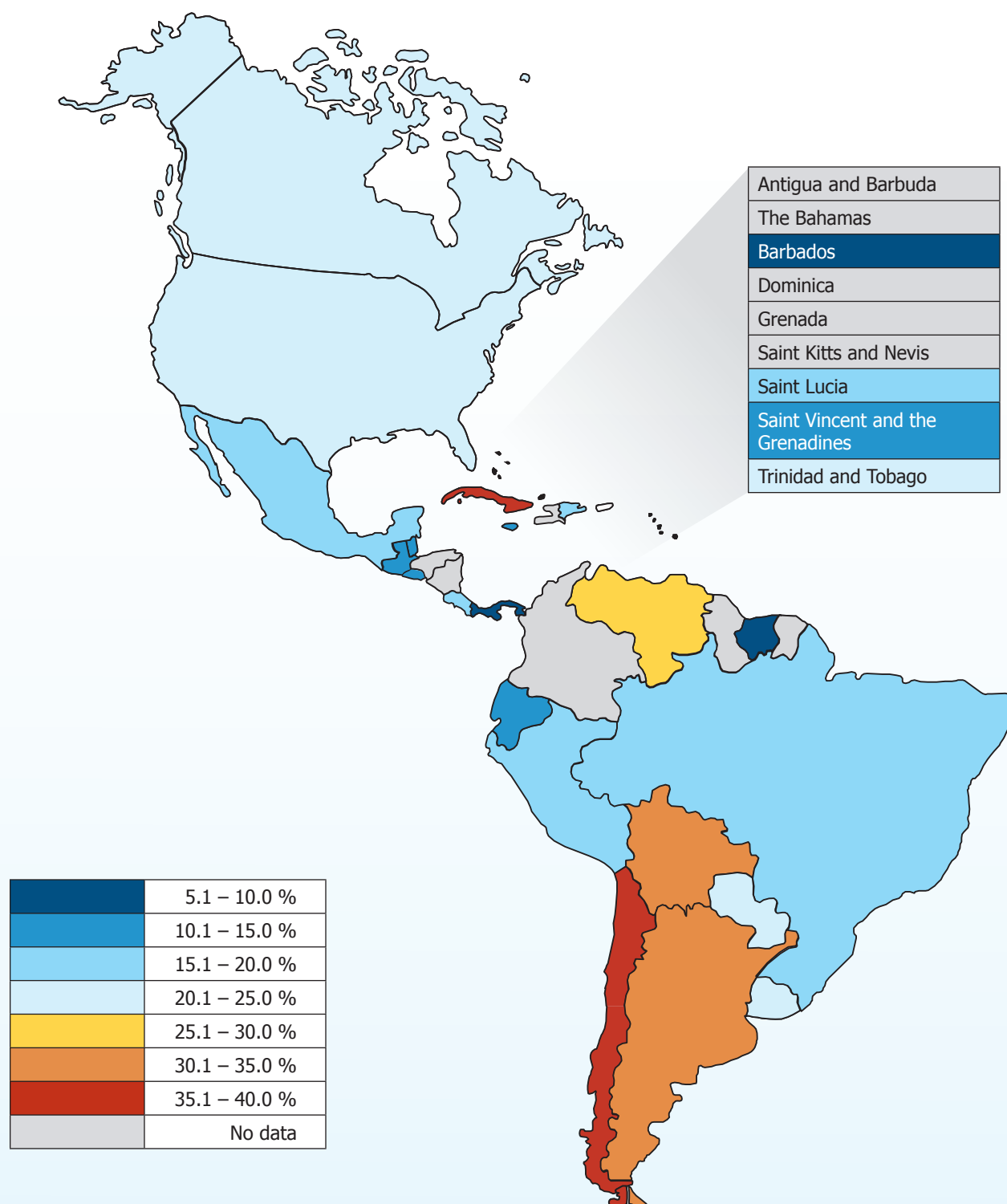




Tobacco Control Report for the Region of the Americas



Adult Current Smoking Prevalence*



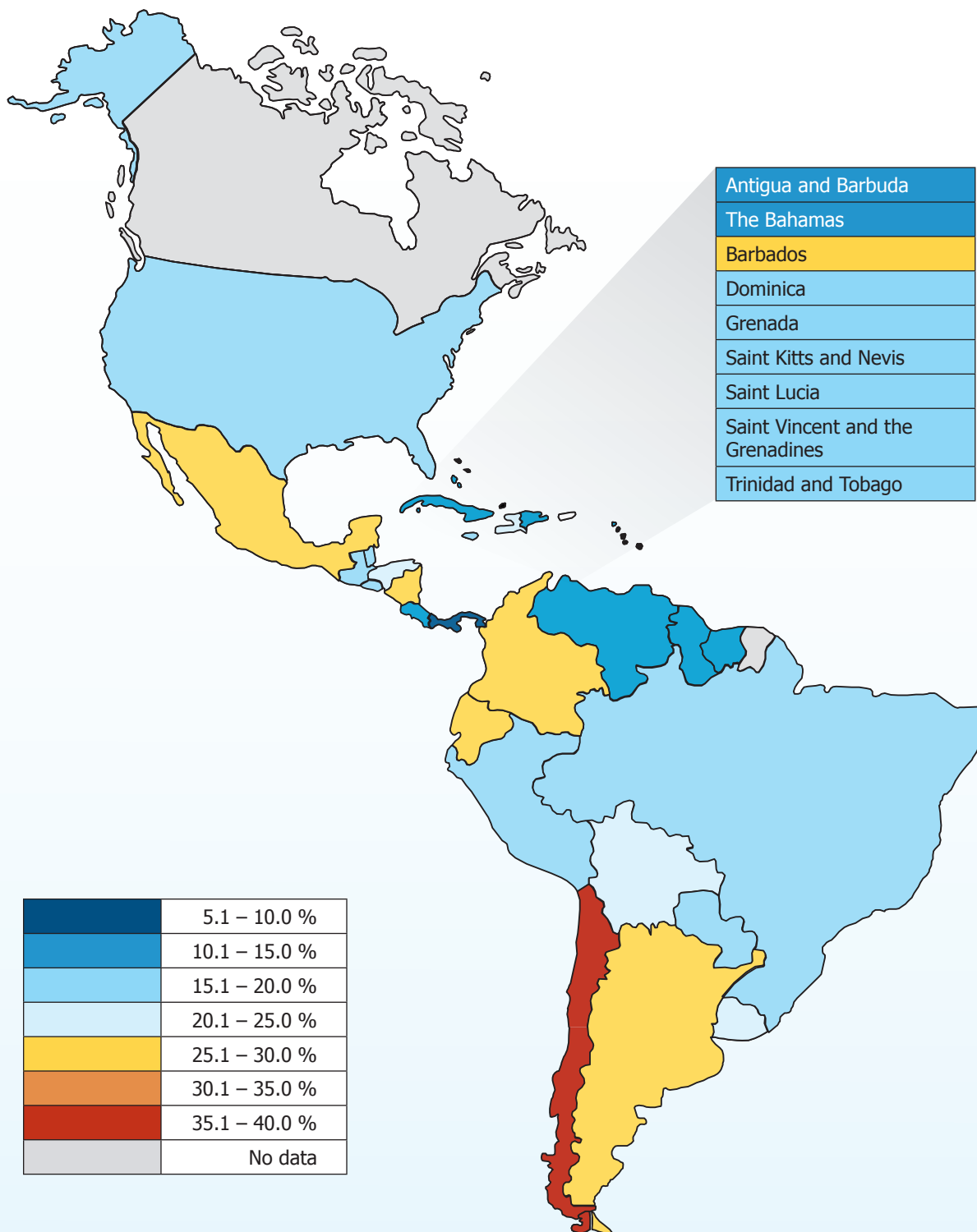
NOTES:

*Current Prevalence: percent of the population 15 years and older who were smoking any tobacco product at the time of the survey, including daily and occasional smokers.

Age-standardized data (comparable between countries) from 2006 are presented where available. In cases where age-standardized data are not available, data from national surveys are presented, which may not be comparable between countries.

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

Youth Current Tobacco Use Prevalence*



NOTES:

*Current Prevalence: 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.

National data are presented where available. In cases where national data are not available, subnational data are presented.

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

Current Tobacco Use Prevalence by Country

Country		Population	Adult Prevalence (%)*		Youth Prevalence (%)**	
Antigua and Barbuda		89,000	—	—	Male: 15.1 Female: 12.5	Total: 14.1
Argentina		40,666,000	Male: 35 Female: 26	Total: 31	Male: 26.1 Female: 29.7	Total: 28.0
The Bahamas		346,000	—	—	Male: 12.9 Female: 10.2	Total: 11.9
