

Legislation and Tobacco Control in Brazil Between the Late 20th and Early 21st Centuries

Legislação e Controle do Tabaco no Brasil entre o Final do Século XX e Início do XXI

La Legislación y el Control del Tabaco en Brasil entre Finales del Siglo XX y Principios del Siglo XXI

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Abstract

Introduction: This article deals with the process of emergence and consolidation of the anti-smoking policy in Brazil, discussing the development of the Brazilian legislation in this field between the 1960s and the early 21st century.

Objectives: To discuss the first legislative regulations to standardize marketing and advertising of cigarettes brought into discussion in Congress in the 1960s; to evaluate the consequence of tobacco control actions in public health as well as laws and campaigns for the control and marketing of smoking products, introduced during the country's re-democratization process in the 1990s. **Method:** This study was based on the analysis of legislation and secondary sources on the development of tobacco control actions in the country. **Results:** In the period studied, there is intense strengthening of legislation on tobacco control in the country. **Conclusion:** While actions against tobacco were being developed, a strong framework of knowledge and an extensive practice in the field of tobacco control was built. This aspect, together with data on tobacco use and lung cancer incidence, suggests that tobacco control measures implemented in the country are successful.

Key words: Legislation as Topic; Tobacco; Smoking/legislation & jurisprudence; Control and Sanitary Supervision of Tobacco-Derived Products; Brazil

The Project originating this article is supported by FAPERJ (Young Investigator Fellowship of our State, FAPERJ Process E26/ 102.203/2009) and CNPq (Edital Universal, process 478151/2010-1).

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INTRODUCTION

This article approaches the development of the anti-tobacco policy in Brazil, discussing the transformations in the Brazilian legislation in this field during the last four decades of the 20th century. Although this subject has already been discussed in several articles designed by medical doctors, journalists and historians, its analysis is made relevant to the extent it evaluates these transformations in light of the changes in Public Health undertaken in the period.

As from the last quarter of the 20th century, with the strengthening of the anti-tobacco movement in the United States, multinational cigarette manufacturers intensified their action in developing countries. Their strategy had as basis the notion that these countries had a great marketing potential as they contemplate large population numbers and would have more difficulty in designing more strict anti-tobacco legislations. In this context, cigarette consumption in the country started to grow fast, achieving its peak in the mid 1980s. Besides investments of the industry in production and marketing, the increased competition in the sector, the control of prices and the steady growth of the urban population contributed to this process¹.

At the moment of both cigarette consumption and national tobacco production intensification, the country was found under a dictatorial regime of liberal character and the Health sector was going through a process of difficulties, determined by the lack of resources and by the severe crisis that achieved medical welfare, as from the 1970, to the detriment of initiatives of preventive character from the Ministry of Health. In this context, the first initiatives appeared, although still timidly, for the standardization of tobacco commercialization in the legislative field. Although these initiatives were supported in scientific postulations on the harms of smoking and even second hand smoking, they did not obtain the expected results. Only with the beginning of the democratization process and the transformation in healthcare which led to the sanitary reformation and the creation of the Brazilian Unified Health System (SUS), was this situation changed.

In the context of changes and construction of a new way of thinking that saw health as a citizenship right, whose provision is a State obligation, the actions of the public power as to the control of tobacco smoking started to be quite recognized, leading the country to a paradoxical position of being one of the largest world exporters of tobacco and, at the same time, a strong world leadership regarding the policy for the control of its production and consumption.

The aims included discussing the first legislative initiatives of commercialization standardization

and cigarette advertisement, which were subjects taken to the Congress in the 1960s; evaluating the consequences of Public Health changes, instituted from the redemocratization process of the country, in the actions for tobacco control; and evaluating laws and campaigns for the control of tobacco products commercialization and advertisement, commissioned in the 1990s.

