

TOBACCO IN COSTA RICA

Executive Summary

Tobacco use is a critical human rights issue, causing around 6 million deaths every year.¹ While Costa Rica should be commended for its efforts to reduce tobacco use and its devastating health and economic impacts on individuals, families, and society, there are many opportunities to strengthen tobacco control in Costa Rica. This report sets out a series of actions that the Costa Rican government can take to further protect its population from the dangers of tobacco use in compliance with the Framework Convention on Tobacco Control (FCTC) and to advance the full realization of the right to health. The report recommends specific actions to 1) strengthen protection of minors; 2) increase tobacco taxes; 3) remove exceptions to the ban on tobacco advertising, promotion, and sponsorship; 4) strengthen health warning requirements and take steps towards standardized packaging; and 5) protect the environment from tobacco waste.

Part I: The International Covenant on Economic, Social and Cultural Rights and the Framework Convention on Tobacco Control

Costa Rica is a State Party to the International Covenant on Economic, Social and Cultural Rights (ICESCR) and FCTC. Article 12 of the ICESCR establishes “the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.” The right to health implies both freedoms and entitlements, and obliges States Parties to refrain from interfering with the enjoyment of the right to health, prevent others from interfering with the right, and to adopt appropriate measures towards the full realization of the right. The FCTC requires States Parties to adopt evidence-based demand and supply side interventions to reduce tobacco use, including in relation to smoke-free environments, regulation of tobacco industry advertising and marketing, health warnings, access to information about tobacco related health risks, and taxes.

These two international treaties, ICESCR and FCTC, form a tangible bond between tobacco control policy and the right to health. A State Party who does not uphold its obligations under the FCTC is simultaneously in violation of Article 12 of the ICESCR—namely a State Party’s obligation to respect, protect, and fulfill the fundamental right to health as a human right.

¹ WHO. Tobacco fact sheet. June 2106. <http://www.who.int/mediacentre/factsheets/fs339/en/>.

Essentially, the ICESCR and FCTC are treaties whose rights and obligations are substantively coextensive.

As a State Party to both of these treaties, Costa Rica has undertaken many successful tobacco control initiatives, including passing one of the strictest smoking regulations in the world in March 2012. This legislation banned smoking in public spaces like buses, taxis, trains and their terminals, workplaces, public buildings, restaurants, bars, casinos, and all enclosed public-access buildings, granting no exceptions.² The law also eliminated separate “smoking areas” within indoor areas and banned smoking in outdoor recreational or educational areas such as parks, stadiums and university campuses³ and restricted advertising of tobacco products.⁴ Since 2012, the Costa Rican government has adopted further regulation and directives regarding labeling and graphic health warnings.⁵ The government has also engaged in promotional campaigns advising the public of tobacco-related health risks.

Despite these improvements, further action is required on behalf of the Costa Rican government to fulfil its obligations under the ICESCR and the FCTC. This report sets out a list of actions that will assist the Costa Rican government to fulfil these obligations and further protect and promote the health of its population by minimizing the burden of tobacco-related disease.

Part II: Call to Action

1. Minors

Despite tobacco-use being viewed as an adult activity, the average age of initiation in Costa Rica is 16.5 years of age.⁶ The addiction rate for smoking is higher than the addiction rates for marijuana, alcohol, or cocaine, and serious nicotine addiction symptoms often occur only weeks, or even days, after youth “experimentation” with smoking first begins.⁷ Since adolescence is a critical period for mental and physical growth, legal protection of minors and awareness of the repercussions of tobacco usage demands attention and action. Article 16 of the FCTC requires States Parties to “adopt and implement effective legislative, executive, administrative or other

² General Law for the Control of Tobacco and its Harmful effects on Health (2012). Chapter 2, Article 5.

³ General Law for the Control of Tobacco and its Harmful effects on Health (2012). Chapter 2, Article 5.

⁴ General Law for the Control of Tobacco and its Harmful Effects on Health (2012). Article 12.

⁵ Regulation for the Labeling of Tobacco Products and Tobacco Derivatives, Executive Decree No. 37778-S (2014); Ministry of Health Directive No. 6095, Guidance Establishing the Contents of Graphic Health Warnings (2014); Ministry of Health Directive No. 6095, Guidance Establishing the Contents of Graphic Health Warnings (2015).

