PostScript

LETTERS

Cigarette taxes and prices in Spain: government and industry initiatives

Cigarette taxation has recently been modified in Spain. The process took place over six months, and may be relevant for other countries. In September 2005, as financial provisions for the National Health System were reviewed, a modest rise in tobacco taxes was approved, bringing the ad valorem component from 54% to 54.95% and the specific component from €3.99 to €4.20/1000 cigarettes. At the time, a smoking prevention bill was discussed in Congress, banning publicity and smoking in workplaces (with exemptions for the hospitality sector).¹ Most companies did not translate this rise into final prices.

By mid 2005, Altadis launched Ducados Blond, a low cost brand. At a historical low price of €1.35 and with a huge advertisement campaign, sales expanded quickly. Low cost brands had been entering the market, without comparable marketing support.

Taxes on tobacco rose on 20 January 2006, after the entry into force of the bill. The ad valorem component reached 55.95% and the specific component €6.20/1000 cigarettes. The prevention movement and sectors of the media had criticised the bill for being partial, a concept brought forward also by the opposition during the legislative process. On 25 January, Altadis increased prices. The next day, Philip Morris responded with an unexpected move, lowering prices below those of Altadis. Philip Morris sales soared, and all others plummeted. In 10 days, most companies had lowered prices to regain differentials with Marlboro. By 12 February, the government increased taxes: ad valorem to 57% and specific to €8.20/1000 cigarettes. It imposed a minimum tax of €55/1000 cigarettes: if the combined effect of the ad valorem and the specific components were below this, the specific component would rise to ensure it did not remain so. Next week, all prices increased again.

The retail prices of selected brands are shown in table 1. Most were similar to the year before, but there was a 48% rise for the cheapest. This price war was studied in business schools and magazines. It brought

cigarettes into the media after advertisements had been banned. It shows how Philip Morris has attained the effective control of the market, forcing a reduction of the price differentials of its products, and pushing its main competitor (Altadis) into undesired positions. From a prevention perspective, it can be seen as both an effect of the progress in policies and part of them: both the tax structure and the current prices are more prevention-friendly now.² While the price of premium brands is similar to what it was, the price of low cost brands has risen consistently. A sharp rise in quit rates by middle aged men of low socioeconomic status was documented when the price of dark tobacco cigarettes rose in the 1990s as an effect of the European Union directive on tobacco taxation.^{3,4} We hope for similar effects now, perhaps greater as they are combined with new regulations about advertising and smoking in workplaces. We advocate for further increases to levels similar to those attained in France, which have led to reductions in consumption.⁵

Joan R Villalbí, Ángel López-Nicolás†, Rodrigo Córdoba

Comité Nacional de Prevención del Tabaquismo, Spain

Correspondence to: Dr Joan R Villalbí, Agència de Salut Pública de Barcelona, Pl Lesseps 1, 08023 Barcelona, Spain; jrvillal@aspb.es

*Also Agència de Salut Pública de Barcelona, Barcelona, Spain

†Also Departament d'Economia i Empresa-CRES, Universitat Pompeu Fabra and Departamento de Economía, Universidad Politécnica de Cartagena, Spain

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Time for a Tobacco and Nicotine Regulatory Authority for France

The prevention of smoking-related diseases has entered a new phase. Smokers and non-smokers alike have become overwhelmingly in favour of smoking bans at work and in public places (recent polls in France showed that around 80% of the population is in favour of the ban). Many countries, including France, have ratified the World Health Organization's Framework Convention on Tobacco Control (WHO FCTC) which came into effect on 27 February 2005. Countries signing up to the agreement committed themselves to introducing new governance that would enable them to implement various actions in the most effective way. The European Union (EU) is also proposing to reinforce national policies on tobacco control.