METHOD

The present work is characterized as a Social History study. It was designed with basis on the analysis of documental sources referring to the anti-tobacco legislation in the country, consulted in the Federal Senate and Ministry of Health websites; in secondary sources, related to the development of Public Health and reference books written by medical doctors and journalists who discuss the trajectory of tobacco use in Brazil. Documents on the trajectory of actions of medical groups for the control of lung cancer were also used – several of them made available by the Brazilian National Cancer Institute - INCA, the institution responsible for the National Program for Tobacco Control (PNCT in Portuguese), since the end of the 1980s. The temporal limits of the worked sources are between 1980 and 2011. The selection and utilization of these sources had research, verification and historical interpretation as its basis. After the critical analysis and crossing of information with those from various research developed in different areas of medical knowledge, the objective was to evaluate the process of transformation of the legal reference on the utilization of tobacco in the country.

RESULTS AND DISCUSSION

THE FIRST STEPS OF THE ANTI-TOBACCO LEGISLATION

Investigations relating health problems to tobacco use, carried out as of the middle of last century, had an important role in the change people see the smoking habit. In the previous decades, some investigations were already obtaining conclusions in this regard, although these had little repercussion. In the 1950s, complex epidemiological studies, done by American and British researchers, became the starting point for the design of the Report on Smoking and Health from the *Royal College of Physicians*, written in 1962, and the “Terry Report”, written by the Advisory Committee on Smoking and Health in the USA in 1964². These documents demonstrated that the death rate due to lung cancer was higher among smokers and mentioned chronic bronchitis and emphysema as the most frequent diseases among smokers. Its disclosure gave breath to anti-tobacco smoking and transformed the way scientific communities from several States view tobacco smoking.

In Brazil, the disclosure of these reports within the medical community reinforced the anti-tobacco viewpoints related, up to that moment, to religious and moral aspects mainly. In the 1960s, some tuberculosis specialists, surprised by the increased number of lung cancer cases, started to observe a relationship between smoking and the increase in the number of that disease. However, these ideas were still very controversial and, in order to avoid more conflicts, they tried to attain their considerations on the causes of lung cancer to the medical community, writing in specialized journals and maintaining caution as to the viewpoints presented³.

In the context of the growth of medical concerns as to smoking, the first bills for its control were taken to discussion in the National Congress. In 1964, State Representative Eurico de Oliveira, elected by the former State of Guanabara, submitted a project that proposed the banning of tobacco derivatives advertisement in any communication media. In the following year, another project of his suggested the institution of an additional tax for fighting cancer. Still in 1965, Pedro Marao, Federal Representative from the State of São Paulo and Ivan Luz, elected through Paraná, submitted different bills, determining the printing of cancer risk warnings on cigarette packs. Marao also wrote a second bill providing for the ban of selling cigarettes to teens under 18 years of age. Before the end of the decade, other five projects related to the control of tobacco products were submitted to the Congress. All have been archived³.

During the 1970s, a steady increase of bills for tobacco control in the National Congress could be noticed. Gonçalves³ found 79 projects in this decade, against nine in the previous decade. Thirty five of those provided for some kind of regulation of cigarette advertisements and the distribution of gifts from the tobacco companies. There was also significant concern with the selling of cigarettes for teens under 18 years old (11 projects) and with the regulation of smoking in public transportation, either aerial or terrestrial, as well as in public places³. Among the propositions, six demanded sanitary control of cigarettes produced in Brazil, three suggested the insertion of warnings about the harms of tobacco on cigarette packs, four suggested taxes on tobacco products to be destined to Public Health, two proposed the subject of tobacco and its harms in school curriculum, and lastly, a project proposed a National Week for Tobacco Control³.

