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PREVENTION AND CONTROL OF TOBACCO USE

Smoking causes 3 million deaths a year worldwide, making it one of the world's most serious public health problems. Estimates put the total deaths in the Region of the Americas at 670,000 annually. Of these, 100,000 correspond to Latin America, 35,000 to Canada, 35,000 to the Caribbean, and 500,000 to the United States of America. However, to date this problem has not responded to the measures taken to combat it.

The current level of tobacco use is considered a serious health risk and is associated with changes in the Region's epidemiological profile, which has been characterized by an increase in morbidity and mortality from chronic noncommunicable diseases. This document analyzes the current situation and provides an update on national and international activities to control smoking. The document proposes lines of action for strengthening the technical cooperation of the Pan American Health Organization to reduce smoking-related problems in the Region.

The Subcommittee on Planning and Programming is requested to examine and approve the contents and criteria of this document, which proposes new guidelines for a plan of action based on up-to-date information and strategies consistent with the reality and needs of the Member States.

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CONTENTS

	<i>Page</i>
Executive Summary	3
1. Introduction	4
2. Foundations for an Expanded Proposal	4
3. Situation Analysis	5
4. Review of the Legislation and Other Regulations	7
5. Estimate of Risk in the Region of the Americas	10
5.1 Risk Conditions	10
5.2 Attenuating Circumstances	12
6. Bases for Action	13
6.1 Resolutions and Plans of Action of WHO and PAHO	13
6.2 The PAHO Regional Plan of Action for the Prevention and Control of the Use of Tobacco (1989)	14
6.3 The PAHO Interagency Plan	14
6.4 The WHO Tobacco or Health Plan of Action for 1996-2000	15
7. Proposal for an Updated PAHO Plan of Action	15
8. Need for Expanding and Diversifying PAHO Support to Provide Effective Technical Assistance	18

EXECUTIVE SUMMARY

This document describes tobacco use in the Region and its serious health implications, with a view to developing orientations on the action that the Organization and the Member States should take during the period 1998-2001 to combat this problem more effectively.

The document discusses the magnitude and characteristics of tobacco use in the Region, as well as the economics of tobacco, current regulations, and other actions taken in most of the Member States. It calls attention to the fact that smoking is the leading preventable cause of death in the world and is responsible for some 650,000 deaths in the Region of the Americas.

The different approaches agree on the need to place greater emphasis on developing healthy policies that reduce the supply of tobacco products. The present document describes several other components related to health promotion, communicating for health, and prevention programs for young people.

The Subcommittee on Planning and Programming is requested:

- to review the content and consider the relevance of the lines of action of this proposal, together with their scope and feasibility, in order to achieve an optimal level of technical cooperation for the prevention and control of smoking;
- to propose recommendations on the orientations and strategies that the Organization can adopt to achieve positive results in the effort to reduce smoking-related problems.

1. Introduction

The scientific evidence of the serious health implications of tobacco use grew rapidly during the 1980s. In fact, it has been concluded that tobacco has been promoted commercially in the full knowledge that one of its contents, nicotine, can cause addiction and thus produces structural and functional changes in the human organism. Nevertheless, some countries are encountering enormous political and socioeconomic constraints to implementing effective plans and programs to combat tobacco use. The lack of investment in measures to control smoking is doubly felt, owing to the disproportionate investment by the tobacco industry in advertising and publicity.

It is alarming that some countries are increasing their production of tobacco products by 2% per year, while society suffers the consequences. Tobacco is responsible for 87% of the deaths from lung cancer, 30% of the deaths from all cancers, 82% of the deaths from lung disease, and 21% of the deaths from chronic cardiovascular disease. Moreover, it is calculated that, annually, for every 1,000 tons of tobacco produced for human consumption, 650 people die.

The proposed plan of action, presented below, is based on the experience garnered by the Pan American Health Organization in its ongoing mission to promote regional and national responses to combat this problem and on the wealth of up-to-date strategies based on the most recent scientific knowledge employed by the groups that are international leaders in the field.

2. Foundations for an Expanded Proposal

An analysis of the results of the activities to combat smoking paints a complex and uneven picture. Canada and the United States have been able to take steps in keeping with the recommendations of the international community and current scientific information. In contrast, many of the countries of the Region have not had access to an adequate flow of information and have usually resorted to more targeted measures.