Barbados		257,000	Male: 18 Female: 3	Total: 10	Male: 34.5 Female: 23.2	Total: 28.6
Belize		313,000	Male: 25 Female: 3	Total: 14	Male: 21.8 Female: 15.3	Total: 18.3
Bolivia (Plurinational State of) ³		10,031,000	Male: 34 Female: 29	Total: 31	Male: 24.7 Female: 16.6	Total: 20.8
Brazil ^{3,4}		195,423,000	Male: 21.6 Female: 13.1	Total: 17.2	Male: 17.2 Female: 15.7	Total: 17.2
Canada		33,890,000	Male: 24 Female: 18	Total: 21	—	—
Chile ³		17,135,000	Male: 42 Female: 34	Total: 38	Male: 29.8 Female: 39.8	Total: 35.1
Colombia ³		46,300,000	—	—	Male: 27.0 Female: 27.8	Total: 27.6
Costa Rica		4,534,000	Male: 26 Female: 7	Total: 17	Male: 15.9 Female: 13.1	Total: 14.6
Cuba ³		11,204,000	Male: 43 Female: 29	Total: 36	Male: 15.7 Female: 13.6	Total: 14.6
Dominica		67,000	—	—	Male: 19.3 Female: 13.5	Total: 17.2
Dominican Republic		10,225,000	Male: 17 Female: 13	Total: 16	Male: 18.4 Female: 11.9	Total: 14.9
Ecuador ³		13,775,000	Male: 23 Female: 6	Total: 15	Male: 31.2 Female: 26.1	Total: 28.6
El Salvador ¹		6,194,000	Male: 21.5 Female: 3.4	Total: 11.7	Male: 24.4 Female: 15.4	Total: 19.0
Grenada		104,000	—	—	Male: 17.6 Female: 15.7	Total: 16.7
Guatemala		14,377,000	Male: 24 Female: 4	Total: 14	Male: 19.7 Female: 13.3	Total: 16.6
Guyana		761,000	—	—	Male: 17.6 Female: 12.2	Total: 14.9

