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**39th Union World Conference on Lung Health
Plenary Session 3: from Red to Green, Nonstop: Mexico's
Switch Towards a Successful Tobacco Control Policy
October 20, 2008**

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SINEAD JONES: Welcome to the tobacco plenary of the World Lung Conference. And we are very excited today to have with us two people who have been very closely involved in the implementation of smoke-free policies in different parts of the world.

I'm going to first introduce my co-chair, Dr. Bakshi from Chandigarh in India, who will then open the presentation of Dr. Mauricio Hernandez from Mexico.

So Dr. Bakshi is the state nodal officer for the National Tobacco Control Program in Chandigarh in India. He did his MA/BS from Madras University and has been working with the State Medical Service in the Department of Emergency and Trauma Medicine at the Governmental Multi-Specialty hospital at first. And then for about the last 20 years and is now heading the same department.

Chandigarh has actually a very special status in India. It was the first city to be declared smoke-free in July, 2007 last year. And it's really a very unique achievement. It has been achieved really through the engagement of civil society and through the high-level leadership of Dr. Bakshi.

And really on very minimal resources so far. And now as the rest of India catches the trend and begins to implement the new smoke-free rules that came into force on October the 2nd, it's a very important model for looking at the successes

and the strategic barriers to implementing successful smoke-free policies across India.

So with that short introduction, I'll hand you over to Dr. Bakshi.

DR. DEEPAK BAKSHI: Ladies and gentlemen, welcome to this plenary session and thank you, Dr. Sinead, for the introduction. It gives me great pleasure to welcome you all to this plenary session with the Honorable vice Minister of Disease Prevention and Health Promotion of Mexico.

Dr. Mauricio Hernandez Avila would address us on the topic From Red to Green Nonstop, Mexico's Switch towards a Successful Tobacco Control Policy.

The topic was earlier listed to be presented by the Honorable Minister for Health of Mexico, Dr. Jose Angel Cordoba Villalobos, who somehow or other could not make it to this session at the last moment.

I am also honored to have Dr. Sinead Jones, director of the Tobacco Control Program of the Union as the co-chair person. Dr. Sinead is a well-known name in the field of tobacco control. She is a public health scientist, educated at the Queens University Belfast and Howard.

She has worked at the WHO, the British Medical Association and the International Union against cancer. Then she joined the union against tuberculosis and lung health in 2007, where she now heads the tobacco control division and

manages the union part and the Bloomberg initiative. We are honored to have you, sir, with us.

Dr. Mauricio got his medical degree from the National Autoimmune University of Mexico in 1980. He did his residency in Pathology at the Salvador Zuberan National Institute of Health Services and nutrition in 1982.

He did his applied statistics at the Applied Math Systems Research Institute in '84 and also got his Masters in 1984. He did his doctorate in 1988 in the Science and Epidemiology from the Harvard School of Public Health.

Dr. Mauricio started his career at the Mexican Ministry of Health as an attending physician in the Department of Community Nutrition at the INN as I said in 1981. During this period, he was invited to serve as an epidemiologist in the Department of Medicine at Brigham and Women's Hospital in Boston, Massachusetts in 1987 and '88.

After his post-graduation, he was appointed Director Center for epidemiological service of chronic illnesses and accidents at the Mexican Ministry of Health in 1988. In 1991, he was appointed the Director of the Center for Public Health Research at the National Institute of Public Health, and in 2004, he became its executive director.

In December, 2006 the President of Mexico appointed him as Mexico's Vice Minister of Disease Prevention and Health Promotion. Dr. Mauricio is a researcher of national and

international repute. He has authored 215 published scientific articles, authored six books and 45 book chapters.

He has also attended over 186 national and international scientific key winds and is a member of many associations. As a Director of the Center of Public Health, he achieved important results and undertook a broad initiative to improve training in public health and other academic programs which then led it to become the first member of the association of school of public health from outside the United States.

In 1996, he received the Magnal Alleman award for the young scientists in the area of health and has been distinguished as a level 3 national researcher of the National Researcher System, which incidentally is the highest level.

In 2005, he received the Alumni Merit award from the Harvard School of public Health. He has been a member of Mexican National and Social Systems since 1990 and of the National Association of Medicine since 1993.

