION)

Toll-free quitline		Yes
Nicotinic substitution therapy is available in:		Are the costs covered?
Pharmacies, with prescription		Totally
Cessation services are available in:		Are the costs covered?
Primary care services	No	---
Hospitals	No	---
Doctor's offices	No	---
The community	No	---
Other	Yes, in some	Totally

... Data not reported/not available

--- Data not required/not applicable

For definitions of the indicators and color-coded ratings, see the Technical Note.

### W (WARNINGS)

Health warnings required by law	Yes
Images	Yes
Size (average-front/back)	50-50/50
Ban on misleading terms	Yes
Is any feature missing?	No

### E (ADVERTISING BANS)

<b>Ban on direct advertising</b>	
Television, radio, and print media	Yes
Billboards	Yes
Publicity at points of sale	No
<b>Ban on product placement</b>	
Ban on promotion	Incomplete <sup>b</sup>
Ban on sponsorship	Yes
<b>Ban on product display</b>	No

<sup>b</sup> For more information, see Tables 9 and 10.

### R (TAXATION)

<b>Price of most sold brand (pack of 20 cigarettes)</b>		
In national currency	USD	2.00
In international dollars		4.12
<b>Tax (share of the final price of most sold brand)</b>		
Total taxes		52.52
Specific excise taxes		22.50
Ad valorem excise taxes		18.52
Value-added tax (VAT)		11.50
Import duties		0.00
Other taxes		0.00
<b>Evolution of taxes and prices</b>	<b>2008</b>	<b>2016</b>
Tax (share of the final price of most sold brand)	41.47	52.52
Price of most sold brand (international dollars)	2.87	4.12



	WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL	PROTOCOL TO ELIMINATE ILLICIT TRADE IN TOBACCO PRODUCTS
Date of signature (d/m/y):	18/03/2004	—
Date of the ratification or accession (d/m/y):	21/07/2014	—

## Tobacco: prices and taxes

### RETAIL PRICE PER PACK OF 20 CIGARETTES

		In local dollars (USD)	In international dollars (PPP) <sup>1</sup>
Most popular brand:	Delta	2.00	4.12
Most inexpensive brand:	Delta	2.00	4.12
Most expensive brand:	Marlboro	2.75	5.66

### TAXES ON TOBACCO<sup>2</sup>

#### Taxes as percentage of the final price of the most sold brand

Excise taxes <sup>3</sup>	Specific taxes <sup>4</sup>	22.50%
	Ad valorem tax <sup>5</sup>	18.52%
Value-added/sales tax (VAT)		11.50%
Import duty <sup>6</sup>		0.00%
Other taxes		0.00%
Total excise taxes		52.52%

1 The international dollar is a currency unit adjusted for purchasing power parity (PPP) that is used to compare the value of products and services in different countries.

2 Taxes: taxes imposed on goods or services which cause consumers to pay higher prices.

3 Excise taxes: these have a greater impact on public health since they are applied exclusively to tobacco products and raise their relative price compared to other products and services.

4 Specific tax: it is established in relation to quantity, for example, a set quantity of cigarettes, or by weight.

5 Ad valorem tax: is based on the value of the product, such as a percentage of the retail price, the manufacturer's price, etc.

6 The effectiveness of import duties in raising sales prices has been declining as countries have signed bilateral, regional, and global trade agreements.

7 Specific excise taxes tend to raise consumer prices more, relatively, than ad valorem taxes. Imposing the same specific excise tax on all cigarettes sends the clear message that they are all equally detrimental.

8 If the tax calculated falls below a specified minimum level, a specific tax rate is applied.

#### Design and administration of cigarette taxes

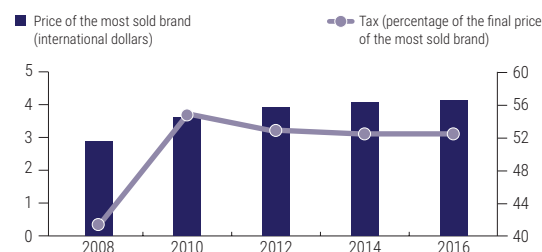
Are taxes applied in mixed fashion (*ad valorem* and excise)? Yes

If a mixed tax system is used, is the tax burden of excise taxes greater than that of *ad valorem* taxes?<sup>7</sup> Yes

If an *ad valorem* or mixed tax system exists, is a specific minimum tax applied?<sup>8</sup> No

### EVOLUTION OF TAXES AND PRICES ON THE MOST POPULAR BRAND OF CIGARETTES

	2008	2010	2012	2014	2016
Tax (percentage of the final price of the most sold brand)	41.47%	54.83%	52.94%	52.52%	52.52%
Price of the most sold brand (international dollars)	2.87	3.60	3.91	4.07	4.12



### EVOLUTION OF THE PRICE OF CIGARETTES COMPARED TO INCOME

	2008	2010	2012	2014	2016
Percentage of per capita GDP required to purchase 100 packs <sup>9</sup>	3.92%	4.94%	4.97%	4.88%	4.60%

Have cigarettes become less affordable since 2008?

No change<sup>10</sup>

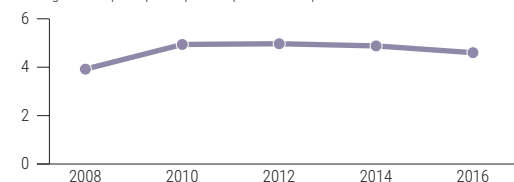
Did cigarettes become less affordable between 2014 and 2016?

No

9 Note that a higher percentage means it is less affordable, which discourages cigarette smoking.

10 Affordability is considered unchanged (2008-2016) if the least-squares growth rate is not statistically significant at the 5% level.

Percentage of GDP per capita required to purchase 100 packs



### SUPPLEMENTARY INFORMATION ON TAXES

Are tax stamps or bar codes required for tobacco products?	No
Are duty-free sales banned or limited?	Limit of 200 cigarettes
Is tobacco tax revenue pre-allocated to a specific purpose or activity?	35% of revenue from taxes on tobacco, alcohol, weapons and explosives (or a minimum of US\$ 20 million per year) is allocated to the Health Solidarity Fund (FOSALUD), according to the special law establishing that fund.

--- Data not reported/not available

--- Data not required/not applicable

# GRENADA

## Prevalence of tobacco use

### Youth

POPULATION GROUP	CURRENT TOBACCO USE (SMOKED AND SMOKELESS) (%)	CURRENT CIGARETTE SMOKING (%)	CURRENT SMOKELESS TOBACCO USE (%)
Men	12.5	6.7	2.0
Women	7.1	4.1	1.6
Total	9.7	5.4	1.8

Source: Global Youth Tobacco Survey, 2016 (13-15 years).

### Adults

POPULATION GROUP	CURRENT TOBACCO USE (SMOKED AND SMOKELESS) (%)	CURRENT CIGARETTE SMOKING (%)	CURRENT SMOKELESS TOBACCO USE (%)
Men	30.7	...	2.2
Women	6.5	...	0.3
Total	18.7	...	1.2

Source: STEPS Survey, 2011 (25-64 years).

## MPOWER Measures

### M (MONITORING)

Survey	Youth	Adults
Recent	Yes	Yes
National representativeness	Yes	Yes
Periodic	Yes	No <sup>a</sup>

<sup>a</sup> Only surveys with national representativeness were considered.

### P (SMOKE-FREE POLICIES)

Health centers	No
Schools (except universities)	No
Universities	No
Government buildings	No
Offices	No
Restaurants	No
Bars and pubs	No
Public transportation	No

### O (CESSATION)

<b>Toll-free quitline</b>	No	
<b>Nicotinic substitution therapy is available in:</b>	<b>Are the costs covered?</b>	
Not available	---	
<b>Cessation services are available in:</b>	<b>Are the costs covered?</b>	
Primary care services	Yes, in some	Partially
Hospitals	No	---
Doctor's offices	Yes, in some	No
The community	No	---
Other	No	---

... Data not reported/not available

--- Data not required/not applicable

For definitions of the indicators and color-coded ratings, see the Technical Note.

### W (WARNINGS)

Health warnings required by law	No
Images	---
Size (average-front/back)	---
Ban on misleading terms	---
Is any feature missing?	---

### E (ADVERTISING BANS)

<b>Ban on direct advertising</b>	
Television, radio, and print media	No
Billboards	No
Publicity at points of sale	No
<b>Ban on product placement</b>	
Ban on promotion	No
Ban on sponsorship	No
<b>Ban on product display</b>	No

### R (TAXATION)

Price of most sold brand (pack of 20 cigarettes)		
In national currency	XCD	8.60
In international dollars		4.68
Tax (share of the final price of most sold brand)		
Total taxes		46.73
Specific excise taxes		0.00
Ad valorem excise taxes		31.80
Value-added tax (VAT)		13.04
Import duties		0.00
Other taxes		1.89
Evolution of taxes and prices		
	2008	2016
Tax (share of the final price of most sold brand)	40.50	46.73
Price of most sold brand (international dollars)	3.26	4.68



	WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL	PROTOCOL TO ELIMINATE ILLICIT TRADE IN TOBACCO PRODUCTS
Date of signature (d/m/y):	29/06/2004	—
Date of the ratification or accession (d/m/y):	14/08/2007	—

## Tobacco: prices and taxes

### RETAIL PRICE PER PACK OF 20 CIGARETTES

		In local dollars (XCD)	In international dollars (PPP) <sup>1</sup>
Most popular brand:	DuMaurier	8.60	4.68
Most inexpensive brand:	L&M	5.95	3.24
Most expensive brand:	Marlboro	9.25	5.03

### TAXES ON TOBACCO<sup>2</sup>

#### Taxes as percentage of the final price of the most sold brand

Excise taxes <sup>3</sup>	Specific taxes <sup>4</sup>	0.00%
	Ad valorem tax <sup>5</sup>	31.80%
Value-added/sales tax (VAT)		13.04%
Import duty <sup>6</sup>		0.00%
Other taxes		1.89%
Total excise taxes		46.73%

1 The international dollar is a currency unit adjusted for purchasing power parity (PPP) that is used to compare the value of products and services in different countries.

2 Taxes: taxes imposed on goods or services which cause consumers to pay higher prices.

3 Excise taxes: these have a greater impact on public health since they are applied exclusively to tobacco products and raise their relative price compared to other products and services.

4 Specific tax: it is established in relation to quantity, for example, a set quantity of cigarettes, or by weight.

5 Ad valorem tax: is based on the value of the product, such as a percentage of the retail price, the manufacturer's price, etc.

6 The effectiveness of import duties in raising sales prices has been declining as countries have signed bilateral, regional, and global trade agreements.

7 Specific excise taxes tend to raise consumer prices more, relatively, than ad valorem taxes. Imposing the same specific excise tax on all cigarettes sends the clear message that they are all equally detrimental.

8 If the tax calculated falls below a specified minimum level, a specific tax rate is applied.

#### Design and administration of cigarette taxes

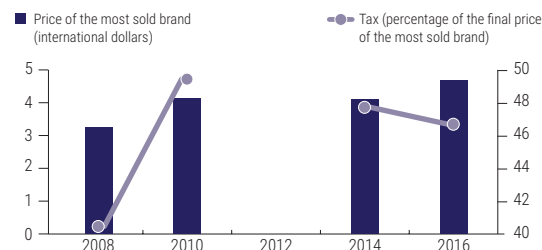
Are taxes applied in mixed fashion (*ad valorem* and excise)? No

If a mixed tax system is used, is the tax burden of excise taxes greater than that of *ad valorem* taxes?<sup>7</sup> ---

If an *ad valorem* or mixed tax system exists, is a specific minimum tax applied?<sup>8</sup> No

### EVOLUTION OF TAXES AND PRICES ON THE MOST POPULAR BRAND OF CIGARETTES

	2008	2010	2012	2014	2016
Tax (percentage of the final price of the most sold brand)	40.50%	49.48%	...	47.76%	46.73%
Price of the most sold brand (international dollars)	3.26	4.13	...	4.11	4.68



### EVOLUTION OF THE PRICE OF CIGARETTES COMPARED TO INCOME

	2008	2010	2012	2014	2016
Percentage of per capita GDP required to purchase 100 packs <sup>9</sup>	2.80%	3.77%	...	3.24%	3.32%

Have cigarettes become less affordable since 2008?

No change<sup>10</sup>

Did cigarettes become less affordable between 2014 and 2016?

Yes

9 Note that a higher percentage means it is less affordable, which discourages cigarette smoking.

10 Affordability is considered unchanged (2008-2016) if the least-squares growth rate is not statistically significant at the 5% level.

Percentage of GDP per capita required to purchase 100 packs



### SUPPLEMENTARY INFORMATION ON TAXES

Are tax stamps or bar codes required for tobacco products?	No
Are duty-free sales banned or limited?	Limit of 200 cigarettes
Is tobacco tax revenue pre-allocated to a specific purpose or activity?	No

... Data not reported/not available

--- Data not required/not applicable

# GUATEMALA

## Prevalence of tobacco use

### Youth

POPULATION GROUP	CURRENT TOBACCO USE (SMOKED AND SMOKELESS) (%)	CURRENT CIGARETTE SMOKING (%)	CURRENT SMOKELESS TOBACCO USE (%)
Men	19.5	14.7	3.0
Women	14.4	11.1	1.8
Total	17.1	12.9	2.4

Source: Global Youth Tobacco Survey, 2015 (13-15 years).

### Adults

POPULATION GROUP	CURRENT TOBACCO USE (SMOKED AND SMOKELESS) (%)	CURRENT CIGARETTE SMOKING (%)	CURRENT SMOKELESS TOBACCO USE (%)
Men	22.2	22.1	...
Women	1.6	1.5	...
Total	...	...	...

Source: 6th National Survey of Maternal and Child Health, 2014/15 (women 15-49 years).

## MPOWER Measures

### M (MONITORING)

Survey	Youth	Adults
Recent	Yes	Yes
National representativeness	Yes	Yes
Periodic	No	No <sup>a</sup>

<sup>a</sup> Only surveys with national representativeness were considered.

### P (SMOKE-FREE POLICIES)

Health centers	Yes
Schools (except universities)	Yes
Universities	Yes
Government buildings	Yes
Offices	Yes
Restaurants	Yes
Bars and pubs	Yes
Public transportation	Yes

### O (CESSATION)

<b>Toll-free quitline</b>	No	
<b>Nicotinic substitution therapy is available in:</b>	<b>Are the costs covered?</b>	
Pharmacies	No	
<b>Cessation services are available in:</b>	<b>Are the costs covered?</b>	
Primary care services	No	---
Hospitals	Yes, in some	Partially
Doctor's offices	Yes, in some	No
The community	No	---
Other	Yes, in some	No

... Data not reported/not available

--- Data not required/not applicable

For definitions of the indicators and color-coded ratings, see the Technical Note.

### W (WARNINGS)

Health warnings required by law	Yes
Images	No
Size (average-front/back)	13-25/0
Ban on misleading terms	No
Is any feature missing?	Yes <sup>b</sup>

<sup>b</sup> For more details, see Table 8.

### E (ADVERTISING BANS)

<b>Ban on direct advertising</b>	
Television, radio, and print media	No
Billboards	No
Publicity at points of sale	No
<b>Ban on product placement</b>	
Ban on promotion	Incomplete <sup>c</sup>
Ban on sponsorship	No
<b>Ban on product display</b>	No

<sup>c</sup> For more information, see Tables 9 and 10.

### R (TAXATION)

Price of most sold brand (pack of 20 cigarettes)		
In national currency	GTQ	16.50
In international dollars		4.12
Tax (share of the final price of most sold brand)		
Total taxes		48.98
Specific excise taxes		0.00
Ad valorem excise taxes		38.27
Value-added tax (VAT)		10.71
Import duties		0.00
Other taxes		0.00
Evolution of taxes and prices		
	2008	2016
Tax (share of the final price of most sold brand)	51.79	48.98
Price of most sold brand (international dollars)	3.08	4.12



	WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL	PROTOCOL TO ELIMINATE ILLICIT TRADE IN TOBACCO PRODUCTS
Date of signature (d/m/y):	25/09/2003	—
Date of the ratification or accession (d/m/y):	16/11/2005	—

## Tobacco: prices and taxes

### RETAIL PRICE PER PACK OF 20 CIGARETTES

		In local dollars (GTQ)	In international dollars (PPP) <sup>1</sup>
Most popular brand:	Pall Mall	16.50	4.12
Most inexpensive brand:	Payaso	15.00	3.75
Most expensive brand:	Marlboro	25.00	6.25

### TAXES ON TOBACCO<sup>2</sup>

#### Taxes as percentage of the final price of the most sold brand

Excise taxes <sup>3</sup>	Specific taxes <sup>4</sup>	0.00%
	Ad valorem tax <sup>5</sup>	38.27%
Value-added/sales tax (VAT)		10.71%
Import duty <sup>6</sup>		0.00%
Other taxes		0.00%
Total excise taxes		48.98%

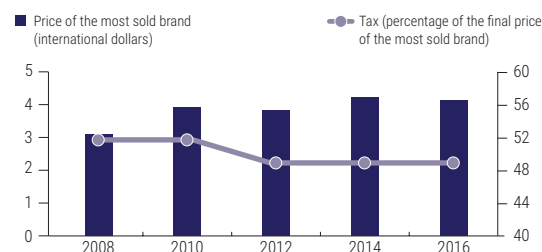
#### Design and administration of cigarette taxes

Are taxes applied in mixed fashion ( <i>ad valorem</i> and excise)?	No
If a mixed tax system is used, is the tax burden of excise taxes greater than that of <i>ad valorem</i> taxes? <sup>7</sup>	---
If an <i>ad valorem</i> or mixed tax system exists, is a specific minimum tax applied? <sup>8</sup>	No

- The international dollar is a currency unit adjusted for purchasing power parity (PPP) that is used to compare the value of products and services in different countries.
- Taxes: taxes imposed on goods or services which cause consumers to pay higher prices.
- Excise taxes: these have a greater impact on public health since they are applied exclusively to tobacco products and raise their relative price compared to other products and services.
- Specific tax: it is established in relation to quantity, for example, a set quantity of cigarettes, or by weight.
- Ad valorem* tax: is based on the value of the product, such as a percentage of the retail price, the manufacturer's price, etc.
- The effectiveness of import duties in raising sales prices has been declining as countries have signed bilateral, regional, and global trade agreements.
- Specific excise taxes tend to raise consumer prices more, relatively, than *ad valorem* taxes. Imposing the same specific excise tax on all cigarettes sends the clear message that they are all equally detrimental.
- If the tax calculated falls below a specified minimum level, a specific tax rate is applied.

### EVOLUTION OF TAXES AND PRICES ON THE MOST POPULAR BRAND OF CIGARETTES

	2008	2010	2012	2014	2016
Tax (percentage of the final price of the most sold brand)	51.79%	51.79%	48.98%	48.98%	48.98%
Price of the most sold brand (international dollars)	3.08	3.93	3.81	4.22	4.12



### EVOLUTION OF THE PRICE OF CIGARETTES COMPARED TO INCOME

	2008	2010	2012	2014	2016
Percentage of per capita GDP required to purchase 100 packs <sup>9</sup>	4.63%	5.87%	5.36%	5.59%	5.21%

Have cigarettes become less affordable since 2008?

No change<sup>10</sup>

Did cigarettes become less affordable between 2014 and 2016?

No<sup>11</sup>

- Note that a higher percentage means it is less affordable, which discourages cigarette smoking.
- Affordability is considered unchanged (2008-2016) if the least-squares growth rate is not statistically significant at the 5% level.
- Cigarettes became more expensive between 2012 and 2014, then became more affordable from 2014 to 2016.



### SUPPLEMENTARY INFORMATION ON TAXES

Are tax stamps or bar codes required for tobacco products?	No
Are duty-free sales banned or limited?	Banned
Is tobacco tax revenue pre-allocated to a specific purpose or activity?	100% of the <i>ad valorem</i> tax collected is allocated to health programs, according to Decree 61-77, of 1977.

--- Data not reported/not available

--- Data not required/not applicable

## Prevalence of tobacco use

### Youth

POPULATION GROUP	CURRENT TOBACCO USE (SMOKED AND SMOKELESS) (%)	CURRENT CIGARETTE SMOKING (%)	CURRENT SMOKELESS TOBACCO USE (%)
Men	19.0	13.3	4.6
Women	10.4	3.8	3.0
Total	14.8	8.6	4.1

Source: Global Youth Tobacco Survey, 2015 (13-15 years).

### Adults

POPULATION GROUP	CURRENT TOBACCO USE (SMOKED AND SMOKELESS) (%)	CURRENT CIGARETTE SMOKING (%)	CURRENT SMOKELESS TOBACCO USE (%)
Men	26.6	25.4	...
Women	3.3	2.8	...
Total	15.4	14.5	...

Source: STEPS Survey, 2016 (18-65 years).

## MPOWER Measures

### M (MONITORING)

Survey	Youth	Adults
Recent	Yes	Yes
National representativeness	Yes	Yes
Periodic	Yes	No <sup>a</sup>

<sup>a</sup> Only surveys with national representativeness were considered.

### P (SMOKE-FREE POLICIES)

Health centers	Yes
Schools (except universities)	Yes
Universities	Yes
Government buildings	Yes
Offices	Yes
Restaurants	Yes
Bars and pubs	Yes
Public transportation	Yes

### O (CESSATION)

Toll-free quitline		No
Nicotinic substitution therapy is available in:		Are the costs covered?
...		...
Cessation services are available in:		Are the costs covered?
Primary care services	Yes, in some	Totally
Hospitals	Yes, in some	Totally
Doctor's offices	No	---
The community	No	---
Other	Yes, in some	Totally

... Data not reported/not available

--- Data not required/not applicable

For definitions of the indicators and color-coded ratings, see the Technical Note.

### W (WARNINGS)

Health warnings required by law	Yes
Images	Yes
Size (average-front/back)	60-60/60
Ban on misleading terms	Yes
Is any feature missing?	No <sup>b</sup>

<sup>b</sup> Regulation pending.

