

Six Years That Changed Tobacco

LESSONS LEARNED

Control In Uruguay



**Pan American
Health
Organization**



*Regional Office of the
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Three years ago, Uruguay was a country in which tobacco control policies were rare and ineffective. However on March 1, 2006 it became the first country in the Americas 100% smoke-free.

INTRODUCTION

In addition to this fundamental progress, the country had already complied with and exceeded the recommendations of the World Health Organization (WHO) Framework Convention on Tobacco Control (FCTC) with regard to packaging and labeling of tobacco products.

While other areas are still in lack of legislation, there is now an organized tobacco control movement made up of individuals from both government and civil society. This fact, along with a favorable political climate, means that further progress in the foreseeable future is likely.

This document summarizes the key elements that allowed Uruguay to advance so effectively in tobacco control:

- A coordinated and consensus-based efforts by a group of committed individuals and institutions;
- Continuous communication with key participants, from which emerged the political will to establish the legal underpinnings for tobacco control;
- Ongoing efforts to educate and raise awareness among the nation's population and the media;
- Technical cooperation and advice from international organizations.

This document also attempts to show that, even with a favorable political climate, Uruguay has faced, and still faces, the same challenges as virtually every country in the world that has attempted to implement effective tobacco control policies.

By the 1960s and 1970s, true pioneers like Dr. José Saralegui and Prof. Helmut Kasdorf already were working on tobacco control. Other people and organizations joined them, but the efforts were not coordinated.

It was only in 2000 that the General Direction of Health Services (GDHS) of the Ministry of Public Health (MPH) requested that the National Alliance for Tobacco Control (NATC) was formed as an unofficial association of government, quasi-governmental, private and grassroots organizations. It is 'unofficial' because, although from the start it was recognized by the participating institutions

and the executive and legislative branches of government, no legal structure could be found to accommodate them all. This unofficial status, at first considered a great obstacle, impeded neither the organized operations of the Alliance nor its important achievements. The strength of the Alliance lies in the fact that it comprises public institutions responsible for formulating national health and drug policies, as well as important institutions of medical knowledge (the Medical School as well as entities that represent all of the nation's physicians: the Medical Union and the Inland Medical Federation). It also includes civil society organizations and is endorsed by the Pan American Health Organization (PAHO). This representativeness was

COALITIONS



important in enabling the NATC to act as an umbrella that supported the activity of each of its members, regardless of the degree of each institution's actual participation.

NATC's mission has been interinstitutional coordination; programming for the optimization of technical and material resources; and the standardization of criteria and work strategies. Its ultimate goal is to create a national tobacco control policy that will help to reduce the prevalence of smoking and protect the nation's population from involuntary exposure to second-hand smoke, leading to a reduction in tobacco-related illnesses in the coming decades.

The NATC urged the MPH to play a greater role in tobacco control. In September 2004 the MPH empowered the Interinstitutional Advisory Commission for Tobacco Control to begin acting as a fully functioning body. Although created several years before, the Commission had never been operational. At present, the Alliance continues its work, providing technical support for this Commission.

The Commission's principal task is to advise the MPH, through GDHS, on various aspects of tobacco control: to propose epidemiological studies, recommend coordination activities with other institutions, permanently oversee compliance with current standards, coordinate oversight activities, recommend penalties in cases of noncompliance, and suggest ways and means to finance tobacco control activities.

The MPH has also created the Tobacco Control Program,

- The existence of a coalition in Uruguay was critical to achieve the goals that had been set.
- Essential to the coalition was the presence of highly representative institutions that served as repositories of medical knowledge and of official regulatory agencies and civil society,
- The passion and commitment of the people involved were a vital ingredient.
- The presence of leaders who paved the way but at the same time maintained a two-way flow of communication with all the parties involved, allowed the work to progress through consensus-based activities.
- The existence of clear goals, such as achieving ratification of the FCTC, generated positive feedback, intensified the solidarity of the coalition, and fostered the achievement of these goals.

which is one of the Ministry's priority programs and shares with the Commission the responsibility for creating policy guidelines. This has laid the foundations for the National Tobacco Control Program.

