
CORE QUESTIONNAIRE OF THE REPORTING INSTRUMENT OF WHO FCTC

Survey response 1

submitdate. Date submitted
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firstname. First name
Lorena Viviana
lastname. Last name
Calder
email. Email address
lcalderonp@minsalud.gov.co
attribute_1. Country
Colombia
attribute_2. Language
spanish

A. ORIGIN OF THE REPORT

A2. Information on national contact responsible for preparation of the report:
A2a. Title
Dr
A2a[other]. Title [Other]
A2b. Family name
Valderrama Vergara
A2c. First name
Jose Fernando
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
jvalderrama@minsalud.gov.co
A2h. Alternative email address
josefvalderrama@gmail.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]
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A4[SQ001][2]. Period of reporting: [Start date][Scale 2]
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A4[SQ002][1]. Period of reporting: [End date][Scale 1]
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A4[SQ002][2]. Period of reporting: [End date][Scale 2]
2016
test. Please click on this link to go to the additional questions{TOKEN:FIRSTNAME} https://extranet.who.int/dataform/survey/index/sid/992964/newtest/Y/lang/en

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)
18.84
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)
7.40
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)
12.95
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)
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)
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)
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)
B11C[2_SQ001]. Occasional smokers [FEMALE][Prevalence (%)] (please include all smoking tobacco products in prevalence data)
B11C[3_SQ001]. Occasional smokers [TOTAL (males and females)][Prevalence (%)] (please include all smoking tobacco products in prevalence data)
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
B112[1_SQ001]. Please indicate the age range to which the data used to answer question B11 refer: [Age range][From] 12
B112[1_SQ002]. Please indicate the age range to which the data used to answer question B11 refer: [Age range][To] 65
B113A. Please indicate the year of the data used to answer question B11: 2013
B113B. Please indicate the source of the data used to answer question B11: Estudio Nacional de Consumo de Sustancias Psicoactivas en Colombia
B114[SQ001]. Please provide the definitions of "current smoker", "daily smoker", "occasional smoker", "former smoker" and "never smoker" used in this report. [Current smoker] Consumo actual o de los últimos 30 días.
B114[SQ002]. Please provide the definitions of "current smoker", "daily smoker", "occasional smoker", "former smoker" and "never smoker" used in this report. [Daily smoker]
B114[SQ003]. Please provide the definitions of "current smoker", "daily smoker", "occasional smoker", "former smoker" and "never smoker" used in this report. [Occasional smoker]

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. La prevalencia del consumo de tabaco para el año 2013 en la población de 12 a 65 años ha disminuido un 4,11% con relación al año 2008 donde la cifra fue de 17,06%, para los hombres (23,81%) para ese mismo año se mostró un descenso del 4,97 % y en las mujeres (11,13%) se observó un declive del 3,73%.
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[B12d_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[B12j_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) [FEMALES - current smokers1][Range - start age]

B12[B12j_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) [FEMALES - current smokers1][Range - end age]

B12[B12j_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) [FEMALES - current smokers1][Prevalence (%) (please include all smoking tobacco products in prevalence data)]

B12[B12jj_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) [FEMALES - current smokers1][Range - start age]

B12[B12jj_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) [FEMALES - current smokers1][Range - end age]

B12[B12jj_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) [FEMALES - current smokers1][Prevalence (%) (please include all smoking tobacco products in prevalence data)]

B12[B12jjj_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) [FEMALES - current smokers1][Range - start age]

B12[B12jjj_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) [FEMALES - current smokers1][Range - end age]

B12[B12jjj_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) [FEMALES - current smokers1][Prevalence (%) (please include all smoking tobacco products in prevalence data)]

B12[B12jjjj_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) [FEMALES - current smokers1][Range - start age]

B12[B12jjjj_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) [FEMALES - current smokers1][Range - end age]

B12[B12jjjj_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) [FEMALES - current smokers1][Prevalence (%) (please include all smoking tobacco products in prevalence data)]

B12[B12k_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[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)]

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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:

Cigarrillos

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

2013

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

Estudio Nacional de Consumo de Sustancias Psicoactivas en Colombia

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.

Con relación a los datos de prevalencia del consumo de tabaco del año 2008 por grupos de edad se observó el grupo de 35 a 44 años (18,72%) presentó una disminución de 7,07% para el año 2013 que fue de 11.23%, en el rango de edad de 12 a 17 años solo bajo 1,16% en el 2008 fue de (5, 93%), en las edades de 18 a 34 años hubo descenso con respecto al 2008 pero se mantienen con las prevalencias más altas en estos rangos de edades.

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[B12c_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[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[B120000_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[B120000_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[B120000_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[B16a_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[B16a_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_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[B16f_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[B16g_B16x1]. Tobacco use by young persons (please include all smoking or smokeless tobacco products in prevalence data) [GIRLS - Current users 4][Age range]

B16[B16g_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[B16g_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[B16g_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[B16h_B16x1]. Tobacco use by young persons (please include all smoking or smokeless tobacco products in prevalence data) [GIRLS - Current users 4][Age range]
B16[B16h_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[B16h_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[B16h_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[B16i_B16x1]. Tobacco use by young persons (please include all smoking or smokeless tobacco products in prevalence data) [GIRLS - Current users 4][Age range]
B16[B16i_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[B16i_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[B16i_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[B16j_B16x1]. Tobacco use by young persons (please include all smoking or smokeless tobacco products in prevalence data) [GIRLS - Current users 4][Age range]
B16[B16j_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[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]	
11-12	
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 (%)]	
2.82	
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]	
13-15	
B16[B16l_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 (%)]	
10.41	
B16[B16l_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[B16000_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[B16000_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[B16000_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[B16000_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[B16000_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[B16000_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[B16000_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[B16000_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:

Cigarrillos

B162A. Please indicate the year of the data used to answer question B16:

2011

B162B. Please indicate the source of the data used to answer question B16:

ESTUDIO NACIONAL DE CONSUMO DE SUSTANCIAS PSICOACTIVAS EN POBLACION ESCOLAR COLOMBIA - 2011

B163. Please provide the definition of "current smoking/tobacco use" used to answer question B16 in the space below.

Consumo actual o de 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.

En el año 2004 se llevó a cabo la Encuesta Nacional sobre Consumo de Sustancias Psicoactivas en Población Escolar, en el marco del Sistema Interamericano de Datos Uniformes sobre Consumo de Drogas (SIDUC) de la Comisión Interamericana para el Control del Abuso de Drogas de la Organización de Estados Americanos (CICAD-OEA). Comparando los datos de esta Encuesta y la que se desarrolló en 2011 (a la que se hace referencia como fuente de la información de los datos que se presentan en este Informe), se observa un descenso importante en el consumo de cigarrillo en esta población. Tanto la exposición directa al tabaco alguna vez (prevalencia de vida), como los indicadores de consumo en el último año y en el último mes, confirman esta tendencia. Esta tendencia se ilustra a continuación:

Estimadores 2004 2011

Prevalencia alguna vez en la vida 44,26 28,11

Prevalencia en el último año 29,38 18,75

Prevalencia en el último mes 21,76 11,65

B165. Please attach the relevant documentation.