Such a number of projects demonstrates that discussion regarding this subject has been on in the Congress since the 1970s. But the fact that none of them was approved shows how limited the discussion was at that time. In

the middle of a military dictatorship, when economical liberalism was dominant and the notions of prevention and even Public Health were eclipsed by the medical welfare of curative character, the possibility of approval of projects which, besides being out of the scope of the governmental guidelines for health, put in danger the interests of big economical forces, had no way of being implemented. Besides that, at that time, the subject of tobacco was still defended by groups that saw it with a moral bias mainly. Initially, medical doctors got aligned to them in order to strengthen their viewpoints; however, the scientific speech could not count on the social consensus necessary to become hegemonic yet. Hence, tobacco kept growing and cigarette advertisements kept on selling the image of smoking associated to success, charm, elegance and virility.

THE STRENGTHENING OF THE ANTI-SMOKING MOVEMENT IN BRAZIL

In the 1970s, the harms provoked by tobacco smoking were consolidated as a health problem for the international agencies, becoming a constant subject in the World Health Assemblies, the highest decision-making body of the World Health Organization (WHO). In 1970, the WHO Committee of Experts wrote a report entitled "The smoking habit and health" summarizing several aspects of tobacco smoking and the harms it causes. This and others reports coming after it brought a number of recommendations to its Member-States, starting by the suggestion that governmental projects be created specifically to fight tobacco smoking, based on permanent bodies².

The globalization of medical concerns with tobacco widened initiatives proposing the regulation of its commercialization and consumption in the country. In March 1979, a document was created as the conclusion of works carried out in a seminar on tobacco smoking, organized by the Brazilian Institute for Thorax Investigation, in Salvador, Bahia. The then called Salvador Letter was written by important names in Pneumology and tobacco control in the country: José Silveira, Jaime Santos Neves, José Rosemberg, Edmundo Blundi, Antonio Pedro Mirra and Mario Rigatto. Many of them were important medical doctors in the struggle against tuberculosis and were then including in their concerns the harms to the respiratory tract caused by smoking³. The Salvador Letter recognized the challenge of the fight against tobacco smoking, highlighting the economical deadlock faced by the State, due to the money collected with tobacco production. Besides that, their authors did not get intimidated. Finding support in the WHO recommendations, they defended the creation of a

“National Committee of multi-institutional character”, capable of planning and promoting a campaign to fight smoking throughout the national territory⁴.

Giving continuation to the initiative of the pulmonologists that met in Salvador, the Brazilian Cancerology Society, still in 1979, put together a wide group of scientific associations and health-related institutions, in the city of São Paulo, with the objective of designing a National Program Against Smoking. The program was then coordinated by the Brazilian Medical Association, through a national committee composed by several national Medical Societies. It was also defined that this commission should send to the Congress a request for the creation of parliamentary investigation committee - CPI about smoking and health that should evoke the approval of new laws about the control of cigarette advertisement, smoking ban in determined places, cigarette commercialization, tobacco products taxation and warnings on the risk of tobacco smoking².

In 1980, the Tuberculosis League from the State of Espírito Santo sponsored the First Brazilian Conference to Fight Tobacco Smoking, in Vitória. Several medical doctors who took part in the event in Salvador, in the previous year, attended the conference. Besides the disclosure of international researches on the subject as well as WHO recommendations, one of the objectives was to promote the work done by Brazilian medical doctors³. As seen, the medical doctors related to activities against tuberculosis were the main incentivators of actions for tobacco regulation in the late 1970s.

Very soon the subject was on the cover of VEJA magazine, a weekly Brazilian magazine of widespread circulation. In April 1980, a group of journalists wrote a general scenario on the subject, informing readers about the harms of smoking and the way in which tobacco smoking was being approached in some parts of the world, especially in the USA. The article highlighted the importance of tobacco production for the Brazilian economy, at the time responsible for 35.5% of total IPI (a tax on industrialized products) collection – twice the amount collected by the automotive industry – and related such fact to the then week performance of government to approve measures for tobacco control in the country⁵.

