

## 3

# Government Leadership in Tobacco Control: Brazil's Experience

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A broad national network of dedicated activists helped achieve Brazil's success in tobacco control. Thousands of committed individuals have worked together and have enlisted the support of politicians, religious leaders, and the media to increase public awareness of the hazards of tobacco use and limit the influence of the tobacco industry. Their voluntary and professional efforts have made Brazil a world leader in tobacco control.

This case study describes the creation and consolidation of Brazil's National Tobacco Control Program (NTCP) at the National Cancer Institute (INCA). It emphasizes the strategic decisions that led to new laws, higher taxes, and educational programs.

## **The Scope of the Tobacco Problem in Brazil**

Tobacco consumption in Brazil—as in other countries in Latin America—grew throughout the 1970s and 1980s, fueled by a significant increase in the proportion of females smoking (PAHO 1992; USDHHS 1992). By 1989, 30 percent of the population over the age of 15 smoked. Of Brazil's 30.6 million smokers, 18 million (59 percent) were male and 12.6 million (41 percent) were female (Ministry of Health and IBGE 1989).

In 1989, 2.742 million Brazilian children and adolescents age 5–19 smoked. Of these, 369,767 were between the ages of 10 and 14, and 2,341,151 were age 15–19. Among children younger than 10 years old, there were 30,531 smokers, 98 percent of them in rural areas (Ministry of Health and IBGE 1989). Surveys in 10 Brazilian state capital cities in 1987, 1989, 1993, and 1997 showed an increase in the percentage of school attenders age 10–18 using tobacco for the first time (Galduróz, Noto, and Carlini 1997: 130).

The same studies showed that first use of tobacco among girls increased between 1987 and 1997. By the 1997 survey, in 3 of the 10 state capitals studied—Porto Alegre, Rio de Janeiro, and São Paulo—first-use

numbers for the 10–18 age group were higher for girls than for boys. In Curitiba, Salvador, and Recife there was no statistically significant difference between boys and girls in age of first use. The study concluded that the percentages of male and female smokers would soon be equal.

The data on young Brazilian smokers, in particular, raised the alarm. Studies have shown that 50 percent of those who try cigarettes for the first time as adolescents become adult smokers (Henningfield, Cohen, and Slade 1991; USDHHS 1994; WHO 1998). The data highlighted the urgent need for measures to reduce the number of young people who experiment with smoking.

### *Health and Environmental Effects of Tobacco Use and Production*

An estimated 80,000 people die every year in Brazil from the effects of tobacco use (Silva and others 1998b: 71). Cardiovascular diseases are by far the biggest cause of death, accounting for 27.5 percent of all deaths, and cancers are in fourth place; both are strongly related to tobacco use (Ministry of Health 1999a; Duchiate 1995).

Added to the gloomy health data for smoking is the impact of tobacco production on people and the environment. Tobacco crops are grown with intensive use of chemicals: soil sterilizers, fertilizers, and pesticides that can all be highly toxic (Perez 1990). This means that both people and the environment—soil, water, air, and animals—have been systematically contaminated by chemicals for years. Brazil also suffers other negative effects of growing tobacco. The use of wood to feed 116,000 ovens to cure tobacco leaves has contributed to the loss of native forests in southern Brazil, which are now only 2 percent of their original extent (Quesada and others 1989; Lopes and others 1992).

### *Brazil's Tobacco Economy*

Brazil is the biggest tobacco exporter and the third largest tobacco producer in the world. In 2000 it produced 595,000 metric tons of tobacco leaves and exported 341,000 tons, which brought in US\$961.2 million in revenues (MDIC/SECEX 2001). The size of the tobacco industry in Brazil can also be measured by the 165,000 families (about 700,000 people) who make their living from growing tobacco and the 1.3 million more whose income indirectly derives from the tobacco industry (ABIFUMO 2000). Taking measures that could affect this economy requires considerable care.

Changing the tobacco economy may not be as difficult as it seems, however, because the Brazilian economy does not depend on tobacco production. Only 2.6 percent of all export earnings comes from tobacco. (By contrast, in Zimbabwe the percentage is 23 percent and in Malawi,

61 percent—World Bank 1999: 122.) Of course every job is important, but tobacco farmers represent only 0.44 of 1 percent of all full-time jobs in Brazil, and even if indirect employment is added, the tobacco industry's contribution to employment is small. Furthermore, if people stop smoking, they spend the money on other goods and services instead, and this generates new jobs across the economy.

As a tobacco exporter, Brazil must prepare for global changes in consumption. Tobacco controls are growing stronger around the world, and the industry is shifting its sources of supply. This could well lead to a drop in demand for Brazil's tobacco, and supply must adjust. The sooner that a tobacco-exporting economy such as Brazil begins to redirect investments away from tobacco, the quicker and better it will be able to adjust to future global consumption and trade patterns.

Given the environmental damage and health risks from tobacco, 41 percent of tobacco producers surveyed in southern Brazil said they would switch from tobacco to another crop if certain economic conditions existed, including the availability of good credit and a guarantee of a market for the new crop (Etges 1989). The results of this survey were reinforced at a meeting in 2001 of farmers, government officials, workers, and institutions interested in the fate of the tobacco economy. Farmers emphasized that they would need financial help to switch to alternative crops (Ministry of Health and others 2001).

### *Government Support for Tobacco*

Farmers are only one part of the tobacco economy. Firms involved in manufacturing and selling tobacco products make up another powerful group. Vigorous lobbying by this industry has produced a level of government support out of proportion to the commodity's economic importance. Data show that since 1997, 22 percent of all resources from the National Program for Family-Run Agricultural Businesses (PRONAF) has been used for tobacco crops, particularly in the south, where 93 percent of tobacco production is concentrated (BACEN 1999; Ministry of Health 2000a). Aiming to reduce this percentage, the Brazilian Central Bank has forbidden the use of PRONAF funds to finance tobacco production in partnership with or through "integration" with the tobacco industry (Resolution 002833, April 25, 2001). Individual tobacco growers are still eligible for these funds, but they lose their eligibility if the tobacco industry acts as an intermediary for them or if they have any direct association with tobacco companies.

### **The Beginnings of Tobacco Control in Brazil**

As long ago as the early 1970s, some Brazilians were worried about the harmful effects of tobacco. But actions to control its use were limited by

pressure from the industry and by lack of knowledge among health professionals, politicians, and the general public.

The first attempts at tobacco control took place in several different areas: Bahia, Paraná, Espírito Santo, Rio Grande do Sul, São Paulo, and Rio de Janeiro. The main players, and the driving force behind these attempts, were health professionals—mostly physicians—motivated by information from international publications. Some of the original tobacco control advocates are still active. Dr. J. Rosemberg of Sorocaba Medical School deserves special mention because of his inspiring example. At the age of 93, he is the president of the Coordinating Committee for Tobacco Control in Brazil (CCCTB) and is still speaking up about tobacco.

In 1977 the National Cancer Association drew up an action plan to control tobacco use. The following year, as a spinoff of the plan, the association organized Anti-Tobacco Use Week and launched Rosemberg's book *Tobacco Use: A Public Health Issue*. Two years later, acting on a proposal by the Brazilian Cancer Society, the Brazilian Medical Association organized local committees to give talks to physicians about the effects of tobacco use. They also pressed to have the subject added to the curricula of medical and paramedical schools and placed on the agenda of medical congresses around the country.

In 1979 the First Symposium on Tuberculosis took place in Salvador, Bahia state. The resulting "Salvador Letter" contained information and warnings about the harmful health effects of tobacco use (Rosemberg 1987). The letter also provided the first estimate of mortality related to tobacco use in Brazil: 100,000 per year. (Later, this figure was revised downward.) The letter recommended a two-pronged preventive approach to controlling tobacco use through education and legislation. In April 1980 the First Brazilian Conference against Tobacco Use was held in Vitória, Espírito Santo state, and produced a similar document, the "Vitória Letter" (Rosemberg 1987).

