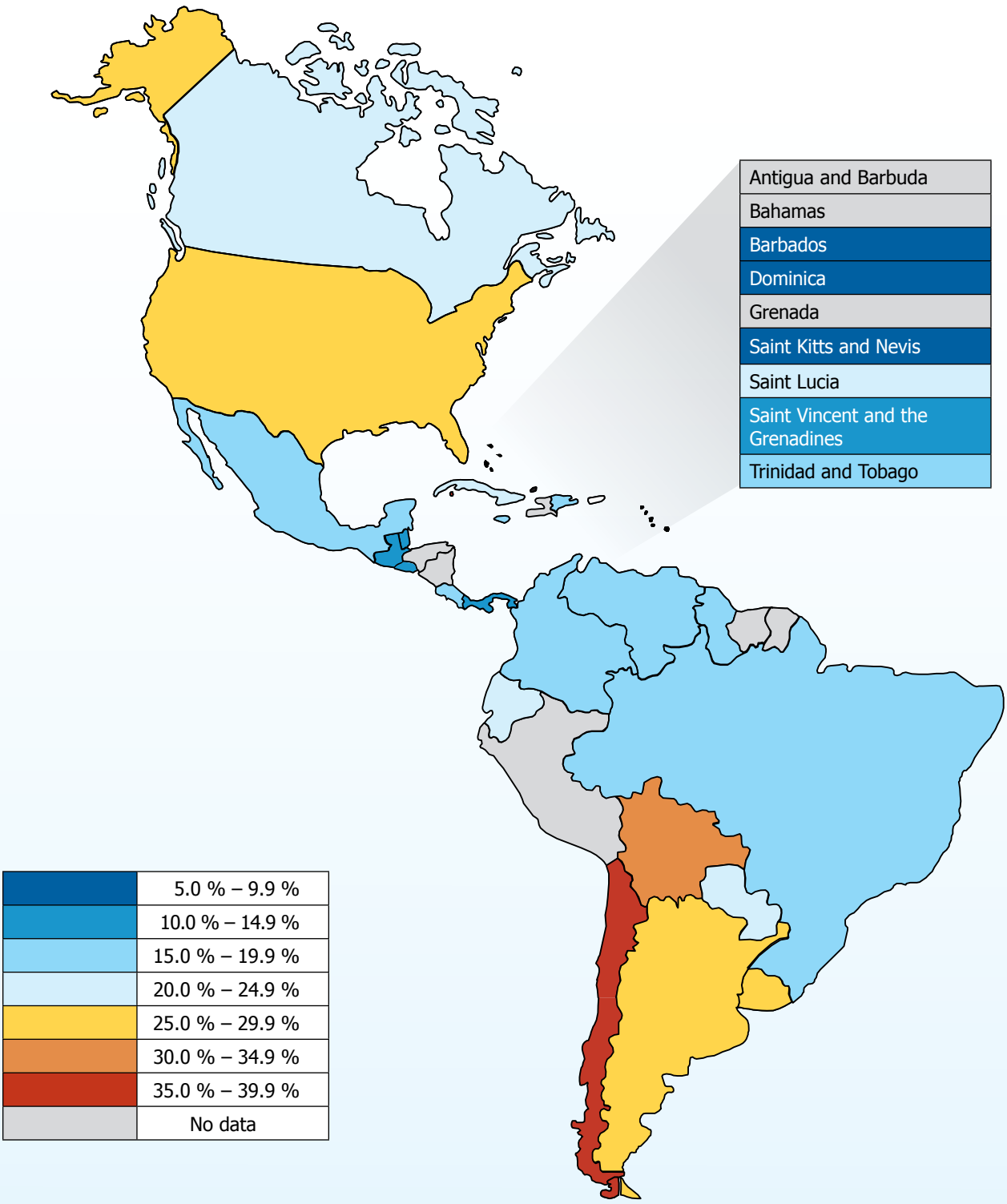
Tobacco Control Report
for the Region of the Americas

2011

Pan American Health Organization
Regional Office of the World Health Organization

Adult Current Smoking Prevalence*



NOTES:

*Current prevalence: percentage of the population 15 years and older who were smoking any tobacco product at the time of the survey. It includes daily and occasional smokers.

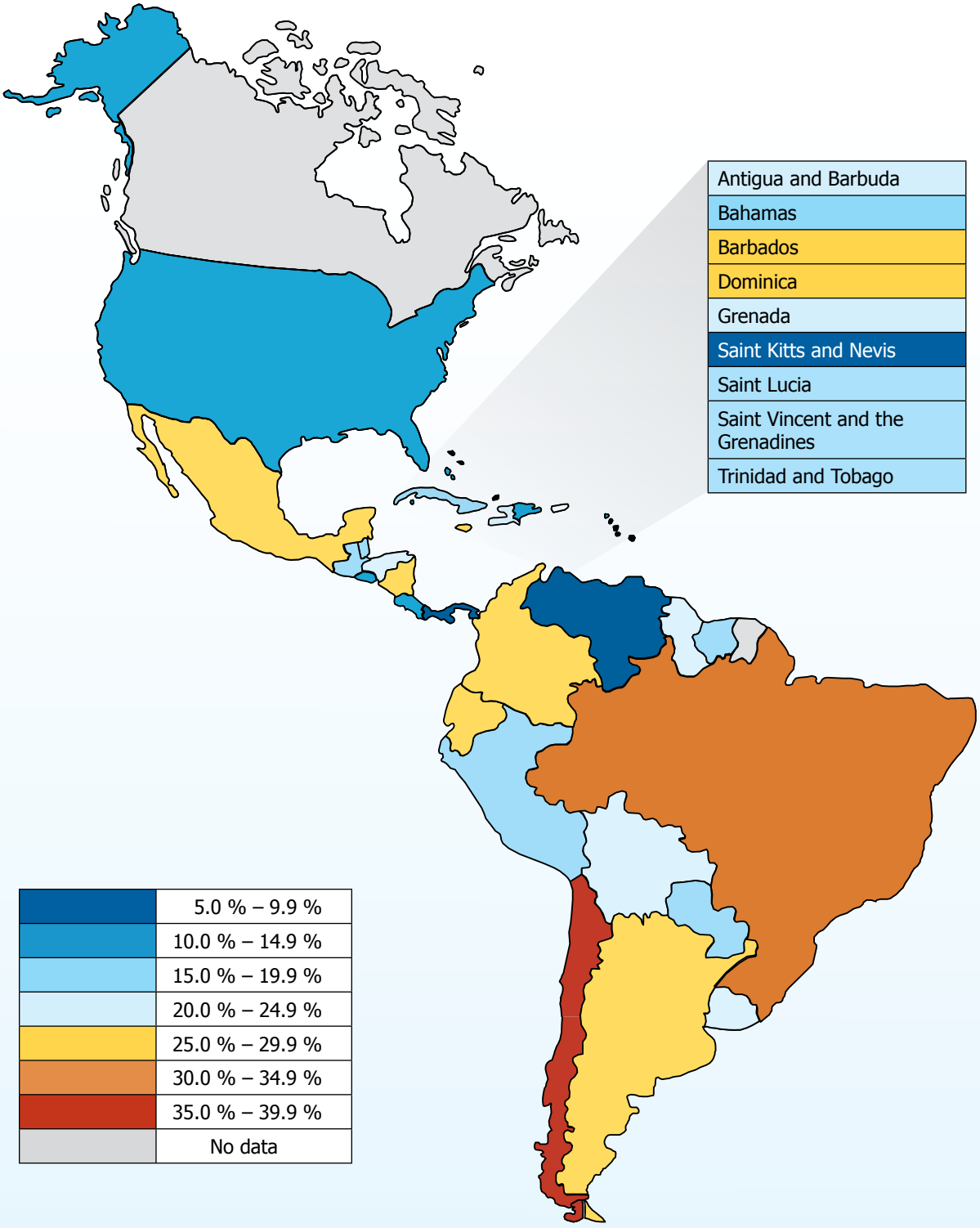
Age-standardized data (comparable between countries) from 2009 is presented when available. These data should be used strictly for the purpose of drawing comparisons across countries and must not be used to estimate absolute number of smokers in a country.

