



Guyana Tobacco Control Report



Youth Current Tobacco Use Prevalance*

17.6%

Male

12.2%

Female

NOTES:
*Percent of population between 13 and 15 years old that consumed any tobacco product, smoked or smokeless, at least once in the past 30 days. Data is from a nationally representative GYTS survey conducted in 2004.

SOURCE:
WHO Report on the Global Tobacco Epidemic, 2009: Implementing Smoke-free Environments

Progress Implementing Selected Measures of the WHO FCTC in the Americas

Unanimously adopted by the 56th World Health Assembly on 21 May 2003, the WHO Framework Convention on Tobacco Control (WHO FCTC) was the first step in the global fight against the tobacco epidemic. The Convention entered into force on 27 February 2005. Of the 193 WHO Member States, 168 are Parties to the Convention (April 2010), making it one of the most rapidly embraced treaties in United Nations history.

Guyana ratified the treaty by accession on 15 September 2005. As a Party to the Convention, Guyana is legally bound to the treaty's provisions. The following charts show Guyana's status in several key areas of the treaty and how it compares with the rest of the Region of the Americas. The check marks indicate which category Guyana falls under for each article, with the green categories representing the most comprehensive policies.

Article 6: Price and tax measures to reduce the demand for tobacco	
Criteria: Percentage of pack price that is taxes	
	>75% of retail price of 20-cigarette pack is tax
	51-75% of retail price of 20-cigarette pack is tax
	26-50% of retail price of 20-cigarette pack is tax
	≤25% of retail price of 20-cigarette pack is tax
	Data not reported
Article 8: Protection from exposure to tobacco smoke	
Criteria: Number of types of public places that are completely smoke-free	
	All indoor public places and workplaces completely smoke-free (or at least 90% of the population covered by complete sub-national smoke-free legislation)
	Six to seven types of indoor public places and workplaces completely smoke-free
	Three to five types of indoor public places and workplaces completely smoke-free
	Up to two types of indoor public places and workplaces completely smoke-free
	Data not reported
Article 11: Packaging and labeling of tobacco products	
Criteria: Size and content of health warnings on tobacco products	
	Warning covering ≥ 50% ¹ of pack surface including pictures or pictograms and all other appropriate characteristics ²
	A law requiring health warnings has been approved and implementation is in progress
	Warning covering 30-50% ¹ of pack surface, the use of deceitful terms is banned, warning includes pictures or pictograms and many other appropriate characteristics ²
	Warning covering ≥30% ¹ of pack surface but no pictures or pictograms and/or other appropriate characteristics ²
	A law requiring health warnings has been approved but regulation and implementation are pending
	No warning or warning covering <30% ¹ of pack surface
	Data not reported
Article 13: Tobacco advertising, promotion and sponsorship	
Criteria: Number of bans on types of direct and indirect advertising	
	Ban on all forms of direct and indirect advertising ³
	Ban on national television, radio and print media as well as on some but not all other forms of direct and/or indirect advertising ³
	Ban on national television, radio and print media only
	Complete absence of ban, or ban that does not cover national television, radio or print media
	Data not reported
Article 14: Demand reduction measures concerning tobacco dependence and cessation	
Criteria: Availability of affordable tobacco dependence treatments	
	National quit line available, and both nicotine replacement therapy (NRT) and some cessation services ⁴ available and cost covered
	NRT and/or some cessation services ⁴ available, at least one of which is cost-covered
	NRT and/or some cessation services ⁴ available but neither cost-covered
	None
	Data not reported

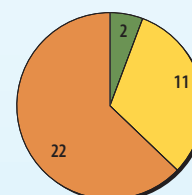
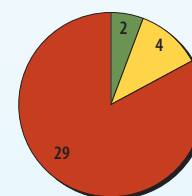
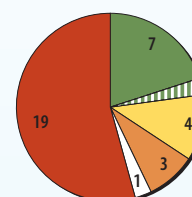
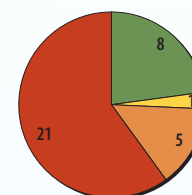
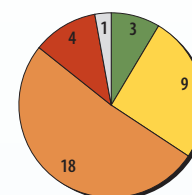
1 Average of front and back.

2 Refer to the table on page 5 for the list of appropriate characteristics.

3 Refer to the table on page 6 for the lists of direct and indirect advertising.

4 Smoking cessation support availability in any of the following places: health care clinics or other primary care facilities, hospitals, offices of health professionals, or the community.

