

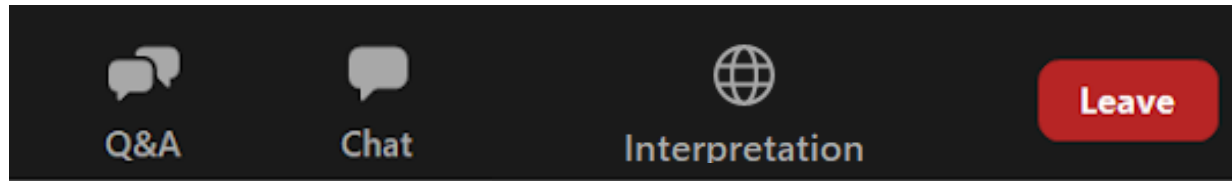
Americas Regional Tobacco Endgame



Pan American
Health
Organization

October 6, 2022

Technology



Ask questions through the Q&A box. We will review them to answer at the end.

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Speakers



Chris Bostic
*Policy Director, Action
on Smoking & Health*



Janet Hoek, Professor,
*University of Otago &
Co-Director, ASPIRE2025*



**Hanna Ollila, Senior
Specialist,** Finnish Institute
for Health & Welfare Manager,
WHO FCTC Knowledge Hub on
Tobacco Surveillance



Dr. Eduardo Bianco,
*Director, International
Policy Education in
Addictions, Frank Foundation
for International Health*



Moderator

Laurent Huber
ASH Executive Director



Tobacco Endgame in the Americas Region

Thursday, October 6, 2022

Chris Bostic
Policy Director

ASH > ACTION ON SMOKING & HEALTH

Tobacco Endgame Defined

- A tobacco endgame strategy means moving beyond a focus on tobacco control (and its assumptions that tobacco is here to stay and that regulating the time, place and manner of its use is the objective) toward a focus on a future free of commercial tobacco.¹
- Initiatives designed to change/eliminate **permanently** the structural, political and social dynamics that sustain the commercial tobacco epidemic, in order to end it **within a specific time**.²

(1) California Department of Public Health, California Tobacco Control Program. 2017- 2021 local lead agency comprehensive tobacco control plan guidelines. 2017; <https://otis.catcp.org/utilities/tcforFileFetch.cfm?docID=1104>.

(2) Smith EA. Questions for a tobacco-free future. Tob Control. 2013;22 Suppl 1:i1-2.

Updating our thinking

We must
address
inequities

Focus is on
industry, not
just tobacco
users

Broader
focus:
tobacco
users as
well as
youth

Focus on
supply, not just
demand

Tobacco
users are
our clients

Cessation is
an obligation

Danish Institute for Human Rights

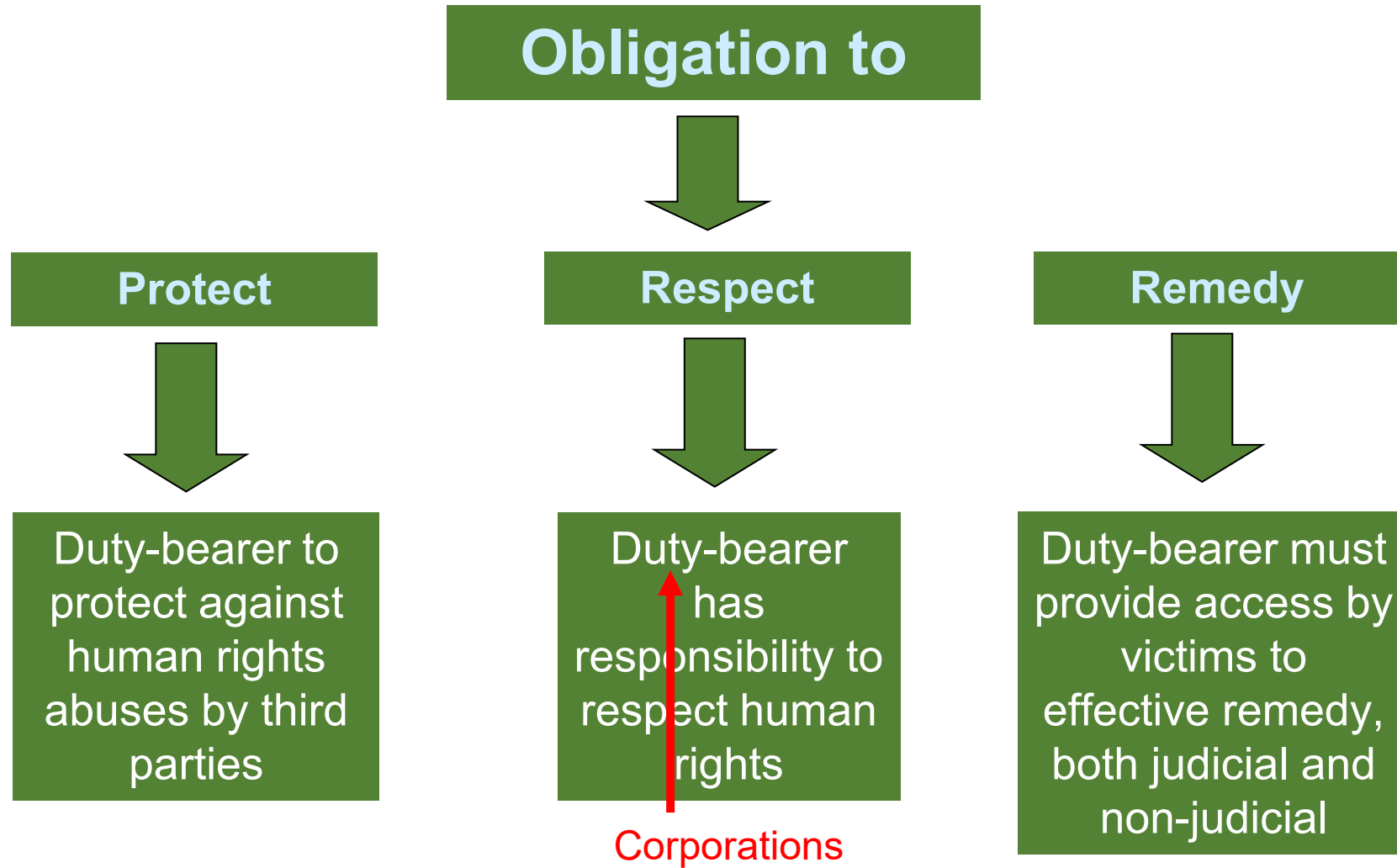
“Tobacco is deeply harmful to human health, and there can be no doubt that the production and marketing of tobacco is irreconcilable with the human right to health. For the tobacco industry, the UNGPs [UN Guiding Principles] therefore require the cessation of the production and marketing of tobacco.”

