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Tobacco control law implementation in a middle-income country: Transnational tobacco control network overcoming tobacco industry opposition in Colombia

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Abstract

The objective of this paper is to examine the implementation of Colombia's tobacco control law. Methods involved are triangulated government legislation, news sources, and interviews with policy-makers and health advocates in Colombia. Colombia, a middle-income country, passed a tobacco control law in 2009 that included a prohibition on tobacco advertising, promotion, and sponsorship; and required pictorial health warning labels, ingredients disclosure, and a prohibition on individual cigarette sales. Tobacco companies challenged the implementation through litigation, tested government enforcement of advertising provisions and regulations on ingredients disclosure, and lobbied local governments to deprioritise policy responses to single cigarette sales. A transnational network including international health groups and funders helped strengthen domestic capacity to implement the law by; promoting public awareness of Ley [Law] 1335; training local health department staff on enforcement; facilitating health agencies' sharing of educational strategies; and providing legal defence assistance. This network included vigilant efforts by local health groups, which continuously monitored and alerted the media to noncompliance, engaged government officials and policy-makers on implementation, and raised public awareness. Support from international health NGOs and funders and continuous engagement by local health groups enhanced implementation capacities to counter continued tobacco industry interference and ensure effective tobacco control implementation.

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Keywords

Policy implementation; tobacco industry; middleincome countries; advertising; transnational networks

Introduction

The WHO Framework Convention on Tobacco Control (FCTC) (World Health Organization, 2003), a global public health treaty, requires comprehensive evidence-based tobacco control policies. FCTC ratification has been followed in many countries by adoption of national tobacco control policies (Sanders-Jackson, Song, Hiilamo, & Glantz, 2013; Uang, Hiilamo, & Glantz, 2016), which the tobacco industry fights through lobbying, litigating, and using third-party groups (Crosbie, Sebrie, & Glantz, 2012; Dearlove, Bialous, & Glantz, 2002; Drope & Glantz, 2003; Gonzalez & Glantz, 2013; Ibrahim & Glantz, 2006; Lee, Ling, & Glantz, 2012; Sebrie & Glantz, 2007; Thomson & Wilson, 2005). In low and middle-income countries (LMICs) (Bump, Reich, Adeyi, & Khetrpal, 2009) the industry exploits limited state capacity (Drope, 2011; Gilmore, Fooks, Drope, Bialous, & Jackson, 2015; Griffith, Cardone, Jo, Valdemoro, & Sebrie, 2010; Hiilamo & Glantz, 2015; Kaur & Jain, 2011). In particular, the tobacco industry uses the threat of litigation (Tienhaara, 2011) through international trade and investment agreements to block, weaken, and delay progressive public health policies thereby producing a regulatory chill on the spread of best practices globally (Crosbie & Glantz, 2014; Crosbie & Thomson, 2017).

Tobacco control advocates have countered these challenges in many countries through a transnational tobacco control network linking domestic tobacco control advocates to foreign health advocates, organisations, lawyers, and donors (Crosbie, Sosa, & Glantz, 2017a; Mamudu, Gonzalez, & Glantz, 2011). This informal network provides financial and technical assistance to help counter tobacco industry opposition, and pressure governments' to comply with international treaty obligations (Collin, 2012; Gneiting, 2016). A growing body of research demonstrates the success of policy networks in securing tobacco control policy transfer in high-income countries (Cairney, Studlar, & Mamudu, 2012) and helping overcome the potential chilling effect of tobacco industry trade and investment legal threats and challenges in middle-income countries (Crosbie et al., 2017a). Yet efforts by tobacco control advocates to ensure strong implementation have been less studied in LMICs (Crosbie, Sosa, & Glantz, 2016, 2017b; Gilmore et al., 2015).

This case study of Colombia contributes to the existing literature by demonstrating how a middle-income country succeeded in implementing a multifaceted tobacco control law although many middle-income countries have struggled with implementing more narrowly tailored tobacco control laws. Colombia, a middle-income country with limited state capacity (Marshall & Cole, 2014) has faced a decades-long internal armed conflict, historical tobacco company alliances with government agencies on agriculture (Infoagro, 2009), and company efforts to position tobacco as a post-conflict development strategy (Agencia Presidencial de Cooperación Internacional de Colombia & United Nations Office for South-South Cooperation, 2016). Nevertheless, Colombia ratified the FCTC in 2008 and

