

# Tobacco and the law: the WHO Framework Convention on Tobacco Control. The WHO FCTC and its Guidelines - Overview of the progress in implementing the FCTC in the Caribbean

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# Tobacco is a common risk factor for the main 4 NCDs



## Globally

- Nearly 1 billion people smoke tobacco
- Tobacco kills eight (8) million people annually
- Tobacco costs accrue to **1.8% of global GDP** annually



## In the Region of the Americas

- Nearly 118 million people aged 15 and over smoke tobacco
- Tobacco kills one (1) million people every year
- Tobacco costs represent **2.4% of GDP** in the Americas, every year

**HEALTH and ECONOMIC impact**



Cardiovascular diseases



Chronic respiratory diseases



Cancer



Diabetes

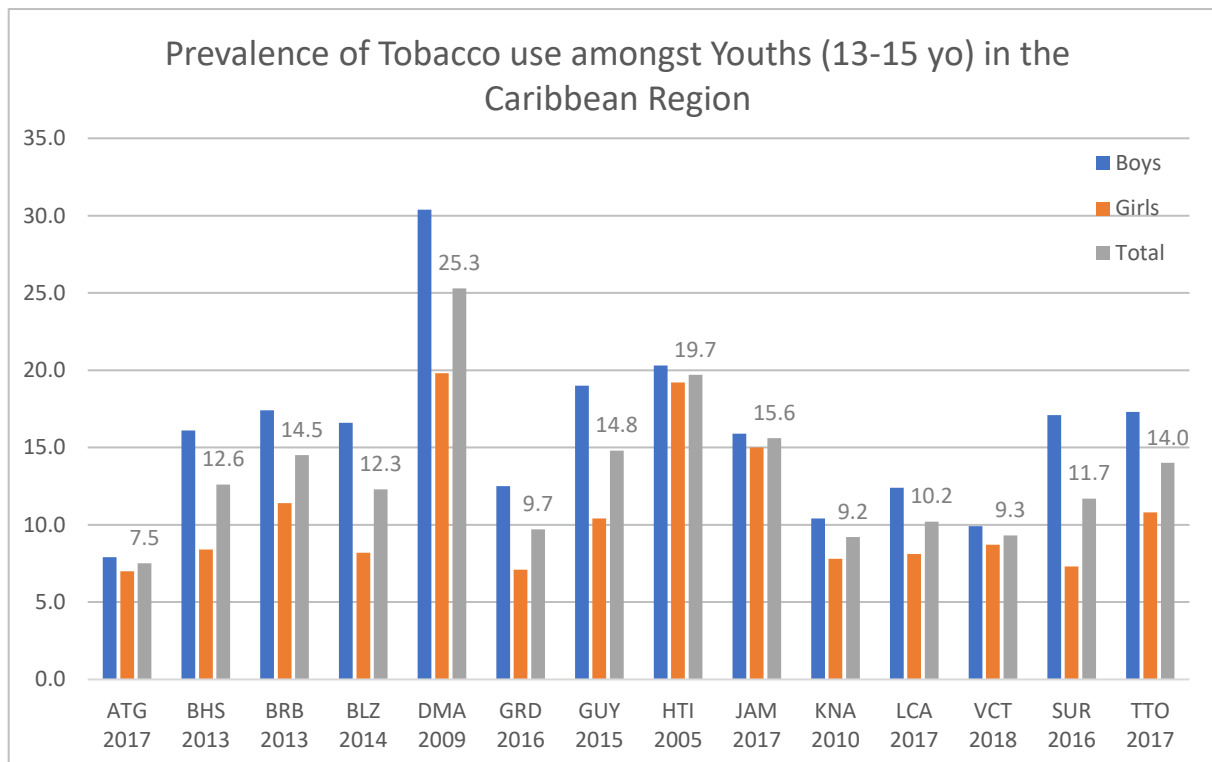
## Premature deaths from the 4 main NCDs

