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FRAMEWORK CONVENTION ON TOBACCO CONTROL

Tobacco use is the leading preventable cause of death in the Americas and in the world. At least 845,000 people die from tobacco use every year in the Americas. Despite a growing consensus on the most cost-effective ways to reduce tobacco use, the stagnation of smoking rates in the Region indicates that the response to the tobacco epidemic has been insufficient. Outside of North America, no countries have implemented the comprehensive package of legislative and fiscal policies known to be most effective in reducing tobacco use, and few countries have dedicated adequate resources to tobacco control activities.

The tobacco industry has presented major obstacles to progress by promoting fears about potential negative economic consequences of tobacco control and by arguing that tobacco control policies do not work. Tobacco promotion is largely unregulated, and continues to entice our children into believing that tobacco use is glamorous and a normal part of growing up.

The development of an international treaty to address tobacco use, the Framework Convention on Tobacco Control (FCTC), represents a unique opportunity to globally combat tobacco use. Although some Member States have actively prepared for negotiation of the FCTC, many have not participated in negotiations or have not developed a national position on the FCTC.

Preparation for the FCTC will require all Member States to examine their national tobacco control policies and programs and to initiate national multisectoral discussions to develop a national position. Member States are urged to use the FCTC process to identify priority areas and innovative national funding sources for tobacco control, and to determine how technical cooperation can best assist them in moving forward nationally and as part of the FCTC negotiation process.

The Executive Committee at its 128th Session emphasized the need for Member States to participate in the FCTC process and to strengthen their tobacco control policies, and for increased resources to be devoted to tobacco control by PAHO and Member States. The Executive Committee adopted Resolution CE128.R9 for consideration by the Directing Council.

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Annex

FRAMEWORK CONVENTION ON TOBACCO CONTROL: A PUBLIC HEALTH OPPORTUNITY FOR THE AMERICAS

1. Introduction

The tobacco epidemic is a unique public health dilemma. The nature and scope of the epidemic is well known and is unparalleled in modern times. Tobacco products are addictive for most users, and most addiction begins in adolescence. Conversely, the mechanisms to reduce tobacco use are well known and are highly cost-effective relative to other preventive health measures and the devastating health and economic costs of tobacco use.

Despite this compelling situation, steps to slow or reverse the epidemic have been insufficient. As our knowledge of the health and economic harm caused by tobacco use and of the most cost-effective responses has increased, action based on this knowledge has lagged behind.

This paradox can be explained by a number of factors. First, the most serious health effects of tobacco use usually do not become apparent until after several years, even though their development may begin relatively early. Second, tobacco-related diseases are not communicable and therefore are not perceived as fast spreading, even though aggressive promotion of tobacco products certainly defines tobacco addiction as socially communicable. Finally, the vector of the disease is a highly profitable, politically influential industry. The vector actively opposes effective measures to reduce its strength and defies traditional public health approaches. The tobacco epidemic will not be stemmed by physicians, teachers, or researchers, but by politicians and opinion leaders.

This context requires Member States to implement innovative public health approaches and effect sustained political will in order to significantly reduce tobacco-caused diseases.

The development of an international treaty to address tobacco use, the Framework Convention on Tobacco Control (FCTC), represents a unique opportunity to globally mobilize new public health tools to combat tobacco use. It will encourage PAHO and WHO Member States to examine and prioritize their national responses to the tobacco epidemic and to share experiences with other Member States to identify coordinated mechanisms to support national action.

A commitment to action is necessary to ensure that children grow up in an environment free of inducements to smoke, that adults who want to quit smoking are given the support to do so, and that nonsmokers are protected from the harmful effects of involuntary exposure to tobacco smoke.

2. Current Situation: Where Do We Stand?

2.1 *Tobacco Use: The Leading Killer in the Americas*

Tobacco use is the leading preventable factor causing death in the Americas and the world. At least 845,000 people die from tobacco use every year in the Americas. Tobacco use causes one-third of all deaths from heart disease and cancer in the Region. Tobacco addiction usually begins in adolescence: in most countries in the Region, more than 70% of all smokers started smoking before the age of 18. Half of all long-term smokers will die from smoking, and half of these deaths will occur in middle age.