Tobacco-related problems have significantly decreased in Canada and the United States, although the goals of the health institutions have still not been fully met. Knowledge about the epidemiology of tobacco use and about the nature of nicotine dependence have been useful in orienting research, health care, and policy-making. It has been argued that the great anti-tobacco campaigns in Canada and the United States, which have included educational activities in public health and led to major changes in social norms, have contributed to a reduction in the consumption levels that prevailed from the early 1940s to the mid-1960s.

A number of sectors are currently debating the need for even more drastic measures to achieve optimal control of tobacco for the public good, despite the tenacious resistance of the industry.

The negotiations on this new approach have given rise to an intense debate that has helped to mobilize public opinion and the individuals responsible for health policy in the Region. Thus, the time is ripe for the promotion of bolder policies in the developing countries of Latin America and the Caribbean.

It is important to point out that the Region of the Americas is the only region in the world that has experienced a reduction in the per capita consumption of cigarettes, a phenomenon attributable to the steady decline in per capita consumption in Canada and the United States in the past 20 years and relatively stable consumption rates in the rest of the Hemisphere.

Nevertheless, some experts have voiced concern that the possible stabilization of consumption in the industrialized countries resulting from agreements between the governments and the tobacco industry will have a rebound effect in the developing countries.

It should be borne in mind that this proposal must be made from a very special perspective—that is, a situation marked by stable consumption levels, intense advertising and promotion of tobacco, a public poorly informed about the harmful effects of tobacco as a socially accepted product, and the possibility of intensified efforts by transnational companies to capture younger markets to compensate for the losses incurred as a result of declining consumption in the industrialized countries.

Other factors to consider in the formulation of a proposal are deficiencies in health promotion programs, the tepid commitment of both the States and health workers, the difficulties in achieving proper compliance with tobacco control policies, such as the promotion of smoke-free environments and restrictions on the advertising and sale of tobacco products to children.

Thus, a viable plan of action should be based on the priorities and feasibility of meeting acceptable objectives. At the same time, the realities or particular situation of the countries should be taken into account, as well as the volume of resources available in the coming years.

3. Situation Analysis

One of the main determinants of a new policy of health for all, according to the World Health Organization, will be the aging of the population and the growing health problems associated with lifestyles and addictions to certain substances. In addition,

annex to Document CD40/30 of the Directing Council of PAHO (*Health for All in the 21st Century*) cites the health determinants that reflect significant changes in the Region, including an increase in life expectancy, the aging of the population, and urbanization. These phenomena are producing changes in consumption patterns—for example, a steady increase in smoking, especially in the developing countries.

The prevalence of smokers in the Region is 35% for men and 22% for women, figures that are below the global level. The proportion of women smokers in this Region is approaching that of the industrialized countries, which is 24%. With regard to cigarette consumption, the annual number of cigarettes per capita has fallen 30% from 2,580 to 1,900 in a 20-year period (1972 to 1992). In Latin America, smokers consume fewer cigarettes daily (12) than in the United States (20) and Canada (20.4).

Estimates put the annual number of cigarette-related deaths worldwide at 3 million. Of these, 100,000 occur in Latin America, 34,000 in Canada, 35,000 in the Caribbean, and 500,000 in the United States.

In countries with satisfactory statistical registries, such as Canada, it has been determined that, of the 33,498 tobacco-related deaths in 1992, 35% were from lung cancer, 20% from ischemic heart disease, and 17% from chronic obstructive lung disease.

Tobacco export figures show an income of almost US\$ 1,000 million a year for Brazil and \$5,000 million for the United States.

In terms of agricultural production, the country that devotes the most arable land to tobacco is Brazil with nearly 300,000 hectares, followed by Argentina (52,277 ha), Cuba (47,142 ha), Mexico (46,000 ha) and the Dominican Republic (27,000 ha).

The cost of smoking in Canada is estimated at \$11,000 million (\$3,000 million in direct care, 1993); in the United States, the figure is \$68,000 million (\$20,000 million in direct care, 1990).