### E (ADVERTISING BANS)

<b>Ban on direct advertising</b>	
Television, radio, and print media	Yes
Billboards	Yes
Publicity at points of sale	Yes
<b>Ban on product placement</b>	
Ban on promotion	Yes
Ban on sponsorship	Yes
<b>Ban on product display</b>	Yes

### R (TAXATION)

<b>Price of most sold brand (pack of 20 cigarettes)</b>		
In national currency	GYD	350.00
In international dollars		2.97
<b>Tax (share of the final price of most sold brand)</b>		
Total taxes		24.68
Specific excise taxes		0.00
Ad valorem excise taxes		10.89
Value-added tax (VAT)		13.79
Import duties		0.00
Other taxes		0.00
<b>Evolution of taxes and prices</b>	<b>2008</b>	<b>2016</b>
Tax (share of the final price of most sold brand)	28.04	24.68
Price of most sold brand (international dollars)	2.38	2.97





	WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL	PROTOCOL TO ELIMINATE ILLICIT TRADE IN TOBACCO PRODUCTS
Date of signature (d/m/y):	—	—
Date of the ratification or accession (d/m/y):	15/09/2005	—

## Tobacco: prices and taxes

### RETAIL PRICE PER PACK OF 20 CIGARETTES

		In local dollars (GYD)	In international dollars (PPP) <sup>1</sup>
Most popular brand:	Pall Mall	350.00	2.97
Most inexpensive brand:	Pall Mall	350.00	2.97
Most expensive brand:	Dunhill	556.00	4.72

### TAXES ON TOBACCO<sup>2</sup>

#### Taxes as percentage of the final price of the most sold brand

Excise taxes <sup>3</sup>	Specific taxes <sup>4</sup>	0.00%
	Ad valorem tax <sup>5</sup>	10.89%
Value-added/sales tax (VAT)		13.79%
Import duty <sup>6</sup>		0.00%
Other taxes		0.00%
Total excise taxes		24.68%

1 The international dollar is a currency unit adjusted for purchasing power parity (PPP) that is used to compare the value of products and services in different countries.

2 Taxes: taxes imposed on goods or services which cause consumers to pay higher prices.

3 Excise taxes: these have a greater impact on public health since they are applied exclusively to tobacco products and raise their relative price compared to other products and services.

4 Specific tax: it is established in relation to quantity, for example, a set quantity of cigarettes, or by weight.

5 Ad valorem tax: is based on the value of the product, such as a percentage of the retail price, the manufacturer's price, etc.

6 The effectiveness of import duties in raising sales prices has been declining as countries have signed bilateral, regional, and global trade agreements.

7 Specific excise taxes tend to raise consumer prices more, relatively, than ad valorem taxes. Imposing the same specific excise tax on all cigarettes sends the clear message that they are all equally detrimental.

8 If the tax calculated falls below a specified minimum level, a specific tax rate is applied.

#### Design and administration of cigarette taxes

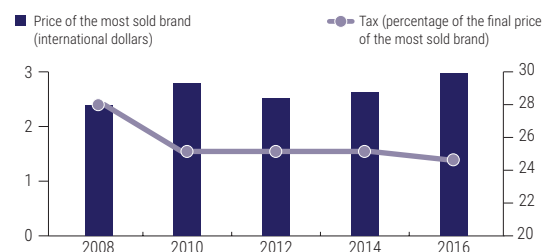
Are taxes applied in mixed fashion (*ad valorem* and excise)? No

If a mixed tax system is used, is the tax burden of excise taxes greater than that of *ad valorem* taxes?<sup>7</sup> ---

If an *ad valorem* or mixed tax system exists, is a specific minimum tax applied?<sup>8</sup> No

### EVOLUTION OF TAXES AND PRICES ON THE MOST POPULAR BRAND OF CIGARETTES

	2008	2010	2012	2014	2016
Tax (percentage of the final price of the most sold brand)	28.04%	25.19%	25.19%	25.19%	24.68%
Price of the most sold brand (international dollars)	2.38	2.78	2.52	2.62	2.97



### EVOLUTION OF THE PRICE OF CIGARETTES COMPARED TO INCOME

	2008	2010	2012	2014	2016
Percentage of per capita GDP required to purchase 100 packs <sup>9</sup>	4.59%	4.91%	3.90%	3.61%	3.79%

Have cigarettes become less affordable since 2008?

No<sup>10</sup>

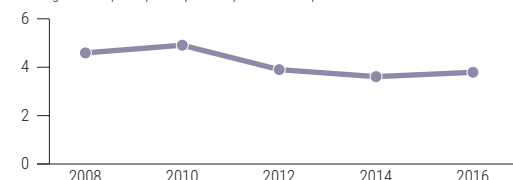
Did cigarettes become less affordable between 2014 and 2016?

Yes

<sup>9</sup> Note that a higher percentage means it is less affordable, which discourages cigarette smoking.

<sup>10</sup> The most sold brand of cigarettes has become more affordable since 2008.

Percentage of GDP per capita required to purchase 100 packs



### SUPPLEMENTARY INFORMATION ON TAXES

Are tax stamps or bar codes required for tobacco products?	No
Are duty-free sales banned or limited?	---
Is tobacco tax revenue pre-allocated to a specific purpose or activity?	No

--- Data not reported/not available

--- Data not required/not applicable

## Prevalence of tobacco use

### Youth

POPULATION GROUP	CURRENT TOBACCO USE (SMOKED AND SMOKELESS) (%)	CURRENT CIGARETTE SMOKING (%)	CURRENT SMOKELESS TOBACCO USE (%)
Men	20.3	14.1	...
Women	19.2	13.8	...
Total	19.7	14.0	...

Source: Global Youth Tobacco Survey, 2005 (13-15 years).

### Adults

POPULATION GROUP	CURRENT TOBACCO USE (SMOKED AND SMOKELESS) (%)	CURRENT CIGARETTE SMOKING (%)	CURRENT SMOKELESS TOBACCO USE (%)
Men	...	11.2	...
Women	...	2.0	2.5
Total	...	...	...

Source: Mortality, Morbidity and Utilization of Services in Haiti, 2012 (15-59 years).

## MPOWER Measures

### M (MONITORING)

Survey	Youth	Adults
Recent	No	Yes
National representativeness	Yes	No
Periodic	No <sup>a</sup>	No <sup>a</sup>

<sup>a</sup> Only surveys with national representativeness were considered.

### W (WARNINGS)

Health warnings required by law	No
Images	---
Size (average-front/back)	---
Ban on misleading terms	---
Is any feature missing?	---

### P (SMOKE-FREE POLICIES)

Health centers	No
Schools (except universities)	No
Universities	No
Government buildings	No
Offices	No
Restaurants	No
Bars and pubs	No
Public transportation	No

### E (ADVERTISING BANS)

<b>Ban on direct advertising</b>	
Television, radio, and print media	No
Billboards	No
Publicity at points of sale	No
<b>Ban on product placement</b>	
Ban on promotion	No
Ban on sponsorship	No
<b>Ban on product display</b>	No

### O (CESSATION)

<b>Toll-free quitline</b>	No	
<b>Nicotinic substitution therapy is available in:</b>	<b>Are the costs covered?</b>	
Not available	---	
<b>Cessation services are available in:</b>	<b>Are the costs covered?</b>	
Primary care services	No	---
Hospitals	No	---
Doctor's offices	No	---
The community	No	---
Other	No	---

### R (TAXATION)

Price of most sold brand (pack of 20 cigarettes)		
In national currency	HTG	84.00
In international dollars		3.36
Tax (share of the final price of most sold brand)		
Total taxes		31.13
Specific excise taxes		0.00
Ad valorem excise taxes		8.26
Value-added tax (VAT)		9.09
Import duties		0.00
Other taxes		13.77
Evolution of taxes and prices		
	2008	2016
Tax (share of the final price of most sold brand)	...	31.13
Price of most sold brand (international dollars)	...	3.36

... Data not reported/not available

--- Data not required/not applicable

For definitions of the indicators and color-coded ratings, see the Technical Note.



	WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL	PROTOCOL TO ELIMINATE ILLICIT TRADE IN TOBACCO PRODUCTS
Date of signature (d/m/y):	23/07/2003	—
Date of the ratification or accession (d/m/y):	—	—

## Tobacco: prices and taxes

### RETAIL PRICE PER PACK OF 20 CIGARETTES

		In local dollars (HTG)	In international dollars (PPP) <sup>1</sup>
Most popular brand:	Comme il faut	84.00	3.36
Most inexpensive brand:	Comme il Faut	70.00	2.80
Most expensive brand:	Marlboro	125.00	4.99

### TAXES ON TOBACCO<sup>2</sup>

#### Taxes as percentage of the final price of the most sold brand

Excise taxes <sup>3</sup>	Specific taxes <sup>4</sup>	0.00%
	Ad valorem tax <sup>5</sup>	8.26%
Value-added/sales tax (VAT)		9.09%
Import duty <sup>6</sup>		0.00%
Other taxes		13.77%
Total excise taxes		31.13%

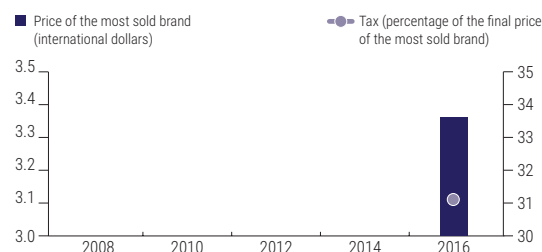
#### Design and administration of cigarette taxes

Are taxes applied in mixed fashion ( <i>ad valorem</i> and excise)?	No
If a mixed tax system is used, is the tax burden of excise taxes greater than that of <i>ad valorem</i> taxes? <sup>7</sup>	---
If an <i>ad valorem</i> or mixed tax system exists, is a specific minimum tax applied? <sup>8</sup>	No

- The international dollar is a currency unit adjusted for purchasing power parity (PPP) that is used to compare the value of products and services in different countries.
- Taxes: taxes imposed on goods or services which cause consumers to pay higher prices.
- Excise taxes: these have a greater impact on public health since they are applied exclusively to tobacco products and raise their relative price compared to other products and services.
- Specific tax: it is established in relation to quantity, for example, a set quantity of cigarettes, or by weight.
- Ad valorem* tax: is based on the value of the product, such as a percentage of the retail price, the manufacturer's price, etc.
- The effectiveness of import duties in raising sales prices has been declining as countries have signed bilateral, regional, and global trade agreements.
- Specific excise taxes tend to raise consumer prices more, relatively, than *ad valorem* taxes. Imposing the same specific excise tax on all cigarettes sends the clear message that they are all equally detrimental.
- If the tax calculated falls below a specified minimum level, a specific tax rate is applied.

### EVOLUTION OF TAXES AND PRICES ON THE MOST POPULAR BRAND OF CIGARETTES

	2008	2010	2012	2014	2016
Tax (percentage of the final price of the most sold brand)	...	...	...	...	31.13%
Price of the most sold brand (international dollars)	...	...	...	...	3.36



### EVOLUTION OF THE PRICE OF CIGARETTES COMPARED TO INCOME

	2008	2010	2012	2014	2016
Percentage of per capita GDP required to purchase 100 packs <sup>9</sup>	...	...	...	...	18.81%

Have cigarettes become less affordable since 2008? ...

Did cigarettes become less affordable between 2014 and 2016? ...

<sup>9</sup> Note that a higher percentage means it is less affordable, which discourages cigarette smoking.



### SUPPLEMENTARY INFORMATION ON TAXES

Are tax stamps or bar codes required for tobacco products?	Yes <sup>10</sup>
Are duty-free sales banned or limited?	Limit of 200 cigarettes
Is tobacco tax revenue pre-allocated to a specific purpose or activity?	No

<sup>10</sup> Indicates that tax stamps or codes can be read by the naked eye (such as color-changing inks, holograms, latent images, watermarks, and security threads).

... Data not reported/not available

--- Data not required/not applicable

# HONDURAS

## Prevalence of tobacco use

### Youth

POPULATION GROUP	CURRENT TOBACCO USE (SMOKED AND SMOKELESS) (%)	CURRENT CIGARETTE SMOKING (%)	CURRENT SMOKELESS TOBACCO USE (%)
Men	9.6	6.1	2.7
Women	6.4	4.4	1.9
Total	7.9	5.2	2.2

Source: Global Youth Tobacco Survey, 2016 (13-15 years).

### Adults

POPULATION GROUP	CURRENT TOBACCO USE (SMOKED AND SMOKELESS) (%)	CURRENT CIGARETTE SMOKING (%)	CURRENT SMOKELESS TOBACCO USE (%)
Men	...	24.1	...
Women	...	1.7	...
Total	...	...	...

Source: National Demographic and Health Survey (ENDESA), 2011-12 (15-59 years).

## MPOWER Measures

### M (MONITORING)

Survey	Youth	Adults
Recent	Yes	Yes
National representativeness	Yes	No
Periodic	No <sup>a</sup>	No <sup>a</sup>

<sup>a</sup> Only surveys with national representativeness were considered.

### P (SMOKE-FREE POLICIES)

Health centers	Yes
Schools (except universities)	Yes
Universities	Yes
Government buildings	Yes
Offices	Yes
Restaurants	Yes
Bars and pubs	Yes
Public transportation	Yes

### O (CESSATION)

<b>Toll-free quitline</b>	Yes	
<b>Nicotinic substitution therapy is available in:</b>	<b>Are the costs covered?</b>	
Not available	---	
<b>Cessation services are available in:</b>	<b>Are the costs covered?</b>	
Primary care services	Yes, in some	Partially
Hospitals	Yes, in some	Partially
Doctor's offices	Yes, in some	Partially
The community	No	---
Other	Yes, in some	Partially

... Data not reported/not available

--- Data not required/not applicable

For definitions of the indicators and color-coded ratings, see the Technical Note.

### W (SANITARY WARNINGS)

Health warnings required by law	Yes
Images	Yes <sup>b</sup>
Size (average-front/back)	50-50/50
Ban on misleading terms	Yes
Is any feature missing?	Yes

<sup>b</sup> There is no regulation requiring images. The regulatory entity provides the requirements on warnings through direct communication with the companies.

### E (ADVERTISING BANS)

<b>Ban on direct advertising</b>	
Television, radio, and print media	Yes
Billboards	Yes
Publicity at points of sale	No
<b>Ban on product placement</b>	
Ban on promotion	No
Ban on sponsorship	No
<b>Ban on product display</b>	No

### R (TAXATION)

Price of most sold brand (pack of 20 cigarettes)		
In national currency	HNL	44.00
In international dollars		3.95
Tax (share of the final price of most sold brand)		
Total taxes		34.31
Specific excise taxes		19.06
Ad valorem excise taxes		0.00
Value-added tax (VAT)		15.25
Import duties		0.00
Other taxes		0.00
Evolution of taxes and prices		
	2008	2016
Tax (share of the final price of most sold brand)	45.25	34.31
Price of most sold brand (international dollars)	2.12	3.95



	WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL	PROTOCOL TO ELIMINATE ILLICIT TRADE IN TOBACCO PRODUCTS
Date of signature (d/m/y):	18/06/2004	—
Date of the ratification or accession (d/m/y):	16/02/2005	—

## Tobacco: prices and taxes

### RETAIL PRICE PER PACK OF 20 CIGARETTES

		In local dollars (HNL)	In international dollars (PPP) <sup>1</sup>
Most popular brand:	Belmont	44.00	3.95
Most inexpensive brand:	Seneca	20.00	1.79
Most expensive brand:	Dunhill Azul	55.00	4.93

### TAXES ON TOBACCO<sup>2</sup>

#### Taxes as percentage of the final price of the most sold brand

Excise taxes <sup>3</sup>	Specific taxes <sup>4</sup>	19.06%
	Ad valorem tax <sup>5</sup>	0.00%
Value-added/sales tax (VAT)		15.25%
Import duty <sup>6</sup>		0.00%
Other taxes		0.00%
Total excise taxes		34.31%

#### Design and administration of cigarette taxes

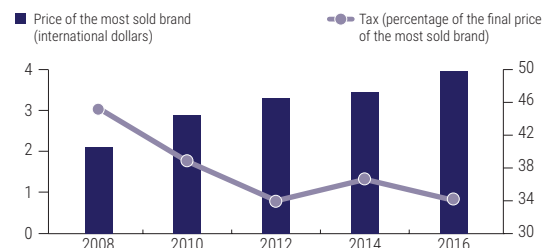
Are taxes applied in mixed fashion ( <i>ad valorem</i> and excise)?	No
If a mixed tax system is used, is the tax burden of excise taxes greater than that of <i>ad valorem</i> taxes? <sup>7</sup>	---
If an <i>ad valorem</i> or mixed tax system exists, is a specific minimum tax applied? <sup>8</sup>	---

- The international dollar is a currency unit adjusted for purchasing power parity (PPP) that is used to compare the value of products and services in different countries.
- Taxes: taxes imposed on goods or services which cause consumers to pay higher prices.
- Excise taxes: these have a greater impact on public health since they are applied exclusively to tobacco products and raise their relative price compared to other products and services.
- Specific tax: it is established in relation to quantity, for example, a set quantity of cigarettes, or by weight.
- Ad valorem* tax: is based on the value of the product, such as a percentage of the retail price, the manufacturer's price, etc.
- The effectiveness of import duties in raising sales prices has been declining as countries have signed bilateral, regional, and global trade agreements.
- Specific excise taxes tend to raise consumer prices more, relatively, than *ad valorem* taxes. Imposing the same specific excise tax on all cigarettes sends the clear message that they are all equally detrimental.
- If the tax calculated falls below a specified minimum level, a specific tax rate is applied.

### EVOLUTION OF TAXES AND PRICES ON THE MOST POPULAR BRAND OF CIGARETTES

	2008	2010	2012	2014	2016 <sup>9</sup>
Tax (percentage of the final price of the most sold brand)	45.25%	38.97%	34.03%	36.76%	34.31%
Price of the most sold brand (international dollars)	2.12	2.88	3.31	3.45	3.95

<sup>9</sup> The country has increased excise taxes on tobacco since 2014; however, due to price variability, this does not necessarily have an effect on the tax indicator.



### EVOLUTION OF THE PRICE OF CIGARETTES COMPARED TO INCOME

	2008	2010	2012	2014	2016
Percentage of per capita GDP required to purchase 100 packs <sup>10</sup>	4.98%	6.77%	7.14%	6.91%	7.34%

Have cigarettes become less affordable since 2008?

Yes

Did cigarettes become less affordable between 2014 and 2016?

Yes

<sup>10</sup> Note that a higher percentage means it is less affordable, which discourages cigarette smoking.



### SUPPLEMENTARY INFORMATION ON TAXES

Are tax stamps or bar codes required for tobacco products?	Yes
Are duty-free sales banned or limited?	Banned
Is tobacco tax revenue pre-allocated to a specific purpose or activity?	No

--- Data not reported/not available

--- Data not required/not applicable

# JAMAICA

## Prevalence of tobacco use

### Youth

POPULATION GROUP	CURRENT TOBACCO USE (SMOKED AND SMOKELESS) (%)	CURRENT CIGARETTE SMOKING (%)	CURRENT SMOKELESS TOBACCO USE (%)
Men	31.3	21.5	8.5
Women	24.6	14.3	8.5
Total	28.7	17.8	8.5

Source: Global Youth Tobacco Survey, 2010 (13-15 years).

### Adults

POPULATION GROUP	CURRENT TOBACCO USE (SMOKED AND SMOKELESS) (%)	CURRENT CIGARETTE SMOKING (%)	CURRENT SMOKELESS TOBACCO USE (%)
Men	16.8	...	...
Women	5.3	...	...
Total	11.0	...	...

Source: National Survey of Drug Use Prevalence, 2016 (12-65 years).

Note: Survey published or identified by PAHO's Regional Tobacco Control Team after the cutoff date for the WHO Report on the Global Tobacco Epidemic, 2017.

## MPOWER Measures

### M (MONITORING)

Survey	Youth	Adults
Recent	No	No
National representativeness	Yes	Yes
Periodic	No	No

### P (SMOKE-FREE POLICIES)

Health centers	Yes
Schools (except universities)	Yes
Universities	Yes
Government buildings	Yes
Offices	Yes
Restaurants	Yes
Bars and pubs	Yes
Public transportation	Yes

### O (CESSATION)

<b>Toll-free quitline</b>	Yes	
<b>Nicotinic substitution therapy is available in:</b>	<b>Are the costs covered?</b>	
Pharmacies, with prescription	Totally	
<b>Cessation services are available in:</b>	<b>Are the costs covered?</b>	
Primary care services	Yes, In most	Totally
Hospitals	Yes, In most	Totally
Doctor's offices	Yes, in some	Partially
The community	Yes, in some	No
Other	Yes, in some	Partially

... Data not reported/not available

--- Data not required/not applicable

For definitions of the indicators and color-coded ratings, see the Technical Note.

### W (WARNINGS)

Health warnings required by law	Yes
Images	Yes
Size (average-front/back)	60-60/60
Ban on misleading terms	Yes
Is any feature missing?	No

### E (ADVERTISING BANS)

Ban on direct advertising	
Television, radio, and print media	Incomplete <sup>a</sup>
Billboards	No
Publicity at points of sale	No
Ban on product placement	
Ban on promotion	No
Ban on sponsorship	No
Ban on product display	No

<sup>a</sup> For more information, see Tables 9 and 10.

