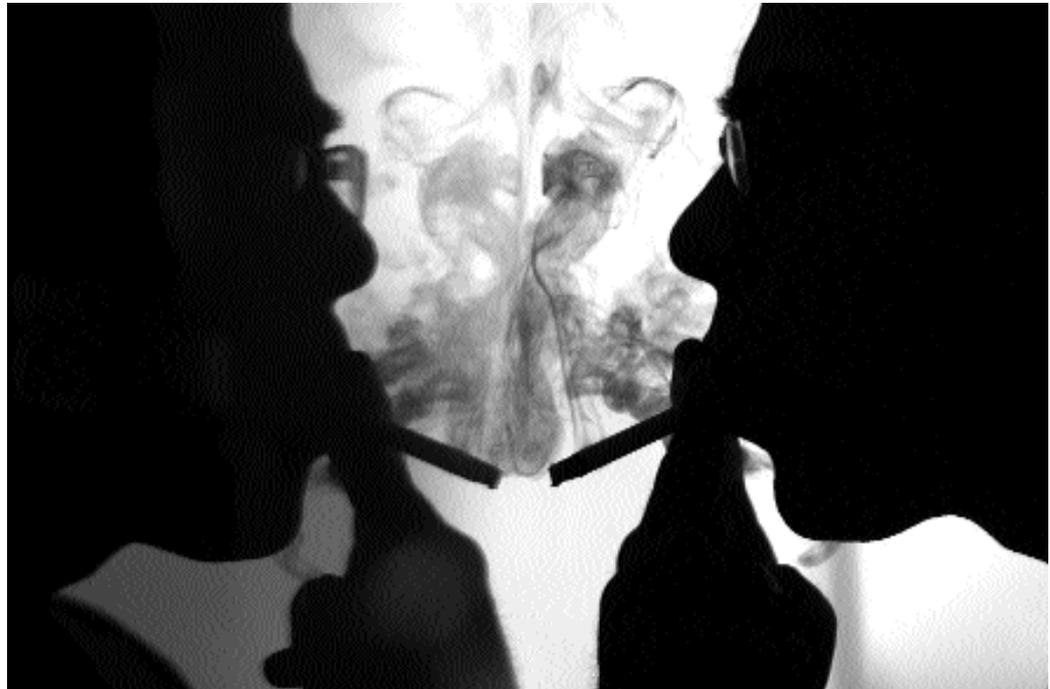


Tobacco Use, a Public Health Problem in Mexico

Public Policy Perspectives

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INTRODUCTION

Tobacco use is one of the main preventable causes of disease and death among young people and adults in Mexico.¹ Currently, 16 million Mexicans smoke; that is, one in four people over the age of 12. Approximately 26.4 percent of people between the ages of 12 and 65 are smokers; 20.3 percent, ex-smokers, and the rest (53.3 percent) are non-smokers. According to the Ministry of Health (SSA), every year, between 53,000 and 55,000 people die from tobacco-related diseases, and between 23 billion and 29 billion pesos are spent on their health care. The Mexican government, then, needs to implement effective public policies to reduce tobacco-related social and economic costs to society.

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SITUATING THE PROBLEM

Mexico is the only Organization for Economic Cooperation and Development (OECD) country in which the percentage of adults who consume tobacco grew from 1990 to 2005 (from 25.8 percent to 26.4 percent).² Prospects are not encouraging, especially for teens and women. National surveys done over the last 10 years show that the age when people begin smoking has dropped: while in 1988, people began between the ages of 18 and 25, 10 years later, the age had plummeted to between 11 and 14. Mexico's section of the World Survey on Tobacco Consumption confirms this, showing that cigarette smoking among teens increased 5 percent from 2003 to 2006.³ A National Public Health Institute study of 33,297 junior high school students showed that 25 percent of young people between 12 and 15 smoked, while four years ago, only 19.9 percent did.

The economic costs for the health sector associated with tobacco use are very high. A survey showed that it spends approximately 29 billion pesos a year treating diseases linked to tobacco consumption.

According to SSA figures, adult males consumed three times more tobacco than women. However, a sharp increase of women smokers in recent years is a matter for concern. Between 2000 and 2005, the number of women tobacco users increased considerably, totaling about four million: the habit went up from 8.4 to 10.7 percent among women from 20 to 29; 9.4 to 10.1 percent among women from 50 to 59; and 5 to 6.3 percent among women from 70 to 79. In general, the percentages tend to increase with time, since only 2.4 percent of young women between 13 and 15 smoke, but the percentage increases to 9.5 percent of those between 16 and 19.