In 9 out of 10 cases, smoking in the Region begins before the age of 18, and it has been determined that people who begin smoking cigarettes at the age of 15 fall in the 50th percentile. This is very important, because it is a proven fact that, while addiction can occur at any age, it is during adolescence that an individual is most vulnerable.

Table 1 shows the rates of prevalence of tobacco use in selected countries of the Region. Almost half the population between the ages of 12 and 65 has smoked, and smokers in the past month account for some 20% to 30% of the population, except in Chile, where current and habitual smokers (prevalence in the past month) seem to be

more numerous than in the other countries listed. The average age when smoking begins is between 15 and 17 years and has been falling in the 1990s.

Table 1. Prevalence Rates for Tobacco Use in %
(selected countries)

		Occasionally	In the Past Year	In the Past Month
Bolivia	1992	46.8	34.1	24.9
Canada	1994	54.5	27.0	23.2
Chile	1996	nd	45.7	40.5
Colombia	1996	nd*	21.1	18.5
Costa Rica	1995	35.2	18.3	17.5
Ecuador	1996	51.6	nd	28.3
Mexico	1993	45.4	nd	25.1
Paraguay	1991	nd	nd	24.3
United States	1994	73.3	31.7	28.6

* nd = no data

Sources: Miscellaneous surveys on tobacco use. Data available from the Regional ADT/HPP Program.

4. Review of the Legislation and Other Regulations

Canada is part of a pioneering group of countries that have succeeded in establishing national programs with effective tobacco control policies. The Tobacco Products Control Act (TPCA, 1989) included control measures such as restrictions on cigarette advertising. This law has been seriously undermined by the 1995 decision of Canada's Supreme Court of Justice, which ruled that there was a conflict between the Act and freedom of expression. The Ministry of Health (Health Canada) is currently drawing up a new plan of action that would retain the content and strategies of the current plan but propose alternatives to counteract this decision with its adverse health implications.

There are other examples of measures to control smoking in the Region, such as the designation of smoking as a pediatric disease in the United States. This implies that effective steps should be taken to restrict the sale of tobacco to minors, to control advertising that targets this population, and to guarantee public financing of educational prevention programs.

In the United States, California and Massachusetts have each passed legislation ("Proposition 100" and "Questions One and Two," respectively) that raises the taxes on cigarettes and invests the income in modern, effective mass communication

programs and anti-tobacco education. Tobacco consumption has fallen significantly following the implementation of these two legislated programs.

In more recent developments, an agreement is being negotiated between the Government of the United States and the tobacco industry in which some \$370 billion would be paid by the year 2025 to compensate states for their expenditures for the treatment of morbidity attributable to cigarettes. The agreement would also include significant restrictions on the advertising and sale of cigarettes to minors in exchange for immunity against private and class action suits. Objections to these negotiations have been raised by some key figures in the anti-tobacco movement, both inside and outside the United States.

The findings of the U.S. Environmental Protection Agency (EPA) should also be noted. The EPA has issued warnings about the presence of nicotine and at least 43 other carcinogens in cigarette smoke, both exhaled and from direct combustion (sidestream smoke). At the same time, dozens of other toxic substances and irritants have been identified that contribute to conditions such as lung cancer, respiratory infections in children, and cardiovascular disease in adults.

Table 2 describes the regulations governing radio and television advertising in Latin American countries. Only two countries (Cuba and Venezuela) have placed a total ban on cigarette advertising on radio and television; most countries regulate when the ads may be broadcast, as well as their content and prospective audience. In particular, all such regulations seek to limit access by minors to this advertising by exclusion of positive modeling, changes in scheduling, or the banning of ads from high risk sites.

In the United States, there was a special situation that involved a voluntary ban on this type of advertising by the industry. However, advertising continued to be tolerated, and high-profile advertising in magazines catering to all tastes, interests, and age groups has been the subject of debate.

Recently some countries such as Chile, Costa Rica, and Peru have enacted legislation that restricts the schedule and contents of cigarette advertising, requires warnings about the health risks of smoking, establishes regulations on smoke-free environments, and requests the incorporation of educational programs in schools and communities. In general, none of the legislation or decrees involve price regulation or an increase in the tax on tobacco products, measures that have proven effective in other countries such as Australia, Denmark, Norway, and the United States.

