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23 Years of Tobacco Control in Brazil: the 1988 Brazilian Tobacco Control Program Today

23 Anos de Controle do Tabaco no Brasil: a Atualidade do Programa Nacional de Combate ao Fumo de 1988

23 Años de Control del Tabaco en Brasil: Actualidad del Programa Nacional de Combate al Tabaquismo de 1988

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Abstract

Introduction: The tobacco epidemic greatly increased in Brazil as of the 1970s; its confrontation, however, was limited to some medical organizations initiatives. A National Program of Tobacco Control was created in the structure of the Ministry of Health in 1985 and, in 1988, its coordination felt the necessity to plan its performance in a wider horizon. **Objective:** To analyze the creation, implementation and results of the National Program of Tobacco Control, designed in 1988 by the federal government, providing strategies and goals for tobacco control in the country, within five major strategic areas: (i) educational actions aimed at health and education professionals, (ii) awareness raising actions targeted at the general population and groups at risk, (iii) legislative and economic actions (iv) medical and social actions, and (v) actions on research and information. **Method:** Qualitative; historical and documental research. **Results:** It is evident that the plan allowed important advances in the government performance for tobacco control in the country, successfully meeting the planned goals, and reducing tobacco smoking and consumption prevalence. **Conclusion:** The program established in 1988 anticipated the main strategies that are, today, recommended by the World Health Organization. Designing a strategic vision of the problem, creating an appropriate management model for its development, and adopting a multidisciplinary and decentralized approach were the essential tools for the successful actions for tobacco control in Brazil.

Key words: Smoking/history; Smoking/prevention & control; National Program of Tobacco Control; Brazil

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INTRODUÇÃO

A epidemia de tabagismo acelerou-se vertiginosamente no The tobacco epidemic rose vertiginously in Brazil as from 1970. Between 1970 and 1986, the number of cigarettes sold in the domestic market grew 132% - at a time when the adult population grew only 69% - and cigarette consumption rose from about 780 units *per capita* to more than 1,200. In the mid 1970s, there were 25 million smokers in the country; ten years later, this number was already 33 millions – a growth of 32%[1].

The information available from the time about the prevalence of smokers was very limited and consisted of the result of a survey carried out by the Pan-American Health Organization in eight Latin-American cities that found in São Paulo – the only Brazilian city investigated – a tobacco prevalence of 54% among men and 20% among women, in 1972[2]; and a survey done in 1989 by the Feeding and Nutrition National Institute (INAN), with the cooperation of the Brazilian Institute for Geography and Statistics (IBGE) and the Government Management Planning Institute (IPLAN), which revealed a tobacco prevalence in Brazil of 34.8% among those above 15 years of age[3].

The first national studies demonstrating the increase, in the country, of tobacco-related diseases had started in the late 1970s and, in 1987, the Ministry of Health estimated the occurrence of 80 thousand to 100 thousand premature deaths due to smoking[1].

In July 1979, a first National Program against Smoking was designed by 46 entities – medical associations, university centers, health secretariats and others – gathered in São Paulo under the umbrella of the Brazilian Cancerology Society; and, in April 1980, the First Brazilian Conference Against Tobacco was organized in Vitória[4].

In the mid 1980s, actions "against smoking" in Brazil were incipient and poorly connected, taken on mainly by a few pioneer physicians leading their associations and organizations, among which it is important to highlight the names of José Rosemberg and Edmundo Blundi, at the Brazilian Society of Tuberculosis and Pulmonology; Antonio Pedro Mirra and Thomas Szego, at the Brazilian Medical Association; Mario Rigatto and Aloyzio Achutti at the Brazilian Cardiology Society; Jayme Zlotnik at the Paraná Medical Association and Jayme Santos Neves, at the Espirito Santo League Against Tuberculosis, among others.

As to the government action on the control of tobacco smoking, some States made history for their early and decisive action, generating facts and conceiving strategies that afterwards started being employed by other states and towns and at the national level. It was in the largest tobacco producing state in Brazil, Rio Grande do Sul, that, as from 1975, the first steps were taken, targeting collaboration between the government and civil society, which would initially result in official support to the work of the Rio Grande do Sul Medical Association in their campaigns for a state legislation on tobacco and, then, at the establishment of the State Program Against Smoking in the early 1980s[5].