In 2005, the NATC received one of the awards presented annually by WHO every 31 May on World No Tobacco Day, for its work in securing the ratification of the FCTC in Uruguay. It should be pointed out that the Framework Convention on Tobacco Control and NATC's advocacy in this area, which are described below, were a constant source of feedback that made it possible to achieve the goal that had been set, and that was in turn used to consolidate the coalition.

The signing and ratification of the FCTC in Uruguay was a complex process. In 2002, when international negotiations were already in an advanced stage, this was completely unknown in Uruguay. The first major action was to ensure that Alliance members themselves were properly informed about the Framework Agreement.

In 2003 two simultaneous actions were taken: on the one hand, educating the media so that they could inform the public about the issue and, on the other, raising awareness among policymakers in order to gain valuable ground, in terms of the Uruguay's official position during negotiations

SECURING THE FRAMEWORK AGREEMENT



and, subsequently, to secure the signing and ratification of the FCTC.

The fact that this was an international agreement promoted by WHO generated interest among the press, which gradually began to cover the issue. Although the media in general were not inclined to cover tobacco control, many journalists on their own began to take the issue seriously; media coverage expanded till present day and continues at the present time.

With Uruguay signing the FCTC in June 2003, ratification needed to be secured prior to the end of the term of the current administration, since national elections were to be held in October 2004 and there was a risk that ratification would be postponed until the new administration took office. It was therefore necessary not only to obtain the number of votes needed for ratification, but to race against the clock in order to do so.

In the interval between the time the FCTC was signed and the time it was ratified in July, 2004, there was

- It was important that the work to educate and raise awareness be done in stages and to maintain direct contact with members of Parliament.
- The coherence of the presentation and the scientifically based arguments ensured the place of Uruguay's tobacco control movement as trustworthy and truthful.
- Presenting FCTC as an international movement whose program was applicable to Uruguay piqued the interest of the media.

Work with the policymakers unfolded in several distinct stages:

- Raising awareness in the MPH about the importance of Uruguay's presence in the negotiations, ensuring that Uruguay was represented at every stage by an official representative with a clear mandate;
- Ensuring that the MPH brought together the other parties that should be involved in defining Uruguay's position, such as the Ministry of Education and Culture and the Ministry of Economy and Finance;
- Advocating official adoption by the MPH of the Alliance's position;
- Undertaking a thorough monitoring of the process leading to the signing of the FCTC, helping to cut through any bureaucratic red tape.

intensive work with lawmakers interested in the issue to provide them with the information they needed to support ratification. Meetings were held with the health commissions of each of house of parliament (which were responsible for submitting the ratification proposal to the whole parliament), and members of the Alliance had interviews with both representatives and senators from the four political parties.

Even though the tobacco industry was simultaneously treading the same path, engaging in intense lobbying with policymakers, the soundness of the Alliance's scientific arguments and its intensive efforts to get the information out had the desired effect: with the support of a group of lawmakers highly committed to the issue, the FCTC was ratified by Parliament in July 2004, making Uruguay one of the first 40 ratifying countries.

A – Importance of the Smoke-free Americas Initiative in Uruguay

The Smoke-free Americas Initiative launched by PAHO on May 31, 2001 reinforced the more-than-10 years of work of the Honorary Commission to Fight Cancer in promoting smoke-free environments.

This progress was spurred by three key events:

- In 2001 Uruguay participated in a PAHO workshop held in Foz de Iguazú to focus on



TOWARD SMOKE-FREE ENVIRONMENTS

the efforts of the Southern Cone countries in promoting smoke-free environments and developing preliminary plans and strategies to meet certain objectives. One initiative that emerged from this conference was a project that called for the designation of areas where smoking was to be prohibited in offices of the Municipality of Montevideo* (in partnership with the team of Workers' Health and Safety and with the Health Division), as well as in the Clinicas' Hospital, a hospital affiliated with the University of Uruguay. This project had the positive side effect of getting the issue of smoke-free environments into newspapers, thereby injecting it into the public debate.