He also sits on the Committee of Bar Medical Sciences of National Advisory Board of Science and Technology. He has researched in there fields, environmental health, cancer epidemiology, and evaluation of national public programs and public health policies.

He coordinates and internal group in charge of evaluation of programs such Secular Popular and Opportunities. These programs are the principle poverty reduction strategies

implemented by the Mexican government and they benefit over five million families. The group's work generated important information for decision-makers and for the importance of these programs.

As we all know, Mexico was the first country in Latin America to rectify the double literature FCTC in 2004, which brought about the general law for tobacco control. This was an important milestone in the Mexican health policy. The law was passed in February 2008 and came into effect on the August 28th, 2008 at national level, and is now expected to have a notable effect on containing the smoking epidemic in the country.

Regulation is expected to be ready by the end of the November. The same day that the federal legislation was approved, Mexico City also passed the Non-Smokers Protection Law that established 100-percent smoke-free environments. The regulating was approved and there is a great acceptance and compliance not only between non-smokers but smokers as well.

The Health Secretary strongly supported this legislation, the two laws strengthened the Mexican tobacco control program and will also be an effective intervention to protect the Mexican people from such harmful exposure.

The health sector is working together with international experts and the civil society in preparing a secretarial agreement on packaging and labeling under the

general law for tobacco control. By establishing a normative standard for tobacco package labeling, including the health warnings, pictograms according to the 11th article of FCDC.

Creation and launch of national office of Tobacco Control under the authority of the Health Secretary on August 28th with the aim of strengthening the capacity of federal government to build and apply public policies recommended by the FTCT in a permanent and effective manner.

Let me now invite the honorable Dr. Mauricio to take the dais with just a quotation from Ms. Margaret Mead, who said that, "Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it's the only thing that ever has."

So all we need to do is persevere and believe me, we will have a smoke-free world soon to hand over to our next generation. I am a compulsive optimist, and believe me, I have never seen a monument elected to a pessimist. Dr. Mauricio, please [applause].

DR. MAURICIO HERNANDEZ: Thank you very much, Dr. Bakshi, for that presentation. Thank you very much. And I want to thank the organizers of the conference for giving me this opportunity to present what we are doing in Mexico and how we are moving around to battle this important public health problem.

The title of the conference, From Red to Green Nonstop, really reflects that. We were in a stop policy for tobacco control and now we are totally green and moving forward. We know that the tobacco killed 100 million people worldwide in the 20th century, and unless we take urgent actions, by 2030 it will kill more than 8 million people. Tobacco will kill one billion during the 21st century if we don't take actions.

What's the situation in Mexico? It's estimated that tobacco kills prematurely over 25,000 people each year. Over the last 20, 30 years the Mexican government has implemented different measures to prevent young people from strategy smoking, to protect children and non-smokers from second hand and to help smokers to quit.

However, we haven't seen much change in the last 30 years and much needs still to be done. Our last addiction survey in 2002 showed that there were 16.3 million active smokers in Mexico, the prevalence was 42-percent for males and 15-percent for females. Young people are smoking more frequently and at earlier ages, and this is especially among young girls, in which the prevalence rate is equal to okay. The one thing in young boys.

Our legislation was weak and basically we have no enforcement to protect non-smokers and prevention activities were largely on the front. The tobacco industry is very strong in Mexico, 98-percent of the market is controlled only by two

companies, BAT and Phillip Morris Aلتrea with Mr. Slim, who is one of the richest men in the world, who happens to be Mexican and I will address later.

The market value for that is 3.6 billion in 2004. It's a very powerful, highly influential and it's an industry that is constantly violating agreements and regulations as we will show. Tobacco money is complicated because it's mixed with the Mexican telephone company, which is also a monopoly and tobacco companies are investing large amounts of money to clear the public image. And legislatures, legislators have been openly accused to taking tobacco money.

Just to show you an example of how the tobacco companies have penetrated the minister of health, in the last administration there was an agreement signed with the two largest tobacco companies, the bridge to American tobacco Mexico and the Philip Morris Mexico in order to contribute to the health sector.

The agreement included minor restrictions on the sides of billboards, restriction on the surface areas for the back for health warnings, specific exclusions of graphic warnings, the pictograms, and disclosure of ingredients always respect the industrial secrets and confidential information.

