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**INTER-AMERICAN DRUG ABUSE
CONTROL COMMISSION
CICAD**

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**LESSONS LEARNED IN THE FRAMEWORK OF TOBACCO POLICIES
LIDIA AMARALES, SENDA, CHILE**



SENDA


Ministerio del Interior y
Seguridad Pública

Lessons Learned in the Framework of Tobacco Policies

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National Service for the Prevention and
Rehabilitation of Drug and Alcohol Consumption



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- ❖ Tobacco: A Pandemic
- ❖ Framework Convention
- ❖ Tobacco Policies Globally and in Latin America
- ❖ Tobacco Policy in Chile: Experience, Obstacles, Reflections, and Impact
- ❖ Challenges

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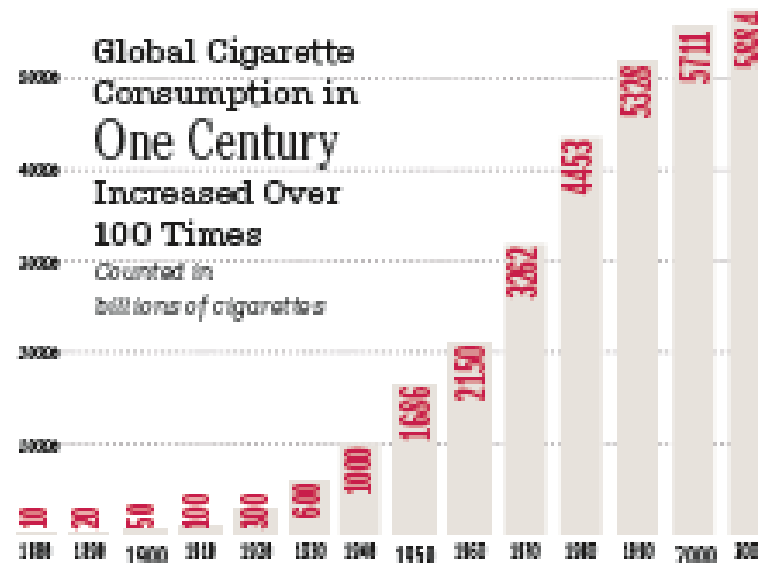
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Tobacco Consumption, General World Population (WHO, 2009)

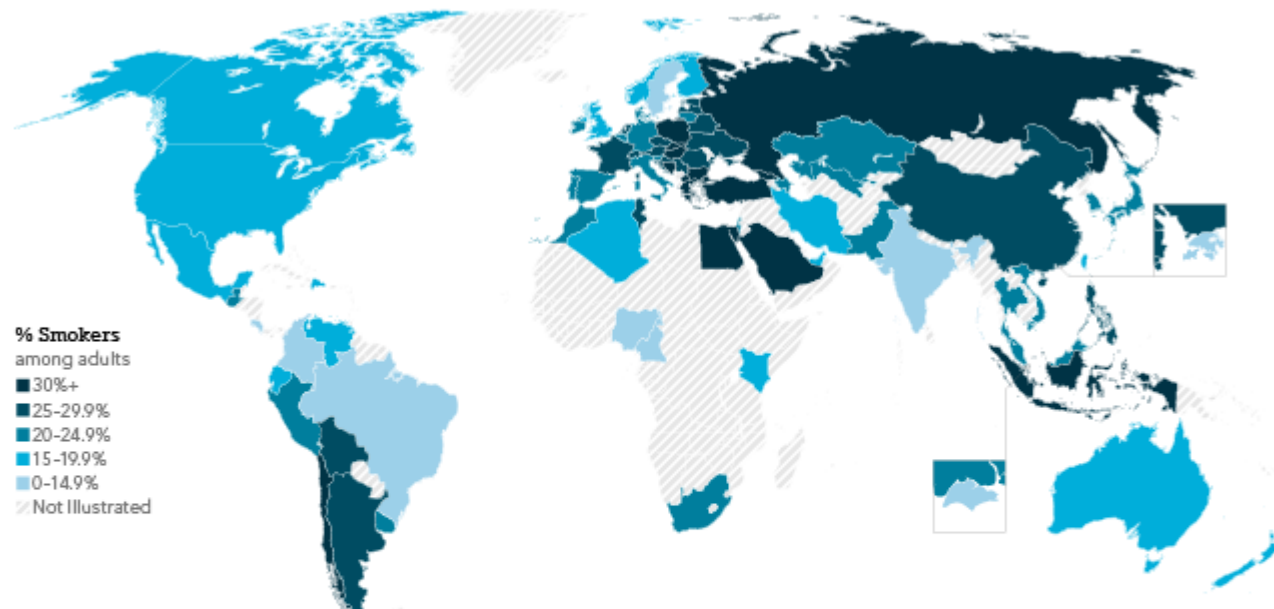
2009-11 2009-11-20 11:07:00



Global Cigarette
Consumption in
One Century
Increased Over
100 Times
Counted in
billions of cigarettes

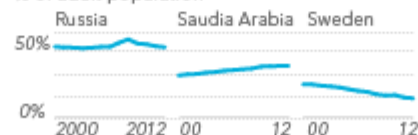


Global Prevalence of Tobacco Use, General Population, 2012

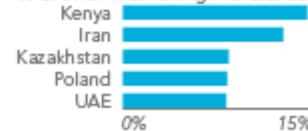


- ❖ Downward trend in developed countries, and upward trend in low-income countries
- ❖ Increased prevalence in some countries due to increased consumption among women

