

'TIL DEATH DO THEY PART: SPAIN'S LOVE AFFAIR WITH THE CIGARETTE

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Introduction

Illness, loss of life, and mounting health expenditures due to cigarette smoking is one of Spain's most challenging problems. According to a 2002 World Health Organization report, nearly 35 percent of the population smokes daily; and nearly half of young women ages 18–24 are smokers. (World Health Organization...; Amos and Haglund, pp. 5–6) Within the European Union, Spain has the third highest smoking rate (as of percentage of population over 15) behind Greece and Germany. (Fuchs, p. 1) Relative to the rest of the world, Spain's smoking habit, which amounts to 2,510 cigarettes per person per year, places her twelfth on the list of countries worldwide. ("Smoking around the World...)

The prevalence of smoking in Spain today has an interesting history. Not until after the death of Francisco Franco, the 36-year dictator of Spain, did the popularity of smoking rise, especially among women. When Franco's reign

ended in 1975, the cigarette became for many a symbol of liberation and sophistication.

In this article I explain the various problems associated with smoking in Spain. I first discuss the tobacco companies' aggressive advertising campaigns that took advantage of the social and economic changes in Spain during the 1970s and 1980s. Next I describe what the Spanish health care system should expect as a result of the increase in smoking that took place twenty to thirty years later than in most other countries. Finally, I explain the progress of the Spanish government's current anti-smoking programs and describe successful programs used in other countries that could save lives and limit health expenditures if implemented today.

Why Spain is Going Up in Smoke: Freedom's Legacy

Smoking became prevalent in Spain later than in the U.S. and other European countries,

in part because of Franco's regime. His dictatorship, which ended in 1975, has been described as oppressive, with measures such as censorship of speech and press, insufficient due process for crimes, and a strong governmental and military presence throughout the country. Women in particular felt the social force of Franco's regime. They were expected to abide by a strict Catholic moral code and had to be wary of how they appeared and behaved in public. For example, if a woman had a child out of wedlock, she was expelled from the home, often resorting to prostitution. In addition, married women did not have control over their earnings, children, or property. Even if a woman needed to leave the home for a few days because of domestic violence, it was seen as an act of desertion. (Hooper, pp.165–67) Furthermore, because Spain was not part of the common market, the country was secluded economically from the rest of Europe, and many of its citizens lived in poverty. (Hooper, pp. 196–207)

Once Franco's regime ended, the Bourbon monarchy was restored and the economy was revitalized. A vibrant sense of freedom and independence surged among the Spanish people, creating a culture of excess. As John Hooper in his book *The New Spaniards* said, "Perhaps in no other European country has such a sweeping political transformation taken place between two bursts of breakneck economic growth, and against a background of profound change in social values." (Hooper, p. 198) During this time, Spaniards were described as "archetype ex-convent schoolgirls." (Hooper, p. 198) By the 1980s, many Spaniards had incomes that allowed them such indulgences as smoking, drinking, and drugs. (Hooper, pp. 198–99) The tobacco companies seized this opportunity to market their products to the newly liberated and wealthier Spaniards. They produced advertisements that suggested cigarettes were the symbol of liberation, representing a changing, more independent Spain. And it worked. (Amos and Haglund, pp. 5–6)

Realizing that women were the most sensitive to their campaigns because they had experienced the greatest cultural change, the tobacco companies aggressively targeted them, soon dismantling the earlier cultural prohibition against their smoking. The companies

increased the market share of so-called "blonde," or light, cigarettes (which women preferred), and there was also an increase in international tobacco brands. (Shafey et al., p.1) Advertisements included brands like "Kim," which portrayed women in masculine roles, exuding confidence. (Amos and Haglund, pp. 5–6) In one such campaign, Kim cigarettes featured a self-assured woman in a pilot's jacket with the caption "asi como soy" ("it's so me"). This advertisement, much like the "Virginia Slims" advertisements in the U.S., pushed the cultural and social changes by portraying women in liberated roles and by using cigarettes as a feminist emblem. (Shafey et al., p.1) Smoking was no longer a social taboo, but rather a key to social and cultural equity and, like many other activities, was no longer just for men. (Amos and Haglund, pp. 5–6)

