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Tobacco and Health Policies: Mexico's Perspective

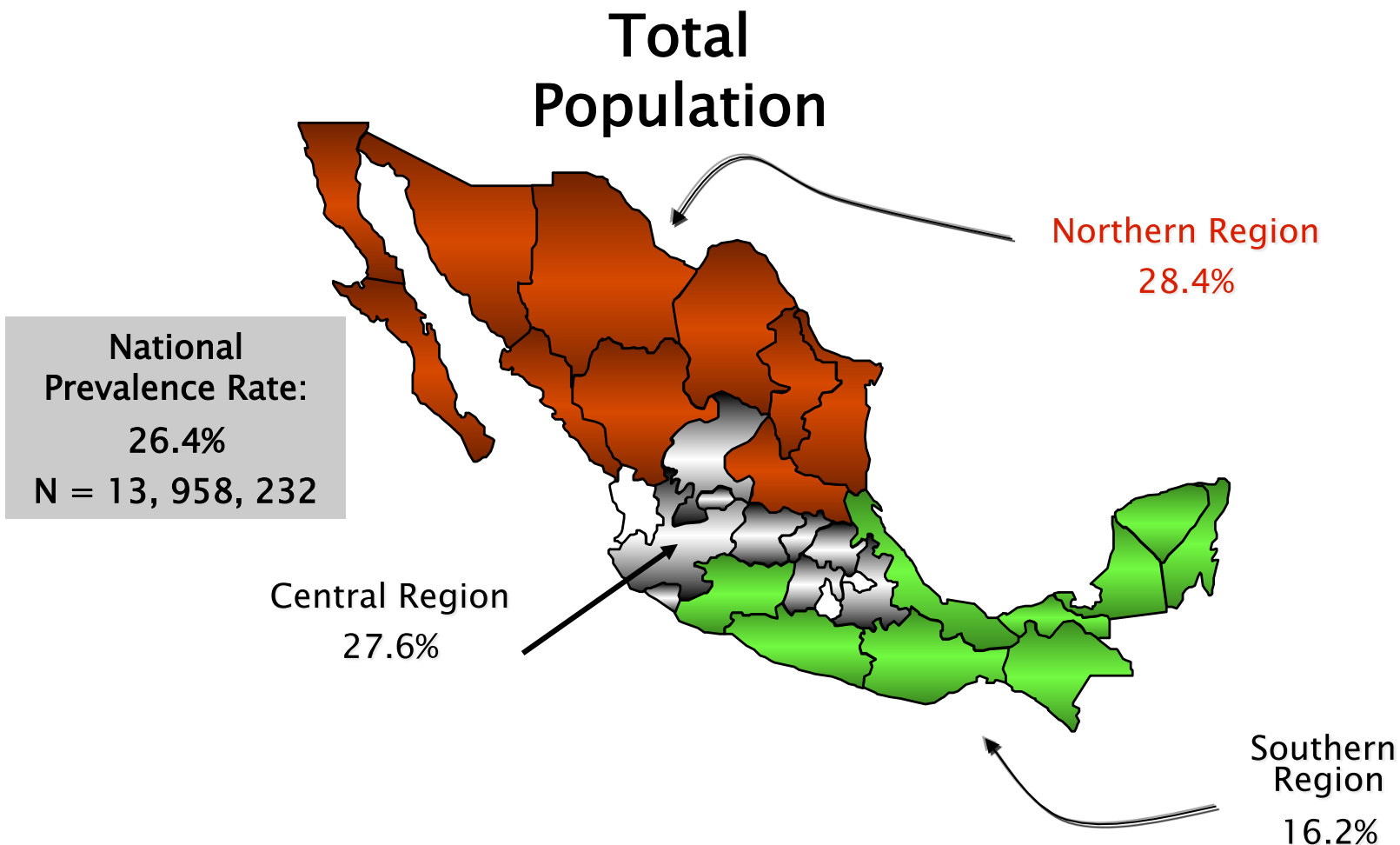
Dr. José Ángel Córdova Villalobos
Health Secretariat
World Medical Association Meeting
Geneva, May 20th, 2008



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Situation in Mexico

Tobacco: prevalence of 12 to 65 year old smokers in an urban population



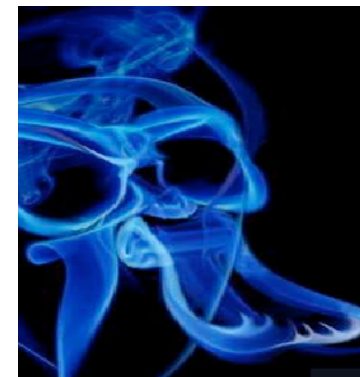
Source: Encuesta Nacional de Adicciones (National Survey on Addictions/SSA 2002)