When age-standardized data is not available, crude data from national surveys are presented (not comparable across countries).

For more information about the data sources for each country, see the table on pages 4 and 5.

Source: Based on data from WHO Report on the Global Tobacco Epidemic, 2011: Warning about the dangers of tobacco. http://www.who.int/tobacco/mpower/2011/en/

Youth Current Tobacco Use Prevalence*



NOTES:

*Current prevalence: percentage of population between 13 and 15 years old that consumed any tobacco product, smoked or smokeless, at least once in the past 30 days.

National data is presented when available. If not available, subnational data is presented.

For specific information of each country, see the table on pages 4 and 5.

Source: Based on data from WHO Report on the Global Tobacco Epidemic, 2011: Warning about the dangers of tobacco. http://www.who.int/tobacco/mpower/2011/en/

Current Tobacco Use Prevalence by Country

Country		Population	Adult Prevalence (%)*		Youth Prevalence (%)**	
Antigua and Barbuda		89,000	—	—	Male: 24.3 Female: 15.9	Total: 20.1
Argentina		40,412,000	Male: 32 Female: 22	Total: 27	Male: 26.1 Female: 29.7	Total: 28.0
Bahamas		343,000	—	—	Male: 17.8 Female: 15.1	Total: 16.4
Barbados		273,000	Male: 13 Female: 3	Total: 7	Male: 34.5 Female: 23.2	Total: 28.6
Belize		312,000	Male: 23 Female: 3	Total: 13	Male: 21.8 Female: 15.3	Total: 18.3
Bolivia (Plurinational State of)		9,930,000	Male: 42 Female: 18	Total: 30	Male[3]: 24.7 Female[3]: 16.6	Total[3]: 20.8
Brazil		194,946,000	Male: 22 Female: 13	Total: 17	Male[3]: 28.7 Female[3]: 30.8	Total[3]: 30.1
Canada		34,017,000	Male: 24 Female: 17	Total: 20	—	—
Chile		17,114,000	Male: 38 Female: 33	Total: 35	Male[3]: 29.8 Female[3]: 39.8	Total[3]: 35.1
Colombia		46,295,000	Male[1]: 23.8 Female[1]: 11.1	Total[1]: 17	Male[3]: 27.0 Female[3]: 27.8	Total[3]: 27.6
Costa Rica		4,659,000	Male: 24 Female: 8	Total: 16	Male: 15.9 Female: 13.1	Total: 14.6
Cuba		11,258,000	Male[1]: 27.5 Female[1]: 14.1	Total[1]: 20,8	Male: 19.8 Female: 15.0	Total: 17.1
Dominica		68,000	Male: 11 Female: 4	Total: 7	Male: 30.4 Female: 19.8	Total: 25.3
Dominican Republic		9,927,000	Male: 17 Female: 13	Total: 15	Male: 18.4 Female: 11.9	Total: 14.9
Ecuador		14,465,000	Male: 36.3 Female: 8.2	Total[1]: 22.7	Male[3]: 31.2 Female[3]: 26.1	Total[3]: 28.6
El Salvador		6,193,000	Male[1]: 21.5 Female[1]: 3.4	Total[1]: 11.7	Male: 18.2 Female: 11.0	Total: 14.6
Grenada		104,000	—	—	Male: 24.5 Female: 16.7	Total: 20.5
Guatemala		14,389,000	Male: 22 Female: 4	Total: 13	Male: 19.7 Female: 13.3	Total: 16.6
Guyana		754,000	Male: 27 Female: 6	Total: 16	Male: 25.3 Female: 16.0	Total: 20.9

Current Tobacco Use Prevalence by Country

(continuation)

Country		Population	Adult Prevalence (%)*		Youth Prevalence (%)**	
Haiti [1]		9,993,000	Male: — Female: 4.4	Total: —	Male[3]: 21.7 Female[3]: 23.9	Total[3]: 23.2
Honduras		7,601,000	Male: — Female: 3	Total: —	Male[3]: 22.8 Female[3]: 18.2	Total[3]: 20.4
Jamaica		2,741,000	Male: 22.9 Female: 7.5	Total: 15.1	Male: 31.3 Female: 24.6	Total: 28.7
Mexico		113,423,000	Male: 24 Female: 8	Total: 16	Male[3]: 27.8 Female[3]: 28.5	Total[3]: 28.6
Nicaragua		5,788,000	Male: — Female[1]: 5.3	Total: —	Male[3]: 30.4 Female[3]: 20.5	Total[3]: 25.1
Panama		3,517,000	Male: 17 Female: 4.0	Total: 11	Male: 10.5 Female: 6.5	Total: 8.4
Paraguay		6,455,000	Male: 30 Female: 14	Total: 22	Male: 20.8 Female: 12.9	Total: 16.7
Peru		29,077,000	Male: — Female: 9	Total: —	Male: 21.5 Female: 16.5	Total: 19.4
Saint Kitts and Nevis		52,000	Male[2]: 12 Female[2]: 2	Total[2]: 7	Male: 10.4 Female: 7.8	Total: 9.2
Saint Lucia		174,000	Male[2]: 28 Female[2]: 12	Total[2]: 20	Male: 22.4 Female: 14.5	Total: 17.9
Saint Vincent and the Grenadines		109,000	Male: 18 Female: 6	Total: 12	Male: 22.0 Female: 16.6	Total: 19.1
Suriname		525,000	Male[1]: 38.4 Female[1]: 9.9	Total: —	Male: 20.7 Female: 16.6	Total: 19.2
Trinidad and Tobago		1,341,000	Male: 27 Female: 11	Total: 19	Male: 20.8 Female: 17.8	Total: 19.9
United States of America		310,384,000	Male: 33 Female: 25	Total: 29	Male: 15.4 Female: 11.1	Total: 13.2
Uruguay		3,369,000	Male: 31 Female: 22	Total: 27	Male: 21.4 Female: 24.5	Total: 23.2
Venezuela (Bolivarian Republic of)		28,980,000	Male[1]: 20.9 Female[1]: 13	Total[1]: 16.9	Male: 11.0 Female: 7.2	Total: 9.4

* Adult prevalence is calculated for current smokers of any tobacco product (does not include smokeless products).
** Youth prevalence is calculated for current users of any tobacco product (includes smoked and smokeless products).

Age-standardized data (comparable between countries) from 2009 is presented when available. These data should be used strictly for the purpose of drawing comparisons across countries and must not be used to estimate absolute number of smokers in a country.

[1] The adult data is not age-standardized and comes from a national survey provided by the country.
[2] The adult data is age-standardized and comes from a subnational survey.
[3] The youth data comes from a subnational survey.
– No data available.

SOURCES:
- Based on data from WHO Report on the Global Tobacco Epidemic, 2011: Warning about the dangers of tobacco. http://www.who.int/tobacco/mpower/2011/en/
- United Nations, Department of Economic and Social Affairs, Population Division (2011). World Population Prospects: The 2010 Revision, CD-ROM Edition. http://esa. un.org/unpd/wpp/Excel-Data/DB02_Stock_Indicators/WPP2010_DB2_F01_TOTAL_POPULATION_BOTH_SEXES.

