

# Advances and Challenges in Tobacco Control: a Parallel between the World and Brazil

*Avanços e Desafios no Controle do Tabagismo: um Paralelo entre o Mundo e o Brasil*

*Avances y Desarrollos en el Control del Tabaco: un Paralelo entre el Mundo y Brasil*

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## INTRODUCTION

The aim of this opinion session is to contextualize the Brazilian program within the current international tobacco control efforts, and highlight its successful outcomes that have clearly resulted in a smoking prevalence reduction over the last 20 years. It also explores the new country challenges, highlighting the importance of tobacco control in the national and global development agenda.

The time could not be better to talk about tobacco control activities in Brazil and in the world. The September 2011 United Nations General Assembly High-Level Meeting on the Prevention and Control of Non-communicable Diseases<sup>1</sup> will address one of the most alarming global problems in public health and unfortunately Brazil is not an exception. The Summit will raise the profile of NCDs globally and will mobilize the international community to react to the current situation. Governments of different countries such as Brazil are already working on their national agendas sending a clear message to stakeholders, donors and funders on their health priorities and needs to tackle with the disease burden of NCDs. The Summit will also ensure the commitment of Heads of State to lead the cross-government effort and to tackle the multi sectoral dimensions necessary to reverse the epidemic.

The recently launched Global Report on NCD<sup>2</sup> clearly shows that low-and middle-income countries

now bear nearly 80% of the burden from diseases like cardiovascular disease, diabetes, cancer and chronic respiratory diseases. Ageing, and rapid urbanization, are important determinants. Powerful forces – many times driven by the most unscrupulous commercial interests, are behind this epidemic that unfortunately touches most if not all countries in the world; in particular, these global effects of globalization have impact on former culturally healthy behaviors turning them into unhealthy lifestyles.

The proportion of NCD deaths in relation to all deaths in Brazil continues to rise (representing 72% of all deaths in 2007). Nevertheless, the country has implemented a number of policies that have already impacted on age-standardised mortality rates. They have fallen by 1.8% per year since 1996, which is within the range of 1-3% observed from 1970 to 2000 in high-income countries such as Australia, Canada, Japan, the UK and the USA<sup>3</sup>. Cost-effective tobacco control measures along with better primary health care attention are considered to be the major causes of this improvement, composed principally of declining rates of cardiovascular and chronic respiratory diseases.

Brazil efforts are in line with current global efforts that are already showing promising results on a global scale after the adoption of the World Health Organization Framework Convention on Tobacco Control (WHO FCTC)<sup>4</sup>, the first and single international treaty negotiated under the auspices of WHO<sup>5</sup>.

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### THE GLOBAL STATUS OF THE TOBACCO EPIDEMIC: THE WHO REPORT ON THE GLOBAL TOBACCO EPIDEMIC 2011

Brazil's tobacco control country profile is part of the recently released WHO Report on the Global Tobacco Epidemic, 2011<sup>6</sup>. The report is the third report on the status of the global tobacco epidemic published by WHO's Tobacco Free Initiative and addresses, this time with more details, the efforts WHO Member States are making in informing their population about the dangers of tobacco use. The report follows up previous editions, on the status of the global tobacco epidemic regarding six demand reduction measures, intended to support WHO Member States in implementing the WHO FCTC, labeled as MPOWER measures including: monitor tobacco use and interventions; protect people from tobacco smoke; offer help to quit tobacco use, warn about the dangers of tobacco; enforce bans on tobacco advertising, promotion and sponsorship; and raise taxes on tobacco. The findings of the report on the current status of these measures are shown in Figure 1.