The social and economic costs associated with tobacco use have a big impact on Mexicans' health. According to the 2007-2012 National Health Program,⁴ three kinds of diseases cause 33 percent of all deaths in women and more than 26 percent of those of men: diabetes mellitus, ischemic heart disease and cerebral-vascular disease. Tobacco use influences the development of the last two and of chronic obstructive pulmonary disease.⁵ Research indicates that people who begin smoking in their teens, consuming an average of 10 cigarettes a day and who continue at that rate for 20 years reduce their life expectancy from between 20 and 25 years compared to those who have never smoked. It is important to point out that exposure to tobacco smoke among passive smokers can cause the same health problems that active smokers experience. Four out of 10 Mexicans are exposed involuntarily to cigarette smoke in public places, which mainly affects vulnerable groups like pregnant women and children. In short, tobacco use can cause women problems during pregnancy, increase the rate of lung cancer and the probability of drug use, affect the respiratory system, causing asthma and chronic respiratory problems in children.

In addition, the economic costs for the health sector associated with tobacco use are very high. A survey carried out by the De la Riva Investigación Estratégica consulting firm and the Pfizer pharmaceutical company showed that

the health sector spends approximately 29 billion pesos a year treating diseases linked to tobacco consumption.⁶

LEGISLATION AND EFFECTIVE MECHANISMS FOR TOBACCO CONTROL

The World Health Organization Framework Convention for Tobacco Control was ratified by Mexico's Senate April 14, 2004. However, the SSA and the biggest tobacco companies (British American Tobacco Mexico and Phillip Morris Mexico) came to an agreement to establish regulations for publicity and marketing, in addition to creating a Protection Fund against Catastrophic Expenditures.

In the beginning, the tobacco industry was going to contribute 50 cents of a peso per pack of cigarettes sold between August 2004 and December 2005; 70 cents per pack for all those sold between January and September 2006; and one peso per pack sold between October and December 2006. According to statements by current Health Minister José Ángel Córdova, the tobacco industry only contributed 2.141 billion pesos, much less than expected.⁷ Actually, the tobacco industry's contribution did not even come to one-seventh of the costs accruing to the health sector due to tobacco-related diseases since, according to the National Council against Addictions, these come to 29 billion pesos a year.⁸

On December 15, 2006, the Chamber of Deputies Finance Commission approved a tax hike on cigarettes. The Special Tax on Goods and Services (IEPS) on cigarettes was set at 110 to 140 percent for 2007, up to 150 percent for 2008 and up to 160 percent for 2009. Today, tobacco ads are banned in the broadcast media and companies are mandated to add a warning that takes up half the space on the back of each pack.

Institutions like the World Bank and the World Health Organization (WHO) have stated that one of the most effective ways of controlling tobacco use is increasing taxes on cigarettes. Different analyses and studies confirm that increased taxes can prompt people to stop smoking or reduce their consumption and therefore the number of deaths associated with this problem.⁹

Just as Armendares and Reynales point out, cigarette consumption is pegged to the change in price; that is, their demand is elastic. Estimates of this elasticity vary, but in general, it is thought that in the short term, a 10-percent

increase in the real price reduces consumption by anywhere between 2.5 and 5 percent. If the price increase is continual and pegged to inflation, demand for tobacco can be reduced two times more in the long term. It has also been shown that demand is more sensitive to tobacco prices in countries of medium and low incomes, and that, in all countries, teens and young adults, low-income groups and people with less schooling are also more sensitive to price hikes.¹⁰

Mexico still has room for increasing taxes on cigarettes. In addition, comparatively, our taxes are lower than in developed countries and in some countries with similar incomes. Because of this, increasing taxes on cigarettes is economically rational because the state is responsible for making the expenditures for treating the illnesses caused by tobacco use, and taxpayers are footing the bill for this health care.

PUBLIC POLICY PROPOSALS

Today, public policies aimed at decreasing tobacco consumption have had positive results, but we have to recognize that there is still a great deal left to be done. Undoubtedly, the issue must be put center stage as one of the public health challenges to be solved in coming years. To that end, we propose the following measures:

- Increasing the number of clinics treating tobacco use in Mexico. From 2000 to 2006, the number of clinics increased 600 percent, and, according to National Autonomous University of Mexico studies, their effectiveness varies between 70 and 82 percent.¹¹
- Promoting the passage of strict, effective national legislation to create smoke-free public spaces in accordance with current existing norms. On October 2, 2007, the Mexico City Legislative Assembly unanimously passed reforms to the Law for the Protection of the Health of Non-Smokers for the Federal District, mandating restaurants, schools, offices and entertainment centers to physically separate areas for smokers. According to some research by the National Public Health Institute, this measure will have positive effects in decreasing tobacco use among young people and encourage active smokers to seek treatment to stop smoking.
- Firmly sanctioning establishments that violate regulations limiting smoking in public places and the sale of cigarettes to minors. In Mexico, 7 out of every 10 retailers sell ciga-

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rettes to minors, therefore making it crucial to identify and levy stiff fines on these establishments to make them stop doing it.