adopted a comprehensive national law, Ley 1335 de 2009 (Table 1), in 2009 (Senado de la República de Colombia, 2009), implementing FCTC Articles 8, 10–13, and 15–16 (World Health Organization, 2011). It created smokefree indoor public areas and health and educational campuses, prohibited tobacco advertising, promotion, and sponsorship (TAPS), mandated that 30% front and back of cigarette packages be covered by pictorial health warning labels (HWLs), prohibited individual cigarette sales, required tobacco company submission of cigarette ingredient information to the Ministry of Health, mandated national and local tobacco control media campaigns, and created a government unit to counter contraband cigarettes. Cigarette taxes could not be included due to constitutional requirements (República de Colombia, 1991) that changes to taxation can only be implemented as part of budgetary processes.

This paper complements our earlier analysis of the implementation of Ley 1335's smokefree provisions (Uang, Crosbie, & Glantz, 2017) by examining the implementation of provisions on TAPS, HWLs, the sale of individual cigarettes, and cigarette ingredient disclosure. It outlines the activities of the national Ministry of Health, local health agencies, national regulatory agencies, Colombia-based nongovernmental health organisations (NGOs) such as Corporate Accountability International, Fundación para la Educación y el Desarrollo Social (Foundation for Education and Social Development (FES)), Colombian universities, and international funders. We examine how the tobacco companies and third-party allies challenged these provisions and how the transnational tobacco control network effectively responded to help the government implement the law effectively. We identified the connection between domestic tobacco control advocates and external actors who provide technical and financial assistance; the importance of these transnational ties and NGO vigilance in supporting implementation activities and legal defence efforts; and challenges deriving from limited state capacity and tobacco industry interference, which these resources often helped to overcome.

Methods

Between July and December 2015 we used standard snowball search methods to review newspaper articles, beginning with search terms 'Ley 1335', 'Ley Antitabaco', and 'Ley 1335 de 2009'. We also reviewed national government ministry resolutions, administrative orders, court rulings, and health NGO reports. Between October and December 2014 we interviewed 14 key informants in person or by phone (out of approximately 40 requested via telephone and email), including tobacco control advocates, national and local health authorities, and the legislator who sponsored the law in the national Congress (Table 2). Interviews were semi-structured, lasted between 30 minutes and 2 hours, and were tailored to informants' areas of expertise following a protocol approved by the University of California Committee on Human Research.

Results

The prohibition of TAPS (FCTC article 13)

Litigation against TAPS ban—In April 2010, a former high court judge, acting as a citizen, filed a lawsuit against the provisions of Ley 1335 prohibiting TAPS on the grounds

that the law violated a constitutional right to commerce. Defending the law in court required intensive efforts by the Ministerio de Salud y Protección Social (Ministry of Health and Social Protection, hereafter 'Health Ministry'), and Colombia-based NGOs supported by international financial and technical assistance. To assist the Health Ministry's small tobacco control legal team (Calderón, 2014) local NGOs including Fundación para la Educación y el Desarrollo Social (FES) requested assistance from international health groups. In response, Corporate Accountability International's (CAI) Bogotá-based regional branch and the International Union Against Tuberculosis provided the Health Ministry with technical and legal assistance to help defend the law (Cabrera & Carballo, 2013; Dorado, 2014). For its legal defences, as with its other efforts outlined in this article, CAI made use of international connections. As the Bogotá-based regional Latin American director commented in a 2014 interview,

Coordination with [CAI headquarters in] Boston is permanent...Our team has been in meetings with organizations from Africa, Asia, Latin America, and of course the United States, and with other organizations like [the Campaign for] Tobacco-Free Kids...We coordinate not only for Colombia but also for other countries in the region. (Dorado, 2014)

In 2010, before the expected 2011 implementation of the TAPS provisions, the Colombian Constitutional Court upheld the law, citing a right to health (Sieder, Schjolden, & Angell, 2005) based on Colombia's 1991 constitution's right to life (República de Colombia, 1991), and ruled that the 'devastating' harm from tobacco allowed a 'proportionate' response and a broad interpretation of tobacco promotion (Cabrera & Carballo, 2013). Fundación FES also won a grant to reduce tobacco use in LMICs from the Bloomberg Initiative Grants Program (Bloomberg Foundation, 2017) starting January 2011 to support implementation of TAPS provisions. NGOs understood that these funds would help: as the director of Fundación FES commented in a 2014 interview, the Bloomberg Foundation-supported efforts helped 'support the government in this very asymmetric context [relative to] the tobacco companies' (Varela, 2014).