Table 3 describes the regulations governing warnings on the harmful effects of smoking. As can be observed, there is a tendency to issue guidelines for only one type

of warning, and there are generally no regulations governing the size of the warnings or their prominence on cigarette packaging.

Table 2. Direct Advertising

	Television			Radio		
	Total Ban	Restricted Schedule	Restricted Content	Total Ban	Restricted Schedule	Restricted Content
Argentina		X	X		X	X
Bolivia		X				
Brazil		X			X	
Chile		X				
Colombia		X	X			
Costa Rica		X			X	
Cuba	X			X		
Dominican Rep.		X				
Ecuador		X			X	
El Salvador		X	X			
Guatemala						
Honduras						
Mexico		X	X		X	X
Panama		X	X			
Paraguay		X	X			X
Peru		X	X		X	X
Uruguay			X			X
Venezuela	X			X		

Source: *Boletín CLACCTA*: Legislación sobre el control del tabaquismo en América Latina, January 1997.

Another of the more frequent measures in Latin America is the control of indirect advertising (for example, product endorsements, sponsorship of sports and cultural events), which is regulated in only seven countries. Only one country, Cuba, controls the amount of toxic and carcinogenic substances in tobacco products.

It should also be noted that at least 12 Latin American countries have continued the instruction on tobacco control and that two of them make it optional. Finally, it is significant that a ban on the sale of tobacco products to minors is in effect in 15 countries of the Region (Latin America, Canada, and the United States).

Table 3. Warnings on Cigarette Cartons/Packs

	Warnings on Health Risks		Warnings on Content	
	Rotating ¹	Traditional ²	Tar	Nicotine
Argentina		X		
Bolivia		X		
Brazil	X			
Chile	X			
Colombia		X		
Costa Rica		X		
Cuba		X		
Domin. Rep.		X		
Ecuador		X		
El Salvador		X		
Guatemala		X		
Honduras		minimal		
Mexico	X	X	X	X
Panama		X		
Paraguay		X		
Peru		X		
Uruguay		X		
Venezuela		X		

Source: *Boletín CLACCTA: Legislación sobre el control del tabaquismo en América Latina*, January 1997.

1. Rotating: the warnings vary from time in time.
2. Traditional: the same warning is issued all the time.

5. Estimate of Risk in the Region of the Americas

Taking the above-mentioned background and considerations into account, a risk profile for the developing countries of the Region can be drawn up based on the following criteria:

5.1 Risk Conditions

- Although there is no case in the Region of exclusive economic dependence on tobacco, tobacco growing and processing in countries such as Argentina, Brazil, Cuba, Dominican Republic, Guatemala, and Mexico are very important. In Brazil alone, it is estimated that 20 million people depend on the cultivation, processing, and marketing of tobacco.

- The price elasticity for tobacco is not consistent with that of other products, including essential goods. Moreover, taxes on tobacco products tend to be modest and lower than the level currently recommended for reducing consumption.
- Rapid urbanization in some countries is associated with higher rates of consumption. In contrast, in countries with larger rural populations (Bolivia, Guatemala, Peru) per capita cigarette consumption is well below the regional average.
- The Region is in a period of epidemiological transition, characterized by a growing incidence of chronic noncommunicable diseases. For example, the statistics point to ischemic heart disease and the disorders linked with chronic obstructive pulmonary disease as major causes of disability and death. In both conditions, smoking is a very important preventable risk factor.
- While there is currently greater acknowledgment that smoking is a health problem, the necessary means and investment to combat it, consistent with current knowledge about the recommended policies and guidelines, have still not been mobilized.
- Generally speaking, the urban populations that are most affected do not enforce compliance with the regulations and laws promoting smoke-free environments. On the contrary, smoking is still socially acceptable in most countries, despite the existence of specific regulations to combat it.
- Greater access to the mass media, with the consequent ease of obtaining information from cultures that promote the marketing and use of tobacco products, adversely affects some social groups in which cigarette consumption has traditionally been low.
- Media participation in transmitting prevention and health promotion messages has been poor and ineffective. Similarly, health workers have not exercised the best leadership in the promoting tobacco control.
- On the other hand, the international tobacco industry has gradually created more opportunities for lobbying, for undermining public health efforts, and, especially, for investment to strengthen local tobacco companies.
- Governments and the private sectors responsible are unaware of, or else conceal, the real costs of the harmful impact of tobacco on health and instead offer promising vistas for both companies and the treasury.