*(people between 30 and 69 years of age)*

- **15 million globally (37%)**
- **1,9 million in the Americas (34%)**

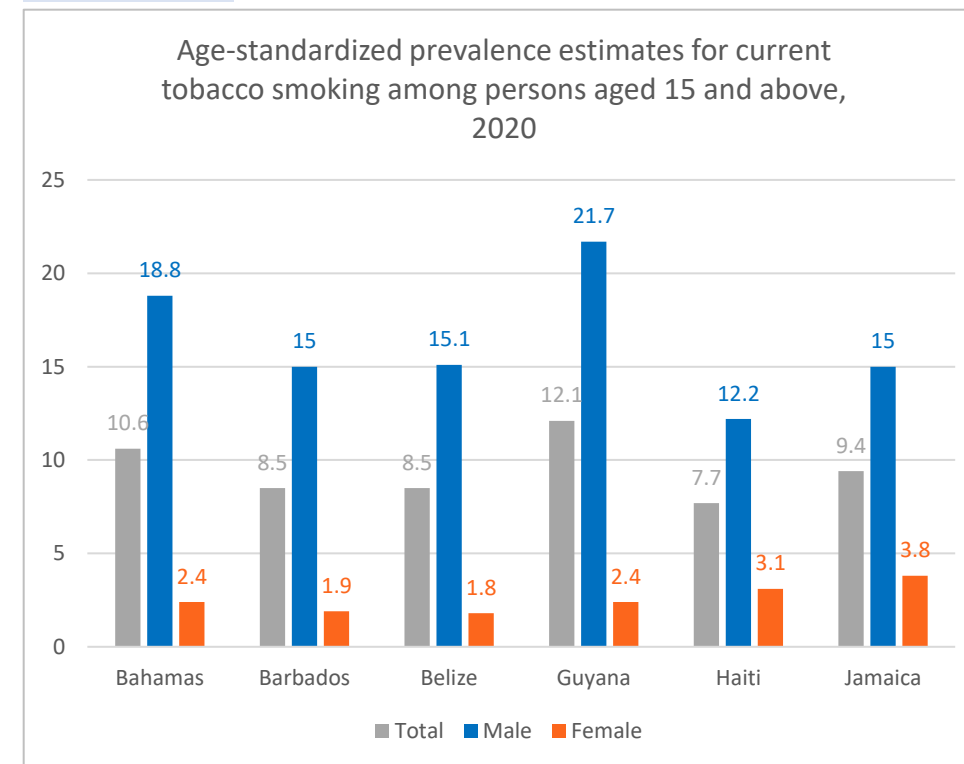
# Prevalence of tobacco use in Youths and Adults within the Caribbean Region

## YOUTH



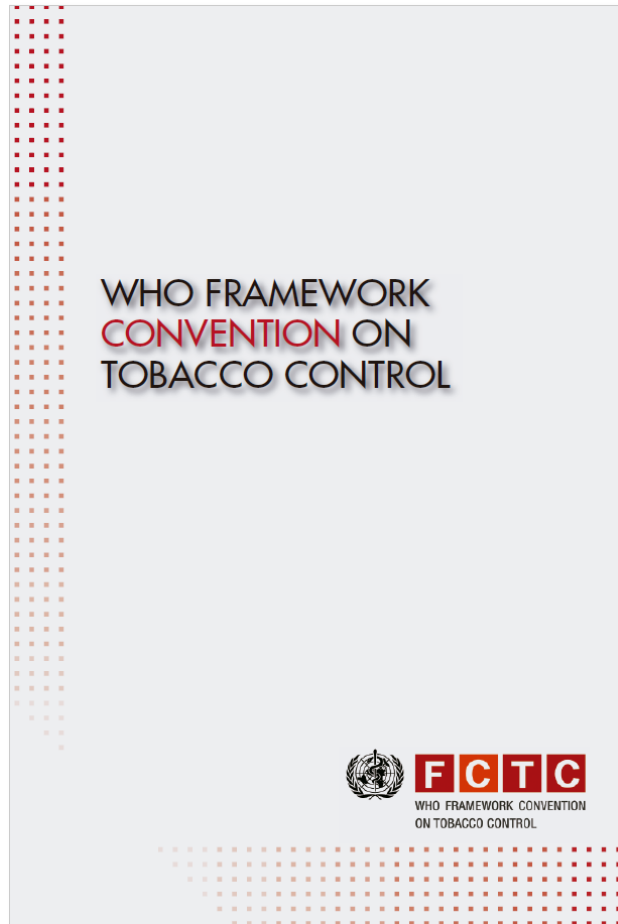
Source: 2. Report on Tobacco Control in the Region of the Americas, 2022

## ADULTS



Source: WHO global report on trends in prevalence of tobacco use 2000–2025 Fourth edition

# WHO Framework Convention on Tobacco Control (WHO FCTC)



- Is the **Global Response** to the Tobacco Epidemic
- **May 2003** - Adopted unanimously at the 56<sup>th</sup> World Health Assembly
- **International legal instrument: multilateral agreement, binding**
- **Feb 2005** – Entered into force - International treaty (40 State Parties)
- **To date** – Parties: 182 (world), **30/35 (Americas)**
- Since the FCTC's international entry into force in 2005, many countries have adopted legal measures aligned with their mandates. However, the CARICOM countries lags behind in the WHO FCTC implementation.

# CARICOM's Commitment to Tobacco Control



- **2005- 2011:** ALL Caribbean PAHO/WHO Member States (except for Haiti), are Parties to the WHO Framework Convention on Tobacco Control (WHO FCTC)
- **2007: Port of Spain Declaration-** “Our commitment to immediately pursue a legislative agenda[.....] to support the immediate enactment of legislation to limit or eliminate smoking in public places[.....] insist in effective warning labels[...].”
- **2017:** 38<sup>th</sup> Regular Meeting of the Conference of Heads of Government of the CARICOM committed to a **smoke-free subregion by 2022.**
- **2017:** Member States of the PAHO approved the **Strategy and Plan of Action to strengthen tobacco control in the Region of the Americas 2018 – 2022** (*implement measures for the creation of smoke-free environments, graphic health warnings, plain packaging, ban on tobacco advertising, promotion and sponsorship, increase tobacco taxes, identification and management of conflict of interests, by 2022*).
- **2023: Bridgetown Declaration on NCDs and Mental Health** – *Caribbean countries and other SIDS reaffirmed their* commitment to take bold SIDS-specific action to accelerate progress in SIDS on NCDs and mental health.