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Worldwide Situation

- ◆ Of the entire worldwide population, 30% of adults are smokers and of these, 5 million die yearly (WHO).
- ◆ Over 13 thousand people die annually worldwide due to causes related to tobacco consumption; 165 of them are Mexican
- ◆ Everyday, between 80,000 and 100,000 new teenage tobacco consumers are added on to the list





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Situation in Mexico

Mexico

- ◆ Over 16 million people (23.5% of the population between 15 and 65 years old) are smokers, 17.4% are ex-smokers and over half (59.1%) are non-smokers exposed to second hand smoke.
- ◆ 30.2% of smokers in the urban population and 16.6% of the rural population are between 18 and 65 years old

Mexico

- ◆ 64% of the urban population smokes 5 cigarettes a day, 19% between 6 and 10 and 6.3% over a pack a day.
- ◆ 10.1% of smokers from urban areas and 6.1% from rural areas are between 12 and 17 years of age.
- ◆ In all cases, the greatest prevalence is in the male population.

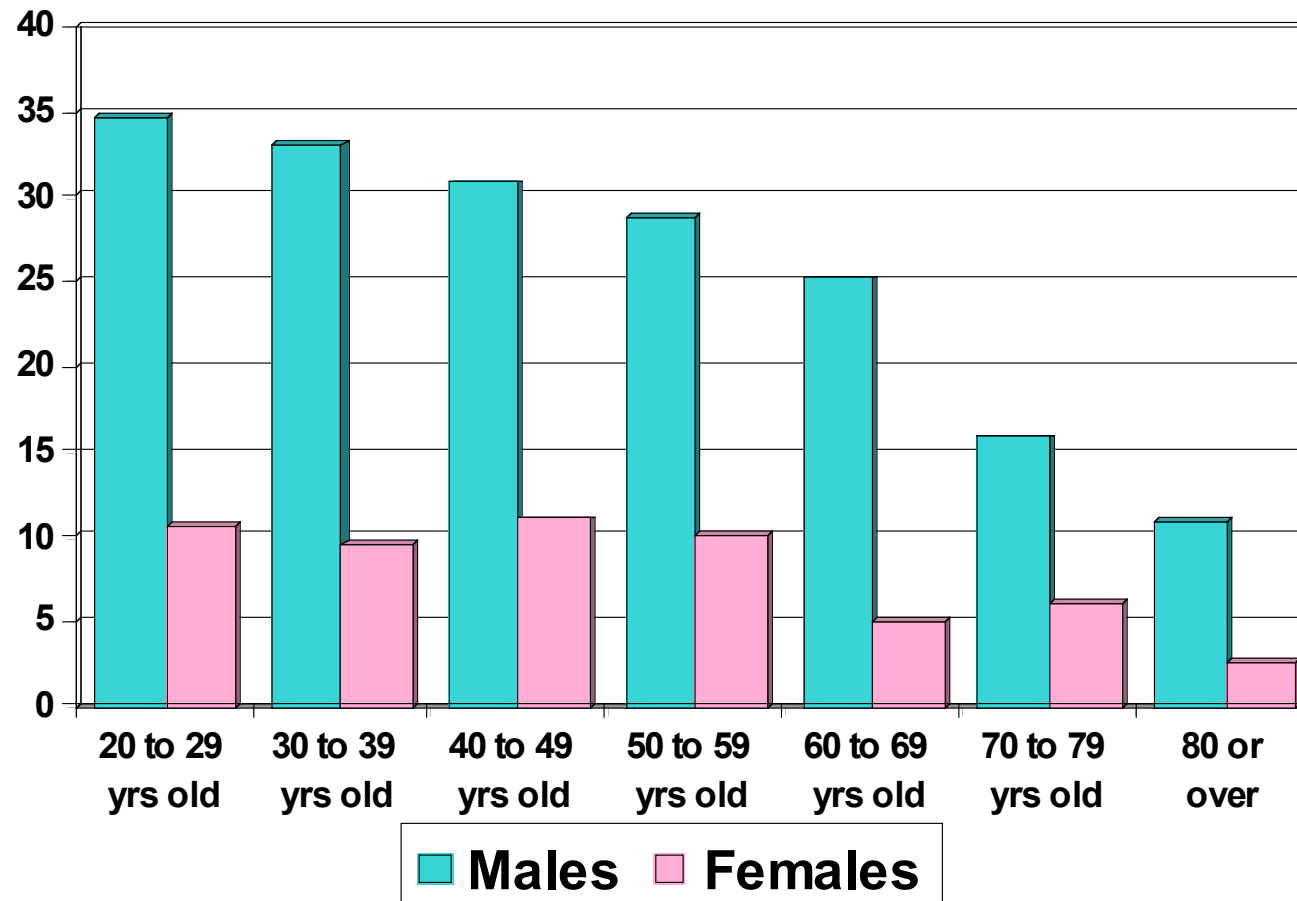


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The Magnitude of the Problem in Mexico

