

## REPORTING INSTRUMENT

### 1. Origin of the report [Help](#)

(a) Name of Contracting Party <input type="checkbox"/> <a href="#">Help</a>	Mexico
(b) Information on National Contact/Focal Point <input type="checkbox"/> <a href="#">Help</a>	Dr. Mauricio Hernández Ávila
Name and title of contact officer	Dr. Mauricio Hernández Ávila Under-Secretary for Prevention and Health Promotion
Mailing address	Lieja No. 7 piso 1 Col. Juárez, Del. Cuauhtémoc C.P. 06696, México, D.F.
Telephone number	(55) 50621753
Fax number	(55) 52865355
E-mail	mhernandeza@salud.gob.mx
(c) Information on contact officer submitting the national report if different from the above <input type="checkbox"/> <a href="#">Help</a>	Dr. Carlos José Rodríguez Ajenjo
Name and title of contact officer	Dr. Carlos José Rodríguez Ajenjo Technical Secretary of the National Council to Control Addictions
Mailing address	Av. Paseo de la Reforma 450, Piso 10 Col. Juárez, Del. Cuauhtémoc C. P. 06600, México D. F.
Telephone number	(55) 52079961 (55) 52079935
Fax number	( 55) 52080750
E-mail	crodriguez@salud.gob.mx
(d) Signature of the officer responsible for submitting report <input type="checkbox"/> <a href="#">Help</a>	Mtra. Karen Marina García Handal
Name and title of officer	Mtra. Karen Marina García Handal Director, Management Systems
Full name of the institution	National Council on Addictions
Mailing address	Av. Paseo de la Reforma 450, Piso 8 Col. Juárez, Del. Cuauhtémoc C. P. 06600, México D. F.

Telephone number	(55) 52073379
Fax number	(55) 52082391
E-mail	karenm@salud.gob.mx
Web page	www.conadic.gob.mx
(e) Period reported <input type="checkbox"/> <a href="#">Help</a>	01/01/02 26/02/07
(f) Date the report was submitted <input type="checkbox"/> <a href="#">Help</a>	26/02/07

## 2. Demographics [Help](#)

(a) Age and sex:  [Help](#)

Year (latest available)	Age groups	Percentage of <i>male</i> population	Percentage of <i>female</i> population	Percentage of <i>total</i> population
2002	12-17	16.85	21.4	19.61
2002	18-65	43.84	56.16	80.38

(b) Ethnicity (optional):  [Help](#)

Name of ethnic group	Percentage of total population

## 3. Tobacco use

i. Prevalence (ref. Article 19.2(a), Article 20.2 and Article 20.3(a))  [Help](#)

(a) Smoking tobacco:  [Help](#)

	Age groups <sup>1</sup> (adults) 18-65	Tobacco products included	Year of data (latest available)	Prevalence (%)

<sup>1</sup> Preferably by 10-year categories; e.g. 25-34, 35-44, etc.

<b>Males</b>				
Daily smokers <sup>2</sup>	5816528	cigarettes	2002	23.00
Occasional smokers <sup>2</sup>	4572430	cigarettes	2002	18.00
<b>Females</b>				
Daily smokers <sup>2</sup>	2374436	cigarettes	2002	7.00
Occasional smokers <sup>2</sup>	2377449	cigarettes	2002	7.00
<b>Total (males and females)</b>				
Daily smokers <sup>2</sup>	8190164	cigarettes	2002	14.00
Occasional smokers <sup>2</sup>	6949879	cigarettes	2002	12

If available, please provide the average number of cigarettes smoked per day by the smoking population:

	Age groups <sup>3</sup> (adults) 18-65	Tobacco products included	Year of data (latest available)	Average number of cigarettes smoked per day
<b>Male smokers<sup>4</sup></b>	10388958	cigarettes	2002	5.00
<b>Female smokers<sup>2</sup></b>	4751885	cigarettes	2002	5.00
<b>Total smokers<sup>2</sup></b>	15140843	cigarettes	2002	5.00

(b) Smokeless tobacco, including snuff and chewing tobacco (optional):  [Help](#)

	Age group 18-65	Tobacco products included	Year of data (latest available)	Prevalence (%)
<b>Male</b>				
Daily users				
Occasional users <sup>2</sup>				
<b>Female</b>				
Daily users				
Occasional users <sup>2</sup>				
<b>Total</b>				

<sup>2</sup> Definitions to be provided by the Parties.

<sup>3</sup> Preferably by 10-year categories, e.g. 25-34, 35-44, etc.

<sup>4</sup> Definitions to be provided by the Parties.