And in return for these agreements, the industry agreed to contribute one peso, which is almost ten cents of U.S. at the time for Paxil to be contributed to the health reform, not

directly linked to the disease costs by tobacco and almost impossible to be used for prevention.

The agreement as it violated the formation was cancelled by Dr. Corto, the new Minister in 2006. We face difficult problems in Mexico because of the influence of the tobacco company. This is an excerpt taken from the WHO bulletin, which praises Mr. Slim as one of the telecommunications magnates from the world and he also owns the tobacco companies in Mexico and he is creating a foundation to help health in Latin America to fund health-related products. He also provides funding to the ministry of Health.

What's happened in Mexico? Well, restaurants were required to reserve for example, 30-percent of space for non-smoking, so basically everybody was exposed to tobacco. Restaurants and bars close space were not smoke free and owners seek the protection against the anti-tobacco law. Young children, including babies who are allowed into smoking areas, we didn't have strong support from legislatures. Actually, these are two legislatures smoking in the chamber where it supposedly is forbidden. And tobacco was very, very active.

The panorama in Mexico by the internal tobacco controls was described as success. Mexico is a huge market where the smoking incidence is high and socially health related concerns, almost none exist. Like I've been told, blah, blah, blah, this

is the tobacco industry that describes very well Mexican situation.

So, in 2005, we received the first dirty ashtray award, because of our violations to the FCTC. So this is how we started in 2006. So resume of the situation, Mexico in 2006 social, very high social premises to tobacco, weak tobacco legislation with almost no enforcement, few restrictions for tobacco products, Mexican tobacco industry very powerful and highly influential. Mexican Minister of Health was in friendly terms with the tobacco industry, and we had a failure to pass every attempt of legislation for tobacco control.

So, how to do it? Here comes the commercial for Empower, and we have been doing this over the last six years so we are now really happy to have a conceptual framework. Monitor tobacco, protect people from tobacco smoke, offer help to quit, warn about the dangers of tobacco, enforce bans on tobacco advertising and promoting sponsorship and raise taxes on tobacco.

In addition, to this we'll say that we need to do an in depth study of the local political forces, and I will end the conference saying that we also need in power and forty, with an F for funding, and you will see why.

Well, let me show you the part of the activities that we have been doing. It's terribly important and it's essential to monitor tobacco use prevalence, to stress the need of public

reactions to see the impact of policy interventions and also to monitor the industry marketing and promotion.

So, in 2000, we started at the national level of public health tobacco research group that has been working since then with a couple of different funding organizations and different funding from the Mexican government. We started by building the scientific evidence of local importance. This is very special because it means that the country is starting to get ownership for the information and we switch for a change from what this and international agenda to our national agenda.

So we publish several articles and also in terms of for the public and also for the scientific through the journal as public. And in Mexico, who is the journal for public health in Mexico.

So we have been showing that tobacco consumption in Mexico has been relatively constant and we have been able to show that our policies have been implanted in the past were not highly successful. We've seen a small decrease in the number of cigarettes smoke at the party are stationary in six or seven for men and women.

We have also been able to address the issue of how many deaths there are in Mexico in relation to tobacco. And we have estimated 70 deaths every day and according to 25,000 per year.

This is a very powerful message in terms of the public health agenda for Mexico.

We have also been able to show that the different health professionals are not changing or abandoning tobacco use which is also why don't we have these role modeling for the physician. We can see here in medical students male and female smoke more or less the same as the general population and we will see that for females it's even higher and this is the same for oncology students.

We have also been battling the prevalence rates for smoking in children with GYDS version for Mexico. We have done two rounds now in 2003 and in 2006 and this has been one of the most powerful pieces of information to tell the public that young people are smoking at a higher rate and we see 19-percent for 2003 and we saw a remarkable increase to 24, almost 25-percent for 2006.

Because being a remarkable piece of information for lobbying against tobacco. It shows that even in Mexico tobacco companies loving for the junk consumers.

We have also been about to demonstrate that young people are starting every time earlier. We have a decrease from an average years of 21 years in the cohort of 1930 and has decreased to 13 to the cohort of 1980. And this has also been a powerful piece of information for our work against tobacco

because we also know that early smoking increases by several folds, the risk of using other drugs.