Smoking rates vary widely in the Region, with the lowest prevalence occurring in countries of Central America and in some Caribbean countries and the highest in the Southern Cone countries, particularly Argentina and Chile. Smoking prevalence in most countries has remained reasonably stable over the past decade, with only Canada and the United States experiencing sustained declines (Figure 1). However, regional per capita consumption as measured by legal tobacco sales has declined. It is difficult to know whether this represents a true decline in all consumption or merely a distribution shift to take advantage of smuggling. For example, a recent report from Peru indicates a quadrupling of tobacco smuggled in the past four years, which may explain why Peru's official per capita consumption has remained low.

2.2 *Level of Tobacco Use Is Unequal in Populations*

Although women in most countries in the Americas have lower smoking prevalence than men, there are indications that women's tobacco use may be increasing. In addition, because of high male prevalence rates, women are exposed to tobacco smoke in the home and workplace. In 1998 in Mexico, 61% of nonsmoking women indicated exposure to second-hand smoke while only 39% of nonsmoking men did.

Regional data from developing countries regarding tobacco use among different socioeconomic groups is mixed. In Peru and Bolivia, smoking is still more prevalent among higher socioeconomic groups than lower ones, while in Chile and Colombia this pattern is reversed. This may reflect a trend experienced in developed countries, where smoking rates were initially highest among higher socioeconomic levels. As those with higher education and income responded to public health information, their prevalence rates declined while lower socioeconomic groups began to smoke in greater numbers. It is important to understand this pattern in order to help prevent it from being repeated in developing countries.

**Figure 1. Tobacco Prevalence by Sex. Region of the Americas
(Percent using tobacco in month prior to survey)**

	SEX	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
ARGENTINA	M										46.8
	F										34.0
	Total										40.1
BOLIVIA	M			38.2				45.6		42.7	
	F			14.3				21.0		18.1	
	Total			24.9				31.1		29.8	
CANADA	M					32.9		31.5			27.0
	F					28.3		26.3			23.0
	Total					30.5		28.9			25.0
CHILE	M					45.4		45.4		47.2	
	F					36.2		36.5		35.5	
	Total					40.5		40.4		40.9	
COLOMBIA	M			29.2				25.2			
	F			14.3				12.1			
	Total			21.3				18.6			
COSTA RICA	M	28.6					28.6				
	F	8.8					6.6				
	Total	18.7					17.6				
ECUADOR	M							na			
	F							na			
	Total							28.3			
MEXICO	M				38.3					42.9	
	F				14.2					16.3	
	Total	25.8			25.1					27.7	
PANAMA	M		21.7								
	F		7.4								
	Total		14.2								
PERU	M						44.2		48.3	41.5	
	F						20.0		20.7	15.7	
	Total						31.7		33.1	27.8	
UNITED STATES	M		35.2	34.1	32.2	31.5	31.0	31.1	31.2	29.7	
	F		31.1	30.0	27.3	26.0	26.8	26.7	28.2	25.7	
	Total		33.0	31.9	29.6	28.6	28.8	28.9	29.6	27.7	
URUGUAY	M										38.0
	F										26.0
	Total										32.0

Source: OPS, El tabaquismo en América Latina, Estados Unidos y Canadá, 2000 (with updated data added).

2.3 *Tobacco Harms Family Health*

Tobacco use affects children and families in various ways. In low-income families, expenditures on tobacco products take money away from food, shelter, and other necessary items. Exposure of spouses and children to second-hand smoke in the home is of great concern. Seventy per cent of school-aged children in Argentina are exposed to tobacco smoke in the home. The exposure rate is 60% in Chile and Suriname, and nearly 50% in Bolivia, Mexico, and Venezuela. In addition to causing asthma, bronchitis, pneumonia, and ear infections in children, and lung cancer and heart disease in adults, second-hand smoke has an enormous impact on perinatal health. Exposure of the fetus to smoking by or around the mother greatly increases risk of miscarriage, birth complications, low birth weight, and developmental problems. Second-hand smoke is responsible for up to 40% of crib deaths.