Daily users				
Occasional users <sup>2</sup>				

(c) If prevalence data is appropriate and available for ethnic groups, please provide.  [Help](#)

	Ethnic group	Tobacco products included	Year of data (latest available)	Prevalence (%)
Daily users				
Occasional users <sup>2</sup>				

(d) If prevalence data is appropriate and available for youth groups, please provide.  [Help](#)

Create Youth Group

	Youth groups <sup>5</sup> 12-17	Tobacco products included	Year of data (latest available)	Prevalence <sup>6</sup> (%)
Males	9706669	cigarettes	2002	14.26
Females	260089	cigarettes	2002	3.00

	Youth group 13-15	Tobacco products included	Year of data (latest available)	Prevalence <sup>7</sup> (%)
Males		cigarettes	2003	19.00
Females		cigarettes	2003	19.10

ii. **Supply**  [Help](#)

(a) Licit supply of tobacco (ref. **Article 20.4(c)** and **Article 15.4(a)**) in accordance with **Article 15.5**)  [Help](#)

<sup>5</sup> Definitions to be provided by the Parties.

<sup>6</sup> Parties should provide definition for youth smoking; e.g. at least one cigarette in the past 30 days.

<sup>7</sup> Parties should provide definition for youth smoking; e.g. at least one cigarette in the past 30 days.

	Domestic production	Exports	Imports
Year (latest available)	2005	2005	2005
Quantity (specify product and unit; e.g. millions of cigarettes)	2407 million packets	314314kg	525604 kg

Note: licit supply = domestic production + (imports - exports)

(b) Please provide information regarding duty-free sales volumes, if available.

[Help](#)

2313 packets

(c) Seizures of illicit tobacco (ref. **Article 15.4(a)** in accordance with **Article 15.5**)

[Help](#)

	Year (latest available)	Quantity seized (specify unit, e.g., millions of pieces)
Cigarettes	2004	10 million 250 thousand cigarettes
Other tobacco products (optional; please specify product) :		

(d) Please provide information regarding illicit or smuggled tobacco (optional) (ref. **Article 15.4(a)** in accordance with **Article 15.5**).  [Help](#)

#### 4. Taxation [Help](#)

(a) Please provide your rates of taxation for tobacco products for all levels of government, and be as specific as possible (specify the type of tax: excise, VAT or sales, import duties) (ref. **Article 6.3**).  [Help](#)

Until last year, the Act relating to the Special Tax on Production and Services applied a rate of 110% on cigarettes and 20.9% on cigars and other manufactured tobacco products. Under Article 2 section I, paragraph C of the reform which was published in the Official Journal of the Federation on 27 December 2006, the following rates will apply to the sale or, if appropriate,

importation of tobacco:

Manufactured tobacco:

- |    |  |       |
|----|--|-------|
| 1. | Cigarettes   | 160%  |
| 2. | Cigars and other manufactured tobacco products       | 160%  |
| 3. | Cigars and other entirely hand-made tobacco products | 30.4% |

During the 2007 and 2008 tax years, the tax increase will be introduced gradually, as follows:

a) Cigarettes:

YEAR	RATE
2007	140%
2008	150%

b) Cigars and other manufactured tobacco products

YEAR	RATE
2007	140%
2008	150%

c) Cigars and other entirely hand-made tobacco products

YEAR	RATE
2007	26.6%
2008	28.5%

As regards value added tax (VAT), the provisions of the Act on Value Added Tax are as follows  
(The rest of the box concerns the details of the Act on VAT in Mexico, which are not relevant).

.....

Note: this Chapter does not include medicinal cigarettes (Chapter 30)

CODE	DESCRIPTION	UNIT	AD-VALOREM	
			IMP	EXP
24.01	Leaf or unprocessed tobacco, tobacco refuse			
2401.10	Tobacco, not stemmed/stripped			
2401.10.01	Tobacco for wrapping	Kg	67	Ex.-
2401.10.99	Others	Kg	45	Ex.
2401.20	Tobacco, wholly or partially stemmed/stripped			
2401.20.01	Tobacco, blond, Burley or Virginia	Kg	45	Ex.
2401.20.02	Tobacco for wrapping	Kg	67	Ex.

2401.20.99	Others	Kg	45	Ex.
2401.30	Tobacco refuse			
2401.30.01	Tobacco refuse	Kg	45	Ex.
24.02	Cigars, cheroots and cigarillos containing tobacco or tobacco substitutes			
2402.10	Cigars, cheroots and cigarillos containing tobacco			
2402.10.01	Cigars, cheroots and cigarillos containing tobacco	Kg	45	Ex.
2402.20	Cigarettes containing tobacco			
2402.20.01	Cigarettes containing tobacco	Kg	67	Ex.
2402.20.90	Others			
2402.20.99	Others	Kg	67	Ex
24.03	Other tobaccos and manufactured tobacco substitutes; "homogenized" or "reconstituted" tobacco; tobacco extracts and juices.			
24.03.10	Smoking tobacco, whether or not containing tobacco substitutes in any proportion			
24.03.10.01	Smoking tobacco, whether or not containing tobacco substitutes in any proportion	Kg	67	Ex
	Others			
2403.91	"Homogenized" or "reconstituted" tobacco			
2403.91.01	Tobacco used for wrapping	Kg	45	Ex
2403.91.99	Others	Kg	45	Ex
2403.99	Others			
2403.99.01	Wet chewing tobacco	Kg	23	Ex
2403.99.99	Others	Kg	45	Ex

(b) Please attach the relevant documentation (ref. **Article 6.3**). (Please provide documentation in one of the six official languages, if available.)  [Help](#)

(c) Please provide retail prices for the three most popular brands of domestic and imported tobacco products in your jurisdiction, and the relevant year (ref. **Article 6.2(a)**).  [Help](#)

National: Marlboro - \$22 Camel: - \$22 Benson & Hedges: - \$28 Imported:
---

Lucky Strike: - \$25

**5. Legislative, executive, administrative and other measures**  [Help](#)

**i. Core questions**  [Help](#)

It should be noted that the measures identified below are not exhaustive, but reflect the spirit and intent of the Convention.