Through April 2017, Bloomberg Initiative grants to Colombia-based organisations directly related to Ley 1335 totalled \$926,922 (Bloomberg Foundation, 2017). TAPS provisions were implemented as planned in July 2011.

Tobacco advertising at the point-of-sale—Ley 1335 required removing tobacco advertising including billboards and promotional items carrying tobacco company logos at the point-of-sale (POS). Senator Dilian Francisca Toro, the legislator who sponsored Ley 1335, called publicly before and after the provisions went into effect for government agencies to conduct educational efforts on these provisions (*El Nuevo Siglo*, 2011; *El Tiempo*, 2011b).

In response to the law, the retailers' association, Federación Nacional de Comerciantes (Fenalco; National Retailers' Federation), which in the 1990s had cooperated with a tobacco industry minimum sales age programme (Philip Morris, 1998) designed to prevent effective enforcement (Delavega & Gaviria, 1996), encouraged storeowners to place brand logos at POS. Although Fenalco launched an 11-city campaign in 2011 (Extroversia, 2011) telling

store owners to remove advertising with brand logos (*El Tiempo*, 2011c), it encouraged adding cigarette brand logos to price lists near the POS and then argued in the media that such displays were permitted by the law (*El Tiempo*, 2011a).

In response, Colombian NGOs again worked with governments and international health groups to ensure implementation. Local health NGOs obtained financial and technical support from the Bloomberg Initiative (Bloomberg Foundation, 2017) to help promote public awareness of these provisions, train local health department staff on enforcement, and facilitate health agencies' sharing of educational strategies (Lagos Campos, 2014; Varela, 2014). Fundación FES won Bloomberg grants in 2012, 2013, and 2014 for implementation, legal defence, and enforcement of TAPS provisions (Bloomberg Foundation, 2017). Corporate Accountability International worked with city governments in Bogotá, Medellín, Popayán, Pasto, and Tunja to establish an inspection protocol about advertising to observe whether there was compliance with the law (Dorado, 2014).

CAI and FES drew media attention to the logo displays, arguing that FCTC Article 13 implementing guidelines considered the displays of packs to constitute advertising (Fundación InterAmericana del Corazón - Argentina, Corporate Accountability International, Fundación InterAmericana del Corazón México, & Aliança de Controle do Tabagismo, 2012) and considered some displays to be miniature billboards (Corporate Accountability International, 2013). The Health Ministry echoed these complaints (Calderón, 2014).

In 2012, the Superintendencia de Industria y Comercio (hereafter 'Superintendencia'), the Ministry of Commerce unit responsible for regulating advertising, settled the matter by releasing two memos to regional agencies, Circulars No. 5 and No. 11 (Superintendencia de Industria y Comercio, 2012a, 2012b). Circular No. 5 prohibited logos on price lists but allowed showing the logo on one cigarette pack per brand at the POS. The Superintendencia argued that one logo per brand was not advertising, but multiple logos (e.g. stacking packs into a wall of logo images) was advertising (Superintendencia de Industria y Comercio, 2012a). Circular No. 11 clarified that stores with multiple POS could display one pack logo per brand at each POS (Superintendencia de Industria y Comercio, 2012b).

Although the Health Ministry received support from the tobacco control advocacy network, due to limited state capacity and resources it believed it could not simultaneously work to change the Superintendencia's rulings and keep cigarette packs free of advertising (Hernández, 2014) (next full section), so the Health Ministry did not attempt to change the Superintendencia's decision.

Tobacco promotion—Coltabaco (Philip Morris) and Protabaco (British American Tobacco's subsidiary since 2011) attempted to blunt the TAPS ban by creating promotions aimed at storeowners. The tobacco companies encouraged storeowners to display cigarettes conspicuously, telling owners that tobacco company representatives would make surprise visits to give monetary prizes to stores with conspicuous displays (Fundación InterAmericana del Corazón - Argentina, et al., 2012, 2014). Such promises of awards during surprise visits constituted gaming that fell under the authority of the national gaming

agency Coljuegos (part of the Ministry of Finance) (Dorado Mazorra, 2014), which authorised these games.

Since these games served to promote the sale of cigarettes, in 2014 CAI drew attention to the games, arguing that these constituted tobacco promotion. CAI petitioned Coljuegos to revoke the authorisations, which it did in February 2014 (Dorado Mazorra, 2014).