Growing awareness of the dangers of tobacco use increased public support for tobacco control activities. Politicians in some states recognized the strength of this support and added tobacco control to their political agendas. The state of Paraná, for example, organized the first Strike Against Tobacco Use and established the statewide Day Against Tobacco (Law 7,419, 1980). During the strike, students collected tolls from passing motorists to raise funds for the campaign, educational handouts were distributed, and non-profit organizations provided funding to support the effort.

In the early 1980s countries in the region created the Latin American Coordinating Committee for Tobacco Control (CLACCTA) through an initiative of the U.S. Centers for Disease Control and Prevention (CDC) and the American Cancer Society. CLACCTA's first president was the late Dr. Mario Rigatto, a very active professional from Rio Grande do Sul and one of the pioneers in Brazilian tobacco control.

Brazilian tobacco control efforts evolved slowly until 1985, when the federal government began participating in the process. Health Minister Waldir Arcoverde established a commission to write a national tobacco control action plan for the ministry. The commission worked quietly for more than six months, avoiding attention from the industry and its lobbyists. Brazil's first Action Plan for Tobacco Control was completed in 1986.

An important element in the plan was the involvement of the National Health Foundation (FUNASA) of the Ministry of Health. FUNASA's existing national network for tuberculosis control became the distribution system for information about the harmful health effects of tobacco, with pneumologists Germano Gherardt, José do Vale Feitosa, and Miguel Aiub Hijjar playing key roles.

In June 1986 Federal Law 7,488/86 created the National Day Against Tobacco (August 29) and reserved the week prior to the day for national events related to the issue. That law, although weak, was a great step forward in Brazilian tobacco control legislation.

### **Gaining Momentum: The National Tobacco Control Program**

Brazilian tobacco control efforts reached a turning point in 1987, when the National Tobacco Control Program (NTCP) was established. The head of the chronic degenerative disease unit in the Ministry of Health, Geniberto Paiva Campos, provided the needed support and political status to launch tobacco activities under the program through INCA, which designated Vera Luiza da Costa e Silva as its representative on the program. Between 1987 and 1989 the group in charge of the NTCP was limited to a few professionals who worked under INCA's coordination but were based in different departments of the Ministry of Health. NTCP's first strategic action was to identify health technicians in the state health secretariats to act as NTCP's state coordinators and to be responsible for delivering the program in their states.

Also in 1987, the Ministry of Health established the Advisory Board on Tobacco Use Control, and the first National Day Against Tobacco was celebrated. This was the first time that the Brazilian people were officially given information about the damage caused by tobacco and the importance of reducing its use.

#### *Business Joins In*

Businesses were involved early in tobacco control efforts. The law that created the National Day Against Tobacco appealed to businesses by instituting an honors certificate awarded by the Ministries of Health and

Labor to companies that attained certain standards such as workplace smoking bans, restricted smoking areas, and educational programs. The participation of business greatly benefited the program because the companies' actions provided examples for others to follow. In the first eight years only a few companies received certificates, but since 1996 the numbers have grown, and the system has become a success. The Central Bank (Banco do Brasil) deserves special recognition because of its participation in the plan right from the beginning.

Banco do Brasil has contributed enormously to the program. It has been a role model for other companies and institutions through its occupational health initiatives, including tobacco control, and its support for sports and "healthy" events such as swimming, jumping, running, dancing, and athletic competitions known as *Largue o Cigarro Correndo* (Running Away from Cigarettes). In the 1990s these competitions were taken to 600 cities where the bank's Workers' Athletic Association (AABB) had branches. This increased the NTCP's visibility around the country and spread information about the harmful health effects of tobacco to the general public.

Later, as a part of World No Tobacco Day, coordinated by the World Health Organization (WHO), the NTCP's coordinating body extended the honors certificate awards to individuals who supported the government's campaign against tobacco. People in the media, writers, actors, lawyers, teachers, and athletes have received certificates. The awards have attracted considerable public attention and wide media coverage—so much so that the president and the health minister are increasingly seen at these celebrations.

### *Support Grows*

Public campaigns against tobacco grew in importance as people's understanding of tobacco's harmful health effects increased. Between 1987 and 1989 a variety of activities boosted public awareness.

- In 1988 Ministry of Health Act 490 required cigarette packs to display the warning "The Ministry of Health advises: smoking causes damage to health."
- A survey showed that 70 percent of children questioned lived in a home where at least one person smoked (Silva 1987). This statistic was widely discussed in the media.
- Some 70,000 students from 16 states took part in the antitobacco Children's Slogan and Drawing Contest.
- Radio and TV campaigns on the effects of secondhand smoke were launched, with great impact on public opinion.

- A children's comic magazine, *Stop Smoking Around Me*, by a major Brazilian comic book artist and featuring a well-known female hero, was published.
- Four posters designed by another Brazilian comic book artist and targeted at different population groups were distributed around the country. Ten years later, one of these posters appeared on the cover of the international journal *Tobacco Control*, published by the British Medical Journal Publishing Group.

### *Efforts Stall and Then Resume*

Tobacco control efforts abruptly stalled in 1990 when the NTCP was taken from INCA and transferred to Brasília. This shift brought the program to a halt. At that time, the author became part of the INCA team, which continued its involvement in tobacco control at an institutional level. At the end of 1992 Health Minister Adib Jatene moved the NTCP back to INCA. The INCA team was delighted: the minister had the political will needed to carry on the program. Vera da Costa e Silva was once again in charge of the NTCP. In 1993 INCA restarted the program with a technical coordinating team that consisted of Vera da Costa e Silva, Tânia M. Cavalcante, Tereza P. Feitosa, and the author.

The team pushed hard to make up for lost time. It ran its first capacity-building workshop in 73 health units in Rio de Janeiro—a first step in taking the NTCP to local health units. In addition, an annual evaluation and planning meeting was held at which 14 of Brazil's 27 states were represented. Much work still needed to be done to cover all the states.

That same year, NTCP staff participated in the Annual Seminar on Alternative Crops organized by the Catholic Church. They debated with tobacco growers and agrotechnicians in southern Brazil, the heart of tobacco production in the country. As a result of that work, today 1,000 families grow alternative crops such as corn and beans instead of tobacco.

The NTCP was gaining ground, and demand for action was growing. Team members felt that they had to take advantage of the favorable political climate created by a succession of ministers who were at least not against tobacco control action, if not explicitly for it. Above all, they wanted to act while Marcos Moraes was director of INCA. He strongly supported public health initiatives and was interested in moving tobacco control forward.

The team recognized the need to consolidate the process of creating partnerships and attracting qualified people with varied professional backgrounds to the program. With this goal in mind, in 1994 INCA organized the First National Congress on Tobacco Use, with the support of FUNASA and the CCCTB. Over 400 people attended the meeting, including politi-

cians, Catholic Church leaders, lawyers, teachers, physicians, nurses, psychologists, and media professionals. During the congress, the WHO awarded INCA the Tobacco or Health Prize for its work on tobacco control.

As a result of the congress, a partnership among the main health professional associations began. Meetings were held in 1996 and 1999. In 2000, 21 associations met and produced the *Consensus on the Treatment of Tobacco Users*, which INCA published in 2001 and is distributing to health professionals across the country. The *Consensus* was the first document published in Brazil that provided a technical guide for health professionals who want to help smokers quit (Ministry of Health, INCA, and CONPREV 2001a).

Throughout the 1990s, tobacco control events became stronger and more frequent, with the yearly celebrations of World No Tobacco Day (May 31) and the National Day Against Tobacco (August 29). The National Day Against Tobacco, which promotes a link between sports, arts, and not smoking, has become more and more popular across the country. The NTCP team at INCA coordinates the central production of all publications and advertisements with the aim of improving communication through the use of a single message and image.

### *Restricting Tobacco Advertising and Promotion*

At the end of 1994 the NTCP team handed the health minister a daring initiative—a proposed bill banning all direct and indirect advertising and promotion of tobacco products. The bill would also require that packages of tobacco products display the Ministry of Health's six rotating health warnings.