The targeting of women proved to be profitable for tobacco companies; the smoking rate among women increased from 10 percent in 1970 to 17 percent in 1978, and to 27 percent in 1997. (Amos and Haglund, pp. 5–6; Forey et al., p. 581) According to Spain's Health Minister, Elena Salgado, smoking by women has doubled in the past 25 years, and nearly 30 percent of pregnant women are smoking. ("Smoking in Spain among Women on the Rise") Smoking by men, which has historically been higher than by women, also proved to be profitable for the tobacco companies. According to Forey et al. in *International Smoking Statistics*, the highest smoking rate among males in Spain, for all age groups, occurred during 1978, standing at 66 percent. (Forey et al., p. 580) Nearly a decade later, according to a 1987 national health survey, 66 percent of men aged 45 to 64 smoked. (Fuchs) Overall, the daily cigarette consumption per person in Spain increased by 30 percent between 1969 and 1986. (Forey et al., p. 580; Shafey et al., p. 1)

Within the new monarchy, Spaniards had improved economic opportunities. Their disposable income rose to a level comparable to that in other countries in Europe. (Hooper, pp. 196–207) With money as well as freedom, they indulged themselves in the current drugs of the time, and Spain thus became a smoking nation.

Health and Economic Consequences of Tobacco

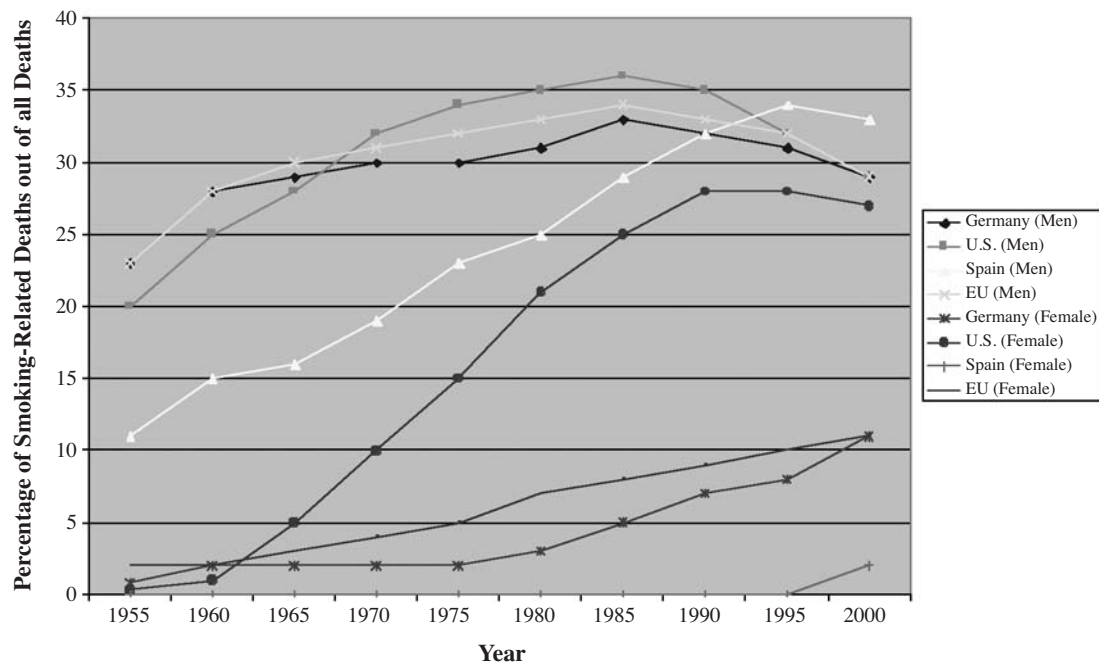
Tobacco use is the most significant avoidable source of disease and premature mortality. In the European Union alone, over 500,000 deaths per year are caused by tobacco consumption while globally 4 million die annually from tobacco. Smoking leads to significant death and disease from cancer, cardiovascular disease and respiratory disease in adults as well as severe health effects in children exposed to tobacco smoke. The death toll caused by tobacco consumption can and must be avoided. (Byrne and Brundtland, p. 1)

The severe effects of smoking are clearly seen in the U.S., which experienced a rise in smoking during the 1950s and 1960s similar to the rise that Spain saw in the late 1970s and 1980s. In the U.S., cigarette smoking kills an estimated 442,000 each year, and an estimated 25 million alive today will die early deaths from smoking-related illnesses. Over thirty years after the largest increase in smoking occurred

in the U.S., a peak in smoking-related deaths occurred from 1985–90. (Peto et al., p. 512; “Reducing Tobacco Use...”) In addition, it is estimated that smoking costs the U.S. economy nearly \$157 billion in economic losses per year. These numbers foreshadow what could be in store for the Spanish health care system. (“The Health Consequences of Smoking...”; Forey et al., 580) Currently, 50,000–60,000 Spaniards die each year due to smoking. (“Smoking to Be Banned on RENFE...”) While other developed nations have seen a decline in smoking-related deaths since the 1980s, Spain has seen a continual rise. If Spain’s smoking rate continues at this pace, its smoking-related deaths may become one of the highest in the EU. (Joossens, p. 1)