Please check yes or no. For affirmative answers, you are asked to attach a brief summary and the relevant documentation. (Please provide documentation in one of the six official languages, if available.)

Article	Pursuant to <b>Article 21.1(a)</b> , have you adopted and implemented legislative, executive, administrative and/or other measures on:	Yes (please attach a brief summary and relevant documentation)	No	
<b>Price and tax measures to reduce the demand for tobacco</b>				
<b>6.2(b)</b>	Prohibiting or restricting sales to and/or importations by international travellers of tax- and duty-free tobacco products?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
<b>Protection from exposure to tobacco smoke</b>		<b>Full/Partial/None</b>		
<b>8.2</b> <input type="checkbox"/> <a href="#">Help</a>	in indoor workplaces?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	- government buildings	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	- health care facilities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	- educational facilities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	- private workplaces	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	- other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	in public transport?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	in indoor public places?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	- cultural facilities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	- bars and night clubs	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	- restaurants	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	- other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p>If you responded “Partial” to the measures outlined in Article 8.2, please provide specific details of the partial ban here:</p> <p>Both Federal and local legislation provide protection for non-smokers and for smoking areas on premises, which must be separated from tobacco-free areas: for this reason, the protection provided is considered partial. It is important to acknowledge that it has not yet been possible to provide 100% smoke-free spaces in workplaces, educational establishments and federal buildings. The only measure adopted has been to provide open and separate spaces where workers may smoke, as determined by article 10 of the Mexican Regulation on Tobacco Consumption.</p> <p>Further to the above, we should mention that awareness-raising actions and lobbying are currently being</p>				



carried out to amend this article and to establish 100% smoke-free spaces completely to protect the population at large from exposure within the spaces referred to in Article 6 of the Framework Convention on Tobacco Control.

Regulations exist at the State level on the prohibition on smoking in public transport, cultural establishments, restaurants, etc.

#### Regulation of tobacco product disclosures

<b>10</b> <input type="checkbox"/> <a href="#">Help</a>	Requiring manufacturers and/or importers of tobacco products to disclose to governmental authorities information about contents?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
--	--	-------------------------------------	--------------------------

#### Illicit trade in tobacco products

<b>15.2(a)</b>	Requiring marking of packaging to assist in determining the origin of the product?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	and to assist in determining whether the product is legally for sale on the domestic market?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>15.3</b> <input type="checkbox"/> <a href="#">Help</a>	Requiring that marking is in legible form and/or appear in its principal language or languages?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>15.4(b)</b>	Enacting or strengthening legislation against illicit trade in tobacco products?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>15.4(e)</b>	Enabling the confiscation of proceeds derived from the illicit trade?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>15.7</b>	Licensing or other actions to control or regulate production and distribution?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

#### Sales to and by minors

<b>16.1</b> <input type="checkbox"/> <a href="#">Help</a>	Prohibiting the sales of tobacco products to minors?	<input checked="" type="checkbox"/> Specify legal age: 18	<input type="checkbox"/>
<b>16.2</b>	Prohibiting or promoting the prohibition of the distribution of free tobacco products to the public and especially minors?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>16.3</b>	Prohibiting the sale of cigarettes individually or in small packets?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>16.6</b>	Providing for penalties against sellers and distributors?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>16.7</b>	Prohibiting the sales of tobacco products by minors?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

#### Liability

<b>19.1</b> <input type="checkbox"/> <a href="#">Help</a>	Dealing with criminal and civil liability, including compensation where appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
--	--	-------------------------------------	--------------------------

ii. **Optional questions**  [Help](#)

It should be noted that responses to these questions are not required at the time of Group 1 reports, but may be answered at this time if applicable.