World Health Organization Framework Convention on Tobacco Control

Tobacco is one of the world's leading causes of preventable death and is responsible for roughly 1 million deaths annually in the Americas. It is a risk factor for six of the eight leading causes of death, and it is the only legal product that kills from one-third to one-half of those who use it exactly as intended by the manufacturer. Tobacco not only harms the smoker; there is sufficient scientific evidence that exposure to second-hand smoke causes illness and death in nonsmokers as well. Reducing tobacco use will save millions of lives and reverse the entirely preventable tobacco epidemic.

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, 174 are Parties to the Convention (July 2011), making it one of the most rapidly embraced treaties in United Nations history. The treaty presents a blueprint for countries to reduce both the supply of and demand for tobacco.

In 2008, WHO released the MPOWER technical package. This technical package is the entry point for action at the country level for the full implementation of the WHO FCTC. It 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.

Full implementation of the WHO FCTC will prevent young people from beginning to smoke, protect non-smokers from exposure to smoke, and help current smokers to quit.

The Conference of the Parties had adopted guidelines for the implementation of the WHO FCTC. They cover the following articles: 5.3; 8; 9 & 10 (partial); 11; 12; 13 and 14. The guidelines are intended to help Parties to meet their obligations under the Convention, and they reflect the consolidated views of Parties on different aspects of implementation. The guidelines also aim to reflect and promote best practices and standards for the implementation of the treaty. Guidelines on other articles of the Convention are currently being prepared.

Recognizing the challenges of implementing the WHO FCTC in the Region of the Americas, the Pan American Health Organization (PAHO) Directing Council adopted resolutions CD48.R2 (Sept 2008) and CD50.R6 (Sept 2010). These resolutions urge Member States to consider ratification of the WHO FCTC, if they have not done so, and implement, when appropriate, its provisions and also to be aware of and oppose attempts by the tobacco industry to undermine tobacco control policies.

"The wide endorsement of the WHO Framework Convention on Tobacco Control in our Region shows that there is clear political will for making tobacco control more comprehensive and more successful. Tobacco use is the major contributor to heart attacks, strokes, cancers, and other chronic diseases that are now epidemic in our countries. More and more countries recognize that tobacco control is a life-and-death matter."

— Dr. Mirta Roses Periago, PAHO Director

SOURCES:
- WHO Report on the Global Tobacco Epidemic, 2008: The MPOWER Package. http://www.who.int/tobacco/mpower/2008/en/index.html
- World Health Organization Framework Convention on Tobacco Control (WHO FCTC). http://whqlibdoc.who.int/publications/2003/9241591013.pdf

World Health Organization
Framework Convention on Tobacco Control

The WHO FCTC enters into force on the ninetieth day following the date of deposit of the respective State's instrument of ratification. The Member States that have ratified the Convention become Parties to it and are legally bound by the treaty's provisions. Countries wishing to become Parties, but that did not sign the Convention by 29 June 2004, may do so by means of accession, which is a one-step process equivalent to ratification.

Of the 35 countries in the Region of the Americas, 29 are Parties to the Convention (83% of all Member States). There are 5 countries that have only signed the Convention, which implies that they will strive in good faith to ratify it and shows their political will not to undermine the objectives set out in it.

Country	Ratification or Accession (a)
Antigua and Barbuda	05 June 2006
Argentina	Signature only
Bahamas	03 November 2009
Barbados	03 November 2005
Belize	15 December 2005
Bolivia (Plurinational State of)	15 September 2005
Brazil	03 November 2005
Canada	26 November 2004
Chile	13 June 2005
Colombia	10 April 2008 (a)
Costa Rica	21 August 2008
Cuba	Signature only
Dominica	24 July 2006
Dominican Republic	*Has neither signed nor ratified*
Ecuador	25 July 2006
El Salvador	Signature only
Grenada	14 August 2007
Guatemala	16 November 2005
Guyana	15 September 2005 (a)
Haiti	Signature only
Honduras	16 February 2005
Jamaica	07 July 2005
Mexico	28 May 2004
Nicaragua	09 April 2008
Panama	16 August 2004
Paraguay	26 September 2006
Peru	30 Novmeber 2004
Saint Kitts and Nevis	21 June 2011
Saint Lucia	07 November 2005
Saint Vincent and the Grenadines	29 October 2010
Suriname	16 December 2008
Trinidad and Tobago	19 August 2004
United States of America	Signature only
Uruguay	09 September 2004
Venezuela (Bolivarian Republic of)	27 June 2006

SOURCE:
Parties to the WHO Framework Convention on Tobacco Control.
http://www.who.int/fctc/signatories_parties/en/index.html

Prices and Taxes

Under **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 and disadvantaged people. 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.

Numerous studies in different socio-economic settings have demonstrated the effectiveness of higher tobacco taxes and prices as the WHO FCTC states. Higher taxes on tobacco products lead to higher prices, which in turn reduce tobacco use and lead to health benefits as the death and disease caused by tobacco use are reduced. The graph in the next page shows the tax share of the price of a pack of 20 cigarettes of the most sold brand for each country in the region of the Americas. However, it is important to highlight that from a public health perspective, the best practices for tobacco tax policies go beyond the tax share of retail prices. Among these best practices, WHO identifies: to combine specific and ad valorem excise taxes while relying more on specific ones, to adopt comparable tax rates and tax increases on all tobacco products, automatically adjust specific tobacco taxes for inflation and increase tobacco taxes by enough to reduce the affordability of tobacco products. The chart in this page shows which countries apply specific, ad valorem or both types of excise taxes.