- In 2003 the first pilot workshop in the Smoke-Free Americas series was held in Jamaica. The Director-General of Health of the MPH and members

of the NATC were invited to this conference as observers; this was done in order to study the applicability of these kinds of workshops in Latin America. This workshop was of enormous importance for advancing the cause of tobacco control in Uruguay, as it involved a key member of the MPH; this led to a collaborative effort between GDHS and the Alliance that was critical for the promotion of the cause, even though it occurred in an unfavorable political climate.

- In late 2003, the second pilot workshop (and the first one in the Spanish language) was held, this time in Uruguay. The selection of the participants in this workshop was of key importance; many of them had a direct impact on the creation of smoke-free environments, as they had previously been involved in this kind of work, and most of them worked with Alliance organizations.

* Montevideo governmental offices. Montevideo is Uruguay's capital city.

Journalists who had taken an interest in the issue also participated. Project “Smoke-free Uruguay” was established as a result of this workshop.

B – National Research

In 2002, Uruguay participated in a multicenter study conducted by PAHO/WHO and the Institute for Global Tobacco Control of Johns Hopkins University in the United States. In this study, air nicotine levels were measured in public places, such as hospitals, offices, high schools, the airport, bars, and restaurants.

The results of the study in Uruguay revealed high levels of tobacco smoke pollution in all of the places studied and, moreover, demonstrated the ineffectiveness of separating smokers from nonsmokers within a single environment.

Comparatively speaking, Uruguay and Argentina shared the dubious distinction of having the highest levels of tobacco smoke pollution among the seven countries studied.

The findings of this study attracted a great deal of attention in the press and served as the foundation for the decree that declared all health facilities smoke-free.

C – The Smoke-free Uruguay Project

This project attempted to make all of the nation’s health and educational facilities, as well as its public offices, 100% smoke-free within a period of 24 months. The project was supported by PAHO, and a group of individuals and institutions that are members of the Alliance were responsible for its development.

The most important activities carried out within the framework of this project were:

- A workshop on standardizing criteria for the creation of smoke-free environments, based on the contents of the Smoke-Free Americas

workshop. This workshop was aimed at people residing in the country’s interior* and thus represented a policy to decentralize tobacco control activities (this being the case because, in Uruguay, most of the political activity takes place in the capital of Montevideo).

- A workshop on smoke-free health environments, aimed at health services administrators and conducted in conjunction with the Uruguayan School of Health Service Administration.
- A workshop for journalists on the Framework Convention and smoke-free environments.
- The media campaign “Don’t make me smoke!,” which is described further on in this document.

D – Participation of the National Resource Fund (NRF)

In collaboration with the Project “Smoke-free Uruguay”, the NRF, a para-state enterprise that finances highly complex medical procedures, launched a mass smoking cessation campaign. This decision was supported by the intervention of key participants in the tobacco control movement.

In the first stage, it was the NRF itself that provided services; then, in light of the growing demand, it began to create technical resources capable of providing ongoing smoking cessation services, securing agreements with different institutions that would offer these services, with the NRF providing the needed medication (Bupropion and nicotine gum) free of charge.

Before the NRF participation, the only technical resources training for smoking cessation was provided by the Honorary Commission to Fight Cancer, and smoking cessation services were only provided by the University Hospital and a few additional governmental and private-sector health services providers. Thus, the availability of smoking cessation services markedly increased nationwide, with many of these services provided free of charge regardless of the individual patient’s health coverage.

* Uruguay consists of 19 departments. Montevideo city is located within the department of the same name. The remaining 18 departments are known as the ‘interior’ of the nation.

Along with its smoking cessation programs, the NRF conducted a public awareness campaign about the health damage caused by smoking; this campaign is described in a subsequent section.

The NRF's contribution to this endeavor was critical, since it supported one of the objectives of a smoke-free environment policy: promoting smokers' efforts to beat their addiction. Furthermore, it made the compliance with smoke-free policies less difficult for smokers, who felt that their needs were being taken into consideration.

