





The ratification of the FCTC was important for our country as it provided a legal framework. It made us very strong and enabled us to make progress. Without the Convention the situation would have been very different.

## Introduction

The impact assessment for the implementation of the WHO Framework Convention on Tobacco Control (WHO FCTC) was conducted in Uruguay from 5 to 8 April 2016. The mission was supported by the Convention Secretariat and was led by members of the independent Impact Assessment Expert Group, established by the Conference of the Parties.

# Key tobacco control milestones

#### 2004

Uruguay ratifies the WHO FCTC

#### 2006

Adoption of comprehensive smokefree legislation (including ban on smoking in public places)

Pictorial warnings cover 50% of tobacco packaging surface

#### 2010

Warning sizes increase to 80% of pack surface

#### 2012

The Protocol to Eliminate Illicit Trade in Tobacco Products is signed

#### 2014

Introduction of a comprehensive tobacco advertising and promotion ban

# Key facts

Between 2003 and 2016, smoking declined by

11%

among the adult general population and by

21%

amongst young people

30.7% of men smoke, while 19.8%

of women smoke

**11.9%** of boys and

14.1%

of girls aged 13-17 years old smoke



80%

pictorial health warnings on the front and back of tobacco product packages

25% of the adult and

13.1%

of the young population smoke

ation

From 2004 to 2012,

12%



of the domestic market was comprised of illegal cigarette sales



In the absence of the FCTC we would be in a much weaker position with regards to our domestic tobacco control activities.

### **Key observations**

- Uruguay has made significant progress in implementing new tobacco control policies and strengthening its tobacco control efforts by using the WHO FCTC as a legal framework. Specific references to the WHO FCTC are included in the legislation on smoke-free environments, tobacco advertising, promotion and sponsorship, and tobacco product packaging and labelling. While progress is likely to have been made without the WHO FCTC, its adoption has provided tobacco control advocates with a strong direction and with momentum. In turn, this has also encouraged regional and international cooperation and information exchange.
- Uruguay has achieved success addressing tobacco dependence by following Article 14 of the Convention. Evidence-based smoking cessation methods were introduced and their effectiveness evaluated. As of 2008, tobacco dependence treatment was integrated into the National Healthcare System at the primary health level. As of 2009, nicotine replacement therapy (NRT) was available without prescription. In 2013, a national toll-free telephone quitline was launched.
- In fulfilment of its WHO FCTC obligations under Article 12 of the Convention, the Government of Uruguay has implemented sustained educational campaigns that generated strong support for tobacco control measures among both smokers and non-smokers. In 2006, over 1 million signatures were collected for a very inclusive campaign called "A Million Thanks" which thanked smokers for respecting smoke-free environments. Further cam-

- paigns were undertaken in 2007, 2012 and 2013 focusing on harmful health effects and gender-specific issues.
- Uruguay is one of the global leaders in addressing tobacco industry interference. The Convention has not only provided the basis of Uruguay's regulations, but also served as the framework for the legal challenges launched against the country both in national and international courts. In 2010, Philip Morris International (PMI) launched legal challenges to Uruguay's tobacco product packaging and labelling regulations\*. Due to unsuccessful attempts to increase their market share, multinational tobacco manufacturers shut down their operations in Uruguay. BAT and Abal Hermanos (owned by PMI), closed their manufacturing plants in 2010 and 2011 respectively.
- Observing Article 8 guidelines, Uruguay has strengthened and expanded its pre-WHO FCTC ban on smoking in public places to become the first country in the Americas region to introduce comprehensive smoke-free legislation. As of 2004, all health establishments are 100% smoke-free. As of 2008, the smoking ban on all forms of public transport was formalized after being in place for many decades. All of these measures contributed to the denormalisation of tobacco use.
- Using the WHO FCTC as a guide, progressive escalation of health warnings on tobacco products has taken place in Uruguay. In 2005, the display of text warnings covering 50% of the front and back of all tobacco products was introduced. In 2008, the use of any terms, descriptive elements,

- trademarks or business names, or figurative symbols that create the false impression that a specific tobacco product is less harmful than others, was prohibited. Pictorial health warnings were introduced in 2009, followed by new rounds of pictures in 2012, 2013 and 2015. The most recent pictorial health warnings covering 80% of the front and back of tobacco product packages were challenged by the tobacco industry in court. The new packaging regulations were upheld by the Supreme Court as constitutional.
- As of 2005, Uruguay has been introducing progressive and comprehensive bans on tobacco advertising and promotional sponsorship as required by the WHO FCTC, using the Convention as a driving force. As of 2014, all forms of advertising and promotion, including advertising and product displays at point-of-sale, have been prohibited in Uruguay.
- The WHO FCTC and the Protocol to Eliminate Illicit Trade in Tobacco Products, which Uruguay signed in 2012, provided a turning point in combating illicit trade of tobacco products in the country. Contraband is viewed as a customs infringement and dealt with in civil and criminal law. In 2015, a commission was established to work towards the promotion of the measures contained in and, once it enters into force, the implementation of the Protocol.
- \*These were concluded with an outcome that is favourable for public health.

# **Outcomes**

- ✓ Accelerated implementation of new tobacco control policies and strengthened existing efforts by providing a legal framework.
- ✓ Reinforced collaboration between sectors.
- $\checkmark\,$  Served as the basis for resisting tobacco industry challenges and new tobacco industry liability regulations.
- ✓ Strengthened and helped expand an existing ban on smoking in public places.
- ✓ Facilitated progressive escalation of health warnings on tobacco packages.
- ✓ Facilitated a progressive and comprehensive tobacco advertising and promotion ban.
- $\checkmark$  Strengthened cessation strategies and programmes.
- $\checkmark\,$  Served as a turning point in addressing the illicit trade of tobacco products.