A Study in Contrasts
Smoking Prevalence
% of adult population



Growth in Smoking
Top-Five Countries 2007-2012
% Growth in Smoking Prevalence



Distribution of Tobacco Consumption by Sex, Population Aged 15+



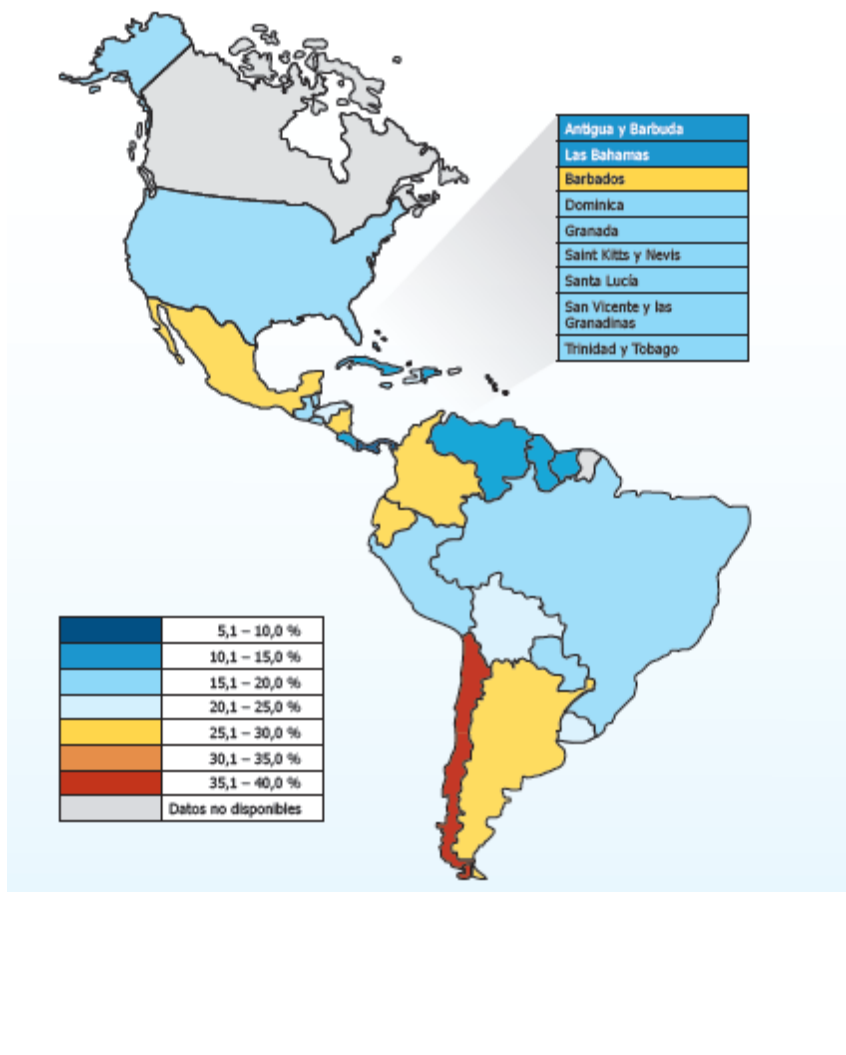
Chile 2012
20%



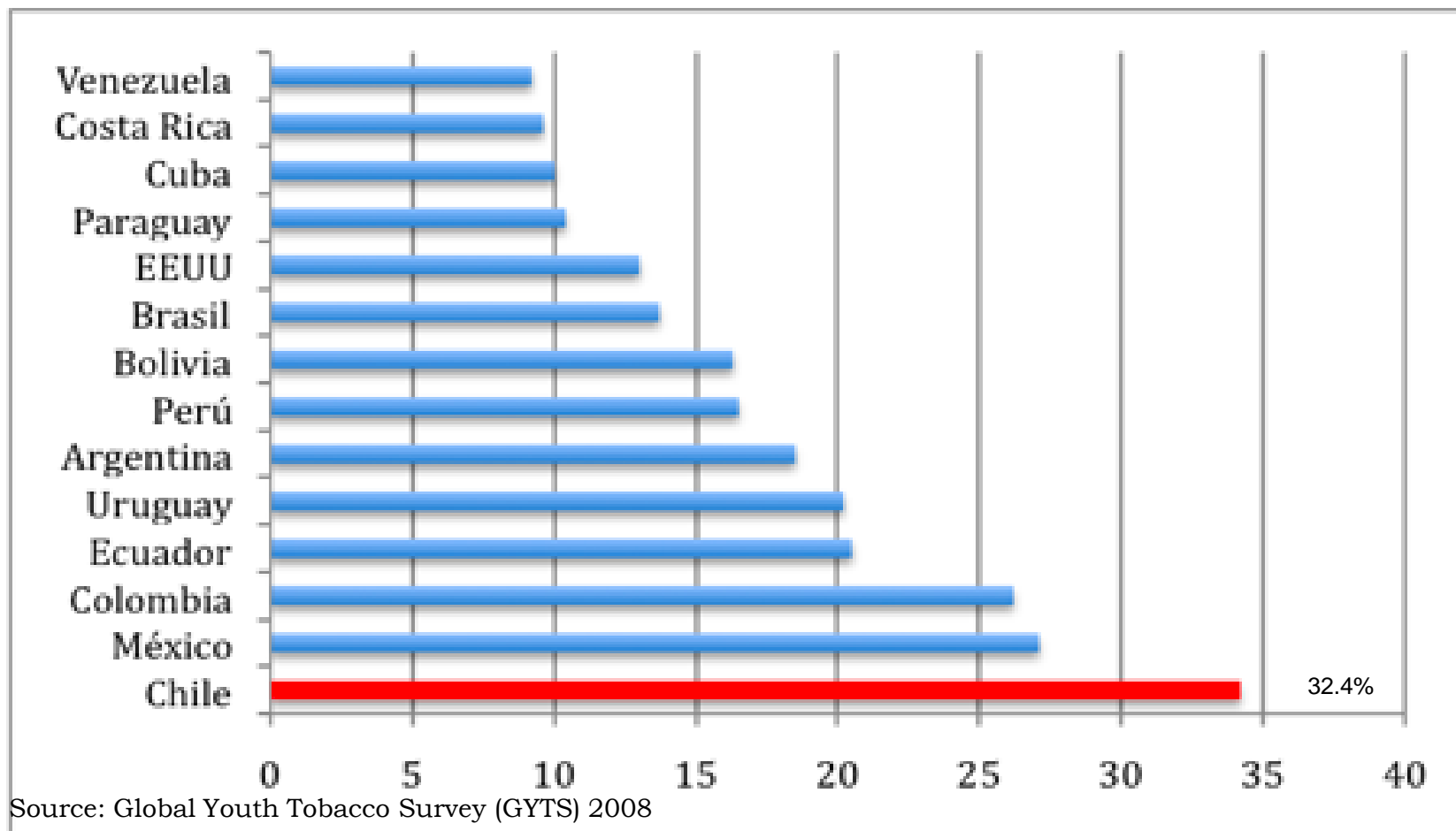
Chile 2012
23.8%

Monthly Prevalence of Tobacco Consumption Among School Students in the Americas. 2010.

(aged between 13 and 15)

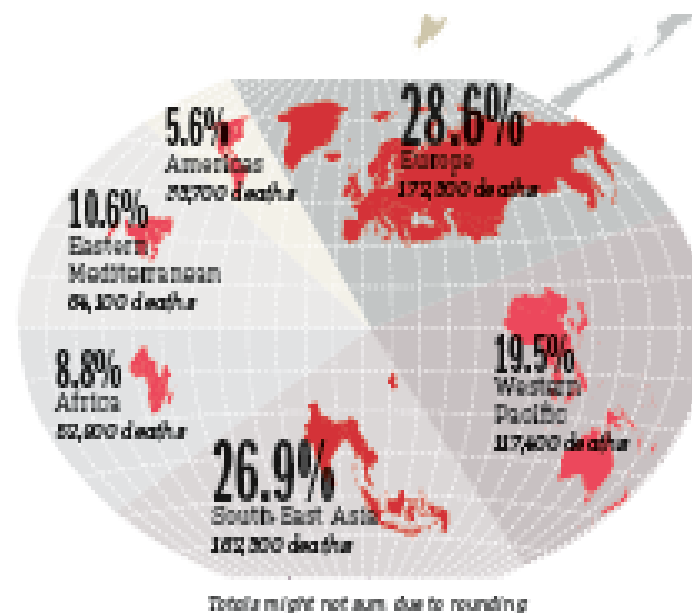
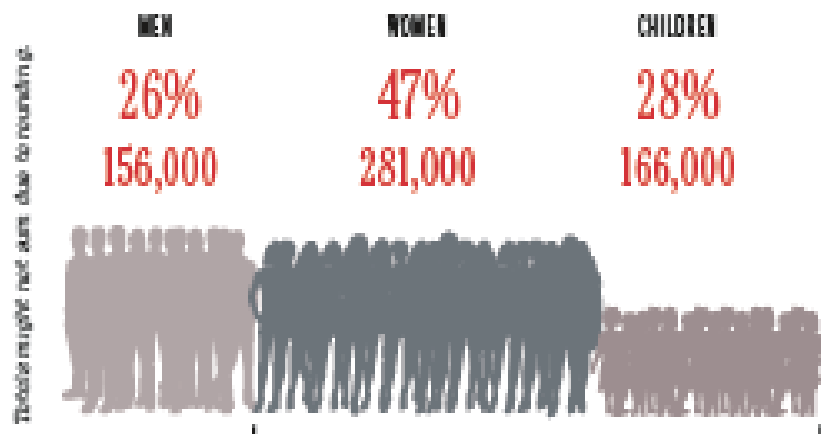


Prevalence of Tobacco Use Among School Students, Last Month, Countries of the Americas



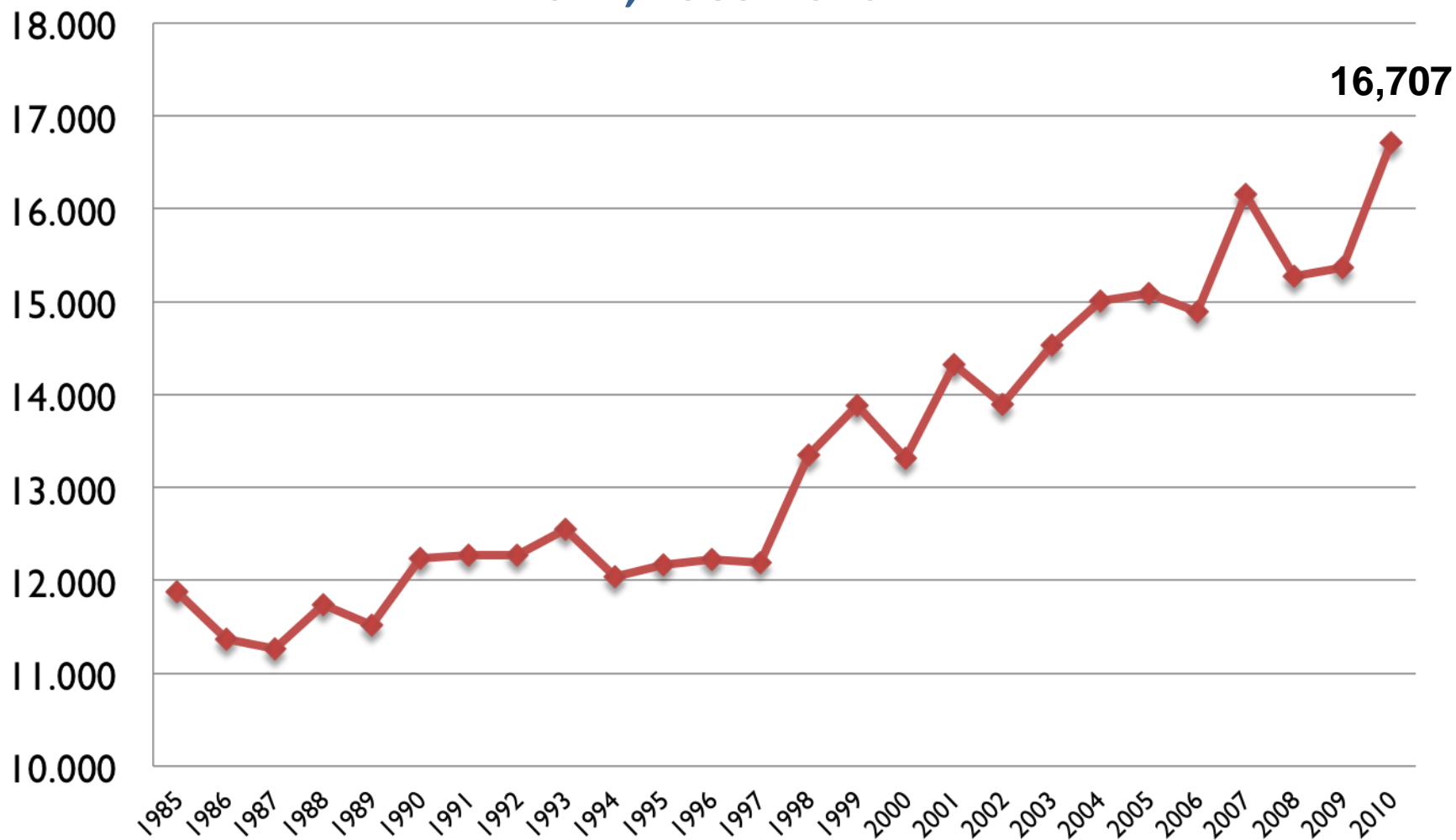
Number of Deaths through Exposure to Tobacco Smoke and Global Distribution

