



GLOBAL STATE OF TOBACCO
HARM REDUCTION

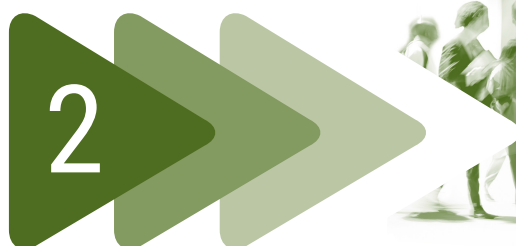
2024

A SITUATION REPORT



Section Two

LATIN AMERICA





Report overview

The Global State of Tobacco Harm Reduction 2024: A situation report is a multi-component publication, grouped into two parts, ***Global perspectives*** and ***Regional and national insights***. The extent to which SNP are replacing and substituting for combustible and risky oral tobacco products is the unifying theme.

Global perspectives uses the latest evidence and new data projections to report on the current global THR situation and its potential to rapidly reduce the burden of disease and mortality associated with risky tobacco use. Measuring changes in SNP uptake, policy and regulation, it considers how these factors interrelate to support or undermine progress.

Chapter One: The global smoking epidemic and the role of tobacco harm reduction

Chapter Two: The evidence for tobacco harm reduction

Chapter Three: Global progress in tobacco harm reduction

Chapter Four: Global regulation and control

Chapter Five: The challenges to tobacco harm reduction

Chapter Six: Conclusions

Regional and national insights considers the status of tobacco use and THR at the regional or national level. The document you are about to read focuses on **Latin America**; an equivalent report for **Eastern Europe and Central Asia** is available. Four countries that have enabled THR to drive down smoking rates – **Aotearoa New Zealand, Japan, Norway** and the **UK** – are also profiled.

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Section Two

Latin America

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Introduction



For this chapter, we move our focus to explore the state of THR in Latin America. This diverse group of countries continues to be negatively impacted by tobacco use; while national smoking rates may not be as elevated as in some regions, the large populations of some Latin American nations means that the number of people affected by smoking-related disease can be a significant drain on healthcare systems and economies. SNP are available for consumers to purchase in most Latin American countries, though often from unregulated sources. The use of different SNP varies from country to country, along with levels of recognition of the products' roles in supporting smoking cessation, as well as engagement and activity from THR consumer advocates. Yet hope for the future of THR in Latin America is constantly under threat from powerful outside influences seeking to mould responses to smoking and the emergence of SNP to fit with expectations and values set elsewhere.

For the purposes of this report, 'Latin America' means countries in North, Central and South America where Spanish or Portuguese are the most commonly spoken languages today.¹ Our report covers 17 mainland countries: Argentina, Bolivia, Brazil, Chile, Colombia, Costa Rica, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Uruguay and Venezuela. Collectively, they are home to more than 616 million people.



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globally, the region ranks second in terms of female tobacco consumption

Despite recent economic growth, the region faces significant inequality, with the richest 10% of the population holding a disproportionately large share of wealth.¹ Tobacco consumption has decreased in recent years in Latin America, with smoking prevalence falling from 26% to 15% between 2000 and 2020. However, challenges persist, with nearly 70 million smokers in the region at risk of tobacco-related health issues. Men have higher smoking rates compared to women, although the region ranks second in terms of female tobacco consumption globally. Chile, Uruguay, and Argentina have the highest regional smoking rates among women. Brazil has the lowest rate of youth tobacco consumption.^{2,3}

As well as being consumers of tobacco, several Latin American countries are major tobacco producers. Brazil produces the most, followed by Argentina, Colombia, and others; the area of land dedicated to tobacco farming has, however, decreased over recent years.

¹ This therefore excludes Haiti and the French Caribbean, the Anglophone Caribbean (Jamaica, Trinidad), mainland English-speaking countries (Belize, Guyana) and the Dutch-speaking countries (Surinam, Aruba and the Netherland Antilles).

The combustible tobacco market in Latin America is dominated by two of the major transnational tobacco companies: British American Tobacco (BAT) and Philip Morris International (PMI); BAT controlled 51.4% of the market as of 2015. Marlboro and Pall Mall are among the most popular cigarette brands in the region.^{4,5}

Table 1 At a glance: Latin American countries

Country	Population	Area	Language	Life expectancy at birth for 2021	Mortality rate (2023)	GDP (nominal) (2019, millions USD)	GDP (PPP) (2019, millions USD)
Argentina	6,621,847	2,780,400	Spanish	75.39	7.28	445,469	903,542
Bolivia	12,186,079	1,098,581	Spanish, Quechua, Aymara	63.63	4.33	42,401	94,392
Brazil	218,689,757	8,514,877	Portuguese	72.75	6.90	1,847,020	3,456,357
Chile	18,549,457	756,102	Spanish	78.94	6.58	294,237	502,846
Colombia	49,336,454	1,141,748	Spanish	72.83	7.84	327,895	783,002
Costa Rica	5,256,612	51,100	Spanish	77.02	4.97	61,021	91,611
Ecuador	17,483,326	256,369	Spanish	73.67	5.18	107,914	202,773
El Salvador	6,602,370	21,041	Spanish	70.75	5.92	26,871	55,731
Guatemala	17,980,803	108,889	Spanish 60%, Amerindian languages 40%	69.24	4.89	81,318	153,322
Honduras	9,571,352	112,492	Spanish	70.12	4.69	24,449	51,757
Mexico	129,875,529	1,964,375	Spanish	70.21	7.07	1,274,175	2,627,851
Nicaragua	6,359,689	130,373	Spanish	73.84	5.19	12,528	34,531
Panama	4,404,108	75,417	Spanish	76.22	5.88	68,536	113,156
Paraguay	7,439,863	406,752	Spanish, Guarani	70.26	4.90	40,714	97,163
Peru	32,440,172	1,285,216	Spanish, Quechua	72.38	11.04	228,989	478,303
Uruguay	3,416,264	176,215	Spanish	75.44	9.12	59,918	82,969
Venezuela	30,518,260	912,050	Spanish and various indigenous languages	70.55	6.55	70,140	–

Source: World Bank⁶, PEW Research Center^{7,8}

Tobacco use

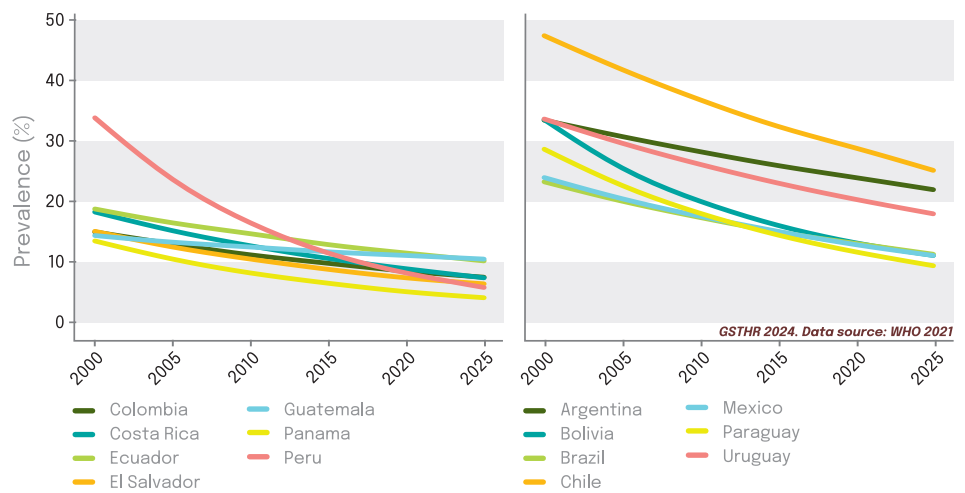
The average national smoking prevalence in Latin America is higher than in the USA, Canada, Northern European countries, Australia and New Zealand, but lower than countries in Asia and the Middle East. It is at a similar or slightly lower level than smoking prevalence across the European Union.

While the level of smoking prevalence in Latin America may appear to show a stable downward trend, data are frequently either inconsistent or non-existent. A large number of Latin American countries – Argentina, Bolivia, Chile, Colombia, Dominican Republic, El Salvador, Guatemala, Honduras, Nicaragua, Paraguay and Venezuela – simply do not monitor public health measures related to smoking. This can be the case even when a country has specialist research agencies that are actively monitoring other aspects of public health. The majority of the 11 countries mentioned above choose instead to use World Health Organization (WHO) estimates of smoking prevalence. It is fair to say that these estimations are liable to be optimistic; some might go so far as to say that they present wishful thinking.

Since 2000, the WHO has undertaken analysis of global trends in adult tobacco use and is set to continue doing so until at least 2025, with the aim of tracking progress on reducing tobacco consumption. The Global Tobacco Surveillance System assumptions indicate that the goal for the Americas is to reduce smoking prevalence rates to 14.9% by 2025. Projections suggest the target reduction is likely to be surpassed, with regional prevalence falling to around 14.3%.

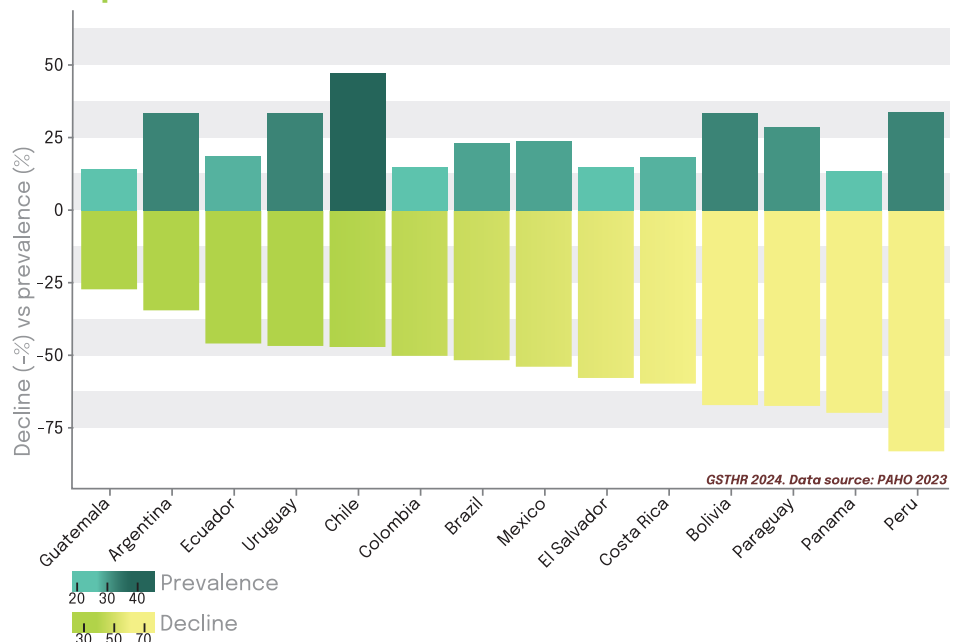
However, these projections are based on the assumption that enacting tobacco control measures always has a direct and predictable impact on tobacco consumption levels. This assumption is unverifiable, and is the weakest point of these projected estimations. According to the WHO, many countries in the Latin American region must bolster their tobacco control programmes to meet WHO FCTC provisions and regional action plans. Strengthening surveillance systems is crucial, as only a few countries have implemented comprehensive tobacco control surveillance, hindering the systematic monitoring and forecasting of tobacco use prevalence.⁹

Trends in prevalence of tobacco use in Latin America, WHO estimations



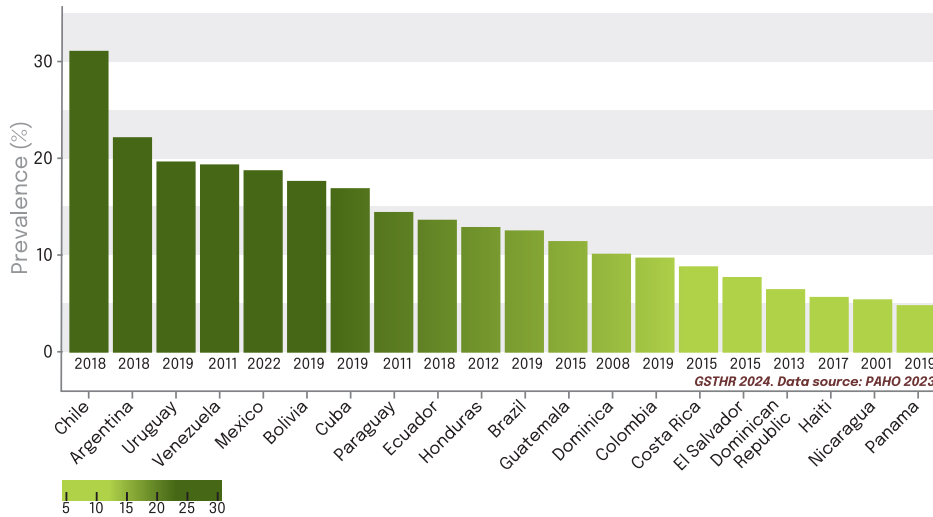
According to WHO data, prevalence of tobacco use has been decreasing consistently across several Latin American countries from 2000 to 2025. Overall, these trends highlight a significant and widespread reduction in tobacco use across these nations over the 25-year span.

Percentage decline in tobacco use between 2000 and 2025 vs prevalence of tobacco use at baseline in 2000 in Latin American countries



These findings are based on the WHO Global Report on the Trends in Prevalence of Tobacco Use 2000–2025, 4th edition, cited on pages 17–18 of the Report on Tobacco Control for the Region of the Americas 2022.^{11,12} Our research suggests, however, that these findings should be interpreted with caution, as more recent data are available for several of the countries listed.