⁶ Análisis Geográfico Provincial de las Drogas en Costa Rica, 2011-2013, 22. <http://www.iafa.go.cr/images/descargables/conocimiento/analisis-geografico-provincialdrogas-2011-2013.pdf>.

⁷ Campaign for Tobacco Free Kids. Tobacco Factsheet (2016). <https://www.tobaccofreekids.org/research/factsheets/pdf/0127.pdf>.

measures at the appropriate government level to prohibit the sales of tobacco products to persons under the age set by domestic law, national law or eighteen.”

Costa Rica’s 2012 Tobacco Control Act includes a range of measures in accordance with Article 16 of the FCTC. The General Law for the Control of Tobacco and its Harmful effects on Health, for example, establishes a minimum legal sale age of 18 years (majority), which is legally enforceable. This provision prohibits sale of tobacco products to person under 18 years of age.⁸ The law, under Article 17, also prohibits tobacco sales by minors. Additionally, the General Law for the Control of Tobacco and its Harmful effects on Health requires the Ministry of Health, acting through the IAFA, to create the “National Education Program for Prevention and Information on the Consumption of Tobacco and its Derivatives.” The program aims to “foster promotion and health education, as well as the dissemination of knowledge for present and future generations of the risks attributable to the consumption of products made from tobacco, and resulting from exposure to tobacco smoke.”⁹

Recommendation regarding the protection of minors

In addition to current measures aimed at preventing tobacco use among minors, Costa Rica should:

- Increase the minimum legal sale age to 21 – increasingly, governments around the world are taking action to raise the minimum legal sale age for tobacco products. Honduras¹⁰ and many sub-national jurisdictions in the United States ban sales to persons under 21 years of age. This strategy seeks to address the facts that tobacco companies target young adults aged 18-21; many smokers transition to daily smokers in this age group; and young adult smokers provide tobacco products to younger children on an informal basis.¹¹ According to a report by Philip Morris, “Raising the legal minimum age for a cigarette purchaser to 21 could gut our key young adult market (17-20) where we sell about 25 billion cigarettes and enjoy a 70 percent market share.”¹²

⁸ General Law for the Control of Tobacco and its Harmful effects on Health (2012), Article 16.

⁹ General Law for the Control of Tobacco and its Harmful effects on Health (2012). Chapter VI: Education, Prevention, and Cooperation.

¹⁰ Special Tobacco Control Law Approved by the National Congress of Honduras, Decree No.92-2010.

<http://tobaccocontrolaws.org/files/live/Honduras/Honduras%20-%20Decree%20No.%2092-2010.pdf>.

¹¹ Campaign for Tobacco Free Kids. Increasing the Minimum Legal Sale Age for Tobacco Products to 21. June 2016.

<https://www.tobaccofreekids.org/research/factsheets/pdf/0376.pdf>.

¹² Campaign for Tobacco Free Kids. Increasing the Minimum Legal Sale Age for Tobacco Products to 21. June 2016.

<https://www.tobaccofreekids.org/research/factsheets/pdf/0376.pdf>.

2. Tax on Tobacco Products

Taxing tobacco products is one of the most effective ways to deter consumption of tobacco. Tobacco taxes are also a source of governmental revenue, which can be designated to tobacco control and other health promotion efforts. The WHO acknowledges this important deterrence mechanism of tobacco taxes, stating that “as taxes on tobacco products increase, a significant number of premature deaths will be averted as youth are deterred from taking up tobacco use and adult users quit, leading to substantial reductions in the health and economic burden caused by tobacco use.”¹³ Indeed, a tax increase that results in a 10% price increase decreases tobacco consumption by about 5% in low- and middle-income countries and 5% in higher income countries.¹⁴

WHO recommends that Member States apply excise taxes that account for at least 70% of the final consumer price.¹⁵ Currently, Costa Rica’s excise tax accounts for approximately 60% of the retail prices of cigarettes,¹⁶ 10% below WHO’s recommended level.

Recommendation on tobacco taxes

In order to strengthen implementation of Article 6 of the FCTC and achieve the WHO’s recommended taxation levels Costa Rica should:

- Raise the excise tax of the retail price on cigarettes to WHO’s recommended level of 70%
- This increase will not only further deter tobacco consumption, it will increase revenue for the Costa Rican government.

