

## Smoke-free Air in Uruguay: A campaign case study

### Introduction

Uruguay is one of a handful of countries (and the first in Latin America) that has instituted comprehensive national smoke-free regulations that cover all indoor work and public places. Both compliance with and public support for the law is very high, with about 10% of bar patrons noticing indoor smoking over a six month period. Over 90 percent of smokers now support the law<sup>1</sup>.

Simultaneously with their smoke-free campaign, Uruguay enacted a number of advanced tobacco controls by implementing the WHO Framework Convention on Tobacco Control (FCTC), including taxation, an advertising ban, public education, and graphic warning labels. As a result, cigarette consumption and adult smoking prevalence have dropped drastically. From 2005, (the year the smoke-free law was passed) to 2011, per capita cigarette consumption in Uruguay has dropped an average of 4.3 percent per year, while prevalence fell by an average of 3.3 percent per year. Between 1998 and 2012, adult consumption was more than halved, from 49.5 percent to 20 percent.

The political will for Uruguay's comprehensive approach came from several sources. Former President Tabaré Vázquez (2005-2010) is a practicing oncologist, and knows from personal experience the death, disease and economic damage caused by tobacco use and exposure to secondhand smoke. President Vázquez made implementation of the FCTC a priority for his government. Under the previous administration, Uruguay was an early supporter of the FCTC, and was among the original 40 countries to ratify the Convention in 2004 and bring it into force in early 2005. Finally, Uruguay enjoyed strong civil society leadership from the Center for the Investigation of the Tobacco Epidemic (CIET), and NGO that combines research and advocacy.

### National context

At the end of the last century, prior to the opening of the negotiations for the FCTC, Uruguay had an extremely high smoking rate. Nearly half of all adults smoked; for men, the rate was over 60 percent. The government already recognized the health and economic consequences, A relatively high excise tax of 66.5% had reduced overall consumption, but

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<sup>1</sup> ITC Project (August, 2014). ITC Uruguay National Report. Findings from the Wave 1 to 4 Surveys (2006-2012). University of Waterloo, Waterloo, Ontario, Canada; Centro de Investigación para la Epidemia del Tabaquismo and Universidad de la República, Uruguay.

prevalence remained high. There was little public awareness of the health hazards of smoking or of exposure to secondhand smoke.

Local governments do not have the constitutional right to implement smoke-free laws in Uruguay, leaving a national approach as the only option. Uruguay has a population of about 3.4 million, comparable to many sub-national jurisdictions in other countries.

The Uruguayan cigarette market is dominated by a local company, Monte Paz, which exports a small number of cigarettes. Until recently, Philip Morris International (PMI) and British American Tobacco (BAT) pushed to make inroads into the market. In 2010, BAT decided to leave the market entirely, and PMI's local affiliate, Abal Hnos, closed its factory and began importing cigarettes. A tiny amount of tobacco leaf is grown in Uruguay, mostly for domestic use.

## **Background**

Prior to the commencement of the negotiations for the FCTC in 1999, Uruguay had no restrictions on smoking in indoor public or work places. The negotiations themselves served as a catalyst for the creation of national and regional tobacco control efforts, spurred by ministries of health, civil society, national World Health Organization offices, and the Pan American Health Organization. In 2001, CIET worked with the Uruguayan Minister of Health to create a national tobacco control alliance.

In response to the inclusion of smoke-free air in the FCTC negotiations (the initial FCTC draft had left out smoke-free air regulations) a regional five-day smoke-free workshop was organized by the Pan-American Health Organization (PAHO) in Jamaica in 2002. Three representatives from Uruguay attended, representing the Ministry of Health, CIET, and Montevideo (capital and largest city). By working together to create a draft plan for a smoke-free Uruguay, this event cemented and expanded the cooperation between civil society and the Ministry of Health. Participants at the workshop set a goal of achieving smoke-free air within two to three years.