Current tobacco smoking among adults in Latin America, the most current surveys



Source: Current smoking among adults, WHO report on the global tobacco epidemic, 2021: addressing new and emerging products, 8th edition¹³ presented Report on Tobacco Control for the Region of the Americas 2022. Pan American Health Organization.¹⁴

Brazil, for example, has a number of different sources that provide data on smoking. Since 1989, the National Cancer Institute (Instituto Nacional de Câncer, INCA) has regularly carried out household surveys. In 1989, it reported that 34.8% of those over the age of 18 smoked. A significant decrease was observed in 2003, when the percentage was 22.4%; by 2013, it had fallen again, with 14.7% of Brazilian adults reporting that they smoked. Between 1998 and 2010, the percentage of smokers in Brazil fell by 46%.¹⁵

Since 2006, smoking rates in Brazil have also been estimated using the Annual Survey on Risk Factors and Protective Factors Against Chronic Diseases (VIGITEL), conducted by phone with adults in the 26 Brazilian state capitals and the Federal District. According to VIGITEL's 2021 data, the percentage of smokers aged 18 or older in Brazil is lower still, at 9.1%, with a rate among men of 11.8% and among women of 6.7%. This data contrasts with WHO estimates for Brazil, which suggest a smoking prevalence of 13.4% in 2018 and 13.1% in 2020 in Brazil's adult population.¹⁶

VIGITEL 2023 reports that the percentage of Brazilian adults who were exposed to tobacco smoke in the home in 2020 was 7.1%, or about 5.3 million people.¹⁷ The report also finds that 8.5% of Brazilian adults, around 6.4 million people, were exposed to tobacco smoke in the workplace in 2020.

In contrast to the multiple data sources in Brazil, the only available source of information on the prevalence of tobacco use, smoking and the use of nicotine vaping devices in Costa Rica is the Global Adult Tobacco Survey (GATS), most recently carried out in 2015 and 2022. Prevalence of current tobacco use and current smoking decreased slightly between the two surveys, but at a level that was not statistically significant. Tobacco use fell from 9.1% (2015) to 8.7% (2022) and smoking from 8.9% (2015) to 8.5% (2022). Researchers did observe an increase in the average age that uptake of daily smoking began. Respondents among the 20–34 age group reported smoking daily from the age of 16.1 years in the 2015 survey; by 2022, this had increased to 18.0 years.¹⁸



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8.52% of the population smoked daily
in Mexico in 2022

the average masks a significant gender
gap, as 10% of Mexican women, but
almost 30% of Mexican men, said they
currently smoked

the highest levels of current smoking
at almost 22% were found in the
largest cities in Mexico

In Mexico, monitoring is well developed through the ENSANUT study.¹⁹ ENSANUT is a national health and nutrition survey which has been conducted for more than 25 years by the Mexican Ministry of Health. The programme provides reliable data and insights into population health conditions and trends, as well as the use and perception of health services.

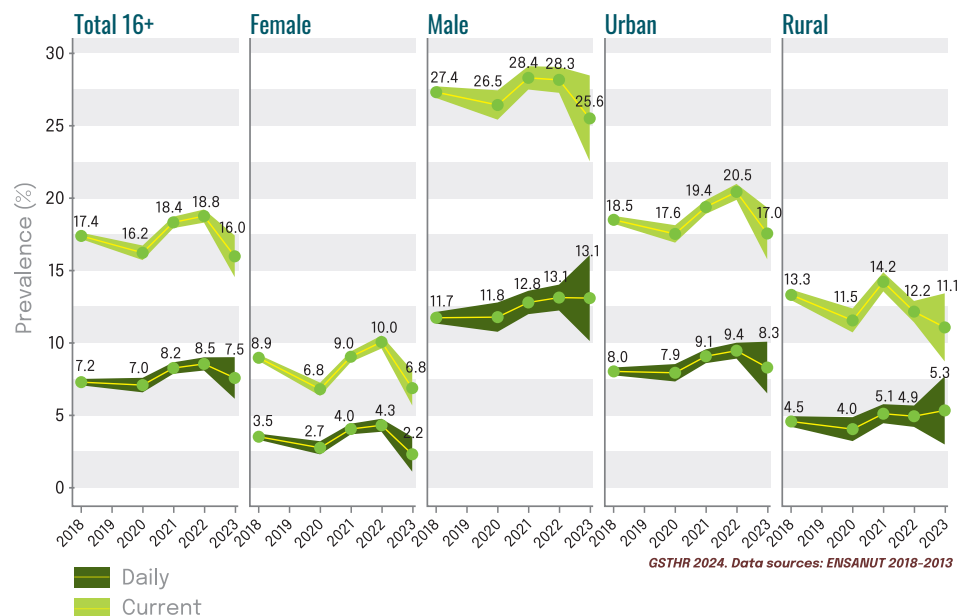
According to ENSANUT data, 8.52% of the population smoked daily in Mexico in 2022. However, this national average masks a high differential between the sexes; 4.5% of women smoked daily compared to 13.3% of men. According to the study, there were no daily smokers among adolescents under 15 years of age, and among those aged 15–16 years, the rate was less than half a per cent.

The data suggest that the daily smoking rate then steadily increased to more than 10% among those aged 25 years, remaining roughly the same through all age groups up to 60. Among the over 60s, the rate fell back, dropping to less than 6% among the oldest group surveyed. The highest levels of daily smoking were found in the largest cities, where the percentage was over 10%, and the lowest in rural areas, where the percentage was less than 5%.

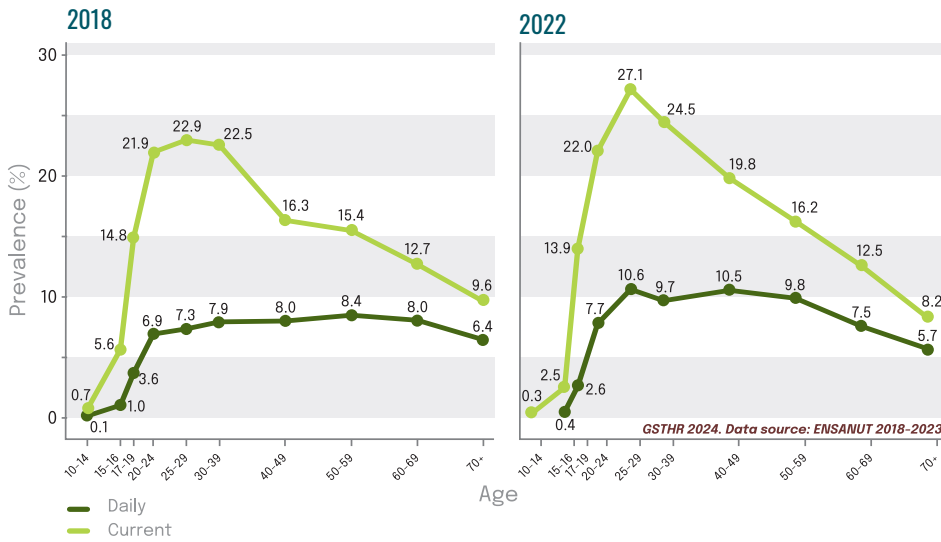
The picture was similar for current smokers – that is, people who reported that they smoked, but not every day. In 2022, almost 19% of the Mexican adult population reported they were current smokers. Again, this average masks a significant gender gap, as 10% of women, but almost 30% of men, said they currently smoked. As for adolescents, among those aged 10 to 14 the study registered only a small number of current smokers, about 0.3%. Among those aged 15–16, the rate was less than 2.5%. It then steadily increased, to almost 14% among 17–19 year olds and over 27% among 25–29 year olds, before decreasing again, down to 8% in the oldest age group.

This phenomenon of late smoking initiation distinguishes Mexico from, for example, countries in the European Union or the United States. It is also important to highlight the large difference between current and daily smokers among young adults. This may be an indicator of a distinctive Mexican smoking pattern. The highest levels of current smoking were found in the largest cities, where the percentage of current smokers was almost 22%, and the lowest in rural areas, where the percentage was over 12%.

Prevalence of tobacco smoking in Mexico 2018–2023



Prevalence of tobacco smoking in Mexico among persons aged 10 and over



Source: Author's calculations based on the Encuesta Nacional de Salud y Nutrición (ENSANUT) dataset.²¹

In Peru, data come from the CRONICAS Cohort Study, a population-based longitudinal study in four low-resource Peruvian settings, which began in 2010 with a baseline cohort of 2,978 adults.²² In 2017, the study found that 3.3% of Peruvians smoked daily, and 8.9% classed themselves as occasional smokers.

Chile and Colombia have the poorest knowledge base on the matter of smoking prevalence in the region. There are no official statistics on tobacco use in these two countries. The only available data are WHO estimations, which are also a base for World Bank reports.²³ The WHO estimates that the prevalence of smoking in Chile was 44.7% in 2018 and 28.9% in 2020.²⁴ The World Bank has published slightly different figures: 29.9% in 2018 and 29.2% in 2020.²⁵ Prevalence of current smoking in 2018 in Colombia was estimated to be 7.9% and went up slightly to 8.5% in 2020.^{26,27}



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there are no official statistics on tobacco use in Chile and Colombia



The burden of tobacco use

Chile has the highest smoking prevalence and the largest proportion of smoking-related deaths among the Latin American countries, with significant direct medical costs. As the most populous country in the region, Brazil has the highest absolute number of smoking-related deaths and costs, followed by Mexico. Chronic obstructive pulmonary disease (COPD) accounts for the highest proportion of smoking-related deaths across all the Latin American countries, with substantial associated costs. Healthcare expenditure attributable to smoking represents a significant portion of the health budgets and gross domestic product of the countries studied, with tobacco tax revenues covering only a fraction of these amounts.

Table 2 Annual burden of mortality, disease incidence, and direct medical costs attributable to tobacco by country (2015)

Country	Total deaths	Deaths attributable to tobacco	Deaths attributable to tobacco as a proportion of total deaths	Total disease events	Total direct medical cost, millions \$	Total healthy years of life lost	Proportion that is attributable to premature mortality
Argentina	359196	48723	14	224007	3817	1072979	73
Bolivia	55274	4474	8	27867	249	113736	72
Brazil	1240068	156217	13	1103421	11830	4203389	72
Chile	107545	19731	18	111526	1901	495988	67
Colombia	198738	32088	16	221811	1708	789587	65
Costa Rica	18706	1747	9	13718	241	44278	68
Ecuador	57999	7798	13	51280	476	204686	68
Honduras	19457	1526	8	9919	56	39034	67
Mexico	613123	49189	8	308840	4767	1237488	70
Paraguay	27410	3354	12	22360	301	88473	67
Peru	130930	15715	12	95879	796	380749	71
Uruguay	32475	4811	15	20165	800	104015	73
Total	2860921	345373	12	2210720	26946	8774402	70

Source: Pichon-Riviere et al. The health and economic burden of smoking in 12 Latin American countries and the potential effect of increasing tobacco taxes: An economic modelling study.²⁸



Chile has the highest smoking prevalence and the largest proportion of smoking-related deaths in Latin America

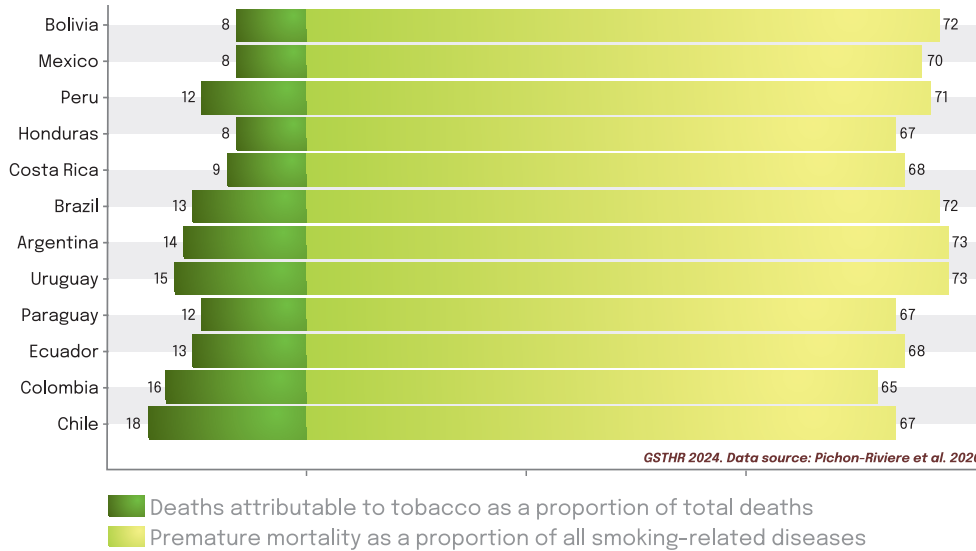
Brazil has the highest absolute number of smoking-related deaths and costs in the region

A simulation designed by Pichon-Riviere et al suggests that a 50% increase in cigarette prices through taxes could lead to substantial health and economic benefits over the next decade, including averted deaths and disease events, gained healthy life years, reduced healthcare costs, and increased tax revenues. The extent of the health and economic benefits from price increases depends on various factors, including smoking prevalence, current tax levels, demand elasticity, and healthcare costs, with different countries experiencing different levels of impact.

The latest Global Burden of Disease data show that, despite the optimistic downward trends in smoking prevalence shown by the WHO since the 1990s, no direct correspondence can yet be seen to reductions in smoking-related mortality.²⁹ While the introduction of a series of tobacco regulations in Latin America in the second half of the 20th century seemingly resulted in a significant decline in smoking prevalence, it has not yet had a direct impact on smoking-related mortality. The proportion of tobacco-related deaths among all deaths was only declining in half of the Latin

Americancountries by 2020. In Latin America, smoking-related mortality has shown varied trends from 1990 to 2019 across different countries, as shown in the charts below.