Still in 1980, to celebrate the World Day of Health, the WHO launched an international campaign fight tobacco smoking, with the slogan “Tobacco or Health”, and designed the Program of Tobacco and Health, which recommended the intensification, or beginning where there was none yet, of government strategies for the control of tobacco smoking with emphasis in educational

measures, particularly in respect to young people, as well as in the prohibition, restriction or limitation of tobacco products advertisement⁶.

As part of these happenings, the Ministry of Health tried, in a timid way, to participate in the process of changes in the legislation on tobacco smoking which seemed to be approaching. In order to do that, in 1981, it created the Committee for the Studies of Smoking Consequences, with the main objective of designing reports on the several bills about the subject, presented at the National Congress. Composed by important members of the anti-tobacco movement, such as Antonio Pedro Mirra, Edmundo Blundi, Jayme Santos Neves, Jose Rosemberg, José Silveira and Mario Rigatto, it worked only for a year². Its composition and the short period of its existence show the difficulties lived by the anti-tobacco movement in that period. If on one side, its leaderships could, at times, be heard by the State, the resistance or lack of consensus as to its viewpoints soon removed them from the scene.

In the legislative field, still in 1980, the then State Representative Italo Conti, elected through the PSD Party from Paraná, presented a bill proposing that, every year, August 29th would be the celebration date of the “National Day Against Tobacco Smoking” and, in the preceding week, an educational campaign with the objective of disseminating the harms caused by tobacco smoking should be organized. The following year, his project was approved by the legislative chamber and sent to the Senate. It remained in the Senate until 1986, when, after long discussions, it was voted and approved almost unanimously, only two votes being registered against and one absence, and was later sanctioned by President José Sarney on June 11th of the same year. The Federal Law 7,488/86 instituted the date of August 29th as the “National Day Against Tobacco Smoking”. This Law is characterized as the first legislation of federal scope related to the regulation of tobacco smoking in Brazil*.

Even before the sanction of the Law # 7,488, the Ministry of Health decided to act more strongly as to the tobacco problem, creating the Support Group for Tobacco Control - GACT in Portuguese, in 1985. The group was composed by physicians, lawyers, politicians and representatives of several social instances related to tobacco control. GACT was, until the end of the decade, responsible for the campaigns of the National Day Against Tobacco Smoking. In November 1986, it organized a Symposium in which a series of documents produced by the group were presented, among which, a new bill presented to the then president José Sarney during the

* Brazil. Law number 7,488 of June 11th, 1986. It instituted the “National Day Against Tobacco Smoking” [cited 2011 Jun 30]. Available from: <http://www6.senado.gov.br/legislacao/ListaPublicacoes.action?id=130266>

celebration of the first National Day Against Tobacco Smoking. The project would ban the use of “cigarettes, cigars, cigarillos and pipes in collective, public or private places destined to work, leisure, health and education, as well as in collective transportation of any nature”, except in places specified for smokers, with the exception of health and education related places, including restrictions in their outdoor areas⁷.

The concern with places free of tobacco environmental pollution was the basis for the proposals at that time. It was intensified as from the 1980s, when studies on the harmful effects of tobacco smoke on non-smokers accumulated. In 1986, the US Department of Health and the US National Academy of Sciences National Research Council published a report on second hand tobacco showing its relationship with lung cancer in healthy non-smokers⁸. This new scientific evidence gave to the anti-tobacco movement throughout the world an important argument in the battle against tobacco: tobacco smoking was then a problem to others and not only to smokers.

The nearly six-year delay for the approval of the Conti Project and the creation of the Support Group from the Ministry of Health show an important aspect of the process of development of awareness as to tobacco harms in Brazil. In 1980, when the project was designed, the medical field was excited with the subject. Our pulmonologists, main characters in this process, created events and organizations with the objective of placing the subject of the harms caused by tobacco smoking in the Public Health agenda. However, the political conditions in the country and the current institutional possibilities at the time did not make possible the execution of the proposed objective. Gathered in medical societies and other civil organizations and, in research and education institutions, they could not aggregate enough support to transform their battle into political action. Such objective could only begin to be achieved when the Ministry of Health itself started to control this process. For such, a wider transformation of the Health sector was necessary; a transformation that was related to the more general process of redemocratization that was happening in the country.