Cape Town Declaration on Human Rights and a Tobacco-free World

A.1. We agree that the manufacture, marketing and sale of tobacco are incompatible with the human right to health.



Core of Human Rights Argument



Corporations

What a human rights-based approach says about endgame

We must address inequities

Governments have a right AND a duty to end the tobacco epidemic

The tobacco industry is a human rights violator

Greater focus on industry and supply

Aim to end the epidemic, not just mitigate

Cessation: Can't abandon people who already smoke

Demand reduction still vital!

Cessation
Support must
be included.

Not every
jurisdiction is
ready

Many places
lack the
basics

Prevalence still
high among
certain groups
and regions

Important to
make endgame
part of long-
term planning



-  IN PLACE
-  ASPIRE
-  TFG
-  OTHER

THANK YOU

Chris Bostic

Policy Director

ASH > Action on Smoking and Health

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<https://ash.org>



Dedicated to **ZERO** Tobacco Deaths



Endgame developments in Aotearoa New Zealand

Janet Hoek

ASPIRE 2025 Centre

University of Otago, Wellington

New Zealand



Disclosures

I have never received funding from tobacco companies

- I have been an advisor to national and international groups
- I am a member of international research and endgame collaborations
- I have received funding for my research from independent agencies (Health Research Council, Royal Society Marsden Fund, Cancer Society)

Overview

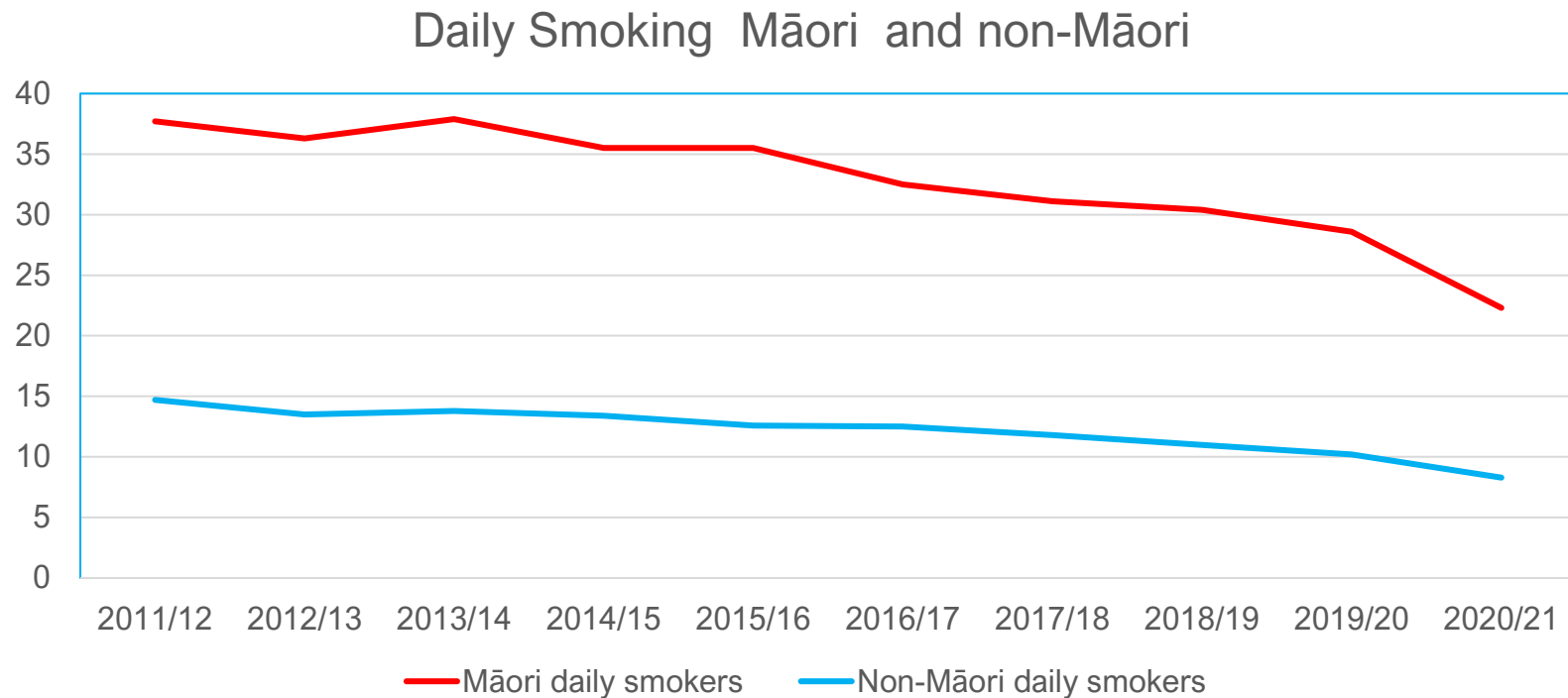
- Brief history of NZ endgame and current proposals
- Core measures in current legislation
 - Denicotinisation
 - Greatly reduced tobacco supply
 - Smokefree generation
- Managing industry “arguments”



How did we get to here?

Aotearoa originally tupeka kore (tobacco free)

- Tobacco introduced via colonisation
- Imposes disproportionate burden on Māori



How did we get to here?

Māori leaders envisioned a tobacco endgame

- Led a Parliamentary Inquiry
 - Proposed endgame goal
- Called for increased action
- Overseeing Action Plan implementation



Shane Bradbrool



Hone Harawira

Background

- NZ Smokefree 2025 Action Plan (Dec 2021)
- Smokefree Environments and Regulated Products (Smoked Tobacco) Amendment Bill (July 2022)
- Three world-leading measures



Very low nicotine
cigarettes (VLNCs)



Tobacco companies' worst nightmare

"To lower nicotine too much might end up destroying the nicotine habit in a large number of consumers and prevent it from ever being acquired by new smokers."