Because the greatest increase in smoking in Spain began later than in the U.S. and other countries in Europe, the percentage of deaths attributed to smoking was significantly less prior to 1990. As shown in Figure 1, 1995 is the year when the percentage of deaths in the male population of Spain began to surpass the rates in the U.S., Germany, and other EU countries. Overall, smoking-related deaths among people

Figure 1
Percentage of Smoking-Related Deaths for Ages 35–69



Source: Peto et al. pp. 20, 206, 452, 512.

aged 35–69 years have increased from 14,000 in 1975 to over 20,000 in 2003. (“Spain”) As seen in Figure 1, compared to the U.S., to all countries in the EU combined, and to Germany (which has a higher smoking rate than Spain) alone, Spain is the only country whose smoking-related death rate for both genders has been on the rise in the past decades. (Peto et al., pp. 20, 206, 452, 512)

Without the implementation of successful smoking cessation programs, the cost of illness in Spain will continue to increase. Medical costs and frequency of patient visits are already creating a drain on Spain’s publicly run health care system. Without intervention, the Spanish health care system can expect to spend nearly €4,286 million a year treating smoking-related illnesses. According to Gonzalez-Enriquez et al., even a small decrease in smoking could possibly save the Spanish health care system €386 million over 20 years. (Gonzalez-Enriquez et al.; World Health Organization...)

In addition to the health damage that smoking brings to the smoker, the residual effects of passive smoking are costly as well. It has been claimed that breathing secondhand smoke for only 30 minutes each day can increase the risk of a heart attack by 50–60 percent. (Gupta; “Secondhand Smoke Poses Even...”) With nearly 53 percent of Spaniards being exposed to smoke, Spain should expect in the near future to battle a large array of health problems from this indirect danger. (“The Challenges of Spain”)

Ironically, Franco’s oppressive rule did his citizens a favor. Smoking-related deaths as a proportion of all deaths prior to 1990 were 40 to 50 percent less than in the U.S. and the EU, undoubtedly due to the cultural prohibition against women smoking and the poverty that kept men from smoking as much as men in other developed nations. As Figure 1 shows, for Spanish women the smoking-related death rate is extremely low.

Since most modern-day Spanish smokers have been smoking for 30 years or less, their chances of renewed health are greater if they stop now than is the case for other Europeans who may have smoked longer. The Surgeon General of the U.S. reports that former smokers have longer lives than continuing smokers,

and quitting smoking before the age of 50 can reduce one’s risk of dying from lung cancer by 50 percent. (“The Health Benefits...”)

Anti-Smoking Programs

The Spanish Health Ministry has developed a number of anti-smoking initiatives aimed at both current and potential smokers. Such initiatives include taxation, legislation, anti-smoking advertisements, and public health programs. I discuss the more important of these below.

Taxation

One way of curtailing the sale of cigarettes is to increase cigarette taxes. Although the initial reason for cigarette taxation in most countries was to increase revenue, there is evidence to suggest that taxing cigarettes is also an effective way to curtail smoking, especially among youth, minorities, and low-income smokers (who are most sensitive to price changes). Demand elasticity analysis suggests that as little as a ten percent increase in price can lead to a three to five percent reduction in smoking. (“Reducing Tobacco Use...”) However, tax increases might not affect the larger population of Spaniards who can afford high cigarette prices. Although Spain’s cigarette tax is 73 percent, it still ranks in the bottom portion of countries in the EU. (“Reducing Tobacco Use...”) For example, a pack of 20 cigarettes in Spain costs €2.5 compared to €5.21 in Ireland. The government has expressed a desire to increase taxes, but it also fears that the action will drive up Spain’s already high inflation rate. In 2002 the Spanish government asked the European Union finance ministers not to include tobacco prices when calculating Spain’s monthly inflation statistics, but the finance ministers declined Spain’s request. (“Inflation Dogs...”)

Unfortunately, there is a practical incentive for promoting cigarette sales because the tax yields public revenue. Drastically reducing smoking could therefore require an increase in other taxes. (Mathews) However, in the short run if prices increase by a greater proportion than consumption decreases, revenues will continue to increase. This has happened in the U.K.

where cigarette prices have progressively risen over the past three decades. (“The Costs and Consequences...”)

