Editorial 57-3

It is with the satisfaction of someone who could closely and timely observe the Brazilian success in more than 25 years of tobacco control that I introduce this issue of the Brazilian Journal of Cancerology - RBC, especially dedicated to this risk factor which is responsible for a world epidemics of exorbitant proportions, not only due to its economic, social and environmental impact, but mainly due to its consequences on the health and quality of life of the population, counted by the diseases, deaths and suffering caused by such dependence.

This RBC issue celebrates the efforts of the vanguard Institution that hosts this journal, and for which I have worked intensely and passionately for 20 years – the Brazilian National Cancer Institute - INCA, which counting on the absolutely indispensable financial and human support from the Ary Frauzino Foundation for Cancer Research and Control, has allowed all the steps that were taken in this program and all the achievements that followed them in Brazil. Several were the partners in this process, not only those who were pioneers at the national level, such as the Brazilian Medical Association, the National Division of Sanitary Pneumology and the Division of Chronic-Degenerative Diseases from the Ministry of Health, but also the ones which later summed up their efforts in order to face this Public Health burden which was still little recognized in Brazil and in the world in the 1980s, such as several state and municipal secretariats of health, the National Health Surveillance Agency (ANVISA), the Secretariat for Health Surveillance of the Ministry of Health and the National Alliance for Tobacco Control.

The moment for such RBC initiative could not be more adequate. In Brazil we are reaping the rewards of the reduction in cigarette consumption, a result of the policy conducted in the country as from 1985. And there are reasons to celebrate: the article by *Romero & Costa e Silva* analyzes 23 years of tobacco control in the country and reports a little of the path of this successful program, telling its history to future generations. Its impact has already been reported in the reduced lung cancer mortality in men under 59 years old[i]. *Marqui et al*, in a review article in this RBC issue, offer an overview on the influence of genetic polymorphisms in nicotinic receptors and in consequence in the genesis and evolution of lung cancer, a disease that is almost totally avoidable by the control of this risk factor.

We also witnessed a decrease in the number of deaths due to cardiovascular and chronic respiratory diseases in the Brazilian population[ii], proving what has been highlighted in the recent global warning on chronic non-communicable diseases of the World Health Organization - WHO[iii], among the best bets for fighting risk factors of this group of diseases: tobacco, alcohol, diet and physical activity. This warning, which is approached in more detail in the opinion article from *Bettcher & Costa e Silva*, defines what they call the best bets in tobacco control and analyzes its advance in Brazil when compared to other countries, according to the recently published *Global Report of the Tobacco Epidemics*[IV]. These bets include increase in taxes and prices, definition of smoke free environments, information to the public on the consequences of tobacco including the sanitary warnings in cigarette packs and the enforcement of the banning of publicity, promotion and sponsorship of tobacco products. The treatment of the smoker, according to the same study, could be characterized as a good bet; because, although it is of great importance in the approach of addiction and in the reduction of consumption for current generations, it does not show the same cost/benefit relationship of the other policies mentioned (Table 1).

Brazil went through this process very quickly. *Teixeira & Jacques* demonstrated, in an interesting historical analysis, that the regulation of tobacco products, which was enormously intensified in the late 20th century and early 21st century, suffered influence of the democratization process of the country and the establishment of the Brazilian Unified Health System (SUS). The strong framework of technical and practical know-how which was built throughout this period, associated with the impact of specific indicators, such as the reduction in tobacco prevalence and some tobacco-related diseases, demonstrates, according to the authors, the success of tobacco control in Brazil.

But it is also in the international scenario that we showed part of this work, using our excellent diplomacy when presiding the negotiation of the only international treaty sponsored by the WHO Framework Convention on Tobacco Control (FCTC). However, although we are celebrating a milestone in the pathway of our Brazilian Public Health, there is still a lot to be done. *Vianna et al* portray in this issue the process of the Brazilian compliance to this treaty

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[i] Malta DC, Moura L, Souza MF, Curado MP, Alencar AP, Alencar GP. Lung cancer, cancer of the trachea, and bronchial cancer: mortality trends in Brazil, 1980-2003. J Bras Pneumol. 2007 Oct;33(5):536-43.

