

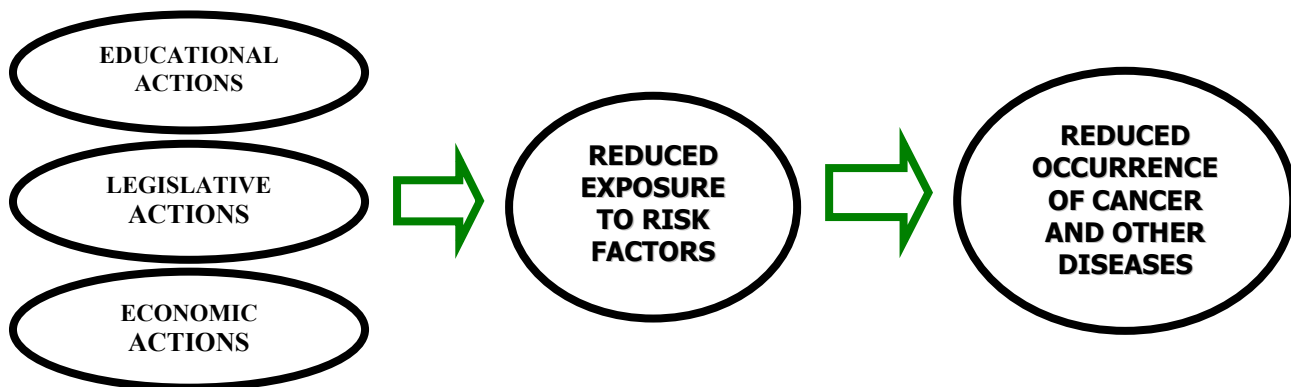
2. THE TOBACCO AND OTHER CANCER RISK FACTORS NATIONAL PROGRAM

Considering that it is possible to adopt a healthy lifestyle only if one has information, opportunity and motivation to do so, makes clear the need for actions to disseminate such knowledge, creating a favorable scenario to both, encourage and foster people towards a healthier lifestyle and protect them from involuntary exposures to cancer risk factors.

Thus, under a Health Promotion perspective, the National Cancer Institute of Brazil (INCA), branch of the Ministry of Health (MS) responsible for the National Policy on Cancer Control, coordinates national actions of the Tobacco and Other Cancer Risk Factors Control Program, jointly with State and Municipal Health Secretariats and other social segments.

To promote a healthy lifestyle in order to prevent cancer, the Tobacco and Other Cancer Risk Factors Control Program develops educational actions and fosters legislative and economic actions.

The starting point for the development of educational actions is dissemination of scientific knowledge about cancer and possibilities for its prevention. However, by acknowledging that information alone does not necessarily lead to behavior changes, the Program also includes social and environmental interventions to trigger positive behavior changes once such knowledge is disseminated.



Educational actions are essential for this process and should precede and go along any cancer prevention action.