Prevalence of smoking in adults by age group and according to gender

Mexico 2005-2006



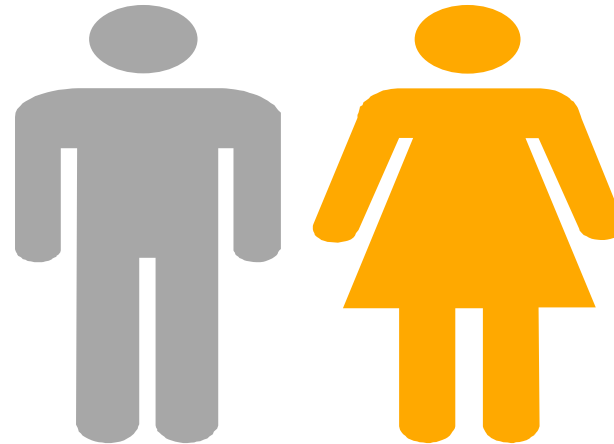
Source: INSP (National Institute of Public Health), Encuesta Nacional de Salud y Nutrición (National Health and Nutrition Survey), 2006.



Situation in Mexico

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Over 59,000 people who smoke, die yearly (8 smokers and 1 non-smoker die due to tobacco)



163 Mexicans die daily due to problems associated with tobacco consumption

36 million people tolerate smoke produced by 17 million others

6 out of every 10 Mexicans are exposed to tobacco smoke

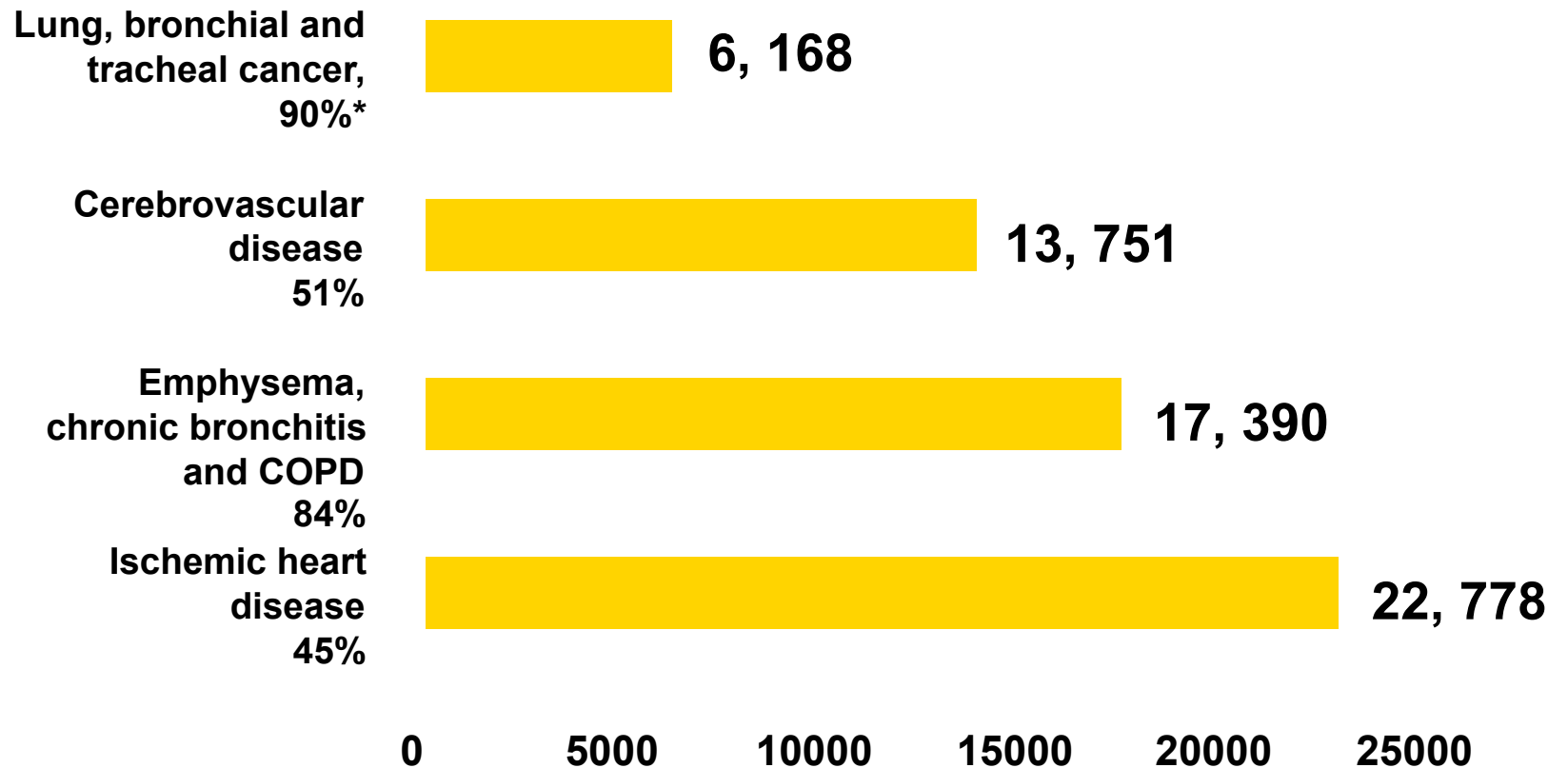
26% active smokers
36% passive smokers

Source: The World Health Report, 1999. Dirección General de Epidemiología (General Direction of Epidemiology) – SSA, 2002



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Mortality Estimates Attributable to Smoking Mexico 2004



* = percentage of attributable risk

Source: Secretaría de Salud/INEGI/ Ministry of Health Preliminary Information on Mortality 2004.



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Mortality Estimates Attributable to Smoking Mexico 2004