[ii] Schmidt MI, Duncan BB, Silva GA, Menezes AM, Monteiro CA, Barreto SM, et al. Health in Brazil 4. Chronic non-communicable diseases in Brazil: burden and current challenges. Lancet. 2011 Jun;377(9781):1949-61 [cited 2011 Jun 26]. Available from: http://download.thelancet.com/flatcontentassets/pdfs/brazil/brazilpor4.pdf

[iii] World Health Organization. Global status report on noncommunicable diseases 2010. Geneva: WHO; 2011.

[iv] World Health Organization. WHO report on the global tobacco epidemic, 2011: warning about the dangers of tobacco. Geneva: WHO; 2011.

Table 1. The best bets in tobacco control for the reduction of mortality due to non-communicable diseases

risk factor	interventions-actions	avoidable charge	cost-effectivity	implementation cost	viability
tobacco use > 50 millions DALYs* 3.7% of the global charge	protect the population from tobacco smoke	combined effect of 25-30 millions of DALYs* avoided (>50% of the total tobacco charge)	optimal cost-effectivity	very low cost	highly viable-strong legal framework (FCTC from WHO)
	warn about tobacco harms				
	enforce the prohibition of advertising, promotion and sponsorship				
	raise taxes on tobacco products				
	advise smokers to quit smoking		good cost-effectivity	very low cost	viable (network for primary healthcare)

* DALYs: disability adjusted life years. It is the measure of disease charge, which corresponds to the sum of the life years potentially lost due to early death with the loss of productive life years due to disability.

and the importance of the already approved guidelines. They specifically approach the implementation of Article 8th, which determines the Brazilian obligations regarding the protection against exposure to cigarette smoke, for the protection of its populations against the risks of second hand smoke. The strong presence of the tobacco industry in Brazil is felt due to the winding and slow pathways in which the internalization of the treaty has been happening and by the resistance of some sectors, articulated by the industry itself, which uses organized groups of the society to defend questionable assumptions. What was observed in the implementation of Article 8th, in spite of the concerns that this process would generate unemployment and close businesses, was completely different from what actually happened.

Andreis et al demonstrate in RBC how the pioneer intervention of the State of São Paulo, the first to become free of second hand smoke, promoted a healthy life style and defended the health of the São Paulo population, supporting the necessity of a federal legislation that guarantees closed environments to be 100% free of smoking to all Brazilians. Fortunately, other states joined in this process, such as Paraná, Rio de Janeiro, Amazonas, Roraima, Rondônia and Paraíba, showing in a cascade effect that this is a viable and unavoidable process and that does not impact at all on the livelihood of bar, restaurant and service owners and employees. But the fact that all other states still allow areas designated to smokers should concern not only the Health sector as a whole, but also the National Congress and our society. Bill # 315/2008, by Senator Tião Viana, proposes the internalization in the Brazilian legislation of the recommendations from WHO-FCTC and from the guidances for implementation of Article 8th and needs to be approved immediately instead of being the target of recurrent requests of appreciation by a large number of Commissions, requests which are made by politicians associated with the tobacco industry, whose only objective is to delay the approval of the project.

Regarding the great relevance of taking care of the health of non-smokers, the smoker is and will always be a concern in this process. Manipulated by the industry, many times under the echo of the press, the silence of society and the omission of the Health sector, the smokers are unfairly made the culprit of the impact of tobacco on society. The approach of a program for tobacco control should be against tobacco and should not and cannot be against smokers. Smoking tobacco products is an addiction and, therefore, a disease equivalent to any clinical condition with recognized importance, such as high cholesterol level or high blood pressure.

Moreira et al published an essay in RBC raising the question of smokers' quality of life. Even though the results were not statistically significant, smokers can present lower quality of life indicators when compared to non-smokers. Such warning is relevant for further studies about this addiction and its wider consequences on the smoker satisfaction with their own life and the occasional encouragement to take care of it and quit smoking.

