

Puerto Rico: A Success Story of Comprehensive Approaches to Tobacco Control Work

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General Context



Puerto Rico, a United States (US) territory since 1898, has a population of approximately four million people and has favorable economic and social conditions in comparison to other Caribbean and Latin American countries, yet it is ranked below Mississippi as one of the poorest areas in the US. Since the Jones Act of 1917, Puerto Ricans are US citizens and more than four million currently reside in New York and other Northeastern states, and more recently in states like Florida and Texas in search of better opportunities. Puerto Rico relies on a healthcare system which includes public and private sectors, and a significant number of well educated and trained healthcare professionals. However, of the total Island's population, roughly 300 to 400 thousand people lack health insurance and are burdened by chronic diseases and disabilities¹.

Comprehensive Tobacco Control Approaches

The following summarizes the comprehensive approach to tobacco control used in Puerto Rico which includes data collection, research and evaluation, programs to reduce the burden of disease caused by tobacco, school based programs, passage and implementation of strict laws, raising tobacco taxes, community and state based programs and coalitions, counter-marketing campaigns, cessation services, and strong public-private partnerships and collaboration. All sectors of the Island were engaged in the efforts including research and academic institutions, health care professionals and associations, policy makers, community activists and leaders, youth, educators, substance abuse counselors, government workers and their labor unions, the media, among others. This approach has created one of the strictest anti-smoking jurisdictions in the US. Currently, Puerto Rico is the 3rd jurisdiction with the lowest prevalence at 11.6% preceded only by the U.S. Virgin Islands and Utah². This was achieved even without having the recommended funding from the Centers for Disease Control and Prevention (CDC) Comprehensive Tobacco Control Programs (CTCP). Many of the lessons learned from the tobacco control movement in Puerto Rico can be applied to other health issues in the Island, as well as to other Latin American countries and Latino communities in the US. Policy makers, community coalitions, and state and national networks can learn from the success in Puerto Rico not only to tackle tobacco control in their own cities and states, but to apply some of these strategies to other health issues such as asthma, obesity and diabetes.

An Overview of Smoking in Puerto Rico

Puerto Rico's tobacco control efforts began with the release of the first Surgeon General Report on Smoking and Health in 1964, as it

related cardiovascular disease, cancer, diabetes, and hypertension to the use of tobacco. In the late 1960s the rate of smoking among adults in Puerto Rico was 25%³ and 20.3% in 1996⁴. However, due to the efforts of the Puerto Rico Department of Health (PRDOH) - Tobacco Control and Prevention Division (funded by the CDC), the local Puerto Rico Tobacco Free Coalition, and with mayor contribution, collaboration and support of other key partners in Puerto Rico like the American Cancer Society, American Heart Association, Puerto Rican Lung Association, and the University of Puerto Rico (UPR), in 2008 only 11.6% of the adult population of the Island smokes⁵. This surpassed by two years the goal of 12% of the federal Healthy People 2010 initiative.

The comprehensive strategies have led to a significant change in the social norms of the Island where the population understands the negative consequences of smoking. According to a 2003 Estudio Continuo de Salud in Puerto Rico-PRDOH, 60.2% of the smokers in the Island want to quit smoking. The same study found that smoking is more prevalent in men than in women living in the Island. Tobacco smoke related illnesses are responsible for 10 deaths per day in Puerto Rico⁶. In the entire continent of the Americas, Puerto Rico has the highest incidence of oral and pharyngeal cancer⁷. Since 1990, a biannual survey has been performed in Puerto Rico to monitor adolescent students' substance use. In that year, the lifetime tobacco use prevalence estimate among adolescents was 26%. This prevalence increased significantly until 2002. Since then, a constant biannual 5% reduction in use has been documented, being the last estimate 16% (2007).⁸

TOBACCO COST IN PUERTO RICO

Economic Annual Cost Attributable to Tobacco in Health Services

	Per smoker	Percentage	Cost (in millions)
Ambulatory	\$584	36%	\$215
Hospital	\$368	23%	\$135
Drugs	\$137	8%	\$50
Care home	\$417	26%	\$153
Other	\$116	7%	\$43
TOTAL	\$1,622		\$596

\$596,000,000

Many studies have researched tobacco use and prevalence among Puerto Ricans who have migrated to the US Mainland, and how the effects of acculturation have led to changes in tobacco habits. Contrary to Puerto Rican women in the Island, their New York

counterparts smoke more than men and present similar patterns of poverty, lack of education, opportunities, and health insurance of African American women⁹.

