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WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL: OPPORTUNITIES AND CHALLENGES FOR ITS IMPLEMENTATION IN THE AMERICAS

Justification

1. Of all the regions of the World Health Organization (WHO), the Region of the Americas has the lowest percentage of Member States (66%) that have ratified the WHO Framework Convention on Tobacco Control (FCTC).¹ In the other regions, the percentage of States Parties to the Convention ranges from 76% in AFRO to 100% in WPRO. As to implementation of the measures contained in the treaty, while progress has been made, it has been slow.

Background

2. Smoking is the world's leading cause of preventable death² and is responsible for roughly 1 million deaths annually in the Americas. It is a risk factor for six of the eight leading causes of death, and it is the only legal product that kills from one-third to one-half of the people that consume it. However, smoking not only harms the smoker; there is sufficient scientific evidence that exposure to second-hand tobacco smoke causes illness and death in nonsmokers as well.

3. According to the Global Youth Tobacco Survey,³ the percentage of adolescents aged 13 to 15 who smoke is around 20% in many countries of the Region. More troubling still is the fact that a percentage of adolescents who are currently nonsmokers indicate

¹ Full text of the FCTC available online: http://www.who.int/tobacco/framework/WHO_fctc_english.pdf

² WHO Report on the Global Tobacco Epidemic 2008. The MPOWER Package. pg 8.

³ *Youth and Tobacco in Latin America and the Caribbean. Results from the Global Youth Tobacco Survey*, http://www.paho.org/English/AD/SDE/RA/emtj_eng_06062006.pdf.

that they will “definitely” or “probably” be smoking next year or will smoke if a friend offers them a cigarette. This, combined with the aggressive advertising of the tobacco industry, which targets mainly young people, reveals that the future of this group in the Region is in serious jeopardy.

4. Smoking has spread worldwide, and this phenomenon will continue, especially in developing countries, due to a combination of low prices, aggressive advertising, the public’s lack of knowledge about the extent of the harm caused by smoking, and inconsistent public policies to control it. The WHO FCTC was drafted specifically to address the globalization of the smoking epidemic.

Analysis: Status of the WHO FCTC in the Region

5. The WHO FTCT is the first international public health treaty to be negotiated under the auspices of WHO. It entered into force and became binding on 27 February 2003, 90 days after country number 40 ratified it. To date, it has been ratified by 154 countries worldwide, 23 of them from the Region of the Americas.⁴ Twelve countries in the Region, however, have not yet ratified it: Argentina, Bahamas, Costa Rica, Cuba, El Salvador, Haiti, Nicaragua⁵, Dominican Republic, Saint Kitts and Nevis, Saint Vincent and the Grenadines, Suriname, and the United States of America.

6. Regarding implementation of the measures contained in the FCTC,⁶ great strides have been made in recent years in the passage of measures regulating the packaging and labeling of tobacco products (Art 11 of the WHO FCTC). In the past three years, countries such as Uruguay, Chile, Venezuela, Jamaica and Panama have banned the use of deceptive terms such as “light” or “smooth” that create the false impression that one tobacco product is less harmful than another, and they have required that warnings occupy no less than 30% of the package surface. These countries have joined Canada and Brazil, pioneering nations that have had this type of regulation in place for many years. Other countries such as Ecuador and Mexico have made progress with regulations in this area, although they still do not meet FCTC standards. The deadline for compliance with this article is three years from the date the WHO FCTC went into effect in each State Party. For the vast majority of countries in the Region, the deadline is between 2008 and 2009.

7. Progress has been made in the creation of smoke-free environments. Uruguay is the only country in the Region with totally smoke-free indoor environments, having

⁴ <http://www.who.int/tobacco/framework/countrylist/en/index.html>.

⁵ Ratification approved by Congress, pending deposit of the ratification instrument in the United Nations.

⁶ WHO Report on the Global Tobacco Epidemic 2008. The MPOWER Package. pg 8, and questionnaires from the GTCR.

totally banned smoking in all public areas and workplaces, including bars and restaurants. At the subnational level, Canada and the United States have made great advances in this area, such that today, 80% of the Canadian population and 50% of the U.S. population lives in smoke-free jurisdictions. The same holds true for Argentina's Córdoba, Santa Fe, and Tucumán provinces.

8. Notwithstanding, a highly effective measure where significant progress has yet to be made in the Region is raising taxes on tobacco products and requiring that the revenues be allocated to specific ends such as tobacco control programs, the prevention of chronic diseases, or health promotion. To date, only one Member State levies taxes on tobacco that represent more than two-thirds (66%) of the final sale price to the public, and only a minority of the States have regulations allocating tax revenues from tobacco products to specific ends.

