

Smoking and Health in the Americas

**A 1992 Report
of the Surgeon General,
in collaboration with the
Pan American Health Organization**

At a Glance

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The 1992 Report at a Glance

The 1992 report of the Surgeon General, the twenty-second in a series of reports on smoking and health, reviews in depth the multifaceted problems of smoking and health in North America, Latin America, and the Caribbean. The report, which was produced in collaboration with the Pan American Health Organization, looks at historical, social, economic, and regulatory aspects of smoking.

By the mid-1980s, smoking was responsible for more than a half million deaths annually in the Americas. Smoking-related illnesses, such as heart disease and cancer, have increased dramatically in the United States and Canada. Latin America and the Caribbean are on the brink of a similar increase.

Economic growth varies from country to country in Latin America and the Caribbean. In countries that are beginning to develop industrially, smoking is just becoming a health problem. In other, more-industrialized countries, a large proportion of the population smokes, and smoking-related diseases are already a major cause of death. All countries in the Americas must eventually face the complex issues surrounding tobacco control.

"It is clear that although most countries can have significant impact on their own smoking-related problems, the international community can become smoke-free only by acting in concert."

—Antonia C. Novello, M.D., M.P.H., Surgeon General

Key Findings

In some Latin American and Caribbean cities, more than half of the young people smoke, and in recent years, more and more women in the region have begun to smoke.

By the mid-1980s, at least 526,000 deaths in the Americas were caused by smoking; 100,000 of these were in Latin America and the Caribbean.

Smoking-control efforts in Latin America and the Caribbean are impeded by the structure of the tobacco industry, which is dominated by large transnational corporations.

Economic arguments for supporting tobacco production are offset by the

economic costs of smoking-related disease.

Systematic monitoring of the factors affecting tobacco use is crucial to control programs. For Latin America and the Caribbean in particular, more information is needed about

- ♦ How many people smoke.
- ♦ How much disease and death is caused by smoking.
- ♦ What people believe about tobacco use.
- ♦ How much tobacco is produced and consumed.
- ♦ How taxation and legislation can be used to curb smoking.

Historical Factors

In native societies of the region, tobacco has long served spiritual purposes. In modern societies, tobacco is consumed for enjoyment, and such usage leads to long-term addiction and chronic health problems.

By establishing subsidiaries, affiliates, and licensing agreements, transnational corporations denationalized

the tobacco industry and altered consumer preference.

In Latin America and the Caribbean, a severe economic downturn in the 1980s led to a decline in tobacco consumption. A rise in consumption is likely to accompany economic recovery.

Tobacco Consumption and Disease

Median smoking prevalence in Latin America and the Caribbean is 37 percent for men and 20 percent for women. It reaches 50 percent or more in some populations.

As the gross national product increases in Latin America and Caribbean countries, so does cigarette consumption—particularly among people with low income.

Because of the time lag between beginning to smoke and evidence of smoking-related disease, an increasing burden of such disease and death can be expected to follow the rising

prevalence of smoking in Latin America and the Caribbean. This phenomenon is now being witnessed in North America.

Cigarette advertising tends to increase consumption. Restrictions on advertising lead to decreased consumption and are, therefore, an important disease-control measure.

Increases in the price of cigarettes decrease consumption, particularly among adolescents. Thus, excise taxes on cigarettes may be a public health measure that helps reduce diseases caused by smoking.

Economic Factors

The economic cost of smoking varies by country, according to the economic status and social and demographic characteristics of the country.

Economic incentives that promote tobacco production should be reconsidered. Tobacco is a highly profitable crop largely because of the benefits derived from subsidies, tariffs, and supply restrictions. The production

of other goods would generate similar levels of employment for those who currently grow tobacco.

Smoking-control and prevention programs can be remarkably cost-effective, per year of life gained. In Brazil, smoking-cessation services are 100 times more cost-effective than treating lung cancer.

Legislation

Legislation affecting the supply of and demand for tobacco is an effective method of tobacco control.

Most countries of the Americas have legislation that restricts cigarette advertising and promotion, requires

health warnings on cigarette packages, restricts smoking in public places, and attempts to control smoking by young people. The content of the laws and regulations varies between countries.

Prevention and Control

Although most countries of the region have a basic framework for the prevention and control of tobacco use, some programs are not fully developed.

Tobacco and health education programs are not a major feature of control activities in Latin America and the Caribbean.

In most countries of the Americas, smoking cessation services are often available through church and community organizations. Private and government-sponsored cessation programs are uncommon.

Full copies and summaries of *Smoking and Health in the Americas* are available in English and Spanish. For more information about the report or to order a free summary, contact

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