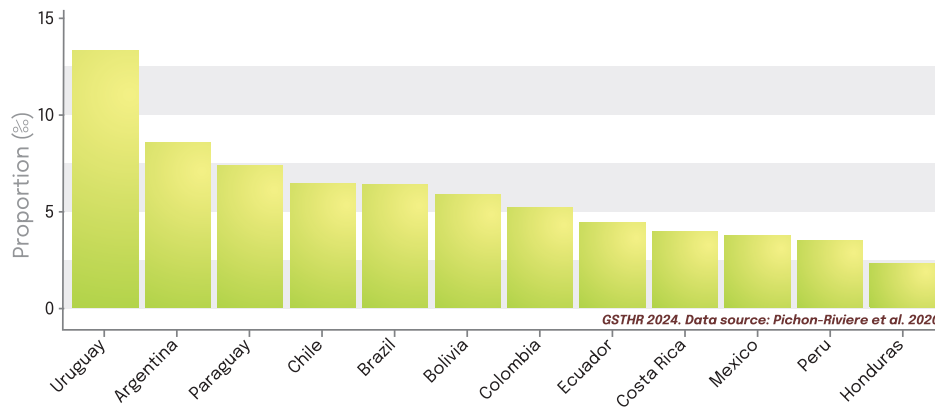
Social cost of smoking in Latin America



Source: Pichon-Riviere et al. The health and economic burden of smoking in 12 Latin American countries and the potential effect of increasing tobacco taxes: An economic modelling study.³⁰

Economic cost of smoking in Latin America

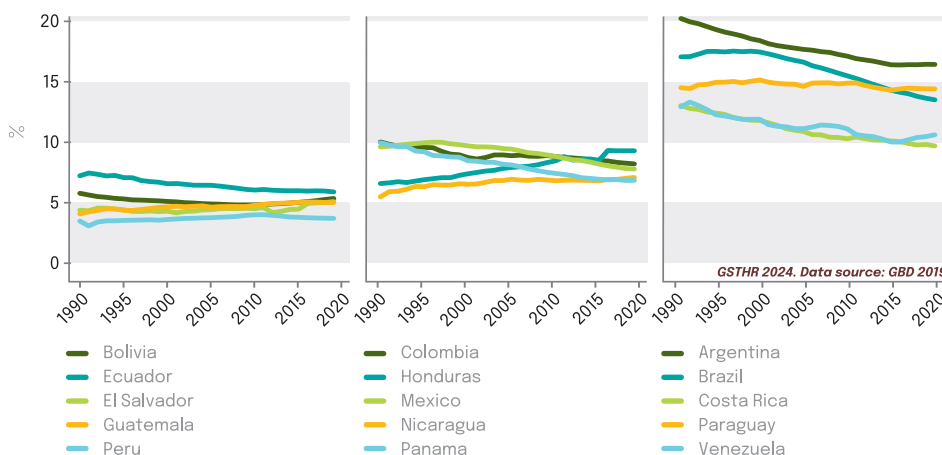
Total direct medical cost as a proportion of nominal GDP



Source: Pichon-Riviere et al. The health and economic burden of smoking in 12 Latin American countries and the potential effect of increasing tobacco taxes: An economic modelling study.³⁰

Tobacco-related mortality in Latin America

Percentage of deaths caused by tobacco relative to all deaths, changes from 1990 to 2019



Source: Global Burden of Disease Study 2019 (GBD 2019) Results.³¹



tobacco control is weak and fragmented

national attitudes towards tobacco do not appear to be changing significantly

even when regulations are established, they usually remain law on paper only, with enforcement at street level rare or non-existent

often, those with responsibility for tobacco control in Latin America do not apply policies of their own design

in countries with consistent law enforcement, tobacco control may still be effective; in Latin America, this is not always possible

generously funded interest groups intervene as major vectors of influence in the formation of policy

the past decade has seen comprehensive anti-tobacco legislation implemented in many countries in the region, closely following the requirements of the FCTC

Tobacco control policies in Latin America

Tobacco control issues do not receive the attention they deserve in the region. While some measures are being implemented, national attitudes towards tobacco do not appear to be changing significantly. Advocates point out that tobacco control is weak and fragmented. Health institutions – ministries, institutes, hospitals – employ only a small number of officials and doctors who are concerned with tobacco-related health issues; ministries and legislative chambers mainly deal with taxes, regulations and issues related to the economics of tobacco.

Often, those responsible for tobacco control in Latin America do not apply policies of their own design, but conform to those outlined by the WHO. In most cases, WHO guidelines are the point of reference for regulatory design and implementation processes. However, even when regulations are established, they usually remain law on paper only, with enforcement at street level rare or non-existent. There is a significant illegal market for tobacco products in the region.³²

Although some tobacco control policies were successful at driving down regional smoking rates in the 20th century, smoking prevalence has plateaued since the beginning of the 21st. It is reasonable to ask how much of an impact it is having on people's behaviour today. Tobacco control policies are punitive and top-down, employing taxes, bans and using stigma as a tool. In countries with consistent and sufficient law enforcement, this approach may still be effective. In Latin America, however, this is not always possible.³³

In practice, the WHO is not the only external force to hold sway over tobacco control in the region. Generously funded interest groups are known to intervene as major vectors of influence in the formation of policy, actively engaging in lobbying local legislatures and governments, providing funding to underfunded ministries, and 'training' cadres of professionals. Because numerous Latin American countries lack a tradition of governmental control and accountability, these groups frequently have free access to senior officials and their agreements are not publicly disclosed. This phenomenon varies in scale depending on how centralised a country's government is.^{34,35}

Through the lens of official communications, Latin America has shown a strong commitment to the fight against smoking. Tobacco control organisations like the Secretariat of the Framework Convention on Tobacco Control (FCTC) state that the Latin American region has played a significant role in global tobacco control negotiations, with Brazil and Chile attributed positions of leadership. Civil society organisations has also played a crucial role in tobacco control efforts in the region, although their contributions may not always be recognised.

All countries in the region ratified or accepted the WHO FCTC before 2004. Colombia, Costa Rica, El Salvador and Panama have also joined the FCTC 2030 project.^{36,37}

Subsequently the past decade has seen comprehensive anti-tobacco legislation implemented in many countries in the region, closely following the requirements of the FCTC. Key legislative changes include the expansion of smoke-free environments, the introduction and increased visibility of pictorial health warnings on tobacco products, and restrictions on advertisement and promotion. These changes also apply to new products such as nicotine vapes, now regulated in a similar way to traditional tobacco products in some countries.

Table 3 WHO FCTC ratification in Latin America

Country	Signature	Ratification, Acceptance
Argentina	25 Sep 2003	
Bolivia	27 Feb 2004	15 Sep 2005
Brazil	16 Jun 2003	3 Nov 2005
Chile	25 Sep 2003	13 Jun 2005
Colombia		10 Apr 2008
Costa Rica	3 Jul 2003	21 Aug 2008
Cuba	29 Jun 2004	
Dominica	29 Jun 2004	24 Jul 2006
Ecuador	22 Mar 2004	25 Jul 2006
El Salvador	18 Mar 2004	21 Jul 2014
Guatemala	25 Sep 2003	16 Nov 2005
Haiti	23 Jul 2003	
Honduras	18 Jun 2004	16 Feb 2005
Mexico	12 Aug 2003	28 May 2004
Nicaragua	7 Jun 2004	9 Apr 2008
Panama	26 Sep 2003	16 Aug 2004
Paraguay	16 Jun 2003	26 Sep 2006
Peru	21 Apr 2004	30 Nov 2004
Uruguay	19 Jun 2003	9 Sep 2004
Venezuela	22 Sep 2003	27 Jun 2006

Source: World Health Organization. FCTC 2030³⁸ and ^{39,40}

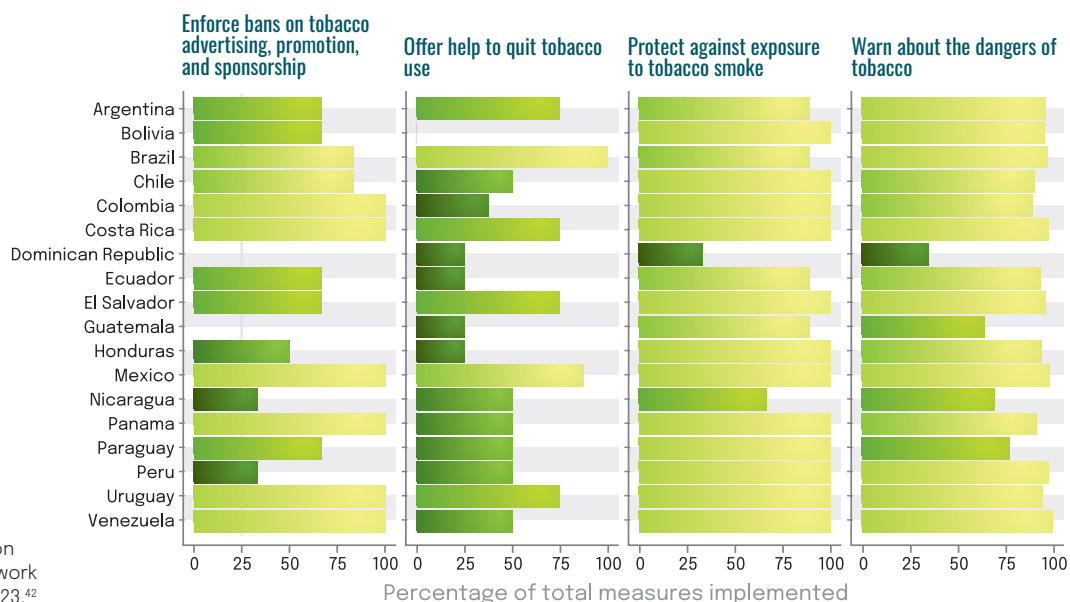


Table 4 The number of the implemented measures reported under respective WHO FCTC articles in Latin America, 2023

Country	5	5.3	6	8	9	10	11	12	13	14	15	16	17	18	19	20	Average score
<i>Maximum count</i>	4	2	3	11	3	4	8	12	10	20	13	11	3	4	7	19	10
Bolivia	2	2	0	7	2	3	8	4	5	2	8	5	0	2	0	7	3.56
Brazil	4	2	1	11	3	2	7	5	4	9	11	9	1	2	5	19	5.94
Chile	3	2	1	11	0	3	8	5	6	6	4	7	0	2	2	12	4.50
Colombia	2	1	1	11	0	0	7	11	10	8	10	11	1	2	1	15	5.69
Costa Rica	1	0	2	11	1	3	8	12	9	18	8	11	0	2	3	14	6.44
Dominica	1	0	1	0	0	0	0	10	0	1	0	0	NA	NA	0	1	1.00
Ecuador	3	1	1	10	1	4	8	7	0	11	6	10	0	2	5	8	4.81
El Salvador	1	0	2	11	0	2	8	5	0	14	8	11	NA	NA	1	15	5.57
Guatemala	0	1	1	11	0	0	3	6	0	6	3	7	0	0	0	3	2.56
Honduras	2	2	3	11	3	4	8	12	5	18	12	11	1	4	5	19	7.50
Mexico	4	1	2	11	0	4	8	11	10	14	13	11	1	0	5	15	6.88
Nicaragua	3	0	3	9	1	2	8	11	6	4	11	11	0	4	3	3	4.94
Panama	3	2	3	11	0	0	8	12	10	19	10	11	0	2	2	17	6.88
Paraguay	4	1	3	11	0	4	7	9	9	17	10	11	0	0	3	16	6.56
Peru	0	0	1	11	0	0	7	8	0	10	5	8	0	0	0	4	3.38
Uruguay	3	0	3	11	2	2	8	5	8	11	8	11	0	0	0	9	5.06
Venezuela	4	1	3	11	3	4	8	12	9	19	8	11	NA	NA	2	16	7.93

Source: Global Progress Report on Implementation of the WHO Framework Convention on Tobacco Control 2023.⁴¹

Percentage of all MPOWER measures implemented in Latin American countries



Compliance with the FCTC agreements has implications for the development and implementation of national tobacco control policies. Many Latin American countries have implemented smoke-free policies to protect public health and reduce the harmful effects of tobacco smoke. These policies vary in their scope and stringency, but they generally aim to create smoke-free environments in indoor public spaces, workplaces, and certain outdoor areas. All Latin American countries require the use of graphic health warnings (GHW) on tobacco packaging. The size, placement, and rotation of GHWs may vary among countries. Some countries have implemented large, prominent warnings covering a significant portion of the packaging, while others may have smaller warnings placed in less conspicuous locations. The specific images used in GHWs may differ among countries based on cultural preferences and public health priorities. Some countries may rotate a set of standardised images, while others may allow for variations in the images used.

Uruguay has among the strictest smoke-free laws in the region. Comprehensive smoke-free legislation was implemented in 2006, prohibiting smoking in all indoor public places and workplaces, including restaurants, bars, and casinos. A comprehensive ban on tobacco advertising, promotion, and sponsorship in all media, including print, broadcast, and digital platforms has also been enacted.⁴³ The country also has one of the most extensive requirements for GHWs in the region. In Uruguay, GHWs cover 80% of both the front and back of cigarette packages, making them among the largest in the world.

Argentina implemented its National Tobacco Control Law in 2011, which includes smoke-free regulations prohibiting smoking in indoor public spaces and workplaces as well as restrictions on tobacco advertising. Enforcement of these regulations can be weak, leading to widespread exposure to tobacco promotions, particularly in outdoor advertising and at point-of-sale locations. Application of the law can also vary across different regions of the country.

Brazil has implemented comprehensive smoke-free legislation, banning smoking in indoor public places and workplaces since 2014. Brazil's smoke-free law cover places such as restaurants, bars, and shopping malls.⁴⁴ The country also has comprehensive restrictions on tobacco advertising, but the enforcement of these regulations can vary across different regions of the country. While national laws prohibit tobacco advertising on television, radio, and billboards, some local jurisdictions may have additional restrictions.^{45,46,47}

Chile passed its Law on Tobacco Control in 2013, outlining restrictions on tobacco advertising, promotion, and sponsorship. It also mandates the inclusion of health warnings on cigarette packaging and smoke-free policies in public places, including restaurants, bars, public transportation, and indoor workplaces. Tobacco taxes are in place, and public health campaigns and educational initiatives are conducted to both raise awareness about the dangers of tobacco use and encourage smoking cessation. Help for individuals who want to quit smoking is provided through publicly funded smoking cessation programmes and resources, such as counselling services, helplines, or other support.