Tobacco sponsorship—Similar to efforts in other countries (World Health Organization, 2008), tobacco companies tried convincing organisations that sponsored events would not be financially viable if tobacco industry sponsorship was prohibited. The most prominent tobacco sponsorship in Colombia was the professional soccer league's yearly championship, Copa Mustang, for BAT's Mustang cigarette brand. The league División Mayor del Fútbol Profesional Colombiano argued before the law's passage that changing sponsors would take a long time (Caracol Radio, 2009; Toro Torres, 2014). Yet in November 2009, just four months after the law's passage, soft drink company Postobón announced its sponsorship (*El Tiempo*, 2009), which lasted through 2014 when it was replaced by the alcoholic beverage company Bavaria beginning in 2015.

Pictorial HWLs (FCTC article 11)

The Health Ministry established implementing rules for pictorial HWLs in October 2009, releasing new HWLs yearly (Ministerio de la Protección Social, 2009). The Instituto Nacional de Cancerología (National Cancer Institute, part of the Ministry of Health), chose an initial set of six images from a collection (Comisión Intergubernamental para el Control del Tabaco del Mercosur, 2009) created in 2009 by Mercosur (Sebrie, Blanco, & Glantz, 2010). (Mercosur is a common market in South America that includes Argentina, Brazil, Paraguay, Uruguay, and Venezuela.) HWLs covering 30% of the front and back of packs first appeared starting in July 2010 (Figure 1). In 2011, the National Cancer Institute developed new images, which continued until 2014 when the Health Ministry took over developing images (Calderón, 2014; Niño Bogoya, 2014). The implementing rules also required manufacturers to submit proposed pack designs with the new HWLs for approval annually (Ministerio de la Protección Social, 2009).

Even though Protabaco (BAT) incorporated pictorial HWLs in proposed pack designs, between 2010 and 2013 it submitted designs with images and text such as, 'Specially blended to deliver the perfect balance between the taste of tobacco and the refreshing taste of menthol' (Gutierrez Torres, 2013). Each year the Health Ministry rejected these designs as constituting advertising so Protabaco sued the ministry four times arguing these designs were not advertising (Hernández, 2014). The last lawsuit, in 2013, sought damages of 20.5 billion pesos (U.S. \$10.3 million), arguing that the ministry had inappropriately censored the company, resulting in lost revenues (Gutierrez Torres, 2013). Although the Health Ministry won each case, the multiple lawsuits required intensive legal defence efforts that were funded by a ministry with limited financial resources (Calderón, 2014; Hernández, 2014), which also weakened the ministry's ability to implement other provisions of the law, including prohibiting TAPS at POS.

In 2013, the Superintendencia determined that Protabaco (BAT) and the drugstore chain Olímpica had distributed packs produced by Protabaco without graphic warnings, and fined each company 147 million pesos (250 monthly minimum wages, as required by the law; about U.S. \$75,000) (Colprensa, 2013). Beginning in 2014 and continuing as of April 2017, the companies complied with the HWL requirements.

Individual cigarette sales (FCTC article 16)

Ley 1335 prohibited the individual sale of cigarettes, requiring a minimum of 10 per pack, with enforcement by local health departments and police. Ley 1335 sponsor Toro, even after stepping down from the Senate in 2013, continued to press publicly for compliance on individual cigarette sales (*El Nuevo Siglo*, 2015). Given the volume of street vendors who largely sell individual cigarettes and Colombia's ongoing armed conflict, the police focused more enforcement towards public security (Barón & Llorente, 2014). Most local health departments found it difficult to monitor all of the sales of individual cigarettes. As a result, individual cigarettes continued to be sold.

However, two cities in southwestern Colombia, Popayán and Pasto, took extra steps to prevent individual cigarette sales. These cities' mayors were personally committed to reducing tobacco use. Popayán instituted a local prohibition on cigarette sales around schools. Popayán's Office of Consumer Protection found high individual cigarette sales near schools and the local health department determined that the sales were largely by street-based vendors (Fuly, 2014). The mayor's office issued a decree prohibiting tobacco sales within 500 metres of educational institutions, libraries, and health institutions (Alcaldía de Popayán, 2013). Pasto conducted educational campaigns about single cigarette sales, directed towards vendors, resulting in increased compliance.