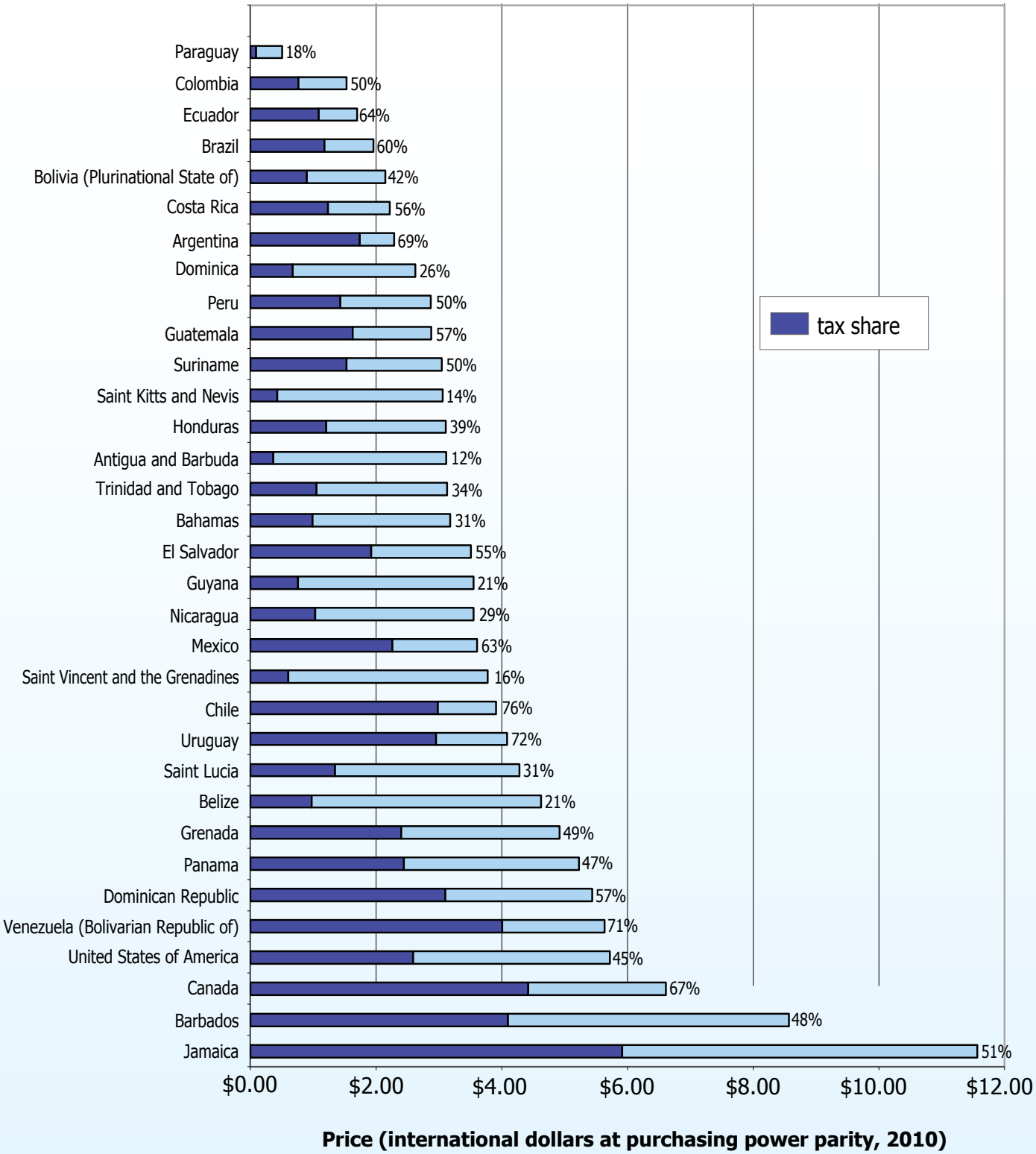
	Percentage of the price[1] of a package of cigarettes that is taxes and the composition of the taxes, 2010[2]			
Country	**Specific Excise[3]**	**Ad Valorem**	**Import Duties**	**Total[4]**
Antigua and Barbuda	0%	0%	0%	**12%**
Argentina	0%	46%	0%	69**%**
Bahamas	0%	31%	0%	**31%**
Barbados	34%	0%	0%	**48%**
Belize	10%	0%	0%	**21%**
Bolivia (Plurinational State of)	0%	29%	0%	**42%**
Brazil	26%	0%	0%	**60%**
Canada[5]	58%	0%	0%	**67%**
Chile	0%	60%	0%	**76%**
Colombia	30%	10%	0%	**50%**
Costa Rica	0%	44%	0%	**56%**
Cuba	. . .	. . .	. . .	**. . .**
Dominica	13%	0%	0%	**26%**
Dominican Republic	26%	17%	0%	**57%**
Ecuador	0%	54%	0%	**64%**
El Salvador	26%	18%	0%	**55%**
Grenada	0%	34%	0%	**49%**
Guatemala	0%	46%	0%	**57%**
Guyana	0%	16%	0%	**21%**
Haiti	. . .	. . .	. . .	**. . .**
Honduras	26%	0%	0%	**39%**
Jamaica	36%	0%	0%	**51%**
Mexico	3%	46%	0%	**63%**
Nicaragua	16%	0%	0%	**29%**
Panama	0%	42%	0%	**47%**
Paraguay	0%	7%	0%	**18%**
Peru	31%	0%	3%	**50%**
Saint Kitts and Nevis	0%	5%	0%	**14%**
Saint Lucia	0%	0%	0%	**31%**
Saint Vincent and the Grenadines	2%	0%	0%	**16%**
Suriname	41%	0%	0%	**50%**
Trinidad and Tobago	21%	0%	0%	**34%**
United States of America[5]	40%	0%	0%	**45%**
Uruguay	54%	0%	0%	**72%**
Venezuela (Bolivarian Republic of)	0%	68%	0%	**71%**

[1] Price corresponds to the final retail price of a pack of 20 cigarettes of the most sold brand.
[2] The data was updated in July 2010. Any increase in taxes or prices after that date is not reflected in this table.
[3] The percentage shown in the chart above is the specific tax share of the price of a pack of 20 cigarettes of the most sold brand which is equivalent to the absolute amount or value set in the respective national legislation.
[4] Total tax contains some taxes that do not fall under the specific excise, ad valorem or import duty categories.
[5] For these countries, the tax and price calculations include state/provincial taxes in addition to federal taxes.
... No data available.

SOURCE:
• Based on data from WHO Report on the Global Tobacco Epidemic, 2011: Warning about the dangers of tobacco. http://www.who.int/tobacco/mpower/2011/en/

Prices and Taxes

Price of a pack of 20 cigarettes of the most sold brand and tax share, 2010.



SOURCE:
- Based on data from WHO Report on the Global Tobacco Epidemic, 2011: Warnings about the danger of tobacco. http://www.who.int/tobacco/mpower/2011/en/

Smoke-free Environments

It is well known that half the people who smoke regularly today–about 500 million people–will eventually be killed by tobacco. Equally alarming is the fact that 600,000 people die each year from diseases caused by exposure to second-hand tobacco smoke. Research clearly shows that exposure to second-hand smoke causes cancer, as well as many serious respiratory and cardiovascular diseases in children and adults, often leading to death. There is no safe level of human exposure to tobacco smoke. The tobacco industry proposes alternatives to 100% smokefree environments like ventilation and designated smoking areas, but these interventions do not fully protect people. Complete prohibition of smoking in all indoor workplaces and public places is the only intervention that effectively protects people from the harms of second-hand smoke.

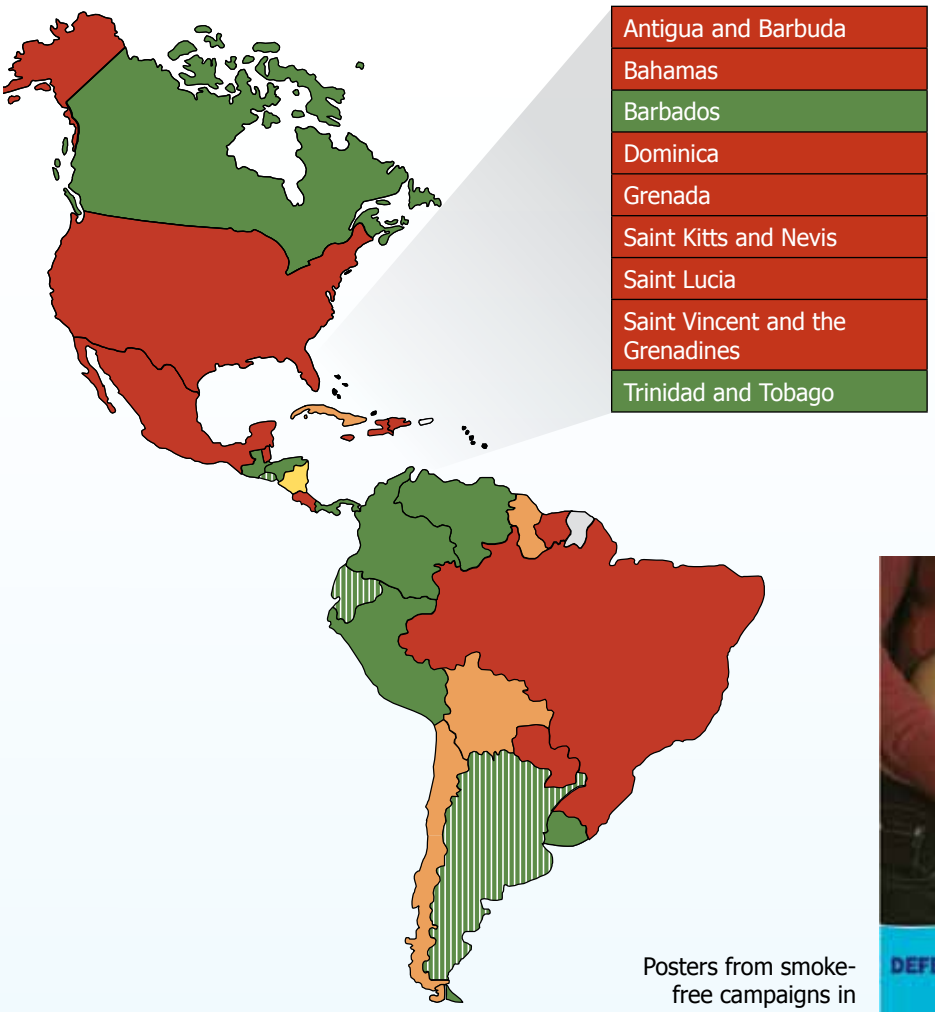
WHO FCTC Article 8 and its Guidelines require Parties to protect all persons from exposure to tobacco smoke. Under the article Parties recognize that scientific evidence has unequivocally demonstrated that exposure to tobacco smoke causes death, disease, and disability. Each Party agrees to adopt effective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