Quote from British American Tobacco Company internal document, June 1959 ¹⁰

- Strong logical and theoretical support
- If tobacco was no longer addictive
 - No craving to smoke and no reward for smoking

Denicotinisation: Expected outcomes

People in trials given VLNCs

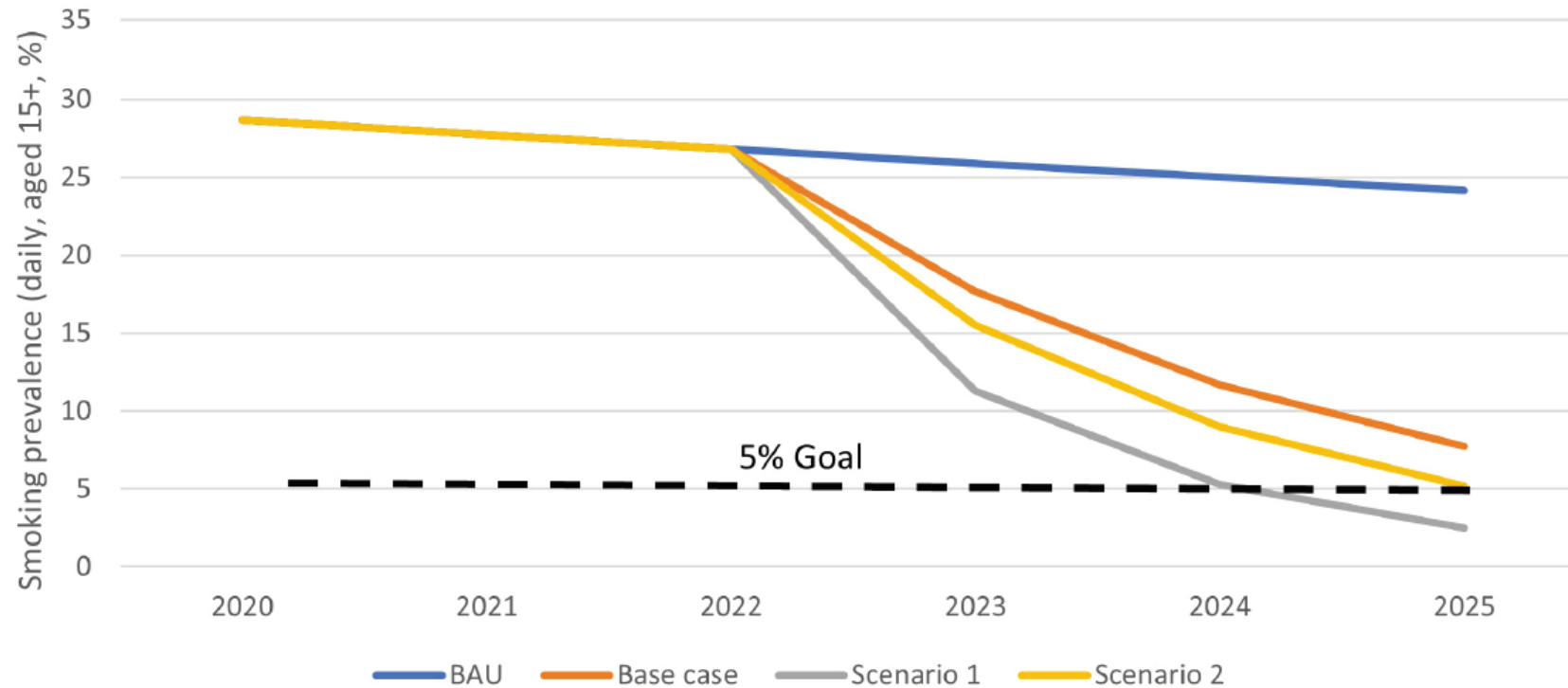
- Smoked LESS
- Were exposed to fewer toxins
- Were more likely to try to quit
- Were more likely to succeed in their quit attempts

**LOW NICOTINE
CIGARETTES??**
FDA



Denicotinisation: Expected outcomes

Figure 1: Estimated daily smoking prevalence among Māori for the BAU projection and as a result of a tobacco denicotinisation policy (as per data in Table 1).

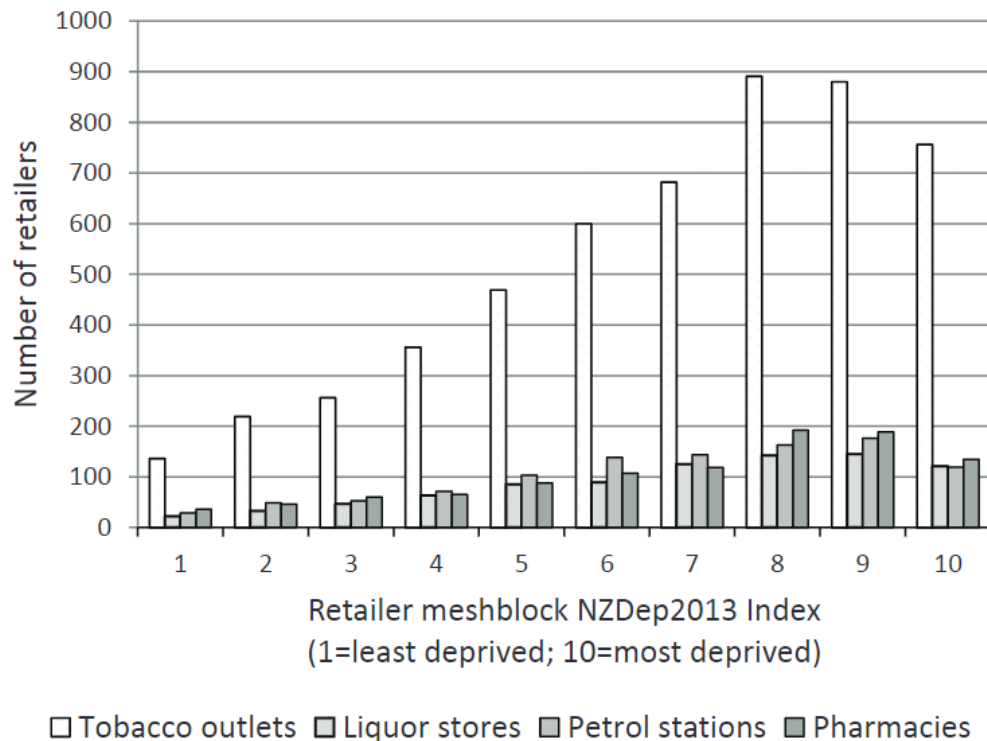


Retail outlet reductions



Retail reduction measures

Figure 1: Tobacco retail outlets, liquor stores, petrol stations and pharmacies by meshblock deprivation.



No current licensing scheme or register within NZ

- Estimated to be 6000 to 8000 retailers
- Concentrated in neighbourhoods experiencing high deprivation

Tobacco outlet numbers will be reduced by ~95%

- To around 300-600 outlets

Rationale for reducing supply

- Widespread availability illogical, given known harms
 - A historical anachronism
- Reframing product as “not normal” overdue
 - Evidence reducing access associated with decreased youth uptake
- Existing retailer density entrenches health inequities
- Removing temptation supports cessation
 - Reduces risk of relapse



WHICH ITEM DOESN'T BELONG?

Some retailers are choosing to no longer sell tobacco products. They realise tobacco does not support the health of their customers and community.