The other pioneer state in tobacco control was São Paulo which, with the support of the Brazilian Medical Association and the University of São Paulo, gained impact on the media and the federal government for the creation of the embryo of what would become the National Program for Tobacco Control[6]. One of the first administrative acts targeting tobacco control in Brazil occurred in this state, with the creation of the Tobacco Control Program at the São Paulo Secretariat of Health, through the Decree number 26,199, of 1986, which instituted a work group to study and propose the regulation of the State Law number 5,384, of 1986, which banned smoking in government facilities.

The third was the state of Paraná, whose commitment of the State Health Secretariat was made official in 1979, through a resolution that determined the execution of educational and informative actions about smoking. In 1980, Paraná reached national visibility with the Tobacco Strike, which served as example for the first Federal Law for tobacco control in the country, sanctioned in 1986, creating the National Day Against Tobacco Smoking[7].

The government action at the federal level, however, only began to be institutional in 1985, with the constitution of the Support Group for Tobacco Control in Brazil (GACT) and the creation, in 1986, of a National Program Against Tobacco Smoking (PNCF), as a joint action of the National Divisions of Sanitary Pulmonology (DNPS) and Chronic-Degenerative Diseases (DNDCD) of the Ministry of Health, financed with resources of the National Campaigns against Tuberculosis and Fighting Cancer, soon followed by the creation of a Tobacco Control Program, initially at regional level, at the Brazilian National Cancer Institute (INCA), in Rio de Janeiro. This effort had as its institutional godfathers the physicians Germano Gerhardt Filho, director of DNPS, Geniberto Paiva Campos, director of DNDCD and the Minister of Health Valdir Arcoverde. The coordination of PNCF would be transferred to INCA/MS, in Rio de Janeiro, in 1992.

At the legislative level, only as from 1980, laws banning smoking in some environments started to be promulgated in the state of Paraná (1980), in the city of São Paulo, in the State of São Paulo (1981) and the State of Rio Grande do Sul (1983)[4]. In 1986, the National Day Against Tobacco Smoking was instituted by national

law, a fact that marked the reversal of a tendency in our legislation – up to then completely devoted to protect the tobacco industry – inaugurating, though still timidly, a standardization targeting tobacco control as a collective health problem.

The first Federal Law for tobacco control in the country, number 7,488, of June 11th 1986, determined that the Executive Power, through the Ministry of Health, promoted annually, at the week preceding August 29th, declared as the National Day Against Tobacco Smoking, a campaign at national level, aiming at warning the population about the harms caused by tobacco use.

In 1988, the PNCF was well institutionalized at the structure of the Ministry of Health and its coordination felt the necessity of planning its action in a broader horizon. A Work Plan for the 1988-2000 period that "aimed at organizing the government action and the non-governmental articulation to control tobacco in Brazil" was then designed[8].

This plan – discussed and approved by the GACT and technical and financing bodies from the Ministry of Health involved – established, for the first time, short- and long-term objectives and goals and defined strategies for governmental and societal actions regarding tobacco control in Brazil, "aiming at promoting health and reducing the impact of tobacco-related diseases".

23 years after this formulation, it is understood that an evaluation of these results does not only demonstrate the viewpoint of the group who conceived it and the Public Health scenario that favored its creation and implementation in the following years but also their success and the modern status of the goals and strategies then proposed. It also highlights that the planning of Public Health actions based on evidences constitutes a fundamental tool for the success of interventions performed and that the institutionalization of a program with a defined management proposal favors its implementation.

Therefore, this study has as objective to analyze the creation, implementation and results of the PNCF, conceived in 1988 by the federal government, establishing strategies and goals for tobacco control in the country within five important fields of action: (i) an educational action towards healthcare and education professionals; (ii) an educational action towards population-based risk groups and the general population; (iii) a legislative action and in the economic sphere; (iv) a medical and social action; and (v) a research and information action.

METHODS

TIt is a qualitative study, with historical and document research in webpages and old publications by the PNCF/MS and in online publication banks, especially SciElo, using as describers "tabagismo no Brasil" (tobacco smoking in Brazil), "controle do tabagismo"(tobacco control), "PNCF", "história do controle do tabagismo" (history of tobacco control). The information collected was then analyzed according to tobacco control policies to reduce the demand identified in the package MPOWER of the World Health Organization (WHO) and examined as to the adhesion to principles designed in Framework Convention for Tobacco Control (FCTC) from WHO and its guidelines.