The following table shows which types of public places and workplaces are completely smoke-free in each of the countries at the national level. A completely smoke-free environment is one where smoking is not allowed at any time in any indoor area under any circumstance.

Country	Health-care facilities	Educational facilities except universities	Universities	Government facilities	Indoor offices	Restaurants	Pubs and bars	Public transportation
Antigua and Barbuda	No	No	No	**Yes**	No	No	No	No
Argentina	**Yes**	**Yes**	**Yes**	**Yes**	‡	**Yes**	**Yes**	**Yes**
Bahamas	No	No	No	No	No	No	No	No
Barbados	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**
Belize	No	No	No	No	No	No	No	No
Bolivia (Plurinational State of)	**Yes**	**Yes**	No	**Yes**	No	No	No	**Yes**
Brazil	No	No	No	No	No	No	No	**Yes**
Canada[1]	Yes	Yes	Yes	Yes	Yes	Yes	Yes	**Yes**
Chile	**Yes**	**Yes**	No	No	No	No	No	**Yes**
Colombia	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**
Costa Rica	No	**Yes**	No	No	No	No	No	No
Cuba	**Yes**	**Yes**	**Yes**	No	No	No	No	**Yes**
Dominica	No	No	No	No	No	No	No	No
Dominican Republic	No	**Yes**	**Yes**	No	No	No	No	No
Ecuador	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**
El Salvador	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**
Grenada	No	No	No	No	No	No	No	No
Guatemala	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**
Guyana	**Yes**	**Yes**	**Yes**	No	No	No	No	No
Haiti	No	No	No	No	No	No	No	No
Honduras	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**
Jamaica	No	No	No	No	No	No	No	No
Mexico	No	**Yes**	No	No	No	No	No	**Yes**
Nicaragua	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	No	No	**Yes**
Panama	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**
Paraguay	**Yes**	**Yes**	**No**	**No**	**No**	**No**	**No**	**No**
Peru	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**
Saint Kitts and Nevis	No	No	No	No	No	No	No	No
Saint Lucia	No	No	No	No	No	No	No	No
Saint Vincent and the Grenadines	No	No	No	No	No	No	No	No
Suriname	No	No	No	No	No	No	No	No
Trinidad and Tobago	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**
United States of America	No	No	No	Yes	No	No	No	No
Uruguay	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**
Venezuela (Bolivarian Republic of)	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**

[1] While there is no national smoke-free law, at least 90% of the population is protected by subnational 100% smoke-free laws.
‡ Exception: enclosed workplaces, private, with no attention to the public and without employees working in the same facility. Pending regulation.
SOURCES:
- Based on data from WHO Report on the Global Tobacco Epidemic, 2011: Warning about the dangers of tobacco. http://www.who.int/tobacco/mpower/2011/en/
- In those countries where legislation was passed after the cutoff date of the WHO Report, the data was updated to July 2011 by the PAHO Tobacco Control Team.
- WHO FCTC: Guidelines for implementation Article 5.3, Article 8; Article 9; Article 10; Article 11; Article 12; Article 13; Article 14. http://www.who.int/fctc/protocol/guidelines/adopted/guidel_2011/en/index.html

Smoke-free Environments



Posters from smoke-free campaigns in Argentina (above) and Uruguay (below)

Article 8:
Protection from exposure to tobacco smoke

Criteria: Number of types of indoor public places and workplaces 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).
	Same definition as above but regulation and/ or implementation pending.
	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.

Health Warnings

Despite conclusive evidence regarding the dangers of tobacco, relatively few tobacco users worldwide understand the full extent of the risk to their health. Health warning labels, on cigarette and other tobacco product packages as well as all marketing materials when they are still allowed, help inform consumers of these dangers. They are an important component in national health education programs and can be implemented at virtually no cost to governments.

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 ideally cover 50% or more of the principal 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.

Parties shall comply with this article within 3 years of the entrance into force of the treaty for the party.

The following table shows the specific requirements for health warnings on cigarette packages in each country.