WHO, 2010



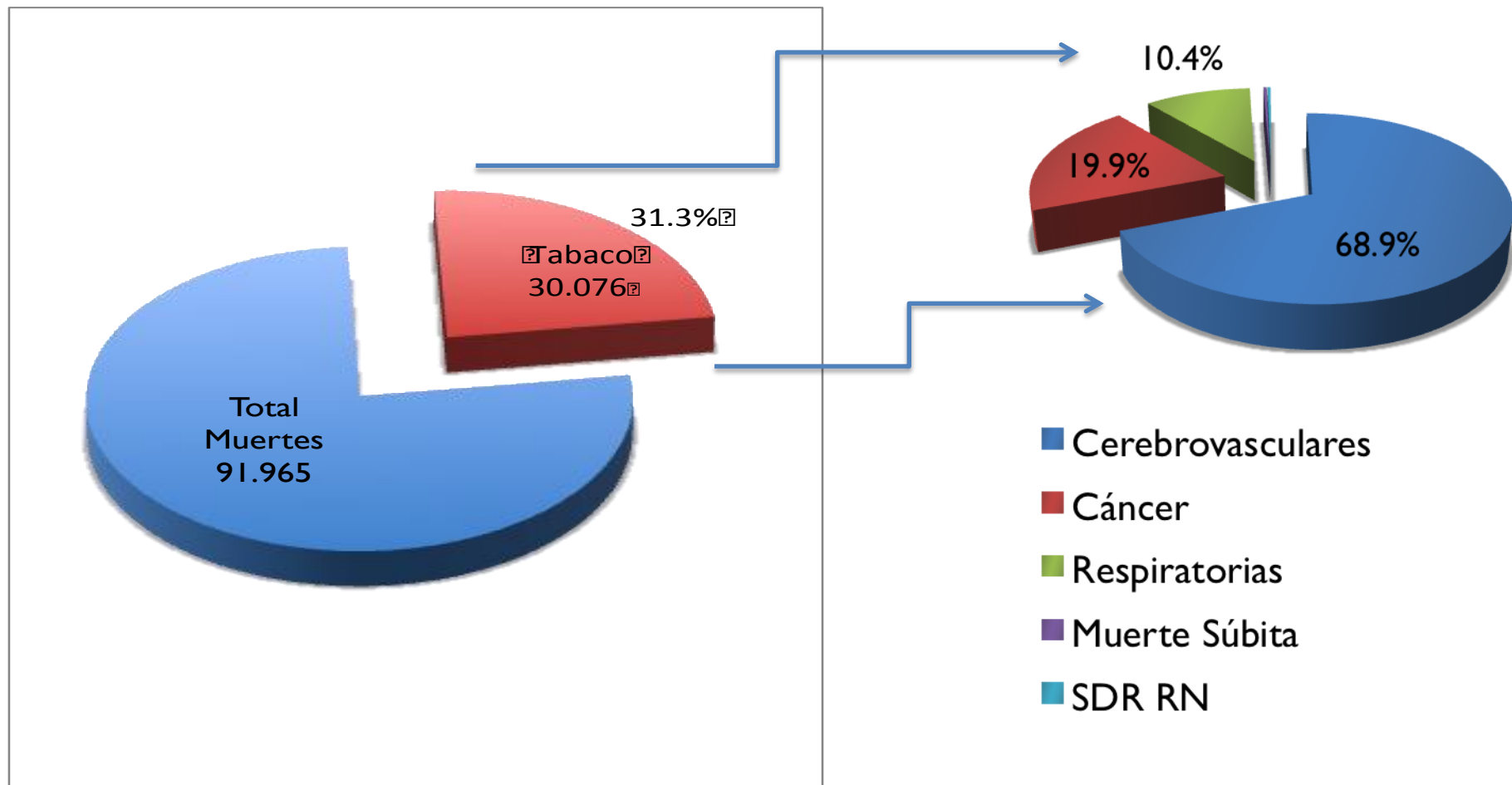
Deaths Attributable to Tobacco

MINSAL, 1985-2010



Tobacco-related Deaths

MINSAL Chile 2010



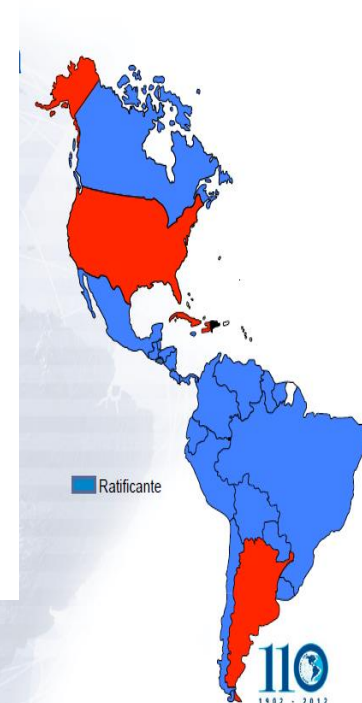
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Framework Convention on Tobacco Control

WHO Recommendations

- ❖ Increased taxes
- ❖ Limit access by minors
- ❖ Bans on advertising and promotion
- ❖ Health warnings
- ❖ Areas free of tobacco smoke
- ❖ Packaging and labeling
- ❖ Public education and awareness
- ❖ Support for smokers seeking to quit



The Framework Convention on Tobacco Control in the Americas. WHO 2010



- ❖ Member states that have ratified the Framework Convention are parties to it and are bound by its provisions.
- ❖ 27 of the region's 33 countries are parties.

País	Ratificación o Adhesión (a)
Antigua y Barbuda	05 junio 2006
Argentina	Solo firma
Las Bahamas	03 noviembre 2009
Barbados	03 noviembre 2005
Bélice	15 diciembre 2005
Bolivia (Estado Plurinacional de)	15 septiembre 2005
Brasil	03 noviembre 2005
Canadá	26 noviembre 2004
Chile	13 junio 2005
Colombia	10 abril 2008 (a)
Costa Rica	21 agosto 2008
Cuba	Solo firma
Dominica	24 julio 2006
Ecuador	25 julio 2006
Estados Unidos de América	Solo firma
El Salvador	Solo firma
Granada	14 agosto 2007
Guatemala	16 noviembre 2005
Guyana	15 septiembre 2005 (a)
Haití	Solo firma
Honduras	16 febrero 2005
Jamaica	07 julio 2005
México	28 mayo 2004
Nicaragua	09 abril 2008
Panamá	16 agosto 2004
Paraguay	26 septiembre 2006
Perú	30 November 2004
República Dominicana	No ha firmado ni ratificado
Saint Kitts y Nevis	Solo firma
Santa Lucía	07 November, 2005
San Vicente y las Granadinas	Solo firma
Suriname	16 diciembre 2008
Trinidad y Tobago	19 agosto 2004
Uruguay	09 septiembre 2004
Venezuela (República Bolivariana de)	27 junio 2006

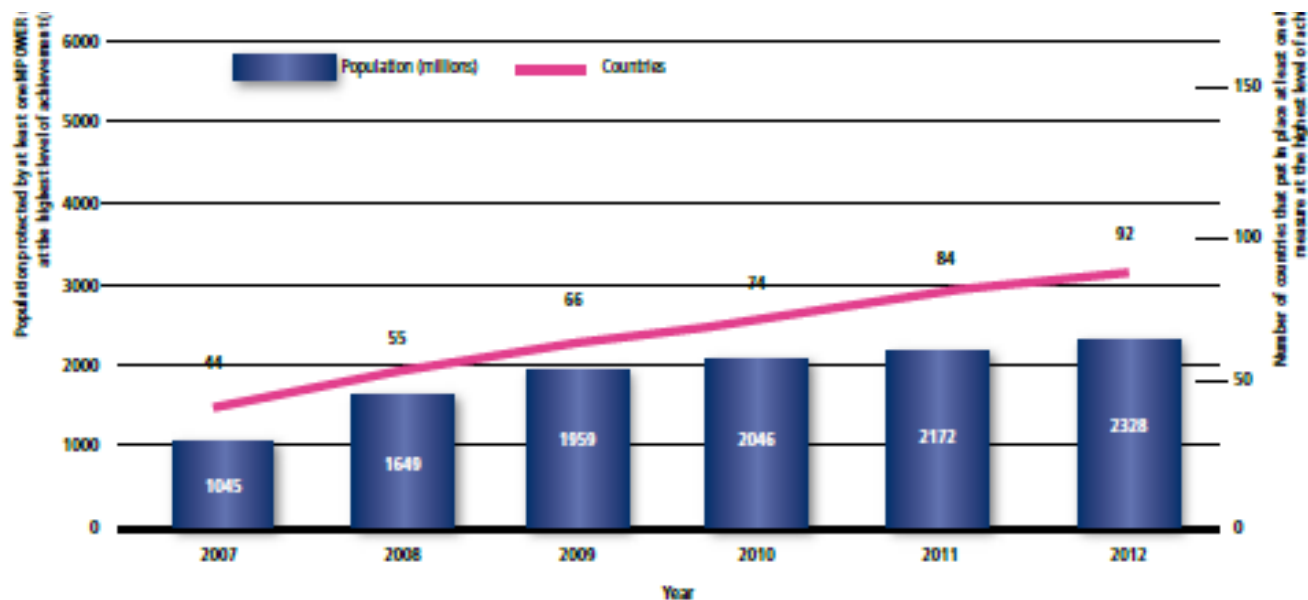
CHILE
June 2005

FUENTE:
Partes en el Convenio Marco de la OMS para el Control del Tabaco
http://www.who.int/fctc/signatories_parties/es/index.html

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Five Years of Progress with Selective Control Measures 2007 – 2012