3. Tobacco Advertising, Promotion, and Sponsorship

Discouraging tobacco product marketing is an essential measure to reduce tobacco consumption and to realize the right to health. In fact, the Committee on Economic, Social and Cultural Rights (CESCR) articulated in General Comment No. 14 that discouraging tobacco marketing is a part of a State's obligation to protect the right to health.¹⁷ Article 13 of FCTC requires state parties to

¹³ WHO. Technical Manual on Tobacco Tax Administration (2011) at 76.

http://apps.who.int/iris/bitstream/10665/44316/1/9789241563994_eng.pdf.

¹⁴ WHO. Tobacco fact sheet. June 2016. <http://www.who.int/mediacentre/factsheets/fs339/en/>.

¹⁵ WHO. Technical Manual on Tobacco Tax Administration (2011), 53.

http://apps.who.int/iris/bitstream/10665/44316/1/9789241563994_eng.pdf; WHO. Tobacco Free Initiative: Taxation (undated). <http://www.who.int/tobacco/economics/taxation/en/index1.html>.

¹⁶ See Costa Rica Tobacco Control Policies (updated 2016), available at

http://www.tobaccocontrol.org/legislation/factsheet/policy_status/costa-rica.

¹⁷ UN Economic and Social Council [ECOSOC] Committee on Economic, Social and Cultural Rights, ‘General Comment No. 14: The Right to the Highest Attainable Standard of Health’ (11 August 2000) UN Doc. E/C.12/2000/4.

undertake a comprehensive ban of all tobacco advertising, promotion and sponsorship (TAPS). The corresponding FCTC guideline recommends that “a comprehensive ban on TAPS should cover all advertising and promotion, as well as sponsorship, without exemption.”¹⁸ According to Article 13, where a Party’s constitution prohibits it adopting a comprehensive ban, it should require that health warnings accompany all permitted forms of TAPS and disclosure of expenditures by the tobacco industry on TAPS that is not yet prohibited.

Costa Rica bans all advertising, promotion and sponsorship of tobacco products and tobacco derivatives, except those conducted 1) in indoor places and events that only permit adult access and 2) through direct communication with vendors and consumers.¹⁹ Additionally, Costa Rica lacks specific regulation for marketing of smokeless products and for the health warning information on packaging.

According to the Global Adult Tobacco Survey (GATS), which was conducted jointly by the WHO and the U.S. Centers for Disease Control and Prevention, 9% of Costa Rica’s adult population smokes on a daily basis, meaning some 300,000 people can be considered regular smokers.²⁰ These adult regular smokers can easily access TAPS permitted places, and they are targeted by the tobacco industry through e-mail and mail communication, both of which are permitted under the current law.²¹ It is well documented that TAPS increases consumption, glamorizes tobacco use, reduces motivation to quit, and misleads consumers.²² Although Costa Rica has made admirable achievements expanding smoking cessation programs,²³ these TAPS exceptions decrease the regular smokers’ possibility of quitting smoking and undermine the effectiveness of existing tobacco control measures. According to the WHO, Member States have experienced declines in consumption of up to 16% following the introduction of TAPS bans. However, “partial bans have limited effect since when one form of TAPS is banned, the tobacco industry simply shifts expenditures to more indirect forms of TAPS in order to circumvent restrictions.”²⁴

¹⁸ Guidelines for Implementation of Article 13 of the WHO FCTC, para 96. http://www.who.int/fctc/guidelines/article_13.pdf?ua=1.

¹⁹ General Law for the Control of Tobacco and its Harmful effects on Health (2012), Article 12.

²⁰ Ministerio de Salud (Public Health Ministry of Costa Rica). Comunicado de prensa: Salud anuncia resultados de encuesta mundial de tabaquismo en adultos. 10 de febrero de 2016. <https://www.ministeriodesalud.go.cr/index.php/centro-de-prensa/noticias/727-noticias-2016/857-salud-anuncia-resultados-de-encuesta-mundial-de-tabaquismo-en-adultos>.

²¹ Betsy Brock, Barbara A Schillo, Molly Moilanen, Tobacco industry marketing: an analysis of direct mail coupons and giveaways. *Tobacco Control* (2014). <http://tobaccocontrol.bmj.com/content/early/2014/07/22/tobaccocontrol-2014-051602.full>.