- Health education and health promotion have yet to incorporate tobacco as the main risk factor preventing countries from meeting their health targets.
- Information on the nature and characteristics of smoking-related problems in all technical and professional training in health, education, communications, sociology, and psychology is usually very limited.
- The information and surveillance systems are generally outdated.

5.2 *Attenuating Circumstances*

- Although rural populations are gradually shrinking, they constitute a significant proportion of the Region and are usually less vulnerable to acquiring tobacco use patterns that represent a level of risk.
- The income elasticity has not been sufficient for the population to procure luxury items like cigarettes. The increasing difficulty in procuring basic goods paradoxically protects against more widespread smoking in the Region.
- Price elasticity, while not at the recommended level, makes it difficult for the less privileged population groups to procure certain goods.
- Although to a lesser extent and still in their formative stages, national anti-tobacco coalitions, increasing regulations to create smoke-free environments, and the growth and leadership of numerous professional and community associations have helped to slow the rapid progress of this epidemic.
- Despite the data indicating a higher prevalence of smoking in some groups, per capita tobacco consumption has remained stable and is even showing signs of falling in the majority of the countries of the Region. The average per capita consumption is about 1,200 cigarettes per year.
- Some experts consider it possible that, for reasons unknown, the frequency of consumption is offset by a lower average number of cigarettes per consumer. In Latin America habitual and occasional smokers consume 50% fewer cigarettes than those in Canada and the United States.

6. Bases for Action

6.1 *Resolutions and Plans of Action of WHO and PAHO*

During the period 1969-1997, in 14 WHO and four PAHO resolutions, the Governing Bodies and expert committees have alerted the Member States to the harmful effects of tobacco and have proposed numerous recommendations and measures to assist the countries in reducing the impact of the smoking pandemic. As a result, programs have been established in most of the countries that have met with varying degrees of success—for example, the celebration of World No Tobacco Day since 1988 and the success achieved with the slogan “Tobacco or Health: It's Your Choice” on World Health Day. Every year a medal is awarded to distinguished people in this field, which have included a number of ministers of health and major world leaders.

The report prepared by a committee of experts has been used as the basis for the Plans of Action of WHO, PAHO, and the Member States for the periods 1988-1995 and 1996-2000. This report proposes the following nine elements:

- protecting nonsmokers through measures to prevent exposure to tobacco smoke in enclosed public places;
- promoting abstention from the use of tobacco so as to protect children and young people from becoming addicted to nicotine;
- guaranteeing that a good example will be set by health workers by their adherence to the no smoking rule in all health facilities;
- adopting measures to ensure the progressive elimination of all incentives that maintain and promote tobacco use;
- demanding printed health warnings that include a statement that tobacco is addictive on cigarette packs and all types of tobacco product containers.
- guaranteeing education and public information programs on tobacco and health issues, including smoking cessation programs, with the active involvement of health professions and the media;
- monitoring trends in smoking and other forms of tobacco use, tobacco-related diseases, and the effectiveness of national smoking control activities;
- promoting viable alternatives to tobacco production, trade, and taxation;
- establishing a national focal point to stimulate, support, and coordinate all of the above activities.

6.2 *The PAHO Regional Plan of Action on the Prevention and Control of the Use of Tobacco (1989)*

Based on Resolution CD34.R12 (1989) a plan of action was drawn up that was modified in 1994 by the interagency committee and is currently in place. The main purpose of the Plan is to promote the concept of societies and new generations free from tobacco through the following objectives: to cooperate in the development of effective programs for the prevention and the control of smoking in all the countries of the Region; to promote dissemination of the necessary information on prevention and control of smoking through the establishment of a regional information network; and to mobilize public opinion and decision-making centers to make the consumption of tobacco socially unacceptable.

