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## EDITORIAL: Advances in tobacco control in Brazil

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Science findings on the various damages caused to health by the use of tobacco derivatives and the recognition, by the scientific community, that nicotine is a psychoactive drug, led to the emergence in Brazil, from the 1980s onwards, of government measures and actions with the aim of reducing tobacco consumption and protecting the health of the population. Thus, the structuring of a National Tobacco Control Program began, whose evolution led to the National Tobacco Control Policy (PNCT), established in 2006 through Law No. 11,645 (INCA, 2015).

In 2005, Brazil ratified and became a signatory to the Framework Convention on Tobacco Control (FCTC), an international public health treaty prepared by the World Health Organization (WHO), which allowed the Tobacco Control Policy of the country to expand actions based on FCTC guidelines. This convention seeks to fight worldwide, in an integrated manner, tobacco-related problems through effective control strategies, divided into actions aimed at reducing demand, as well as reducing the supply of tobacco, including protection against passive exposure to tobacco. tobacco smoke and the regulation of the promotion and advertising of tobacco products (WHO, 2016).

In Brazil, the PNCT contemplates a series of actions and policies, including (INCA, 2015):

- 1. Restrictions on advertising and promotion: Brazilian law prohibits direct or indirect advertising of tobacco products in various media, such as radio, television, internet and billboards. Marketing practices that may attract children and adolescents, such as the use of attractive packaging and promotions, are also prohibited.
- 2. Health warnings: cigarette packs and other tobacco products must display high-impact graphic warnings, with images and messages that warn about the damage to health caused by smoking. These warnings occupy 100% of the back of the packages and are a way of informing and making smokers aware of the risks associated with tobacco consumption.
- 3. Smoke-free environments: Brazilian legislation prohibits smoking in closed public places, such as restaurants, bars, schools, universities and public offices. In addition, the law also establishes that spaces intended for tobacco consumption must be isolated and have adequate ventilation systems.
- 4. Tax increase: Brazil adopts a policy of gradually increasing taxes on tobacco products, as a way of discouraging consumption. The effectiveness of this measure is linked to the aim of making tobacco more expensive and, consequently, reducing access and consumption by the population.
- 5. Treatment and prevention of smoking: the PNCT provides for the creation and implementation of programs for the prevention and treatment of smoking, with a view to offering support and assistance to smokers who wish to quit smoking. These programs involve actions such as making medication available, carrying out awareness campaigns and training health professionals, following clinical protocol recommendations and therapeutic guidelines based on the best evidence for smoking cessation.

Following the logic of the SUS, the state Health Secretariats play a fundamental role in the implementation of the National Tobacco Control Policy (PNCT) in Brazil. They act as bodies responsible for coordinating and executing tobacco control actions at the state level, in line with the guidelines and strategies established by the Ministry of Health (INCA, 2023).

Among the main responsibilities of the state Health Secretariats within the scope of the PNCT, we can highlight (INCA, 2023):

- 1. Coordination and planning: the state secretariats are responsible for coordinating and planning tobacco control actions in their respective states. This includes the definition of specific goals, strategies and policies for the reduction of smoking, taking into account the characteristics and needs of the local population.
- 2. Monitoring and evaluation: it is the role of state secretariats to monitor and evaluate the implementation of tobacco control measures in their territories. This involves collecting epidemiological data, monitoring the prevalence of smoking, the impact of actions taken and assessing compliance with legislation related to tobacco control.
- 3. Articulation and partnerships: state secretariats must establish partnerships and promote articulation with other government agencies, civil society organizations, research institutions, health professionals and other actors involved in tobacco control. This articulation is essential to strengthen the implementation of actions and to develop integrated strategies for preventing and fighting smoking.
- 4. Education and training: the state secretariats have the role of promoting education and training of health professionals, managers and other actors involved in tobacco control. This includes disseminating up-to-date information on the damage to health caused by smoking, training to assist smokers who wish to quit, and raising awareness about the importance of tobacco control as a public health policy.
- 5. Communication and social mobilization: state secretariats must develop communication and social mobilization strategies to make the population aware of the risks of smoking and encourage the adoption of healthy habits. This involves carrying out educational campaigns, disseminating information about the benefits of quitting smoking and promoting environments free of tobacco smoke.

