Endgame for Tobacco Use in Brazil

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Fim de Jogo para o Tabagismo no Brasil

Fin del Juego del Tabaquismo en el Brasil

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INTRODUCTION

The incidence of lung cancer, a rare disease at the beginning of the 20th century has increased dramatically since the 1940s, accounting for a progressive number of deaths by cancer in this period. This epidemiologic change can be explained by post-World War II increased tobacco use and exposure to second hand tobacco smoke, the main risk factors of this type of carcinoma. The indisputable association of smoking not only with lung cancer but with a wide range of comorbidities, including other types of cancer and non-communicable diseases (NCD) such as cardiovascular, respiratory and diabetes was confirmed only in 1964[1].

Brazil has a comprehensive National Tobacco Control Policy (PNCT) in place aligned with the international public health treaty, the WHO Framework-Convention on Tobacco Control (WHO FCTC)[2], whose full implementation is one of the goals of the United Nations (UN) 2030 Agenda[3]. It encompasses measures to reduce the demand and supply of tobacco products, the environmental damages caused by farming and manufacturing of these products, civil and criminal liability of the tobacco industry and protection of public policies from its interference, scientific-technical cooperation and data exchange among countries.

However, global tobacco-related mortality, diseases and environmental, social and economic costs are still alarming[4,5]. Aligned with WHO FCTC[6] Article 2, which stimulates the Parties to adopt measures in addition to meeting the treaty demands, the implementation of strategies to reduce the prevalence of tobacco use to less than 5% has gained momentum in the decade of 2010[7,8]. Tobacco endgame is pivotal for the progress of global and national tobacco control policy.

This article proposes a discussion of what can be done further to the measures addressed by the treaty to reduce smoking in Brazil, which would result in additional reduction of mortality by NCD, especially lung cancer and make it a rare disease again.

DEVELOPMENT

Endgame for tobacco epidemics

Endgame acknowledges tobacco use as a controllable epidemic and advocates the end of availability and accessibility to tobacco products.

It includes strategies targeted to the tobacco regulatory process, reduction of its addictive potential and attractiveness through mandatory low levels of nicotine and banning tobacco flavor to reduce the demand or to define patterns that make cigarettes amenable to being removed from the market for exceeding toxicity levels. And other measures such as tax raise making tobacco unaffordable most of all for vulnerable groups, such as low-income and low-education individuals, where tobacco is more prevalent[9].

Endgame strategies encompass supply-reduction measures that progressively decrease the commercial viability of tobacco companies (manufacture or importation) and regulatory approaches to substantially diminish the offer through measures to control the density, location and types of points of sale and additional retail permits[9].

The tobacco sales restrictions within the strategy Tobacco-Free Generation was initially considered in

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Singapore and later by the United Kingdom and some USA cities, more recently. However, it is arguable that this would be an actual endgame strategy due to short-term impact on use and commercialization, as the industry will continue to advertise its products and develop strategies while the potential future users will only diminish gradually[10].

Part of the countries consider only the reduction of combustible cigarettes and not vapers (snus, snuff, smokeless tobacco) in endgame discussions. Quite the opposite, and more than often, they are promoted as cessation strategies and claimed by the industry as a less damaging alternative to conventional cigarettes[11].

For example, Sweden, on the verge of becoming the first European country ever with barely 5% smokers, reducing the prevalence from 11.4% in 2012 to 5.5% in 2022, has a controversial endgame due to the increased use of e-cigarettes. The current use of e-cigarettes by 15-16 years old students jumped from 5% in 2021 to 20% in 2022 and among 17-18 years old, from 4% to 24% in the same period[13]. Why Sweden might not be seen as a country which achieved endgame lies in the fact that it underwent a harm reduction intervention by using snus, an oral smokeless tobacco product, eventually reducing the prevalence of cigarette use, which has actually been rebuked[14].