In the mid 1980s, with the end of the dictatorship and the design of a social pact that allowed the entrance of the first civil president in 21 years, a new group occupied the important positions in the Ministry of Health. Representatives of the medical way of thinking who would see health in a broader way, giving appropriate value to primary care and preventive action, led an inflexion in the guidelines of the Ministry, allowing the tobacco matter to achieve an important position in the guidelines of our Public Health.

However, besides the efforts of medical groups devoted to the tobacco subject, the Ministry of Health had its action circumscribed by legal limits. Therefore,

their initiatives as to tobacco restriction at this time were limited to educational measures, promotion of August 29 campaigns and the publication of ordinances that, although had little immediate impact for smoking cessation, were of great importance for becoming the basis for subsequent measures of greater efficacy. The ordinance # 428/GM, for example, banned the use of tobacco products inside the Ministry, except in places destined to their consumption. It allowed the creation of the inter Ministry Ordinance # 3,257, of 1988, which recommended restrictive measures against smoking in working environments and provided certificates of merit to companies that had important participation in anti-tobacco campaigns in Brazil⁹.

THE TOBACCO CONTROL TAKES SHAPE

The redemocratization process that happened during the late 1980s generated important changes in the institutional and federative order of the country. The 1988 Constitution would radically transform the Brazilian health policy, allowing the emergence of a unified and decentralized health system, the attribution of a new responsibility to the State regarding this field and the widening of its scope. Its Article 196 established: “Health is a right of all and an obligation of the State, guaranteed through social and economic policies that aim at the reduction in disease risk and other health aggravations as well as the universal and egalitarian access to actions and services for its promotion, protection and recovery”¹⁰. In the specific field of tobacco regulation, the Article 220 of the new Constitution gave competence to the federal sphere to impose restrictions to cigarette, alcoholic beverage and medication advertisements and include warnings on the harms coming from their use whenever necessary – the article was fundamental for the justification of the constitutionality of further anti-tobacco laws.

In the year of its promulgation, the Ministry of Health created the Decree number 490, which forced the tobacco industry to stamp the following warning on the package of their products: “The Ministry of Health Warns: Smoking is Harmful to Health”¹¹. In the following year, a Bill written by Representative Elias Murad aimed at regulating Article 220 of the new constitution. Besides the regulation of advertisement of cigarettes, alcoholic beverages and medications, the project also provided for the banning of the use of cigarettes and other tobacco products in collective places, either private or public, except for areas destined to this end, properly isolated and with sufficient ventilation. The project also highlighted the ban in government buildings, hospitals and health centers, classrooms, libraries, closed work environments and theaters of all kinds¹².

Only in 1996 would Murad's project become a law (Law number 9.294 from 1996); however an inter Ministry Decree, designed in the previous year, already determined the use of warnings on cigarette packages as well as the restrictions of tobacco product advertisements¹³. Due to the new legislation, the advertisement of tobacco products on TV and the radio was restricted to the time between 9pm and 6am, and warning messages alerting to the several harms provoked by smoking started to be associated to these ads, in posters, banners, magazines and newspapers and on cigarette packages. The previous warning "The Ministry of Health Warns: Smoking is Harmful to Health", which had been posted on cigarette packages since 1988, had its second part replaced by the following sentence: "Smoking can cause heart disease and brain stroke"; "smoking can cause lung cancer, chronic bronchitis and emphysema"; "smoking during pregnancy can cause damage to the baby"; "those who smoke have a higher incidence of stomach ulcer"; "avoid smoking around children" and "smoking causes several health damages". In 1999, the Interim Measure # 1,814 allowed the Ministry of Health to define new warnings. The term "can cause" was replaced by the term "causes", making the warnings more direct and emphatic. New themes were also introduced¹⁴.

