

3. PROGRAM OUTCOMES

Process Outcome

Educational actions

Assessment of the Tobacco and Other Risk Factors Control Program (PNCTOFR) has been done over the Annual Meeting of the Program's State Coordinators, promoted by the Ministry of Health/INCA, and from information sent to INCA throughout the year.

To check the Program development in the states, state coordinators were asked to provide information on the number of cities with human resources qualified for regional program managing number of trained professionals, number of health care units, workplaces and schools where the Program has been implemented, among other information.

However, there was no time for 2002 data to be consolidated, and the following information relate to Program goals accomplished up to the **year 2001**, and were collected from **information sent by the states**.

Goal	Actual Outcome
Qualify 4 000 Brazilian cities to implement the Tobacco and Other Cancer Risk Factors National Control Program	3 525 cities were trained for the Program

Focused Educational Actions – Level 1 – Campaigns

Goal	Actual Outcome
Implement level 1 of the Tobacco and Other Cancer Risk Factors Control Program in 40% of the cities qualified for the Program	63% of the qualified cities (2 208) have developed Program activities on level 1 (celebration of at least one campaign on smoking), among the 3073 qualified cities from states that sent us information on the campaigns.

Continuing Educational Actions in Health Care Units- Health and Coherence Program

Goal	Actual Outcome
Reach a total of 150 health care units with the Program implemented or in the process of implementation	2 071 health care units with the Program implemented or in the process of implementation

Continuing Educational Actions in Schools – Health Knowledge Program

Goal	Actual Outcome
Reach a total of 3 000 schools with the Program implemented or in the process of implementation	5 437 schools with the Program implemented or in the process of implementation

Continuing Educational Actions in Workplaces- Prevention Always Program

Goal	Current Outcome
Reach a total of 150 workplaces with the Program implemented or in the process of implementation	814 workplaces with the Program in the process of implementation

Continuing Educational Actions – Smoking Cessation Program – Helping your patient to quit smoking Module (Intensive Approach of the Smoker)

Goal to 2001	Current Outcome
Implement a total of 5 Outpatient units to treat smokers in Public health care facilities	A total of 50 Health Care units were qualified in 2001 33 are already treating patients

Legislative Actions

Tobacco control legislative actions were highly favored over the past three years.

1999

- One of the major advancements was the regulation, control and inspection of cigarettes, cigarillos, cigars and any other tobacco-smoking product by the National Agency for Sanitary Surveillance (ANVISA), which was created by Federal Law 9782, in January 26, 1999. By this regulation, the Government could trigger other measures for tobacco products control and inspection.
 - Next, **Interim Regulation 1814** changed article 3, § 2nd of Federal Law 9.294/96, complemented by the **Ministry of Health Ordinance 695**, of June 2, 1999, has determined the warnings printed in cigarette packs and advertisement to be replace for more direct and effective sentences on the hazards smoking causes. At this time, two messages that had not been printed because of resistance from the tobacco industry were introduced: “Nicotine is a drug and causes addiction” and “Smoking causes sexual impotency”.
 - In August 1999, **Decree 3136** created the National Committee for Tobacco Control, in charge of advising the Brazilian government for the international negotiations to draw the Framework Convention for Tobacco Control. This National Committee includes delegates from the Ministries of Health, Foreign Relations, Agriculture, Economy, Justice, Education, Development, Industry and International Trade, and Agrarian Development.

2000

- In the year 2000, **Federal Law 10.167**, of December 28, 2000, was a major advancement for tobacco control, as it regulated that:
 - Tobacco-products advertisement are restricted to the display of posters, displays and banners inside sales places only, being forbidden in magazines, newspapers, TV, radio, and outdoor posters.
 - Forbids advertisement by electronic media, including via Internet, indirect advertisement, the so-called merchandising, and advertisement in stadiums tracks, stages or similar places.
 - Forbids sponsorship of international sports and cultural events by the tobacco industry, from 2003 onwards.
 - Forbids the use of tobacco-smoking products in aircrafts and other collective transportation vehicles.
 - Raises the amount of taxes in case of non-compliance of the Law.
 - Determines competent organs to check compliance of the Law.

