

---

# 2018 - CORE QUESTIONNAIRE OF THE REPORTING INSTRUMENT OF WHO FCTC

## Survey response 1

submitdate. Date submitted
2018-03-31 17:06:58
firstname. First name
Harold
lastname. Last name
Casas
email. Email address
HCasas@minsalud.gov.co
attribute_1. Country
Colombia
attribute_2. Language
es

## A. ORIGIN OF THE REPORT

A1. Name of contracting Party: {TOKEN:ATTRIBUTE_1}
A2. Information on national contact responsible for preparation of the report:
A2a. Title
Dr
A2a[other]. Title [Other]
A2b. Family name
Casas Cruz
A2c. First name
Harold Mauricio
A2d. Full name of institution
Ministerio de Salud y Protección Social
A2e[A122]. Mailing address [Mailing address 1]
Carrera 13 N° 32 - 76
A2e[A123]. Mailing address [Mailing address 2]
A2e[A124]. Mailing address [Post code]
110311
A2e[A125]. Mailing address [Post box]

A2e[A126]. Mailing address [City]
Bogotá D.C.
A2f. Country
Colombia
A2g. E-mail
hcasas@minsalud.gov.co
A2h. Alternative email address
mauriciocasas_2@hotmail.com
A2i. Telephone number
5713305000
A2j. Fax number
5713305050
A3. Signature of government official submitting the report:
A3a. Title
Dr
A3a[other]. Title [Other]
A3b. Family name
Osorio Saldarriaga
A3c. First name
Elkin de Jesús
A3d. Full name of institution
Ministerio de Salud y Protección Social
A3e[A122]. Mailing address [Mailing address 1]
Carrera 13 N° 32 - 76
A3e[A123]. Mailing address [Mailing address 2]
A3e[A124]. Mailing address [Post code]
110311
A3e[A125]. Mailing address [Post box]
A3e[A126]. Mailing address [City]
Bogotá D.C.
A3f. Country
Colombia
A3g. E-mail
eosorio@minsalud.gov.co
A3h. Alternative email address
A3i. Telephone number
5713305000

A3j. Fax number
5713305050
A3k. Web page
www.minsalud.gov.co
A4[SQ001][1]. Period of reporting: [Start date][Scale 1]
January
A4[SQ001][2]. Period of reporting: [Start date][Scale 2]
2016
A4[SQ002][1]. Period of reporting: [End date][Scale 1]
January
A4[SQ002][2]. Period of reporting: [End date][Scale 2]
2018
test. Please click on this link to go to the additional questions{TOKEN:FIRSTNAME} <a href="https://extranet.who.int/dataform/survey/index/sid/992964/newtest/Y/lang/en">https://extranet.who.int/dataform/survey/index/sid/992964/newtest/Y/lang/en</a>

## B1. TOBACCO CONSUMPTION

B1. Prevalence of tobacco use
B11. Smoking prevalence in the adult population (all) (Please provide prevalence data for total adult population, and identify the age considered, e.g. 15 years old and over, 18-64 years; see B112)
B11A[1_SQ001]. Current smokers [MALE][Prevalence (%)] (please include all smoking tobacco products in prevalence data)
15.5
B11A[1_SQ002]. Current smokers [MALE][Average number of the most-consumed smoking tobacco product used per day]
B11A[2_SQ001]. Current smokers [FEMALE][Prevalence (%)] (please include all smoking tobacco products in prevalence data)
4.6
B11A[2_SQ002]. Current smokers [FEMALE][Average number of the most-consumed smoking tobacco product used per day]
B11A[3_SQ001]. Current smokers [TOTAL (males and females)][Prevalence (%)] (please include all smoking tobacco products in prevalence data)
9.8
B11A[3_SQ002]. Current smokers [TOTAL (males and females)][Average number of the most-consumed smoking tobacco product used per day]
B11B[1_SQ001]. Daily smokers [MALE][Prevalence (%)] (please include all smoking tobacco products in prevalence data)
63
B11B[1_SQ002]. Daily smokers [MALE][Average number of the most-consumed smoking tobacco product used per day]
B11B[2_SQ001]. Daily smokers [FEMALE][Prevalence (%)] (please include all smoking tobacco products in prevalence data)
63.9
B11B[2_SQ002]. Daily smokers [FEMALE][Average number of the most-consumed smoking tobacco product used per day]

B11B[3_SQ001]. Daily smokers [TOTAL (males and females)][Prevalence (%)] (please include all smoking tobacco products in prevalence data)
63.2
B11B[3_SQ002]. Daily smokers [TOTAL (males and females)][Average number of the most-consumed smoking tobacco product used per day]
B11C[1_SQ001]. Occasional smokers [MALE][Prevalence (%)] (please include all smoking tobacco products in prevalence data)
37.0
B11C[2_SQ001]. Occasional smokers [FEMALE][Prevalence (%)] (please include all smoking tobacco products in prevalence data)
36.1
B11C[3_SQ001]. Occasional smokers [TOTAL (males and females)][Prevalence (%)] (please include all smoking tobacco products in prevalence data)
36.8
B11D[1_SQ001]. Former smokers [MALE][Prevalence (%)] (please include all smoking tobacco products in prevalence data)
B11D[2_SQ001]. Former smokers [FEMALE][Prevalence (%)] (please include all smoking tobacco products in prevalence data)
B11D[3_SQ001]. Former smokers [TOTAL (males and females)][Prevalence (%)] (please include all smoking tobacco products in prevalence data)
B11E[1_SQ001]. Never smokers [MALE][Prevalence (%)] (please include all smoking tobacco products in prevalence data)
B11E[2_SQ001]. Never smokers [FEMALE][Prevalence (%)] (please include all smoking tobacco products in prevalence data)
B11E[3_SQ001]. Never smokers [TOTAL (males and females)][Prevalence (%)] (please include all smoking tobacco products in prevalence data)
B111. Please indicate the smoking tobacco products included in calculating prevalence for question B11:
Cigarrillos / Tabaco
B112[1_SQ001]. Please indicate the age range to which the data used to answer question B11 refer: [Age range][From]
18
B112[1_SQ002]. Please indicate the age range to which the data used to answer question B11 refer: [Age range][To]
80
B113A. Please indicate the year of the data used to answer question B11:
2016
B113B. Please indicate the source of the data used to answer question B11:
2016 - Encuesta de Calidad de Vida (ECV) del Departamento Administrativo Nacional de Estadística Ver: <a href="http://www.dane.gov.co/index.php/estadisticas-por-tema/salud/calidad-de-vida-ecv/encuesta-nacional-de-calidad-de-vida-ecv-2016">http://www.dane.gov.co/index.php/estadisticas-por-tema/salud/calidad-de-vida-ecv/encuesta-nacional-de-calidad-de-vida-ecv-2016</a>
B114[SQ001]. Please provide the definitions of "current smoker", "daily smoker", "occasional smoker", "former smoker" and "never smoker" used in this report. [Current smoker]
Personas de 18 años y más que manifestaron fumar actualmente sobre total de personas de 18 años y más.
B114[SQ002]. Please provide the definitions of "current smoker", "daily smoker", "occasional smoker", "former smoker" and "never smoker" used in this report. [Daily smoker]
Personas de 18 años y más que manifestaron fumar diariamente sobre total de personas de 18 años y más que manifestaron fumar actualmente.

B114[SQ003]. Please provide the definitions of "current smoker", "daily smoker", "occasional smoker", "former smoker" and "never smoker" used in this report. [Occasional smoker]
Personas de 18 años y más que manifestaron fumar "algunos días de la semana" o "menos de una vez por semana", sobre total de personas de 18 años y más que manifestaron fumar actualmente.
B114[SQ004]. Please provide the definitions of "current smoker", "daily smoker", "occasional smoker", "former smoker" and "never smoker" used in this report. [Former smoker]
B114[SQ005]. Please provide the definitions of "current smoker", "daily smoker", "occasional smoker", "former smoker" and "never smoker" used in this report. [Never smoker]
B115. Please provide a brief explanation of the trend in smoking prevalence in the adult population in the past two years or since submission of your last report.
A partir de la aplicación de la ECV 2016, se incluyeron algunas variables que permiten obtener información sobre el consumo de cigarrillo /tabaco de las personas de 10 años y más. El 21 de marzo se publicaron los resultados de la ECV de 2017. Se observa una reducción de la prevalencia de consumo en la población de 18 años y más, de 9,8% a 8,3% (Ver Anexos 1.2 y 2.2). Ver: <a href="http://www.dane.gov.co/index.php/estadisticas-por-tema/salud/calidad-de-vida-ecv/encuesta-nacional-de-calidad-de-vida-ecv-2017">http://www.dane.gov.co/index.php/estadisticas-por-tema/salud/calidad-de-vida-ecv/encuesta-nacional-de-calidad-de-vida-ecv-2017</a>
B12[B12a_B12x1]. Smoking prevalence in the adult population (by age groups) (If data are available, please provide prevalence data by age group, and identify the age group considered, preferably by 10-year categories, e.g. 25-34, 35-44 years) [MALES - current smokers1][Range - start age]
B12[B12a_B12x3]. Smoking prevalence in the adult population (by age groups) (If data are available, please provide prevalence data by age group, and identify the age group considered, preferably by 10-year categories, e.g. 25-34, 35-44 years) [MALES - current smokers1][Range - end age]
B12[B12a_B12x2]. Smoking prevalence in the adult population (by age groups) (If data are available, please provide prevalence data by age group, and identify the age group considered, preferably by 10-year categories, e.g. 25-34, 35-44 years) [MALES - current smokers1][Prevalence (%)] (please include all smoking tobacco products in prevalence data)
B12[B12b_B12x1]. Smoking prevalence in the adult population (by age groups) (If data are available, please provide prevalence data by age group, and identify the age group considered, preferably by 10-year categories, e.g. 25-34, 35-44 years) [MALES - current smokers1][Range - start age]
B12[B12b_B12x3]. Smoking prevalence in the adult population (by age groups) (If data are available, please provide prevalence data by age group, and identify the age group considered, preferably by 10-year categories, e.g. 25-34, 35-44 years) [MALES - current smokers1][Range - end age]
B12[B12b_B12x2]. Smoking prevalence in the adult population (by age groups) (If data are available, please provide prevalence data by age group, and identify the age group considered, preferably by 10-year categories, e.g. 25-34, 35-44 years) [MALES - current smokers1][Prevalence (%)] (please include all smoking tobacco products in prevalence data)
B12[B12c_B12x1]. Smoking prevalence in the adult population (by age groups) (If data are available, please provide prevalence data by age group, and identify the age group considered, preferably by 10-year categories, e.g. 25-34, 35-44 years) [MALES - current smokers1][Range - start age]
B12[B12c_B12x3]. Smoking prevalence in the adult population (by age groups) (If data are available, please provide prevalence data by age group, and identify the age group considered, preferably by 10-year categories, e.g. 25-34, 35-44 years) [MALES - current smokers1][Range - end age]
B12[B12c_B12x2]. Smoking prevalence in the adult population (by age groups) (If data are available, please provide prevalence data by age group, and identify the age group considered, preferably by 10-year categories, e.g. 25-34, 35-44 years) [MALES - current smokers1][Prevalence (%)] (please include all smoking tobacco products in prevalence data)









B12[B12o\_B12x3]. Smoking prevalence in the adult population (by age groups) (If data are available, please provide prevalence data by age group, and identify the age group considered, preferably by 10-year categories, e.g. 25-34, 35-44 years) [TOTAL (males and females) - current smokers1][Range - end age]

B12[B12o\_B12x2]. Smoking prevalence in the adult population (by age groups) (If data are available, please provide prevalence data by age group, and identify the age group considered, preferably by 10-year categories, e.g. 25-34, 35-44 years) [TOTAL (males and females) - current smokers1][Prevalence (%)] (please include all smoking tobacco products in prevalence data)

B12[B12oo\_B12x1]. Smoking prevalence in the adult population (by age groups) (If data are available, please provide prevalence data by age group, and identify the age group considered, preferably by 10-year categories, e.g. 25-34, 35-44 years) [TOTAL (males and females) - current smokers1][Range - start age]

B12[B12oo\_B12x3]. Smoking prevalence in the adult population (by age groups) (If data are available, please provide prevalence data by age group, and identify the age group considered, preferably by 10-year categories, e.g. 25-34, 35-44 years) [TOTAL (males and females) - current smokers1][Range - end age]

B12[B12oo\_B12x2]. Smoking prevalence in the adult population (by age groups) (If data are available, please provide prevalence data by age group, and identify the age group considered, preferably by 10-year categories, e.g. 25-34, 35-44 years) [TOTAL (males and females) - current smokers1][Prevalence (%)] (please include all smoking tobacco products in prevalence data)

B12[B12ooo\_B12x1]. Smoking prevalence in the adult population (by age groups) (If data are available, please provide prevalence data by age group, and identify the age group considered, preferably by 10-year categories, e.g. 25-34, 35-44 years) [TOTAL (males and females) - current smokers1][Range - start age]

B12[B12ooo\_B12x3]. Smoking prevalence in the adult population (by age groups) (If data are available, please provide prevalence data by age group, and identify the age group considered, preferably by 10-year categories, e.g. 25-34, 35-44 years) [TOTAL (males and females) - current smokers1][Range - end age]

B12[B12ooo\_B12x2]. Smoking prevalence in the adult population (by age groups) (If data are available, please provide prevalence data by age group, and identify the age group considered, preferably by 10-year categories, e.g. 25-34, 35-44 years) [TOTAL (males and females) - current smokers1][Prevalence (%)] (please include all smoking tobacco products in prevalence data)

B12[B12oooo\_B12x1]. Smoking prevalence in the adult population (by age groups) (If data are available, please provide prevalence data by age group, and identify the age group considered, preferably by 10-year categories, e.g. 25-34, 35-44 years) [TOTAL (males and females) - current smokers1][Range - start age]

B12[B12oooo\_B12x3]. Smoking prevalence in the adult population (by age groups) (If data are available, please provide prevalence data by age group, and identify the age group considered, preferably by 10-year categories, e.g. 25-34, 35-44 years) [TOTAL (males and females) - current smokers1][Range - end age]

B12[B12oooo\_B12x2]. Smoking prevalence in the adult population (by age groups) (If data are available, please provide prevalence data by age group, and identify the age group considered, preferably by 10-year categories, e.g. 25-34, 35-44 years) [TOTAL (males and females) - current smokers1][Prevalence (%)] (please include all smoking tobacco products in prevalence data)

B121. Please indicate the smoking tobacco products included in calculating prevalence for question B12:

B122A. Please indicate the year of the data used to answer question B12:

2000

B122B. Please indicate the source of the data used to answer question B12:

B123. Please provide a brief explanation of the trend in current smoking prevalence by age group in the past two years or since submission of your last report, if data are available.
Se aclara que la información de la ECV 2016, se desagrega sólo para dos grupo de edad "10 a 17 años" y "18 años y más", dado que el diseño de la muestra no permite desagregar a más niveles generando coeficientes de variación muy altos, y baja precisión de las estimaciones.
B13. Prevalence of smokeless tobacco use in the adult population (all) (Please provide prevalence data for total adult population, and identify the age considered in B132, e.g. 15 years old and over, 18–64 years; see B132)
B13A[1_B13x1]. Males [Current users][Prevalence (%)] (please include all smokeless tobacco products in prevalence data)]
B13A[2_B13x1]. Males [Daily users][Prevalence (%)] (please include all smokeless tobacco products in prevalence data)]
B13A[3_B13x1]. Males [Occasional users][Prevalence (%)] (please include all smokeless tobacco products in prevalence data)]
B13A[4_B13x1]. Males [Former users][Prevalence (%)] (please include all smokeless tobacco products in prevalence data)]
B13A[5_B13x1]. Males [Never users][Prevalence (%)] (please include all smokeless tobacco products in prevalence data)]
B13B[1_B13x1]. Females [Current users][Prevalence (%)] (please include all smokeless tobacco products in prevalence data)]
B13B[2_B13x1]. Females [Daily users][Prevalence (%)] (please include all smokeless tobacco products in prevalence data)]
B13B[3_B13x1]. Females [Occasional users][Prevalence (%)] (please include all smokeless tobacco products in prevalence data)]
B13B[4_B13x1]. Females [Former users][Prevalence (%)] (please include all smokeless tobacco products in prevalence data)]
B13B[5_B13x1]. Females [Never users][Prevalence (%)] (please include all smokeless tobacco products in prevalence data)]
B13C[1_B13x1]. TOTAL (males and females) [Current users][Prevalence (%)] (please include all smokeless tobacco products in prevalence data)]
B13C[2_B13x1]. TOTAL (males and females) [Daily users][Prevalence (%)] (please include all smokeless tobacco products in prevalence data)]
B13C[3_B13x1]. TOTAL (males and females) [Occasional users][Prevalence (%)] (please include all smokeless tobacco products in prevalence data)]
B13C[4_B13x1]. TOTAL (males and females) [Former users][Prevalence (%)] (please include all smokeless tobacco products in prevalence data)]
B13C[5_B13x1]. TOTAL (males and females) [Never users][Prevalence (%)] (please include all smokeless tobacco products in prevalence data)]
B131. Please indicate the smokeless tobacco products included in calculating prevalence for question B13:
B132[1_SQ001]. Please indicate the age range to which the data used to answer question B13 refer: [Age range][From]

B132[1_SQ002]. Please indicate the age range to which the data used to answer question B13 refer: [Age range][To]
B133B. Please indicate the source of the data used to answer question B13:
B134[SQ001]. Please provide the definitions of "current user", "daily user", "occasional user", "former user" and "never user" (of smokeless tobacco products) used in this report in the space below. [Current user]
B134[SQ002]. Please provide the definitions of "current user", "daily user", "occasional user", "former user" and "never user" (of smokeless tobacco products) used in this report in the space below. [Daily user]
B134[SQ003]. Please provide the definitions of "current user", "daily user", "occasional user", "former user" and "never user" (of smokeless tobacco products) used in this report in the space below. [Occasional user]
B134[SQ004]. Please provide the definitions of "current user", "daily user", "occasional user", "former user" and "never user" (of smokeless tobacco products) used in this report in the space below. [Former user]
B134[SQ005]. Please provide the definitions of "current user", "daily user", "occasional user", "former user" and "never user" (of smokeless tobacco products) used in this report in the space below. [Never user]
B135. Please provide a brief explanation of the trend in smokeless tobacco use in the adult population in the past two years or since submission of your last report.
B14[B12a_B12x1]. Prevalence of smokeless tobacco use in the adult population (current users) by age group (by age groups) (If data are available, please provide prevalence data by age group, and identify the age group considered, preferably by 10-year categories, e.g. 25-34, 35-44 years) [MALES - current smokers2][Range - start age]
B14[B12a_B12x3]. Prevalence of smokeless tobacco use in the adult population (current users) by age group (by age groups) (If data are available, please provide prevalence data by age group, and identify the age group considered, preferably by 10-year categories, e.g. 25-34, 35-44 years) [MALES - current smokers2][Range - end age]
B14[B12a_B12x2]. Prevalence of smokeless tobacco use in the adult population (current users) by age group (by age groups) (If data are available, please provide prevalence data by age group, and identify the age group considered, preferably by 10-year categories, e.g. 25-34, 35-44 years) [MALES - current smokers2][Prevalence (%) (please include all smoking tobacco products in prevalence data)]
B14[B12b_B12x1]. Prevalence of smokeless tobacco use in the adult population (current users) by age group (by age groups) (If data are available, please provide prevalence data by age group, and identify the age group considered, preferably by 10-year categories, e.g. 25-34, 35-44 years) [MALES - current smokers2][Range - start age]
B14[B12b_B12x3]. Prevalence of smokeless tobacco use in the adult population (current users) by age group (by age groups) (If data are available, please provide prevalence data by age group, and identify the age group considered, preferably by 10-year categories, e.g. 25-34, 35-44 years) [MALES - current smokers2][Range - end age]
B14[B12b_B12x2]. Prevalence of smokeless tobacco use in the adult population (current users) by age group (by age groups) (If data are available, please provide prevalence data by age group, and identify the age group considered, preferably by 10-year categories, e.g. 25-34, 35-44 years) [MALES - current smokers2][Prevalence (%) (please include all smoking tobacco products in prevalence data)]
B14[B12c_B12x1]. Prevalence of smokeless tobacco use in the adult population (current users) by age group (by age groups) (If data are available, please provide prevalence data by age group, and identify the age group considered, preferably by 10-year categories, e.g. 25-34, 35-44 years) [MALES - current smokers2][Range - start age]



B14[B12eee\_B12x3]. Prevalence of smokeless tobacco use in the adult population (current users) by age group (by age groups) (If data are available, please provide prevalence data by age group, and identify the age group considered, preferably by 10-year categories, e.g. 25-34, 35-44 years) [MALES - current smokers2][Range - end age]

B14[B12eee\_B12x2]. Prevalence of smokeless tobacco use in the adult population (current users) by age group (by age groups) (If data are available, please provide prevalence data by age group, and identify the age group considered, preferably by 10-year categories, e.g. 25-34, 35-44 years) [MALES - current smokers2][Prevalence (%) (please include all smoking tobacco products in prevalence data)]

B14[B12eeee\_B12x1]. Prevalence of smokeless tobacco use in the adult population (current users) by age group (by age groups) (If data are available, please provide prevalence data by age group, and identify the age group considered, preferably by 10-year categories, e.g. 25-34, 35-44 years) [MALES - current smokers2][Range - start age]

B14[B12eeee\_B12x3]. Prevalence of smokeless tobacco use in the adult population (current users) by age group (by age groups) (If data are available, please provide prevalence data by age group, and identify the age group considered, preferably by 10-year categories, e.g. 25-34, 35-44 years) [MALES - current smokers2][Range - end age]

B14[B12eeee\_B12x2]. Prevalence of smokeless tobacco use in the adult population (current users) by age group (by age groups) (If data are available, please provide prevalence data by age group, and identify the age group considered, preferably by 10-year categories, e.g. 25-34, 35-44 years) [MALES - current smokers2][Prevalence (%) (please include all smoking tobacco products in prevalence data)]

B14[B12f\_B12x1]. Prevalence of smokeless tobacco use in the adult population (current users) by age group (by age groups) (If data are available, please provide prevalence data by age group, and identify the age group considered, preferably by 10-year categories, e.g. 25-34, 35-44 years) [FEMALES - current smokers2][Range - start age]

B14[B12f\_B12x3]. Prevalence of smokeless tobacco use in the adult population (current users) by age group (by age groups) (If data are available, please provide prevalence data by age group, and identify the age group considered, preferably by 10-year categories, e.g. 25-34, 35-44 years) [FEMALES - current smokers2][Range - end age]

B14[B12f\_B12x2]. Prevalence of smokeless tobacco use in the adult population (current users) by age group (by age groups) (If data are available, please provide prevalence data by age group, and identify the age group considered, preferably by 10-year categories, e.g. 25-34, 35-44 years) [FEMALES - current smokers2][Prevalence (%) (please include all smoking tobacco products in prevalence data)]

B14[B12g\_B12x1]. Prevalence of smokeless tobacco use in the adult population (current users) by age group (by age groups) (If data are available, please provide prevalence data by age group, and identify the age group considered, preferably by 10-year categories, e.g. 25-34, 35-44 years) [FEMALES - current smokers2][Range - start age]

B14[B12g\_B12x3]. Prevalence of smokeless tobacco use in the adult population (current users) by age group (by age groups) (If data are available, please provide prevalence data by age group, and identify the age group considered, preferably by 10-year categories, e.g. 25-34, 35-44 years) [FEMALES - current smokers2][Range - end age]

B14[B12g\_B12x2]. Prevalence of smokeless tobacco use in the adult population (current users) by age group (by age groups) (If data are available, please provide prevalence data by age group, and identify the age group considered, preferably by 10-year categories, e.g. 25-34, 35-44 years) [FEMALES - current smokers2][Prevalence (%) (please include all smoking tobacco products in prevalence data)]

B14[B12h\_B12x1]. Prevalence of smokeless tobacco use in the adult population (current users) by age group (by age groups) (If data are available, please provide prevalence data by age group, and identify the age group considered, preferably by 10-year categories, e.g. 25-34, 35-44 years) [FEMALES - current smokers2][Range - start age]

B14[B12h\_B12x3]. Prevalence of smokeless tobacco use in the adult population (current users) by age group (by age groups) (If data are available, please provide prevalence data by age group, and identify the age group considered, preferably by 10-year categories, e.g. 25-34, 35-44 years) [FEMALES - current smokers2][Range - end age]

B14[B12h\_B12x2]. Prevalence of smokeless tobacco use in the adult population (current users) by age group (by age groups) (If data are available, please provide prevalence data by age group, and identify the age group considered, preferably by 10-year categories, e.g. 25-34, 35-44 years) [FEMALES - current smokers2][Prevalence (%)] (please include all smoking tobacco products in prevalence data)

B14[B12i\_B12x1]. Prevalence of smokeless tobacco use in the adult population (current users) by age group (by age groups) (If data are available, please provide prevalence data by age group, and identify the age group considered, preferably by 10-year categories, e.g. 25-34, 35-44 years) [FEMALES - current smokers2][Range - start age]

B14[B12i\_B12x3]. Prevalence of smokeless tobacco use in the adult population (current users) by age group (by age groups) (If data are available, please provide prevalence data by age group, and identify the age group considered, preferably by 10-year categories, e.g. 25-34, 35-44 years) [FEMALES - current smokers2][Range - end age]

B14[B12i\_B12x2]. Prevalence of smokeless tobacco use in the adult population (current users) by age group (by age groups) (If data are available, please provide prevalence data by age group, and identify the age group considered, preferably by 10-year categories, e.g. 25-34, 35-44 years) [FEMALES - current smokers2][Prevalence (%)] (please include all smoking tobacco products in prevalence data))

B14[B12j\_B12x1]. Prevalence of smokeless tobacco use in the adult population (current users) by age group (by age groups) (If data are available, please provide prevalence data by age group, and identify the age group considered, preferably by 10-year categories, e.g. 25-34, 35-44 years) [FEMALES - current smokers2][Range - start age]

B14[B12j\_B12x3]. Prevalence of smokeless tobacco use in the adult population (current users) by age group (by age groups) (If data are available, please provide prevalence data by age group, and identify the age group considered, preferably by 10-year categories, e.g. 25-34, 35-44 years) [FEMALES - current smokers2][Range - end age]

B14[B12j\_B12x2]. Prevalence of smokeless tobacco use in the adult population (current users) by age group (by age groups) (If data are available, please provide prevalence data by age group, and identify the age group considered, preferably by 10-year categories, e.g. 25-34, 35-44 years) [FEMALES - current smokers2][Prevalence (%)] (please include all smoking tobacco products in prevalence data).