Legislation

In addition to taxation, the government has utilized other legislative tactics in an attempt to decrease smoking. Such legislation includes raising the minimum age for buying cigarettes and regulations on certain tobacco advertisements. (“Inflation Dogs...”) The Health Minister of Spain implemented many of these laws in 2002, but by then such laws were commonplace in other countries.

In order to step up its lagging effort in the anti-smoking campaign, the Spanish Health Ministry has developed a 5-year plan of attack scheduled to start in 2005. It begins with a smoking ban in the workplace, starting with Parliament and the Health Ministry itself. To ensure that this legislation is enforced outside the government, workplaces will be fined from €3,000–600,000 if they do not comply. In addition, Spain has recently instituted a ban on smoking on RENFE (Spain’s national railway company) for trips shorter than five hours. (“Smoking to Be Banned on RENFE...”) In the past, the cars on this railway system have been clogged with smoke. Furthermore, as of 2006 a plan to put a hold on the issuance of new tobacco licenses for vendors will be in place, along with a possible ban on smoking in public places. If this ban is implemented, it will significantly decrease the inhalation of passive smoking. (“Tobacco News and Information...”; “Spain’s Breath...”; “Spain to Ban Smoking...”; Adler, p. 1)

Further anti-smoking efforts are taking place in the courtroom. In 2002 the regional government representing Andalusia, the southern region of Spain, declared a class action lawsuit against the tobacco industry for the millions of euros spent on smoking-related health care. (Socolovsky, p. 1) The tobacco companies involved in this pending lawsuit are Altadis, Phillip Morris, Brown and Williamson, JT International, and CITA. The regional health authorities in Andalusia have spent nearly €300 million a year on smoking-related health care and are looking to recover some of these costs (although only a fraction — €1.8 million) in

this first step to fight the tobacco companies. Nearly 300 patients are testifying in court against the tobacco companies in the case. (Socolovsky, p. 1)

Inconsistencies in Public Policies

The government’s plans to curtail smoking are complicated because Spain produces as well as consumes tobacco products. In fact, Spanish farmers are among the top five producers of tobacco for developing countries in the EU and are also recipients of tobacco subsidies. In the EU alone, 350,000 tons of tobacco are produced from 80,000 tobacco farms. (“EU Policy towards...”) Spain receives the third largest percentage of tobacco subsidies in the EU at 12 percent, behind Italy and Greece. (Illman, p. 1) Although the European Union has been making efforts to curtail tobacco subsidies, Spain has been opposed, finding itself in an uncomfortable situation because Spain is financially supporting a product whose popularity it hopes to decrease.

In response to such contradictory policies, the Council of Agricultural Ministers has begun making plans to revise the Common Agricultural Policy (CAP). This EU revision is designed to reallocate tobacco subsidies within the next ten years, but the revision has faced opposition from such countries as Spain which are concerned with how the money will be allocated. The Council hopes to “de-couple” subsidies so they are not dependent on production. By the year 2012, tobacco farmers should receive 50 percent of their former payments while the other 50 percent will fund alternative rural development programs that are not linked to tobacco production. (“De-coupling Tobacco...”)

Public Health Programs

Another battle against smoking is being fought with public health advertisements. On packs of cigarettes appear such warnings: “Smoking may reduce blood flow and cause impotence” and “Smoking may damage sperm and reduce fertility.” These warnings, which cover nearly one-third of the cigarette pack, are intentionally startling in order to grab the

smoker's attention. The Spanish Health Ministries hope to reduce smoking by attaching these provocative public health messages on the culprit itself: the cigarette pack. (Fuchs, p.1) However, instead of scaring smokers into quitting, there is reason to believe that the messages may have backfired. There has arisen a counterattack by angry smokers and vendors making a joke of the whole campaign. For example, some vendors are selling their own humorous warnings to place over the government issued ones that read "Living is fatal" or "Driving may endanger your health." It is also possible to buy leather cases especially for the purpose of hiding the health warnings. (Fuchs, p. 1) According to journalist Dale Fuchs, this angry reaction "is typical in pro-cigarette Spain, where the national government is busy drafting anti-smoking laws to keep up with EU directives, while folks blow smoke in its face." (Fuchs, p. 1)