Ask your local retailer to stop selling tobacco products
www.smokefreesshops.co.nz

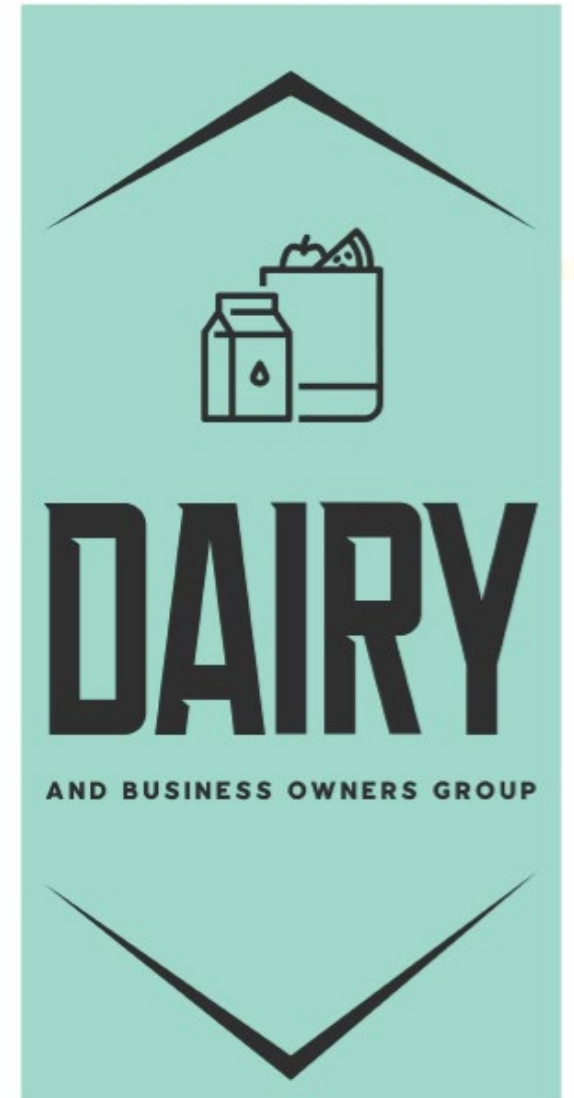


Key challenges

Strong opposition from small retailers and associated groups

- Concerned measure will reduce financial viability
- Potent argument in post-Covid era

*“This **rips the guts out of an important source of ‘footfall’** and for many businesses, **it will destroy their viability**. We demand... that the Ministry explain to us how it will compensate retailers unable to meet lease commitments and/or whose businesses are uneconomic.”*



Key challenges and evidence?

Footfall argument not supported by studies (NZ, UK and US)

- Most purchases at convenience stores **do not involve tobacco**
- Around 15% of transactions involved tobacco
 - Of these, two-thirds were only tobacco
- Only 5% of all transactions included both tobacco and non-tobacco products

Robertson et al. *Tobacco Control*, 2019; 28(6), 696-700.

Marsh et al. *Tobacco Control* 2022;31:438-443.



Smokefree
generation



Key difference with SFG

Explicitly acknowledges no safe age for tobacco use to start

- Challenges perceptions of smoking as a symbol of maturity

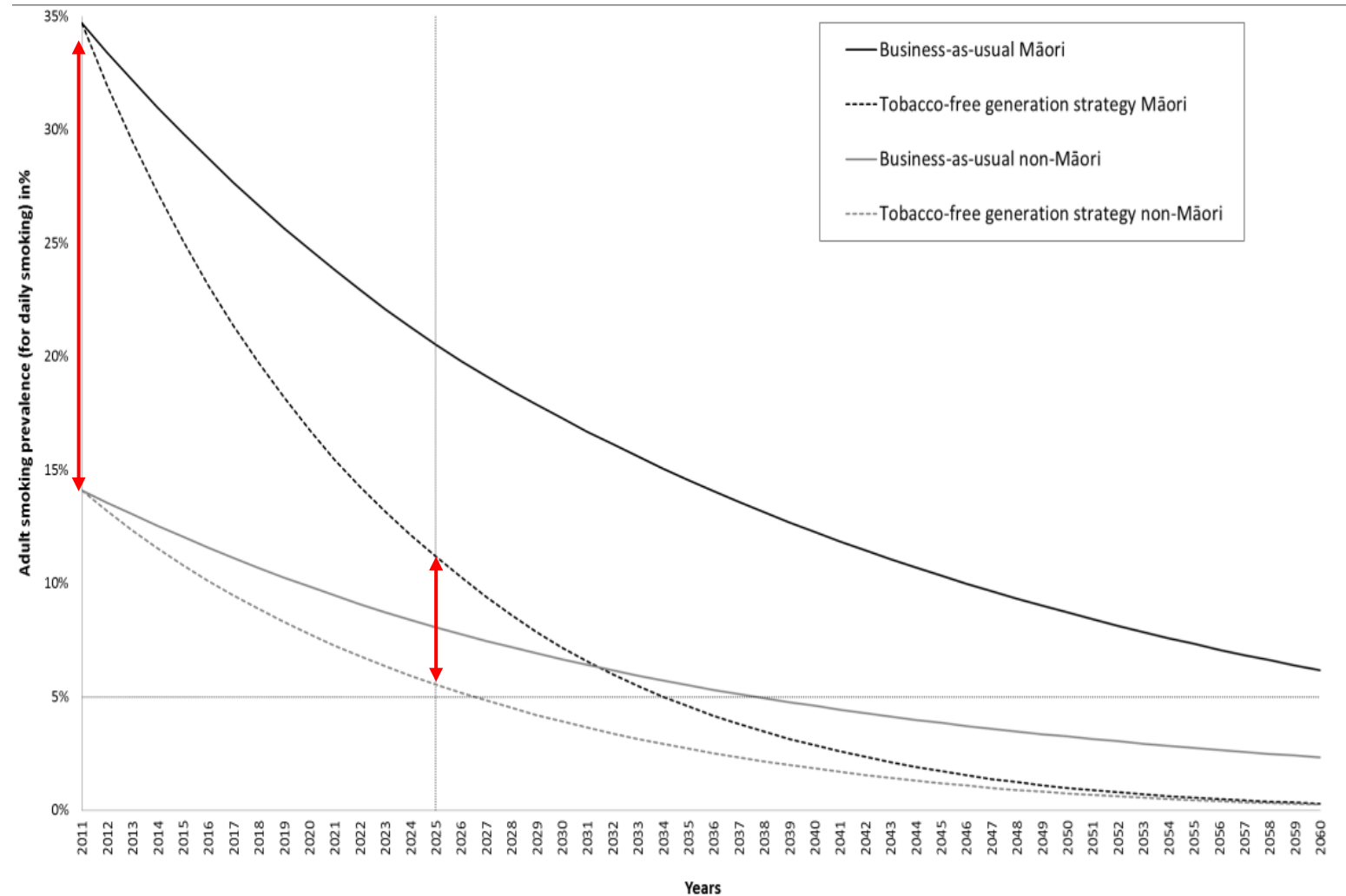


Recognises tobacco as an innately harmful product

- Draws on consumer safety arguments:
 - People have a right to protection from harmful products



Modelling impact of SFG



Addressing Industry Challenges



Illicit trade

Common argument

- Reduced govt revenue; gang power, product standards

NZ responses

- Greater monitoring
- Other nicotine products available

Overall solution...