2.4 *PAHO's Response Needs to Be Strengthened*

PAHO recognizes the need for strengthened action to support efforts to reduce tobacco use and has increased its ability to support Member States on this issue. The creation of a full-time tobacco post in the Program to supplement the existing substance abuse post, along with increased extrabudgetary funding, has allowed PAHO to support Member States' participation in FCTC meetings, develop new guidelines on surveillance and policy, and provide training in surveillance and policy development. However, as described below, significantly greater resources will be required to adequately support technical cooperation in the months and years ahead.

2.5 *National Responses Leave Room for Improvement*

Although WHO Member States have not yet determined the content of the FCTC¹ the issues presented in this document are among those that PAHO Member States should consider when examining national responses.

Approximately 25 countries in the Region have attended at least one FCTC meeting, including the first and second sessions of the Intergovernmental Negotiating Body (INB) held in October 2000 and May 2001, respectively. However, far fewer countries have formulated a national position on the FCTC or have invested resources to

¹ A proposed text for the FCTC based on discussions by Member States has been prepared by the Chairman of the FCTC Intergovernmental Negotiating Body and is available at <http://tobacco.who.int/wha-1998/Tobacco/INB2/anglaisINB2.htm>. This document was the basis for negotiations at the second session of the Intergovernmental Negotiating Body (INB2). A revised draft text incorporating proposals by Member States at INB2 will be available on the WHO web site prior to INB3.

participate in the development of the FCTC. The third session of the INB (INB3) will be held on 22-28 November 2001 in Geneva, Switzerland.

The lack of success in reducing smoking prevalence over the past decade demonstrates the need for strengthened tobacco control efforts by Member States. The most effective measures to reduce tobacco use, described in detail below, include tobacco tax increases, bans on tobacco promotion, and bans and restrictions on smoking in public places. While a few countries have strengthened their regulatory controls over tobacco promotion and tobacco use, these changes are likely to have minimal impact because they are not sufficiently comprehensive and contain loopholes that compromise their intent.

Brazil has recently passed comprehensive restrictions on tobacco promotion and has implemented tobacco control training for its municipal public health staff. Both of these actions are likely to have a positive impact; however, their effect has not yet been evaluated. Cuba is the only country in the Region that prohibits all direct and indirect promotion of tobacco products.

A few countries, including Brazil and Chile, have tobacco tax incidence (the portion of retail price comprised of tax) of 70% or more. However, even in these countries tobacco products are still affordable relative to other consumer goods. In Chile a pack of Marlboros is 60% of the price of a Big Mac hamburger; in Colombia, Marlboros are less than half the cost of a Big Mac, and in Venezuela the cost of Marlboros is one third the cost of a Big Mac and half the cost of a kilogram of bread. In other words, cigarettes are cheaper than food.

Only Canada and the United States have made significant progress in more than one major type of intervention among those known to be most effective in reducing tobacco use.

For many years, Canada's tobacco taxes were among the highest in the world, resulting in impressive declines in per capita consumption and in youth smoking. Although a significant decrease in tobacco taxes in the mid-1990s slowed these declines, Canada has achieved a 19% reduction in smoking prevalence since 1994 and a 50% reduction since the early 1960s, a notable public health achievement. Further reductions in youth smoking remain a priority.

Canada has accomplished this success through a strategic combination of legislation including restrictions on smoking in various locations, restrictions on tobacco promotion, requirements for graphic, highly conspicuous rotating health warnings covering 50% of the tobacco package, and tobacco taxation policies designed to decrease demand. These policies have been supported through extensive public education and

information campaigns. Canada's experience demonstrates that demand for tobacco can be successfully reduced without sudden adjustments to tobacco supply, despite claims by the tobacco industry that jobs and the economy will be adversely impacted.

