The tobacco issue in Brazil

Tobacco use and secondhand smoke exposure: data and trends

Brazil is a leading global tobacco producer and the largest exporter of tobacco leaves. Despite this longstanding condition, the country has developed comprehensive tobacco control policies and was able to achieve significant progress on implementing them.

There was a significant reduction in the smoking prevalence. 34.8% of adults were smokers in 1989 (National Survey on Health and Nutrition), but this number was reduced to 14.7% in 2013 (National Health Survey)\(^i\) \(^ii\).

An annual governmental survey named VIGITEL, conducted only in Brazilian capitals, showed that in 2014 10.8% of adults smoked (12.8% of men and 9.0% of women). The same research pointed out that 9.4% of the population was exposed to secondhand smoking at home (10% of women and 8.7% of men), and 8.9% at work (13.1% of men and 5.2% of women). In 2009, these levels of exposure were 12.7% at home and 12.1% at work\(^iii\).

According to GATS (2008 & 2013), consumption is decreasing in Brazil. A paper published\(^iv\) in 2015 revealed that for both genders there has been an increase in the proportion of ever-smokers who have quit. In addition to that, remaining smokers seem to be making more quitting attempts.

Among the youth, the National School-based Health Survey (PeNSE) is being held every three years, since 2009, with interviews with students from the ninth grade from public and private schools. That survey is a partnership between the Brazilian Institute of Geography and Statistics (IBGE), the Ministry of Health and the Ministry of Education. According to PeNSE 2015\(^v\), 5.6% of the students made use of tobacco in the last 30 days and 18.4% had experimented it. In 2009\(^vi\), these numbers were 6.3% and 24.2%, respectively.

The ERICA study (cardiovascular risks among adolescents)\(^vii\), published in 2016, showed that 5.7% of the adolescent population (12-17 years) made use of tobacco and 18.5% had experimented it. There were no significant differences between genders. As other surveys, higher prevalence rates were observed in the South and lower rates in the Northeast, and adolescents from public schools smoked more than the ones from private schools.
The impact of tobacco use

The burden of smoking in Brazil regarding mortality, morbidity and medical care costs of the main tobacco-related diseases was estimated in a paper published in 2015. Smoking was responsible for about 81% of lung cancer deaths, 78% of COPD deaths, 21% of heart attack deaths, and 18% of stroke deaths. In addition to that, it was accountable for 147,072 deaths, 157,126 acute myocardial infarctions, 75,663 strokes, and 63,753 cancer diagnoses. The direct cost for the health system was 23.37 billion BRL.

Another study focused at hospital costs in São Paulo State, in the Southeast Region of Brazil, concluded that tobacco-related diseases account for 19% of the total expenses in the Unified Health System (SUS).

According to Tobacco Atlas 2015, lost productivity due to tobacco costs Brazil approximately 100 million BRL ($26.6 million USD) per thousand smokers.

Bypassing roadblocks: data, achievements and gaps

Political will

There is a global recognition that Brazilian leadership was critical to the successful conclusion of the FCTC negotiations in 2003. Two Brazilian ambassadors, Celso Nunes Amorim and Luiz Felipe de Seixas Correa, were appointed to chair the Intergovernmental Negotiating Body (INB) for the treaty, and Brazilian former coordinator of the National Tobacco Control Program, Vera Luiza da Costa e Silva, was nominated to lead WHO's Tobacco Free Initiative (TFI). In 2014, Dr. Costa e Silva was appointed Head of Secretariat of FCTC.

The country showed capacity to deal with the diversity of interests at national and international level. During FCTC negotiations, Brazil established an inter-ministerial Commission to advise the President and reduce potential interference by the tobacco industry that holds a strong presence in the country. The Brazilian inter-ministerial Commission for the Implementation of the FCTC (CONICQ) replaced this advisory group after the negotiations.

Even with this remarkable history of leadership during negotiations, the FCTC ratification by Brazilian Congress was a long process due to the opposition of the tobacco industry and its allies. FCTC was finally approved in Brazil in December 2005 (decree 5,658 was published in January, 2006).

