



*executive committee of  
the directing council*

## PAN AMERICAN HEALTH ORGANIZATION

*working party of  
the regional committee*

## WORLD HEALTH ORGANIZATION



103rd Meeting  
Washington, D.C.  
June-July 1989

### Provisional Agenda Item 4.7

CE103/20 (Eng.)  
15 May 1989  
ORIGINAL: SPANISH

### REGIONAL PLAN OF ACTION FOR THE PREVENTION AND CONTROL OF THE USE OF TOBACCO

The present Plan of Action has been prepared as a response by the Director to Resolution XXII, "Fight Against the Use of Tobacco," of the XXXIII Meeting of the Directing Council of the Pan American Health Organization (1988). This document is submitted for the consideration of the Executive Committee at its 103rd Meeting prior to presentation to the Directing Council.

The Plan contains a summary of the background and situation of smoking in the Americas and presents the Plan's general purpose and specific objectives.

The general purpose is to promote and facilitate the adoption of public health measures at the regional, subregional, and national levels aimed at reducing the incidence and prevalence of smoking and protecting the health of nonsmokers. The ultimate purpose is to promote the concept of tobacco-free societies and generations.

PAHO will collaborate with the countries in the development of national programs for the prevention and control of smoking; it will cooperate with the Member States and governmental and nongovernmental centers and groups in identifying and mobilizing resources to contribute toward execution of this Plan of Action; it will disseminate selective information to support programs in the campaign against smoking; it will promote research related to tobacco consumption; it will contribute to the training of personnel; and it will provide direct advisory services when governments so request.

The components of the plan are presented--objectives, goals, strategies, and activities that will be developed in collaboration with other regional programs, with nongovernmental organizations, and with the professional and scientific associations involved in this area.

## CONTENTS

	<u>Page</u>
1. Scope of this Document	1
2. Background	1
3. Prospects for Control of Smoking	2
4. Analysis of the Situation	2
5. General Purpose	4
6. Objectives	
7. Strategies, Activities, and Goals	5
7.1 Promotion of Policies, Plans, and Programs	5
7.2 Mobilization of Resources	6
7.3 Management and Dissemination of Information	7
7.4 Training	8
7.5 Research	8
7.6 Technical Advisory Services	9
8. Conclusion	9

REGIONAL PLAN OF ACTION FOR PREVENTION AND  
CONTROL OF THE USE OF TOBACCO

1. Scope of this Document

The present document has been prepared in response to Resolution XXII of the XXXIII Meeting of the Directing Council of the Pan American Health Organization. This resolution:

- promotes the adoption of public health measures at the regional and national levels to prevent and control the use of tobacco as well as to protect the health of nonsmokers;
- encourages governments to adopt prevention and control measures;
- requests the Director of PAHO to present to the XXXIV Meeting of the Directing Council a regional plan of action and explore the possibility of obtaining extrabudgetary funds for its execution.

The present document summarizes the current situation of the problem of smoking in the Americas and outlines the purpose of the campaign and the objectives pursued, in addition to strategies, activities, and goals.

2. Background

Scientific information concerning the dangers of smoking for health began to emerge around 1920. Since then an impressive volume of evidence has been accumulated that indisputably establishes the association between exposure to tobacco and the greater probability of occurrence of diseases such as cancer of the lung, the oral cavity, the larynx, the trachea and bronchia, the esophagus, the pancreas, the kidney, and the urinary bladder; ischemic heart disease, cerebrovascular and peripheral vascular disease; chronic bronchitis and emphysema; and risks for human reproduction.

It has been established that at least 90% of the deaths from lung cancer, 75% of those related to chronic bronchitis, and 26% of those due to ischemic heart disease are attributable to smoking. These data have made it possible to estimate that approximately 700,000 avoidable premature deaths occur unnecessarily each year in the Region.

Available evidence also indicates that smoking has acquired the proportions and characteristics of a worldwide epidemic. The magnitude and severity of the damage it causes to the health of both smokers and nonsmokers exceeds that of any another disease risk. Smoking should therefore be considered world-wide as one of the greatest public health problems.