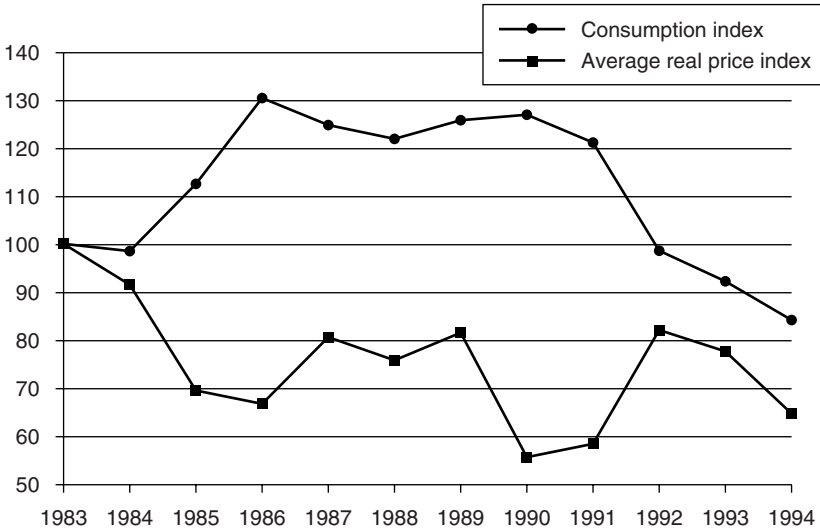
When the proposed bill arrived in Congress, an intense debate about its constitutionality erupted between the government on one side and the tobacco industry and its allies (advertising professionals and representatives of television and radio advertisers) on the other. The industry and its allies argued that the bill was a crime against freedom of information. The NTCP team welcomed the debate because it provided additional publicity about the harmful effects of tobacco use.

The outcome was weaker legislation (Law 477/1995) that merely restricted tobacco advertising to the hours between 9 p.m. and 6 a.m. and included less assertive warnings on cigarette packs. For example, the word "may" was added to the warning about heart attacks so that instead of stating "Tobacco causes heart attacks," it read "Tobacco may cause heart attacks."

Tobacco control measures in the 1990s were not as strong as advocates would have liked, but they seem to have had an impact on cigarette consumption. Decreases in real prices in 1990–91 and between 1992 and 1994

**Figure 3.1. Trends in Cigarette Consumption and Real Prices, Brazil, 1983–94**

Index (1983=100)



Source: Silva and others (1999).

should have led to an increase in consumption, as had happened between 1983 and 1986 (a period of extremely high inflation). Figure 3.1 shows that consumption fell in the late 1980s and early 1990s, suggesting that the usual effect of lower prices was counteracted by other factors such as health warnings on cigarette packs, limits on indoor smoking, and restrictions on tobacco advertising (Silva and others 1999).

### *Economic Measures Considered*

In 1995 the NTCP team decided that it was time to consider adding economic measures to existing tobacco control efforts. Published evidence from other countries indicated that an increase in prices would lead to a decrease in tobacco consumption. Health Minister Adib Jatene ordered an econometric study to evaluate the impact of a price change on consumption and supply in Brazil. The study provided the NTCP team and other tobacco control players with the information needed to coax the financial and economic sector to work with them.

In the meantime, worried about the contents of tobacco products sold in Brazil, the NTCP team sent five samples of the most popular cigarette

brands to Canada for content analysis. NTCP staff compared the results with limits for tar, nicotine, and other components set by countries where the contents of tobacco products were controlled. The Brazilian cigarettes exceeded most limits.

Both the econometric study and the content analysis proved valuable in 1999 when they were used to support the inclusion of tobacco in the list of substances regulated by the National Sanitary Vigilance Agency (ANVISA), the Brazilian counterpart of the U.S. Food and Drug Administration. Both studies and their results were summarized in *Brazilian Cigarettes: Analyses and Proposals to Reduce Consumption* (Silva and others 1999).

### *The States Become Involved*

The NTCP team knew that its activities had to be improved and expanded if the program were to succeed. These efforts depended, as usual, on political decisions; policymakers and decisionmakers had to be committed to the program. Accordingly, at the end of 1995 the NTCP team proposed that the health secretaries of all the Brazilian states be invited to the NTCP's annual evaluation and planning meeting. The meeting, chaired by Health Minister Jatene, was held during the national meeting of the State Health Secretaries Council. It included the first appraisal of NTCP management in the states and a presentation of the program's needs for resources for local action.

This was a historic moment: tobacco control finally became part of the health agenda in all the states. An agreement was reached in which financial resources were transferred from the central to the local governments. Those resources could be used only for a work plan developed and assessed annually by the states and INCA together and supervised by INCA.

### *Implementing Decentralization*

The increased involvement of the states reinforced the NTCP team's commitment to decentralization. To be successful, the program had to reach people across the country, but Brazil's huge area and large population created a challenge. The NTCP team took advantage of the existing network of the Ministry of Health Management System to develop a decentralized program for tobacco activities.

In 1996 NTCP team members gave management training courses to staff from all 27 state health secretariats and 300 municipal health secretariats. This helped develop a large, well-trained national workforce at the local level. That 300 municipalities were willing to allocate funds and to send their staff for training was an indication of the demand for the courses and of commitment across the country. The relatively large numbers of people

involved helped persuade policymakers and decisionmakers to allocate federal funds to build capacity for local NTCP staff and other agents. Since 1997, training courses have been held all over the country.

Two books have been written about the experience: *Basis for the Implementation of a Tobacco Control Program* (Goldfarb and others 1996) and *Practical Guidelines for the Implementation of a Tobacco Control Program* (Silva and others 1998a). The local health secretariats use these books to prepare courses and train staff. In addition, the WHO Tobacco Free Initiative, now coordinated by Vera L. da Costa e Silva, uses these texts and the methodology they describe for similar actions in other countries around the world.

### *INCA Becomes a WHO Collaborating Center*

Recognizing the need to encourage new people to take part in the NTCP, INCA supported the state of Ceará in northeastern Brazil when, in 1996, the state hosted the Second National Congress on Tobacco Use. This congress had twice as many participants as the first one, held in 1994, and it established the basis for a National System for the Evaluation and Surveillance of Tobacco Control. Since 1996, the congress has been held in different regions. Each congress produces a document, "Final Recommendations," that establishes the basis for further action on tobacco control in Brazil.

At the 1996 congress INCA's director, Marcos Moraes, announced an expansion of the responsibilities of NTCP staff. Within their ambit would be the National Coordination of Tobacco Control and Primary Cancer Prevention (CONTAPP), which included the NTCP and other prevention programs for cancer risk factors.

At the end of 1996 Brazil was designated a WHO Collaborating Center for the Tobacco or Health Program. With this move, INCA had achieved both national and international importance: it was now responsible for providing information on the WHO Tobacco or Health Program to Brazil and beyond—to Latin America, and to Portuguese- and Spanish-speaking countries all over the world.

The national coordination bulletin *Tobacco News* became a key tool for INCA in fulfilling this mandate. Published in Portuguese since 1992 and in English and in Spanish since 1994, *Tobacco News* was distributed to 100 institutions and individuals around the world and to 19 Latin American countries, in addition to 10,000 subscribers in Brazil. In 1996 its scope was widened to include other risk factors. It was also used to set out the guidelines for the Collaborating Center's activities. Another publication, *Data and Facts*, was created in 1999 to communicate news about tobacco issues in Brazil and around the world, and about the NTCP's actions during the negotiations for the WHO Framework Convention on Tobacco Control (FCTC).

In 1996 INCA began the first of a series of research projects to support its tobacco control efforts. The first research study evaluated a pilot project on educational interventions in four schools in Rio de Janeiro city. The pilot project was designed to provide experience and to test materials for the National School-Based Health Knowledge (Saber Saúde) Program. In 2000 an analysis of the project's research results was presented in a public health master's degree thesis, which demonstrated that the intervention significantly reduced tobacco experimentation among students (Goldfarb 2000).