2001

- In February 2001, **Ministry of Labor Ordinance 6** forbids those less than 18 years of age to work in tobacco harvest, beneficiation or industrialization.
- Next, **ANVISA Resolution 46** comes in effect, establishing maximum amounts of tar, nicotine and carbon monoxide in the primary smoke chain for cigarettes sold in Brazil. This Resolution also forbids the use of terms such as *light*, *ultra light*, or others that may convey to smokers a false idea of safety for the use of tobacco products. It is to be mentioned Brazil was the first country in the world to forbid the use of such terms.
- **Brazilian Central Bank Resolution 2833**, of April 25, 2001, forbids concession of public financing for tobacco crops, within the scope of PRONAF, whether in partnership or integration with tobacco industry.
- **Interim Regulation 2134-30**, of May 24, 2001 Determines that advertisement material and packs of tobacco smoking products, except when for export, should present written warnings along with pictures that illustrate their meaning. **ANVISA Resolution 104** complemented interim Regulation 2134-30, by defining the warning sentences, their graphic features and the pictures that should be printed. It also imposes the printing of the Quit-Smoking Help Line in the packs and advertisement material of tobacco smoking products, and forbids the use of any label or device that prevent or makes difficult to read the warnings.
- Finally, **ANVISA Resolution 105** regulates annual registry of smoking products and require tobacco companies to present periodically reports on products they market, along with information on sales, and physical and chemical features of such products. This Resolution also imposes an R\$100.000,00 a year tax for each marketed brand. This money is for the creation of a databank (SISTAB) to storage information supplied by the industry, the building of a lab at INCA for the necessary lab analyses to check compliance to legislation, and sponsoring of lab researches and clinical trials on the biological effects of nicotine addiction.

2002

- First, the **Interministerial ordinance 1498**, of August 22, recommends health and teaching institutions to implement tobacco smoke-free environment, and awards merit certificates to those that stand out in tobacco-control campaigns.
- On August 29, in celebration of the de National Day to Fight Smoking, Ministry of Health Ordinance 1575 was signed. It consolidates the National Tobacco-Control Program, creating, within the Public Health System (SUS), the Reference Centers for Smokers Approach and Treatment, which should be registered, and approve the Clinical Protocol and Therapeutic Guidelines for Nicotine Addiction. Thus, the cognitive-behavioral approach and drug therapy for smokers, with Nicotine Replacement Therapy and Buprione are offered to the Brazilian population for free.
- In August 2002, **Interim Regulation 66** raised the amount of the fines for non-compliance with control stamps regulations established by the IRS. They relate to non-use of the stamps, the use of counterfeit stamps, or stamps different than those that should be used for a specific type of product. It can, thus, be an important instrument to prevent such practice.
- Also in August 2002, Internal Revenue Service **Regulating Order 194** created the Program to Generate Special Fiscal Information Return Form for cigarette taxation. This Program allows the IRS a direct control of cigarette manufacturing companies in terms of registration, distribution, import and export of cigarettes, and payment of related taxes. The main purpose of this measure is to identify tax evasion.
- **ANVISA Resolution 304**, of November 7, 2002, forbids production, import, commercialization, advertisement and distribution of food in the shape of cigarette, cigar, cigarillo or any other smoking product, whether or not derived from tobacco. It also forbids the use of food packs that simulate or resemble cigarette packs, as well as the use of brand names from smoking products, whether or not derived from tobacco.

This measure has an important role in preventing people to start smoking, as if such is done in products for children, it may induce them to a hazardous behavior, as they may consider smoking something natural and unpretentious, favoring them towards this practice.

- Finally, **Decree 4488**, of November 26, 2002, changes the Industrial Products Tax (IPI) bracket for cigarettes.

This raise is expected to increase final price by 15%, especially for Fiscal Class I products, where fall about 60% of cigarettes smoked in Brazil.