* Adult prevalence is calculated for current smokers of any tobacco products (does not include smokeless products).

** Youth prevalence is calculated for current users of any tobacco products (includes smoked and smokeless products).

Current Tobacco Use Prevalence by Country

(continuation)

Country		Population	Adult Prevalence (%)*		Youth Prevalence (%)**	
Haiti ^{1,3}		10,188,000	Male: — Female: 4.4	Total: —	Male: 21.7 Female: 23.9	Total: 23.2
Honduras ³		7,616,000	Male: — Female: 3	Total: —	Male: 22.8 Female: 18.2	Total: 20.4
Jamaica		2,730,000	Male: 21 Female: 9	Total: 15	Male: 24.0 Female: 15.3	Total: 19.5
Mexico ^{3,4}		110,645,000	Male: 24.8 Female: 7.8	Total: 15.9	Male: 27.8 Female: 28.5	Total: 28.6
Nicaragua ^{1,3}		5,822,000	Male: — Female: 5.3	Total: —	Male: 30.4 Female: 20.5	Total: 25.1
Panama ¹		3,508,000	Male: 17.4 Female: 4.0	Total: 9.4	Male: 10.5 Female: 6.5	Total: 8.4
Paraguay		6,460,000	Male: 33 Female: 15	Total: 24	Male: 20.8 Female: 12.9	Total: 16.7
Peru ²		29,496,000	Male: 29.4 Female: 9.4	Total: 18.4	Male: 16.5 Female: 21.5	Total: 19.4
Saint Kitts and Nevis		52,000	—	—	Male: 18.2 Female: 13.6	Total: 16.6
Saint Lucia		174,000	Male: 28 Female: 12	Total: 20	Male: 22.4 Female: 14.5	Total: 17.9
Saint Vincent and the Grenadines		109,000	Male: 19 Female: 6	Total: 13	Male: 22.0 Female: 16.6	Total: 19.1
Suriname		524,000	Male: 17 Female: 3	Total: 10	Male: 12.6 Female: 8.6	Total: 10.5
Trinidad and Tobago ¹		1,344,000	Male: 29.8 Female: 5.1	Total: 21.1	Male: 20.8 Female: 17.8	Total: 19.9
United States of America		317,641,000	Male: 25 Female: 19	Total: 22	Male: 18.2 Female: 15.9	Total: 17.0
Uruguay ⁴		3,372,000	Male: 30.7 Female: 19.8	Total: 25.0	Male: 21.4 Female: 24.5	Total: 23.2
Venezuela (Bolivarian Republic of)		29,044,000	Male: 32 Female: 27	Total: 29	Male: 15.3 Female: 13.9	Total: 14.8

¹ The adult data are not age-standardized and come from a national survey provided by the country.

² The adult data are not age-standardized and come from a subnational survey.

³ The youth data come from a subnational survey.

⁴ The adult data come from the Global Adult Tobacco Survey (GATS).

— No data available

SOURCES:

- WHO Report on the Global Tobacco Epidemic, 2009: Implementing smoke-free environments
- Global Adult Tobacco Survey (GATS)

World Health Organization Framework Convention on 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 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, 168 are Parties to the Convention (April 2010), 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.

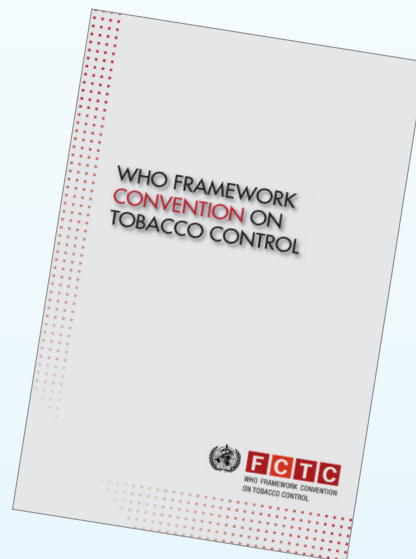
Full implementation of the WHO FCTC will prevent young people from beginning to smoke, protect non-smokers from exposure to smoke, and help current smokers quit.

