



# Tobacco epidemic in Argentina: The cutting edge of Latin America

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**Summary** Argentina has an annual production of 150,000 tons of tobacco and 70% of this is exported. Since 1972, the state subsidy of the national tobacco industry is through a special fund supported by a 7% tax on each pack of cigarettes. Phillip Morris and British American Tobacco control over 90% of the tobacco market in Argentina through subsidiaries. Overall, 37% of adults over the age 16 years currently smoke cigarettes and second hand smoke exposure affects 70% of homes. Tobacco use accounts for 15% of all deaths in persons under age 65 years and this represents an economic cost equivalent to 0.17% of the gross national product. Health care for diseases caused by tobacco use accounts for some 16% of the total health care expenditures in the country. The transnational tobacco industry views Argentina as an expansion market and has developed an intense advertising campaign including targeting all persons 16 years of age and older. Psychographic profiles similar to those used in the US market have been developed in Argentina to target adolescents and young adults. There is no comprehensive tobacco control law in Argentina. Even though the President has signed the WHO Framework Convention on Tobacco Control, ratification is being delayed by the active lobbying of regional legislators from the tobacco growing provinces who in turn are influenced by industry positions.

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## Background

The Republic of Argentina is located in the southern cone of South America and is approximately 3.7 million square km in size with a population of 38 million inhabitants, 10% being 65 years of age or older and the annual growth rate of the

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population is only 1.3% [1]. Life expectancy is 78.7 years for women and 71.2 years for men [2], with an infant mortality rate of 16.5 per 100,000 live births [3]. The overall health budget is approximately 9.5% of the gross national product [4]. Despite marked economic progress through the mid-twentieth century, regional differences in wealth and health care persist with Buenos Aires and the central provinces having better health indices compared to the northern provinces.

At the beginning of the twentieth century, Argentina appeared to be one of the emerging economic powers of the world. However, it is currently emerging from the most profound national, social and economic crisis in its history triggered by the nonpayment of the international public debt and collapse of the federal government in December 2001. Although the economy has since stabilized and social institutions are functioning, the country has just now reached an economic recovery to 1998 standards. As a consequence of this crisis, the official unemployment rate is 12% and an additional 14% work less than full-time. Approximately 40% of the population lives below the poverty level, after exceeding 50% in 2002 and the average monthly income is only \$230 US dollars (677 pesos) per month [5].

Latin America represents the full spectrum of the tobacco epidemic. The most recent reports from the Pan American Health Organization found that the Southern Cone countries Chile, Argentina and Uruguay lead the Americas in attributable mortality from tobacco use and have the highest smoking rates among both men and women [6]. Andean countries, Central America and Mexico have considerably lower rates of tobacco use, sustained gender differences in smoking behavior and no surge in tobacco related mortality to date. On the other hand, Cuba stands out with the highest lung cancer mortality in Latin America and persistently high smoking rates despite the absence of a transnational tobacco industry [6]. This paper reviews the status of the epidemic in Argentina from economic forces, behavioral, health and policy perspectives.

### **Economic forces of tobacco production**

Argentina is a tobacco growing country producing nearly 2% of the world's tobacco leaf. Tobacco growing occurs in the northern provinces of Jujuy, Salta, Catamarca, Chaco, Misiones and Corrientes. In 2004, 77,597 hectares were cultivated with tobacco producing a total of 157,400 tons of tobacco leaf. Of these, nearly 70% or 93,400 tons were ex-

ported principally to the neighboring countries of the MERCOSUR (Brazil, Paraguay and Uruguay), for a total value of \$191 million US dollars, with a modest importation of 7,500 tons [7]. Argentina grows indigenous tobacco leaves that are different from those grown in the US but most of the tobacco grown is from the imported Virginia (70,000 million tons) and Burlrey (40 million tons) strains [8].

Tobacco production is characterized by intense agricultural work and high labor force needs and this results in 130 person-days of work for each hectare grown. In 2004, the labor force required for tobacco growing was approximately 11.5 million workdays employing 49,334 workers. Thus, tobacco growing provides a livelihood for up to 250,000 persons, assuming a basic rural family unit of four members supported by each employed person [7]. This contrasts with more mechanized agricultural sectors such as cultivation of soy, where six full time workers can manage 3000 hectares.

