Arch Bronconeumol. 2010;**46(8)**:402-404

ARCHIVOS DE BRONCONEUMOLOGIA

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Editorial

The Spanish Society of Pulmonology and Thoracic Surgery (SEPAR) and the New Law on Smoking in Spain

La Sociedad Española de Neumología y Cirugía Torácica (SEPAR) ante la nueva ley reguladora del consumo del tabaco en España

Carlos A. Jiménez Ruiz[a,*] and Juan Ruiz Manzano[b]

[a]*Coordinador del Área de Tabaquismo, Sociedad Española de Neumología y Cirugía Torácica, SEPAR, Barcelona, Spain*
[b]*Presidente de la Sociedad Española de Neumología y Cirugía Torácica, SEPAR, Barcelona, Spain*

In late 2005 the National Congress of Deputies approved Law 28/2005 on health actions against tobacco and for regulation of the sale, supply, consumption and advertising of tobacco products.[1] It was the first National Law broadly addressed at different aspects related to prevention and control of smoking. The Spanish Society of Pneumology and Thoracic Surgery (SEPAR) contributed to the final approval of this legislation by conducting epidemiological studies showing that the Spanish general population needed a law with these characteristics, and in addition, massively supported it.[2] Furthermore, in those days SEPAR carried out an intensive campaign in the media in favour of the law and actively participated in the discussions of the Health Committee in the Congress of Deputies showing all scientific data available to support to the new law. Also, SEPAR always expressed its concern on that the Law does not definitively address some fundamental aspects. These include: advertising, promotion and indirect sponsorship of tobacco, pricing policies, public funding of treatment for quitting smoking and the prohibition of the consumption of tobacco in any enclosed public space.

The enforcement of the law has undergone various changes in recent years, most of them caused by the lack of specificity in aspects as important as the regulation of the consumption of tobacco in places of entertainment. This has caused two major problems. On the one hand, there has been an ineffective protection of the health of nonsmokers who share leisure spaces with smokers. Therefore, for example, a study in various Spanish cities found that salivary cotinine levels in workers in restaurants where smoking was allowed increased by 20.6% between 2005-2006.[3] On the other hand, given that more than 80% of Spanish restaurants and bars are still allowing tobacco consumption without any restrictions, there has been a general relaxation in strict compliance with the Law in other areas such as workplaces and even schools and healthcare centres. So much so, that the Spanish law has been taken up by the multinational tobacco companies as an example to be followed by other European countries that are currently discussing the implementation of laws governing the use of tobacco. This extreme has been highlighted by an expert group comprising members of the Tobacco Area of SEPAR and the Nicotine Dependence Centre of the Mayo Clinic.[4] The group alerted the international scientific community that the multinational tobacco companies were pressuring governments of European countries to make decisions similar to those implemented by the Spanish government regarding the implementation of regulations governing the use of tobacco. This is what has been called the "Spanish model" or "Spanish solution". This means that our law is applauded by tobacco multinationals. Perhaps this is the symptom that best indicates the urgent need to change the current rules.

However, SEPAR has scientific data that have been made known to officials from the Ministry of Health and Social Policy, which support the need to change the current law. In a study carried out by a working group of the Tobacco Area of SEPAR, they found that overall exposure to air contaminated by tobacco smoke (ETS) decreased from 49.5% in 2005 (before the Law) up to 38% in 2007 (one year after the law was implemented), that is, they found a 22% reduction. However, exposure in bars and restaurants to ETS was only reduced by 8% between these two years.[5,6] An epidemiological study conducted on a representative sample of the Spanish general population consisting of 6533 subjects found that: a) 78% of the population surveyed felt discomfort caused by ETS and 85% of them qualified the intensity as high or very high, b) 95% of the study population was convinced that the ETS is harmful to health, and 85% of them qualified this as a serious and severe injury, c) 84% of the population studied was in favour of increasing health measures to control the consumption of tobacco in public places; d) 12% of children under age 13 who were

*Corresponding author.
E-mail address: victorina@ctv.es (C.A. Jiménez Ruiz).

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exposed to ETS had respiratory symptoms (cough, wheezing in the chest and coughing) compared with only 6% of those who were not subject to the pollutant, and e) 14% of nonsmokers exposed to ETS had respiratory symptoms compared to only 11% of those not exposed.[2,7]

The analysis of these data justifies an immediate review of the Law with regard to the articles governing the consumption of tobacco in public places. Therefore, SEPAR proposes to remove Article 8 of the current Law establishing the ability to designate smoking areas in public spaces, clearly stating that all public spaces must be considered smoke-free. Furthermore, SEPAR proposes the removal of the second provision which provides for a special scheme for small establishments and hotels and restaurants where smoking is allowed; the amendment of the third, and considers it necessary to open a discussion with experts regarding the additional provisions 6 and 8, which refer to the consumption of tobacco in prisons and psychiatric wards of hospitals.