### *More International Involvement*

From November 1996 on, 12 professionals were on the staff of CONTAPP (which included the NTCP). In addition to the four physicians who had worked there from the beginning and another physician, they included a lawyer, a teacher, a chemist, a psychologist, a nutritionist, a nurse, and an epidemiologist. Attracted by the dimensions of the NTCP and the availability of NTCP/INCA facilities and staff support, two major events took place in Rio de Janeiro in 1998: the annual meeting of CLACCTA and the Seminar for an Agenda on Tobacco Control Priority Research for Latin America and the Caribbean Islands.

The first event brought together representatives from 19 countries and from the CDC, the Pan American Health Organization (PAHO), the WHO, and the American Heart Association. CONTAPP staff took the opportunity to present Brazil's tobacco control activities and plans in detail. This led to discussions of the possibility of using the Brazilian experience to develop pilot studies in other countries throughout the region.

The second event, supported and chaired by Research for International Tobacco Control (RITC)—a secretariat of the International Development Research Centre (IDRC) in Canada—brought together researchers from a variety of institutions. As a result of their participation, many of these institutions adopted tobacco control as a priority action item (IDRC 1998).

### *Research Continues*

Research on tobacco-related topics continued on several fronts. In 1998 the "Study on the Impact of Tobacco Use on Death by Heart Attack among Women Aged between 35 and 59 Years in Rio de Janeiro" was the subject of a doctoral thesis in public health that showed a positive association between tobacco use and myocardial infarction among women in the studied population (Silva 1999).

To expand research efforts, the Ministry of Health, through INCA, began developing research links with universities. In 1998 a partnership with Johns Hopkins University in the United States was signed to carry out a study on smoking behavior, passive smoking, and the determining factors for nicotine levels in saliva in Rio de Janeiro. The study was completed at the end of 2002. Preliminary data show a drop in smoking prevalence in Rio among adults (age 15 years and older) from 30 percent in 1989 to 21 percent in 2002. The reduction is strongest among the 16–24 age group and is larger for men than for women. Of the smokers interviewed, 85 percent were aware that passive smoke causes harm; 53 percent supported a total smoking ban in restaurants; 70 percent supported a ban on all advertising; and 76 percent supported a ban on sports sponsorship by the tobacco industry.

With a view to stimulating research, the NTCP team began reserving part of its budget for studies within the states to evaluate local educational interventions in schools, health units, and workplaces. This initiative has had limited success so far because it has been difficult to find qualified professionals at the local level to conduct the evaluations.

In 1999 NTCP staff broadened the scope of research to investigate other health issues in addition to tobacco. Experts from different areas were invited to formulate questions for the National Household Survey on Risk Behavior and Related Morbidity from Noncommunicable Diseases, funded by the World Bank and by two institutions associated with the Brazilian Ministry of Health: FUNASA and the National Centre for Epidemiology. Data collection began in 2002, and preliminary data will be available in 2004.

Also in 1999, the NTCP tobacco control pilot project in workplaces was evaluated and described in a master's thesis in occupational health (Feitosa 1999). This study supported the findings of previous research showing a positive relationship between educational interventions and reduction in tobacco use. It formed the basis for the NTCP's workplace programs.

In 2000 another study evaluated the Tobacco-Free INCA Program, designed to make INCA's buildings tobacco free. This study, which also showed a positive relationship between educational interventions and reduction of tobacco use, formed the basis for NTCP programs in health service units (Ministry of Health 2000b).

Support for strengthening the program's outreach to health professionals came from a master's thesis in public health on physicians' attitudes toward tobacco use, tobacco users, and their efforts to stop smoking (Cavalcante 2001). Physicians' attitudes and preconceptions about tobacco use, its health effects, and its addictiveness were shown to affect their support for and use of training and related materials.

The commitment to research continues. Important surveys were carried out in 2002: the National Survey on Tobacco Use among students, sponsored by a partnership between the Brazilian states and INCA/Ministry of Health, and the CDC/PAHO/WHO Global Youth Tobacco Use Survey in 13 Brazilian municipalities (1 funded by PAHO and the WHO, 5 by INCA, and the rest by the Brazilian Health Ministry and by state health secretaries).

### *Political Will Brings Increased Support*

With the CLACCTA and IDRC events in Rio de Janeiro and the ongoing national activities, 1998 had been an intense year, but it still had a surprise in store. In December INCA's new director, Jacob Kliegerman, transferred early cancer detection to the NTCP team. Already in charge of programs for other cancer risk factors, this small team now had to balance its expanded responsibilities with those of the NTCP. Vera L. da Costa e Silva became the general coordinator of all prevention and detection programs, and the author took over coordination of risk factor prevention, in which the NTCP was involved.

The NTCP team members recognized that the time was right for greater action: they had physical facilities, were highly motivated, and continued to have the support of INCA's director. Above all, they had the health minister, José Serra, on their side. Serra was more than supportive: he became NTCP's leader and canvassed the president for his support as well.

### *Stronger Laws on Tobacco*

From 1998 on, the framework of laws controlling tobacco and tobacco use broadened as a result of Serra's efforts (Ministry of Health, INCA, and CONPREV 2001d, 2001e). The first was Ministry of Health Ruling 2,818 in 1998, which banned smoking in the ministry building. A crucial next step was the approval in January 1999 of Federal Law 9,782, which established the ANVISA. With the creation of this agency, Brazil became a world leader in regulating and controlling the production, content, and advertising of tobacco products.

Also in 1999, Ministry of Health Ruling 695 mandated new, more assertive warnings to be published on cigarette packages. Two phrases were particularly striking:

- "Nicotine is a drug and causes addiction"—which represented a major victory against the industry
- "Smoking causes sexual impotence"—which put Brazil, only the second country in the world to adopt this warning, in the forefront of anti-tobacco action.

Next, ANVISA Resolution 320/99, requiring annual registry of tobacco products and reporting by the industry, was proposed. Companies would be required to pay a fee for each brand they produced. The money would have been used for funding tobacco control initiatives such as the Laboratory for Tobacco Analysis and the Centre for Clinical Studies on Nicotine Addition in INCA. This resolution was later replaced by Resolution 105.

### *The National Commission on Tobacco Use*

In August 1999 Decree 3,136 created the National Commission on Tobacco Use (NCTU) to prepare Brazil for the coming world negotiations on the FCTC. The ministries represented on the commission are Inland Revenue, Health, Education, Development, Industry and Trade, Work Relations and Employment, Agriculture and Supply, Foreign Affairs, and Justice. Each minister nominates a representative. The president of the commission is the health minister, and the executive secretary is from INCA. By involving all these ministries—not only the Ministry of Health—the NCTU became a stronger program, with many ministries contributing to a common tobacco control effort, supported and implemented by states and municipalities across the nation.

Since its establishment, the NCTU has listened to many sectors of society, including tobacco proponents, to gather as much information as possible to support Brazilian actions at home and abroad. Its agenda includes important tobacco control issues within Brazil, such as a provisional measure to ban tobacco vending machines, which make it much easier for children and teenagers to buy cigarettes. One way that the tobacco industry tries to increase tobacco consumption is to make buying tobacco products as easy as possible.

The NCTU has held regular meetings to analyze its white paper for the FCTC that establishes the basis for the Brazilian position at meetings of the Intergovernmental Negotiating Body. It has also met with the Brazilian Tobacco Growers Association (AFUBRA), at that group's request, to discuss the growers' concerns about the FCTC (Ministry of Health INCA, and CONPREV 2001f).

In August 2000 the NCTU held the first public hearing on the FCTC. The hearing was designed both to inform the public and to receive input about Brazil's participation in the FCTC. Over 15 days, 30 institutions and interested individuals, including representatives from tobacco-related business, presented their interventions in favor of or against the FCTC/WHO document.