Since 1972, tobacco production in Argentina has been subsidized by the state through a special tobacco fund – Fondo Especial del Tabaco (FET or Special Tobacco Fund). This fund, financed by a tax on tobacco consumption of approximately 7% of the sale price for each pack of cigarettes, totaled 48 million US\$ (146 million pesos) in 2002. The funds are re-distributed to the tobacco growing provinces. The objective of this special fund is to accelerate modernization and assist in crop diversification in tobacco growing areas and in agricultural production as well as in the related industrial sector. What actually happens is that about 80% of FET funds are distributed to tobacco producers through the State subsidy of the market price of the tobacco leaf. In this way, the FET perpetuates a mechanism to maintain a lower price for cigarettes and represents a direct subsidy of the tobacco industry thus helping sustain production and employment in the tobacco sector of the economy. The remaining 20% of the FET funds are allocated to diversification and re-conversion within the tobacco industry [9].

Since 1997 Argentina has a policy to reduce the internal support of the tobacco industry according to recommendations from the World Organization of Commerce. Between 1997 and 2001, the FET funds allocated to tobacco producers were decreased, but in 2002, this support was increased substantially by \$12.5 million USD (37,500,000 pesos). However, because of the devaluation of the Argentine peso by 300% in the previous year, the value of the subsidy in US dollars actually represented an absolute reduction of about 50% and thus remained consistent with the agreement with the World Trade Organization [9].

## Tobacco industry and production

The tobacco industry in Argentina is concentrated in two companies that are subsidiaries of global transnational tobacco companies. Massalin Particulares S.A. is a subsidiary of Phillip Morris Corporation (Altria) and of US origin controlling 64% of the stock, while Reemstma Cigarretten Fabrikengmbh of German origin controls the remaining 31%. Massalin Particulares is responsible for 60% of all cigarette sales in the country and primarily produces the Marlboro brand of cigarettes. The second large consortium is Nobleza Piccardo, a subsidiary of British American Tobacco (BAT) with 96% of the shares of this consortium. They produce the cigarette brands Jockey Club, Derby, Camel and Parisiennes, controlling 40% of cigarette sales. There are several additional small companies that manufacture cigarettes for regional distribution including low price generic brands. The internal market for tobacco production is for cigarettes with 1.9 million packs sold in 2004 [7].

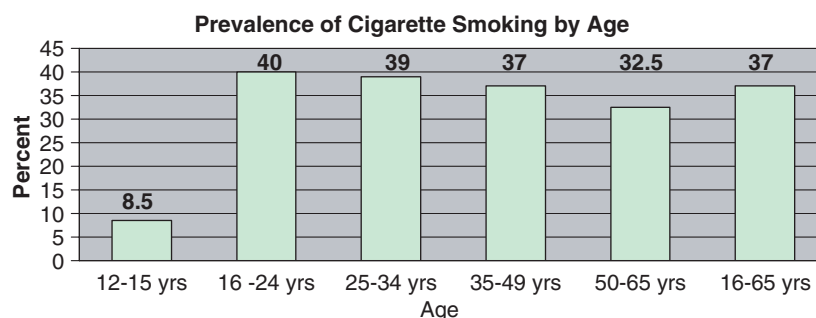
## Smoking behavior

In 2004, according to a preliminary report from the Ministry of Health and Environment, 37.1% of persons between 16 and 65 years of age had smoked cigarettes in the previous 12 months [10]. Smoking behavior differs by gender with 40% of men and 34.6% of women reporting current smoking. The highest prevalence of cigarette smoking is observed in persons between 16 and 50 years of age (Fig. 1). Among men, the highest prevalence is observed in those with lower socioeconomic status. Thus, 45% of smokers have only seven years or less of formal education. Among women, the prevalence of smoking is highest among those in the

highest levels of income and the lowest levels of education i.e., 25.6% in the first quintile and in the fifth quintile of income, respectively [11]. These observations imply that Argentina is at a more advanced stage of the tobacco epidemic especially among men, where the more educated sectors of the population have begun to stop smoking in larger proportions [12,13]. Thus, an overall classification of Mortality Stratum B made by Ezzati and colleagues [13] can be applied appropriately to the general population, recognizing that differences exist by gender, social class and region.

The average age of onset of tobacco consumption is 13 years for boys and 14 for girls [14]. Interestingly, 11% of adolescents between 12 and 15 years of age smoke without any substantive gender difference in these rates. By the end of high school, 42% of all students smoke [15–19]. Among health care professionals, smoking rates are also high with 34.3% of physicians reporting smoking cigarettes [20–22]. Medical students also smoke at a rate of 35% [23], but only 5% of students reported having received any formal training in smoking cessation [24]. Unlike the United Kingdom and the US, where physicians were among the first in the population to stop smoking, Argentina has yet to see their physicians lead the way in overcoming nicotine dependence.

