Smokefree City: Mexico DF
Acknowledgements

- Author and lead researcher: Jon Dawson
- Interviews and research: Jonathan Romo
- Technical support: Mirta Molinari and Lara Garrido

Jon Dawson Associates and the International Union Against Tuberculosis and Lung Disease wish to thank all those in Mexico DF who participated in the interviews for this study and provided valuable information and documentation. We are very grateful for the time they took to meet and talk with us and for sharing their considerable knowledge and experience. A full list of those participating in this study is set out below.

- Fernando Espino, Member of Legislative Assembly of DF
- Víctor Hugo Círigo, Member of Legislative Assembly of DF
- Xiuh Tenorio, Member of Legislative Assembly of DF
- Jorge Rojas, Political and Communications Advisor in the Legislative Assembly of DF
- Francisco López Antuñano, Alliance Against Tobacco (ACTA)
- Jesús Felipe González, Alliance Against Tobacco (ACTA)
- Juan W. Zinser, President of Mexican Council Against Tobacco (CMCT)
- Rafael Camacho Solís, Alliance Against Tobacco (ACTA)
- Sonia Meza Vargas, Coordinator of Tobacco Control Initiatives, Inter-American Heart Foundation
- Armando Ahued Ortega, Secretary of DF Ministry of Health
- César Sandoval Cázares, Coordinator of Epidemiologic Surveillance of DF Ministry of Health
- José Jesús Trujillo Gutiérrez, Director of Epidemiologic Surveillance of DF Ministry of Health
- Justino Regalado, Head of the National Office for Tobacco Control
- Magdalena Patlán, Director of Institutional Liaison of DF Ministry of Health
- Alejandro Madrazo, Legal Advisor
- Claudia Cedillo, Mexico Communications Officer, World Lung Foundation
- James Thrasher, National Institute of Public Health
- Luz Myriam Reynales, Chief of Department of Research on Tobacco, National Institute of Public Health
- CANIRAC Members, Chamber of Restaurants
1 Focus and Scope

1.1 The Laws
1.1.1 On 26 February 2008, the Legislative Assembly of Mexico DF (Federal District) passed a law – *La Ley de Protección a la Salud de los No Fumadores* [Law for the Protection of the Health of Non-Smokers] – requiring all indoor workplaces and public places in the city to be smokefree. On the same day, the Mexican Senate passed the federal General Law on Tobacco Control that also addresses exposure to second-hand smoke. However, the national law is not sufficiently protective as it allows indoor designated smoking areas.

1.2 The Study
1.2.1 This case study demonstrates how Mexico DF developed and implemented its smokefree agenda, discusses the impact of its smokefree law and identifies lessons learned. Information was gathered from interviews with key informants (listed in the Acknowledgments), as well as available studies and documentation.

1.2.2 Specifically, this case study examines:
- the context in which the Mexico DF smokefree law emerged;
- the process of developing the DF smokefree legislation and its content;
- the role of campaigns, leadership and key partners;
- key research studies;
- enforcement and compliance;
- the impact of the law on exposure to second-hand smoke, public opinion, and the hospitality sector;
- lessons from the Mexico DF experience.
PROHIBIDO FUMAR
2.1 Population Profile

2.1.1 Mexico DF is the capital city of Mexico and the seat of the federal government. It has a population of 8.8 million. The wider metropolitan area, which mainly consists of Mexico State, has a population of almost 20 million and is the third largest metropolitan area in the world.

2.2 Smoking Behavior

2.2.1 National surveys conducted by the Ministry of Health (SSA) show that smoking prevalence in Mexico remained unchanged between 1988 and 2002, at 26% among 12–65 year olds in urban areas. Some sources suggest a lower prevalence: the 2006 National Health Survey (ENSA) suggested that it was 21% among adults over 20 years old who were living in towns with more than 2,500 inhabitants. It has been argued that these differences may result from the different ways in which the surveys define smokers.

2.2.2 The 2002 national survey and the 2003 and 2006 Youth Tobacco surveys show that:
- male smoking prevalence is over 36%;
- female prevalence is 13%;
- smoking is increasing among young people, particularly young females – in Mexico City, smoking prevalence in secondary school pupils increased from 20% to 28% between 2003 and 2006;
- smoking prevalence is greatest in higher socioeconomic groups;
- smokers’ consumption of cigarettes is relatively low compared with other countries.

2.3 Health Costs of Tobacco

2.3.1 The National Institute of Public Health (INSP) estimates that more than 25,000 people in Mexico die each year from tobacco use. Proportional to population, this translates into around 2000 annual deaths in Mexico City. Others estimate deaths from tobacco consumption and exposure to second-hand smoke at around 60,000 nationally. On this basis, tobacco-related deaths within Mexico DF may reach 5,000 each year.