Article	Have you adopted and implemented legislative, executive, administrative and/or other measures on:	Yes (please attach a brief summary and relevant documentation) <sup>8</sup>	No
<b>Regulation of the contents of tobacco products</b>			
9 <input type="checkbox"/> <a href="#">Help</a>	Testing and measuring the contents of tobacco products?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Testing and measuring the emissions of tobacco products?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Regulating the contents of tobacco products?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Regulating the emissions of tobacco products?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Packaging and labelling of tobacco products</b>			
11.1(a) <input type="checkbox"/> <a href="#">Help</a>	Requiring that packaging and labelling do not promote a product by any means that are false, misleading, deceptive or likely to create an erroneous impression?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11.1(b)	Requiring that packaging and labelling also carry health warnings describing the harmful effects of tobacco use?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11.1(b)(i)	Ensuring that the health warnings are approved by the competent national authority?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11.1(b)(ii)	Ensuring that the health warnings are rotating?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11.1(b)(iii)	Ensuring that the health warnings are large, clear, visible and legible?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11.1(b)(iv)	Ensuring that the health warnings occupy no less than 30% of the principal display areas?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Ensuring that the health warnings occupy 50% or more of the principal display areas?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11.1(b)(v)	Ensuring that the health warnings are in the form of, or include, pictures or pictograms?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11.2	Requiring that packaging and labelling contains information on relevant constituents and emissions of tobacco products?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11.3	Requiring that the warnings and other textual information appear on each unit package, and on any outside packaging and labelling in your principal language or languages?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

<sup>8</sup> Please provide these documents in one of the six official languages, if available, and please specify sections of your legislation related to each “yes” response.

<b>Tobacco advertising, promotion and sponsorship</b> <input type="checkbox"/> <a href="#">Help</a>			
<b>13.2</b>	Instituting a comprehensive ban of all tobacco advertising, promotion and sponsorship?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	including on cross-border advertising, promotion and sponsorship originating from its territory?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>13.3</b>	Applying restrictions, in the absence of a comprehensive ban, on all tobacco advertising, promotion and sponsorship?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Restricting or instituting a comprehensive ban on cross-border advertising, promotion and sponsorship originating from its territory?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>13.4(a)</b>	Prohibiting all forms of tobacco advertising, promotion and sponsorship that promote a tobacco product by any means that are false, misleading, deceptive or likely to create an erroneous impression?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>13.4(b)</b>	Requiring that health or other appropriate warnings or messages accompany all tobacco advertising and promotion and sponsorship?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>13.4(c)</b>	Restricting the use of direct or indirect incentives that encourage the purchase of tobacco products by the public?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>13.4(d)</b>	Requiring the disclosure to relevant governmental authorities of expenditures by the tobacco industry on advertising, promotion and sponsorship not yet prohibited?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>13.4(e)</b>	Restricting tobacco advertising, promotion and sponsorship on radio, television, print media and other media, such as the Internet?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>13.4(f)</b>	Prohibiting or restricting tobacco sponsorship of international events, activities and/or participants therein?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If you have any additional legislation or other measures not covered in Question 5, you may provide additional details here:  [Help](#)

**Fore reasons of public order and social interest, the General Health Act prohibits the sale or distribution of cigarettes in chemist shops, drugstores, hospitals, and schools from kindergarten to baccalaureate or pre-university level.**

## 6. Programmes and plans [Help](#)

### i. Core questions [Help](#)

It should be noted that the measures identified below are not exhaustive, but reflect the spirit and intent of the Convention.

	Yes (please attach the relevant documentation) <sup>9</sup>	No
Have you developed and implemented comprehensive multisectoral national tobacco control strategies, plans and programmes? ( <b>Article 5.1</b> )	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If no, have some partial strategies, plans and programmes been developed and implemented? ( <b>Article 5.1</b> )	<input type="checkbox"/>	<input type="checkbox"/>

If you responded yes to either of the first two questions, which of the following do these strategies, plans and programmes cover? Please check, and provide a brief summary. (Please provide the summary in one of the six official languages.)

<b>General obligations</b> <input type="checkbox"/> <a href="#">Help</a>		
<b>5.2(a)</b>	A national coordinating mechanism or focal point(s) for tobacco control? The National Council on Addictions (CONADIC) is a Ministry of Health entity responsible for promoting and protecting the health of Mexicans by defining and implementing national policy on research, prevention, treatment, training and human resources development to control addictions, with the aim of improving the quality of life of individuals, families and society. In this respect, 2002 saw the creation, by Presidential decision, of the National Commission to examine the text of the Framework Convention on Tobacco Control (FCTC), which met again in 2003 after Mexico had signed and ratified the Convention, to ensure the necessary follow-up. Thus, the Ministry of Health, via the National Council on Addictions, has invited the following to participate in the follow-up Commission: The Ministries of Economics, Public Education, of the Budget and Public Credit, Foreign Affairs; Agriculture, Livestock, Rural Development, Fisheries and Food; the Federal Commission for Protection against Risks to Health (COFEPRIS - Ministry of Health), The Federal Prosecutor for Consumer Protection, the Institute of Respiratory Diseases (INER), the National Institute of Public Health (INSP), the National Cancer Institute and the National Cardiology Institute. The purpose of this consultation was to determine strategies in various areas in order to implement FCTC in Mexico.	<input checked="" type="checkbox"/>
<b>5.3</b>	Protection of policies from the commercial and other vested interests of the tobacco industry?	<input type="checkbox"/>
<b>Education, communication, training and public awareness</b> <input type="checkbox"/> <a href="#">Help</a>		
<b>12(a)</b>	Broad access to effective and comprehensive educational and public awareness programmes on the health risks? During the previous Government, 20 000 copies of the tobacco-control programme were printed and distributed; 6 radio campaigns were broadcast each year by 1200 radio stations over a period of 35 days with 12 daily slots during hours assigned to official broadcasts. There were also 3 TV campaigns on the harm caused by tobacco use, also during official broadcasting hours. Printed and audiovisual material containing information messages to discourage people from smoking was distributed via postcards, leaflets, triptychs, posters Ladatel (phone) cards, shows, radio and TV messages, via cinemas, tortilla (pancake)	<input checked="" type="checkbox"/>

<sup>9</sup> Please provide these documents in one of the six official languages, if possible.