²² Arthur Farkas, Elizabeth Gilpin, Charles Berry, John P. Pierce, Influence of Tobacco Marketing and Exposure to Smokers on Adolescent Susceptibility to Smoking. *Journal of the National Cancer Institute* (1995). <http://jnci.oxfordjournals.org/content/87/20/1538.full.pdf>.

²³ The Tico Times News. Costa Rica to expand smoking cessation program to all public hospitals by 2016. September 18, 2014. <http://www.ticotimes.net/2014/09/18/costa-rica-to-expand-smoking-cessation-program-to-all-public-hospitals-by-2016>

²⁴ WHO. Tobacco Free Initiative: Enforce bans on tobacco advertising, promotion and sponsorship (undated). <http://www.who.int/tobacco/mpower/enforce/en/index3.html>.

Recommendations regarding tobacco advertising, promotion, and sponsorship

In order to achieve compliance with the FCTC and ICESCR and to realize citizens' right to health, Costa Rica should take the following actions:

- Remove exceptions for TAPS – the General Law for the Control of Tobacco and its Harmful effects on Health should be amended to remove exceptions for TAPS conducted 1) in indoor places and events that only permit adult access and 2) through direct communication with vendors and consumers.
- Require health warnings on permitted TAPS – *As an interim position, prior to the complete TAPS prohibition taking effect*, Costa Rica should amend its law to require inclusion of health warnings on permitted TAPS. Additionally, Costa Rica should require disclosure of expenditures by the tobacco industry on TAPS that is not yet prohibited.

4. Graphic Warning Labels

Currently, Costa Rican law requires that pictorial health warnings occupy fifty percent of both the front and back portions of tobacco product packages.²⁵ This requirement is consistent with Article 11(1)(b)(iv), which states that health warnings “should be 50% or more of the principal display areas but shall be no less than 30% of the principal display areas.” While Costa Rica’s health warnings meet the FCTC’s minimum size requirement, the government should take steps to increase the size of its graphic warning labels. Recognizing that large, comprehensive warnings reduce tobacco consumption among youth and adults, increase motivation to quit, and increase the likelihood of a successful quit attempt,²⁶ many countries now require graphic warning labels covering large percentages of principle display areas. Nepal, for example, has the world’s largest warnings, covering 90 percent of the front and back of packs. Thailand and India have 85 percent coverage, Australia has 75% coverage on the front and 90 percent on the back, and Sri Lanka and Uruguay have 80 percent coverage.²⁷

²⁵ General Law for the Control of Tobacco and its Harmful effects on Health (2012), Article 9; Regulation for the Labeling of Tobacco Products and Tobacco Derivatives, Executive Decree No. 37778-S Article 9.

²⁶ See eg. Cavalcante TM. Labelling and Packaging in Brazil (undated).

http://www.who.int/tobacco/training/success_stories/en/best_practices_brazil_labelling.pdf; J Koval et al. The Potential Effectiveness of Warning Labels on Cigarette Packages: The Perceptions of Young Adult Canadians. *Canadian Journal of Public Health* 2005; 96(5):353-6.

²⁷ Framework Convention Alliance. World’s largest health warnings. November 10, 2015. <http://www.fctc.org/fca-news/opinion-pieces/1367-world-s-largest-health-warnings>.

In addition to increasing the size of health warnings, Costa Rica should also amend its law so that warnings or disclosures are required on all sides of packages. This issue is addressed in the Guidelines for implementation of Article 11, which state “Parties should consider requiring...further health warnings and messages on all sides of a package, as well as on package inserts and onserts.”²⁸ Currently, Costa Rican law requires that: “The health warnings must appear on 100% of one of the lateral faces of the primary packaging...in such a way that the messages stand out against the colors of the pack, to make them readable.”²⁹ Thus, there is one lateral side of all packages which does not carry health warnings.

While this may seem like a minor issue, it is nonetheless significant because storeowners who sell tobacco products are able to manipulate consumers by presenting the non-regulated side of the package to the purchaser at the point of sale (either on shelves or by hand). This is particularly true because tobacco companies are restricted from advertising and marketing their product at the *point of purchase* (defined as the cash register or similar points in a commercial establishment) in Costa Rica.³⁰ Accordingly, exploiting this unregulated portion of the package may be one of the few effective ways to further deter the purchase of tobacco products in Costa Rica.