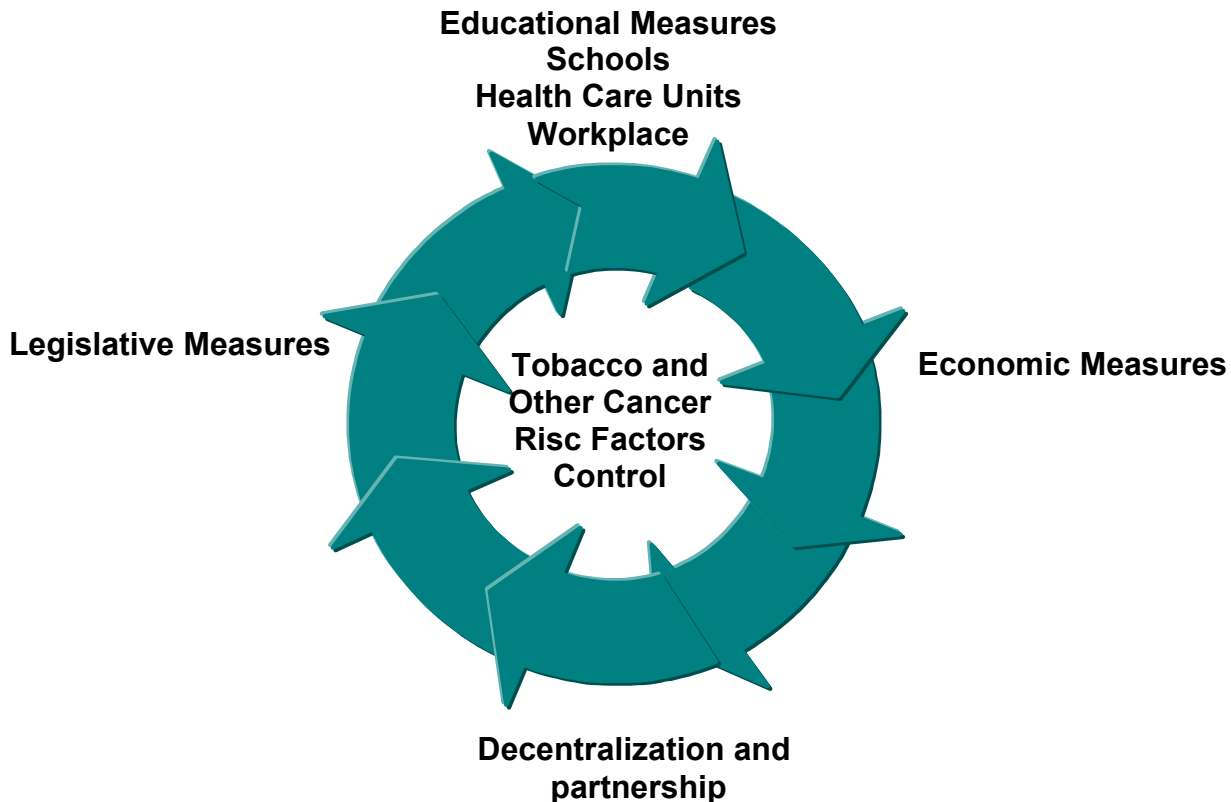
Such actions can be *focused*, such as awareness campaigns and information disseminated by the media.

Ongoing educational actions are essential for the disseminated information be translated into changes in attitudes and behavior towards a healthier life.

For the development of such actions, the Program has selected three community channels, such as Workplaces, Schools and Health Care Units, where information is disseminated along with actions that foster a favorable scenario for changing behavior of opinion makers and role model groups, such as health professionals, teachers, students and workers in general. In this context, for instance, the idea of the Tobacco-Free Environment Program is that continuous information on the risks of smoking, especially of passive smoking in these facilities occurs concurrently to regulation on smoking and the use of smoking restriction signs and supporting smokers from this communities channels towards cessation.

Legislative and economic actions are social mediations that potentiate educational actions. It is up to the different social segments to warn, demand, encourage and pressure lawmakers to establish legislation that lead to political, environmental and economic changes to support the behavior changes necessary to reduce cancer and other tobacco and other risk factors-related diseases incidence and mortality.

In this scenario, it is to be mentioned laws imposing information to the population on the risks of tobacco use, protecting people from environmental tobacco smoke and from inducing smoking through advertisement. Furthermore, it is also necessary to impose measures making difficult the access of youngsters to tobacco products, such as increasing taxation and prices, controlling sales and, especially, the illegal market.



Through this Program, the Ministry of Health/ INCA has been developing actions that promote positive behavior changes in the population and contribute to reduce cancer risk factors exposure. Within the scope of such actions, it is to be mentioned those focusing tobacco-control, promoting physical exercises and healthy meals, restraining exposure to solar radiation. Actions to promote healthy meals, physical exercise and reduced exposure to solar radiation are done through campaigns. The Program, however, is working to incorporate educational intervention methods in health care facilities, workplaces and schools like it is being done by the National Tobacco Control Program, which will be presented next.

From this point onwards, only the National Tobacco Control Program is addressed. This is because this is such a specific factor, and the first to be addressed by the cancer prevention program, generating a model that can be applied to promote other behaviors and styles, such as nutrition habits and the practice of physical exercises.

