

# Regional Summary for the Region of the Americas

---

*Heather Selin, Jaime Pérez Martín, and Armando Peruga, World Health Organization, Tobacco Free Initiative, Regional Office for the Americas (PAHO)*

## Regional Overview

The Region of the Americas includes all countries of the Western Hemisphere, including North America, Mexico, the English-Speaking Caribbean, Central America, and South America. Population in the region was estimated at 854 million in 2002.<sup>1</sup> Based on 1990-1994 data, tobacco-caused mortality is estimated to be more than one million deaths annually.<sup>2</sup> In the Southern Cone (Argentina, Chile, Paraguay, and Uruguay) and in North America, tobacco is responsible for about one-quarter of all deaths, with tobacco's disease burden only slightly higher among males than females.<sup>3</sup>

## Tobacco Use and Exposure to Secondhand Smoke

Tobacco use ranges widely throughout the region, with the highest prevalence rates among adolescents aged 13-15 found in countries of the Southern Cone (for example, Santiago, Chile – 38.7%), and the lowest rates found in specific countries in the English-speaking Caribbean (for example, Antigua and Barbuda – 13.5%).<sup>4</sup>

Similarly, exposure of adolescents to secondhand tobacco smoke in the home ranges from a high of nearly 70% in Argentina and Cuba, to a low of 18.6% in Antigua and Barbuda.<sup>5</sup>

Tobacco consumption per capita appears to be declining throughout the region. However, due to limited comparable trend data it is possible to say with certainty only that smoking prevalence has declined steadily and significantly over the past several years in Canada,<sup>6</sup> although several states in the United States have reported dramatic reductions in consumption as a result of comprehensive programs.<sup>7,8</sup> Preliminary data from new research also seems to indicate that Brazil may have experienced significant declines.

## Tobacco Industry

The tobacco market in the Americas outside of the US and Canada is dominated almost entirely by British American Tobacco (BAT) and, to a lesser extent, Philip Morris International (PMI). In 1999, BAT controlled 60% of the Latin American market, with PMI controlling most of the rest.<sup>9</sup> The extent of monopolization is extreme in many countries, where BAT has virtually 100% market share.

Despite the challenges to its credibility in Canada and the United States of America, the tobacco industry still enjoys

widespread access to and influence among many governments in Latin America and the Caribbean.<sup>10</sup> There remains a strong perception throughout the region that the tobacco industry is critical to national economies and that tobacco control measures will harm the economy. In some countries the tobacco companies are seen as good corporate partners, and many governments have signed agreements with the industry to implement the industry's ineffective "youth smoking prevention" programs in schools.<sup>11</sup> Despite decades of evidence showing voluntary promotional restrictions by the industry to be ineffective, the industry continues to convince governments to buy into these voluntary codes.<sup>12</sup>

Civil society in most countries in the region is only beginning to take up tobacco control as an issue. The experience of most countries shows that strong support from non-governmental organizations (NGOs) enables governments to implement stronger tobacco control measures than would otherwise be the case. In the absence of strong civil society pressure, the industry has found it much easier to maintain a status quo of weak regulation.

## Tobacco Programs and Policies

In Canada and the United States, the last few years have seen rapid advances in smoke-free policies at the municipal and state/provincial levels. Major cities such as New York, Boston, Victoria, and Ottawa now prohibit smoking in all workplaces and public places, including bars and restaurants.

Brazil has recently prohibited most tobacco advertising and promotion, has declared public transport and public places smoke-free and, along with Canada, has implemented one of only two picture-based tobacco package warning systems in the world.