Advertising of the industry, although, industry claims not to do advertising for teenagers, we you can see here that the average 16-percent or 20-percent, depending the year, of students report that they do have a promotional object with a cigarette brand in any of the cities, which go around the country from the north into Quanaah, which is near us to the south, which Chikomalquichis [misspelled?] in the border with Belize or Tap Chula, which is in the border with Chiaps.

Why is this? Well, we have been also monitoring the industry of theories, and here you can see the event sponsoring from the tobacco companies. They are sponsoring rock concerts for young people. To be able to go in you have to be over 18, but many young people get the advertisement and as you may imagine this is not a certified over-age attendance.

So once you've been there, you get cigarettes for free and then every time you get that your house the promotions for their concerts. How do I know? Well, my son went as a spy so we know what they're doing. So this is in all the bulletin boards in Mexico and all over the major cities.

They also violate the law. Here is how they do it. This is the outside of the secondary school, and there shouldn't be any advertisement for tobacco, and we see there is a big billboard from Marlboro just outside the school. And we

have been able to monitor these folks and to report them to the media. And no wonder why this young kid is smoking just after he goes out of school.

We have also opened a laboratory that allowed us to do some measurements in environmental nicotine and in the blood, saliva and urine that helps us to monitor the passive smoking that has been also very successful in terms of policy data.

This is a very simple technology that can be used and placed in any smoking place in order to detect what are the levels. With this we have been able to show that the nicotine levels in the blood of kids it correlates very well with the levels of the parents, so we were able to show that with this biological indicator that there is the parents smoking determines the kids exposure which may be not big news for this audience but it is being used for audiences of the general public.

We have been also to estimate whether the costs for tobacco are attributable to disease in Mexico for we estimate that at least \$100 million US for disease, myocardial infarction, vascular disease and pulmonary COPD and lung cancer. This also became a very useful piece of information when we did the lobbying in the chambers to pass legislation in terms of the cost.

How much are we paying for tobacco and although this is something that is known that tobacco cause disease, to relate this to a country cost estimate is very, very important.

We have also been building and instructing in our tobacco control capacity and we've got done courses with the cooperation of the Bloomberg Global Tobacco Institute from 2001 to 2007. These have been regional courses.

Now to protect people from tobacco, we have been advancing the idea that there is no safe level for second-hand smoke and that has been very good. Only complete smoke free in the areas with those sections will work and this is what we are battling right now with our rulings if we should go completely smoke free or not.

And we have also shown that smoke-free laws are popular and that the worker safety is an important part of it. With this data, for example, we show the different levels in the different environments and as you see schools are almost free of tobacco smoke. Hospitals, not surprisingly, because we saw the estimates of the medical students and also attending is at the high level.

Government offices, which should be completely smoke-free, the last ten years, are still not smoke-free, almost at the level of airports. Restaurants and bars are very high in exposure, and that also helps us to estimate how many deaths in

bars and restaurants could be attributable to second-hand smoke and also was a good piece of information for the legislation.

We showed these data which were very powerful. These are the containing levels, ordinary levels of sorry, of non-smokers. Just about went into a discotheque in Cornavaca Mexico. You see most of them are under the non-smoking level, 5.1 nanograms. Then this is the levels after they left the discotheque, they are almost five times more, 5.1 to 41.5 nanograms. So this also was a very good piece of information that was locally to show how bad was the environment of the close environment of where the smoking was allowed.

After the law has been passed in Mexico City, we are also looking at the different economical impacts and this is very important data because the entertainment industry will always say that they are going to lose large amounts of money, mainly because tobacco companies have convinced that to go smoke-free would be bad for business.

And here I show you a little bit of information that we have already collected. This is employment and we see in the upper line we see the employment for restaurants and we see there is no change basically after the law was implemented. The prediction of the industry was that we would go down and it was a bankruptcy of the restaurants. Same happens with restaurants.

In terms of profits, we see it's something to see an increase in profits for restaurants almost the same with no impact for restaurants. So this is very important information because with this we are supporting to extend our legislation to the whole country.

The hope for empower or for health to say that nicotine is very addictive. We know that it is one of the most addictive drugs, and healthcare systems has a prime responsibility to treat tobacco dependence.

In Mexico we are working to have tobacco dependence treatment as part of the Social Security and this will be enacted in 2009 so people will be able to get free care for their dependence.

Warn about the dependence of tobacco. We know in Mexico that most people are still unaware of the full range of health risks of tobacco and anti-tobacco smoking ads will help.