The fact is that a smoker needs less criticism to what, many times, is seen as a bad behavior, in fact he needs to be respected, informed and treated. After all, he is the victim of a social process in which at a very early age, generally

before adulthood, he is involved with tobacco due to the appeal of the drug, which is socially accepted and represented. Besides that, smokers are influenced by the marketing of the tobacco industry, which promotes, through publicity, the promotion and sponsorship, a cheap and accessible product, yet mortal, responsible for nicotine addiction and that generates, most of the times, a pathway in which the freedom of personal choice succumbs to the drug effect.

The marketing of the tobacco industry needs to be banished from society and, when it is the component of counter-advertisement, information is the ground of the formation of social critical mass to support impact regulations. We were the second country in the world to be able to add warning images initially on cigarette packs and then in all tobacco products. We were the first in the world to forbid deceiving terms, such as light, mild, etc. To better inform and in a more directed way regarding the groups that need such information is the objective we need to pursue. Adolescents, women and low school level people: the epidemic of tobacco in Brazil is becoming localized in vulnerable groups that need to be target of correct information and adequate intervention. Media campaigns targeting this population would be a good idea, especially after we spent so much time without reaching the big communication media with mass campaigns, as the ones we are living at the beginning of this century. These could contrapose the subliminar, perverted and deceitful media used by the tobacco industry. The article by *Vargas et al* in RBC highlights, for example, that the movies shown to our adolescents exposes the new generation of Brazilians to tobacco smoking and perpetuates the encouragement of its consumption, which implicates an unacceptable social acceptance. Where is the censorship for movies presented in Brazilian cinemas that does not obly the insertion of warnings when there are people smoking? Still allowed in Brazil, the media of publicity in points of sales only worsens this process of exposure to the unacceptable appeal for the consumption of a drug that kills one out of two regular users. In this sense, the recent ANVISA proposal, which we expect to become a resolution as soon as possible, helps in the process of reducing public exposure to the product, for determining that the display of cigarette pack shelves in points of sales be prohibited, besides increasing the size of warnings in the publicity of the product, until an amendment to the federal law comes into force to ban the use of points of sales as publicity places of the tobacco industry. The resolution that prohibits additives, tastes, scents and anything else that encourages our children to start smoking has to be published immediately, for the good of our future generation.

However, no anti-tobacco media activity drives away the focus on those who have the role of caring and healing and who serve as health models for the population. *Galão et al* show, in this RBC issue, that the action of healthcare professionals seems insufficient to inform patients, especially vulnerable groups such as those composed by pregnant women, of the harms that tobacco use in its most diverse kinds can cause themselves and others. The fact that only 51.3% of postpartum mothers from Hospital das Clínicas de Porto Alegre have received counseling on the harms of tobacco for themselves and their babies shows that a lot has to be done to bring awareness to this group, essential for the population counseling and the behavior model.

But if our healthcare professionals are not prepared to support this demand nowadays, what to say about the future healthcare professionals? *Szklo et al* show in RBC that around 80% of the students from the third year of Medical School, Dentistry and Pharmacy undergraduate courses from both public and private institutions and public Nursing courses in the city of Rio de Janeiro (2006/2007) did not receive formal training up to the third year of school on how to approach a smoker. A cause of concern was the fact that 70% of those were casual smokers themselves and, as this survey was done before the promulgation of the state law that bans smoking in closed environments in Rio de Janeiro, 34.3% of these students declared to consume tobacco products within the University facilities. Can we conclude that our universities are not giving enough importance to the subject? What are our curricula like regarding the essential approach of prevention?

All healthcare professionals should be involved and some have already achieved records of participation. *Moura et al* highlight in RBC that the nursing area is extremely important for tobacco control, which is referenced by a literature review between 2008 and 2010 which brings good results from the action of nurses in this area, especially giving support in the complex process of smoke quitting.