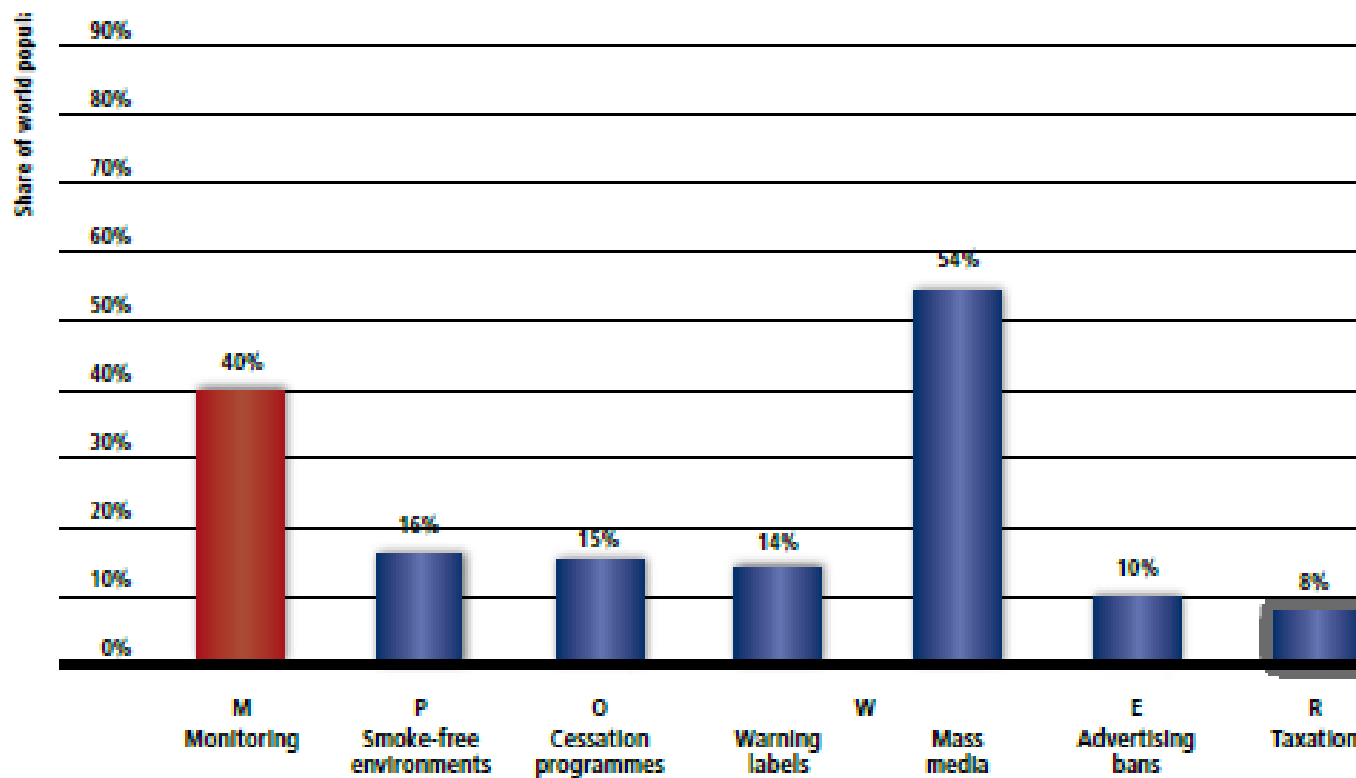


Note: 2009 and 2011 data include some estimation where the year of complete O and R policies was not known.
Data on Monitoring of tobacco use and Mass media campaigns are not included.

Globally, the number of countries and the number of people protected by control measures doubled between 2007 and 2012

Percentage of World Population Covered by Control Policies

2012

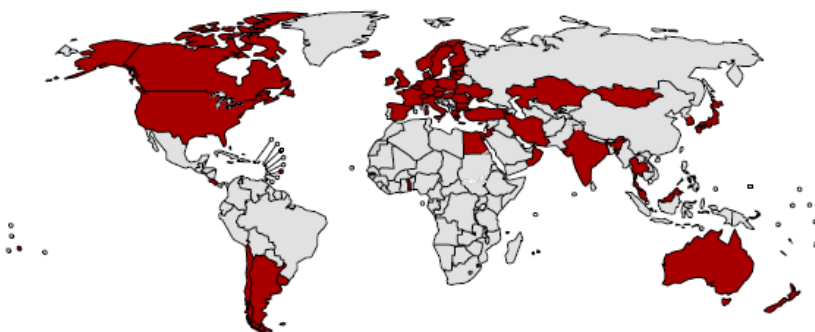


Note: The tobacco control policies depicted here correspond to the highest level of achievement at the national level; for the definitions of these highest categories refer to Technical Note I.

Control Policies: Countries with the Highest Accomplishments.

WHO Report 2012.

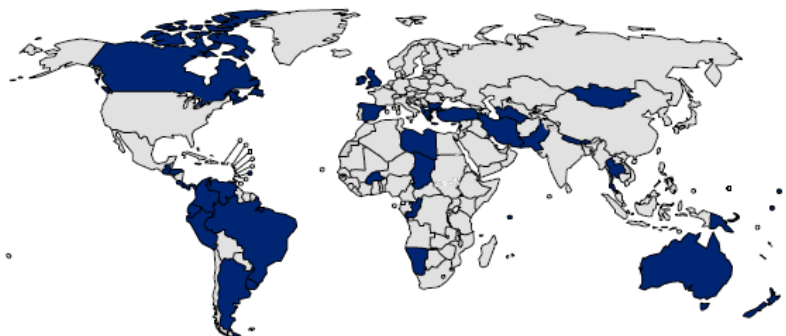
Monitoring prevalence



Countries with the highest level of achievement: Argentina, Armenia, Australia, Austria, Barbados, Belgium, Bulgaria, Canada, Chile, Costa Rica, Czech Republic, Denmark, Egypt, Estonia, Finland, France, Germany, Greece, Hungary*, Iceland, India, Iran (Islamic Republic of), Ireland, Israel, Italy, Japan, Jordan, Kazakhstan, Latvia, Lithuania, Luxembourg, Malaysia*, Mauritius, Mongolia, Netherlands, New Zealand, Niue, Norway, Oman, Poland, Republic of Korea, Romania, Slovenia, Spain, Swaziland, Sweden, Switzerland, Thailand, Togo*, Turkey, Ukraine, United Kingdom of Great Britain and Northern Ireland, United States of America and Uruguay.

*Country newly at the highest level since 31 December 2010.

Smoke-free environments



Countries and territories with the highest level of achievement: Albania, Argentina*, Australia, Barbados, Bhutan, Brazil*, Brunei Darussalam*, Bulgaria*, Burkina Faso, Canada, Chad, Colombia, Congo*, Costa Rica*, Ecuador*, Greece, Guatemala, Honduras, Iran (Islamic Republic of), Ireland, Lebanon*, Libya, Malta, Marshall Islands, Mongolia*, Namibia, Niue, Nepal*, New Zealand, Pakistan, Panama, Papua New Guinea*, Peru, Seychelles, Spain, Thailand, Trinidad and Tobago, Turkey, Turkmenistan, United Kingdom of Great Britain and Northern Ireland, Uruguay, Venezuela* and West Bank and Gaza Strip*.

*Country or territory newly at the highest level since 31 December 2010.

Health warnings



Countries with the highest level of achievement: Argentina*, Australia, Bolivia (Plurinational State of), Brazil, Brunei Darussalam, Canada*, Chile, Djibouti, Ecuador*, Egypt, El Salvador*, Iran (Islamic Republic of), Madagascar*, Malaysia, Mauritius, Mexico, Mongolia*, Nepal*, New Zealand, Niger*, Panama, Peru, Seychelles*, Singapore, Sri Lanka*, Thailand, Turkey*, Ukraine, Uruguay and Venezuela.

*Country newly at the highest level since 31 December 2010.

Control Policies: Countries with the Highest Accomplishments. WHO Report

Mass campaigns



Countries with the highest level of achievement: Australia, Bahrain*, Bangladesh*, Belarus*, Bhutan, Cambodia*, China*, Costa Rica*, Cuba, Dominica*, Egypt, El Salvador*, Georgia*, Ghana*, India, Kuwait*, Liberia*, Luxembourg*, Madagascar, Malaysia, Mauritius*, New Zealand*, Norway*, Palau*, Republic of Korea*, Russian Federation, Samoa, Sao Tome and Principe*, Seychelles*, Singapore, Switzerland, Tunisia*, Turkey, United Kingdom of Great Britain and Northern Ireland, Uruguay* and Viet Nam.
* Country newly at the highest level since 31 December 2010.

Treatment for dependency



Countries with the highest level of achievement: Australia, Brazil, Canada, Denmark*, El Salvador*, France, Iran (Islamic Republic of), Ireland, Israel, Kuwait*, New Zealand, Panama, Republic of Korea, Romania, Singapore, Thailand*, Turkey, United Arab Emirates, United Kingdom of Great Britain and Northern Ireland, United States of America and Uruguay.
* Country newly at the highest level since 31 December 2010.

Increased taxes

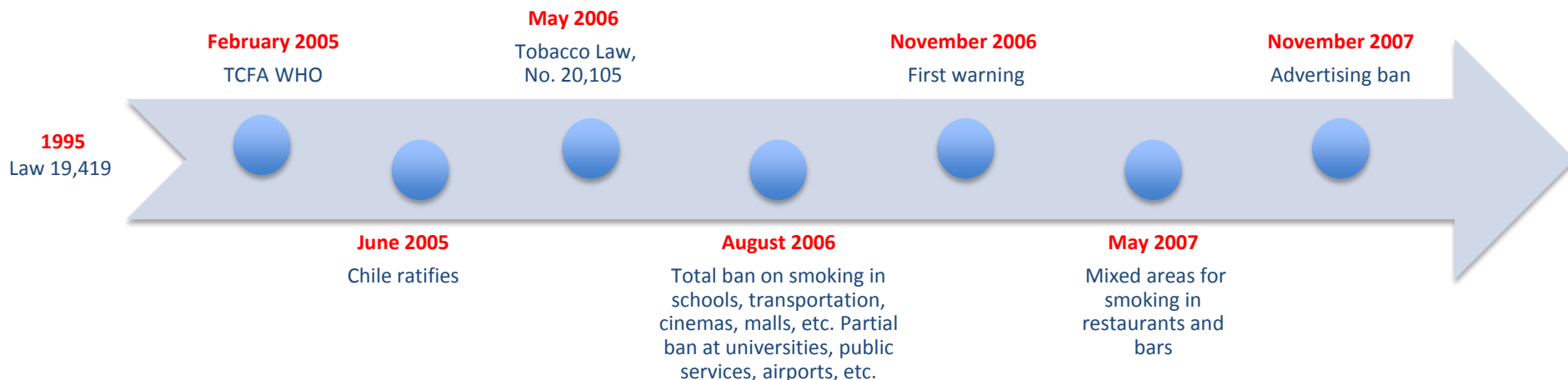


Countries and territories with the highest level of achievement: Belgium, Brunei Darussalam*, Bulgaria, Chile, Cuba*, Cyprus*, Czech Republic, Denmark*, Estonia, Finland, France, Greece, Hungary, Ireland, Israel, Italy, Jordan, Latvia, Lithuania, Madagascar, Malta, Montenegro*, Poland, Portugal, Serbia*, Slovakia, Slovenia, Spain, Tunisia, Turkey, United Kingdom of Great Britain and Northern Ireland, and West Bank and Gaza Strip.
* Country newly at the highest level since 31 July 2010.