The National Policy on Tobacco Control has a multisectoral character and is guided by the objectives, principles, obligations and articles of the FCTC. The National Committee for WHO FCTC Implementation (CONICQ) was established under the coordination of the Ministry of Health. The CONICQ is composed of representatives of 18 ministries and agencies at federal
level and is responsible for implementing multisectoral policies to ensure that the country complies with the treaty.

National coordinating mechanisms with multisectoral representativeness are critical for FCTC implementation, but multisectoral deliberation is not an easy process. Different perspectives and interests need to be considered and lack of consensus can affect the decision-making power of the Committee.

For example, the Ministry of Agriculture (MOA) has sectoral chambers to discuss specific issues, as rice, sugar and beans production, and regular meetings are held with stakeholders. Tobacco industry allies compose the sectoral tobacco chamber in MOA, which is member of CONICQ. Frequently the tobacco production is pointed as an obstacle to FCTC implementation, with misleading information about the impact of the measures. When the additives’ ban was discussed in the country, members of the tobacco chamber and MOA expressed opposition to its approval and implementation. Political influences by tobacco industry, especially in some ministries, can affect the alignment around priorities and policies implementation.

Another challenge has been the civil society participation in CONICQ meetings. The FCTC recommends the Parties should be actively open to the participation of civil society organizations (providing that it is in accordance to Article 5.3), but CONICQ is strictly composed by government representatives and the access to the meetings and strategic discussions is restricted.

Regarding the role of civil society organizations in Brazil, we can highlight the coalition coordinated by the Alliance for the Control of Tobacco Use – ACT, a Brazilian non-governmental organization, which monitors and contributes to the FCTC implementation in the country. It includes medical societies, law associations, universities and individuals from all over Brazil. Currently, it has 1100 members. ACT played a key role in the ratification of the FCTC. It has been decisive on the implementation of other tobacco control policies in Brazil, too, as the smoke-free legislation. Several activities have been developed by ACT, including:

* Advocacy
* Coalition building and strengthening
* Knowledge generation, dissemination and use
* Campaigns
* Engagement with global health governance and health promotion

Tobacco control policies have been strongly supported by Brazilians. In 2014, an opinion poll (DATAFOLHA) showed 93% of support to smoke free legislation, 89% to health warnings and 85% to ads ban.

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1 http://actbr.org.br/institucional/rede-act-associados.asp
**Intersectoral coordination**

CONICQ represents the multisectoral articulation inside the government, including representatives from 18 sectors of the Federal Government\(^2\).

Among its initiatives, CONICQ has produced technical notes to support tobacco control policies and maintains a platform with information on FCTC implementation in Brazil. Working groups were created to discuss specific issues, such as litigations and economic alternatives to tobacco growing. CONICQ is also responsible for preparing the Brazilian delegation for FCTC Conference of the Parties.

Consensus building among participants is one of the challenges faced by CONICQ, once there are different interests and priorities among the ministries’ representatives. Other challenges are: governance capacity, funding for the National Program, political will from high level decision makers (such as Ministers and the President), inclusion of civil society and especially protection from tobacco industry interference.

Regarding the later, as mentioned above, the tobacco industry tries to influence some Ministries, as the Ministry of Agriculture (MOA) and the Ministry of Industry, Foreign Trade and Services (MDIC). In 2011, a violation of FCTC Article 5.3 was reported, when it was found that a member of the Brazilian delegation representing MDIC in CONICQ was serving as an industry informant at COP4\(^{13}\). In 2012, the Minister of Health published a transparency ordinance establishing ethical guidelines for the members of CONICQ.

**Available resources for implementation**

The National Program for Tobacco Control is mainly funded by the Brazilian government; however, there are some additional funds for tobacco control from other sources, as the Bloomberg Initiative. In addition to political decisions, funding of tobacco control activities is a major determinant of policy implementation.