### **Swift Action and Strong Support: A Legislative Victory**

Studies carried out abroad have confirmed the effectiveness of a comprehensive ban on tobacco product advertising in reducing tobacco con-

sumption, especially among young people (Saffer 2000). In 2000 Brazilian society was ready to take this step, and the Ministry of Health decided to present an antitobacco bill to the Congress. The NTCP team knew that dealing with the tobacco industry would be a tough task. The industry had reacted fiercely whenever faced with restrictive legislation in other countries. Experiences such as the rejection by the U.S. Congress of proposed changes to legislation in 1988 suggested that rapid action would be the best way to get changes through.

Information on the new tobacco control strategy had to be provided quickly to key individuals and to the Brazilian people. The NTCP team focused on preparing to neutralize industry's attempts to interfere with the planned legislation. In May 2000 the health minister sent to Congress Bill 3,156, which would limit the advertising of tobacco products to the point of sale only. The action had begun.

### *Canvassing Public Support*

To gain public support for the new bill, the Ministry of Health released the television movie *Traficante (Trafficker)*, together with outdoor display advertisements and advertisements in the main Brazilian magazines. The campaign had enormous public impact. The movie showed the correlation between nicotine consumption and use of other drugs, and the similarity between drug dealers and the tobacco industry. At the same time, the ministry sponsored the exhibition *Seeing through the Smoke*, designed to attract public attention to the tobacco issue, promote discussion, and inform people, especially teenagers. The exhibition included publicity films, sculptures, videos, photos, and interactive installations in São Paulo, Brasília, and Rio de Janeiro.

Soon afterward, the Ministry of Health released the movie *Jornalista (Journalist)*, in which a real person, a journalist, talked about his legs being amputated because of thrombosis caused by his dependence on tobacco.

The ministry's bold actions stirred enormous public interest. The press followed the issue closely and interviewed NTCP staff, INCA's director, and the health minister many times in the months before Congress voted on the bill.

To assess the campaign's impact, people in 100 municipalities were surveyed about the movie *Traficante*; 97 percent approved of it. In a national sample, 73 percent said they knew of the government's campaign against smoking, and 94 percent approved of the comparison between tobacco and drugs. For the movie *Jornalista*, public recall was almost 90 percent, one of the highest ever for a government prevention campaign (Ministry of Health and ASCOM 2000).

The industry reacted noisily, saying that it was surprised both by the government's action and by the content of the bill and that the law was too radical. It looked to advertising agencies and the public for support,

and it lobbied members of Congress to include alcohol in the law. Health Minister Serra responded quickly by saying that those who wanted alcohol included in the law should be considered tobacco industry lobbyists. That was enough to defuse any attempt by members of Congress to support the countercampaign.

### *The Importance of Partnerships*

The government now moved to enlist broad support by developing a contact network of 3,000 institutions. Information was sent out through the Internet, and handouts (similar to those produced by the European Union) were distributed that spelled out why tobacco advertising and sponsorship should be prohibited. INCA's Internet site included a discussion space that received about 250 comments and queries every month. E-mail addresses for members of Congress were publicized, and citizens sent them thousands of messages.

An interesting partnership was set up with the nongovernmental organization (NGO) Rede de Desenvolvimento Humano (REDEH), a collection of 5,000 pro-woman and citizen organizations. About 350 community radio stations belonging to CEMINA, a member of REDEH, aired spots warning about health damage from tobacco use and giving information on the proposed law.

The Brazilian Societies of Cardiology and Pediatrics, the Federal Medical Council, the Federal Council of Dentists, the Federal Nutrition Council, and the Brazilian Medical Academy all showed their support for the law by making public statements on its urgency and importance. Many international institutions also supported the law because of Brazil's position as a major tobacco producer and exporter and because of its potential to serve as an example to other countries.

### *Industry Action*

Meanwhile, the tobacco industry and advertising agencies stepped up their actions. Tobacco proponents said they were puzzled by the "sensationalistic and radical way" the government was dealing with the matter. They claimed that Brazil's constitution guaranteed freedom of commercial expression for the tobacco industry.

The industry sent letters to 1,400 radio stations and 200 television stations condemning the ban on tobacco advertising and claiming that "to forbid [advertising] is to deny freedom of expression, the right to information, and consumer's freedom of choice." They recommended that the media spread a message emphasizing freedom of creation and expression—the "oxygen of publicity."

The media generally tried to present both sides of the discussion. But not everyone in the media had the same clear understanding of what was at stake. One newspaper published a message favoring tobacco and stating that "the president of Souza Cruz [Brazil's major cigarette producer and the Brazilian arm of British American Tobacco] defends the freedom of the market and maintains that the government ought not to interfere in people's lives or force them to be happy, healthy, or good."

In response, the NTCP/INCA distributed to the media a statement saying, "There is no freedom without responsibility. Freedom to advertise cigarettes may be restricted constitutionally for health reasons, particularly because it concerns a product that kills half its consumers and uses misleading advertising messages."

To widen the focus, two public debates were organized before the Commission of Constitution and Justice and the Commission of Social Affairs in the Brazilian Senate. The debates between lobbyists on both sides revolved mainly around freedom of expression, but the economy was also a key element. AFUBRA made a brief presentation and asked questions.

As the controversy boiled, the industry promoted a new strategy to bypass the existing law that prohibited smoking indoors: "smokers' lounges," with comfortable armchairs and complex air conditioning systems that were supposed to extract smoke and clean the air. (Considerable evidence shows that these air conditioning systems are not effective in protecting health; see Tobacco Free Kids 2001.) The promotion of smokers' lounges used images that associated smoking with a comfortable lifestyle.

On December 13, 2000, the tobacco control bill passed the Senate and the Chamber of Deputies, and on December 27 President Fernando Henrique Cardoso signed Law 10,167. Tobacco advertising now could appear only inside sales points. The industry reacted by trying to increase sales to compensate for those lost as a result of the new law. A new marketing strategy focused publicity at sales points, the only places it was still allowed. The industry increased the number of sales points and redesigned some of them as "tobacco shops," a new concept featuring attractive layouts and displays of antique and modern tobacco-related devices that appeal to art appreciation and curiosity. Sometimes a pipe maker demonstrates her craft. (Most pipe makers are women.)

### *The National Commission Deals with Rumors*

The passage of Law 10,167 was a victory for tobacco control advocates, but it did not mean the battle was won. Skirmishes continued regarding many points. A crucial moment for the NCTU came in March 2001 during one of its routine meetings in southern Brazil. NCTU members

planned to use the occasion to meet with 230 local people, including farmers, university teachers, agricultural technicians, tobacco industry workers, and members of syndicates, trade unions, and religious congregations, to discuss issues raised by the FCTC, particularly those related to alternative crops.

At first, the meeting did not go as planned, as rumors circulated that the government was going to ban tobacco growing. The International Tobacco Growers Association released a letter that presented an inaccurate analysis of the FCTC's intentions, causing great anxiety among workers in the region. At the time, the author was executive secretary of the NCTU, and she produced a series of papers to explain the government's position. The media became involved, and the event had greater repercussions than expected, but the message got through: Brazil was planning for a future of lower tobacco demand. Tobacco control measures around the world, following FCTC recommendations and actions, would cause demand for tobacco products to drop, and supply would be affected. Because Brazil is a major producer and exporter of tobacco, it had to anticipate this process so that adjustments could be as smooth as possible. The government was seeking ways of gradually substituting other crops for tobacco.

These arguments neutralized the rumors, and the farmers became less wary of the government representatives. They finally joined the discussion on what kind of help they needed and whether direct technical, financial, or operational support should be provided. The NCTU suggested that farmers, industry, and the government work together to answer these questions. The commission had turned its detractors' attacks to its advantage (Ministry of Health and others 2001).

### **More Tobacco Control Legislation**

On March 28, 2001, ANVISA published Resolution 46. Among other provisions, the resolution sets maximum levels of tar, nicotine, and carbon monoxide allowed in cigarette smoke released by tobacco products sold in Brazil, which would bring them into line with European Union limits (table 3.1).