Coltabaco (Philip Morris) lobbied to weaken both cities' efforts. In Popayán, Coltabaco met with the mayor's office in 2013 and in 2014 (Fuly, 2014). In 2014, Popayán reduced its radius to 200 metres from these institutions (Fuly, 2014). In March 2015, Coltabaco sued Popayán (Radio Super Popayán, 2015a), asserting that local legislation rather than mayoral decree was necessary. Coltabaco won this lawsuit in September 2015; the court found that Popayán's sales radius prohibition went beyond its authority to implement the national law (Radio Super Popayán, 2015b).

In Pasto, Coltabaco lobbied the local health department to deprioritise educational efforts on single cigarette sale regulations (Lagos Campos, 2014). Coltabaco also complained to the mayor's office in 2010, 2011, and 2012 that educational efforts were reducing cigarette sales beyond single cigarette sales (Lagos Campos, 2014). The city health department continued its educational campaigns, and in 2014, FES held workshops with street-based vendors, providing stickers to vendors to display for public education about not selling individual cigarettes (Lagos Campos, 2014). In 2014, Pasto considered steps similar to Popayán about a radius around schools (Lagos Campos, 2014), but as of April 2017 had not enacted any.

Ingredient information (FCTC article 10)

Draft rules by the Health Ministry in 2011 and 2012 called for brand-by-brand disclosure of cigarette ingredients, each ingredient's function, and the tar, nicotine, and carbon monoxide

levels in the smoke and secondhand smoke, which the Health Ministry would keep secret as required by Ley 1335 (Ministerio de la Protección Social, 2011a). In response, tobacco companies submitted comments attacking each set of draft rules, which effectively derailed implementation of ingredient disclosure. The Health Ministry amended the proposal (Hernández, 2014); the 2012 draft rules in response became more specific in definitions, procedures, and references to the standards to measure material in the smoke and had more references to the FCTC as justification (Ministerio de la Protección Social, 2011b; Ministerio de Salud y Protección Social, 2012). By 2014 NGOs began to consider whether to pursue legal action in court to get the Health Ministry to finalise the rules (Dorado Mazorra, 2014). As of April 2017, the Health Ministry had not done so.

Tobacco control media programming (FCTC article 12)

The Health Ministry in the early 2010s had difficulty convincing the National Television Commission to provide free time for tobacco control advertising (Hernández, 2014). The law did not specify a minimum level of airtime, resulting in little national tobacco control media (González, 2011). Like other Latin American countries, tobacco control media in Colombia was limited: the Health Ministry's director of non-communicable diseases believed that nutrition and physical activity appealed to the public more than tobacco, so tobacco control messages were part of a general 'healthy lifestyles' campaign combining tobacco, nutrition, and physical activity (Hernández, 2014). Messages did not focus on tobacco industry behaviour, as existing Health Ministry guidelines required health education campaigns to be positive in nature. Perhaps because it started out and remained limited, we did not find evidence of tobacco industry attempts to undermine the media campaign.

A prevention campaign for children and teenagers, 'Generación Más' (Generation More), started in 2012 with the tagline 'Somos Más Sin Tabaco' (We Are More Without Tobacco). The ministry focused on girls and young women because the smoking rate among girls was increasing (Calderón, 2014) despite declines in overall smoking prevalence nationwide (Rivera Rodríguez, 2014). Advertisements in this 2014 campaign ran during Colombia's AAA television classification, approximately 7–10 at night and were posted on the Health Ministry webpage (Calderón, 2014), local health department webpages, and online video sites. Health Ministry prevention media in 2015 focused on healthy eating and control of infectious diseases, rather than tobacco (Ministerio de Salud, 2015).

We did not identify any involvement of the tobacco industry or health advocates opposing or supporting these efforts.

Cigarette smuggling (FCTC article 15)

Ley 1335 required the national government to create a 'grupo élite' (elite unit) in the national government to intercept contraband cigarettes. Cigarette smuggling, a major problem for Colombia during the 1990s (Barón & Llorente, 2014) encouraged by tobacco companies (Holden, Lee, Fooks, & Wander, 2010; Pan American Health Organization, 2002), continued to be a problem through the 2010s. In response, Coltabaco (Phillip Morris) tried positioning itself as a strong opponent of smuggling by signing an agreement in 2012 with the Federación Nacional de Departamentos (National Federation of Departments) to

support the federation's existing Programa Anticontrabando (Anti-Contraband Program) (Federación Nacional de Departamentos, 2015). This effort focused principally on sales of contraband rather than smuggling, which benefits the industry by diverting attention from the larger issue of smuggled cigarettes produced by the multinational tobacco companies (Bialous, 2016). As of April 2017, this agreement was still in effect.