A highly cost-effective response to  
eliminate this public health problem:  
are we implementing it?

M

Monitor tobacco use and prevention policies  
(WHO FCTC ART. 20)

P

Protect against exposure to tobacco smoke  
(WHO FCTC ART. 8) *Best Buy*

O

Offer help to quit tobacco use  
(WHO FCTC ART. 14) *Best Buy*

W

Warn about the dangers of tobacco  
(WHO FCTC ART. 11) *Best Buy*

E

Enforce bans on tobacco advertising,  
promotion, and sponsorship  
(WHO FCTC ART. 13) *Best Buy*

R

Raise taxes on tobacco  
(WHO FCTC ART. 6) *Best Buy*



*technical package to assist countries  
in fulfilling their commitment to  
implement the FCTC*

*Reduction of  
tobacco use  
prevalence (those  
quitting, those who  
never start)*

- ✓ Improve health outcomes
- ✓ Reduce associated health care costs
- ✓ Increase productivity or workforce and wellbeing
- ✓ Increase fiscal revenues
- ✓ Protect the environment

# Progress in Implementation of selected measures of the WHO FCTC in the Caribbean Region



STATUS OF MPOWER MEASURES WHICH CORRESPOND TO INTERVENTIONS CONTAINED IN THE WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL (FCTC)							
		FCTC Art. 20	FCTC Art. 8	FCTC Art. 14	FCTC Art. 11	FCTC Art. 13	FCTC Art. 6
			<i>Best Buy</i>	<i>Best Buy</i>	<i>Best Buy</i>	<i>Best Buy</i>	<i>Best Buy</i>
COUNTRIES	DATE OF RATIFICATION OR ADHESION TO THE FCTC	<b>M</b> Monitoring	<b>P</b> Smoke Free Environments	<b>O</b> Cessation Services	<b>W</b> Packaging and labeling	<b>E</b> Ban on TAPS	<b>R</b> Raise tobacco taxes
Antigua & Barbuda	5-Jun-06		2018		*	2018	14.9%
Bahamas	3-Nov-09	↓					53.6%↑
Barbados	3-Nov-05		2010		2017		43.0%
Belize	15-Dec-05						33.6%
Dominica	24-Jul-06						26.1%↑
Grenada	14-Aug-07	↓					44.0%
Guyana	15-Sep-05	↓	2017		2018	2017	24.9%↓
Haiti	Not Party to the FCTC	↑					27.1%
Jamaica	7-Jul-05		2013	2016	2013		38.8%
Saint Kitts & Nevis	21-Jun-11						19.8%
Saint Lucia	7-Nov-05	↑	2020		2017		43.1%↓
Saint Vincent & the Grenadines	29-Oct-10						23.2%
Suriname	16-Dec-08	↓	2013		2016	2013	49.3%
Trinidad and Tobago	19-Aug-04		2009		2013		27.5%

- Seven (7) Caribbean countries have implemented comprehensive smoke-free tobacco control policies.
- Seven (7) Caribbean countries have implemented large graphic health warnings.
- **7 out of 14 Caribbean countries are not implementing a single “Best buy” measure.**







# Progress in Implementation of selected measures of the WHO FCTC in the Region

STATUS OF MPOWER MEASURES WHICH CORRESPOND TO INTERVENTIONS CONTAINED IN THE WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL (FCTC)							
		FCTC Art. 20	FCTC Art. 8	FCTC Art. 14	FCTC Art. 11	FCTC Art. 13	FCTC Art. 6
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COUNTRIES	DATE OF RATIFICATION OR ADHESION TO THE FCTC	M Monitoring	P Smoke Free Environments	O Cessation Services	W Packaging and labeling	E Ban on TAPS	R Raise tobacco taxes
Antigua & Barbuda	5-Jun-06		2018		*	2018	14.9%
Argentina	Not Party to the FCTC		2011		2012		76.5%
Bahamas	3-Nov-09	↓					53.6%↑
Barbados	3-Nov-05		2010		2017		43.0%
Belize	15-Dec-05						33.6%
Bolivia	15-Sep-05		2020	↑	2009		31.5%
Brazil	3-Nov-05	2015	2011	2002	2003	2011	80.2%
Canada	26-Nov-04	2007 or earlier	2007	2008	2011@		63.3%
Chile	13-Jun-05	2007 or earlier	2013		2006		80.3%
Colombia	10-Apr-08		2008			2009	65.2%
Cuba	Not Party to the FCTC						10.0%
Dominica	24-Jul-06						26.1%↑
Dominican Republic	Not Party to the FCTC	↓					44.7%
Ecuador	25-Jul-06	2016	2011		2012		64.0%
El Salvador	21-Jul-14	2022↑	2015		2011		45.7%
Grenada	14-Aug-07	↓					44.0%
Guatemala	16-Nov-05	↓	2008				49.0%
Guyana	15-Sep-05	↓	2017		2018	2017	24.9%↓
Haiti	Not Party to the FCTC	↑					27.1%
Honduras	16-Feb-05	↓	2010		2017		38.3%
Jamaica	7-Jul-05		2013	2016	2013		38.8%
México	28-May-04		2021↑	2013	2009	2021↑	67.6%
Nicaragua	9-Apr-08						75.7%↑
Panamá	16-Aug-04	↓	2008		2005	2008	56.5%
Paraguay	26-Sep-06		2020				19.2%
Perú	30-Nov-04	2007 or earlier	2010		2011		73.3%
Saint Kitts & Nevis	21-Jun-11						19.8%
Saint Lucia	7-Nov-05	↑	2020		2017		43.1%↓
Saint Vincent & the Grenadines	29-Oct-10						23.2%
Suriname	16-Dec-08	↓	2013		2016	2013	49.3%
Trinidad and Tobago	19-Aug-04		2009		2013		27.5%
United States of America	Not Party to the FCTC	2007 or earlier		2008	↓		37.4%
Uruguay	9-Sep-04	2007 or earlier	2005		2005@	2014	65.5%
Venezuela	27-Jun-06		2011		2004	2019	73.4%
		9↓	24	6	21↓	9	4↑