Resolution 46 also requires that every cigarette package carry information on the levels of these substances and the warning, "There are no safe levels for the consumption of these substances." The resolution was the first in the world to forbid the inclusion of any descriptive words or phrases such as "light," "ultra light," "low levels," "mild," "soft," "moderate levels," "high levels," or any others that might mislead consumers about the concentration of the listed substances. Through heavy lobbying, the industry succeeded in postponing the application of the law from 2001 to January 2002. At the time, the reason the delay was requested was

**Table 3.1. Maximum Levels for Three Harmful Cigarette Smoke Ingredients, Brazil and the European Union (milligrams per cigarette)**

|                       | <i>Tar</i> | <i>Nicotine</i> | <i>Carbon monoxide</i> |
|-----------------------|------------|-----------------|------------------------|
| <i>Brazil</i>         |            |                 |                        |
| January 2002          | 12         | 1               | 12                     |
| September 2002        | 10         | 1               | 10                     |
| <i>European Union</i> |            |                 |                        |
| September 2000        | 10         | 1               | 10                     |

*Source:* European Union, 2002.

unclear, but eventually it became obvious that the companies wanted the delay so they could launch new marketing campaigns using new package designs, colors, and layouts that would be associated with “light” cigarettes. After the prohibition came into effect, they could use these designs and colors to convey the idea without using the actual word “light.”

On World No Tobacco Day, May 31, 2001, Health Minister Serra sent Congress another regulation toughening the legislation against tobacco advertising. Provisional measure 2,134/30 was signed and became effective in January 2002. Following Canada’s example, the measure requires that the warnings on cigarette packages and advertisements be accompanied by a picture showing graphically what they mean.

At the end of that highly productive year, Resolution 105 was published. It required that all tobacco companies—manufacturers, importers, and exporters—be registered and submit annual reports to ANVISA on their tobacco products, the products’ compositions, and sales and production levels.

### **Education: The Basis of the NTCP**

The history of Brazil’s tobacco control efforts shows how a steady buildup of commitment and action can lead to success. Together, education and legislation form the foundation of this achievement.

#### *The “Cascade” System for Training*

Early on in the struggle, NTCP team members recognized that they alone could not provide all the training needed to keep the program moving forward. The team therefore developed a cascade system to multiply its training efforts. The federal team (that is, the NTCP team) trains the staffs

of state health and education secretariats, who then train staff from municipal health and education secretariats. They, in turn, train professional workers at workplaces—schools, health units, and so on—and these professionals use their training to reach out to the general public.

The NTCP training prepares local state and municipal agents for action at four activity levels. This staged set of actions, combined with the cascade training scheme, guarantees a network of capable people in the health and education systems. They work together within a framework that supports all the activities needed to advance tobacco control. The four levels are as follows:

*Level 1*

- Deciding on the local political, physical, and administrative structures for tobacco control initiatives
- Planning and evaluating local programs and activities
- Conducting public and media relations and keeping the tobacco control theme on the media agenda
- Giving general information talks on tobacco and the implications of its use and production
- Coordinating tobacco control activities at the local level
- Learning epidemiology basics

*Level 2*

- Within the local partnership of health and education secretariats, developing and coordinating continuous educational actions throughout the year across three community channels—schools, health units, and workplaces—with agents from the Family Health Program and the Community Agents for Health Program

*Level 3*

- In partnership with those responsible for epidemiology, carrying out surveys and research projects and implementing local initiatives of the National System of Evaluation and Surveillance on Tobacco

*Level 4*

- Encouraging the development of, proposing, and lobbying for adequate legislation and economic measures
- Providing techniques and support materials for the treatment of nicotine addiction

By 2002, teams in 26 states and the Federal District (Brasília) had been trained and were training others within levels 1 and 2. The work is being carried out in 3,150 cities—almost 60 percent of all cities in the country—

by 12,239 trained professionals (Ministry of Health, INCA, and CONPREV 2001b). Training for level 3 began in 2000 in all states and in Brasilia.

Level 4 training began in 2001 within the Help Your Patient Stop Smoking Program in five regions of the country. NTCP staff set priorities among routine counseling, group, and individual sessions according to the *Consensus on Treatment of Tobacco Users* (Ministry of Health, INCA, and CONPREV 2001a). To provide better support for these actions, the Tobacco Studies Laboratory Division at INCA's Centre for Clinical Studies on Nicotine Addiction (CCSNA) is studying the use of drugs to help people stop smoking. Through clinical trials, it will investigate the efficacy of nicotine replacement therapy, on its own and combined with behavioral interventions. The information from the studies will be used in deciding whether to subsidize public programs that support quitting smoking.

Also as part of level 4, at the beginning of 2001 a national plan for encouraging legislative strategies and actions was drawn up. The plan helps local advocates stimulate the creation of laws, promote lobbying, monitor legislation, and reinforce tobacco control legislation at the local level.

### *Tobacco Control Education in the Workplace, in Schools, and in Health Units*

The most popular educational actions are the campaigns and celebrations, which are designed primarily to provoke, inform, and promote discussion. But these events are not enough to create the changes in attitudes, habits, and behavior needed to cut tobacco use. Continuous day-to-day actions are essential in health units, workplaces, and schools. In Brazil these actions are supported by experiences from the pilot studies mentioned earlier and compiled in the manuals *Implementing NTCP in Health Units*, *Implementing NTCP in Workplaces*, and *Implementing NTCP in Schools*.

The program in health units and workplaces aims first to achieve a tobacco-free environment through the Tobacco-Free Places Program. It then supports people who want to quit smoking through the Helping Your Patient Stop Smoking Program. These programs are led by health professionals, who are trained to become "multipliers." They implement the program inside their institutions and train others, who then train staff members and even clients. The training helps people understand their responsibilities as role models and how this relates to day-to-day behavior, particularly in health units. Respect for others is emphasized, with the aim of achieving a better quality of life for everybody.

*In the workplace and in health units.* In early 2002 the Tobacco-Free Places Program was already under way in 3,150 cities, and 1,042 companies were registered in the workplace program. Of these, 358 were taking action, and 83 had finished the process and were totally tobacco free.

Among health units, 530 were putting the program into practice (Ministry of Health, INCA, and CONPREV 2001b).

*In schools.* The statistics on first use of tobacco by children and adolescents at the beginning of this chapter highlight the need for antitobacco programs aimed at young people. The Saber Saúde health knowledge program was developed to meet this need. With its emphasis on the quality of life and health promotion, the program covers more than tobacco control issues; it also deals with alcohol, exposure to sun, diet, physical activity, sex, and occupational hazards.

Under the program, trained teachers develop classroom activities as they would for other subjects. The activities are related to the school's overall community life and to students' interests. Modules such as "The Smoke-Free School" can be adapted to each school. These program activities form themes across all disciplines, as required by the national curricula of the Ministry of Education: health, environment/ecology, ethics, citizenship/politics, and sexuality (Silva and others 1998a; Goldfarb and Monteiro 1999).

The Saber Saúde program has been welcomed by educators. National implementation began in 1998, and by 2002, 4,853 workers had been trained at the state education secretariats in 2,247 cities. By January 2002, 5,251 schools were registered in the program, and 2,983 of them had already trained between 70 and 100 percent of their teachers, for a total of 62,024 teachers. These teachers instruct 1,227,358 students in grades 1 to 8 (Ministry of Health, INCA, and CONPREV 2001c). Although this is not a huge number when compared with the total school population, it is still very encouraging. Many technical schools and universities are adapting the program for their own use, but the results of these initiatives are not yet available.

### **Legislative Action: Education's Partner**

Education alone would be a slow road to success in tobacco control. Together, education and legislation move tobacco control efforts more rapidly toward their goal. In Brazil legislative actions take place in the wake of and in support of education initiatives. Education, in turn, supports legislation by teaching people about the law, why it exists, and how it is enforced. It also raises awareness that results in increased advocacy and support for tobacco control.

Legislation-related actions include:

- Creating and updating a database on tobacco legislation now in force and planned across the country
- Monitoring voting by political representatives

- Providing information to political representatives
- Researching technical information
- Providing advice and comments on proposed bills
- Lobbying.