In countries for which data is available, the real price of a pack of Marlboros (or equivalent premium international brand) declined between 1990 and 2000 in five countries of the region (in order of decline, Costa Rica, Uruguay, Argentina, Canada, Guatemala) and increased in six (United States of America, Paraguay, Mexico, Chile, Ecuador, Panama).<sup>13</sup>

Other than in those countries mentioned above, there has been little progress in implementing effective measures to reduce tobacco use, with scattered exceptions. The focus of tobacco control legislation in most countries has traditionally

---

been on measures known to be ineffective in reducing tobacco use, such as restrictions on tobacco sales to young people, or has been insufficiently comprehensive to have an impact, such as laws mandating shared smoking and non-smoking areas in government buildings, or minimal restrictions on tobacco advertising. For example, based on available data fewer than half of countries prohibit smoking in health institutions, and only a handful ban smoking in government worksites. Nearly half of countries in the region prohibit smoking in public transportation. Laws in many countries mandate that tobacco advertising be restricted on television during daytime hours only, with few or no restrictions on promotion in the non-electronic media.

However, most countries in the region actively supported a strong Framework Convention on Tobacco Control (FCTC), and many are expected to ratify the draft text presented to the World Health Assembly in May 2003. The FCTC process is expected to accelerate the implementation of effective programs and policies to reduce and monitor tobacco use.

## Challenges and Opportunities

Despite the recent slow progress in actual policy change outside of Brazil and North America, many factors indicate that the groundwork is being laid for greater progress over the next few years.

The FCTC has obvious positive implications for tobacco control. The negotiation of the treaty has increased governments' interest in and commitment to tobacco control. It has also strengthened the international community of NGOs working on tobacco control. The involvement of civil society to counter tobacco industry pressure is critical to achieving more rapid advances in the Americas. The FCTC's pending ratification will compel many countries to evaluate their current approaches to tobacco control and consider where improvements are needed.

The Smoke Free Americas initiative, launched by the Pan American Health Organization (PAHO) in 2001, focuses specifically on building capacity for smoke-free environments. Through policy-relevant research, training, community building, and information dissemination, this initiative has re-energized tobacco control in many countries. The strengthening of policies in the short term is expected as a result.

The recent release of key reports by PAHO and by the University of California at San Francisco on the activities of the tobacco industry to undermine tobacco control in the region received wide media coverage, raised awareness among governments of the limitations and disadvantages of partnering with the industry, and stimulated interest among researchers in the region in further examining the internal documents of the industry.

In the past several years, most international tobacco control donors have tended not to focus on Latin America and the Caribbean. However, this may be changing as increased activity in tobacco control by PAHO and by other actors in the Americas has highlighted the opportunities for and potential benefits of greater investments in this region.

---

## References

1. Pan American Health Organization. *Health in the Americas*. Volume I, 2002 Edition. PAHO, Washington DC, 2002.
2. Ibid.
3. Ibid.
4. Peruga A, Pérez Martin J. The Global Youth Tobacco Survey: Results in the Americas. *Epidemiological Bulletin V.23 No.2 (June 2002)* pp 6-9. Pan American Health Organization.
5. *Health in the Americas* op cit.
6. Health Canada. Canadian Tobacco Use Monitoring Survey. <http://www.hc-sc.gc.ca/hecs-sesc/tobacco/research/ctums/index.html>
7. Centers for Disease Control and Prevention. See various MMWR reports on consumption in Florida, Massachusetts and Oregon at <http://www.hc-sc.gc.ca/hecs-sesc/tobacco/research/ctums/index.html>.
8. California Department of Health Services. <http://www.dhs.ca.gov/tobacco/html/factsheets.htm>.
9. Hammond R. *Addicted to Profit: Big Tobacco's Expanding Global Reach*. Essential Action. Washington, DC, 1998.
10. Aguinaga Bialous A, Shatenstein S. *Profits Over People: Tobacco Industry Activities to Market Cigarettes and Undermine Public Health in Latin America and the Caribbean*. Pan American Health Organization, Washington, DC, 2002.
11. Ibid.
12. See, for example, news reports of voluntary agreement on tobacco promotion between the Government of Mexico and tobacco companies signed 24 June 2002. <http://www.finanzas.com/id.4072663/noticias/noticia.htm>
13. Guindon GE, Tobin S, Yach D. Trends and affordability of cigarette prices: ample room for tax increases and related health gains. *Tobacco Control 2002 v.11:35-43*.