Comprehensive Tobacco Control Programs (CTCP) Puerto Rican Style

Comprehensive tobacco control approaches were necessary in order to change cultural norms among the Island's population. University of Puerto Rico researchers, tobacco control advocates, and the Tobacco Control and Prevention Division - Puerto Rico Department of Health realized that in order to have an effect in the whole population of the Island (not just the Metropolitan Area of San Juan which has approximately half of the Island's total population) comprehensive tobacco control approaches were needed.

The members of the Puerto Rico Smoke Free Coalition adapted and implemented the Asian Pacific Partners for Empowerment and Leadership (APPEAL) Stages of Readiness Model to identify Puerto Rico's capacity to respond to the challenges posed by tobacco use and recognized the areas it needed assistance, training, and readiness for action. This model allows coalitions to gauge their strength and prepare for action and maintenance. The model allowed stakeholders to visualize their progress. In addition, the local coalition also carried out complementary strategies and approaches to tobacco control as recommended by the CDC, like:

- Publicized Tobacco Risk Factors.
- Developed programs that highlighted the value of healthy practices.
- Assured that there was program monitoring and evaluation.
- Validated new treatment alternatives for smokers who wanted to quit.
- Embraced new educational approaches for youth and adults.
- Emphasized Epidemiology and Surveillance to measure progress.
- Highlighted the research which focused on the economic and health cost of smoking.
- Sustained efforts on health communication.
- Validated the need for advocacy and community networks.

A Small Budget & Other Economic Realities

Tobacco control in Puerto Rico has moved forward despite its meager budget because it focused on sustaining a strong and active local coalition of advocates that shared the responsibilities in all areas. Of the minimum \$25,197,747.70 recommended annually by the CDC to run tobacco prevention and control programs in Puerto Rico, the actual local budget was \$767,812.00 per year.

From July 2008 to June 2009, the tobacco industry in Puerto Rico sold 102,367,446 packages of cigarettes.¹⁰ The estimate of industry daily expense in local advertisement is \$274,000.00.¹¹ It's a wonder how the local tobacco control movement has succeeded. The government currently taxes \$2.23 per package and these taxes are not earmarked for tobacco control activities. Since 2006, fines to establishments or smokers that violate the law range from \$250 to \$2,000. It is known that the majority of the funds generated from the Master Settlement Agreement (MSA) between the States and the Tobacco Industry for Puerto Rico were not spent on tobacco control

efforts. The federal funds from the CDC to the Puerto Rico Department of Health - Tobacco Control and Prevention Division were the only stable source of funds for these efforts and they made all of the difference.

Budget Based in CDC formula

Component	Recommended Minimum	Actual Budget
Programs to reduce the burden of chronic diseases related with tobacco	\$ 2,775,000.00	*
School programs	\$ 4,868,000.00	*
Compliance with laws	\$ 1,817,768.76	*
Community programs to reduce tobacco use	\$ 3,564,972.40	*
State program	\$ 1,551,412.80	\$239,000.00
Anti-marketing	\$ 3,878,532.00	*
Cessation	\$ 3,455,399.00	\$450,000.00
Surveillance and Evaluation	\$ 2,191,108.50	\$78,812.00
Administration	\$ 1,095,554.25	*
Total	\$ 25,197,747.70	\$767,812.00

Cessation Programs for Success

The Puerto Rico Department of Health implemented the Puerto Rico Cessation Quitline (PRQ) called "¡Déjalo ya!" (Leave It Now!) in 2004 free of charge for those who want help to quit smoking. The University of Puerto Rico Cancer Center developed an outreach program which established a Cessation Network integrating all sectors of the community. The members of the Puerto Rico Tobacco Free Coalition and the Cessation Network created by the program promoted direct referrals to the PRQ by health professionals, and health and community-base organizations. In addition, the following institutions provided cessation services, support and/or education free of charge individually or in group sessions:

- Center for the Prevention and Control of Tobacco Use and the Early Detection of Oral Cancer, School of Dental Medicine, University of Puerto Rico
- Seventh Day Adventist Church
- Division of Community Health, Puerto Rico Department of Health