RESULTS AND DISCUSSION

Two important goals for tobacco control were established by the Plan: (i) to reduce the consumption of tobacco products; and (ii) to reduce tobacco prevalence.

The choice of tobacco product consumption as an indicator, on top of tobacco prevalence, was due to the fact that the population-based surveys were still rare and irregular at the time, and the consumption per capita was the main information available for the regular monitoring of the epidemic. The smuggling of cigarettes – important limiting factor for the employment of this class of indicator, besides not allowing disaggregation of data per age, gender and income – was not relevant at the time and its growth happened as from the early 1990s[9].

Withn 12 years, that is, up to 2000, the Plan intended to stabilize – total and *per capita* – cigarette consumption when compared to the consumption level of 1988 and reduce the tobacco prevalence to 30% among adults, and to less than 5% among adolescents and young teens.

For the accomplishment of these goals, five important fields for strategic actions were established: (i) an educational action towards healthcare and education professionals; (ii) an educational action towards population-based risk groups and the general population; (iii) a legislative action and in the economic sphere; (iv) a medical and social action; and (v) a research and information action.

The educational actions targeted both the groups considered priority for the implementation of the defined strategies (healthcare and education professionals, legislators, sanitary authorities and opinion makers) and the population at risk segments (children, adolescents and young people; pregnant women and risk patients, secondhand smokers; workers). Direct educational actions were planned for these groups; the production and diffusion of theoretical and scientific information; the integration of education actions for health in the school curricula, at health services and work environments; the organization of social communication campaigns; and the sensitization and mobilization of opinion makers.

The legislative action aimed at encouraging the production, by the federal, state and town legislative powers, of laws that were identified as necessary, forwarding bills, acting with legislators and offering them information,

technical support and assistance. The priorities in this area were to obtain national laws (i) banning the use of tobacco in close public places; (ii) prohibiting publicity of tobacco products and the sponsorship of cultural and sports events by tobacco producers and (iii) demanding the presence of warnings on tobacco packages.

In the economical sphere, the Plan intended to obtain the formulation of a government policy, responsibility of the Ministry of Health, which "meets the interests of the population health, without compromising tax revenues and employment". Here the main objectives were: (i) to increase taxes on tobacco products up to a minimum of 80% of the selling price and (ii) to remove the price of cigarettes from the calculation of cost-of-living indices.

The social and medical action was concentrated on the encouragement to the implementation of "smoking cessation programs" by both governmental and non-governmental organizations. The plan also provided for the encouragement and financing of studies and surveys destined to the production of epidemiological information of interest for the diagnosis, follow up and evaluation of the governmental action as well as the problem evolution. A technical cooperation with international bodies would also be pursued, aiming at the national scientific and technological development in the field of tobacco control.

An innovative and strategic feature that was configured in this plan – and that was adequate to the creation, at that time, of the Brazilian Unified Health System (SUS) – was the promotion for the creation and broadening of programs at both state and town levels and with non-governmental organizations, with the understanding that it was at these levels that the program would provoke impact in the population, always with the help and support of the community and several organizations. The program was decentralized and involved hundreds of towns through the promotion of regular trainings at the state and town levels, and the use of this management model was configured as essential to its development.

Another perspective that was already configured in this plan was the one of multi-sectors, with the planning of involvement of several ministries, which would become effective in the following decades, with the creation of the Inter-Ministerial Commission of Negotiation of FCTC and the organization of the civil society, which also occurred.

The policy that was being designed for tobacco control in Brazil adopted, as its guidelines, the WHO recommendations of 1979, established at the 33rd World Health Assembly, in 1980[10], besides those in the Salvador Letter, of 1979[11], in which a group of physicians, who had gathered in a seminar, "suggests fundamental measures against tobacco" to be implemented in the country.

The advent of the FCTC, in May 2003[12], and the formulation of the MPOWER strategy – WHO Measures Plan to Reverse the Tobacco Epidemic -, in 2008[13], allows appreciation of the strategies and goals of the PNCF 1988-2000 with other eyes, recognizing its coherence and modernity.

Frame 1 shows the correlation between the dispositions of the Framework Convention and the corresponding measures currently recommended by WHO (MPOWER Measures Plan) and the goals established by the Work Plan for the Period 1988-2000 of the PNCF (1988-2000). Through this comparison, it is evident that, back in 1988, the policy for tobacco control formulated by GACT and by the coordination of the PNCF of the Ministry of Health already anticipated – with some points that would be reviewed according to further research that changed the paradigm of non-smoker protection – guidelines, goals and strategies that, later on, would be recommended by WHO and consolidated at the FCTC.