The Conference of the Parties at its second (2007) and third (2008) meetings adopted the first set of guidelines for the implementation of the WHO FCTC. This initial set of guidelines covers Articles 5.3, 8, 11, and 13. 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) adopted resolution CD48.R2 on 30 September 2008. This resolution recognizes that scientific evidence has unequivocally shown that tobacco use and exposure to tobacco smoke are causes of mortality, morbidity, and disability, and urges Member States to consider ratification of the WHO FCTC, if they have not done so, and implement, when appropriate, its provisions.

"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



Status of the WHO FCTC in the Region of the Americas



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, 27 are Parties to the Convention. There are seven countries that have only signed the Convention, which implies that they will strive in good faith to ratify it and show political commitment not to undermine the objectives set out in it.

Country	Ratification or Accession (a)
Antigua and Barbuda	05 June 2006
Argentina	Signature only
The 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 November 2004
Saint Kitts and Nevis	Signature only
Saint Lucia	07 November 2005
Saint Vincent and the Grenadines	Signature only
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

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.

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 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.

The following table shows what percent of the price of a pack of 20 cigarettes is composed of taxes for each country in the Americas Region, as well as what portion of the taxes are specific excise, ad valorem, or import duties. The chart on the next page shows how much of the price of a pack of cigarettes is composed of taxes. In each country a pack of the most sold brand of cigarettes was used to calculate the price and tax levels.

Country	Percent of the price ¹ of a pack of 20 cigarettes that corresponds to taxes and the composition of the taxes, 2008 ²			
	Specific Excise	Ad Valorem	Import Duties	Total ³
Haiti	...	...	...	...
Saint Lucia	0	0	1	14
Paraguay	0	10	0	19
Nicaragua	0	8	0	23
The Bahamas	0	25	0	25
Guyana	0	14	0	27
Saint Vincent and the Grenadines	2	0	1	29
Saint Kitts and Nevis	0	10	20	30
Grenada	0	0	0	30
Antigua and Barbuda	0	0	0	31
El Salvador	7	9	0	31
Colombia	24	0	0	34
Belize	26	0	0	35
United States of America ⁴	32	0	0	37
Trinidad and Tobago	24	0	0	37
Bolivia (Plurinational State of)	0	29	0	41
Honduras	0	28	13	41
Suriname	6	0	1	42
Peru	0	25	2	43
Panama	0	28	2	44
Jamaica	30	0	0	45
Barbados	34	0	2	49
Dominica	12	0	2	49
Costa Rica	0	44	0	56
Guatemala	0	46	0	57
Brazil	29	0	0	58
Dominican Republic	26	20	0	62
Ecuador	0	54	0	64
Canada ⁴	58	0	5	65
Mexico	0	52	0	65
Uruguay	48	0	0	66
Argentina	0	61	0	68
Chile	0	60	0	76
Venezuela (Bolivarian Republic of)	0	70	0	78
Cuba	87	0	0	87

¹ Price corresponds to the retail sales price of a pack of 20 cigarettes of the most popular brand consumed locally.

² The data is current as of December 2008. Any increase in taxes after that date is not reflected in this table.

³ Total tax contains some taxes that do not fall under the specific excise, ad valorem or import duty categories.

⁴ For these countries, the tax and price calculations include state/provincial taxes in addition to federal taxes.