B14[B12jj\_B12x1]. Prevalence of smokeless tobacco use in the adult population (current users) by age group (by age groups) (If data are available, please provide prevalence data by age group, and identify the age group considered, preferably by 10-year categories, e.g. 25-34, 35-44 years) [FFMA1\_ES - current smokers?][Range - start age]

B14[B12jj\_B12x3]. Prevalence of smokeless tobacco use in the adult population (current users) by age group (by age groups) (If data are available, please provide prevalence data by age group, and identify the age group considered, preferably by 10-year categories, e.g. 25-34, 35-44 years) [EEFMA] ES - current smokers?][Range - end age]

B14[B12jj\_B12x2]. Prevalence of smokeless tobacco use in the adult population (current users) by age group (by age groups) (If data are available, please provide prevalence data by age group, and identify the age group considered, preferably by 10-year categories, e.g. 25-34, 35-44 years) [FEMALES - current smokers2][Prevalence (%)] (please include all smoking tobacco products in prevalence data).

B14[B12jjj\_B12x1]. Prevalence of smokeless tobacco use in the adult population (current users) by age group (by age groups) (If data are available, please provide prevalence data by age group, and identify the age group considered, preferably by 10-year categories, e.g. 25-34, 35-44 years) [FEMALES\_current smokers?][Range\_start age]

B14[B12jjj\_B12x3]. Prevalence of smokeless tobacco use in the adult population (current users) by age group (by age groups) (If data are available, please provide prevalence data by age group, and identify the age group considered, preferably by 10-year categories, e.g. 25-34, 35-44 years) [FEMALES - current smokers2][Range - end age]

B14[B12jjj\_B12x2]. Prevalence of smokeless tobacco use in the adult population (current users) by age group (by age groups) (If data are available, please provide prevalence data by age group, and identify the age group considered, preferably by 10-year categories, e.g. 25-34, 35-44 years) [FEMALES - current smokers2][Prevalence (%) (please include all smoking tobacco products in prevalence data)]

B14[B12jjj\_B12x1]. Prevalence of smokeless tobacco use in the adult population (current users) by age group (by age groups) (If data are available, please provide prevalence data by age group, and identify the age group considered, preferably by 10-year categories, e.g. 25-34, 35-44 years) [FEMALES - current smokers2][Range - start age]

B14[B12jjj\_B12x3]. Prevalence of smokeless tobacco use in the adult population (current users) by age group (by age groups) (If data are available, please provide prevalence data by age group, and identify the age group considered, preferably by 10-year categories, e.g. 25-34, 35-44 years) [FEMALES - current smokers2][Range - end age]

B14[B12jjj\_B12x2]. Prevalence of smokeless tobacco use in the adult population (current users) by age group (by age groups) (If data are available, please provide prevalence data by age group, and identify the age group considered, preferably by 10-year categories, e.g. 25-34, 35-44 years) [FEMALES - current smokers2][Prevalence (%) (please include all smoking tobacco products in prevalence data)]

B14[B12k\_B12x1]. Prevalence of smokeless tobacco use in the adult population (current users) by age group (by age groups) (If data are available, please provide prevalence data by age group, and identify the age group considered, preferably by 10-year categories, e.g. 25-34, 35-44 years) [TOTAL (males and females) - current smokers2][Range - start age]

B14[B12k\_B12x3]. Prevalence of smokeless tobacco use in the adult population (current users) by age group (by age groups) (If data are available, please provide prevalence data by age group, and identify the age group considered, preferably by 10-year categories, e.g. 25-34, 35-44 years) [TOTAL (males and females) - current smokers2][Range - end age]

B14[B12k\_B12x2]. Prevalence of smokeless tobacco use in the adult population (current users) by age group (by age groups) (If data are available, please provide prevalence data by age group, and identify the age group considered, preferably by 10-year categories, e.g. 25-34, 35-44 years) [TOTAL (males and females) - current smokers2][Prevalence (%) (please include all smoking tobacco products in prevalence data)]

B14[B12l\_B12x1]. Prevalence of smokeless tobacco use in the adult population (current users) by age group (by age groups) (If data are available, please provide prevalence data by age group, and identify the age group considered, preferably by 10-year categories, e.g. 25-34, 35-44 years) [TOTAL (males and females) - current smokers2][Range - start age]

B14[B12l\_B12x3]. Prevalence of smokeless tobacco use in the adult population (current users) by age group (by age groups) (If data are available, please provide prevalence data by age group, and identify the age group considered, preferably by 10-year categories, e.g. 25-34, 35-44 years) [TOTAL (males and females) - current smokers2][Range - end age]

B14[B12l\_B12x2]. Prevalence of smokeless tobacco use in the adult population (current users) by age group (by age groups) (If data are available, please provide prevalence data by age group, and identify the age group considered, preferably by 10-year categories, e.g. 25-34, 35-44 years) [TOTAL (males and females) - current smokers2][Prevalence (%) (please include all smoking tobacco products in prevalence data)]

B14[B12m\_B12x1]. Prevalence of smokeless tobacco use in the adult population (current users) by age group (by age groups) (If data are available, please provide prevalence data by age group, and identify the age group considered, preferably by 10-year categories, e.g. 25-34, 35-44 years) [TOTAL (males and females) - current smokers2][Range - start age]



B14[B12000\_B12x3]. Prevalence of smokeless tobacco use in the adult population (current users) by age group (by age groups) (If data are available, please provide prevalence data by age group, and identify the age group considered, preferably by 10-year categories, e.g. 25-34, 35-44 years) [TOTAL (males and females) - current smokers2][Range - end age]

B14[B12000\_B12x2]. Prevalence of smokeless tobacco use in the adult population (current users) by age group (by age groups) (If data are available, please provide prevalence data by age group, and identify the age group considered, preferably by 10-year categories, e.g. 25-34, 35-44 years) [TOTAL (males and females) - current smokers2][Prevalence (%) (please include all smoking tobacco products in prevalence data)]

B14[B12000\_B12x1]. Prevalence of smokeless tobacco use in the adult population (current users) by age group (by age groups) (If data are available, please provide prevalence data by age group, and identify the age group considered, preferably by 10-year categories, e.g. 25-34, 35-44 years) [TOTAL (males and females) - current smokers2][Range - start age]

B14[B12000\_B12x3]. Prevalence of smokeless tobacco use in the adult population (current users) by age group (by age groups) (If data are available, please provide prevalence data by age group, and identify the age group considered, preferably by 10-year categories, e.g. 25-34, 35-44 years) [TOTAL (males and females) - current smokers2][Range - end age]

B14[B12000\_B12x2]. Prevalence of smokeless tobacco use in the adult population (current users) by age group (by age groups) (If data are available, please provide prevalence data by age group, and identify the age group considered, preferably by 10-year categories, e.g. 25-34, 35-44 years) [TOTAL (males and females) - current smokers2][Prevalence (%) (please include all smoking tobacco products in prevalence data)]

B141. Please indicate the smokeless tobacco products included in the answer to question B14:

B142B. Please indicate the source of the data used to answer question B14:

B143. Please provide a brief explanation of the trend in current use of smokeless tobacco by adult age groups in the past two years or since submission of your last report.

B15[B15a\_B15x1]. Tobacco use by ethnic group(s) (please include all smoking or smokeless tobacco products in prevalence data) [Current users 3][Ethnic group(s)]

B15[B15a\_B15x2]. Tobacco use by ethnic group(s) (please include all smoking or smokeless tobacco products in prevalence data) [Current users 3][MALES - Prevalence (%)]

B15[B15a\_B15x3]. Tobacco use by ethnic group(s) (please include all smoking or smokeless tobacco products in prevalence data) [Current users 3][FEMALES - Prevalence (%)]

B15[B15a\_B15x4]. Tobacco use by ethnic group(s) (please include all smoking or smokeless tobacco products in prevalence data) [Current users 3][TOTAL (males and females) - Prevalence (%)]

B15[B15b\_B15x1]. Tobacco use by ethnic group(s) (please include all smoking or smokeless tobacco products in prevalence data) [Current users 3][Ethnic group(s)]

B15[B15b\_B15x2]. Tobacco use by ethnic group(s) (please include all smoking or smokeless tobacco products in prevalence data) [Current users 3][MALES - Prevalence (%)]

B15[B15b\_B15x3]. Tobacco use by ethnic group(s) (please include all smoking or smokeless tobacco products in prevalence data) [Current users 3][FEMALES - Prevalence (%)]

B15[B15b_B15x4]. Tobacco use by ethnic group(s) (please include all smoking or smokeless tobacco products in prevalence data) [Current users 3][TOTAL (males and females) - Prevalence (%)]
B15[B15c_B15x1]. Tobacco use by ethnic group(s) (please include all smoking or smokeless tobacco products in prevalence data) [Current users 3][Ethnic group(s)]
B15[B15c_B15x2]. Tobacco use by ethnic group(s) (please include all smoking or smokeless tobacco products in prevalence data) [Current users 3][MALES - Prevalence (%)]
B15[B15c_B15x3]. Tobacco use by ethnic group(s) (please include all smoking or smokeless tobacco products in prevalence data) [Current users 3][FEMALES - Prevalence (%)]
B15[B15c_B15x4]. Tobacco use by ethnic group(s) (please include all smoking or smokeless tobacco products in prevalence data) [Current users 3][TOTAL (males and females) - Prevalence (%)]
B15[B15d_B15x1]. Tobacco use by ethnic group(s) (please include all smoking or smokeless tobacco products in prevalence data) [Current users 3][Ethnic group(s)]
B15[B15d_B15x2]. Tobacco use by ethnic group(s) (please include all smoking or smokeless tobacco products in prevalence data) [Current users 3][MALES - Prevalence (%)]
B15[B15d_B15x3]. Tobacco use by ethnic group(s) (please include all smoking or smokeless tobacco products in prevalence data) [Current users 3][FEMALES - Prevalence (%)]
B15[B15d_B15x4]. Tobacco use by ethnic group(s) (please include all smoking or smokeless tobacco products in prevalence data) [Current users 3][TOTAL (males and females) - Prevalence (%)]
B15[B15e_B15x1]. Tobacco use by ethnic group(s) (please include all smoking or smokeless tobacco products in prevalence data) [Current users 3][Ethnic group(s)]
B15[B15e_B15x2]. Tobacco use by ethnic group(s) (please include all smoking or smokeless tobacco products in prevalence data) [Current users 3][MALES - Prevalence (%)]
B15[B15e_B15x3]. Tobacco use by ethnic group(s) (please include all smoking or smokeless tobacco products in prevalence data) [Current users 3][FEMALES - Prevalence (%)]
B15[B15e_B15x4]. Tobacco use by ethnic group(s) (please include all smoking or smokeless tobacco products in prevalence data) [Current users 3][TOTAL (males and females) - Prevalence (%)]
B151. Please indicate the tobacco products included in the answer to question B15:
B152[1_SQ001]. Please indicate the age range to which the data used to answer question B15 refer: [Age range][From]
B152[1_SQ002]. Please indicate the age range to which the data used to answer question B15 refer: [Age range][To]
B153B. Please indicate the source of the data used to answer question B15:
B16[B16a_B16x1]. Tobacco use by young persons (please include all smoking or smokeless tobacco products in prevalence data) [BOYS - Current users 4][Age range]



B16[B16e_B16x3]. Tobacco use by young persons (please include all smoking or smokeless tobacco products in prevalence data) [BOYS - Current users 4][SMOKELESS TOBACCO - Prevalence (%)]
B16[B16e_B16x4]. Tobacco use by young persons (please include all smoking or smokeless tobacco products in prevalence data) [BOYS - Current users 4][OTHER TOBACCO (eg. water pipe) - Prevalence (%)]
B16[B16ee_B16x1]. Tobacco use by young persons (please include all smoking or smokeless tobacco products in prevalence data) [BOYS - Current users 4][Age range]
B16[B16ee_B16x2]. Tobacco use by young persons (please include all smoking or smokeless tobacco products in prevalence data) [BOYS - Current users 4][SMOKING TOBACCO - Prevalence (%)]
B16[B16ee_B16x3]. Tobacco use by young persons (please include all smoking or smokeless tobacco products in prevalence data) [BOYS - Current users 4][SMOKELESS TOBACCO - Prevalence (%)]
B16[B16ee_B16x4]. Tobacco use by young persons (please include all smoking or smokeless tobacco products in prevalence data) [BOYS - Current users 4][OTHER TOBACCO (eg. water pipe) - Prevalence (%)]
B16[B16eee_B16x1]. Tobacco use by young persons (please include all smoking or smokeless tobacco products in prevalence data) [BOYS - Current users 4][Age range]
B16[B16eee_B16x2]. Tobacco use by young persons (please include all smoking or smokeless tobacco products in prevalence data) [BOYS - Current users 4][SMOKING TOBACCO - Prevalence (%)]
B16[B16eee_B16x3]. Tobacco use by young persons (please include all smoking or smokeless tobacco products in prevalence data) [BOYS - Current users 4][SMOKELESS TOBACCO - Prevalence (%)]
B16[B16eee_B16x4]. Tobacco use by young persons (please include all smoking or smokeless tobacco products in prevalence data) [BOYS - Current users 4][OTHER TOBACCO (eg. water pipe) - Prevalence (%)]
B16[B16eeee_B16x1]. Tobacco use by young persons (please include all smoking or smokeless tobacco products in prevalence data) [BOYS - Current users 4][Age range]
B16[B16eeee_B16x2]. Tobacco use by young persons (please include all smoking or smokeless tobacco products in prevalence data) [BOYS - Current users 4][SMOKING TOBACCO - Prevalence (%)]
B16[B16eeee_B16x3]. Tobacco use by young persons (please include all smoking or smokeless tobacco products in prevalence data) [BOYS - Current users 4][SMOKELESS TOBACCO - Prevalence (%)]
B16[B16eeee_B16x4]. Tobacco use by young persons (please include all smoking or smokeless tobacco products in prevalence data) [BOYS - Current users 4][OTHER TOBACCO (eg. water pipe) - Prevalence (%)]
B16[B16f_B16x1]. Tobacco use by young persons (please include all smoking or smokeless tobacco products in prevalence data) [GIRLS - Current users 4][Age range]
B16[B16f_B16x2]. Tobacco use by young persons (please include all smoking or smokeless tobacco products in prevalence data) [GIRLS - Current users 4][SMOKING TOBACCO - Prevalence (%)]
B16[B16f_B16x3]. Tobacco use by young persons (please include all smoking or smokeless tobacco products in prevalence data) [GIRLS - Current users 4][SMOKELESS TOBACCO - Prevalence (%)]



B16[B16jj_B16x1]. Tobacco use by young persons (please include all smoking or smokeless tobacco products in prevalence data) [GIRLS - Current users 4][Age range]
B16[B16jj_B16x2]. Tobacco use by young persons (please include all smoking or smokeless tobacco products in prevalence data) [GIRLS - Current users 4][SMOKING TOBACCO - Prevalence (%)]
B16[B16jj_B16x3]. Tobacco use by young persons (please include all smoking or smokeless tobacco products in prevalence data) [GIRLS - Current users 4][SMOKELESS TOBACCO - Prevalence (%)]
B16[B16jj_B16x4]. Tobacco use by young persons (please include all smoking or smokeless tobacco products in prevalence data) [GIRLS - Current users 4][OTHER TOBACCO (eg. water pipe) - Prevalence (%)]
B16[B16jjj_B16x1]. Tobacco use by young persons (please include all smoking or smokeless tobacco products in prevalence data) [GIRLS - Current users 4][Age range]
B16[B16jjj_B16x2]. Tobacco use by young persons (please include all smoking or smokeless tobacco products in prevalence data) [GIRLS - Current users 4][SMOKING TOBACCO - Prevalence (%)]
B16[B16jjj_B16x3]. Tobacco use by young persons (please include all smoking or smokeless tobacco products in prevalence data) [GIRLS - Current users 4][SMOKELESS TOBACCO - Prevalence (%)]
B16[B16jjj_B16x4]. Tobacco use by young persons (please include all smoking or smokeless tobacco products in prevalence data) [GIRLS - Current users 4][OTHER TOBACCO (eg. water pipe) - Prevalence (%)]
B16[B16k_B16x1]. Tobacco use by young persons (please include all smoking or smokeless tobacco products in prevalence data) [TOTAL (boys and girls) - Current users 4][Age range]
12-14
B16[B16k_B16x2]. Tobacco use by young persons (please include all smoking or smokeless tobacco products in prevalence data) [TOTAL (boys and girls) - Current users 4][SMOKING TOBACCO - Prevalence (%)]
4.68
B16[B16k_B16x3]. Tobacco use by young persons (please include all smoking or smokeless tobacco products in prevalence data) [TOTAL (boys and girls) - Current users 4][SMOKELESS TOBACCO - Prevalence (%)]
B16[B16k_B16x4]. Tobacco use by young persons (please include all smoking or smokeless tobacco products in prevalence data) [TOTAL (boys and girls) - Current users 4][OTHER TOBACCO (eg. water pipe) - Prevalence (%)]
B16[B16l_B16x1]. Tobacco use by young persons (please include all smoking or smokeless tobacco products in prevalence data) [TOTAL (boys and girls) - Current users 4][Age range]
15-16



B16[B16oo_B16x3]. Tobacco use by young persons (please include all smoking or smokeless tobacco products in prevalence data) [TOTAL (boys and girls) - Current users 4][SMOKELESS TOBACCO - Prevalence (%)]
B16[B16oo_B16x4]. Tobacco use by young persons (please include all smoking or smokeless tobacco products in prevalence data) [TOTAL (boys and girls) - Current users 4][OTHER TOBACCO (eg. water pipe) - Prevalence (%)]
B16[B16ooo_B16x1]. Tobacco use by young persons (please include all smoking or smokeless tobacco products in prevalence data) [TOTAL (boys and girls) - Current users 4][Age range]
B16[B16ooo_B16x2]. Tobacco use by young persons (please include all smoking or smokeless tobacco products in prevalence data) [TOTAL (boys and girls) - Current users 4][SMOKING TOBACCO - Prevalence (%)]
B16[B16ooo_B16x3]. Tobacco use by young persons (please include all smoking or smokeless tobacco products in prevalence data) [TOTAL (boys and girls) - Current users 4][SMOKELESS TOBACCO - Prevalence (%)]
B16[B16ooo_B16x4]. Tobacco use by young persons (please include all smoking or smokeless tobacco products in prevalence data) [TOTAL (boys and girls) - Current users 4][OTHER TOBACCO (eg. water pipe) - Prevalence (%)]
B16[B16oooo_B16x1]. Tobacco use by young persons (please include all smoking or smokeless tobacco products in prevalence data) [TOTAL (boys and girls) - Current users 4][Age range]
B16[B16oooo_B16x2]. Tobacco use by young persons (please include all smoking or smokeless tobacco products in prevalence data) [TOTAL (boys and girls) - Current users 4][SMOKING TOBACCO - Prevalence (%)]
B16[B16oooo_B16x3]. Tobacco use by young persons (please include all smoking or smokeless tobacco products in prevalence data) [TOTAL (boys and girls) - Current users 4][SMOKELESS TOBACCO - Prevalence (%)]
B16[B16oooo_B16x4]. Tobacco use by young persons (please include all smoking or smokeless tobacco products in prevalence data) [TOTAL (boys and girls) - Current users 4][OTHER TOBACCO (eg. water pipe) - Prevalence (%)]
B161. Please indicate the tobacco products included in calculating prevalence for question B16: Cigarrillo entendiendo que este corresponde a la presentación más común y utilizada del tabaco.
B162A. Please indicate the year of the data used to answer question B16: 2016
B162B. Please indicate the source of the data used to answer question B16: 2016, Estudio nacional de consumo de sustancias psicoactivas en población escolar en Colombia (se publica oficialmente en Abril de 2018)
B163. Please provide the definition of "current smoking/tobacco use" used to answer question B16 in the space below. Consumo en el último mes o consumo actual: La persona declara haber usado determinada sustancia una o más veces durante los últimos 30 días.  Prevalencia de último mes (consumo actual): Proporción de personas que consumieron una determinada sustancia alguna vez en los últimos 30 días
B164. Please provide a brief explanation of the trend in tobacco use by young persons in the past two years or since submission of your last report. Comparando los estudios realizados en 2004, 2011 y 2016, se observa una reducción significativa de la prevalencia de consumo de cigarrillo. Se pasó de 22,65% en 2004, a 9,78% en 2011, y a 8,06% en 2016. (Ver Anexo 3)  Como aspecto adicional, de acuerdo con cifras del III Estudio epidemiológico andino sobre consumo de drogas en la población universitaria de Colombia (2016), la prevalencia de consumo actual de cigarrillo es del 16,84%. Preocupa el uso de cigarrillos electrónicos, sobre todo en la población universitaria menor de 18 años (19,6%). (Ver Anexo 3)

B165. Please attach the relevant documentation.
[{"title": "Anexo 1. Encuesta Calidad de vida 2016", "comment": "", "size": "287.274", "name": "Anexo%201.%20Encuesta%20Calidad%20de%20vida%202016.pdf", "filename": "fu_3zkmscd6kjdw7te", "ext": "pdf"}, {"title": "Anexo 2. Boletin tecnico Encuesta Calidad de Vida2016", "comment": "", "size": "2081.217", "name": "Anexo%202.%20Bolet%C3%ADn%20de%20Vida%202016.pdf", "filename": "futmp_rmi3sgezkvyjk2x_pdf", "ext": "pdf"}, {"title": "Anexo 1.1. Encuesta Calidad de vida 2017", "comment": "", "size": "103.902", "name": "Anexo%201.1.%20Encuesta%20Calidad%20de%20vida%202017.pdf", "filename": "fu_i5kdm78gmq6bu3", "ext": "pdf"}, {"title": "Anexo 2.2. Boletin tecnico Encuesta Calidad de Vida2017", "comment": "", "size": "1389.603", "name": "Anexo%202.2.%20Bolet%C3%ADn%20de%20Vida%202017.pdf", "filename": "fu_buwwt37ygwwbwhi", "ext": "pdf"}, {"title": "Anexo 3. Estudios SPA escolares - universitarios", "comment": "", "size": "188.835", "name": "Anexo%203.%20Estudios%20SPA%20escolares%20-%20universitarios.pdf", "filename": "fu_6ts4pdu3pjcg9p7", "ext": "pdf"}]

B165[filecount]. filecount - Please attach the relevant documentation.

5

B11new[SQ001\_SQ001]. Male [Current smokers][Prevalence (%)] (please include all smoking tobacco products in prevalence data)

B11new[SQ001\_SQ002]. Male [Current smokers][Average number of the most-consumed smoking tobacco product used per day]

B11new[SQ002\_SQ001]. Male [Daily smokers][Prevalence (%)] (please include all smoking tobacco products in prevalence data)

B11new[SQ002\_SQ002]. Male [Daily smokers][Average number of the most-consumed smoking tobacco product used per day]

B11new[SQ003\_SQ001]. Male [Occasional smokers][Prevalence (%)] (please include all smoking tobacco products in prevalence data)

B11new[SQ003\_SQ002]. Male [Occasional smokers][Average number of the most-consumed smoking tobacco product used per day]

B11new[SQ004\_SQ001]. Male [Former smokers][Prevalence (%)] (please include all smoking tobacco products in prevalence data)

B11new[SQ004\_SQ002]. Male [Former smokers][Average number of the most-consumed smoking tobacco product used per day]

B11new[SQ005\_SQ001]. Male [Never smokers][Prevalence (%)] (please include all smoking tobacco products in prevalence data)

B11new[SQ005\_SQ002]. Male [Never smokers][Average number of the most-consumed smoking tobacco product used per day]

## B2-B9. HEALTH, SOCIAL AND ECONOMIC INDICATORS

B2. Exposure to tobacco smoke

B21. Do you have any data on exposure to tobacco smoke in your population?