In 2012, however, the Dirección de Impuestos y Aduanas Nacionales (DIAN; Office of Taxes and National Customs) established an anti-contraband tobacco elite unit called the Grupo Élite contra el Contrabando de Cigarrillos y Licor (GECLA, Elite Group Against Cigarette and Liquor Contraband). This group focused on the coastal department of Atlántico including Colombia's main port city Barranquilla (Dirección de Impuestos y Aduanas Nacionales, 2012), capturing smuggled cigarettes along the Atlantic coast (Caracol, 2013; Ministerio de Hacienda, 2015). The number of cigarettes packs that authorities captured in Atlántico increased from 108,000 in 2011 to 208,000 by 2013 (Dirección de Impuestos y Aduanas Nacionales, 2014). In May 2015, customs police dismantled a smuggling ring then responsible for 70% of smuggled cigarettes (Semana, 2015) following a 1½ year investigation that tracked the group's activities daily (Fernández & Barrios, 2015).

Discussion

Colombia's experience contributes to the literature on policy transfer by suggesting that the transnational tobacco control network which has resulted in policy convergence across many high-income countries (Cairney et al., 2012) and assisted middle-income countries overcome the regulatory chill of progressive public health policies (Crosbie et al., 2017a) can also significantly help tobacco policy implementation in middle-income countries. Colombia's experience also confirms that the tobacco industry employs similar strategies in LMICs, as in high-income countries (HICs), to aggressively oppose implementation after laws are passed. As in HICs (Bryan-Jones & Bero, 2003), tobacco companies worked directly and through third-party allies to delay the implementation of key provisions in Ley 1335, most notably derailing the release of ingredients information by submitting opposing comments that raised issues about the regulations' clarity. As in HICs (World Health Organization, 2008), tobacco companies opposed the TAPS ban by attempting to convince organisations that sponsored events could not survive without tobacco industry sponsorship. Similar to litigation against smokefree environments in Mexico and the Netherlands (Crosbie, Sebie, & Glantz, 2011; Gonzalez & Glantz, 2013) and pictorial HWLs in the U.K., Canada, and Australia (Steele, Gilmore, McKee, & Stuckler, 2015), in Colombia the TAPS ban faced litigation on the grounds that it violated a constitutional right to commerce. Similar to attempts to overwhelm U.S. health agencies with requests and litigation, limiting health authorities' tobacco control capacity (Aguinaga & Glantz, 1995; Ibrahim & Glantz, 2006; Magzamen & Glantz, 2001; Nixon, Mahmoud, & Glantz, 2004), the industry's multiple lawsuits about cigarette pack design required the Health Ministry to invest substantial resources to ensure advertisement-free packs and weakened its ability to implement provisions prohibiting tobacco advertising at POS.

Tobacco industry opposition during implementation also resembles practices in other LMICs where the industry has taken advantage of low state capacity (Drope, 2011; Gilmore et al.,

2015; Griffith et al., 2010; Hiilamo & Glantz, 2015; Kaur & Jain, 2011). As in other LMICs (Gilmore et al., 2015; Holden et al., 2010; Pan American Health Organization, 2002), tobacco companies used claims of increased cigarette smuggling into Colombia to argue against tobacco control policies. While tobacco companies elsewhere have outright ignored government pleas to help curb smuggling (Nakkash & Lee, 2008), since the decade of the 2000s the tobacco industry has positioned itself as a ‘partner’ in curbing smuggling by collaborating with governments to avoid implementation of effective controls on smuggling, which often involves the companies (Bialous, 2016).

Colombia’s experience in implementing advertising provisions was similar to other countries where the tobacco industry and third-party allies aggressively tested the limits of government enforcement (Assunta & Chapman, 2004; MacKenzie, Collin, & Sriwongcharoen, 2007). Similar to Brazil (Corporate Accountability International, 2013), tobacco companies attempted to sidestep advertising prohibitions with POS strategies (Assunta & Chapman, 2004).