Mexico implemented smoke-free policies in 2008, banning smoking in indoor public spaces and workplaces. The law also prohibited smoking in specific outdoor areas at schools, hospitals, and public transportation stations. In 2023, however, Mexico modified an existing piece of legislation, heralding the introduction of one of the world's strictest anti-smoking laws. A complete ban on smoking in public places, including hotels, beaches and parks has been imposed.⁴⁸



policies vary in their scope and stringency, but generally aim to create smoke-free environments in indoor public spaces, workplaces, and certain outdoor areas

Uruguay has among the strictest smoke-free laws in the region

in Chile, help for individuals who want to quit smoking is provided through publicly-funded smoking cessation programmes and resources

in 2023, Mexico modified an existing piece of legislation, heralding the introduction of one of the world's strictest anti-smoking laws

enforcing Colombia's laws is challenging, particularly in remote and rural areas where monitoring may be limited

Paraguay modified its anti-tobacco law in 2020 and includes within its scope heated tobacco products and vaping devices, with or without nicotine

attempts to circumvent or exploit loopholes in the law on tobacco advertising, promotion and sponsorship are commonplace in Paraguay



Mexico has a less restrictive approach when it comes to laws on tobacco advertising. Regulations that prohibit tobacco advertising on television and radio during certain hours are in place, but tobacco companies can still promote their products through other channels, such as print media and sponsorships.

Colombia enacted its tobacco control Law 1335 in 2009, which established comprehensive tobacco control measures. The law includes provisions such as smoke-free environments, tobacco advertising bans, health warnings on tobacco packaging, and measures to prevent tobacco sales to minors. Smoke-free policies in indoor public places and workplaces, including restaurants, bars, and public transportation, are also in place. Colombia prohibits tobacco advertising, promotion, and sponsorship in most forms of media, including television, radio, print media, and the internet. This includes restrictions on tobacco product displays at points of sale. However, enforcing these laws is challenging, particularly in remote and rural areas where monitoring may be limited. A significant proportion of tobacco product packaging must be covered by health warnings, and the Colombian government has implemented public awareness campaigns and tobacco cessation programmes.

Peru implemented smoke-free legislation in 2010. The law prohibits smoking indoors in workplaces, public areas, and on public transport. It is also banned in the outdoor areas of educational and health facilities. While there is no comprehensive ban on tobacco advertising, certain practices like TV, radio, and website ads are prohibited. Advertising is restricted to specific print media targeting adults, with limitations on location. Brand markings on clothes and accessories are banned, and there are restrictions on tobacco sponsorship. Health warnings, including graphic images, must cover 50% of tobacco packaging, with rotating warnings and images mandated every twelve months. Misleading packaging terms like “light” and “low tar” are prohibited.⁴⁹

Costa Rica’s Tobacco Control Law No. 9028 was passed in 2012 and established comprehensive measures, similar to those in Colombia. Indoor public places and workplaces, including restaurants, bars, and public transportation, must be smoke-free, with designated smoking areas permitted only in certain outdoor spaces.⁵⁰ There are strict regulations on tobacco advertising, promotion, and sponsorship, and tobacco advertising is banned on radio, television, and billboards. Sponsorship of events or activities by tobacco companies is also prohibited, and a significant proportion of tobacco product packaging must be covered by graphic health warnings. Public health campaigns and smoking cessation support are both present.

Paraguay modified its anti-tobacco law in 2020. The new decree regulates the consumption of tobacco products, and included within its scope heated tobacco products and vaping devices, with or without nicotine. These products can only be consumed outdoors, in areas where there is no crowd or assembly of people, and must not be used where there are no passageways for non-smokers.⁵¹ However, the GHWs on tobacco packaging required by Paraguay’s regulations are the smallest in the region.

Attempts to circumvent the law or exploit loopholes are commonplace. While Chile has introduced restrictions on tobacco advertising, promotion and sponsorship, concerns have been raised about loopholes in the law that allow tobacco companies to indirectly market their products, for example through ‘brand stretching’ or sponsoring events with tobacco-related images. In Peru, despite bans on tobacco advertising on television, radio, and billboards, there are still opportunities for tobacco companies to engage in promotional activities at point of sale, such as discounts and product displays.



Safer nicotine products in Latin America

Safer nicotine products are widely available in Latin American countries. Even in countries where legal purchase is not possible, these products are in use. This is supported by official prevalence data.

Fully understanding the presence and use of SNP in Latin America is therefore difficult without taking illicit markets into account, given the large scale of these markets operating in many countries. However, the scale and scope of access to illicit products is not usually documented, making it difficult to quantify and cite – largely leaving researchers limited to observations about whether consumers can or cannot legally purchase different types of SNP in each country.



even in countries where legal purchase is not possible, SNP are in use

•

fully understanding the presence and use of SNP in Latin America is difficult without taking illicit markets into account

Country	NVP	HTP	SNUS	NP
Argentina	●	●	●	●
Bolivia	●	●	●	●
Brazil	●	●	●	●
Chile	●	●	●	●
Colombia	●	●	●	●
Costa Rica	●	●	●	●
Dominican Republic	●	●	●	●
Ecuador	●	●	●	●
El Salvador	●	●	●	●
Guatemala	●	●	●	●
Honduras	●	●	●	●
Mexico	●	●	●	●
Nicaragua	●	●	●	●
Panama	●	●	●	●
Paraguay	●	●	●	●
Peru	●	●	●	●
Uruguay	●	●	●	●
Venezuela	●	●	●	●



Product type

NVP – nicotine vaping products
 HTP – heated tobacco products
 NP – nicotine pouches

Availability

- This product category is banned
- Specialised retail or pharmacies only
- General retail

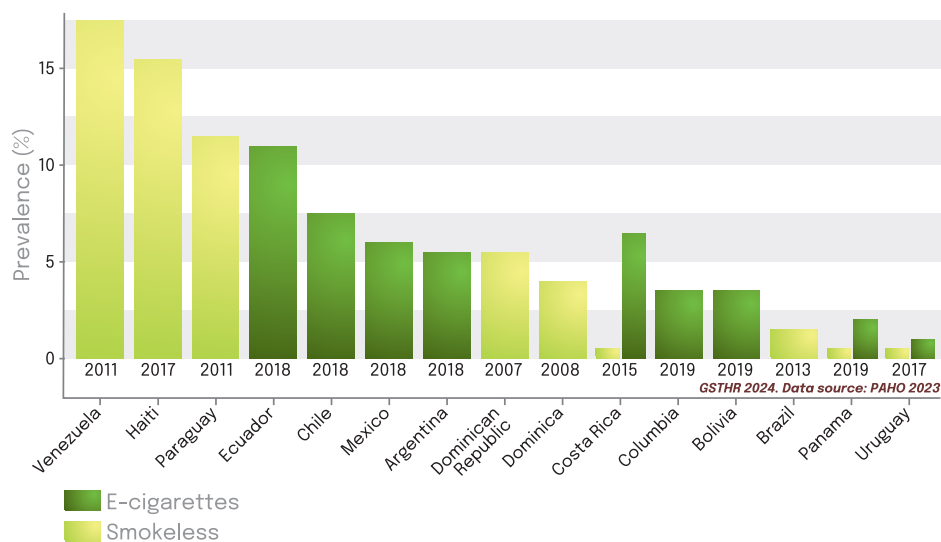
Data source: Anti-Smoking Global Index⁵²

Prevalence of SNP

Official monitoring of the prevalence of safer nicotine products is limited in Latin America. It mainly focuses on nicotine vaping products, although surveys are increasingly including HTP as well. However, the prevalence of other products such as snus, nicotine pouches or even nicotine replacement therapy (NRT) remains unknown.

Monitoring smoking and SNP use is important, as it allows us to understand the extent to which safer alternatives are replacing combustible tobacco. To observe and quantify this substitution process, the dynamics of smoking and SNP use must be monitored over time. At the moment, data have to be drawn from multiple sources, which include official prevalence estimates, national or smaller scale population surveys and, where available, market data. This means that the resulting figures are comparable only with the application of numerous assumptions; they cannot be taken as evidence, only insights.

Percentage of current smokeless tobacco use and e-cigarettes use among adult in Latin America, using the most recent survey



Source: Current use among adults, WHO report on the global tobacco epidemic, 2021: addressing new and emerging products. 8th edition⁵³ presented Report on Tobacco Control for the Region of the Americas 2022. Pan American Health Organization.⁵⁴

According to official WHO estimates - which for some countries date back as far as 2007 - the prevalence of both vaping and smokeless tobaccoⁱⁱ use was low throughout the region. Ecuador had the highest prevalence of e-cigarette use at 2.2% in 2018, followed by Mexico at 1.2% the same year. For smokeless tobacco, WHO estimates found Venezuela had the highest prevalence at 3.5% in 2011.

In Brazil, nicotine vapes have been banned since 2009. However, a study by the Instituto Nacional de Câncer (INCA) estimated that in 2019, almost one million Brazilians regularly used them.⁵⁵ This number has increased in recent years. Recent results from research agency Ipec showed that there were 2.2 million nicotine vape users in 2022 and 2.9 million in 2023.⁵⁶

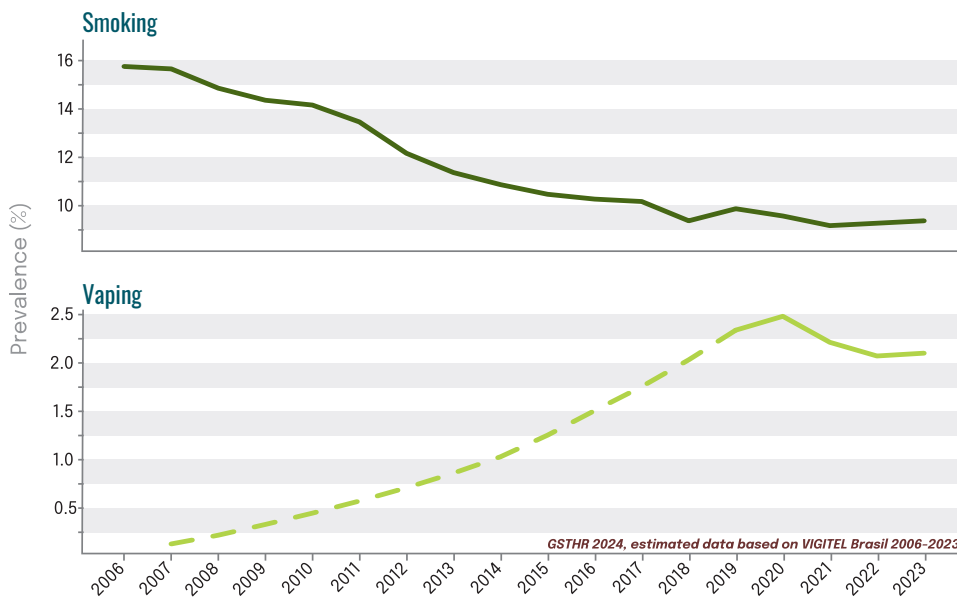
In 2022, 9,004 Brazilians aged 18 and older responded to a COVITEL study (Telephone Inquiry of Risk Factors for Chronic Non-Communicable Diseases). This survey was delivered by the Federal University of Pelotas (UFPel) in partnership with Vital Strategies, a US-based NGO. Vital Strategies receives funding for tobacco control activities from Bloomberg Philanthropies. The survey found that 7.3% of respondents had tried a nicotine vape in the first quarter of 2022 (over 11 million adults). Among young adults between 18 and 24 years old, almost 20% had tried nicotine vaping products.⁵⁷ For 2023, the COVITEL study report includes regional data and distribution, and estimates the total number of people to have used nicotine vapes in Brazil in the first quarter of 2023 to be “around 4 million people”.^{iii,58}

VIGITEL, from the Brazilian Ministry of Health, began publishing data on the estimated percentage of daily or occasional nicotine vape use among adults in Brazil’s state capitals and the Federal District in 2019.⁵⁹ With only some slight fluctuations, the figures have remained relatively stable between 2019 and 2023, when the estimate was 2.1%.

ⁱⁱ In the source reports, the WHO defines smokeless tobacco as oral or intranasal tobacco. This category can include snus, but also other types of smokeless tobacco such as nasvay or gutka etc., which do not fall into the category of safer nicotine products. It is unclear from the source, but tobacco-free nicotine pouches are probably not included in the term ‘smokeless tobacco’.

ⁱⁱⁱ ‘As análises que constam nesta seção consideram o número estimado de pessoas que usam ou já usaram cigarro eletrônico (cerca de 4 milhões de pessoas no Brasil, no primeiro trimestre de 2023).’

Prevalence of current smoking and vaping in Brazil



Source: Vigitel Brasil 2006-2023: Tabagismo e consumo abusivo de álcool, 2023.⁶⁰ Current use among adults.

Individuals associated with the THR advocacy community in Latin America estimate that there are around three million regular users of SNP in Brazil – mainly nicotine vaping, with fewer people using snus and nicotine pouches.

The estimated market size for nicotine replacement therapy (NRT) in Brazil is €24.1 million (\$25.8m).⁶¹ Adjusted for annual inflation, the country’s tobacco market has fallen from over USD 7.6bn in 2015 to about USD 4.5bn in 2020-2021. Euromonitor estimates that this value will slightly increase to USD 5bn by 2026. There is no information on the value of the market for nicotine products other than combustible tobacco.

The prevalence of vaping in Chile is unknown. People involved in THR advocacy efforts in the country have suggested that in 2022, up to 6% of the population were current vapers; ECigIntelligence is more conservative, estimating instead a total of 1.7% in 2023.

Adjusted for annual inflation, the combustible tobacco market in Chile has fallen from nearly USD 2.6bn in 2017 to less than USD 1.9bn in 2020.^{iv} Euromonitor projects it will fall further to USD 1.7bn by 2026.