Contrary to Sweden, Finland and Norway have listed other tobacco or nicotine products as e-cigarettes and snus on their endgame goals. The popularization of snus among Finnish young adults exposed the fallacy that their consumption would be associated with low health damage. The sale of these products is banned, different from importation for personal use, whose reduction is among the tobacco and nicotine-free goals until 2030[15]. Norway endgame goals attempt to reduce the percent of daily and snus smokers to less than 5% with no established timeline to reach the goals associated with birth-date commercial tobacco banning for those born since 2010[8].

Tobacco endgame sheds light on the necessity to create effective measures to reduce smoking in specific population groups, especially for those whose use has not declined or had even increased, which would be mandatory to ensure public health equity.

Endgame in Brazil

The successful implementation of most of the WHO FCTC mandated measures in Brazil, further to a less than 15% prevalence of smoking, sends a strong indication that the adoption of endgame strategies[8] is possible. In addition, the 2019-based goals described in the Strategic Plan for Non-Communicable Diseases in Brazil 2021-2030 estimates a reduction of 40% of the smoking prevalence in adults (18 years or more) until 2030 when the prevalence is expected to reach 7.7%[16]. Therefore, it is potentially feasible within the Brazilian scenario to reduce the prevalence to less than 5% in 2040 or even earlier.

It will be necessary to incorporate complementary and innovative measures to advance and improve the policies already in place to make endgame possible in Brazil. Chart 1

Chart 1. Endgame in Brazil

Reduction of demand
• Consolidation of a tobacco products tax policy with price increase rise and periodical inflation-correction and exportation tax increase for tobacco leaves
• Standardzied tobacco packages (plain packages) with health warnings for points of sale of cigarettes, cigars, pipes, hookah and accessories
• Additional regulations for smoke-free environments for children, pregnant women, ill and older adults
• Effective implementation of flavor and aroma banning
• Expanded offer of treatment for smoking cessation within the National Health System (SUS) for e-cigarettes users and easy access for vulnerable groups
• Definition of monitoring tools for social media and cross-border advertising and promotion
Reduction of supply
• Reduction of points-of-sale and restrictions on density, location and types of point-of-sales considering vulnerable groups further to actual monitoring
• Accelerated implementation of the Protocol to Eliminate Illicit Trade of Tobacco Products[17] with clear tracking and tracing tools to ban the illicit trade of e-cigarettes in the country
• Application of environmental protection measures on damages caused by the tobacco supply chain and holding the tobacco industry accountable
• Implementation of a comprehensive and continuous national policy to support tobacco farmers full and voluntary transition to novel economic activities

lists the policies which can be not only a transition, but an endgame policy in itself within the present scenario.

The correct identification of vulnerable groups, as indigenous and *quilombola* community (Afro-Brazilian residents of *quilombo* settlements established by escaped slaves) and understanding the smoking patterns of women, children and adolescents, LGBTQIA+ community and low-income population is essential to evaluate the efficacy of the interventions and make the required adjustments to ensure their inclusiveness and effectiveness.

CONCLUSION

For a successful endgame policy, it is critical to adopt a definition of what smoking is to make sure all tobacco and nicotine products are included. This is a key step to materialize the endgame and avoid the creation of a new generation of dependents through new forms of nicotine administration. In addition, the policy should encompass effective, innovative and comprehensive tobacco control measures to reach consumption niches which include vulnerable populations.

The endgame strategies in Brazil should reinforce measures already implemented, overcome the existing gaps and innovate to promote an actual and irreversible advance towards a nicotine-free country with integrated governmental, civil society and public health sectors initiatives.

A strong normative environment that reduces the availability and purchase of tobacco products together with educational campaigns and expanded offer of treatment could potentially speed up the transition towards a scenario where smoking is but an old practice. With this, not only the tobacco-related disease burden will decline, but it will serve as a global example of strengthening public health and protection of future generations.

CONTRIBUTIONS

All the authors contributed to the study design, acquisition, analysis and interpretation of the data, wording and critical review. All the authors approved the final version to be published.

DECLARATION OF CONFLICT OF INTERESTS

There is no conflict of interests to declare.

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