Yes

B22. Please provide details in the space below (e.g. exposure by gender, at home, in the workplace, on public transport).
<b>Exposición en la vivienda</b> 12% de los individuos reportan que alguien fuma en su vivienda 82% de los que reportan que alguien fuma en su vivienda indican una frecuencia de exposición diaria
<b>Exposición en establecimientos educativos</b> 10% Encuestados que estudian indican que en su institución se permite fumar en áreas cerradas 44% Encuestados que estudian indican que en su institución se permite fumar en áreas abiertas
<b>Exposición en lugar de trabajo</b> 13% Encuestados que trabajan indican que en su lugar de trabajo se permite fumar en áreas cerradas 44% Encuestados que trabajan indican que en su lugar de trabajo se permite fumar en áreas abiertas
B23A. Please indicate the year of the data used to answer question B21:
2017
B23B. Please indicate the source of the data used to answer question B21:
Ver: <a href="http://simudatsalud-risaralda.co/infografias/erica/libro_erica.pdf">http://simudatsalud-risaralda.co/infografias/erica/libro_erica.pdf</a> Encuesta de Riesgos Cardiovasculares ERICA en Risaralda (Representativa para población urbana y rural de 18 años o mas del departamento). Los datos corresponden a auto-reporto de los encuestados.
B24. Please attach the relevant documentation.
[{"title": "Anexo 4. Encuesta Risaralda-ERICA-Tabaquismo.", "comment": "Complementar con la Encuesta completa, que se referencia en el numeral B23B", "size": "4612.676", "name": "Anexo%204.%20Encuesta%20Risaralda-ERICA-Tabaquismo.pdf", "filename": "fu_29qneunwsr6x5yf", "ext": "pdf"}]
B24[filecount]. filecount - Please attach the relevant documentation.
1
B3. Tobacco-related mortality
B31. Do you have information on tobacco-related mortality in your population?
Yes
B32. What is the estimated total number of deaths attributable to tobacco use in your population?
32089.0000000000
B33. If available, please provide any additional information on mortality attributable to tobacco use (e.g. lung cancer, cardiovascular diseases) in your jurisdiction.
Muertes anuales atribuibles al tabaquismo:  <input type="checkbox"/> Enfermedades cardíacas 8.160 muertes/año <input type="checkbox"/> EPOC 8.028 muertes/año <input type="checkbox"/> Otros cánceres 4.511 muertes/año <input type="checkbox"/> Cáncer de pulmón 4.401 muertes/año <input type="checkbox"/> Tabaquismo pasivo y otras causas 3.692 muertes/año <input type="checkbox"/> ACV 2.195 muertes/año <input type="checkbox"/> Neumonía 1.102 muertes/año
El 16.1% de todas las muertes que se producen en el país pueden ser atribuidas al tabaquismo. Para mayor información verificar documentos anexos.
B34A. Please indicate the year of the data used to answer question B32 and 33:
2015
B34B. Please indicate the source of the data used to answer questions B32 and B33:
Pichon-Riviere A, et.al. Carga de Enfermedad atribuible al Tabaquismo en Colombia. Documento Técnico IECS N° 9. Instituto de Efectividad Clínica y Sanitaria, Buenos Aires, Argentina. Noviembre de 2013 ( <a href="http://www.iecs.org.ar">www.iecs.org.ar</a> ). Pichon-Riviere A, et. al. Impacto económico del tabaquismo en los sistemas de salud de América Latina: un estudio en siete países y su extrapolación a nivel regional. Rev Panam Salud Pública. 2016; 40(4):213-21.
B35. Please submit a copy of the study you refer to:
[{"title": "Anexo 5.Carga de Enfermedad", "comment": "", "size": "3565.612", "name": "Anexo%205.%20Carga%20de%20enfermedad.pdf", "filename": "fu_7fcxfsgifey4cqx", "ext": "pdf"}, {"title": "Anexo 5.1. Tabaquismo en Colombia.pdf", "comment": "", "size": "2882.151", "name": "Anexo%205.1.%20Tabaquismo%20en%20Colombia.pdf", "filename": "fu_ybr39hxhcqty6t7", "ext": "pdf"}]

B35[filecount]. filecount - Please submit a copy of the study you refer to:
2
B4. Tobacco-related costs
B41. Do you have information on the economic burden of tobacco use in your population, e.g. the overall cost of tobacco use imposed on your society?
Yes
B42. Please provide details (e.g. direct (health care-related) and indirect costs and, if possible, the method used to estimate these costs).
<p>Costo directo atribuible al tabaquismo: \$4.685.630.926.140 (pesos colombianos COP)</p> <p>Método: para cada uno de los eventos de salud incluidos en el modelo, se estimaron los costos médicos directos que comprenden el gasto en todos los recursos sanitarios empleados para la atención médica durante el año en que se presenta el evento. Se realizó inicialmente una búsqueda bibliográfica para identificar estudios locales que reportasen costos de los eventos o costos unitarios de interés. Además, se definió una metodología común de costeo que contempló la posibilidad de estimar dichos costos mediante un enfoque de microcosteo o de macrocosteо, según la disponibilidad y calidad de la información en cada caso.</p> <p>Se construyeron ejercicios de microcosteo ad hoc sobre la base de comunicaciones con expertos, uso de guías clínicas y revisión de registros de utilización y tarifas de entidades de prestación de servicios sanitarios. Los costos del cáncer de pulmón se estimaron para cada país de acuerdo a la metodología descrita antes. Los costos para el resto de los cánceres se estimaron sobre la base de los costos del cáncer de pulmón. Para ello se utilizó un método de consenso de expertos con metodología Delphi modificada. En este ejercicio, un grupo de expertos en el área de oncología estimó la relación existente entre cada uno de los costos totales para la atención de cada cáncer y el costo del cáncer de pulmón.</p> <p>Cuando no se contaba con suficiente información a nivel local, se empleó un criterio de extrapolación para obtener una aproximación a los costos de los eventos. En este caso, se utilizó el promedio de la proporción que representa el costo del evento sobre el producto bruto interno (PIB) per cápita en Argentina, Chile y México, y sobre esta proporción media se aplicó el PIB per cápita del país de interés (Bolivia, Colombia o Perú) para obtener las estimaciones requeridas. Todos los costos se estimaron primero en moneda local, actualizada a 2015. En los casos de costos previos a 2015, estos se ajustaron sobre la base de los índices de precios al consumidor (IPC) publicados por los Institutos de Estadística de cada país. Los costos se convirtieron a dólares corrientes de 2015 utilizando los tipos de cambio publicados por los Bancos Centrales de cada país.</p>
B43A. Please indicate the year of the data used to answer question B42:
2015
B43B. Please indicate the source of the data used to answer question B42:
Pichon-Riviere A, et.al. Carga de Enfermedad atribuible al Tabaquismo en Colombia. Documento Técnico IECS N° 9. Instituto de Efectividad Clínica y Sanitaria, Buenos Aires, Argentina. Noviembre de 2013 ( <a href="http://www.iecs.org.ar">www.iecs.org.ar</a> ). Pichon-Riviere A, et. al. Impacto económico del tabaquismo en los sistemas de salud de América Latina: un estudio en siete países y su extrapolación a nivel regional. Rev Panam Salud Pública. 2016; 40(4):213-21.
B44. Please submit a copy of the study you refer to:
[{"title": "Anexo 6. Impacto económico", "comment": "Completar con el Anexo 5. Carga de enfermedad", "size": "2014.139", "name": "Anexo%206.%20Impacto%20econ%C3%B3mico.pdf", "filename": "fu_nqy2jnrqn9ay4p8", "ext": "pdf"}]
B44[filecount]. filecount - Please submit a copy of the study you refer to:
1
B5. Supply of tobacco and tobacco products (with reference to Articles 6.2(b), 20.4(c), and 15.5)
B51[B51a_B51x1]. Licit supply of tobacco products [Smoking tobacco products][Product]
Cigarrillos de tabaco negro
B51[B51a_B51x2]. Licit supply of tobacco products [Smoking tobacco products][Unit (e.g. pieces, tonnes)]
Kilo neto
B51[B51a_B51x3]. Licit supply of tobacco products [Smoking tobacco products][Domestic production]

B51[B51a_B51x4]. Licit supply of tobacco products [Smoking tobacco products][Retail sales]
B51[B51a_B51x5]. Licit supply of tobacco products [Smoking tobacco products][Exports]
53779,4
B51[B51a_B51x6]. Licit supply of tobacco products [Smoking tobacco products][Imports]
-
B51[B51b_B51x1]. Licit supply of tobacco products [Smoking tobacco products][Product]
Cigarrillos de tabaco rubio
B51[B51b_B51x2]. Licit supply of tobacco products [Smoking tobacco products][Unit (e.g. pieces, tonnes)]
Kilo neto
B51[B51b_B51x3]. Licit supply of tobacco products [Smoking tobacco products][Domestic production]
B51[B51b_B51x4]. Licit supply of tobacco products [Smoking tobacco products][Retail sales]
B51[B51b_B51x5]. Licit supply of tobacco products [Smoking tobacco products][Exports]
997690,7
B51[B51b_B51x6]. Licit supply of tobacco products [Smoking tobacco products][Imports]
9453412
B51[B51c_B51x1]. Licit supply of tobacco products [Smoking tobacco products][Product]
Cigarros (puros) (incluso despuntados) y cigarritos (puritos), que contengan tabaco
B51[B51c_B51x2]. Licit supply of tobacco products [Smoking tobacco products][Unit (e.g. pieces, tonnes)]
Kilo neto
B51[B51c_B51x3]. Licit supply of tobacco products [Smoking tobacco products][Domestic production]
B51[B51c_B51x4]. Licit supply of tobacco products [Smoking tobacco products][Retail sales]
B51[B51c_B51x5]. Licit supply of tobacco products [Smoking tobacco products][Exports]
128
B51[B51c_B51x6]. Licit supply of tobacco products [Smoking tobacco products][Imports]
1278,45
B51[B51cc_B51x1]. Licit supply of tobacco products [Smoking tobacco products][Product]
Los demás cigarrillos de tabaco o de sucedáneos del tabaco.
B51[B51cc_B51x2]. Licit supply of tobacco products [Smoking tobacco products][Unit (e.g. pieces, tonnes)]
Kilo neto
B51[B51cc_B51x3]. Licit supply of tobacco products [Smoking tobacco products][Domestic production]
B51[B51cc_B51x4]. Licit supply of tobacco products [Smoking tobacco products][Retail sales]
B51[B51cc_B51x5]. Licit supply of tobacco products [Smoking tobacco products][Exports]
-
B51[B51cc_B51x6]. Licit supply of tobacco products [Smoking tobacco products][Imports]
24,03

B51[B51ccc_B51x1]. Licit supply of tobacco products [Smoking tobacco products][Product]
Los demás tabacos para fumar, incluso con sucedáneos de tabaco en cualquier proporción
B51[B51ccc_B51x2]. Licit supply of tobacco products [Smoking tobacco products][Unit (e.g. pieces, tonnes)]
Kilo neto
B51[B51ccc_B51x3]. Licit supply of tobacco products [Smoking tobacco products][Domestic production]
B51[B51ccc_B51x4]. Licit supply of tobacco products [Smoking tobacco products][Retail sales]
B51[B51ccc_B51x5]. Licit supply of tobacco products [Smoking tobacco products][Exports]
182150
B51[B51ccc_B51x6]. Licit supply of tobacco products [Smoking tobacco products][Imports]
20703,6
B51[B51cccc_B51x1]. Licit supply of tobacco products [Smoking tobacco products][Product]
Tabaco para pipas de agua
B51[B51cccc_B51x2]. Licit supply of tobacco products [Smoking tobacco products][Unit (e.g. pieces, tonnes)]
Kilo neto
B51[B51cccc_B51x3]. Licit supply of tobacco products [Smoking tobacco products][Domestic production]
B51[B51cccc_B51x4]. Licit supply of tobacco products [Smoking tobacco products][Retail sales]
B51[B51cccc_B51x5]. Licit supply of tobacco products [Smoking tobacco products][Exports]
-
B51[B51cccc_B51x6]. Licit supply of tobacco products [Smoking tobacco products][Imports]
1455,22
B51[B51d_B51x1]. Licit supply of tobacco products [Smokeless tobacco products][Product]
B51[B51d_B51x2]. Licit supply of tobacco products [Smokeless tobacco products][Unit (e.g. pieces, tonnes)]
B51[B51d_B51x3]. Licit supply of tobacco products [Smokeless tobacco products][Domestic production]
B51[B51d_B51x4]. Licit supply of tobacco products [Smokeless tobacco products][Retail sales]
B51[B51d_B51x5]. Licit supply of tobacco products [Smokeless tobacco products][Exports]
B51[B51d_B51x6]. Licit supply of tobacco products [Smokeless tobacco products][Imports]
B51[B51e_B51x1]. Licit supply of tobacco products [Smokeless tobacco products][Product]
B51[B51e_B51x2]. Licit supply of tobacco products [Smokeless tobacco products][Unit (e.g. pieces, tonnes)]
B51[B51e_B51x3]. Licit supply of tobacco products [Smokeless tobacco products][Domestic production]

B51[B51e_B51x4]. Licit supply of tobacco products [Smokeless tobacco products][Retail sales]
B51[B51e_B51x5]. Licit supply of tobacco products [Smokeless tobacco products][Exports]
B51[B51e_B51x6]. Licit supply of tobacco products [Smokeless tobacco products][Imports]
B51[B51f_B51x1]. Licit supply of tobacco products [Smokeless tobacco products][Product]
B51[B51f_B51x2]. Licit supply of tobacco products [Smokeless tobacco products][Unit (e.g. pieces, tonnes)]
B51[B51f_B51x3]. Licit supply of tobacco products [Smokeless tobacco products][Domestic production]
B51[B51f_B51x4]. Licit supply of tobacco products [Smokeless tobacco products][Retail sales]
B51[B51f_B51x5]. Licit supply of tobacco products [Smokeless tobacco products][Exports]
B51[B51f_B51x6]. Licit supply of tobacco products [Smokeless tobacco products][Imports]
B51[B51ff_B51x1]. Licit supply of tobacco products [Smokeless tobacco products][Product]
B51[B51ff_B51x2]. Licit supply of tobacco products [Smokeless tobacco products][Unit (e.g. pieces, tonnes)]
B51[B51ff_B51x3]. Licit supply of tobacco products [Smokeless tobacco products][Domestic production]
B51[B51ff_B51x4]. Licit supply of tobacco products [Smokeless tobacco products][Retail sales]
B51[B51ff_B51x5]. Licit supply of tobacco products [Smokeless tobacco products][Exports]
B51[B51ff_B51x6]. Licit supply of tobacco products [Smokeless tobacco products][Imports]

B51[B51ffff_B51x1]. Licit supply of tobacco products [Smokeless tobacco products][Product]
B51[B51ffff_B51x2]. Licit supply of tobacco products [Smokeless tobacco products][Unit (e.g. pieces, tonnes)]
B51[B51ffff_B51x3]. Licit supply of tobacco products [Smokeless tobacco products][Domestic production]
B51[B51ffff_B51x4]. Licit supply of tobacco products [Smokeless tobacco products][Retail sales]
B51[B51ffff_B51x5]. Licit supply of tobacco products [Smokeless tobacco products][Exports]
B51[B51ffff_B51x6]. Licit supply of tobacco products [Smokeless tobacco products][Imports]
B51[B51g_B51x1]. Licit supply of tobacco products [Other tobacco products][Product] Desperdicios de tabaco
B51[B51g_B51x2]. Licit supply of tobacco products [Other tobacco products][Unit (e.g. pieces, tonnes)] Kilo neto
B51[B51g_B51x3]. Licit supply of tobacco products [Other tobacco products][Domestic production]
B51[B51g_B51x4]. Licit supply of tobacco products [Other tobacco products][Retail sales]
B51[B51g_B51x5]. Licit supply of tobacco products [Other tobacco products][Exports] 2224749
B51[B51g_B51x6]. Licit supply of tobacco products [Other tobacco products][Imports] 1946371
B51[B51h_B51x1]. Licit supply of tobacco products [Other tobacco products][Product] Tabaco «homogeneizado» o «reconstituido».
B51[B51h_B51x2]. Licit supply of tobacco products [Other tobacco products][Unit (e.g. pieces, tonnes)] Kilo neto
B51[B51h_B51x3]. Licit supply of tobacco products [Other tobacco products][Domestic production]
B51[B51h_B51x4]. Licit supply of tobacco products [Other tobacco products][Retail sales]
B51[B51h_B51x5]. Licit supply of tobacco products [Other tobacco products][Exports] -
B51[B51h_B51x6]. Licit supply of tobacco products [Other tobacco products][Imports] 253525,39
B51[B51i_B51x1]. Licit supply of tobacco products [Other tobacco products][Product] Los demás tabacos elaborados, extractos y jugos de tabaco.
B51[B51i_B51x2]. Licit supply of tobacco products [Other tobacco products][Unit (e.g. pieces, tonnes)] Kilo neto
B51[B51i_B51x3]. Licit supply of tobacco products [Other tobacco products][Domestic production]

B51[B51i_B51x4]. Licit supply of tobacco products [Other tobacco products][Retail sales]
B51[B51i_B51x5]. Licit supply of tobacco products [Other tobacco products][Exports]
3190
B51[B51i_B51x6]. Licit supply of tobacco products [Other tobacco products][Imports]
215726,54
B51[B51ii_B51x1]. Licit supply of tobacco products [Other tobacco products][Product]
Tabaco negro sin desvenar o desnervar, en rama o sin elaborar.
B51[B51ii_B51x2]. Licit supply of tobacco products [Other tobacco products][Unit (e.g. pieces, tonnes)]
Kilo neto
B51[B51ii_B51x3]. Licit supply of tobacco products [Other tobacco products][Domestic production]
B51[B51ii_B51x4]. Licit supply of tobacco products [Other tobacco products][Retail sales]
B51[B51ii_B51x5]. Licit supply of tobacco products [Other tobacco products][Exports]
574564,09
B51[B51ii_B51x6]. Licit supply of tobacco products [Other tobacco products][Imports]
182,3
B51[B51iii_B51x1]. Licit supply of tobacco products [Other tobacco products][Product]
Tabaco negro total o parcialmente desvenado o desnervado
B51[B51iii_B51x2]. Licit supply of tobacco products [Other tobacco products][Unit (e.g. pieces, tonnes)]
Kilo neto
B51[B51iii_B51x3]. Licit supply of tobacco products [Other tobacco products][Domestic production]
B51[B51iii_B51x4]. Licit supply of tobacco products [Other tobacco products][Retail sales]
B51[B51iii_B51x5]. Licit supply of tobacco products [Other tobacco products][Exports]
625222
B51[B51iii_B51x6]. Licit supply of tobacco products [Other tobacco products][Imports]
-
B51[B51iiii_B51x1]. Licit supply of tobacco products [Other tobacco products][Product]
Tabaco rubio en rama o sin elaborar, sin desvenar o desnervar
B51[B51iiii_B51x2]. Licit supply of tobacco products [Other tobacco products][Unit (e.g. pieces, tonnes)]
Kilo neto
B51[B51iiii_B51x3]. Licit supply of tobacco products [Other tobacco products][Domestic production]
B51[B51iiii_B51x4]. Licit supply of tobacco products [Other tobacco products][Retail sales]
B51[B51iiii_B51x5]. Licit supply of tobacco products [Other tobacco products][Exports]
-
B51[B51iiii_B51x6]. Licit supply of tobacco products [Other tobacco products][Imports]
3021124,4

B51[B51j_B51x1]. Licit supply of tobacco products [Tobacco leaves][Product]
Tabaco rubio total o parcialmente desvenado o desnervado
B51[B51j_B51x2]. Licit supply of tobacco products [Tobacco leaves][Unit (e.g. pieces, tonnes)]
B51[B51j_B51x3]. Licit supply of tobacco products [Tobacco leaves][Domestic production]
B51[B51j_B51x4]. Licit supply of tobacco products [Tobacco leaves][Retail sales]
B51[B51j_B51x5]. Licit supply of tobacco products [Tobacco leaves][Exports]
6380235,93
B51[B51j_B51x6]. Licit supply of tobacco products [Tobacco leaves][Imports]
363240
B52. Please provide information on the volumes of duty-free sales (e.g. product, unit, quantity), if available.
B53A. Please indicate the year of the data used to answer question B51 and 52:
2017
B53B. Please indicate the source of the data used to answer questions B51 and B52:
FUENTE: Oficina de Sistemas de Información, Ministerio de Comercio, Industria y Turismo - Dirección de Impuestos y Aduanas Nacionales (DIAN), 2017
B54. Please attach the relevant documentation.
[{"title": "Anexo 7. Exportaciones 2017", "comment": "", "size": "181.178", "name": "Anexo%207.%20Exportaciones%202017.pdf", "filename": "fu_x99jmdmnp9xkwh", "ext": "pdf"}, {"title": "Anexo 8. Importaciones 2017", "comment": "", "size": "183.521", "name": "Anexo%208.%20Importaciones%202017.pdf", "filename": "fu_gmxubzw7nmijc", "ext": "pdf"}]
B54[filecount]. filecount - Please attach the relevant documentation.
2
B6. Seizures of illicit tobacco products (with reference to Article 15.5)
B61[B61a_B61x1]. Seizures of illicit tobacco [Smoking tobacco products][Year]
2016
B61[B61a_B61x2]. Seizures of illicit tobacco [Smoking tobacco products][Product]
Cigarrillos
B61[B61a_B61x3]. Seizures of illicit tobacco [Smoking tobacco products][Unit (e.g. pieces, tonnes)]
Cajetillas
B61[B61a_B61x4]. Seizures of illicit tobacco [Smoking tobacco products][Quantity seized]
11014109
B61[B61b_B61x1]. Seizures of illicit tobacco [Smoking tobacco products][Year]
2017
B61[B61b_B61x2]. Seizures of illicit tobacco [Smoking tobacco products][Product]
Cigarrillos
B61[B61b_B61x3]. Seizures of illicit tobacco [Smoking tobacco products][Unit (e.g. pieces, tonnes)]
Cajetillas
B61[B61b_B61x4]. Seizures of illicit tobacco [Smoking tobacco products][Quantity seized]
19219503

B61[B61c_B61x1]. Seizures of illicit tobacco [Smoking tobacco products][Year]
2018
B61[B61c_B61x2]. Seizures of illicit tobacco [Smoking tobacco products][Product]
Cigarrillos
B61[B61c_B61x3]. Seizures of illicit tobacco [Smoking tobacco products][Unit (e.g. pieces, tonnes)]
Cajetillas
B61[B61c_B61x4]. Seizures of illicit tobacco [Smoking tobacco products][Quantity seized]
1419875
B61[B61cc_B61x1]. Seizures of illicit tobacco [Smoking tobacco products][Year]
B61[B61cc_B61x2]. Seizures of illicit tobacco [Smoking tobacco products][Product]
B61[B61cc_B61x3]. Seizures of illicit tobacco [Smoking tobacco products][Unit (e.g. pieces, tonnes)]
B61[B61cc_B61x4]. Seizures of illicit tobacco [Smoking tobacco products][Quantity seized]
B61[B61ccc_B61x1]. Seizures of illicit tobacco [Smoking tobacco products][Year]
B61[B61ccc_B61x2]. Seizures of illicit tobacco [Smoking tobacco products][Product]
B61[B61ccc_B61x3]. Seizures of illicit tobacco [Smoking tobacco products][Unit (e.g. pieces, tonnes)]
B61[B61ccc_B61x4]. Seizures of illicit tobacco [Smoking tobacco products][Quantity seized]
B61[B61cccc_B61x1]. Seizures of illicit tobacco [Smoking tobacco products][Year]
B61[B61cccc_B61x2]. Seizures of illicit tobacco [Smoking tobacco products][Product]
B61[B61cccc_B61x3]. Seizures of illicit tobacco [Smoking tobacco products][Unit (e.g. pieces, tonnes)]
B61[B61cccc_B61x4]. Seizures of illicit tobacco [Smoking tobacco products][Quantity seized]
B61[B61cccccc_B61x1]. Seizures of illicit tobacco [Smoking tobacco products][Year]

B61[B61cccccc_B61x2]. Seizures of illicit tobacco [Smoking tobacco products][[Product]
B61[B61cccccc_B61x3]. Seizures of illicit tobacco [Smoking tobacco products][[Unit (e.g. pieces, tonnes)]
B61[B61cccccc_B61x4]. Seizures of illicit tobacco [Smoking tobacco products][[Quantity seized]
B61[B61d_B61x1]. Seizures of illicit tobacco [Smokeless tobacco products][[Year]
B61[B61d_B61x2]. Seizures of illicit tobacco [Smokeless tobacco products][[Product]
B61[B61d_B61x3]. Seizures of illicit tobacco [Smokeless tobacco products][[Unit (e.g. pieces, tonnes)]
B61[B61d_B61x4]. Seizures of illicit tobacco [Smokeless tobacco products][[Quantity seized]
B61[B61e_B61x1]. Seizures of illicit tobacco [Smokeless tobacco products][[Year]
B61[B61e_B61x2]. Seizures of illicit tobacco [Smokeless tobacco products][[Product]
B61[B61e_B61x3]. Seizures of illicit tobacco [Smokeless tobacco products][[Unit (e.g. pieces, tonnes)]
B61[B61e_B61x4]. Seizures of illicit tobacco [Smokeless tobacco products][[Quantity seized]
B61[B61f_B61x1]. Seizures of illicit tobacco [Smokeless tobacco products][[Year]
B61[B61f_B61x2]. Seizures of illicit tobacco [Smokeless tobacco products][[Product]
B61[B61f_B61x3]. Seizures of illicit tobacco [Smokeless tobacco products][[Unit (e.g. pieces, tonnes)]
B61[B61f_B61x4]. Seizures of illicit tobacco [Smokeless tobacco products][[Quantity seized]
B61[B61ff_B61x1]. Seizures of illicit tobacco [Smokeless tobacco products][[Year]
B61[B61ff_B61x2]. Seizures of illicit tobacco [Smokeless tobacco products][[Product]
B61[B61ff_B61x3]. Seizures of illicit tobacco [Smokeless tobacco products][[Unit (e.g. pieces, tonnes)]
B61[B61ff_B61x4]. Seizures of illicit tobacco [Smokeless tobacco products][[Quantity seized]
B61[B61fff_B61x1]. Seizures of illicit tobacco [Smokeless tobacco products][[Year]
B61[B61fff_B61x2]. Seizures of illicit tobacco [Smokeless tobacco products][[Product]

B61[B61fff_B61x3]. Seizures of illicit tobacco [Smokeless tobacco products][Unit (e.g. pieces, tonnes)]
B61[B61fff_B61x4]. Seizures of illicit tobacco [Smokeless tobacco products][Quantity seized]
B61[B61ffff_B61x1]. Seizures of illicit tobacco [Smokeless tobacco products][Year]
B61[B61ffff_B61x2]. Seizures of illicit tobacco [Smokeless tobacco products][Product]
B61[B61ffff_B61x3]. Seizures of illicit tobacco [Smokeless tobacco products][Unit (e.g. pieces, tonnes)]
B61[B61ffff_B61x4]. Seizures of illicit tobacco [Smokeless tobacco products][Quantity seized]
B61[B61ffff_B61x1]. Seizures of illicit tobacco [Smokeless tobacco products][Year]
B61[B61ffff_B61x2]. Seizures of illicit tobacco [Smokeless tobacco products][Product]
B61[B61ffff_B61x3]. Seizures of illicit tobacco [Smokeless tobacco products][Unit (e.g. pieces, tonnes)]
B61[B61ffff_B61x4]. Seizures of illicit tobacco [Smokeless tobacco products][Quantity seized]
B61[B61ffff_B61x1]. Seizures of illicit tobacco [Smokeless tobacco products][Year]
B61[B61ffff_B61x2]. Seizures of illicit tobacco [Smokeless tobacco products][Product]
B61[B61ffff_B61x3]. Seizures of illicit tobacco [Smokeless tobacco products][Unit (e.g. pieces, tonnes)]
B61[B61ffff_B61x4]. Seizures of illicit tobacco [Smokeless tobacco products][Quantity seized]
B61[B61g_B61x1]. Seizures of illicit tobacco [Other tobacco products][Year]
B61[B61g_B61x2]. Seizures of illicit tobacco [Other tobacco products][Product]
B61[B61g_B61x3]. Seizures of illicit tobacco [Other tobacco products][Unit (e.g. pieces, tonnes)]
B61[B61g_B61x4]. Seizures of illicit tobacco [Other tobacco products][Quantity seized]
B61[B61h_B61x1]. Seizures of illicit tobacco [Other tobacco products][Year]
B61[B61h_B61x2]. Seizures of illicit tobacco [Other tobacco products][Product]
B61[B61h_B61x3]. Seizures of illicit tobacco [Other tobacco products][Unit (e.g. pieces, tonnes)]

B61[B61h_B61x4]. Seizures of illicit tobacco [Other tobacco products][Quantity seized]
B61[B61i_B61x1]. Seizures of illicit tobacco [Other tobacco products][Year]
B61[B61i_B61x2]. Seizures of illicit tobacco [Other tobacco products][Product]
B61[B61i_B61x3]. Seizures of illicit tobacco [Other tobacco products][Unit (e.g. pieces, tonnes)]
B61[B61i_B61x4]. Seizures of illicit tobacco [Other tobacco products][Quantity seized]
B61[B61ii_B61x1]. Seizures of illicit tobacco [Other tobacco products][Year]
B61[B61ii_B61x2]. Seizures of illicit tobacco [Other tobacco products][Product]
B61[B61ii_B61x3]. Seizures of illicit tobacco [Other tobacco products][Unit (e.g. pieces, tonnes)]
B61[B61ii_B61x4]. Seizures of illicit tobacco [Other tobacco products][Quantity seized]
B61[B61iii_B61x1]. Seizures of illicit tobacco [Other tobacco products][Year]
B61[B61iii_B61x2]. Seizures of illicit tobacco [Other tobacco products][Product]
B61[B61iii_B61x3]. Seizures of illicit tobacco [Other tobacco products][Unit (e.g. pieces, tonnes)]
B61[B61iii_B61x4]. Seizures of illicit tobacco [Other tobacco products][Quantity seized]
B61[B61iiii_B61x1]. Seizures of illicit tobacco [Other tobacco products][Year]
B61[B61iiii_B61x2]. Seizures of illicit tobacco [Other tobacco products][Product]
B61[B61iiii_B61x3]. Seizures of illicit tobacco [Other tobacco products][Unit (e.g. pieces, tonnes)]
B61[B61iiii_B61x4]. Seizures of illicit tobacco [Other tobacco products][Quantity seized]

B61[B61iiiiii_B61x1]. Seizures of illicit tobacco [Other tobacco products][Year]
B61[B61iiiiii_B61x2]. Seizures of illicit tobacco [Other tobacco products][Product]
B61[B61iiiiii_B61x3]. Seizures of illicit tobacco [Other tobacco products][Unit (e.g. pieces, tonnes)]
B61[B61iiiiii_B61x4]. Seizures of illicit tobacco [Other tobacco products][Quantity seized]
B62. Do you have any information on the percentage of illicit tobacco products on the national tobacco market?
No
B63. What percentage of the national tobacco market do illicit tobacco products constitute? (%)
B64. What is the trend over the past two years or since submission of your last report in the percentage of illicit tobacco products in relation to the national tobacco market?
B65. Please provide any further information on illicit tobacco products.
<p>Modalidades de Ingreso de Productos de contrabando:</p> <ul style="list-style-type: none"> <li>• <input checked="" type="checkbox"/> Abierto: Camuflaje, ingreso por lugares fronterizos no habilitados, ingreso en pequeñas cantidades, caletas, caravana de la muerte y encomiendas.</li> <li>• <input checked="" type="checkbox"/> Técnico: Triangulación y utilización indebida del régimen de transito aduanero.</li> <li>• <input checked="" type="checkbox"/> Las marcas de cigarrillos más aprehendidas en Colombia son de origen Uruguay, Paraguay, China, India y en poco porcentaje de países Europeos.</li> </ul> <p>Como dato adicional, se cuenta con un estudio independiente sobre comercio ilícito de productos de tabaco realizado por la Fundación Anaás y la Liga Colombiana contra el Cáncer, con recursos de la American Cancer Society y la UK Cancer Research. Este estudio se referencia en el numeral C.4.3.4</p>
B66. Please indicate the source of the data used to answer questions in section B6:
FUENTE: Dirección de Impuestos y Aduanas Nacionales (DIAN) y la Policía Fiscal y Aduanera (POLFA), 2016, 2017, 2018
B67. Please attach the relevant documentation.
[{"title": "Sistema de Seguimiento y Registro", "comment": "", "size": "643.788", "name": "Conpes%203719-2012.%20SUNIR.pdf", "filename": "fu_xkc7tmzhczt8q32", "ext": "pdf"}]
B67[filecount]. filecount - Please attach the relevant documentation.
0
B7. Tobacco-growing
B71. Is there any tobacco-growing in your jurisdiction?
Yes
B72. Please provide information on the number of workers involved in tobacco-growing. If available, please provide this figure broken down by gender.
Los cultivos de tabaco generan 18048 de empleos, de los cuales 15040 son empleos directos, y 3008 son empleos indirectos.
B73. Please provide, if available, the share of the value of tobacco leaf production in the national gross domestic product.
La producción para el año 2017 fue de 9.742 toneladas.
El valor es de \$98.227 millones de pesos colombianos (valor constante deflactado 2005) y participa con el 0,0% del PIB agrícola del año 2015
B74A. Please indicate the year of the data used to answer questions in section B7:
2015

B74B. Please indicate the source of the data used to answer questions in section B7:

2015 y 2016, Evaluaciones Agropecuarias Municipales - Ministerio de Agricultura y Desarrollo Rural, cálculos Oficina Asesora de Planeación Ver: <https://sioc.minagricultura.gov.co/tabaco/documentos/forms/allitems.aspx?View=%7BA513CF7E%2DA41A%2D4209%2D8EBA%2D40ECD0044A71%7D>

B75. Please attach the relevant documentation.