At the same time, politicians at the highest level have taken this objective on board and schemes such as the "Plan Cancer" were launched by the French President in 2003. Unfortunately, the tobacco industry has systematically attempted to confuse the issue and through large scale lobbying activities has managed to scare members of the HORECA (hotel, restaurants and bars) sector.

Quite early on, France embraced several courageous decisions such as the Veil Law (1976) and the Evvin Law (1991), followed by the "Plan Cancer" and energetic measures relating to tobacco taxes. Unfortunately, the measures that have been implemented have barely lived up to expectation in a country that professed itself committed to a "guerre au tabac" (war against tobacco) and having placed precautionary measures at the constitutional level. In all, barely 20 people from central government, government agencies and associated bodies and NGOs are actively working to control smoking. In Ireland, by contrast, the Office of Tobacco Control (OTC) has 17 full-time staff (population ratio would mean France having 250 staff) and 18 staff engaged as law enforcement officers.

Article 5.2a of the WHO FCTC recommends each signatory country to "establish or

Table 1 Changes in cigarette prices for selected brands in Spain, December 2005 to February 2006

Company	Brand ¹	Market share, 2005 (%)	Price, late 2005 (€)	Price changes, 2006 (€)			
				Jan 25	Jan 26	By Jan 31	By Feb 17
Altadis	Fortuna	14.58	2.25	2.50		1.85	2.20
	Ducados dark	9.38	2.25	2.50		2.00	2.20
	Nobel	4.45	2.25	2.50		1.85	2.20
	Ducados blond	3.34	1.35	1.75		1.75	2.00
Altria	Marlboro	16.75	2.75		2.35		2.75
	Chesterfield	10.57	2.40		2.00		2.40
	L&M	5.40	2.20		1.75		2.20
JTI	Camel	6.36	2.40			2.00	2.40

All brands with a market share above 3% for the year 2005 are included.

reinforce and finance a national coordinating mechanism or focal points for tobacco control'. In France, such a "national mechanism" is sadly lacking as the document prepared by the Comité National Contre le Tabagisme (National Committee Against Tobacco Smoking) and the Ligue Nationale Contre le Cancer (French Cancer League), testifies (the document is available in French and English at: http://cnct.org/site/article.php?id_article=395). Analyses by the LNCC and the CNCT reflect those of the United Kingdom's Royal College of Physicians, which has recommended adding a renewed and firm impetus to the national tobacco policy with the creation of a Tobacco and Nicotine Regulatory Authority for the UK.

This new coordinated, comprehensive, resolved and goal oriented policy implies the mobilisation of the necessary resources and the coherent and responsive organisation of public health measures to be adopted or strengthened. The CNCT and the LNCC agree that France needs real coordination of its organisations and resources, which can be achieved by setting up a body dedicated to that purpose, an Autorité Nationale de Régulation du Tabac et de la Nicotine (National Tobacco and Nicotine Regulatory Authority). This regulatory body would work with other national organisations across Europe, which are either in the process of being set up or already established as in Ireland and Norway. The authority would work in direct contact with the government, the territorial administrations and other local public services. It would be responsible for formulating decisions about how tobacco and nicotine products will be regulated and overall responsibility for tobacco control. In this endeavour, it would also be expected to rely heavily on the work of NGOs and scientific bodies that come under the umbrella of the Alliance Contre le Tabac (Alliance Against Tobacco) to which it could delegate some of its competencies. The authority would have full and direct control in areas not covered by these bodies.

Lung and cancer specialists have been able to do relatively little to mitigate the devastating effects caused by asbestos. This is a product that for more than 50 years we knew, and taught, was a hazard to health (cancer and other diseases) when inhaled and yet not enough was done in time to prevent its effects. We know even more about the damage to health caused by smoking and we know there are effective ways to prevent them. In such a context, doing nothing is not an option, it is simply unethical. We have to assume our responsibilities and work together for an effective and cohesive tobacco control policy.