- Reducing smoking prevalence means little or no illicit market



Attacks on freedom

Prohibition arguments quickly adduced

BUT

- People who smoke support reducing nicotine
- Vast majority want to quit
- Other nicotine sources available



SFG removes freedoms

BAT(NZ) claimed the SFG restricted:

- “*personal freedoms, [young people’s] right to autonomy in their private lives*”
- “*amounts to age discrimination*”



Dairy owners argued:

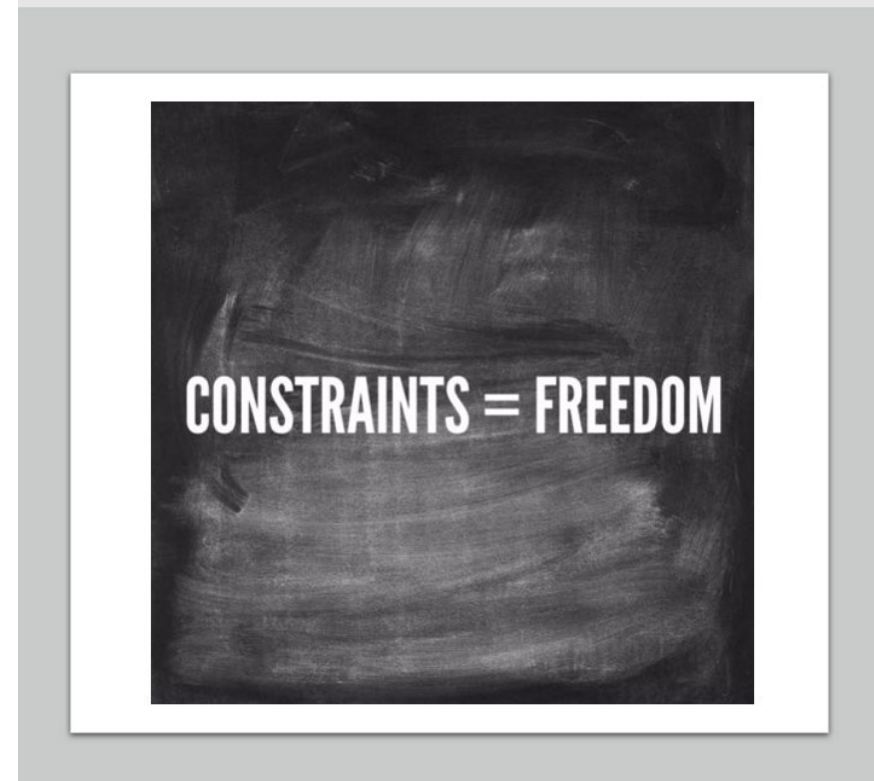
- “*another arrogant hand-wringing response from people who want to tell others how they ought to live and what they must buy*”



Alternative view

Reframes freedom

- Not based on “negative freedom” (non-interference)
- But on positive freedom
 - Recognises power and resources required to act freely
 - Constraints enable freedom



Choice as illusory

Choice not being removed ***because it never existed***

*“Whether it's the government taking the choice or you being addicted to smokes. **You've got no choice either way.** If you're addicted to smoking it's not like you are choosing to go buy smokes, you're going, ‘Oh, I needed a packet of smokes this week’” (Leila, 18, S)*



Utopian vision

Benefits to future generations a strong focus

*“...it [the SFG] would just change the world in a few years. Like if you stop... the young, the next generation will stop. Then when they're the leaders of their generation, or generations below them... **it just will get better and better and better, the younger they go**” (Oliver, 17, S)*



Implications

Opportunities to:

- 'Own' freedom metaphors

Design communications to avoid
cue-based heuristics

Focus on well-being, equity



Implications



Challenge industry discourse

- Unsmoking the world = supporting this policy
- “Right to autonomy” = freedom from addiction
- Opportunities for accountability

Future health





Questions?

Kia ora, thank you

Janet.hoek@otago.ac.nz



Best practices to develop an effective and comprehensive tobacco endgame strategy – Joint Action on Tobacco Control 2

Americas Regional Endgame Webinar, 6th October 2022

Background

- In 2021, the Europe's Beating Cancer Plan established a '**Tobacco-Free Generation**' goal where less than 5% of the population uses tobacco by 2040 in Europe.
 - The work package (WP) 9 of the Joint Action on Tobacco Control 2 (JATC2) aims to provide tools to put forward actions in line with this goal

Background

- Support the implementation of the
 - “Global Strategy to Accelerate Tobacco Control: Advancing Sustainable Development through the Implementation of the WHO Framework Convention on Tobacco Control (FCTC) 2019–2025”
 - “Making tobacco a thing of the past: Roadmap of actions to strengthen implementation of the WHO FCTC in the European Region 2015–2025.”

Partners



- 21 organizations (ministries of health, public health institutions, universities)
 - 13 EU member states (Belgium, Cyprus, [Denmark](#), [Finland](#), [France](#), Greece, Hungary, [Ireland](#), Italy, Lithuania, Portugal, [Slovenia](#), Spain) and [Norway](#) and Serbia)
- 
- 

Objectives and tasks

- **Objective 9.1:** To identify and assess tobacco endgame strategies and forward-looking tobacco control policies for the European region.
 - **Task 9.1a:** Identify and map forward-looking tobacco control policies and tobacco endgame strategies
 - **Task 9.1b:** Assess the inclusion of cessation support (WHO FCTC Article 14) to these policies and strategies
 - **Task 9.1c:** Synthesize the available evidence and identify the needs for future research
 - **Task 9.1d:** Assess the feasibility of their translation into the development of national policies and strategies

Objectives and tasks

- **Objective 9.2:** To explore best practices in the development, implementation and evaluation of tobacco endgame strategies and forward-looking tobacco control policies.
 - **Task 9.2a:** Explore national best practices in the development, implementation and evaluation
 - **Task 9.2b:** Identify the typical enablers and constraints in the development, implementation and evaluation

Objectives and tasks

- **Objective 9.3:** To promote best practices and facilitate the development of national tobacco endgame strategies in Europe, in synergy with WP4 and other WPs.
 - **Task 9.3a:** Define and introduce the concepts of forward-looking tobacco control policies and tobacco endgame
 - **Task 9.3b:** Disseminate and promote best practices in the development, implementation and evaluation of forward-looking tobacco control policies and tobacco endgame strategies

Methods

- Synthesis of information from existing global tobacco control databases
- Questionnaire and key stakeholder interviews
- Literature review to assess the available scientific evidence

Results

- Three deliverables
 - D9.1: Report of tobacco endgame strategies for the European region
 - D9.2: Recommendations for research on forward-looking tobacco control policies and tobacco endgame strategies.
 - D9.3: EU Tobacco Endgame Toolkit to disseminate best practices in the development, implementation and evaluation of tobacco endgame strategies.