[{"title": "Anexo 9. Cadena cultivos de tabaco 2017", "comment": "Ver: https://sioc.minagricultura.gov.co/tabaco/documentos/forms/allitems.aspx?View=%7BA513CF7E%2DA41A%2D4209%2D8EBA%2D40ECD0044A71%7D", "size": "1191.753", "name": "Anexo 9.1.Tabaco Negro", "ext": "pdf"}, {"title": "Anexo 9.2.Tabaco Negro", "comment": "Ver: http://www.agronet.gov.co/estadistica/Paginas/default.aspx", "size": "97.256", "name": "Anexo 9.2.Tabaco%20Negro.pdf", "ext": "pdf"}, {"title": "Anexo 9.3. Tabaco Rubio", "comment": "", "size": "28.097", "name": "Anexo 9.3. Tabaco Rubio", "ext": "jpg"}, {"title": "Anexo 9.4. Tabaco Rubio", "comment": "Ver: http://www.agronet.gov.co/estadistica/Paginas/default.aspx", "size": "107.082", "name": "Anexo 9.4. Tabaco Rubio", "ext": "pdf"}]

B75[filecount]. filecount - Please attach the relevant documentation.

5

B8. Taxation of tobacco products (with reference to Articles 6.2(a) and 6.3)

B81. What proportion of the retail price of the most popular price category of tobacco product consists of taxes (e.g. sum of excise, sales and import duties (if applicable) and value added tax/goods and services tax (VAT/GST))?

62.4000000000

B82[SQ001]. How are the excise taxes levied (what types of taxes are levied)? [Specific tax only]

No

B82[SQ002]. How are the excise taxes levied (what types of taxes are levied)? [Ad valorem tax only]

No

B82[SQ003]. How are the excise taxes levied (what types of taxes are levied)? [Combination of specific and ad valorem taxes]

Yes

B82[SQ004]. How are the excise taxes levied (what types of taxes are levied)? [More complex structure (please explain below)]

B82a. If a more complex structure of taxes (please explain):

B83[B83a\_B83x1]. If available, please provide details on the rates of taxation for tobacco products at all levels of Government and be as specific as possible (specify the type of tax, e.g. VAT, sales, import duties) [Smoking tobacco products][Product]

Cigarillos y tabaco elaborado

B83[B83a\_B83x2]. If available, please provide details on the rates of taxation for tobacco products at all levels of Government and be as specific as possible (specify the type of tax, e.g. VAT, sales, import duties) [Smoking tobacco products][Type of tax]

Impuesto al consumo Específico

B83[B83a\_B83x3]. If available, please provide details on the rates of taxation for tobacco products at all levels of Government and be as specific as possible (specify the type of tax, e.g. VAT, sales, import duties) [Smoking tobacco products][Rate or amount]

\$2.100 en 2018. Crecerá IPC más 4 puntos desde 2019

B83[B83a\_B83x4]. If available, please provide details on the rates of taxation for tobacco products at all levels of Government and be as specific as possible (specify the type of tax, e.g. VAT, sales, import duties) [Smoking tobacco products][Base of tax5]

Cajetilla de 20 unidades

B83[B83b\_B83x1]. If available, please provide details on the rates of taxation for tobacco products at all levels of Government and be as specific as possible (specify the type of tax, e.g. VAT, sales, import duties) [Smoking tobacco products][Product]

Cigarillos y tabaco elaborado

B83[B83b\_B83x2]. If available, please provide details on the rates of taxation for tobacco products at all levels of Government and be as specific as possible (specify the type of tax, e.g. VAT, sales, import duties) [Smoking tobacco products][Type of tax]

Impuesto al consumo ad valorem



B83[B83cccc\_B83x3]. If available, please provide details on the rates of taxation for tobacco products at all levels of Government and be as specific as possible (specify the type of tax, e.g. VAT, sales, import duties) [Smoking tobacco products][Rate or amount]

B83[B83cccc\_B83x4]. If available, please provide details on the rates of taxation for tobacco products at all levels of Government and be as specific as possible (specify the type of tax, e.g. VAT, sales, import duties) [Smoking tobacco products][Base of tax5]

B83[B83cccc\_B83x1]. If available, please provide details on the rates of taxation for tobacco products at all levels of Government and be as specific as possible (specify the type of tax, e.g. VAT, sales, import duties) [Smoking tobacco products][Product]

B83[B83cccc\_B83x2]. If available, please provide details on the rates of taxation for tobacco products at all levels of Government and be as specific as possible (specify the type of tax, e.g. VAT, sales, import duties) [Smoking tobacco products][Type of tax]

B83[B83cccc\_B83x3]. If available, please provide details on the rates of taxation for tobacco products at all levels of Government and be as specific as possible (specify the type of tax, e.g. VAT, sales, import duties) [Smoking tobacco products][Rate or amount]

B83[B83cccc\_B83x4]. If available, please provide details on the rates of taxation for tobacco products at all levels of Government and be as specific as possible (specify the type of tax, e.g. VAT, sales, import duties) [Smoking tobacco products][Base of tax5]

B83[B83cccccc\_B83x1]. If available, please provide details on the rates of taxation for tobacco products at all levels of Government and be as specific as possible (specify the type of tax, e.g. VAT, sales, import duties) [Smoking tobacco products][Product]

B83[B83cccccc\_B83x2]. If available, please provide details on the rates of taxation for tobacco products at all levels of Government and be as specific as possible (specify the type of tax, e.g. VAT, sales, import duties) [Smoking tobacco products][Type of tax]

B83[B83cccccc\_B83x3]. If available, please provide details on the rates of taxation for tobacco products at all levels of Government and be as specific as possible (specify the type of tax, e.g. VAT, sales, import duties) [Smoking tobacco products][Rate or amount]

B83[B83cccccc\_B83x4]. If available, please provide details on the rates of taxation for tobacco products at all levels of Government and be as specific as possible (specify the type of tax, e.g. VAT, sales, import duties) [Smoking tobacco products][Base of tax5]

B83[B83d\_B83x1]. If available, please provide details on the rates of taxation for tobacco products at all levels of Government and be as specific as possible (specify the type of tax, e.g. VAT, sales, import duties) [Smokeless tobacco products][Product]

Picadura Rapé y Chimú

B83[B83d\_B83x2]. If available, please provide details on the rates of taxation for tobacco products at all levels of Government and be as specific as possible (specify the type of tax, e.g. VAT, sales, import duties) [Smokeless tobacco products][Type of tax]

Impuesto al consumo Específico

B83[B83d\_B83x3]. If available, please provide details on the rates of taxation for tobacco products at all levels of Government and be as specific as possible (specify the type of tax, e.g. VAT, sales, import duties) [Smokeless tobacco products][Rate or amount]

\$167 en 2018 Crecerá IPC más 4 puntos desde 2019

B83[B83d\_B83x4]. If available, please provide details on the rates of taxation for tobacco products at all levels of Government and be as specific as possible (specify the type of tax, e.g. VAT, sales, import duties) [Smokeless tobacco products][Base of tax5]

Gramo









B84. Please briefly describe the trends in taxation for tobacco products in the past two years or since submission of your last report in your jurisdiction.

En primer lugar, respecto al porcentaje del precio que corresponde a impuestos, vale aclarar lo siguiente:

Para la marca Boston Azul en 2018, una cajetilla paga:

Impuesto específico: \$2.100

PVP=\$4.003

Sobretasa= \$400,3

Total Impuesto: \$2.500,3 que corresponde a un 62.4% del PVP

No se incluye IVA ni derechos de importación (el IVA es tarifa general de 19% sin incluir en la base el impuesto al consumo).

Los Precios de venta al público – PVP, base del componente ad valorem a pagar en 2018 se pueden ver en:

[https://www.dane.gov.co/files/investigaciones/boletines/cigallo/Cer\\_Cigarrillos\\_Anual\\_2018.pdf](https://www.dane.gov.co/files/investigaciones/boletines/cigallo/Cer_Cigarrillos_Anual_2018.pdf)

En segundo lugar, a partir de las modificaciones realizadas por la Ley 1819 de 2016, desde 2017, cada cajetilla de cigarrillos (20 unidades) paga a favor de los departamentos y el Distrito Capital, por impuesto al consumo de cigarrillos y tabaco elaborado, un valor específico que se actualiza cada año y un componente ad valorem del 10% de la base gravable que corresponde al Precio de Venta al Público (PVP) certificado por el DANE cada año (antes este componente era llamado sobretasa al consumo de cigarrillos).

En 2017 el componente específico era de \$1.400 por cualquier cajetilla de 20 unidades.

En 2018 el componente específico es de \$2.100 por cualquier cajetilla de 20 unidades.

A partir de 2019 este valor se incrementará en IPC más 4 puntos.

B85. Do you earmark any percentage of your taxation income for funding any national plan or strategy on tobacco control in your jurisdiction?

Yes

B86. Please provide details in the space below.

El mayor recaudo del componente específico del impuesto al consumo, después del incremento de tarifa desde 2017 se destina a financiar aseguramiento en salud. Del total restante, se destina financiar el deporte un 16% y 84% es ingreso de libre destinación por los departamentos.

El total del componente ad valorem del impuesto al consumo se destina a financiar aseguramiento en salud.

Esto obedece a que históricamente los impuestos al tabaco, al alcohol y a los juegos de azar, como impuestos sub-nacionales, han tenido como fin la financiación del sistema de salud.

B87A. Please indicate the year of the data used to answer questions B81 to B86:

2018

B87B. Please indicate the source of the data used to answer questions B81 to B86:

Ley 1819 de 2016 (artículos 347 y 348). Ver: <http://www.alcaldiaabogota.gov.co/sisjur/normas/Norma1.jsp?i=68189>

B88. Please attach the relevant documentation.

[{"title": "Certificaci\u00f3n base gravable 2015", "comment": "", "size": "724.701", "name": "Certificacion%20Impuestos-2015.pdf", "filename": "fu\_dn6745veargrhz", "ext": "pdf"}, {"title": "Ley 1393-2010", "comment": "", "size": "732.546", "name": "Ley%201393%20de%202010.pdf", "filename": "fu\_d2jaekkm5trp5u", "ext": "pdf"}, {"title": "Propuesta de reforma tributaria. Comisi\u00f3n de Expertos", "comment": "", "size": "349.378", "name": "Comisi%C3%B3n%20expertos%20tributaria.%20Informe%20final.pdf", "filename": "fu\_prx6my9svdq58m7", "ext": "pdf"}]

B88[filecount]. filecount - Please attach the relevant documentation.

0

B9. Price of tobacco products (with reference to Articles 6.2(a))

B91A[1\_SQ001]. Domestic Please provide the retail prices of the three most widely sold brands of domestic tobacco products at the most widely used point of sale in your capital city. [Smoking tobacco products][Name of the most widely sold brands]

Malboro





B91A[15\_SQ004]. Domestic Please provide the retail prices of the three most widely sold brands of domestic tobacco products at the most widely used point of sale in your capital city. [Other tobacco products][Currency]

B91B[1\_SQ001]. Imported Please provide the retail prices of the three most widely sold brands of imported tobacco products at the most widely used point of sale in your capital city. [Smoking tobacco products][Name of the most widely sold brands]

Lucky Strike

B91B[1\_SQ002]. Imported Please provide the retail prices of the three most widely sold brands of imported tobacco products at the most widely used point of sale in your capital city. [Smoking tobacco products][Number of units or amount per package]

20

B91B[1\_SQ003]. Imported Please provide the retail prices of the three most widely sold brands of imported tobacco products at the most widely used point of sale in your capital city. [Smoking tobacco products][Retail price]

\$4.917

B91B[1\_SQ004]. Imported Please provide the retail prices of the three most widely sold brands of imported tobacco products at the most widely used point of sale in your capital city. [Smoking tobacco products][Currency]

Pesos Colombianos

B91B[2\_SQ001]. Imported Please provide the retail prices of the three most widely sold brands of imported tobacco products at the most widely used point of sale in your capital city. [Smoking tobacco products][Name of the most widely sold brands]

Mustang

B91B[2\_SQ002]. Imported Please provide the retail prices of the three most widely sold brands of imported tobacco products at the most widely used point of sale in your capital city. [Smoking tobacco products][Number of units or amount per package]

20

B91B[2\_SQ003]. Imported Please provide the retail prices of the three most widely sold brands of imported tobacco products at the most widely used point of sale in your capital city. [Smoking tobacco products][Retail price]

\$3.864

B91B[2\_SQ004]. Imported Please provide the retail prices of the three most widely sold brands of imported tobacco products at the most widely used point of sale in your capital city. [Smoking tobacco products][Currency]

Pesos Colombianos

B91B[3\_SQ001]. Imported Please provide the retail prices of the three most widely sold brands of imported tobacco products at the most widely used point of sale in your capital city. [Smoking tobacco products][Name of the most widely sold brands]

Belmont

B91B[3\_SQ002]. Imported Please provide the retail prices of the three most widely sold brands of imported tobacco products at the most widely used point of sale in your capital city. [Smoking tobacco products][Number of units or amount per package]

20

B91B[3\_SQ003]. Imported Please provide the retail prices of the three most widely sold brands of imported tobacco products at the most widely used point of sale in your capital city. [Smoking tobacco products][Retail price]

\$3.697

B91B[3\_SQ004]. Imported Please provide the retail prices of the three most widely sold brands of imported tobacco products at the most widely used point of sale in your capital city. [Smoking tobacco products][Currency]

Pesos Colombianos

B91B[7\_SQ001]. Imported Please provide the retail prices of the three most widely sold brands of imported tobacco products at the most widely used point of sale in your capital city. [Smokeless tobacco products][Name of the most widely sold brands]

B91B[7\_SQ002]. Imported Please provide the retail prices of the three most widely sold brands of imported tobacco products at the most widely used point of sale in your capital city. [Smokeless tobacco products][Number of units or amount per package]

B91B[7\_SQ003]. Imported Please provide the retail prices of the three most widely sold brands of imported tobacco products at the most widely used point of sale in your capital city. [Smokeless tobacco products][Retail price]

B91B[7\_SQ004]. Imported Please provide the retail prices of the three most widely sold brands of imported tobacco products at the most widely used point of sale in your capital city. [Smokeless tobacco products][Currency]



B91B[15\_SQ002]. Imported Please provide the retail prices of the three most widely sold brands of imported tobacco products at the most widely used point of sale in your capital city. [Other tobacco products][Number of units or amount per package]

B91B[15\_SQ003]. Imported Please provide the retail prices of the three most widely sold brands of imported tobacco products at the most widely used point of sale in your capital city. [Other tobacco products][Retail price]

B91B[15\_SQ004]. Imported Please provide the retail prices of the three most widely sold brands of imported tobacco products at the most widely used point of sale in your capital city. [Other tobacco products][Currency]

B92A. Please indicate the year of the data used to answer question B91:

2018

B92B. Please indicate the source of the data used to answer question B91:

Departamento Administrativo Nacional de Estadística, 2017. Ver: <https://www.dane.gov.co/index.php/estadisticas-por-tema/precios-y-costos/cigarrillos-y-tabaco>

B93. Please briefly describe the trend in the prices of tobacco products in the past two years or since submission of your last report in your jurisdiction.

- Los precios promedio de cigarrillos son calculados con base en la información reportada al DANE por los grandes almacenes e hipermercados minoristas (GAHM) a nivel nacional, que cumplen con los parámetros de inclusión (200 a más personas ocupadas, y/o ventas anuales superiores o iguales a 3 millones de pesos de 2017).
- Los precios de venta al público, son reportados para las cajetillas de 20 unidades de cigarrillos.
- La información corresponde al precio promedio de la marca en el país y no al punto de venta más utilizado de la capital del país, esto debido a que la base de datos no identifica precios por ciudad, únicamente a nivel nacional.
- Los precios de los productos de tabaco presentan crecimiento en los dos últimos años, principalmente por: a) mayor participación de productos y materias primas importadas; b) continua alza del dólar; c) Reforma tributaria que incrementó los impuestos para este tipo de productos.

Nota: La información de precios de las marcas más vendidas de cigarrillos se genera a partir de la Certificación de precios de cigarrillos para 2018, generada por el Departamento Administrativo Nacional de Estadística DANE, con información de enero a noviembre de 2017.

B94. Please attach the relevant documentation.

[{"title": "Anexo 10. Certificado precios 2018", "comment": "Complementar con la informacion de la Pagina web que se indica en el numeral B92B", "size": "591.076", "name": "Anexo%2010.%20Certificado%20precios%202018.pdf", "filename": "fu\_42jdiwb3sdnx2e7", "ext": "pdf"}]

B94[filecount]. filecount - Please attach the relevant documentation.

1

## C1. GENERAL OBLIGATIONS

C1. With reference to Article 5

C111. Have you developed and implemented comprehensive multisectoral national tobacco control strategies, plans and programmes in accordance with the Convention?

Yes

C112. Have you partially developed and implemented tobacco control strategies by including tobacco control in national health, public health or health promotion strategies, plans and programmes?

N/A

C113. Is any aspect of tobacco control that is referred to in the Convention included in any national strategy, plan or programme?

N/A

C114[C114a]. Have you established or reinforced and financed: [a focal point for tobacco control?]

No

C114[C114b]. Have you established or reinforced and financed: [a tobacco control unit?]
Yes
C114[C114c]. Have you established or reinforced and financed: [a national coordinating mechanism for tobacco control?]
No
C115. Please provide details (e.g. the nature of the national coordinating mechanism, the institution to which the focal point for tobacco control or the tobacco control unit belongs).
<p>El Decreto Ley 4107 de 2011 crea el Ministerio de Salud y Protección Social. Dentro de la estructura organizacional, se creó la Subdirección de Enfermedades No Transmisibles, la cual se organiza a través de 3 grupos: 1) Estilos, modos y condiciones de vida saludable; 2) Gestión integrada de la salud bucal, cardiovascular, bucal, del cáncer y otras condiciones crónicas; y 3) Gestión integrada para la salud mental. Transversal a los dos primeros grupos existe un equipo de control de tabaco que sirve como centro de coordinación para el tema. La unidad está conformada por profesionales de diferentes disciplinas (derecho, ciencias políticas, medicina, economía, ingeniería industrial, epidemiología), lo que ha enriquecido el enfoque multidisciplinario de las acciones que se han planteado en el control del tabaco a corto, mediano y largo plazo.</p> <p>A nivel intersectorial, está la Comisión Intersectorial de Salud Pública, que es la instancia de coordinación y seguimiento entre los diferentes sectores responsables en el desarrollo del Plan Decenal de Salud Pública, en el que se han incluido metas y estrategias específicas para control de tabaco.</p> <p>De manera más específica, el Ministerio de Relaciones Exteriores junto con el Ministerio de Salud ha coordinado el desarrollo de Encuentros intersectoriales en los que se han abordado temáticas específicas relacionadas con los procesos de inspección, vigilancia y control, cesación del consumo de tabaco, y comercio ilícito de productos de tabaco. Se espera fortalecer este escenario con la ejecución del Proyecto FCTC 2030.</p>
C116. Please provide a brief description of the progress made in implementing Article 5.1 and 5.2 (General obligations) in the past two years or since submission of your last report.
<p>1. <input checked="" type="checkbox"/> En el Plan Decenal de Salud Pública (PDSP) 2012-2021, y de acuerdo con lo establecido en el CMCT, se incluyeron metas específicas para control de tabaco, en el componente de condiciones crónicas prevalentes, y el componente de modos, condiciones y estilos de vida saludable (dimensión Vida Saludable y Condiciones No Transmisibles). En este último componente se contempla explícitamente como estrategia la “protección de las políticas públicas de salud frente a los intereses comerciales o de otra índole de la industria tabacalera (Artículo 5.3 del CMCT).</p> <p>2. <input checked="" type="checkbox"/> En el Plan Decenal para el control del Cáncer 2012-2021, en su línea estratégica número 1 (Control del riesgo, prevención primaria), se plantean metas relacionadas con la reducción de la prevalencia de consumo de tabaco en adultos y en jóvenes, el aumento de los impuestos al consumo de tabaco, y el aumento del tamaño de las advertencias sanitarias a un 70%. Para el cumplimiento de estas metas, se establecieron acciones en el nivel político, normativo, comunitario y en los servicios de salud.</p> <p>3. <input checked="" type="checkbox"/> En el actual Plan Nacional de Desarrollo 2014-2018, en el marco de la Estrategia 4x4 ampliada (cuyo objetivo es promover la actividad física, la alimentación saludable, la reducción del consumo de alcohol y el no consumo y exposición al tabaco, para reducir la morbi-mortalidad y discapacidad por cáncer, las enfermedades cardiovasculares, la diabetes y las enfermedades pulmonares. Se incluye, además, la gestión integrada para la salud mental y la salud bucal, visual y auditiva), y de lo establecido en el PDSP, se incorporan las acciones para mejorar la implementación del CMCT en Colombia, teniendo en cuenta que la promoción de los entornos para los estilos, modos y condiciones de vida saludable, se constituye en un medio para reposicionar al sector de la salud como generador de bienestar. Se definió, además, como mega meta, la reducción en un 8% de la tasa de mortalidad por enfermedades prevenibles, como las Enfermedades No Transmisibles (ENT), en la población entre 30 y 70 años de edad. Ver: <a href="https://colaboracion.dnp.gov.co/cdt/prensa/bases%20plan%20nacional%20de%20desarrollo%202014-2018.pdf">https://colaboracion.dnp.gov.co/cdt/prensa/bases%20plan%20nacional%20de%20desarrollo%202014-2018.pdf</a></p> <p>4. <input checked="" type="checkbox"/> El 21 de julio de 2009, el Congreso de la República de Colombia aprobó la Ley 1335 de 2009 (denominada como la “Ley de Control del Tabaco”), la cual se ha venido reglamentando con el fin de abordar las obligaciones que figuran en los siguientes artículos del CMCT:</p> <ul style="list-style-type: none"> <li>Artículo 5.1 (Obligaciones generales)</li> <li>Artículo 8 (Protección contra la exposición al humo de tabaco)</li> <li>Artículo 10 (Reglamentación de la divulgación de información sobre los productos de tabaco) Artículo 11 (Empaque y etiquetado de los productos de tabaco)</li> <li>Artículo 12 (Educación, comunicación, formación y concientización del público)</li> <li>Artículo 13 (Publicidad, promoción y patrocinio del tabaco)</li> <li>Artículo 14 (Medidas de reducción de la demanda relativas a la dependencia y al abandono del tabaco)</li> <li>Artículo 15 (Comercio ilícito de productos de tabaco)</li> <li>Artículo 16 (Ventas a menores y por menores)</li> <li>Artículo 20 (Investigación, vigilancia e intercambio de información) del Convenio</li> </ul> <p>5. Programa Nacional para la Cesación del consumo de tabaco y atención del tabaquismo, el cual incorpora las intervenciones más costo-eficaces. Este se desarrolla en el marco de la Política y Modelo de Atención Integral en Salud.</p>

C117. If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

C12. Protection of public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

C121. protecting public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry?

Yes

C122. ensuring that the public has access, in accordance with Article 12(c), to a wide range of information on tobacco industry activities relevant to the objectives of the Convention, such as in a public repository?

No

C123. Please provide details in the space below.