[{"title": "Encuesta Jovenes 2011", "comment": "", "size": "5090.684", "name": "colombia_annex2_school_survey_psychotropic_substances2011.pdf", "filename": "fu_5j6vfx48z3ua598", "ext": "pdf"}, {"title": "Encuesta Adultos 2013", "comment": "", "size": "7796.037", "name": "Estudio_de_Consumo_UNODC.pdf", "filename": "fu_kr4m4mp55ir2hf5", "ext": "pdf"}]

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

2

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).

En Bogotá D.C., en 2009, en un trabajo conjunto entre la Universidad Sergio Arboleda y la Secretaría Distrital de Salud de Bogotá, con el apoyo de la Organización Panamericana de la Salud y la Escuela de Salud Pública de la Universidad Johns Hopkins, se desarrolló un estudio para estimar la calidad del aire y la exposición a nicotina en diversos lugares públicos.

El objetivo del estudio fue determinar los niveles de nicotina en el aire al interior de lugares públicos como: hospitales, establecimientos educativos, centros del gobierno, centros de transporte, restaurantes y bares en Bogotá.

Se instalaron 120 filtros, que permitieron monitorear la presencia de nicotina en 75 áreas de los diferentes establecimientos seleccionados. Se detectó nicotina en el aire en el 35% (26 de las 75 áreas monitoreadas).

Es importante señalar que hay grandes diferencias según el tipo de establecimiento. Los lugares con mayor número de áreas en las que se detectó nicotina fueron los sitios de entretenimiento, como bares y restaurantes, con los mayores niveles de concentración de nicotina (0,89 µg/m³).

En más de la mitad de los monitores instalados se obtuvieron valores por encima del límite de detección, el cual es de 0,0067 microgramos.

A continuación se muestran los datos obtenidos en el estudio:

- De los centros de transporte, el 75% son áreas con nicotina detectable.
- De los centros del gobierno, el 25% reportó presencia de nicotina.
- De los hospitales, el 11% reportó presencia de nicotina.
- De los establecimientos educativos (colegios), el 50% son áreas con nicotina detectable
- De los restaurantes, el 57% reportó presencia de nicotina.
- De los bares, el 100% son áreas con nicotina detectable.

B23A. Please indicate the year of the data used to answer question B21:

2009

B23B. Please indicate the source of the data used to answer question B21:

Universidad Sergio Arboleda - Secretaría Distrital de Salud de Bogotá (2009). Medición de humo de tabaco en Bogotá, Colombia. Este estudio se realizó con el apoyo de la Organización Panamericana de la Salud y la Escuela de Salud Pública de la John Hopkins.

B24. Please attach the relevant documentation.

[{"title": "Medicion de nicotina en Bogota", "comment": "", "size": "220.415", "name": "Anexo%204.%20Resultados%20Medici%C3%B3n%20de%20Nicotina%20en%20Bogot%C3%A1.pdf", "filename": "fu_9cctxk3g3px3z54", "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?

17545.0000000000

B33. If available, please provide any additional information on mortality attributable to tobacco use (e.g. lung cancer, cardiovascular diseases) in your jurisdiction.

Para el 2012, el total de muertes atribuibles a tabaquismo fue de 16.767. De esas muertes, 11.500 fueron hombres, y 5.267 fueron mujeres.

Para el 2013, el total de muertes atribuibles a tabaquismo fue de 17.545. De esas muertes, 12.054 fueron hombres, y 5.490 fueron mujeres.

Para información adicional ver documento anexo

B34A. Please indicate the year of the data used to answer question B32 and 33:

2013

B34B. Please indicate the source of the data used to answer questions B32 and B33:

FUENTE: Departamento Administrativo Nacional de Estadística (DANE), 2012-2013 CÁLCULOS: Subdirección de Enfermedades No Transmisibles, Grupo Banco de Datos.

B35. Please submit a copy of the study you refer to:

[{"title":"Mortalidad atribuible","comment":"","size":"87.004","name":"Mortalidad%20atribuible.pdf","filename":"fu_4nhdcrm4ezidxa6","ext":"pdf"}]

B35[filecount]. filecount - Please submit a copy of the study you refer to:

1

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).

Ver documento anexo.

B43A. Please indicate the year of the data used to answer question B42:

2013

B43B. Please indicate the source of the data used to answer question B42:

FUENTE: Nicolás Pérez, Raúl Murillo, Carlos Pinzón, Gustavo Hernández. Costos de la atención médica del cáncer de pulmón, la EPOC y el IAM atribuibles al consumo de tabaco en Colombia. (Proyecto multicéntrico de la Organización Panamericana de la Salud).

B44. Please submit a copy of the study you refer to:

[{"title":"Costos","comment":"","size":"31.142","name":"Costos%20asociados%20al%20consumo%20de%20tabaco%20originados%20en%20C%C3%A1ncer%20de%20Pulm%C3%B3n.pdf","filename":"fu_7w8pvumshipjs6j","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]

147343,89

B51[B51a_B51x6]. Licit supply of tobacco products [Smoking tobacco products][Imports]

18,81

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]
869768,65
B51[B51b_B51x6]. Licit supply of tobacco products [Smoking tobacco products][Imports]
15910359,93
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]
1236
B51[B51c_B51x6]. Licit supply of tobacco products [Smoking tobacco products][Imports]
3040,47
B51[B51cc_B51x1]. Licit supply of tobacco products [Smoking tobacco products][Product]
Los demás cigarros (puros) (incluso despuntados), cigarritos (puritos) y 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]
6422
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]
241683

B51[B51ccc_B51x6]. Licit supply of tobacco products [Smoking tobacco products][Imports]
36789,54
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]
1494,44
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[B51fff_B51x1]. Licit supply of tobacco products [Smokeless tobacco products][Product]
B51[B51fff_B51x2]. Licit supply of tobacco products [Smokeless tobacco products][Unit (e.g. pieces, tonnes)]
B51[B51fff_B51x3]. Licit supply of tobacco products [Smokeless tobacco products][Domestic production]
B51[B51fff_B51x4]. Licit supply of tobacco products [Smokeless tobacco products][Retail sales]
B51[B51fff_B51x5]. Licit supply of tobacco products [Smokeless tobacco products][Exports]
B51[B51fff_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]
2136684
B51[B51g_B51x6]. Licit supply of tobacco products [Other tobacco products][Imports]
179709,94
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]
633600
B51[B51i_B51x1]. Licit supply of tobacco products [Other tobacco products][Product]
Los demás tabacos y sucedáneos del tabaco, elaborados; tabaco «homogeneizado» o «reconstituido»; 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]
-
B51[B51i_B51x6]. Licit supply of tobacco products [Other tobacco products][Imports]
252945
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]
1302838
B51[B51ii_B51x6]. Licit supply of tobacco products [Other tobacco products][Imports]
404,31
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]
1146115
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]
139680
B51[B51iiii_B51x6]. Licit supply of tobacco products [Other tobacco products][Imports]
83040,9
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]
12409111,88