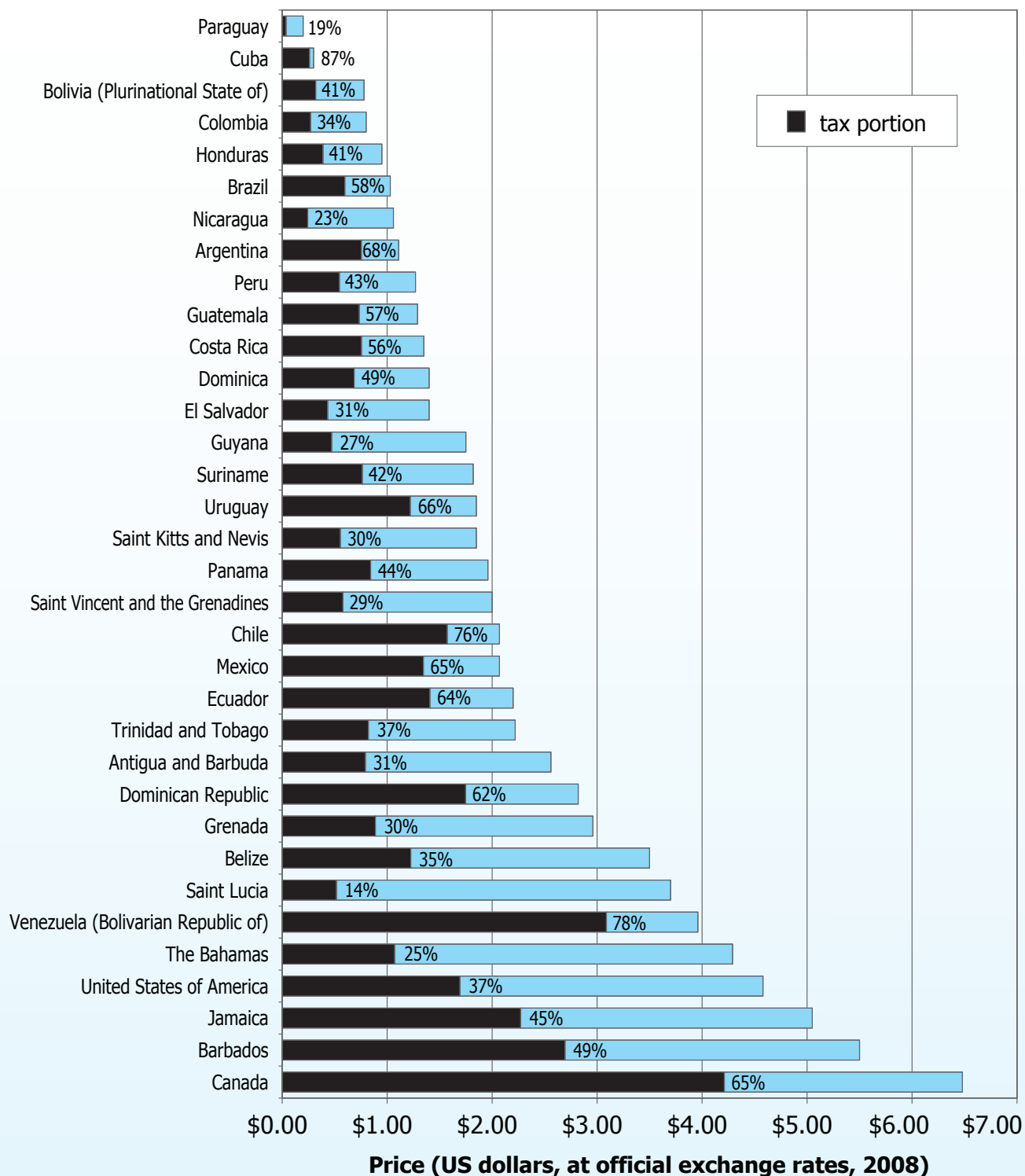
... No data available

SOURCE:

• WHO Report on the Global Tobacco Epidemic, 2009: Implementing smoke-free environments.

Prices and Taxes

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



SOURCE:

• WHO Report on the Global Tobacco Epidemic, 2009: Implementing smoke-free environments.

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 second-hand smoke. The tobacco industry proposes alternatives to 100% smoke-free environments like ventilation and designated smoking areas, but these interventions do not fully protect people from second-hand smoke. Complete prohibition of smoking in all indoor public places and workplaces 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	No	No	No	No	No
Argentina	No	No	No	No	No	No	No	No
The Bahamas	No	No	No	No	No	No	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	Yes	Yes	Yes	Yes	Yes	No	Yes
Brazil	No	No	No	No	No	No	No	Yes
Canada ¹	No	No	No	Yes	No	No	No	No
Chile	Yes	Yes	No	No	No	No	No	No
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	No	No	No	No	No	No	No
Ecuador	Yes	Yes	No	Yes	No	No	No	No
El Salvador	Yes	No	No	Yes	No	No	No	Yes
Grenada	No	No	No	No	No	No	No	No
Guatemala	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Guyana	Yes	Yes	No	No	No	No	No	No
Haiti	No	No	No	No	No	No	No	No
Honduras	Yes	Yes	Yes	Yes	No	No	No	Yes
Jamaica	No	No	No	No	No	No	No	No
Mexico	No	Yes	No	No	No	No	No	Yes
Nicaragua	Yes	No	No	No	No	No	No	No
Panama	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Paraguay	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
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	No	No	No	No	No
Uruguay	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Venezuela (Bolivarian Republic of)	Yes	Yes	No	No	No	No	No	Yes

¹ While there is no national smoke-free law, at least 90% of the population is protected by subnational 100% smoke-free laws.

SOURCES:

- WHO Report on the Global Tobacco Epidemic, 2009: Implementing smoke-free environments.
- In those countries where legislation was passed after the cutoff date of the WHO Report, the PAHO Tobacco Control Team added data that was current as of April 2010.

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)
	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, 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.

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.

WHO FCTC Article 11 and its Guidelines require that each Party adopt measures including requirements for the display of a