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Timetable of the Framework Convention and the Amendments to the Tobacco Law in Chile



Tobacco Law, No. 20,105

2006

Framework Convention

1. Increased taxes
2. Promotion, publicity
3. Ban on tobacco sales to under 18s
4. Warning
5. Smoking ban at state offices
6. Smoking ban in restaurants, bars, discos
7. Role of health authorities (HA)

Original

1. Increased taxes
2. Direct or indirect promotion
3. 300 meters distance
4. 1 or more warnings
5. Total
6. Total, except open-air areas or closed rooms
7. HA: enforcement of the Health Code

Final

1. No tax increases
2. Direct promotion only
3. 100 meters distance
4. 1 or more successive warnings
5. Allowed in individual offices
6. Restaurants and bars < and > 100 m; allowed in discos
7. HA: notifications only

Evaluation of Health Objectives 2000-2010

Reduce Tobacco Use

General Population
25%
(from 40% to 30%)

8th-grade Students
26%
(from 27% to 20%)

Women of
Childbearing Age
11%
(from 45% to 40%)

Stagnation

CONACE:

2000: **42.7%**

2004: **42.5%**

Quality of Life
Survey

2000: **40%**

2006: **39.5%**

Reduction

2001: **26.1%**

2003: **24%**

2005: **26%**

2007: **20.4%**

(CONACE)

Backsliding

19-25 years:

2000: **52%** → 2004: **55%**

26-34 years

2000: **45%** → 2004: **48%**

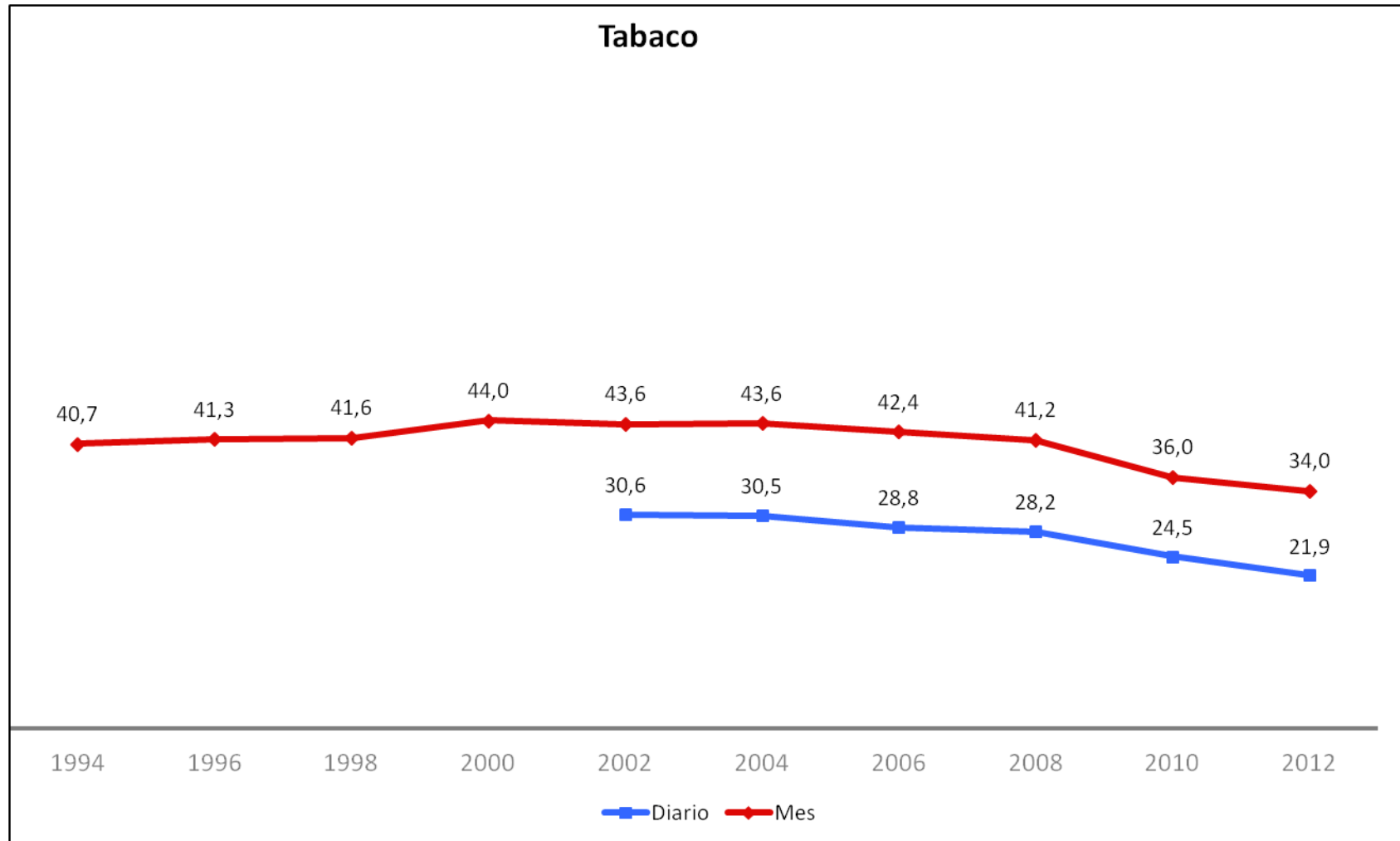
35-44 years

2000: **45%** → 2004: **47%**
(CONACE)

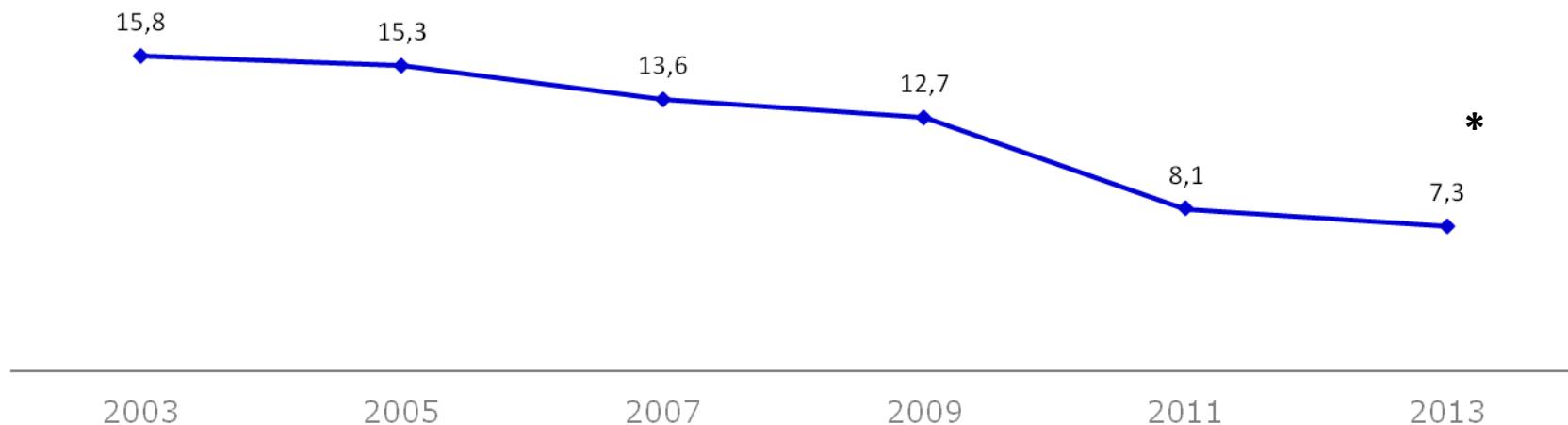
Evolution of Prevalence of Tobacco Use, General Population

SENDA. Chile, 2012

Tabaco

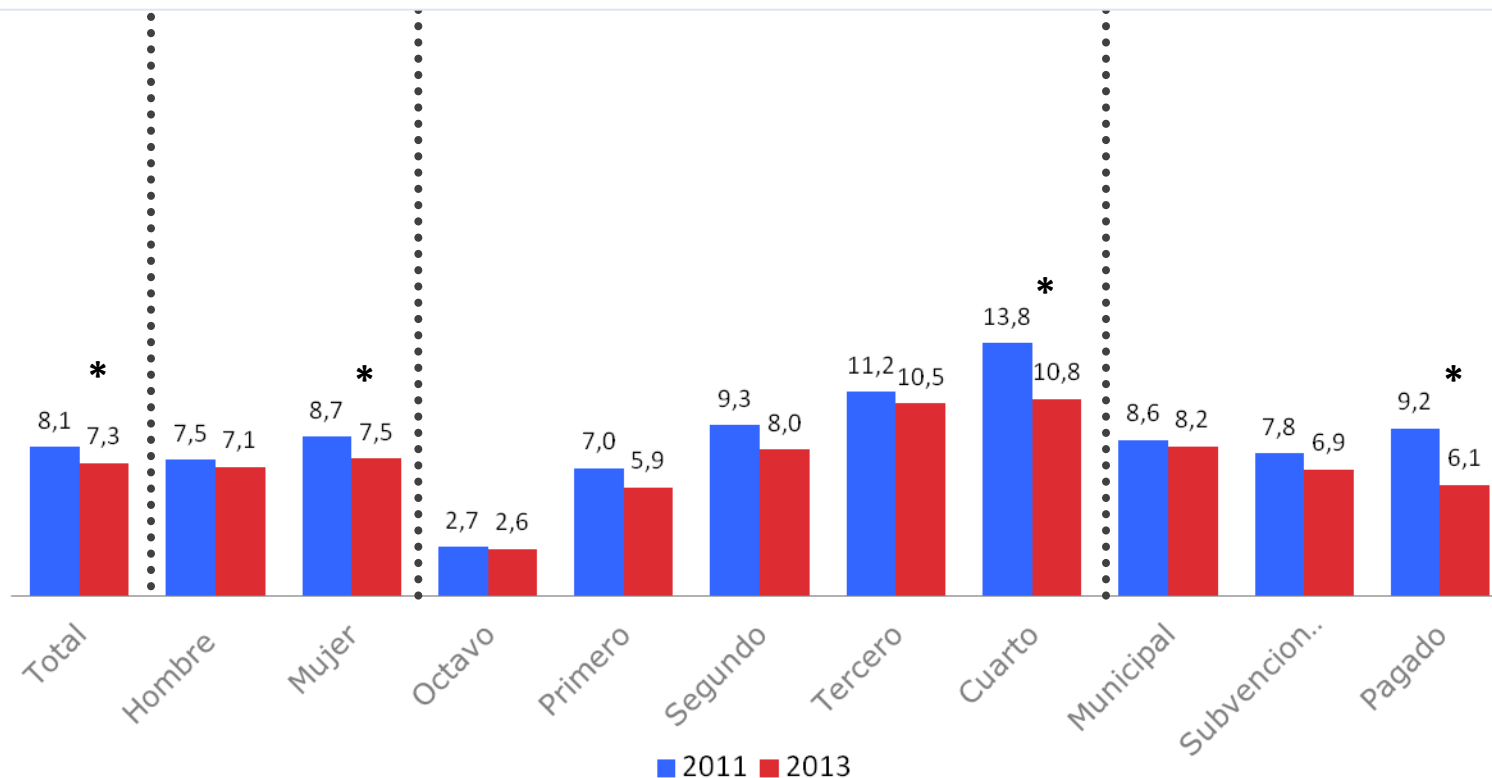


Evolution of Prevalence of Daily Tobacco Use School Students SENDA Chile 2003-2013.