It is important to highlight that, even though the Elias Murad Law was an important tool for the widening of smoking restrictions, a flaw was evidenced since it did not establish any punishment to the violator smoker and it did not clearly define the rules as to smoking places and places that do not have it, allowing the tobacco industry to design strategies to soften the law enforcement¹⁵. Even nowadays tobacco has not been completely banned from closed environments. Nowadays in Brazil, States and Towns have been regulating more comprehensive laws like the Elias Murad Law, with more strict oversight, followed by a broad educational campaign, as in the cases of the states of São Paulo and Rio de Janeiro, in 2009.

BECOMING MORE STRICT

At the institutional level, in the context of sanitary reformation, the competence of the Ministry of Health as to Tobacco control was transferred to INCA, which since then has housed the PNCT.

Besides the more general guideline of reducing the number of smokers and consequently the morbidity and mortality related to the consumption of tobacco derived products in Brazil, the program aimed at reducing smoking initiation, mainly among young people; increasing smoking cessation and reducing exposure to environmental tobacco smoke. The program acted in the coordination and execution of actions developed in partnership with the Health State and Town Secretariats

and several sectors from the organized civil society, above all the scientific societies and professional regulating bodies in the healthcare area.

Besides articulating the May 31st, the World No-Tobacco Day, instituted by the WHO in 1987, and the August 29th campaigns, the National Day Against Tobacco Smoking, created in 1986, the PNCT started to promote a series of educational actions, such as congresses and seminars; programs for tobacco free work environments and educational actions in schools and healthcare centers. It also promoted programs for smoking cessation, qualified healthcares professionals in this field and worked in the diffusion of methods for smoking cessation in several media. The PNCT followed the SUS rationale so that such programs could be developed throughout the country, investing in strategies to decentralize their actions.

Restrictions to cigarette and other tobacco products publicity and the use of warnings on their packages and in advertisement material were slowly becoming, throughout the 1990s, one of the main PNCT concerns. INCA actions regarding the program made the institution very influent in the process of regulating tobacco smoking in the country. INCA became a national reference for the design of technical evaluations, used as subsidies for the creation of policies both in the legislative and economic levels.

In the mid 1990s, the National Coordination for Tobacco Control from INCA, responsible for the PNCT, already had important international recognition, having received, in 1994, the Tobacco or Health medal from WHO. This distinction was the first one done to this kind of program in Latin America. And that made Brazil host the "World No Tobacco Day" that year.

In 1995, INCA ordered an analysis of the content of the five best sold brands produced in Brazil from a laboratory of analysis of tobacco products in Canada, the LABSTAT¹⁶. The report of the outcomes received considerable media coverage in 1996, when it was verified that the levels of several substances analyzed were high above the maximum levels allowed in other countries. INCA designed, then, a document with a series of recommendations, highlighting the need of more strict oversight of tobacco products. According to Cavalcante, "this important action was the springboard for subsequent advancements as to tobacco derived products control and oversight in Brazil"¹⁶.

In December 2000, the Law number 10,167 would significantly knock the tobacco companies. According to the new legislation, tobacco commercial ads were restricted to the internal areas of the points of sales only; and besides that, such ads could not associate the product to the practice of sports or have the participation of children and adolescents. That is, tobacco products publicity was banned from the radio, television, cinema, newspapers, magazines, printouts, billboards and sportive article outfits.

Ads on internet were also banned, as well as indirect ads known as “merchandising” and ads in stadiums, tracks, stages or similar places, as well as the distribution of samples and gifts and the commercialization of tobacco products in educational and healthcare institutions; and it also banned the use of these products in airplanes and other means of public transportation. It was also through this law that, as of the year 2003, the sponsorship of cultural and international sports activities by tobacco companies was banned, which was later changed defining 2005 as the year for the banning of sponsoring international sports activities. This last modification was due to economic interests, revealed by the organization of the Formula 1 GP Brazil, in 2003, shown on television¹⁷.