Several states within the United States have implemented comprehensive tobacco control programs that have produced significant declines in tobacco use and tobacco-related diseases. Two states (California and Massachusetts) reduced smoking by pregnant women so much that the savings in medical costs offset the costs of the entire tobacco control program. Recent published data estimate that California's tobacco control program prevented more than 33,000 deaths from heart disease from 1989 to 1997, and about 4,000 lung cancer cases in the year 2000 alone. These experiences demonstrate not only that the benefits of tobacco control are measurable, but that they may be quickly realized.

3. Evidence-Based Best Practices: Where Should We Go?

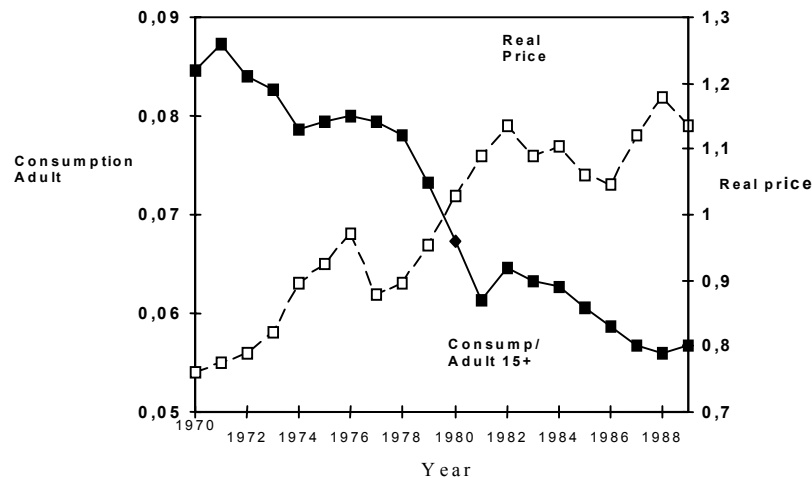
The goals of tobacco control include ensuring that children grow up in an environment free of inducements to smoke, that adults who want to quit smoking are given the support to do so, and that nonsmokers are protected from the harmful effects of involuntary exposure to tobacco smoke. Although these goals are distinct, they are most effectively addressed by the same tobacco control measures.

There is a strong consensus on the most cost-effective measures to reduce tobacco use. Much of the evidence is summarized in the 1999 World Bank report *Curbing the Epidemic: Governments and the Economics of Tobacco Control*. This report concludes that comprehensive policy initiatives, particularly tobacco tax increases, bans on tobacco promotion, and the creation of smoke-free spaces, are the most effective ways to achieve the above goals.

3.1 Tobacco Taxation

The single most effective tobacco control measure is tax policy. There is a strong relationship between per capita consumption of tobacco products and real price (for example, see South Africa's experience shown in Figure 2). In developed countries, a 10% increase in the real price of tobacco products will result in a decline in per capita consumption of about 4%. In Latin America and the Caribbean (LAC), consumption would decline by about 8%. In other words, this measure alone would result in an additional 4 million smokers in LAC quitting, and 1 million lives saved. This does not include the impact of deterring potential smokers from smoking or of encouraging smokers to smoke fewer cigarettes.

Figure 2. Cigarette Consumption and Real Prices in South Africa, 1970-1989



Source: World Bank, *Curbing the Epidemic: Governments and the Economics of Tobacco Control*, 1999.

Taxes are even more effective with low-income groups and youth, who have less disposable income and are much more price-sensitive than the general population. The impact of tax policy on tobacco consumption is unparalleled by any other evaluated measure. At a cost of between US\$ 4–\$34 in most countries in the Region per year of life saved, taxes rank among the most cost-effective measures in public health, comparable with childhood immunization and integrated management of the sick child.

Australia, New Zealand, and the United States have found that the impact of tobacco taxes can be strengthened by using tax revenue to replace tobacco sponsorships with health promotion sponsorships or to fund comprehensive tobacco control measures. Those states in the United States that have implemented tobacco tax-funded tobacco control programs have experienced declines in tobacco use far greater than the national average.