B51[B51j_B51x6]. Licit supply of tobacco products [Tobacco leaves][Imports]
1501478,4
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:
2014
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), 2014-2015
B54. Please attach the relevant documentation.
[{"title": "Exportaciones-importaciones 2014-205", "comment": "", "size": "171.008", "name": "Exportaciones-Importaciones%202014-2015.xls", "filename": "fu_azk6phhmee8s97i", "ext": "xls"}]
B54[filecount]. filecount - Please attach the relevant documentation.
1
B6. Seizures of illicit tobacco products (with reference to Article 15.5)
B61[B61a_B61x1]. Seizures of illicit tobacco [Smoking tobacco products][Year]
2015
B61[B61a_B61x2]. Seizures of illicit tobacco [Smoking tobacco products][Product]
Tabaco y sucedáneos del tabaco elaborados (capítulo 24)
B61[B61a_B61x3]. Seizures of illicit tobacco [Smoking tobacco products][Unit (e.g. pieces, tonnes)]
Cajetillas de cigarrillos
B61[B61a_B61x4]. Seizures of illicit tobacco [Smoking tobacco products][Quantity seized]
7.346.170
B61[B61b_B61x1]. Seizures of illicit tobacco [Smoking tobacco products][Year]
B61[B61b_B61x2]. Seizures of illicit tobacco [Smoking tobacco products][Product]
B61[B61b_B61x3]. Seizures of illicit tobacco [Smoking tobacco products][Unit (e.g. pieces, tonnes)]
B61[B61b_B61x4]. Seizures of illicit tobacco [Smoking tobacco products][Quantity seized]
B61[B61c_B61x1]. Seizures of illicit tobacco [Smoking tobacco products][Year]
B61[B61c_B61x2]. Seizures of illicit tobacco [Smoking tobacco products][Product]
B61[B61c_B61x3]. Seizures of illicit tobacco [Smoking tobacco products][Unit (e.g. pieces, tonnes)]
B61[B61c_B61x4]. Seizures of illicit tobacco [Smoking tobacco products][Quantity seized]
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[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[B61fffff_B61x1]. Seizures of illicit tobacco [Smokeless tobacco products][Year]
B61[B61fffff_B61x2]. Seizures of illicit tobacco [Smokeless tobacco products][Product]
B61[B61fffff_B61x3]. Seizures of illicit tobacco [Smokeless tobacco products][Unit (e.g. pieces, tonnes)]
B61[B61fffff_B61x4]. Seizures of illicit tobacco [Smokeless tobacco products][Quantity seized]
B61[B61fffff_B61x1]. Seizures of illicit tobacco [Smokeless tobacco products][Year]
B61[B61fffff_B61x2]. Seizures of illicit tobacco [Smokeless tobacco products][Product]
B61[B61fffff_B61x3]. Seizures of illicit tobacco [Smokeless tobacco products][Unit (e.g. pieces, tonnes)]
B61[B61fffff_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[B61iiiii_B61x1]. Seizures of illicit tobacco [Other tobacco products][Year]
B61[B61iiiii_B61x2]. Seizures of illicit tobacco [Other tobacco products][Product]
B61[B61iiiii_B61x3]. Seizures of illicit tobacco [Other tobacco products][Unit (e.g. pieces, tonnes)]
B61[B61iiiii_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.

B66. Please indicate the source of the data used to answer questions in section B6:

FUENTE: Dirección de Gestión de Fiscalización Aduanera de la Dirección de Impuestos y Aduanas Nacionales (DIAN) y la Policía Fiscal y Aduanera (POLFA), 2015.

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.

1

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 12.463 empleos directos.

FUENTE: Ministerio de Agricultura y Desarrollo Rural, 2013. Evaluaciones agropecuarias municipales. Disponible en: <http://www.agronet.gov.co>

B73. Please provide, if available, the share of the value of tobacco leaf production in the national gross domestic product.

El valor es aproximadamente de 111.000 millones de pesos colombianos y participa con el 0,3% del PIB agrícola del año 2011.

FUENTE: DANE - Cuentas nacionales, 2014. Disponible en: <http://www.dane.gov.co>

B74A. Please indicate the year of the data used to answer questions in section B7:

2014

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

Ministerio de Agricultura y DANE

B75. Please attach the relevant documentation.

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

0

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))?

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] Especifico al consumo
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] En 2016: \$701,6
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] Por cajetilla de 20 unidades o proporcional
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 (Sobretasa) ad valorem
B83[B83b_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] 10%
B83[B83b_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] Base certificada para cada marca. En 2016 = (PVP 2015 incrementada en meta de inflación 2016) – (Sobretasa de 2015).
B83[B83c_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] Cigarrillos y tabaco elaborado
B83[B83c_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 valor agregado (IVA)
B83[B83c_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] 16%
B83[B83c_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] El porcentaje se aplica a un precio base que equivale aproximadamente a un 86% del precio de venta al público
B83[B83cc_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[B83cc_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[B83cc_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[B83cc_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[B83iiiiii_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) [Other tobacco products][Rate or amount]

B83[B83iiiiii_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) [Other tobacco products][Base of tax5]

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.

Cada cajetilla de cigarrillos (20 unidades) paga a favor de los departamentos (nivel sub-nacional), por impuesto al consumo, un valor específico que se actualiza cada año, además de una sobretasa del 10% de la base gravable que certifica cada año la Dirección de Apoyo Fiscal (DAF) del Ministerio de Hacienda, a partir del Precio de Venta al Público (PVP) certificado por el DANE.

Los PVP y la base de la sobretasa a pagar en 2016 se pueden consultar en:

<http://www.minhacienda.gov.co/portal/page/portal/HomeMinhacienda/asistenciaentidadesterritoriales/Impoconsumo/Impoconsumos/Certificacion%2005%20de%202015.pdf>

Por ejemplo, para la marca Mustang Azul en 2015 tenemos:

PVP=\$2.708

Impuesto específico: \$658.95

Sobretasa= \$235.7;

Total Impuesto: \$894.65 que corresponde a un 33%

En este valor no se incluye IVA ni derechos de importación. El IVA se regula en el Estatuto Tributario Nacional y sus ingresos forman parte de los ingresos corrientes la Nación. De acuerdo con el artículo 420 del Estatuto Tributario Nacional, la venta e importación de cigarrillos y tabaco elaborado (nacionales y extranjeros), están gravados a la tarifa general del impuesto que es del 16%.