Distribution of the cause of 165 deaths due to diseases related to smoking:



- ◆ 45% of the deaths due to ischemic heart disease
- ◆ 51% of the deaths due to cerebrovascular disease
- ◆ 84% of the deaths due to emphysema and chronic bronchitis
- ◆ 90% of the deaths due to lung cancer

Over 30,000 million (30 billion) pesos are spent annually to financing healthcare for smokers



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Conclusions on Smoking

- ◆ **Impact:** One out of every 9 deaths in our country is a result of smoking.
- ◆ **Mortality:** For every 8 smokers that die due to smoking, another person dies to do second hand smoking
- ◆ **Exposure:** 8 out of every 10 Mexicans are directly or indirectly exposed to tobacco smoke.
- ◆ **Teenagers:** 1 out of every 5 smoke in spite of it being prohibited
- ◆ **Women:** Consumption has increased to a 1:1 ratio in teenagers.
- ◆ **Availability:** 7 out of every 10 establishments sell cigarettes to minors



Red Alert: Teenagers

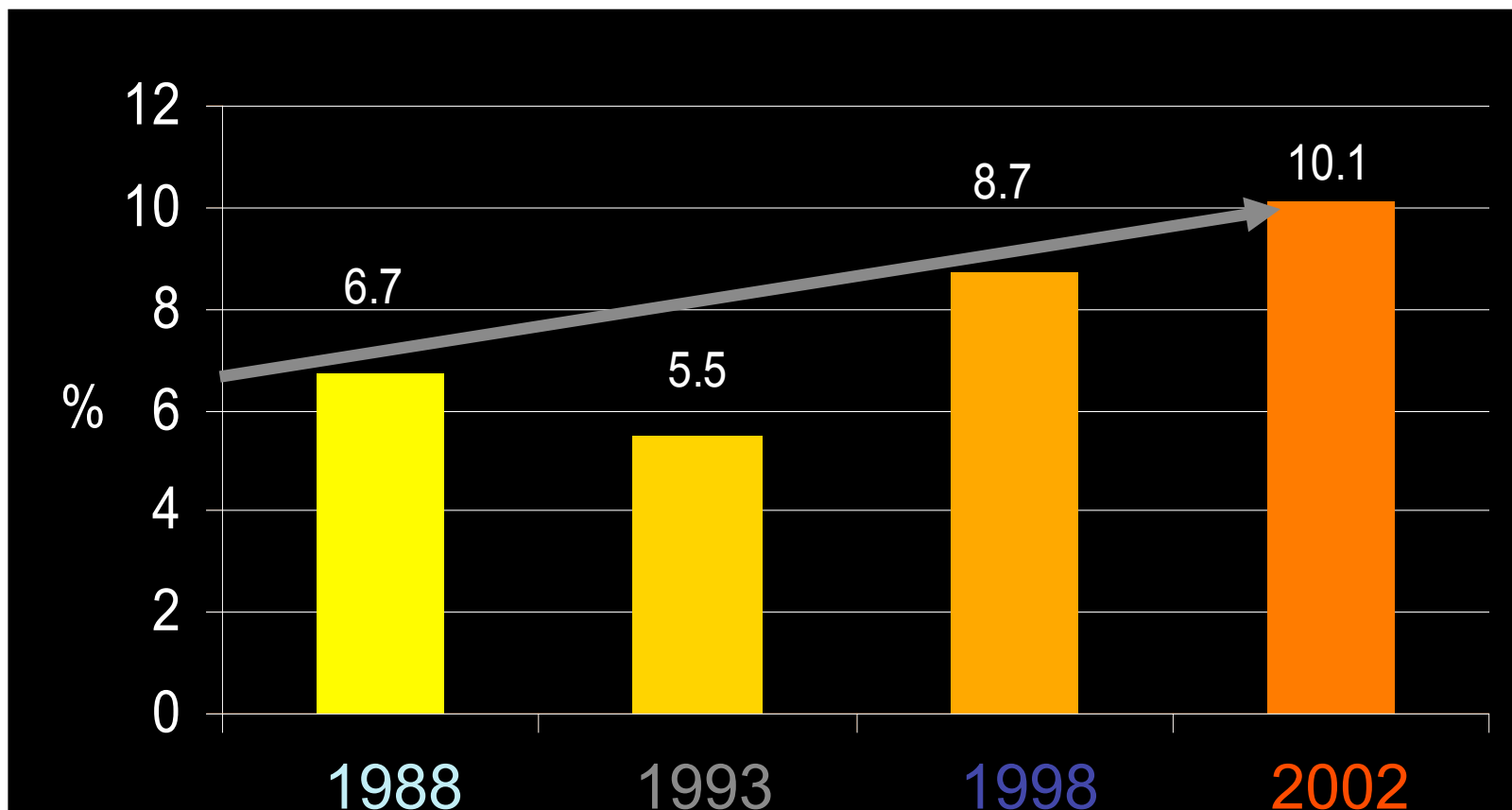
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Smoking by Teenagers