Exposure to second hand smoke in Argentina is one of the highest in Latin America. In a study using measurement of vapor phase nicotine concentrations in public places in different countries, the city of Buenos Aires demonstrated high concentrations of nicotine in all evaluated settings. Public government buildings in the city of Buenos Aires had 27 mcg/m<sup>3</sup>, restaurants 15 mcg/m<sup>3</sup> and hospitals had 13 mcg/m<sup>3</sup> each among the highest of six urban centers measured [25]. Several studies have demonstrated that



**Figure 1** Prevalence of cigarette smoking by age. From: Secretaría de Programación para la Prevención de la Drogadicción y la Lucha contra el Narcotráfico. Informe Preliminar: Segundo estudio nacional sobre consumo de sustancias psicoactivas, población de 12 a 65 años, Argentina 2004. Buenos Aires 2004.

about 70% of Argentina's adolescents are exposed to second hand smoke in their home [18,19]. A school based study in the city of Buenos Aires demonstrated that 30% of children between 9 and 10 years of age had detectable cotinine levels in the urine of about 15 mcg/l and that 25% had levels between 20 and 50 mcg/l [26]. These levels of cotinine exposure are the same as those observed among adults with established second hand smoke exposure at home and light active smokers, respectively.

### Economic impact of tobacco related mortality

In the year 2000, 249,000 persons over the age of 35 years died in Argentina. Approximately 15.7% of these deaths, or 39,131 were attributed to tobacco. Of these deaths, 71% occurred among men and the percent distribution by cause of death among persons 35–64 years of age is summarized in Table 1 [27]. The annual costs for loss of economic productivity from premature deaths attributed to tobacco use was approximately 460 million pesos at the time that the Argentinean peso was worth \$1 US. This represented 0.17% of the gross national product and 89% of these costs were among persons 65 years of age or younger [28].

Direct costs for health care in Argentina related to diseases attributable to tobacco use

reached USD 1,440,000,000 (Argentinean \$4.330.896.653) in 2003, which represents 15.7% of the total expenditure on health. This far exceeds the total amount of tobacco taxes collected by the Ministry of the Economy that year, which totalled \$8.5 billion USD. In this analysis, although persons exposed to second hand smoke were included, indirect costs related to diseases and other consequences of premature mortality were not [29].

### Tobacco industry marketing strategies in Argentina

The tobacco industry considers Argentina to be an expansion market and because of this, it has developed an intense advertising campaign. Table 2 represents the investments in marketing by two major transnational tobacco companies from the year 2000 until mid 2003. Only investments in television (broadcast and cable), radio, newspapers and magazines are included. However, if one adds other methods such as street posters and endorsement of cultural and sporting events, the investment in marketing and advertising in the year 2002 reached an estimated \$18.1 million US. These resources represented between 1% and 3.4% of the total national investment in advertisement, depending on the source and the year in which they were implemented [30].

As a consequence of this marketing campaign, 90% of the youth between 14 and 17 years of age have seen some advertisement about tobacco in a public setting in the 30 days prior to a survey [31]. The tobacco industry's strategy in Argentina consists of considering youth 15 years of age and older as young adults [32]. They undertook a psychographic study of Argentinean youth and classified them in different groupings. These included the "progressives", "jurassic or conservatives" and the "crudos" or spoiled brats [33]. Marketing campaigns and strategies were tailored to these

**Table 1** Causes of death attributable to tobacco use among persons 35–65 years of age, Argentina, 2000

Cause of death	Total	Men	Women
	N = 13,452 (%)	N = 10,294 (%)	N = 3158 (%)
Lung cancer	24	26	17
Cerebrovascular disease	20	17	32
Coronary heart disease	19	20	15
Other causes	37	37	36

**Table 2** Tobacco industry expenditures (in US dollars × 1000) on marketing and advertising, Argentina, 2002

Company	2000		2001		2002	
	USD	%	USD	%	USD	%
Massalin Particulares	27,139	67	16,926	58	11,000	67
Nobleza Piccardo	13,021	32	12,300	42	8,100	43
Other	559	1.4	141	0.5	43	0.2
Total	40,719	100	29,367	100	18,143	100

% = percent of total marketing expenditures by tobacco industry company.

psychographic categories in order to promote national values [34].

Despite the fact that Argentina has no limitations on tobacco advertisement, the industry created, as in other countries [35–37], an internal code in order to guide the marketing and advertisement of cigarettes [38]. These are a set of self-imposed restrictions in order to anticipate potential legislation that would prohibit advertisement. Within these guidelines they eliminated television publicity before 10 p.m. and any billboard or other publicity in the vicinity of schools. However, they did not place any limits on print advertisement and one can observe that the newspapers with the largest daily circulation have a disproportionate amount of cigarette advertisement. These appear as paid advertisements for a particular brand, advertisements that mention a cigarette brand associated with a musical or sporting event sponsorship, and usually there is a newspaper article related to tobacco consumption every three to four days. In the past two years this has led to an overall increase in direct advertisement of cigarettes [39].