Current Federal Legislation according to the subject they regulate

PROTECTION AGAINST ENVIRONMENTAL TOBACCO SMOKE EXPOSURE RISKS	
<u>Interministerial ordinance 3257 (September 22, 1988)</u>	Recommends smoking restraining measures in workplaces, and determines the designation of smoking areas, isolated and with proper ventilation.
<u>Interministerial ordinance 1498 (August 22, 2002)</u>	Recommends health and teaching institution to implement tobacco-free environment programs.
<u>Law 9294 (July 15, 1996)</u>	Forbids the use of cigarettes, cigarillos, cigars, pipes or any other tobacco product in collective area, whether public or private, such as government offices, hospitals, classrooms, libraries, workplaces, theaters and movies, except in the proper smoking designated areas.
<u>Decree 2018 (October 1st, 1996)</u>	Regulates Law 9294/96 by defining the concept of collective area and smoking designated area.
<u>Ministry of Health Ordinance 2818 (May 28, 1998)</u>	Forbids smoking in any facility of the Ministry of Health, whether in the Capital City, states and cities.
<u>Law 10167 (December 27, 2000)</u>	Forbids the use of smoking tobacco products in aircrafts and any other collective transportation.
PREVENTION OF TRANSIT ACCIDENTS	
<u>Law 9503 (September 23, 1997)</u>	Forbids driving under the influence of any torpid-causing, or physical or psychical addictive drug, or driving the vehicle with one hand only, except when signaling with the hands, changing the gear or activating any equipment or device of the vehicle.
RESTRICTING ACCESS TO TOBACCO PRODUCTS	
<u>Law 10167 (December 27, 2000)</u>	Forbids sales via mail, distribution of samples and sales of tobacco products in health and teaching facilities.
PROTECTION TO YOUNGSTERS	
<u>Law 8069 (July 13, 1990) – Children and Adolescent Statute.</u>	Forbids selling, supplying or handing products whose ingredients may cause physical or psychical addiction.
<u>Law 10167 (December 27, 2000)</u>	Forbids children and adolescents to take part in tobacco-products advertisement.
<u>Ministry of Labor Ordinance 06 (February 5, 2001)</u>	Forbids those less than 18 years of age to work in tobacco harvest, beneficiation or industrialization.

<u>National Agency for Sanitary Surveillance Resolution 304 (November 7, 2002)</u>	<p>Forbids production, import, commercialization, advertisement and distribution of food in the shape of cigarette, cigar, cigarillo or any other smoking product, whether or not derived from tobacco.</p> <p>Forbids the use of food packs that simulate or resemble cigarette packs, as well as the use of brand names from smoking products, whether or not derived from tobacco.</p>
TREATMENT AND SUPPORT TO SMOKERS	
<u>Ministry of Health Ordinance 1575 (August 29, 2002)</u>	Consolidates the National Tobacco-Control Program, creating, within the Public Health System (SUS), the Reference Centers for Smokers Approach and Treatment, which should be registered, and approve the Clinical Protocol and Therapeutic Guidelines for Nicotine Addiction. Thus, the cognitive-behavioral approach and drug therapy for smokers, with Nicotine Replacement Therapy and Buprione are offered to the Brazilian population for free.
ADVERTISEMENT OF AND SPONSORSHIP BY TOBACCO PRODUCTS	
<u>Constitution of Brazil (October 5, 1988)</u>	Establishes that tobacco advertisement should comply with legal restrictions and should warn on the hazards of its use.
<u>Law 8078 (September 11, 1990) – Consumer Protection Code.</u>	Forbids mischievous and abusive advertisement.
<u>Interministerial ordinance 477 (March 24, 1995)</u>	Recommends TV stations to avoid broadcasting images of known personalities smoking. Recommends organs and agencies within the Public Health System to refuse sponsorship, collaboration, support or promotion of public health campaigns by the tobacco industry.
<u>Law 10167 (December 27, 2000)</u>	<p>Restrains tobacco-products advertisement to the display of posters, displays and banners inside sales places only, being forbidden in magazines, newspapers, TV, radio, and outdoor posters.</p> <p>Forbids advertisement by electronic media, including via Internet, indirect advertisement, the so-called merchandising, and advertisement in stadiums tracks, stages or similar places.</p> <p>Forbids sponsorship of international sports and cultural events by the tobacco industry, from 2003 onwards.</p>
DISSEMINATION OF INFORMATION TO THE PUBLIC	
<u>Law 7488 (June 11, 1986)</u>	Establishes August 29 the National Day Against Smoking, which should be celebrated throughout the country.
<u>Interministerial ordinance 3257 (September 22, 1988)</u>	Awards merit certificates to companies that stand out in tobacco-control campaigns.
<u>Interministerial ordinance 1498 (August 22, 2002)</u>	Awards merit certificates to health and teaching institutions that stand out in tobacco-control campaigns.