	<p>outlets and in-vehicle and bus-stop TV.</p> <p>Products:</p> <ul style="list-style-type: none"> <li>• two 30-second TV ads</li> <li>• four 30-second radio ads</li> <li>• one 1-minute cinema message</li> <li>• posters for display in shopping centres and bus stops</li> </ul> <p>The messages were transmitted:</p> <ul style="list-style-type: none"> <li>• by national TV, channels 2, 4 and 9, in a total of some 114 slots</li> <li>• MVS pay TV, a total of approximately 552 slots</li> <li>• 54 radio stations, a total of some 18 900 slots</li> <li>• Present on 10 Internet portals for three months</li> <li>• Shown in 235 cinemas throughout the country</li> <li>• 1770 underground station display booths per month</li> <li>• shows, billed 47 times per month in nine State capital cities for three months</li> <li>• Bus stops in the Federal capital, 250 displays per fortnight for 4 fortnights</li> <li>• Supermarket display shelves, a total of 355 in shopping centres in the Federal District and in the provinces</li> <li>• Electronic display screens in different cities in Mexico, a total of 21 screens displaying 720 ads per day, for an average of 52 days</li> <li>• Press inserts in newspapers in the FD, Veracruz, Jalisco and Guanajuato</li> <li>• Inserts in adults' and children's magazines</li> </ul> <p>The cost of the programme was borne by the Trust Fund of the System for Social Protection of Health, which authorized the provision of funds for the "Programme for Protection against Risks to Health from Tobacco" and from the "health" budget line.</p>	
	<p>... targeted at adults and/or the general public?</p> <p>Publication of the Regulation relating to tobacco consumption, posters, leaflets, triptychs, booklets, folders, statistical books, manuals, radio and TV ads, tortilla (pancake) outlets, shows, in-bus TV, cinemas, Ladatel (phone) cards and bus-stops. Information talks were given in schools, public and private institutions and in social organizations, in addition to the annual poster competition.</p>	<input checked="" type="checkbox"/>
	<p>... targeted at children and youth?</p> <p>Most noteworthy was a campaign in 134 000 primary and secondary schools, relying mainly on printed media. It reached 24 million schoolchildren in 2005 and 2006.</p>	<input checked="" type="checkbox"/>
<b>12(b)</b>	<p>Public awareness about the health risks of tobacco consumption and exposure to tobacco smoke, and about the benefits of the cessation of tobacco use and tobacco-free lifestyles?</p> <p>A variety of printed material was distributed (posters, triptychs, leaflets, booklets and technical books) in order to raise awareness among the public, technical staff and specialists about the harm caused by tobacco use.</p>	<input checked="" type="checkbox"/>
<b>12(c)</b>	<p>Public access to a wide range of information on the tobacco industry?</p>	<input type="checkbox"/>
<b>12(e)</b>	<p>Awareness and participation of public and private agencies and nongovernmental organizations not affiliated with the tobacco industry in developing and implementing intersectoral programmes and strategies for tobacco control?</p> <p>In Mexico City, more than 40 central institutions (governmental, societal and/or private) participate together with some 320 at the State level. They regularly organize a broad range of up to 40 different activities, such as campaigns, competitions, forums, meetings, classes, workshops, lectures, cine-debates, tournaments, walks etc. Participants in these events include population groups with priority, such as children and youth, whether at school or not (members of gangs, minors working or living in the street, delinquents, youth taking</p>	<input checked="" type="checkbox"/>