En resumen:

El Impuesto al consumo de tabaco en Colombia, está conformado por:

- Específico (en pesos por cajetilla de 20 unidades o proporcional, y actualizado anualmente en función del Índice de Precios al Consumidor).
- Ad valorem denominado sobretasa, que corresponde al 10% sobre un precio base de referencia.
- Impuesto al valor agregado (IVA): 16% del precio base de referencia.

Esta estructura impositiva está vigente desde julio de 2010 (Ley 1393 de 2010).

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.

La destinación del impuesto al consumo de tabaco es para salud. El 16% del impuesto específico se destina a financiar el deporte. El 84% restante es ingreso de libre destinación para los departamentos (nivel sub-nacional). El total de la sobretasa (ad valorem 10%) tiene destinación específica para 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:

2016

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

FUENTE: Ministerio de Hacienda y Crédito Público, 2016. Ley 1393 del 12 de Julio de 2010.

B88. Please attach the relevant documentation.
[{"title":"Certificaci\u00f3n base gravable 2015","comment":"","size":724.701,"name":"Certificacion%20Impuestos-2015.pdf","filename":"fu_dn6745veargrfhz","ext":"pdf"}, {"title":"Ley 1393-2010","comment":"","size":732.546,"name":"Ley%201393%20de%202010.pdf","filename":"fu_d2ja8ekkm5trp5u","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.
3
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] Boston
B91A[1_SQ002]. 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][Number of units or amount per package]
B91A[1_SQ003]. 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][Retail price] \$2.719
B91A[1_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. [Smoking tobacco products][Currency] Pesos Colombianos
B91A[2_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[2_SQ002]. 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][Number of units or amount per package]
B91A[2_SQ003]. 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][Retail price] \$3.750
B91A[2_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. [Smoking tobacco products][Currency] Pesos Colombianos
B91A[3_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] Premier
B91A[3_SQ002]. 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][Number of units or amount per package]
B91A[3_SQ003]. 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][Retail price] \$2.422
B91A[3_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. [Smoking tobacco products][Currency] Pesos Colombianos
B91A[7_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. [Smokeless tobacco products][Name of the most widely sold brands]

B91A[14_SQ003]. 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][Retail price]

B91A[14_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]

B91A[15_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. [Other tobacco products][Name of the most widely sold brands]

B91A[15_SQ002]. 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][Number of units or amount per package]

B91A[15_SQ003]. 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][Retail price]

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]

Mustang

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]

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]

\$2.708

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]

Belmont

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]

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]

\$2.709

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]

Kool

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]

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]

\$3.731

B91B[14_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. [Other tobacco products][Name of the most widely sold brands]

B91B[14_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[14_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[14_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]

B91B[15_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. [Other tobacco products][Name of the most widely sold brands]

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:

2016

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

DANE-Ministerio de Hacienda y Crédito Público

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.

La información de precios que tiene el país proviene de la certificación anual del Departamento Administrativo Nacional de Estadística (DANE) (Precio de Venta al Público-PVP en grandes superficies) que sirve de insumo para la certificación de base gravable de la sobretasa al consumo de cigarrillos. Para el efecto, tomamos la certificación DANE expedida en diciembre de 2015, que tiene vigencia para el año 2016.

Los datos de precios no corresponden a las marcas más vendidas sino a la lista de precios de referencia para el año 2016, elaborada de acuerdo a la metodología prevista por la Comisión de Precios de Referencia de Cigarrillos creada por el Decreto 2427 de 2007.

Las certificaciones anuales de la base gravable de la sobretasa al consumo de cigarrillos contienen el PVP certificado por el DANE para cada marca.

B94. Please attach the relevant documentation.

[{"title": "Certificación de precios para 2016", "comment": "", "size": "417.183", "name": "Certificacion%20precios%20cigarrillos-2016.pdf", "filename": "fu_958x9i96sgbyyun", "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).
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, 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. 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.
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.
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). 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. 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 repositionar 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: https://colaboracion.dnp.gov.co/cdt/prensa/bases%20plan%20nacional%20de%20desarrollo%202014-2018.pdf 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: Artículo 5.1 (Obligaciones generales) Artículo 8 (Protección contra la exposición al humo de tabaco) Artículo 10 (Reglamentación de la divulgación de información sobre los productos de tabaco) Artículo 11 (Empaque y etiquetado de los productos de tabaco) Artículo 12 (Educación, comunicación, formación y concientización del público) Artículo 13 (Publicidad, promoción y patrocinio del tabaco) Artículo 14 (Medidas de reducción de la demanda relativas a la dependencia y al abandono del tabaco) Artículo 15 (Comercio ilícito de productos de tabaco) Artículo 16 (Ventas a menores y por menores) Artículo 20 (Investigación, vigilancia e intercambio de información) del Convenio

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.

Por primera vez, en el Plan Decenal de Salud Pública se definió explícitamente como estrategia, la protección de las políticas públicas de salud frente a los intereses comerciales o de otra índole de la industria tabacalera.

En este marco, se elaboró 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. Sin embargo, aún falta desarrollar directrices nacionales y territoriales más claras para regular la interacción entre el gobierno y dicha industria.

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.

Vale mencionar que el Tribunal Administrativo de Cundinamarca, en Sentencia de 5 de septiembre de 2013, avaló las actuaciones del Ministerio de Salud en el retiro de las frases promocionales presentes en la cajetilla, dándole respaldo a las medidas en el CMCT y sentando un importante precedente en cuanto al cumplimiento de las obligaciones internacionales derivadas del mismo instrumento jurídico. Esta decisión fue ratificada por el Consejo de Estado.

The Ministry of Health included as strategy in the "Plan Decenal de Salud Pública", the protection of the health policies from the interference of the tobacco industry. In accordance to this measure, we elaborate a policy brief with the best recommendations to implement this article.

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": "", "comment": "", "size": "672.656", "name": "Interferencia%20tabacaleras-opciones.pdf", "filename": "fu_pe92edhce36iwgx", "ext": "pdf"}, {"title": "", "comment": "", "size": "496.187", "name": "Interferencia%20tabacaleras-evidencia.pdf", "filename": "fu_sd3fdw6utvetrzi", "ext": "pdf"}]

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

2

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 el Plan Decenal de Salud Pública y en el Plan Decenal para el control del Cáncer, se incluyó la meta de aumentar el 100% de impuestos indexados al Índice de Precios del Consumidor (IPC) y al Producto Interno Bruto (PIB) para los productos de tabaco y sus derivados.