2.3.2 The government estimates an annual expenditure of MXN 29 billion (USD 2.6 billion) to treat tobacco-related illnesses in Mexico.

2.4 Tobacco Control Policy: Federal

2.4.1 On 28 May, 2004, Mexico became the first country in the Americas to ratify the WHO Framework Convention on Tobacco Control (FCTC). Shortly after ratification, the government entered into an agreement between the then Secretary of State for Health and the leading tobacco companies operating in the country – including the two largest, Cigarros La Tabacalera Mexicana (Cigatam, a subsidiary of Philip Morris International (PMI)) and British American Tobacco (BAT).

2.4.2 The agreement established restrictions on tobacco advertising, marketing, and labeling, largely consistent with those in BAT’s and PMI’s voluntary codes. In addition, the tobacco industry agreed to contribute MXN 1 per pack sold to the Fund for Protection against Catastrophic Costs of the System for Social Protection in Health, which benefits families not eligible for social security. The document also specified that there would be no tax increases on tobacco products while the agreement was in force. These conditions ran counter to the framework guidelines, as national and international public health advocates claimed that tobacco industry donations to the fund could cultivate a favorable public image. They also argued that the agreement demonstrated the tobacco industry’s influence in Mexico in preventing significant advances in tobacco control. The appointment of a new Secretary of State for Health led to the non-renewal of the agreement in 2006.
2.4.3 The legislative power to implement many recommended tobacco control policies rests with the federal government. The federal General Health Law establishes, *inter alia*, regulations for taxation of tobacco products, restrictions on advertising of tobacco products, requirements for health warnings on tobacco packages, restrictions on sales of tobacco products, educational and communication programs, and improvements to smoking cessation services. The creation of a National Office on Tobacco Control (NOTC) in 2008, within the Health Secretariat, has the potential to support these tobacco control priorities.

2.4.4 However, it is important to note that the NOTC resides within the Council for the Treatment and Control of Addictions (CONADIC), while the legislative authority of the Health Secretariat lies within the Federal Commission for the Protection against Sanitary Risk (COFEPRIS). Therefore, the NOTC can advise on legislation but does not have the authority to put forward legislative initiatives directly.

2.5 Tobacco Control Policy: Mexico DF

2.5.1 The Ministry of Health for Mexico City has set state-level tobacco control priorities including:

- preventive campaigns and actions to reduce smoking prevalence;
- monitoring and promoting compliance with the regulations on tobacco sales;
- preventive programmes within educational establishments;
- enhancing the quality of smoking cessation services.

2.6 Pre-Existing Legislation

2.6.1 The General Health Law of 1990 restricted smoking in some public indoor places. However, the law was effectively discretionary, did not require smoking areas to be physically separate and was open to differing interpretations. Combined with a very weak enforcement process, it had little effect in reducing exposure to second-hand smoke.

2.6.2 In 2000, a regulation issued under the General Health Law restricted smoking in federal government buildings and offices. This included buildings in which public services are provided (such as airports and schools), and hospitals and clinics within the National Health System. The new regulation, however, reiterated the pre-existing mandatory requirement to have smoking areas in all facilities covered by the regulations – although for the first time, specified that they should be physically separate and have ventilation installed. Effectively, however, the regulations still did not permit facilities to be 100% smokefree.

2.6.3 In January 2004, the *Ley de Protección a la Salud de los No Fumadores en el Distrito Federal* [Law for the Protection of the Health of Non-Smokers in the Federal District] came into force but the Executive did not support the law, regulations were not published and it was effectively ignored. Moreover, this law only required establishments to set aside at least 30% of their premises for non-smokers. While the law was exceedingly weak, the advantage of its existence was that it could subsequently be amended to require smokefree spaces, therefore avoiding the need to introduce completely new legislation.

Food courts in open shopping malls, like this one near San Ángel, are now smokefree.
3.1 Overview

3.1.1 On 26 February 2008, the Legislative Assembly for Mexico DF approved amendments to the 2004 Law for the Protection of the Health of Non-Smokers and simultaneously approved the accompanying Law for the Functioning of Commercial Establishments [Ley para el Funcionamiento de Establecimientos Mercantiles]. Changes to the former meant that changes to the latter were needed to ensure that the two laws were consistent. The law requires all enclosed public places and workplaces, including public transport, restaurants and bars to be 100% smokefree. Designated smoking rooms (DSRs) are not allowed under the law – making DF the largest jurisdiction in Mexico to introduce a comprehensive smokefree law. The law came into effect on 3 April 2008.

