



Report on national policies on tobacco smoke-free environments in Chile

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Introduction

Prevalence of smoking in Chile

The findings of the surveys carried out by the National Drug Control Council (CONACE), which have been conducted every two years from 1994 to 2000, are the most reliable source of data on drug consumption in Chile.

Table 1 shows levels of prevalence in the years in which the survey was conducted.

Year	Men	Women	Total
1994	45.4	36.3	40.5
1996	45.3	36.2	40.4
1998	47.2	35.5	40.9
2000	47.7	39.5	43.2

These data show the rising trend in tobacco use between 1994 and 2000, with a higher increase among women; this is even more striking if we compare these data with those from the survey carried out by Joly in 1971, which found prevalence among women to be approximately 20%. Prevalence has thus doubled in 30 years, and the gap between men and women has narrowed.

As for prevalence in the last month, broken down by socio-economic status, it is noteworthy that people of lower socioeconomic status smoke most; prevalence among them is 44.1%, while among people belonging to the higher strata it is 41.7%.

The first National *Quality of Life Survey* (2000)* yielded results that are consistent with those of CONACE. Prevalence in the last month was 40%, and was higher among men (44.1%) than among women (36.6%) and among urban dwellers (40.9%) than among the rural population (32.6%). Significantly, 32.5% of smokers said they intended to give up smoking the following month, evidence of willingness to change behaviour. A total of

* National Quality of Life Survey 2000. Dept. of Epidemiology and Dept. of Health Promotion. Ministry of Health, Chile.

90.6% of those who had given up smoking had done so six months or more ago.

As regards exposure to environmental tobacco smoke at the workplace, smoking was completely prohibited in more than one-third of workplaces and restricted in the other two-thirds, although the figures reported by men and women differed. Smoking in the home was restricted by family agreement in 48.5% of homes (Table 2).

	Men (%)	Women (%)	Total
Workplace	29.1	43.8	34.8
Home	46.5	50.1	48.5

Data obtained by CONACE in association with the Ministry of Education and the Ministry of Health, which carried out surveys in 1995, 1997, 1999 and 2001 among 12- to 18-year-old schoolchildren found that on average the age at which they smoked their first cigarette was 13, with a trend towards smoking the first cigarette at an increasingly low age.

The 2001 survey showed that annual prevalence (tobacco consumption in the year prior to the survey) had risen by two points, a rise attributable to the 4.4 point increase in smoking among adolescent girls. However, last-month consumption declined between 1999 and 2001, as is shown in Table 3.

	Boys		Girls		Total	
	Last year	Last month	Last year	Last month	Last year	Last month
1995	54.3	33.3	58.3	36.3	56.3	34.8
1997	53.5	44.4	59.7	48.2	56.6	46.4
1999	51.4	41.1	55.8	44.7	53.7	43.6
2001	51.2	38.7	60.2	45.0	55.7	41.8



Mortality from tobacco in Chile

The Ministry of Health's Department of Epidemiology has indicated that according to mortality statistics for 1999, 16.9% of total mortality in that year was attributable to tobacco (13 888 deaths); 8888 (64%) were from cardiovascular disease, 2917 (21%) from various forms of cancer and 2083 (15%) from respiratory illness.

Description of the policy of action

One of the priorities of the National Health Promotion Plan for the six-year period 2000–2006 is to «check the surge in risk factors for health». One of the most important of these is smoking, on account of its numerous harmful effects on health.

The shift in the approach to smoking as a social phenomenon is one of the strategies to have proved most effective in controlling this global epidemic. The strategy's aim is to portray smoking as socially unacceptable behaviour, which is a private rather than a public habit.

As part of this strategy, in early 2001 the Ministry of Health (MINSAL) introduced its «Tobacco-smoke-free environments» programme (TSFEP) as a means of encouraging this change in social behaviour. The programme was first implemented in the health sector and efforts are under way to introduce it into the education sector and other areas, both public and private, and especially those participating in the National Health Promotion Council Vida Chile.

The legal basis for the programme is Act N° 19 419 of 9 October 1995, which relates to smoking issues. Significantly, article 7 of the Act lays down absolute or partial prohibitions on smoking in different premises in the following terms:

Places in which smoking is completely banned

Smoking is never permissible in:

- public or collective means of transport;
- school classrooms;
- lifts;
- place in which explosives, inflammable materials, medicaments or food are manufactured, processed, stored or handled.

Places in which smoking is partially banned

Smoking is not permissible, except in specially designated areas:

- hospitals, clinics, surgeries and health posts;
- theatres and cinemas.

Government offices, including municipal offices

Two categories are distinguished:

- premises on which services are provided to the public: smoking is completely prohibited;
- premises on which services are not provided to the public: smoking is neither prohibited nor restricted;

Restaurants, bars, hotels and other establishments

It is left to the establishment to set aside smoking and non-smoking areas. Any such divisions must be sign-posted.

Despite the law, tobacco control has not improved since its adoption, hence the need for programmes to encourage and make possible its implementation and to complement it. The Tobacco-smoke-free environments programme contributes to this objective through participation, dialogue and agreement among all the members of a given institution, both smokers and non-smokers.