Recientemente, el Ministerio de Salud y Protección Social, con el acompañamiento del Banco Mundial, elaboró una nueva propuesta técnica para incrementar los impuestos al tabaco. Esta propuesta fue remitida a la Comisión de Expertos creada por el Gobierno Nacional de Colombia para elaborar una propuesta de reforma tributaria. En el informe final de esta Comisión, presentado en 2015, se incorpora la propuesta de incremento. Se enumera en el informe, lo siguiente:

"En cuanto a los impuestos departamentales, la Comisión propone ajustes a los impuestos específicos al consumo, que son los más importantes dentro de sus ingresos tributarios, para acercarse a estándares internacionales en los que el propósito de salud pública se ha vuelto prioritario. Conforme a ello, propone aumentar gradual pero significativamente el impuesto al consumo de cigarrillo y tabaco, revisar la estructura de los impuestos a la cerveza y los licores, y evaluar detalladamente la posibilidad y conveniencia de introducir un impuesto sobre las bebidas azucaradas. Estos ajustes apuntan también a imprimir una mejor estructura y avances en recaudo, lo cual no se podrá materializar si la Dian y los gobiernos sub nacionales no hacen esfuerzos importantes para combatir el contrabando, la adulteración y falsificación". Ver: <https://comisionreformatributaria.wordpress.com/> <https://comisionreformatributaria.files.wordpress.com/2015/03/documento-impacto-en-recaudo-febrero-24.pdf>

A la fecha, el Gobierno Nacional a través del Ministerio de Hacienda no ha presentado formalmente ante el Congreso de la República, la proyecto de ley de reforma tributaria.

The Ministry of Health has been working on a technical document of tobacco taxes, which include the guidelines. In the report we include the advances of this process which was incorporated in the Tax Reform, in charge of the "Comisión de Expertos de la Reforma tributaria". At that time, we had not finished the document. Until about two weeks ago, this document was made public. If it is possible to take into account, please access to the document on this web link:

<https://www.minsalud.gov.co/sites/rid/Lists/BibliotecaDigital/RIDE/DE/AS/papeles-en-salud-1-2016-impuestos-tabaco.pdf>

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>

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": "Propuesta Escenarios Recaudo", "comment": "", "size": "1603.503", "name": "Comisi%C3%B3n%20expertos%20tributaria.%20Escenarios%20recaudo.pdf", "filename": "fu_u8kwqmix6cm9x26", "ext": "pdf"}, {"title": "Propuesta reforma tributaria", "comment": "", "size": "349.378", "name": "Comisi%C3%B3n%20expertos%20tributaria.%20Informe%20final.pdf", "filename": "fu_z4y4fuysp3drwjw", "ext": "pdf"}]

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

2

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 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 protege los derechos de los ciudadanos de Colombia a ambientes libres de humo.

El Artículo 18 de la citada Ley resume los derechos de los no fumadores a:

- 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.

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.

Ver: <http://www.alcaldiabogota.gov.co/sisjur/normas/Norma1.jsp?i=5557>

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 párrafo 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.

En el artículo 24 del Capítulo VII de la Ley 1335 se establecen sanciones por fumar en lugares públicos y define que “los elementos y recursos necesarios para la aplicación de las sanciones” serán fijados por el Ministerio de la Protección Social y la Policía Nacional. Además, el Artículo 32 establece que el Gobierno Nacional podrá determinar y especificar el sistema de sanciones, las autoridades competentes y el procedimiento para la aplicación de dichas sanciones.

En el caso de la aplicación de esta en los municipios, algunos dentro del proceso de implementación de la ley han establecido actos administrativos 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 se está desarrollando el proceso 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.

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)]

Complete

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.
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.

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.
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.
<ul style="list-style-type: none"> - Proceso de implementación de las medidas de Inspección, Vigilancia y Control establecidos en la Ley 1335 de 2009. - 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. <p>Smokefree environments: as part of strengthening of smokefree surveillance, at local level, we are in the process to include in the "Sistema de Integral de Información de la protección social (SISPRO)", the following indicators: i) Number of administrative sanctioning procedures initiated; ii) Number of administrative sanctioning procedures finalized with a penalty and/or sanction; iii) Total revenues by penalties. This process is not yet completed.</p>
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.
<input type="file"/>
C2212[filecount]. filecount - Please attach the relevant documentation.
0
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.

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.

Se cuenta con un Proyecto de Resolución para reglamentar este artículo de la Ley. Este proyecto aún se encuentra en revisión por parte del área jurídica del Ministerio de Salud. 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.

Exigencia de que se revele al público información relativa a:

El Estatuto del Consumidor (Ley 1480 de 2011), prevé dentro de sus disposiciones, lo siguiente:

"ARTÍCULO 31: Publicidad de productos nocivos. En la publicidad de productos que por su naturaleza o componentes sean nocivos para la salud, se advertirá claramente al público acerca de su nocividad y de la necesidad de consultar las condiciones o indicaciones para su uso correcto, así como las contraindicaciones del caso. El Gobierno podrá regular la publicidad de todos o algunos de los productos de que trata el presente artículo.

Sobre el particular, el Ministerio de Comercio, Industria y Turismo tiene previsto realizar eventualmente una reglamentación del citado artículo. Además, la Ley reconoce que dicha información "es secreto industrial y será tratada de forma confidencial y con absoluto secreto".

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. <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

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.

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]
No
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]
No
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?]
Yes
C264[7]. Do these educational and public awareness programmes cover: [adverse environmental consequences of tobacco consumption?]
Yes
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?
No
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 programas 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 la actualidad se está desarrollando un comercial dirigidos a mujeres en el marco de la estrategia Generación más. Esta campaña se lanzará en el marco de la celebración del Día Mundial Sin Tabaco 2014. 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.

De otro modo, desde el Ministerio de Educación Nacional, se viene implementando el Programa de Promoción de Estilos de Vida Saludables (PPEVS) desde el año 2009, que en su inicio se enfocó hacia la prevención de Sustancias Psicoactivas (SPA) y que posteriormente amplía su marco de acción hacia temáticas relacionadas con la alimentación saludable y balanceada, el fomento de la actividad física, uso del tiempo libre, manejo de las emociones y desarrollo de una sexualidad sana y responsable.

El programa ofrece a las entidades territoriales orientaciones conceptuales, pedagógicas y operativas para guiar a los establecimientos educativos en la construcción de proyectos pedagógicos para la promoción de los estilos de vida saludables. Con estos proyectos pedagógicos, se pretende generar competencias ciudadanas para que los y las estudiantes puedan construir un bienestar propio y colectivo, cuidando la salud y el entorno para que puedan desarrollarse plenamente como ciudadanos y ciudadanas respetuosos/as de lo público dentro de su contexto de vida cotidiana.

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>

Junto con el Ministerio de Salud y Protección Social y el Ministerio de Justicia y del Derecho, en el mes de enero de 2016 se empieza el proceso de organización del Estudio Nacional de Consumo de Sustancias Psicoactivas en Población Escolar-Colombia – 2016, que permitirá tener una comprensión más cercana del fenómeno y analizar el comportamiento en el tiempo de la situación de consumo de sustancias psicoactivas en las instituciones educativas de Colombia.

También, junto con la Policía Nacional se viene trabajando en la construcción de un Convenio Marco 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". Dicho convenio tendrá una vigencia del 2016 hasta el 2018.