Country Distribution per Implementation Progress



Total number of countries in the Region of the Americas: 35

For more information about the status of countries in the Americas Region, visit: <http://www.paho.org/tobacco>

Prices and Taxes

Article 6: Price and Tax Measures to Reduce the Demand for Tobacco

In accordance with **WHO FCTC Article 6**, Parties recognize that price and tax measures are an effective and important means of reducing tobacco consumption by various segments of the population, in particular young persons. Each Party shall implement tax and price policies on tobacco products, including prohibiting or restricting, as appropriate, duty-free tobacco sales, so as to contribute to the health objectives aimed at reducing tobacco consumption. Parties shall also periodically report on tax rates and consumption trends to the Conference of the Parties.

In **Guyana** the price of the most sold brand of cigarettes is USD 1.75 and taxes comprise 27% of the retail price. The price of cigarettes in Guyana in USD is lower than the region's average (USD 2.30), and the portion of the price composed of taxes is also lower than the region's average (46%).

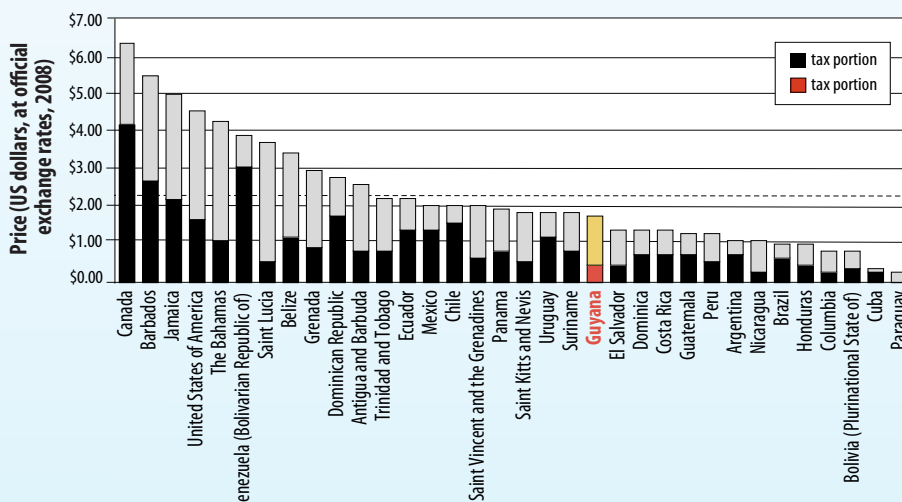
Did you know...?

- Increasing the price of tobacco products through significant tax increases is the single most effective way to decrease tobacco use and to encourage current users to quit. Higher taxes on tobacco products are especially effective at deterring tobacco use among the young and the poor. A tax increase also benefits governments through increased revenues, which can be used for tobacco control and other important health and social programs.
- Not all taxes are equally effective. Excise taxes are more effective because they can be levied just on tobacco products (or on a very small number of goods such as alcohol and gasoline), thus increasing the price of tobacco products relative to other consumer products. This is different from value-added taxes (VAT) which are applied as a single rate on a broad range of products.
- There are different types of excise taxes: taxes set on a fixed amount (specific) and taxes fixed at a set percentage (*ad valorem*). The choice between the two types is a topic of debate. However, there is evidence suggesting that specific taxes tend to increase the price to the consumer more than the *ad valorem* taxes and that combining the two types is also a good choice: The average cigarette price among countries that use a combination of specific and *ad valorem* excises is USD 3.87 in countries leaning towards specific excise, and USD 3.14 in those leaning towards *ad valorem*. Among those countries relying solely on one type of excise, the average price is USD 2.46 in countries relying solely on specific excise, and it is USD 1.29 in those relying solely on *ad valorem*.
- In the Region of the Americas, 52% of countries rely solely on *ad valorem* excises, 42% rely solely on specific excises, and only 2 countries use a combined system.

Tobacco Prices and Taxes in Guyana, 2008		
Price of most sold brand, pack of 20 cigarettes		
In Guyanese dollars	GYD	360.00
In United States dollars at official exchange rate, 2008	USD	1.75
Percent of the price composed of taxes		
Specific excise		0
<i>Ad valorem</i>		14
Import duties		0
Total taxes¹		27

¹ Total tax includes some taxes that do not fall under the specific excise, *ad valorem* or import duty categories.

Price of a pack of 20 cigarettes and the portion of the price composed of taxes, 2008



Smoke-Free Environments

Article 8: Protection from Exposure to Tobacco Smoke

WHO FCTC Article 8 and its Guidelines require Parties to protect all persons from exposure to tobacco smoke. Under the article Parties recognize that scientific evidence has unequivocally demonstrated that exposure to tobacco smoke causes death, disease, and disability. Each Party agrees to adopt effective legislative measures, providing for protection from exposure to tobacco smoke in indoor workplaces, indoor public places, public transport, and other public places.