Se cuenta como estrategia del Plan Decenal de Salud Pública, en el componente de Modos, Condiciones y Estilos de Vida Saludable, la protección de las políticas públicas de salud frente a los intereses comerciales o de otra índole de la industria tabacalera. También se avanzó en el desarrollo de un resumen de política basado en evidencia que aborda los mejores mecanismos para proteger a las políticas de salud pública contra la interferencia de la industria del tabaco.

Como parte de la capacitación que recibió el país por parte del Centro de conocimiento para temas jurídicos Mc Cabe Centre for Law and Cancer, se diseñará un manual de relacionamiento entre el gobierno y el sector privado, teniendo en cuenta los posibles riesgos en los que las políticas públicas y la legislación se pueden ver inmersos frente a la interferencia o participación irregular de las empresas privadas, objeto de regulación. En dicho documento se hará especial énfasis en el relacionamiento necesario con las Industrias tabacaleras.

C124. Please provide a brief description of the progress made in implementing Article 5.3 in the past two years or since submission of your last report.

C125. Have you utilized the “Guidelines for implementation of Article 5.3 of the WHO FCTC” when developing or implementing policies in this area?

Yes

C126. Please provide details in the space below or refer to section I of the additional questionnaire. Response to this question or to the additional questionnaire is voluntary. <https://extranet.who.int/dataform/655321?token={TOKEN}&en>

C127. If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

C128. Please attach the relevant documentation.

[{"title": "Anexo 11. Programa Nacional de Cesacion", "comment": "", "size": "1333.392", "name": "Anexo%2011.%20Programa%20Nacional%20de%20Cesaci%C3%B3n.pdf", "filename": "fu\_z3maf2h49n7hw9p", "ext": "pdf"}]

C128[filecount]. filecount - Please attach the relevant documentation.

1

## C2. MEASURES RELATING TO THE REDUCTION OF DEMAND FOR TOBACCO

C2. With reference to Articles 6–14

C21. Price and tax measures to reduce the demand for tobacco Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

C211. tax policies and, where appropriate, price policies on tobacco products so as to contribute to the health objectives aimed at reducing tobacco consumption?

Yes

C212. prohibiting or restricting, as appropriate, sales to international travellers of tax- and duty-free tobacco products?

No

C213. prohibiting or restricting, as appropriate, imports by international travellers of tax- and duty-free tobacco products?

No

C214. Please provide a brief description of the progress made in implementing Article 6 (Price and tax measures to reduce the demand for tobacco) in the past two years or since submission of your last report.

En 2017, la Veeduría Ciudadana para el Control de Tabaco, el Ministerio de Salud y el Ministerio de Hacienda recibieron el Premio del Día Mundial Sin Tabaco, por su trabajo en el incremento del impuesto al tabaco en Colombia:

Mediante la Ley 1819 de 2016, se aprobó un incremento progresivo del impuesto específico a los cigarrillos: el impuesto aumentó a partir de enero de 2017, en \$1.400 pesos por cajetilla de 20 unidades. En 2018, la tarifa aumentó a \$2.100, y a partir de 2019 se ajustará en función del aumento del Índice de Precios al Consumidor (IPC), más 4 puntos porcentuales. Esta misma ley, modificó la tarifa general del IVA, que aumentó del 16% al 19%, tarifa que también se refleja en el precio de los cigarrillos. Por su parte el componente Ad valorem se mantuvo en 10%

En 2016 el componente específico era de \$701 por cajetilla de 20 unidades más un 10% sobre PVP.

En 2017 el componente específico pasó a \$1.400 por cajetilla de 20 unidades.

En 2018 el componente específico es de \$2.100 por cajetilla de 20 unidades.

A partir de 2019 este valor se incrementará en IPC más 4 puntos.

Adicionalmente, desde 2017, el 10% se calcula sobre los Precios de venta al público – PVP certificados por el DANE.

Las medidas efectivamente se han reflejado en incremento de precios de más del 60% en las principales marcas, tomando valores nominales para los últimos dos años.

En suma, el país reconoce que las medidas relacionadas con los precios e impuestos son un medio eficaz e importante para reducción del consumo de tabaco. Dentro de los objetivos nacionales política pública en salud se incluyó en la reforma tributaria un incremento a los impuestos sobre este consumo. De igual modo, dentro de las razones para impulsar la reforma estuvo la de incrementar el precio del cigarrillo y tabaco para así contribuir a disminuir su consumo y de paso conseguir recursos destinados a financiar la salud.

C215. Have you utilized the “Guidelines for implementation of Article 6 of the WHO FCTC” when developing or implementing policies in this area?

Yes

C216. Please provide details in the space below or refer to section H of the additional questionnaire. Response to this question or to the additional questionnaire is voluntary. [https://extranet.who.int/dataform/655321?token={TOKEN}\(-en](https://extranet.who.int/dataform/655321?token={TOKEN}(-en)

C217. If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

C218. Please attach the relevant documentation.

[{"title": "Anexo 12. Papeles en salud-Impuestos", "comment": "Consultar la Ley 1819 de 2016", "size": "815.893", "name": "Anexo%2012.%20Papeles%20en%20salud-Impuestos.pdf", "filename": "fu\_rs85vdzz5h8qstq", "ext": "pdf"}]

C218[filecount]. filecount - Please attach the relevant documentation.

1

C22. Protection from exposure to tobacco smoke Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

C221. banning tobacco smoking in indoor workplaces, public transport, indoor public places and, as appropriate, other public places ?

Yes

C222[1]. What is the type/nature of the measure providing for the ban? [national law]

Yes

---

C222[2]. What is the type/nature of the measure providing for the ban? [subnational law(s)]
C222[3]. What is the type/nature of the measure providing for the ban? [administrative and executive orders]
Yes
C222[4]. What is the type/nature of the measure providing for the ban? [voluntary agreements]
C222[5]. What is the type/nature of the measure providing for the ban? [other measures (please specify in C223 below)]

C223. Please provide a brief explanation of the type/nature and content of the measures providing for the ban.

La protección de los espacios libres de humo de tabaco y sus derivados se encuentra establecida en la Ley 1335 de 2009. Esta Ley es de carácter nacional, obedeciendo a la organización centralizada del Estado colombiano, por lo tanto es de obligatorio cumplimiento en todo el territorio nacional. Esta Ley, además, establece disposiciones para la prevención de los daños a la salud de los menores de edad, la población no fumadora y se estipulan políticas públicas para la prevención del consumo del tabaco y el abandono de la dependencia del tabaco del fumador y sus derivados en la población colombiana.

El Capítulo V (Artículos 18 a 21) de la Ley 1335 de 2009 consagra los derechos de los ciudadanos de Colombia a contar con ambientes libres de humo de tabaco.

El Artículo 18 de la citada ley establece los derechos de los no fumadores, a saber:

- Respirar aire que esté libre de humo de tabaco.
- Protestar cuando los productos del tabaco están encendidos en lugares donde está prohibido su uso por la ley y la exigencia de que el propietario, representante legal, gerente, administrador o responsable con cualquier título relativo a la empresa o establecimiento, advierta a aquellos que usan productos de tabaco a dejar de usarlos.
- Comparecer ante la autoridad competente en defensa de sus derechos como no fumadores y exigir su protección.
- Demandar la publicidad masiva sobre los efectos nocivos y mortales causadas por el tabaco y la exposición al humo de tabaco.
- Informar de incumplimiento de las disposiciones de la ley a la autoridad competente.

El Artículo 19 de la ley enumera los lugares públicos donde el consumo de productos de tabaco no se permite. Estos incluyen:

- Lugares de trabajo cerrados y/o lugares públicos, tales como: bares, restaurantes, centros comerciales, tiendas, ferias, festivales, parques, estadios, cafeterías, salones de baile, cibercafés, hoteles, ferias [sic], pubs, casinos, zonas comunes y las salas de espera donde se llevan a cabo eventos masivos, entre otros.
- Todos los establecimientos de salud.
- Instituciones de educación formal e informal en todos los niveles.
- Establecimientos que donde se atiendan menores de edad.
- Espacios deportivos y culturales, como museos y bibliotecas.
- Medios de transporte públicos (incluida la oficial, la escolar, la mixta y el servicio privado).
- Entidades públicas y privadas dirigidas a cualquier tipo de actividad industrial, comercial o de servicios, incluidas sus áreas de servicio al cliente y salas de espera.
- Áreas donde el consumo de productos de tabaco puede constituir un riesgo alto de combustión, debido a la presencia de materiales inflamables, tales como estaciones de gasolina, sitios de almacenamiento para combustibles o materiales explosivos y similares.

Es importante señalar que el precitado Artículo 19, al no establecer condición alguna para extender la protección de los ambientes 100% libres de humo de tabaco a un área determinada de los lugares allí enunciados, permite concluir que la protección es completa; así, tanto en las áreas cerradas como en las áreas abiertas de estos lugares no está permitido el consumo de este tipo de productos.

Dicha interpretación del texto legal, resulta de la utilización del principio de proporcionalidad de esta medida de salud pública. Esto implica que la posibilidad de permitir que en dichas áreas abiertas se pudiese consumir esta clase de productos y de esta forma, exponer a los no fumadores y en general a toda la población al humo de segunda mano, queda descartada ante el potencial daño que esto acarrearía en la salud de las personas y ante el deber del gobierno nacional frente a garantizar medidas efectivas para la protección del derecho a la salud.

Por su parte, el artículo 21 de la ley establece las definiciones de “área cerrada”, “humo de segunda mano del tabaco o humo de tabaco ambiental”, “fumar”, “lugar de trabajo”, “lugares públicos”, “transporte público”. Estas definiciones corresponden a las previstas en el CMCT de la OMS y las Directrices para la aplicación del Artículo 8.

Vale mencionar, que en la Ley 769 de 2002, por medio de la cual se expide el Código Nacional de Tránsito Terrestre se prohíbe fumar en los vehículos automotores:

“Artículo 132. Fumador. El pasajero que sea sorprendido fumando en un vehículo de servicio público, será obligado a abandonar el automotor y deberá asistir a un curso de seguridad vial. Si se tratare del conductor, éste también deberá asistir a un curso de seguridad vial.

Parágrafo. El conductor de servicio público de transporte de pasajeros que sea sorprendido fumando mientras conduce se hará acreedor a una sanción de diez (10) salarios mínimos legales diarios vigentes”. Texto subrayado declarado INEXEQUIBLE por la Corte Constitucional mediante Sentencia C-1090 de 2003; el resto del texto del artículo se declaró EXEQUIBLE únicamente por el cargo analizado en la sentencia.

---

C224. Do any of these measures provide for a mechanism/ infrastructure for enforcement?
---

Yes
-----

C225. Please provide details of this system.

La Ley 1335 establece, en el parágrafo del Artículo 19, las competencias de las autoridades respecto al cumplimiento de la normativa sobre ambientes libres de humo de tabaco. De acuerdo con la ley, las autoridades sanitarias (Secretarías de Salud de los Municipios y Departamentos de Colombia), vigilarán el cumplimiento del artículo 19 en coordinación con las autoridades de Policía y demás autoridades de control.

Asimismo, en el Artículo 20 de la Ley, se definen como obligaciones de los propietarios, empleadores y administradores respecto del cumplimiento de los ambientes libres de humo:

- ☐ Garantizar el cumplimiento de la prohibición de uso de los productos del tabaco con el objetivo de proteger a las personas contra la exposición al humo de tabaco ambiental.
- ☐ Mostrar advertencias visibles con mensajes alusivos a los ambientes libres de humo de tabaco, de conformidad con las normas emitidas por el Ministerio de Bienestar Social.
- ☐ Adoptar medidas razonables y específicas para disuadir a la gente de fumar en el lugar, tales como pedir a la persona que no fume, interrumpir el servicio, pedirle que abandone el local o ponerse en contacto con la autoridad competente.

Recientemente, el Código de Policía, Ley 1801 de 2016 ha establecido una serie de disposiciones que se deben interpretar armónicamente con el contenido de la Ley 1335 de 2009 en lo que corresponde con los procedimientos sancionatorios y las respectivas multas derivadas del incumplimiento de la norma. Por una parte, el artículo 33 estipula los comportamientos que afectan la tranquilidad y relaciones respetuosas de las personas en donde incluye, fumar en lugares prohibidos. Esta disposición normativa debe interpretarse en conjunto con el artículo 19 de la Ley 1335 de 2009, pues en este último artículo se establece el listado de lugares donde no se puede fumar.

El artículo 38 señala los comportamientos que afectan la integridad de niños, niñas y adolescentes, donde expresamente indica lo siguiente:

1. Permitir, auspiciar, tolerar, inducir o constreñir el ingreso de los niños, niñas y adolescentes a los lugares donde:
  - e) Se realicen actividades de diversión destinadas al consumo de bebidas alcohólicas y consumo de cigarrillo, tabaco y sus derivados y sustancias psicoactivas;
5. Facilitar, distribuir, ofrecer, comercializar, prestar o alquilar, cualquiera de los siguientes elementos, sustancias o bebidas, a niños, niñas o adolescentes:
  - b) Bebidas alcohólicas, cigarrillo, tabaco y sus derivados, sustancias psicoactivas o cualquier sustancia que afecte su salud;
6. Inducir a niños, niñas o adolescentes a:
  - a) Consumir bebidas alcohólicas, cigarrillo, tabaco y sus derivados, sustancias psicoactivas o cualquier sustancia que afecte su salud.

Finalmente el artículo 94 del Código de Policía consagra los comportamientos relacionados con la salud pública que afectan la actividad económica y que por lo tanto no deben realizarse, entre los cuales refiere: Permitir el consumo de tabaco y/o sus derivados en lugares no autorizados por la ley y la normatividad vigente.

En cuanto a las multas este código incluye una tabla que gradúa el monto de la sanción.

En todo caso la Ley 1335 de 2009 por tratarse de una ley especial, mantiene la competencia de las autoridades y se complementa con las demás disposiciones del Código de Policía.

En el caso de la aplicación de ley en los municipios, algunos han establecido instrumentos en los cuales verifican el cumplimiento de los ambientes 100% libres de humo de tabaco en los establecimientos señalados en el artículo 19 ya citado.

Actualmente el Ministerio de Salud, puntualmente las áreas de enfermedades no transmisibles y salud ambiental se encuentran desarrollando los instrumentos de inspección, vigilancia y control sanitario de la Ley 1335 de 2009. El principal instrumento es el Acta de Inspección y Vigilancia de la ley, la cual se encuentra en periodo de prueba en 9 entidades territoriales, incluyendo a Bogotá D.C.

Se continúan desarrollando procesos de movilización social alrededor de los procesos de denuncia ante el incumplimiento de estas medidas, liderado por las autoridades competentes de los procesos de inspección, vigilancia y control: Policía Nacional y Ministerio de Salud. En efecto, la Policía ha impuesto 902 comparendos en atención a lo establecido en el artículo 33 del Código de Policía (comportamientos que afectan la tranquilidad y las relaciones respetuosas de las personas). También se han impuestos 186 comparendos por violar el artículo 38 del Código de Policía. Así mismo, se realizaron 145 comparendos, considerando lo estipulado en el artículo 94 del Código de Policía.

Ver: <http://www.alcaldiabogota.gov.co/sisjur/normas/Norma1.jsp?i=66661>

C226a[1]. Please specify the settings and extent/comprehensiveness of measures applied in indoor workplaces, public transport, indoor public places and, as appropriate, other public places. Indoor workplaces: [government buildings]

Complete

C226a[2]. Please specify the settings and extent/comprehensiveness of measures applied in indoor workplaces, public transport, indoor public places and, as appropriate, other public places. Indoor workplaces: [health-care facilities]

Complete

C226a[3]. Please specify the settings and extent/comprehensiveness of measures applied in indoor workplaces, public transport, indoor public places and, as appropriate, other public places. Indoor workplaces: [educational facilities6]

Complete

C226a[4]. Please specify the settings and extent/comprehensiveness of measures applied in indoor workplaces, public transport, indoor public places and, as appropriate, other public places. Indoor workplaces: [universities]

Complete

C226a[5]. Please specify the settings and extent/comprehensiveness of measures applied in indoor workplaces, public transport, indoor public places and, as appropriate, other public places. Indoor workplaces: [private workplaces]

Complete

C226a[6]. Please specify the settings and extent/comprehensiveness of measures applied in indoor workplaces, public transport, indoor public places and, as appropriate, other public places. Indoor workplaces: [other (please specify below)]

C226aa. Please provide a brief explanation of any "other" policies in the space below

C226b[1]. Please specify the settings and extent/comprehensiveness of measures applied in indoor workplaces, public transport, indoor public places and, as appropriate, other public places. Public transport: [airplanes]

Complete

C226b[2]. Please specify the settings and extent/comprehensiveness of measures applied in indoor workplaces, public transport, indoor public places and, as appropriate, other public places. Public transport: [trains]

Complete

C226b[3]. Please specify the settings and extent/comprehensiveness of measures applied in indoor workplaces, public transport, indoor public places and, as appropriate, other public places. Public transport: [ferries]

Complete

C226b[4]. Please specify the settings and extent/comprehensiveness of measures applied in indoor workplaces, public transport, indoor public places and, as appropriate, other public places. Public transport: [ground public transport (buses, trolleybuses, trams)]

Complete

C226b[5]. Please specify the settings and extent/comprehensiveness of measures applied in indoor workplaces, public transport, indoor public places and, as appropriate, other public places. Public transport: [motor vehicles used as places of work (taxis, ambulances, delivery vehicles)]

Complete

C226b[6]. Please specify the settings and extent/comprehensiveness of measures applied in indoor workplaces, public transport, indoor public places and, as appropriate, other public places. Public transport: [private vehicles]

Complete

C226b[7]. Please specify the settings and extent/comprehensiveness of measures applied in indoor workplaces, public transport, indoor public places and, as appropriate, other public places. Public transport: [other (please specify below)]

C226bb. Please provide a brief explanation of any "other" policies in the space below

C226c[1]. Please specify the settings and extent/comprehensiveness of measures applied in indoor workplaces, public transport, indoor public places and, as appropriate, other public places. Indoor public places: [cultural facilities]

Complete

C226c[2]. Please specify the settings and extent/comprehensiveness of measures applied in indoor workplaces, public transport, indoor public places and, as appropriate, other public places. Indoor public places: [shopping malls]

Complete

C226c[3]. Please specify the settings and extent/comprehensiveness of measures applied in indoor workplaces, public transport, indoor public places and, as appropriate, other public places. Indoor public places: [pubs and bars]

Complete

C226c[4]. Please specify the settings and extent/comprehensiveness of measures applied in indoor workplaces, public transport, indoor public places and, as appropriate, other public places. Indoor public places: [nightclubs]

Complete

C226c[5]. Please specify the settings and extent/comprehensiveness of measures applied in indoor workplaces, public transport, indoor public places and, as appropriate, other public places. Indoor public places: [restaurants]

Complete

C226c[6]. Please specify the settings and extent/comprehensiveness of measures applied in indoor workplaces, public transport, indoor public places and, as appropriate, other public places. Indoor public places: [other (please specify below)]

Complete

C226cc. Please provide a brief explanation of any "other" policies in the space below

Áreas donde se realicen eventos de manera masiva; establecimientos donde se atienden a menores de edad; áreas en donde el consumo de productos de tabaco generen un alto riesgo de combustión por la presencia de materiales inflamables, tal como estaciones de gasolina, sitios de almacenamiento de combustibles o materiales explosivos o similares

C227. Please provide a brief summary of complete and partial measures, with specific details of the partial measures that have been implemented:

C227a. Banning tobacco smoking in indoor workplaces

Creación y socialización de la ruta de denuncia para la protección de los ambientes 100% libres de humo de tabaco en los lugares establecidos en el artículo 19 de la Ley 1335 de 2009. Señalización como ambiente 100% libre de humo de tabaco y sus derivados. Inclusión en los programas de salud y seguridad en el trabajo del componente de ambientes 100% libres de humo de tabaco como parte de los lineamientos de estilos de vida saludable.

Ver: <https://www.minsalud.gov.co/sites/rid/Lists/BibliotecaDigital/RIDE/VS/PP/ENT/senalizacion-alh-establecimientos-abiertos.jpg>

C227b. Banning tobacco smoking in public transport

Creación y socialización de la ruta de denuncia para la protección de los ambientes 100% libres de humo de tabaco en los lugares establecidos en el artículo 19 de la Ley 1335 de 2009. Señalización como ambiente 100% libre de humo de tabaco y sus derivados

Ver: <https://www.minsalud.gov.co/sites/rid/Lists/BibliotecaDigital/RIDE/VS/PP/ENT/senalizacion-alh-establecimientos-abiertos.jpg>

C227c. Banning tobacco smoking in indoor public places

Creación y socialización de la ruta de denuncia para la protección de los ambientes 100% libres de humo de tabaco en los lugares establecidos en el artículo 19 de la Ley 1335 de 2009. Señalización como ambiente 100% libre de humo de tabaco y sus derivados

Ver: <https://www.minsalud.gov.co/sites/rid/Lists/BibliotecaDigital/RIDE/VS/PP/ENT/senalizacion-alh-establecimientos-abiertos.jpg>

<https://www.minsalud.gov.co/sites/rid/Lists/BibliotecaDigital/RIDE/VS/PP/ENT/senalizacion-alht-entorno-escolar.jpg>

C228. Please provide a brief description of the progress made in implementing Article 8 (Protection from exposure to tobacco smoke) in the past two years or since submission of your last report.

- Proceso de implementación de las medidas de Inspección, Vigilancia y Control establecidos en la Ley 1335 de 2009 (Acta unificada de inspección, vigilancia y control de la Ley 1335 de 2009, para todo el territorio nacional; aplicación de medidas sancionatorias, señalización oficial de ambientes Libres de humo de tabaco)
- Creación y socialización de la ruta de denuncia para la protección de los ambientes 100% libres de humo de tabaco en los lugares establecidos en el artículo 19 de la Ley de control de tabaco.

C229. Have you utilized the "Guidelines for implementation of Article 8 of the WHO FCTC" when developing or implementing policies in this area?

Yes

C2210. Please provide details in the space below or refer to section B of the additional questionnaire. Response to this question or to the additional questionnaire is voluntary. <https://extranet.who.int/dataform/655321?token={TOKEN}&en>

En todos los documentos que son elaborados por el Ministerio de Salud se utilizan las directrices en tanto brindan información que resulta de utilidad para soportar las decisiones implementadas por el Gobierno, para el caso, sobre la protección de los ambientes libres de humo de tabaco.

C2211. If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

C2212. Please attach the relevant documentation.

[{"title": "Anexo 13. Seu00f1alizaci00f3n ALH", "comment": "", "size": "2085.917", "name": "Anexo%2013.%20Se%C3%B1alizaci%C3%B3n%20ALH.jpg", "filename": "fu\_wdggiiceju2b7vxe", "ext": "jpg"}, {"title": "Anexo 13.1. Seu00f1alizaci00f3n ALH-niu00f1os", "comment": "", "size": "1656.935", "name": "Anexo%2013.1.%20Se%C3%B1alizaci%C3%B3n%20ALH-ni%C3%B3os.jpg", "filename": "fu\_7gjjif799rdttkc", "ext": "jpg"}]

C2212[filecount]. filecount - Please attach the relevant documentation.

2

C23. Regulation of the contents of tobacco products Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

C231. testing and measuring the contents of tobacco products?

No

C232. testing and measuring the emissions of tobacco products?

No

C233. regulating the contents of tobacco products?

No

C234. regulating the emissions of tobacco products?

No

C235. Please provide a brief description of the progress made in implementing Article 9 (Regulation of the contents of tobacco products) in the past two years or since submission of your last report.

Sobre los reportes sobre niveles de componente de humo de los productos de tabaco, a petición del Ministerio de Salud y Protección Social, el Ministerio de Comercio logró confirmar, a través del Organismo Nacional de Acreditación (ONAC), que en Colombia no existe ningún laboratorio que permita comprobar y medir los contenidos de las emisiones de los productos de tabaco.

C236. Have you utilized the “Guidelines for implementation of Articles 9 and 10 of the WHO FCTC” when developing or implementing policies in this area?

Yes

C237. Please provide details in the space below or refer to section C of the additional questionnaire. Response to this question or to the additional questionnaire is voluntary. <https://extranet.who.int/dataform/655321?token={TOKEN}&en>

The guidelines are reference for the regulation process of the article 22 of the Law 1335/2009, regarding to the providing information of contents

C238. If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

C239. Please attach the relevant documentation.

C239[filecount]. filecount - Please attach the relevant documentation.

0

C24. Regulation of tobacco product disclosures Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

C241[1]. requiring manufacturers or importers of tobacco products to disclose to Government authorities information about the: [contents of tobacco products?]
No
C241[2]. requiring manufacturers or importers of tobacco products to disclose to Government authorities information about the: [emissions of tobacco products?]
No
C242[1]. requiring public disclosure of information about the: [contents of tobacco products?]
No
C242[2]. requiring public disclosure of information about the: [emissions of tobacco products?]
No
C243. Please provide a brief description of the progress made in implementing Article 10 (Regulation of tobacco product disclosures) in the past two years or since submission of your last report.
<p>El Ministerio de Salud y Protección Social ha liderado el proceso de articulación con el Ministerio Comercio, Industria y Turismo para la reglamentación del artículo 22 de la Ley 1335 de 2009, en el que se exige a los fabricantes e importadores que presenten cada año, siempre que el Ministerio de Salud y Protección Social lo solicite y en la forma que lo solicite, un informe sobre los ingredientes añadidos al tabaco, así como sobre los niveles de alquitrán, nicotina y monóxido de carbono presentes en el humo del tabaco.</p> <p>Se cuenta con un Proyecto de Resolución para reglamentar este artículo de la Ley. Con el fin de adoptar esta reglamentación, se gestionó ante ICONTEC la conformación del comité de tabaco para la adopción de las normas ISO a Norma Técnica Colombiana de los estudios analíticos de los componentes del humo de tabaco de los cigarrillos. Este comité se ha denominado "Comité de plantas aromáticas y tabaco", el cual sesiona cada 2 meses desde noviembre del 2014. Desde esa fecha se ha avanzado en la adopción de las Normas ISO necesarias para la reglamentación del artículo 22 de la Ley 1335 de 2009.</p>
C244. Have you utilized the "Guidelines for implementation of Articles 9 and 10 of the WHO FCTC" when developing or implementing policies in this area?
Yes
C245. Please provide details in the space below or refer to section C of the additional questionnaire. Response to this question or to the additional questionnaire is voluntary. <a href="https://extranet.who.int/dataform/655321?token={TOKEN}\&amp;en">https://extranet.who.int/dataform/655321?token={TOKEN}\&amp;en</a>
The guidelines are reference for the regulation process of the article 22 of the Law 1335/2009, regarding to the providing information of contents
C246. If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.
C247. Please attach the relevant documentation.
C247[filecount]. filecount - Please attach the relevant documentation.
0
C25. Packaging and labelling of tobacco products Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:
C251. requiring that packaging, individual cigarettes or other tobacco products do not carry advertising or promotion?
Yes
C252. requiring that packaging and labelling do not promote a product by any means that are false, misleading, deceptive or likely to create an erroneous impression about its characteristics, health effects, hazards or emissions?
Yes
C253. requiring that each unit packet and package of tobacco products and any outside packaging and labelling of such products carry health warnings describing the harmful effects of tobacco use?
Yes
C254. ensuring that the health warnings are approved by the competent national authority?
Yes

C255. ensuring that the health warnings are rotated?
Yes
C256. ensuring that the health warnings are clear, visible and legible?
Yes
C257. Does your law mandate, as a minimum, a style, size and colour of font to render the warning clear, visible and legible?
Yes
C258. ensuring that the health warnings occupy no less than 30% of the principal display areas?
Yes
C259. ensuring that the health warnings occupy 50% or more of the principal display areas?
N/A
C2510. ensuring that health warnings are in the form of, or include, pictures or pictograms?
Yes
C2511. Does the Government own the copyright to these pictures and pictograms?
Yes
C2512. Would you grant a non-exclusive and royalty-free licence for the use of health warnings developed in your jurisdiction with other Parties?
Yes
C2513[1]. requiring that each unit packet and package of tobacco products and any outside packaging and labelling of such products contain information on relevant: [constituents of tobacco products?]
No
C2513[2]. requiring that each unit packet and package of tobacco products and any outside packaging and labelling of such products contain information on relevant: [emissions of tobacco products?]
No
C2514. requiring that the warnings and other textual information appear on each unit packet and package and on any outside packaging and labelling in the principal language or languages of the country?
Yes

C2515. Please provide a brief description of the progress made in implementing Article 11 (Packaging and labelling of tobacco products) in the past two years or since submission of your last report.