The Colombia experience also highlights the tobacco industry’s fear of the spread of best practices (Crosbie & Glantz, 2014; Hiilamo, Crosbie, & Glantz, 2014). The increase in tobacco advertisement bans worldwide (Hiilamo & Glantz, 2016) led to increased industry attention to marketing at POS (Fundación InterAmericana del Corazón – Argentina, et al., 2012). The tobacco industry concentrated its efforts regarding Ley 1335 on fighting implementation of the TAPS ban. Unlike smokefree environments and pictorial HWLs, which had by then been implemented in several Latin American countries (Crosbie et al., 2011, 2016; Hiilamo et al., 2014; Sebrie, Schoj, & Glantz, 2008), and faced limited tobacco industry opposition in Colombia (Uang et al., 2017), the TAPS ban was aggressively opposed. Tobacco companies challenged the ban in local courts and attempted to sell on-pack advertising, a former high court judge challenged the ban in the Colombian constitutional court, and the national retailers’ federation encouraged storeowners to place brand logos at the POS.

The tobacco industry sought to limit local government efforts on individual cigarette sales by lobbying and litigating against the most determined local government on this issue, Popayán.

Several instances in Colombia illustrate how low state capacity can hamper effective tobacco control efforts (Hiilamo & Glantz, 2015). While the national government defended the TAPS provisions from litigation and worked to establish implementing rules on HWLs (successfully) and ingredient disclosure (unsuccessfully), as was the case of ingredients with tobacco companies arguing against implementing rules as in Thailand (MacKenzie, Collin, Sriwongcharoen, & Muggli, 2004), local governments often lacked implementation resources or detailed guidelines for issuing fines, limiting police ability to enforce individual cigarettes provisions. Local governments had little guidance on how to protect the local implementation process against tobacco industry activities to diminish or reverse local implementation efforts.

Support from international health NGOs and funders enhanced implementation capacities to counter transnational tobacco companies and ensure effective tobacco control implementation. Similar to effective implementation in other LMICs (Crosbie et al., 2017a, 2017b; Gneiting, 2016), successful efforts in Colombia resulted from cooperative work among local and international health NGOs and political authorities. International health groups and funders provided significant financial, technical, and legal assistance to local health groups and Colombian governments, a dynamic that improves middle-income countries' tobacco control infrastructure and capacity (Wipfli et al., 2004), illustrating how the transnational tobacco control network can strengthen domestic capacity to implement tobacco control policies in LMICs (Gneiting, 2016; Haas, 1992). In particular, assistance included helping promote public awareness of Ley 1335, training local health department staff, facilitating sharing of educational strategies, and providing legal defence assistance to implement the TAPS provisions.

Similar to effective efforts in other LMICs (Crosbie et al., 2011, 2017a, 2017b), local health NGOs applied these resources successfully by continuously monitoring and alerting the media to noncompliance, engaging government officials and policy-makers on the application of Ley 1335, and raising public awareness through media campaigns. While these efforts mostly targeted implementing Ley 1335 in Colombia's major cities, it is important to note the special involvement of some local governments that helped effectively implement the law, especially concerning individual cigarette sales. Combined, these factors helped tobacco control implementation in Colombia, where many LMICs have not succeeded (Drope, 2011; Griffith et al., 2010; Kaur & Jain, 2011).

Policy implications

Financial, technical, and legal resources are important for successful tobacco control implementation. Similar to how the transnational tobacco control network combated the emerging pressures of trade and health (Crosbie et al., 2017a), international funders' financing of tobacco control implementation should expand the legal capacity for governments to defend TAPS bans from industry lawsuits (Campaign for Tobacco-Free Kids, 2015). Doing so will enable countries to defend tobacco control legislation without diverting resources from implementing other provisions. Since local governments often lacked guidance or legal defence resources, an additional national government focus on providing technical or financial support for local implementation may be useful. Because of the industry's fear of policy transfer regarding TAPS bans, governments should expect increased opposition by tobacco companies and third-party allies. In particular, governments should expect industry attempts to advertise tobacco at POS and place advertisements in seemingly unlikely places, including directly on cigarette packs.

Limitations

We attempted to contact local health department staff throughout Colombia, but our findings apply only to the extent that information was reflected by those who agreed to speak with us. Our documentation of tobacco industry activities is limited to material from key informants and news reporting. Since we were not able to interview any tobacco industry

representatives about activities to block implementation, the extent of tobacco industry activities detailed here is likely underestimated.

Conclusion

Colombia's experience implementing its tobacco control law illustrates the extent to which the tobacco industry combats tobacco control provisions, especially on advertising, ingredients, and the sale of individual cigarettes. While the tobacco industry and its third-party allies diminished health authorities' ability to implement all aspects of the law, health advocates and authorities succeeded in implementing much of the law. Colombia's experience also shows that international technical and financial resources, and support by national governments for local implementation are also important for middle-income country implementation of tobacco control laws.