The Law number 10,617 provoked strong reactions among tobacco manufacturers, and its constitutionality was questioned for overlapping the right of advertising a product, the obligation of warning and clarifying the harms associated to it. The National Industry Confederation, associated to these interests, petitioned for a Direct Action of Unconstitutionality as to the project, with the objective of totally freeing tobacco publicity¹⁸; but, in spite of all resistance, the process of strengthening the tobacco legislation and regulation was unavoidable.

In 1999, through the Federal Law number 9,782, the National Health Surveillance Agency - ANVISA was created, with the aim of promoting health protection of the population through sanitary control of products and services. Among its attributions, there is the control and oversight of cigarettes and other tobacco products. ANVISA would become an instrument of great efficacy for tobacco control. Its authority to work with law enforcement, issue fines and standardize several aspects related to tobacco production and consumption enabled it to have broader range of actions when compared to those put into practice by the Ministry of Health.

In the year of its creation, one of its first resolutions determined the annual registry of all tobacco products and the delivery of annual reports from tobacco manufacturers on the products they commercialized¹⁹. In an article published in VEJA, in November 1995²⁰, thus years before the creation of ANVISA, the average levels of tar and nicotine in the Brazilian cigarettes were published. The article had raised doubts on the reliability of the data presented by cigarette manufacturers and highlighted that the use of the word mild, which should indicate products of lower levels was being used in one of the strongest brands sold in the country²⁰. Alert to these questions, ANVISA published, in March 2001 a resolution establishing the maximum tar, nicotine and carbon monoxide levels allowed in the smoke of cigarettes commercialized in the country²¹, and banning the use of any adjective on cigarette packages or publicity material, such as: low level, mild, light, moderate levels and others

that could induce the consumers to misinterpret the levels of toxic substances contained in the cigarettes.

In May 2001, another rule from ANVISA regulated the printing of images that illustrate the meaning of the warnings on cigarette packages. The warnings also started showing the “Tobacco Quitline”, a service for the orientation offered by the Ministry of Health²². The characteristics of the images and warnings were determined by ANVISA and technically supported by INCA. One of the objectives of their use is to fight the social acceptance of smoking and to break the “positive aura” that had been created around cigarettes for decades. Its justification is related to the field of cognitive-behavioral psychology, postulating that one of the factors that can contribute for smoking cessation is the bad feeling caused by the package of the product. Besides that, cigarette packages started to be considered as an important communication vehicle on the harms caused by smoking, having an educational role, through strong warnings that aim at braking the impulses of smokers, making them think before automatically lighting up their cigarette¹⁶.

INCA and ANVISA replaced the group of images and warnings in 2004 for stronger images, when compared to the initial ones, so that the images kept causing impact; and nowadays (2010), a third group of images of strong impact started circulating on cigarette packages¹⁴. As from 2004, packages and publicity of tobacco products suffered even more interventions. A new ANVISA resolution, the same one that introduced the second group of images, determined that the warnings should also be posted on all kinds of publicity of the products. The following sentences were also included: “Sale prohibited to persons under 18 years of age” and “This product contains more than 4,700 toxic substances and nicotine that cause physical or psychological addiction. There are no safe levels for the consumption of these substances”²³.

CONCLUSION

The standardization actions put into practice by ANVISA as well as the actions from PNCT, coordinated by INCA, have built a strong framework of knowledge and extensive practice in the field of tobacco control. Besides the fact that the country is the second largest producer of tobacco and the biggest exporter of tobacco leaves in the world, the PNCT characteristics and the regulating legislative apparatus that was formed made Brazil a world reference in tobacco control measures. In 1999, when the World Health Assembly began to design what became the first international treaty of public health, the Framework Convention for Tobacco Control (FCTC), a document that proposes a series of measures against tobacco, Brazil became one of the main leaders in the process of negotiation of its text, unanimously approved in 2003, by the World Health Assembly.