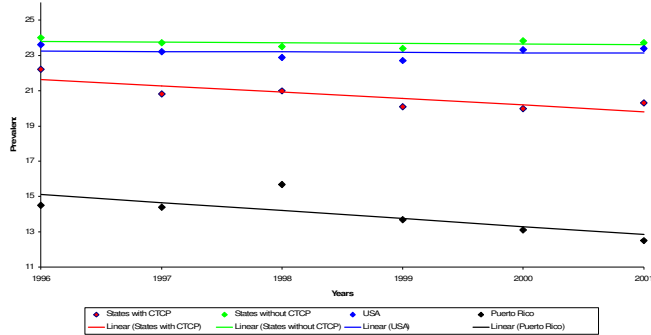
The Puerto Rican Lung Association, the Ponce School of Medicine, the local Veterans' Clinic, and 600 physicians and 300 dentists around the Island offer cessation services at a minimum cost.

Proper and constant education to administer cessation services to the population was essential for its success. Trainings and workshops to help healthcare providers incorporate evidence-based tobacco control practices into their clinical practices and the development, dissemination and utilization of "kits" containing cessation materials for physicians and other healthcare professionals were essential. This was done around the Island and during professional conferences. Continuous training and Quality Control for Quitline counselors was combined with the designation of liaisons among 60 organizations, for achieving institutionalization of the PRQ as a tool for cessation in their organizations. In essence, having a strong cessation campaign helped change the environment and readiness for policy makers and the general public to embrace tobacco policies. All of these efforts were planned and evaluated in collaboration with UPR's research team and resources.

Community Outreach, Education & Coalition Building

Community outreach, education and coalition building were essential to the movement's success. The Puerto Rico Tobacco Free Coalition (changed names from Anti-tobacco Coalition of Puerto Rico due to the negative connotation of the message) from its inception in 1992 had three strong components: education and promotion, public policy, and treatment. The mobilization of all sectors of society, including research-academia, full support and commitment of the Division of Tobacco Control and Prevention - Puerto Rico Department of Health which led the government's efforts, and strong community representation from non-profit organizations, the private sector, and neighborhood leaders were the key components for the success of this movement. The Coalitions, partners, and community networks had great success in getting its members to collaborate and take joint action, including the development and implementation of the *Strategic Plan for Tobacco Control in Puerto Rico 2005-2010* and the *Research Agenda for Tobacco Control 2005-2010*. These documents and the adapted APPEAL Model helped guide and monitor progress. The Strategic Plan not only organized and grouped together the members' goals and objectives but it provided a guide for anyone in the Island doing tobacco control, by highlighting priorities, actions, and the most effective interventions in the fight against tobacco. On the other hand, the Research Agenda searched for answers, filled the gaps, and clarified the goals reached during the process, and at the same time assured that all activities and interventions were culturally adapted to Puerto Ricans living in the Island.

Smoking prevalence trends in USA, states with and without CTCP and Puerto Rico



Other activities of high impact are the annual local Tobacco Control Summit held yearly since 2002 sponsored by the Puerto Rico Department of Health, UPR, and other private contributors. These Summits were excellent venues to energize tobacco control advocates and experts and educate the community. On average there were 200 participants per year, with the exception in 2007 with three Summits across the Island (San Juan, Mayagüez and Ponce) with over 600 participants that year. In addition to federal funds, national groups like the National Latino Council on Alcohol and Tobacco Prevention (LCAT), the American Legacy Foundation, the Campaign for Tobacco Free Kids, and the Robert Wood Johnson Foundation have provided funding, capacity building and leadership training programs, and technical assistance to local advocates working on tobacco control. Building leadership, providing opportunities to meet and learn about up to date promising practices, media advocacy, and policy development were essential elements to

success. Similarly, the implementation of the Train the Trainer in Tobacco Use Prevention (TTTUP), a curricular project that has as its primary purpose to increase the number of public health faculty who specializes in the study of the multiple factors associated to tobacco control at the UPR and links them directly to leading practitioners in the community was vital. This project has a service component that proposes the creation of a clearinghouse of existing services. An unexpected number of faculty (11), practitioners (50) and students (8) has been trained. Local yearly events like the contest *Déjalo y Gana* from 2003 to 2009 and a wide dissemination of the PRQ were important for community outreach and increased numbers of quit attempts and cessation.

However, local challenges and limitations to this success still persist to the date of this publication, including:

- Complying with implementation of all CDC CTCP components in Puerto Rico.
- Medicaid coverage for tobacco cessation.
- Funding to promote and sustain new and innovative ways to promote the PRQ, including cell phones, social media, and the Internet.