6.3 *The PAHO Interagency Plan*

In order to consolidate and speed up activities geared toward the prevention and control of smoking in the Region of the Americas, in 1994 PAHO and the Latin American Coordinating Committee on Tobacco Control (CLACCTA), founded in 1985, formed a coalition to carry out the "Interagency Program for Latin America." The Program, which is currently in effect, operates under the auspices of PAHO, the American Cancer Society (ACS), the National Cancer Institute (NCI), the Centers for Disease Control and Prevention (CDC) and, since 1995, the Government of Canada. To this end, the institutions provided around \$100,000 in annual support for program execution.

One of the main purposes of the Program is to support local action and the creation of inter-American networks to combat smoking. Within the countries there are local resource networks organized and promoted by groups of leaders from different specialties such as oncology, pulmonary medicine, and cardiology. Most of the countries already have committees or councils on smoking control, with the involvement, direct support, and representation of the ministers of public health. Some of the countries have cooperated in international anti-smoking coalitions, which require greater recognition and assistance if they are to improve their capacity to mobilize resources and the managerial level.

Some of the problems identified by the various CLACCTA groups are: the persistence of health policies inconsistent with the activities and strategies promoted by the leading movements in this field; economic and political pressures that favor the tobacco industry because of the wealth generated by tobacco products; laws that are weak, full of loopholes, or difficult to enforce; the indifference of health workers, who lack the knowledge or commitment to set an example and participate in the prevention and treatment of smoking; and limited programs for health promotion. A good situational diagnosis is also lacking, and the databases are still inadequate.

A secretariat has been established as the focal point for technical support and the mobilization of the resources in order to bolster the capacity of national task forces and coalitions. This responsibility has been given to PAHO, which, in addition to regional resources, contributes a venue and professional staff with all the necessary services in Caracas, Venezuela. The PAHO/WHO Representative Office in Caracas also serves as a regional center for technical and managerial support. Providing strategic coordination, it facilitates ongoing access to information and advisory services that will strengthen the national coalitions with the assistance of governmental, nongovernmental and private agencies of recognized national expertise and authority. Special emphasis has been placed on developing an information system to monitor programs and policies in order to solve tobacco-related problems and promote the participation of the various disciplines and the economic forces in the community.

6.4 *"Tobacco or Health," the WHO Plan of Action, 1996-2000*

This plan provides for continued WHO leadership in the global reduction and prevention of tobacco use and in the promotion of tobacco-free societies.

The program objectives for this period are: to promote the development and strengthening of national and international programs to prevent and reduce tobacco use; to promote the concept of tobacco-free societies; and to collect, collate, prepare, and disseminate valid information on tobacco-or-health epidemiology and on strategies to control tobacco consumption.

Finally, the 120th Session of the Executive Committee (1997) adopted Resolution CE120.R4, which underscores the importance of smoking as a priority health problem and calls on the countries of the Region to seek greater executive and legislative commitment to address the problems linked with tobacco. During the session, the progress made in this area in Canada and the United States was mentioned, while concern was voiced over the possible international market repercussions if the current policies continue in these two countries and the imminent search by tobacco companies for new markets in the developing countries.

7. **Proposal for an Updated PAHO Plan of Action**

Based on the criteria presented throughout this document and the experience of countries such as Canada and the United States, which have succeeded in reducing frequent cigarette smoking among adolescents and adults, it is necessary to propose strategies based on the knowledge acquired on the epidemiology of tobacco use and the possibility of influencing behaviors at both the individual level (for example, prevention programs in primary and secondary schools and smoking cessation programs) and the environmental level (for example, health education for the

population, regulations to create smoke-free environments, and regulation of the cigarette supply).

Organized activity under the public health model continues to be the most viable way of reducing the morbidity and mortality stemming from tobacco use.

At present, the most widely accepted paradigm involves preventing the onset of smoking in the first place (incidence), treating tobacco dependence, protecting nonsmokers from exposure to cigarette smoke in the environment, and promoting messages that discourage cigarette smoking, in combination with strict measures to limit the impact of tobacco advertising targeted toward young people, increase the real price of tobacco (adjusted to inflation), and regulate tobacco products.

