

## **LATIN AMERICAN PERSPECTIVES ON TOBACCO CONTROL**

Mr. Minister, distinguished participants in this historic Conference, first let me express my congratulations to the organizers and to our hosts for the magnificent arrangements. The salubrity of the surroundings must not however dull our appreciation of the magnitude and seriousness of the problem we are addressing. The number of you who have come here is some indication of the number of allies dedicated to addressing the problem of tobacco use – to overcoming this brown plague. This is one gift of the New World to the Old World of which I am not particularly proud. Your presence is also a compliment to those who dreamed up this merging of the II European Conference and the I Iberoamerican Conference which must be a major landmark of international coordination.

I should not have to dramatize the situation with statistics to an audience like this. More than 400 of our Latin American brothers and sisters are killed every day by tobacco and we estimate that if the current trends continue, in twenty years tobacco will be accounting for about 400,000 deaths yearly. About one third of our adults smoke and our great fear is that we have not been successful in halting the epidemic. Although more adults in Latin America smoke when compared with North America, they smoke less. But while in the two decades before 1992 per caput consumption fell 28% in the USA the corresponding figure was only 11% for Latin America.

All health authorities are concerned with these data. As the countries of Latin America slowly but surely overcome the communicable diseases and life expectancy lengthens, the place of the non communicable diseases is even more important and the role of tobacco in such diseases is clear.

A health organization like ours cannot stand aside from such a major problem. There have been several resolutions of our Governing Bodies that have called on the countries of the Americas to address this epidemic and instructed the Pan American Health Organization to assist them. In December 1997 our Governing Bodies gave even further instructions as to how we should proceed. In 1998 the XXV Pan American Sanitary Conference –our highest formal Governing Body, an exhaustive examined of the topic again exhaustively and evaluated a series of approaches.

It has become clear that tobacco use is proving resistant to the standard and accepted methods for behavior control, and there is unfortunately widespread and stubborn acceptance of tobacco use as normal and accepted behavior. Although it is well known that tobacco use is sensitive to pricing or income availability, there has been no consistence of national policies to use this instrument for control of consumption. We have also to contend with the fact that five countries of our Region rank among the world's leading producers of unmanufactured tobacco. On the positive side is the fact that most of our countries have adopted measures to ban smoking in public places.

The energizing of our program against tobacco was based on several premises. There is now absolutely no doubt as to the health risk involved and there is clear evidence from other countries that control programs do work, especially those that combine a series of measures. We have established some short and medium term goals for our efforts. These included the recognition of national tobacco control coalitions and the determination to offer technical cooperation to countries for development of comprehensive national plans for tobacco control.

There was agreement in our Governing Bodies that the control measures should embrace those that have been tried and are true. For example, some primacy must be given to measures that restrict access to tobacco products and every effort must be made to have appropriate messages displayed such that actual or potential smokers are informed. In addition there must be measures to protect those who do not use tobacco. Much of the focus of the efforts will be directed to protect children and adolescents.

I appreciate fully the multi sectoral nature of the efforts to be made, but training and natural inclination drive me to see this affliction or addiction in health terms and avoid the victimization of the addict. I am enthusiastic about the approach that targets the youth. In the Pan American Health Organization I have given much prominence to adolescents –not so much on the health of adolescents as needing correction, but working with them so that they can avoid taking up noxious habits such as tobacco use. I am convinced of the validity of the approach that sees adolescents not only as targets for change of behavior or promotion of one or other behavior, but as agents of societal change. One of those societal changes in which adolescents can play a role is with regard to tobacco use. The natural desire of adolescents to experiment and explore can be channeled into other kinds of activities that are positive and not injurious to health.

I am equally convinced that the health approach which see tobacco addiction as a disease should not blind us to the ineffectiveness of the traditional medical therapeutic armamentarium. In PAHO we have no doubt that the disciplines such as marketing are fundamental in our approach to tobacco control in the susceptible groups. We may very well be comfortable with the facts about tobacco's noxious effects that are derived from science, but we must be looking aggressively for non-traditional partners and learning to use tools that do not come naturally to those who have been trained in the medical disciplines.

The firmness of the resolve of our Governing Bodies was shown in their instructions to explore the possibility of a Regional Convention on Tobacco Control. You are very well aware of the heroic efforts of the Director-General of the World Health Organization Dr. Brundtland to awaken the world's conscience to the health ills of tobacco use and WHO is moving firmly towards the development of a Global Framework Convention on Tobacco Control. The World Health Organization has a constitutional capacity to frame such conventions that have the status of International Law. Through this Convention, WHO will be able to support and encourage the development of national health legislation on tobacco control.

PAHO in addition to being the Regional Office of the World Health Organization, is the specialized health Agency of the Inter American System and is therefore in a position to advance regional causes within that system. We have thus begun to work with the Organization of American States in the development of a Regional Convention on Tobacco Control. I envisage such an approach strengthening the possibility of establishing a Global Convention and having it accepted. Such a convention would embrace core elements of guiding principles and obligations and be accompanied by the necessary protocols.

The convention will be an important Regional instrument, but during the course of its development PAHO will still continue to foster and participate in the Interagency Plan on Tobacco Prevention and Control that has been in place since 1995. This plan has concentrated on the critical though unglamorous work of developing local alliances that move governments to adopt the control measures that lie within the ambit of their responsibility.

I am not so naïve as to underestimate the power of the forces that are opposed to tobacco control. I am well aware of the vulnerability of the Latin American populations especially the youth to the blandishments of the advertisements that portray this killer in glamorous terms. But I am confident that we will progress.

This confidence is born not only of the rightness of the struggle but also of the instruments that are slowly but surely being assembled and used. There is the tremendous power of civil society that has demonstrated what it can achieve if it is awakened and focussed. There is the strength of communication and the information to be communicated. There is the power of the law – we see countries such as Guatemala and Panama using the legal system to advance the issue of tobacco control. I have confidence that the globalization of the health risk that is evident in tobacco use can be matched by the globalization of effort to control it. The presence of so many of you here today gives me more than a little comfort that the struggle in Latin America will have many allies.

I thank you on behalf of those young people who will, through your efforts avoid the plague of tobacco.

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