# Status of implementation - WHO FCTC **Best Buys** in the Caribbean and Latin America

Tobacco control measures	Caribbean (14 countries)	Latin America (19 countries)
<b>BEST BUYS</b>		
Smoke-free environments (SFE)	50% (7)	84% (16)
Large graphic health warnings	50% (7)	68% (13)
Total ban on tobacco advertising, promotion and sponsorship (TAPS)	21% (3)	32% (6)
Increase tobacco taxes (75% or more of the retail price of tobacco products)	0% (0)	16% (3)
Support for tobacco cessation	7% (1)	16% (3)
<b>Other effective tobacco control measures</b>		
Monitoring tobacco use and key policies	7% (1)	37% (7)

"The significant progress made toward establishing regulatory frameworks that effectively control the use and marketing of tobacco products in the Region clearly shows that these health measures—which require multisectoral consensus and multidisciplinary evidence—are **economically, legally, and politically viable**".

STRATEGY AND PLAN OF ACTION TO STRENGTHEN TOBACCO CONTROL IN THE REGION OF THE AMERICAS 2018–2022: FINAL REPORT



60th DIRECTING COUNCIL

75th SESSION OF THE REGIONAL COMMITTEE OF WHO FOR THE AMERICAS

Washington, D.C., USA, 25–29 September 2023

Provisional Agenda Item 8.6

CD60/INF/6  
31 July 2023  
Original: Spanish

STRATEGY AND PLAN OF ACTION TO STRENGTHEN  
TOBACCO CONTROL IN THE REGION OF THE AMERICAS  
2018–2022: FINAL REPORT

Background

1. The purpose of this document is to present to the Governing Bodies of the Pan American Health Organization (PAHO) the final report on the progress made in the implementation of the Strategy and Plan of Action to Strengthen Tobacco Control in the Region of the Americas 2018–2022 (Document CSP29/11) (1), adopted by the Member States through Resolution CSP29.R12 (2) during the 29th Pan American Sanitary Conference, held in 2017. The objective of this strategy and plan of action was to give new impetus throughout the Region to the implementation of the measures contained in the World Health Organization Framework Convention on Tobacco Control (WHO FCTC), regardless of whether or not countries were States Parties to the Convention.

2. Tobacco use continues to be a major public health problem worldwide, as it is the leading preventable risk factor for the four main groups of noncommunicable diseases (NCDs): cardiovascular disease, cancers, chronic respiratory diseases, and diabetes. In the Region of the Americas, NCDs are the leading cause of mortality and disability, accounting for 81% of deaths each year (3). Furthermore, the outbreak of the COVID-19 pandemic in 2020 exacerbated the devastating consequences of smoking, given that tobacco users are at increased risk of severe illness and death from COVID-19 (4). This made the need to prevent and control NCDs and their risk factors (such as tobacco use) even more evident, since such a deadly relationship between an infectious disease and NCDs had never been seen (5).

3. Despite the global consensus that the WHO FCTC represents an evidence-based tool to combat the tobacco epidemic, implementation of its measures is not uniform and showed a slowdown during the period 2010–2015 (6). The strategy and plan of action, through its four strategic lines of action, sought to accelerate implementation of measures aligned with the WHO FCTC, particularly those considered by the World Health Organization (WHO) to be the most cost-effective for the prevention and control of NCDs,

WHO **'best buys'** (the most cost-effective and feasible for implementation) to address noncommunicable diseases (NCDs). These interventions have a **low economic cost and high health impact per year.**

'Best buys' and other recommended interventions for the prevention and control of noncommunicable diseases



'Best buys': effective interventions with cost effectiveness analysis (CEA) ≤ I\$100 per DALY averted in LMICs,



Increase excise taxes and prices on tobacco products

R (Raise)

Implement plain/standardized packaging and/or large graphic health warnings on all tobacco packages<sup>5</sup>

W (Warn)

Enact and enforce comprehensive bans on tobacco advertising, promotion and sponsorship<sup>5</sup>

E (Enforce)

Eliminate exposure to second-hand tobacco smoke in all indoor workplaces, public places, public transport<sup>5</sup>

P (Protect)

Implement effective mass media campaigns that educate the public about the harms of smoking/tobacco use and second hand smoke<sup>5</sup>

W (Warn)