At the same time, it is also considered that elimination of this risk may be the preventive measure of greatest potential impact on the reduction of morbidity and mortality and on the improvement of the quality of life in all the countries.

As the goal of attaining health for all by the year 2000 approaches, elimination of the danger of smoking appears as a feasible measure of great effectiveness in achieving that objective. Although the aim of eliminating smoking is highly laudable, it will require the close collaboration and the concerted and sustained effort of governments, nongovernmental organizations, national and international agencies, community groups, and the decided action of all. The ultimate purpose of this effort will be to contribute to a tobacco-free American Continent and the first generations of nonsmokers.

### 3. Prospects for Control of Smoking

In spite of the complexity of the smoking problem, the multiplicity of factors that lead to its initiation, and the interdependence among them, an impressive number of activities for smoking prevention and control have been developed in the Region of the Americas (and in others). The results of all these efforts have been encouraging and very noticeable for some countries. Perhaps the most important conclusion that can be inferred from such experiences is that, in practice, the prevention and the control of smoking is technically and economically feasible, in addition to being socially and politically viable.

Promoting a Regional Plan of Action is therefore both a responsibility and a mandate.

### 4. Analysis of the Situation

The statistics from various countries show that tobacco consumption began to increase at the beginning of the century and intensified after World War I. Numerous illustrations bear out the close correlation between such consumption and deaths attributable to lung cancer, ischemic heart disease, and other diseases. They point dramatically to the most outstanding characteristics of this epidemic. Recent information reveals that as smoking increases among women, lung cancer is also increasing rapidly and is overtaking breast cancer in frequency in some communities.

Despite the fact that a small number of countries of the Region have had a decline in the prevalence of smokers during the last two decades, the proportion of adolescents and young adults who take up smoking, and the age at which they do so (12-14 years), remains almost invariable. Moreover, among adolescents the cessation rates are very low and gradually increase with age. The decrease in the smoking rate is

mainly due to the fact that a growing number of adult smokers, particularly the more educated, are giving it up. Adolescent women show a greater trend toward daily smoking than men of similar ages. Between 18 and 19 years of age, more than 30% of adolescents smoke daily, but women do so to an even greater extent.

Statistics available for North America show that the prevalence of smoking is higher among workers and the unemployed than among administrative, technical, and professional employees.

Between 1965 and 1986, prevalence declined among adults in the United States, from 51.1% to 29.5% among men, and from 33.3% to 23.8% among women. The figures available for Canada are similar and also indicate a reduction of approximately 1% of smokers per year for men and approximately 0.7% per year for women.

Prevalence figures available for Latin America and the Caribbean are limited and with few exceptions do not permit comparisons over time. They show a wide range for those years from 28% to 60% in the adult male population. The majority, however, were around 50%, much above the prevalences for North America.

It is important to point out that in the United States of America, after a sustained increase in prevalence since the 1920s, a reduction of per capita consumption has also been recorded for the population over 18 years of age, from 4,148 cigarettes per year in 1973 to 3,196 in 1987, or 23% in 15 years. Furthermore, a sustained decline in the tar and nicotine content has been documented for cigarettes consumed in North America.

The per capita consumption figures available for Latin America and the Caribbean are lower, but there is indirect evidence that they were increasing rapidly by 2% and even 3% a year after 1979. Because the tar and nicotine content of cigarettes in the areas mentioned generally continues to be considerably higher than in North America, per capita consumption figures are not strictly comparable.

The information summarized in the foregoing paragraphs reflects a decided worsening of the situation in many of the countries of Latin America and the Caribbean, where the accelerated emergence of health problems known to be linked with smoking may already be perceived--cancer, cardiovascular diseases, and chronic respiratory diseases.

To the foregoing should be added the risks that nonsmokers are involuntarily subjected to who live in the proximity of smokers. Such is the case of family members, friends, and colleagues of smokers, who have been called "involuntary" or "passive" smokers. It is known that, in

addition to the principal flow of gases and particulates (mainstream) that smokers inhale, equally or more highly toxic elements are also produced at the end of a lighted cigarette (sidestream).