Perez et al do some interesting analysis of the information coming from the Tobacco Quitline, a service freely provided by the Ministry of Health to the Brazilian population, and that counts on the disclosure of the telephone number for access to the services on cigarette packs, showing it is a resource used by smokers who want to quit, being more used by young people whose from 12 to 24 years of age and male smokers. Regarding the use of the service, the second most used service from the Tobacco Quitline, the study points to the necessity of doing a cost-effect analysis of the quitting services. This is a strategy in Brazil that deserves more investment and greater penetration, representing an opportunity for the smoker approach from all classes and regions of the country. This can eventually be coupled with the use of messages for cell phones, widely used in the country.

Lima and Viegas evaluated smokers submitted to treatment in the Federal District and show in RBC that about 30% of the smokers presented probable anxiety and depression levels and, among those, 50% had high motivation to quit smoking, mainly among women. This study points out not only to issues related to the characteristics of smokers who look for treatment to quit, but also to issues of gender, very up to date in the context of tobacco control in Brazil. Check the article that shows that women have a different behavior when compared to men as to the motivations and results regarding tobacco quitting. They are also different in the process of initiation and reaction to addiction. *Carvalho et al* show that the relationship between tobacco and cervical cancer seems to be a reason of conflict and search for changes in women carriers of precursor lesions of this disease and deserves strategic attention of Public Health programs aiming at offering opportunities of prevention and counseling.

This is a subject about which Brazil will have to search for information and test policies to achieve results that bring improvements in the approach of smokers, including availability of generic medications in the list of essential medications.

But the gender issues are not specific for women. Gender policies target men and women, their differences and similarities and how the social, behavioral and biological contexts influence both and how one influences the other. *Batista et al* show in this RBC issue that smokers from 18 to 26 years of age, studied in Viçosa, Minas Gerais, consumed alcoholic beverages more frequently than non-smokers of the same gender. The weight and waist/hip ratio presented a positive correlation ($p<0.05$) with the number of cigarettes smoked per day, showing that young men who smoke presented a positive association with at least three risk factors for non-communicable diseases.

If, in this moment, we focus our attention on Table 1, with the best bets in tobacco control, we will verify that, although we have done a lot, there is still a lot to be done, understood, learnt, monitored, researched, trained, educated, clarified, among other things. We also need, more and more, to involve other professionals and encourage other sectors for this understanding and action. In this special RBC issue, we go through several subjects, but we still lack information and discussion of some dimensions of tobacco control. I am talking about economical policies that diminish the purchasing power and reduce consumption very fast, especially among the younger and low income population. We really need a universal prices policy for every tobacco product, especially in this moment, when younger people change their use standard, with the recent invasion of *narguilles*, *bidis* and the still existing use of Bali cigarettes. Minimum prices, specific taxes and *ad valorem*, a regular and escalonated policy of price raises as the starting point. We also have to reduce our points of sales. To start with, no permission to sell cigarettes in places that sell food, where one studies or where health is taken care of. In a near future, few places selling tobacco products, little influence of the tobacco industry on retailers, a lot of regulation and no marketing. Besides that, the policies for smuggling control should be more and more rigid as a national priority, to reduce access, purchase power and care for public money, collecting taxes they have the right to of a legal yet lethal product. And, to finalize, a strong appeal to the government and the society so that our tobacco farmers, who are before anything, our farmers whose destination unfortunately was planting tobacco, can be more and more helped by the government and society in this hard task which is abandoning the slavery imposed by the tobacco industry, looking for a healthier life, without children working in the farms instead of playing or going to school, without pregnant women working and getting sick in dry tobacco counters or dealing with the plant, without farmers suffering from tobacco green leaf disease and losing their lives due to pesticides. We, Brazilians, deserve this care with our health, with our neighbor´s health, a more rigid law and a more daring policy in all sectors, definitively internalizing the treaty for tobacco control and changing, in the same way, the livelihood of our farmers.

Congratulations to RBC. You are doing your part in this process!

Vera Luiza da Costa e Silva
Collaborating Professor
National School of Public Health
Oswaldo Cruz Foundation