3.2 Restrictions on Tobacco Promotion

Tobacco promotion, including direct advertising, advertising of tobacco brand names through event sponsorship, other goods and services, and promotional activities such as giveaways, affect tobacco consumption. Promotion also is a significant factor contributing to smoking initiation. Evidence shows that comprehensive restrictions (bans or near-bans) on tobacco promotion decrease tobacco use. In contrast, partial restrictions on promotion have little or no impact on use.

3.3 *Restrictions on Smoking*

Restrictions on smoking in public and work places reduce both overall smoking prevalence and consumption by smokers who continue to smoke. In addition, smoking restrictions are the most visible manifestations of a society's changing norms with regard to tobacco use. Young people who grow up around smoke-free spaces are more likely to see tobacco use as uncommon and socially unacceptable. If smoking is prohibited in the social settings most important to many adolescents moving into young adulthood, then smoking loses its status as a perceived "rite of passage" into adulthood. For this reason, smoke-free spaces are a central social marketing tool for tobacco control.

3.4 *Other Demand-Reduction Measures*

Consumer information and public education can raise awareness of the health effects of tobacco use and motivate smokers to quit. Strategies include publicizing the findings of new research, mass media campaigns to inform and to change attitudes, and health messages on tobacco packages. Well-funded, sustained mass media campaigns have been used successfully in the United States to support comprehensive tobacco control programs. Health messages on tobacco packages that are clear, large, and conspicuous have motivated cessation attempts in Australia, Canada, and Poland. However, these strategies work best in combination with community-based efforts and within a strong national policy framework.

Direct support for smokers who want to quit smoking is also effective and requires access to affordable behavioral and pharmaceutical treatments for tobacco addiction. The provision of such services, presently limited in our Region, entails the development of health systems that facilitate affordable access to trained health professionals who provide the necessary therapy; cover pharmaceutical treatments under government and private insurance plans; make available without prescription certain pharmaceutical treatments, and provide support for and sponsorship of nonprofit health organizations to provide community-based counseling services.

3.5 *Control of Smuggling*

The initiatives described above aim to reduce demand for tobacco. The only effective intervention aimed at reducing the supply of tobacco is the control of tobacco smuggling because the availability of cheaper, smuggled tobacco products undermines the impact of tobacco taxes on consumption.

Smuggling often is used as an argument as to why governments should not raise tobacco taxes. However, the strongest predictor of smuggling is not tax differentials, but

the degree of corruption in a given jurisdiction. Effective methods exist to control smuggling, and governments should consider such controls an integral part of an effective tobacco control program. In addition, since cigarette smugglers often use existing smuggling networks, controls will also help countries reduce smuggling of other goods.

3.6 *Public Health Impact*

A package of non-price tobacco control measures, including most of the above initiatives, could be expected to result in declines in prevalence of between 2% and 10% solely as a result of current smokers quitting. This translates into 2–10 million fewer smokers and 500,000–2 million fewer smoking-related deaths in Latin America and the Caribbean. Combined with a price increase of just 10%, these measures could prevent a staggering 1.5 to 3 million deaths just by persuading a greater number of current smokers to quit. In reality, more lives would be saved due to fewer potential smokers starting and current smokers cutting down.

3.7 *Economic Impact*

Although the beneficial impact on public health of tobacco control measures should be reason enough to adopt them, many governments have expressed concerns about the impact of reduced tobacco use on the economy. Fortunately, the goals of tobacco control and economic well-being are very compatible.

Numerous studies have shown that the reduction or elimination of tobacco use will have no negative economic impact for the vast majority of countries, and in some cases will be beneficial. When people do not spend money on tobacco, they spend money on other things, most of which impose far fewer costs on society than tobacco.

Brazil, the world's fourth-largest producer of tobacco and its second-largest exporter, has committed to strong action to reduce tobacco use, recognizing that the goals of tobacco control and a healthy economy are compatible.