La Ley 1335 de 2009, estableció en su Capítulo III, las disposiciones relativas a la publicidad y empaquetado de productos de tabaco y sus derivados:

"Artículo 13. Empaquetado y etiquetado. El empaquetado y etiquetado de productos de tabaco o sus derivados no podrán a) ser dirigidos a menores de edad o ser especialmente atractivos para estos; b) sugerir que fumar contribuye al éxito atlético o deportivo, la popularidad, al éxito profesional o al éxito sexual; c) contener publicidad falsa o engañosa recurriendo a expresiones tales como cigarrillos "suaves", "ligeros", "light", "Mild", o "bajo en alquitrán, nicotina y monóxido de carbono".

Parágrafo 1°. En todos los productos de cigarrillo, tabaco y sus derivados, se deberá expresar clara e inequívocamente, en la imagen o en el texto, según sea el caso y de manera rotativa y concurrente frases de advertencia y pictogramas, cuya rotación se hará como mínimo anualmente, según la reglamentación que expida el Ministerio de la Protección Social".

Conforme a esta normativa, el entonces Ministerio de la Protección Social (hoy Ministerio de Salud y Protección Social) expidió la Resolución 3961 de 2009, que tiene por objeto establecer las disposiciones a través de las cuales se señalan los requisitos que deben cumplir el empaquetado y etiquetado de todos los productos de tabaco y sus derivados que se comercializan en el territorio nacional.

En esta Resolución, se establece la obligación de inclusión de advertencias y pictogramas en todos los productos de cigarrillo, tabaco y sus derivados. De igual manera, define las características de las frases de advertencias y pictogramas, las prohibiciones en el empaquetado y etiquetado, y mecanismo por el cual el Ministerio de Salud y Protección Social determinará las frases de advertencia y los pictogramas para cada periodo.

El Ministerio de Salud y Protección Social elabora y aprueba las advertencias sanitarias aplicables a los envases de productos de tabaco: en el marco de la Resolución 001309 del 31 de mayo de 2012, en el Comité de Etiquetado y Empaquetado de productos del tabaco y sus derivados, el Ministerio revisa y analiza las simulaciones del empaquetado y etiquetado de los productos de tabaco, en lo que respecta a las advertencias sanitarias y a la prohibición total de cualquier tipo de publicidad, promoción y patrocinio de productos de tabaco. Este control previo (antes de que los productos entren al mercado), garantiza la aplicación de lo establecido en la Ley 1335/2009 y la Resolución 003961 de 2009. Derivado de la aplicación de este procedimiento de evaluación, en el que se ha venido retirando frases y elementos pictográficos promocionales de los empaques de este producto (como parte de la evaluación integral), la Nación-Ministerio de Salud ha sido objeto de múltiples demandas por parte de la industria del tabaco (Acción de Nulidad y Restablecimiento del Derecho Proceso Demandante British American Tobacco).

Tribunal Administrativo de Cundinamarca). En la actualidad el estado de estos procesos ha establecido la coherencia en el actuar del Ministerio de Salud y la efectiva implementación de este artículo en conjunto con el artículo 13 del CMCT.

Ahora bien, cuando los productos se comercializan en el mercado colombiano, de acuerdo con el Artículo 34 de la Ley 1335/2009, dos autoridades nacionales tienen la obligación de supervisar la implementación de medidas de empaquetado y etiquetado. Por una parte, la Dirección de Impuestos y Aduanas Nacionales (DIAN), con arreglo a sus competencias, realiza verificaciones en el puerto.

Por su lado, la Superintendencia de Industria y Comercio (SIC) lleva a cabo la verificación y control en lo que respecta al etiquetado y empaquetado de productos de tabaco. En efecto, acorde con lo dispuesto en la Ley, le corresponde a la SIC, además de garantizar el cumplimiento de la prohibición total de publicidad, promoción y patrocinio de productos de tabaco, verifica que los productos de tabaco, ya en el mercado:

- No se dirijan a menores de edad, así como tampoco sean especialmente atractivos para esta población.
- No se sugiera que fumar contribuye al éxito atlético o deportivo, la popularidad, al éxito profesional o al éxito sexual.
- No contengan publicidad falsa o engañosa recurriendo a expresiones tales como: cigarrillos "suaves", "ligeros", "light", "Mild", o "bajo en alquitrán, nicotina y monóxido de carbono". Contengan los pictogramas y las advertencias sanitarias vigentes.

En lo que respecta al incumplimiento de las medidas relativas al empaquetado y etiquetado establecidas por la Ley, el Artículo 25 de la Ley 1335/2009 establece sanciones pecuniarias. En efecto, la Superintendencia de Industria y Comercio ha adelantado procesos administrativos sancionatorios ante los hallazgos realizados en ejercicio de sus funciones de inspección, vigilancia y control, imponiendo sanciones por \$2.024.177.500 de pesos colombianos. En curso existen varias investigaciones, y en recientes procedimientos de inspección y vigilancia se encontraron establecimientos con posibles incumplimientos de la Ley 1335 de 2009.

Para acceder a las diferentes rondas de advertencias sanitarias, por favor consultar el siguiente link:

<https://www.minsalud.gov.co/sites/rid/paginas/freeseachresults.aspx?k=advertencias%20sanitarias&scope=Todos>

C2516. Have you utilized the "Guidelines for implementation of Article 11 of the WHO FCTC" when developing or implementing policies in this area?

Yes

C2517. Please provide details in the space below or refer to section D of the additional questionnaire. Response to this question or to the additional questionnaire is voluntary. <https://extranet.who.int/dataform/655321?token={TOKEN}&en>

Las directrices para el artículo 11 han sido utilizadas específicamente en los argumentos presentados en los pleitos judiciales, defendiendo las medidas relativas al retiro de las frases promocionales que ha utilizado el Ministerio de Salud.

C2518. If you have any other relevant information pertaining to or not covered in this section, please provide details in the space below.

C2519. Please attach the relevant documentation.

C2519[filecount]. filecount - Please attach the relevant documentation.

0

C26. Education, communication, training and public awareness Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

C261. educational and public awareness programmes? (Please refer to programmes implemented since submission of your two-year report.)

Yes

C262[1]. To whom are these programmes targeted? [adults or the general public]

Yes

C262[2]. To whom are these programmes targeted? [children and young people]

Yes

C262[3]. To whom are these programmes targeted? [men]

Yes

C262[4]. To whom are these programmes targeted? [women]

Yes

C262[5]. To whom are these programmes targeted? [pregnant women]

No

C262[6]. To whom are these programmes targeted? [ethnic groups]

No

C262[7]. To whom are these programmes targeted? [other (please specify)]

No

C262[other]. To whom are these programmes targeted? [Other]

C263[1]. Do you reflect the following key differences among targeted population groups in educational and public awareness programmes? [age]

Yes

C263[2]. Do you reflect the following key differences among targeted population groups in educational and public awareness programmes? [gender]

Yes

C263[3]. Do you reflect the following key differences among targeted population groups in educational and public awareness programmes? [educational background]

Yes

C263[4]. Do you reflect the following key differences among targeted population groups in educational and public awareness programmes? [cultural background]

No

C263[5]. Do you reflect the following key differences among targeted population groups in educational and public awareness programmes? [socioeconomic status]
No
C263[6]. Do you reflect the following key differences among targeted population groups in educational and public awareness programmes? [other (please specify)]
No
C263[other]. Do you reflect the following key differences among targeted population groups in educational and public awareness programmes? [Other]
C264[1]. Do these educational and public awareness programmes cover: [health risks of tobacco consumption?]
Yes
C264[2]. Do these educational and public awareness programmes cover: [health risks of exposure to tobacco smoke?]
Yes
C264[3]. Do these educational and public awareness programmes cover: [benefits of the cessation of tobacco use and tobacco-free lifestyles?]
Yes
C264[4]. Do these educational and public awareness programmes cover: [adverse economic consequences of tobacco production?]
No
C264[5]. Do these educational and public awareness programmes cover: [adverse economic consequences of tobacco consumption?]
No
C264[6]. Do these educational and public awareness programmes cover: [adverse environmental consequences of tobacco production?]
No
C264[7]. Do these educational and public awareness programmes cover: [adverse environmental consequences of tobacco consumption?]
No
C265[1]. awareness and participation of the following agencies and organizations in development and implementation of intersectoral programmes and strategies for tobacco control: [public agencies?]
Yes
C265[2]. awareness and participation of the following agencies and organizations in development and implementation of intersectoral programmes and strategies for tobacco control: [nongovernmental organizations not affiliated with the tobacco industry?]
Yes
C265[3]. awareness and participation of the following agencies and organizations in development and implementation of intersectoral programmes and strategies for tobacco control: [private organizations?]
No
C265[4]. awareness and participation of the following agencies and organizations in development and implementation of intersectoral programmes and strategies for tobacco control: [other (please specify)?]
Yes
C265[other]. awareness and participation of the following agencies and organizations in development and implementation of intersectoral programmes and strategies for tobacco control: [Other]
Universidades
C266. Are the elaboration, management and implementation of communication, education, training and public awareness programmes guided by research and do they undergo pre-testing, monitoring and evaluation?
Yes
C267[1]. Are appropriate and special training or sensitization and awareness programmes on tobacco control addressed to: [health workers?]
Yes

C267[2]. Are appropriate and special training or sensitization and awareness programmes on tobacco control addressed to: [community workers?]
No
C267[3]. Are appropriate and special training or sensitization and awareness programmes on tobacco control addressed to: [social workers?]
No
C267[4]. Are appropriate and special training or sensitization and awareness programmes on tobacco control addressed to: [media professionals?]
No
C267[5]. Are appropriate and special training or sensitization and awareness programmes on tobacco control addressed to: [educators?]
Yes
C267[6]. Are appropriate and special training or sensitization and awareness programmes on tobacco control addressed to: [decision-makers?]
Yes
C267[7]. Are appropriate and special training or sensitization and awareness programmes on tobacco control addressed to: [administrators?]
No
C267[8]. Are appropriate and special training or sensitization and awareness programmes on tobacco control addressed to: [other (please specify)]
No
C267[other]. Are appropriate and special training or sensitization and awareness programmes on tobacco control addressed to: [Other]

C268. Please provide a brief description of the progress made in implementing Article 12 (Education, communication, training and public awareness) in the past two years or since submission of your last report.

Los artículos 7, 8, 9, 10 y 11 de la Ley 1335 de 2009 contemplan el desarrollo de programas, políticas y estrategias de educación, comunicación y concientización del público acerca de los riesgos de consumir productos de tabaco. De acuerdo con los requisitos de la Ley de control de tabaco, existe una serie de proyectos de comunicación implementados por varios organismos gubernamentales y no gubernamentales para promover la vida libre de tabaco y el abandono del tabaco. Los programas de comunicación se han dirigido principalmente a los jóvenes, a fin de movilizarlos en favor de los Estilos de Vida Saludables. A partir de 2004, la publicidad sobre los efectos nocivos del consumo de tabaco se emite en televisión y radio nacionales durante 3 a 5 meses al año. De hecho, estas campañas se han realizado en el marco de la celebración anual del Día Mundial Sin Tabaco, donde también se llevan a cabo campañas de sensibilización.

?

Puntualmente, y en el marco de los convenios desarrollados con entidades nacionales e internacionales, se han desarrollado diversas estrategias de información, educación y comunicación que han tenido como objetivo la socialización de las medidas de control de tabaco y los riesgos del consumo y la exposición al humo de tabaco. Las piezas comunicativas han estado dirigidas principalmente a la población joven con el objeto de movilizarlos a favor de la cultura de la salud. De igual forma, los territorios han desarrollado diversas iniciativas de comunicación para informar a la población general sobre las graves consecuencias del tabaquismo, en términos individuales y colectivos. Estas campañas han estado dirigidas a población general y población joven.

Vale destacar, además, que en el Día Mundial Sin Tabaco del año 2011, el Ministerio de Salud junto con el Instituto Nacional de Cancerología han liderado la campaña "Parques y Playas libres de humo", cuyo propósito es el de concientizar al público (particularmente el público joven) sobre los beneficios de no fumar, y la necesidad de proteger a las personas y al planeta de las consecuencias del consumo y exposición al humo de tabaco. Ver: <https://www.minsalud.gov.co/Paginas/Playas-y-parques-libres-de-humo.aspx>

Para el año 2012 se creó una estrategia de comunicación para jóvenes llamada "Generación más somos más sin tabaco", la cual está dirigida a jóvenes y la cual busca mostrar lo positivo de no fumar. Para esta campaña se diseñaron una serie de materiales comunicativos entre los que se encuentran un comercial de tv, afiches manillas. Así mismo, se diseñó una plataforma virtual llamada generación más en la cual se desarrollan diferentes actividades relacionadas con promoción y prevención de los cuatro factores protectores entre los cuales está el no consumo de tabaco. Ver:

<https://www.minsalud.gov.co/Paginas/Somos%20m%C3%A1s%20sin%20tabaco.aspx>

En 2014, se desarrolló la estrategia "No fumo no quiero, porque me quiero", dirigida a mujeres jóvenes. Ver:  
<http://www.generacionmas.gov.co/VidaSana/pages/Somos-mas-sin-tabaco.aspx>

Paralelamente, el Instituto Nacional de Cancerología ha desarrollado la estrategia de comunicación "No Fumar es la Actitud", que cuenta con un amplio número de seguidores en las redes sociales. En el marco de esta estrategia, se han diseñado y distribuido 12000 postales a la ciudadanía en distintos puntos de la capital colombiana. Esta es una pieza que se utiliza también en las charlas y presentaciones que hace el Instituto Nacional de Cancerología del tema. Así mismo, se han diseñado aplicaciones para dispositivos móviles interactivas para padres e hijos.

Respecto al entorno educativo, se han implementado diversas estrategias. De un lado se ha implementado la Ruta pedagógica para la práctica de estilos de vida saludable. En esta Ruta, se priorizaron instituciones educativas en área rural, vulnerable y dispersa y se capacita la comunidad educativa con el fin de promover hábitos (actividad física, alimentación saludable, no consumo de tabaco y alcohol). Esta iniciativa está en 15 departamentos del país. La implementación de la Ruta Pedagógica para la Promoción de Estilos de Vida Saludable se desarrolla en los territorios con sus comunidades, partiendo de un momento que tiene como objetivo la construcción colectiva de iniciativas a cargo de la comunidad educativa y que respondan al contexto y realidad local, y de una fase de seguimiento, que busca consolidar las mismas, a través de la generación de nuevos conocimientos y el intercambio de experiencias.

Esta articulación de estrategias ha dejado dentro de sus principales logros, la implementación de una nueva iniciativa denominada Semilleros juveniles para la Promoción de Estilos de Vida Saludable (actividad física, alimentación saludable, no consumo de tabaco y alcohol), es una estrategia que busca favorecer la "formación e inclusión de adolescentes y jóvenes no escolarizados y a estudiantes de educación media en el territorio", para que desempeñen en sus comunidades y entornos cotidianos, el rol de animadores culturales y dinamizadores de los estilos de vida saludable, a través del arte, la cultura, la comunicación y el deporte.

Los Semilleros Juveniles, tienen como principal objetivo brindar formación en promoción de la salud a adolescentes y jóvenes, a partir de la comunicación alternativa y cultural como mecanismo para lograr transformar los imaginarios colectivos y socioculturales de sus comunidades, en temas relacionados con la salud y las buenas prácticas para una vida saludable, así como el empoderamiento territorial para la gestión de estrategias para el desarrollo y la sostenibilidad de la salud.

De otro modo, desde el Ministerio de Educación Nacional, en cumplimiento con la "Política Nacional de Reducción de la Demanda de Drogas" y con el "Plan Nacional de Promoción de la Salud, la prevención y la atención del consumo de sustancias psicoactivas (PNPSPACSPA) 2014-2021", viene trabajando articuladamente en el marco de la Comisión Nacional de Reducción de la Demanda de Drogas y de la Comisión Técnica Nacional. En estas comisiones participan los sectores de salud, justicia,

protección, seguridad y educación.

En el componente de prevención del Plan Nacional se han venido definiendo distintas acciones a desarrollar para el 2017-2018. El MEN y las demás instituciones miembros de la Comisión técnica realizan las siguientes acciones para impactar a las escuelas:  
a)

Construcción de un módulo de formación dirigido a docentes de preescolar, básica y media en prevención del consumo de sustancias psicoactivas en el marco del Modelo de formación y acompañamiento de educación para la ciudadanía; b) Diseño de secuencias didácticas en gestión del riesgo, la ética y el cuidado de los estudiantes

En convenio con la Organización Internacional para las Migraciones (OIM), se contrató a un consultor para el diseño del módulo de formación y las secuencias didácticas. Se ha avanzado en un documento borrador del módulo y de las secuencias didácticas para la prevención del consumo de sustancias psicoactivas, lo incluye tabaco.

Paralelamente, existe un Convenio entre la Policía Nacional y el Ministerio de Educación Nacional, cuyo objeto es “aunar esfuerzos técnicos y administrativos para el fortalecimiento del sistema nacional de convivencia escolar en las entidades territoriales e instituciones educativas focalizadas, relacionadas con la prevención del consumo de sustancias psicoactivas y la promoción de estilos de vida saludables”.

En el marco de este Convenio se han revisado los documentos del Programa Escolarizado de Prevención del Consumo de Drogas, y se ha apoyado la reingeniería del Programa Escolarizado con el apoyo del Embajada de los Estados Unidos, la Universidad de los Andes y la Universidad de Nueva York. También se ha brindado capacitación a alrededor de cien instructores de la Dirección de Antinarcóticos en convivencia escolar y promoción de estilos de vida saludables como factores protectores frente al consumo de SPA.

Se está avanzado en el diseño de un Protocolo para la activación de la atención de casos de consumo de sustancias psicoactivas en el entorno educativo, inicialmente a través de una revisión de las experiencias regionales y locales sobre la materia. Se están revisando las experiencias de Bogotá y Cali a nivel nacional y a nivel regional de Perú, Ecuador, Chile, Argentina, México entre otras. Adicionalmente, este protocolo se armonizará con las Ruta de Atención Integral establecidas por el Ministerio de Salud y Protección Social.

Por otro lado, se han venido realizando reuniones con la policía nacional para estudiar los mecanismos jurídicos y técnicos necesarios en la construcción de un Protocolo de llegada de la Policía a los establecimientos educativos. Se ha avanzado en la redacción de un documento borrador preliminar que fue revisado internamente en el MEN y actualmente se encuentra en proceso de revisión y envío de observaciones por parte de los integrantes del Comité Nacional de Convivencia Escolar.

Por último, desde el 2016, el Ministerio de Educación junto con el Ministerio de Salud y Protección Social y el Ministerio de Justicia y del Derecho, participaron en el diseño de la Encuesta de Consumo de Sustancias Psicoactivas en población escolar - Colombia 2016. El Centro Nacional de Consultoría fue el encargado de desarrollar el operativo de campo. El análisis de la información lo llevó a cabo la Comisión Interamericana para el Control del Abuso de Drogas (CICAD) y ya se cuentan con los resultados y se espera presentar dichos resultados en el primer semestre de 2018.

C269. Have you utilized the “Guidelines for implementation of Article 12 of the WHO FCTC” when developing and implementing policies in this area?

Yes

C2610. Please provide details in the space below or refer to section E of the additional questionnaire. Response to this question or to the additional questionnaire is voluntary. <https://extranet.who.int/dataform/655321?token={TOKEN}&en>

C2611. If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

C2612. Please attach the relevant documentation.

[]

C2612[filecount]. filecount - Please attach the relevant documentation.

0

C27. Tobacco advertising, promotion and sponsorship Have you adopted and implemented, where appropriate, any legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes:

C271. instituting a comprehensive ban on all tobacco advertising, promotion and sponsorship?

Yes

C272[1]. Does your ban cover: [display and visibility of tobacco products at points of sales?]
Yes
C272[2]. Does your ban cover: [the domestic Internet?]
Yes
C272[3]. Does your ban cover: [the global Internet?]
Yes
C272[4]. Does your ban cover: [brand stretching and/or brand sharing?]
Yes
C272[5]. Does your ban cover: [product placement as a means of advertising or promotion?]
Yes
C272[6]. Does your ban cover: [the depiction of tobacco or tobacco use in entertainment media products?]
Yes
C272[7]. Does your ban cover: [tobacco sponsorship of international events or activities and/or participants therein?]
Yes
C272[8]. Does your ban cover: [contributions from tobacco companies to any other entity for “socially responsible causes” and/or any other activities implemented under the umbrella of “corporate social responsibility” by the tobacco industry?]
Yes
C272[9]. Does your ban cover: [cross-border advertising, promotion and sponsorship originating from your territory?]
Yes
C272[10]. Does your ban cover: [the same forms of cross-border advertising, promotion and sponsorship entering your territory for which domestic regulation apply?]
Yes
C273. are you precluded by your constitution or constitutional principles from undertaking a comprehensive ban on tobacco advertising, promotion and sponsorship?
N/A
C274. applying restrictions on all tobacco advertising, promotion and sponsorship?
N/A
C275. applying restrictions on cross-border advertising, promotion and sponsorship originating from your territory with cross-border effects?
N/A
C276. prohibiting those forms of tobacco advertising, promotion and sponsorship that promote a tobacco product by any means that are false, misleading, deceptive or likely to create an erroneous impression about its characteristics, health effects, hazards or emissions?
N/A
C277. requiring that health or other appropriate warnings or messages accompany all tobacco advertising, promotion and sponsorship?
N/A
C278. restricting the use of direct or indirect incentives that encourage the purchase of tobacco products by the public?
N/A
C279. requiring the disclosure to relevant Government authorities of expenditures by the tobacco industry on advertising, promotion and sponsorship not yet prohibited?
N/A
C2710[1]. restricting tobacco advertising, promotion and sponsorship on: [radio?]
N/A
C2710[2]. restricting tobacco advertising, promotion and sponsorship on: [television?]
N/A

C2710[3]. restricting tobacco advertising, promotion and sponsorship on: [print media?]
N/A
C2710[4]. restricting tobacco advertising, promotion and sponsorship on: [the domestic Internet?]
N/A
C2710[5]. restricting tobacco advertising, promotion and sponsorship on: [the global Internet?]
N/A
C2710[6]. restricting tobacco advertising, promotion and sponsorship on: [other media (please specify below )?]
N/A
C2711[1]. restricting tobacco sponsorship of: [international events and activities?]
N/A
C2711[2]. restricting tobacco sponsorship of: [participants therein?]
N/A
C2712. cooperating with other Parties in the development of technologies and other means necessary to facilitate the elimination of cross-border advertising?
No
C2713. imposing penalties for cross-border advertising equal to those applicable to domestic advertising, promotion and sponsorship originating from your territory in accordance with national law?
No

C2714. Please provide a brief description of the progress made in implementing Article 13 (Tobacco advertising, promotion and sponsorship) in the past two years or since submission of your last report.

Los progresos más relevantes respecto de la aplicación de los contenidos del artículo 13 del CMCT, están relacionados con la entrada en vigencia de la prohibición total de publicidad, promoción y patrocinio de productos de tabaco y sus derivados el 21 de julio de 2011.

A partir de la plena vigencia de esta prohibición establecida en el artículo 16 de la Ley 1335 de 2009, Colombia ha ido progresivamente implementando medidas que eliminan todo tipo de publicidad directa o indirecta (TV, radio, prensa, entre otras).

De esta forma, la utilización de dicha medida en la no aprobación de ciertas referencias de cigarrillos presentadas al proceso de evaluación de etiquetado y empaquetado de productos de tabaco, representa la coherencia y armonía de la legislación al retirar del mercado referencia que dentro de su diseño gráfico, marcas, lemas y/o signos figurativos entre otros induzcan percepciones erróneas sobre el consumo de tabaco, en especial respecto de públicos tales como niños y jóvenes.

Se reitera que un ejemplo evidente de esta prohibición es que en 2010, antes de la entrada en vigencia de la medida, la copa profesional de fútbol colombiano, antes Copa Mustang, renovó su patrocinio, y ahora se denomina Liga Postobón, patrocinio proveniente de una marca de gaseosas.

En lo que se refiere a las competencias de vigilancia y control, la Superintendencia de Industria y Comercio es el organismo responsable del cumplimiento de la aplicación de la prohibición total de publicidad, promoción y patrocinio de productos de tabaco. Es por esto que mediante las circulares No. 5 y 11 de 2012 (del 27 de enero y 23 de marzo de 2012, respectivamente), esta institución impartió instrucciones en relación con la exhibición de los productos de tabaco en los establecimientos de comercio. Con estos instrumentos, la SIC verifica que estos productos no sean de fácil acceso al consumidor, es decir que está prohibido el "autoservicio". Igualmente, la exhibición de pacas, cajetillas y cartones de cigarrillos y, en general, todos los empaques de tabaco y sus derivados debe hacerse de tal manera que la totalidad de la cara principal y las advertencias sanitarias del empaque sean visibles permanentemente, que la exhibición del producto en el mostrador se realice en hileras uno detrás del otro, según su referencia de marca, sin que se perciban dos referencias de marcas repetidas por producto a la vista (por referencia de marca debe entenderse las presentaciones de 10 y 20 unidades). Se encuentra prohibida la exhibición de cajetillas de cigarrillos y empaques de tabaco o sus derivados en vitrinas exteriores de los establecimientos de comercio. Cualquier repetición de exhibición de referencias de marca en el mismo establecimiento de comercio, se entenderá como promoción.