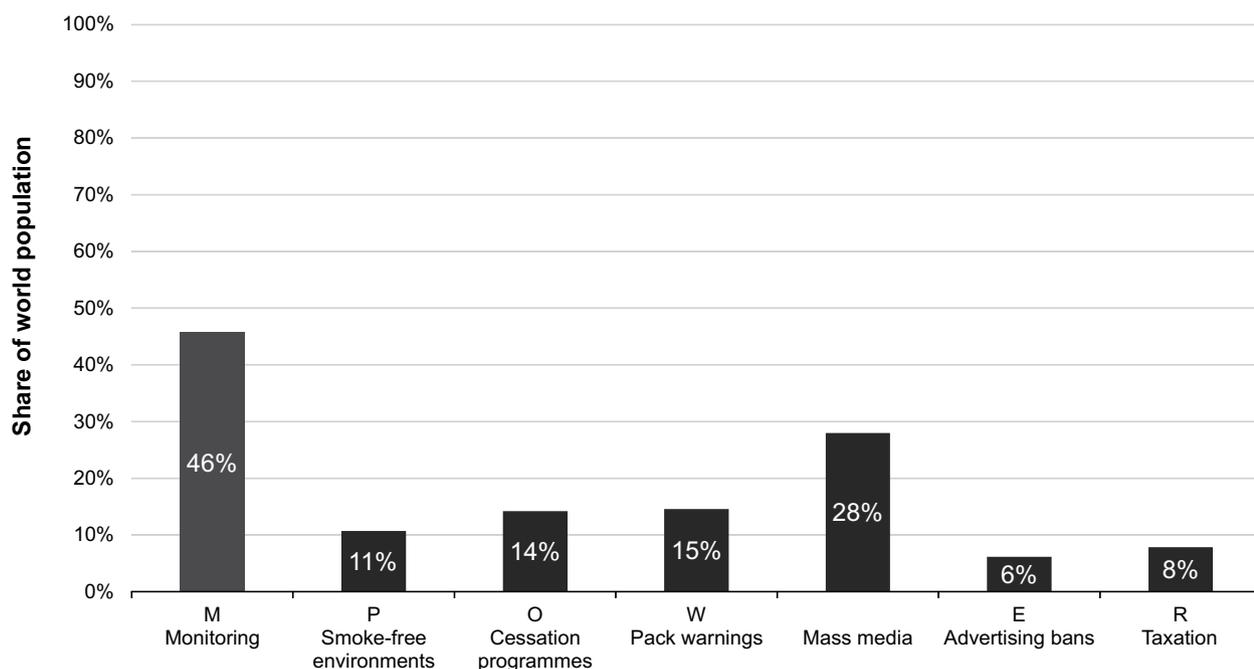
The information is unequivocal. Despite the advances, the share of the world population covered by selected tobacco control policies is far from being adequate. Nevertheless, as countries continue to build on the progress achieved since becoming Parties to the WHO FCTC, more people are being protected from the harms

of second-hand tobacco smoke, provided with help to quit tobacco use, exposed to effective health warnings through tobacco package labelling and mass media campaigns, protected against tobacco industry marketing tactics and covered by taxation policies designed to decrease tobacco use and fund tobacco control and other health programmes. Perseverance by all countries in expanding the reach of tobacco control programmes is needed to achieve the goal of a tobacco-free world, and is critical to saving the lives of the billion people who may otherwise die from tobacco-related illness this century.

### BRAZIL: STATUS OF THE TOBACCO EPIDEMIC AND PUBLIC HEALTH RESPONSES

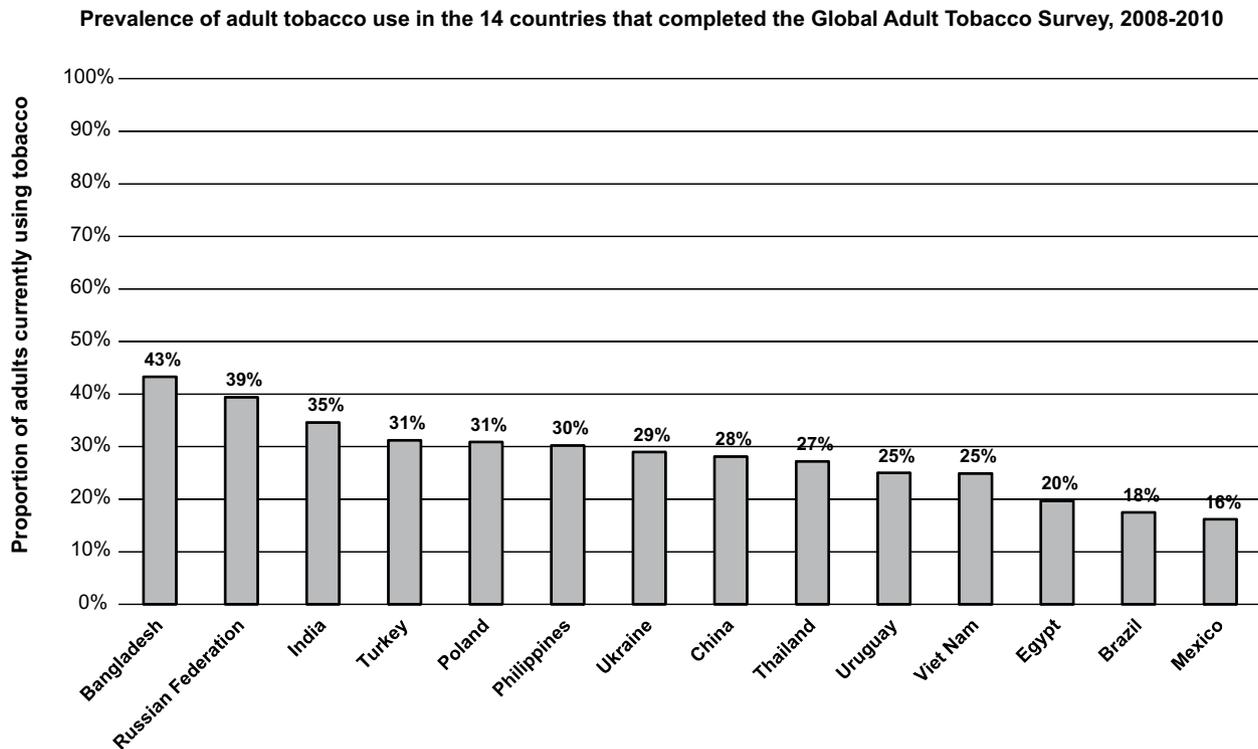
Brazil is doing well in the international picture. From the developing countries that have completed the Global Adult Tobacco Survey, Brazil has one of the lowest prevalence of smokers (Figure 2) only behind Mexico and is probably one of the most successful tobacco control programmes among the major tobacco growing developing countries. The success of countries like Brazil in tobacco control have an additional value because of the sharp contrast between public health efforts, many times competing with many other health and social needs and the economic appeal of tobacco growers and manufacturing forces. In a major tobacco producer and