Tobacco endgame in Finland

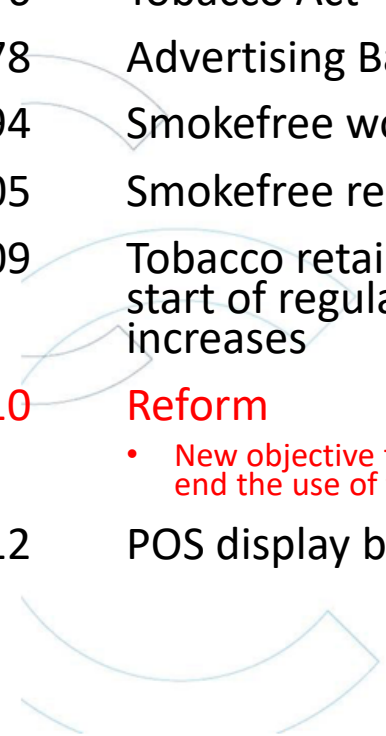
- In a national tobacco conference 2006, keynote speaker, chair of the Finnish parliament (former prime minister) Paavo Lipponen, asked:
 - **"What is your ultimate goal?"**
 - **"Why don't you aim at Tobacco Free Finland by 2040?"**



Tobacco endgame in Finland

- The proposal was taken seriously! In 2008:
 1. Stakeholders established the Tobacco-Free Finland Network
 - NGOs, Governmental institutions, Health professionals, Health networks, Municipalities, Researchers
 - Organised partnership between NGOs and government
 - Coordinates actions, communicates of the benefits of tobacco endgame, advocates for policy changes (coordinator ASH Finland)
 2. The first roadmap was published by working group
 - Since then, new roadmaps have been published in 2014 and 2018
 - In 2022, a ministerial working group has been tasked to develop new proposals

Tobacco endgame in Finland



1976	Tobacco Act
1978	Advertising Ban
1994	Smokefree working places
2005	Smokefree restaurants
2009	Tobacco retail sale licensing, start of regular tobacco tax increases
2010	Reform <ul style="list-style-type: none">• New objective to the Tobacco Act: to end the use of tobacco, by 2040
2012	POS display ban

2016	Implementation of the EU's Tobacco Products Directive (e.g. pictorial health warnings, menthol ban) <ul style="list-style-type: none">• Additional regulations for e-cigarettes (e.g. flavour ban, vaping bans, retail sale licensing, display ban)• Smoking ban in private cars (when 15-year-olds or younger are travelling), possibility to apply for municipal smoking ban for multi-housing units• Broadening the objective of the Act to end the use of non-medicinal nicotine products, by 2030
2022	Plain packaging (tobacco and e-cigarettes, from 2023), smokefree playgrounds and beaches

Tobacco endgame in Finland

Tobacco Act (549/2016)

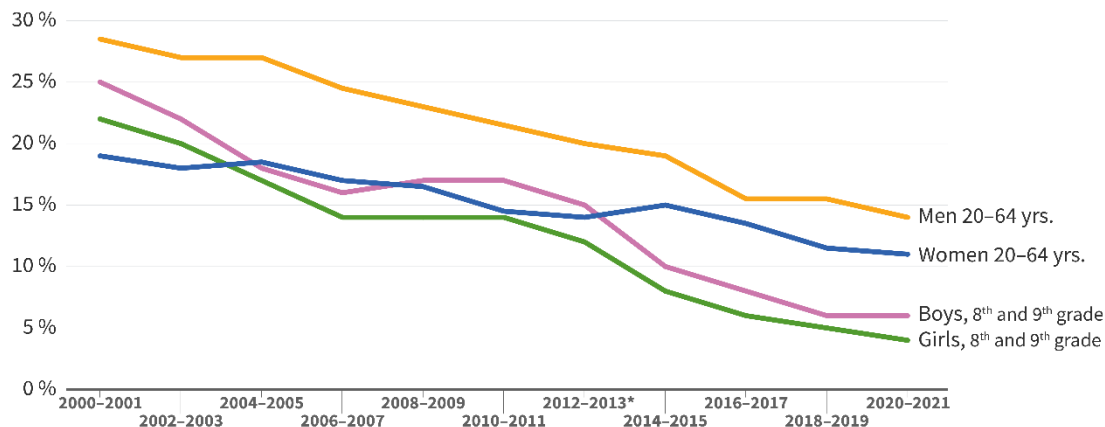
Chapter 1 – General provisions

Section 1 – Objective of the Act

- (1) The objective of this Act is to end the use of tobacco products and other nicotine-containing products that are toxic to humans and cause addiction.
- (2) To achieve the objective referred to in subsection 1, this Act lays down measures to prevent people from taking up the use of tobacco products and developing a nicotine addiction, to promote the cessation of the consumption of tobacco products and similar products and to protect the population from exposure to smoke from such products.

Tobacco endgame in Finland

Daily smoking in Finland



thl



www.thl.fi/tobacco

Proportions of adults are two-year averages, the latest data from 2020.
*After years 2010-2011, the youth data are from years 2013, 2015, 2017, 2019, 2021. Youth on grades 8.-9. are on average 14-16-year-olds.

Source: Finnish Institute for Health and Welfare (THL) 2022

Challenges:

Socioeconomic differences in tobacco use

Provision of cessation support (general population and vulnerable groups)

Snus and novel snus-like nicotine products



Thank you!

Questions? Contact: [hanna.ollila\(at\)thl.fi](mailto:hanna.ollila@thl.fi)

El *endgame* del tabaco : ¿es posible en América Latina?

Dr. Eduardo Bianco

Director de Educación sobre Políticas Internacionales en Adicciones.

Programa Annenberg de Entrenamiento a Médicos

Fundación Frank para la Salud Internacional (Chi,IL, EEUU)

Evolución de las Políticas de Control del Tabaco en América Latina

1999: “América Latina está lejos de implementar Políticas de Control del Tabaco efectivas”. Dr. A. Peruga

2 / Tabaco y Salud

ENTREVISTA/INTERVIEW

Los Pájaros de Gran Canaria, 25 de febrero de 1999

Peruga: “América Latina está lejos de implantar políticas efectivas contra el tabaco”

Difficulties to adopt effective policies in Latin America

Armando Peruga participó ayer miércoles en la sesión conjunta en Iberoamérica, con la ponencia “Prevención del Consumo de Tabaco en Iberoamérica”. También participaron sus exposiciones Enrique Madrigal (Organización Panamericana de la Salud, en EEUU); Lourdes Baezconde-Garbanati (Red Hispano-Latina para la Educación sobre el Tabaco, Universidad de California); Pablo Kuri (director general del Departamento de Epidemiología en México), y Nery Salazar (Escuela Nacional para la Salud Pública “Carlos J Finlay” del Ministerio de Sanidad Pública de Cuba).