9. In light of the global smoking epidemic, in 2007 the Bloomberg Family Foundation launched the Bloomberg Global Initiative to reduce tobacco use. This initiative targets the 15 countries with the highest absolute number of smokers. The participating countries in the Region are Brazil and Mexico. This has been an excellent opportunity to advance the tobacco control agenda in these two countries.

10. As part of the Bloomberg Global Initiative, early this year WHO launched the MPOWER⁷ package, a series of measures that provides a clearly delineated roadmap for helping the countries meet the obligations assumed on ratification of the WHO FCTC and, in general, for assisting all countries, Parties or Non-parties to the Convention, in combating the smoking epidemic and thus saving millions of human lives.

Proposal: Ratify and implement the FCTC package of six key measures, using the roadmap defined by the MPOWER Package

11. *Keep track of the epidemic and the policies to combat it: set up surveillance and monitoring systems and a national coordinating unit.* This is essential for governments, opinionmakers, and civil society to develop tobacco control policies, build capacity for effective implementation and enforcement of the policies, and monitor their efficacy. Good monitoring systems should track a number of indicators, including:

⁷ WHO Report on the Global Tobacco Epidemic, 2008. The MPOWER Package. <http://www.who.int/tobacco/mpower/en/> **MPOWER**= acronym for the six key measures for tobacco control. **Monitor**= Monitoring tobacco use and prevention policies. **Protect**: Protect the population from second-hand tobacco smoke; **Offer**= Offer help to quit smoking; **Warn**= Warn about the dangers of smoking; **Enforce**= Enforce bans on the advertising, promotion, and sponsorship of tobacco products; **Raise** = Raise taxes on tobacco products.

- (a) The prevalence of smoking.
- (b) The impact of the measures implemented.
- (c) Tobacco industry marketing and lobbying.

12. ***Protect the population from tobacco smoke: Ban smoking in all enclosed public spaces and workplaces.*** Scientific evidence shows that there is no safe level of exposure to second-hand tobacco smoke. The Conference of the Parties to the FCTC⁸, the International Agency for Research on Cancer⁹ of WHO, the Surgeon General of the United States¹⁰ and the United Kingdom's Scientific Committee on Tobacco and Health¹¹ all concur that exposure to second-hand smoke contributes to a wide range of diseases in adults and children, including heart disease, cancer, and sudden infant death syndrome. The only effective measure for protecting the population from second-hand smoke is a total ban on smoking in enclosed public places and workplaces. Neither ventilation nor the separation of smokers and nonsmokers is effective. Therefore, WHO and the COP have formulated specific recommendations¹² and guidelines¹³ for implementing this measure. There is growing scientific evidence of the rapid health benefits of smoke-free environments, chiefly in terms of a decline in the incidence of acute cardiovascular events and respiratory problems.^{14, 15} Finally, it is important to point out that contrary to tobacco industry claims, these measures do not adversely affect the profits of bars and restaurants.¹⁶

13. ***Help people who want to quit smoking: Offer smoking-cessation services.*** The nicotine in tobacco is a highly addictive drug. Among smokers who are aware of the dangers, three out of four want to quit smoking, but with most addictions it is hard for the majority to succeed. While prevention is fundamental, it should be recalled that the

⁸ http://www.who.int/gb/fctc/PDF/cop2/FCTC_COP2_17P-en.pdf. Last accessed on 7 April 2008.

⁹ <http://monographs.iarc.fr/ENG/Monographs/vol83/volume83.pdf>. Last accessed on 7 April 2008.

¹⁰ <http://www.surgeongeneral.gov/library/secondhandsmoke/report/fullreport.pdf>. Last accessed on 7 April 2008.

¹¹ http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4101475.pdf. Last accessed on 7 April 2008.

¹² http://www.who.int/tobacco/resources/publications/wntd/2007/pol_recommendations/en/index.html. Last accessed May 2008.

¹³ http://www.who.int/gb/fctc/PDF/cop2/FCTC_COP2_7-sp.pdf. Last accessed May 2008.

¹⁴ Patrick Goodman¹, Michelle Agnew², Marie McCaffrey³, Gillian Paul⁴, and Luke Clancy⁵ Effects of the Irish Smoking Ban on Respiratory Health of Bar Workers and Air Quality in Dublin Pubs AJRCCM Articles in Press. Published on 4 January 2007 as doi:10.1164/rccm.200608-1085OC.

¹⁵ Carl Bartecchi, Robert N. Alsever, Christine Nevin-Woods, William M. Thomas, Raymond O. Estacio, Becki Bucher Bartelson and Mori J. Krantz Reduction in the Incidence of Acute Myocardial Infarction Associated with a Citywide Smoking Ordinance DOI: 10.1161/CIRCULATIONAHA.106.615245.