The tobacco industry has also found indirect publicity in the form of local opinion leaders. A leading Argentinean journalist, Mariano Grondona, suggested that the tobacco industry should create new marketing messages that promote the theme “moderate smoking is good”. At a Tobacco Latin America Workshop, Grondona stated during a lecture: “It is a mix of pleasure and activity that leads to the good life, so you can elect different kinds of activities such as exercise and moderate smoking. Smoke intelligently. Because moderate smoking does not have any adverse effects on your physical well being and has good effects on your psychological well being” [40]. Grondona has one of the highest rated television news and talk shows in Argentina and as recently as December 2004 he finished each broadcast by smoking a cigar. This strategy is consistent with that previously described in the Latin Project that was devised by the tobacco industry to recruit prestigious leaders from medical fields with the goal of countering the scientific evidence that demonstrated the association between second hand smoke and disease [41,42]. This activity played a crucial role in the presidential veto of a strong tobacco control law approved by Congress in 1992.

Finally, the tobacco industry has promoted educational programs in schools in order to help youth “make the right decisions”, with respect to tobacco use. Some of these campaigns include the program *Yo tengo poder, proposito, orgullo, determinacion, entusiasmo, y respons-*

*abilidad* (translated as “I have power, goals, pride, determination, enthusiasm and responsibility”) which is financed by Phillip Morris and its local subsidiary Massaline Particulares. There is also the “Courtesy of Choice” program sponsored by BAT and PMI that is used to justify the smoke-free and smoker sections in restaurants [43].

### Legislative agenda for tobacco control

Argentina is a federal country with a constitution that grants the national government exclusive rights over certain aspects of government, while others are allocated to provincial governments. At the national level, there is only one law that restricts tobacco advertisement at certain times and specific places. In August 2005, the Ministry of Health sent a bill to the Senate to update this law. At the provincial level, 80% of the provinces have laws that theoretically protect persons from passive smoking and prohibit the sale of cigarettes to minors [44,45]. These laws are generally ineffective because of lack of enforcement and loopholes that allow creation of “smoke-free” spaces within a closed environment. This reflects to a large degree the power and influence of the tobacco industry over the past 35 years in blocking the development, approval and implementation of laws against controlling tobacco consumption in Argentina [46]. Lawsuits brought against the tobacco industry in Argentina have all failed and this strategy has not yet proven effective at initiating policy changes. The tobacco industry has utilized similar strategies as they have used in other parts of the world and have successfully won or neutralized each litigation case brought against them in Argentinean courts [47].

Argentina is one of the countries that signed the Framework Convention for Tobacco Control (FCTC) sponsored by the World Health Organization on September 25, 2003. In June 2004, the national government introduced a law to support the FCTC in the Argentinean national senate. Despite this, until December 2005, the FCTC has not been ratified by the Argentinean Congress. There is currently an enormous amount of pressure being exerted by the elected officials from the northern provinces that grow and produce tobacco and has led to a delay or slowing down of this proposed law. These pressures are a direct consequence of tobacco industry efforts and emphasize distorted economic adverse effects that tobacco control

may have on regional economies in the already impoverished northern provinces [48,49].

## Conclusions and recommendations

In conclusion, Argentina is a country with a high prevalence of tobacco use, where tobacco is responsible for 15% of all deaths in persons under 65 years of age. The federal government has a dual attitude towards the tobacco consumption since it considers production of tobacco an important economic activity. On the other hand, President Nestor Kirchner signed the FCTC and in August 2005, the Ministry of Health introduced in the Senate a new comprehensive tobacco control bill that follows the minimum standards required by the Framework Convention on Tobacco Control. The Ministry of Health has also proposed a comprehensive tobacco control plan independent of legislation by focusing on promotion of smoke-free environments, cessation programs through telephone quit lines and engagement of physicians in helping smokers quit. These initial efforts at a national program for tobacco control independent of the FCTC ratification process are encouraging and may result in stimulating more local action.

Public health advocates and policymakers in Argentina, as well as other countries of Latin America, should be aware of the tobacco industry's tactics in order to anticipate their moves. They need to develop stronger, more confrontational programs designed to isolate the industry and to make it more difficult for politicians to support it. Not learning from past experiences will only delay the implementation of effective tobacco control legislation in these countries.

The tobacco industry intends to maintain and intensify their sales in Argentina by various mechanisms including implementation of an aggressive marketing campaign directed at youth and lobbying legislative and opinion leaders in order to develop strategies to change their public image and influencing public opinion. It is imperative that all persons involved in tobacco control policy and research collaborate in a way to achieve improved control over this epidemic that affects 40% of the adult population in Argentina.

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