Por su parte, Armando Peruga hizo especial hincapié en las consecuencias perniciosas que el tabaco ocasiona a más de mil millones de personas en el mundo; se refirió también al impacto negativo de sus cultivos sobre otras plantaciones, y señaló que los países soportan grandes gastos que superan a los beneficios generados por este producto.

Respecto a la estrategia para controlar el consumo, el miembro de la Organización Panamericana de la Salud sostuvo que sus elementos son conocidos hace tiempo, e incluyen: “Aplicar impuestos elevados a la venta del tabaco; regular legalmente su producción y prohibir la promoción de los mismos; aplicar ayudas económicas para crear cultivos alternativos; además de crear espacios libres de humo que protejan a los no fumadores, promover programas de cesación y, finalmente, movilizar a la opinión pública y medios de comunicación de masas



Latina, en los años inmediatamente posteriores al informe conjunto de la OPS y el Consejo General de los IEU sobre el tabaco en la región. Así, explica que los artículos científicos publicados en América Latina y el Caribe sólo representan el uno por mil de toda la literatura científica de la salud, a pesar que el tabaco genera más del 20% del total de las enfermedades.

Armando Peruga participated yesterday in a session focused on Latin America with a paper titled “Prevention on smoking consumption in Latin America”. Other papers were given by Enrique Madrigal (Panamerican Health Organization in USA); Lourdes Baezconde-Garbanati (Latino-Hispanic Network for Tobacco Education at the University of

for some time yet and they include “High taxes on tobacco sales, legal regulation of tobacco production and ban on promotion of same; economic aids for alternative crops; smoke-free areas for non-smokers; encourage cessation programmes; and lastly actions for health against tobacco by the public opinion and the media”.

Nonetheless, the expert stated that in order to apply such strategy, every country requires the following elements: basic information to assess the effect of right solutions to local situations; understanding the necessary and specific mechanisms to encourage social and political groups in every country to take actions and establishing the right infrastructure. To that respect, Peruga stated: “The situation in Latin America is far from having a solid basis to implement effective policies and interventions against tobacco use”.

Moreover, the expert in medicine suggested a revision in the Latin American scientific literature on tobacco which was written in the years following the joint report on tobacco in the region by the PAHO and the American General Surgeon. Thus, he explained that scientific papers published in Latin America and the Caribbean only represent 1 per thousand out of the whole scientific literature on health despite tobacco generating over 20% of total diseases.

- América Latina era una de las regiones más atrasadas en de políticas de CT.
- Región acostumbrada a aprobar leyes, pero aplicarlas.
- Difícil pensar que podría cambiar... y menos, rápidamente.
- Impulsada por CMCT, en poco tiempo se convirtió en una de las regiones con mayores avances en el control del tabaco.

El papel de los líderes y el efecto dominó

- ***Brasil (2001)*** allanó el camino: primeras Adv. Sanit. gráficas en América Latina (2ª en el mundo).
- ***Uruguay (2006)***: primer país de ALHT en las Américas (4º en el mundo).
- **A 2016**: De los 20 países L.A.
 - 16 países tenían Adv. Sanit. Gráficas
 - 18 países habían aprobado leyes ALHT
- **Desde 2020**: Toda Sudamérica es Libre de Humo

América Latina también innovó, marcó rumbos, mostró impactos... ¡y enfrentó el ataque legal internacional de IT !

Uruguay:

- 2008 – Requisito de presentación única (SPR)
- 2009- mayor Ad.Sanit Gráficas a nivel mundial (80%).
- Reducción significativa de prevalencia de tabaquismo en adultos y jóvenes (de más del 30 % a menos del 10 %).
- Enfrentó y superó el primer ataque legal internacional al CMCT por parte de una empresa tabacalera multinacional.

Brasil

- 2012: primer país del mundo en aprobar una prohibición integral de aditivos para todos los productos de tabaco en 2012.
- La implementación se retrasó debido a desafíos legales.

Panamá:

- 2008: primer país del mundo con prohibición total de la PPP de PT
- prevalencia del 5,0 % - meta del Endgame (prevalencia menor a 5 %)

La región :

Enfrentó el primer ataque legal internacional por medidas innovadoras de control del tabaco (caso de PMI v. Uruguay), y ganó!.

¿Cómo se logró?

- Influencia del CMCT-OMS.
- Modelaje por pioneros internacionales: Canadá, Irlanda, etc
- Líderes nacionales fuertes con visión, habilidades y contactos internacionales
- Formación de coaliciones (gran participación de la sociedad civil)
- ENORME APOYO INTERNACIONAL
- Coyunturas políticas favorables a nivel nacional.
- Avaces por impulso, no por “buena planificación”

¿Pueden estas experiencias servir como base para las políticas de Endgame?

La respuesta es : Sí, pero...

- no solo nosotros aprendimos... ¡Las tabacaleras también!
- Muchos países siguen siendo “estructuralmente” débiles
- Implementar las políticas no es suficiente... ¡hay que mantenerlas!

¿Dónde ha fallado América Latina?

- En aprobar políticas que “vayan más allá de los Ministerios de Salud”.
- Salvo excepciones, no hemos logrado grandes éxitos en: Impuestos, prohibición total de TAPS empaquetado neutro.
- L.A. se centró en "lograr ciertas políticas", pero no en desarrollar un sistema sólido para mantenerlas (por ejemplo, Mec. De Coordinación Nacional)
- Art. 5.3: Crítico para Implementación, coordinación multisectorial y enfrentamiento al Comercio Ilícito de Tabaco.
- Esta "debilidad" estructural dificulta el desarrollo de políticas de End Game (dependen de estructuras más allá del Ministerio de Salud).

¿Cómo llevar a cabo la estrategia Endgame en Latinoamérica?

1. Aumentar conciencia de que es un Endgame, por qué debe abordarse y cuáles son los principales ejemplos en todo el mundo.
2. Identificar un país o un estado en un país grande:
 - entorno político adecuado
 - líderes en el gobierno y la sociedad civil
 - historia de avances en control del tabaco o salud pública
 - idealmente con un Mecanismo Nacional de Coordinación
3. Brindar suficiente apoyo internacional y preparar al país y a los líderes para resistir la reacción de la industria tabacalera (corto y mediano plazo)

Conclusión:

- Estrategias de Endgame en Latinoamérica, SON POSIBLES.
- Se necesita mayor audacia en el control del tabaco y en los políticos.
- Desafío: identificar **EL país/Estado/Provincia** más apropiado para poner todo nuestro esfuerzo y luego promover el “efecto dominó” en la región.
- Una estrategia de Endgame debe definir:
 - un objetivo claro
 - una o varias estrategias
 - una fecha para lograrlo.
- L.A. debe aprender a mejorar su capacidad y habilidades de planificación e invertir en el control del tabaco.