* Significant change at 5%

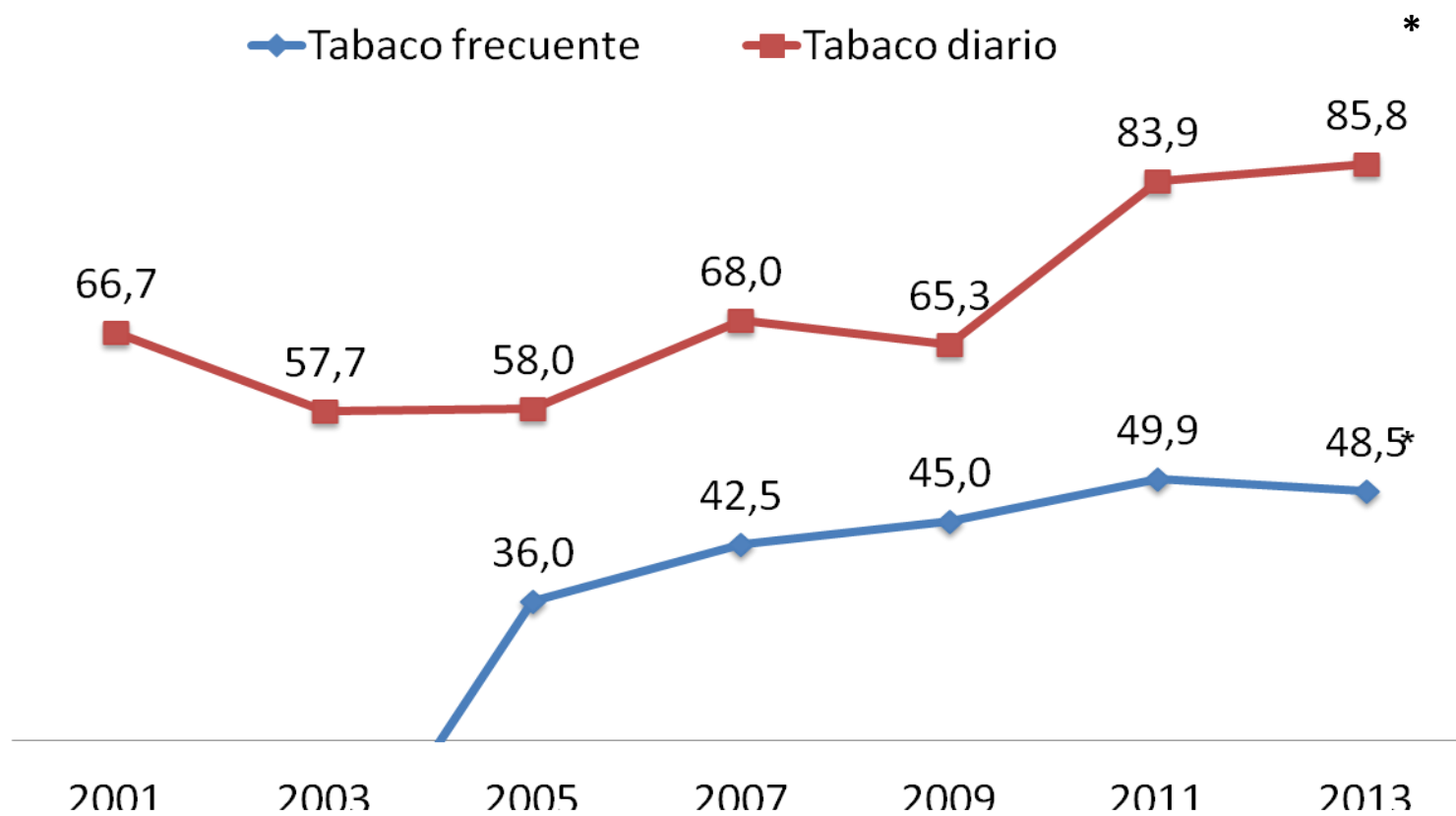
Evolution of Prevalence of Daily Tobacco Use By Sex, Grade, and Administrative System SENDA Chile 2011-2013.



* Significant change at 5%

Evolution of Perception of Risk of Daily and Frequent Tobacco Use

SENDA Chile 2001-2013.



* Significant change at 5%

The "Tobacco-Free Chile" Experience

Consultant partners from the medical, public health, community, and communications areas. Main objective was to promote TSFA through amendments to the tobacco law.

Steps taken:

- Direct advocacy with lawmakers
- Work with media and social networks
- Building alliances
- Mass activities
- Studies
- Monitoring the tobacco industry
- Prevention talks



Evaluation After Five Years

SHARED SPACES

- ❖ Uselessness of spaces shared by smokers and non-smokers.
- ❖ Nicotine concentration 3 times higher in shared spaces than in areas exclusively for non-smokers.

OTHER

- ❖ Distribution of 4 different graphic displays since 2006, with a low impact assessment.
- ❖ Absence of effective prevention programs.
- ❖ Nonexistence of cessation programs.
- ❖ Lack of transparency and of regulation of the tobacco companies' influence over decision-makers.



Difficulties

- ❖ High social permissiveness toward tobacco smoke
- ❖ 40% of the population smokes: INDIVIDUAL RIGHTS VS. COLLECTIVE RIGHTS
- ❖ Emphasize citizens' voices rather than doctors' in public discourse
- ❖ Interference by the TI: present in all political sectors and SEGPRES
- ❖ Dilemma of HEALTH or TRADE (commercial interests)
- ❖ Neoliberal ideology that promotes individual freedoms above all other considerations. Although rejection was across the board, the vote of the UDI was the most difficult to secure.
- ❖ Parliamentarians who smoke
- ❖ Difficult to forge partnerships and mobilize with sectors other than health



Jorge Rodríguez, Karen Poriachick, Roberto Guerrero, Carlos Caceres, Benjamín Kemball y Teodoro Ribera.

Obstacles



Advertising through
indirect campaigns



Revista CARAS, Octubre 2010

Displace health
warnings

Advertising only at
points of sale
Shared spaces
Warnings

Direct support for
food companies
(signage, advice,
cost of
implementing
separate spaces)