To raise public awareness of the smoke-free issue and gain media attention, CIET began a "Smoke-free Uruguay" campaign in 2004, urging voluntary smoke-free establishments and events. In August 2004, a national music festival held annually before Uruguay's independence day celebrations banned smoking completely, the first major smoke-free event ever held in Uruguay. Two months later, the national cardiologist annual conference also declared itself smoke-free. Both decisions received major media attention.

President Vázquez' administration took office on March 1, 2005, just three days after the FCTC came into force for Uruguay. An honorary tobacco control commission was created,

including government and civil society. The commission's mandate was to guide all of the campaigns to implement the FCTC, including smoke-free air, as well as manage a public awareness campaign, track compliance and identify violations, and coordinate research.

### **Civil society strategy**

Soon after the creation of the national commission on tobacco control, CIET established a relationship with the University of Waterloo's International Tobacco Control Policy Evaluation Project (ITC). ITC was instrumental in providing prevalence data and conducting evaluations of tobacco control regulations. While CIET conducted its own research focused on prevalence and public attitudes, ITC enhanced the credibility of the civil society tobacco control alliance. ITC's work in Uruguay has continued to the present, and both civil society and the Ministry of Health consider the relationship a critical component of Uruguay's success.

As part of its smoke-free campaign, and armed with scientific data, CIET reached out to organizations beyond the tobacco control community for support. The national medical association was engaged from an early stage, beginning with efforts to bring attention to smoking in health care facilities and among doctors and nurses. In 2005 labor and human rights organizations joined in an effort to protect workers and people in general from exposure to secondhand smoke in indoor workplaces and public venues.

The tobacco industry was quite active during this period. The national tobacco company, Monte Paz, was still very influential, enjoying 75-80 percent of the domestic market. While the industry had influence with certain ministries, such as finance and budget, President Vázquez publicly confronted them about their interference, greatly reducing their ability to successfully lobby the government.

Early on, the industry was able to convince the national hospitality associations (bars/restaurants and hotels) to oppose smoke-free regulations, making arguments employed in jurisdictions around the world, such as economic damage, accommodation, civil liberties, and incomplete scientific evidence. In 2005, an in-depth economic study was completed showing that smoke-free rules would have no negative impact on the hospitality industry, and the national tobacco control coalition began meeting with hospitality representatives. Convinced by the economics, the hospitality sector changed its stance in favor of smoke-free hospitality venues. The leader of one of the national associations became a true advocate, even reaching out to his counterpart in Mexico when that country considered smoke-free air in 2008.

A key aspect of the public awareness campaign resulted from grants from the Pan American Health Organization (PAHO). In early 2005, public service ads were placed on billboards, buses and on the radio to prepare for the government decree. Once the decree became effective in 2006, PAHO supported the "*Thanks a Million*" campaign, garnering 1

million signatures to thank the roughly 1 million smokers for compliance with the smoke-free rules. This campaign went a long way toward assuring public acceptance of tobacco control measures.

### **Passage of new smoke-free rules**

President Vázquez signed the tobacco control decree at the end of 2005, which became effective March 1, 2006. In addition to ending smoking in all indoor public and work spaces, the decree created Uruguay's first graphic warning labels, banned tobacco advertising, promotion and sponsorship, and banned misleading descriptors such as "light" and "low." Between the signing and effective date of the new law, in November 2005 PAHO funded a public opinion poll, aimed at raising awareness. The poll showed wide support for tobacco control.

The 2005 decree was followed by an Act of the Uruguayan General Assembly in 2008, reinforcing the decree and expanding tobacco control regulations in general to more fully implement the FCTC. Also in 2008, CIET conducted its first post-regulation prevalence survey, based on the instrument used by the Global Adult Tobacco Survey (GATS), a tool developed by the U.S. Centers for Disease Control and Prevention. The survey results were the first indication that Uruguay's comprehensive approach to tobacco control was having a profound impact on prevalence. The findings were confirmed in 2009 when the first formal GATS survey was completed in Uruguay. While it is difficult to determine how much of the success is due to smoke-free air regulations, domestic tobacco control advocates believe it was a vital component.