Jacques Le Houezec

Consultant in Public Health, Rennes, France;
Comité National Contre le Tabagisme

Albert Hirsch

Ligue Nationale Contre le Cancer, Paris, France

Yves Martinet

Service de Pneumologie, CHU de Nancy, France;
Comité National Contre le Tabagisme

Correspondence to: Dr Jacques Le Houezec, Amzer Glas, 176 rue de Brest, 35000 Rennes, France;
jacques.lehouezec@amzer-glas.com

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BOOK REVIEW

Cancer: my story

Edited by Daniel Feist with Stan Shatenstein. Published by CanWest Books, Inc (a subsidiary of CanWest MediaWorks Publications Inc), price C\$19.95. ISBN 1-897229-08-9.

A personal account of a smoker's life with, and death from, cancer

You probably never knew Daniel Feist. Now he's just another statistic, one of five million-plus who die each year from smoking. No, let's say that plainly: who are *killed* each year by tobacco, dead as anyone in the World Trade Center towers. Who was he? "Daniel had an eclectic career as a writer, producer, radio broadcaster and teacher," bringing world music to listeners in Canada, Africa and Poland; happily married, father of two—so relates Stan Shatenstein, Daniel's friend since boyhood.

"Cancer: my story" is the posthumously published account by Daniel Feist (with Stan Shatenstein) of his ordeal when, at age 50, he learned he had lung cancer that had spread to the brain. The book reproduces the series of articles in *The Gazette*, a Montreal daily paper, where Feist told in plain speak what he went through, physically and emotionally: the first symptoms just three months earlier, his treatment, hopes and dismaying setbacks. Accompanying each article were sidebars by Shatenstein that informed the readers: about cancer in general; lung cancer and smoking; and the treatments available known as "slash, poison and burn"—surgery, chemotherapy and radiation.

The weeklong series began 4 September 2004, and ended three months later. By then Feist had had his brain tumour removed, his right lung taken out, and started on chemotherapy. He could still write, "Perhaps I'll update you on my cancer story in five years.... In the meantime, I wish you and everyone you love good health for the holiday season. It's the greatest blessing of all." Daniel Feist died two months later.

The tobacco companies say, "It was his adult choice to smoke." Many judges and juries in lawsuits against the industry say, "He could have quit anytime. He knew the risk." Really? Feist started smoking when he was 10 years old, what did he know about choice then? He was seriously "wedded to the weed", still sneaking smokes after the diagnosis. Oh sure, he had that kind of profile: risk-taker, going for the high experience that seems to go along with substance abuse in some persons. But it was the tobacco companies that sold him the "substance" in cigarettes deliberately designed to create and maintain addiction—Daniel Feist's addiction.

The book enriches the series with an obituary; Shatenstein's affecting eulogy; and a selection of letters from the hundreds of people—smokers and non-smokers, young and old—who responded, testifying to the impact and influence Feist's candour and bravery had on them.

"A single death is a tragedy, a million deaths is a statistic." So said Joseph Stalin, who should know: he was responsible for 15 million deaths in his 30 year reign. The tobacco industry manages that in just three. Perhaps it is the tragedy and the testimony of the single brave person that finally galvanises outrage, and leads to direct action. Canada now has some of the most stringent regulations in the world against the use of tobacco.

One of Feist's last communications was to his editor: "As for me, not great news. The cancer has spread quickly to other parts of my body.... Good thing we got those articles written, because there won't be another I am sure."

To order this book go to: <http://www.canada.com/cwb/cancer.html> or <http://www.chapters.indigo.ca/books/item/books-978189722908/1897229089/Cancer+My+Story>

N Hirschhorn
bertzpoet@yahoo.com

CORRECTION

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There was an error in the letter by Moreuo San-Pedro E, Roales-Nieto JG, Blanco-Coronado JL. Tobacco use among Spanish physicians and medical students. *Tob Control* 2006;15:272. The name of the first author was incorrectly spelled. The correct name is E Moreno San-Pedro.