### R (TAXATION)

Price of most sold brand (pack of 20 cigarettes)		
In national currency	JMD	990.30
In international dollars		14.30
Tax (share of the final price of most sold brand)		
Total taxes		44.48
Specific excise taxes		28.27
Ad valorem excise taxes		0.00
Value-added tax (VAT)		14.16
Import duties		0.00
Other taxes		2.05
Evolution of taxes and prices	2008	2016
Tax (share of the final price of most sold brand)	43.88	44.48
Price of most sold brand (international dollars)	9.26	14.30



	WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL	PROTOCOL TO ELIMINATE ILLICIT TRADE IN TOBACCO PRODUCTS
Date of signature (d/m/y):	24/09/2003	—
Date of the ratification or accession (d/m/y):	07/07/2005	—

## Tobacco: prices and taxes

### RETAIL PRICE PER PACK OF 20 CIGARETTES

		In local dollars (JMD)	In international dollars (PPP) <sup>1</sup>
Most popular brand:	Craven A	990.30	14.30
Most inexpensive brand:	Pall Mall	728.13	10.52
Most expensive brand:	Rothmans	1,118.40	16.15

### TAXES ON TOBACCO<sup>2</sup>

#### Taxes as percentage of the final price of the most sold brand

Excise taxes <sup>3</sup>	Specific taxes <sup>4</sup>	28.27%
	Ad valorem tax <sup>5</sup>	0.00%
Value-added/sales tax (VAT)		14.16%
Import duty <sup>6</sup>		0.00%
Other taxes		2.05%
Total excise taxes		44.48%

#### Design and administration of cigarette taxes

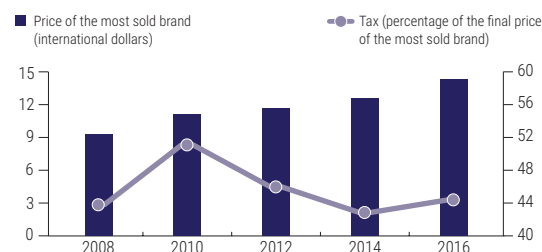
Are taxes applied in mixed fashion ( <i>ad valorem</i> and excise)?	No
If a mixed tax system is used, is the tax burden of excise taxes greater than that of <i>ad valorem</i> taxes? <sup>7</sup>	---
If an <i>ad valorem</i> or mixed tax system exists, is a specific minimum tax applied? <sup>8</sup>	---

- The international dollar is a currency unit adjusted for purchasing power parity (PPP) that is used to compare the value of products and services in different countries.
- Taxes: taxes imposed on goods or services which cause consumers to pay higher prices.
- Excise taxes: these have a greater impact on public health since they are applied exclusively to tobacco products and raise their relative price compared to other products and services.
- Specific tax: it is established in relation to quantity, for example, a set quantity of cigarettes, or by weight.
- Ad valorem* tax: is based on the value of the product, such as a percentage of the retail price, the manufacturer's price, etc.
- The effectiveness of import duties in raising sales prices has been declining as countries have signed bilateral, regional, and global trade agreements.
- Specific excise taxes tend to raise consumer prices more, relatively, than *ad valorem* taxes. Imposing the same specific excise tax on all cigarettes sends the clear message that they are all equally detrimental.
- If the tax calculated falls below a specified minimum level, a specific tax rate is applied.

### EVOLUTION OF TAXES AND PRICES ON THE MOST POPULAR BRAND OF CIGARETTES

	2008	2010	2012	2014	2016 <sup>9</sup>
Tax (percentage of the final price of the most sold brand)	43.88%	51.18%	46.06%	42.94%	44.48%
Price of the most sold brand (international dollars)	9.26	11.14	11.67	12.55	14.30

<sup>9</sup> The country has increased excise taxes on tobacco since 2014; however, due to price variability, this does not necessarily have an effect on the tax indicator.



### EVOLUTION OF THE PRICE OF CIGARETTES COMPARED TO INCOME

	2008	2010	2012	2014	2016
Percentage of per capita GDP required to purchase 100 packs <sup>10</sup>	11.04%	13.79%	13.91%	14.52%	16.02%

Have cigarettes become less affordable since 2008?

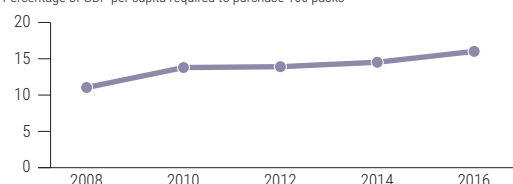
Yes

Did cigarettes become less affordable between 2014 and 2016?

Yes

<sup>10</sup> Note that a higher percentage means it is less affordable, which discourages cigarette smoking.

Percentage of GDP per capita required to purchase 100 packs



### SUPPLEMENTARY INFORMATION ON TAXES

Are tax stamps or bar codes required for tobacco products?	No
Are duty-free sales banned or limited?	Limited
Is tobacco tax revenue pre-allocated to a specific purpose or activity?	According to the National Health Fund Act of 2003, 5% of excise taxes (including on tobacco products) are allocated to the National Health Fund. According to the 2008/2009 Revenue Measure (documented in Ministerial Paper No. 23), the percentage of tobacco excise taxes allocated to the National Health Fund was increased to 20%.

--- Data not reported/not available

--- Data not required/not applicable



# MEXICO

## Prevalence of tobacco use

### Youth

POPULATION GROUP	CURRENT TOBACCO USE (SMOKED AND SMOKELESS) (%)	CURRENT CIGARETTE SMOKING (%)	CURRENT SMOKELESS TOBACCO USE (%)
Men	21.6	15.8	5.9
Women	17.7	12.9	3.9
Total	19.8	14.6	4.9

Source: Global Youth Tobacco Survey, 2011 (13-15 years).

### Adults

POPULATION GROUP	CURRENT TOBACCO USE (SMOKED AND SMOKELESS) (%)	CURRENT CIGARETTE SMOKING (%)	CURRENT SMOKELESS TOBACCO USE (%)
Men	25.2	25.2	0.4
Women	8.2	8.2	0.0
Total	16.4	16.3	0.2

Source: Global Adult Tobacco Survey, 2015 (≥15 years).

## MPOWER Measures

### M (MONITORING)

Survey	Youth	Adults
Recent	Yes	Yes
National representativeness	Yes	Yes
Periodic	No	Yes

### P (SMOKE-FREE POLICIES)<sup>a</sup>

Health centers	b
Schools (except universities)	Yes
Universities	b
Government buildings	b
Offices	b
Restaurants	b
Bars and pubs	b
Public transportation	No

a Although the federal law is not complete, there are comprehensive laws at the subnational level.

b The possibility exists for creating areas for smokers, but they must be separate, completely closed and under very strict technical conditions.

### O (CESSATION)

Toll-free quitline		Yes
Nicotinic substitution therapy is available in:		Are the costs covered?
Pharmacies		Partially
Cessation services are available in:		Are the costs covered?
Primary care services	Yes, in most	Partially
Hospitals	Yes, in some	Partially
Doctor's offices	Yes, in some	Partially
The community	Yes, in some	Partially
Other	Yes, in some	No

--- Data not reported/not available

--- Data not required/not applicable

For definitions of the indicators and color-coded ratings, see the Technical Note.

### W (WARNINGS)

Health warnings required by law	Yes
Images	Yes
Size (average-front/back)	65-30/100
Ban on misleading terms	Yes
Is any feature missing?	No

### E (ADVERTISING BANS)

Ban on direct advertising	
Television, radio, and print media	Incomplete <sup>c</sup>
Billboards	Yes
Publicity at points of sale	No
Ban on product placement	
Ban on promotion	Incomplete <sup>c</sup>
Ban on sponsorship	Yes
Ban on product display	No

c For more information, see Tables 9 and 10.

### R (TAXATION)

Price of most sold brand (pack of 20 cigarettes)		
In national currency	MXN	47.39
In international dollars		5.67
Tax (share of the final price of most sold brand)		
Total taxes		67.29
Specific excise taxes		14.77
Ad valorem excise taxes		38.73
Value-added tax (VAT)		13.79
Import duties		0.00
Other taxes		0.00
Evolution of taxes and prices	2008	2016
Tax (share of the final price of most sold brand)	61.17	67.29
Price of most sold brand (international dollars)	3.99	5.67



	WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL	PROTOCOL TO ELIMINATE ILLICIT TRADE IN TOBACCO PRODUCTS
Date of signature (d/m/y):	12/08/2003	—
Date of the ratification or accession (d/m/y):	28/05/2004	—

## Tobacco: prices and taxes

### RETAIL PRICE PER PACK OF 20 CIGARETTES

		In local dollars (MXN)	In international dollars (PPP) <sup>1</sup>
Most popular brand:	Marlboro	47.39	5.67
Most inexpensive brand:	Winston	24.00	2.87
Most expensive brand:	Marlboro (premium variant)	54.00	6.46

### TAXES ON TOBACCO<sup>2</sup>

#### Taxes as percentage of the final price of the most sold brand

Excise taxes <sup>3</sup>	Specific taxes <sup>4</sup>	14.77%
	Ad valorem tax <sup>5</sup>	38.73%
Value-added/sales tax (VAT)		13.79%
Import duty <sup>6</sup>		0.00%
Other taxes		0.00%
Total excise taxes		67.29%

1 The international dollar is a currency unit adjusted for purchasing power parity (PPP) that is used to compare the value of products and services in different countries.

2 Taxes: taxes imposed on goods or services which cause consumers to pay higher prices.

3 Excise taxes: these have a greater impact on public health since they are applied exclusively to tobacco products and raise their relative price compared to other products and services.

4 Specific tax: it is established in relation to quantity, for example, a set quantity of cigarettes, or by weight.

5 Ad valorem tax: is based on the value of the product, such as a percentage of the retail price, the manufacturer's price, etc.

6 The effectiveness of import duties in raising sales prices has been declining as countries have signed bilateral, regional, and global trade agreements.

7 Specific excise taxes tend to raise consumer prices more, relatively, than ad valorem taxes. Imposing the same specific excise tax on all cigarettes sends the clear message that they are all equally detrimental.

8 If the tax calculated falls below a specified minimum level, a specific tax rate is applied.

#### Design and administration of cigarette taxes

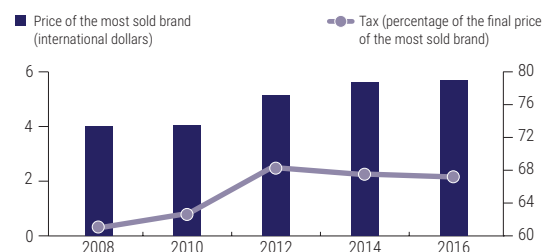
Are taxes applied in mixed fashion (*ad valorem* and excise)? Yes

If a mixed tax system is used, is the tax burden of excise taxes greater than that of *ad valorem* taxes?<sup>7</sup> No

If an *ad valorem* or mixed tax system exists, is a specific minimum tax applied?<sup>8</sup> No

### EVOLUTION OF TAXES AND PRICES ON THE MOST POPULAR BRAND OF CIGARETTES

	2008	2010	2012	2014	2016
Tax (percentage of the final price of the most sold brand)	61.17%	62.70%	68.34%	67.60%	67.29%
Price of the most sold brand (international dollars)	3.99	4.03	5.14	5.62	5.67



### EVOLUTION OF THE PRICE OF CIGARETTES COMPARED TO INCOME

	2008	2010	2012	2014	2016
Percentage of per capita GDP required to purchase 100 packs <sup>9</sup>	2.54%	2.58%	3.00%	3.12%	2.97%

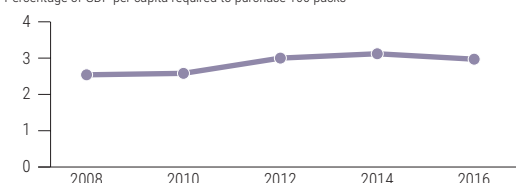
Have cigarettes become less affordable since 2008? Yes

Did cigarettes become less affordable between 2014 and 2016? No<sup>10</sup>

9 Note that a higher percentage means it is less affordable, which discourages cigarette smoking.

10 Cigarettes became more expensive between 2012 and 2014, then became more affordable from 2014 to 2016.

Percentage of GDP per capita required to purchase 100 packs



### SUPPLEMENTARY INFORMATION ON TAXES

Are tax stamps or bar codes required for tobacco products?	Yes <sup>11</sup>
Are duty-free sales banned or limited?	Limit of 200 cigarettes
Is tobacco tax revenue pre-allocated to a specific purpose or activity?	No

11 Indicates that tax stamps or codes can be read by the naked eye (such as color-changing inks, holograms, latent images, watermarks, and security threads).

--- Data not reported/not available

--- Data not required/not applicable

# NICARAGUA

## Prevalence of tobacco use

### Youth

POPULATION GROUP	CURRENT TOBACCO USE (SMOKED AND SMOKELESS) (%)	CURRENT CIGARETTE SMOKING (%)	CURRENT SMOKELESS TOBACCO USE (%)
Men	20.6	13.8	5.1
Women	14.5	10.3	3.3
Total	17.6	12.2	4.3

Source: Global Youth Tobacco Survey, 2014 (13-15 years).

### Adults

POPULATION GROUP	CURRENT TOBACCO USE (SMOKED AND SMOKELESS) (%)	CURRENT CIGARETTE SMOKING (%)	CURRENT SMOKELESS TOBACCO USE (%)
Men	...	5.2	...
Women	...	...	...
Total	...	...	...

Source: Demographic and Health Survey, 2001 (15-49 years).

## MPOWER Measures

### M (MONITORING)

Survey	Youth	Adults
Recent	Yes	No
National representativeness	Yes	No
Periodic	No <sup>a</sup>	No

<sup>a</sup> Only surveys with national representativeness were considered.

### P (SMOKE-FREE POLICIES)

Health centers	Yes
Schools (except universities)	Yes
Universities	Yes
Government buildings	Yes
Offices	Yes
Restaurants	No
Bars and pubs	No
Public transportation	Yes

### O (CESSATION)

<b>Toll-free quitline</b>	No	
<b>Nicotinic substitution therapy is available in:</b>	<b>Are the costs covered?</b>	
Pharmacies	No	
<b>Cessation services are available in:</b>	<b>Are the costs covered?</b>	
Primary care services	Yes, In most	No
Hospitals	Yes, In most	No
Doctor's offices	Yes, In most	No
The community	No	---
Other	No	---

... Data not reported/not available

--- Data not required/not applicable

For definitions of the indicators and color-coded ratings, see the Technical Note.

### W (WARNINGS)

Health warnings required by law	Yes
Images <sup>b</sup>	
Size (average-front/back)	50-50/50 <sup>b</sup>
Ban on misleading terms	Yes
Is any feature missing?	Yes <sup>c</sup>

Note: Data not approved by the national authorities.

<sup>b</sup> Law approved but not applied as of December 2016.

<sup>c</sup> For more details, see Table 8.

### E (ADVERTISING BANS)

<b>Ban on direct advertising</b>	
Television, radio, and print media	Incomplete <sup>d</sup>
Billboards	Yes
Publicity at points of sale	No
<b>Ban on product placement</b>	
Ban on promotion	No <sup>d</sup>
Ban on sponsorship	No
<b>Ban on product display</b>	No

<sup>d</sup> For more information, see Tables 9 and 10.

### R (TAXATION)

<b>Price of most sold brand (pack of 20 cigarettes)</b>		
In national currency	NIO	50.00
In international dollars		4.36
<b>Tax (share of the final price of most sold brand)</b>		
Total taxes		35.09
Specific excise taxes		22.05
Ad valorem excise taxes		0.00
Value-added tax (VAT)		13.04
Import duties		0.00
Other taxes		0.00
<b>Evolution of taxes and prices</b>	<b>2008</b>	<b>2016</b>
Tax (share of the final price of most sold brand)	19.79	35.09
Price of most sold brand (international dollars)	2.82	4.36



	WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL	PROTOCOL TO ELIMINATE ILLICIT TRADE IN TOBACCO PRODUCTS
Date of signature (d/m/y):	07/06/2004	10/01/2013
Date of the ratification or accession (d/m/y):	09/04/2008	20/12/2013

## Tobacco: prices and taxes

### RETAIL PRICE PER PACK OF 20 CIGARETTES

		In local dollars (NIO)	In international dollars (PPP) <sup>1</sup>
Most popular brand:	Belmont	50.00	4.36
Most inexpensive brand:	Casino	38.00	3.31
Most expensive brand:	Dunhill	52.00	4.54

### TAXES ON TOBACCO<sup>2</sup>

#### Taxes as percentage of the final price of the most sold brand

Excise taxes <sup>3</sup>	Specific taxes <sup>4</sup>	22.05%
	Ad valorem tax <sup>5</sup>	0.00%
Value-added/sales tax (VAT)		13.04%
Import duty <sup>6</sup>		0.00%
Other taxes		0.00%
Total excise taxes		35.09%

#### Design and administration of cigarette taxes

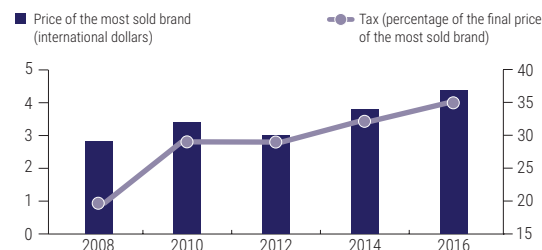
Are taxes applied in mixed fashion ( <i>ad valorem</i> and excise)?	No
If a mixed tax system is used, is the tax burden of excise taxes greater than that of <i>ad valorem</i> taxes? <sup>7</sup>	---
If an <i>ad valorem</i> or mixed tax system exists, is a specific minimum tax applied? <sup>8</sup>	---

- The international dollar is a currency unit adjusted for purchasing power parity (PPP) that is used to compare the value of products and services in different countries.
- Taxes: taxes imposed on goods or services which cause consumers to pay higher prices.
- Excise taxes: these have a greater impact on public health since they are applied exclusively to tobacco products and raise their relative price compared to other products and services.
- Specific tax: it is established in relation to quantity, for example, a set quantity of cigarettes, or by weight.
- Ad valorem* tax: is based on the value of the product, such as a percentage of the retail price, the manufacturer's price, etc.
- The effectiveness of import duties in raising sales prices has been declining as countries have signed bilateral, regional, and global trade agreements.
- Specific excise taxes tend to raise consumer prices more, relatively, than *ad valorem* taxes. Imposing the same specific excise tax on all cigarettes sends the clear message that they are all equally detrimental.
- If the tax calculated falls below a specified minimum level, a specific tax rate is applied.

### EVOLUTION OF TAXES AND PRICES ON THE MOST POPULAR BRAND OF CIGARETTES

	2008	2010	2012	2014	2016 <sup>9</sup>
Tax (percentage of the final price of the most sold brand)	19.79%	29.14%	29.11%	32.27%	35.09%
Price of the most sold brand (international dollars)	2.82	3.39%	3.00	3.80	4.36

<sup>9</sup> The country has increased excise taxes on tobacco since 2014; however, due to price variability, this does not necessarily have an effect on the tax indicator.



### EVOLUTION OF THE PRICE OF CIGARETTES COMPARED TO INCOME

	2008	2010	2012	2014	2016
Percentage of per capita GDP required to purchase 100 packs <sup>10</sup>	7.14%	8.59%	6.69%	7.66%	8.24%

Have cigarettes become less affordable since 2008?

No change<sup>11</sup>

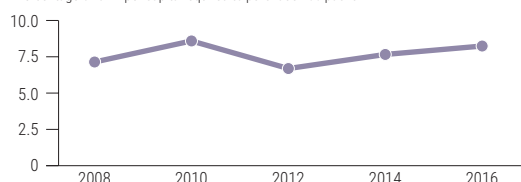
Did cigarettes become less affordable between 2014 and 2016?

Yes

<sup>10</sup> Note that a higher percentage means it is less affordable, which discourages cigarette smoking.

<sup>11</sup> Affordability is considered unchanged (2008-2016) if the least-squares growth rate is not statistically significant at the 5% level.

Percentage of GDP per capita required to purchase 100 packs



### SUPPLEMENTARY INFORMATION ON TAXES

Are tax stamps or bar codes required for tobacco products?	No
Are duty-free sales banned or limited?	Banned
Is tobacco tax revenue pre-allocated to a specific purpose or activity?	No

... Data not reported/not available

--- Data not required/not applicable

# PANAMA

## Prevalence of tobacco use

### Youth

POPULATION GROUP	CURRENT TOBACCO USE (SMOKED AND SMOKELESS) (%)	CURRENT CIGARETTE SMOKING (%)	CURRENT SMOKELESS TOBACCO USE (%)
Men	12.1	7.0	2.8
Women	7.9	3.2	2.8
Total	10.0	5.0	2.9

Source: Global Youth Tobacco Survey, 2012 (13-15 years).

### Adults

POPULATION GROUP	CURRENT TOBACCO USE (SMOKED AND SMOKELESS) (%)	CURRENT CIGARETTE SMOKING (%)	CURRENT SMOKELESS TOBACCO USE (%)
Men	9.4	8.9	1.0
Women	2.8	2.7	0.5
Total	6.1	5.8	0.8

Source: Global Adult Tobacco Survey, 2013 (≥15 years).

## MPOWER Measures

### M (MONITORING)

Survey	Youth	Adults
Recent	Yes	Yes
National representativeness	Yes	Yes
Periodic	Yes	Yes

### P (SMOKE-FREE POLICIES)

Health centers	Yes
Schools (except universities)	Yes
Universities	Yes
Government buildings	Yes
Offices	Yes
Restaurants	Yes
Bars and pubs	Yes
Public transportation	Yes

### O (CESSATION)

Toll-free quitline		Yes
Nicotinic substitution therapy is available in:		Are the costs covered?
Pharmacies		Totally
Cessation services are available in:		Are the costs covered?
Primary care services	Yes, in some	Partially
Hospitals	Yes, in some	Partially
Doctor's offices	Yes, in some	Partially
The community	No	---
Other	Yes, in some	Partially

--- Data not reported/not available

--- Data not required/not applicable

For definitions of the indicators and color-coded ratings, see the Technical Note.

### W (WARNINGS)

Health warnings required by law	Yes
Images	Yes
Size (average-front/back)	50-50/50
Ban on misleading terms	Yes
Is any feature missing?	No

### E (ADVERTISING BANS)

Ban on direct advertising	
Television, radio, and print media	Yes
Billboards	Yes
Publicity at points of sale	Yes
Ban on product placement	
Ban on promotion	Yes
Ban on sponsorship	Yes
Ban on product display	Yes

### R (TAXATION)

Price of most sold brand (pack of 20 cigarettes)		
In national currency	PAB	4.25
In international dollars		7.17
Tax (share of the final price of most sold brand)		
Total taxes		56.52
Specific excise taxes		0.00
Ad valorem excise taxes		43.48
Value-added tax (VAT)		13.04
Import duties		0.00
Other taxes		0.00
Evolution of taxes and prices	2008	2016
Tax (share of the final price of most sold brand)	36.59	56.52
Price of most sold brand (international dollars)	4.02	7.17



	WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL	PROTOCOL TO ELIMINATE ILLICIT TRADE IN TOBACCO PRODUCTS
Date of signature (d/m/y):	26/09/2003	10/01/2013
Date of the ratification or accession (d/m/y):	16/08/2004	23/09/2016

## Tobacco: prices and taxes

### RETAIL PRICE PER PACK OF 20 CIGARETTES

		In local dollars (PAB)	In international dollars (PPP) <sup>1</sup>
Most popular brand:	Viceroy, Kool	4.25	7.17
Most inexpensive brand:	Viceroy	3.75	6.32
Most expensive brand:	Kool	4.50	7.59

### TAXES ON TOBACCO<sup>2</sup>

#### Taxes as percentage of the final price of the most sold brand

Excise taxes <sup>3</sup>	Specific taxes <sup>4</sup>	0.00%
	Ad valorem tax <sup>5</sup>	43.48%
Value-added/sales tax (VAT)		13.04%
Import duty <sup>6</sup>		0.00%
Other taxes		0.00%
Total excise taxes		56.52%

1 The international dollar is a currency unit adjusted for purchasing power parity (PPP) that is used to compare the value of products and services in different countries.