- Motivating civic organizations to participate in the fight against tobacco use. We have to use the experience and knowledge of established organizations and institutions like the Mexican Council against Tobacco Use, the UNAM, the National Institute for Public Health and others to achieve this goal. It is important to train and create incentives for researchers and specialists to participate in discussion forums, conferences and congresses in high schools and universities to disseminate the causes and consequences of cigarette smoking.
- Increasing taxes on tobacco. The Special Tax on Goods and Services increased from 100 to 140 percent between 2000 and 2007. However, the WHO has stated that for the tax to be effective, it must be between two-thirds and three-fourths of the total cost of the product. So, Mexico still has a long way to go in increasing tobacco prices to discourage consumption and be able to use tax monies to improve health care for tobacco-related diseases.
- Discouraging tobacco consumption among young people. It would be important to include precise information about the effects of cigarette smoking in school curricula from an early age. It is also necessary to design ad campaigns to disseminate information about the health problems related to the exposure to tobacco and its consumption.

CONCLUSION

Tobacco use has become a public health problem. The effective fight against this scourge hinges mainly on discouraging consumption among our teenage population since the greatest risks for smokers begin from childhood. Twenty percent of smokers begin smoking around the age of 13 and about 80 percent, before the age of 20. In contrast, in adulthood, the likelihood of becoming a smoker decreases: only 10 percent of smokers began as adults.

The costs of tobacco use are both public and private. Every year, the state spends millions of pesos treating smoking-related disease. Individual men and women, on the other hand, suffer from discomfort, disease and, sometimes, death due to tobacco consumption. Overall, the cost to our society of tobacco use is reflected in thousands of premature deaths, lost productivity and declining quality of life for Mexican families.

The state cannot sit back and do nothing in the face of the public health challenge it will face in coming years. That is why it is necessary to lower costs and promote legislation to decrease consumption, evaluating its short- and medium-term effects. **MM**

NOTES

- ¹ The points of view expressed in this article are the author's and not necessarily those of Conapo.
- ² OECD, at http://lysander.sourceoecd.org/vl=1322383/cl=14/nw=1/rpsv/figures_2007/en/page3.htm, consulted October 5, 2007.

- ³ Instituto Nacional de Salud Pública, <http://www.insp.mx>, consulted October 10, 2007.
- ⁴ Secretaría de Salud, <http://www.salud.gob.mx>, consulted October 10, 2007.
- ⁵ Cardiac ischemia is a decrease in the flow of oxygen to the heart as a result of the arteries being clogged. This can cause a heart attack and death. Chronic pulmonary obstruction is the persistent obstruction of the respiratory tract, causing lung cancer or heart problems. In both cases, tobacco use is a risk factor.
- ⁶ "Pega a gobierno el tabaquismo," <http://www.reforma.com>, consulted October 10, 2007.
- ⁷ The SSA had expected to collect about 4.5 billion pesos because of the agreement with the tobacco companies, which ran out December 1, 2006.
- ⁸ "Da industria poco contra tabaquismo," at <http://www.reforma.com>, consulted October 12, 2007.
- ⁹ See F.J. Chaloupka, T. Hu et al., "The Taxation of Tobacco Products," *Tobacco Control in Developing Countries* (New York: Oxford University Press, 2000), pp. 238-272, and G.E. Guindon, S. Tobin and D. Yach, "Trends and Affordability of Cigarette Prices: Ample Room for Tax Increases and Related Health Gains," *Tobacco Control*, vol. 11, 2006, pp. 35-43.
- ¹⁰ "Política fiscal y control del tabaco: una oportunidad única para beneficiar a la salud pública y el erario," *Salud pública de México*, vol. 48, 2006, pp. 167-172.
- ¹¹ "Evaluación del programa de tratamiento para la cesación del tabaquismo en la clínica de la Facultad de Medicina de la UNAM," *Salud pública de México*, vol. 49, 2007, pp. 247-256.