- Increasing counter-marketing campaigns that focus on the new products developed by the tobacco industry.
- Reaching out to special populations with effective educational and cessation services, such as the LGBT community, specialized drug treatment institutions, homeless and prison populations, diabetics and asthmatics, and HIV/AIDS patients.
- Mobilizing youth to advocate for policy initiatives and to lead youth based counter marketing campaigns.
- Focusing on smoke free multiunit housing, parks and beaches.
- Mobilizing to demand funding for tobacco control from the MSA and tax increases.
- Sustaining training and education to uphold smoking bans.
- Prohibiting tobacco sales in drugstores and pharmacies.
- Increasing participation of health providers to do brief and intensive interventions (TTS).
- Implementation of TTS certification at UPR.
- Increasing advocacy, BEPA and partnership skills to expand the network.
- Monitoring and evaluation of the impact of the law outside of San Juan Metropolitan Area.
- Improving the 1-800 services for smokers with free nicotine replacement treatments and counseling.
- Expanding research efforts on how acculturation and migration impact Puerto Ricans in the US and in the Island.

Highlights of Tobacco Control Policies in Puerto Rico

- **1993 Act No. 40:** restricts smoking in some public and private places.
- **1993 Act No. 62:** regulates publicity and advertisement.
- **1993 Act No. 128:** prohibits tobacco sales to minors.

- **1997 Act No. 111:** regulates selling cigarettes in vending machines.
- **1998 Act No. 204:** prohibits employment of minors for tobacco sales or promotions.
- **2000 Act No. 6:** prohibits sale of tobacco shaped candies near or in schools.
- **2002 Act No. 63:** increases cigarette excise tax from \$4.15 to \$6.15 on each hundred or fraction of one hundred cigarettes.
- **2006 Act No. 66:** amends Act No. 40, creating a smoke free Puerto Rico. Includes in the prohibition work places, restaurants, and casinos. (see photo below with members of the local Coalition the day the law was signed)



- **2008 Act No. 21:** covers tobacco cessation expenses by all health services organizations, and requires the implementation by the Puerto Rico Department of Health of the Tobacco and Tobacco by-Product Use and Dependence Treatment Protocol.
- **2008 Act No. 35:** creates a special fund for tobacco control.
- **2009 Act No. 7:** increases cigarette excise tax from \$6.15 to \$11.15 on each hundred or fraction of one hundred cigarettes.

These legislative victories were the results of consistent and sustained efforts by the Puerto Rico Tobacco Free Coalition and the leadership of several members of the House and Senate as well as the support of various governors, mayors and other government representatives. Relationships have been built between several members of the Coalition and the Legislators. Many have testified before the Legislature and have utilized the media to educate the public in the value of policy changes. The Puerto Rico Department of Health played an important role convening the coalition, providing the data and the justification of why raising taxes lowers tobacco prevalence, the dangers of second hand smoke, and demonstrated the value of comprehensive approaches in order to achieve norm changes. It also worked with other government agencies to assure the implementation of the youth access and clean indoor air laws and made the Quitline a success. Every stakeholder had a role to play, working together with common goals and shared tasks which complemented one another made success possible.

Conclusion

The tobacco industry is still putting up a fight to lure new smokers in Puerto Rico. In mid-2009, it tried to have one of its industry funded school curriculums utilized in Puerto Rican public schools. But advocates and government officials fought back, reached out to national partners, used the media, and worked with teachers and school administrators to stop the “wolf from tending the sheep”. From this action, the program was stopped from being implemented in Puerto Rico public schools. The Puerto Rico Tobacco Free Coalition is always ready to defend the gains attained and prevent

youth from starting, reduce tobacco use among youth and adults, reduce exposure to second hand smoke, and empower groups and communities most affected by tobacco to take action. The Coalition has a Strategic Plan and Research and Legislative Agendas and they are going to stop the industry from achieving their objectives.



Estado Libre Asociado de Puerto Rico
Departamento de Salud



*University of Puerto Rico/M. D. Anderson Cancer Center:
Partnership for Excellence in Cancer Research - Outreach Program*

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Based on Dr. Elba C. Diaz-Toro presentation titled *Puerto Rico: Accomplishments, Challenges, and Future Collaborations in Tobacco Control* presented at NLTCN Steering and Advisory Committee Meeting in Phoenix, AZ on June 9, 2009.

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