En el año 2016 se dio inicio a un litigio promovido por organizaciones de la sociedad civil en contra de los contenidos de las precitadas circulares, teniendo en cuenta que regulan la exhibición en el punto de venta, que a juicio de las actoras va en contra de la prohibición total de toda forma de publicidad, promoción y patrocinio de productos de tabaco y sus derivados. En este orden, las ciudadanas Esperanza Cerón Villaquirán, Marian Lorena Ibarra Ávila y Liliana Andrea Ávila presentaron acción de nulidad frente a las Circulares 005 y 011 de 2012, ante la Sección primera Consejo de Estado. (La acción de nulidad es una acción de carácter judicial que busca sacar del ordenamiento jurídico actos administrativos que vayan en contra de la Constitución Política y las leyes)

Dicho proceso judicial Expediente 2014-00011-00 ; se encuentra en periodo probatorio y en el cual se ha decretado la suspensión provisional de las mencionadas circulares mediante Auto del Consejo de Estado, Sección Primera del 26 de julio de 2016, Rad. No. 11001-03-24-000-2014-00011-00. Esta suspensión provisional cesa los efectos de dichas circulares hasta que se emita el fallo de fondo.

En lo que respecta a los procesos de inspección vigilancia y control, la SIC ha impuesto sanciones por un valor de \$479.693.728 (pesos colombianos). En curso existen varias investigaciones, y en recientes procedimientos de inspección y vigilancia se encontraron establecimientos con posibles incumplimientos de la Ley 1335 de 2009.

C2715. Have you utilized the "Guidelines for implementation of Article 13 of the WHO FCTC" when developing and implementing policies in this area?

Yes

C2716. Please provide details in the space below or refer to section F of the additional questionnaire. Response to this question or to the additional questionnaire is voluntary. <https://extranet.who.int/dataform/655321?token={TOKEN}&en>

Al igual que en el caso de las directrices del artículo 11, estas directrices han sido utilizadas para fortalecer los argumentos frente al retiro de las frases promocionales de las cajetillas en tanto constituyen una forma de promoción indirecta de los productos de tabaco.

C2717. If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

C2718. Please attach the relevant documentation.

[]

C2718[filecount]. filecount - Please attach the relevant documentation.
0
C28. Demand reduction measures concerning tobacco dependence and cessation Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:
C281. developing and disseminating appropriate, comprehensive and integrated guidelines based on scientific evidence and best practices?
Yes
C282[1]. programmes to promote cessation of tobacco use, including: [media campaigns emphasizing the importance of quitting?]
No
C282[2]. programmes to promote cessation of tobacco use, including: [programmes specially designed for underage girls and young women?]
Yes
C282[3]. programmes to promote cessation of tobacco use, including: [programmes specially designed for women?]
Yes
C282[4]. programmes to promote cessation of tobacco use, including: [programmes specially designed for pregnant women?]
No
C282[5]. programmes to promote cessation of tobacco use, including: [telephone quitlines?]
No
C282[6]. programmes to promote cessation of tobacco use, including: [local events, such as activities related to World No Tobacco Day or National No Smoking Day, if appropriate?]
No
C282[7]. programmes to promote cessation of tobacco use, including: [other (please specify)?]
Yes
C282[other]. programmes to promote cessation of tobacco use, including: [Other] Talleres de capacitación a profesionales de la Salud / Socialización del Programa de Cesación
C283[1]. design and implementation of programmes aimed at promoting the cessation of tobacco use, in such locations as: [educational institutions?]
Yes
C283[2]. design and implementation of programmes aimed at promoting the cessation of tobacco use, in such locations as: [health-care facilities?]
Yes
C283[3]. design and implementation of programmes aimed at promoting the cessation of tobacco use, in such locations as: [workplaces?]
Yes
C283[4]. design and implementation of programmes aimed at promoting the cessation of tobacco use, in such locations as: [sporting environments?]
No
C283[5]. design and implementation of programmes aimed at promoting the cessation of tobacco use, in such locations as: [other (please specify)?]
No
C283[other]. design and implementation of programmes aimed at promoting the cessation of tobacco use, in such locations as: [Other]
C284[1]. inclusion of diagnosis and treatment of tobacco dependence and counselling services for cessation of tobacco use in national programmes, plans and strategies for: [tobacco control?]
Yes

C284[2]. inclusion of diagnosis and treatment of tobacco dependence and counselling services for cessation of tobacco use in national programmes, plans and strategies for: [health?]
Yes
C284[3]. inclusion of diagnosis and treatment of tobacco dependence and counselling services for cessation of tobacco use in national programmes, plans and strategies for: [education?]
No
C285. inclusion of programmes on the diagnosis and treatment of tobacco dependence in your health-care system?
Yes
C286[1]. Which structures in your health-care system provide programmes for the diagnosis and treatment of tobacco dependence? [primary health care]
Yes
C286[2]. Which structures in your health-care system provide programmes for the diagnosis and treatment of tobacco dependence? [secondary and tertiary health care]
Yes
C286[3]. Which structures in your health-care system provide programmes for the diagnosis and treatment of tobacco dependence? [specialist health-care systems (please specify below)]
Yes
C286[4]. Which structures in your health-care system provide programmes for the diagnosis and treatment of tobacco dependence? [specialized centres for cessation counselling and treatment of tobacco dependence]
No
C286[5]. Which structures in your health-care system provide programmes for the diagnosis and treatment of tobacco dependence? [rehabilitation centres]
No
C286[other]. Which structures in your health-care system provide programmes for the diagnosis and treatment of tobacco dependence? [Other]
Incluidos en algunos de los programas de atención salud mental y consumo de sustancias psicoactivas
C287[1]. Are the services provided in these settings covered by public funding or reimbursement schemes? [primary health care]
Partially
C287[2]. Are the services provided in these settings covered by public funding or reimbursement schemes? [secondary and tertiary health care]
Partially
C287[3]. Are the services provided in these settings covered by public funding or reimbursement schemes? [specialist health-care systems (please specify below)]
Partially
C287[4]. Are the services provided in these settings covered by public funding or reimbursement schemes? [specialized centres for cessation counselling and treatment of tobacco dependence]
None
C287[5]. Are the services provided in these settings covered by public funding or reimbursement schemes? [rehabilitation centres]
None
C287[6]. Are the services provided in these settings covered by public funding or reimbursement schemes? [other (please specify below)]
None
C287b. Please provide other details in the space below.
C288[1]. Which health and other professionals are involved in programmes offering treatment for tobacco dependence and counselling services? Health professionals including: [physicians]
No
C288[2]. Which health and other professionals are involved in programmes offering treatment for tobacco dependence and counselling services? Health professionals including: [dentists]
No

C288[3]. Which health and other professionals are involved in programmes offering treatment for tobacco dependence and counselling services? Health professionals including: [family doctors]
Yes
C288[4]. Which health and other professionals are involved in programmes offering treatment for tobacco dependence and counselling services? Health professionals including: [practitioners of traditional medicine]
No
C288[5]. Which health and other professionals are involved in programmes offering treatment for tobacco dependence and counselling services? Health professionals including: [other medical professionals (please specify below)]
Yes
C288[6]. Which health and other professionals are involved in programmes offering treatment for tobacco dependence and counselling services? Health professionals including: [nurses]
Yes
C288[7]. Which health and other professionals are involved in programmes offering treatment for tobacco dependence and counselling services? Health professionals including: [midwives]
No
C288[8]. Which health and other professionals are involved in programmes offering treatment for tobacco dependence and counselling services? Health professionals including: [pharmacists]
No
C288[9]. Which health and other professionals are involved in programmes offering treatment for tobacco dependence and counselling services? Health professionals including: [Community workers]
No
C288[10]. Which health and other professionals are involved in programmes offering treatment for tobacco dependence and counselling services? Health professionals including: [Social workers]
No
C288[11]. Which health and other professionals are involved in programmes offering treatment for tobacco dependence and counselling services? Health professionals including: [other (please specify)]
Yes
C288[other]. Which health and other professionals are involved in programmes offering treatment for tobacco dependence and counselling services? Health professionals including: [Other] psicólogos, trabajadores sociales
No
C289[1]. training on tobacco dependence treatment incorporated into the curricula of health professional training at pre- and post-qualification levels at the following schools: [medical?]
No
C289[2]. training on tobacco dependence treatment incorporated into the curricula of health professional training at pre- and post-qualification levels at the following schools: [dental?]
No
C289[3]. training on tobacco dependence treatment incorporated into the curricula of health professional training at pre- and post-qualification levels at the following schools: [nursing?]
No
C289[4]. training on tobacco dependence treatment incorporated into the curricula of health professional training at pre- and post-qualification levels at the following schools: [pharmacy?]
No
C289[other]. training on tobacco dependence treatment incorporated into the curricula of health professional training at pre- and post-qualification levels at the following schools: [Other] Medicina familiar
C2810. facilitating accessibility and/or affordability of pharmaceutical products for the treatment of tobacco dependence?
Yes
C2811. Where and how can these products be legally purchased in your country?
En las farmacias.

C2812[1]. Which pharmaceutical products are legally available for the treatment of tobacco dependence in your jurisdiction? [nicotine replacement therapy]
Yes
C2812[2]. Which pharmaceutical products are legally available for the treatment of tobacco dependence in your jurisdiction? [bupropion]
Yes
C2812[3]. Which pharmaceutical products are legally available for the treatment of tobacco dependence in your jurisdiction? [varenicline]
Yes
C2812[4]. Which pharmaceutical products are legally available for the treatment of tobacco dependence in your jurisdiction? [other (please specify)]
No
C2812[other]. Which pharmaceutical products are legally available for the treatment of tobacco dependence in your jurisdiction? [Other]
C2813[1]. Are the costs of these products covered by public funding or reimbursement? [nicotine replacement therapy]
Partially
C2813[2]. Are the costs of these products covered by public funding or reimbursement? [bupropion]
Partially
C2813[3]. Are the costs of these products covered by public funding or reimbursement? [varenicline]
Partially
C2813[4]. Are the costs of these products covered by public funding or reimbursement? [other (please specify below)]
None
C2813b. Please provide other details in the space below.
C2814. Please provide a brief description of the progress made in implementing Article 14 (Demand reduction measures concerning tobacco dependence and cessation) in the past two years or since submission of your last report.
Tanto en el Plan Decenal de Salud Pública, como en el Plan Decenal de Cáncer se establecieron metas para cesación de tabaco. En cumplimiento de estas metas, se desarrolló el Programa Nacional de Cesación (Ver Anexo 11). En este marco, se han desarrollado las siguientes acciones:
<ul style="list-style-type: none"> <li>• Profesionales de salud entrenados en consejería breve. Como parte de las estrategias para el control de tabaco en Colombia, el Ministerio de Salud y Protección Social, con el apoyo de la Organización Panamericana de la Salud (OPS), avanzó en las jornadas de capacitación para el personal de salud sobre el fortalecimiento del tratamiento de la dependencia del tabaco en la atención primaria en salud a partir de la realización de dos talleres presenciales. Al encuentro asistieron representantes de las Secretarías de Salud de Bogotá, Antioquia, Huila, Meta, Tolima y Nariño. También asistieron Empresas Administradoras de Planes de Beneficios de Salud (EAPB), Instituciones Prestadoras de Servicios (IPS), y universidades. Aproximadamente se capacitaron 96 profesionales de la salud entre médicos, psicólogos, fisioterapeutas, enfermeras y trabajadora social.</li> <li>• Financiamiento. Gestión para la inclusión de intervenciones en cesación del consumo de tabaco financiadas por el sistema general de seguridad social en salud.</li> <li>• Prestación de servicios. Desarrollo del documento programa, que da las orientaciones sobre la atención para las personas que desean dejar de fumar.</li> <li>• Sistema de información. Definición de indicadores nacionales para el seguimiento al programa de cesación desde los servicios de salud.</li> <li>• Medicamentos. Se realiza la gestión para que el país cuente con la disponibilidad de parches de nicotina (aún en proceso).</li> <li>• Iniciativas para la implementación del programa de cesación de tabaco en tres instituciones entre Bogotá e Ibagué (Nariño).</li> </ul>
Paralelamente, el Instituto Nacional de Cancerología ha desarrollado el curso de cesación tabáquica ("estrategias para la cesación tabáquica") dirigido a médicos generales encargados de la consejería breve. También desarrolló un documento con las recomendaciones actualizadas para profesionales de la salud. Ver: <a href="https://www.minsalud.gov.co/sites/rid/Lists/BibliotecaDigital/RIDE/IA/INCA/cesacion-tabaquica.pdf">https://www.minsalud.gov.co/sites/rid/Lists/BibliotecaDigital/RIDE/IA/INCA/cesacion-tabaquica.pdf</a>
C2815. Have you utilized the "Guidelines for implementation of Article 14 of the WHO FCTC" when developing and implementing policies in this area?
Yes

C2816. Please provide details in the space below or refer to section G of the additional questionnaire. Response to this question or to the additional questionnaire is voluntary. <https://extranet.who.int/dataform/655321?token={TOKEN}&en>

Al igual que en todas las medidas políticas y de regulación adoptadas por el país respecto al control de tabaco, se ha procurado incorporar lo establecido en las Directrices de aplicación del Convenio Marco.

C2817. If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

C2818. Please attach the relevant documentation.

[]

C2818[filecount]. filecount - Please attach the relevant documentation.

0

### C3. MEASURES RELATING TO THE REDUCTION OF THE SUPPLY OF TOBACCO

C3. With reference to Articles 15–17

C31. Illicit trade in tobacco products Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

C311. requiring marking of all unit packets and packages of tobacco products and any outside packaging of such products to assist in determining the origin of the product?

Yes

C312. requiring marking of all unit packets and packages of tobacco products and any outside packaging of such products to assist in determining whether the product is legally sold on the domestic market?

Yes

C313. requiring that unit packets and packages of tobacco products for retail and wholesale use that are sold on the domestic market carry the statement: "Sales only allowed in ..." or carry any other effective marking indicating the final destination of the product?

Yes

C314. developing a practical tracking and tracing regime that would further secure the distribution system and assist in the investigation of illicit trade?

Yes

C315. requiring that marking is presented in legible form and/or appears in the principal language or languages of the country?

Yes

C316. requiring the monitoring and collection of data on cross-border trade in tobacco products, including illicit trade?

Yes

C317. facilitating the exchange of this information among customs, tax and other authorities, as appropriate, and in accordance with national law and applicable bilateral and multilateral agreements?

Yes

C318. enacting or strengthening legislation, with appropriate penalties and remedies, against illicit trade in tobacco products, including counterfeit and contraband cigarettes?

Yes

C319. requiring that confiscated manufacturing equipment, counterfeit and contraband cigarettes and other tobacco products derived from illicit trade are destroyed, using environment-friendly methods where possible, or disposed of in accordance with national law?

Yes

C3110. adopting and implementing measures to monitor, document and control the storage and distribution of tobacco products held or moving under suspension of taxes or duties?

Yes

---

C3111. enabling the confiscation of proceeds derived from illicit trade in tobacco products?
Yes
C3112. promoting cooperation between national agencies and relevant regional and international intergovernmental organizations in investigations, prosecutions and proceedings, with a view to eliminating illicit trade in tobacco products, with special emphasis on cooperation at regional and subregional levels?
No
C3113. licensing or other actions to control or regulate production and distribution in order to prevent illicit trade?
No

C3114. Please provide a brief description of the progress made in implementing Article 15 (Illicit trade in tobacco products) in the past two years or since submission of your last report.

1. **②**Incremento de las aprehensiones de cigarrillo ilícito como resultado de las medidas de control ejercidas por las unidades aprehensoras en el territorio nacional.

2. **②**En el Artículo 27 de la Ley 1335, se establece que se creará el grupo élite anti-contrabando de cigarrillos, tabaco o sus derivados, el cual apropiará recursos de la DIAN para su funcionamiento. Este grupo élite aún no ha sido conformado, dado que no sólo la DIAN tiene competencia en materia de control de contrabando: la Fiscalía General de la Nación, y las entidades territoriales (departamentos y municipios), también cumplen funciones de vigilancia y control del comercio ilícito de productos de tabaco.

3. **②**Se creó el Sistema único de Información y Rastreo (SUNIR), mediante el parágrafo 4° del artículo 227 de la Ley 1450 de 2011, Ley por medio de la cual se aprueba el Plan Nacional de Desarrollo 2010-2014.

"Artículo 227. Obligatoriedad de suministro de información.

Parágrafo 4° : "Los Departamentos y el Distrito Capital estarán obligados a integrarse al Sistema Único Nacional de Información y Rastreo, que para la identificación y trazabilidad de productos tenga en cuenta las especificidades de cada uno, y a suministrar la información que este requiera. Este sistema se establecerá para obtener toda la información correspondiente a la importación, producción, distribución, consumo y exportación de los bienes sujetos al impuesto al consumo de licores, vinos, aperitivos y similares, de cerveza, sifones, refajos y mezclas y de cigarrillos y tabaco elaborado. El Sistema Único Nacional de Información y Rastreo será administrado por la Unidad Administrativa Especial Dirección de Impuestos y Aduanas Nacionales y deberá entrar a operar dentro del año siguiente a la expedición de la presente ley. El Gobierno Nacional reglamentará la materia".

Se pretende, con el SUNIR, obtener toda la información correspondiente a la importación, producción, distribución, consumo y exportación de los bienes sujetos al impuesto al consumo, como los cigarrillos y el tabaco elaborado, para así facilitar el control eficiente de la circulación de este tipo de productos.

4. **②**Se expidió el documento Conpes 3719 de 2012, donde se establece el plan de acción para la implementación del Sistema Único de Información y Rastreo (SUNIR). En el año 2013 se dará cumplimiento al plan de acción. El documento Conpes está disponible en: <http://www.dnp.gov.co/LinkClick.aspx?fileticket=btTC-UKXKBs%3D&tabid=1475>

5. **②**Se sancionó el Decreto 602 de 2013, por el cual se reglamenta el Sistema Único Nacional de Información y Rastreo (SUNIR), establecido en el párrafo 40 del artículo 227 de la ley 140 de 2011

6. En 2015 se aprobó la Ley 1762 "Por medio de la cual se adoptan instrumentos para prevenir, controlar y sancionar el contrabando, el lavado de activos y la evasión fiscal ». Ver: <http://www.alcaldiabogota.gov.co/sisjur/normas/Norma1.jsp?i=62272>

7. Decreto 390 de 2016, por el cual se establece la regulación aduanera. Ver:  
<http://www.alcaldiabogota.gov.co/sisjur/normas/Norma1.jsp?i=70914>

8. Resolución 000042 de 2016. Reglamentación parcial del Decreto 390 de 2016. Ver:  
<https://www.dian.gov.co/normatividad/Normatividad/Resoluci%C3%B3n%20000042%20de%2013-05-2016.pdf>

#### Resultados contra el contrabando 2.017

- **②**03 estructuras criminales (24 personas capturadas).
- **②**04 personas capturadas en flagrancias por Ejercicio ilícito de actividad monopolística de arbitrio rentístico.
- **②**19'219.503 cajetillas de cigarrillos aprehendidos por valor avalúo de \$11.603 millones.
- **②**Los departamentos de mayor aprehensión fueron La Guajira (29%) y Nariño (27%).
- **②**Los principales países de procedencia fueron China (56%) y India (12%).
- **②**Las principales marcas aprehendidas fueron Modern (14%), Win (13%) y Silver Elephant (11%).

#### Resultados contra el contrabando 2.018

- **②**1'414.088 cajetillas de cigarrillos aprehendidos por valor avalúo de \$1.123 millones.
- **②**Los departamentos de mayor aprehensión son Antioquia (57%) y La Guajira (21%).
- **②**Los principales países de procedencia son China (36%) y India (25%).
- **②**Las principales marcas aprehendidas son Farstar Kingsize (35%) y Jaisalmer (11%).

Finalmente, y atendiendo a la normatividad citada y a través los procesos investigativos desarrollados desde 2.015 se ha logrado la Extinción del derecho de dominio a 1 bienes muebles e inmuebles producto del contrabando de cigarrillos, evaluados en 17.360 millones de pesos.

C3115. If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

Se está en proceso de ratificación del Protocolo para la eliminación del comercio ilícito de productos de tabaco (Colombia lo firmó en la Quinta Conferencia de las Partes en Seúl, 2012).

C3116. Please attach the relevant documentation.

[{"title":"Anexo 14. Decreto 390-2016","comment":"","size":2313.136,"name": "Anexo%2014.%20Decreto%20390-2016.pdf","fileName": "fu\_xthjqkui8yzhgyi","ext": "pdf"}]

C3116[filecount]. filecount - Please attach the relevant documentation.

1

C32. Sales to and by minors Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

C321. prohibiting the sales of tobacco products to minors?

Yes

C321a. Please specify the legal age:

18

C322. requiring that all sellers of tobacco products place a clear and prominent indicator inside their point of sale about the prohibition of tobacco sales to minors?

Yes

C323. requiring that, in case of doubt, each seller of tobacco products requests that the purchaser provides appropriate evidence of having reached full legal age?

Yes

C324. banning the sale of tobacco products in any manner by which they are directly accessible, such as open store shelves?

Yes

C325. prohibiting the manufacture and sale of sweets, snacks, toys or any other objects in the form of tobacco products which appeal to minors?

Yes

C326. prohibiting the sale of tobacco products from vending machines?

Yes

C327. Do you ensure that tobacco vending machines are not accessible to minors and/or do not promote the sale of tobacco products to minors?

N/A

C328[1]. prohibiting and/or promoting the prohibition of the distribution of free tobacco products: [to the public?]

Yes

C328[2]. prohibiting and/or promoting the prohibition of the distribution of free tobacco products: [to minors?]

Yes

C329. prohibiting the sale of cigarettes individually or in small packets?

Yes

C3210. providing for penalties against sellers and distributors in order to ensure compliance?

Yes

C3211. prohibiting the sales of tobacco products by minors?

Yes

C3212. Please provide a brief description of the progress made in implementing Article 16 (Sales to and by minors) in the past two years or since submission of your last report.

En la Ley 1335 de 2009 se establecen, en el Capítulo I, disposiciones sobre la venta de productos de tabaco a menores de edad:

Artículo 2°. Prohibición de vender productos de tabaco a menores de edad. Se prohíbe a toda persona natural o jurídica la venta, directa e indirecta, de productos de tabaco y sus derivados, en cualquiera de sus presentaciones, a menores de dieciocho (18) años. En caso de duda, soliciten que cada comprador de tabaco demuestre que ha alcanzado la mayoría de edad.

Parágrafo 1°. Es obligación de los vendedores y expendedores de productos de tabaco y sus derivados indicar bajo un anuncio claro y destacado al interior de su local, establecimiento o punto de venta la prohibición de la venta de productos de tabaco a menores de edad.

Este anuncio en ningún caso hará mención a marcas, empresas o fundaciones de empresas tabacaleras; ni empleará logotipos, símbolos, juegos de colores, que permitan identificar alguna de ellas.

Parágrafo 2°. Las autoridades competentes realizarán procedimientos de inspección, vigilancia y control a los puntos de venta, local, o establecimientos con el fin de garantizar el cumplimiento de esta disposición.

Parágrafo 3°. Se prohíbe el uso de máquinas expendedoras o dispensadores mecánicos de productos de tabaco, en lugares y puntos de venta en los cuales hay libre acceso de los menores de edad.

Se debe garantizar que los productos de tabaco no sean accesibles desde los estantes al público sin ningún tipo de control.

Artículo 3°. Con el objetivo de salvaguardar la salud pública y evitar el acceso de menores de edad al tabaco y sus derivados, prohíbase la fabricación e importación de cigarrillos en cajetillas o presentaciones que contengan menos de diez (10) unidades. Parágrafo. A partir de los dos (2) años siguientes a la vigencia de la presente ley se prohíbe la venta por unidad de productos de tabaco o sus derivados.

Artículo 4°. Se prohíbe la fabricación y comercialización de dulces, refrigerios, juguetes u otros objetos que tengan forma de productos de tabaco y puedan resultar atractivos para los menores.

De acuerdo con el Artículo 28 de la Ley 1335, las autoridades policiales realizarán procedimientos de inspecciones aleatorias de vigilancia y control de los puntos de venta, con el fin de garantizar el cumplimiento de esta disposición de la Ley. El incumplimiento de la normatividad dará lugar a las mismas penas establecidas en el Código Nacional de Policía, el Código de Infancia y Adolescencia y demás leyes vigentes que regulan las sanciones en esta materia.

C3213. If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

C3214. Please attach the relevant documentation.

C3214[filecount]. filecount - Please attach the relevant documentation.

0

C33. Provision of support for economically viable alternative activities Have you adopted and implemented, where appropriate, measures or programmes on any of the following:

C331[1]. promoting economically viable and sustainable alternatives for: [tobacco growers?]

Yes

C331[2]. promoting economically viable and sustainable alternatives for: [tobacco workers?]

No

C331[3]. promoting economically viable and sustainable alternatives for: [tobacco individual sellers?]

No

C332. Please provide a brief description of the progress made in implementing Article 17 (Provision of support for economically viable alternative activities) in the past two years or since submission of your last report.

El Ministerio de Agricultura destinó recursos por valor de \$2.500 millones de pesos colombianos, equivalentes a 820.000 dólares para apoyar Fortalecimiento de los cultivos de maíz, frijol, mandarina y aguacate como alternativas de rotación y diversificación del cultivo de tabaco en las principales zona tabacaleras.

En el marco de la política sectorial, Colombia cuenta con un instrumento denominado de parafiscalidad, consistente en aportes de los productores del cultivo de tabaco, para ser destinados a programas definidos por normas internas, tales como:

- Inversión en infraestructura física y social
- Modernización y diversificación de la producción
- Investigación, asistencia técnica, transferencia de transferencia de tecnología y capacitación a productores
- Apoyo a programas de reforestación y protección de fuentes hídricas.

En Colombia las siembras de tabaco se hacen en rotación con cultivos transitorios como maíz y frijol con el fin de aumentar el ingreso de los cultivadores y contribuyendo a la conservación del medio ambiente y mejora de la oferta alimentaria de las familias.

C333. Have you utilized the “Policy options and recommendations on economically sustainable alternatives to tobacco growing (in relation to Articles 17 and 18 of the WHO FCTC)” when developing and implementing policies in this area?

Yes

C334. Please provide details in the space below or refer to section I of the additional questionnaire. Response to this question or to the additional questionnaire is voluntary. <https://extranet.who.int/dataform/655321?token={TOKEN}&en>

Precisamente en desarrollo de las recomendaciones y opciones de política sobre alternativas se consideraron estos cultivos de corto y largo ciclo, se apoyaron como posibilidades económicas de los cultivadores de tabaco.

Tales inversiones se realizan dependiendo de los recursos disponibles del Gobierno y en complemento con los aportes de los productores.

C335. If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

C336. Please attach the relevant documentation.

C336[filecount]. filecount - Please attach the relevant documentation.