Como parte de las acciones que se proyectan en el Convenio Marco entre la Policía Nacional y el Ministerio de Educación, se encuentra la de revisar, ajustar y articular las estrategias de comunicación y movilización social de los Programas de Educación para la Resistencia al Uso y Abuso de las Drogas y la Violencia, conforme a los presupuestos epistemológicos, pedagógicos, metodológicos y operativos de los programas transversales/competencias ciudadanas en el marco de la Estrategia de Formación para la Ciudadanía.

Ya que este programa de la Policía Nacional tiene cobertura nacional, el Ministerio de Educación Nacional con el apoyo técnico del Ministerio de Salud y Protección Social, el Ministerio de Justicia y del Derecho, la Embajada de Estados Unidos y otras entidades no gubernamentales, participarán en la revisión y ajuste de las estrategias de comunicación y movilización social existentes para la prevención del consumo de tabaco y otras sustancias psicoactivas.

Derivado del mandato relacionado con que los menores de edad deberán recibir los conocimientos y asistencia institucional educativa bajo los principios de salud pública sobre los efectos nocivos del tabaquismo, la incidencia de enfermedades, la discapacidad prematura y la mortalidad debidas al consumo de tabaco y a la exposición del humo de tabaco, tanto de los fumadores activos como pasivos; el Ministerio de Educación fijará en los programas de educación preescolar, primaria, secundaria, media vocacional, universitaria, de educación no formal, educación para docentes y demás programas educativos, los planes curriculares y actividades educativas para la prevención y control del tabaquismo.

Particularmente, el Ministerio de Educación Nacional (MEN), viene implementando el Programa para la Promoción de Estilos de Vida Saludables (PPEVS) desde el año 2009, que en su inicio se enfocó hacia la prevención del consumo de sustancias psicoactivas (SPA) y que, posteriormente, amplió su marco de acción hacia temáticas relacionadas con la alimentación saludable y balanceada, el fomento de la actividad física, uso del tiempo libre y el manejo de las emociones.

El PPEVS contempla como uno de sus componentes la formación de docentes y directivos docentes con el objetivo de diseñar o rediseñar los proyectos pedagógicos, para transformar las prácticas pedagógicas y fomentar el desarrollo de habilidades y destrezas de los estudiantes para que tomen decisiones responsables, informadas, assertivas y autónomas sobre su salud y les permita optar por un estilo de vida saludable.

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?]
No
C2710[2]. restricting tobacco advertising, promotion and sponsorship on: [television?]
No
C2710[3]. restricting tobacco advertising, promotion and sponsorship on: [print media?]
No

C2710[4]. restricting tobacco advertising, promotion and sponsorship on: [the domestic Internet?]
No
C2710[5]. restricting tobacco advertising, promotion and sponsorship on: [the global Internet?]
No
C2710[6]. restricting tobacco advertising, promotion and sponsorship on: [other media (please specify below)?]
No
C2710[other]. restricting tobacco advertising, promotion and sponsorship on: [Other]
C2711[1]. restricting tobacco sponsorship of: [international events and activities?]
No
C2711[2]. restricting tobacco sponsorship of: [participants therein?]
No
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.
<p>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.</p> <p>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).</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>A la fecha se han venido adelantado investigaciones respecto de la prohibición total de cualquier tipo de publicidad, promoción y patrocinio, como la publicidad en internet.</p> <p>with the total ban on tobacco advertising, promotion and sponsorship, constantly, the Ministry of Health apply this measure in the comprehensive evaluation of the packaging and labeling of tobacco products. The surveillance and control of the other issues related to this measure, are in charge of Superintendencia de industria y comercio.</p>

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 13, 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?

No

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?]

No

C282[3]. programmes to promote cessation of tobacco use, including: [programmes specially designed for women?]

No

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)?]

No

C282[other]. programmes to promote cessation of tobacco use, including: [Other]

C283[1]. design and implementation of programmes aimed at promoting the cessation of tobacco use, in such locations as: [educational institutions?]

No

C283[2]. design and implementation of programmes aimed at promoting the cessation of tobacco use, in such locations as: [health-care facilities?]

No

C283[3]. design and implementation of programmes aimed at promoting the cessation of tobacco use, in such locations as: [workplaces?]

No

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?
No
C286[1]. Which structures in your health-care system provide programmes for the diagnosis and treatment of tobacco dependence? [primary health care]
No
C286[2]. Which structures in your health-care system provide programmes for the diagnosis and treatment of tobacco dependence? [secondary and tertiary health care]
No
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)]
No
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]
C287[1]. Are the services provided in these settings covered by public funding or reimbursement schemes? [primary health care]
C287[2]. Are the services provided in these settings covered by public funding or reimbursement schemes? [secondary and tertiary health care]
C287[3]. Are the services provided in these settings covered by public funding or reimbursement schemes? [specialist health-care systems (please specify below)]
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]