	part in sports etc.) workers in different branches of industry, members of civil-society organizations, indigenous population, students in higher education, civil servants and workers in the media. Thanks to their participation, in 1989 intensive events were organized throughout the country to provide information, guidance and social mobilization around World No-Tobacco Day. This ensured high visibility within society for the permanent efforts made by these institutions. It has also encouraged the organization of meetings on tobacco clinics, national courses for officials in tobacco clinics and the provision of tobacco-free buildings (here, a major role was played by the joint public sector occupational safety and hygiene committees, which are required by law in each workplace). A list of organizations and of the activities they customarily organized is provided in annex.	
<b>Demand reduction measures concerning tobacco dependence and cessation</b> <input type="checkbox"/> <a href="#">Help</a>		
14.1	Comprehensive and integrated guidelines based on scientific evidence and best practices to promote cessation of tobacco use and adequate treatment for tobacco dependence? A comprehensive evidence-based approach is adopted to treatment, taking into account the needs deriving from the patients' dependence and the clinical consequences of their addiction. The treatment includes medical assistance and psychological support with a cognitive, behavioural and pharmaceutical focus, with or without nicotine.	<input checked="" type="checkbox"/>
14.2(d)	Facilitation of accessibility and affordability for treatment of tobacco dependence including pharmaceutical products? Some tobacco clinics occasionally provide the drug free of charge during the first week of treatment for tobacco dependency, at the introductory stage	<input checked="" type="checkbox"/>
<b>Provision of support for economically viable alternative activities</b> <input type="checkbox"/> <a href="#">Help</a>		
17	Promotion of economically viable alternatives for tobacco workers, growers and, as the case may be, individual sellers?	<input type="checkbox"/>
<b>Research, surveillance and exchange of information</b> <input type="checkbox"/> <a href="#">Help</a>		
20.1(a)	Research that addresses the determinants and consequences of tobacco consumption and exposure to tobacco smoke as well as research for identification of alternative crops?  The Mexican National Institute of Public Health is undertaking research to evaluate exposure to second-hand tobacco smoke in public and private places.	<input checked="" type="checkbox"/>
20.4(b)	Updated data from national surveillance programmes? The National Epidemiological Addictions Surveillance System (SISVEA 2005) is designed to determine morbidity and mortality associated with lawful and illicit drug use, and the characteristics of people with addictions, the environment in which addiction develops, patterns of consumption and links with specific geographical areas, in order to help decision-makers and encourage specific health measures directed at the most vulnerable groups.	<input checked="" type="checkbox"/>

ii. **Optional questions**  [Help](#)

<b>Education, communication, training and public awareness</b> <input type="checkbox"/> <a href="#">Help</a>		
12(d)	Appropriate training or awareness programmes on tobacco control addressed to persons such as health, community and social workers, media professionals, educators, decision-makers, administrators and other concerned persons? Since the previous period of Government, the National Council on Addictions has encouraged the growing development of actions in the workplace and communication activities. Currently, the Mexican	<input checked="" type="checkbox"/>

	Confederation of Labour (CTM) and the Revolutionary Confederation of Workers and Peasants (CROC), the country's most powerful unions, are running programmes addressing addictions, including tobacco-prevention programmes, on account of the serious harm it causes to health and because tobacco purchases drain off a large part of workers' wages, which should be used to buy basic necessities. Likewise, the Mexican Building Industry Chamber (which groups hundreds of thousands of construction workers) and the National Radio and Television Industry Chamber (CIRT) have also taken part in this effort; the latter has produced a "communicators' guide" which is intended to be placed in all the country's commercial radio studios to encourage broadcasters to participate in raising awareness among listeners.	
12(f)	Public awareness of and access to information regarding the adverse health, economic, and environmental consequences of tobacco production and consumption?	<input type="checkbox"/>
<b>Demand reduction measures concerning tobacco dependence and cessation</b> <input type="checkbox"/> <a href="#">Help</a>		
14.2(a)	Design and implementation of programmes aimed at promoting the cessation of tobacco use, in such locations as educational institutions, health care facilities, workplaces and sporting environments? Preventive, educational and treatment programmes have been developed for teaching establishments, health facilities and workplaces, which encourage the establishment of clinics and provision of advice on treatment for nicotine addiction. These programmes are intended for health professionals. In addition, teaching establishments also provide health promotion programmes and ad-hoc universal, selective and appropriate prevention programmes.	<input checked="" type="checkbox"/>
14.2(b)	Diagnosis and treatment of tobacco dependence and counselling services on cessation of tobacco use in national health and education programmes, plans and strategies, with the participation of health workers, community workers and social workers?  A coordinated effort has been made with health entities to develop and facilitate access to health services in various institutions providing treatment for tobacco dependency; at the academic level, in respect of teaching and training for human resources; at the normative level, via norms to control tobacco in conformity with national law, and at the societal level, via efforts to encourage social participation in promoting and raising awareness about health, essentially among vulnerable populations.	<input checked="" type="checkbox"/>
14.2(c)	Establishment in health care facilities and rehabilitation centres of programmes for diagnosing, counselling, preventing and treating tobacco dependence? A total of 336 tobacco clinics have been set up throughout Mexico; they provide diagnostic services, guidance, preventive services and treatment for tobacco dependence.	<input checked="" type="checkbox"/>
<b>Protection of the environment and the health of persons</b> <input type="checkbox"/> <a href="#">Help</a>		
18	Due regard to the protection of the environment and the health of persons in relation to the environment in respect of tobacco cultivation and manufacture within its territory?	<input type="checkbox"/>