It is important to have the National Policy on Tobacco Control expressed as a specific action on the multiannual plans\(^3\) at the federal, state and municipal level, to ensure the continuity of activities, with financial and human resources to full implementation of the policy.

Programs and activities that are part of the current National Policy on Tobacco Control:

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\(^2\) Ministry of Health – Chair / National Cancer Institute (INCA) - Executive Secretariat of the Commission, Attorney General’s Office, Civil House, Ministry of Agrarian Development, Min. of Agriculture, Min. of Communication, Min. of Education, Min. of Environment, Min. of Finance, Min. of Justice, Min. of Foreign Relations, Min. Industry, Foreign Trade & Services, Ministry of Labor and Employment, Ministry of Planning and Budget, Ministry of Science and Technology, National Agency for Sanitary Surveillance, National Secretariat on Drug Abuse Policies, Special Secretariat for Women Policies

\(^3\) The Multiannual Plan (Plano Plurianual or PPA) is a four-year strategic plan. Its main role is to provide the government with strategic guidelines for the allocation of public resources, to improve efficiency, and ultimately achieve a higher level of development.
• National Program for Tobacco Control: includes promotion of smoke free environments and implementation of smoking cessation programs in the National Health System (SUS). Seeks also to promote interaction between health and education at state, municipal and federal levels.

• Regulation of tobacco products: National Sanitary Surveillance Agency (ANVISA), created in 1999, coordinates the regulation of labeling/packaging, use of additives, health warnings, advertising restrictions and smoke free legislation inspection at national level.

• Epidemiological surveillance: periodic surveys are provided through the Brazilian Institute of Geography and Statistics (IBGE), Health Surveillance Secretary (SVS), National Cancer Institute (INCA), among others. GATS, GYTS and ITC Brazil are examples of surveys which provide subsidies to the National Policy on Tobacco Control.

• National Program for Diversification of Tobacco Crop: developed by the Ministry of Agrarian Development, provides opportunities for farmers who decide to give up tobacco production. Its creation was a condition for the ratification of FCTC at the National Congress.

• Inclusion of FCTC principles in the National Policy on Drugs: National Secretariat on Drugs Policy (SENAD), which is part of CONICQ, include the smoking issue in their educational activities and systematic research to monitor the consumption of licit and illicit drugs.

• Taxes and Prices policy: coordinated by the Ministry of Finance, through the Federal Revenue, it has been gradually aligned to FCTC recommendations through successive adjustments in cigarette taxes.

• Combating illegal market of tobacco products: it is conducted by the Ministries of Finance and Justice as part of strategic projects to combat piracy.

Availability and affordability of tobacco

In Brazil, tobacco products are available in points of sale such as bakeries, convenience stores, bars and restaurants, supermarkets, mini markets and independent small grocers. There are more than 300,000 POS Nationwide.

Cigarettes can only be sold in packages with 20 units. Cases of “single sticks” sales are related to both legal and illegal cigarettes. Brazil prohibits tobacco sales to minors, but this legislation it is not enforced everywhere. Vending machines are prohibited.

In 2008, Brazil has adopted a cigarette production control system that marked every cigarette pack and allowed tracking of its distribution (SCORPIOS). In 2009, encouraged by civil society organizations, Brazilian and Paraguayan tax authorities made efforts to discuss solutions for the illicit trade. Regretfully, the political situation has inhibited this interchange since 2012/2013xv.

In 2015, an academic investigation concluded that the illicit cigarette market has increased in recent years in Brazilxv. Since there is not an official data related to the illicit market, the study
aimed to use tobacco surveillance data to estimate the size of illicit tobacco consumption before and after excise tax increases. Total proportion of illicit daily consumption increased from 16.6% to 31.1% between 2008 and 2013. The authors concluded that the strategy of raising taxes has increased government revenues, reduced smoking prevalence and resulted in an increase in illicit trade.

FCTC Article 15 deals with the issue of illicit trade in tobacco products. In November 2012, the Conference of the Parties adopted the Protocol to Eliminate Illicit Tobacco Trade. It is a solution to face the complex problem of illicit market, but Brazil has not signed the protocol yet.