The results obtained in the country, with the implementation of this policy, seem to confirm its effectivity (Frame 2).

A difference that calls attention between the PNCF 1988 policy and the FCTC/MPOWER (2003/2008) is the strategy adopted to protect the population against tobacco smoke. Goal 11 of the PNCF 1988 was that, before 1990 there shall be a federal law banning the use of tobacco in closed public places (in special schools, health centers and public transportation) and establishing separate areas for smokers and non-smokers at work and food consumption environments. This strategy is not aligned with the current knowledge that any technology of ventilation and air-conditioning currently available can eliminate the particulate substances of smoke and reduce exposure to tobacco environmental pollution to safe levels[14], and that "the completely free-tobacco environments are the only proved way of properly protecting people as to the harmful effects of secondhand smoking"[13]. It was, nonetheless, coherent with what was known then, since studies on the impact of tobacco pollution on secondhand smoker´s health was only beginning[15].

The PNCF goal was achieved in 1996 with the approval, by the National Congress, of the Law number 9,294, of 1996, which banned smoking in closed environments, but permitted the creation of "fumódromos", [designated places for smoking] currently one of the most important sanitary subjects occupying the agenda of the Federal Legislative Power. It is worth noticing that, in 1996, the PNCF was already struggling for "tobacco smoke free environments" without the establishment of areas for smokers; however, both influence and interference of the tobacco industry was stronger, and it became clear in the construction of the bill that was approved that year by the Brazilian parliament[16].

The goal of increasing taxes on cigarettes to 80% of the consumer price was not achieved. Nonetheless, data from the Internal Revenue Service show that there is an approximation to that: taxes corresponded to 71.6% of the price of a cigarette package, in 2007; 72.2% in 2008; and 76,3% in 2009[9]. Anyway and unfortunately, this policy was

Chart 1. Correlation between the measures recommended by the Measures Plan (from WHO) to reverse tobacco epidemic (MPOWER) coming from the FCTC and the goals established by the Work Plan for the 1998-2000 period of the PNCF (1988-2000)

MPOWER/FCTC (2003/2008)	PNCF (1988-2000)
M – Monitor tobacco use and prevention policies (CQCT, Article 20)	Goal 16 – Produce statistical and epidemiological information of interest for diagnosis, follow up and evaluation of the government action and evolution of the problem
P – Protect the population against tobacco smoke (FCTC, Article 8)	Goal 11 – Before 1990, there shall be a federal law banning the use of tobacco in closed public places (especially schools, health centers and public transportation) and establishing separate areas for smokers and non-smokers in work and food consumption environments
O – Offer help for smoke cessation (FCTC, Article 14)	Goal 15 – Before the year 2000, all the federate units and cities with more than a million inhabitants will have to have smoking cessation programs
W – Warn on the danger of tobacco (FCTC, Articles 11 and 12))	Goal 5 to 10 – Develop an educational action to healthcare and education professionals; diffuse scientific information to healthcare and education professionals, legislators, sanitary authorities, health institutions; develop an educational action directed to the general population and priority groups (children, adolescents and young adults, pregnant women, workers, risk patients and secondhand smokers) at schools, health services, community organizations and work environments; carry out social communication campaigns Goal 12b – Before 1995 there must be a federal law demanding the presence of warnings on cigarette packages, tobacco packages and other tobacco derived products, as well as in all publicity material
E – Enforce the publicity, promotion and sponsorship bans (FCTC, Article 13)	Goal 12 a – Before 1995, there shall be a federal law banning promotion, advertisement, direct and indirect publicity, support and sponsorship of cultural and sports events by producers, manufacturers, industries and sales people of tobacco products
R – Increase taxes on tobacco (FCTC, Article 6)	Goal 13 – progressively increase taxes of tobacco products up to, at least 80% of selling price, up to year 2000

only reflected in the actual increase of prices as from 2009, since Brazilian cigarettes are still among the cheapest in the world, making them accessible, especially to young adults and the low income population.