Recommendations on health warnings

In order to strengthen implementation of Article 11 of the FCTC, Costa Rica should:

- Increase the size of its health warnings – Amend relevant laws to increase the size of health warnings on the front and back side of tobacco product packages.
- Require health warnings or disclosures on all sides of tobacco packaging – Amend relevant laws to require health warnings or disclosures on all sides of tobacco packages.

5. Standardized Packaging (“Plain Packaging”)

Standardized, or “plain packaging” requires that tobacco products are sold in packaging devoid of logos, trademarks, and other design features. Standardized packaging laws also impose standard colors and fonts that may be used on tobacco packages. According to the Guidelines for implementation of Article 11, standardized packaging “may increase the noticeability and effectiveness of health warnings and messages, prevent the package from detracting attention from

²⁸ Guidelines for implementation of Article 11 of the FCTC, para 9 http://www.who.int/fctc/guidelines/article_11.pdf?ua=1.

²⁹ Regulation for the Labeling of Tobacco Products and Tobacco Derivatives, Executive Decree No. 37778-S Article 9 (e).

³⁰ General Law for the Control of Tobacco and its Harmful effects on Health (2012), Article 12.

them, and address industry package design techniques that may suggest that some products are less harmful than others.”³¹ Several countries, including Australia, France, and the United States, have taken steps to implement standardized packaging. A study of the impact of standardized packaging on smoking prevalence in Australia estimates that the packaging changes resulted in 108,228 fewer smokers over the 34 month post-implementation period (a 0.55 percentage point decline).³²

Recommendation on standardized packaging

In order to strengthen implementation of Article 11, the Costa Rican government should:

- Consider adopting standardized packaging for tobacco products.

6. Environment

In the 1970s and 1980s, some of the worst rates of deforestation in the world threatened Costa Rica’s significant biodiversity and forests.³³ In recent decades, however, Costa Rica has become a global leader in environmental protection. Today, the country experiences almost no deforestation. In fact, approximately one quarter of the country is protected national park land.³⁴ Costa Rica can continue its positive environmental protections by implementing additional measures to safeguard against toxic cigarette litter.

Costa Rica’s 2012 General Law for the Control of Tobacco and its Harmful Effects on Health, Decree 9028, provides for the reduction of environmental harm due to tobacco use.³⁵ The importance of the environment is also addressed in the FCTC.³⁶ Additionally, the ICESCR declares the importance of the environment as a part of the full realization of the right to physical and mental health.³⁷

³¹ Guidelines for implementation of Article 11 of the FCTC, para 46. http://www.who.int/fctc/guidelines/article_11.pdf?ua=1

³² See Dr Tasneem Chipty. *Study of the Impact of the Tobacco Plain Packaging Measure on Smoking Prevalence in Australia*. January 24, 2016. <https://ris.govspace.gov.au/files/2016/02/Tobacco-Plain-Packaging-PIR-%E2%80%93-Appendix-A.pdf>; and Addendum dated May 19, 2016. [http://www.health.gov.au/internet/main/publishing.nsf/Content/491CE0444F7B0A76CA257FBE00195BF3/\\$File/Addendum%20to%20report%20of%20Dr%20Chipty.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/491CE0444F7B0A76CA257FBE00195BF3/$File/Addendum%20to%20report%20of%20Dr%20Chipty.pdf).

³³ Jessica Brown and Neil Bird, *Costa Rica Sustainable Resource Management: Successfully Tackling Tropical Deforestation*. London Overseas Development Inst. (2010). <http://www.odi.org/publications/5049-costa-rica-deforestation-environment-development-progress>.

³⁴ United Nations. Framework Convention on Climate Change (April 11, 2006). <http://unfccc.int/resource/docs/2006/sbsta/eng/misc05.pdf>.

³⁵ General Law for the Control of Tobacco and its Harmful effects on Health (2012), Article 2(c).

³⁶ FCTC Article 3, Article 12(f), and Article 18.

³⁷ ICESCR Article 12(c).