The market for vaping products in Chile has grown from just over USD 10 million in 2015 to around USD 22 million in 2023, with Euromonitor predicting further growth to USD 30 million by 2026. Once HTP are introduced to official sales data, the market for these products is expected to grow rapidly, with predictions suggesting it may almost reach USD 70 million by 2026.⁶²



official monitoring of the prevalence of safer nicotine products is limited in Latin America

monitoring smoking and SNP use is important, as it allows us to understand the extent to which safer alternatives are replacing combustible tobacco

nicotine vapes have been banned in Brazil since 2009, but in 2019, almost one million Brazilians regularly used them

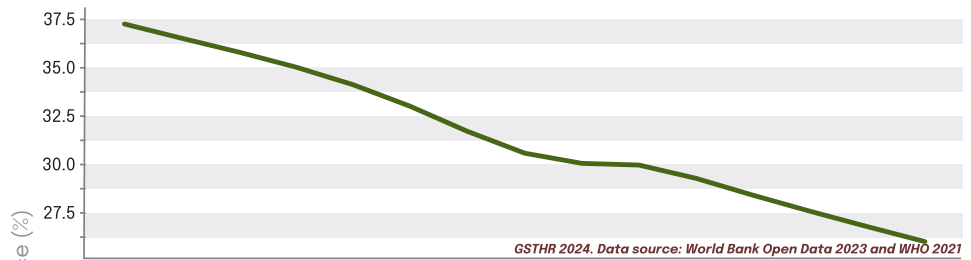
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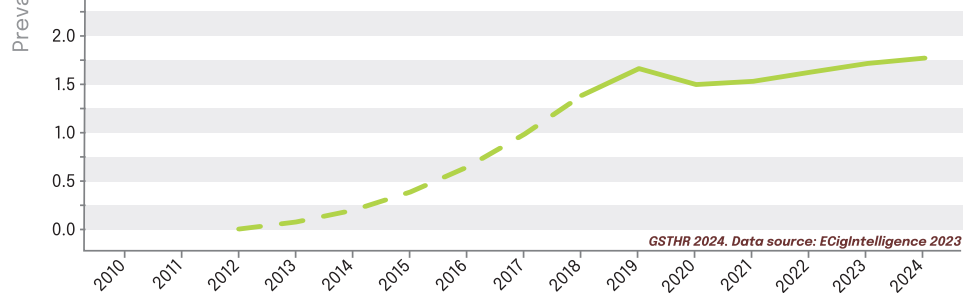
^{iv} All market value analyses were carried out on an inflation-adjusted USD basis with a base year of 2015. It is worth noting that the value of the USD fell by 29% from 2015 to 2023.

Prevalence of current tobacco use and vaping in Chile

Current tobacco use



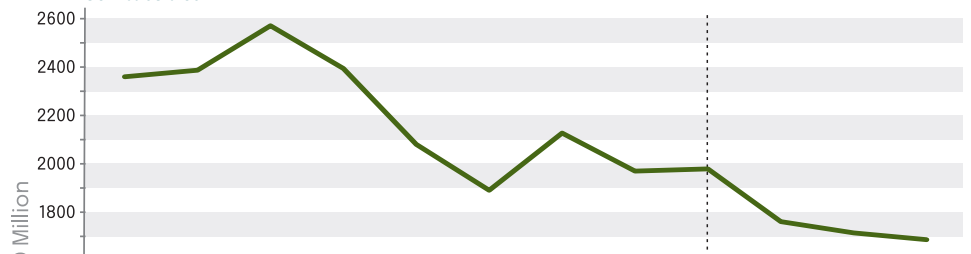
Current vaping



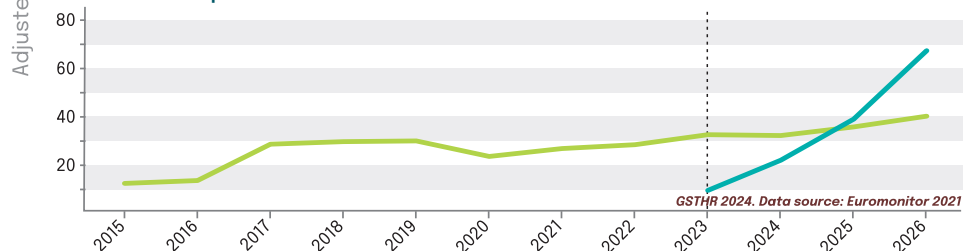
Source: Current tobacco use: World Bank Open Data, Prevalence of current tobacco use⁶³ and WHO global report on trends in prevalence of tobacco use 2000–2025, fourth edition,⁶⁴ Current Vaping: ECigIntelligence market database⁶⁵

Retail value of the nicotine product market in Chile

Combustibles



Safer nicotine products



— All Smoking Tobacco
— Nicotine Vaping Products
— Heated Tobacco Products

Source: Euromonitor 2021.⁶⁶



the market for vaping products in Chile has grown from just over USD 10 million in 2015 to around USD 22 million in 2023

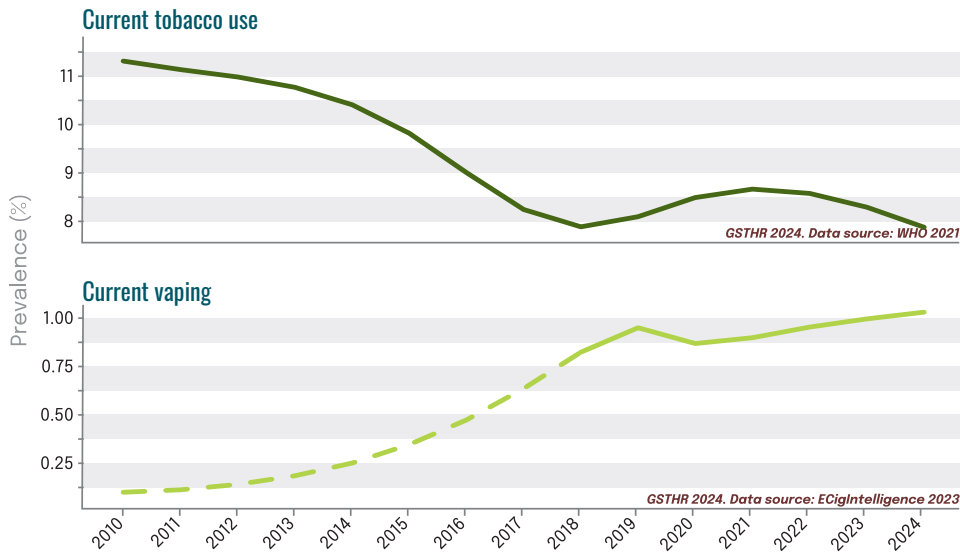
Colombia has no official data on the number of users of SNP

Colombia also has no official data on the number of users of SNP. Consumer advocates and social workers estimate that consumption has increased, especially for disposable devices. Unfortunately, with no regulation, Colombia has no way of monitoring this phenomenon. ECigIntelligence estimates that in Colombia, e-cigarette prevalence exceeded 0.8% in 2019 and will exceed 1% by 2025.

Meanwhile, Euromonitor estimates that the value of the combustible tobacco market in Colombia has fluctuated over recent years, but is currently showing an upward trend – and is predicted to grow from an estimated USD 600 million (adjusted for inflation) in 2016 to more than USD 800 million in 2023. Predictions suggest it will now decline slightly. The market for vaping products has been growing exponentially since 2015 and is estimated to exceed USD 3 million by 2026.

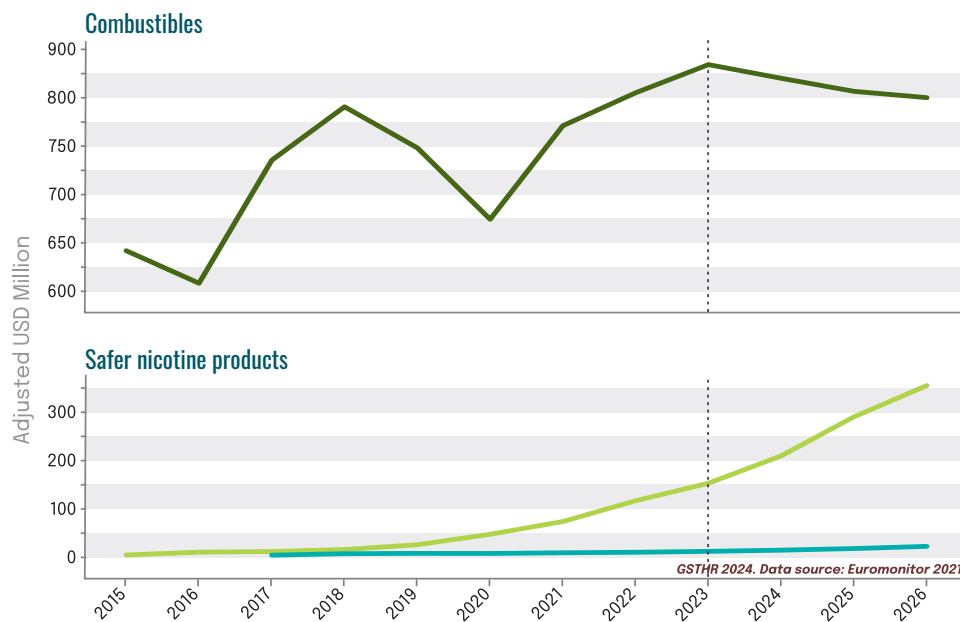
In Costa Rica, the percentage of people who had ever heard of and had ever used nicotine vapes has increased significantly over recent years. In 2015, 47.5 per cent

Prevalence of current tobacco use and vaping in Colombia



Source: Current tobacco use: WHO global report on trends in prevalence of tobacco use 2000-2025, fourth edition⁶⁷ Current Vaping: ECigIntelligence market database.⁶⁸

Retail value of the nicotine product market in Colombia



Source: Euromonitor 2021.⁶⁹

of the population surveyed said they had heard of vaping products; by 2022, this was 58.4%. Similarly, 4.15% of the population had used nicotine vapes at least once in 2015; this was 6.5% by 2022. The prevalence of current use of nicotine vaping products increased slightly from 1.3% in 2015 to 1.6% in 2022.⁷⁰

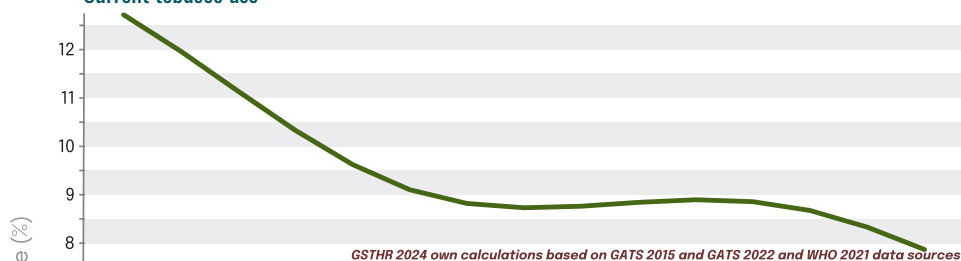
Data on the use of HTP in Costa Rica were not recorded by the GATS until 2022, when 5.6% of those surveyed said they had heard of them, but only 0.1% had ever used one, and just 0.04% were current HTP users.⁷¹

Euromonitor estimates that the value of the combustible tobacco market in Costa Rica is on a downward trend. In 2016, it stood at more than USD 230 million (adjusted for inflation), but by 2022 it had fallen to less than USD 190 million, and is now estimated to continue to decline steadily. Euromonitor’s registered market for vaping products was negligibly low, but it estimates that the market for HTP has been growing since 2021 and could exceed USD 28 million by 2026.⁷²

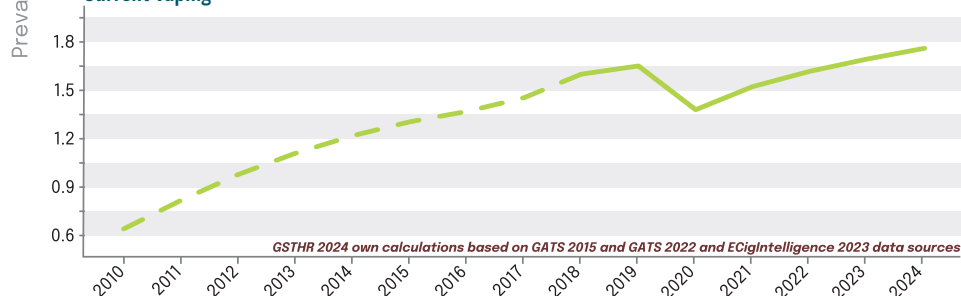


Prevalence of current tobacco use and vaping in Costa Rica

Current tobacco use



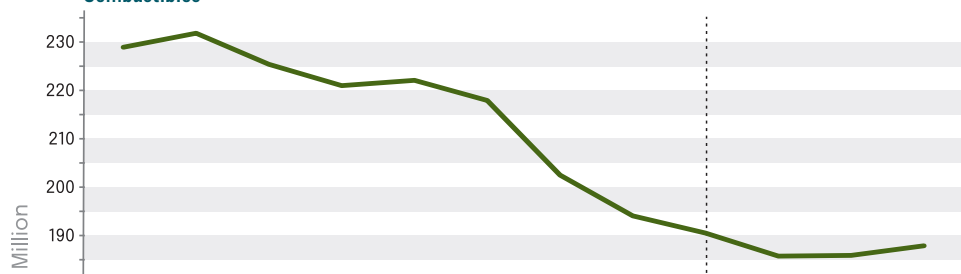
Current vaping



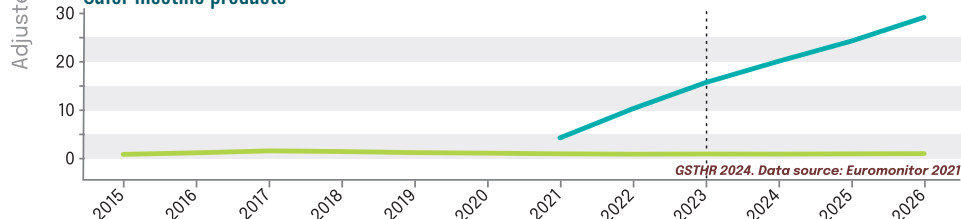
Source: Global Adult Tobacco Survey (GATS), Comparison Fact Sheet Costa Rica 2015 & 2022.⁷³ Current tobacco use: WHO global report on trends in prevalence of tobacco use 2000–2025, fourth edition.⁷⁴ Current Vaping: ECigIntelligence market database.⁷⁵

Retail value of the nicotine product market in Costa Rica

Combustibles



Safer nicotine products



— All Smoking Tobacco
— Nicotine Vaping Products
— Heated Tobacco Products

Source: Euromonitor 2021.⁷⁶

In 2022, Mexico's National Health and Nutrition Survey (ENSANUT) found that 0.19% of respondents described themselves as 'daily vapers' and 1.85% as 'current vapers'. While the percentage of respondents who reported using vapes every day was low, 1.66% of respondents reported that they did use nicotine vapes 'sometimes'. The category of 'current e-cigarette users' is therefore determined by combining these two groups.