4. *Bridging the Gap between Potential and Reality: Proposed Actions*

4.1 *Actions by Member States*

If Member States are to succeed in protecting children from tobacco marketing, helping smokers quit smoking, and protecting nonsmokers, actions must focus on the most effective measures to reduce tobacco use. In order to set achievable priorities, Member States could commit themselves to implementing at least two significant measures. In particular, health impact would be maximized by increasing taxes on

tobacco products sufficient to sustain increases in their real price, and by expanding the number of smoke-free spaces, ultimately eliminating smoking from all public places, including work places.

As described above, tobacco taxes are the single most effective means of reducing tobacco use, particularly among youth and low-income groups. In addition, tobacco taxes are highly cost-effective and can help finance other tobacco control measures.

Creating smoke-free spaces is highly justified based on the need to protect all nonsmokers, but in particular children and pregnant women, from exposure to harmful second-hand smoke. Smoke-free spaces can be implemented at all jurisdictional levels and can be implemented rapidly or gradually. They send a powerful educational message, provide an activity around which to build community advocacy, and help build support for other tobacco control measures by establishing smoke-free behavior as the norm.

Member States also would benefit from examining their own situations to determine how to prepare for negotiation and implementation of the FCTC. This examination could include an assessment of tobacco use, its health and economic impact, surveillance systems, programmatic and policy responses, and enforcement of laws. This process will allow Member States to set priorities with regard to strengthening efforts in accordance with potential FCTC commitments. Member States may wish to adopt targets not only for the implementation of various tobacco control measures, but for reductions in tobacco use as well. This can facilitate the development of surveillance systems necessary for measuring progress.

A multisectoral process that involves various government ministries and, potentially, nongovernmental organizations with expertise in tobacco control and surveillance, will facilitate a national consensus. As part of the process, Member States should consider devoting adequate resources for government and nongovernmental national representation at FCTC negotiation meetings.

4.2 *Actions by the Secretariat*

Many of the measures recommended to reduce tobacco use fall outside of traditional public health experience. In addition, attempts to reduce tobacco use will face opposition unique among public health initiatives. For these reasons, the Secretariat recognizes the need for increased and specialized technical cooperation that meets the goals of:

- building capacity to implement cost-effective initiatives (building of evidence, human resources, social participation, and infrastructure for implementation);

- promoting multisectoral processes to support an effective policy framework for action (facilitating cross-agency coordination within the UN system, targeting strategies and information to non-health and nongovernmental sectors as well as traditional stakeholders);
- positioning tobacco control as a key component of the health sector reform process (expanding cross-divisional collaboration in the Secretariat and facilitating similar multi-departmental collaboration within ministries of health).

Technical cooperation activities will focus on working with Member States to prepare the groundwork for policy change and could include support for economic and health research related to the issues raised in this document, training to support the development of policies and surveillance systems, development of legislative guidelines, and convening of regional meetings to discuss the FCTC and related issues.

5. Financial Implications

Although tobacco control policies will save money in the medium and long term, initial investments will be needed to build effective, sustainable programs. By supporting research, surveillance, consultation, and enforcement, these investments can generate a positive environment for tobacco control and change norms regarding tobacco use.

Successful tobacco control programs in the United States cost between \$6 and \$10 per capita annually. While it is unlikely that developing countries would need to spend these sums in order to have an impact, it is nonetheless important for Member States to assess the minimum resources needed in their specific circumstances to have a significant impact on tobacco use.

The Secretariat will also require greatly expanded human and financial resources if it is to meet the increased demand for technical cooperation anticipated with increased action by Member States. Currently, the Secretariat commits approximately \$225,000 biennially in operational allotments to the tobacco control program. Additional over-the-ceiling resources of approximately \$150,000 have been provided in the past year or so to support FCTC-related activities and other initiatives. Regular budget funding has been supplemented in the recent past by extrabudgetary support from Health Canada, the Centers for Disease Control and Prevention of the United States, and the Government of Spain.

Given the current environment of intense competition for funding for international tobacco control, a concerted effort by the Secretariat and Member States will be required

to seek extrabudgetary funds to support technical cooperation. In order to adequately support training, research, and other needs in 2001 and beyond, the Secretariat anticipates the need for, at minimum, an additional \$500,000 annually.