Studies in Brazil suggest that increasing the real price of cigarettes has historically led to reductions in total consumption, despite the illegal market. In 2011, it was published federal law No. 12,546/Decree No. 7593, which provided periodic increases in taxes by 2015. In addition, a minimum price policy was instituted. Some Brazilian states have also raised local taxes (ICMS. law 16,005) in 2015.

In 2015, the tobacco tax share in average retail sale price was 65% (it was 55.6% in 2006 and 62.7% in 2012). The relation of price (value of 100 packs) to GDP per capita has increased in recent years from 1.7% to 2.3%.

In January 2016, Decree 8656 established a two-steps increase of excise taxation on cigarettes: specific and ad valorem rates are going to be increased in May and December 2016.

The International Tobacco Control Policy Evaluation Project (ITC Brazil Project)\textsuperscript{xvi} showed that the affordability of cigarettes decreased between 2009 and 2012/2013, but the percentage of smokers who reported that they “often” or “very often” thought about the money they spent on smoking remained relatively unchanged. In addition to that, decreases were also observed in the percentage of smokers reporting price as a reason for choosing their regular brand of cigarettes, as well as in the percentage of smokers who reported that the price of cigarettes led them to think about quitting. On the other hand, a study published in 2014 suggested that smokers’ preferred choice for facing a hypothetical price increase would be to quit smoking\textsuperscript{xvii}.

Norms and perceptions

Several norms related to tobacco control have been adopted in Brazil. A 100% smoke free legislation is recommended according to FCTC Article 8 and its guidelines. Smoking is prohibited in all enclosed public places and workplaces in Brazil. Smoking is also prohibited in aircraft and vehicles of public transportation.

Since 2009, some Brazilian states have adopted smoke free laws, following the example of São Paulo State, the most populous state in the country. At national level, the Federal Law 12546 was approved in 2011 establishing the prohibition on smoking in closed places. The law regulation was only published three years later, by Decree 8262/2014. The law inspection is responsibility of ANVISA (at national level), VISA and PROCON (at local level).
Public opinion polls in Brazil have shown strong support to tobacco control policies. The smoke-free legislation in São Paulo State, for example, is strongly supported by the public and has very good compliance. This legislation was the first of its kind adopted in the country, at state level.

A paper published in 2010 showed a significant reduction of the CO concentration in hospitality venues and in their workers, smokers or not, after the smoke-free law\textsuperscript{xviii}. A study conducted by ACT and the Institute for Global Tobacco Control (IGTC), published in 2011, showed a dramatic reduction in air nicotine levels in bars of São Paulo after the law, indicating significant improvement in air quality within these environments and a decreased risk of exposure to secondhand smoke for both clients and workers\textsuperscript{xix}.

In 2016, seven years after the law was enforced, the state health surveillance agency announced that 99.7% of the establishments were complying with the law\textsuperscript{xx}. In 2016, a study developed by the Heart Institute (INCOR) revealed a reduction of 12% of in heart attack deaths with the adoption of the smoke-free law in São Paulo State\textsuperscript{xxi}.

The ITC Brazil Project showed in 2014 that the vast majority of non-smokers (95% to 97%) and smokers (88% to 90%) in three Brazilian capitals (São Paulo, Rio de Janeiro and Porto Alegre) supported the national legislation of smoke-free places.

Despite the public support to tobacco control policies, the tobacco industry continues to promote its products, especially targeting youth and women. Total ads ban on tobacco products, including promotion and sponsorship, is recommended by FCTC Article 13 and its guidelines. Since 2000, Brazil has a federal legislation prohibiting tobacco ads in mass media. In 2011, federal law 12,546 also prohibited the advertising of tobacco products in point of sales (POS), but still allows the exhibition of packages, which has been greatly exploited by the tobacco industry. Powerwalls exhibiting tobacco products have been used as a marketing strategy to get public attention in POS.