Objectives and strategies

The aim of TSFEP is to initiate a process leading to the restriction of smoking on the premises of a firm, organization or institution, whether in the public or private sector. This is achieved by reaching a consensus among all the institution's members. At the same time, the population is encouraged to agree not to smoke in the home.

The programme has the following objectives:

- To help improve the overall quality of life of the population, of workers and civil servants working indoors by protecting them from environmental tobacco smoke and by protecting non-smokers.
- To encourage changes in the image of smoking in society, so that from being an acceptable habit it becomes an unacceptable one.

Strategies

The strategies required to achieve these objectives are described below.



1. Publicity

A range of information, publicity and social communication actions will be used to inform and educate the population about the programme the reasons for it.

2. Education

The programme undertakes educational activities targeting different population groups (schoolchildren, health-service users, workers, families, social organizations and citizens). At the same time, human resources educational and training activities are carried out.

3. Social involvement

The decision to establish a tobacco-smoke-free environment requires the active agreement of the members of the organization concerned. At the same time, mechanisms for ensuring effective social control of the measures adopted need to be set up.

4. Research

Research is carried out to identify the prevalence of and attitudes towards smoking among civil servants, workers and members of the institutions or firms taking part in the programme.

5. Accreditation and certification of tobacco-smoke-free environments

Those institutions and firms that successfully establish tobacco-smoke-free environments will receive accreditation and certification from the Ministry of Health. The Ministry will draw up and periodically issue a directory of firms, organizations or institutions certified as providing tobacco-smoke-free environments.

6. Internal regulations

The following proposals are made, although each institution is free to adapt them to its own circumstances:

- No form of tobacco consumption is permitted within the building, the surrounding area and its entrances and exits at any time of day.
- Signs will be put up to inform people that they are in a tobacco-smoke-free environment and that smoking is prohibited.
- The decision as to whether to establish a smoking area will be taken at the local level. The area shall be located on premises on which no one is required to remain or to pass through for their work.
- All academic, social, commemorative or other events held on the premises of the establishment shall be declared «Tobacco-smoke-free events»; this shall be

specified on the invitations and on the premises on which the event is held. It is suggested that relevant documents and advertising mention this policy.

In parallel to the introduction of TSFEP, the Ministry of Health has encouraged other tobacco-control activities in Chile, of which the following are noteworthy:

- A number of Chilean primary health care services have begun to provide counselling on giving up smoking.
- Communication campaigns:
 - targeting health workers, in conjunction with the implementation of TSFEP
 - targeting children in the 5th and 6th grades of basic education in all Chile's State-subsidized schools, in association with the Ministry of Education (MINEDUC).
 - The Quit and Win competition, an international initiative that Chile joined in 1998, and that has also been held in 2000 and 2002. The competition has proven very popular with the population, and in the three years in which it has been held, it attracted 12 000, 14 000 and 17 000 participants respectively.

III Phases of implementation

- Forming the task force

The first assignment undertaken by the Ministry of Health, in December 2000, was to form a task force of professionals with broad experience in tobacco control. The task force set about formulating TSFEP and carrying out a situation analysis in health facilities that were already free of tobacco smoke.

This work resulted in a document setting out the technical guidelines needed by health teams to implement and develop the programme. In 2002, on the basis of these technical guidelines, TSFEP was approved as an official MINSAL programme.

- Management commitments

In January 2001, the programme was included among the management commitments made by health services to the Ministry of Health; this gave strong encouragement to its implementation as it is included in the health services annual grading exercise. In 2002, TSFEP targets were also included as management commitments.

- Training



A two-day national training workshop was held in April 2001 for managers of health teams in health services throughout Chile who are responsible for implementing and running TSFEP in all Chile's regions.

The existence of a network of experienced health promoters made it possible to incorporate rapidly the management of TSFEP into the health services at the regional and local levels.

A summary is given below of the technical guidelines of TSFEP for application at the local level, together with its methodology and accreditation system.

1. TSFEP methodology at the local level

The methodology breaks down into seven basic stages, which may be implemented gradually or in accordance with the plans adopted by the local teams.

The stages in the establishment of a tobacco-smoke-free environment are as follows:

- Stage 1. Formation of the team, formulation of the plan and awareness-raising
- Stage 2. Survey application and analysis
- Stage 3. Education and communication
- Stage 4. Changes to the physical environment
- Stage 5. Official declaration
- Stage 6. Communication and publicity among the community
- Stage 7. Keeping the goal in sight

It is estimated that it may take approximately five months to establish a tobacco-smoke-free environment in a particular workplace.

2. Accreditation and certification

Accreditation by the health authorities of premises as offering a tobacco-smoke-free environment is part of the regulatory role of the Ministry of Health.

Accreditation is awarded after the competent authorities have ascertained that the suggested activities have been carried out and after verifying the information provided to and the impact on users and the community.

Accreditation is the responsibility of SEREMIS (Regional Ministerial Secretariats) and of Chile's health services; the health services are responsible for health facilities and SEREMIS for other sectors.