Country	Does law mandate specific warnings?*	Percentage of principal display area mandated to be covered by health warnings (Front / Back / Average)*	How many health warnings are approved by the law?	Do health warnings appear on each package and any outside packaging and labelling used in the retail sale?*	Do health warnings describe the harmful effects of tobacco use on health?*	Does the law mandate font style, font size and color of health warnings?*	Are the health warnings rotating?*	Are the health warnings written in the principal languages(s) of the country?*	Do the health warnings include an image?	Ban on deceitful terms**
Antigua and Barbuda	No	—	—	No	No	No	No	No	No	No
Argentina ‡	**Yes‡**	50 / 50 / 50 ‡	**10 ‡**	**Yes ‡**	**Yes ‡**	**Yes‡**	**Yes ‡**	**Yes ‡**	**Yes ‡**	**Yes ‡**
Bahamas	Yes	—	**1**	**Yes**	**Yes**	No	**No**	**Yes**	No	No
Barbados	No	—	—	No	No	No	No	No	No	No
Belize	No	—	—	No	No	No	No	No	No	No
Bolivia ‡ (Plurinational State of)	**Yes ‡**	50 / 50 / 50 ‡	**6 ‡**	**Yes ‡**	**Yes ‡**	**Yes ‡**	**Yes ‡**	**Yes ‡**	**Yes ‡**	**Yes ‡**
Brazil	**Yes**	0 / 100 / 50	**10**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**
Canada	**Yes**	50 / 50 / 50	**16**	**Yes**	**Yes**	**Yes**	No	**Yes**	**Yes**	**Yes**
Chile	**Yes**	50 / 50 / 50	**1**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**
Colombia	**Yes**	30 / 30 / 30	**6**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**
Costa Rica	**Yes**	—	**2**	**Yes**	**Yes**	No	**Yes**	**Yes**	No	No
Cuba	**Yes**	30 / 30 / 30	**5**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	No	**Yes**
Dominica	No	—	—	No	No	No	No	No	No	No
Dominican Republic	**Yes**	—	**1**	**Yes**	**No**	**Yes**	No	**Yes**	No	No
Ecuador ‡	**Yes ‡**	60 / 60 / 60 ‡	**--- ‡**	**Yes ‡**	**Yes ‡**	**Yes ‡**	**Yes ‡**	**Yes ‡**	**Yes ‡**	**Yes ‡**
El Salvador‡	**Yes ‡**	50 / 50 / 50 ‡	**--- ‡**	**Yes ‡**	No‡	No‡	No‡	**No‡**	**Yes ‡**	**Yes ‡**
Grenada	No	—	—	No	No	No	No	No	No	No
Guatemala	**Yes**	25 / 0 / 13	**6**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	No	No
Guyana	**Yes**	—	**1**	**Yes**	No	**Yes**	No	**Yes**	No	No
Haiti	No	—	—	No	No	No	No	No	No	No
Honduras	**Yes**	50 / 50 / 50	**—**	**Yes**	No	No	**Yes**	**Yes**	**Yes**	**Yes**
Jamaica	**Yes**	30 / 30 / 30	**12**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	No	Yes
Mexico	**Yes**	30 / 100 / 65	**8**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**
Nicaragua‡	**Yes ‡**	50 / 50 / 50 ‡	**6 ‡**	**Yes ‡**	**No ‡**	**Yes ‡**	**Yes ‡**	**Yes ‡**	Yes ‡	Yes ‡
Panama	**Yes**	50 / 50 / 50	**5**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**
Paraguay	**Yes**	—	**1**	**Yes**	**No**	**No**	**No**	**Yes**	**No**	**No**
Peru	**Yes**	50 / 50 / 50	**11**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**
Saint Kitts and Nevis	No	—	—	No	No	No	No	No	No	No
Saint Lucia	No	—	—	No	No	No	No	No	No	No
Saint Vincent and the Grenadines	No	—	—	No	No	No	No	No	No	No
Suriname	No	—	—	No	No	No	No	No	No	No
Trinidad and Tobago‡	**Yes ‡**	— ‡	**— ‡**	**Yes ‡**	No ‡	**Yes ‡**	No ‡	**Yes ‡**	No ‡	Yes ‡
United States of America ‡	**Yes ‡**	50 / 50 / 50‡	**9 ‡**	**Yes ‡**	**Yes ‡**	**Yes ‡**	**Yes ‡**	**Yes ‡**	**Yes ‡**	**Yes**
Uruguay	**Yes**	80 / 80 / 80	**6**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**
Venezuela (Bolivarian Republic of)	**Yes**	0 / 100 / 50	**10**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**

* These indicators comprise the characteristics used to evaluate a country's implementation status shown on the following page.
** Deceitful terms: includes, but is not limited to "low tar", "light", "ultra light" or "mild."
‡ A law has been approved, but regulation and/or implementation are pending.

SOURCES:
- Based on data from WHO Report on the Global Tobacco Epidemic, 2011: Warning about the dangers of tobacco. http://www.who.int/tobacco/mpower/2011/en/
- In those countries where legislation was passed after the cutoff date of WHO Report, the data was updated July 2011 by the PAHO Tobacco Control Team.
- WHO FCTC: Guidelines for implementation Article 5.3, Article 8; Article 9; Article 10; Article 11; Article 12; Article 13; Article 14. http://www.who.int/fctc/protocol/guidelines/adopted/guidel_2011/en/index.html

Health Warnings

- Antigua and Barbuda
- Bahamas
- Barbados
- Dominica
- Grenada
- Saint Kitts and Nevis
- Saint Lucia
- Saint Vincent and the Grenadines
- Trinidad and Tobago‡

Article 11: Packaging and labeling of tobacco products

Criteria: Size and content of health warnings on tobacco products

	Large warning (average of at least 50% on front and back) of package with all appropriate characteristics.*
	Same definition as above but regulation and/or implementation pending.
	Medium size warning (average of front and back of package between 30% and 49%) with all appropriate characteristics* or large warnings (average of at least 50% on front and back) missing one or more appropriate characteristics.*
	Medium size warning (average of front and back between 30% and 49%) missing one or more appropriate characteristics* or large warning (average of at least 50% on front and back) missing four or more appropriate characteristics.*
	No warning or small warning (average of front and back of package is less than 30%).
	Data not reported.

Examples of graphic cigarette warning labels from Brazil (top), Chile (middle), and Canada (bottom)

*Consult page 12 to see a list of the characteristics used to evaluate the regulation status of each country.
‡ Law was approved but regulation and/or implementation are pending. With the information provided by the law it is impossible to classify it.

Bans on Tobacco Advertising, Promotion and Sponsorship

Millions of smokers die each year from tobacco-related illnesses, so the recruitment of new smokers is crucial for the financial health of the tobacco industry. Tobacco manufacturers know that most people will not start smoking after they reach adulthood and develop the capacity to make informed decisions. As a result, they target youth by designing advertisements that feature happy young people enjoying life with tobacco and sponsoring sporting and entertainment events. This widespread advertising "normalizes" tobacco, depicting it as being no different from any other consumer product, which makes it difficult for people to understand the hazards of its use. A comprehensive ban on tobacco advertising, promotion, and sponsorship will prevent the tobacco industry from continuing to market to young people.

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. The WHO FCTC requires all Parties to 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.

The following two tables show which forms of direct and indirect advertising, promotion, and sponsorship are banned at the national level. A "Yes" indicates that a ban exists in that form of media. That is, advertising is completely prohibited in that form of media without exceptions for target audience or time of day.

Country	National TV and radio*	International TV and radio	Local magazines and newspapers*	International magazines and newspapers	Billboard and out-door advertising*	Point of sale*	Internet
Antigua and Barbuda	No	No	No	No	No	No	No
Argentina ‡	**Yes ‡**	**Yes ‡**	**Yes ‡**	**Yes ‡**	**Yes ‡**	**No ‡**	**Yes ‡**
Bahamas	**Yes**	No	**No**	No	**No**	**No**	No
Barbados	No	No	No	No	No	No	No
Belize	No	No	No	No	No	No	No
Bolivia (Plurinational State of)	**Yes**	No	**Yes**	No	**Yes**	No	No
Brazil	**Yes**	No	**Yes**	No	**Yes**	No	**Yes**
Canada	**Yes**	**No**	**Yes**	**No**	**Yes**	No	**Yes**
Chile	**Yes**	**No**	**Yes**	**Yes**	**Yes**	**No**	**Yes**
Colombia	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**
Costa Rica	No	No	No	No	No	No	No
Cuba	No	No	No	No	No	No	No
Dominica	No	No	No	No	No	No	No
Dominican Republic	No	No	No	No	No	No	No
Ecuador‡	**Yes ‡**	**Yes ‡**	**Yes ‡**	**Yes ‡**	**Yes ‡**	**No ‡**	**Yes ‡**
El Salvador‡	**Yes ‡**	**Yes ‡**	**Yes ‡**	**Yes ‡**	**Yes ‡**	**Yes ‡**	**Yes ‡**
Grenada	No	No	No	No	No	No	No
Guatemala	No	No	No	No	No	No	No
Guyana	No	No	No	No	No	No	No
Haiti	No	No	No	No	No	No	No
Honduras‡	**Yes ‡**	**Yes ‡**	**Yes ‡**	**Yes ‡**	**Yes ‡**	No ‡	No ‡
Jamaica	**Yes**	No	No	No	**No**	No	No
Mexico	**Yes**	No	No	No	**Yes**	No	No
Nicaragua ‡	**Yes ‡**	**Yes ‡**	**No ‡**	**No ‡**	**Yes ‡**	**No ‡**	**No ‡**
Panama	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**
Paraguay	**No**	No	No	No	No	No	**No**
Peru	**Yes**	No	No	No	No	No	Yes
Saint Kitts and Nevis	No	No	No	No	No	No	No
Saint Lucia	No	No	No	No	No	No	No
Saint Vincent and the Grenadines	No	No	No	No	No	No	No
Suriname	No	No	No	No	No	No	No
Trinidad and Tobago ‡	**Yes ‡**	No ‡	No ‡	No ‡	No ‡	No ‡	No ‡
United States of America	**Yes**	**No**	**No**	**No**	**No**	No	**No**
Uruguay	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	No	**Yes**
Venezuela	**Yes**	**Yes**	No	No	**Yes**	No	No

* Forms of direct and indirect advertising used to evaluate a country's implementation status shown on page 16.
‡ A law had been approved but regulation and/or implementation pending.