¹⁶ Scollo M et al. Review of the quality of studies on the economic effects of the smoke-free policies on the hospitality industry. Tob. Control 2003, 14 (2):73-74.

heaviest burden of mortality in the short and medium term will be among people who are currently smokers. Any tobacco control program should therefore consider three types of basic interventions:

- (a) Smoking-cessation counseling in primary care services.
- (b) Free, easily accessible telephone hotlines for quitting.
- (c) Access to inexpensive pharmacological therapies.

14. ***Warn the population about the dangers of smoking: Require strong pictorial health warnings.*** Many people are unaware that there is no such thing as a minimum level of smoking that is not harmful to health, since the same cannot be said for other risk behaviors. Most smokers know that lung cancer is linked with smoking but are unaware of its association with other diseases such as myocardial infarction, chronic respiratory disease, and other types of cancer. For the tobacco industry, packaging is an important medium for communicating with its customers, especially the tighter the restrictions on advertising and promotion. The experience in countries like Brazil and Canada, which years ago adopted pictograms, shows that more than half of smokers in the two countries have thought more about the health consequences of smoking or have changed their attitude about it as a result of the warnings. In Brazil, 67% of smokers say that the warnings have made them think about quitting, and in Canada, 27% of smokers smoke less in their homes now that they know about the danger to others.¹⁷

15. ***Protect the population from tobacco advertising, promotion, and sponsorship.*** Selling a product that kills as many as half of its users requires extraordinary marketing skills. Publically, the tobacco industry claims that its marketing efforts are not geared to attracting new consumers but to obtaining a greater share of the market, a claim that is contradicted by internal documents subpoenaed by the courts. The message of this year's World No Tobacco Day focuses precisely on this: ban all promotion of tobacco products to protect young people from this threat. To be effective, the ban must be comprehensive and include all forms of advertising, publicity, and sponsorship of tobacco products in any medium. National studies have shown that when there is a complete ban on tobacco advertising, consumption drops by as much as 16%.^{18,19,20}

¹⁷ http://www.paho.org/spanish/ad/sde/ra/tab_paq_principal.htm Last accessed May 2008.

¹⁸ Smee C et al. Effect of tobacco advertising on tobacco consumption: a discussion document reviewing the evidence. London. Economic and Operational Research Division, Department of Health, 1992. Cited in WHO, Report on the Global Tobacco Epidemic, 2008. The MPOWER Package. <http://www.who.int/tobacco/mpower/en/>.

¹⁹ Country profiles. Fifth WHO Seminar for a Tobacco-Free Europe. WHO Regional Office for Europe Warsaw, 26-28 October 1995 WHO Report on the Global Tobacco Epidemic, 2008. Cited in The MPOWER Package. <http://www.who.int/tobacco/mpower/en/>

16. ***Reduce the accessibility of tobacco, mainly for youth: Raise taxes.*** Raising the tax on tobacco is one of the most effective ways of reducing smoking, especially among youth and the poor. Allocating the revenues from such taxes to tobacco control programs and/or other social or health programs further increases the popularity of this measure and offsets any “regressive” effects that could be attributed to it. In the past, it was thought that addictive nature of tobacco would cause smokers to keep smoking to the same extent, no matter what the price of the product. However, more and more studies show that the demand for tobacco is heavily influenced by prices. In general, it can be said that in middle- and low-income countries, a 10% increase in prices, will produce an 8% drop in consumption. Contrary to tobacco industry claims, this drop in consumption will not reduce fiscal revenues, nor will higher prices necessarily lead to an increase in the smuggling of these products.²¹ This has been confirmed in several countries, including at least six in the Americas.²²

Action by the Executive Committee

17. The Executive Committee is requested to consider:

- The importance of encouraging Member States that have not done so to ratify the WHO FCTC;
- Urging the States Parties and Non-Parties to the WHO FCTC to implement the package of measures contained in the WHO MPOWER roadmap;
- Urging the Member States to create or strengthen a national coordinating unit for implementing the key measures of the Convention and to participate actively in subregional entities, including subregional integration bodies, such as the Ibero-American Network for Tobacco Control, launched by Brazil in May 2007;
- The importance of encouraging the Member States to explore new opportunities for funding from private donors;
- Adopting a resolution on the previous points.

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²⁰ Jha, P, Chaloupka FJ. Curbing the Epidemic: governments and the economics of tobacco control. Washington DC World Bank, 1999 . Cited in WHO Report on the Global Tobacco Epidemic, 2008. The MPOWER Package. <http://www.who.int/tobacco/mpower/en/>

²¹ Curbing the epidemic cit up supra Chapter 4

²² http://www.paho.org/Spanish/AD/SDE/RA/tab_estudios_Mercosur.htm. Last accessed on 7 April 2008.