Share of the world population covered by selected tobacco control policies, 2010



Note: Changes of less than 1% are not labeled on the chart.

Figure 1. Current status of the tobacco epidemic regarding six demand reduction measures (MPOWER) of the WHO FCTC



**Figure 2.** Prevalence of adult tobacco use (Global Adult Tobacco Survey) in 14 countries

exporter such as Brazil, tobacco industry and allies are constantly lobbying governments on the importance of their business to economic growth, development and job generation and virtually always trying to derail tobacco control initiatives.

Brazil was among the countries that have shown that despite the strong presence of the tobacco industry and tobacco related economic interests, a tobacco growing developing country can do pretty well in protecting their population against the tobacco epidemic. Moreover, Brazil has particularly contributed to the international tobacco control efforts by chairing the Inter Governmental Negotiation Body of the WHO FCTC through its outstanding diplomacy.

### **BRAZIL BEST PRACTICES ON TOBACCO CONTROL**

The areas where Brazil is among the Highest Achieving Countries and Territories – 2010 of the Global Report of the Tobacco Epidemic 2011 include:

**Article 11 - Pictorial Health Warnings:** Brazil was the first country in the world to ban misleading descriptors of cigarette packs and the second in the world to introduce pictorial health warnings in tobacco products packages. Recent global developments have taken place since then, with an increasing number of countries such as the United States, Peru and Mexico mandating pictorial health warnings. Australia's government has proposed

plain packaging of tobacco products as one additional measure to ban the marketing of the tobacco industry and this policy can eventually be considered as a further step in Brazil's regulation on packaging and labelling of tobacco products.

**Article 14 - Tobacco dependence treatment:** According to the Report, between 2008 and 2010, one additional country (Turkey) has begun providing comprehensive tobacco dependence treatment that includes a national quit line as well as coverage of costs for nicotine replacement therapy and at least some other cessation services. The progressive effort Brazil's government is making in promoting smoking cessation is recognized in the report as part of the highest achieving countries in the world. Strengthening Brazil's countrywide toll-free quit line, offering health professionals training initiatives and evaluating on a regular basis smoking cessation policies for cost-effectiveness would contribute to this process. Taking advantage of the National Program for Control of Tuberculosis would be an opportunity to reduce both tuberculosis mortality and tobacco use.

### **BRAZIL AND THE TOBACCO EPIDEMIC: CONFRONTING NEW CHALLENGES**

Despite the existing successes in tobacco control, there are no grounds for complacency when it comes to the tobacco epidemic. Brazil has still many challenges ahead

and has reported to be on the wedge of taking additional tobacco control measures.

The first and probably the most urgent need is to establish mechanisms to monitor and counteract the growing pressure of the tobacco industry, who is using different groups as a mass of manoeuvre to oppose sound and needed tobacco control measures in the country. A public consultation held by the Brazilian National Health Regulatory Agency – Anvisa in 2011 has shown how the industry can orchestrate a reaction against tobacco control measures such as the ban of additives and additional and important regulations at points of sales, which are all recommended by the WHO/FCTC Guidelines. The tobacco industry undermines this consultation process by using front groups, lobbying parliamentarians and manipulating tobacco farmers, employees of the hospitality industry and retailer groups<sup>7-8</sup>. The tobacco industry also uses lobbyists in Brazil's government. Recently, a major newspaper in Brazil documented how the tobacco industry has tried to influence a member of the Brazil's National Commission for the Implementation of the WHO/FCTC (CONICQ) who was also a part of the Brazilian delegation to the Fourth Conference of the Parties to the WHO/FCTC<sup>9</sup>. This demonstrates, according to article 5.3 Guidelines, the need for extending the firewall boundaries between the government and the tobacco industry.