We have been working with our pictograms, not jet, this reflects and economical experiment done with children with young people to see what was the image for the pictograms for be the worst and we identified that the one that speaks about spontaneous abortion has the baby in the bottle, causes the most impact in this population

And we have also published the results for the adults and the ones we now have identified which are the pictograms of

the databases that we have that could be of more impact and could also affect smoking rates.

We have been working very closely with the chambers, with the Deputy and Senate representatives. We have two symposia in the chambers to convince him about the law. We give humorous workshops in support of the law we had international experts like Jonathan Summit, we have the Mexico City Health Commissioner, Manuel Mondragon, who was actually supporting the law at Mexico city.

We have Hector Ramirez Vadova, who was the head of the health commission within the deputy's, researchers and people from myself, people from the Administration of Health. All of us supporting even though we are from different parties, supporting the laws for different things.

We run different interviews in the papers with the Minister of Health supporting clearly and openly the health initiative and the law. And we also participate with NGOs. And NGOs are extremely important for this and thanks to the Bloomberg Foundation many of these NGOs received funding and were able to help us in the activities.

This is part of the campaigns that we put out, the anti-tobacco campaign. Here you can see there is the smoky part of the restaurants coming out and every restaurant has this in place in Mexico City. And while this is the phrase of

Manuel Mondragon, who as the Health commissioner at that time it was possible because it was necessary.

The E for empower enforce bans of tobacco advertising and promotion and for social. This is very difficult because of the different rights that legal products have and this is I think one of the holes that we still have to fix in Mexico.

Ten billions of dollars have spent each year to promote tobacco. Bans are effective but only if they are comprehensive and if they are heavily enforced and I'll show you why in Mexico this has not been the case.

Enforcement is essential. This is one of the leading newspapers, this is the report for the World Cup and you can see in the bottom line the advertisement for good cigarettes and this is based almost all young people in Mexico will read. This is forbidden but the tobacco companies prefer to pay the fines and to continue report.

This is a local newspaper l'Universale. Also showing the teenagers receive vouchers to exchange for free cigarettes and advertisement for cigarettes when you are 18 years old. Every boy that turns 18 receives a letter from the company saying, "Now you are old enough to decide and you can do it."

Raising taxes. This is one of the most powerful arms we have to decrease tobacco consumption. Especially among the young people and the poor. And taxes must keep pace with the inflating and increasing consumer spending power.

Tobacco taxes are generally well-accepted and tobacco taxes increase revenues. They help to pay for tobacco control and for other special problems. Mexico has tried to increase taxes for a long, long time and every time we fail. And here you can see this cartoon where there is a Marlboro man putting some food to the legislature which is portrayed as a donkey and there was a big scandal about how openly this happened in the last administration.

That declaration or bringing forward this problem helped us to stand and we were successful in passing the legislation and the taxes.

The relationship between price and tobacco consumption in Mexico helped us to achieve this. As you can see in the blue line, the price has been increasing, then was dramatically reduced. It was a tax cut done by the government and then from them, which is not easy to see, we see a steady increase in cigarette price and we see a smaller impact but decreasing relationship with consumption. So this has been also very useful information.

What's the impact of taxes? Well, we have a small increase in 2000 and 2006 of 10-percent and we can see that the price of cigarettes or the extended report price increase from 21 to almost 24, from 20 to 22 for national and from 17 to 19 for national front. And we see this is a cohort of smokers that we are following.

We see the decreased number of cigarettes per day followed by the increase in price. So this data also helps legislators to take this issue because we can push it or we can say that with local data taxes are good for public health. And on the other hand they don't affect the total amount of revenues for the state because they still get more money in the short term.

So let me show, getting to the politics of how we did this change in Mexico, we have just a small idea of what's the Mexican political system. We have a presidency who has no vice president. He is directly elected for six years, no reelection. So the president has no incentive for being reelected.

He has extensive authority and his cabinet is too. And then as power we have a Chamber of Congress, an upper chamber which is the senate with 128 members and the lower chamber which has a total of 500 members. Three hundred members for single-member districts and 200 that are only elected through proportionate representation.

Now this why do I show you this? Well, it's very difficult and this is a problem in many countries because we have to work at least with 500 deputies to convince them that this is very important and 128 members of the senate in order to pass a law. And this also opens a lot of possibilities for the tobacco companies.