As to the implementation of cessation programs, whose objective was to be available, in at least, every city with more than a million inhabitants before the year 2000, the goal, was apparently achieved: up to June 2010, 1,594 health units of the SUS network, in 715 towns, maintained these programs. Besides that, the government maintains a call center that provides assistance on how to quit smoking, through free calls. This is an activity that grows in importance in our country, both as a state and a private action. It is worth reporting that the country already has more former-smokers than smokers: 26 millions against 24.6 millions[17].

From 1985 to the present days, several written, spoken and TV media campaigns have been shown regularly, more or less intensely, at national and regional levels. As of 1988, warning messages are mandatory on cigarette packages and in 2002, images started to illustrate these warnings, and access to information on the harms of cigarettes became universal. Recent research results show that 75% of current smokers think about quitting smoking due to these policies[18]. As a consequence of these information campaigns and warning images, the information available shows that 96.1% of people who are 15 years old or above believe that smoking can cause serious diseases; 91.4% know that cigarette smoke can cause diseases and 77% refer as having been informed about it through television or radio[18].

The banning of publicity and sponsorship was reached in 2000, a result of several legislative propositions of both parliamentary and Executive initiatives and after a long and difficult processing, also with strong opposition lobby by the tobacco industry[19]. The publicity of tobacco products is nowadays banned from the media, with the exception of that done in points of sale, and it has been intensely broadened since then, just like institutional publicity and social corporate responsibility. As a result, 31.3% of the

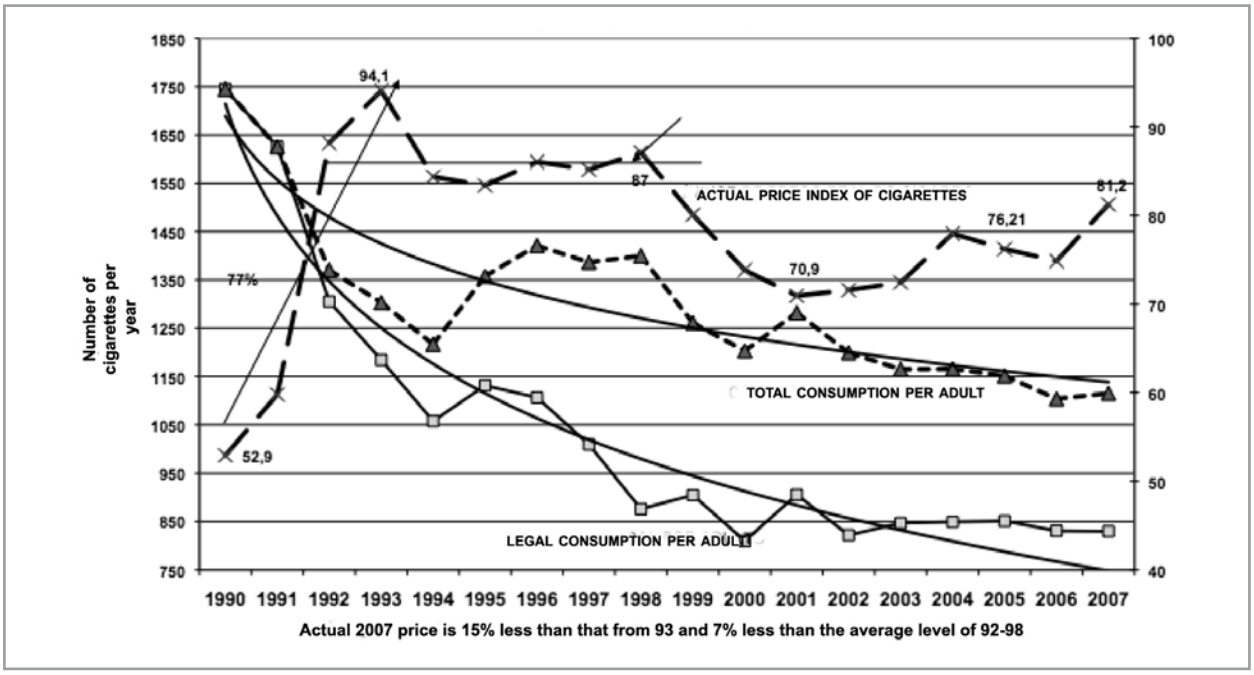
Chart 2. Resultis achieved regarding tobacco control in Brazil, according to recommended measures by the Measures Plan [from WHO] to Reverse Smoking Epidemic (MPOWER) from FCTC and the goals established by the Work Plan for the 1998-2000 period of the PNCF (1988-2000)