In **Guyana** the population is protected from exposure to second-hand smoke in all health-care facilities and educational facilities, not including universities.

In the Region of the Americas, there are eight countries that have passed laws protecting the entire population without exception from exposure to second-hand smoke. In these countries all of the places shown in the table below are completely smoke-free.

Did you know...?

- Several authoritative bodies have determined that second-hand smoke is a carcinogen for which there is no safe level of exposure.
- The only way to protect people is to provide 100% smoke-free environments. Other approaches, like ventilation, air filtration, and the use of designated smoking areas do not effectively protect people against exposure to tobacco smoke.
- Support for smoke-free public places is overwhelming. Comprehensive smoking bans benefit non-smokers and smokers alike by reducing the exposure to second-hand smoke among non-smokers and reducing cigarette consumption among smokers. They also decrease the social acceptability of smoking, discouraging smoking initiation among youth.
- Smoke-free laws not only produce long-term benefits such as decreases in the incidence of lung cancer in nonsmokers, but they also produce short-term benefits like decreases in hospital admissions for acute myocardial infarctions.

Smoke-Free Legislation in Guyana, 2008

Smoke-free public places and workplaces*

Health-care facilities	Yes
Educational facilities except universities	Yes
Universities	No
Government facilities	No
Indoor offices	No
Restaurants	No
Pubs and bars	No
Public transportation	No

*A completely smoke-free environment is one where smoking is not allowed at any time, in any indoor area and under any circumstances. For a category to achieve this designation, all establishments within the category must meet these requirements.



Health Warnings

Article 11: Packaging and Labeling of Tobacco Products

WHO FCTC Article 11 and its Guidelines require that each Party adopt measures including requirements for the display of a rotating series of health warnings and other appropriate messages on tobacco product packaging that cover ideally 50% or more of the principle display areas and include pictures or pictograms. Parties shall also ensure that tobacco product packaging and labeling do not promote tobacco products by any means that are false, misleading, deceptive, or likely to create an erroneous impression about its characteristics, health effects, hazards or emissions.

While **Guyana** is required by law to include health warnings on tobacco product packaging, the warnings are not consistent with the recommendations of the WHO FCTC and its implementation guides.

Did you Know...?

- Large, bold health warnings with pictures save lives. They are more effective than small health warnings or those that only contain text.
- Warnings with images of the harms tobacco causes are particularly effective at communicating risk and motivating behavioral changes, such as quitting smoking.
- Images allow the transmission of health information to illiterate populations.
- Pictorial warning labels also act as a deterrent for young people by reducing the overall attractiveness of tobacco packaging.



Left: an example of a health warning on a pack of cigarettes from Guyana.

Below: an example of a health warning with a graphic from Canada. The health warning covers 50% of the top of the principle display areas.



*Licensed under Health Canada Copyright.

Health Warnings on Tobacco Packages in Guyana, 2008

Characteristics of health warnings	Cigarettes
Ban on misleading descriptors such as "mild", "low tar", etc.	No
% of the principal display areas (average of front and back) covered by a warning	0
% of the principal display area (front) covered by a warning	0
% of the principal display area (back) covered by a warning	0
Law mandates specific warnings*	Yes
Number of warnings approved by law	1
Warnings appear on each package and outside packaging*	Yes
Warnings describe the harmful effects of tobacco use*	No
Law mandates font style, font size and colour*	No
Warnings are rotating*	No
Warnings are written in the principal language(s) of the country*	Yes
Warnings include an image	No

*These indicators comprise the appropriate characteristics used to evaluate a country's implementation status on page 2.

Bans on Tobacco Advertising, Promotion, and Sponsorship

Article 13: Tobacco Advertising, Promotion and Sponsorship

Under **WHO FCTC Article 13 and its Guidelines**, Parties recognize that a comprehensive ban on advertising, promotion, and sponsorship would reduce the consumption of tobacco products. All Parties shall undertake a complete ban on tobacco advertising, promotion and sponsorship within the period of five years after entry into force of the treaty for the Party. A Party that is not in a position to undertake a comprehensive ban due to its constitution or constitutional principles shall apply the following restrictions: prohibit false or misleading tobacco advertisements; require that health warnings accompany all tobacco advertising; restrict the use of incentives that encourage tobacco product purchases by the public; and ban or restrict tobacco advertising, promotion, and sponsorship in as many forms of media as possible, among others. Parties without comprehensive bans should also require the tobacco industry to disclose its expenditures on advertising, promotion, and sponsorship.