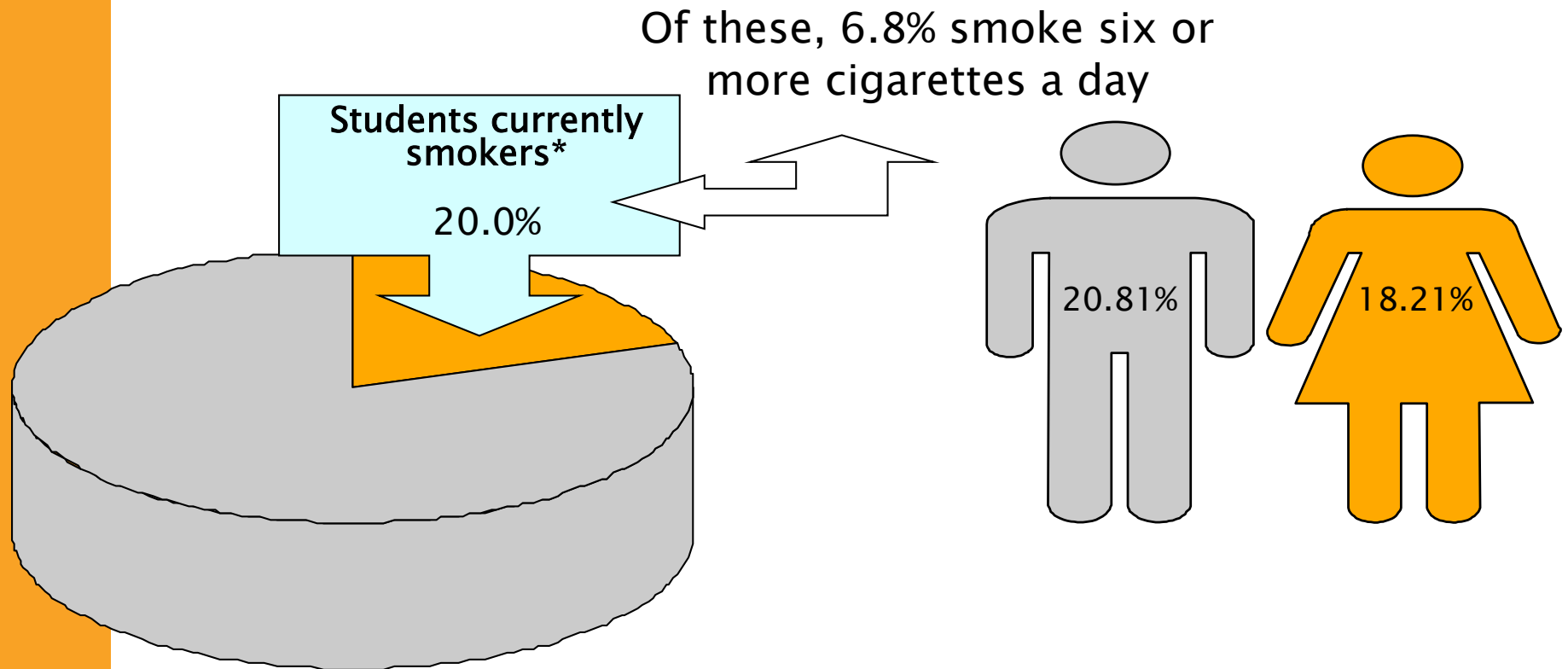


Source: Encuestas Nacionales de Adicciones (National Survey on Addictions)/SSA (Ministry of Health)
1988, 1993, 1998, 2002



Prevalence of Youngsters by Gender that Smoke

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*Those considered currently smokers are those that have smoked cigarettes at least one day in the previous 30 days to the survey.