6. Key Issues for Deliberation

In August 2000, WHO released a report detailing a comprehensive, sophisticated and secretive strategy by tobacco companies to undermine efforts by WHO and other UN agencies to address tobacco use.² The report concludes that the tobacco companies can be expected to use both overt and covert methods to undermine development of the FCTC, and recommends the implementation of countermeasures to discourage the tobacco industry's efforts.

PAHO conducted a follow-up investigation that found no evidence that the tobacco companies were successful in influencing PAHO's work, but confirmed that a consultant allegedly paid by a tobacco company also served as a member of a PAHO committee. The Secretariat has committed to implementing key recommendations of the WHO report to prevent such conflicts of interest and minimize potential influence in the future.

These investigations highlight the lengths to which tobacco companies are prepared to go to defend their market survival and expansion. An examination by Member States of how to minimize tobacco industry influence on their decision-making processes will help them counter opposition to the FCTC and to domestic tobacco control efforts.

6.1 *Countering Opposition from Tobacco Companies and Their Allies*

Member States that attempt to implement effective tobacco control initiatives will face opposition on a variety of fronts from tobacco companies and their allies. However, numerous Member States and other countries around the world have successfully overcome tobacco industry opposition to protect public health. A key factor in success is the ability to respond to the arguments against effective tobacco control measures.

Member States will hear economic arguments against tobacco control. However, most of these will be based on tobacco industry estimates. Member States are encouraged to conduct health-related economic studies independently of the tobacco industry so that they are better able to counter industry arguments.

² *Report of the Committee of Experts on Tobacco Industry Documents and Company Strategies to Undermine Tobacco Control Activities at the World Health Organization*: <http://tobacco.who.int>.

The concerns of tobacco farmers about potential damage to their livelihood from reduced tobacco use may be valid in the longer term, if not in the short term. These concerns, distinct from those of tobacco companies, are not incompatible with tobacco control. Member States can address the concerns of tobacco farmers within a public health context. Strategies could include using tobacco tax revenue to compensate farmers for losses or to assist them in developing alternative livelihoods.

Hospitality associations, often created by and usually funded by tobacco companies, have initiated strong opposition on economic grounds to smoking bans in bars and restaurants. However, evaluations of sales receipts before and after smoking bans in these sectors have consistently found that business is not harmed, and often improves, following a smoking ban. Many bar and restaurant owners who opposed smoking bans have since publicly indicated that the ban has not affected sales receipts and that they were misled by tobacco companies.

Member States are urged to mute such criticism by involving community organizations, the public health community and the tourist industry to mobilize public support for smoke-free public places. Member States are also urged to counter economic arguments by: supporting and publicizing local studies documenting exposure levels of workers, children, and pregnant women; conducting public opinion polls documenting support for smoke free environments; and by supporting and evaluating demonstration sites that implement community-wide smoke free environments.

Opposition may rest on arguments that the measures recommended in this document are ineffective, and that the focus should be on educational programs, potentially with financial support by tobacco companies. The evidence for the policy measures described here is strong and clear. Educational programs implemented as part of a comprehensive strategy can support tobacco control efforts, but they are ineffective on their own. Programs funded by tobacco companies have been shown to not be effective at all. Member States are urged to ensure that clear ethical guidelines or other safeguards exist to prevent the undue influence and inappropriate involvement of tobacco companies in educational strategies and other government policies.

6.2 *Creating Support for Policy Priorities*

Member States need to choose among the most effective interventions to determine which are feasible and how to create the environment to support them. Effective interventions will require either a significant investment of resources or strong political action and, ideally, will require both.

For all of the obstacles described above, the process of consultation and implementation is critical. Policies that are well designed, enjoy public support and awareness, and are pragmatically implemented, are much easier to enforce. Member

States can facilitate the process of policy change and implementation by identifying the elements of surveillance and evaluation systems that are needed to measure the impact of interventions, by establishing priorities for a national research and evaluation agenda, by developing a media and public education strategy to consolidate public support for strong tobacco control policies, and by allocating adequate resources for implementation and enforcement of laws and policies.