Guyana does not have a law prohibiting any forms of tobacco advertising, promotion and sponsorship.

In the Region of the Americas, Panama and Colombia are the only countries with comprehensive bans on all forms of tobacco advertising, promotion and sponsorship.

Did you know...?

- Most smokers smoke their first cigarette long before they reach adulthood. That is why the tobacco industry produces colorful and creative ads designed to target young people, sponsors sporting events and pays for tobacco products to appear in movies.
- Tobacco product displays at points of sale promote tobacco use by stimulating impulse purchases and creating the impression that tobacco use is as socially acceptable as using any other product from the store.
- In order to be effective, bans on advertising, promotion and sponsorship should be comprehensive. When only certain forms of media are prohibited, the tobacco industry moves its advertising expenditures to the permitted forms of media.
- Prohibitions based on the hour of the day or age groups convey the message that smoking is an adult behavior, thus making it more attractive to young people.
- It has been shown that a comprehensive ban on all advertising, promotion and sponsorship can decrease tobacco consumption by 7%.

Bans on Tobacco Advertising, Promotion and Sponsorship in Guyana, 2008

Direct bans

National TV and radio**	No
International TV and radio	No
Local magazines and newspapers**	No
International magazines and newspapers	No
Billboards and outdoor advertising**	No
Point of sale**	No
Internet	No

Indirect bans

Free distribution by mail or other means**	No
Promotional discounts**	No
Non-tobacco products identified with tobacco brand names**	No
Brand name of non-tobacco products used for tobacco product**	No
Appearance of tobacco products in TV and/or films (product placement)**	No
Tobacco sponsored events**	No

**These indicators are the forms of direct and indirect advertising used to evaluate a country's implementation status in the charts on page 2.



Tobacco advertisement showing sponsorship of racing team.

Cessation

Article 14: Demand Reduction Measures Concerning Tobacco Dependence and Cessation

Under **WHO FCTC Article 14**, Parties shall design and implement effective programs aimed at promoting the cessation of tobacco use, in such locations as educational institutions, health care facilities, workplaces and sporting environments.

Effective tobacco dependence treatment should include cessation advice incorporated into primary health-care services, easily accessible and free telephone quit lines, and access to free or low-cost cessation medicines.

In **Guyana** smoking cessation support is available in some hospitals and offices of health professionals. Pharmacological treatment is also available. Currently there is no national toll-free quitline available to the public.

Did you know...?

- People who are addicted to nicotine are the actual victims of the tobacco epidemic.
- Three out of four smokers say they want to quit. For some tobacco users it is difficult to quit on their own, so access to counseling and cessation services is important.
- While most who quit eventually do so without intervention, the use of cessation medications can double the likelihood of quitting successfully. The use of medication in conjunction with counseling increases the probability of quitting even further.

Measures Concerning Tobacco Dependence and Cessation in Guyana, 2008		
Availability of pharmacological treatment		Cost-covered
Nicotine replacement therapy (NRT)	Yes	No
Bupropion	Yes	Partially
Varenicline	No	—
Availability of smoking cessation support		Cost-covered
Primary care facilities	No	—
Hospitals	Yes in some	...
Offices of health professionals	Yes in some	No
In the community	No	—
Availability of a national toll-free quitline	No	

... Data not reported/not available
 — Data not required/not applicable

Tobacco Industry

Article 5.3: Protection of Public Health Policies with Respect to Tobacco Control from Commercial and Other Vested Interests of the Tobacco Industry

Under **WHO FCTC Article 5.3 and its Guidelines**, each Party shall act to protect public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry. Parties should establish measures to limit interactions with the tobacco industry and ensure the transparency of those interactions that occur.

The PAHO report *Profits over People* summarizes a series of previously secret tobacco industry documents from the two tobacco industry market leaders in Latin America and the Caribbean: Philip Morris International (PMI) and British American Tobacco (BAT).

This publication is available at: http://www.paho.org/English/DD/PUB/profits_over_people.pdf

Did you know...?

- The tobacco industry has operated for years with the express intention of subverting the role of governments and WHO in implementing public health policies to combat the tobacco epidemic.
- The goal of tobacco industry is to maintain the social acceptability of smoking and prevent adoption of effective tobacco control regulations.
- For decades the industry has used lobbying tactics to influence governments with the goal of blocking marketing restrictions and tax and price increases.
- It has also developed and funded school intervention programs supposedly aimed at preventing the use of tobacco among young people, such as Philip Morris' *Yo Tengo P.O.D.E.R.* (I have the POWER) Program. The main goal of these programs is to improve the public image of tobacco companies.
- Another strategy has been to create controversy over the existing scientific evidence; this includes attacking scientific findings on the topic and funding researchers to publish articles favorable to the tobacco industry's interests.