Research, surveillance and exchange of information  Help

<p><b>20.1(b)</b></p>	<p>Training and support for all those engaged in tobacco control activities, including research, implementation and evaluation?</p> <p>1. Research: pursuit of thorough research into tobacco epidemiology and epidemiological surveillance of vulnerable groups, the economics of tobacco, evaluation of exposure to second-hand tobacco smoke in public and private places, preventive measures, legislation and documentary research. Publications, such as the "1st Report on Combating Tobacco in Mexico", which compiles all the information referred to above and which is a source of first-hand information for decision-making; two supplements to the Mexican Journal of Public Health, the first of them published in 2004, devoted to the tobacco-use epidemic, and the second in 2006, on tobacco-control policies, and a book setting out the information garnered from the Global Youth Tobacco Survey "GYTS Mexico 2003".</p> <p>2. Training: Organization of and participation in courses, workshops and seminars and talks to train human resources working in the field of tobacco control in Mexico and in the Americas region. These activities are illustrated by the course "Strategies for Tobacco Control in Mexico and the Countries of Latin America", which is part of the INSP summer school, which brings together every two years tobacco-control actors from Mexico and Latin America. The Tobacco Research Department has supported its young researchers and made it possible for them to enrol in masters and PhD programmes at INSP; three of them received science PhDs and ten Masters degrees in epidemiology and health economics. Currently two of its researchers are following doctoral programmes abroad.</p>	<p>☒</p>
<p><b>20.2</b></p>	<p>Programmes for national, regional and global surveillance of the magnitude, patterns, determinants and consequences of tobacco consumption and exposure to tobacco smoke?</p> <p>At the end of 2002, the National Council on Addictions assigned to the National Institute of Public Health (INSP) responsibility for organizing Mexico's participation in the GYTS. In addition, INSP decided that it would be highly worthwhile to transform the administration of this survey into a national epidemiological surveillance system. As a result, each year the survey is applied in State capitals that are representative of the regions identified by the National Survey of Addictions as being those in which consumption is highest.</p>	<p>☒</p>
<p><b>20.3(a)</b></p>	<p>A national system for epidemiological surveillance of tobacco consumption and related social, economic and health indicators?</p> <p>The National Epidemiological Addictions Surveillance System (SISVEA) constitutes a programme of action with a set of strategies and actions for identifying and characterizing harm to and risks for health.</p> <p>Its value lies in the development of up-to-date information on behaviour relating to addictions which is disseminated within the national health system and at the international level for use by preventive programmes and health protection programmes for disorders, addictions or risk-generating situations that frequently and severely affect the community, as is the case of tobacco.</p>	<p>☒</p>



20.4	<p>The exchange of publicly available scientific, technical, socioeconomic, commercial and legal information, as well as information regarding practices of the tobacco industry and the cultivation of tobacco?</p> <p>Publications on legislation, smuggling and the practices of the tobacco industry</p> <ul style="list-style-type: none"> <li>• Meneses-González F, Márquez-Serrano M, Sepúlveda-Amor J, Hernández-Avila M. La industria tabacalera en México. Salud Publica Mex 2002;44 supl 1:S161-S169.(The tobacco industry in Mexico)</li> <li>• Ayala I, Valdés-Salgado R. Los documentos internos de la industria tabacalera: el caso de México. En: Primer informe sobre combate al tabaquismo. México ante el convenio Marco para el Control del Tabaco. México. Cuernavaca: Instituto Nacional de Salud Pública, 2005:87-92. (Internal documents of the tobacco industry; the case of Mexico, in: Mexico and the Framework Convention on Tobacco Control)</li> <li>• Armendares PE, Reynales Shigematsu LM. Política fiscal y control del tabaco: una oportunidad única para beneficiar a la salud pública y al erario. Salud Publica Mex 2006;48 supl 1:S167-S172. (Tax policy and tobacco control: a unique opportunity to improve public health and tax revenue)</li> <li>• Armendares PE, Reynales Shigematsu LM. Expansión de la industria tabacalera y contrabando: retos para la salud pública en los países en desarrollo. Salud Publica Mex 2006;48 supl 1:S183-S189. (The expansion of the tobacco industry and smuggling: challenges facing public health in the developing countries)</li> <li>• Presentation to a forum in the Chamber of Deputies concerning the technical basis for the reform of tax policy in Mexico.</li> </ul>	<input checked="" type="checkbox"/>
20.4(a)	An updated database of laws and regulations on tobacco control, and information about their enforcement, as well as pertinent jurisprudence?	<input type="checkbox"/>

## 7. Technical and financial assistance [Help](#)

The goal of this section is to assist the Secretariat in facilitating the coordination of available skills and resources with identified needs.