More men (2.37%) than women (1.37%) identified themselves as current vapers. Almost half (46.97%) of the survey respondents said they were not familiar with nicotine vapes in general; among smokers, this dropped to around one in three (31.62%). Women were more likely to report no knowledge of vaping than men.

The highest number of vapers was among those aged 17–19 (0.55% daily, 5.37% current). The prevalence of current vaping declined sharply among those over 30 (1.53%). The percentage of daily vapers halved between the ages of 19 and 25 (0.55% to 0.23%). Daily vapers aged 60 and over were not recorded in the survey.


Among children and young people aged 10 to 14 years old, just over 56% reported no knowledge of vaping. By the age of 17, this had fallen to 31%. From this age group upwards, however, the lack of awareness of vaping grew progressively with age, reaching 73% among those aged 70 and over.



A different picture was recorded among people who smoked. Across all age cohorts, the lack of awareness of vaping increased steadily. Among children aged between 10 and 14 who were already smoking, 12% had no awareness of vaping. Among those aged 70 or over, this figure was 59%.

The ENSANUT survey findings point to significant differences in vaping rates between rural and urban areas in Mexico. Among inhabitants of rural areas, the number of daily vapers was so low it could not be registered by the survey; the prevalence of current vapers stood at just 0.05%.

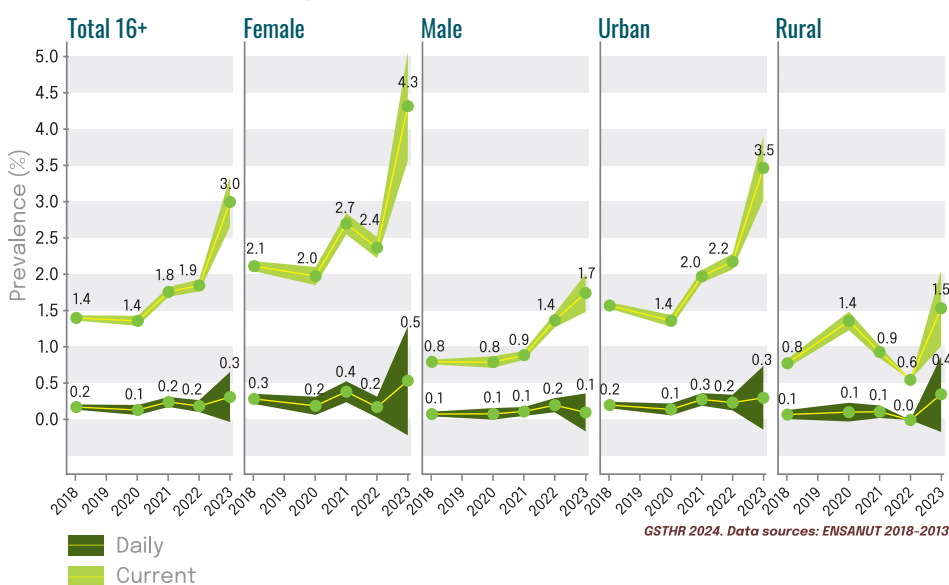
In cities with up to 100,000 inhabitants, meanwhile, 0.13% of respondents were daily vapers, which rose to 0.3% in metropolitan areas. The highest number of people vaping daily was in cities (2.22%), and slightly less in metropolitan areas (2.16%). The lack of knowledge about vaping decreased with the size of the place of residence. It was highest in rural areas at 60%, in cities it was 50% and it was lowest in metropolitan areas at 40%. Among smokers, the level of ignorance among residents of rural areas and smaller towns was similar, at 37%. In metropolitan areas, only 28% of smokers did not know what nicotine vapes were.



Mexico's National Health and Nutrition Survey in 2022 found that half the respondents said they were not familiar with nicotine vapes

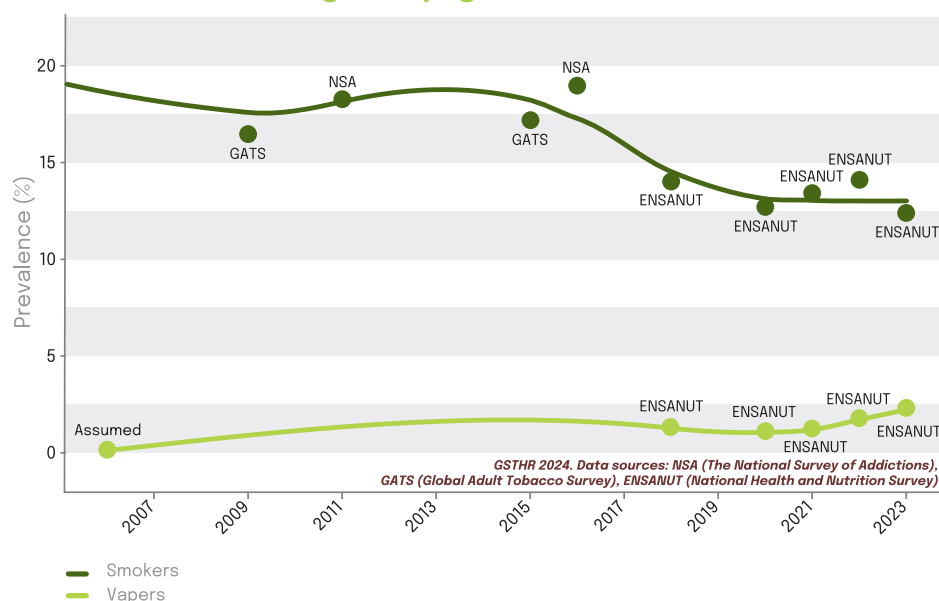
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- in Mexico, the percentage of daily vapers halved between the ages of 19 and 25 (0.55% to 0.23%)
-
- survey findings point to significant differences in vaping rates between rural and urban areas in Mexico

Prevalence of vaping in Mexico, 2018–2023



Source: Author's calculations based on the Encuesta Nacional de Salud y Nutrición (ENSANUT) dataset.¹⁷

Prevalence of smoking and vaping in Mexico



Source: Author's calculations based on the Encuesta Nacional de Salud y Nutrición (ENSAUT) dataset⁷⁸, National Survey of Addictions⁷⁹ and Global Adult Tobacco Survey (GATS) 2015.⁸⁰



there is no official information on the prevalence of SNP use in Peru

.

political debate is being shaped by the public perception of vaping in Peru

.

data highlight a significant reduction in tobacco use alongside a gradual increase in vaping over the 15-year period in Peru

.

the market for nicotine vapes has shown consistent growth across these countries, but it is the HTP market that has undergone the most significant change

.

Uruguay has experienced dramatic growth in its HTP market, jumping from \$49.18 million in 2023 to an astonishing \$436.59 million in 2024

In Peru, there is no official information on the prevalence of SNP use. Currently, only vaping products are available in Peru, with no presence of HTP or snus.

The distribution of vaping products has evolved, with more stores appearing, including online shops, due to the popularity of disposable vapes. However, misinformation remains a challenge for the vaping industry, including in communications disseminated by the official health authorities.

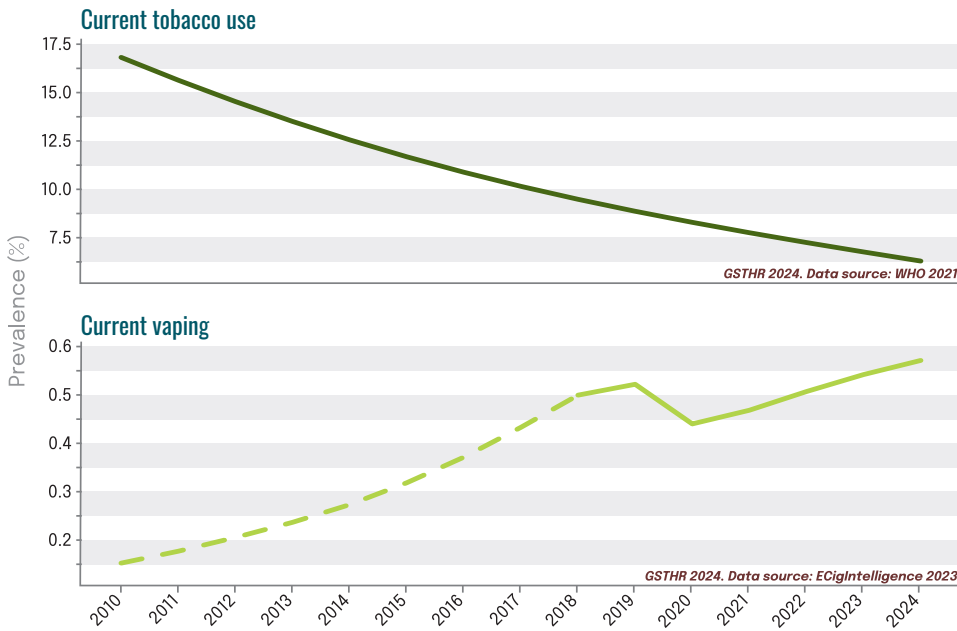
Various proposals regarding taxation have been heard in the Peruvian Congress. Some propose taxing vaping at the same rate as cigarettes. Others are advocating for lower taxes, recognising vaping as a differentiated product. The political debate is being shaped by the public perception of vaping in Peru. There are still many people, including those with a real impact on regulation, who lack knowledge about SNP.⁸¹

According to WHO estimations, the prevalence of current tobacco use has been steadily declining in Peru. In 2010, prevalence was at 16.50%. This has decreased each year, reaching 6.25% by 2024. Concurrently, the prevalence of current vaping has shown an upward trend over the same period. GSTHR estimates indicate that vaping prevalence started at 0.16% in 2010 and gradually increased, with ECigaretteIntelligence estimations showing a rise from 0.50% in 2018 to 0.57% in 2024. These data highlight a significant reduction in tobacco use alongside a gradual increase in vaping over the 15-year period.

In the remaining countries of the region, the prevalence of SNP remains unknown. However, based on market data collected by Euromonitor, it is possible to roughly estimate the dynamics of the popularity and type of these products in each country.

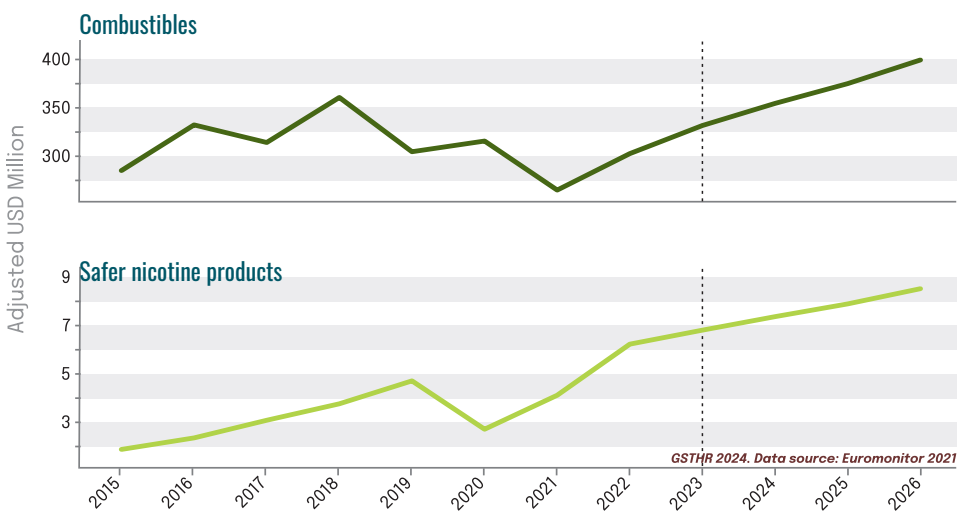
In Ecuador, the combustible tobacco market has been in decline since 2016, when its value stood at nearly USD 300 million; the market dropped sharply during the COVID 19 pandemic (2019–2020), eventually recovering to a little over USD180 million in 2023. Similarly, Bolivia and Uruguay have experienced gradual declines in their combustible tobacco markets. Bolivia saw fluctuations with values decreasing from USD190 million in 2018 to USD137.98 million in 2022, while Uruguay peaked at USD538.96 million in 2018 but declined to USD389.31 million by 2022. Guatemala's combustible tobacco

Prevalence of current tobacco use and vaping in Peru



Source: Current tobacco use: WHO global report on trends in prevalence of tobacco use 2000–2025, fourth edition.⁸² Current Vaping: ECigIntelligence market database.⁸³

Retail value of the nicotine product market in Peru



— All Smoking Tobacco
— Nicotine Vaping Products

Source: Euromonitor 2021.⁸⁴

market, however, showed growth until 2019 before stagnating and slightly declining. The Dominican Republic also experienced a decline, from USD370 million in 2015 to USD277.5 million in 2022, with projections suggesting the market is stabilising and may experience a modest recovery.

During roughly the same period, the market for nicotine vaping products has shown consistent growth across these countries. In Guatemala, the market expanded from USD0.7 million in 2015 to USD1.53 million in 2022, with projections indicating further growth to USD1.99 million by 2026. The Dominican Republic saw steady growth from USD2.7 million in 2017 to a projected USD6.15 million in 2026. Bolivia’s market remained stable with slight growth, from USD2.23 million in 2021 to a projected USD2.82 million in 2026. And Ecuador, where the vaping market was in decline from 2015–2021, experienced a resurgence. From a low of just under USD450,000 in 2021 it grew to USD570,000 in 2023, with projections suggesting it could reach USD650,000 by 2026.