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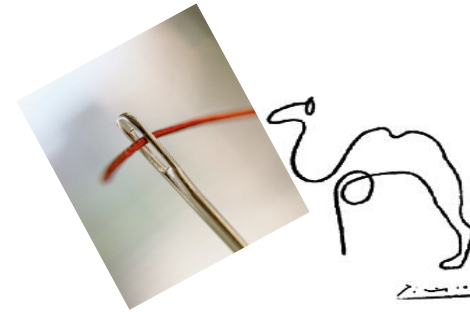
Red Alert: Teenagers

- ◆ 1 out of every 10 teenagers between 12 and 17 years old smoke
- ◆ The female to male ratio for tobacco consumption is close to 1:1
- ◆ 7% smoke for the first time at 10 years of age or younger, 45% start smoking between 11 and 14 years old and 48% between the age of 15 and 17 years old
- ◆ 44% of students live in a home with smokers
- ◆ Half the amount of students have smoked tobacco at least once
- ◆ 20% of junior high students are active smokers

Source: Encuesta Nacional de Adicciones (National Survey on Addictions)/SSA 2002; Encuesta Sobre tobacco en Jóvenes (Survey on Tobacco in Youngsters)/INSP (National Institute of Public Health) 2005



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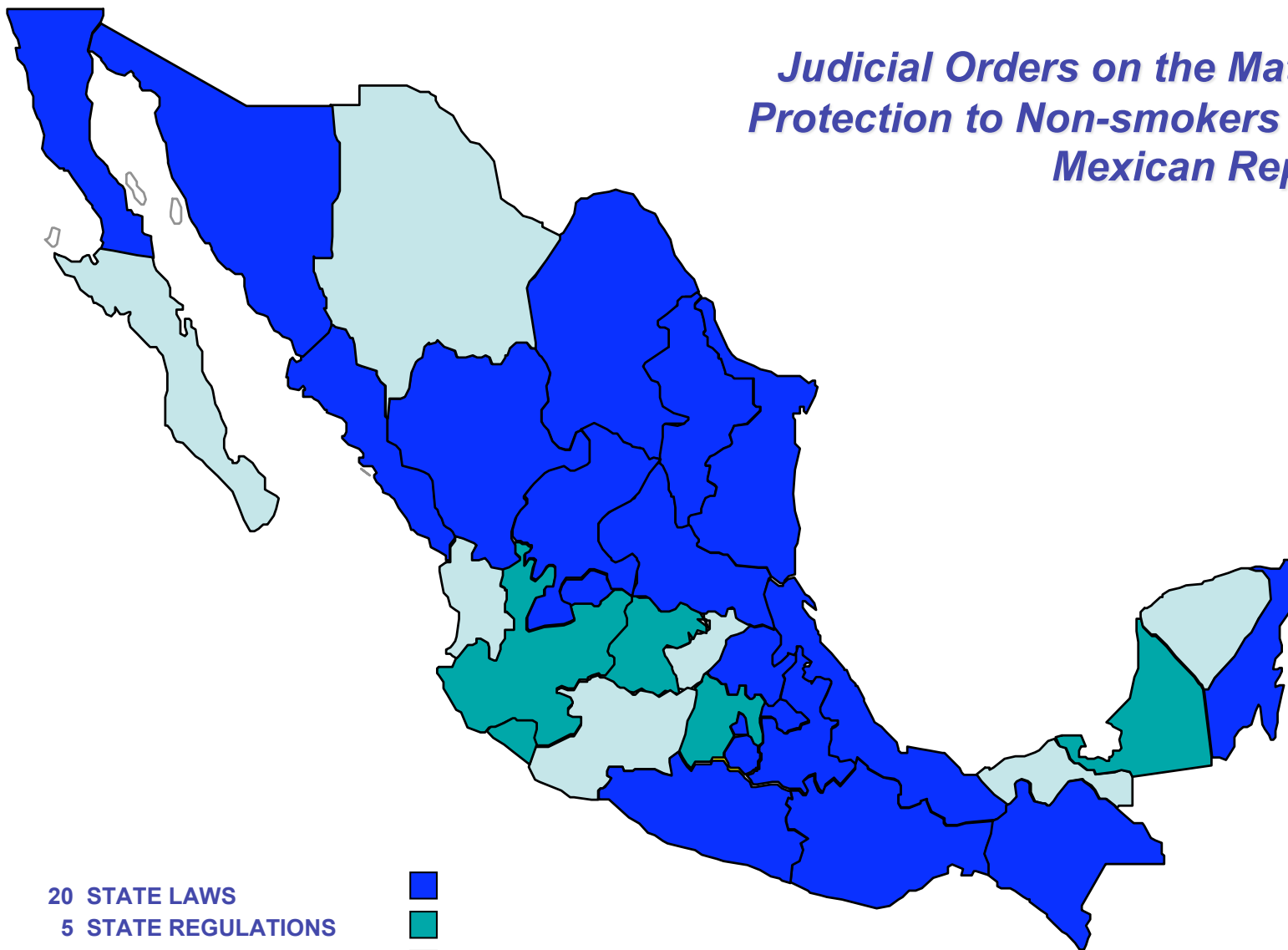
What to do and what needs to be done on the subject of smoking?