The biggest challenge is informing people about the law and encouraging them both to obey it and to help enforce it. Helping people become better citizens involves changing attitudes and behavior.

Legislative actions, like educational ones, are carried out by the three levels of government: federal, state, and city (municipality). In 2000 alone the Congress sent 59 tobacco control bills to the NTCP for analysis. NTCP staff provide clear technical and political information to ensure that the proposed law supports public health interests. Feedback from the NTCP can result in changes being made to a bill or can even lead to its withdrawal.

At the state level, 72 laws regulating the publicity and consumption of tobacco have been passed, and at the municipal level, 331. Of the state and municipal laws, 73 percent have been approved since the NTCP's establishment (Ministry of Health, INCA, and CONPREV 2001d).

### **The Other Side of the Picture: What Stimulates Consumption?**

Brazilian tobacco advocates have made great progress in controlling tobacco use, despite the opposition of a huge international industry. The tobacco industry has invested an enormous amount of money in direct and indirect tobacco advertising to entice people to smoke. In 1994 US\$6.6 billion was spent on direct tobacco publicity in Brazil (Nielsen Institute 1996).

Indirect tobacco advertising in Brazil and elsewhere in the world has associated tobacco use with sports, arts, music, popular artists, fashion shows, and celebrities by sponsoring events that involve these activities and people. Events related to education, ecology, and environmental protection have also become targets of tobacco sponsorship. In this way, the industry seeks to associate tobacco products with healthy activities to create a positive public image. For example, in 1999 tobacco company-sponsored programs Hortas Escolares (School Greenery Gardens) and Clube da Árvore (Tree Club) reached 3,700 rural schools, 120,000 students, and 5,000 teachers in the southern state of Santa Catarina. The programs praise the benefits of healthy foods and the importance of protecting the environment and preserving nature, and they teach students how to grow a school garden or make a reforestation camp (Souza Cruz 1999a).

A similar program by AFUBRA, *A Vida é Verde* (Life is Green), distributes seeds and teaches agriculture students how to plant them (AFUBRA 2000). In 1999 a partnership between AFUBRA, the Tobacco

Industry Syndicate (SINDIFUMO), and other institutions created a new program, *O Futuro é Agora* (The Future is Now), to train workers for jobs in agriculture.

Souza Cruz, a major Brazilian tobacco company, is one of the sponsors of the government education program *Alfabetização Solidária* (Supportive Literacy Program) and has, through its own initiative, started the program *Educar* (Educate) to teach illiterate adults and provide technical training in agriculture. The company is also one of the sponsors of the environmental program *Onda Azul* (Blue Wave), which has been internationally acknowledged and is led by the important Brazilian environmentalist and popular music singer Gilberto Gil (Souza Cruz 1999b, 2001).

Another campaign, directly focused on younger people, produced advertisements with a double meaning: "Smoking after 18. That's Legal!" (Fumar só com 18 anos. Isso é legal!) and "Smoking? Only with an Identity Card" (Fumar? Só com carteira de identidade) (Goldfarb and Monteiro 1999). The campaign presented itself as being supportive of the legislation that prohibits cigarette sales to teenagers younger than age 18, but in fact it was part of a worldwide campaign by the tobacco company Phillip Morris to reinforce the perception among young people that smoking is an adult activity—a prime reason for its attraction for youths.

All these publicity campaigns reveal the industry's keen interest in establishing a positive social image, particularly among young people. This interest coincided with the implementation of the NTCP's *Saber Saúde* program, which is aimed at teachers and students and focuses on health and the environment.

### *Low Prices Encourage Consumption*

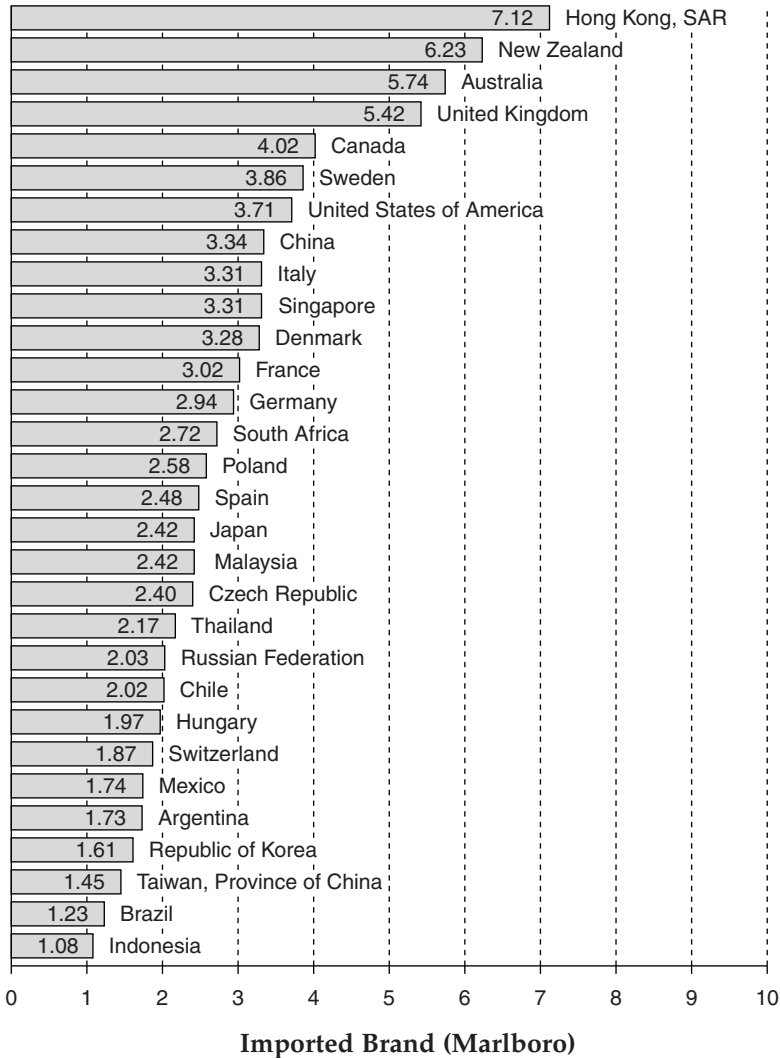
The low price of cigarettes in Brazil is another factor that has encouraged consumption. As shown in figure 3.2, Brazilian cigarette prices are relatively low by world standards, even though tax rates on cigarettes are relatively high (Sunley, Yurekli, and Chaloupka 2000: 421; Guindon, Tobin, and Yach 2002).

Studies in Europe, Canada, and the United States, as well as in Brazil, show that a 10 percent price rise causes a 3 to 6 percent decline in consumption. Among teenagers, the impact is even greater and may be as large as 14 percent in Brazil and 23 percent in Canada (Sweanor 1992; Townsend, Roderick, and Cooper 1994; European Union 1995; Silva and others 1999).

Silva and others (1999) presented data showing that cigarette consumption doubled between 1970 and 1980, from 72.7 to 142.7 billion units. It described the changes in annual per capita consumption of cigarettes in Brazil since 1980, which has gone through several fluctuations, decreasing and rising with changes in real prices and incomes.