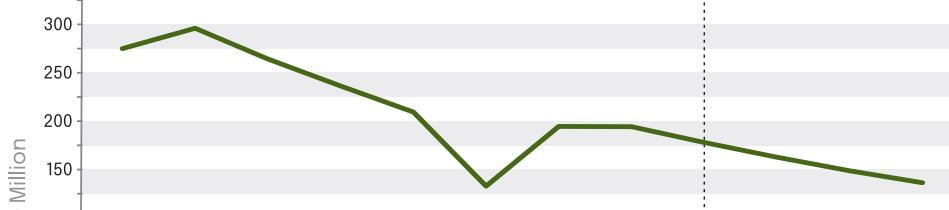
But it is the heated tobacco market that has undergone the most significant change in Guatemala, the Dominican Republic and Uruguay. Guatemala’s market grew from USD0.1 million in 2017 to USD2.22 million in 2022, with continued expansion projected. The Dominican Republic saw a major surge, from USD2.35 million in 2018 to a projected USD16.73 million in 2026. And among these countries, it is Uruguay that has experienced the most dramatic growth in its HTP



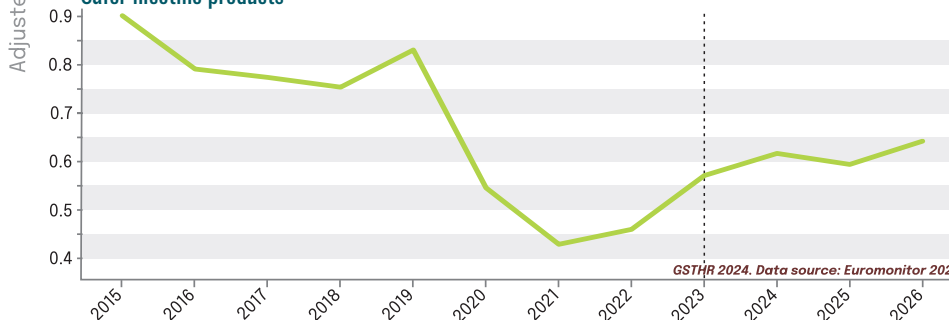
market, jumping from USD49.18 million in 2023 to an astonishing USD436.59 million in 2024, with projections suggesting it could reach USD640.23 million by 2026.

Retail value of the nicotine product market in Ecuador

Combustibles



Safer nicotine products



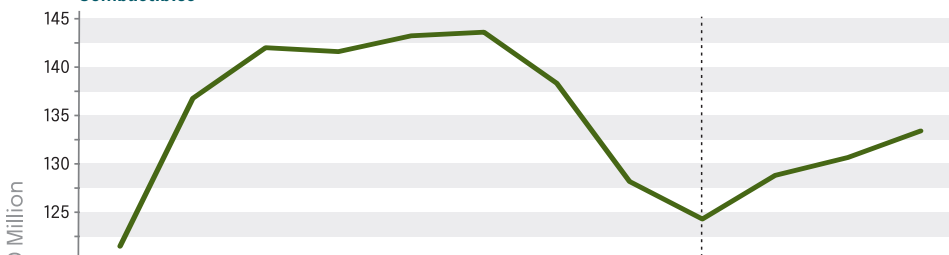
— All Smoking Tobacco
— Nicotine Vaping Products

Source: Euromonitor 2021.⁸⁵

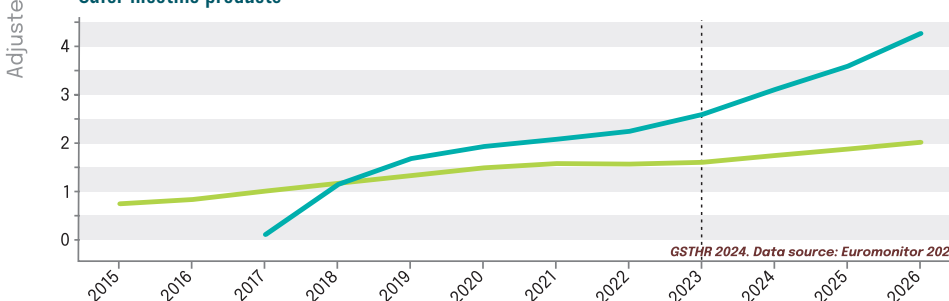
GSTHR 2024. Data source: Euromonitor 2021

Retail value of the nicotine product market in Guatemala

Combustibles



Safer nicotine products



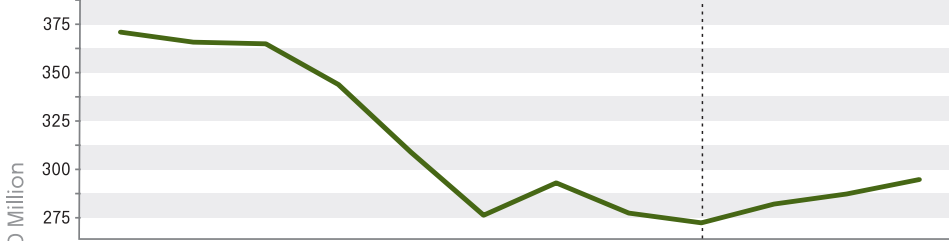
— All Smoking Tobacco
— Nicotine Vaping Products
— Heated Tobacco Products

Source: Euromonitor 2021.⁸⁵

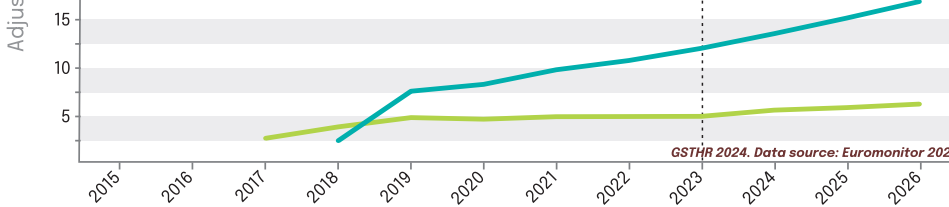
GSTHR 2024. Data source: Euromonitor 2021

Retail value of the nicotine product market in Dominican Republic

Combustibles



Safer nicotine products

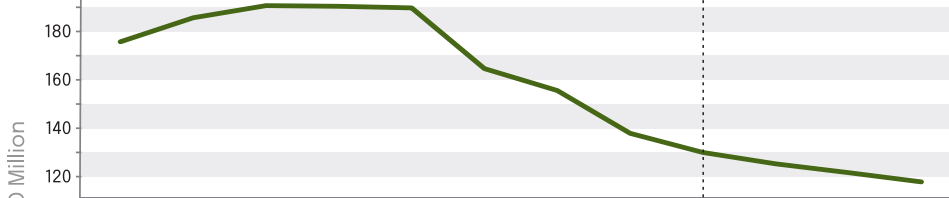


— All Smoking Tobacco
— Nicotine Vaping Products
— Heated Tobacco Products

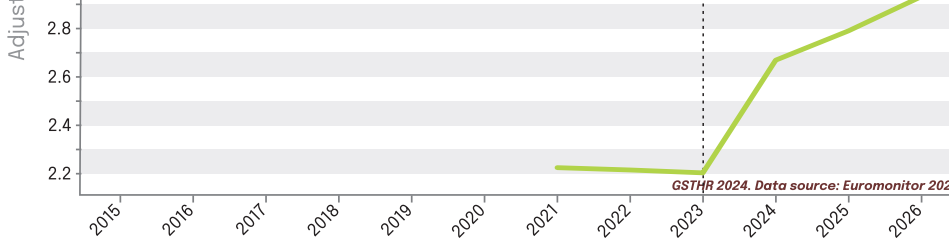
Source: Euromonitor 2021.⁸⁵

Retail value of the nicotine product market in Bolivia

Combustibles



Safer nicotine products

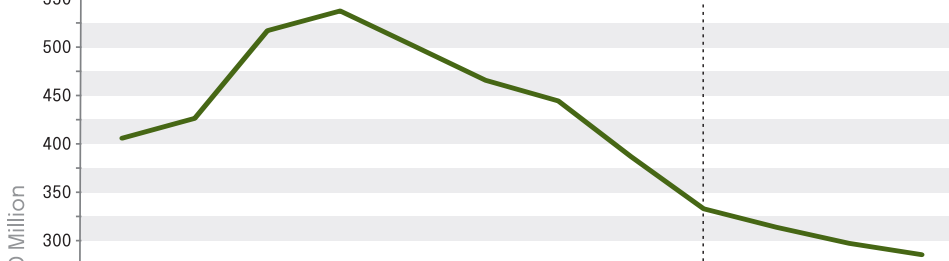


— All Smoking Tobacco
— Nicotine Vaping Products

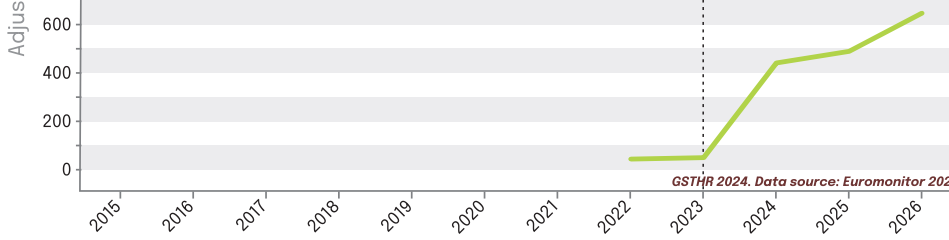
Source: Euromonitor 2021.⁸⁵

Retail value of the nicotine product market in Uruguay

Combustibles



Safer nicotine products



— All Smoking Tobacco
— Nicotine Vaping Products

Source: Euromonitor 2021.⁸⁵

nicotine vaping products entered the Latin American market in 2010 and are now available in most countries in the region

a proposal to lift the Brazilian ban on what officials term 'electronic smoking devices' was rejected due to concerns about potential harm to public health

specific legislative proposals to regulate or criminalise nicotine vapes have also been introduced in Brazil

advocates for consumer organisations stress that Chile could have the most liberal law on nicotine vaping products anywhere in the world

the Chilean legislative process on SNP will hopefully serve as a procedural model that could influence similar processes in the rest of Latin America

in Colombia, the sale and use of SNP is unofficially permitted, is neither criminalised nor prosecuted, and their regulation is under discussion

the picture is still developing with regards to the regulation of SNP in Costa Rica

Generally, however, the HTP market in Latin America is much younger and its value lower than that of the vaping market, but it has been growing since 2017 and is expected to grow rapidly over the next five years.⁸⁶ It is dominated by Philip Morris' IQOS brand; its products are sold in several Latin American countries, such as Colombia, Costa Rica and Mexico.⁸⁷

Nicotine vaping regulations

Nicotine vaping products entered the Latin American market in 2010 and are now available in most countries in the region. Six countries in Latin America do not have regulations for these devices (Colombia, Cuba, Dominican Republic, Guatemala, Haiti, Peru). Seven countries have banned their commercialisation (Argentina, Brazil, Mexico, Nicaragua, Panama, Uruguay, Venezuela). Five have regulated them as tobacco products (Bolivia, Costa Rica, Ecuador, Honduras, Paraguay). Chile regulates them as a therapeutic product, and El Salvador classifies them as a consumer product.^{88,89,90,91,92,93}

The regional market for nicotine and non-nicotine vaping devices has grown significantly over the past five years. In the main Latin American markets, Euromonitor estimated an increase in the value of retail sales from USD 21 million in 2015 to USD 94.2 million in 2020, representing 0.05% of the total value of the Latin American tobacco market.⁹⁴ The variety of brands selling devices and e-liquids is large and growing. Local brands dominate the e-liquid market in some countries, Mexico or Colombia for example. However, the share of big brands is also significant.⁹⁵

In 2022, Brazil's National Health Surveillance Agency (Anvisa) conducted a public consultation as part of a review of the 2009 ban on what it terms 'electronic smoking devices'. This definition encompasses various harm reduction products including nicotine vapes and HTP – but not snus and nicotine pouches, which remain unregulated despite their growing popularity in Brazil.

The consultation was a mandatory step in the regulatory process that had been initiated in 2019. Ultimately, it led to the rejection of a proposal to lift the ban, due to concerns about potential harm to public health. Anvisa engaged external institutions and researchers for analysis and feedback, including Johns Hopkins University and the Centers for Disease Control and Prevention. Entities associated with the Bloomberg Initiative to Reduce Tobacco Use also played a significant role in the process.⁹⁶ The ban's continuation was considered beneficial for protecting the population, particularly children and adolescents, from increased use of the products.

Meanwhile, specific legislative proposals to regulate or criminalise nicotine vapes have also been introduced in Brazil. Despite debates over the effectiveness of the legislative process, addressing nicotine use issues through legal means is widely viewed as a step in the right direction.

Chile looks set to take a different path, however. On 27 September 2023, the Chilean Senate Health Committee voted on changes proposed in the Chamber of Deputies to Chile's laws on nicotine vaping. These amendments were approved unanimously, marking the penultimate step in the legislative process for new regulations that are being heralded as 'vaper-friendly'. Advocates for consumer organisations stress that it could be the most liberal law on nicotine vaping products anywhere in the world.

The key features of Chile's new regulations are:

- High maximum nicotine content, up to 45 mg (by comparison, the EU Tobacco Products Directive, or TPD, allows up to 20mg at the time of writing);
- No limitations on the capacity of the packs released for sale (in comparison, the EU TPD allows a maximum e-liquid container capacity of up to 10ml);
- Advertising safer nicotine products will not be completely banned. Certain types of advertising under pre-defined conditions will be permitted, for example, inside shops that sell nicotine products;
- Prohibition of sales to minors;
- Appropriate health warnings;
- A complete and clearly defined distinction between nicotine vapes and tobacco (even though the regulations will be part of the Tobacco Act);
- No restrictions on flavours;
- No additional taxes.

On 4 October 2023, in the plenary session of the Chilean Senate, the last legislative vote on the vaping law took place. Once again, the Bill received unanimous support. On 4 January 2024, the law was published, and it is expected to come into force at some point in 2024.⁹⁷



Law No. 21.642. – Amends Law No. 19.419, to prohibit the sale of electronic cigarettes to minors; to assimilate electronic nicotine delivery systems, similar mechanisms without nicotine and heated tobacco products to tobacco products; and to regulate alternative devices with or without nicotine.^v

The Chilean legislative process on SNP is a positive example, and will hopefully serve as a procedural model that could influence similar processes in the rest of Latin America.