3.1.2 On the same day, the Senate approved a new national tobacco control law. The Ley General para el Control del Tabaco [General Law on Tobacco Control] restricts smoking in indoor workplaces and enclosed public places but requires these places to have separate DSRs or outdoor smoking areas, with businesses having 180 days to set them up. The federal law was published on 30 May 2008 and came into force on 28 August. Regulations under the law were finally issued on 31 May 2009. The federal law requires smoking areas in all establishments, although these areas can be outdoors. The DF law is therefore more protective than the national legislation.
Law for the Protection of the Health of Non-Smokers in the Federal District prohibits smoking in:

- all enclosed public spaces, offices, commercial establishments, enterprises and industries;
- hospitals, clinics, medical centers, waiting rooms, auditoriums, libraries, schools and any enclosed space of medical and educational institutions;
- cinemas, auditoriums, theaters, and all enclosed spaces with shows and cultural events open to the public;
- enclosed commercial establishments: restaurants, bars, pubs, etc.;
- enclosed workplaces and collective gatherings;
- public transport, including taxis;
- school transport or personnel transport;
- sporting installations – which can be extended to include outdoor stadiums;
- elevators and internal staircases in any building – including residential premises.

3.2 Extent of Smokefree Spaces

3.2.1 The Mexico DF law prohibits smoking in all enclosed spaces to which the public has access as well as in enclosed workplaces, including offices, shops, factories, restaurants, bars, hospitals, public buildings, etc. The law defines an enclosed space as one in which air does not freely circulate in an interior area. Windows, doors and other openings or gaps are not considered spaces of free circulation of natural air.

3.3 Exemptions

3.3.1 There are few explicit exemptions in the law that permit smoking indoors. Hotels and similar businesses are permitted to designate a maximum of 25% of the total number of hotel rooms as smoking rooms, and the law sets conditions that must be complied with. These include having mechanical ventilation able to purify and remove air to the outside of the property, prohibiting minors from smoking rooms, and prohibiting these rooms from being used for recreation. In other words, they must be used as guest accommodation only, not as hospitality suites.

3.4 Other requirements

3.4.1 The law requires the clear display of no-smoking signs and prohibits ashtrays in smokefree establishments or areas.

3.5 Penalties

3.5.1 Penalties are set out in the regulations to the smokefree law. There are penalties for individual smokers and for the owners and managers of premises where smoking violations occur.

3.5.2 Individuals can be fined between 10 and 30 times the minimum daily wage (in Mexico DF this is about MXN 55 per day (USD 4) for smoking in smokefree spaces. Repeat violations can lead to detention for up to 36 hours. Owners of public transportation vehicles can be fined 30 to 100 times the daily minimum wage for permitting smoking in their vehicles or for not posting the required signs. A second violation within one year, can result in a doubling of the penalty. A third violation would allow rescinding permission to operate the vehicle.

3.5.3 The Law for Commercial Establishments sets out the penalties for restaurant and bar owners found to be in breach of the law. Fines for permitting smoking in enclosed areas of their premises range from 126 to 350 times the daily minimum wage and from 351 to 2,500 times the daily minimum wage, depending on the violation. A repeat violation can lead to closure of the establishment.

3.5.4 Ultimate responsibility for the enforcement of the Mexico DF smokefree law rests with the Head of Government of DF, through the Secretary of Health and the local municipalities [delegaciones] within the city. Surveillance responsibility lies with owners, managers and employees of premises and vehicles. The law also emphasizes the right of individual customers, clients and users of services to ask any person smoking in a prohibited area to stop doing so or to leave the premises. Individuals can call the police to report violations of the law.
4.1 Overview

4.1.1 The process of developing the Mexico DF smokefree law, its approval and its implementation, demonstrates the importance of political leadership, informed and committed tobacco control advocates in non-governmental organisations (NGOs), and awareness-raising mass-media campaigns. This section explores how these elements helped to achieve comprehensive smokefree legislation in Mexico DF. It discusses the process of achieving the law, arguments against the law and how proponents countered them.

4.2 Initial Political and Legislative Process

4.2.1 In the fall of 2007, Assembly deputies from various political parties put forward a bill that would amend the existing 2004 law to make all indoor workplaces and public places in Mexico DF completely smokefree. The lead sponsors and champions of the bill were Xiuh Tenorio, Victor Hugo Cirigo, Jorge Schiaffino Isunza and Fernando Espino.

4.2.2 Unfortunately, there was insufficient support for the bill, as proposed, to pass. In particular, during discussions in the Assembly, a proposal was made by the National Action Party (PAN) to allow premises to provide smoking areas. In order to secure the bill’s approval, the original proposal to require public places to be 100% smokefree was modified to allow establishments to designate part of their premises as smoking areas, subject to physical separation, mechanical air extraction and signage. These weaker amendments to the law were published on 1 November 2007. The regulations to be issued were to permit up to 30% of the premises to be designated as smoking areas. The transitional clauses specified that corresponding amendments needed to be made to the Law for the Functioning of Commercial Establishments within 60 days, and that the law would come into force immediately following the publication of these amendments. Regulations were required to be issued 60 days after the law came into force.