Supplementary Material

Refer to Web version on PubMed Central for supplementary material.

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Figure 1.
Two examples of the six different graphic warning labels in 2014–2015, ‘smoking damages your arteries’ and ‘smoking causes heart attacks’ (Ministerio de Salud, 2014).

Table 1

Provisions of Colombia's Ley 1335 de 2009.

Issue	Article in the FCTC	Substantive provisions	Effective date, signage, fines
TAPS	13	Prohibits tobacco advertising, including mass and print media, billboards, and performances; does not address corporate social responsibility activities Prohibits promotion of tobacco products by tobacco producers Prohibits tobacco manufacturer, importer, or distributor sponsorships of athletic or cultural events	2010 (July 21) Fines: for storeowners, starting at 2 minimum wages (about U.S. \$500*); other cases, such as sports events, starting at 250 minimum wages (about U.S. \$62,000)*
Graphic HWLs	11	Requires 30% of both sides of the pack, changed at least annually, without misleading expressions such as 'suave' (smooth)	2010 (July 21); old inventory must be used up by this date
Sale of individual cigarettes	16	Prohibits the sale of individual cigarettes	2011 (July 21)
Tobacco ingredient information	10	Requires manufacturers and importers annually to disclose ingredients to the Ministry of Health, and information on tar, nicotine, and carbon monoxide	2010 (July 21)
Tobacco control media	12	Requires national and local campaigns, and requires the National Television Commission to allow free television slots	2009 (July 21)
Cigarette smuggling	15	Requires creation of 'elite anti-contraband group' for tobacco	2009 (July 21), but no date specified for creation of this group. Fines set by the Penal Code
Smokefree air (Uang et al., 2017)	8	Smokefree enclosed work areas, public places, health, educational, sports, cultural, youth, and industrial areas, and transportation for the public	2009 (July 21) Signage: required Fines: starting at 1 monthly minimum wage (about U.S. \$250*) or suspension of health license

Table 2**Interviews**

Interview key informants	Connection to Tobacco issues in Colombia	Themes from interview responses
Edwin Barón and Blanca Llorente	Director of education at the Liga Colombiana Contra el Cáncer; technical advisor at Fundación Anáas	Educational efforts often combined with resources from international foundations; Funding from international sources; Police often more interested in conflict-related public security than tobacco enforcement
Lorena Calderón	Tobacco programme manager at the Ministerio de Salud y Protección Social	Ministry efforts often challenged by tobacco industry litigation; Tobacco control needs more in national government budget
Yul Francisco Dorado	Regional director at Corporate Accountability International	Combining technical assistance from international sources, with local legal expertise; Tobacco control advocates used or considered legal strategies to deal with tobacco promotions and ingredients disclosure; Vigilance helped keep tabs on industry activities
Víctor Orlando Fuly	Coordinator of the Oficina de Protección al Consumidor in the Secretaría de Gobierno de Popayán	Local government's research concluded a need to enact local sales legislation; Tobacco industry pressured local government to reverse course
Blanca Hernández	Former tobacco programme manager at the Ministerio de la Protección Social (no longer working on tobacco issues)	Ministry efforts often challenged by tobacco industry litigation; Tobacco control needs more in national government budget
Nancy Lagos Campos	Coordinator of the chronic diseases programme at the Secretaría de Salud de Pasto	Local governments research concluded a need to enact local sales legislation; Local implementation efforts focused on education
Alejandro Niño Bogoya	Public policy director at the Instituto Nacional de Cancerología	National Cancer Institute provided technical assistance with implementation; Institute provided early graphic warning image development
Diana E. Rivera Rodríguez	Associate director of participation at Instituto de Evaluación Tecnológica en Salud and the former public policy director at the Instituto Nacional de Cancerología	The government and NGOs all participated in legal defence on advertising provisions; the National Cancer Institute worked to implement the images for HWLs
Dilian Francisco Toro Torres	Former Colombian senator and former President of the Senate of Colombia	Implementation efforts included cooperation with NGOs; implementation of sponsorships provisions happened quickly for sports; drawing attention to implementation involved alerting mayors' offices, local agencies, and police
Alejandro Varela	Executive director of Fundación FES	International support helped NGOs narrow power imbalances between tobacco companies and the national government; NGOs helped support local implementation efforts