The Tobacco Endgame: Is it possible in Latin America?

Dr. Eduardo Bianco

Director, International Policy Education in Addictions.

Annenberg Training Programs for Physicians.

Frank Foundation for International Health (Chi,IL, EEUU)

Evolution of Tobacco Control Policies in Latin America

1999: “Latin America is far from implementing effective Tobacco Control Policies”. Dr. A. Peruga

2 / *Tabaco y Salud* ENTREVISTA/INTERVIEW Las Palmas de Gran Canaria, 25 de febrero de 1999

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for some time yet and they include “High taxes on tobacco sales, legal regulation of tobacco production and ban on promotion of same; economic aids for alternative crops; smoke-free areas for non-smokers; encourage cessation programmes; and lastly actions for health against tobacco by the public opinion and the media”.

Nonetheless, the expert stated that in order to apply such strategy, every country requires the following elements: basic information to assess the effect of right solutions to local situations; understanding the necessary and specific mechanisms to encourage social and political groups in every country to take actions and establishing the right infrastructure. To that respect, Peruga stated: “The situation in Latin America is far from having a solid basis to implement effective policies and interventions against tobacco use”.

Moreover, the expert in medicine suggested a revision in the Latin American scientific literature on tobacco which was written in the years following the joint report on tobacco in the region by the PAHO and the American General Surgeon. Thus, he explained that scientific papers published in Latin America and the Caribbean only represent 1 per thousand out of the whole scientific literature on health despite tobacco generating over 20% of total diseases.

Latina, en los años inmediatamente posteriores al informe conjunto de la OPS y el Consejo General de los IEU sobre el tabaco en la región. Así, explica que los artículos científicos publicados en América Latina y el Caribe sólo representan el uno por mil de toda la literatura científica de la salud, a pesar que el tabaco genera más del 20% del total de las enfermedades.

Armando Peruga participated yesterday in a session focused on Latin America with a paper titled “Prevention on smoking consumption in Latin America”. Other papers were given by Enrique Madrigal (PanAmerican Health Organization in USA); Lourdes Baezconde-Garbanati (Latin-Hispanic Network for Tobacco Education at the University of

- Latin America was one of the most backward regions in terms of TC policies.
- Difficult to think that it could change... and less, quickly.
- Driven by the FCTC, in a short time, it became one of the regions with the greatest progress in tobacco control.

The role of leaders and the domino effect

- **Brasil (2001)** paved the way: the first graphic HWL in Latin America (2nd in the world)
- **Uruguay (2006)**: first SFE country in the Americas (4th in the world)
- **To 2016**: out of L.A. 20 countries:
 - 16 had graphic HWL
 - 18 approved SFE at country level
- **Since 2020**: All South America is Smoke Free

Latin America also innovated, set directions, showed impacts... and faced the international legal attack of IT!

Uruguay:

- 2008 – Single Presentation Requirement (SPR)
- 2009- Larger graphic HWL globally (80%).
- Significant reduction in the prevalence of smoking in adults and young people (from more than 30% to less than 10% in the latter).
- Faced and overcame the first international legal attack on the WHO-FCTC by a multinational tobacco company.

Brasil

- 2012: The first country in the world to pass a comprehensive additive ban for all tobacco products .
- Implementation was delayed due to legal challenges.

Panamá:

- 2008: First country in the world to pass a total ban on TAPS.
- 5.0% prevalence - Endgame goal (less than 5% prevalence)

How was it achieved?

- Influence of the FCTC-WHO.
- Modeling by international pioneers: Canada, Ireland, etc.
- Strong national leaders with vision, skills, and international contacts
- Coalition building (strong civil society participation)
- HUGE INTERNATIONAL SUPPORT
- Favorable political circumstances at the national level.
- Advances by impulse, not by "good planning"

Can these experiences serve as a basis for Endgame regulations?

The answer is : YES, BUT...

- not only we learned... The tobacco companies too!
- Many countries remain “structurally” weak
- Implementing the policies is not enough... you have to maintain them!

Where has Latin America failed?

- In approving policies "beyond the Ministries of Health."
- With few exceptions, it has not achieved great success in: Taxes, total ban on TAPS, plain packaging.
- Focused on "achieving certain policies", but not on developing a strong system to maintain them (eg National Coordinating Mechanisms)
- Art. 5.3: Critical for Implementation, multisectoral coordination, and confrontation with Illicit Tobacco Trade.
- This structural "weakness" makes it difficult to develop Endgame policies (they depend on structures beyond the Ministry of Health).

How to carry out the Endgame strategies in Latin America?

1. Raise awareness of what an Endgame is, why it needs to be addressed, and what the main examples are around the world.
2. Identify a country or a state in a large country:
 - suitable political environment
 - leaders in government and civil society
 - history of advances in tobacco control or public health
 - ideally with a National Coordination Mechanism
3. Sufficient international support and prepare the country and leaders to resist the reaction of the tobacco industry (short and medium-term)

Conclusion:

- Endgame strategies in Latin America, ARE POSSIBLE.
- Audacity is needed in tobacco control and politicians.
- Challenge: identify the most appropriate country/State/Province to put all our efforts into and then promote the "domino effect" in the region.
- An Endgame strategy must define:
 - a clear goal
 - one or several strategies
 - a date to achieve it.
- L.A. must learn to improve its planning skills and abilities and invest in tobacco control.

Stay Involved



Have you seen tobacco industry interference in public health policymaking? Email us the details at info@ash.org!

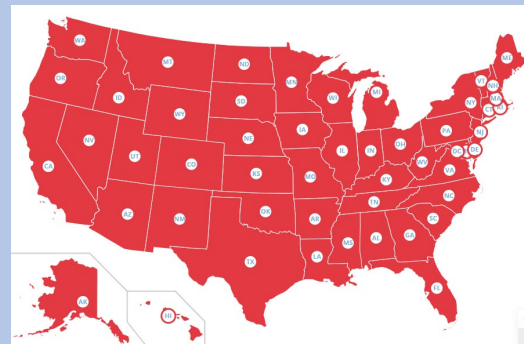
NEXT WEBINAR: November 10th at 10:00am ET / 2:00pm GMT

Working Across Borders: A Collaboration Between Polish and US Cessation Experts

Tools for Advocates

Tobacco & Human Rights Hub

ash.org/hrhub



U.S. Tobacco Lobbyist & Lobbying Firm Registration Tracker

ash.org/tobacco-money