For example, in Colombia, there is no regulation of lower-risk nicotine delivery products at present. On 2 November 2023, potential legislation was discussed in the Congress of the Republic of Colombia. The proposed law would introduce the concept of differentiated risk and harm reduction, and bring safer nicotine products under the current Tobacco Control Act (1335). The sale of SNP would not be banned, but would be subject to the same restrictions and taxes as combustible tobacco.

While another bill was under development, it now looks unlikely this will proceed in addition to the proposed legislation outlined above. Thus, in Colombia at present, the sale and use of SNP is unofficially permitted, is neither criminalised nor prosecuted, and their regulation is under discussion. All types of SNP are sold, from advanced vaping devices to disposable vaping products, HTP, snus and nicotine pouches.

In Costa Rica, nicotine vapes and HTP are legally available in vape shops, convenience stores and some supermarkets, while nicotine pouches and snus are not commercialised. Oral products are not popular, seemingly due to their lack of historical presence and cultural patterns associated with their use.

Costa Rica's main tobacco control legislation, the General Act on Tobacco Control and its Harmful Effects on Health, came into force on 22 March 2012. In October 2018, the Minister of Health mandated that tobacco distributors located by shop counters and checkouts should display health warning labels (ministerial directive DM-JM-3274-2018), and the Tobacco Labelling Regulation Commission was created (resolution DM-JM-1593-2018). The Commission revises tobacco product health warnings on an annual basis.

^v Our own translation from Spanish: Ley numero 21.642.- Modifica la ley N° 19.419, para prohibir la venta de cigarrillos electronicos a menores de edad; asimilar a productos de tabaco los sistemas electronicos de administracion de nicotina, mecanismos semejanetes sin nicotina y productos de tabaco calentado; y, regular los dispositivos alternativos con o sin nicotina.



Panamanian THR advocates filed a lawsuit arguing the ban on vaping and HTP violates the constitutional right to health by depriving people who smoke of a safer alternative product

in May 2024, the Supreme Court of Justice in Panama ruled unanimously that Panama's ban on the sale of all vaping products is unconstitutional

in Peru, SNP are currently completely unregulated

the upsurge in the availability of disposable devices has brought vaping to an ever-widening audience

specialist vape shops are in decline throughout the region; the established vaping community, and the alternative culture it has created, is under threat

Also in 2018, A 'Letter of Understanding' between the Ministry of Health and the Ministry of Science, Technology and Telecommunications (MICITT), created a fund to finance and promote research, technology and innovation in the field of health, as well as the dissemination of results on decision-making in tobacco control. This led to the establishment of the Laboratory of Analysis of Composition and Emission of Tobacco Products at the Costa Rican Institute for Nutrition and Health Research and Education (INCIENSA). In 2021, 15 Institutes for Alcohol and Drug Dependence were established, with a remit that includes alcohol, licit and illicit drugs, as well as tobacco. Cessation support is also provided by 34 new tobacco cessation clinics, alongside a virtual assistant.⁹⁸

The picture is still developing with regards to the regulation of SNP in Costa Rica. In 2021, Law 10066 was enacted to regulate certain aspects related to nicotine vaping devices, non-nicotine vaping devices and devices using heated tobacco and similar technologies. In May 2024, the Ministry of Health issued a resolution to ban the import, use, sale, and commercialisation of synthetic nicotine products. This measure aims to mitigate the health risks associated with vaping, particularly among minors.⁹⁹

In Panama, SNP are only available on the illegal market. Due to Law 315, their commercialisation is illegal. The products available are mainly single-use devices, but devices, e-liquids, salts and pure base (a mixture of glycerine and glycerol without flavourings) can be purchased from underground shops, which began operating in around 2015. Nicotine pouches are not popular, but there are people who use them - and HTP are hardly present at all.

While opposition from consumers to the ban on safer products had been growing, the situation had remained static for some years.¹⁰⁰ However, a change to the status quo may be on the horizon. In August 2023, Panama's Supreme Court of Justice agreed to hear a lawsuit filed by the Panamanian Tobacco Harm Reduction Association (ARDTP), which argued that the ban on vaping and HTP violates the constitutional right to health by depriving people who smoke of a safer alternative product. The legal challenge was supported by the Association of Smokers, Families for a Smoke-Free Panama and the Medicinal Cannabis Association of Panama. The lawsuit further alleged that the National Assembly broke specific parliamentary rules when passing Law 315.¹⁰¹

In May 2024, the Supreme Court of Justice in Panama ruled unanimously that Panama's ban on the sale of all vaping products is unconstitutional. News reporting of the case relays that the court found Law 315 violated parliamentary procedures. However, it was unclear at the time of writing whether the court had offered a verdict on the health aspects of the lawsuit, nor what the implications of the judgement may be.¹⁰²

In Peru, SNP are currently completely unregulated. Various bills are under discussion, with proposals ranging from a regulatory system to protect consumers and prohibiting products for minors, to banning all vape flavours (including menthol and tobacco) and trying to force shops to sell any vape-related products in packs of 20 or over.

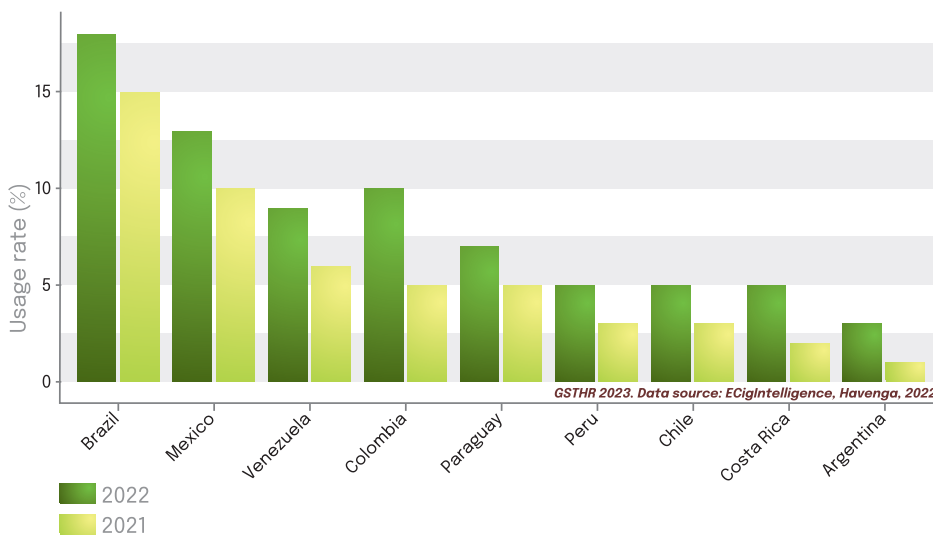
Disposables in Latin America

The upsurge in the availability of disposable devices has brought vaping to an ever-widening audience. These products have had a unique impact, the scale of which has not been seen since the emergence of nicotine vaping. But disposables are extremely divisive. On one hand, their characteristics make them an almost ideal tool to serve as an equivalent to smoking or to aid in complete cessation. On the other hand, disposables pose challenges and risks for both society and the environment.

Disposable vape devices are taking an increasing share of the Latin American market.¹⁰³ They are also widely available in countries where the sale of nicotine vapes is prohibited. ECigIntelligence reports that Brazil and Mexico are key markets for disposables in Latin America, due to the range and diversity of offerings. This is despite formal bans on vape sales in both countries.¹⁰⁴ In Peru, the disposables market is primarily driven by two major brands, Relx and Stlth. Colombia saw the popularity of disposable devices double from 2021 to 2022.¹⁰⁵

Specialist vape shops are in decline throughout the region. In their place are informal outlets, often in the form of street stalls or even dealers standing on a street corner selling disposables. The established vaping community, and the alternative culture it has created, is under threat.

Usa of disposables as a primary device



Source: Havenga, K. (2022). Latin America: The disposable e-cigarette market. ECigIntelligence.¹⁰⁶

Heated tobacco product (HTP) regulations

HTP were officially introduced in the Latin American region in 2017 in five countries (Colombia, Guatemala, Dominican Republic, Mexico and Costa Rica). Currently five countries in the region have banned the commercialisation of HTP (Argentina, Brazil, Mexico, Panama and Venezuela). HTP can be purchased and used in 13 countries, of which eight (Bolivia, Chile, Colombia, Dominican Republic, Guatemala, Nicaragua, Paraguay and Peru) do not specifically regulate the products and five (Uruguay, Costa Rica, Ecuador, El Salvador and Honduras) have separate regulations for them.^{107,108}

In five countries (Colombia, Costa Rica, Ecuador, Paraguay and Peru), the sale of HTP is taxed. In Ecuador and Costa Rica, the sale of vaping devices is already taxed. In six countries (Argentina, Bolivia, Dominican Republic, El Salvador, Honduras and Venezuela), the broad definition of tobacco taxation provides governments with the opportunity to introduce excise taxes on HTP.¹⁰⁹

Concluding remarks

Governments

Governments in Latin America have responded to SNP such as nicotine vaping devices with a range of approaches, and there is significant variance between countries.

Many governments have implemented regulations to govern the sale, marketing, distribution, and use of nicotine vapes. These regulations may include age restrictions, product labelling requirements, advertising restrictions, and quality control standards. Some countries have introduced taxes on vapes and vaping products, either as a means to generate revenue, or to discourage use, or both - similar to taxes on combustible tobacco products. In several countries, however, products remain entirely unregulated.



currently five countries in the region have banned the commercialisation of HTP

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the impact of pressure to ban SNP exerted on Latin American policymaking from anti-tobacco advocacy groups should not be discounted

smoking – and the potential offered by SNP to improve population health outcomes – are very often overshadowed by other priority issues facing governments

Bloomberg Philanthropies-funded NGOs have played a significant role in influencing policy related to nicotine vaping in Latin America

NGOs with a stated focus on global health often work across borders to influence policy on vaping at an international level

in some cases, vaping consumers have pursued legal challenges against regulations they perceive as unjust or unconstitutional

the SNP consumer community in Latin America continues to advocate for access to vaping products as a harm reduction option for smokers

In Latin America, official government communications about SNP usually contain misleading information about their relative risks. This is most often the consequence of mirroring actions taken elsewhere without due consideration. Outright bans or severe restrictions on the sale, importation, or use of nicotine vapes have also been implemented in several countries in the region. These measures reflect similar responses around the world, and are likely to be motivated both by concerns about the potential health risks and in order to try to reduce youth initiation. However, the impact of pressure to ban SNP that has been exerted on Latin American policymaking from anti-tobacco advocacy groups, some of which may be funded from abroad, should not be discounted.

In some countries around the world, governments already have established monitoring mechanisms, which can be adapted to track the use of nicotine vapes and to enforce existing regulations. Surveys are conducted, retailers are inspected, and enforcement actions are taken against those found to be in violation. In most Latin American countries, however, public health surveys either do not exist, or omit – deliberately or otherwise – the issue of SNP.

Overall, the response of governments in Latin America to SNP is characterised by a mix of regulatory measures, public health initiatives, and enforcement efforts. Concerns about potential risks and unintended consequences of SNP availability are often dominant. The issues caused by smoking – and the potential offered by SNP to improve population health outcomes through harm reduction – are marginalised. They are very often overshadowed by other priority issues facing governments in the region.

Outside actors

Information gathered for this report suggests that some governments might be aligning their responses to SNP with organisations that are advocating against vaping. US philanthropist Michael Bloomberg and non-governmental organisations (NGOs) funded by Bloomberg Philanthropies have played a significant role in influencing policy related to nicotine vaping in various parts of the world, and Latin America is no exception. This influence is exerted in numerous ways.

For example, NGOs may provide funding to support the work of research institutions and advocacy groups that focus on tobacco control and public health. Funding is provided for studies that examine the potential impact of nicotine vaping on health and society. The results of these studies feed into advocacy and campaigning efforts that call for stricter regulations or bans. While lobbying lawmakers, NGOs also work to shape public opinion, through the production of educational materials and media engagement.

NGOs with a stated focus on global health, such as the US-based Vital Strategies and the Campaign for Tobacco-Free Kids, both heavily funded by Bloomberg Philanthropies, often work across borders to influence policy on vaping at an international level. This may be by supporting initiatives from international organisations such as the WHO – itself a recipient of Bloomberg funding – to develop guidelines and conventions related to regulation.

Global health NGOs may also, for example, provide support for legal challenges against regulations that are perceived as insufficient or ineffective in regulating vaping, or fund lawsuits against governments or industry stakeholders to push for stronger regulatory measures.



Other aspects of their involvement may include support for ‘capacity-building activities’ to strengthen the capabilities of local governments and civil society organisations in developing countries, including those in Latin America, to regulate and monitor vaping effectively.

Consumer advocacy

Depending on the nature and extent of controls in their respective countries, the vaping consumer community in Latin America has responded in various ways. When faced with proposed regulations or bans, many vaping consumer groups have engaged in efforts to communicate about the harm reduction potential of SNP through online and offline campaigns, petitions to their governments, and participation in public consultations, voicing their support for vaping and arguing against overly restrictive measures.

Consumer groups and individual vapers often focus on educating the public, policymakers, and healthcare professionals about the benefits of vaping as a harm reduction tool. They share scientific evidence and personal testimonials to counter misinformation and stigma surrounding nicotine vaping. In some cases, vaping consumers have pursued legal challenges against regulations they perceive as unjust or unconstitutional. They may seek legal representation to challenge bans or restrictions on vaping products through the court system.

Vaping consumers in Latin America often rely on online communities and support networks to share information, discuss regulatory developments, and provide mutual support. These communities serve as valuable resources for vapers navigating regulatory challenges.

Despite what they see as the over-regulation of products, there are many SNP users in Latin America who try to comply with the law. They may adapt to new restrictions by ensuring they purchase products from legal sources and support responsible vaping practices. Others may seek alternative products, or find ways to continue vaping in response to regulations, for example by switching to DIY vape liquids, exploring illegal market options, or purchasing products from neighbouring countries with less stringent regulations.

The SNP consumer community in Latin America continues to advocate for access to vaping products as a harm reduction option for smokers, while adapting to the frequently evolving regulatory environment.





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