4.2.3 During the process of preparing the regulations to accompany the law, a range of concerns emerged that ultimately created the political environment needed to strengthen the law.

4.2.4 First, individual restaurant owners and the restaurant owners association, CANIRAC [la Cámara Nacional de la Industria Restaurantera] expressed concern about the financial implications of requiring smoking areas to be physically separate and to have extraction systems fitted. Moreover, a high proportion of establishments have a small service area and so lack the room to provide any significant, separated space for smoking. There was concern that permitting 30% smoking areas would create an “uneven playing field” from which only the larger businesses would benefit.

4.2.5 At the same time, owners of the restaurant chain “Vips” applied for an injunction to prevent the law coming into effect. Vips claimed that the law limited commercial activity and that the decision to limit the smoking area to just 30% of the premises was arbitrary. However, the courts rejected the injunction application, arguing that the right to health justified the DF Assembly’s decision to legislate.

4.2.6 There was a growing realization of the complications associated with drafting and enforcing effective regulations for a law that allowed indoor smoking areas. The DF’s Minister of Health, Manuel Mondragón, was particularly concerned about the implications of partial restrictions. In part, his concerns arose from indications that some restaurant owners were considering only dividing their smoking and non-smoking areas with flowerpots or bushes. Others were considering including kitchens, bathrooms and other spaces not used by customers to calculate the size of their smoking area in order to maximize the space for smokers. As Sr Mondragón told the press, “A barrier that says ‘no smoking here’ and ‘smoking here’ is ridiculous. It is ridiculous to assume that this would solve the problem. Only a comprehensive and full...
prohibition of tobacco smoke in enclosed spaces will address the problem efficiently.”

Not only did Mondragón feel that partial restrictions were incompatible with the aim of protecting staff and customers from exposure to second-hand smoke, he was also concerned that the law would require “an army of engineers” to check whether smoking areas were correctly constructed and operating as they should. Moreover, there was concern that the law gave rise to ambiguities and left room for injunctions to prevent its application. A broad consensus grew that a 100% smokefree law would be much clearer, simpler to draft, fairer and easier to enforce.

These developments resulted in amendments to the law being approved by the DF Assembly at the end of February 2008. The amendments reverted to the original proposal to comprehensively prohibit smoking in enclosed workplaces and public places. The amendments were published on 4 March and came into effect 30 days later on 3 April, giving businesses just one month to comply.

Regulations under the law were published on 4 April that established mechanisms of enforcement and other implementation details. Having the regulations in place when the law came into effect was seen as an important tactic in the legislative process. It closed down opportunities for opponents to challenge specific aspects of the law and reduced the likelihood of attempts to weaken it. However, some felt that the short time-frame did not give businesses sufficient time to prepare.

In a final legal challenge, following the publication of the regulations, it was argued that the weaker federal law should have precedence over the DF law. The court ruled in favor of the DF government, stating that, because the law addressed fundamental human rights, the state had the authority to enact a law that went further than the federal law in protecting public health.

 Political Leadership

Strong political leadership, with encouragement and support from key tobacco control advocates from NGOs, was fundamental in triggering and sustaining the law. The smokefree agenda and the final legislation relied on political support at different levels and at all stages of the political and legislative process – from the drafting of the bill through to its introduction, approval and publication, and the drafting of regulations.

Political leadership and support came not only from members of the Legislative Assembly of DF, but from the DF Health Ministry. The DF Secretary for Health, Manuel Mondragón, was a strong advocate and supporter of the law. The DF Ministry and Secretary for Health, working with the DF Administration, quickly published the law, supported the rapid production of the regulations, and provided clear and visible public support for the law, to build compliance with it.

Sr Mondragón’s key actions included ordering all departmental buildings in the city to be smokefree in advance of the legislation, deploying Ministry budgets to fund promotional materials for campaigns supporting the smokefree law and leading press conferences to promote the law the day before it came into effect. The Ministry of Health has also played a central role in building compliance with the law (see 4.5.3).

Many champions for the law in the Legislative Assembly worked to ensure its passage. The Head of the Health Commission presented the law to the Assembly and worked to protect the final bill from modifications that could reduce its effectiveness. Other key members of the Legislative Assembly also
adopted a high profile and played an integral role in developing and advancing the law. They led in drafting the legislation, in campaigns, press conferences and media debates, and in generating a political consensus across parties and members. Xiuuh Tenorio established a high media profile as a “champion” of the law and he worked closely with tobacco advocates in crafting arguments and participating in publicity campaigns.