Cigarette butts are the most common form of litter in the world.³⁸ Of approximately 5.6 trillion cigarettes that are smoked every year globally, about 4.5 trillion cigarette butts, or 80%, become litter.³⁹ Approximately 1.69 billion pounds (845,000 tons) of cigarette butts become litter every year worldwide.⁴⁰

Cigarette butts, made up of a plastic cigarette filter and the remnants of the cigarette, are non-biodegradable toxic contaminants that threaten animals, people, and the environment.⁴¹ Cigarette butts contain countless chemical products, including insecticides, rodenticides, pesticides, herbicides, and fungicides, and approximately 600 additives.⁴² Cigarette butts also contain high concentrations of metals.⁴³ When cigarette butts are not properly disposed, these chemicals leach into water systems. This is toxic to both vertebrate and non-vertebrate aquatic organisms⁴⁴ and could be detrimental to animal and human health, as well as to the health of the environment. For example, a study from San Diego State University found that the chemicals of a single cigarette butt in one liter of water caused the death of half of the fish in that water.⁴⁵ This is of concern to Costa Rica, a country with great biodiversity, a beautiful coastline, and a successful ecotourism industry.

In order to better the health of its citizens, its animals, and the environment, Costa Rica should implement appropriate waste receptacles and signage in public areas. Additionally, Costa Rica should commence programs to educate its citizens about the importance of disposing cigarette butts properly. Costs of these programs can be managed through an increased tax on tobacco products. These changes will better align the country's policies with the FCTC as well as improve the country's relationship to the natural environment.

³⁸ Thomas E. Novotny, Kristen Lum, et. al. Cigarettes butts and the case for an environmental policy on hazardous cigarette waste. *International Journal of Environmental Research and Public Health*, 6 (5) 1691-1705. <http://www.mdpi.com/1660-4601/6/5/1691>.

³⁹ Eric Berger. The world litters 4.5 trillion cigarette butts a year. Can we stop this?. The Houston Chronicle (May 12, 2010). <http://blog.chron.com/sciguy/2010/05/the-world-litters-4-5-trillion-cigarette-butts-a-year-can-we-stop-this/>.

⁴⁰ Thomas E. Novotny, Kristen Lum, et. al. Cigarettes butts and the case for an environmental policy on hazardous cigarette waste. *International Journal of Environmental Research and Public Health*, 6 (5) 1691-1705. <http://www.mdpi.com/1660-4601/6/5/1691>.

⁴¹ Elizabeth A. Smith and Thomas E. Novotny. Whose butt is it? Tobacco industry research about smokers and cigarette butt waste. *Tobacco Control* (2001).

⁴² Elli Slaughter, Richard M. Gersberg, et. al. Toxicity of cigarette butts, and their chemical components, to marine and freshwater fish. *Tobacco Control* (2011).

⁴³ J. W. Moerman and G.E. Potts. Analysis of Metals leached from smoked cigarette litter. *Tobacco Control* (2011).

⁴⁴ Elli Slaughter, Richard M. Gersberg, et. al. Toxicity of cigarette butts, and their chemical components, to marine and freshwater fish. *Tobacco Control* (2011).

⁴⁵ Elli Slaughter, Richard M. Gersberg, et. al. Toxicity of cigarette butts, and their chemical components, to marine and freshwater fish. *Tobacco Control* (2011).

Recommendations to better protect the environment

In order to strengthen compliance with the FCTC and ICESCR, Costa Rica should take the following steps:

- Educate the public - Create public education programs addressing cigarette butt toxicity and appropriate disposal.
- Provide appropriate waste receptacles - Provide waste receptacles and signage in public areas.
- Extend smoke-free laws to cover beaches and national parks – Amend Article 5 (Smoke-free Areas) of the General Law for the Control of Tobacco and its Harmful effects on Health to cover beaches and national parks. This will achieve human health benefits and environmental benefits by reducing cigarette butt litter sensitive environments.

Part III: Conclusion

Costa Rica has made great progress towards implementing the FCTC and progressing towards full realization of the right to health. Looking forward, Costa Rica should build on existing laws by focusing on 1) strengthening protection of minors; 2) increasing tobacco taxes; 3) removing exceptions to the ban on tobacco advertising, promotion, and sponsorship; 4) strengthening health warning requirements and taking steps towards standardized packaging; and 5) protecting the environment from tobacco waste. These measures will improve population health, protect current and future generations from the immense burden of tobacco related disease, and solidify Costa Rica's position as a leader in tobacco control.