0

## C4. OTHER MEASURES AND POLICIES

C4. With reference to Articles 18–21

C41. Protection of the environment and the health of persons Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

C411[1]. implementing measures in respect of tobacco cultivation within your territory, which take into consideration: [the protection of the environment?]

No

C411[2]. implementing measures in respect of tobacco cultivation within your territory, which take into consideration: [the health of persons in relation to the environment?]

No

C412[1]. implementing measures in respect of tobacco manufacturing within your territory, which take into consideration: [the protection of the environment?]

Yes

C412[2]. implementing measures in respect of tobacco manufacturing within your territory, which take into consideration: [the health of persons in relation to the environment?]

No

C413. Please provide a brief description of the progress made in implementing Article 18 (Protection of the environment and the health of persons) in the past two years or since submission of your last report.
En las zonas productoras, se realizan actividades de reforestación, manejo de aguas y suelos, y conservación del medio ambiente, entre otras.
C414. Have you utilized the "Policy options and recommendations on economically sustainable alternatives to tobacco growing (in relation to Articles 17 and 18 of the WHO FCTC)" when developing and implementing policies in this area?
Yes
C415. Please provide details in the space below or refer to section I of the additional questionnaire. Response to this question or to the additional questionnaire is voluntary. <a href="https://extranet.who.int/dataform/655321?token={TOKEN}&amp;en">https://extranet.who.int/dataform/655321?token={TOKEN}&amp;en</a>
These recommendations are been used to advocacy in agricultural and environmental sectors, but we still do not have important advances.
C416. If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.
C417. Please attach the relevant documentation.
C417[filecount]. filecount - Please attach the relevant documentation.
0
C42. Liability Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:
C421[SQ001]. Does your tobacco control legislation contain measures regarding criminal liability for any violations of that tobacco control legislation? []
No
C422[SQ001]. Do you have separate criminal liability provisions in relation to tobacco control (outside of the tobacco control legislation)? []
No
C423[SQ001]. Do you have any civil liability measures that are specific to tobacco control? []
No
C424[SQ001]. Do you have any general civil liability provisions that could apply to tobacco control? []
No
C425[SQ001]. Do you have civil or criminal liability provisions that provide for compensation for adverse health effects and/or for reimbursement of medical, social or other relevant costs? []
No
C426[SQ001]. Has any person in your jurisdiction launched any criminal and/or civil liability action, including compensation where appropriate, against any tobacco company in relation to any adverse health effect caused by tobacco use? []
No
C427[SQ001]. Have you taken, as appropriate, any legislative, executive, administrative and/or other action against the tobacco industry for full or partial reimbursement of medical, social and other relevant costs related to tobacco use in your jurisdiction? []
No
C428. Please provide a brief description of any progress made, as appropriate, in implementing Article 19 (Liability) in the past two years or since submission of your last report.
C429. If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.
C4210. Please attach the relevant documentation.
C4210[filecount]. filecount - Please attach the relevant documentation.
0

C43. Research, surveillance and exchange of information Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:
C431[1]. developing and/or promoting research that addresses: [determinants of tobacco consumption?]
Yes
C431[2]. developing and/or promoting research that addresses: [consequences of tobacco consumption?]
Yes
C431[3]. developing and/or promoting research that addresses: [social and economic indicators related to tobacco consumption?]
Yes
C431[4]. developing and/or promoting research that addresses: [tobacco use among women, with special regard to pregnant women?]
No
C431[5]. developing and/or promoting research that addresses: [the determinants and consequences of exposure to tobacco smoke?]
Yes
C431[6]. developing and/or promoting research that addresses: [identification of effective programmes for the treatment of tobacco dependence?]
Yes
C431[7]. developing and/or promoting research that addresses: [identification of alternative livelihoods?]
No
C431[other]. developing and/or promoting research that addresses: [Other]
C432. training and support for all persons engaged in tobacco control activities, including research, implementation and evaluation?
Yes
C433[1]. a national system for epidemiological surveillance of: [patterns of tobacco consumption?]
Yes
C433[2]. a national system for epidemiological surveillance of: [determinants of tobacco consumption?]
No
C433[3]. a national system for epidemiological surveillance of: [consequences of tobacco consumption?]
Yes
C433[4]. a national system for epidemiological surveillance of: [social, economic and health indicators related to tobacco consumption?]
Yes
C433[5]. a national system for epidemiological surveillance of: [exposure to tobacco smoke?]
Yes
C433[other]. a national system for epidemiological surveillance of: [Other]
C434. Please list all surveys, including the year of the survey, that you have undertaken in the past.
<ul style="list-style-type: none"> <li>• <input checked="" type="checkbox"/> Encuesta Mundial de Tabaquismo en Jóvenes aplicada en Bogotá, 2001.</li> <li>• <input checked="" type="checkbox"/> Encuesta Mundial de Tabaquismo en Jóvenes aplicada en 5 ciudades, en 2007.</li> <li>• <input checked="" type="checkbox"/> Encuesta Mundial de Tabaquismo en Jóvenes y Encuesta Mundial de Salud Escolar, 2014-2015. En la actualidad se están procesando los datos.</li> <li>• <input checked="" type="checkbox"/> Estudio de Consumo de Sustancias Psicoactivas en Población Escolar, 2004, 2011, 2016</li> <li>• <input checked="" type="checkbox"/> Estudio Nacional de Consumo de Sustancias Psicoactivas en Población General, 2008 y 2013.</li> <li>• <input checked="" type="checkbox"/> Encuesta de Calidad de Vida 2016 y 2017</li> <li>• <input checked="" type="checkbox"/> Estudio epidemiológico andino sobre consumo de drogas en la población universitaria de Colombia, 2009, 2012 y 2016</li> <li>• <input checked="" type="checkbox"/> Encuesta de Riesgo Cardiovascular para el departamento de Risaralda 2017</li> </ul>

C435. Does your country have any plans to repeat any of the above or to undertake a new tobacco survey within three to five years of your last survey? Please provide details in the space below.
Se espera mantener la pregunta sobre consumo de tabaco en la Encuesta de Calidad de Vida (ECV) que realiza el Departamento Nacional de Estadística. En efecto, ésta será la fuente de información que medirá el seguimiento a la meta 3.4 de los Objetivos de Desarrollo Sostenible.
También se realizan periódicamente los Estudios de Consumo de Sustancias Psicoactivas (hogares y escolares), en los que se incluye el componente de consumo de tabaco.
Se espera finalizar próximamente el procesamiento de la información de la aplicación de la Encuesta Nacional de Tabaquismo en Jóvenes, que se aplicó por primera vez en todo el territorio nacional.
C436[1]. regional and global exchange of publicly available national: [scientific, technical, socioeconomic, commercial and legal information?]
Yes
C436[2]. regional and global exchange of publicly available national: [information on the practices of the tobacco industry?]
Yes
C436[3]. regional and global exchange of publicly available national: [information on the cultivation of tobacco?]
Yes
C437[1]. an updated database of: [laws and regulations on tobacco control?]
Yes
C437[2]. an updated database of: [information about the enforcement of laws on tobacco control?]
No
C437[3]. an updated database of: [pertinent jurisprudence?]
Yes

C438. Please provide a brief description of the progress made in implementing Article 20 (Research, surveillance and exchange of information) in the past two years or since submission of your last report.

La Dirección de Epidemiología y Demografía, del Ministerio de Salud y Protección Social, ha liderado el proceso de estructuración del Sistema Nacional de Estudios y Encuestas Poblacionales para la salud, con el propósito de garantizar que los estudios realizados en el país se ajusten a estándares y prácticas internacionales, para así asegurar la calidad, la comparabilidad, la trazabilidad y la disponibilidad tanto de los metadatos como de los microdatos y las metodologías (Ministerio de Salud y Protección Social. Sistema Nacional de Estudios y Encuestas Poblacionales para la Salud. Conceptualización y Guía Metodológica).

Vale destacar, que este Sistema se estructura a partir de una agenda programática en la cual se priorizan los estudios requeridos por el país, y su periodicidad, de forma que sirvan como fuente para el seguimiento y evaluación a las dimensiones del Plan Decenal de Salud Pública (PDSP) 2012 -2021. El Sistema Nacional cuenta, además, con una muestra maestra en salud que permite una representatividad de la población no sólo nacional sino también departamental, regional, subregional o municipal.

En el marco de este Sistema, en lo que corresponde a lo específico de control de tabaco, a la fecha, se aplicó la Encuesta Mundial de Salud Escolar (con un componente de preguntas sobre consumo y exposición al humo de tabaco), y de la Encuesta Mundial de Tabaquismo en Jóvenes (se ha contado con la activa participación del Ministerio de Educación Nacional).

El país también cuenta con información proveniente de los Estudios de consumo de sustancias psicoactivas en hogares y población escolar. Estas encuestas se hacen cada 3/4 años, lo que le ha permitido al país tener tendencias en prevalencias de consumo de estas sustancias, en particular, tabaco.

Se incorporó, además, la pregunta sobre consumo de tabaco en la Encuesta de Calidad de Vida del DANE.

Paralelo al desarrollo de este Sistema, el Ministerio ha venido fortaleciendo el proceso del Análisis de Situación de Salud (ASIS), pues se constituye en herramienta fundamental para la construcción transectorial e intersectorial de las políticas y los planes de salud, en consonancia a lo establecido en el PDSP (Ministerio de Salud y Protección Social. Guía conceptual y metodológica para la construcción del ASIS de las Entidades Territoriales). Esto se debe a que la salud es un fenómeno social que necesariamente requiere de procesos de análisis interdisciplinarios que posibiliten la comprensión de su multidimensionalidad. En el marco de estos Análisis, tanto el nivel nacional, como los niveles regional y departamental, cuentan con información sobre las prevalencias actuales de consumo de tabaco.

Además de los estudios, encuestas y ASIS, el país tiene a su disposición el grupo de sistemas ROSS (Registros, Observatorios, Sistemas de Seguimiento y Salas Situacionales en Salud), que tienen la capacidad de monitorear la trayectoria de salud de individuos y de la población y los determinantes socio-económicos que pueden contribuir con cambios y desigualdades en salud (Ministerio de Salud y Protección Social. Guía Metodológica para Registros, Observatorios, Sistemas de Seguimiento y Salas Situacionales Nacionales en Salud ROSS), a partir del proceso nacional de integración de fuentes de información al SISPRO (Sistema de Información de la Protección Social). En el marco del ROSS, existe el Observatorio Nacional de Cáncer (ONC), que dentro de sus áreas de monitoreo contempla al consumo de tabaco por ser factor de riesgo asociado. También se encuentra el Observatorio de Salud Cardiovascular, Diabetes y Enfermedad Renal Crónica (OCADER) que incluye también la medición del consumo de tabaco, en particular la prevalencia de consumo en adultos y escolares (Ministerio de Salud y Protección Social (2013). Módulo epidemiológico. Registros, Observatorios, Sistemas de Seguimiento y Salas Situacionales Nacionales en Salud ROSS).

Ahora bien, y como parte del cumplimiento del artículo 21 del CMCT de la OMS, el Ministerio ha liderado el proceso de recolección de información relevante sobre la dinámica de consumo de tabaco, de conformidad con los indicadores establecidos para el seguimiento a la implementación del Convenio en el mundo. Uno de esos indicadores se refiere al cálculo de la mortalidad atribuible al tabaquismo: con la agrupación de las causas de muerte de las cuales se evidencia asociación causal con el tabaquismo, y con las fracciones atribuibles, se realizó el cálculo de la mortalidad atribuible al tabaquismo. Este cálculo resulta ser un insumo clave para el seguimiento a la mega meta del sector salud (en el marco del actual Plan Nacional de Desarrollo): la reducción de la mortalidad prematura por ENT, en la población entre 30 y 70 años de edad.

En esta misma línea, en lo que respecta a investigaciones, el Ministerio de Salud, a través de diferentes convenios de cooperación, ha promovido el desarrollo de un Modelo de Equilibrio General Computable, como una metodología que permite evaluar los resultados de los instrumentos de política sobre el sistema económico colombiano, para así plantear escenarios factibles de implementación de políticas públicas y regulaciones en ENT y sus factores de riesgo, como el consumo de tabaco. También se han elaborados resúmenes de política basados en evidencia como: a) Revisión sistemática de intervenciones poblacionales para orientar las acciones para la prevención y el control de las ENT (incluye las intervenciones en control del tabaco); b) Opciones de política para contrarrestar las acciones de interferencia de la industria tabacalera en Colombia.

Recientemente, y en el marco del Proyecto FCTC 2030, se está realizando el Caso de inversión, que abordará el componente cuantitativo de mortalidad y costos directos e indirectos del tabaquismo, y el componente cualitativo de análisis institucional.

Ver: <https://www.minsalud.gov.co/sites/rid/Lists/BibliotecaDigital/RIDE/VS/ED/PSP/Guia%20ASIS%2028112013.pdf>  
<https://www.minsalud.gov.co/sites/rid/Lists/BibliotecaDigital/RIDE/VS/ED/GCFI/guia-estudios-poblacionales.pdf>

[https://www.minsalud.gov.co/sites/rid/Lists/BibliotecaDigital/RIDE/VS/ED/GCFI/ROSS\\_001.11.2013.pdf](https://www.minsalud.gov.co/sites/rid/Lists/BibliotecaDigital/RIDE/VS/ED/GCFI/ROSS_001.11.2013.pdf)

Vale destacar las diversas actividades de investigación se han implementado en Colombia, las cuales han sido fundamentales para hacer abogacía e incidencia a favor del control de tabaco. Los principales proyectos, por temas, se resumen a continuación:

#### Intervenciones costo-eficaces:

- [Costo efectividad de la implementación de los ambientes libres de humo de tabaco. Instituto de Evaluación de Tecnologías en Salud \(IETS\), 2017.](#)
- [Costo efectividad de la implementación de la medida de empaquetado y etiquetado de productos de tabaco. IETS, 2017.](#)
- [Costo efectividad de la implementación de la prohibición de la publicidad, promoción y patrocinio de productos de tabaco. IETS, 2017](#)
- [Costo efectividad de la implementación de la medida de impuestos al tabaco. IETS, 2017.](#)
- [SIMUDAT Salus Risaralda. Investigación y simulación de políticas en salud. Ver: http://simudatsalud-risaralda.co/](#)

#### Exposición al humo de tabaco:

- [Capítulo tabaco, de la Encuesta de Riesgo Cardiovascular para el departamento de Risaralda 2017](#)

#### Mortalidad y carga de enfermedad relacionada con el tabaco

- [Instituto de Evaluación de Tecnologías en Salud \(IETS\). Carga de enfermedad atribuible al tabaquismo en Colombia.](#)
- [Muertes atribuibles al consumo de tabaco \(según cálculos realizados por la Subdirección de ENT del Ministerio de Salud\), a partir de los datos recogidos por el Departamento Administrativo Nacional de Estadística \(DANE\)](#)

#### Cesación:

- [Alejandra Cañas, Luz-H. Alba, Nelci Becerra, Raúl Murillo, Nelson Páez, y Catalina Mosquera. Eficacia y seguridad del uso de medicamentos para la cesación de la adicción al tabaco: revisión de guías de práctica clínica](#)
  - [Nelci Becerra, Martín Cañón, José Vivas. Terapia farmacológica para el abandono de tabaquismo.](#)
  - [Luz Helena Alba, Raúl Hernando Murillo, Nelci Astrid Becerra, Nelson Páez, Alejandra Cañas, Catalina María Mosquera, Juan Sebastián Castillo, Natalia Camacho, Javier Gómez, Plutarco García-Herreros, Luis Gabriel Bernal. Recomendaciones para la cesación de la adicción al tabaco en Colombia.](#)
  - [Luz Helena Alba, Raúl Murillo, Juan Sebastián Castillo, Grupo elaborador de guías de cesación de tabaco del INC.](#)
- Intervenciones de consejería para la cesación de la adicción al tabaco: revisión sistemática de la literatura
- [Carlos Gantiva. Procesos Motivacionales y Emocionales Asociados con el Consumo de Tabaco; Cambios emocionales durante el proceso de abandono del consumo de tabaco](#)

#### Costos relacionados con el tabaco:

- [Nicolás Pérez, Raúl Murillo, Carlos Pinzón, Gustavo Hernández. Costos de la atención médica del cáncer de pulmón, enfermedad pulmonar obstructiva crónica e infarto de miocardio atribuibles al consumo de tabaco en Colombia \(proyecto multicéntrico de la Organización Panamericana de la Salud\). Los cálculos se realizaron utilizando datos de 2004.](#)
- [Instituto de Evaluación de Tecnologías en Salud \(IETS\). Carga de enfermedad atribuible al tabaquismo en Colombia.](#)

#### Impuestos sobre el tabaco y precios:

- [Documento técnico sobre la estructura de los impuestos del tabaco en Colombia \(Llorente, White, Universidad Sergio Arboleda, 2012\).](#)
- [Alex Araque-Ministerio de Salud. Aporte a la economía de los cultivos de tabaco e impuestos para el tabaco y sus derivados.](#)
- [Alex Araque-Ministerio de Salud. Consumo de tabaco, costos sobre el sistema de salud colombiano y efectos de incrementar la tributación sobre su consumo](#)
- [Blanca Llorente y Norman Maldonado. Política de impuestos al cigarrillo en Colombia](#)
- [World Bank. The political economy of the 2016 tobacco and proposed sugar-sweetened beverage tax increases in Colombia](#)
- [World Bank. The distributional Consequences of increasing tobacco taxes on Colombian's health and finances. An extended cost-effectiveness analysis](#)
- [Fundación Anaás. Monitoreo de impuestos Marzo y Agosto de 2017.](#)
- [Proyecto multicéntrico IRDC - Fundación Anaás - Instituto Nacional de Salud Pública de México: Impuestos al tabaco y equidad.](#)

#### Comercio ilícito de productos de tabaco:

- [Proyecto PROACTT-Fundación Anaás. Measuring illicit cigarette trade in Colombia](#)
- [Proyecto Bloomberg-Fundación Anaás. Advancing tax and illicit trade policy in Colombia](#)

Policy briefs:

- IETS-Ministerio de Salud. Resumen de política basado en evidencia, sobre los mecanismos para regular la interacción entre las entidades del gobierno y la industria del tabaco.
- Cardiecol- IETS. Resumen de política basado en evidencia sobre Sistemas Electrónicos de Administración de Nicotina.

Cultivos:

- Ministerio de Agricultura. 3er Censo Nacional Agropecuario.

Advertencias Sanitarias

- Muñoz, Gantiva y Ciria. Respuestas faciales ante imágenes de advertencias de tabaco
- Carlos Gantiva. Evaluación del Impacto Emocional de las Imágenes de Advertencia Sanitaria en las Cajetillas de Tabaco en Colombia
- Convenio Ministerio de Salud y Universidad Nacional de Colombia. Diseño y evaluación de advertencias sanitarias.

C439. If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

C4310. Please attach the relevant documentation.

C4310[filecount]. filecount - Please attach the relevant documentation.

0

## D. INTERNATIONAL COOPERATION AND ASSISTANCE

D0. Pursuant to Article 21.1(c) and in accordance with Article 26, have you either provided or received financial or technical assistance (be it through unilateral, bilateral, regional, subregional or other multilateral channels, including relevant regional and international intergovernmental or nongovernmental organizations and financial and development institutions) for the development and strengthening of multisectoral, comprehensive tobacco control programmes of developing country Parties and Parties with economies in transition in any of the following areas:

D1[1]. development, transfer and acquisition of technology, knowledge, skills, capacity and expertise related to tobacco control? [Assistance provided]

Yes

D1[2]. development, transfer and acquisition of technology, knowledge, skills, capacity and expertise related to tobacco control? [Assistance received]

Yes

D2[1]. provision of technical, scientific, legal and other expertise to establish and strengthen national tobacco control strategies, plans and programmes? [Assistance provided]

No

D2[2]. provision of technical, scientific, legal and other expertise to establish and strengthen national tobacco control strategies, plans and programmes? [Assistance received]

Yes

D3[1]. appropriate training or sensitization programmes for appropriate personnel in accordance with Article 12? [Assistance provided]

No

D3[2]. appropriate training or sensitization programmes for appropriate personnel in accordance with Article 12? [Assistance received]

Yes

D4[1]. provision of the necessary material, equipment and supplies, as well as logistic support, for tobacco control strategies, plans and programmes? [Assistance provided]

No

D4[2]. provision of the necessary material, equipment and supplies, as well as logistic support, for tobacco control strategies, plans and programmes? [Assistance received]
Yes
D5[1]. identification of methods for tobacco control, including comprehensive treatment of nicotine addiction? [Assistance provided]
No
D5[2]. identification of methods for tobacco control, including comprehensive treatment of nicotine addiction? [Assistance received]
Yes
D6[1]. promotion of research to increase the affordability of comprehensive treatment of nicotine addiction? [Assistance provided]
No
D6[2]. promotion of research to increase the affordability of comprehensive treatment of nicotine addiction? [Assistance received]
Yes
<b>D7. Please identify the Party or Parties from which assistance was received or to which assistance was provided.</b>
En 2017 Colombia fue seleccionada como uno de los 15 países del Proyecto FCTC 2030, el cual busca apoyar, hasta el 2021, la implementación del CMCT, como una de las metas a lograr en el marco de la Agenda de Desarrollo Sostenible. En este Proyecto, se contemplaron 3 líneas estratégicas: a) fortalecimiento de los procesos de inspección, vigilancia y control del control de tabaco; b) fortalecimiento de la acción intersectorial; c) implementación del programa nacional de cesación de tabaco, en el marco de la Política de Atención Integral en Salud. Paralelamente, se desarrolla el Caso de Inversión que busca generar información clave para hacer abogacía a favor del control de tabaco.
En noviembre de 2017, se realizó el lanzamiento oficial del Proyecto y del Caso de Inversión.
<b>D8. Please provide information about any assistance provided or received in the space below.</b>
<b>D9. If you have not received or provided assistance in any of the aforementioned areas, please identify any financial or technical assistance that may be under consideration, if appropriate.</b>
En el marco del Proyecto FCTC 2030 se espera avanzar en el proceso de implementación del CMCT, fortaleciendo las áreas críticas de inspección, vigilancia y control, y acción intersectorial. En efecto, el esfuerzo de los próximos años se concentrará en el desarrollo de capacidades políticas, técnicas y operativas.
Así mismo, se pretende gestionar alianzas en investigación en temas claves como: cultivos, publicidad de productos de tabaco, indicadores sociales y económicos sobre la producción de tabaco, seguimiento y monitoreo, comercio ilícito de productos de tabaco e impuestos.
Finalmente, se espera desarrollar las alianzas necesarias para el fortalecimiento de las capacidades del Ministerio frente a los desarrollos jurídicos en control de tabaco.
<b>D10. Have you encouraged relevant regional and international intergovernmental organizations and financial and development institutions in which you are represented to provide financial assistance for developing country Parties and for Parties with economies in transition to assist them in meeting their obligations under the Convention?</b>
Yes
<b>D11. Please provide details in the space below.</b>
Con el Proyecto FCTC 2030, se vincula el Programa de las Naciones Unidas para el Desarrollo, en la medida en que la implementación del CMCT es una de las metas de los Objetivos de Desarrollo Sostenible.

## E. PRIORITIES AND COMMENTS

E1. What are the priorities for implementation of the WHO Framework Convention on Tobacco Control in your jurisdiction?
<ul style="list-style-type: none"> <li>- Fortalecer el sistema de seguimiento y monitoreo a la implementación del Convenio Marco y de las estrategias en control integral de tabaco que se plantean para el corto, mediano y largo plazo.</li> <li>- Red de investigación en temas claves como: cultivos, publicidad de productos de tabaco, indicadores sociales y económicos sobre la producción de tabaco, seguimiento y monitoreo.</li> <li>- Monitoreo de la interferencia de la industria tabacalera.</li> <li>- Defensa jurídica.</li> <li>- Fortalecimiento de la capacidad intersectorial del Estado colombiano para la toma de decisiones en el marco de la política de control integral de tabaco, así como la capacidad para hacer inspección, vigilancia y control de la implementación de la política.</li> </ul>
E2. Have you identified any specific gaps between the resources available and the needs assessed for implementing the WHO Framework Convention on Tobacco Control?
Yes
E3. Please provide details in the space below.
<ul style="list-style-type: none"> <li>- Equipo técnico reducido para atender las ingentes demandas y actividades en el marco de la política de control de tabaco, sobre todo en el nivel territorial.</li> <li>- Dificultades para hacer sostenible la acción intersectorial.</li> </ul>
E4. What, if any, are the constraints or barriers, other than lack of resources, you have encountered in implementing the Convention?
<ul style="list-style-type: none"> <li>- Interferencia de la industria en procesos relacionados con las estrategias y medidas de control de tabaco: interposición de recursos legales y administrativos que retrasan los procesos y generan desgaste institucional.</li> <li>- Inadecuada interpretación de lo establecido en la norma, principalmente lo relacionado con ambientes 100% libres de humo de tabaco y en lo relativo a la prohibición total de la publicidad, promoción y patrocinio de los productos de tabaco.</li> <li>- Falta de conocimiento de la Ley y las resoluciones reglamentarias de la misma, por parte de la sociedad civil, entes territoriales y gubernamentales, así como de las instituciones prestadoras de servicios de salud.</li> <li>- Limitada articulación intersectorial entre los entes responsables de dar cumplimiento a la norma.</li> <li>- Nuevos productos de tabaco que desafían la regulación existente</li> </ul>
E5[1]. Do you have any of the following products available on your national tobacco market? [smokeless tobacco products]
Yes
E5[2]. Do you have any of the following products available on your national tobacco market? [water pipe tobacco]
Yes
E5[3]. Do you have any of the following products available on your national tobacco market? [ENDS/ENNDS]
Yes
E5[other]. Do you have any of the following products available on your national tobacco market? [Other]
E6[1]. Have you adopted and implemented any policy or regulation that is specific to the following tobacco products? [smokeless tobacco products]
Yes
E6[2]. Have you adopted and implemented any policy or regulation that is specific to the following tobacco products? [water pipe tobacco]
Yes
E6[3]. Have you adopted and implemented any policy or regulation that is specific to the following tobacco products? [ENDS/ENNDS]
No
E6[other]. Have you adopted and implemented any policy or regulation that is specific to the following tobacco products? [Other]
Se está en proceso de legislación para los SEAN, en el Congreso de la República
E7. If you have any relevant information related to questions E5 and E6, please provide details in the space below.
La legislación regula todo los productos de tabaco, lo que incluye los productos de tabaco sin humo y el tabaco para pipas de agua. Se ha identificado como desafío regulatorio los SEAN/SSNN. Actualmente cursa en el Congreso de la República un proyecto de legislación sobre el tema. Se cuenta con un policy brief que aborda las opciones políticas para regular estos nuevos productos.
E8. Please provide any other relevant information not covered elsewhere that you consider important.

---

E9. Your suggestions for further development and revision of the reporting instrument:
--

Ninguna
---------