Today, Uruguay has some of the most comprehensive tobacco control laws in the world. In coordination with the Ministry of Health, CIET has tracked compliance from 2006 to the present. For smoke-free air, the results continue to be somewhat disappointing. In hospitality venues, compliance is over 90 percent, but for indoor workplaces it is only 75-80 percent (based on reported observance of smoking over a six month period). Public health officials hope that a combination of greater enforcement and a continued drop in prevalence will raise these numbers as smoking becomes less socially acceptable. As part of a comprehensive tobacco control effort, smoke-free air has helped reduce adult prevalence from nearly 50% to about 20% in the past decade.

### **Conclusion and lessons learned**

Every jurisdiction is unique, and the most successful smoke-free air campaigns are run by organizations who fully understand local culture and politics. Uruguay's smoking rate at the outset of negotiations for the FCTC was very high, particularly among men. Public awareness of the health effects of smoking, and exposure to secondhand smoke, was low. Uruguay became very involved in FCTC negotiations, and in regional efforts to support them, and this served as a

catalyst for change. The election of an oncologist to the Presidency as the FCTC came into force may be unique in the annals of tobacco control.

While there can be no “script” for a successful smoke-free air campaign, the Uruguayan experience included a number of tactics that may be universally employed:

#### *Use the WHO Framework Convention on Tobacco Control*

The FCTC is based on science and best practice, and is backed by the WHO, the world’s leading health authority. As a small country, it was invaluable in Uruguay as a tool to convince policymakers and civil society of both the need for tobacco regulations and the efficacy of the proposed interventions. CIET and others made little attempt to educate the general public about the FCTC. Instead, they focused outreach on the individual components of the tobacco control regulations. The Preamble of the 2008 tobacco control law is based on the Preamble of the FCTC.

Jurisdictions do not need to be bound by the FCTC in order to effectively use it. The treaty is recognized as the “gold standard” in tobacco control interventions, and is becoming customary international law. Small jurisdictions need not “reinvent the wheel” in order to build scientific consensus. FCTC implementation around the world provides ample evidence of the effectiveness of nearly all potential tobacco control measures.

The FCTC and its potential impact are far more widely known in Uruguay, among both policy makers and the public, than it is in the United States. More education on best FCTC practices may help state and local jurisdictions move forward.

#### *Fight tobacco, not smokers*

Many smoke-free campaigns around the world have made an effort not to vilify smokers. Uruguay went a step further, involving nearly a third of the population in the “Thanks a Million” campaign. When smokers are confronted with “no smoking” signs, they feel it is appreciated when they comply.

#### *Recruit allies from outside the public health community*

CIET and the Ministry of Health were able to use health research and statistics to recruit pro-labor and human rights organizations early in the campaign. The hospitality sector was first recruited by the tobacco industry to push back against the campaign. The national tobacco control alliance was careful not to cut ties, however, and was able to convince owners, largely through economic

arguments, that the economic “doom and gloom” arguments of the tobacco industry were based on flawed analyses, and that the law would be good for business. Eventually, hospitality representative became a regional player in promoting smoke-free legislation.

*Work closely with public health officials as well as the medical community*

The Ministry of Health and the national medical establishment were founding members of the tobacco control movement in Uruguay. The support of the Pan American Health Organization, which hoped Uruguay would become a regional exemplar, was key to the success of public education campaigns.

*Include academia*

Uruguay’s early relationship with the University of Waterloo’s International Tobacco Control Policy Evaluation Project provided a strong scientific basis for comprehensive tobacco control legislation, as well as proof that it is effective. As the first Latin American country to implement the FCTC so completely, Uruguay has become a living laboratory to prove to the region, and the world, the efficacy of the FCTC.

*Consider smoke-free air legislation as part of a larger tobacco control effort*

The FCTC is not meant as a menu of tobacco control interventions, but rather a recipe for fighting the tobacco epidemic. Separate campaigns to implement each substantive article of the FCTC gives the tobacco industry more chances to interfere. There is also a danger that the political will necessary to pass new laws will be sapped. Uruguay moved forward simultaneously on the most vigorous aspects of the FCTC, including tax, smoke-free air, packaging, public education, and marketing. The reward has been an unprecedented drop in prevalence.