The two chambers have among their mandates have to pass laws and impose taxes. So it's very difficult. So we have three parties, PRI who has been the party in power in Mexico for 70 years and then starting in 2000 we came as a democratic state. Has not a major role and expressed concerns regarding agriculture, the workers and workers within the tobacco industry.

The we have Partido National, who promoted the legislation at the federal level. This is a right-wing party. And then we have the PRD which is a left-wing party who promoted legislation within Mexico City.

And I think that was the secret to success, because we had voluntary—without the voluntary agreement we have the left and the right parties, which have the majority aligned with the same position in public health and that's how it passes.

How does it work? The minister of health put initiatives to the legislative, which is the deputies. This goes and gets discussion within the health commission, the health commission gives a vote and if it's approved then it goes to the president. If he doesn't approve then it is discarded.

Most of the previous initiatives were discarded in the health commission. This time we pass for the plenary and the plenary obtain both majorities and then it went to the Senate. We also work heavily with the Senate, the senate brings it to

the plenary. We held an open election so that we knew who was voting against or in favor.

And then from the plenary if it is rejected it goes back to the health commissioner. Any change, a comma or anything that gets changed in the plenary reinitiates against the process. But we were able to pass it through the plenary. Then it went to the president and the president is also subject of many influence of powerful industrials as I mentioned, but the president also signed the law and now we have our law.

I show you this also because this is very complicated that way where the cigarette companies can go with the commission. The plenary can convince the economic group of the plenary to say, no, this is going to have a higher cost or this is going to be bad for employment and then it goes back. So we eventually have it.

Now the Mexico City legislation was not a big problem because the PRD which is the party in power has the majority. They don't need an alliance for both so the law just went through as it can, and it was enacted on February 26th.

This helped us very much because when we went to the plenaries not the initiative of the other party because they were working with Mexico City at the same time. So we were able to do the argument that they could have different public health concern for people living in Mexico City or people

living within the whole country and eventually we won the number of votes.

So what is the law? The law has three important things, packing and labeling of tobacco products that really make specific the use of pictograms. Tobacco advertising and promotion and sponsorship is forbidden and here we have a small hole. Somebody would say it's a big hole but for we were we think it's a small hole. But we are working to recover it, which is that tobacco advertising is still allowed in the magazines which are directed to people who are 18 and over.

We also have important things about illicit - well, we have the protection from a special group so all the enclosed spaces will be free of tobacco smoke. We have illicit trade and participation and we have also very good sanctions and fines that will be provided.

What are we facing right now? Well, we face a resistance from the intellectuals in Mexico. Many key opinion leaders, key figures reacted badly against the law and they were covering something that nobody knows, but is called the smoker right to smoke.

And it was very difficult and they call it for disobedience of the law. Eventually this came through and we didn't experience a bit. Restaurant owners were convinced of major losses were coming, and this is mainly the work of the industry and it's very important if you are doing this to have

the money to insist them of the impact on business to be able to show that there's no impact that's happened in many places in the world.

Here with the help of the Pan American Health Organization we were able to convey legislators and also restaurant owners from all ways who have been passing the similar law and to help this chance to talk with equal to equal, I think, was very very helpful.

Right now we are battling about the spaces that could be allowed for smoking. What is an open space? At the patio are people allowed to smoke? This is one of the key points right now that there is stopping the publication of the final ordinance.

AS I mentioned, the 18 and other whole in the publicity and advertising. The law doesn't address the issue of price and tax and so then we still have to work on that area and we are hoping to concentrate our tobacco control office very soon.

Is the law popular? The law is very, very popular, as you can see in favor 18, 68-percent of smokers were in favor, 93-percent of non-smokers were in favor, 93-percent of non-smokers are in favor in total 82-percent of people are in favor of the law.

And that's also very helpful in terms of passing the law and putting pressure into the legislation. Minister of health has come out very openly in favor of the law, and this

is what we are facing in Mexico. We didn't have these sitting as they have here in Europe and we are learning how to monitor.

So Mexico I think in conclusion is now on track to achieve an effective tobacco control policy and I think over the years we have been following the Empower structure and it is good that it is put in place as theoretical background.