MPOWER/FCTC (2003/2008)	PNCF (1988-2000)	Current situation
M – Monitor the use of tobacco and prevention policies (FCTC, Article 20)	Goal 16 – statistical and epidemiological information	Existence of enough statistical and epidemiological information to monitor the government action and the control situation
P – Protect the population against tobacco smoke (FCTC, Article 8)	Goal 11 – National Law for Tobacco free environments	Current law (1996) bans smoking in public or private collective environments (government offices, health centers, educacional facilities, libraries, cinemas, theaters, work environments and public transportation), but allows "fumódromos", that is, areas destined exclusively to smokers "properly isolated and with convenient airing". Several state and town laws ban smoking in collective environments. The extinction of "fumódromos" is the subject of a federal bill
O – Offer help for smoke cessation (FCTC, Article 14)	Goal 15 – programs for smoking cessati	Exisitence of a free program in the public health system as of 2004. Tobacco Quitline made available freely since 2002. Growing and pent-up demand
W – Warn on the danger of tobacco (FCTC, Articles 11 and 12)	Goals 5 to 10 - Information Goal 12b - Warnings	Surveys inform high knowledge rates on "the harms of smoking" among all population segments. Federal Constitution of 1988 determines the presence of warnings with images "that illustrate its meaning" as of 2001
E – Enforce the publicity, promotion and sponsorship bans (FCTC, Article 13)	Goal 12a – Banning of promotion, advertisement and sponsorship	The Federal Constitution from 1988 determines that publicity "will be subjected to legal restrictions". Publicity restricted to points of sales; promotion and sponsorship banned. (Law number 9,294, of 1996). Restriction/prohibition of publicity/ promotion in points of sales is the subject of a bill at the Federal Legislative
R – Increase taxes on tobacco (FCTC, Article 6)	Goal 13 - taxation	Taxes correspond between 72% and 76% of the price to consumers (2007 to 2009)

Brazilian population above 15 years of age say they notice publicity of cigarettes where they are sold and 21.3% in other places and in sports events[17-18].

The information available demonstrates the success of the Brazilian program for tobacco control and the achievement of the main goals defined in 1988.

The official data show a significant and sustained fall of both cigarette consumption (Graph 1) – even when considering cigarette smuggling, whose growth increased in importance in the early 1990s, - and tobacco prevalence. In more recent years, this fall has been better noticed among men, with women keeping stable consumption (Table 1 and 2).



Graph 1. Legal and total consumption per adult (units) and actual price index of cigarettes (December 93 – 100)
Source: Iglesias et al. (2007)[9]

Table 1. Tobacco Prevalence (%) among adults between 1989 and 2010, per gender, according to population studies. Brazil

Year	Survey	Prevalence (%)		
		Total	Men	Women
1989	PNSN[3]	34.8(*)	40.3	26.2
2003	PMS[20]	18.1(**)	22.5	14.4
2002/3003	INCA[21]	18.5(*)	22.8	15.2
2008	PETab/IBGE[22]	17.2(*)	21.6	13.1

(*) 15 years old and +; (**) 18 years old and +
Source: VIGITEL/MS[23]

Table 2. Tobacco Prevalence among adults (18 years of age and above), per gender, in 26 capitals and Federal District. Brazil, 2006-2010

Year	Total	Men	Women
2006	16.2	20.2	12.7
2007	16.6	21.3	12.5
2008	16.1	20.5	12.4
2009	15.5	19.0	12.5
2010	15.1	17.9	12.7

(*) 15 years old and +; (**) 18 years old and +
Source: VIGITEL/MS[23]

Independent studies confirm this fact[24] and its impact in the reduction of mortality associated to smoking[25], making this program one of the biggest success of prevention and health promotion in the country.

CONCLUSION

The 1988 PNCF was an advance in the planning of one of the main actions of prevention and control of diseases of the Brazilian government and allowed guidance for the construction of a permanent project of national scope, with well documented and actual impact at the level of health of our population. The management model of program can serve as example to other programs for health promotion in the country, given its insertion within the SUS rationale and the pioneer approach in the use of the multi-sector policy for the control of risk factors.

The series of effective conquests, from the formulation of the PNCF in 1988, resulted in a significant fall of tobacco consumption and prevalence of smokers in the country, within all age groups and genders.