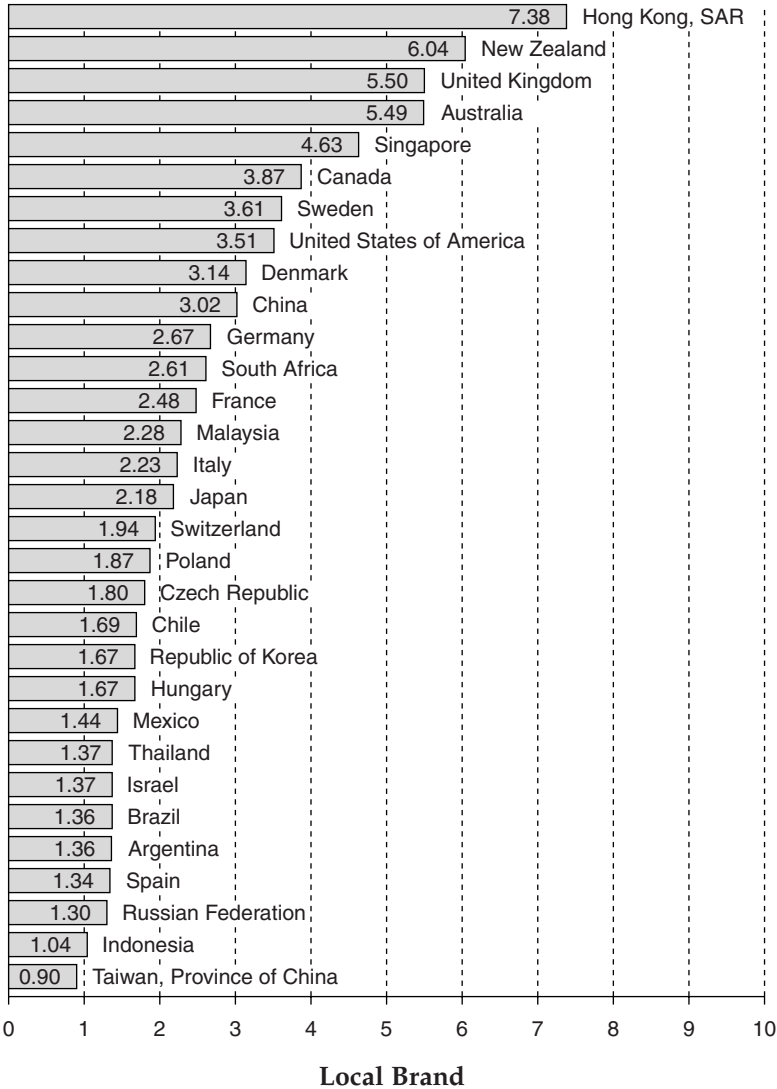
**Figure 3.2. Prices of Imported and Local-Brand Cigarettes, Selected Economies, March 2001**

Pack of 20 at purchasing power parity



**Figure 3.2. (continued)**

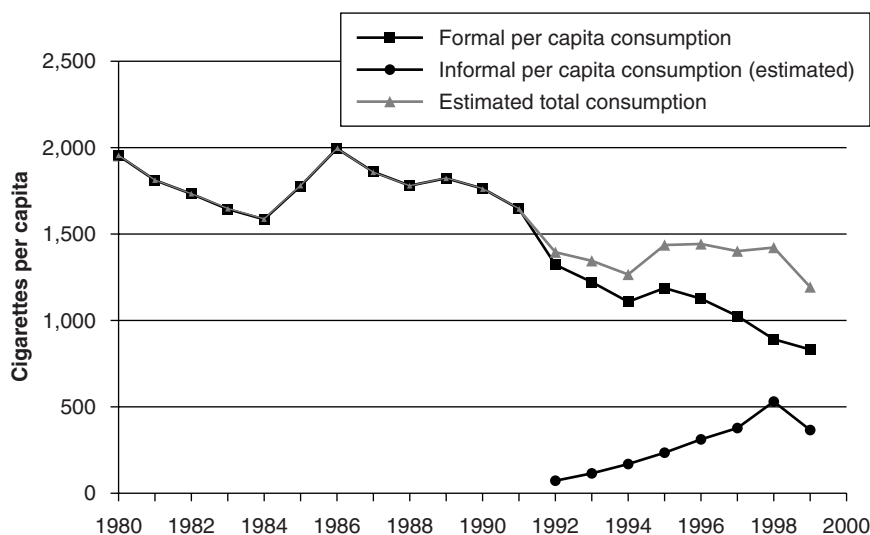
Pack of 20 at purchasing power parity



Note: The purchasing power parity index adjusts exchange rates for the relative cost of living in each economy. It allows a comparison of "affordability" rather than simply comparing prices.

Source: Guindon, Tobin, and Yach (2002). Reprinted from *Tobacco Control* 11 (1): 38 (2002), with permission of the BMJ Publishing Group.

**Figure 3.3. Trends in Per Capita Cigarette Consumption by People Age 15 and Older, Brazil, 1980–99**



Source: Silva and others (1999).

Among people age 15 or over, annual per capita consumption decreased between 1980 and 1984 because of inflation that reduced purchasing power (see figure 3.3). Between 1985 and 1986, annual per capita consumption returned to pre-1980 levels as a result of a decrease in the real price of cigarettes. In 1987 the price rose again, and, as a consequence, per capita consumption dropped the next year. In 1989 this tendency was temporarily reversed by an increase in salaries, which had been frozen, but in 1990 per capita cigarette consumption dropped to 1,752. Official data implied that in 1992 the level was 1,305, but this figure hid the consumption of smuggled cigarettes and, on a lesser scale, counterfeit cigarettes, which were sold at lower prices and without any control. Actual consumption in 1992 was estimated at about 1,370 per capita. Until 1999 official consumption decreased and black market consumption increased, but total per capita consumption was thought to have remained stable at about 1,265. Even so, it was lower than the 1986 figure of about 1,950, leading to the conclusion that smuggling and the industry's massive investments in publicity had been counteracted by an effective tobacco control policy (Silva and others 1999; IBGE 2000; MDIC/SRF 2000).

### *The Role of Smuggling*

One of the challenges of measuring and combating tobacco consumption in Brazil has been the impact of smuggled cigarettes, which come in mainly from neighboring countries. Some smuggling involves “round-tripping,” in which cigarettes are legally exported but, instead of reaching their alleged export destination, are smuggled back into the exporting country. There are no official figures, but Inland Revenue’s estimates for 1998 indicate that 58 billion cigarettes were sold on the black market. That figure corresponds to 40 percent of all cigarette consumption in Brazil. In 1999 around US\$800 million was lost due to tax evasion related to cigarette smuggling (Ministry of Health 1999b; AFUBRA 2000; Ministry of Health, INCA, and CONPREV 2001d).

In an attempt to curb smuggling, the Inland Revenue Office in December 1998 imposed a 150 percent tax on cigarette exports to South American and Central American countries. Cigarette exports fell sharply, but soon afterward, exports of tobacco leaves rose (tobacco leaves are free of taxes). The number of cigarette-producing plants at sites just outside Brazil’s borders increased (Ministry of Health, INCA, and CONPREV 2001d; Otta 2001). This shows that it is vitally important to monitor the tobacco industry’s behavior so that smuggling can be understood and prevented. Resolution 105 was designed to provide such monitoring: as noted above, the industry must submit annual reports to ANVISA on their tobacco products, the products’ composition, and their sales and production levels.

### **Lessons Learned**

Brazil’s experience with tobacco control demonstrates how a public health program can succeed despite economic and administrative challenges and strong resistance from commercial interests. The lessons to be drawn focus on the role of dedicated individuals and organizations in linking information, education, and legislation to create a potent force for change.

The key lessons from the Brazilian experience are as follows:

- *Develop and foster public commitment to tobacco control.* Without this commitment, coupled with strong leadership, the NTCP and other advocates could not have achieved as much as they have.
- *Use a decentralized strategy to get the message out.* Brazil benefited from a strategy based on trainers instructing other trainers so that the message could be spread across the country.
- *Seek political support from those in power.* Public commitment would accomplish little without the political will to sponsor legislation.

- *Participate in partnerships with all sectors of society:* professional associations (particularly those in the health sector), the media, politicians, well-known artists and sports people, and religious organizations. These partnerships, based on respect and accurate information, were a great help in the process. They provided another means of getting the message out and helped persuade government ministers and the president to support tobacco control efforts.
- *Carry out and support research.* Evaluations, prevalence surveys, econometric studies, opinion polls, political assessments, and other studies build a strong evidence base that allows sound decisions to be made and actions to be taken quickly.
- *Act quickly.* Speed is essential in developing and approving legislation and educational programs and improving them. Changes should arise from the interaction between education and legislation.
- *Do not give in to industry pressures,* no matter how innocuous the demands might seem. Agreements with the industry must be avoided; they only delay the adoption of new measures. There is not a second to be lost in this race.

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