4.4 Campaigns and Lobbying: Key Activists and Their Roles

4.4.1 For years, various activists have been promoting tobacco control in Mexico and in Mexico City. In particular, the knowledge, expertise and political connections of representatives from NGOs organizations – including the InterAmerican Heart Foundation (FIC), the Alliance for Tobacco Control (ACTA) and the Mexican Council Against Tobacco (CMCT) – played an important role in supporting the promotion and adoption of a comprehensive smokefree law in Mexico DF. The World Lung Foundation provided expertise and support in the development of media campaigns to advance the smokefree agenda. Complementing the work of NGOs was the National Institute for Public Health [INSP], a government agency under the federal Health Secretariat. INSP played a vital role in supporting the legislation and in coordinating and carrying out research studies.

4.4.2 Although all of these groups had been active in the past, most had been operating primarily with volunteers and therefore their impact was limited. Just prior to the campaign, some organizations had begun to receive significant funding from the Bloomberg Initiative to Reduce Tobacco Use. This funding enabled paid staff and operational budgets for research, education and media, and greatly strengthened the capacity of tobacco advocates and their allies to act effectively.

4.4.3 To strengthen and coordinate their actions in support of the law, these activists and others came together under the umbrella of the CMCT. This enabled them to discuss joint strategies and actions and facilitated lobbying. To support the lobbying agenda, a public relations agency, with financial backing from Pfizer, was commissioned to lobby the Assembly in Mexico City, as well as the National Congress.

4.4.4 The speed with which the Mexico DF law emerged and its rapid adoption meant that tobacco advocates had to react quickly to the opportunity presented. They coordinated their campaign, provided technical information, were visible in media campaigns, carried out studies and lobbied and worked closely with local politicians who were pushing for smokefree legislation.

4.4.5 Their specific involvement included:
- actively organizing and participating in press conferences and utilizing mass-media to support the agenda;
- organizing street campaigns and the distribution of leaflets, posters, banners and brochures;
- participating in key research agendas.

4.4.6 A key part of the NGOs’s strategy was to create the “image” – particularly to the Legislative Assembly and its members – of an organized coalition with a common objective. By working together and combining their tobacco control and legal expertise under the umbrella of CMCT, legislators and the media perceived that there was a coordinated group of activists. As a result, they became well-positioned to lobby, regularly engage with key politicians and to provide and promote arguments to support the law.

4.4.7 Building on their success at DF level, NGOs have also pushed for effective and comprehensive smokefree laws at the federal level. Working to strengthen the General Health Law, they have attempted to secure restrictions and requirements within the regulations that would make it very difficult to create smoking rooms at establishments – even if the law, in principle, permits them.
4.5 Media Campaigns: Paid Media and Earned Media

4.5.1 CMCT partners together with leading politicians secured extensive media exposure — particularly when media interest peaked with debates about DF becoming a 100% smokefree city. They repeatedly expressed arguments to support and defend the law at press conferences, hearings and through radio and television interviews. For instance, several days before the approval of the law, CMCT organized a press conference with legislators to push for the 100% smokefree law, underline the reasons for it and address fears about perceived negative impacts. Campaign launches also provided opportunities to attract media attention.

4.5.2 A series of media and information campaigns promoted, supported and reinforced the law. With funding and technical support from the Bloomberg Initiative to Reduce Tobacco Use and the World Lung Foundation, FIC partnered with the DF Ministry of Health to run media campaigns before and after the publication of the regulations in April 2008. Efforts to raise awareness began in January 2008 with the slogan “Aire sin humo es vida” [air without smoke is life]. The campaign produced and disseminated a series of radio and print media advertisements that highlighted the benefits of smokefree areas for restaurant workers, customers and for the general public.

4.5.3 A second stage of the media campaign started in late February 2008, when the law was approved. Developed jointly by FIC and the DF Ministry of Health, under the slogan “Se respira respeto” [Breathe respect], the campaign focused on raising awareness of the law and the reasons for it.

4.5.4 Shortly after phase two, a third phase was launched under the slogan “Gracias a ti” [Thanks to you]. This phase continued to raise awareness of the law while highlighting early successes in implementation and encouraging the public to feel positive about it. Part of the campaign involved a large-scale effort by Ministry of Health staff to visit establishments across the city — mainly restaurants, bars, cantinas, hotels and other food premises — to reinforce understanding of the law, promote compliance, clarify any uncertainties and congratulate those observing the law. During this phase, staff visited over 21,000 premises. It has become a more permanent campaign and, at the time of this study, continues to run.