The basic criteria for accreditation are:

- performance of specific activities: smoking surveys, designation of the smoking area and signposting;
- presentation of formal documents: a record making the policy official;
- public information activities: registers of press releases, internal memos, etc.

Once an institution, establishment or firm has received accreditation, it will be certified by the Ministry of Health, which will officially issue it with a certificate.

Accreditation is valid for two years, and may be renewed by the health authority once it has ascertained that the criteria are satisfied.

A directory listing all the institutions that have been accredited and certified as TSFE is available for distribution; the directory will be widely distributed and will encourage more participants to join the Programme.

Results

Quantitative achievements

By 30 August 2002, a total of 502 establishments had been accredited as TSFE; 425 of them were in the health sector, 57 in the education sector, 11 in the local government sector and 9 in the private sector.

As of this year, an effort is being made in the education sector through the Schools that Promote Health strategy. The management commitment made to the health sector is to declare 30% of schools as tobacco-smoke-free areas. The target for the current year is over 200 schools; we are confident that this goal will be more than achieved.

A major effort has also been begun with several institutions belonging to the VIDA CHILE network (National Health Promotion Council).

- Carabineros de Chile: the institution's hospital submitted itself to the process and was accredited as a TSFE; it was certified as such in June 2002, in the presence of the leading authorities of the institution and of MINSAL.
- The National School Assistance and Grants Board (JUNAEB), the National Sports Institute, the National Customs Administration, the University of Chile's Institute of Nutrition and Food Technology (INTA)



and the Catholic University of Chile, through its healthy university strategy, have begun the TSFE accreditation process and are each at a different stage in the process. We are confident that they will receive accreditation and official certification this year.

Degree of acceptance of the policy's impact

The policy has been well received. This was shown by the diagnostic survey in which people were asked their opinion about smoking restrictions in the workplace; out of a total of 20 848 persons surveyed countrywide, the level of approval was 89.5%. According to those responsible for promoting the policy in Chile, subsequent acceptance has been quite satisfactory.

Impact on non-smokers

Those who benefit most from this kind of policy are undoubtedly non-smokers; tobacco smoke is eliminated from the workplace and they are able to breathe better-quality air. In addition, the working environment is improved thanks to the existence of a consensus among all the workplace's employees, which makes it possible to resolve conflicts between smokers and non-smokers.

Documentation on the policy

For the moment, we have the data from the baseline survey carried out when the policy was introduced in the health sector. The study, which was carried out among 20 848 health workers throughout Chile, has provided the programme with a firm foundation by enabling us to determine the prevalence of smoking in each establishment, together with attitudes towards smoking, both in the home and in the workplace. It is worth mentioning that 89.5% of those interviewed supported the restriction on smoking. It is intended to repeat the survey in each establishment two years after the introduction of TSFE in order to obtain objective information on developments in premises on which the policy has been introduced.

Other results of the programme

The cost to employers of implementing the programme has been very low. The only expense they have had to bear has been to adapt some premises as smoking areas for those who wish to smoke.

The other costs, both for the advertising campaign and educational material for employees, were met by the cen-

tral Ministry of Health. Training for health teams was also provided by the TSFE programme's central team through a national workshop held in early 2001, and through subsequent support in the form of supervisory visits and direct communication via e-mail or the phone.

For the health sector, the direct per-capita cost of the TSFE programme was approximately 800 pesos (US\$ 1.1).

Conclusions

Lessons for decision-makers

In our opinion, the following factors contributed to the satisfactory implementation of the TSFE programme:

- the reliance of TSFE on a national health promotion policy, with a country plan and goals, which had already been under way for four years;
- the programme's design and features (technical, political and strategic) were adapted to the Chilean situation and relied on participative and decentralized management suited to the national cultural context;
- its association with an incentives system; management commitments subject to evaluation and grading by the health services. Certification by Chile's supreme health authority (the Ministry of Health) served the same purpose;
- a competent and recognized management team with technical and political support;
- the existence of real goals attainable within the time frame;
- the availability of sufficient funds to implement the programme.

The key moments in the intervention

At the national level, the crucial phase was the implementation of the programme, together with planning and drafting of documents.

At the local or establishment level, the diagnostic survey and awareness raising among employees, on which the future development of the programme depended, were crucial.

At every level, support from the relevant authorities has proven vital for the programme.



Strengths

The incentives: the management commitments and certification, which represented a meaningful ritual for institutions or establishments;

Resources that might have improved the intervention, had they been available

So far, the programme has made do with one full-time and two part-time employees. Fresh and increased human resources would make it possible simultaneously to address other spheres of work, such as other workplaces, especially in the private sector, public spaces such as airports, road and sea transport terminals and restaurants, and to extend coverage in important areas such as municipalities.

Requirements in order to generalize the experience

We believe that it is perfectly possible to generalize the experience, provided it is adapted to local circumstances. It is an easily adaptable model, as the basic tools are simple and may be used after basic training.

It involves little expense and a cost-effectiveness evaluation is easily carried out.