Future of Tobacco Control

Tobacco is the world's leading cause of preventable death and is responsible for roughly 1 million deaths annually in the Americas. It is the only legal product that kills up to one-half of those who use it exactly as intended by the manufacturer and it causes illness and death in those nonsmokers who are exposed to second-hand smoke.

The WHO FCTC outlines the steps necessary to stop this real epidemic. Complementing this, the Conference of the Parties has approved guidelines to support the implementation of specific articles.

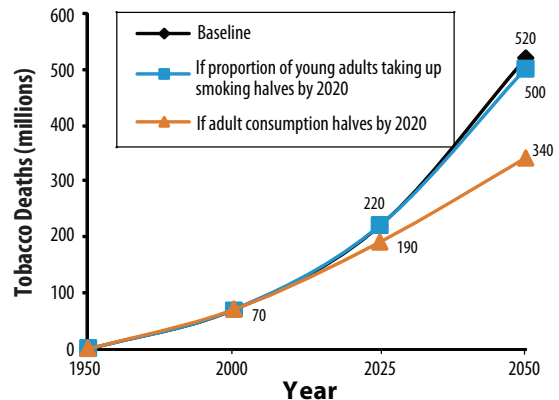
In 2008, WHO released the MPOWER technical package as an entry point for action at the country level for the full implementation of the WHO FCTC. This package consists of six interventions, each of which reflects one or more of the provisions of the WHO FCTC.

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

Recognizing the challenges of implementing the WHO FCTC in the Region of the Americas, the Pan American Health Organization (PAHO) has adopted two resolutions, Resolution CD48.R2 on 30 September 2008 and Resolution CD50.R6 on 29 September 2010, which among

other recommendations urge Member States to consider ratifying and implementing the WHO FCTC and to be aware of tobacco industry interference in order to prevent the industry from hindering the achievement of public health goals in tobacco control.

Estimated cumulative tobacco deaths 1950-2050 with different intervention strategies



Source: Curbing the Epidemic: Governments and the Economics of Tobacco Control. World Bank 1999, p. 80.

In order for tobacco control programs to have the greatest impact on lives saved, they need to not only include youth-oriented interventions but also include interventions aimed at the general population that promote environments that encourage smokers to quit and prevent youth initiation at the same time.

References

PAHO 50th Directing Council. Resolution CD50.R6 — Strengthening the capacity of member states to implement the provisions and guidelines of the WHO framework convention on tobacco control http://new.paho.org/hq/index.php?option=com_docman&task=doc_download&gid=8958&Itemid=

PAHO 48th Directing Council. Resolution CD48.R2 — WHO Framework Convention on Tobacco Control: Opportunities and Challenges for its Implementation in the Region of the Americas <http://www.paho.org/english/gov/cd/cd48.r2-e.pdf>

WHO Report on the Global Tobacco Epidemic, 2009: Implementing smoke-free environments <http://www.who.int/tobacco/mpower/2009/en/>

WHO Report on the Global Tobacco Epidemic, 2008: The MPOWER package <http://www.who.int/tobacco/mpower/2008/en/index.html>

WHO FCTC: Guidelines for implementation Article 5.3; Article 8; Article 11; Article 13 <http://www.who.int/fctc/guidelines/en/>

WHO Technical Manual on Tobacco Tax Administration http://www.who.int/tobacco/publications/tax_administration/en/index.html

World Health Organization Framework Convention on Tobacco Control (WHO FCTC) <http://whqlibdoc.who.int/publications/2003/9241591013.pdf>

Photograph and Image Sources

Page 1: Flag: <http://flagpedia.net/>

Page 3: Currency: <http://www.banknotes.com>

Page 4: Image: <http://www.istockphoto.com/index.php>

Page 5: For the Canadian image: Licensed under Health Canada copyright.

Page 6: PAHO

Team

The following people assisted in compiling and editing information for this report:

Pan American Health Organization

Coordination: Roberta Caixeta, Chris Childs

Content & Editing: Adriana Blanco, Rosa Sandoval, Roberta Caixeta, Nelson Atehortúa

Administrative Support: Mayte Vasquez

University of Wisconsin Comprehensive Cancer Center

Justin Kohl, Xiao Zhang, Nathan R. Jones

Financial support for the production of this report was provided by the United States Centers for Disease Control and Prevention.



For more information visit: www.paho.org/tobacco