SOURCES:
- Based on data from WHO Report on the Global Tobacco Epidemic, 2011: Warning about the dangers of tobacco. http://www.who.int/tobacco/mpower/2011/en/
- In those countries where legislation was passed after the cutoff date of WHO Report, the data was updated in July 2011 by the PAHO Tobacco Control Team.
- WHO FCTC: Guidelines for implementation Article 5.3, Article 8; Article 9; Article 10; Article 11; Article 12; Article 13; Article 14. http://www.who.int/fctc/protocol/guidelines/adopted/guidel_2011/en/index.html

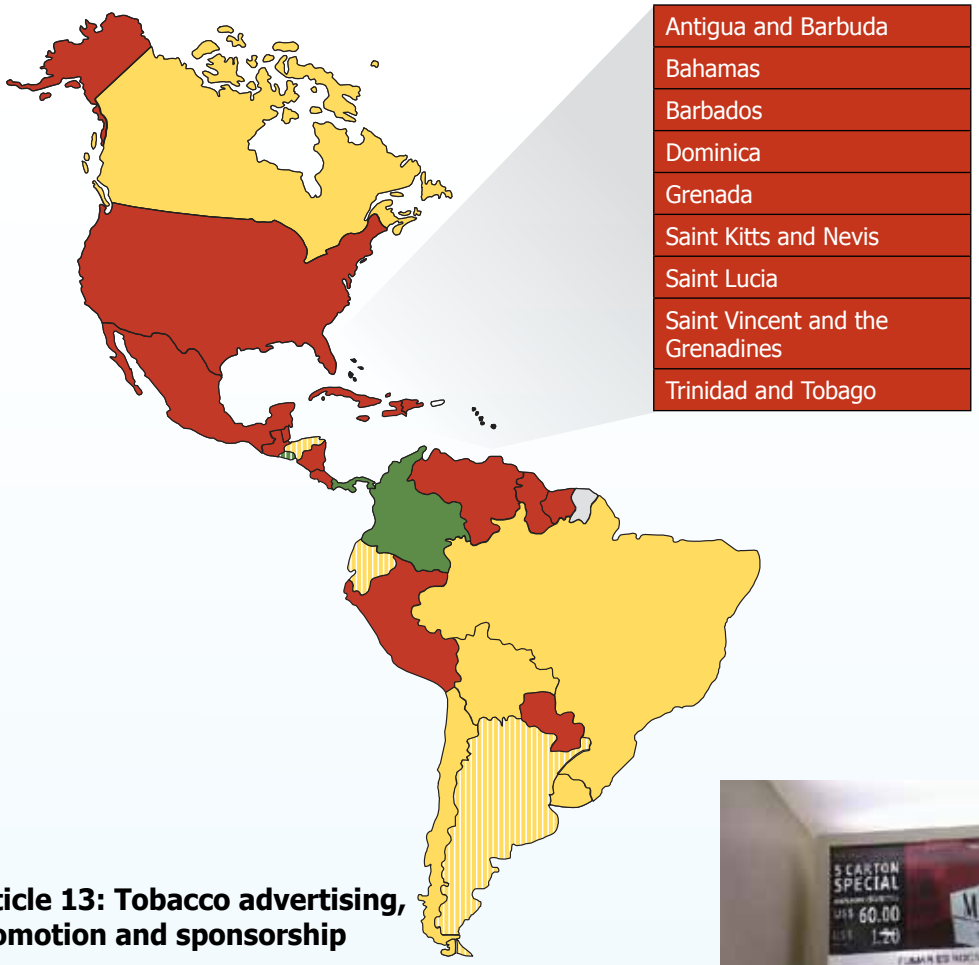
Bans on Tobacco Advertising, Promotion and Sponsorship

Country	Free distribution by mail or other means*	Promotional discounts*	Nontobacco products identified with tobacco brand names*	Brand name of nontobacco product used for tobacco products*	Appearance of tobacco products in TV or film*	Tobacco sponsored events*
Antigua and Barbuda	No	No	No	No	No	No
Argentina ‡	No ‡	**Yes ‡**	**Yes ‡**	**Yes ‡**	No ‡	**Yes ‡**
Bahamas	**No**	**No**	**No**	**No**	No	**No**
Barbados	No	No	No	No	No	No
Belize	No	No	No	No	No	No
Bolivia (Plurinational State of)	**Yes**	No	No	No	No	**Yes**
Brazil	**Yes**	No	**Yes**	No	No**	**Yes**
Canada	**Yes**	**Yes**	No	No	No	**Yes**
Chile	**Yes**	**Yes**	**Yes**	**No**	**No****	**Yes**
Colombia	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**
Costa Rica	No	No	**No**	No	No	No
Cuba	No	No	No	No	No	No
Dominica	No	No	No	No	No	No
Dominican Republic	No	No	No	No	No	No
Ecuador ‡	No ‡	**Yes ‡**	**Yes ‡**	**Yes ‡**	No ‡	**Yes ‡**
El Salvador ‡	**Yes ‡**	**Yes ‡**	**Yes ‡**	**Yes ‡**	**Yes ‡**	**Yes ‡**
Granada	No	No	No	No	No	No
Guatemala	**Yes**	No	No	No	No	No
Guyana	No	No	No	No	No	No
Haiti	No	No	No	No	No	No
Honduras ‡	No ‡	No ‡	No ‡	No ‡	No ‡	No ‡
Jamaica	No	No	No	No	No	No
México	**Yes**	**Yes**	**Yes**	No	No	**Yes**
Nicaragua ‡	**Yes ‡**	No ‡	No ‡	No ‡	No ‡	No ‡
Panama	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**
Paraguay	No	No	No	No	No	No
Peru	No	No	No	No	No	No
Saint Kitts and Nevis	No	No	No	No	No	No
Saint Lucia	No	No	No	No	No	No
Saint Vincent and the Grenadines	No	No	No	No	No	No
Suriname	No	No	No	No	No	No
Trinidad and Tobago ‡	No ‡	No ‡	**Yes ‡**	No ‡	No ‡	**Yes ‡**
United States of America	No	No	No	No	No	**Yes**
Uruguay	**Yes**	**Yes**	**Yes**	**Yes**	No**	**Yes**
Venezuela (Bolivarian Republic of)	**Yes**	**Yes**	**Yes**	No	No[1]	No

* Forms of direct and indirect advertising used to evaluate a country's implementation status on page 16.
** Ban present on appearance of tobacco brands on television and/or in films (product placement).
[1] Complete ban on appearance of tobacco products on television.