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*Judicial Orders on the Matter of
Protection to Non-smokers in the
Mexican Republic*



20 STATE LAWS
5 STATE REGULATIONS
7 OTHER ORDERS





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Actions for Treatment

- ◆ The Official Mexican Norm NOM-168-SSA1-1998 included the obligation by the physician or health professional to ask each patient about smoking in any action taken to be included in the patient's clinical chart.
- ◆ Agreement signed with the Mexican Association of General Physicians in order for 100 thousand physicians to be trained in counseling
- ◆ Currently there are 376 quitting (smoke cessation) clinics providing medical and pharmacological treatment, as well as psychological support. At each of the Medical Specialties Units with a Primary Care Center for Addictions there will be a quitting clinic totalling 686 services.



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Actions for Control

- ◆ In 2000, more forceful administrative and legislative actions were taken without being totally successful. Smoke-free federal buildings.
- ◆ The majority of the state laws and regulations only separate smoking from non-smoking sections
- ◆ Tax Policy:
 - Pays IEPS since 2002: cigarettes with filters (instead of the 85% rate in force until 1999, a rate of 110% was paid starting in 2004)
 - Cigarettes without filters: instead of the 20.9% rate in force until 2001, a rate of 110% was paid starting in 2005
 - This resource (26,000 million annually) was not exclusively used for healthcare, it is added on to the general tax funds



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Mexico: Actions for Adopting the Marco Agreement for Tobacco Control

- Signed by the Health Secretariat in Mexico May 12th, 2003
- Ratified by the Senate on April 14th, 2004
- According to Article 133 of the Constitution, it becomes a law on May 12th, 2008 when published in the Federation's Official Diary (DOF)
- The ratification was deposited before the UN on May 2004
- The agreements signed between 2004 and 2006 with the tobacco companies to create a fund for catastrophic expenditures were cancelled in December 2006 to:
- Wanting to take a more decisive and clearer step towards an anti-tobacco policy



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Future Actions on Banning Smoking





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General Tobacco Control Law

On August 30th, 2007, the initiative to promote the General Tobacco Control Law was carried out.

In December 2007, the Chamber of Deputies, and on February 26, 2008 the Senate, by a wide majority vote approved the law.

The Law is applied for:

- The sanitary control of tobacco products, their importation and exportation
- Protection against second-hand tobacco smoke



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Aspects Derived from the LGCT Approval Process

- **Widely and decidedly supported by the Executive Branch**
- **Wide discussion on the protection of the population from the toxic effects of tobacco by sanitary criteria**
- **Bases for regulating, labelling, packaging, publicizing, promoting, distributing, selling, consuming, and using of tobacco products.**
- **Measures for decreasing the consumption of tobacco, particularly avoiding access by minors to the product**
- **Major diffusion of information on the risks attributed to the consumption and exposure to cigarette smoke**
- **From it, cost-effective public policies have been designed based on evidence against smoking**
- **Origin for the creation of the National Office for Tobacco Control within the Area of Addictions**
- **Wide participation of medical organizations, associations and counsels and civil societies specialized on the topic**



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Regulation is currently being designed considering

- **100% smoke-free spaces in all closed public places**
- **Exclusive, 100% isolated areas for restricted smoking**
- **Labelling, packaging and pro- first time inclusion of pictograms**
- **Regulation of publicity, promotions and tobacco-related propaganda**
- **Regulation of places where cigarettes are sold, sales to minors, publicity in places of sale, cigarette dispenser machine sales**
- **Provide information on the products and ingredients and educating the population and the opening of the opportunity of providing quitting (cessation) clinics**
- **Identification of law-breaking situations, establishing of sanctions and mechanisms for supervision**



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National Office for Tobacco Control