Developments in other policy areas might also be of importance in the country. Investing in grants from national and international development and research agencies for studying alternative livelihood seems to be a sensible approach for a tobacco growing country. The reason for that is simple. Tobacco farmers are the weakest part of the tobacco production chain and should be protected in regard to their health and livelihood. Furthermore, by giving attention to farmer's needs, they will be more equipped to resist the influence of the tobacco industry, being empowered to defend their legitimate interests. The current initiative from the Brazil's Ministry of Agrarian Development should be commended and strengthened and results of their initiatives can serve as a basis to support other tobacco growing developing countries.

The Global Tobacco Control Report also shows other important areas where the country is not among the Highest Achieving Countries and Territories – 2010 of the Global Report on the Tobacco Epidemic 2011 that can be addressed in Brazil:

**Article 8 - 100% Smoke-free places:** The GTCR2011 has shown that between 2008 and 2010, 16 countries newly enacted nationwide comprehensive smoke-free legislation, increasing to 31 the number of countries that provide the highest level of protection against second-hand tobacco smoke exposure, showing that this

is feasible and should be followed by other countries. Brazil has a national tobacco control law as from 1996 regulating tobacco use in public places, but the smoking designated areas allowed by the law have benefited the tobacco industry, that has teamed up with retailers associations and the hospitality industry to ensure a more "reasonable" regulation<sup>10</sup>. A total ban of smoking in public areas is still a challenge in the Brazil federal legislation as it would complement the successful initiatives in many Brazilian states, pioneered by the state of São Paulo, that are already showing results<sup>11</sup>.

**Article 13 - Comprehensive bans on tobacco advertising, promotion and sponsorship (TAPS):** According to the GTCR2011, between 2008 and 2010, three additional countries (Chad, Colombia and the Syrian Arab Republic) enacted comprehensive bans on TAPS that covered all forms of direct as well as indirect advertising. Brazil has enacted a comprehensive ban on TAPS at the beginning of this century but has allowed for an exception at points of sale. This policy can be strengthened by amending the law including a ban of advertising on points of sales as well as corporate social responsibility and other marketing strategies of the tobacco industry.

**Article 12 – High hitting communication campaigns:** According to the GTCR2011, between 2008 and 2010, there are currently 23 countries, with a total of more than 1.9 billion people representing 28% of the world's population, who have conducted media campaigns that were national in scope and that incorporated all appropriate characteristics. Low-and middle-income countries have been in the forefront of developing anti-tobacco mass media campaigns, showing that countries can successfully implement this intervention regardless of income classification. Examples include India, Turkey and regions from the Russian Federation.

In Brazil, national public campaigns could also be strengthened and mass media campaigns would be instrumental in addressing tobacco use prevalence particularly among the poor and vulnerable populations as the tobacco prevalence in other groups has been sharply reduced over the years<sup>12</sup>. This would contribute to the already successful initiatives of Brazil's government to reduce poverty and inequalities, in synchrony with the Millennium Development Goals.

**Article 6 - Taxes and prices increases:** According to the GTCR2011, there are now 26 countries and one territory whose total taxes constitute more than 75% of the retail price. Since 2008, there have been 11 countries and one territory (Argentina, Greece, Hungary, Israel, Italy, Latvia, Lithuania, Madagascar, Romania, Slovenia, Turkey and West Bank and Gaza Strip) who have increased tobacco taxes so that they constitute more than 75% of the retail price. Economic measures are the

best buy in tobacco control. Brazil, with taxes rates of 60% of retail price has considerable room to increase taxes and prices establishing a tobacco taxes and prices policy that will ultimately protect public health. Regular and progressive increases in tobacco taxes will result in further reduction in tobacco prevalence by reducing affordability particularly among youth and the poor. Strengthening policies to counteract illicit trade and support the completion of the Protocol on Illicit Trade will contribute additionally to further countries' public health objectives.

## CONCLUSION

Even considering that we are still far from protecting a big share of the world's population of health, social and economic consequences of the tobacco epidemic, the world is getting better when it comes to tobacco control. More countries have introduced policies and measures to curb the epidemic, in both developed and developing world and the commitment and political will is present in all WHO Member States.

The WHO FCTC has progressively more Parties (174 Parties as of 18 July 2011) and the Conference of the Parties has adopted several Guidelines with the first protocol under the WHOFCTC being finalized. Brazil's role model, experience and best practices have been essential in supporting the treaty negotiation and implementation, making history in tobacco control. The world continues to watch Brazil's paths and relies on its leadership in advancing the global tobacco control agenda.

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## CONTRIBUTIONS

The authors of this paper directly participated in its planning, analysis and writing, and have approved the final version here submitted.

**Conflict of Interest: None**

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