4.5.5 In September 2008, a team of partners collaborating within the INSP launched a campaign to build further support for the smokefree law in Mexico DF and increase compliance. With financial and technical assistance from the World Lung Foundation, the “Porque todos respiramos lo mismo” [Because we all breathe the same air] campaign ran on radio, TV, press and posters.
4.6 Issues, Debate Topics and Arguments
4.6.1 Smokefree laws consistently encounter opposition from a range of organizations and individuals. However, the opposition arguments are normally those promoted by tobacco companies. The Mexico DF experience was no different. The most vocal opposition came from some leading national newspaper figures and from restaurant and bar owners. As elsewhere, smokers — including those well positioned in the media — put forward arguments that the smokefree law was an inherent infringement of their right to smoke. It was also argued that smokefree laws were “first world” and “Anglo-Saxon” laws and inappropriate for a Latin country like Mexico. Restaurant and bar owners were more concerned about the impact of the smokefree law on their business.

4.6.2 Supporting the coalition, the Instituto de Investigaciones Jurídicas de la Universidad Nacional Autónoma de México (UNAM) helped to develop the cogent arguments used by coalition members to defend the right to health and to counter other arguments being put forward by opponents of the legislation. From the political side, it was argued that “the law contributes to the collective welfare and health of the population in Mexico”. The health risks of exposure to second-hand smoke, the benefits of smokefree places, and the costs of tobacco-related diseases were highlighted. The “right to breathe clean air” was asserted as trumping the “right to smoke”. It was emphasized that the law was not “anti-smoker” but rather aimed at protecting people from exposure to second-hand smoke. These arguments were deployed by politicians and tobacco advocates in debates in the Assembly, at press conferences and media interviews both in pressing for the smokefree law and to support compliance after it came into force.

4.6.3 Coalition members and political champions presented the law as an initiative to “protect non-smokers” as well as to “protect workers” from exposure to second-hand smoke. Although not a widespread tactic, some politicians also argued for the need to protect customers from second-hand smoke. Although there was a risk that this could divert attention from the issue of workers’ health and open up freedom-of-choice arguments, this did not seem to materialise as a weakness in the DF debates.

4.7 Role of Research
4.7.1 Campaigners and legislators drew on an extensive body of international and national research to help build the case for comprehensive smokefree laws. Specific studies were also commissioned to generate findings to meet the immediate needs of the campaign and to assess changes that occurred after the law was implemented. Politicians and NGO activists were able to deploy these research findings in bolstering their arguments within the Assembly, the media and other public platforms.

4.7.2 Key studies included those on:
- effectiveness of the previous smokefree law in public sector buildings;
- levels of second-hand smoke in discotheques before and after the law;
- media coverage of smokefree laws;
- attitudes to the law, behaviour, and exposure to second-hand smoke.

4.8 Effectiveness of Previous Legislation
4.8.1 A research study by INSP, with support from the Institute for Global Tobacco at John Hopkins Bloomberg School of Public Health, demonstrated that the pre-existing law on smoking in public buildings was not effective in protecting people from second-hand smoke. This confirmed findings from elsewhere that shared smoking and non-smoking areas are ineffective in preventing exposure to tobacco smoke.
4.9 Air-quality Monitoring in Discotheques

4.9.1 A study of levels of second-hand smoke in a nightclub in Cuernavaca provided first-hand evidence, within Mexico, of the high levels of toxins and harmful particulate matter from tobacco smoke in settings like discotheques frequented by young people. \(^{13}\)

4.10 Assessment of Media Coverage

4.10.1 An analysis of print media coverage showed that the media was generally neutral or supportive of tobacco control issues in the country. This provided a positive environment and opportunity for tobacco control advocates to use the media for campaigns and to influence the public and political debate. \(^{14}\)

4.11 Attitudinal Surveys

4.11.1 Surveys of residents of Mexico DF aimed to identify changes in attitudes and behaviour in relation to the DF smoke-free law. Public opinion surveys were conducted in March 2008, before the law came into effect, and four months later, in August 2008. The studies also examined awareness of health benefits, experience of exposure, and attitudes to smoking.

Key findings included:
- high levels of awareness of the existence of the law: 93% of respondents were aware of the law, in both surveys;
- lower awareness that the law applied to all workplaces: 75% of respondents in August were aware that the law prohibited smoking in all workplaces — perhaps linked to a media focus on restaurants, hotels and bars;
- increased support for smokefree areas after implementation of the law: support in March for smokefree restaurants, workplaces and bars/discotheques was relatively high, but by August, support had increased to 82%, 93% and 67% respectively.
5 Compliance and enforcement

5.1 Levels of Compliance and Tactics Adopted

5.1.1 Although systematic monitoring of compliance has not been put in place, there is a widespread consensus amongst the informants for this study, albeit based on anecdote and perception, that Mexico City residents are largely complying with the smokefree law – especially in restaurants and bars. As in other places that have introduced smokefree laws, the public and business owners express surprise that the law has been accepted so readily.