E – Legislation

The most significant achievement in tobacco control efforts in Uruguay was unquestionably the promulgation of decree 268/005 in September 2005, which banned smoking in all enclosed facilities designated for public use, as well as in all work environments. This, together with decrees 98/004 and 214/005 declaring health facilities and public offices 100% smoke-free, completed the government regulations for a smoke-free environment.

Uruguay's situation in 2005 should be emphasized. The favorable change in the political environment that occurred when Dr. Tabaré Vázquez took office as President found fertile ground in the earlier work of the individuals and institutions involved in tobacco control efforts.

Thus, substantial progress was made thanks to the clear leadership from the President, a noted oncologist who despite the confrontation with the complex national situation, did not back out of the responsibility of making tobacco control a priority in national public policy. It was especially, decree 214/005 that shook the nation to its very foundations, marking the beginning of the end of social acceptance of smoking in Uruguay.

The national response was positive. Serious opposition was initially encountered in the business sector, especially from the owners of restaurants, bars and dance venues. Intensive efforts were made with this sector, providing

accurate information on the results of such tobacco control measures in other countries, which led members of this sector to even become allies, as in the case of the Merchants Association of Old City (the center of Montevidean nightlife) and CAMBADU (a national association of bar owners and retail merchants), they even actively promoted the measure.

Shopping malls, which at first were resistant to the decree, conducted a survey of more than 5,000 of their visitors which indicated that, for the vast majority, a smoking ban in these malls would not lead to any change in their shopping habits.

The government, through the words of both the President and MPH authorities, firmly stated its intention to enforce compliance with the decree. Fines of 100 readjustable units (equivalent to approximately US\$ 1,100) for noncompliance were established for the first offense and 200 readjustable units for the second. Subsequent offenses could lead to closure of the business for up to three days. These fines are highly significant, given the standard of living in Uruguay. Since the day the decree went into force, the MPH has deployed teams of inspectors and has entered into agreements with other public institutions and municipal government offices throughout the country to enforce the decree. Organized civil society (members of the Alliance and other NGOs such as Uruguayan Second-Hand Smokers and the Tobacco-free Network of Uruguay) acted as observers, supporting the MPH in its enforcement activities.

To date, there has been widespread compliance with the decree. Although initially, two establishments publicly declared their intention not to comply with the decree, the response of the MPH was immediate, imposing the respective penalties.

A nationally representative survey was conducted by Equipos Mori Consultores y Asociados nine months after the decree went into force revealed that:

→ 92% of Uruguayans believe that exposure to second-hand smoke is dangerous for nonsmokers.

- 95% of Uruguayans believe that all employees have the right to work in a smoke-free environment.
- 8 out of 10 Uruguayans (80%) favored 100% smoke-free environments. Even 2 out of every 3 smokers supported such environments.
- 98% of the population knows about the decree. Such a high level of awareness is unusual, even for recent high-profile public issues.
- 90% of the population thinks that there is general compliance with the regulation, 60% think that

as long as they are not in conflict with any existing law.

This is why the MPH has presented a bill to Parliament with the contents of the decree; this has led to new efforts aimed at converting the measure to law. Doing so would ensure the sustainability of the policy of smoke-free tobacco environments beyond the term of the current administration.

- there is total compliance, and 30% think that that it there is compliance "with some exceptions."
- 70% of Uruguayans say they have not changed their habits with regard to frequenting public places such as bars, restaurants, and/or discotheques.

In the Uruguayan legal system, decrees enjoy a lower legal standing than laws but still carry the force of law

- International technical and financial support was critically important in a developing country such as Uruguay.
- The selection of participants for training events was a critical factor that served as a springboard for effective action.
- The use of data from national research in order to support the arguments was important in supporting tobacco control efforts.
- The creation of smoking cessation services, along with the ban on smoking in public places, helped extend the reach of the measure and also led to greater acceptance on the part of smokers.
- The firm determination shown by the government when it came to enforcing the regulation, the heavy fines, and the earlier campaigns on the risk of exposure to second-hand smoke were all factors that supported compliance with the measure.

Media campaigns in Uruguay played an important role in raising public awareness on the part of smokers and nonsmokers alike about the health damage caused by exposure to second-hand smoke and in ensuring support for legislative action.