We do recommend the Empower fort because we need to fund the way to control activities. It is very difficult in all the countries to find funding for tobacco control activities. It is not a list of priorities of many of the governments.

Globally we know that the tax revenues are 500 times higher than what is invested in tobacco and here I want to express Mexico's conductive to the Bloomberg initiative to reduce tobacco use. The Bloomberg funds came very timely and were really key to do the lobbying and to help the NGOs to do all the work to pass legislation.

We need to keep working. We still are many many countries who have not yet benefited from these proof policies to reduce tobacco use. We see that we are at the most 5-percent of the country helps implement free environment or cessation programs of health warnings or other enticing bans.

So the amount of work that we need to continue doing is very great. And I want to close just with the phrase of Dr. Chan, to all the governments around the world to action and to

implement the policies in the empower package. However, I want to stress that it has to be an Empower Forte, with funding because otherwise is very difficult to do. So thank you very much for your attention [applause].

SINEAD JONES: Well, thank you very much, Dr. Hernandez, for that wonderful, I think, inspiring and informative presentation. We did start a little bit late and even through it's 9:25 past we'd like to leave some time, I think, for questions from the floor. I'm sure there will be interesting questions given the depth of this experience.

I would ask people to come to the microphone please, when they are asking questions, and just to very briefly state their name and the organization that they're from. Thank you. So please, the floor is now open for questions. Okay, Dr. Sully, please.

DR. SULLY: Thank you for the very informative lecture. Do you have any special programs in this Empower for the deprived populations, the marginalized and prisoners? And you mentioned a Quit program. Do you have any details on your Quit program, for instance, the percent of Quit against relapsed? Or we are just starting so these programs are not still in place.

DR. MAURICIO HERNANDEZ: Well, the smoking in Mexico is in the prognosis is very, very low. We have 2005 subsidized cigarettes for these people that were at least one-fifth the

price of the regular tobacco products, but that has been changed. So that subsidy has been gone and since then we've seen a major decrease in the smoking prevalence in among the poor in Mexico.

Petitioners, I do not know, I have nothing to say about that. We don't have any program for non-smoking in partitions, and the Quit Race, I don't have it with me. We have a 1800 quit line and we have clinics we have more than 250 clinics all over Mexico who are working on cessation.

And we, as I said right now, cessation is not covered by the social insurance so we are working in changing the interventions, the list of interventions of social insurance to be able to include cessation as a treatment.

Right now the only thing people get for free is counseling so we are hoping to change that by 2009.

STEVE KNOWLAND: Steve Knowland from the American Lung Association. Doctor, could you clarify what the price per pack for cigarettes is in Mexico or the average price?

DR. MAURICIO HERNANDEZ: The average price is more or less 17 pesos which would be around \$1.60 U.S. more or less.

STEVE KNOWLAND: Thank you.

SINEAD JONES: Other questions? If not then, perhaps I'll just do a very brief summary of the session. I think it has been really inspiring to listen to how much change has

happened in such a short time in Mexico and the amount of leadership, I think the leadership that has gone into that.

Also I think interesting as we look at the challenges of implementing the FCTC in other countries to think what the Empower package has to offer. We very much, I think, also recognize that support for implementation of programs is a very important element.

I think that as we move forward, and I would really like to know, Dr. Hernandez's viewpoint on this, as we move forward do you think that there will also be opportunities to imbed tobacco control into the public health budgets of countries and the health agenda of countries with the funding more sustainable?

DR. MAURICIO HERNANDEZ: Well, that's a difficult question to answer. I mean, the problem is that tobacco control doesn't appear as a priority in many countries. It is seen as something that is there and it is hard to budget. To tell you, for example, in Mexico we are facing a war against drugs, illegal drugs. We are investing large amounts of sums to try to control a problem which is even less important than tobacco and it is hard to bring this in to.

Now with the new administration I think we have a better understanding of the problem with tobacco and we hope to see in the following years more budget and especially the act to create the office for tobacco control. That's a very

important step because then we will guarantee the funding for many years.

SINEAD JONES: Thank you very much. Any last remarks from the audience? If not then it just remains to me, again, thank Dr. Hernandez for a wonderful presentation. And to thank my co-chair, Dr. Bakshi, for his participation today. Thank you all [applause].

DR.DEEPAK BAKSHI: Thank you very much.

[END RECORDING]