The objectives of this proposal are geared toward the definition of national and regional policies and programs, as well as a reorientation of PAHO's Regional Program to combat smoking. The following slogans are suggested as a framework for the proposal's objectives and strategies:

TOWARD CONCERTED ACTION TO ACHIEVE:

Countries free of tobacco advertising
by the year 2000

Region for a smoke-free environment

Region for tobacco-free youth

In keeping with these objectives, the following lines of action are proposed that can be prioritized and utilized by the Organization, the interagency committee, and the Member States, in keeping with the social and economic diversity of the Region. It should be emphasized that all of them require political, technical, and financial support to ensure their viability and sustainability:

- to cooperate with the countries in the development and strengthening of a public policy to combat smoking;
- to strengthen technical cooperation to promote, update, and carry out measures to educate the population about the addictive and harmful substances in cigarettes, in a manner suited to the cultural environment, through the mass media, health education programs, and warnings that comply with the established norms;

- to assist Member States in developing and promoting effective regulations to control passive smoking and protect nonsmokers and to strengthen anti-tobacco attitudes and behaviors;
- to promote regulation and support technical cooperation programs to determine the concentration of unacceptable toxic elements in cigarettes, in keeping with updated health codes, and to put adequate control measures in place;
- to promote and seek a commitment from the authorities and the different branches of government in the Member States (by defending the anti-tobacco cause or strategic alliances) to implement and guarantee compliance with the ban on advertising and publicity directed at minors, as well as the sale of cigarettes;
- to encourage the incorporation and implementation of programs to promote health and healthy lifestyles in schools, communities, and work environments and to assist the countries in these activities.
- to maximize the possibilities for strategic alliances in the countries, fostering the participation and commitment of professional societies, NGOs, community leaders, and representatives of diverse sectors and disciplines, to organize a united front to defend the anti-tobacco cause;
- to promote and assist in the training, implementation, and monitoring of programs to develop life skills, with emphasis on healthy behaviors and the ability to resist negative peer pressure and tobacco advertising;
- to improve leadership and skills in the health sector to obtain the commitment and active involvement of the economic, social, legislative, and judicial sectors, in order to establish standards and policies for tobacco control that are linked to the work of other sectors: for example, alternative crops; reduced subsidies for increasing tobacco production; a real increase in prices and taxes;
- to develop and promote knowledge and behaviors that will increase the availability of support for those who wish to quit smoking (smoking cessation programs at the various levels of care);
- to promote policies that will discourage or block future market initiatives by the transnational tobacco companies at the global level, including the developing countries of the Region;

- to develop and promote knowledge and the production of suitable materials for conducting effective surveillance of the smoking pandemic and compliance with control measures, programs and policies.

8. Need for Expanding and Diversifying PAHO Support to Provide Effective Technical Assistance

The magnitude of smoking's impact on health and its economic consequences should convince the Region's governments to take the initiative in the control of smoking. Only concerted public action has the scope and authority to reverse the current harmful levels of tobacco use. At the same time, this action should be promoted and supported by individuals, groups, NGOs, and international organizations. Experience has shown the importance of adequate leadership to the success of control policies and programs at the global, national, and community level.

It is therefore essential that the plan of action establish and strengthen the leadership of the national coalitions (as proposed in the Interagency Plan on Tobacco or Health for Latin America), the collaborating centers, and different groups, such as institutes for the treatment of cancer and respiratory diseases, as well as professional societies, as counterparts and members, under the guidance and support of the ministers of health.

Finally, when implementing the future plan it will be necessary to optimize coordination with programs for "communicating for health," healthy schools and communities, chronic noncommunicable diseases, adolescence, and health policies.

It will also be essential to mobilize resources to make this proposal viable. This will require solid ties with the interested agencies in Canada and the United States as part of strategic alliances to search for joint solutions at the international level.

The present document will be analyzed by a committee of experts during a meeting scheduled for mid-November 1997 to refine this proposal, and an additional report can be submitted at the next session of the Subcommittee on Planning and Programming in 1998.

The Subcommittee on Planning and Programming is requested to examine and approve the contents and criteria of this document, which proposes new guidelines for a plan of action based on up-to-date information and strategies consistent with the reality and needs of the Member States.