C287[5]. Are the services provided in these settings covered by public funding or reimbursement schemes? [rehabilitation centres]
C287[6]. Are the services provided in these settings covered by public funding or reimbursement schemes? [other (please specify below)]
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]
No
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)]
No
C288[6]. Which health and other professionals are involved in programmes offering treatment for tobacco dependence and counselling services? Health professionals including: [nurses]
No
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)]
No
C288[other]. Which health and other professionals are involved in programmes offering treatment for tobacco dependence and counselling services? Health professionals including: [Other]
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]
C2810. facilitating accessibility and/or affordability of pharmaceutical products for the treatment of tobacco dependence?
N/A
C2811. Where and how can these products be legally purchased in your country?
C2812[1]. Which pharmaceutical products are legally available for the treatment of tobacco dependence in your jurisdiction? [nicotine replacement therapy]
No
C2812[2]. Which pharmaceutical products are legally available for the treatment of tobacco dependence in your jurisdiction? [bupropion]
No
C2812[3]. Which pharmaceutical products are legally available for the treatment of tobacco dependence in your jurisdiction? [varenicline]
No
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]
C2813[2]. Are the costs of these products covered by public funding or reimbursement? [bupropion]
C2813[3]. Are the costs of these products covered by public funding or reimbursement? [varenicline]
C2813[4]. Are the costs of these products covered by public funding or reimbursement? [other (please specify below)]
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.
<p>Tanto en el Plan Decenal de Salud Pública, como en el Plan Decenal de Cáncer se establecieron metas para cesación:</p> <ul style="list-style-type: none"> - Plan Decenal de Salud Pública: dentro del componente de condiciones crónicas prevalentes, se estableció como meta “Incrementar programas y/o clínicas de cesación de tabaco en el 80% de los departamentos”. - Plan Decenal de Cáncer: en la Línea estratégica 1 (Control del riesgo-Prevención primaria, entre las acciones a nivel político y normativo, está el desarrollar guías de práctica clínica para la cesación tabáquica, y gestionar la inclusión de programas de cesación en el Plan Obligatorio de Salud (POS). Entre las acciones en los servicios de salud se encuentran : a) Implementar la guía de práctica clínica para la cesación tabáquica ; b) Introducir programas de cesación de tabaco basados en evidencia científica ; c) Entrenar al personal de salud para la implementación de la consejería breve como herramienta para la identificación de riesgos y cesación del consumo de tabaco y sus derivados ; d) Capacitar al personal de salud en la normatividad vigente relacionada con el control del consumo de tabaco y sus derivados; e) 1.1.5. Desarrollar e implementar las estrategias educativas para los profesionales de los servicios de salud, como complemento a la comunicación masiva y a las intervenciones comunitarias en los temas de control del consumo y exposición al humo de tabaco y sus derivados; f) Implementar clínicas de cesación con cobertura nacional. <p>Se cuenta con la Guía de práctica clínica basada en la evidencia para la prevención, diagnóstico, tratamiento y seguimiento de la enfermedad pulmonar obstructiva crónica (EPOC) en población adulta, en el que se incluyen actividades relacionadas con la cesación de tabaco. Ver: http://gpc.minsalud.gov.co/guias/Documents/EPOC/GPC%20EPOC%20completa.pdf</p> <p>Por su parte, se ha diseñado y desarrollado un curso virtual en la Universidad de Antioquia, con el apoyo del Ministerio de Salud, sobre Estilos de Vida Saludable. En este curso se ha dispuesto un módulo sobre tabaquismo y control de tabaco. El curso está dirigido a profesionales de la salud, y tiene por objetivo fortalecer las capacidades del sistema de salud en cesación y prevención del consumo, particularmente de la población joven.</p> <p>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. (Disponible a mediados de Abril de 2016)</p> <p>Así mismo, en el marco de diversos convenios interadministrativos entre el Ministerio de Salud y el Instituto Nacional de Cancerología (INC), un grupo multidisciplinario integrado por la Subdirección de Investigaciones del Instituto Nacional de Cancerología, el Departamento de Medicina Preventiva y Social de la Pontificia Universidad Javeriana y clínicos representantes de algunas sociedades científicas e instituciones prestadoras de salud, avanzaron en la generación de recomendaciones basadas en la mejor evidencia disponible sobre las opciones terapéuticas en el ámbito clínico para apoyar la cesación del hábito de fumar en adultos. Ver: http://www.revistabiomedica.org/index.php/biomedica/article/view/651/2090 http://www.scielosp.org/pdf/rsap/v16n5/v16n5a12.pdf http://www.scielosp.org/pdf/spm/v55n2/v55n2a12.pdf</p> <p>En la actualidad se cuenta con un Convenio de Cooperación con la Representación en Colombia de la Organización Panamericana de la Salud (OPS/OMS), para elaborar los lineamientos técnicos para la cesación de tabaquismo, así como la propuesta para el diseño y validación de herramientas para la puesta en marcha del Programa Nacional de Clínicas de Cesación del tabaquismo.</p>
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.
<input type="file"/>
C2818[filecount]. filecount - Please attach the relevant documentation.
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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?	No
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?	Yes
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. Incremento de las aprehensiones de cigarrillo ilícito como resultado de las medidas de control ejercidas por las unidades aprehensoras en el territorio nacional.
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. 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. 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. Se sancionó el Decreto 602 de 2013, por el cual se reglamenta el Sistema Único Nacional de Information y Rastreo (SUNIR), establecido en e párrafo 40 del articulo 227 de la ley 140 de 2011

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.

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

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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?

No

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.
<p>En la Ley 1335 de 2009 se establecen, en el Capítulo I, disposiciones sobre la venta de productos de tabaco a menores de edad:</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Se debe garantizar que los productos de tabaco no sean accesibles desde los estantes al público sin ningún tipo de control.</p> <p>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.</p> <p>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.</p> <p>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. Las sanciones por el incumplimiento de estas disposiciones se incluyen en el artículo 29 de la Ley de control de tabaco.</p>
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.
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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?]
C331[3]. promoting economically viable and sustainable alternatives for: [tobacco individual sellers?]
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.
<p>La implementación está enmarcada en las directrices del Convenio, y Colombia, al igual que los demás países Parte del CMCT, se encuentra en el proceso de adelantar los proyectos e iniciativas que permitan tener la información pertinente del sector. Tales estudios y datos brindarán la información para construir un plan de trabajo mancomunado con otras instituciones y países, para implementar, en ese contexto, lo pertinente al Convenio Marco.</p> <p>El Gobierno, y en especial el Ministerio de Agricultura y Desarrollo Rural, ha dispuesto de diferentes instrumentos para el sector tales como el Fondo Nacional del Tabaco, el cual permite cofinanciar con recursos del nivel nacional, departamental y municipal, proyectos y programas enfocados al mejoramiento socioeconómico de los productores y trabajadores del sector (vivienda, saneamiento básico, construcción de drenajes y riego, infraestructura de secado del tabaco, modernización y diversificación del cultivo, manejo de recursos naturales y medio ambiente, seguros, etc.). Así mismo, se adelantan proyectos encaminados a apoyar los cultivos de rotación de tabaco con cultivos como maíz y frijol, que contribuyen al mejoramiento de los ingresos de los cultivadores de tabaco.</p>
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
These recommendations are been used to advocacy in agricultural and environmental sectors, but we still do not have important advances.
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.
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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?]
Not applicable
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?]
Not applicable
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. https://extranet.who.int/dataform/655321?token={TOKEN}&en
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.
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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?]
No
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?
No
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?]
No

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.

Una serie de actividades de investigación se han implementado en los últimos años en Colombia. Los principales proyectos, por temas, se resumen a continuación:

Estudios sobre la prevalencia del consumo de tabaco:

- Encuesta Mundial de Tabaquismo en Jóvenes aplicada en Bogotá, 2001.
- Encuesta Mundial de Tabaquismo en Jóvenes aplicada en 5 ciudades, en 2007.
- Primera fase Encuesta Mundial de Tabaquismo en Jóvenes y Encuesta Mundial de Salud Escolar, 2014-2015, en 13 entidades territoriales (Valle del Cauca, Bogotá, Putumayo, Quindío, Cartagena, Barranquilla, Soacha, Buenaventura, Cúcuta, San Andrés, Risaralda, Tolima y Villavicencio).
- Estudio de Consumo de Sustancias Psicoactivas en Población Escolar, 2004 y 2011
- Estudio Nacional de Consumo de Sustancias Psicoactivas en Población General, 2008 y 2013.

Intervenciones costo-eficaces:

- Ministerio de Salud-Universidad Javeriana. Resumen de política basado en evidencia, sobre intervenciones poblacionales para orientar las acciones para la prevención y el control de las ENT (incluye las intervenciones en control del tabaco)

Exposición al humo de tabaco:

- Estudio para estimar la calidad del aire y niveles de nicotina en varios lugares públicos de Bogotá (2009, como un esfuerzo conjunto entre la Universidad Sergio Arboleda, la Secretaría de Salud de Bogotá, con el apoyo de la Organización Panamericana de la Salud y la Escuela de Salud Pública de la Universidad Johns Hopkins).