The findings published concerning passive smoking bring out other aspects of the problem that are at the same time debatable and of great practical importance. Primarily, they confirm once again the magnitude of the problem, since not only are smokers themselves exposed to these risks, but also those who surround them, though they do not smoke. In addition, they vigorously point to the importance of giving greater sociopolitical value to the right of all to breathe air free from tobacco over the right of smokers to continue to consume it.

It has been speculated that approximately 5,000 annual deaths are attributable to "passive smoking" in the United States. It may thus be assumed that in the rest of the continent, where the prevalence of smoking is even greater and there are fewer restrictions, at least a similar number of deaths from this cause occur.

Further aggravating the situation is the fact that the patterns of nicotine use are regular and compulsive, have psychoactive effects (are mood-altering), develop progressive tolerance, and cause physical dependency characterized by the appearance of an abstinence syndrome whenever its use is suspended. For the same reasons many addicted persons are not able to voluntarily stop smoking and give it up for any significant length of time without the assistance of cessation programs.

## 5. General Purpose

To promote and facilitate the adoption of public health measures at the regional, subregional, and national levels aimed at reducing the incidence and prevalence of smoking and protecting the health of nonsmokers. The ultimate purpose is to promote the concept of societies and new generations free from tobacco.

## 6. Objectives

6.1 To cooperate in the development of effective programs for prevention and control of smoking in all the countries of the Region.

6.2 To promote dissemination of the necessary information on prevention and control of smoking through the establishment of a Regional Information Network.

6.3 To contribute to the mobilization of public opinion and decision-making centers in order to make the consumption of tobacco socially unacceptable.

## 7. Strategies, Activities, and Goals

In order to fulfill the general purpose and objectives indicated, this Plan of Action proposes the strategic approaches, activities, and goals detailed below.

Fulfillment of this Plan of Action requires additional resources that cannot be contributed by the regular budget of the Organization. It should be pointed out, however, that PAHO will make all efforts necessary for obtaining such resources from extrabudgetary sources.

### 7.1 Promotion of Policies, Plans, and Programs

Collaboration will take place with the Member States through their ministries of health in formulating intersectoral, multidisciplinary and sufficiently comprehensive policies, plans, and programs that include legislation (related to the consumption, sale, and advertising of tobacco); education and information; services for cessation of smoking; and mobilization of public opinion.

In addition, an intersectoral coordination mechanism should be sought and programs should be included in the broader context of changes in lifestyle and of integrated management of risk factors to prevent the most prevalent chronic noncommunicable diseases.

#### Goals:

- By 1991 the Member States will have explicit policies and programs in operation.
- By 1991 the Member States with programs will demonstrate a reduction in the consumption of tobacco.

#### Activities:

- 7.1.1 To provide up-to-date information on smoking, together with programs and control strategies for the various levels.
- 7.1.2 To collaborate in the formulation of national policies and programs at the request of the governments.
- 7.1.3 To collaborate in the convocation and later development of both subregional and national activities such as seminars, workshops, working meetings, and other activities conducive to establishing and developing programs.
- 7.1.4 To promote and facilitate the development of demonstration projects for the control of smoking at national and local levels.

- 7.1.5 To produce and/or adopt development guidelines for national programs.
- 7.1.6 To promote the development and implementation of legislative strategies designed to control smoking.
- 7.1.7 To develop and test the minimum indicators essential for follow-up and evaluation of national programs.
- 7.1.8 To identify and promote the participation of centers, agencies, and working groups in the development of monitoring and evaluation activities.
- 7.1.9 To promote actions to enforce and increase the effectiveness of anti-smoking legislation.

## 7.2 Mobilization of Resources

Cooperation will take place with the Member States, centers, and governmental and nongovernmental groups in identifying and mobilizing all sources of resources that may contribute to the execution of this Plan of Action.

Special importance will be given to mobilization of public opinion through various initiatives such as the use of the mass media (press, TV, radio, teleconference), the selective effort of social pressure, and discussion between community groups.

### Goal:

- By 1991 each Member State will have at least a coordinating nucleus for mobilization of public opinion.