However, two decades later, some challenges persist, among which the need to adopt a policy of regular increase in taxes and prices; the banning of smoking in closed public places, without areas designated to smokers; the prohibition of institutional publicity, of social corporate responsibility and in points of sale; the broadening of access to treatment for tobacco users and the strengthening of strategies targeting public information in more vulnerable groups, that is, through warnings on cigarette packages, either through educational programs and social communications.

New areas that have not been contemplated by the 1988 program, such as the regulation of tobacco products, smuggling control and the support to alternatives to tobacco cultivation, should be the target of growing government support and constitute the current priorities for tobacco control in Brazil.

Finally, the 1988 program gave place to a much more comprehensive program, based on the FCTC, from WHO, that the country will have to honor as a way of advancing on its compromise with Public Health.

CONTRIBUTIONS

Both authors contributed to the conception and planning of the article; the acquisition, analysis and interpretation of information and the writing of the material.

Declaration of Conflicting Interestss: Nothing to Declare

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Resumo

Introdução: A epidemia de tabagismo acelerou-se grandemente no Brasil, a partir da década de 1970; seu enfrentamento, no entanto, limitava-se a iniciativas de algumas organizações médicas. O Programa Nacional de Combate ao Fumo foi criado na estrutura do Ministério da Saúde em 1985 e, em 1988, sua coordenação sentiu necessidade de planejar sua atuação num horizonte mais amplo. **Objetivo:** Analisar a criação, implementação e resultados do Programa Nacional de Combate ao Fumo, concebido em 1988 pelo governo federal, estabelecendo estratégias e metas para o controle do tabagismo no país, em cinco grandes campos de atuação: (i) ação educativa junto a profissionais de saúde e educação; (ii) ação educativa junto a grupos populacionais de risco e à população em geral; (iii) ação legislativa e na esfera econômica; (iv) ação médico-social; e (v) ação de pesquisa e informação. **Método:** Estudo qualitativo com pesquisa histórica e documental. **Resultados:** Evidencia-se que o programa permitiu avanços importantes na atuação do governo para o controle do tabagismo no país, atingiu as metas estabelecidas e resultou na redução do consumo de tabaco e da prevalência de tabagismo. **Conclusão:** O programa estabelecido em 1988 já contemplava as principais estratégias que, hoje, viriam a ser recomendadas pela Organização Mundial da Saúde. Ao delinear uma visão estratégica das ações de controle, criar um modelo de gestão adequado ao seu desenvolvimento e adotar um enfoque multidisciplinar e descentralizador foram elementos essenciais para o sucesso das ações de controle do tabagismo no Brasil.

Palavras-chave: Tabagismo/história; Tabagismo/prevenção e controle; Programa Nacional de Controle do Tabagismo; Brasil

Resumen

Introducción: La epidemia de tabaquismo aceleró grandemente en Brasil en la década de 1970; su confrontación, sin embargo, era limitada a unas pocas iniciativas de organizaciones médicas. El Programa Nacional contra el Tabaco fue creado en la estructura del Ministerio de la Salud en 1985 y, en 1988, su coordinación sentía necesidad que planear en un horizonte más amplio. **Objetivos:** Analizar la creación, implementación y resultados del Programa Nacional contra el Tabaquismo, aprobado en 1988 por el gobierno federal, proporcionando los objetivos y metas para el control del tabaco en el país en cinco grandes áreas estratégicas de acción: (i) actividades educativas para los profesionales salud y educación, (ii) actividades educativas con la población en general y los grupos de alto riesgo, (iii) acción legislativa y en la esfera económica, (iv) acción médica y social, y (v) actividades de investigación e información. **Método:** Estudio cualitativo; investigación histórica y documental. **Resultados:** En todas las áreas hubo importantes avances en las medidas adoptadas por el gobierno, cumplimiento de las metas y reducción de la prevalencia de tabaquismo y del consumo *per capita* de tabaco. **Conclusiones:** El Plan de 1988 ya contenía las principales estrategias hoy día recomendadas por la Organización Mundial de la Salud. Por adoptar una visión estratégica en la planificación en salud, crear un modelo de gestión adecuado a su desarrollo e incluir un enfoque multidisciplinario y descentralizado, fueran elementos esenciales para el éxito de las acciones de control del tabaquismo en Brasil.

Palabras clave: Tabaquismo/historia; Tabaquismo/prevención y control; Programa Nacional de Control del Tabaquismo; Brasil