Even so, ITC Brazil Project showed that the legislation on advertising, promotion, and sponsorship has reduced the awareness of tobacco promotion from 46% of smokers and 37% of non-smokers in 2009 to 21% of smokers and 24% of non-smokers three years later.

The survey also showed that 85% of smokers and 92% of non-smokers agreed that the government should do more to tackle the harm done by smoking.

### Awareness of risks
Public opinion polls and surveys have been showing an increased awareness about the hazards of tobacco use in Brazil. FCTC Article 11 and its guidelines address packaging and labeling. The adoption of rotating health warnings in tobacco products is highly recommended.

Brazil is in the third round of graphic warnings on tobacco products. The warnings, with pictures, currently occupy 100% of one side of the packaging, and 30% of the other side is occupied by a text warning. ANVISA and INCA are responsible for choosing and monitoring the
health warnings on tobacco products. A new round of graphic health warnings is expected to 2018.

In 2014, the ITC Brazil Project’s results showed that health warnings on cigarette packs were selected by more than half of respondents (56%) as a reason that led them to think about quitting smoking.

A study conducted in 2013 by the Institute for Global Tobacco Control (IGTC) showed that 93% of total packs collected in Brazil had the current mandatory health warnings labels, which indicates a good compliance to this measure.

The adoption of plain packaging is also recommended to decrease the attractiveness of tobacco products and prevent tobacco use and misleading promotion through packaging and labeling. This is in line with the recommendations of FCTC Articles 11 and 13.

Brazil has not adopted plain packaging so far. In 2015 two bills on plain packaging were presented at National Congress, one in the Deputies Chamber (PL1744 / 2015) and other in the Senate (PL769 / 2015). Both are facing the opposition from tobacco industry representatives and allies.

ITC Brazil Project’s also pointed that 85% to 89% of smokers regret ever having started to smoke and 69% believe that Brazilian society disapproves smoking. Concern for their personal health and for the effect of their cigarette smoke on non-smokers are among the most common reasons mentioned by smokers and ex-smokers for quitting.

However, the real extension of the health harms of tobacco can be not fully perceived by the population. Even among professionals from other areas, as legal practitioners or legislators, the knowledge sometimes can be restricted, which affects decisions related to tobacco control policies or tobacco industry liability. Tobacco industry interference also contributes to mislead information on the subject. Initiatives to disseminate reliable data have been adopted, as the publication of the document titled “Scientific Evidence on Smoking to Provide Subsidies to Judiciary Power”, published under the coordination of the Brazilian Medical Association.

Access to cessation support

Since 2004, Brazil provides tobacco cessation programs in the public health system (National Health System/SUS), through the National Program for Tobacco Control (NPTC). Both nicotine replacement therapy (NRT) and some cessation services/medicines are cost-covered. The program is nationwide. More than 600,000 people were treated until 2013, according to governmental data.

Brazil’s Chronic Non-Communicable Diseases Plan has established the goal of smoking prevalence’s decreasing among adults from 15% (2011) to 9% (2022).

As mentioned before, the quitting rate is increasing in Brazil. However, even with the smoking prevalence declining for both genders, the percentage of poor health-conditions among
remaining smokers increased, particularly among women. According to the authors of this study, this can make future cessation more challenging.

ITC Survey revealed in 2014 that 85% of all smokers felt that the government should do more to help smokers give up smoking.

Challenges of NPTC are related to difficulties for full implementation caused by financing issues, irregular distribution of supplies/medicines, lack of personnel, training of professionals and other shortcomings of the institutional capacity.

**Tobacco industry interference**

Tobacco industry interference in public health issues has been a major obstacle to the full implementation of the FCTC. As mentioned above, Brazil is a major producer and the largest exporter of tobacco leaves in the world. The industry operates directly or indirectly in the three powers (legislative, executive, and judiciary) to undermine, postpone or avoid tobacco control measures.

Some initiatives to face tobacco industry interference were adopted in Brazil, but it is still a challenge to restrain it. Civil society has been exposing tobacco industry tactics through campaigns, complaints and publications, as the guide “Health is not negotiable”, produced in partnership with Latin American organizations (FIC Argentina, FIC Mexico and CAI).