A – “Quit smoking before life quits you”

The objectives of this campaign, launched by the NRF, were to portray smoking as an addiction that is difficult to overcome, to provide information about the harm caused

B – “Don’t make me smoke ... we breathe the same air”

This campaign was launched as part of the Smoke-free Uruguay Project to raise public awareness, especially about the issue of exposure to second-hand smoke.

It consisted of:

- Four posters containing information on the harm resulting from exposure to second-hand smoke; these posters were distributed to various public and private institutions in Montevideo and the

COMMUNICATION AND EDUCATION: THE CAMPAIGNS

by smoking (especially the harm about which the public is least informed), to gear the message to a specific target audience (i.e., young people), and to extend a general invitation for treatment in smoking cessation clinics.

The campaign consisted of:

- Seven posters that were adapted as:
 - televised public service announcements (although only some TV channels aired them)
 - posters on public thoroughfares placed in spaces provided by the Municipal Government of Montevideo and Netcom, a private company
- Seven radio spots

This campaign won the 2004 Inter-American Heart Foundation Prize for Journalism on Tobacco Control Topics.

Four of these images were then selected for use in the graphic warnings displayed on the packaging of tobacco products.

rest of the country. Giant versions of them were placed in Montevideo shopping malls. These images were later displayed on the packaging of tobacco products.

- Three radio jingles based on famous advertising spots of the past. One of these jingles won the 2005 award for radio spots of the Uruguayan Chamber of Advertisers’ Golden Bell Competition.
- A pamphlet providing information on the harm caused by exposure to second-hand smoke.
- Smoke-free environment stickers, which were distributed to businesses, offices, etc.

C – “Thanks a million”

This campaign was launched to support the decree that banned smoking in public places and work environments. The idea was to promote a citizen’s movement with the goal of collecting “one million thanks” (by collecting signatures) to thank smokers for no smoking in closed



areas. This way, an effort was made to also involve smokers in the implementation of the decree. The “thanks” could be expressed in a number of different ways: by signing cards on the web at www.unmillondegracias.com, or through a toll-free telephone number 0800-HUMO (0800-4866).

The campaign was launched by President Vázquez himself during a national video conference attended by dignitaries and celebrities from the worlds of art, sports, journalism, politics, etc.

The conclusion of this campaign on April 7 coincided with World Health Day. On that day, a specially

equipped bus was driven through the streets of Montevideo displaying the campaign’s final result: 1,112,643 collected signatures.

D – “Smoke-free Uruguay”

This campaign was designed to support the policy of smoke-free environments and emphasized their positive aspects. The campaign unfolded during the weeks leading up to the implementation of the decree, as a prelude to the campaign described in the previous section.

A logo was created that would thereafter identify smoke-free places; this was done to standardize the transition to smoke-free environments nationwide. Several posters and stickers using this logo were distributed free of charge as a way of notifying the nation’s population about the impending decree, and to help ensure future compliance with the measure.

As of 1982, Uruguayan law required that tobacco packaging contain the following health warning: "Smoking is hazardous to your health. MPH." In practice, this warning was all but hidden within the colorful packaging design.

In 2003, 21 years later, the text of the warning has been changed, although its general tenor remains the same: "Smoking may lead to cancer, heart disease, and lung disease. Smoking during pregnancy is harmful to your baby." MPH.

In 2005, based on the ratification of the FCTC, the size and features of this notice were changed; it now comprises 50% of each of two main sides of all tobacco packaging.

There is not much information on the activities of the tobacco industry in Uruguay, since the companies involved in lawsuits requiring the disclosure of information have no more than a minor presence in the country. In Uruguay, a domestically owned company controls 70% of the tobacco market share.

However there is evidence of the industry's past attempts to block earlier legislation; an example of this is a 1992 document from Abal Hnos-Philips Morris (Reference Number: 2072554975/76.¹) that reveals evidence of an attempt to block passage of a bill whose primary goal was: to ban advertising, [impose] severe restrictions in public areas, a surcharge on medical care for smokers, and additional cigarette taxes.