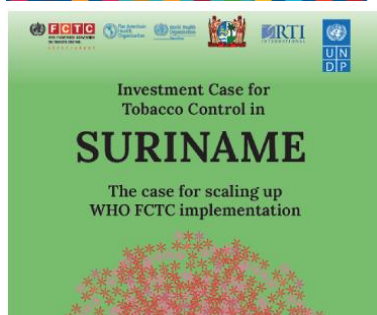
*\*The list of best-buys was recently updated to include tobacco cessation (2023)*

O (Offer)

# NCD Investment Cases

Cases for Investment in Prevention and Control of NCDs in Jamaica (2018), Peru (2021), and Suriname (soon to be published):

*The benefits of scaling up selected tobacco control, harmful alcohol use reduction, diabetes, and CVD interventions (best buys) significantly outweigh the costs of implementing the selected policies over 15 years.*



NCD prevention and control interventions	5-year ROI	15-year ROI
<b>Tobacco</b>	<b>0.81</b>	<b>5.37</b>
Raise taxes	2.1	16.0
Bans on tobacco advertising	2.5	14.5
Protect people from tobacco smoke (raise enforcement)	0.2	2.8
Warn about danger: Mass media campaign	0.6	2.6
Plain packaging	0.1	0.6



# Key provisions

*Incorporating WHO FCTC measures and its  
Guidelines into Domestic Legislation*

- Article 8 **creates an obligation to provide universal protection.**
- **Effective measure:** no exemptions are justified on the basis of health or law arguments.
- **Legislation should provide key terms, effective enforcement mechanisms and a range of penalties that are sufficiently large to deter noncompliance (cross-cutting).**
- **Why Smoke Free laws are important?** Smoke-free policies are designed not only to **protect non-smokers from second-hand smoke**, but also to **provide incentives to quit smoking** and to **denormalize smoking.**
- **Novel products.** The use of these products in places where smoking is not allowed:
  - (i) increases the exposure to exhaled aerosol toxicants of potential harm to bystanders,
  - (ii) reduces quitting incentives, and
  - (iii) may conflict with the smoking denormalizing effect.

## Article 8

### **Protection from exposure to tobacco smoke**

1. Parties recognize that scientific evidence has **unequivocally established that exposure to tobacco smoke causes death, disease and disability.**
2. Each Party shall adopt and implement in areas of existing national jurisdiction as determined by national law and actively promote at other jurisdictional levels the adoption and implementation of **effective legislative, executive, administrative and/or other measures**, providing for protection from exposure to tobacco smoke in **indoor workplaces, public transport, indoor public places and, as appropriate, other public places.**

# WHO report on the global tobacco epidemic, 2023

Protect people from tobacco smoke



## Special report

### Towards a smoke-free world? South America became the first 100% smoke-free subregion in the Americas

Gianella Severini,<sup>1</sup> Rosa Carolina Sandoval,<sup>2</sup> Gustavo Sónora,<sup>3</sup> Patricia Sosa,<sup>1</sup> Patricia Gutkowski,<sup>1</sup> Luciana Severini,<sup>2</sup> Víctor Valdivia,<sup>3</sup> and Ernesto M. Sebrí<sup>1</sup>

**Suggested citation** Severini G, Sandoval RC, Sónora G, Sosa P, Gutkowski P, Severini L, et al. Towards a smoke-free world? South America became the first 100% smoke-free subregion in the Americas. *Rev Panam Salud Publica.* 2022;46:e103. <https://doi.org/10.26633/RPSP.2022.103>

**ABSTRACT** Almost 20 years after the launching by the Pan American Health Organization of its "Smoke-Free Americas"



#### Original research

### Effect of comprehensive smoke-free legislation on the tourism industry in countries of the Caribbean Community

Martín González-Rozada<sup>1</sup>, Elisa Prieto-Lara<sup>2</sup>, and Guillermo A. Sandoval<sup>1</sup>

**Suggested citation** González-Rozada M, Prieto-Lara E, Sandoval GA. Effect of comprehensive smoke-free legislation on the tourism industry in countries of the Caribbean Community. *Rev Panam Salud Publica.* 2022;46:e146. <https://doi.org/10.26633/RPSP.2022.146>

**ABSTRACT** **Objective.** To assess whether the introduction of comprehensive smoke-free legislation affected tourism in four Caribbean Community (CARICOM) countries – Barbados, Guyana, Jamaica, and Trinidad and Tobago. **Methods.** We compared the evolution of three tourism variables – tourist arrivals, tourist expenditure, and average length of stay – in a country implementing smoke-free environments (treated country) with the evolution of these variables in the same country if smoke-free legislation had not been implemented. We used a synthetic control method to recreate this counterfactual scenario by constructing a synthetic country using a weighted average of several donor-pool CARICOM countries that did not introduce legislation on smoke-free environments during the period analyzed. We quantified the effect of the smoke-free environments on tourism as the difference between tourism variables in the treated and synthetic country. To assess whether the estimated effect of the smoke-free environments was the result of chance, we compared the effects of legislation in the treated country to placebo effects in the donor pool by assuming comprehensive smoke-free legislation was introduced in the same year as in the treated country. **Results.** Implementing smoke-free environments did not affect the arrival of tourists, tourism expenditure, or the average length of stay in the four countries. **Conclusions.** Our findings provide strong evidence that public policies banning smoking in public places do not affect hospitality and tourism businesses. Given the economic significance of this industry in the Caribbean, the local evidence provided by this study will help to effectively counteract interference by the tobacco industry and advance towards a smoke-free Caribbean.