2 Taxes: taxes imposed on goods or services which cause consumers to pay higher prices.

3 Excise taxes: these have a greater impact on public health since they are applied exclusively to tobacco products and raise their relative price compared to other products and services.

4 Specific tax: it is established in relation to quantity, for example, a set quantity of cigarettes, or by weight.

5 Ad valorem tax: is based on the value of the product, such as a percentage of the retail price, the manufacturer's price, etc.

6 The effectiveness of import duties in raising sales prices has been declining as countries have signed bilateral, regional, and global trade agreements.

7 Specific excise taxes tend to raise consumer prices more, relatively, than ad valorem taxes. Imposing the same specific excise tax on all cigarettes sends the clear message that they are all equally detrimental.

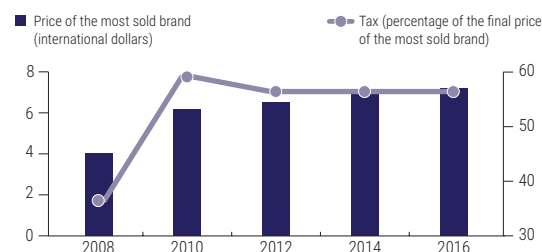
8 If the tax calculated falls below a specified minimum level, a specific tax rate is applied.

#### Design and administration of cigarette taxes

Are taxes applied in mixed fashion ( <i>ad valorem</i> and excise)?	No
If a mixed tax system is used, is the tax burden of excise taxes greater than that of <i>ad valorem</i> taxes? <sup>7</sup>	---
If an <i>ad valorem</i> or mixed tax system exists, is a specific minimum tax applied? <sup>8</sup>	No

### EVOLUTION OF TAXES AND PRICES ON THE MOST POPULAR BRAND OF CIGARETTES

	2008	2010	2012	2014	2016
Tax (percentage of the final price of the most sold brand)	36.59%	59.20%	56.52%	56.52%	56.52%
Price of the most sold brand (international dollars)	4.02	6.19	6.52	7.06	7.17



### EVOLUTION OF THE PRICE OF CIGARETTES COMPARED TO INCOME

	2008	2010	2012	2014	2016
Percentage of per capita GDP required to purchase 100 packs <sup>9</sup>	2.83%	4.12%	3.54%	3.38%	3.11%

Have cigarettes become less affordable since 2008?

No change<sup>10</sup>

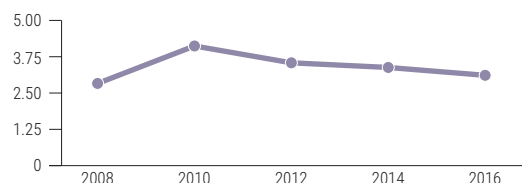
Did cigarettes become less affordable between 2014 and 2016?

No

9 Note that a higher percentage means it is less affordable, which discourages cigarette smoking.

10 Affordability is considered unchanged (2008-2016) if the least-squares growth rate is not statistically significant at the 5% level.

Percentage of GDP per capita required to purchase 100 packs



### SUPPLEMENTARY INFORMATION ON TAXES

Are tax stamps or bar codes required for tobacco products?	Yes <sup>11</sup>
Are duty-free sales banned or limited?	Banned
Is tobacco tax revenue pre-allocated to a specific purpose or activity?	According to Law 69 of 2009, 20% of what is collected from tobacco excise taxes goes to the National Oncological Institute, 20% to the Ministry of Health for prevention activities and treatment of diseases caused by tobacco use, and 10% to the National Customs Authority for prevention activities and prosecution of tobacco product smuggling.

11 Indicates that tax stamps or codes can be read by the naked eye (such as color-changing inks, holograms, latent images, watermarks, and security threads).

--- Data not reported/not available

--- Data not required/not applicable

# PARAGUAY

## Prevalence of tobacco use

### Youth

POPULATION GROUP	CURRENT TOBACCO USE (SMOKED AND SMOKELESS) (%)	CURRENT CIGARETTE SMOKING (%)	CURRENT SMOKELESS TOBACCO USE (%)
Men	7.4	3.9	2.3
Women	6.6	3.8	1.4
Total	7.0	3.9	1.9

Source: Global Youth Tobacco Survey, 2014 (13-15 years).

### Adults

POPULATION GROUP	CURRENT TOBACCO USE (SMOKED AND SMOKELESS) (%)	CURRENT CIGARETTE SMOKING (%)	CURRENT SMOKELESS TOBACCO USE (%)
Men	22.8	...	3.0
Women	6.1	...	1.6
Total	14.5	...	2.3

Source: STEPS Survey, 2011 (15-74 years).

## MPOWER Measures

### M (MONITORING)

Survey	Youth	Adults
Recent	Yes	Yes
National representativeness	Yes	Yes
Periodic	Yes	No <sup>a</sup>

<sup>a</sup> Only surveys with national representativeness were considered.

### W (WARNINGS)

Health warnings required by law	Yes
Images	Yes
Size (average-front/back)	40-40/40
Ban on misleading terms	Yes
Is any feature missing?	Yes <sup>b</sup>

<sup>b</sup> For more details, see Table 8.

### P (SMOKE-FREE POLICIES)

Health centers	Yes
Schools (except universities)	Yes
Universities	Yes
Government buildings	Yes
Offices	Yes
Restaurants	No
Bars and pubs	No
Public transportation	Yes

### E (ADVERTISING BANS)

<b>Ban on direct advertising</b>	
Television, radio, and print media	Yes
Billboards	Yes
Publicity at points of sale	No
<b>Ban on product placement</b>	
Ban on promotion	Incomplete <sup>c</sup>
Ban on sponsorship	Yes
<b>Ban on product display</b>	No

<sup>c</sup> For more information, see Tables 9 and 10.

### O (CESSATION)

<b>Toll-free quitline</b>	No	
<b>Nicotinic substitution therapy is available in:</b>	<b>Are the costs covered?</b>	
Not available	---	
<b>Cessation services are available in:</b>	<b>Are the costs covered?</b>	
Primary care services	No	---
Hospitals	Yes, in some	Partially
Doctor's offices	Yes, in some	Partially
The community	No	---
Other	No	---

... Data not reported/not available

--- Data not required/not applicable

For definitions of the indicators and color-coded ratings, see the Technical Note.

### R (TAXATION)

<b>Price of most sold brand (pack of 20 cigarettes)</b>		
In national currency	PYG	2,000.00
In international dollars		0.83
<b>Tax (share of the final price of most sold brand)</b>		
Total taxes		17.40
Specific excise taxes		0.00
Ad valorem excise taxes		8.31
Value-added tax (VAT)		9.09
Import duties		0.00
Other taxes		0.00
<b>Evolution of taxes and prices</b>	<b>2008</b>	<b>2016</b>
Tax (share of the final price of most sold brand)	15.52	17.40
Price of most sold brand (international dollars)	0.50	0.83





	WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL	PROTOCOL TO ELIMINATE ILLICIT TRADE IN TOBACCO PRODUCTS
Date of signature (d/m/y):	16/06/2003	—
Date of the ratification or accession (d/m/y):	26/09/2006	—

## Tobacco: prices and taxes

### RETAIL PRICE PER PACK OF 20 CIGARETTES

		In local dollars (PYG)	In international dollars (PPP) <sup>1</sup>
Most popular brand:	Kentucky Soft	2,000.00	0.83
Most inexpensive brand:	Kentucky	2,000.00	0.83
Most expensive brand:	Kent	11,000.00	4.54

### TAXES ON TOBACCO<sup>2</sup>

#### Taxes as percentage of the final price of the most sold brand

Excise taxes <sup>3</sup>	Specific taxes <sup>4</sup>	0.00%
	Ad valorem tax <sup>5</sup>	8.31%
Value-added/sales tax (VAT)		9.09%
Import duty <sup>6</sup>		0.00%
Other taxes		0.00%
Total excise taxes		17.40%

1 The international dollar is a currency unit adjusted for purchasing power parity (PPP) that is used to compare the value of products and services in different countries.

2 Taxes: taxes imposed on goods or services which cause consumers to pay higher prices.

3 Excise taxes: these have a greater impact on public health since they are applied exclusively to tobacco products and raise their relative price compared to other products and services.

4 Specific tax: it is established in relation to quantity, for example, a set quantity of cigarettes, or by weight.

5 Ad valorem tax: is based on the value of the product, such as a percentage of the retail price, the manufacturer's price, etc.

6 The effectiveness of import duties in raising sales prices has been declining as countries have signed bilateral, regional, and global trade agreements.

7 Specific excise taxes tend to raise consumer prices more, relatively, than ad valorem taxes. Imposing the same specific excise tax on all cigarettes sends the clear message that they are all equally detrimental.

8 If the tax calculated falls below a specified minimum level, a specific tax rate is applied.

#### Design and administration of cigarette taxes

Are taxes applied in mixed fashion (*ad valorem* and excise)? No

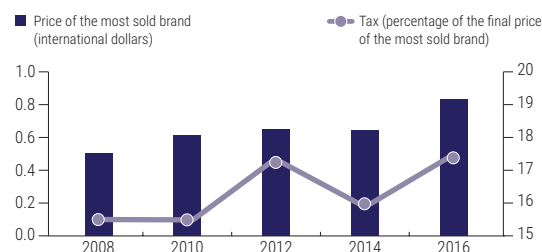
If a mixed tax system is used, is the tax burden of excise taxes greater than that of *ad valorem* taxes?<sup>7</sup> ---

If an *ad valorem* or mixed tax system exists, is a specific minimum tax applied?<sup>8</sup> No

### EVOLUTION OF TAXES AND PRICES ON THE MOST POPULAR BRAND OF CIGARETTES

	2008	2010	2012	2014	2016 <sup>9</sup>
Tax (percentage of the final price of the most sold brand)	15.52%	15.51%	17.26%	16.00%	17.40%
Price of the most sold brand (international dollars)	0.50	0.61	0.65	0.64	0.83

9 The country has increased excise taxes on tobacco since 2014; however, due to price variability, this does not necessarily have an effect on the tax indicator.



### EVOLUTION OF THE PRICE OF CIGARETTES COMPARED TO INCOME

	2008	2010	2012	2014	2016
Percentage of per capita GDP required to purchase 100 packs <sup>10</sup>	0.75%	0.86%	0.89%	0.72%	0.88%

Have cigarettes become less affordable since 2008?

No change<sup>11</sup>

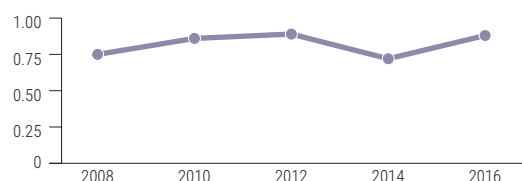
Did cigarettes become less affordable between 2014 and 2016?

Yes

10 Note that a higher percentage means it is less affordable, which discourages cigarette smoking.

11 Affordability is considered unchanged (2008-2016) if the least-squares growth rate is not statistically significant at the 5% level.

Percentage of GDP per capita required to purchase 100 packs



### SUPPLEMENTARY INFORMATION ON TAXES

Are tax stamps or bar codes required for tobacco products?	No
Are duty-free sales banned or limited?	No
Is tobacco tax revenue pre-allocated to a specific purpose or activity?	No

--- Data not reported/not available

--- Data not required/not applicable

## Prevalence of tobacco use

### Youth

POPULATION GROUP	CURRENT TOBACCO USE (SMOKED AND SMOKELESS) (%)	CURRENT CIGARETTE SMOKING (%)	CURRENT SMOKELESS TOBACCO USE (%)
Men	10.9	9.2	1.3
Women	8.4	6.2	1.9
Total	9.7	7.7	1.6

Source: Global Youth Tobacco Survey, 2013 (13-15 years).

### Adults

POPULATION GROUP	CURRENT TOBACCO USE (SMOKED AND SMOKELESS) (%)	CURRENT CIGARETTE SMOKING (%)	CURRENT SMOKELESS TOBACCO USE (%)
Men	...	...	...
Women	...	4.1	1.8
Total	...	...	...

Source: Demographic and Family Health Survey, 2015 (women, 15-49 years).

## MPOWER Measures

### M (MONITORING)

Survey	Youth	Adults
Recent	Yes	Yes
National representativeness	Yes	No
Periodic	Yes	No <sup>a</sup>

<sup>a</sup> Only surveys with national representativeness were considered.

### P (SMOKE-FREE POLICIES)

Health centers	Yes
Schools (except universities)	Yes
Universities	Yes
Government buildings	Yes
Offices	Yes
Restaurants	Yes
Bars and pubs	Yes
Public transportation	Yes

### O (CESSATION)

Toll-free quitline		Yes
Nicotinic substitution therapy is available in:		Are the costs covered?
Pharmacies, with prescription		No
Cessation services are available in:		Are the costs covered?
Primary care services	Yes, in some	Partial
Hospitals	Yes, in some	Partial
Doctor's offices	No	---
The community	No	---
Other	No	---

... Data not reported/not available

--- Data not required/not applicable

For definitions of the indicators and color-coded ratings, see the Technical Note.

### W (WARNINGS)

Health warnings required by law	Yes
Images	Yes
Size (average-front/back)	50-50/50
Ban on misleading terms	Yes
Is any feature missing?	No

### E (ADVERTISING BANS)

<b>Ban on direct advertising</b>	
Television, radio, and print media	Incomplete <sup>b</sup>
Billboards	No
Publicity at points of sale	No
<b>Ban on product placement</b>	
Ban on promotion	No
Ban on sponsorship	No
<b>Ban on product display</b>	No

<sup>b</sup> For more information, see Tables 9 and 10.

### R (TAXATION)

Price of most sold brand (pack of 20 cigarettes)		
In national currency	PEN	10.50
In international dollars		6.63
Tax (share of the final price of most sold brand)		
Total taxes		49.54
Specific excise taxes		34.29
Ad valorem excise taxes		0.00
Value-added tax (VAT)		15.25
Import duties		0.00
Other taxes		0.00
Evolution of taxes and prices		
	2008	2016
Tax (share of the final price of most sold brand)	41.18	49.54
Price of most sold brand (international dollars)	2.86	6.63

	WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL	PROTOCOL TO ELIMINATE ILLICIT TRADE IN TOBACCO PRODUCTS
Date of signature (d/m/y):	21/04/2004	—
Date of the ratification or accession (d/m/y):	30/11/2004	—



## Tobacco: prices and taxes

### RETAIL PRICE PER PACK OF 20 CIGARETTES

		In local dollars (PEN)	In international dollars (PPP) <sup>1</sup>
Most popular brand:	Hamilton	10.50	6.63
Most inexpensive brand:	Pall Mall	7.00	4.42
Most expensive brand:	Lucky Strike	13.00	8.21

### TAXES ON TOBACCO<sup>2</sup>

#### Taxes as percentage of the final price of the most sold brand

Excise taxes <sup>3</sup>	Specific taxes <sup>4</sup>	34.29%
	Ad valorem tax <sup>5</sup>	0.00%
Value-added/sales tax (VAT)		15.25%
Import duty <sup>6</sup>		0.00%
Other taxes		0.00%
Total excise taxes		49.54%

#### Design and administration of cigarette taxes

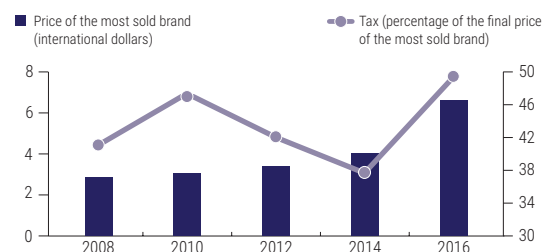
Are taxes applied in mixed fashion ( <i>ad valorem</i> and excise)?	No
If a mixed tax system is used, is the tax burden of excise taxes greater than that of <i>ad valorem</i> taxes? <sup>7</sup>	---
If an <i>ad valorem</i> or mixed tax system exists, is a specific minimum tax applied? <sup>8</sup>	---

- The international dollar is a currency unit adjusted for purchasing power parity (PPP) that is used to compare the value of products and services in different countries.
- Taxes: taxes imposed on goods or services which cause consumers to pay higher prices.
- Excise taxes: these have a greater impact on public health since they are applied exclusively to tobacco products and raise their relative price compared to other products and services.
- Specific tax: it is established in relation to quantity, for example, a set quantity of cigarettes, or by weight.
- Ad valorem* tax: is based on the value of the product, such as a percentage of the retail price, the manufacturer's price, etc.
- The effectiveness of import duties in raising sales prices has been declining as countries have signed bilateral, regional, and global trade agreements.
- Specific excise taxes tend to raise consumer prices more, relatively, than *ad valorem* taxes. Imposing the same specific excise tax on all cigarettes sends the clear message that they are all equally detrimental.
- If the tax calculated falls below a specified minimum level, a specific tax rate is applied.

### EVOLUTION OF TAXES AND PRICES ON THE MOST POPULAR BRAND OF CIGARETTES

	2008	2010	2012	2014	2016 <sup>9</sup>
Tax (percentage of the final price of the most sold brand)	41.18%	47.08%	42.18%	37.83%	49.54%
Price of the most sold brand (international dollars)	2.86	3.05	3.41	4.02	6.63

- The country has increased excise taxes on tobacco since 2014; however, due to price variability, this does not necessarily have an effect on the tax indicator.



### EVOLUTION OF THE PRICE OF CIGARETTES COMPARED TO INCOME

	2008	2010	2012	2014	2016
Percentage of per capita GDP required to purchase 100 packs <sup>10</sup>	3.22%	3.18%	3.14%	3.31%	5.02%

Have cigarettes become less affordable since 2008?

No change<sup>11</sup>

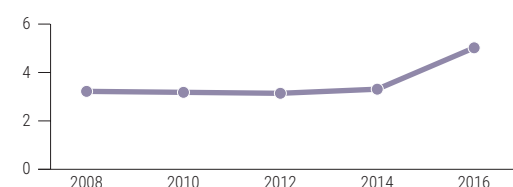
Did cigarettes become less affordable between 2014 and 2016?

Yes

<sup>10</sup> Note that a higher percentage means it is less affordable, which discourages cigarette smoking.

<sup>11</sup> Affordability is considered unchanged (2008-2016) if the least-squares growth rate is not statistically significant at the 5% level.

Percentage of GDP per capita required to purchase 100 packs



### SUPPLEMENTARY INFORMATION ON TAXES

Are tax stamps or bar codes required for tobacco products?	No
Are duty-free sales banned or limited?	---
Is tobacco tax revenue pre-allocated to a specific purpose or activity?	No

--- Data not reported/not available

--- Data not required/not applicable

# SAINT KITTS AND NEVIS

## Prevalence of tobacco use

### Youth

POPULATION GROUP	CURRENT TOBACCO USE (SMOKED AND SMOKELESS) (%)	CURRENT CIGARETTE SMOKING (%)	CURRENT SMOKELESS TOBACCO USE (%)
Men	10.4	4.8	---
Women	7.8	3.2	---
Total	9.2	4.0	---

Source: Global Youth Tobacco Survey, 2010 (13-15 years).

### Adults

POPULATION GROUP	CURRENT TOBACCO USE (SMOKED AND SMOKELESS) (%)	CURRENT CIGARETTE SMOKING (%)	CURRENT SMOKELESS TOBACCO USE (%)
Men	16.2	---	0.3
Women	1.1	---	0.1
Total	8.7	---	0.2

Source: STEPS Survey, 2007-08 (25-64 years).

## MPOWER Measures

### M (MONITORING)

Survey	Youth	Adults
Recent	No	No
National representativeness	Yes	Yes
Periodic	No	No

### W (WARNINGS)

Health warnings required by law	No
Images	---
Size (average-front/back)	---
Ban on misleading terms	---
Is any feature missing?	---

### P (SMOKE-FREE POLICIES)

Health centers	No
Schools (except universities)	No
Universities	No
Government buildings	No
Offices	No
Restaurants	No
Bars and pubs	No
Public transportation	No

### E (ADVERTISING BANS)

<b>Ban on direct advertising</b>	
Television, radio, and print media	No
Billboards	No
Publicity at points of sale	No
<b>Ban on product placement</b>	
Ban on promotion	No
Ban on sponsorship	No
<b>Ban on product display</b>	No

### O (CESSATION)

<b>Toll-free quitline</b>	No	
<b>Nicotinic substitution therapy is available in:</b>	<b>Are the costs covered?</b>	
Pharmacies	No	
<b>Cessation services are available in:</b>	<b>Are the costs covered?</b>	
Primary care services	No	---
Hospitals	No	---
Doctor's offices	No	---
The community	No	---
Other	No	---

### R (TAXATION)

<b>Price of most sold brand (pack of 20 cigarettes)</b>		
In national currency	XCD	8.00
In international dollars		4.43
<b>Tax (share of the final price of most sold brand)</b>		
Total taxes		19.76
Specific excise taxes		0.00
Ad valorem excise taxes		4.03
Value-added tax (VAT)		14.53
Import duties		0.00
Other taxes		1.21
<b>Evolution of taxes and prices</b>		
	<b>2008</b>	<b>2016</b>
Tax (share of the final price of most sold brand)	18.20	19.76
Price of most sold brand (international dollars)	2.91	4.43

--- Data not reported/not available

--- Data not required/not applicable

For definitions of the indicators and color-coded ratings, see the Technical Note.



	WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL	PROTOCOL TO ELIMINATE ILLICIT TRADE IN TOBACCO PRODUCTS
Date of signature (d/m/y):	29/06/2004	—
Date of the ratification or accession (d/m/y):	21/06/2011	—

## Tobacco: prices and taxes

### RETAIL PRICE PER PACK OF 20 CIGARETTES

		In local dollars (XCD)	In international dollars (PPP) <sup>1</sup>
Most popular brand:	Benson & Hedges	8.00	4.43
Most inexpensive brand:	Pall Mall	5.99	3.31
Most expensive brand:	Marlboro Gold	9.15	5.06

### TAXES ON TOBACCO<sup>2</sup>

#### Taxes as percentage of the final price of the most sold brand

	Specific taxes <sup>4</sup>	0.00%
	Ad valorem tax <sup>5</sup>	4.03%
Excise taxes <sup>3</sup>		
Value-added/sales tax (VAT)		14.53%
Import duty <sup>6</sup>		0.00%
Other taxes		1.21%
Total excise taxes		19.76%

1 The international dollar is a currency unit adjusted for purchasing power parity (PPP) that is used to compare the value of products and services in different countries.