As legislation advances in the control of advertising, sponsorship and direct promotion of tobacco, tobacco multinationals develop indirect sponsorship and advertising models that allow an ever ongoing sending of messages in favour of consumption to those who are its main target: youth and women.[8] The current regulation has been very effective in controlling the sponsorship, promotion and direct publicity of tobacco, but has been unable to control these aspects from an indirect perspective. Therefore, in recent years we have seen an increase in tobacco brands or people consuming it in television series, in movies, in magazines, and even in sections of newspapers where they interview community leaders and that play an important modeling role in society. Therefore, SEPAR considers it important to amend Chapter III of the current law and that the amendment provide for the prohibition of any advertising, promotion and direct and indirect sponsorship of tobacco.

Another important aspect in which the law should be reformed is in health care for smokers and the public funding of smoking cessation treatment. Chapter IV of the current Law makes reference to smoking cessation treatments.[1] Undoubtedly the lack of clarity of this section has been the reason why, according to data from our study, only 22% of smokers who tried to quit a year after the Law was implemented said that their decision was influenced by the introduction of the Law.[2] Furthermore, of the 1.2 million smokers who stopped smoking one year after the enactment of the Law, only 8% attributed their success to the implementation of the Law.[2] Today we know there are treatments that have proven effective and safe to help people quit smoking and also that these treatments are highly cost-effective.[9,10] Several studies have found that public funding of smoking cessation treatments achieves three important goals: a) a greater number of smokers receive health care for smoking cessation; b) a larger number of smokers try to quit, and c) a greater number of smokers successfully quit tobacco consumption.[10] In light of these data, SEPAR believes that the current wording of the Law does not specify clearly which health measures would be best to help smokers stop. Therefore, SEPAR demands the Law to clearly specify that health assistance will be facillitated to all smokers who wish to abandon the use of tobacco and treatments for smoking cessation will be financed by the public health system just as treatments are funded for any other chronic illness.

One measure that has proved effective not only to reduce the number of smokers in a population, but also to help young people not initiate tobacco consumption has been the increase in prices of manufactured tobacco.[11] It is estimated that for every 10% increase in prices, consumption is reduced about 2.5 to 5% in high-income countries. Although the Spanish government established in early 2006 the minimum tax of 55 euro per 1,000 cigarettes, with the objective of getting an increased price for cheap brands of cigarette packs, the price of tobacco in Spain is still low. Indeed, Spain is the western European country with the cheapest tobacco. For example, in France and the United Kingdom the price of cigarettes is 2 and 3 times more expensive than in Spain, respectively.[12]

On the other hand, we must banish the false belief that tobacco consumption is beneficial for a given country from an economic point of view. According to the State Tax Administration Agency in 2008, the state revenue as a result of the sale of manufactured tobacco was 9,266 million euros. That same year, the Spanish state paid the amount of 6,870 million euros to cover the direct health expenditure of only five illnesses associated with consumption of tobacco (COPD, asthma, skin cancer, cerebrovascular disease and heart disease). Furthermore, that same year, the cost that Spanish companies had to bear as a result of tobacco use in the workplace was 7,840 million euros. Of these, 76% were for loss of productivity due to the consumption of tobacco in the workplace and 20% were attributed to additional costs for cleaning and maintenance of facilities. The rest was for absenteeism due to illness associated with tobacco consumption.[13] As it can be seen, the total costs attributable to smoking in Spain for the year 2008 were 14,710 million euros and tax revenues that year were 9,266 million euros. Later that year, the Spanish state lost 5,444 million euros due to tobacco.[13] Given these data, SEPAR requests that the new rules regulating the use of tobacco should provide for a significant increase in prices of manufactured tobacco, specifying as well that this increase should be re-invested by the Spanish state in campaigns for the prevention and treatment of smoking.

In summary, we have a new opportunity to establish a really effective policy to achieve three objectives: a) prevent youth from starting tobacco comsumption, b) to protect non-smokers from the air contaminated with tobacco smoke, and c) helping smokers to quit. Achieving these goals requires the new law to provide for the following reforms: a) prohibit consumption of tobacco in all public places, b) regulate all types of promotion, advertising and direct and indirect sponsorship of tobacco, c) provide health care to smokers and fund the treatment of smoking through the public health system, and d) increase prices of manufactured tobacco and target the increase to towards campaigns and programs for the prevention and treatment of smoking.

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