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

Country	Ban on deceitful terms**	Percentage of principal display area mandated to be covered by health warnings (Front / Back / Average) ¹	Does law mandate specific warnings?*	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 colour of health warnings?*	Are the health warnings rotating?*	Are the health warnings written in the principal language(s) of the country?*	Do the health warnings include an image?
Antigua and Barbuda	No	0 / 0 / 0	No	—	No	No	No	No	No	No
Argentina	No	0 / 0 / 0	Yes	1	Yes	No	No	No	Yes	No
The Bahamas	No	0 / 0 / 0	Yes	...	Yes	Yes	No	Yes	Yes	No
Barbados	No	0 / 0 / 0	No	—	No	No	No	No	No	No
Belize	No	0 / 0 / 0	No	—	No	No	No	No	No	No
Bolivia (Plurinational State of)	Yes	50 / 50 / 50	Yes	6	Yes	Yes	Yes	Yes	Yes	Yes
Brazil	Yes	0 / 100 / 50	Yes	10	Yes	Yes	Yes	Yes	Yes	Yes
Canada	Yes	50 / 50 / 50	Yes	16	Yes	Yes	Yes	No	Yes	Yes
Chile	Yes	50 / 50 / 50	Yes	1	Yes	Yes	Yes	No	Yes	Yes
Colombia	Yes	30 / 30 / 30	Yes	3	Yes	Yes	Yes	Yes	Yes	Yes
Costa Rica	No	0 / 0 / 0	Yes	2	Yes	Yes	No	Yes	Yes	No
Cuba	Yes	0 / 60 / 30	Yes	4	Yes	Yes	Yes	Yes	Yes	No
Dominica	No	0 / 0 / 0	No	—	No	No	No	No	No	No
Dominican Republic	No	0 / 0 / 0	Yes	1	Yes	Yes	Yes	No	Yes	No
Ecuador	No	0 / 0 / 40	Yes	3	Yes	Yes	Yes	No	Yes	No
El Salvador	No	0 / 0 / 0	Yes	1	Yes	No	No	No	Yes	No
Grenada	No	0 / 0 / 0	No	—	No	No	No	No	No	No
Guatemala	No	25 / 0 / 13	Yes	6	Yes	Yes	Yes	Yes	Yes	No
Guyana	No	0 / 0 / 0	Yes	1	Yes	No	No	No	Yes	No
Haiti	No	0 / 0 / 0	No	—	No	No	No	No	No	No
Honduras	No	0 / 0 / 20	Yes	1	Yes	No	No	No	Yes	No
Jamaica	Yes	30 / 30 / 30	Yes	12	Yes	Yes	Yes	Yes	Yes	No
Mexico	Yes	30 / 100 / 65	Yes	8	Yes	Yes	Yes	Yes	Yes	Yes
Nicaragua	No	0 / 0 / 25	Yes	1	Yes	Yes	No	No	Yes	No
Panama	Yes	50 / 50 / 50	Yes	5	Yes	Yes	Yes	Yes	Yes	Yes
Paraguay	Yes	50 / 40 / 45	Yes	4	Yes	Yes	Yes	Yes	Yes	Yes
Peru	Yes	50 / 50 / 50	Yes	11	Yes	Yes	Yes	Yes	Yes	Yes
Saint Kitts and Nevis	No	0 / 0 / 0	No	—	No	No	No	No	No	No
Saint Lucia	No	0 / 0 / 0	No	—	...	...	No	No	...	No
Saint Vincent and the Grenadines	No	0 / 0 / 0	No	—	No	No	No	No	No	No
Suriname	No	0 / 0 / 0	No	—	No	No	No	No	No	No
Trinidad and Tobago	Yes	‡	Yes	‡	Yes	‡	‡	‡	Yes	‡
United States of America	Yes	50/ 50 / 50	Yes	9	Yes	Yes	Yes	Yes	Yes	‡
Uruguay	Yes	80 / 80 / 80	Yes	5	Yes	Yes	Yes	Yes	Yes	Yes
Venezuela (Bolivarian Republic of)	Yes	0 / 100 / 50	Yes	10	Yes	Yes	Yes	Yes	Yes	Yes

* These indicators comprise the characteristics used to evaluate a country's regulation status shown on the following page.

** Deceitful terms: includes, but is not limited to "low tar", "light", "ultra light" or "mild."

¹ A zero in this column indicates that either there is no regulation on health warnings or that the regulation does not require a specific size for health warnings.

‡ A law has been approved, but regulation and implementation are pending.