2 Taxes: taxes imposed on goods or services which cause consumers to pay higher prices.

3 Excise taxes: these have a greater impact on public health since they are applied exclusively to tobacco products and raise their relative price compared to other products and services.

4 Specific tax: it is established in relation to quantity, for example, a set quantity of cigarettes, or by weight.

5 Ad valorem tax: is based on the value of the product, such as a percentage of the retail price, the manufacturer's price, etc.

6 The effectiveness of import duties in raising sales prices has been declining as countries have signed bilateral, regional, and global trade agreements.

7 Specific excise taxes tend to raise consumer prices more, relatively, than ad valorem taxes. Imposing the same specific excise tax on all cigarettes sends the clear message that they are all equally detrimental.

8 If the tax calculated falls below a specified minimum level, a specific tax rate is applied.

#### Design and administration of cigarette taxes

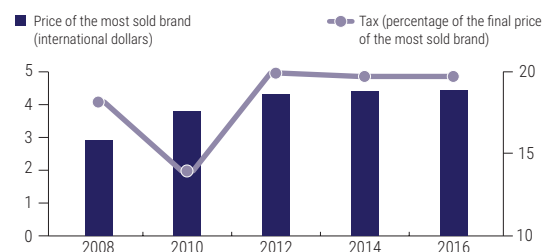
Are taxes applied in mixed fashion (*ad valorem* and excise)? No

If a mixed tax system is used, is the tax burden of excise taxes greater than that of *ad valorem* taxes?<sup>7</sup> ---

If an *ad valorem* or mixed tax system exists, is a specific minimum tax applied?<sup>8</sup> No

### EVOLUTION OF TAXES AND PRICES ON THE MOST POPULAR BRAND OF CIGARETTES

	2008	2010	2012	2014	2016
Tax (percentage of the final price of the most sold brand)	18.20%	14.00%	19.96%	19.76%	19.76%
Price of the most sold brand (international dollars)	2.91	3.79	4.32	4.40	4.43



### EVOLUTION OF THE PRICE OF CIGARETTES COMPARED TO INCOME

	2008	2010	2012	2014	2016
Percentage of per capita GDP required to purchase 100 packs <sup>9</sup>	1.28%	1.79%	2.10%	1.92%	1.85%

Have cigarettes become less affordable since 2008?

No change<sup>10</sup>

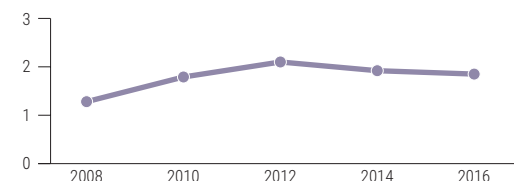
Did cigarettes become less affordable between 2014 and 2016?

No

9 Note that a higher percentage means it is less affordable, which discourages cigarette smoking.

10 Affordability is considered unchanged (2008-2016) if the least-squares growth rate is not statistically significant at the 5% level.

Percentage of GDP per capita required to purchase 100 packs



### SUPPLEMENTARY INFORMATION ON TAXES

Are tax stamps or bar codes required for tobacco products?	No
Are duty-free sales banned or limited?	---
Is tobacco tax revenue pre-allocated to a specific purpose or activity?	No

--- Data not reported/not available

--- Data not required/not applicable

# SAINT LUCIA

## Prevalence of tobacco use

### Youth

POPULATION GROUP	CURRENT TOBACCO USE (SMOKED AND SMOKELESS) (%)	CURRENT CIGARETTE SMOKING (%)	CURRENT SMOKELESS TOBACCO USE (%)
Men	12.4	7.3	4.5
Women	8.1	5.3	2.4
Total	10.2	6.3	3.5

Source: Global Youth Tobacco Survey, 2017 (13-15 years).

Note: Survey published or identified by PAHO's Regional Tobacco Control Team after the cutoff date for the WHO Report on the Global Tobacco Epidemic, 2017.

### Adults

POPULATION GROUP	CURRENT TOBACCO USE (SMOKED AND SMOKELESS) (%)	CURRENT CIGARETTE SMOKING (%)	CURRENT SMOKELESS TOBACCO USE (%)
Men	25.3	...	1.3
Women	4.0	...	0.2
Total	14.5	...	0.8

Source: STEPS Survey, 2012 (25-64 years).

## MPOWER Measures

### M (MONITORING)

Survey	Youth	Adults
Recent	Yes	Yes
National representativeness	Yes	Yes
Periodic	No	No

### P (SMOKE-FREE POLICIES)

Health centers	No
Schools (except universities)	No
Universities	No
Government buildings	No
Offices	No
Restaurants	No
Bars and pubs	No
Public transportation	No

### O (CESSATION)

Toll-free quitline		No
Nicotinic substitution therapy is available in:		Are the costs covered?
Not available		---
Cessation services are available in:		Are the costs covered?
Primary care services	No	---
Hospitals	No	---
Doctor's offices	No	---
The community	No	---
Other	Yes, in some	Partially

... Data not reported/not available

--- Data not required/not applicable

For definitions of the indicators and color-coded ratings, see the Technical Note.

### W (WARNINGS)

Health warnings required by law	Yes <sup>a</sup>
Images	Yes
Size (average-front/back)	50-50/50
Ban on misleading terms	Yes
Is any feature missing?	No

<sup>a</sup> The regulations on tobacco health warnings have been assessed according to the following document: National Standard of Saint Lucia SLNS 27: 2016. Specification for the labeling of tobacco products (CRS 26: 2013, MOD). The document does not dictate the date of entry into force nor the date of implementation.

### E (ADVERTISING BANS)

#### Ban on direct advertising

Television, radio, and print media	No
Billboards	No
Publicity at points of sale	No

#### Ban on product placement

Ban on promotion	No
Ban on sponsorship	No

#### Ban on product display

No

### R (TAXATION)

#### Price of most sold brand (pack of 20 cigarettes)

In national currency	XCD	9.00
In international dollars		4.83

#### Tax (share of the final price of most sold brand)

Total taxes	53.09
Specific excise taxes	39.11
Ad valorem excise taxes	0.00
Value-added tax (VAT)	13.04
Import duties	0.00
Other taxes	0.93

#### Evolution of taxes and prices

	2008	2016
Tax (share of the final price of most sold brand)	30.08	53.09
Price of most sold brand (international dollars)	3.72	4.83



	WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL	PROTOCOL TO ELIMINATE ILLICIT TRADE IN TOBACCO PRODUCTS
Date of signature (d/m/y):	26/06/2004	—
Date of the ratification or accession (d/m/y):	07/11/2005	—

## Tobacco: prices and taxes

### RETAIL PRICE PER PACK OF 20 CIGARETTES

		In local dollars (XCD)	In international dollars (PPP) <sup>1</sup>
Most popular brand:	Viceroy	9.00	4.83
Most inexpensive brand:	Viceroy	8.25	4.42
Most expensive brand:	Benson & Hedges	12.00	6.43

### TAXES ON TOBACCO<sup>2</sup>

#### Taxes as percentage of the final price of the most sold brand

	Specific taxes <sup>4</sup>	
Excise taxes <sup>3</sup>	<i>Ad valorem</i> tax <sup>5</sup>	0.00%
Value-added/sales tax (VAT)		13.04%
Import duty <sup>6</sup>		0.00%
Other taxes		0.93%
Total excise taxes		53.09%

1 The international dollar is a currency unit adjusted for purchasing power parity (PPP) that is used to compare the value of products and services in different countries.

2 Taxes: taxes imposed on goods or services which cause consumers to pay higher prices.

3 Excise taxes: these have a greater impact on public health since they are applied exclusively to tobacco products and raise their relative price compared to other products and services.

4 Specific tax: it is established in relation to quantity, for example, a set quantity of cigarettes, or by weight.

5 *Ad valorem* tax: is based on the value of the product, such as a percentage of the retail price, the manufacturer's price, etc.

6 The effectiveness of import duties in raising sales prices has been declining as countries have signed bilateral, regional, and global trade agreements.

7 Specific excise taxes tend to raise consumer prices more, relatively, than *ad valorem* taxes. Imposing the same specific excise tax on all cigarettes sends the clear message that they are all equally detrimental.

8 If the tax calculated falls below a specified minimum level, a specific tax rate is applied.

#### Design and administration of cigarette taxes

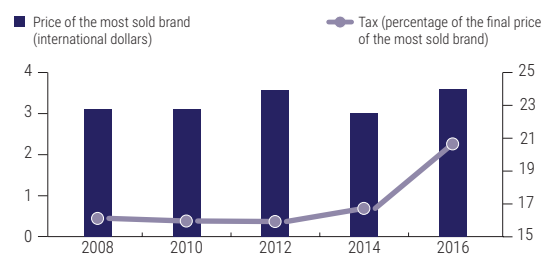
Are taxes applied in mixed fashion (*ad valorem* and excise)? No

If a mixed tax system is used, is the tax burden of excise taxes greater than that of *ad valorem* taxes?<sup>7</sup> ---

If an *ad valorem* or mixed tax system exists, is a specific minimum tax applied?<sup>8</sup> ---

### EVOLUTION OF TAXES AND PRICES ON THE MOST POPULAR BRAND OF CIGARETTES

	2008	2010	2012	2014	2016
Tax (percentage of the final price of the most sold brand)	30.08%	26.54%	29.91%	62.88%	53.09%
Price of the most sold brand (international dollars)	3.72	3.55	4.70	3.79	4.83



### EVOLUTION OF THE PRICE OF CIGARETTES COMPARED TO INCOME

	2008	2010	2012	2014	2016
Percentage of per capita GDP required to purchase 100 packs <sup>9</sup>	3.45%	3.21%	4.22%	3.34%	4.20%

Have cigarettes become less affordable since 2008?

No change<sup>10</sup>

Did cigarettes become less affordable between 2014 and 2016?

Yes

9 Note that a higher percentage means it is less affordable, which discourages cigarette smoking.

10 Affordability is considered unchanged (2008-2016) if the least-squares growth rate is not statistically significant at the 5% level.



### SUPPLEMENTARY INFORMATION ON TAXES

Are tax stamps or bar codes required for tobacco products?	No
Are duty-free sales banned or limited?	Limit of 200 cigarettes
Is tobacco tax revenue pre-allocated to a specific purpose or activity?	No

--- Data not reported/not available

--- Data not required/not applicable



# SAINT VINCENT AND THE GRENADINES

## Prevalence of tobacco use

Youth				Adults			
POPULATION GROUP	CURRENT TOBACCO USE (SMOKED AND SMOKELESS) (%)	CURRENT CIGARETTE SMOKING (%)	CURRENT SMOKELESS TOBACCO USE (%)	POPULATION GROUP	CURRENT TOBACCO USE (SMOKED AND SMOKELESS) (%)	CURRENT CIGARETTE SMOKING (%)	CURRENT SMOKELESS TOBACCO USE (%)
Men	23.6	16.6	7.1	Men	21.9	...	...
Women	14.6	8.5	5.5 <sup>a</sup>	Women	2.5	...	...
Total	19.4	12.8	6.3	Total	12.2	...	...

Source: Global Youth Tobacco Survey, 2011 (13-15 years).

<sup>a</sup> Analyze with caution: estimate based on a small sample size (<35 observations).

Source: National Survey on Health and Nutrition, 2013-14 (≥20 years).

## MPOWER Measures

### M (MONITORING)

Survey	Youth	Adults
Recent	Yes	Yes
National representativeness	Yes	Yes
Periodic	No	No

### P (SMOKE-FREE POLICIES)

Health centers	No
Schools (except universities)	No
Universities	No
Government buildings	No
Offices	No
Restaurants	No
Bars and pubs	No
Public transportation	No

### O (CESSATION)

Toll-free quitline		No
Nicotinic substitution therapy is available in:		Are the costs covered?
Pharmacies		No
Cessation services are available in:		Are the costs covered?
Primary care services	No	---
Hospitals	Yes, in some	...
Doctor's offices	Yes, in most	...
The community	Yes, in some	...
Other	No	---

### W (WARNINGS)

Health warnings required by law	No
Images	---
Size (average-front/back)	---
Ban on misleading terms	---
Is any feature missing?	---

### E (ADVERTISING BANS)

<b>Ban on direct advertising</b>	
Television, radio, and print media	No
Billboards	No
Publicity at points of sale	No
<b>Ban on product placement</b>	
Ban on promotion	No
Ban on sponsorship	No
<b>Ban on product display</b>	No

### R (TAXATION)

<b>Price of most sold brand (pack of 20 cigarettes)</b>		
In national currency	XCD	6.00
In international dollars		3.60
<b>Tax (share of the final price of most sold brand)</b>		
Total taxes		20.69
Specific excise taxes		5.17
Ad valorem excise taxes		2.48
Value-added tax (VAT)		13.04
Import duties		0.00
Other taxes		0.00
<b>Evolution of taxes and prices</b>	<b>2008</b>	<b>2016</b>
Tax (share of the final price of most sold brand)	16.15	20.69
Price of most sold brand (international dollars)	3.11	3.60

... Data not reported/not available

--- Data not required/not applicable

For definitions of the indicators and color-coded ratings, see the Technical Note.



	WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL	PROTOCOL TO ELIMINATE ILLICIT TRADE IN TOBACCO PRODUCTS
Date of signature (d/m/y):	14/06/2004	—
Date of the ratification or accession (d/m/y):	29/10/2010	—

## Tobacco: prices and taxes

### RETAIL PRICE PER PACK OF 20 CIGARETTES

		In local dollars (XCD)	In international dollars (PPP) <sup>1</sup>
Most popular brand:	Du Maurier	6.00	3.60
Most inexpensive brand:	Pall Mall	6.00	3.60
Most expensive brand:	Dunhill	6.00	3.60

### TAXES ON TOBACCO<sup>2</sup>

#### Taxes as percentage of the final price of the most sold brand

Excise taxes <sup>3</sup>	Specific taxes <sup>4</sup>	5.17%
	Ad valorem tax <sup>5</sup>	2.48%
Value-added/sales tax (VAT)		13.04%
Import duty <sup>6</sup>		0.00%
Other taxes		0.00%
Total excise taxes		20.69%

#### Design and administration of cigarette taxes

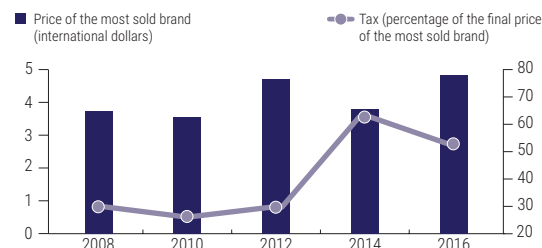
Are taxes applied in mixed fashion ( <i>ad valorem</i> and excise)?	Yes
If a mixed tax system is used, is the tax burden of excise taxes greater than that of <i>ad valorem</i> taxes? <sup>7</sup>	Yes
If an <i>ad valorem</i> or mixed tax system exists, is a specific minimum tax applied? <sup>8</sup>	No

- 1 The international dollar is a currency unit adjusted for purchasing power parity (PPP) that is used to compare the value of products and services in different countries.  
 2 Excise taxes: taxes imposed on goods or services which cause consumers to pay higher prices.  
 3 Excise taxes on select products these have a greater impact on public health since they are applied exclusively to tobacco products and raise their relative price compared to other products and services.  
 4 Specific tax: it is established in relation to quantity, for example, a set quantity of cigarettes, or by weight.  
 5 *Ad valorem* tax: is based on the value of the product, such as a percentage of the retail price, the manufacturer's price, etc.  
 6 The effectiveness of import duties in raising sales prices has been declining as countries have signed bilateral, regional, and global trade agreements.  
 7 Specific excise taxes tend to raise consumer prices more, relatively, than *ad valorem* taxes. Imposing the same specific excise tax on all cigarettes sends the clear message that they are all equally detrimental.  
 8 If the tax calculated falls below a specified minimum level, a specific tax rate is applied.

### EVOLUTION OF TAXES AND PRICES ON THE MOST POPULAR BRAND OF CIGARETTES

	2008	2010	2012	2014	2016 <sup>9</sup>
Tax (percentage of the final price of the most sold brand)	16.15%	15.99%	15.96%	16.76%	20.69%
Price of the most sold brand (international dollars)	3.11	3.10	3.57	3.01	3.60

- 9 The country has increased excise taxes on tobacco since 2014; however, due to price variability, this does not necessarily have an effect on the tax indicator.



### EVOLUTION OF THE PRICE OF CIGARETTES COMPARED TO INCOME

	2008	2010	2012	2014	2016
Percentage of per capita GDP required to purchase 100 packs <sup>10</sup>	3.14%	3.21%	3.52%	2.80%	3.16%

Have cigarettes become less affordable since 2008?

No change<sup>11</sup>

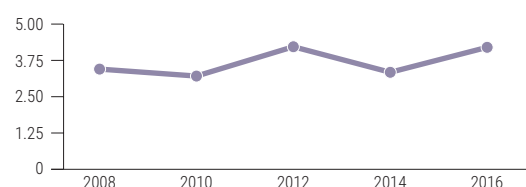
Did cigarettes become less affordable between 2014 and 2016?

Yes

10 Note that a higher percentage means it is less affordable, which discourages cigarette smoking.

11 Affordability is considered unchanged (2008-2016) if the least-squares growth rate is not statistically significant at the 5% level.

Percentage of GDP per capita required to purchase 100 packs



### SUPPLEMENTARY INFORMATION ON TAXES

Are tax stamps or bar codes required for tobacco products?	No
Are duty-free sales banned or limited?	...
Is tobacco tax revenue pre-allocated to a specific purpose or activity?	No

... Data not reported/not available

--- Data not required/not applicable

# SURINAME

## Prevalence of tobacco use

### Youth

POPULATION GROUP	CURRENT TOBACCO USE (SMOKED AND SMOKELESS) (%)	CURRENT CIGARETTE SMOKING (%)	CURRENT SMOKELESS TOBACCO USE (%)
Men	17.1	12.8	1.7
Women	7.3	5.3	0.6
Total	11.7	8.7	1.1

Source: Global Youth Tobacco Survey, 2016 (13-15 years).

### Adults

POPULATION GROUP	CURRENT TOBACCO USE (SMOKED AND SMOKELESS) (%)	CURRENT CIGARETTE SMOKING (%)	CURRENT SMOKELESS TOBACCO USE (%)
Men	34.0	...	...
Women	6.5	...	...
Total	20.1	...	...

Source: STEPS Survey, 2013 (25-64 years).

## MPOWER Measures

### M (MONITORING)

Survey	Youth	Adults
Recent	Yes	Yes
National representativeness	Yes	Yes
Periodic	No	Yes

### P (SMOKE-FREE POLICIES)

Health centers	Yes
Schools (except universities)	Yes
Universities	Yes
Government buildings	Yes
Offices	Yes
Restaurants	Yes
Bars and pubs	Yes
Public transportation	Yes

### O (CESSATION)

Toll-free quitline		No
Nicotinic substitution therapy is available in:		Are the costs covered?
Pharmacies		Totally
Cessation services are available in:		Are the costs covered?
Primary care services	Yes, In most	Totally
Hospitals	No	---
Doctor's offices	No	---
The community	Yes, in some	No
Other	Yes, in some	Totally

... Data not reported/not available

--- Data not required/not applicable

For definitions of the indicators and color-coded ratings, see the Technical Note.

### W (WARNINGS)

Health warnings required by law	Yes
Images	Yes
Size (average-front/back)	50-50/50
Ban on misleading terms	Yes
Is any feature missing?	Yes <sup>a</sup>

<sup>a</sup> For more information, see Table 8.

### E (ADVERTISING BANS)

<b>Ban on direct advertising</b>	
Television, radio, and print media	Yes
Billboards	Yes
Publicity at points of sale	Yes
<b>Ban on product placement</b>	
Ban on promotion	Yes
Ban on sponsorship	Yes
<b>Ban on product display</b>	Yes

### R (TAXATION)

Price of most sold brand (pack of 20 cigarettes)		
In national currency	SRD	17.00
In international dollars		5.54
Tax (share of the final price of most sold brand)		
Total taxes		63.90
Specific excise taxes		55.98
Ad valorem excise taxes		0.00
Value-added tax (VAT)		7.54
Import duties		0.00
Other taxes		0.38
Evolution of taxes and prices		
	2008	2016
Tax (share of the final price of most sold brand)	57.85	63.90
Price of most sold brand (international dollars)	3.44	5.54



	WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL	PROTOCOL TO ELIMINATE ILLICIT TRADE IN TOBACCO PRODUCTS
Date of signature (d/m/y):	24/06/2004	—
Date of the ratification or accession (d/m/y):	16/12/2008	—

## Tobacco: prices and taxes

### RETAIL PRICE PER PACK OF 20 CIGARETTES

		In local dollars (SRD)	In international dollars (PPP) <sup>1</sup>
Most popular brand:	Morello	17.00	5.54
Most inexpensive brand:	Capital	5.00	1.63
Most expensive brand:	Dunhill	19.00	6.19

### TAXES ON TOBACCO<sup>2</sup>

#### Taxes as percentage of the final price of the most sold brand

Excise taxes <sup>3</sup>	Specific taxes <sup>4</sup>	55.98%
	Ad valorem tax <sup>5</sup>	0.00%
Value-added/sales tax (VAT)		7.54%
Import duty <sup>6</sup>		0.00%
Other taxes		0.38%
Total excise taxes		63.90%

1 The international dollar is a currency unit adjusted for purchasing power parity (PPP) that is used to compare the value of products and services in different countries.

2 Taxes: taxes imposed on goods or services which cause consumers to pay higher prices.

3 Excise taxes: these have a greater impact on public health since they are applied exclusively to tobacco products and raise their relative price compared to other products and services.

4 Specific tax: it is established in relation to quantity, for example, a set quantity of cigarettes, or by weight.

5 Ad valorem tax: is based on the value of the product, such as a percentage of the retail price, the manufacturer's price, etc.

6 The effectiveness of import duties in raising sales prices has been declining as countries have signed bilateral, regional, and global trade agreements.