6.3 *Engagement of Other Public Sectors*

Many effective tobacco control measures lie outside of the jurisdiction of the Region's ministries of health. Even when public health evidence supports these measures, other sectors may be reluctant to take action because they perceive that the ministry of health does not have the expertise to advise on issues outside of its area of responsibility.

For example, the public health value of using tobacco tax revenue to support tobacco control programs is undisputed. However, most ministries of finance dislike taxes dedicated to specific purposes because they fear they will leave the government with little discretion on spending. Creative alternatives will need to be developed to guarantee resource commitments for tobacco control while addressing this and other concerns of finance ministries.

Multisectoral consultation and discussion of evidence to arrive at a consensus on priorities for national action and for the FCTC will facilitate collaboration between ministries of health and other sectors. If mechanisms for such consultation do not currently exist, Member States should consider establishing them specifically for these purposes.

7. *Action by the Directing Council*

The Directing Council is requested to consider the proposed resolution CE128.R9, which highlights the health toll of tobacco use and effective interventions to reduce tobacco use, and which urges Member States and PAHO to strengthen actions and resources to speed the implementation of effective domestic tobacco control policies and support participation by Member States in the FCTC process.

The proposed resolution reinforces and substantiates the commitment to tobacco control made by countries of the Americas in the Plan of Action resulting from the Summit of the Americas 2001.



128th SESSION OF THE EXECUTIVE COMMITTEE

Washington, D.C., 25-29 June 2001

RESOLUTION

CE128.R9

FRAMEWORK CONVENTION ON TOBACCO CONTROL

THE 128th SESSION OF THE EXECUTIVE COMMITTEE,

Having considered the report on the Framework Convention on Tobacco Control (Document CE128/16),

RESOLVES:

To recommend to the Directing Council the adoption of a resolution along the following lines:

THE 43rd DIRECTING COUNCIL,

Having considered the report on the Framework Convention on Tobacco Control (FCTC) (Document CD43/__);

Recognizing the massive burden of tobacco use and exposure to second-hand tobacco smoke on the health of the populations of the Americas and on their health care systems;

Cognizant that clear evidence now exists regarding cost-effective measures to reduce tobacco use and that measures to reduce tobacco use are likely to benefit the economies of most Member States; and

Recognizing that the FCTC provides a unique opportunity to mobilize and globally coordinate action to reduce tobacco use,

RESOLVES:

1. To urge Member States to:
 - (a) actively participate in the development of the Framework Convention on Tobacco Control through participation in FCTC negotiating sessions and through strengthened domestic multisectoral coordination to develop cohesive national positions on the FCTC;
 - (b) prevent initiation, noting the special vulnerability of children and adolescents, and promote cessation of tobacco use through the implementation and enforcement of cost-effective measures to reduce tobacco use, including setting tobacco taxes at levels that decrease consumption and progressive elimination of tobacco promotion, in accordance with national constitutions;
 - (c) protect all nonsmokers, in particular children and pregnant women, from exposure to second-hand smoke through elimination of smoking in government facilities, health care facilities, and educational institutions as a priority, and through the creation of smoke-free environments in workplaces and public places as soon as possible, recognizing that smoke-free environments also promote cessation and prevent initiation of tobacco use;
 - (d) implement surveillance systems to track tobacco-related mortality and progress toward reduction targets for tobacco use and second-hand smoke exposure.
2. To request that the Director:
 - (a) continue to facilitate the participation of Member States in the development of the FCTC;
 - (b) stimulate technical cooperation, within available resources, to strengthen the capacity of Member States to implement strong, effective tobacco use reduction measures and surveillance systems to evaluate progress;
 - (c) draft a framework for action under the name “Smoke-Free Americas” to protect nonsmokers from the deleterious effects of second-hand smoke;
 - (d) support the implementation of surveillance systems for tobacco control and the dissemination of information on successful measures or experiences.