5.1.2 At a conference on 26 February 2009, a year after the approval of the law, the Secretary of Health for Mexico DF, Armando Ahued, stated that only 90 out of 20,000 restaurants in the city that had received a verification visit were not in compliance with the law.²

5.1.3 The approach to enforcement has been consciously “soft.” This means that while some breaches of the law have been recorded, violators are encouraged to comply with the law, rather than being prosecuted. However, there is an understanding that, should a business continuously flout the law, stronger action will be taken. To encourage future compliance, the DF Secretary for Health has dispatched letters to establishments that have been the subject of complaints about violations of the law.

5.1.4 A series of actions has encouraged compliance with the law. These include:

- direct engagement with businesses by the DF Ministry of Health to raise awareness of the law;
- campaigns to improve knowledge of the reasons behind the law and to encourage compliance;
- training programmes for workplaces to support them in making their premises smokefree.

5.2 Compliance Challenges

5.2.1 While the law appears to enjoy widespread acceptance, there are a few areas of concern:

- Because of the media focus on restaurants and bars, there is a perception that the public may not fully understand that the law also applies to other workplaces such as offices or factories.
- There is anecdotal evidence that some bars may allow customers to stay on after closing time and permit them to smoke.

5.2.2 While not a compliance issue per se, there is concern that the regulations do not fully take account of situations where smoke drifts through windows from outdoor terraces (where smoking is permitted) – and that the definitions laid down are not sufficiently precise.

Armando Ahued Ortega, the new Minister of Health who followed Mondragón, also supports the smokefree law in Mexico DF.
6 Impact of the Law

6.1 Overview
6.1.1 This section considers the impact of the law in terms of:
- exposure to second-hand smoke;
- public opinion;
- economic impact;
- political benefits;
- the influence of the DF smokefree law on federal and other state laws.

6.2 Exposure to Second-Hand Smoke
6.2.1 People's exposure to second-hand smoke appears to have decreased after the law came into effect. Self-reported exposure to second-hand smoke – in all settings – fell significantly between March and August 2008. The proportion of respondents exposed to second-hand smoke fell between March and August from 3 in 10 to 1 in 10. Furthermore, the proportion of respondents reporting no exposure to second-hand smoke “in the previous 30 days” doubled from 19 per cent to 40 per cent.

6.3 Public Opinion
6.3.1 Awareness of the benefits of the smokefree law for people’s health increased after the law was introduced – albeit from an already high level.
6.3.2 Surveys also show strong and increasing agreement that customers and workers have the right to breathe air free from tobacco smoke.

6.4 Economic Impact
6.4.1 The INSP, with technical support from the Institute for Global Tobacco at John Hopkins Bloomberg School of Public Health carried out research on the economic impact of the law on restaurants, bars and cantinas. Preliminary results indicate that, overall, the DF smokefree law has had a positive economic effect. Most indicators suggest that, after the law came into effect, restaurant, bars and cantina businesses in Mexico DF performed better than those elsewhere in the country. For instance, turnover and gross profits for bars and cantinas grew in the five months from April to August 2008, compared with the same period the previous year, and grew more rapidly in Mexico DF than in the country as a whole. Restaurants in DF also outperformed those elsewhere in Mexico, with gross profits up – though there was a marginal dip in turnover.

6.4.2 Because states surrounding Mexico DF did not have strong smokefree laws, there was a concern that DF smokers may seek out bars and restaurants where smoking was allowed increased. However, it seems that, over time, this is receding. FIC has now drafted a pilot law to be presented to surrounding states to encourage them to adopt the same law as Mexico DF.

6.5 Political Benefits
6.5.1 For politicians who supported the DF smokefree law, involvement in a high profile, popular and successful campaign raised their political and media profile at local and national levels. Interviews for this study indicated that this resulted in their being perceived as caring about health issues and the well being of citizens. At the same time, legislators in other jurisdictions have actively sought their knowledge and experience on tobacco control.

6.6 Influence of DF Law on National Law and Other State Laws
6.6.1 The interviews conducted for this study indicate a widespread view that Mexico DF’s comprehensive smokefree law, and its perceived success, is a positive influence on other states that are considering smokefree laws. The DF experience is seen as strengthening efforts to maximize the effectiveness of the federal law in protecting people from exposure to second-hand smoke.
7 Conclusions and Lessons

7.1 Overview

7.1.1 When Mexico DF’s Law for the Protection of the Health of Non-Smokers came into effect in April 2008, the city joined others around the world that have enacted comprehensive laws requiring public spaces and workplaces to be smokefree. The law effectively protects workers, clients and customers from exposure to second-hand smoke. Mexico DF’s smokefree law has few exemptions – its rejection of smoking rooms sets it apart from the national law. The law has proved popular with the city’s residents and the level of compliance has surpassed the expectations of proponents, the general public and hospitality sector businesses. Moreover, initial indications suggest that the law has not damaged the economic performance of the hospitality sector in the city.

7.2 Success Factors

7.2.1 Political champions. The active role taken by key politicians and senior civil servants – both Members of the DF Legislative Assembly and from the DF Ministry of Health – in steering the law through the legislative process and engaging with a high-profile media debate was vital in achieving a comprehensive smokefree law.

7.2.2 Strong, knowledgeable, and coordinated NGOs support. The presence of informed, influential and dedicated tobacco control advocates able to support the political process, lead campaigns and to be flexible and responsive to a rapidly changing policy environment was also an essential ingredient of success. Their willingness to work together combined with knowledge of the rationale for smokefree laws and of good practice from elsewhere, as well as their links to key decision-makers, significantly boosted the prospects of a successful outcome.

7.2.3 Coordinated and well-funded communications efforts. The DF experience reinforced experience from elsewhere in the world of the value of having coherent campaigns to inform and reassure workplaces about the reasons for the law, what the law means for them, and how it will work in practice. At the same time, it highlighted the benefits of using promotional campaigns and the media to raise awareness of the dangers of exposure to second-hand smoke, counter opponents’ arguments and mobilize support for comprehensive smokefree legislation. Ensuring consistency in the primary messages, emphasizing the health rationale and explaining that the law was not anti-smoker were key.

7.2.4 Adequate funding and technical support. Funding was available to NGOs and government to ensure paid staff working full-time on the campaign, and sufficient budgets to run media campaigns and other supportive activities. The funding was complemented by high-level technical support from international experts when needed, which supported in-country activists to move more quickly and effectively.

7.2.5 Clear, comprehensive law. Successful implementation and perceived high levels of compliance were greatly aided by having a law that prohibits smoking in all enclosed workplaces and public spaces, with very few exemptions. Mexico DF’s law confirms experience elsewhere that such laws are clearer, simpler to draft, fairer and easier to enforce. The DF law also meets the criteria favoured by most of the hospitality sector for smokefree laws that cover all premises.

7.2.6 Readiness to respond to industry arguments, and research to support arguments. Many of the issues and arguments raised during the debates about the law were similar to those that arise in almost every place when smokefree legislation is considered. The ability of smoke-free advocates to tap into tried and tested arguments – particularly where they were backed up by local or, at least, national research – was a major advantage.
7.3 Other Lessons Learned

7.3.1 Other lessons and insights from the DF experience include the importance of:
- leading by example – ensuring that the DF Government and other public sector buildings were effectively smoke-free, avoided the risk of undermining the law from the outset;
- enhancing the credibility of smoke-free legislation by putting in place a strategy to ensure compliance with the law and a willingness to enforce it where necessary;
- having the regulations rapidly in place after the passing of the law;
- the relative rapidity of the process, which made it difficult for the tobacco industry or other opponents to react or coordinate their response effectively;
- the potential for tobacco control advocates to use the perceived success of the DF smoke-free legislation to influence the wider smoke-free agenda at federal level and within other states.

7.3.2 With hindsight, there are also some places in which proponents of the law felt the smoke-free agenda in Mexico DF could have been stronger. In particular, it was argued that:
- despite the advantages of a rapid legal process, the 30 days given to businesses to comply with the law made it challenging for some businesses to prepare — particularly for restaurants and other hospitality sector businesses that wished to adapt external spaces to cater for smoking customers;
- availability of more robust evidence of smoking prevalence for DF could have been beneficial. The lack of a large-scale smoking prevalence survey at city level will make it more challenging to measure the impact of the law on smoking prevalence rates.

7.4 Next Steps

7.4.1 It is important to ensure that the success and popularity of Mexico DF’s smoke-free law is maintained. Continued attention may be needed to ensure robust enforcement in future and to counter claims that the law has damaged the hospitality sector – particularly during the current economic downturn.

7.4.2 While challenges remain, the smoke-free law is a major public health achievement for Mexico DF and will generate significant health benefits for citizens in the years ahead. The Mexico DF smoke-free experience is an example for others to learn from and to follow. The progress made with relatively modest resources, and in a short period of time, demonstrates the potential for other large cities in Latin America and elsewhere to adopt similar laws.
References


3. The ENA survey considers persons who have smoked during the past 12 months (even though they have not smoked during the past 30 days) as smokers, while the ENSA survey only includes those smoking at the time of the survey. See: Valdés-Salgado R, Lazcano-Ponce EC, Hernández-Ávila M. Primer informe sobre combate al tabaquismo. México ante el convenio Marco para el Control del Tabaco. México. Cuernavaca: Instituto Nacional de Salud Pública, 2005.

4. ibid


6. ibid

7. Source: www.conadic.salud.gob.mx/interior/cirt_baco.html


16. 2008 data supplied by J. Thrasher, INS/University of South Carolina.

17. ibid

18. ibid