<u>National Agency for Sanitary Surveillance Resolution 46 (March 28, 2001)</u>	Imposes that the amounts of tar, nicotine and carbon monoxide be printed in cigarette packs, along with the warning "There are no safe levels for use of these substances."
<u>Interim Regulation 2134-30 (May 24, 2001)</u>	Determines advertisement material and packs of tobacco products, except when for export, should present written warnings along with pictures that illustrate their meaning.
<u>National Agency for Sanitary Surveillance Resolution 104 (May 31, 2001)</u>	Regulates the printing of written warnings and pictures in packs and advertisement material of smoking products. Imposes printing of the Quit-Smoking Help Line phone number in packs and advertisement material of tobacco products. Forbids the use of any label or device that prevents or makes difficult the warnings to be seen.
TOBACCO PRODUCTS CONTROL AND INSPECTION	
<u>Decree 2.637 (June 25, 1998)</u>	Determines that cigarette sales in Brazil, including their exposure for sale, should be done in packs, boxes or other containers, with 20 units.
<u>Law 9782 (January 26, 1999)</u>	Regulates the National Sanitary Surveillance System. Establishes the National Agency for Sanitary Surveillance (ANVISA), responsible for regulating, controlling and inspecting cigarettes, cigarillos, cigars and any other smoking product, whether or not derived from tobacco.
<u>Law 10167 (December 27, 2000)</u>	Defines the fine to be applied for non-compliance of the Law. Determines the competent organs to enforce compliance of the Law.
<u>National Agency for Sanitary Surveillance Resolution 46 (March 28, 2001)</u>	Establishes maximum amounts of tar, nicotine and carbon monoxide in the primary smoke chain of cigarettes marketed in Brazil to 10 mg/cig, 1 mg/cig e 10 mg/cig respectively, effective September 2002. Forbids the use in packs or advertisement material of descriptive terms such as classes, ultra low amounts, low amount, smooth, light, soft, moderate amount, high amount, and other terms that may induce consumers to misinterpret the existing amount of ingredients in the cigarettes.
<u>National Agency for Sanitary Surveillance Resolution 105 (May 31, 2001)</u>	Regulates registration of tobacco-products manufacturers, import or export companies, and of all the products they handle, requiring presentation of reports on the product, ingredients, sales and production.

<u>Internal Revenue Service Regulating Order 194 (August 29, 2002)</u>	<p>Approves the Program to Generate Special Fiscal Information Return Form for cigarette taxation.</p> <p>This Program allows the IRS a better control of companies already established and in the process of establishing themselves in terms of registration, distribution, import and export of cigarettes, and payment of related taxes. This helps the IRS to control the distribution chains of such companies, to identify tax evasion.</p>
FRAMEWORK CONVENTION FOR TOBACCO-CONTROL	
<u>Decree 3136 (August 13, 1999)</u>	<p>Creates the National Committee for Tobacco Control, in charge of supporting Brazil in international negotiations for the Tobacco-Control Framework Convention.</p> <p>This National Committee includes delegates from the Ministries of Health, Foreign Relations, Agriculture, Economy, Justice, Education, Development, Industry and International Trade, and Agrarian Development.</p>
TOBACCO CROPS FINANCING	
<u>Brazilian Central Bank Resolution 2833 (April 25 2001)</u>	<p>Forbids concession of public financing for tobacco crops, within the scope of PRONAF*, whether in partnership or integration with tobacco industry.</p> <p>*PRONAF – National Program to Strengthen Family Agriculture, established by the Brazilian Central Bank Resolution 2191 (August 24, 1995) to financially support agricultural activities from family manpower.</p>
TAXATION ON TOBACCO PRODUCTS	
<u>Internal Revenue Service Regulating Order 60 (May 30, 1999)</u>	<p>Regulates taxation on cigarettes, imposing an Industrial Products Tax (IPI), in reais (R\$, Brazilian currency) per score, according to their fiscal class. This Regulating Order distributes cigarette brands in four classes (I to IV), being classes I and II for brands sold only in packs, and classes III and IV for brands sold both in packs and boxes.</p>
<u>Decree 4488 (November 26, 2002)</u>	<p>Changes the Industrial Products Tax (IPI) bracket for cigarettes. This will make cigarette prices raise from 8% to 17% by the end of 2002, depending on their fiscal class.</p>
MEASURES TO RESTRAIN ILLEGAL CIGARETTE MARKET	
<u>Decree 2.876 (December 14, 1998)</u>	<p>Establishes a 150% tax bracket for cigarette export to South and Central America, including the Caribbean. Later on, this bracket came to include raw material used in cigarette manufacturing.</p>
<u>Internal Revenue Service Regulating Order 95 (November 28, 2001)</u>	<p>Regulates cigarette control stamps.</p> <p>Determines that cigarette export should be made directly from the manufacturer to the importer abroad, and that questionable stamps should be further examined. Thus, the government strengthens inspection policies on export cigarettes and is more attentive to suspicious control stamps.</p>

<u>Interim Regulation 66 (August 29, 2002)</u>	Raises fines for control stamps that do not comply with IRS regulations.
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The impact of new warning pictures on the population:

Since February 2002, tobacco-products manufacturers must print warnings on health hazards along with pictures in the packs of their products (pictures are shown in the appendix).