7 Specific excise taxes tend to raise consumer prices more, relatively, than ad valorem taxes. Imposing the same specific excise tax on all cigarettes sends the clear message that they are all equally detrimental.

8 If the tax calculated falls below a specified minimum level, a specific tax rate is applied.

#### Design and administration of cigarette taxes

Are taxes applied in mixed fashion (*ad valorem* and excise)? No

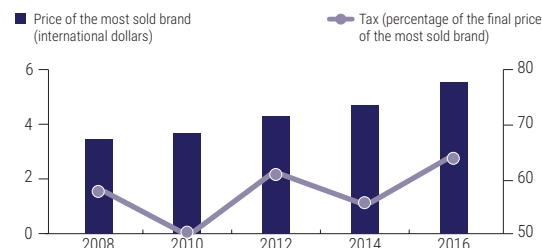
If a mixed tax system is used, is the tax burden of excise taxes greater than that of *ad valorem* taxes?<sup>7</sup> ---

If an *ad valorem* or mixed tax system exists, is a specific minimum tax applied?<sup>8</sup> ---

### EVOLUTION OF TAXES AND PRICES ON THE MOST POPULAR BRAND OF CIGARETTES

	2008	2010	2012	2014	2016 <sup>9</sup>
Tax (percentage of the final price of the most sold brand)	57.85%	50.39%	60.94%	55.79%	63.90%
Price of the most sold brand (international dollars)	3.44	3.69	4.30	4.71	5.54

9 The country has increased excise taxes on tobacco since 2014; however, due to price variability, this does not necessarily have an effect on the tax indicator.



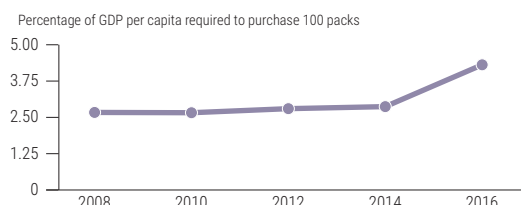
### EVOLUTION OF THE PRICE OF CIGARETTES COMPARED TO INCOME

	2008	2010	2012	2014	2016
Percentage of per capita GDP required to purchase 100 packs <sup>10</sup>	2.67%	2.66%	2.80%	2.87%	4.31%

Have cigarettes become less affordable since 2008? Yes

Did cigarettes become less affordable between 2014 and 2016? Yes

10 Note that a higher percentage means it is less affordable, which discourages cigarette smoking.



### SUPPLEMENTARY INFORMATION ON TAXES

Are tax stamps or bar codes required for tobacco products?	Yes <sup>11, 12</sup>
Are duty-free sales banned or limited?	Limit of 200 cigarettes
Is tobacco tax revenue pre-allocated to a specific purpose or activity?	No

11 Indicates that tax stamps or codes are concealed (that is, they cannot be read by the naked eye, but only with special electronic readers or via laboratory analysis).

12 Indicates that tax stamps or codes can be read by the naked eye (such as color-changing inks, holograms, latent images, watermarks, and security threads).

--- Data not reported/not available

--- Data not required/not applicable

# TRINIDAD AND TOBAGO

## Prevalence of tobacco use

### Youth

POPULATION GROUP	CURRENT TOBACCO USE (SMOKED AND SMOKELESS) (%)	CURRENT CIGARETTE SMOKING (%)	CURRENT SMOKELESS TOBACCO USE (%)
Men	20.0	10.9	5.9
Women	16.3	7.0	4.8
Total	18.4	9.3	5.2

Source: Global Youth Tobacco Survey, 2011 (13-15 years).

### Adults

POPULATION GROUP	CURRENT TOBACCO USE (SMOKED AND SMOKELESS) (%)	CURRENT CIGARETTE SMOKING (%)	CURRENT SMOKELESS TOBACCO USE (%)
Men	33.5	...	0.5
Women	9.4	...	0.3
Total	21.1	...	0.4

Source: STEPS Survey, 2011 (15-64 years).

## MPOWER Measures

### M (MONITORING)

Survey	Youth	Adults
Recent	Yes	Yes
National representativeness	Yes	Yes
Periodic	No	No

### P (SMOKE-FREE POLICIES)

Health centers	Yes
Schools (except universities)	Yes
Universities	Yes
Government buildings	Yes
Offices	Yes
Restaurants	Yes
Bars and pubs	Yes
Public transportation	Yes

### O (CESSATION)

<b>Toll-free quitline</b>	No	
<b>Nicotinic substitution therapy is available in:</b>	<b>Are the costs covered?</b>	
Pharmacies	Totally	
<b>Cessation services are available in:</b>	<b>Are the costs covered?</b>	
Primary care services	Yes, in some	Totally
Hospitals	No	---
Doctor's offices	Yes, in some	No
The community	No	---
Other	No	---

... Data not reported/not available

--- Data not required/not applicable

For definitions of the indicators and color-coded ratings, see the Technical Note.

### W (WARNINGS)

Health warnings required by law	Yes
Images	Yes
Size (average-front/back)	50-50/50
Ban on misleading terms	Yes <sup>a</sup>
Is any feature missing?	No

<sup>a</sup> Regulations adopted but not applied as of 31 December 2016.

### E (ADVERTISING BANS)

<b>Ban on direct advertising</b>	
Television, radio, and print media	Incomplete <sup>b</sup>
Billboards	Yes
Publicity at points of sale	No
<b>Ban on product placement</b>	
Ban on promotion	Incomplete <sup>b</sup>
Ban on sponsorship	Yes
<b>Ban on product display</b>	Yes

<sup>b</sup> For more information, see Tables 9 and 10.

### R (TAXATION)

Price of most sold brand (pack of 20 cigarettes)		
In national currency	TTD	26.00
In international dollars		7.48
Tax (share of the final price of most sold brand)		
Total taxes		25.76
Specific excise taxes		14.65
Ad valorem excise taxes		0.00
Value-added tax (VAT)		11.11
Import duties		0.00
Other taxes		0.00
Evolution of taxes and prices		
	2008	2016
Tax (share of the final price of most sold brand)	36.69	25.76
Price of most sold brand (international dollars)	3.22	7.48



	WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL	PROTOCOL TO ELIMINATE ILLICIT TRADE IN TOBACCO PRODUCTS
Date of signature (d/m/y):	27/08/2003	—
Date of the ratification or accession (d/m/y):	19/08/2004	—

## Tobacco: prices and taxes

### RETAIL PRICE PER PACK OF 20 CIGARETTES

		In local dollars (TTD)	In international dollars (PPP) <sup>1</sup>
Most popular brand:	Du Maurier	26.00	7.48
Most inexpensive brand:	(Chinese Brands)	15.00	4.32
Most expensive brand:	Dunhill	34.00	9.78

### TAXES ON TOBACCO<sup>2</sup>

#### Taxes as percentage of the final price of the most sold brand

Excise taxes <sup>3</sup>	Specific taxes <sup>4</sup>	14.65%
	Ad valorem tax <sup>5</sup>	0.00%
Value-added/sales tax (VAT)		11.11%
Import duty <sup>6</sup>		0.00%
Other taxes		0.00%
Total excise taxes		25.76%

1 The international dollar is a currency unit adjusted for purchasing power parity (PPP) that is used to compare the value of products and services in different countries.

2 Taxes: taxes imposed on goods or services which cause consumers to pay higher prices.

3 Excise taxes: these have a greater impact on public health since they are applied exclusively to tobacco products and raise their relative price compared to other products and services.

4 Specific tax: it is established in relation to quantity, for example, a set quantity of cigarettes, or by weight.

5 Ad valorem tax: is based on the value of the product, such as a percentage of the retail price, the manufacturer's price, etc.

6 The effectiveness of import duties in raising sales prices has been declining as countries have signed bilateral, regional, and global trade agreements.

7 Specific excise taxes tend to raise consumer prices more, relatively, than ad valorem taxes. Imposing the same specific excise tax on all cigarettes sends the clear message that they are all equally detrimental.

8 If the tax calculated falls below a specified minimum level, a specific tax rate is applied.

#### Design and administration of cigarette taxes

Are taxes applied in mixed fashion (*ad valorem* and excise)? No

If a mixed tax system is used, is the tax burden of excise taxes greater than that of *ad valorem* taxes?<sup>7</sup> ---

If an *ad valorem* or mixed tax system exists, is a specific minimum tax applied?<sup>8</sup> ---

### EVOLUTION OF TAXES AND PRICES ON THE MOST POPULAR BRAND OF CIGARETTES

	2008	2010	2012	2014	2016
Tax (percentage of the final price of the most sold brand)	36.69%	33.73%	32.58%	29.61%	25.76%
Price of the most sold brand (international dollars)	3.22	4.61	5.04	5.88	7.48

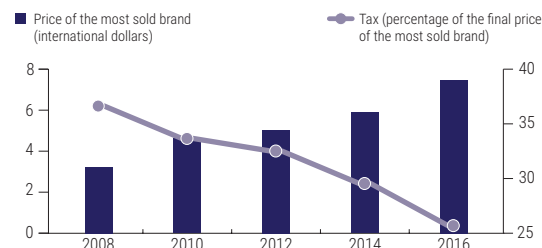
### EVOLUTION OF THE PRICE OF CIGARETTES COMPARED TO INCOME

	2008	2010	2012	2014	2016
Percentage of per capita GDP required to purchase 100 packs <sup>9</sup>	1.05%	1.50%	1.58%	1.86%	2.54%

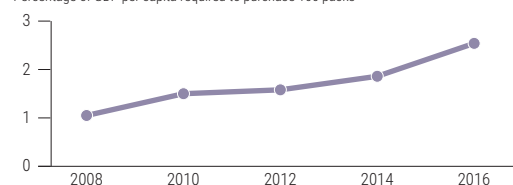
Have cigarettes become less affordable since 2008? Yes

Did cigarettes become less affordable between 2014 and 2016? Yes

9 Note that a higher percentage means it is less affordable, which discourages cigarette smoking.



Percentage of GDP per capita required to purchase 100 packs



### SUPPLEMENTARY INFORMATION ON TAXES

Are tax stamps or bar codes required for tobacco products?	No
Are duty-free sales banned or limited?	Limit of 200 cigarettes
Is tobacco tax revenue pre-allocated to a specific purpose or activity?	No

--- Data not reported/not available

--- Data not required/not applicable

# UNITED STATES OF AMERICA

## Prevalence of tobacco use

### Youth

POPULATION GROUP	CURRENT TOBACCO USE (SMOKED AND SMOKELESS) (%)	CURRENT CIGARETTE SMOKING (%)	CURRENT SMOKELESS TOBACCO USE (%)
Men	14.6	4.2	4.0
Women	12.2	4.1	1.3
Total	13.4	4.1	2.7

Source: National Youth Tobacco Survey (NYTS), 2015 (13-15 years).

### Adults

POPULATION GROUP	CURRENT TOBACCO USE (SMOKED AND SMOKELESS) (%)	CURRENT CIGARETTE SMOKING (%)	CURRENT SMOKELESS TOBACCO USE (%)
Men	22.1	16.7	4.3
Women	15.2	13.6	0.2
Total	18.5	15.1	2.2

Source: National Health Interview Survey (NHIS), 2015 (≥18 years).

## MPOWER Measures

### M (MONITORING)

Survey	Youth	Adults
Recent	Yes	Yes
National representativeness	Yes	Yes
Periodic	Yes	Yes

### W (WARNINGS)

Health warnings required by law	Yes
Images	No <sup>b</sup>
Size (average-front/back)	50-50/50 <sup>c</sup>
Ban on misleading terms	Yes
Is any feature missing?	No

<sup>b</sup> Law not applied as of 31 December 2016. Application of the regulation promulgated by the FDA has been delayed.

<sup>c</sup> Regulation pending.

### P (SMOKE-FREE POLICIES)<sup>a</sup>

Health centers	No
Schools (except universities)	No
Universities	No
Government buildings	Yes
Offices	No
Restaurants	No
Bars and pubs	No
Public transportation	No

<sup>a</sup> No law exists at the federal level, but several state laws exist.

### E (ADVERTISING BANS)

<b>Ban on direct advertising</b>	
Television, radio, and print media	Incomplete <sup>d</sup>
Billboards	No <sup>e</sup>
Publicity at points of sale	No
<b>Ban on product placement</b>	
Ban on promotion	No <sup>d</sup>
Ban on sponsorship	No <sup>d</sup>

**Ban on product display** No

<sup>d</sup> For more information, see Tables 9 and 10.

<sup>e</sup> Data not approved by national authorities.

### O (CESSATION)

<b>Toll-free quitline</b>	Yes	
<b>Nicotinic substitution therapy is available in:</b>	<b>Are the costs covered?</b>	
General store	Partially	
<b>Cessation services are available in:</b>	<b>Are the costs covered?</b>	
Primary care services	Yes, in some	Partially
Hospitals	Yes, in some	Partially
Doctor's offices	Yes, in some	Partially
The community	Yes, in some	Partially
Other	No	---

--- Data not reported/not available

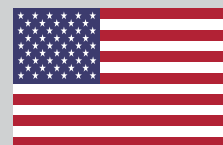
--- Data not required/not applicable

For definitions of the indicators and color-coded ratings, see the Technical Note.

### R (TAXATION)

Price of most sold brand (pack of 20 cigarettes)		
In national currency	USD	6.43
In international dollars		6.43
Tax (share of the final price of most sold brand)		
Total taxes		43.01
Specific excise taxes		37.81
Ad valorem excise taxes		0.00
Value-added tax (VAT)		5.20
Import duties		0.00
Other taxes		0.00
Evolution of taxes and prices		
	2008	2016
Tax (share of the final price of most sold brand)	36.57	43.01
Price of most sold brand (international dollars)	4.58	6.43





	WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL	PROTOCOL TO ELIMINATE ILLICIT TRADE IN TOBACCO PRODUCTS
Date of signature (d/m/y):	10/05/2004	—
Date of the ratification or accession (d/m/y):	—	—

## Tobacco: prices and taxes

### RETAIL PRICE PER PACK OF 20 CIGARETTES

	In local dollars (USD)	In international dollars (PPP) <sup>1</sup>
Most popular brand: ---	6.43	6.43
Most inexpensive brand: ---	---	---
Most expensive brand: ---	---	---

### TAXES ON TOBACCO<sup>2</sup>

#### Taxes as percentage of the final price of the most sold brand

Excise taxes <sup>3</sup>	Specific taxes <sup>4</sup>	37.81%
	Ad valorem tax <sup>5</sup>	0.00%
Value-added/sales tax (VAT)		5.20%
Import duty <sup>6</sup>		0.00%
Other taxes		0.00%
Total excise taxes		43.01%

#### Design and administration of cigarette taxes

Are taxes applied in mixed fashion ( <i>ad valorem</i> and excise)?	No
If a mixed tax system is used, is the tax burden of excise taxes greater than that of <i>ad valorem</i> taxes? <sup>7</sup>	---
If an <i>ad valorem</i> or mixed tax system exists, is a specific minimum tax applied? <sup>8</sup>	---

- 1 The international dollar is a currency unit adjusted for purchasing power parity (PPP) that is used to compare the value of products and services in different countries.  
 2 Taxes: taxes imposed on goods or services which cause consumers to pay higher prices.  
 3 Excise taxes: these have a greater impact on public health since they are applied exclusively to tobacco products and raise their relative price compared to other products and services.  
 4 Specific tax: it is established in relation to quantity, for example, a set quantity of cigarettes, or by weight.  
 5 *Ad valorem* tax: is based on the value of the product, such as a percentage of the retail price, the manufacturer's price, etc.  
 6 The effectiveness of import duties in raising sales prices has been declining as countries have signed bilateral, regional, and global trade agreements.  
 7 Specific excise taxes tend to raise consumer prices more, relatively, than *ad valorem* taxes. Imposing the same specific excise tax on all cigarettes sends the clear message that they are all equally detrimental.  
 8 If the tax calculated falls below a specified minimum level, a specific tax rate is applied.

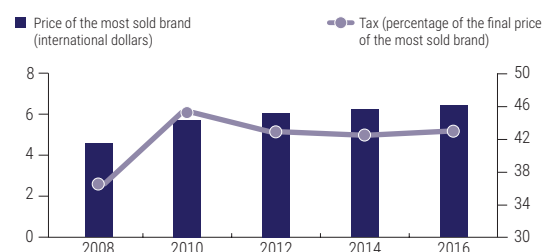
### EVOLUTION OF TAXES AND PRICES ON THE MOST POPULAR BRAND OF CIGARETTES

	2008	2010	2012	2014	2016 <sup>9</sup>
Tax (percentage of the final price of the most sold brand)	36.57%	45.28%	42.93%	42.54%	43.01%
Price of the most sold brand (international dollars) <sup>10</sup>	4.58	5.72	6.07	6.23	6.43

Note: Data not approved by national authorities.

9 The country has increased excise taxes on tobacco since 2014; however, due to price variability, this does not necessarily have an effect on the tax indicator.

10 The price is a weighted average of state prices; taxes include federal taxes and the weighted average of state sales taxes.



### EVOLUTION OF THE PRICE OF CIGARETTES COMPARED TO INCOME

	2008	2010	2012	2014	2016
Percentage of per capita GDP required to purchase 100 packs <sup>11</sup>	0.95%	1.18%	1.18%	1.14%	1.12%

Have cigarettes become less affordable since 2008?

No change<sup>12</sup>

Did cigarettes become less affordable between 2014 and 2016?

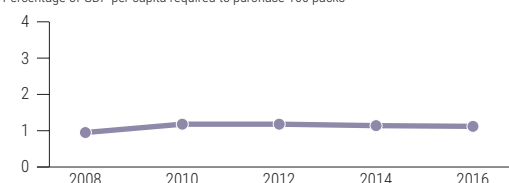
No

Note: Data not approved by the national authorities.

11 Note that a higher percentage means it is less affordable, which discourages cigarette smoking.

12 Affordability is considered unchanged (2008-2016) if the least-squares growth rate is not statistically significant at the 5% level.

Percentage of GDP per capita required to purchase 100 packs



### SUPPLEMENTARY INFORMATION ON TAXES

Are tax stamps or bar codes required for tobacco products?	Yes
Are duty-free sales banned or limited?	Limit of 200 cigarettes
Is tobacco tax revenue pre-allocated to a specific purpose or activity?	It varies by state. Funds raised finance various activities, many of which are health-related.

Note: Information not approved by national authorities.

--- Data not reported/not available

--- Data not required/not applicable

# URUGUAY

## Prevalence of tobacco use

### Youth

POPULATION GROUP	CURRENT TOBACCO USE (SMOKED AND SMOKELESS) (%)	CURRENT CIGARETTE SMOKING (%)	CURRENT SMOKELESS TOBACCO USE (%)
Men	12.7	7.2	4.0
Women	12.5	8.7	3.1
Total	12.8	8.2	3.5

Source: Global Youth Tobacco Survey, 2014 (13-15 years).

### Adults

POPULATION GROUP	CURRENT TOBACCO USE (SMOKED AND SMOKELESS) (%)	CURRENT CIGARETTE SMOKING (%)	CURRENT SMOKELESS TOBACCO USE (%)
Men	27.0	26.7	0.0
Women	17.9	17.9	...
Total	22.2	22.0	...

Source: Continuous Household Survey (ECH), 2014 (≥12 years) (considering only data for those 15 years or older).

## MPOWER Measures

### M (MONITORING)

Survey	Youth	Adults
Recent	Yes	Yes
National representativeness	Yes	Yes
Periodic	Yes	Yes

### P (SMOKE-FREE POLICIES)

Health centers	Yes
Schools (except universities)	Yes
Universities	Yes
Government buildings	Yes
Offices	Yes
Restaurants	Yes
Bars and pubs	Yes
Public transportation	Yes

### O (CESSATION)

Toll-free quitline		No
Nicotinic substitution therapy is available in:		Are the costs covered?
Pharmacies		Totally
Cessation services are available in:		Are the costs covered?
Primary care services	Yes, In most	Totally
Hospitals	Yes, In most	Totally
Doctor's offices	Yes, in some	Totally
The community	Yes, in some	No
Other	Yes, in some	Totally

... Data not reported/not available

--- Data not required/not applicable

For definitions of the indicators and color-coded ratings, see the Technical Note.

### W (WARNINGS)

Health warnings required by law	Yes
Images	Yes
Size (average-front/back)	80-80/80
Ban on misleading terms	Yes
Is any feature missing?	No

### E (ADVERTISING BANS)

Ban on direct advertising	
Television, radio, and print media	Yes
Billboards	Yes
Publicity at points of sale	Yes
Ban on product placement	
Ban on promotion	Yes
Ban on sponsorship	Yes
Ban on product display	Yes

### R (TAXATION)

<b>Price of most sold brand (pack of 20 cigarettes)</b>		
In national currency	UYU	110.00
In international dollars		5.01
<b>Tax (share of the final price of most sold brand)</b>		
Total taxes		65.51
Specific excise taxes		47.47
Ad valorem excise taxes		0.00
Value-added tax (VAT)		18.03
Import duties		0.00
Other taxes		0.00
<b>Evolution of taxes and prices</b>		
	<b>2008</b>	<b>2016</b>
Tax (share of the final price of most sold brand)	65.82	65.51
Price of most sold brand (international dollars)	3.49	5.01



	WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL	PROTOCOL TO ELIMINATE ILLICIT TRADE IN TOBACCO PRODUCTS
Date of signature (d/m/y):	19/06/2003	10/01/2013
Date of the ratification or accession (d/m/y):	09/09/2004	24/09/2014

## Tobacco: prices and taxes

### RETAIL PRICE PER PACK OF 20 CIGARETTES

		In local dollars (UYU)	In international dollars (PPP) <sup>1</sup>
Most popular brand:	Nevada	110.00	5.01
Most inexpensive brand:	Next/Philip Morris	95.00	4.33
Most expensive brand:	Marlboro	120.00	5.47

### TAXES ON TOBACCO<sup>2</sup>

#### Taxes as percentage of the final price of the most sold brand

Excise taxes <sup>3</sup>	Specific taxes <sup>4</sup>	47.47%
	Ad valorem tax <sup>5</sup>	0.00%
Value-added/sales tax (VAT)		18.03%
Import duty <sup>6</sup>		0.00%
Other taxes		0.00%
Total excise taxes		65.51%

#### Design and administration of cigarette taxes

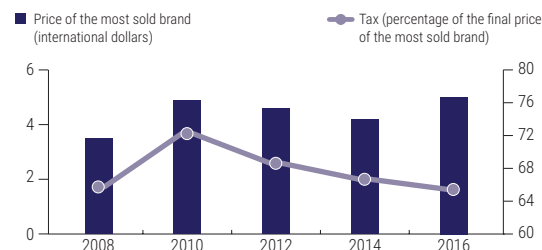
Are taxes applied in mixed fashion ( <i>ad valorem</i> and excise)?	No
If a mixed tax system is used, is the tax burden of excise taxes greater than that of <i>ad valorem</i> taxes? <sup>7</sup>	---
If an <i>ad valorem</i> or mixed tax system exists, is a specific minimum tax applied? <sup>8</sup>	---

- 1 The international dollar is a currency unit adjusted for purchasing power parity (PPP) that is used to compare the value of products and services in different countries.  
2 Taxes: taxes imposed on goods or services which cause consumers to pay higher prices.  
3 Excise taxes: these have a greater impact on public health since they are applied exclusively to tobacco products and raise their relative price compared to other products and services.  
4 Specific tax: it is established in relation to quantity, for example, a set quantity of cigarettes, or by weight.  
5 *Ad valorem* tax: is based on the value of the product, such as a percentage of the retail price, the manufacturer's price, etc.  
6 The effectiveness of import duties in raising sales prices has been declining as countries have signed bilateral, regional, and global trade agreements.  
7 Specific excise taxes tend to raise consumer prices more, relatively, than *ad valorem* taxes. Imposing the same specific excise tax on all cigarettes sends the clear message that they are all equally detrimental.  
8 If the tax calculated falls below a specified minimum level, a specific tax rate is applied.