**Keywords** Smoke-free environments; smoking; public policy; tourism; Caribbean region.



- In December 2020, almost 20 years after the launch of PAHO's "Smoke-free America" initiative in 2001, South America became the first subregion to be completely smoke-free, in line with Article 8 of the WHO FCTC. By the end of 2021, 63% of the total population of PAHO's 35 Member States was covered by this public health policy.
- In Caribbean countries, there is still room for progress, but the tobacco industry is expected to continue to exert strong opposition, using the demonstrably unfounded argument that smoke-free environments harm the tourism industry.
- Since 2009, smoke-free environments have gone from being an innovative policy intervention in a handful of high- and middle-income countries to becoming a worldwide feature of tobacco control.



- The best means of ensuring best-practice legislation is to fully incorporate **WHO FCTC Article 11** and its Guidelines into domestic packaging and labelling provisions.
  - Prohibition on false, misleading, or deceptive packaging and labelling,
  - Required content and other details for health warnings and messages.
- Some of these characteristics will probably not be explicitly prescribed in the law. As a general rule, the law should set out the **framework** and minimum requirements for packaging and labelling while providing for implementation details to be prescribed in regulations.
- There is abundant evidence showing that large pictorial warnings on tobacco product packaging and labelling **increase knowledge about specific tobacco-related harms**, to **motivate tobacco users to quit** and have a **deterrent effect on tobacco use initiation among youth**.
- Tobacco packaging is a **prominent form of tobacco advertising and promotion**.

## Packaging and Labeling of Tobacco Products



- ✓ Bigger health warnings are better able to communicate the substantial health harms.
- ✓ Tobacco packaging is **highly visible**.
- ✓ Packaging and branding is **particularly important to young people**, who constitute the primary source of new customers for tobacco companies.

### Some advantages of large graphic health warning:

- ✓ Increase **knowledge about risks, promotes quitting and deterrence from initiation**.
- ✓ Reducing demand and consumption.
- ✓ Decrease the **ability of tobacco companies to use misleading promotional packaging and labelling**.
- ✓ An added advantage is that the **TI bears the cost of warning consumers**.
- ✓ **Philip Morris SÀRL v. Uruguay**: PMI used the Switzerland-Uruguay bilateral investment treaty to challenge tobacco control measures.





## Art. 13 FCTC - Implementation of a total ban on TAPS

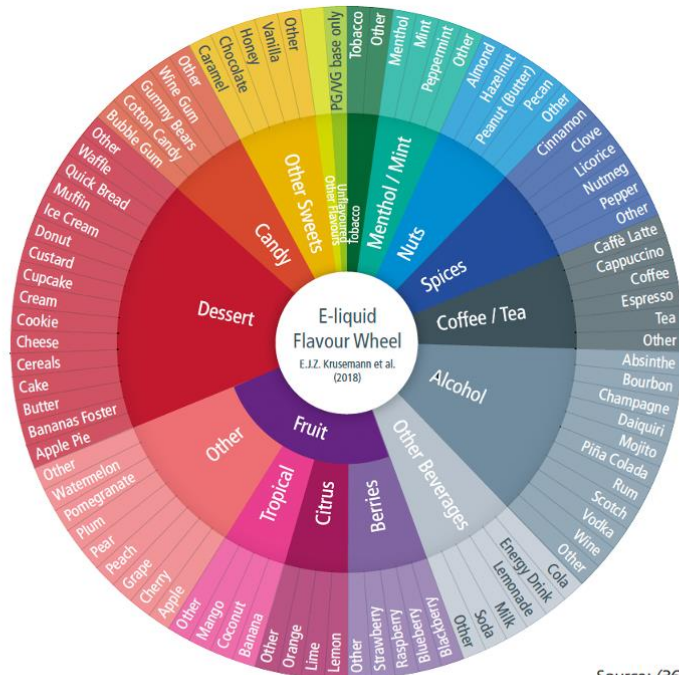
- **Key reasons for implementing a comprehensive ban on TAPs include:**
  - The health consequences of tobacco use and its addictive nature.
  - The deceptive or misleading nature of tobacco promotion campaigns.
  - The role of TAPS in increasing tobacco use in the population, especially among youth, women, and ethnic and racial minorities;
  - The limited effect of partial advertising bans – loopholes will be used by the TI (shifting to other TAPS strategies using creative & indirect ways)
  - Comprehensive bans on tobacco advertising, promotion and sponsorship (including display at PoS) will reduce the demand of these products.
  - Corporate social responsibility.



# Regulation of the contents

## E-liquid flavour wheel

With so many flavours available on the market, researchers have proposed this tool to classify e-liquid flavours and provide a shared and comparable vocabulary.



Source: (36)

- Tobacco companies intentionally use many **additives in tobacco products to increase their appeal and addictiveness.**
- **Diversity of products:** additives are used in conventional products and novel and emerging nicotine and tobacco products.
- **The Partial Guidelines recommend:**
  - Prohibiting or restricting ingredients that may be used to increase the palatability of tobacco products;
  - Prohibiting or restricting ingredients that have coloring properties (except those used for tax marking and for health warnings);
  - Prohibiting ingredients in tobacco products that may create the impression that they have a health benefit; and
  - Prohibiting ingredients associated with energy and vitality, such as stimulant compounds.