SOURCES:
- Based on data from WHO Report on the Global Tobacco Epidemic, 2011: Warning about the dangers of tobacco. http://www.who.int/tobacco/mpower/2011/en/
- In those countries where legislation was passed after the cutoff date of WHO Report, the data was updated in July 2011 by the PAHO Tobacco Control Team.
- WHO FCTC: Guidelines for implementation Article 5.3, Article 8; Article 9; Article 10; Article 11; Article 12; Article 13; Article 14. http://www.who.int/fctc/protocol/guidelines/adopted/guidel_2011/en/index.html

Bans on Tobacco Advertising, Promotion and Sponsorship



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.*
	Same bans as above, but pending regulation and/or implementation.
	Ban on national television, radio and print media as well as on some but not all other forms of direct and/or indirect advertising.*
	Same bans as above, but pending regulation and/or implementation.
	Ban on national television, radio and print media only.
	Complete absence of ban, or ban that does no cover national television, radio or print media.
	Data not reported.

* The list of forms of direct and indirect advertising used to evaluate country policies can be found in the tables on pages 14 and 15.

Above and below:
Tobacco advertisements from the Region

Treatment of Tobacco Dependence

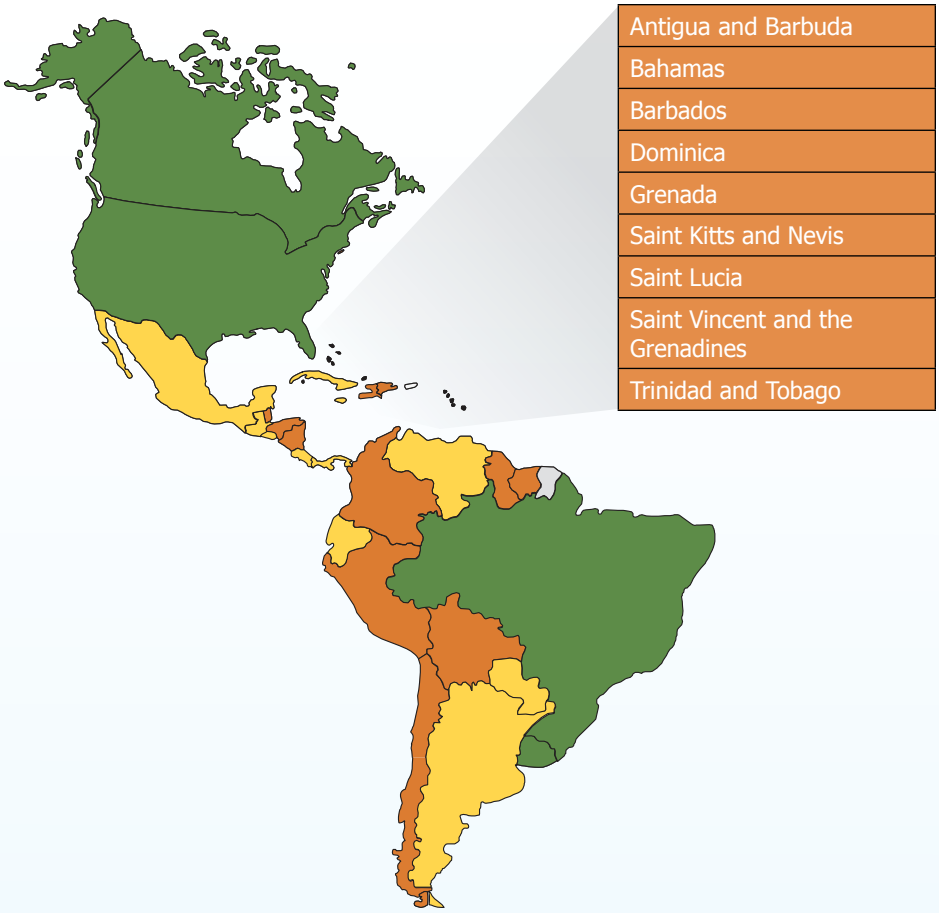
People who are addicted to nicotine are the victims of the tobacco epidemic. Three out of four smokers say they want to quit. For some tobacco users it is difficult to quit on their own, so access to counseling and cessation services are an important part of comprehensive tobacco control programs.

Under **WHO FCTC Article 14 and its Guidelines**, 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. Each Party shall develop and disseminate appropriate, comprehensive and integrated guidelines based on scientific evidence and best practices; include diagnosis and treatment of tobacco dependence and counseling services on cessation of tobacco use in national health and education programs, plans, and strategies, with the participation of health workers, community workers and social workers as appropriate; and collaborate with other Parties to facilitate accessibility and affordability for treatment of tobacco dependence, including pharmaceuticals.

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.

While most who quit eventually do so without intervention, the use of cessation medications can double the likelihood of quitting successfully, and administering the medication in conjunction with counseling increases the probability of quitting even further.

The following map shows the status of each country's tobacco dependence treatment programs.



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* available and cost covered.
	NRT and/or some cessation services* available, at least one of which is cost-covered.
	NRT and/or some cessation services* available in the country but neither cost-covered.
	None.
	Data not reported.

*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.

SOURCES:
- Based on data from WHO Report on the Global Tobacco Epidemic, 2011: Warning about the dangers of tobacco. http://www.who.int/tobacco/mpower/2011/en/
- WHO FCTC: Guidelines for implementation Article 5.3, Article 8; Article 9; Article 10; Article 11; Article 12; Article 13; Article 14. http://www.who.int/fctc/protocol/guidelines/adopted/guidel_2011/en/index.html

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.

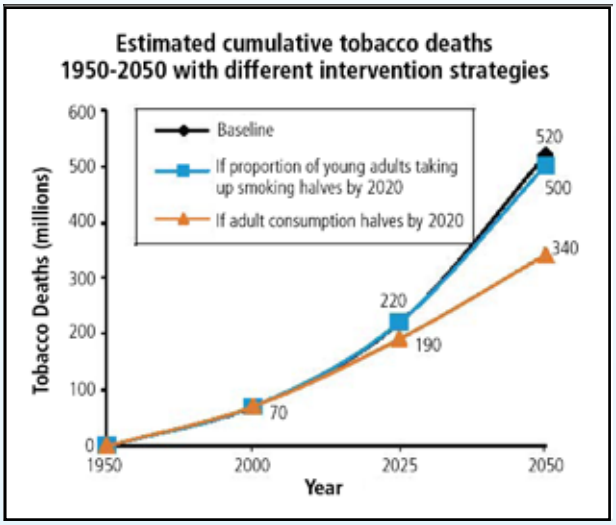
Future of Tobacco Control

Almost 6 million people die form tobacco use each year, both from direct tobacco use and exposure to second hand smoke. By 2020, this number will increase to 7.5 million, accounting for 10% of all deaths.

Tobacco use is one of the four main behavioral risk factors for noncommunicable diseases (NCDs) and it is estimated to cause about 71% of lung cancer, 42% of chronic respiratory diseases and nearly 10% of cardiovascular diseases.

The importance of the full implementation of WHO FCTC mandates cannot be underscored.

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.



SOURCES:

- WHO Global Status Report on non communicable diseases 2010. http://www.who.int/nmh/publications/ncd_report2010/en/
- Curbing the Epidemic: Governments and the Economics of Tobacco Control. World Bank 1999.

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Photograph and Image Sources:
Page 1 – Image: http://www.istockphoto.com/index.php
Pages 4, 5 – Flags: http://flagpedia.net/
Page 6 – FCTC image: http://www.who.int/fctc/text_download/en/index.html
Page 11 – Ministry of Health of Argentina, Ministry of Health of Uruguay
Page 13 – Ministry of Health of Chile, Ministry of Health of Brazil, Health Canada
Page 16 – PAHO

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


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