- Establish the CMCT of the WHO and have directions comply accordingly in a timely fashion
- Develop strategies and action plans to contribute to the establishment of the Federal and State Laws for the control of tobacco
- Define action lines at the Municipal, State and Federal level
- Implement and give validity to the tobacco law throughout the country
- Recognize the capacity installed and that of institutional structures



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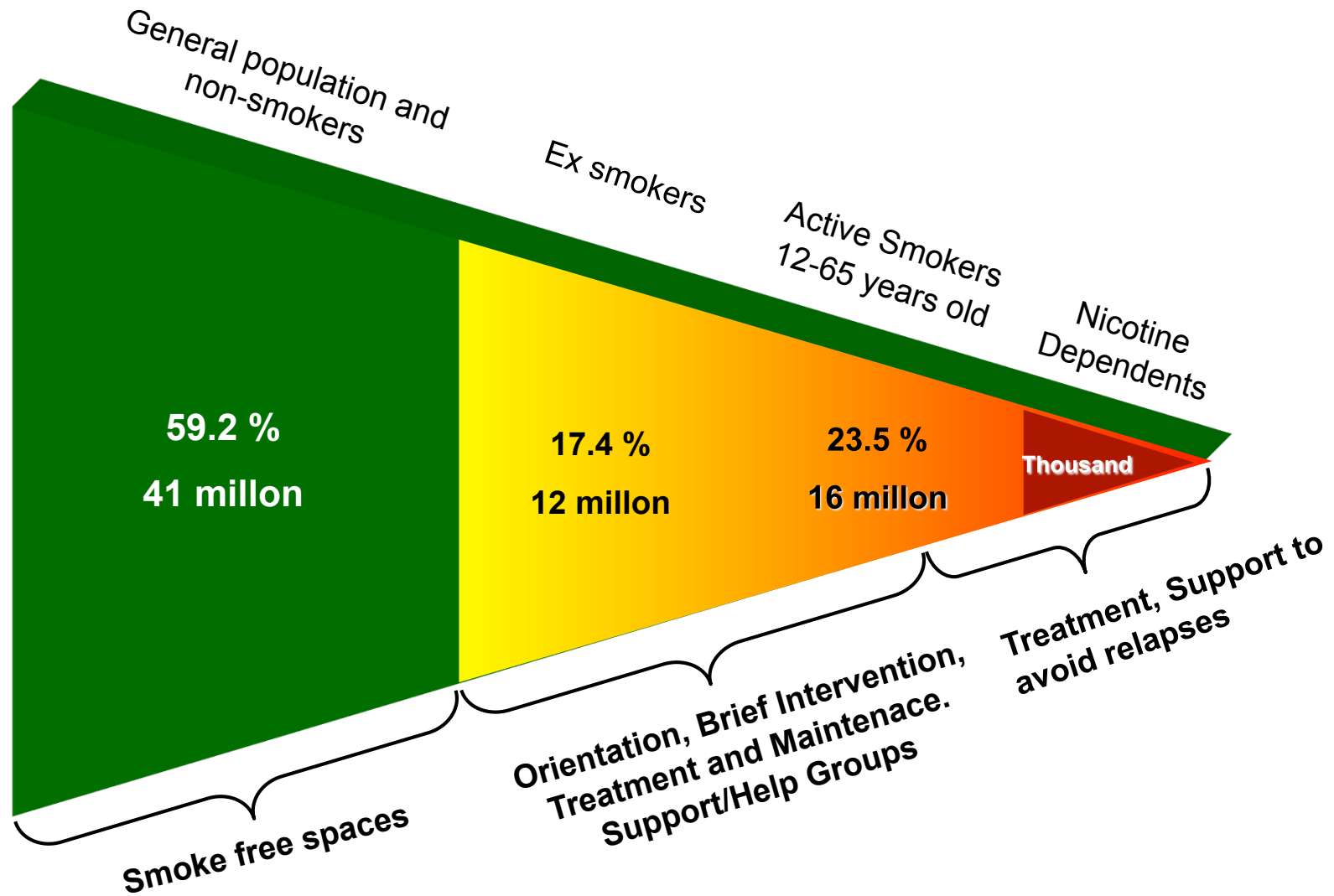
National Office for Tobacco Control

- Regulation on tobacco products
- Packaging and labelling; sale; publicity; promotion and sponsorship of tobacco products and follow-up
- Enforcement of the quitting (cessation) services net
- Support for research on the behavior in the epidemic of smoking
- Identification of the best practices for the treatment of nicotine addiction
- Surveillance of the tobacco industry's behavior



Intervention Needs: Tobacco

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Source: ENA 2002, Medina-Mora, Villatoro, Cravioto, and cols.



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Directed Actions: Quitting (Cessation) Clinics

**Services for the treatment of
smoking at each of the
UNEME-CAPA**



**300 UNEMES CAPA
+
276 CLINICS**





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