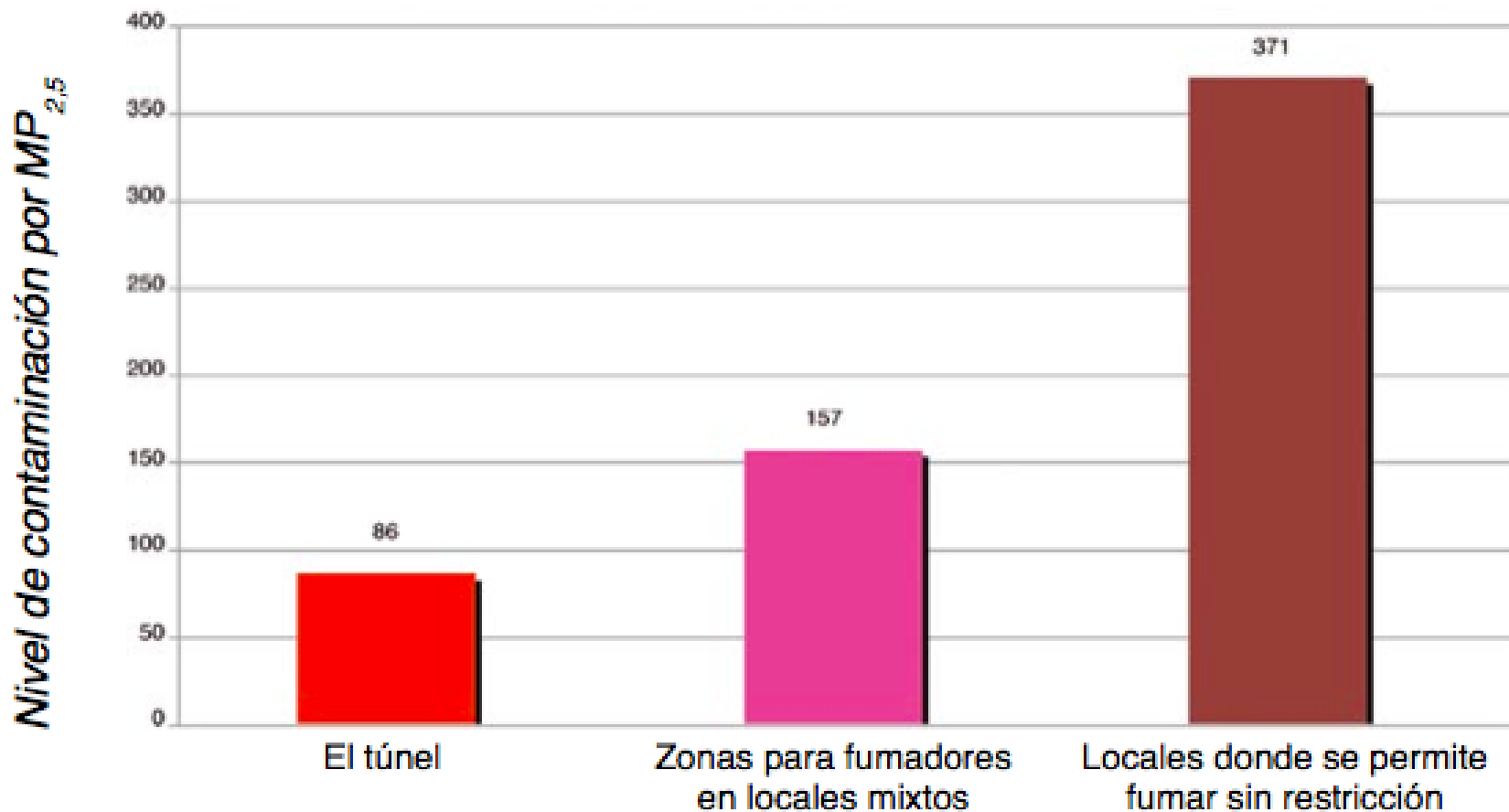
A voice in the design of
PPs

Adoption of the "Good
Corporate Conduct"
Principle



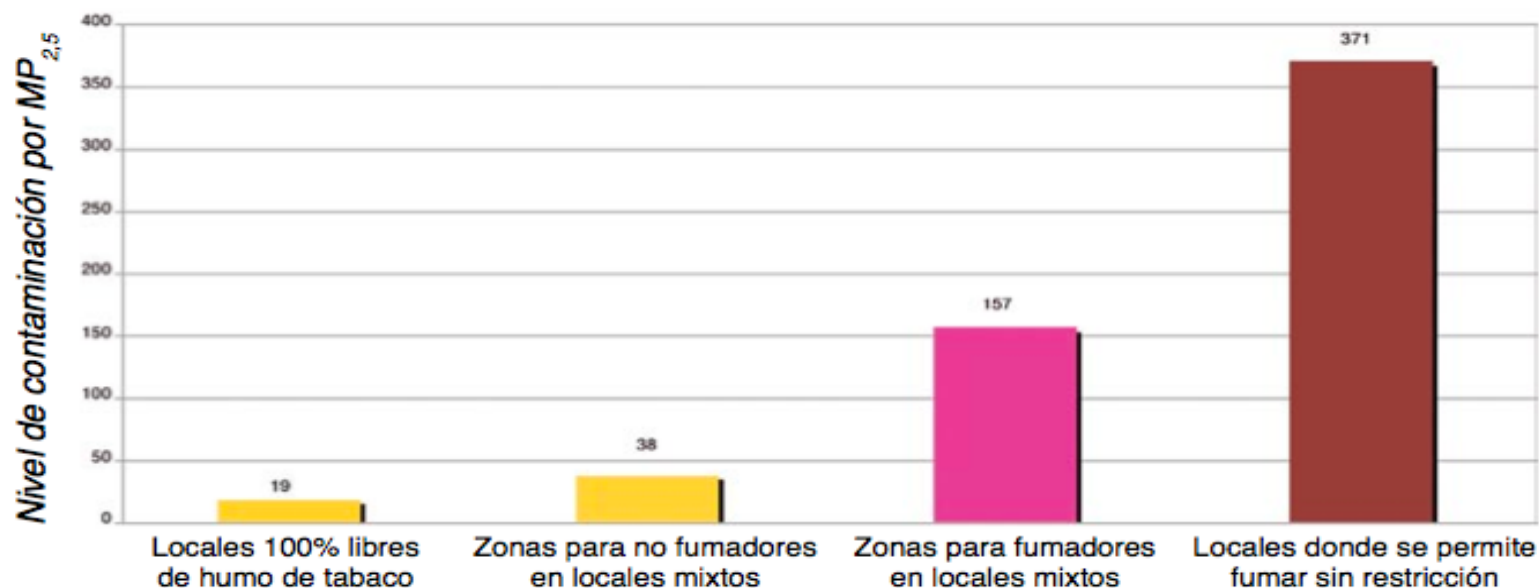
Campaña "Negocio Responsable" de BAT Chile y la Cámara Nacional de Comercio

Contamination by Tobacco Smoke in PM_{2.5}



Contamination by Tobacco Smoke in PM_{2.5}

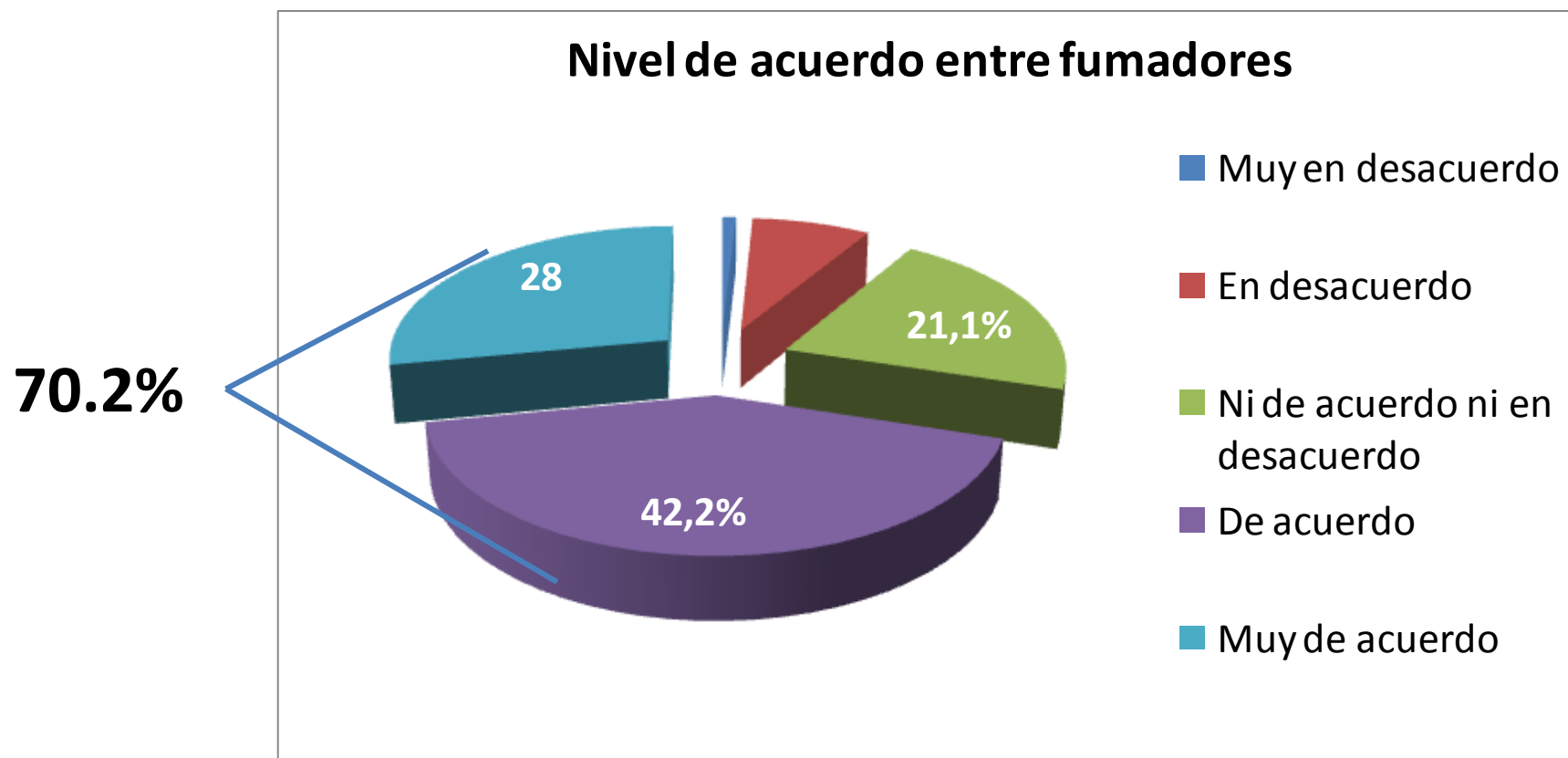
Nivel de contaminación por MP_{2,5} promedio según tipo de local



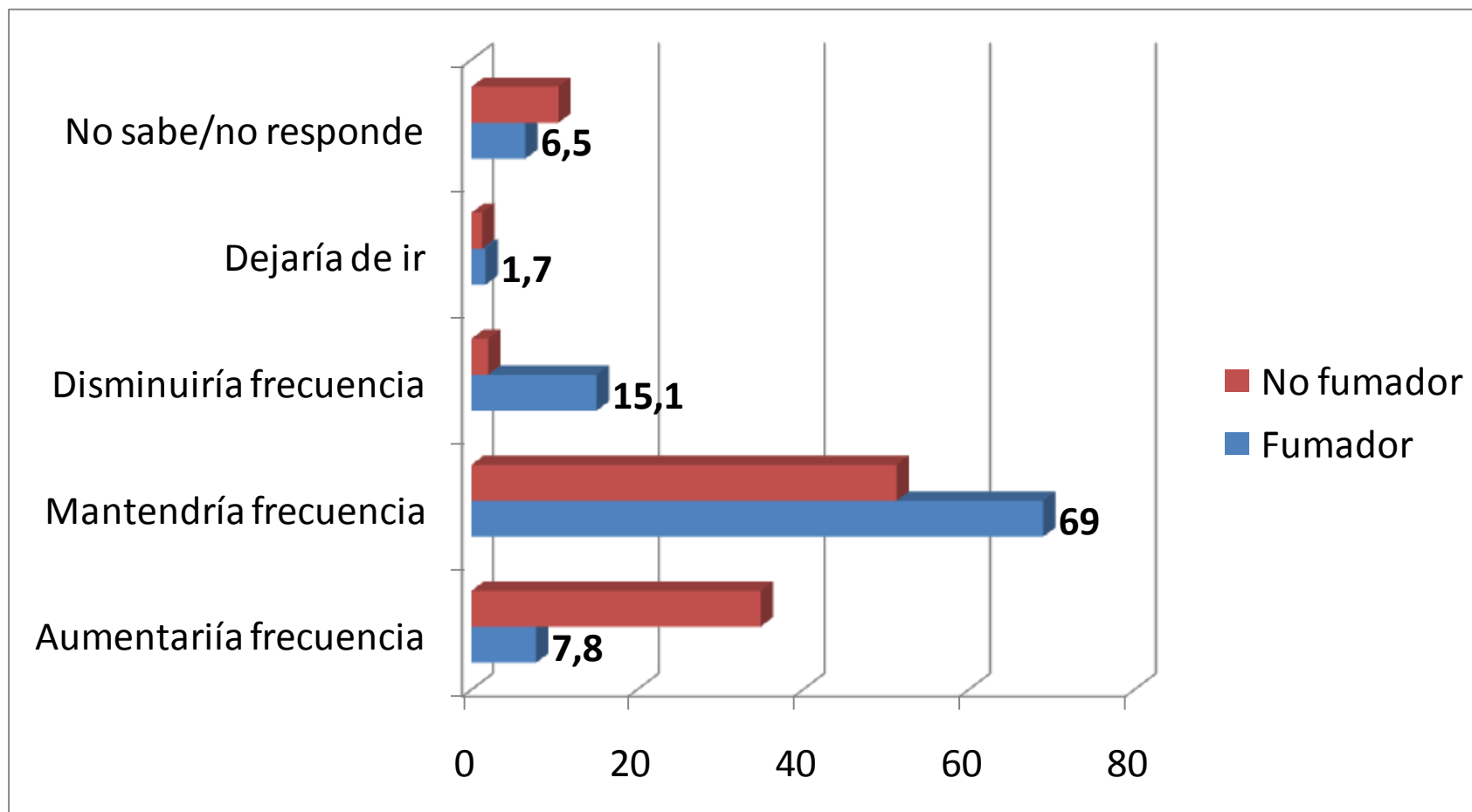
65% of non-smoking workers in Chile's bars and restaurants are permanently exposed to TS.