The public health warning scheme may well fail for two reasons. First, the warnings seem to miss the target audience. For example, a thirteen-year-old girl is not too concerned with smoking's damaging effect on sperm, as the warnings on the cigarette box states. Secondly, as is known by health psychologists, the use of fear is usually an ineffective tactic for stopping or preventing a bad health behavior. (Taylor, pp. 66–68) The new labels on the cigarette cartons were designed to spread the message that smoking damages health, but smokers have reacted with anger, defense, and even laughter. (Fuchs, p. 1)

Recommendations for Spain's Anti-Smoking Programs

In a 2004 survey administered by the European Network against Smoking, it was found that of all 25 EU countries, Spain and Germany were the slowest to combat their smoking problems. (Joossens, p. 1) Since the Spanish population's smoking addiction is so prevalent, a comprehensive anti-smoking campaign would seem imperative. By following programs that are successful in other countries, the Spanish government could improve its anti-smoking programs in several ways: revamp public health advertisements, increase taxation

on cigarettes, and end tobacco farm subsidies.

In Ireland and some cities in the U.S., smoking is prohibited in public places. Although this may create opposition among the 70 percent of Spaniards who think smoking in bars and restaurants is perfectly justified, the prohibition has been surprisingly effective in Ireland and many cities in the U.S. ("Spain's Breath of....") Since the public smoking ban in Ireland, smoking rates have come down from 31 percent in 1998 to 25 percent in 2004. In addition, the average age at which the Irish have decided to quit has fallen from 48 to 43. ("All Eyes on Ireland's...") Ireland's Fine Gael agriculture spokesperson Billy Timmins suggests that EU countries like Spain should cease altogether providing tobacco farmers with subsidies. According to Timmins, 70 times the amount spent on anti-smoking programs is spent on tobacco farming subsidies in the EU. He argues that the elimination of tobacco subsidies would save the EU nearly 1 billion euros per year. ("EU Policy towards Tobacco...").

Market research has found that Spanish smokers start their habit between 14 and 20 years of age, but that once a person reaches age 20 without having smoked, the probability of his smoking is extremely low. (Ahn and Molina, p. 1) Therefore, comprehensive anti-smoking advertisements and bans that specifically target this sensitive age group have the greatest chance for success.

The "truth®" advertisements in the United States have been shown to be an effective way to target teens by exposing the truth behind the tobacco industry. As Arnold Worldwide, the advertising company responsible for the advertisements, has found, many young smokers are "sensation seekers." These "sensation seekers" are people who look to engage in challenging and stimulating behaviors. In personality tests they are shown to be rebellious and daydream about "getting even," especially with authority figures. With this research and information, Arnold has positioned the tobacco companies to be the authority against which this demographic should stand up. The "truth®" advertisements seem to have been successful in deterring these "sensation seekers" from smoking. For example, one "truth®" campaign features how the tobacco companies targeted and

exploited the homeless in order to sell cigarettes. Over the time period of the campaign, the National Youth Tobacco Survey reported an 18 percent decrease in smoking among teenagers, and “truth®” was rated by Teen Research Unlimited to be one of teenagers’ top three commercials to watch on television. (“Truth Case Study”)

Other research has suggested that public health messages should be based on the psychology behind health behavior decisions. One such model, noted often in the field of health psychology, is the “health behavior model.” (Taylor, pp. 66–68) This model suggests that, in order for someone to engage in a positive health behavior (e.g., quit smoking), one must believe that the health behavior is in fact threatening (e.g., that smoking will create health problems). One must also believe that the alternative to the threat will reduce the threat (e.g., that anti-smoking supplements and therapies will help a person to stop smoking). (Taylor, pp. 66–68) Finally, one must also be convinced that the negative health behavior (e.g., smoking) is not as common and well regarded as one may have initially thought. What all this suggests is that strong anti-smoking methods should address the threats of smoking in a truthful manner,

provide an applicative alternative to smoking, target the correct audiences, and be widely publicized.

The Future

After three years of negotiation, in February 2005 the World Health Organization’s Framework Convention on Tobacco Control ratified a global anti-smoking treaty, a first of its kind. Spain, among 57 other member states included in the treaty, must abide by strong regulations curtailing tobacco advertisements, sales, and sponsorship. In addition, the treaty mandates a standard price for tobacco and taxes. The World Health Organization projects that if major anti-smoking policies are set, the world might be able to prevent the expected 10 million premature deaths by the year 2010 that are caused from smoking. (“World’s Anti-Smoking...”) If financed and enforced, this EU treaty could be monumental for Spanish health, the Spanish health care system, and the government. If the Spanish government chooses to follow the Framework’s initiatives, perhaps a new smoke-conscious era will emerge in Spain where millions of deaths are averted and significant resources saved.

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