# DECLARATION OF MADRID 2018 FOR HEALTH AND THE ADVANCEMENT OF TOBACCO REGULATION IN SPAIN

In spite of progress having been made, tobacco consumption is still a problem in Spain and one which requires appropriate measures to be taken

Tobacco consumption is responsible every year in Spain for the death of more than 50,000 people, people who for the most part began to smoke long before reaching the age of majority. As the first cause of preventable death in our country, it represents an obstacle to the right to health and life of Spaniards, a right recognized in numerous human rights treaties ratified by the Spanish Government, among others the *Convention on the Rights of the Child*, the *Convention on the Elimination of All Forms of Discrimination Against Women* and the *International Covenant on Economic, Social and Cultural Rights*, which in Article 12 states that countries must respect and protect "the right of everyone to the enjoyment of the highest attainable standard of physical and mental health".

The coming into force in 2005 and 2010 of two Spanish laws on smoking-related health measures contributed to a progressive denormalization of its consumption and resulted in a notable improvement in the health of the Spanish population.

The two primary effects of these laws were the decrease in the general exposure of the population to environmental tobacco smoke and the disappearance of direct and indirect advertising of tobacco products.

This contributed decisively to an increase in the perception of risk associated with tobacco consumption in the general population. In the last decade, the percentage of smokers has decreased significantly which is due to the fact that many smokers

multiplied their cessation attempts and that a lower percentage of adolescents has taken up smoking.

The achievements of these two laws are evident but this should not make us lose sight of the original limitations of these regulations nor the aspects pending implementation. Today we can observe that:

- there continue to be spaces where part of the population is exposed to environmental tobacco smoke;
- one in four people still smoke, a figure significantly lower than in 2004, but one excessively high for a risk factor that causes the premature death of half of its regular consumers;
- tobacco consumption is highly prevalent in people belonging to the most disadvantaged social levels, something that is seen both in the adult population as well as in the infant-juvenile population, and which is especially striking in the case of pregnant women;
- the Spanish public health system exemplary in so many aspects does not always offer people suffering from this addictive disorder the effective diagnostic and therapeutic possibilities available.

In a somewhat paradoxical manner, the evident improvements attained in recent years have contributed to a situation where some regulators have the perception that almost everything has already been done regarding tobacco and that now it is time to focus on other public health problems. Nevertheless, without meaning to underestimate any other health problem, whose clinical and community approach can be improved, scientific evidence unequivocally shows that:

- tobacco consumption is still the main public health problem in our country, due to the morbidity and mortality it generates as well as the reduction it causes in quality of life and life expectancy;
- there are effective tobacco control measures that have been carried out in other countries which have not yet been applied in Spain or that have been carried out in a partial or deficient manner.

The signatory organizations of this document – scientific, health and social, all of them advocating for tobacco control in Spain – are concerned about not being able to offer our population the evidence-based strategies that have been shown to reduce tobacco harm as well as not being able to provide them with adequate tools to face up to the direct and indirect pressures coming from transnational tobacco industries to take up and keep up tobacco consumption.

We are concerned about failing in particular those people who belong to the most disadvantaged segments of the population, in which a relative lack of various social, psycho-affective or economic resources means that they have more problems in dealing adequately with this disorder and that their prevalence of consumption is much higher than the rest of the population. This higher prevalence is a factor that contributes - and will continue contributing - to increasing social inequalities in health.

For all these reasons we consider it urgent that a series of measures be taken in our country and that we return to acquiring the social leadership we achieved in Europe in this field in the first years of this century.

According to the scientific evidence available, these are the main measures that the public authorities should adopt in Spain:

- 1) related to article 6 of the World Health Organization Framework Convention on Tobacco Control 2003 (FCTC):
  - harmonise upwards taxation of all tobacco products;
  - also harmonise taxation of products related to nicotine delivery and novel tobacco products;
  - increase the fiscal pressure on all tobacco products, bringing them into line with most developed countries, in order to reduce their accessibility to the most vulnerable populations, above all minors;
- 2) related to Article 8 of the FCTC:
  - demand compliance with current legislation on consumption in enclosed or semi-open public places (such as terraces, patios or transit areas in shopping centers);

- apply the current regulation on smoke-free spaces to all related products (electronic cigarettes and herbal products for smoking). All this with the double objective of, on the one hand, avoiding the passive toxicity that these products can cause, and on the other hand, achieving denormalization of their consumption in public places;
- prohibit smoking in any type of vehicle to avoid smoke exposure for all passengers, especially minors, for reasons of health and road safety;
- Extend the current legislation in accordance with the normative recommendations and guidelines of the World Health Organization on the protection of environmental tobacco smoke by means of: 1) the elimination of ambiguities (definition and delimitation of outdoor spaces, exceptions in enclosed spaces, etc.); 2) the expansion of smoke-free environments in some open air spaces (sports and entertainment facilities, platforms and stops for means of transport, beaches and other natural spaces, communal swimming pools); and 3) the explicit involvement of the different security forces involved in the control of enforcement of the Law:
- promote smoke-free homes and raise awareness among the general population regarding passive smoking, as the home is currently the main place of exposure to environmental tobacco smoke, responsible for morbidity and mortality in adults and children

### 3) related to Article 11 of the FCTC:

- introduce plain packaging, as several countries have done, in order to reduce the attractiveness of the product to minors and increase the perception of risk;

## 4) related to Article 12 of the FCTC:

- Carry out targeted campaigns on diverse segments of the population that allow them to acquire an adequate perception of risk regarding tobacco consumption. In this regard, campaigns such as the 'Every cigarette is doing you damage' one are recommended, an initiative that has proven its effectiveness in multiple countries of varying characteristics;

## 5) related to article 14 of the FCTC:

- facilitate access of the smoking population to health professionals trained in the approach to tackling tobacco consumption and in the treatment of smoking;
- finance those clinical, behavioral and pharmacological interventions which have demonstrated effectiveness and safety in smoking treatment;

# 6) related to other FCTC articles:

- reinforce and harmonise the regulation on advertising, promotion and sponsorship of tobacco products to related products, in addition including devices used for their consumption (such as pipes, water pipes, HNBs, etc.) (Article 13 FCTC):
- eliminate advertising of tobacco and related products at points of sale (Article 13 FCTC);
- reinforce the ban on sales to minors, also addressing issues related to tobacco or nicotine delivery products distributed on the internet (Article 16 FCTC).

This set of measures is not intended to be exhaustive.

Scientific evidence from various countries (who have already applied such measures) shows that their application will contribute decisively to ensuring that those who do not want to start consumption do not do so and that those who want to quit have more chances of quitting.

Most of these measures can be applied with hardly any cost, and some of them imply a highly cost-effective investment when compared with other health measures that our health system has adopted and considers irrevocable.

We ask the public authorities to prioritize the right to health and act. Smoking remains the main public health problem in our country, a problem that is avoidable and directly affects a quarter of the adult population. There is an urgent need for public authorities to establish an action plan or roadmap with the aim of reducing tobacco consumption in Spain.

To do so they can count on all our social as well as professional support.