### EVOLUTION OF TAXES AND PRICES ON THE MOST POPULAR BRAND OF CIGARETTES

	2008	2010	2012	2014	2016 <sup>9</sup>
Tax (percentage of the final price of the most sold brand)	65.82%	72.32%	68.70%	66.75%	65.51%
Price of the most sold brand (international dollars)	3.49	4.89	4.60	4.19	5.01

- 9 The country has increased excise taxes on tobacco since 2014; however, due to price variability, this does not necessarily have an effect on the tax indicator.



### EVOLUTION OF THE PRICE OF CIGARETTES COMPARED TO INCOME

	2008	2010	2012	2014	2016
Percentage of per capita GDP required to purchase 100 packs <sup>10</sup>	2.38%	2.94%	2.47%	2.02%	2.37%

Have cigarettes become less affordable since 2008?

No change<sup>11</sup>

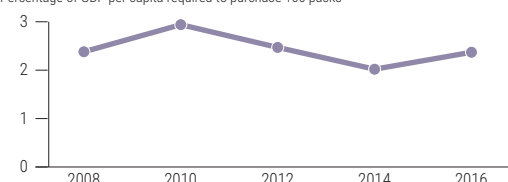
Did cigarettes become less affordable between 2014 and 2016?

Yes

10 Note that a higher percentage means it is less affordable, which discourages cigarette smoking.

11 Affordability is considered unchanged (2008-2016) if the least-squares growth rate is not statistically significant at the 5% level.

Percentage of GDP per capita required to purchase 100 packs



### SUPPLEMENTARY INFORMATION ON TAXES

Are tax stamps or bar codes required for tobacco products?	No
Are duty-free sales banned or limited?	Limit of 400 cigarettes
Is tobacco tax revenue pre-allocated to a specific purpose or activity?	No

--- Data not reported/not available

--- Data not required/not applicable

# VENEZUELA (BOLIVARIAN REPUBLIC OF)

## Prevalence of tobacco use

### Youth

POPULATION GROUP	CURRENT TOBACCO USE (SMOKED AND SMOKELESS) (%)	CURRENT CIGARETTE SMOKING (%)	CURRENT SMOKELESS TOBACCO USE (%)
Men	11.0	5.8	6.9
Women	7.2	5.4	2.6
Total	9.4	5.6	5.1

Source: Global Youth Tobacco Survey, 2010 (13-15 years).

### Adults

POPULATION GROUP	CURRENT TOBACCO USE (SMOKED AND SMOKELESS) (%)	CURRENT CIGARETTE SMOKING (%)	CURRENT SMOKELESS TOBACCO USE (%)
Men	28.9	25.2	6.2
Women	14.4	13.9	0.9
Total	21.5	19.4	3.5

Source: National Survey of Drugs in the General Population 2011 (18-65 years).

## MPOWER Measures

### M (MONITORING)

Survey	Youth	Adults
Recent	No	Yes
National representativeness	Yes	Yes
Periodic	No	No

### P (SMOKE-FREE POLICIES)

Health centers	Yes
Schools (except universities)	Yes
Universities	Yes
Government buildings	Yes
Offices	Yes
Restaurants	Yes
Bars and pubs	Yes
Public transportation	Yes

### O (CESSATION)

<b>Toll-free quitline</b>	No	
<b>Nicotinic substitution therapy is available in:</b>	<b>Are the costs covered?</b>	
Pharmacies	Totally	
<b>Cessation services are available in:</b>	<b>Are the costs covered?</b>	
Primary care services	Yes, in some	Totally
Hospitals	Yes, in some	Totally
Doctor's offices	Yes, in some	No
The community	No	---
Other	Yes, in some	Totally

--- Data not reported/not available

--- Data not required/not applicable

For definitions of the indicators and color-coded ratings, see the Technical Note.

### W (WARNINGS)

Health warnings required by law	Yes
Images	Yes
Size (average-front/back)	65-30/100
Ban on misleading terms	Yes
Is any feature missing?	No

### E (ADVERTISING BANS)

<b>Ban on direct advertising</b>	
Television, radio, and print media	Incomplete <sup>a</sup>
Billboards	Yes
Publicity at points of sale	No
<b>Ban on product placement</b>	
Ban on promotion	Incomplete <sup>a</sup>
Ban on sponsorship	No
<b>Ban on product display</b>	No

<sup>a</sup> For more information, see Tables 9 and 10.

### R (TAXATION)

Price of most sold brand (pack of 20 cigarettes)		
In national currency	VEF	1,400.00
In international dollars		22.12
Tax (share of the final price of most sold brand)		
Total taxes		73.04
Specific excise taxes		0.00
Ad valorem excise taxes		67.57
Value-added tax (VAT)		3.47
Import duties		0.00
Other taxes		2.00
Evolution of taxes and prices		
	2008	2016
Tax (share of the final price of most sold brand)	70.79	73.04
Price of most sold brand (international dollars)	6.07	22.12



	WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL	PROTOCOL TO ELIMINATE ILLICIT TRADE IN TOBACCO PRODUCTS
Date of signature (d/m/y):	22/09/2003	—
Date of the ratification or accession (d/m/y):	27/06/2006	—

## Tobacco: prices and taxes

### RETAIL PRICE PER PACK OF 20 CIGARETTES

		In local dollars (VEF)	In international dollars (PPP) <sup>1</sup>
Most popular brand:	Belmont	1,400.00	22.12
Most inexpensive brand:	Dixie	800.00	12.64
Most expensive brand:	Marlboro	1,600.00	25.28

### TAXES ON TOBACCO<sup>2</sup>

#### Taxes as percentage of the final price of the most sold brand

Excise taxes <sup>3</sup>	Specific taxes <sup>4</sup>	0.00%
	Ad valorem tax <sup>5</sup>	67.57%
Value-added/sales tax (VAT)		3.47%
Import duty <sup>6</sup>		0.00%
Other taxes		2.00%
Total excise taxes		73.04%

#### Design and administration of cigarette taxes

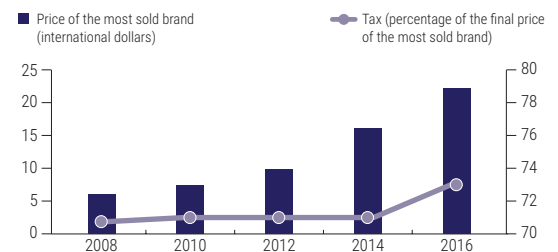
Are taxes applied in mixed fashion ( <i>ad valorem</i> and excise)?	No
If a mixed tax system is used, is the tax burden of excise taxes greater than that of <i>ad valorem</i> taxes? <sup>7</sup>	---
If an <i>ad valorem</i> or mixed tax system exists, is a specific minimum tax applied? <sup>8</sup>	Yes

- 1 The international dollar is a currency unit adjusted for purchasing power parity (PPP) that is used to compare the value of products and services in different countries.  
2 Excise taxes: taxes imposed on goods or services which cause consumers to pay higher prices.  
3 Excise taxes on select products these have a greater impact on public health since they are applied exclusively to tobacco products and raise their relative price compared to other products and services.  
4 Specific tax: it is established in relation to quantity, for example, a set quantity of cigarettes, or by weight.  
5 *Ad valorem* tax: is based on the value of the product, such as a percentage of the retail price, the manufacturer's price, etc.  
6 The effectiveness of import duties in raising sales prices has been declining as countries have signed bilateral, regional, and global trade agreements.  
7 Specific excise taxes tend to raise consumer prices more, relatively, than *ad valorem* taxes. Imposing the same specific excise tax on all cigarettes sends the clear message that they are all equally detrimental.  
8 If the tax calculated falls below a specified minimum level, a specific tax rate is applied.

### EVOLUTION OF TAXES AND PRICES ON THE MOST POPULAR BRAND OF CIGARETTES

	2008	2010	2012	2014	2016 <sup>9</sup>
Tax (percentage of the final price of the most sold brand)	70.79%	71.04%	71.04%	71.04%	73.04%
Price of the most sold brand (international dollars)	6.07	7.40	9.87	16.10	22.12

- 9 The country has increased excise taxes on tobacco since 2014; however, due to price variability, this does not necessarily have an effect on the tax indicator.



### EVOLUTION OF THE PRICE OF CIGARETTES COMPARED TO INCOME

	2008	2010	2012	2014	2016
Percentage of per capita GDP required to purchase 100 packs <sup>10</sup>	3.47%	4.49%	5.39%	8.97%	15.40%

Have cigarettes become less affordable since 2008?

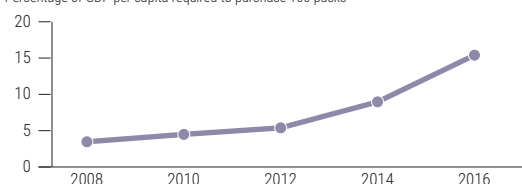
Yes

Did cigarettes become less affordable between 2014 and 2016?

Yes

- 10 Note that a higher percentage means it is less affordable, which discourages cigarette smoking.

Percentage of GDP per capita required to purchase 100 packs



### SUPPLEMENTARY INFORMATION ON TAXES

Are tax stamps or bar codes required for tobacco products?	Yes <sup>11, 12</sup>
Are duty-free sales banned or limited?	Banned
Is tobacco tax revenue pre-allocated to a specific purpose or activity?	No

- 11 Indicates that tax stamps or codes are concealed (that is, they cannot be read by the naked eye, but only with special electronic readers or via laboratory analysis).

- 12 Indicates that tax stamps or codes can be read by the naked eye (such as color-changing inks, holograms, latent images, watermarks, and security threads).

--- Data not reported/not available

--- Data not required/not applicable

## ANNEX 8.1

Prevalence of current cigarette and tobacco smoking among adults, most recent surveys (data provided by countries)

Country	Survey name	Year	Age group	Current tobacco smoking			Daily tobacco smoking			Current cigarette smoking			Daily cigarette smoking		
				Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Antigua and Barbuda	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Argentina	National Survey of Risk Factors for Noncommunicable Diseases	2013	≥18	—	—	—	—	—	—	29.9	20.9	25.1	—	—	—
Bahamas	STEPS Survey	2012	25-64	26.9	6.4	16.7	17.0	4.0	10.6	—	—	—	11.2	2.7	7.0
Barbados	Health of the Nation	2011-12	≥25	15.5	3.7	9.2	11.0	2.3	6.4	—	—	—	—	—	—
Belize	Multiple Indicator Cluster Survey (MICS)	2015	15-49	16.4	2.1	—	—	—	—	—	—	—	—	—	—
Bolivia (Plurinational State of)	National Household Survey of Prevalence and Characteristics of Drug Use in Bolivia	2014	12-65	21.9	9.1	14.8	—	—	—	—	—	—	—	—	—
Brazil	National Health Survey (PNS)	2013	≥18	18.9	11.0	14.7	16.2	9.7	12.7	18.7	10.8	14.5	13.7	8.2	10.8
Canada	Canadian Tobacco, Alcohol and Drugs Survey (CTADS)	2015	≥15	—	—	—	—	—	—	15.6	10.4	13.0	10.9	7.9	9.4
Chile	National Survey of Drugs in the General Population of Chile	2012	12-64	37.0	31.0	34.0	23.8	20.1	21.9	—	—	—	—	—	—
Colombia	National Survey on the Consumption of Psychoactive Substances in Colombia	2013	12-65	18.8	7.4	13.0	—	—	—	—	—	—	—	—	—
Costa Rica	Global Adult Tobacco Survey (GATS)	2015	≥15	13.4	4.4	8.9	8.7	2.9	5.8	13.0	4.3	8.7	8.4	2.9	5.7
Cuba	Multiple Indicator Cluster Survey (MICS) <sup>a</sup>	2014	15-49	27.2	11.1	—	—	—	—	26.8	10.9	—	—	—	—
Dominica	STEPS Survey	2007-08	15-64	16.6	3.2	10.2	9.7	0.9	5.5	17.0	3.2	10.4	8.9	0.9	5.1
Dominican Republic	Demographic and Health Survey <sup>a,c</sup>	2014	15-49	11.7	4.6	—	—	—	—	8	3.9	—	7.0	—	—
Ecuador	National Health and Nutrition Survey (ENSANUT) <sup>b</sup>	2011-13	20-59	38.2	15.0	31.5	26.3	23.4	25.9	—	—	—	—	—	—
El Salvador	National Alcohol and Tobacco Survey	2014	≥18	—	—	—	—	—	—	16.9	2.2	8.8	10.1	1.2	5.2
Grenada	STEPS Survey	2010-11	25-64	30.7	6.5	18.7	19.4	2.8	11.2	—	—	—	—	—	11.1
Guatemala	6th National Survey of Maternal and Child Health <sup>a,c</sup>	2014-15	15-49	22.2	1.6	—	—	—	—	22.1	1.5	—	15.6	1.0	—

Country	Survey name	Year	Age group	Current tobacco smoking			Daily tobacco smoking			Current cigarette smoking			Daily cigarette smoking		
				Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Guyana	STEPS Survey	2016	18-69	26.6	3.3	15.4	18.8	2.2	10.8	25.4	2.8	14.5	18.0	2.1	10.3
Haiti	Mortality, Morbidity and Utilization of Services Survey in Haiti <sup>a</sup>	2012	15-59	13.6	5.0	—	—	—	—	11.2	2.0	—	9.8	—	—
Honduras	Demographic and Health Survey <sup>a</sup>	2011-12	15-59	24.6	—	—	—	—	—	24.1	1.7	—	19.9	—	—
Jamaica	National Survey of Drug Use Prevalence <sup>c</sup>	2016	12-65	16.8	5.3	11.0	11.0	3.1	7.0	—	—	—	—	—	—
Mexico	Global Adult Tobacco Survey (GATS)	2015	≥15	25.2	8.2	16.4	11.9	3.6	7.6	25.2	8.2	16.3	11.8	3.6	7.5
Nicaragua	Demographic and Health Survey	2001	15-49	—	—	—	—	—	—	—	5.2	—	—	—	—
Panama	Global Adult Tobacco Survey (GATS)	2013	≥15	9.4	2.8	6.1	4.4	1.2	2.8	8.9	2.7	5.8	3.6	1.2	2.4
Paraguay	STEPS Survey	2011	15-74	22.8	6.1	14.5	17.4	4.2	10.9	—	—	—	17.2	3.7	10.6
Peru	Demographic and Health Survey	2013	15-49	—	—	—	—	—	—	—	4.1	—	—	1.8	—
Saint Kitts and Nevis	STEPS Survey	2007-08	25-64	16.2	1.1	8.7	11.4	0.7	6.1	—	—	—	7.4	0.6	4.0
Saint Lucia		2012	25-64	25.3	4.0	14.5	16.2	2.5	9.3	—	—	—	—	—	—
Saint Vincent and the Grenadines	National Health and Nutrition Survey	2013-14	≥20	21.9	2.5	12.2	12.7	1.3	6.9	—	—	—	—	—	—
Suriname	STEPS Survey	2013	25-64	34.0	6.5	20.1	25.5	4.4	14.9	—	—	—	—	—	—
Trinidad and Tobago		2011	15-64	33.5	9.4	21.1	29.1	7.7	18.0	—	—	—	27.8	7.4	17.2
United States of America	National Health Interview Survey (NHIS)	2015	≥18	22.1	15.2	18.5	13.5	11.5	12.4	16.7	13.6	15.1	12.2	10.7	11.4
Uruguay	Continuous Household Survey	2014	≥15	27.0	17.9	22.2	22.7	14.8	18.6	26.7	17.9	22	22.5	14.8	18.4
Venezuela (Bolivarian Republic of)	National Survey of Drugs in the General Population (ENaDPOG)	2011	18-65	28.9	14.4	21.5	18.8	9.3	14.0	25.2	13.9	19.4	17.0	9.4	13.1

Source: References 6 and 11.

Notes: All surveys on this list are nationally representative. See the Technical Note for definitions of the indicators.

a Use of any type of tobacco was reported as tobacco smoking.

b Defined as the proportion of ever smokers who are current smokers.

c Survey published or identified by the PAHO Regional Tobacco Control Team after the closing date of the *WHO Report on the Global Tobacco Epidemic, 2017*.

— Data not reported or not available.



Prevalence of current tobacco use among youth (aged 13-15), most recent survey, or survey with data available for these indicators (data provided by countries)

Country	Name of the most recent survey	Year	Representativeness	Age group (years)	Prevalence of current tobacco use (smoked or smokeless) (%)			Prevalence of current cigarette smoking (%)		
					Male	Female	Total	Male	Female	Total
Antigua and Barbuda <sup>a</sup>	Global Youth Tobacco Survey (GYTS) <sup>a</sup>	2017	National	13-15	7.9	7.0	7.5	1.5	1.2	1.4
Argentina	Global Youth Tobacco Survey (GYTS)	2012	National	13-15	22.7	25.4	24.1	17.4	21.5	19.6
Bahamas <sup>b</sup>	Global Youth Tobacco Survey (GYTS)	2013	National	13-15	16.1	8.4	12.6	4.6	2.6	3.8
Barbados	Global Youth Tobacco Survey (GYTS)	2013	National	13-15	17.4	11.4	14.5	8.8	5.0	7.0
Belize	Global Youth Tobacco Survey (GYTS)	2014	National	13-15	16.6	8.2	12.3	10.4	5.4	7.8
Bolivia (Plurinational State of)	Global Youth Tobacco Survey (GYTS)	2012	National	13-15	20.9	16.4	18.7	15.3	9.9	11.3
Brazil <sup>b</sup>	National School-Based Health Survey (PeNSE)	2015	National	13-15	6.9	6.7	7.0	5.3	5.6	5.4
Canada	Canadian Student Tobacco, Alcohol and Drugs Survey (CSTADS)	2014-15	National	13-15	4.2 <sup>c</sup>	3.5 <sup>c, d</sup>	3.8 <sup>c</sup>	0.9 <sup>e</sup>	<1 <sup>e</sup>	<1 <sup>e</sup>
Chile	Global School-based Health Survey (GSHS)	2013	National	13-15	19.8	27.8	24.5	19.1	26.4	23.3
Colombia	National Survey on the Use of Psychoactive Substances in the School-Age Population	2011	National	13-15	—	—	—	11.9	9.0	10.4
Costa Rica	Global Youth Tobacco Survey (GYTS)	2013	National	13-15	9.7	8.1	8.9	5.7	4.3	5.0
Cuba	Global Youth Tobacco Survey (GYTS)	2010	National	13-15	19.8	15.0	17.1	13.1	8.7	10.6
Dominica	Global Youth Tobacco Survey (GYTS)	2009	National	13-15	30.4	19.8	25.3	13.8	8.9	11.6
Dominican Republic <sup>a</sup>	Global Youth Tobacco Survey (GYTS)	2016	National	13-15	8.3	6.0	7.4	2.4	1.8	2.4
Ecuador <sup>a</sup>	Global Youth Tobacco Survey (GYTS)	2016	National	13-15	15.3	10.7	13.0	8.9	7.0	8.0
El Salvador	Global Youth Tobacco Survey (GYTS)	2015	National	13-15	15.3	10.7	13.1	11.4	8.2	9.9
Grenada	Global Youth Tobacco Survey (GYTS)	2016	National	13-15	12.5	7.1	9.7	6.7	4.1	5.4
Guatemala	Global Youth Tobacco Survey (GYTS)	2015	National	13-15	19.5	14.4	17.1	14.7	11.1	12.9
Guyana	Global Youth Tobacco Survey (GYTS)	2015	National	13-15	19.0	10.4	14.8	13.3	3.8	8.6
Haiti	Global Youth Tobacco Survey (GYTS)	2005	National	13-15	20.3	19.2	19.7	14.1	13.8	14.0
Honduras	Global Youth Tobacco Survey (GYTS)	2016	National	13-15	9.6	6.4	7.9	6.1	4.4	5.2
Jamaica	Global Youth Tobacco Survey (GYTS)	2010	National	13-15	31.3	24.6	28.7	21.5	14.3	17.8
Mexico	Global Youth Tobacco Survey (GYTS)	2011	National	13-15	21.6	17.7	19.8	15.8	12.9	14.6

Country	Name of the most recent survey	Year	Representativeness	Age group (years)	Prevalence of current tobacco use (smoked or smokeless) (%)			Prevalence of current cigarette smoking (%)		
					Male	Female	Total	Male	Female	Total
Nicaragua	Global Youth Tobacco Survey (GYTS)	2014	National	13-15	20.6	14.5	17.6	13.8	10.3	12.2
Panama <sup>b</sup>	Global Youth Tobacco Survey (GYTS)	2012	National	13-15	12.1	7.9	10.0	7.0	3.2	5.0
Paraguay	Global Youth Tobacco Survey (GYTS)	2014	National	13-15	7.4	6.6	7.0	3.9	3.8	3.9
Peru	Global Youth Tobacco Survey (GYTS)	2014	National	13-15	10.9	8.4	9.7	9.2	6.2	7.7
Saint Kitts and Nevis	Global Youth Tobacco Survey (GYTS)	2010	National	13-15	10.4	7.8	9.2	4.8	3.2	4.0
Saint Lucia <sup>a</sup>	Global Youth Tobacco Survey (GYTS)	2017	National	13-15	12.4	8.1	10.2	7.3	5.3	6.3
Saint Vincent and the Grenadines	Global Youth Tobacco Survey (GYTS) <sup>c</sup>	2011	National	13-15	23.6	14.6	19.4	16.6	8.5	12.8
Suriname	Global Youth Tobacco Survey (GYTS) <sup>a</sup>	2016	National	13-15	17.1	7.3	11.7	12.8	5.3	8.7
Trinidad and Tobago	Global Youth Tobacco Survey (GYTS) <sup>c</sup>	2011	National	13-15	20.0	16.3	18.4	10.9	7.0	9.3
United States of America	National Youth Tobacco Survey (NYTS)	2015	National	13-15	14.6 <sup>d</sup>	12.2 <sup>d</sup>	13.4 <sup>d</sup>	4.2	4.1	4.1
Uruguay	Global Youth Tobacco Survey (GYTS)	2014	National	13-15	12.7	12.5	12.8	7.2	8.7	8.2
Venezuela (Bolivarian Republic of)	Global Youth Tobacco Survey (GYTS)	2010	National	13-15	11.0	7.2	9.4	5.8	5.4	5.6

**Source:** References 6 and 11.

**Notes:** Prevalence of current tobacco use: percentage of the youth population (aged 13–15 years) that used some smoked or smokeless tobacco product at least once in the 30 days prior to the survey. Prevalence of current cigarette smoking: percentage of the youth population (aged 13–15 years) that smoked cigarettes at least once in the 30 days prior to the survey.

a Survey published or identified by the PAHO Regional Tobacco Control team after the closing date of the *WHO Report on the Global Tobacco Epidemic, 2017*.

b Data corrected or included by the PAHO Regional Tobacco Control team in accordance with the country survey data sheet.

c Tobacco smoking includes recent smoking of cigarettes (including mentholated and roll-your-own), cigarillos or small cigars, cigars, smokeless tobacco, water pipe or herb tobacco, bidis and blunt sheath cigarettes. Electronic cigarettes are excluded.

d This number should not be rounded.

e Interpret with caution given the sampling variations for male and female rates.

f Electronic cigarettes were included in all tobacco products.