### Activities:

- 7.2.1 To contribute to identifying agencies, groups, and governmental and nongovernmental organizations that can contribute to support the present Plan of Action and national programs financially or technically.
- 7.2.2 To contribute to identifying and training individuals who carry out or can carry out activities to mobilize public opinion against smoking.
- 7.2.3 To involve WHO collaborating centers in activities to mobilize resources and public opinion.



7.2.4 To collaborate in obtaining the support of professional associations and political and social leaders to limit the consumption of tobacco.

7.2.5 To collaborate in carrying out concrete activities to mobilize public opinion with special emphasis on educational and health establishments and means of transportation to make them "free of tobacco smoke."

### 7.3 Management and Dissemination of Information

Collaboration will take place with governments and nongovernmental agencies in establishing a regional mechanism to identify, collect, produce, duplicate, disseminate, and evaluate the effectiveness of educational and informational material obtained by various objective-groups. Among these are health workers, educators, adolescents, political leaders, and mothers.

#### Goal:

- By 1991 all the Member States will participate in the Information Network.

#### Activities:

7.3.1 To identify agencies and groups that are generating pertinent educational and informational material.

7.3.2 To develop and validate the material and establish exchange and dissemination mechanisms to form a Regional Information Network.

7.3.3 To contribute to involving the mass media in the dissemination of educational and informational material. To promote and, in time, collaborate in the preparation of press bulletins on the subject.

7.3.4 To support the production and distribution of information bulletins on the development of programs and dissemination of pertinent information.

7.3.5 To develop and support guidelines for projects to evaluate the effectiveness of educational and informational materials and messages.

#### 7.4 Training

Although training is the fundamental responsibility of national programs, cooperation will take place with the governments in training activities that are requested for personnel involved in the fight against the use of tobacco.

Goal:

- By 1991 all the Member States will have developed national training activities.

Activities:

- 7.4.1 To collaborate in identifying critical and deficient areas that require training and training priority.
- 7.4.2 To collaborate with national efforts for the development and organization of training activities for heads of programs, leaders, and professionals related to the programs (such as oncologists, epidemiologists, cardiologists, pneumonologists) at the request of the governments.
- 7.4.3 To collaborate with and support education and training centers in training activities concerned with the fight against the use of tobacco.

#### 7.5 Research

A contribution will be made to facilitating the identification, formulation, and execution of applied research necessary for the development of programs. Of particular interest are topics related to:

- factors that induce adolescents to initiate consumption;
- the efficiency and effectiveness of control programs, especially as regards educational messages;
- the effectiveness of programs for cessation and advisory services.

Goals:

- By 1991 the Member States will have systematized information on control programs.
- By 1991 all the Member States will contribute information on the anti-tobacco situation, programs, and activities for the Regional Report on Smoking in the Americas.
- By 1991 all the Member States will have initiated research projects related to smoking.

Activities:

- 7.5.1 To contribute to identifying deficient areas of knowledge that will require applied research at the request of the governments.
- 7.5.1 To encourage the scientific community to perform research on control of smoking, promote the formulation of projects, and form research teams at the national level.
- 7.5.3 To make proposals for multicenter studies on prevalence for the general population and for high-risk groups (adolescents, young women).
- 7.5.4 To promote and coordinate the production of regional information on tobacco consumption trends and related disease.
- 7.5.5 To contribute to producing biennial country reports.
- 7.5.6 To collaborate in preparing the Regional Report on Smoking in the Americas in 1990.

7.6 Technical Advisory Services

Direct technical advisory services will be provided to countries so requesting in order to resolve specific problems. This will be performed by Organization staff members or by short-term consultants.

8. Conclusion

The smoking situation and its consequences appear to be worsening in most of the countries of the Region, and therefore the challenge has assumed large proportions.

Nevertheless, there are successful examples that demonstrate that the prevention and the control of smoking are feasible and viable. In addition, there is a political decision by the Member States meeting as the Directing Council of PAHO "to fight against the use of tobacco," expressed in Resolution XXII of the XXXIII Meeting of the Directing Council in 1988. A will also exists to coordinate the efforts and resources of various agencies and governmental and nongovernmental groups.

These efforts reaffirm the need and timeliness of putting the present Plan of Action into practice.