In 2012, the Minister of Health published an order establishing ethical guidelines for the members of CONICQ. The ethical guidelines state that the activities of the committee must be transparent and accountable, and highlight the fact that public health interests are irreconcilable with the interests of tobacco industry, in accordance with FCTC Article 5.3.

In 2016, an online observatory of tobacco industry was launched by the Centre for Studies on Tobacco and Health (CETAB) at Fiocruz, a health research agency linked to the Ministry of Health. The initiative is a partnership of the Brazilian Government and the International Union Against Tuberculosis and Lung Disease (The Union). It features an online database that will be available to governments, civil society stakeholders, academic researchers, and the public.

**Other**

The additives ban is grounded on the guidelines for implementation of FCTC Articles 9 and 10. It recommends the restriction or prohibition of ingredients, which may be used to increase palatability, as sweets and sugar, flavoring substances, spices and herbs in cigarettes and similar tobacco products.

In March 2012, ANVISA published a resolution (RDC 14), which prohibited the use of additives (flavors and aromas) in cigarettes, except the sugar used in the tobacco reconstitution. The issue has been discussed for over three years and was supported by civil society. However, it
was not implemented yet due to an injunction obtained by the National Industry Confederation (CNI) in the Supreme Court.

In 2014, ANVISA published a new report made by an expert group reinforcing the recommendation of additives ban. Despite the pressure from civil society in favor of the resolution, there is no estimate date for the final judgment on Supreme Court and the norm did not enter into force.

In addition to this judicial claim, there is a bill on the Deputies Chamber (PDC 3034/2010) questioning the competence of ANVISA to regulate the matter.

In December 2015, a new comprehensive bill was proposed in Senate (PL 769) and it includes the additives ban, among other measures. This bill has been facing strong opposition from tobacco industry representatives and allies.

Other issue worth mentioning is related to tobacco crop diversification. The FCTC Articles 17 & 18 refer to the development of economic alternatives to tobacco growers, and the prevention of the negative impacts of tobacco growing on the environment and the farmers' health.

In 2015, there were around 153,700 families financially dependent on tobacco crop and tobacco companies through the integrated system in Brazil. “This system relies on a sales-purchase agreement between farmers and the industry. The tobacco industry is responsible for the dynamics and innovation in agricultural production and has exclusive rights to sell inputs, as well as the right to purchase the final product. The tobacco productive chain is a complex oligopoly, in which a few companies control the market, the supply/demand balance, and the modes of production. The vertical relationship that these companies establish directly with the farmers decreases the grower's productive and economic autonomy, resulting in working conditions that are inadequate and unhealthy, with negative impacts on health and environment” xxviii.

Since 2005, Brazil has adopted the National Program on Diversification in Tobacco Cultivated Areas (coordinated by Ministry of Agrarian Development/MDA), providing support to farmers through agricultural credit and technical assistance for tobacco crop diversification. A survey conducted by MDA revealed that 76% of families expressed a desire to stop growing tobaccoXXX. From 2006 to 2015, around 40,000 families have left tobacco farming, representing a reduction of 15.98%. It is important to ensure the financial and technical conditions to the continuity of the National Program on Diversification in Tobacco Cultivated Areas in Brazil.

Strategic analysis

Key policies of FCTC: achievements and gaps

1. Advertising ban
The recommendation is for the total ads ban, including display ban, in order to advance in this policy. Brazil has a federal legislation prohibiting tobacco ads, but it still allows the exhibition of packages in point of sales. ITC Brazil survey highlighted that to avoid further promotion of cigarettes in retail establishments, Brazil should quickly establish regulations and protocols for enforcement of the POS ban. Further restrictions on product advertising at POS should focus on implementing a complete ban on the display of cigarettes and other tobacco products at POS.

In December 2015, a new comprehensive bill (PLS 769) was presented at the Federal Senate. The bill includes the total ads ban, including the display and corporate ads ban. The approval of this bill is necessary to ensure the full implementation of FCTC Article 13 and its guidelines.