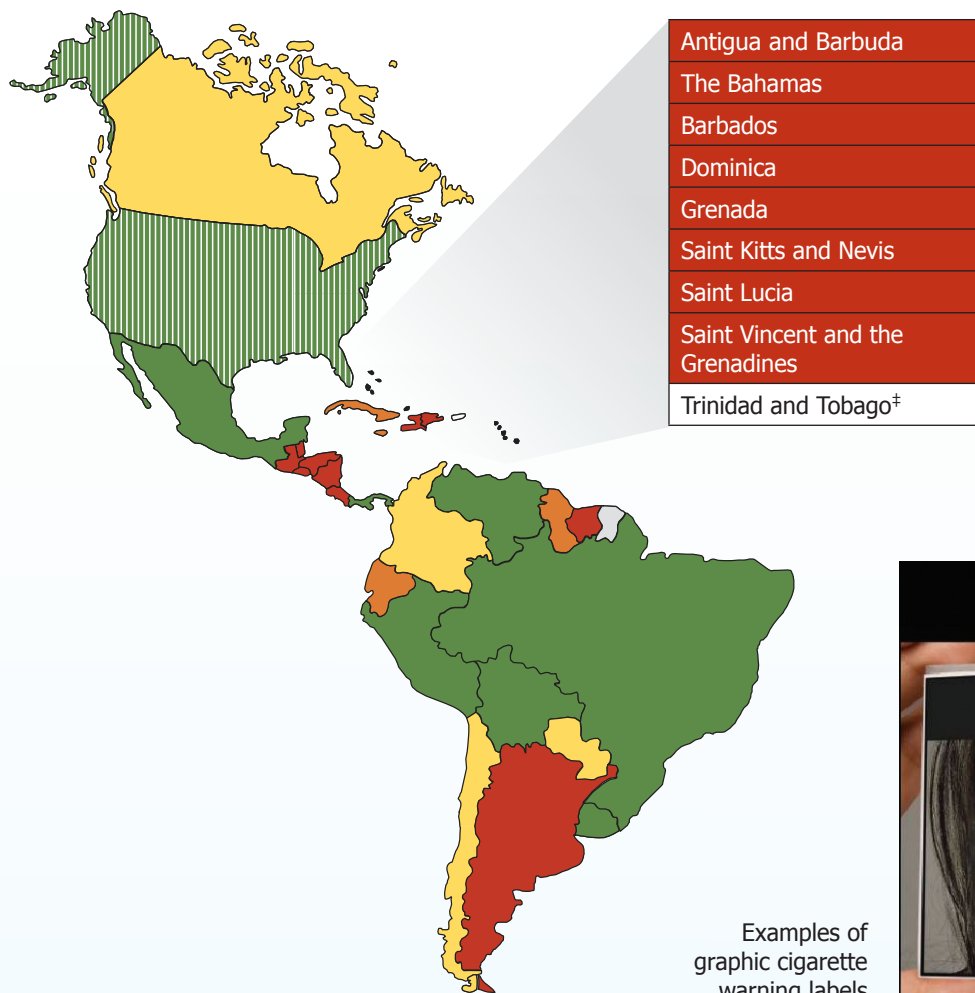
... Data not reported/not available

— Data not required/not applicable

SOURCES:

• WHO Report on the Global Tobacco Epidemic, 2009: Implementing smoke-free environments and legislation that is current as of April 2010.

Health Warnings



Article 11: Packaging and labeling of tobacco products

Criteria: Size and content of health warnings on tobacco products

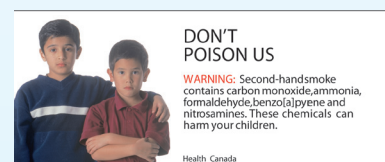
	Warning covering $\geq 50\%$ * of pack surface including pictures or pictograms and all other appropriate characteristics**
	Warning covering 30-50%* of pack surface, the use of deceitful terms is banned, warning includes pictures or pictograms and many other appropriate characteristics**
	Warning covering $\geq 30\%$ * of pack surface but no pictures or pictograms and/or other appropriate characteristics**
	No warning or warning covering $< 30\%$ * of pack surface
	Data not reported

* Average of front and back

** Consult page 12 to see a list of the characteristics used to evaluate the regulation status of each country.

‡ Laws have been approved in the United States and Trinidad and Tobago, but regulation and implementation are pending. The United States is green and white striped because it meets almost all of the requirements for the highest category, except for the pending regulation on including images with the health warnings.

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



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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 outdoor advertising*	Point of sale*	Internet
Antigua and Barbuda	No	No	No	No	No	No	No
Argentina	No	No	No	No	No	No	No
The Bahamas	Yes	No	Yes	No	Yes	Yes	No
Barbados	No	No	No	No	No	No	No
Belize	No	No	No	No	No	No	...
Bolivia (Plurinational State of)	Yes	No	No	No	Yes	No	No
Brazil	Yes	No	Yes	No	Yes	No	Yes
Canada	Yes	No	No	No	Yes	No	Yes
Chile	Yes	Yes	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	No	No	No	No	No	No	No
El Salvador	No	No	No	No	No	No	No
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	No	No	No	No	No	No	No
Jamaica	Yes	No	No	No	No	No	No
Mexico	Yes	No	No	No	Yes	No	No
Nicaragua	No	No	No	No	No	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	No	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 (Bolivarian Republic of)	Yes	Yes	No	No	Yes	No	No

* Forms of direct and indirect advertising used to evaluate a country's regulation status shown on page 16.

... Data not reported/not available

SOURCES:

- WHO Report on the Global Tobacco Epidemic, 2009: Implementing smoke-free environments
- In those countries where legislation was passed after the cutoff date of the WHO Report, the PAHO Tobacco Control Team added data that was current as of April 2010.