Pursuant to **Article 21.1(c)**, have you either provided or received financial or technical assistance (be it through unilateral, bilateral, regional, subregional or other multilateral channels, including relevant regional and international intergovernmental organizations and financial and development institutions) for the development and strengthening of multisectoral comprehensive tobacco control programmes of developing country Parties and Parties with economies in transition in any of the following areas:

Assistance provided (please give details below)	Assistance received (please give details below)
--	--

Development, transfer and acquisition of technology, knowledge, skills, capacity and expertise related to tobacco control? ( <b>Article 22.1(a)</b> )	<input type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes / <input checked="" type="checkbox"/> No
Provision of technical, scientific, legal and other expertise to establish and strengthen national tobacco control strategies, plans and programmes? ( <b>Article 22.1(b)</b> )	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input checked="" type="checkbox"/> No
Appropriate training or sensitization programmes for appropriate personnel in accordance with Article 12? ( <b>Article 22.1(c)</b> )	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No
Provision of the necessary material, equipment and supplies, as well as logistical support, for tobacco control strategies, plans and programmes? ( <b>Article 22.1(d)</b> )	<input type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes / <input checked="" type="checkbox"/> No
Identification of methods for tobacco control, including comprehensive treatment of nicotine addiction? ( <b>Article 22.1(e)</b> )	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input checked="" type="checkbox"/> No
Promotion of research to increase the affordability of comprehensive treatment of nicotine addiction? ( <b>Article 22.1(f)</b> )	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input checked="" type="checkbox"/> No
Other. Specify: The National Institute of Public Health has received support from WHO, PAHO and CDC GYTS 2003-2004. Global Youth Tobacco Survey: US\$ 25 000 GHPS 2006: Global Health Professionals Survey: US\$ 7500		
<p>Additional details:</p> <p>If you answered no to any of the above, please identify any financial or technical assistance that may be under consideration.</p> <p>If you answered yes to any of the above, please identify the country or countries from/to which assistance was received/provided.</p>		

Pursuant to **Article 21.3**, have you either provided or received financial or technical assistance to support developing country Parties and Parties with economies in transition in meeting reporting obligations?

Assistance provided <input type="checkbox"/> <a href="#">Help</a>	<input type="checkbox"/> Yes / <input checked="" type="checkbox"/> No (please give details below)	Assistance received	<input type="checkbox"/> Yes / <input checked="" type="checkbox"/> No (please give details below)
<p>Additional details:</p> <p>If you answered no to any of the above, please identify any financial or technical assistance that may be under consideration.</p> <p>If you answered yes to any of the above, please identify the country or countries from/to which assistance was received/provided.</p>			

Have you identified any specific gaps between the resources available and the needs assessed, for the financial and technical assistance provided or received?  [Help](#)

<input type="checkbox"/> Yes (please give details below)	<input type="checkbox"/> No
Additional details:	

## 8. Priorities for implementation of the WHO Framework Convention on Tobacco Control [Help](#)

What are the priority areas for implementation of the WHO Framework Convention on Tobacco Control in your jurisdiction? (Ref. **Article 21.1(b)**)

<p>Implementation of tobacco-free public and private spaces to protect from exposure to second-hand smoking</p> <p>50% increase in the size of the warning notices on both surfaces, and the inclusion of pictograms</p> <p>Viable alternatives for conversion of tobacco farming</p> <p>More and better centres providing care to treat persons with tobacco addiction</p> <p>Awareness, education and information for the public regarding the harmful effects of tobacco</p> <p>Campaigns to prevent tobacco use</p> <p>Training in respect of tobacco use</p> <p>Epidemiological surveillance in respect of tobacco use, of vulnerable groups (Articles 20 and 21 of FCTC) and of the tactics of the tobacco industry (Articles 9, 10, 11, 13 and 15 of FCTC)</p> <p>Implementation of tax policies to control tobacco and an economic assessment of control strategies (Articles 6, 15, 17 and 18 of FCTC)</p> <p>Evaluation of compliance with FCTC, of the tobacco programme and of control strategies in Mexico (Article 23, FCTC)</p> <p>Linkage and advocacy with civil society (Article 20, FCTC)</p> <p>Keeping the population duly informed about prevention and protection against health risks associated with consumption of and exposure to tobacco</p> <p>Continuous and substantial reduction in the number of active and passive smokers</p> <p>Prevent and in so far as possible eliminate that proportion of disease and premature deaths attributable to tobacco use</p> <p>Encourage people not to smoke</p> <p>Gradually eliminate all sociocultural and behavioural incentives that maintain and promote tobacco use</p>
--

What, if any, are the constraints or barriers you have encountered in implementing the Convention? (ref. **Article 21.1(b)**)

One of the main obstacles has been that our laws and regulations have not yet been adjusted to the requirements of FCTC, and this largely makes it impossible to implement it. An example of this is the requirement regarding tobacco-free spaces; under existing legislation, public buildings are required to provide a space for smokers. The requirement relating to pictograms and the size of warning notices also needs to be incorporated into legislation, as only 25% of the surface area of packets is used for these. Other issues pending include regulation of trans-boundary advertising, action against smuggling and counterfeit products through tighter controls and the use of labels on products. Nonetheless, progress has been made, for example, in the sphere of taxation as the Mexican Congress has approved a gradual increase in taxation from 110% in 2006 to 160% in 2008.

**9. Additional comments**  [Help](#)

Please provide any relevant information not covered elsewhere that you feel is important.

**10. Questionnaire feedback**

- (a) Please provide feedback for improvement of the Group 1 questionnaire.  [Help](#)

- (b) Please provide input for the future development of the Group 2 questionnaire.  
 [Help](#)