HEALTH WARNINGS

On May 31, 2005, as part of the new government policy, and pursuant to the recommendations of the Inter-Institutional Advisory Commission of the MPH, the use of pictograms became compulsory and the use of misleading terminology (e.g., light, mild) prohibited.

- Uruguay has enacted the FCTC's maximum recommendations regarding health warnings, as well as a ban on deceptive terminology.
- The use of images from previous public awareness campaigns was doubly advantageous in that it reinforced the messages and provided a series of pictograms at no additional cost.



REACTION OF THE TOBACCO INDUSTRY

The industry recommendations for action were the following:

- "Subtle attacks on prior censorship, using the press in some way
- A lecture by Mr. José González Lorente on freedom of advertising
- Dr. Mercader² to contact the Chair of the Health Commission of the House of Representatives regarding pre-censorship and the excessive powers that the law grants to the Executive Branch..."

Although we lack documents as evidence, clearly there have been recent attempts on the part of the industry to block tobacco regulation.

There has been both intense lobbying of lawmakers, among other things, through press releases in all of the nation's newspapers, in the most widely read editions.

Here are some examples of recent actions:

1 <http://legacy.library.ucsf.edu/cgi/getdoc?tid=bbe42c00&fmt=pdf&ref=results>

2 Dr. Antonio Mercader was Minister of Education and Culture and is currently legal adviser to the Compañía Industrial de Tabacos Monte Paz.

- With regard to the new health warnings, the tobacco industry did not mount a legal challenge to the decree. However, shortly before the regulation went into force, it issued a press release characterizing some of the pictograms (one of them shown in the photo) as "offensive" and "denigrating." The MPH held firmly to its position.
- With regard to the policy of smoke-free environments, the industry worked the issue of "freedom of choice", emphasizing that "every unnecessary prohibition is a useless erosion of freedom."

Despite Uruguay's important achievements with regard to policies for a smoke-free environment and health warnings, progress in other areas has been more limited.

Tobacco Taxes and the Control of Smuggling

The Uruguayan tax code stipulates two types of retail sales tax: the value-added tax (VAT) which covers practically all articles and services offered within the country but is not applied to tobacco; and the specific domestic tax (IMESI), which taxes certain products such as fuel and alcoholic beverages, which are also subject to the VAT.

- Ratification of the FCTC, or legal sanctions, do not eliminate opposition on the part of the tobacco industry, which follows the tobacco regulation process closely, looking for opportunities to attack.
- The MPH, enjoying the strong support of the nation's politicians in their efforts to control the smoking epidemic in Uruguay, has firmly resisted tobacco industry attempts to publicly question its actions.
- Members of Parliament for the most part continue to pay heed to the scientific evidence and to discount the tendentious arguments of the tobacco industry.

REMAINING



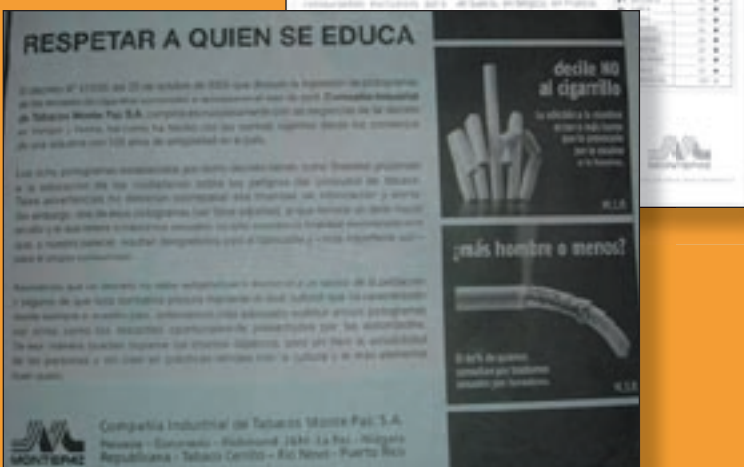
The IMESI on tobacco products is not calculated on the basis of the actual end price, but on a fictitious price set by decree; this means that the real percentage of the tax in relation to the actual end price is actually lower.