The history of the state action for tobacco control in Brazil is an important advancement if we think that the smoking prevalence dropped from 35% in 1989 to 16% in 2006²⁴. Besides that, there are indications that the effect of these actions is being translated into numbers in the graphs on cancer and other diseases incidence, given the reduced mortality rate for lung cancer among men between 30 and 59 years of age from 1980 to 2003²⁵. Such data demonstrate that the fight of tobacco in Brazil has been obtaining positive results, signs of relative success.

CONTRIBUTIONS

Luiz Antonio Teixeira was responsible for the conception and planning of the research project, in which the student Tiago Jaques participated. Tiago Alves Jaques was responsible for researching and obtaining data for the article. Analysis, data interpretation and writing were performed by Luiz Teixeira and Tiago Jaques altogether. Luiz Jaques was in charge of the critical review.

Declaration of Conflicting Interests: Nothing to declare

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Resumo

Introdução: O artigo trata do processo de surgimento e consolidação da política antitabaco no Brasil, discutindo o desenvolvimento da legislação brasileira nesse campo, entre a década de 1960 e os primeiros anos do século XXI.

Objetivos: Discutir as primeiras iniciativas legislativas de normatização da comercialização e da propaganda de cigarros, postas em pauta no congresso, na década de 1960; avaliar as consequências das mudanças na Saúde Pública, instituídas a partir do processo de redemocratização do país, nas ações de controle do tabaco e avaliar as leis e campanhas para controle da comercialização e propaganda de produtos fumígenos postas em marcha nos anos 1990. **Método:** O trabalho foi elaborado a partir da análise da legislação e fontes secundárias referentes ao desenvolvimento das ações antitabaco no país. **Resultados:** No período estudado observou-se o intenso fortalecimento da legislação relativa ao controle do tabaco no país. **Conclusão:** Vis-à-vis ao desenvolvimento das ações contra o tabaco, construiu-se um forte arcabouço de conhecimentos e uma extensa prática no campo do controle do tabagismo. Tal aspecto somado aos dados sobre uso do tabaco e incidência de câncer de pulmão sugerem o sucesso das medidas antitabaco postas em prática no país.

Palavras-chave: Legislação como Assunto; Tabaco; Tabagismo/legislação & jurisprudência; Controle e Fiscalização de Produtos Derivados do Tabaco; Brasil

Resumen

Introducción: El artículo describe el proceso de surgimiento y consolidación de la política de control del tabaco en Brasil, discutiendo el desarrollo de la legislación brasileña en este campo, entre los años 1960 y los primeros años del siglo XXI. **Objetivos:** Discutir la normalización legislativa inicial de la comercialización y publicidad de los cigarrillos, en la agenda del Congreso en la década de 1960; evaluar las consecuencias de los cambios en la salud pública introducidos durante el proceso de democratización del país en las acciones de control del tabaco, y evaluar las leyes para controlar la comercialización y publicidad de los productos del tabaco, puestas en marcha en la década de 1990. **Método:** El trabajo se basó en el análisis de la legislación y las fuentes secundarias para el desarrollo de las acciones de control del tabaco en el país. **Resultados:** En el periodo estudiado se pudo observar un fortalecimiento intenso de la legislación relativa al control del tabaco en el país. **Conclusión:** Ante el desarrollo de acciones contra el tabaco un marco sólido de conocimientos y una vasta experiencia en el campo del control del tabaco han sido creados. Este aspecto, junto con datos sobre el consumo de tabaco y la incidencia de cáncer de pulmón sugieren el éxito de las medidas de control del tabaco implementadas en el país.

Palabras clave: Legislación como Asunto; Tabaco; Tabaquismo/legislación & jurisprudencia; Control y Fiscalización de Productos Derivados del Tabaco; Brasil