Mortalidad y carga de enfermedad relacionada con el tabaco:

- 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)
- Instituto de Evaluación de Tecnologías en Salud (IETS). Carga de enfermedad atribuible al tabaquismo en Colombia.

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

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.

Aspectos económicos:

- Encuesta Nacional Agropecuaria (Ministerio de Agricultura y Desarrollo Rural, en colaboración con el Departamento Administrativo Nacional de Estadística (DANE), 2011).

- 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

Interferencia de la industria:

- 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.

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.
El Ministerio de Salud y Protección Social, a través de la Dirección de Epidemiología y Demografía, está liderando el proceso de estructuración del Sistema Nacional de Encuestas. En el marco de este proceso, se está implementando la Encuesta Nacional de Salud que incluyó, en su componente de Enfermedades No Transmisibles, las 20 preguntas clave de la Encuesta Mundial de Tabaquismo en Adultos. Así mismo, se espera continuar con la segunda fase de la implementación de la segunda fase de la Encuesta Mundial de Tabaquismo en Jóvenes y la Encuesta Mundial de Salud Escolar. De igual manera, y teniendo en cuenta que se incorporó el grupo de preguntas clave de la Encuesta Mundial de Tabaquismo en Adultos en la Encuesta Nacional de Salud, se espera que la aplicación de esta última.
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.

Con el Decreto 4107 de 2011, por el cual se determinan los objetivos y la estructura del Ministerio de Salud y Protección Social (MSPS) y se integra el Sector Administrativo de Salud y Protección Social, se crea la Dirección de Epidemiología y Demografía. Entre sus funciones se encuentran: a) Promover, orientar y dirigir la elaboración del estudio de la situación de la salud; b) Promover, orientar y dirigir la elaboración de los estudios de impacto, pronóstico y de seguimiento de la salud pública en los componentes epidemiológicos, demográfico y de servicios de salud; y c) Dirigir el desarrollo de las actividades a cargo del Ministerio en el sistema de vigilancia en salud pública en los componentes epidemiológicos, demográfico y de servicios de salud. En desarrollo de estas funciones, la Dirección de Epidemiología lidera 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. Se busca, de otro modo, que con este Sistema Nacional se articule de mejor manera el marco conceptual, los objetivos, los instrumentos y el alcance de los estudios, optimizando los recursos y mejorando la recopilación de la información en salud para el país (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 ha aplicado la primera fase de 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). Así mismo, y teniendo en cuenta la importancia que tiene para el país, se incorporó el grupo clave de preguntas de la Encuesta Mundial de Tabaquismo en Adultos (son 22 preguntas en total) en el Encuesta Nacional de Salud, la cual está por desarrollarse.

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

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 este contexto, los ASIS se definen como procesos analítico-sintéticos de diversa índole que permiten caracterizar, medir y explicar el perfil de salud-enfermedad de una población, incluyendo los daños y problemas de salud así como la influencia de los determinantes sociales que generan brechas de desigualdad en toda la población. Estos procesos analíticos facilitan la identificación de las necesidades y prioridades de la población en lo que respecta a su salud. Con esta identificación, los gobiernos pueden tomar decisiones apropiadas para la satisfacción de necesidades en salud de la población con un máximo de equidad, eficiencia y participación social.

Así las cosas, y 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.

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

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.

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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]
No
D7. Please identify the Party or Parties from which assistance was received or to which assistance was provided.
<p>Del 29 de octubre al 2 de noviembre del 2012 asistió al país una misión compuesta por delegados de la Secretaría del CMCT de la Organización Mundial de la Salud, la oficina de la OPS/OMS en el país, el Banco Mundial y el Programa de Naciones Unidas para el Desarrollo (PNUD), para realizar un ejercicio conjunto con el Gobierno Nacional sobre las necesidades del país en la aplicación del CMCT. El proceso de evaluación incluyó la participación de los ministerios de Salud, Agricultura, Hacienda, Comercio, Relaciones Exteriores, Cultura, y de otras entidades como la DIAN, el Instituto Nacional de Cancerología, y la Superintendencia de Industria y Comercio. La misión se reunió, además, con algunos Honorables congresistas conocedores del tema como Simón Gaviria, Jorge Eduardo Ballesteros y Rafael Romero.</p> <p>El proceso de evaluación incluyó un análisis inicial de la situación del país en relación al Convenio, los desafíos y las posibles necesidades derivadas del informe de implementación más reciente del país y otras fuentes de información.</p> <p>Posterior a la visita, se elaboró un informe final con las recomendaciones para mejorar la implementación del CMCT en el país. Estas recomendaciones se socializaron con todos los stakeholders en una reunión intersectorial el día 2 de septiembre de 2013. Allí se acordaron algunas de las principales acciones para articular los esfuerzos del gobierno nacional por aplicar efectivamente el Convenio. De hecho, se concluyó que era fundamental contar con un plan de acción intersectorial para la implementación del CMCT. En la actualidad, se espera avanzar más contundentemente en la construcción de este plan de acción.</p> <p>Vale destacar, de otro modo, que la Secretaría del CMCT facilitó los recursos para que la Dra. Claudia Cedillo, de la World Lung Foundation, asesorara al Ministerio de Salud en el desarrollo de estrategias de información, educación y comunicación más efectivas.</p> <p>También se cuenta con un proyecto de cooperación internacional con Uruguay para fortalecer las medidas relacionadas con las advertencias sanitarias.</p>
D8. Please provide information about any assistance provided or received in the space below.
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.
<p>Se espera 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.</p> <p>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.</p> <p>De igual forma, se espera fortalecer 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.</p> <p>Finalmente, se espera desarrollar las alianzas necesarias para el fortalecimiento de las capacidades del Ministerio frente a los desarrollos jurídicos en control de tabaco.</p>
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?
No

D11. Please provide details in the space below.

E. PRIORITIES AND COMMENTS

E1. What are the priorities for implementation of the WHO Framework Convention on Tobacco Control in your jurisdiction?

- 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.
- 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.
- Monitoreo de la interferencia de la industria tabacalera.
- Defensa jurídica.
- 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.

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.

- Equipo técnico reducido para atender las ingentes demandas y actividades en el marco de la política de control de tabaco.

E4. What, if any, are the constraints or barriers, other than lack of resources, you have encountered in implementing the Convention?

- 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.
- 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.
- 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.
- Limitada articulación intersectorial entre los entes responsables de dar cumplimiento a la norma.

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]

No

E6[2]. Have you adopted and implemented any policy or regulation that is specific to the following tobacco products? [water pipe tobacco]

No

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.

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:
