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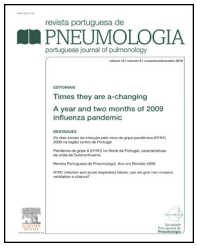

EDITORIAL

Tobacco control progress in Portugal: The need for advocacy and civil society leadership

Para o progresso do controlo de tabagismo em Portugal: a necessidade de activismo e liderança da sociedade civil

Tobacco remains a leading cause and an aggravating factor of many diseases, mainly respiratory and cardiovascular diseases, cancer, tuberculosis, diabetes, and childhood diseases.[1] In addition, tobacco especially harms those who are most vulnerable, exacerbating health and social inequalities. Also, as a major cause of healthcare costs and loss of productivity, it jeopardizes a country's economy and welfare. However, it is possible to change the paradigm: tobacco is the single most preventable cause of death.[1,2] The globalization of tobacco is caused by the tobacco industry (TI).[1,2] Hence, the key strategy to curb the epidemic is to counteract the TI by enacting and enforcing legislation to regulate TI activities; raising awareness about tobacco health hazards; actively engaging civil society in tobacco control (TC).[1–3] Comprehensive TC policies, as part of a sustained and appropriately funded programme, can reduce the burden of tobacco disease. These are evidence-based, follow practices from countries that have made major improvements, and are outlined in the first international public health treaty led by the World Health Organization: Framework Convention on TC (WHO-FCTC).[1,2] Portugal has one of the lowest crude smoking prevalence rates and one of the highest for never-smoking in Europe.[4,5] However, crude prevalence comparisons can be misleading since they do not take into account the age structure of the population. In Portugal, tobacco use is high in young adults; it remains stable or slightly increases among male age-groups 15–54 years and decreases in males above 55 years; while it is steadily increasing among all women age-groups under 70 years.[4,6,7] Furthermore, recent studies report an increase in uptake among young people.[7] For many decades, Portugal was less advanced in terms of the tobacco epidemic due to historical and socioeconomic determinants, which kept the crude smoking prevalence rate lower than that in most European countries. Portuguese females started smoking later than other Europeans, due to sociocultural factors and delays in changes to gender social roles which led to the overall prevalence rate being masked by lower female smoking rates. Note too that Portugal has one of the highest ageing indexes in Europe.[8] This considerably reduces the overall prevalence rate and over-evaluates never-smoking rates. Therefore, other relevant TC indicators should be analyzed, focusing on age-gender specific trends and indicators that are less influenced by demographics such as the following:

- Among smokers, motivation to quit is low; less than half try to quit; few use cessation aids.[5] Additionally, the number of smokers trying to quit or giving up with cessation support has been steadily going down since 2006.[5,7]
- Social permissiveness and exposure to second-hand tobacco smoke (SHS) are common.[5,9–11]
- Poor enforcement and breaches of smoke-free policy (SFP) are frequent.[9,10,12]
- Civil society participation and capacity building in TC are rather poor.[9,13–15]
- Healthcare professionals (HCPs) are not aware of their role in TC.[15,16]
- Portugal scores very low on the European tobacco control scale and its score has been steadily going down.[13]
- Portugal is one of the top countries in the WHO Euro region for TI sponsorship through social responsibility corporation projects and ''charitable contributions''.[17]
- TC research is rather scarce.[6,18] Table 1 depicts the data supporting these statements.

These trends mirror Portugal's failure to enact, implement and enforce TC policies and emphasize the need for a comprehensive and sustained national strategy. Moreover, given the current socioeconomic crisis this situation is even more critical. In 2012, national programmes on respiratory health, cardiovascular, cancer, mental health and TC were approved. This is certainly an opportunity to improve respiratory and global health in Portugal but without appropriate funding and advocacy promoting civil society participation,

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Table 1 Facts and data supporting Portugal tobacco control analysis.

Self-reported SHS exposure in bars and restaurants

The 2012 Eurobarometer reports a declining trend in SHS exposure in EU bars and restaurants, when compared to 2009 data. Portugal was one of the few countries where this declining trend was not observed: SHS increased in bars and remain stable in restaurants.[5]

Children exposure to SHS assessed by self-report and SHS biomarkers

52.2% of a 4th grade Portuguese children national sample report at least one smoking parent and, therefore, are potentially exposed to SHS in the home and in the car. Most of those children reporting parents' smoking declare that they smoke indoors: 62.9% in the home and 46.9% in the car (non-published research: Precioso et al., 2011). A European study has compared SHS exposure among children and their mothers using SHS biomarkers (urine/hair cotinine). Portuguese children were among the most exposed, when compared with other 16 European countries (non-published research: Reis et al., Democophes study 2012).

Self-reported SHS exposure: regional surveys

Two regional surveys (Chaves[11] and Covilhã), have reported that 46.2% and 48.0% of the participants, respectively, were exposed to SHS anywhere (home/school/workplace/leisure settings). In both studies self-reported SHS exposure was higher in leisure settings (33.0% and 36.8%, respectively), where vulnerable populations such as children, teens and young adults should be protected by law. Self-reported exposure in the home and workplaces was similar to the pre-ban period.[11] In Covilhã, the great majority of the participants would allow smoking in the home/car; only 13.6% of the participants would assertively ask smokers not to smoke. (non-published research: Ravara et al., 2013).

SHS exposure in hospitality venues and other settings assessed by SHS biomarkers

Several studies report high SHS exposure of employees in restaurants, bars, discos, casinos, mental health services. Ventilation does not protect workers and clients from SHS exposure: SHS exposure assessed by biomarkers remains high in non-smoking areas in places allowing smoking (non-published research: Calheiros et al., 2008–2010; Reis et al., 2010–2011).

Enforcement of and Compliance with the smoking ban; assertiveness regarding SHS exposure: population-based surveys

Several authors report that the Portuguese partial smoking ban is vulnerable to breaches and poorly enforced, especially in venues allowing exemptions, among vehicle and night-shift workers and high smoking prevalence environments.[9,10,12] In 2012, a computer-assisted telephone interview national survey was carried out. Patchy compliance with the ban was reported in general by 55% of the participants: 47.9% in restaurants/cafes; 47.9% in universities; 37.2% in schools; 25.7% in workplaces; 24.4% in universities; 4.6% in public transports, $p < 0.001$. Of the daily-smokers, 71% smoked in the home and 64.3% in the car; only 30.3% of non-smokers would ask smokers not to smoke indoors.[10]

Tobacco Control activity measured by an objective scale and TC population awareness

Joossens and Raw using the European TC Scale, an objective scale of TC policies, have consistently reported poor TC activity in Portugal over the last decade, i.e. following Portugal ratification of the WHO-Framework on Tobacco Control. Currently, Portugal ranks at the bottom of Europe, very far from Spain and France.[13] A recent study has surveyed citizens' support for a tobacco end game strategy in 18th European countries. While the overall support was 34.9%, Portuguese citizens reported the lowest support (18.0%). Contrastingly, the Southern Europe region reported the highest support (42.5%).[14]

Smoking trends and engagement of HCPs and physicians in tobacco control

Several authors report high smoking rates among Portuguese HCPs/physicians.[6,15,16] Recent surveys report that Portuguese physicians do not act as role-models, i.e. neither as non-smokers examplars nor as tobacco control leaders, when compared with the general population.[15,16] HCPs/physicians' tobacco control attitudes and support for smoke-free policy are not based in public health science. Portuguese physicians' engagement in tobacco control is rather poor.[15,16]

TC advocacy and activism

In Portugal, TC advocacy is led by few underfunded NGOs and HCP associations, such as the National Coalition on TC (COPPT), the Portuguese Societies of Pulmonology and Cardiology, Portuguese Cancer League, TC experts' forum (Smoke-free Portugal) among others. Despite limited resources, these organizations have struggled to move TC. To date, however, they have not been successful in launching a concerted effort to advance TC. The Portuguese Medical Association has neither a clear commitment to tobacco control nor an official policy on tobacco use and advocacy.[16] Following the severe recession that Portugal is suffering, TC activism and mobilization have stalled.

Tobacco industry sponsorship

Evrengil et al. analyzed the tobacco industry sponsorship in several countries through social responsibility corporation projects and ''charitable contributions''. During 2012, in the WHO Euro Region, Portugal ranked 4th in the number of such projects.[17]

Tobacco control research

In 2005, Fraga et al. carried out a literature review and reported that Portugal was among the European countries with less TC research.[6] In 2014, Willessem et al. carried out a similar bibliometric analysis reporting the same trend regarding Portugal.[18]