Tobacco control coalition members have been supporting advocacy initiatives in favor of the bill’s approval, while tobacco industry has been mobilizing its allies against it. In addition, the voting process has been affected by the current political scenario in Brazil. From April to August 2016, for example, the President’s impeachment process occupied the Senate’s agenda. It is expected that the bill can be voted from Sept 2016 on.

2. Plain Packaging

Brazil has not adopted plain packaging so far. In 2015, two bills on plain packaging were presented at the National Congress, one in the Deputies Chamber (PL1744 / 2015) and other in the Senate (PL769 / 2015). Both are facing tobacco industry opposition. The rapporteur of the bill at the Deputies Chamber, for example, is known for defending tobacco sector interests, and has delayed the delivery of the report to be voted. Initiatives from civil society and parliamentarians have been adopted to avoid postponing the voting.

3. Additives Ban

A resolution prohibiting the use of additives in cigarettes was published by ANVISA (RDC14), but did not enter into force due to an injunction obtained by tobacco industry. There is no date estimated for voting the matter and in September 2016 the norm will complete three years without a final decision by the Supreme Court.

Audiences with the Justice responsible for the case were provided by tobacco control coalition (Rede ACT) representatives. It would be important improve the commitment from government in order to increase chances of voting and achieve a favorable result at the judgment.

Additionally, it is important to ensure the ANVISA’s role on tobacco products regulation. Attempts to reduce its power, autonomy or credibility need to be strongly rejected to protect tobacco control policies from the tobacco industry interference.

The approval of the comprehensive bill in Senate is also important once the additives ban is included on this provision.

4. Illicit market on tobacco products
Civil society has been mobilizing in favor of the Protocol to Eliminate Illicit Tobacco Trade ratification in Brazil. Representatives of the executive branch informed that the document was analyzed by the Ministry of Foreign Affairs, Justice, Health and Finance. On May 2016, the Minister of Health publicly supported the protocol ratification. The document has not been send to the National Congress yet. It needs to be approved by the President for subsequent submission and approval by Congress.

As well as advocacy initiatives, surveillance data can also be used to provide information on illicit tobacco trade to help in the ratification and implementation of FCTC Protocol, aiming to reduce the illicit market of tobacco products.

5. Cigarette Excise Tax Policy in Brazil

Price and tax policy is considered the most cost-effective measure to reduce tobacco consumption. Brazil has increased taxes on tobacco products, but it would be important to have a progressive taxes-and-prices policy at local and national level beyond 2016.

Tobacco industry launched a campaign against tobacco taxes rising using the argument that taxes are causing the increase of the illicit market. The campaign has disseminated misleading information and was denounced by ACT and other partners to authorities. It is also important to improve the dialogue between the Ministry of Health and Ministry of Finance to strengthen and improve the current tax policy.

The risk of tobacco industry interference in taxes and prices policies must be closely monitored and avoided.

6. Protection from secondhand smoking

The national smoke-free law has been well complied with and supported by the public, but its monitoring needs to continue. Ensuring appropriate human, financial and materials resources for inspection and educational activities is important.

Moreover, the comprehensive bill in Senate (PL 769/2015) extends the protection on secondhand smoking through the prohibition of tobacco use in cars with the presence of children or pregnant women. The ITC Brazil Survey shows very strong public support for a ban on smoking in cars with children (88% of smokers and 91% of non-smokers).

If approved in the Senate, the bill needs also to be appreciated at the deputies Chamber before entering into force.

7. Health Warnings

A study conducted in 2013 by the Institute for Global Tobacco Control (IGTC), called Tobacco Pack Surveillance System, analyzed the cigarette health warning label compliance in Brazil. The wave 2 of this study has been conducted in 2016 and will provide an update about the issue.

Additionally, as a new round of graphic health warnings is expected to 2018, it is important to ensure its adequacy and effective implementation.