# WHO FCTC Article 5.3

- Article 5.3 of the FCTC establishes the general obligation of State Parties to construct a legal framework to effectively **address attempts by the tobacco industry to interfere in the implementation of public tobacco control policies.**
- As this may occur in different areas of tobacco control policy, Article 5.3 is regarded as one of the **“backbones” of the Convention.**
- The success of the rest of the FCTC measures depends to a large extent on the safeguards that State Parties implement to protect their tobacco control policies from industry influence.





# Novel and emerging nicotine and tobacco products: a new challenge?

## Why is LOGIC considered a breakthrough technology in the ECIG industry

LOGIC Electronic Cigarettes provide a revolutionary, pleasurable alternative for traditional smokers to avoid the 4,000 toxins that are in cigarettes, while replicating the entire sensory experience which smokers enjoy.

LOGIC Electronic Cigarettes is the premium brand which offers "Real Cigarette-Sensation Technology". This technology uses 9 combined pending patents to duplicate the smoking experience without lighting or burning tobacco; and it fulfills a smoker's addictive craving for the nicotine, tobacco flavor, hand-to-mouth motion, inhaling, and the sight of smoke released when exhaling.

LOGIC Electronic Cigarettes eliminate the lingering smell, second-hand smoke, ash and environmental pollution of tobacco cigarettes.



# Are we going back in history? New products, same old marketing strategies



No woman ever says no to Winchester.

Take a puff. Blow in her ear. And she'll follow you anywhere. Because one whiff of Winchester's sexy aroma tells her everything she ever wanted to know about you. But was afraid to ask. It tells her you're a man, but a man of taste. A taste for milkshakes. Lightness. She takes a puff. Winchester's filtered smoothness tells her it's not a cigarette. Not just another little ego. It's a whole nother smoke. And she knows that you know where there's smoke, there's fire.

Winchester. It's a whole nother smoke.



1970



blucigs.com

Available Now at: **WALMART** **ACME** **CVS** **HEB** **meijer**

18+ only | CALIFORNIA PROPOSITION 88 Warning: This product contains nicotine, a chemical known to be one of the causes of cancer.

2018



# Global Response



**Conference of the Parties to the WHO Framework Convention on Tobacco Control**

Sixth session  
Moscow, Russian Federation, 13-18 October 2014

**DECISION**

**FCTC/COP/6(b) Electronic nicotine delivery systems<sup>1</sup> and electronic non-nicotine delivery systems<sup>2</sup>**

The Conference of the Parties (COP),

Recalling its decision FCTC/COP/4 to request the Convention Secretariat to prepare jointly with WHO's Tobacco Free Initiative a comprehensive report based on the experience of Parties on the status of electronic nicotine delivery systems (ENDS) for consideration at the fifth session of the COP,

Recalling its decision FCTC/COP/5 to request the Convention Secretariat to invite WHO to identify options for the prevention and control of ENDS and evaluate emerging evidence on the health impacts of the use of such electronic systems, and report on the outcome to the sixth session of the COP,

Recognizing that the Parties have adopted various regulatory strategies with respect to ENDS, such as an outright ban on their sale, the adoption of regulation similar to that applicable to the marketing of medicines, their control as tobacco products, or no control at all,

Noting that the report by WHO to the COP at its sixth session (document FCTC/COP/6/Rev.1) summarizes the public health status and limited nature of the evidence on ENDS, and presents both general objectives and specific regulatory options for consideration by Parties,

1. WELCOMES the report contained in document FCTC/COP/6/Rev.1 and invites Parties to take urgent note of it;

<sup>1</sup>Electronic nicotine delivery systems (ENDS), of which electronic cigarettes are the most common category, are also referred to as e-cigarettes, e-hookers, e-shisha and e-pipes, and are used like tobacco.

<sup>2</sup>Electronic non-nicotine delivery systems (PNDS).



**Conference of the Parties to the WHO Framework Convention on Tobacco Control**

Eighth session  
Geneva, Switzerland, 1-6 October 2018

**DECISION**

**FCTC/COP/8(d) Novel and emerging tobacco products**

The Conference of the Parties (COP),

Recalling the WHO Framework Convention on Tobacco Control (WHO FCTC), and in particular its Article 6 (Price and tax measures to reduce the demand for tobacco), Article 7 (Demand measures to reduce the demand for tobacco), Article 8 (Protection from exposure to tobacco smoke), Article 9 (Regulation of the content of tobacco products), Article 10 (Regulation of tobacco product disclosures), Article 11 (Packaging and labeling of tobacco products) and Article 13 (Tobacco advertising, promotion and sponsorship),

Noting the report of WHO to the sixth session of the COP (FCTC/COP/6/Rev.1) on the evolution of new tobacco products, related marketing strategies, and the conclusions and recommendations provided in that report, including on their toxicity, addictive potential, prevention and potential impact on public health,