A survey carried out by DATAFOLHA in April 2002 with more than 2000 people of 126 Brazilian cities showed that 73% of the interviewees supported the measure, and 67% of smokers said they were more willing to quit smoking once they saw these new pictures.

Results Outcome

The expected outcomes of the National Tobacco Control Program involve increasing the knowledge of the population on cancer risk factors with focus on tobacco use, the risks of active and passive smoking, reducing social acceptance of smoking, and reducing overall smoking and prevalence of smokers.

To gather information related to the population knowledge, opinion and attitudes, and on the prevalence of smokers, periodic national surveys should be carried out, so that effectiveness of the Program's measures can be assessed. This type of surveys should be done on a periodic basis for one to monitor overall smoking trends and for specific groups, thus adjusting the types of actions to be implemented.

Smoking Prevalence

National Survey on Smoking in Brazil, National Enquiry on Health and Nutrition, 1989

According to the 1989 National Health and Nutrition Survey (PNSN), there were 30.6 million smokers in the population over 15 years of age, being 18.2 million (40.3%) males and 12.4 million (26,24%) females.

The Ministry of Health, through INCA and Epidemiological Surveillance National Center (CENEPI) started a new national survey on health and lifestyle in 2002.

Survey on smoking in the city of Rio de Janeiro 2001

This survey showed that in the city of do Rio de Janeiro there was a significant decrease in prevalence of smokers, which fell from 30% in 1989 (PNSN) to 21% in 2001 (INCA/Conprev). This reduction was higher for age groups 20 to 24 years (29% in 1989 to 12% in 2001), and 25 to 34 years (from 41% to 18%). The survey also showed that prevalence reduction among males was higher than among females, which indicates the need of higher efforts focused to women.

Survey of the Brazilian Center for Information on Psychotropic Drugs (CEBRID)

Periodical surveys carried out in 10 Brazilian Capital cities by CEBRID shows that cigarette experimentation is increasing among students age 10 to 18.

Prevalence of tobacco use in life among students (10 to 18 years old) – 10 Brazilian capital cities – 1987,1989, 1993 e 1997

Year	Belém	BH	DF	Curitiba	Fortaleza	Porto Alegre	Recife	RJ	Salvador	SP
1987	22	23,2	22,4	18,4	21,6	20,8	20,5	22,7	17,9	25,4
1989	30,3	34	27,7	24,1	24,7	29,7	21,6	27,1	22,8	31,8
1993	29,9	37	26,7	29,9	25,7	31,7	25,6	25,5	19,3	29,1
1997	27,1	34,3	33,7	41	32,8	44,1	26,7	26,9	30,5	30,7

These surveys showed also an increasing experimentation trend among female students. In 1997, experimentation among girls was significantly higher than among boys in 3 of these 10 capital cities the enquiry was held: Porto Alegre, Rio de Janeiro and São Paulo.

Prevalence of tobacco-use in life among elementary and high-school students of the public school system in 10 Brazilian capital cities, per gender (1997)

City	males %	females %	Non-informed %	ratio m/f
Belém*	31,8	23,9	18,9	1,3
Belo Horizonte*	38,0	32,4	24,7	1,2
Brasília*	36,0	31,9	30,5	1,11
Curitiba	40,1	41,4	43,3	0,9
Fortaleza*	37,7	29,7	28,4	1,3
Porto Alegre*	38,7	49,8	32,5	0,8
Recife	29,4	25,6	10,8	1,2
Rio de Janeiro*	23,4	29,9	21,7	0,8
Salvador	33,5	30,2	13,6	1,1
São Paulo*	29,2	32,2	23,5	0,9

* difference among genders is statistically significant

A recent assessment on the use of psychotropic drugs among elementary and high-school students of the public school network in Manaus, carried out by CONEN at Amazonas, showed tobacco to be the second most consumed drug (12,55%), and the age group for its first use was 13 to 15 years (Cebriid, Bulletin 45, June - August 2001).

These studies evidence the need for actions towards youngsters, especially females.

Per capita Cigarette Consumption in Brazil

The monitoring of annual cigarette per capita consumption shows a reduction of more than 32% when comparing this consumption in 1989 and in 2001 (included the estimates of consumption from illegal market). In 1989, the annual cigarette per capita consumption was 1772 and in 2001 it was 1194.