Bans on Tobacco Advertising, Promotion and Sponsorship

Country	Free distribution by mail or other means*	Promotional discounts*	Non tobacco products identified with tobacco brand names*	Brand name of non tobacco 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	No	No	No	No	No
The Bahamas	Yes	Yes	Yes	Yes	No	Yes
Barbados	No	No	No	No	No	No
Belize	...	...	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	Yes	Yes	Yes
Colombia	Yes	Yes	Yes	Yes	Yes	Yes
Costa Rica	No	No	Yes	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	No	No	No	No	No
El Salvador	No	No	No	No	No	No
Grenada	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
Mexico	Yes	No	Yes	Yes	No	Yes
Nicaragua	No	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	No	No	No	No
United States of America	No	No	No	No	No	No
Uruguay	Yes	Yes	Yes	Yes	No	Yes
Venezuela (Bolivarian Republic of)	Yes	Yes	Yes	Yes	No ¹	Yes

* Forms of direct and indirect advertising used to evaluate a country's regulation status shown on page 16.

¹ Complete ban on appearance of tobacco products on television

... Data not reported/not available.

SOURCES:

- WHO Report on the Global Tobacco Epidemic, 2009: Implementing smoke-free environments
- In those countries where legislation was passed after the cutoff date of WHO Report, the data was updated in April 2010 by the PAHO Tobacco Control Team.

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*
	Ban on national television, radio and print media as well as on some but not all other forms of direct and/or indirect advertising*
	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

* 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



Cessation

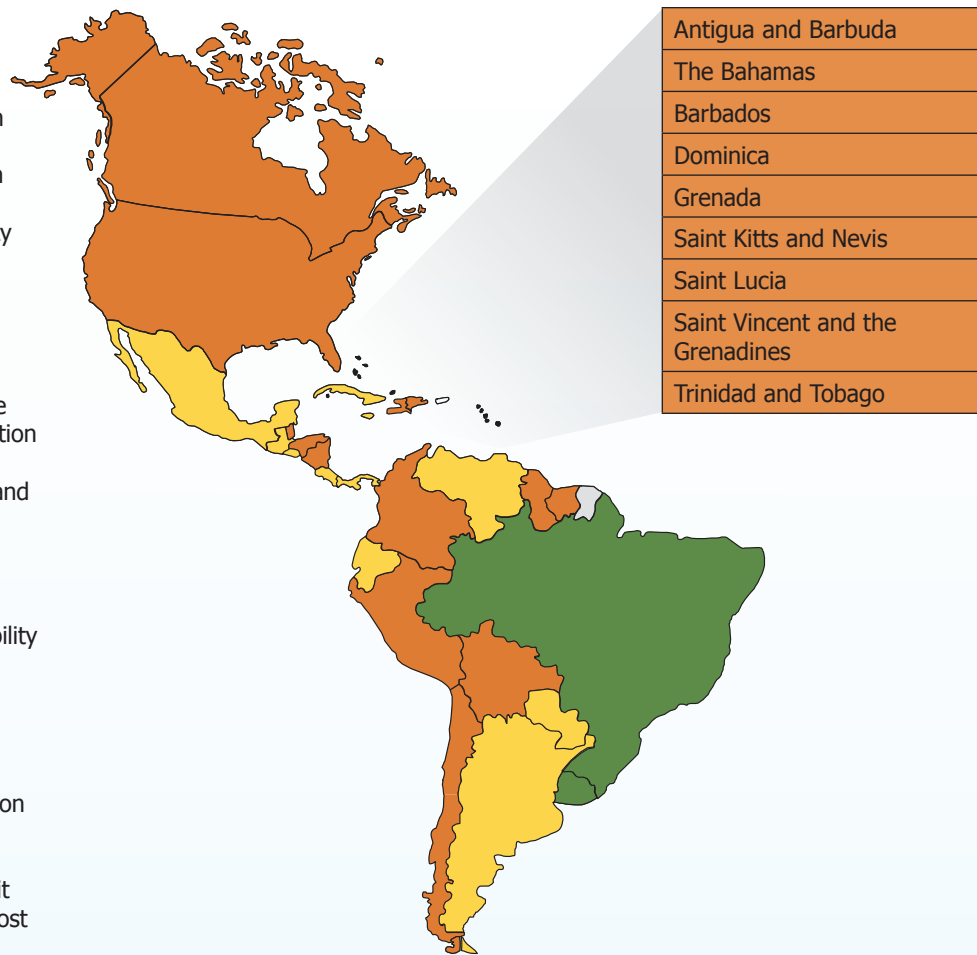
People who are addicted to nicotine are the victims of the tobacco epidemic. Three out of four smokers say they want to quit. For some tobacco users it is difficult to quit on their own, so access to counseling and cessation services is important.

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. 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.

SOURCE:

• WHO Report on the Global Tobacco Epidemic, 2009: Implementing smoke-free environments.

References

UN World Population Prospects: the 2008 Revision (medium variant)
<http://esa.un.org/unpp/>

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/>

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

Prevalence data from the Global Adult Tobacco Survey (GATS) was presented for the following countries (survey year): Brazil (2008), Mexico (2009), and Uruguay (2009). The GATS fact sheets for these countries can be accessed at <http://www.paho.org/tobacco>.

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 – Ministerio de Salud de Argentina, Ministerio de Salud Pública de Uruguay

Page 13 – Ministerio de Salud de Chile, Ministério da Saúde da Brasil, Health Canada

Page 16 – PAHO

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



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