Erazo M. et al. "Secondhand tobacco smoke in bars and restaurant in Santiago, Chile: evaluation of partial smoking ban legislation in public places". Tobacco Control 2010; 19: 469-474

Smokers: Do you agree with NOT smoking inside restaurants?



Smokers: 76% would increase or maintain their frequency of visits



- ❖ Non-smokers workers in Santiago's bars and restaurants that allow smoking report higher levels of nicotine in their hair than those who work in non-smoking venues. Iglesias, V. y col "Concentración de nicotina en pelo en trabajadores expuestos a humo de tabaco ambiental" Revista Chilena de Salud Pública. Vol 14, Nº 2/3, 2010
- ❖ The nicotine concentration in the urine of workers at smoking venues is 10 times higher than at places for non-smokers.
- ❖ The prevalence of one or more respiratory signs or symptoms was 86.4%. Iglesias, V. y col. "Impacto de la exposición involuntaria a humo de tabaco ambiental sobre la salud respiratoria: estudio en trabajadores de pubs, bares y restaurant de Santiago" ESP: forthcoming

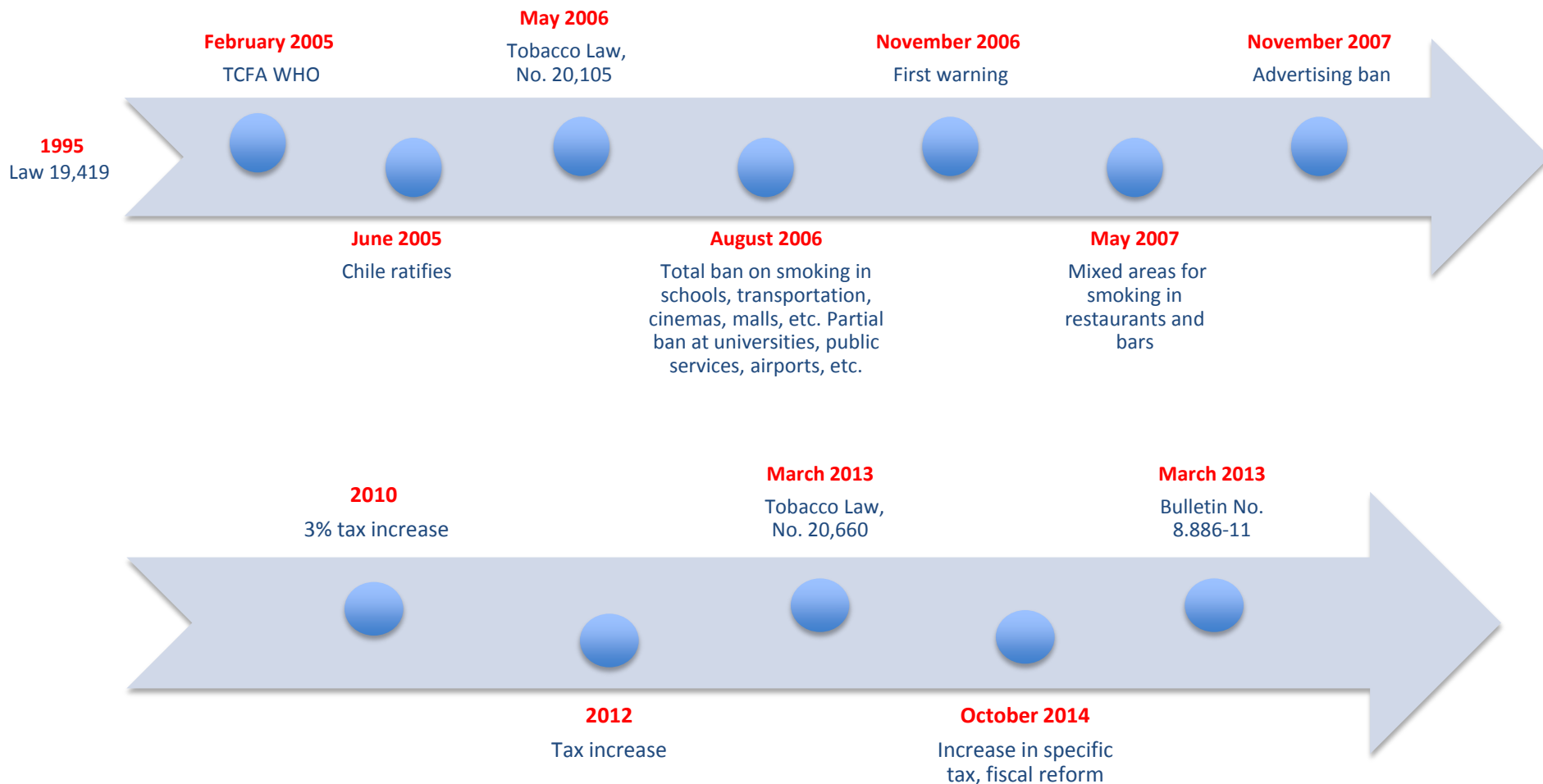
COMMUNICATIONS STRATEGY

Weaving Our Communications Web

- ❖ Press communiqués and conferences.
- ❖ Press handling (media, partners, lawmakers, etc).
- ❖ Database management and updating.
- ❖ Press monitoring. In the 18 months since April 2011, ChLT appeared in interviews, articles, etc. more than 500 times.
- ❖ Evaluation of reach and impact. There were tools (paid-for and free) for measuring and analyzing scope, audiences, etc.
- ❖ Social networks: Facebook, Twitter, panoramas.
- ❖ Own media (examples: electronic bulletin, text messages to members of Congress, etc.)



Timetable of the Framework Convention and the Amendments to the Tobacco Law in Chile



New Tobacco Law: January 2013

- ❖ Tobacco Smoke Free Areas in ALL public places, including pubs, bars, casinos, stadiums
- ❖ Ban on indirect advertising in the media and on people smoking on children's-hour live programs
- ❖ Increase in the number of warnings
- ❖ Elimination of additives
- ❖ Oversight and effective penalties imposed by municipal inspectors



Impact of the new Tobacco Law

- ❖ 19% of people claim to know people who have stopped smoking, higher than in April: 14.8% (*Demoscópica* April-October 2013)
- ❖ Among smokers, 27% claim to smoke less than before the law's enactment, higher than in April: 25.4% (*Demoscópica* April-October 2013)
- ❖ 49% of women aged 18 to 55 years smoke less with the new Tobacco Law (Minsal 2013)
- ❖ Broad public support for smoke-free areas: > 70% (ChLT surveys)
- ❖ Substantial increase in oversight (MINSAL)

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Framework Convention

In November 2008, the ratifying countries adopted guidelines recommending:

- ❖ A ban on political contributions from the tobacco industry (TI) or, alternatively, requiring the disclosure of such contributions.
- ❖ Requiring candidates for government positions related to health policy to declare any current or previous jobs and/or consultancies they have had with the TI.
- ❖ A ban on tobacco industry representation in the public agencies that regulate tobacco.
- ❖ A ban on the TI's involvement in initiatives for young people, public education, or other tobacco control initiatives.
- ❖ Disseminating information on TI tactics of using individuals, lobbying groups, and related organizations to promote its interests.

CESSATION

- ❖ Inadequate supply of treatment in the public system.
- ❖ Medicines exist, but are not covered by health insurance.
- ❖ Need for a guaranteed public/private supply of cessation tools.

EDUCATION

- ❖ "The one who doesn't smoke wins" competition, MINSAL MINEDUC.
- ❖ Three-month quitting courses
- ❖ 2008: 20,000 students.
- ❖ Inclusion of tobacco in SENDA preventive policies.

OVERSIGHT

- ❖ 2009: 30 oversight actions by Health Authorities.
- ❖ 2010: 200 oversight actions.
- ❖ Notification of infractions.
- ❖ Execution by local Police Courts. Overloaded with other cases.
- ❖ Need to include sanctions for regional authorities.

Bulletin No. 8.886-11: March 2013

- ❖ Ban on tobacco vending machines.
- ❖ Signs banning sales to under 18s at points of sale.
- ❖ Elimination of publicly accessible stands or shelves.
- ❖ Warning 100%.
- ❖ Ban on open-air smoking in:
 - ❖ State-protected wildlife areas.
 - ❖ Parks, squares, recreation facilities intended for children.
- ❖ Tobacco companies to respond with solidarity and objectivity for all harm caused by tobacco use.
- ❖ Ban on smoking while driving.
- ❖ Ban on smoking in any vehicle carrying children.



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Ministerio del Interior y
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