The increase in the IMESI that took effect in May 2005 resulted in the following situation:

- IMESI for cigarettes was increased from 68.5% to 70% (the law provides for an increase up to a maximum of 72%)
- For cigarettes, IMESI increased from 40% to 41%
- Loose tobacco: increased from 27% to 28%

So low a tax burden for loose tobacco is a problem in Uruguay, since this form of tobacco is used in rolling cigarettes, which has historically been the tobacco of preference for lower-income persons.

In Uruguay as elsewhere, low taxes on certain types of tobacco undermine the global impact of the higher taxes on cigarettes: instead of smoking less or quitting smoking, many smokers simply switch to a cheaper form of tobacco.



Thus, Uruguayans' consumption of loose tobacco has increased, especially among the young. The tobacco industry has taken this into account and, after many years, has reintroduced advertising for this type of tobacco.

Using the cigarette/BigMac® index, which has frequently been employed to compare the relative cost of cigarettes and food in different countries, we can see that, while a pack of 20 cigarettes costs US\$1.40 (35 Uruguayan pesos), a McDonalds BigMac ® costs US\$2.00 (50 Uruguayan pesos).

The old myth continues in Uruguay that any increase in the price of tobacco will generate an increase in smuggling that the responsible authorities will be unable to control; thus, any such initiative faces stiff resistance.

There is a strong possibility, however, that this situation might improve in the near future, since there is now a bill before Parliament that includes an extensive ban of advertising, promotion, and sponsorship of tobacco products. This bill will probably be debated and put to a vote sometime in 2007; this implies the need to repeat the earlier efforts that helped achieve other goals. Work will once again have to be done to raise awareness among the general population and policymakers alike. This time, both the media and advertising agencies—two sectors that perceive a threat to their future revenue as a result of tobacco industry arguments—will have to be engaged as well.

CHALLENGES

Ban on Tobacco Advertising, Promotion, and Sponsorship

In these areas also, legislation has been scarce and enacted only recently. It has been limited to:

- A ban on the advertising tobacco products and/or brand names of cigarettes, tobacco, and related products on regular, cable or closed circuit television during the designated "child protection time"³ (Decree 169/005)
- A ban on tobacco advertising in association with the awarding of prizes (Decree 142/998)
- A ban on use of tobacco products for sponsorship purposes, whether through direct advertising, promotion, and/or the sponsorship of sporting events and, all sports-related activities in general within the country (Decree 170/005)

- It will be necessary to resume the work of informing and educating the press and policymakers about tax increases; control of smuggling; and the ban on the advertising, promotion, and sponsorship of tobacco products.
- In economic terms, the most feasible possibility in the short term is the application of VAT to tobacco products.
- It is necessary to continue support for the elimination of any differential taxation of different types of tobacco products, so that any tax increase can be truly effective from a public health standpoint.

³ "Child protection time" lasts from the beginning of programming until 9.00 p.m.

SUMMARY

The tobacco control process in Uruguay clearly demonstrates the importance of a firm political will. However, even within such a favorable context, the collaborative efforts of governmental and an organized civil society were fundamental.

Two elements of the Uruguayan strategy deserve special mention: first, focusing on an issue that simultaneously had a strong impact and met with little resistance—smoke-free environments and health warnings on packaging; secondly, even though the work described had a limited focus, the ultimate goal of the process was to implement far-reaching policies along the lines of the FCTC's recommendations.

A strong advocacy, including direct contact with policymakers and the media, and the using of both international and national research, were of key importance, as were the positive, creative campaigns in support of the measures enacted.

As in other countries, the tobacco industry in Uruguay closely follows the tobacco control process, attempting to block its progress

Much remains to be done, but the foundations of tobacco control in Uruguay are now solid, which suggests that there may be further progress in the near future.



**Pan American
Health
Organization**

*Regional Office of the
World Health Organization*

525 23rd Street, N.W.,
Washington, D.C. 20037-2895
Tel: (202) 974-3798 • Fax: (202) 974-3724
www.paho.org