The involvement and effective performance of state Health Secretariats are essential for the success of the PNCT, since they are close to the local reality and are responsible for implementing policies and actions in their respective states. The integration between the federal level, represented by the Ministry of Health, and

the state level is essential to guarantee the effectiveness and scope of tobacco control measures throughout the country.

This dossier presents the main results of the pilot project that proposes strategies to improve the PNCT, seeking financial sustainability, techniques and policies for tobacco control actions.

Currently, the PNCT faces some challenges regarding the implementation and effectiveness of its strategies, such as:

- 1. The tobacco industry lobby exerts strong political and economic influence, which poses a challenge to the implementation of stricter tobacco control measures. The tobacco industry seeks to undermine control policies through lobbying, advertising and litigation strategies (CAVALCANTE, 2005).
- 2. The emergence of new tobacco products, such as electronic cigarettes and heated tobacco products, is a challenge and could mean a setback in the advances achieved by Brazil in tobacco control, as these products can attract new users, including young people, increasing the prevalence and therefore requiring specific regulations to prevent the expansion of its consumption. It is also worth highlighting the smuggling of tobacco products as a significant challenge, as it enables the availability of cheaper tobacco products without the proper regulations. This can undermine efforts to raise prices through taxes and compromise the effectiveness of tobacco control policies (CAVALCANTE, 2005).
- 3. And finally, the consistent implementation of tobacco control measures across the country is still a challenge. Differences between state and municipal legislation, as well as the lack of resources and technical capacity in some areas, can affect the uniformity and effectiveness of tobacco control actions.

It is believed that the way to the sustainability of the PNCT lies in strengthening the fundamental role in strategies to fight smoking in Brazil, played through the Unified Health System (SUS). SUS is responsible for providing comprehensive health care, including prevention, promotion, treatment and rehabilitation actions related to smoking.

Among the main contributions of the SUS in fighting smoking, we can highlight:

1. Smoking treatment: SUS offers free treatment for those who want to quit smoking, through initiatives such as the National Tobacco Control Program (PNCT) and the Tobacco Treatment Network. These programs provide

- nicotine replacement and non-nicotine replacement drugs, follow-up by health professionals in a variety of ways, including psychosocial support to help smokers quit smoking.
- 2. Prevention actions: SUS promotes actions to prevent smoking, such as educational campaigns, awareness activities and social mobilization. These actions aim to inform the population about the risks of smoking, encourage the adoption of healthy habits and discourage the initiation of tobacco consumption.
- 3. Training of health professionals: the SUS promotes the training of health professionals to provide adequate assistance to smokers. This includes the formation of multidisciplinary teams, such as doctors, nurses, psychologists, pharmacists, dentists, nutritionists, among others, to offer support in the treatment of smoking and the promotion of environments free of tobacco smoke.

Working from the perspective of evaluation and advances after 30 years of the PNCT, and based on the results of the pilot project carried out in five states in different regions of the country, aiming at the "Improvement of the National Tobacco Control Policy (2020-2022)", the reconfigurations of the political-technical-academic agenda are placed in the five articles available in this supplement, pointing directions: "Restriction of the sale of tobacco products only to tobacconists: a necessary measure to strengthen the National Tobacco Control Policy", "The Councils of Municipal Health Secretariats and the National Tobacco Control Policy: a necessary approach", "Impact of the use of heated tobacco products (HTP) on indoor air quality", "Organizational Models for the sustainability of the National Tobacco Control Program: a pilot proposal to be adopted nationally" and "Impact of the Covid-19 pandemic on the Service and Care for Smokers in the SUS".

The PNCT has been shown to be effective in reducing smoking in Brazil. Through its measures, there was a significant decrease in tobacco consumption, reducing the prevalence from 34% in 1989 to 12% in 2019, and greater awareness of the damage to health caused by smoking (IBGE, 2019). However, the challenge of fighting tobacco and its harmful effects on health still remains, and a continuous effort is needed, on the part of the government and society, to advance in the promotion of a non-smoking culture and in the protection of the health of all.

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