Regarding health warnings, ITC Brazil survey also recommends:
• To enlarge the forthcoming pictorial health warnings on the front of the pack to at least 50% of the front, in addition to the current status of 100% of the back.
• To avoid warning label wear-out, it is important to conduct a permanent rotation of messages. The government should anticipate the scheduled date of implementation of the new warnings.

8. Tobacco cessation

The strong public support for government initiatives to assist smokers in quitting, highly perceived negativity about smoking overall, and strong feelings of regret among smokers for initiating smoking demonstrate that there is a very high demand for anti-smoking media campaigns and for assistance with smoking cessation, according to ITC Brazil Survey recommendations.

It is also important to ensure the continuity of the National Program for Tobacco Control, through financial and technical resources, as well as expanding awareness of health professionals and the general population on the issue of tobacco cessation.

9. Tobacco crop diversification

Due to recent political changes in Brazil, the Ministry of Agrarian Development was extinct and merged with the Ministry of Social Development, creating the Ministry of Social and Agrarian Development. It is necessary to guarantee the political, administrative and financial maintenance and strengthening of the National Program on Diversification in Tobacco Cultivated Areas, as well as to ensure health monitoring, labor and human rights among tobacco growers.

Priorities

- Protection from the tobacco industry interference

It is a challenge to monitor and to counter tobacco industry interference. Exposing and denormalizing the tactics and practices of tobacco industry at national, regional and global level is important to increase public awareness. Efforts to monitor tobacco industry tactics as the national observatory and regional/local reports must be continued.

Policy makers and advocates need also to be prepared to counter the claims of tobacco companies, and its front groups.

The implementation of the Article 5.3 must be guaranteed by government through transparency, commitment with FCTC principles and ethical guidelines application.

- Implementation at national level of additives ban, ads ban, plain packaging and the illicit tobacco trade protocol ratification
Brazil has advanced in some policies implementation but needs to move a step forward through these other measures. ANVISA needs to continue and strengthen its tobacco regulatory efforts, with support from Health Ministry, CONICQ and other key government sectors.

Initiatives to sensitize and provide subsidies to Judiciary Power, including the Supreme Court, need to be continued and expanded, as well as the advocacy activities in Legislative (in favor of the tobacco control bills) and in Executive (in favor of the protocol ratification, multisectoral commitment, among others). Civil society organizations play an important role leading this. Media advocacy can also contribute to bring attention and to promote the public debate on those issues.

- Increasing political will to implement FCTC

Brazil faced a change in government recently and it is important to ensure the governmental commitment to FCTC implementation. Some initiatives to increase political will include:

- Providing reliable and updated information on the tobacco impact from an economic, social and health perspective by academia
- Reminding the historical role of the country in the FCTC proposal and the international duty on implementing it
- Strong public support to tobacco control measures and pressure from civil society coalition composed by over 1000 members
- Strengthening multisectoral efforts to implement FCTC, ensuring the participation of all sectors of government aligned to the objectives and principles of the National Tobacco Control Policy

Assets and opportunities
- SDGs and associated political commitments, including to accelerate FCTC implementation
- National plan to tackle NCDs, including to achieve the goal of reduce tobacco use to 9% in 2022
- Commitment of tobacco control advocates in civil society and government
- Expand tobacco control coalition through partnership with other NCDs risk factors associations

Key partners

Civil Society: Tobacco control coalition (Rede ACT), including:
ACT (Alliance for the Control of Tobacco Use), Cancer Foundation, Medical Associations (AMB, Heart Society, Pediatrics, Lung Cancer Society), Familial Agriculture Organizations (DESER, CEPAGRO, CAPA), Consumers Right Associations
Academia: National School of Public Health (Cetab), Medical Universities (INCOR, HUFMUSP)
Government: Ministries: Health, Finance, Justice, Foreign Affairs, Agrarian and Social Development and Civil House; Conicq, Anvisa, National Surveillance Secretary, National Institute of Cancer (Inca).
Judiciary: Supreme Court (STF and STJ), General Attorney Office, and Public Prosecutor Office.
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