Recalling decision FCTC/COP/5(c) to invite also Parties WHO to continue to monitor and evaluate market developments and usage of novel and emerging tobacco products, such as "heat-not-burn" tobacco products, and to report progress to future sessions of the COP,

Noting the report of WHO on technical systems related to Article 9 and 10 of the WHO FCTC which cover market developments of heated tobacco products (document FCTC/COP/8/Rev.1),

Noting also that heated tobacco products are being marketed with claims of "reduced risk", "harm alternatives to conventional cigarettes" and similar false alternatives to smoking conventional cigarettes,

Recognizing heated tobacco products are tobacco products and are therefore subject to the provisions of the WHO FCTC,

Recognizing also that the properties of certain novel and emerging tobacco products such as heated tobacco products may pose regulatory challenges regarding their definition and classification, e.g. in relation to the emissions they produce, and that these may pose challenges for the comprehensive application of the WHO FCTC,



**Conference of the Parties to the WHO Framework Convention on Tobacco Control**

Seventh session  
Delhi, India, 7-12 November 2016

**DECISION**

**FCTC/COP/7(e) Electronic nicotine delivery systems and electronic non-nicotine delivery systems**

The Conference of the Parties (COP),

Recalling its decision FCTC/COP/4 to request the Convention Secretariat to prepare jointly with WHO's Tobacco Free Initiative a comprehensive report based on the experience of Parties on the status of electronic nicotine delivery systems (ENDS) for consideration at the fifth session of the COP,

Recalling its decision FCTC/COP/5 to request the Convention Secretariat to invite WHO to identify systems for the prevention and control of ENDS and examine emerging evidence on the health impacts of the use of such electronic systems, and report on the outcome to the sixth session of the COP,

Recalling its decision FCTC/COP/6 to request the Convention Secretariat to invite WHO to prepare an expert report for the seventh session of the COP with an update on the evidence of the health impacts of ENDS/ENDNS,

Noting that the report by WHO to the COP at its seventh session (document FCTC/COP/7/1) covers updates on the evidence of the health impacts of ENDS/ENDNS, their potential role in tobacco cessation and impact on tobacco control efforts, and success policy options (i.e. preventing the initiation of ENDS/ENDNS by non-users and youth, minimizing as far as possible potential health risks to ENDS/ENDNS users and protect non-users from exposure to their emissions, preventing migration, health claims from being made, and protecting tobacco-control activities from all commercial and other vested interests related to ENDS/ENDNS, including interests of the tobacco industry),

Noting that regional and international standards-development organizations have begun work on methods for the testing and measuring of contents and emissions of ENDS/ENDNS with an expected completion over the next three to five years,

Recognizing that some Parties have adopted various regulatory strategies with respect to ENDS/ENDNS, such as an outright ban on their manufacturing, importation, distribution and sale, the

How to regulate them?

## Banning commercialization

e.g.: Suriname, Argentina, Brazil, Mexico, Panama

**MPOWER** Countries implementing some of the measures of the package e.g.: Guyana, Jamaica, Costa Rica, Saint Lucia





# Closing remarks

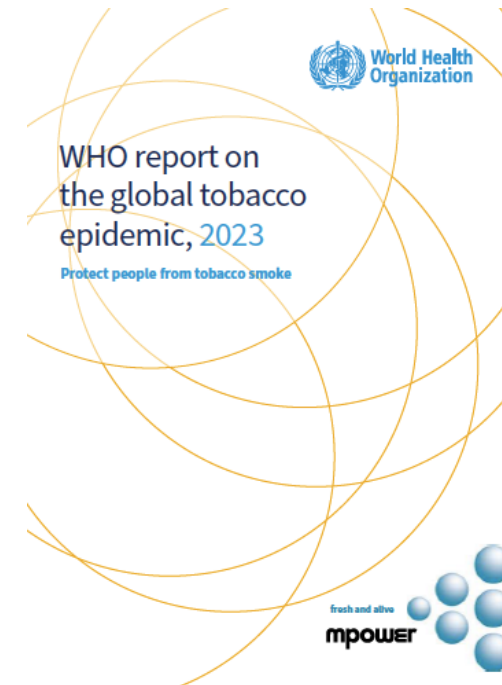


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# Action Needed to for advancing the tobacco control agenda in the Caribbean

- **Strengthen national technical expertise**, for the regulation of tobacco products including electronic cigarettes.
- **Reinforce national commitments** to approve regulations that are largely the exclusive competence of health authorities, such as establishing 100% smoke-free and emissions-free environments, and requiring large and visually impactful health warnings on packaging.
- **Address the challenges presented by the COVID-19 pandemic as a window of opportunity.** There may be a window of opportunity after the pandemic to prioritize public health interventions, including tobacco control measures such as health taxes.
- **Make use of forums for the exchange of experiences** among countries, through active participation in the COP and MOP (upcoming in November 2023)
- Continue to **strengthen measures to protect tobacco control policies from commercial and other vested interests of the tobacco industry and those who defend it**, and redouble efforts to achieve the remaining targets of this strategy to reduce NCD mortality and achieve the Sustainable Development Goals
- **Engage in interprogrammatic work** aimed at protecting the design, implementation, and evaluation of health policies from undue interference in order to advance in a coordinated manner in the prevention of NCDs.

# Useful Resources





Thank you!