... Data not reported or not available.

### Prevalence of current smokeless tobacco use among adults in the Region of the Americas, most recent survey, or survey with data available for these indicators (data provided by countries)

Country	Total	Males	Females	Source
Argentina	0.2	0.1	0.2	Global Adult Tobacco Survey (GATS), 2011-12 (≥15 years)
Bahamas	0.5	0.9	0.1	STEPS Survey, 2012 (25-64 years)
Barbados	0.3	0	0.6	STEPS Survey, 2007 (≥25 years)
Brazil	0.3	0.5	0.2	National Health Survey, 2013 (≥18 years)
Canada	0.4	0.8	<1	Canadian Tobacco, Alcohol and Drugs Survey (CTADS), 2015 (≥15 years)
Costa Rica	0.1	0.1	0	Global Adult Tobacco Survey (GATS), 2015 (≥15 years)
Dominica	0.8	1.6	0	STEPS Survey, 2007-2008 (15-64 years)
Dominican Republic	...	1.9	0.3	Demographic and Health Survey, 2007 (women, 15-49 years)
Grenada	1.2	2.2	0.3	STEPS Survey, 2011 (25-64 years)
Haiti	...	...	2.5	Mortality, Morbidity and Utilization of Services Survey in Haiti, 2012 (15-59 years)
Mexico	0.2	0.4	0	Global Adult Tobacco Survey (GATS), 2015 (≥15 years)
Panama	0.8	1.0	0.5	Global Adult Tobacco Survey (GATS), 2013 (≥15 years)
Paraguay	2.3	3.0	1.6	First National Survey of Risk Factors for Noncommunicable Diseases in the General Population, 2011 (15-74 years)
Peru	...	...	1.8	Demographic and Health Survey, 2015 (women, 15-49 years) <sup>a</sup>
Saint Kitts and Nevis	0.2	0.3	0.1	STEPS Survey, 2007-08 (25-64 years)
Saint Lucia	0.8	1.3	0.2	STEPS Survey, 2012 (25-64 years)
Trinidad and Tobago	0.4	0.5	0.3	STEPS Survey, 2011 (15-64 years)
United States of America	2.2	4.3	0.2	National Health Interview Survey (NHIS), 2015 (≥18 years)
Uruguay	...	0	...	Global Adult Tobacco Survey (GATS), 2009 (≥15 years)
Venezuela	3.5	6.2	0.9	National Survey of Drugs in the General Population, 2011 (18-65 years)

**Source:** Reference 6.

**Note:** Prevalence of current smokeless tobacco use: percentage of the adult population that used any smokeless tobacco product in the 30 days prior to the survey; includes daily and occasional users. National survey data are presented; subnational in the case of Saint Kitts and Nevis. Age groups vary in the different surveys. Data are not comparable between countries. No data are available for Antigua and Barbuda, Belize, Bolivia, Chile, Colombia, Cuba, Ecuador, El Salvador, Guatemala, Guyana, Honduras, Jamaica, Nicaragua, Saint Vincent and the Grenadines, and Suriname.

<sup>a</sup> Survey published or identified by the PAHO Regional Tobacco Control Team after the closing date of the *WHO Report on the Global Tobacco Epidemic, 2017*.

Prevalence of current smokeless tobacco use among youth (aged 13-15 years), most recent survey, or survey with data available for these indicators (data provided by countries)

Country	Name of the most recent survey or survey with available data	Year	Representativeness	Age group (years)	Prevalence of current smokeless tobacco use (%)		
					Male	Female	Total
Antigua and Barbuda	Global Youth Tobacco Survey (GYTS) <sup>a</sup>	2017	National	13-15	2.6	1.6	2.1
Argentina	Global Youth Tobacco Survey (GYTS)	2012	National	13-15	4.4	3.0	3.7
Bahamas	Global Youth Tobacco Survey (GYTS)	2013	National	13-15	5.3	3.1	4.3
Barbados	Global Youth Tobacco Survey (GYTS)	2013	National	13-15	2.9	3.0	2.9
Belize	Global Youth Tobacco Survey (GYTS)	2014	National	13-15	2.9	1.7	2.3
Bolivia (Plurinational State of)	Global Youth Tobacco Survey (GYTS)	2012	National	13-15	4.5	4.2	3.6
Brazil	Global Youth Tobacco Survey (GYTS)	2009	Subnational	13-15	6.3	4.6	5.5
Canada	Canadian Student Tobacco, Alcohol and Drugs Survey (CSTADS)	2014-15	National	13-15	0.8 <sup>b</sup>	0.3 <sup>b</sup>	0.6
Chile (metropolitan Santiago)	Global Youth Tobacco Survey (GYTS) <sup>a</sup>	2016	Subnational	13-15	1.3	1.5	1.4
Colombia	—	—	—	—	—	—	—
Costa Rica	Global Youth Tobacco Survey (GYTS)	2013	National	13-15	1.7	1.6	1.6
Cuba	—	—	—	—	—	—	—
Dominica	Global Youth Tobacco Survey (GYTS)	2009	National	13-15	10.2	6.4	8.4
Dominican Republic	Global Youth Tobacco Survey (GYTS) <sup>a</sup>	2016	National	13-15	4.2	2.3	3.1
Ecuador	Global Youth Tobacco Survey (GYTS) <sup>a</sup>	2016	National	13-15	2.5	1.8	2.1
El Salvador	Global Youth Tobacco Survey (GYTS)	2015	National	13-15	2.1	2.0	2.0
Grenada	Global Youth Tobacco Survey (GYTS)	2016	National	13-15	2.0	1.6	1.8
Guatemala	Global Youth Tobacco Survey (GYTS)	2015	National	13-15	3.0	1.8	2.4
Guyana	Global Youth Tobacco Survey (GYTS)	2015	National	13-15	4.6	3.0	4.1
Haiti	—	—	—	—	—	—	—
Honduras	Global Youth Tobacco Survey (GYTS)	2016	National	13-15	2.7	1.9	2.2
Jamaica	Global Youth Tobacco Survey (GYTS)	2010	National	13-15	8.5	8.5	8.5
Mexico	Global Youth Tobacco Survey (GYTS)	2011	National	13-15	5.9	3.9	4.9
Nicaragua	Global Youth Tobacco Survey (GYTS)	2014	National	13-15	5.1	3.3	4.3
Panama	Global Youth Tobacco Survey (GYTS) <sup>c</sup>	2012	National	13-15	2.8	2.8	2.9
Paraguay	Global Youth Tobacco Survey (GYTS)	2014	National	13-15	2.3	1.4	1.9

Country	Name of the most recent survey or survey with available data	Year	Representativeness	Age group (years)	Prevalence of current smokeless tobacco use (%)		
					Male	Female	Total
Peru	Global Youth Tobacco Survey (GYTS)	2014	National	13-15	1.3	1.9	1.6
Saint Kitts and Nevis	—	—	—	—	—	—	—
Saint Lucia	Global Youth Tobacco Survey (GYTS)	2017	National	13-15	4.5	2.4	3.5
Saint Vincent and the Grenadines	Global Youth Tobacco Survey (GYTS) <sup>c</sup>	2011	National	13-15	7.1	5.5 <sup>d</sup>	6.3
Suriname	Global Youth Tobacco Survey (GYTS) <sup>a</sup>	2016	National	13-15	1.7	0.6	1.1
Trinidad and Tobago	Global Youth Tobacco Survey (GYTS) <sup>c</sup>	2011	National	13-15	5.9	4.8	5.2
United States of America	National Youth Tobacco Survey (NYTS)	2015	National	13-15	4.0	1.3	2.7
Uruguay	Global Youth Tobacco Survey (GYTS)	2014	National	13-15	4.0	3.1	3.5
Venezuela (Bolivarian Republic of)	Global Youth Tobacco Survey (GYTS)	2010	National	13-15	6.9	2.6	5.1

**Source:** References 6 and 11.

**Notes:** Prevalence of current smokeless tobacco use: percentage of the youth population (aged 13-15 years) that used any smokeless tobacco product at least once in the 30 days prior to the survey. National data presented when possible. Data for Brazil and Chile are subnational.

a Survey published or identified by the PAHO Regional Tobacco Control team after the closing date of the *WHO Report on the Global Tobacco Epidemic, 2017*.

b Interpret with caution given the sampling variations for male and female rates.

c Data corrected or included by the PAHO Regional Tobacco Control team in accordance with the country survey data sheet.

d Analyze with caution since the estimate is based on unweighted cases (fewer than 35 observations).

— Data not reported or not available.

## Administration of the Global Youth Tobacco Survey (GYTS) in the Region of the Americas, 1999–2017

Country	Survey year			
Antigua and Barbuda	2000	2004	2009	2017
Argentina	2000	2003	2007	2012
Bahamas	2000	2004	2009	2013
Barbados	1999	2002	2007	2013
Belize	2002	2008	2010	2014
Bolivia (Plurinational State of)	2000	2003	2012	
Brazil	2002	2006	2009	2011
Chile	2000	2003	2008	2016
Colombia	2001	2007		
Costa Rica	1999	2002	2008	2013
Cuba	2000	2004	2010	
Dominica	2000	2004	2009	
Dominican Republic	2004	2011	2016	
Ecuador	2001	2007	2016	
El Salvador	2003	2009	2015	
Grenada	2000	2004	2009	2016
Guatemala	2006	2008	2015	
Guyana	2000	2004	2010	2015
Haiti	2000	2005		
Honduras	2003	2016		
Jamaica	2000	2006	2010	2017 <sup>a</sup>
Mexico	2003	2005	2006	2011
Nicaragua	2003	2014		
Panama	2002	2008	2012	2017 <sup>a</sup>
Paraguay	2003	2008	2014	
Peru	2000	2003	2007	2014
Saint Kitts and Nevis	2002	2010		
Saint Lucia	2000	2007	2011	2017
Saint Vincent and the Grenadines	2000	2007	2011	
Suriname	2000	2004	2009	2016
Trinidad and Tobago	2000	2007	2011	2017 <sup>a</sup>
Uruguay	2000	2007	2014	
Venezuela (Bolivarian Republic of)	1999	2003	2008	2010

**Source:** Prepared by the authors.

**Note:** This table shows the year in which countries conducted the GYTS.

Brazil, Canada, and the United States of America produce data on youth tobacco use through a surveillance system other than the Global Tobacco Surveillance System.

<sup>a</sup> Jamaica, Panama, and Trinidad and Tobago conducted another round in 2017, but data were not yet available as of the publication of this report.

The blue cells indicate when a subnational survey was conducted when there are no nationally representative data.

The orange cells indicate when national and subnational surveys were conducted; that is, nationally representative data are available, and they can be disaggregated by city, province, subregion, etc.

The green cells indicate when the national survey was conducted, providing nationally representative data.

Year in which the highest level of achievement of MPOWER package measures  
M, P, O, W, and E was attained in each country

Country	M (Monitor tobacco use and prevention policies)	P (Protect people from tobacco smoke)	O (Offer help to quit tobacco use) <sup>a</sup>	W (Warn about the dangers of tobacco) <sup>b</sup>	E (Enforce bans on tobacco advertising, promotion and sponsorship)
Antigua and Barbuda					
Argentina	2010	2011		2012	
Bahamas					
Barbados	2012	2010		2017 <sup>d</sup>	
Belize					
Bolivia (Plurinational State of)				2009	
Brazil	2016	2011	2002	2003	2011
Canada	2007 <sup>c</sup>	2007	2008	2011	
Chile	2007 <sup>c</sup>	2013		2006	
Colombia	2012	2008			2009
Costa Rica	2010	2012		2013	
Cuba					
Dominica					
Dominican Republic					
Ecuador		2011		2012	
El Salvador		2015	2016	2011	
Grenada					
Guatemala		2008			
Guyana		2017 <sup>d</sup>		2017 <sup>e</sup>	2017 <sup>d</sup>
Haiti					
Honduras		2010			
Jamaica		2013	2016	2013	
Mexico			2013	2009	
Nicaragua					
Panama	2012	2008	2009	2005	2008
Paraguay					
Peru		2010		2011	
Saint Kitts and Nevis					
Saint Lucia				2017 <sup>d</sup>	
Saint Vincent and the Grenadines					
Suriname		2013			2013
Trinidad and Tobago		2009		2013	



Country	M (Monitor tobacco use and prevention policies)	P (Protect people from tobacco smoke)	O (Offer help to quit tobacco use) <sup>a</sup>	W (Warn about the dangers of tobacco) <sup>b</sup>	E (Enforce bans on tobacco advertising, promotion and sponsorship)
United States of America	2007 <sup>c</sup>		2008		
Uruguay	2007 <sup>c</sup>	2005		2005	2014
Venezuela (Bolivarian Republic of)		2011		2004	

**Source:** Adapted from reference 6 and supplemented with information from the PAHO/WHO tobacco control team.

**Note:** The year in which the highest level of achievement of measure **R** (raise taxes on tobacco) was attained is not included in this table. The share of tax in a product's price depends on both fiscal policy and supply and demand which impact manufacturing costs and sales prices. In countries where taxes have been raised, it may be observed that the share of tax in the price does not change or even diminishes if the non-tax portion of the price increases at the same or a greater rate; this complicates calculation of the year in which the highest level of achievement is attained.

- a *WHO Report on the Global Tobacco Epidemic, 2015* included El Salvador, Uruguay, and Argentina as countries that had attained the highest level of achievement—in 2012 for the first two and in 2014 for the latter. However, this information was corrected in the *WHO Report on the Global Tobacco Epidemic, 2017* as follows: Uruguay and Argentina have still not reached the highest level of achievement; El Salvador did in 2016.
- b *WHO Report on the Global Tobacco Epidemic, 2015* erroneously reported that Peru had attained the highest level of achievement in 2010, when it did not do so until 2011; this was reported accurately in the *Report on Tobacco Control for the Region of the Americas, 2016* and the *WHO Report on the Global Tobacco Epidemic, 2017*. Furthermore, the *Report on Tobacco Control in the Region of the Americas, 2016* erroneously reported that Honduras had attained the highest level of achievement in 2010, when it has not yet done so.
- c Policy possibly achieved in prior years.
- d Policy adopted but not implemented as of 31 December 2017.
- e Regulations pending.

## Additional information on tobacco taxes

	Type of excise tax applied	Uniform excise tax applied (Yes: uniform; No: tiered or with variable rates)	Greater dependence on specific tax in hybrid systems	Minimum specific tax applied in an <i>ad valorem</i> tax system	Retail sale price used as basis of the <i>ad valorem</i> component in an <i>ad valorem</i> or hybrid tax system (or retail sale price, excluding VAT)	II. Affordability		III. Tax administration	
						Percentage of per capita GDP required to purchase 100 packs of the most sold brand (the higher the percentage, the less affordable)	Cigarettes less affordable in 2016 than in 2008	Tax stamps or bar codes used on tobacco products	Ban or limit on duty-free purchases by travelers <sup>d</sup>
Antigua and Barbuda	None	---	---	---	---	1.91	Yes	No	Limited
Argentina	<i>Ad valorem</i>	Yes	---	Yes	No	2.16	No change	Yes <sup>b</sup>	None
Bahamas	Specific	Yes	---	---	---	3.69	Yes	Yes <sup>a,b</sup>	...
Barbados	Specific	Yes	---	---	---	4.58	Yes	No	Banned
Belize	Specific	Yes	---	---	---	5.39	No	No	Limited
Bolivia (Plurinational State of)	<i>Ad valorem</i>	No	---	No	No	5.02	Yes	Yes <sup>b</sup>	Limited
Brazil	Mixed Excise	Yes	Yes	Yes	Yes	2.05	Yes	Yes <sup>a,b</sup>	Limited
Canada	Specific	Yes	---	---	---	1.84	No change	Yes <sup>a,b</sup>	Limited
Chile	Mixed Excise	Yes	Yes	Yes	Yes	2.37	Yes	No	Banned
Colombia	Mixed Excise	Yes	Yes	No	Yes	1.54	No	...	...
Costa Rica	Mixed Excise	Yes	No	Yes	No	2.67	Yes	No	Limited
Cuba	<i>Ad valorem</i>	Yes	---	No	Yes	...	...	No	Banned
Dominica	Specific	Yes	---	---	---	2.17	No change	No	Limited
Dominican Republic	Mixed Excise	Yes	Yes	No	...	4.55	No	Yes <sup>b</sup>	Limited
Ecuador	Specific	Yes	---	---	---	8.77	Yes	No	Banned
El Salvador	Mixed Excise	Yes	Yes	No	No	4.60	No change	No	Limited
Grenada	<i>Ad valorem</i>	Yes	---	No	No	3.32	No change	No	Limited
Guatemala	<i>Ad valorem</i>	Yes	---	No	No	5.21	No change	No	Banned
Guyana	<i>Ad valorem</i>	Yes	---	No	No	3.79	No	No	...
Haiti	<i>Ad valorem</i>	Yes	---	No	No	18.81	...	Yes <sup>b</sup>	Limited
Honduras	Specific	Yes	---	---	---	7.34	Yes	Yes	Banned
Jamaica	Specific	Yes	---	---	---	16.02	Yes	No	Limited
Mexico	Mixed Excise	Yes	No	No	No	2.97	Yes	Yes <sup>b</sup>	Limited
Nicaragua	Specific	Yes	---	---	---	8.24	No change	No	Banned
Panama	<i>Ad valorem</i>	Yes	---	No	No	3.11	No change	Yes <sup>b</sup>	Banned
Paraguay	<i>Ad valorem</i>	Yes	---	No	No	0.88	No change	No	None
Peru	Specific	Yes	---	---	---	5.02	No change	No	...
Saint Kitts and Nevis	<i>Ad valorem</i>	Yes	---	No	No	1.85	No change	No	...
Saint Lucia	Specific	Yes	---	---	---	4.20	No change	No	Limited
Saint Vincent and the Grenadines	Mixed Excise	Yes	Yes	No	No	3.16	No change	No	...
Suriname	Specific	No	---	---	---	4.31	Yes	Yes <sup>a,b</sup>	Limited

	Type of excise tax applied	Uniform excise tax applied (Yes: uniform; No: tiered or with variable rates)	Greater dependence on specific tax in hybrid systems	Minimum specific tax applied in an <i>ad valorem</i> tax system	Retail sale price used as basis of the <i>ad valorem</i> component in an <i>ad valorem</i> or hybrid tax system (or retail sale price, excluding VAT)	II. Affordability		III. Tax administration	
						Percentage of per capita GDP required to purchase 100 packs of the most sold brand (the higher the percentage, the less affordable)	Cigarettes less affordable in 2016 than in 2008	Tax stamps or bar codes used on tobacco products	Ban or limit on duty-free purchases by travelers <sup>d</sup>
Trinidad and Tobago	Specific	Yes	---	---	---	2.54	Yes	No	Limited
United States of America <sup>c</sup>	Specific	Yes	---	---	---	1.12	No change	Yes	Limited
Uruguay	Specific	Yes	---	---	---	2.37	No change	No	Limited
Venezuela (Bolivarian Republic of)	<i>Ad valorem</i>	Yes	---	Yes	Yes	15.40	Yes	Yes <sup>a,b</sup>	Banned

Source: Adapted from reference 6.

a Indicates that tax stamps or codes are concealed (that is, they cannot be read by the naked eye, but only with special electronic readers or via laboratory analysis).

b Indicates that tax stamps or codes can be read by the naked eye (such as color-changing inks, holograms, latent images, watermarks, and security threads).

c Information not approved by the national authorities.

d For quantity limits, see the country profiles.

... Data not reported/not available.

--- Information not required/not applicable.

This new edition of the *Report on Tobacco Control in the Region of the Americas* describes the current situation and trends of the tobacco epidemic in the Region of the Americas. It includes contributions from guest experts who share their views on subjects of great interest to the Region, such as the Protocol to Eliminate Illicit Trade in Tobacco Products, regulation of new (and old) products, and lessons learned.

The report also includes a Country Profiles section, which shows the status of implementation of the six MPOWER measures in each of the 35 Member States of the Region.



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