The National Tobacco Control Program systematizes 4 major strategy groups: the first, to prevent people from starting smoking, mainly children and teens; the second is the development of actions to encourage smoking cessation; the third group includes measures to protect the health of non-smokers from environmental tobacco smoke hazards; and the fourth one concerns with measures to regulate tobacco products and its commercialization.

For this purpose the Program has been outlined. The intention is to systematize educational actions and encourage legislative and economic actions to create a setting that:

- reduces social acceptance of smoking,

- reduces stimuli for youths to start smoking and stimuli that make difficult for smokers to quit,
- protects population from risks of environmental tobacco smoke,
- reduces access to tobacco products,
- enhances availability of smoking cessation support to smokers
- controls and monitors all aspects related to marketed tobacco products, from ingredients and emissions to marketing strategies and dissemination of their features to consumers.

To reach the entire country, the Program has set a geopolitical base, so that actions could be equitably carried out nationwide. Currently, the Program counts with a number of governmental and non-governmental partnerships throughout the country.

Focal educative actions: campaigns and mass media dissemination

The **Tobacco-Free Community Program** has two commemorative dates, the World No-Tobacco Day (May 31), and the National Day to Fight Smoking (August 29), both of them celebrated by the Ministry of Health /INCA throughout Brazil. The first one seeks to disseminate and promote tobacco-control actions in its different aspects in Brazil. For such purpose, the WHO selects a different theme each year, for all countries to disseminate tobacco control actions. The second one targets youngsters, and a theme, such as ***“Cigarette-Free Sports are More Radical”*** or ***“Cigarette-Free Art is the Real Show.”***

Other actions involve dissemination of information through the media. For this purpose, the Program’s management network, whose work will be presented further ahead in this document, has become reference for this issue in Brazil. Thus, it has been possible to articulate with the media to disseminate actions and facts that add to tobacco control nationwide.

Another group of focused actions is to encourage and support events such as congresses, seminars, health fairs, and others with the potential to present updated information on the theme to the community. To this end, the Program developed a number of educational material, such as pamphlets, booklets and posters that may be handed out to the public, and other resources to impact the public in these events, such as the smoking doll, which allows people to see, through its transparent body, tar impregnation, and also measuring the level of carbon monoxide in the body of smokers.

The itinerant exhibition ***“Seeing Through Smoke”*** has been shown in different cities of Brazil. It displays very strikingly the different hazards posed by smoking. This exhibition includes posters, banners, videos and sculptures showing body organs damaged by smoking.

Continuous educational intervention: workplaces, schools, health units

As mentioned before, the purpose of continuous actions carried out through community channels (Health Care Facilities, Schools, Workplaces) is to keep a constant flow of information on smoking, its risks for smokers, and the risks of environmental tobacco smoke for all exposed to it. In addition to this continuous dissemination of information, interventions are carried out in these microenvironments, so that opportunities and motivation for behavior changes in the groups that are part of these community channels are fostered.

Three major community channels were selected: schools, workplaces, and health care facilities, as these channels greatly interact with the community and are formed by major opinion makers, such as teachers, students and health professionals:

Tobacco and other cancer risk factors in WORKPLACES: PREVENTION ALWAYS PROGRAM

This program operates in a systematic way with occupational health professionals and other key players of companies and organizations towards a tobacco smoke-free environment and to reduce the number of employees who smoke by supporting them to quit smoking.

For this purpose, the **Smoking-Free Workplace Program** includes a set of educational, regulatory and organizational actions to encourage changes in the culture of the organization that lead industry and company employees reduce smoking. Its activities include continuous dissemination of information on the risks of smoking, especially of passive smoking, implementation of regulation to restrain smoking in the workplace, the display of smoking restriction signs and qualification of occupational health professionals to support smoking cessation and treating nicotine dependence of the employees.

Tobacco and other cancer risk factors in SCHOOLS: HEALTH KNOWLEDGE PROGRAM

This program advocates the inclusion of strategies to promote a healthy lifestyle in the school curriculum, including facts about smoking. To portray smoking as a social unaccepted behavior, the program focuses teachers, students and school employees, and all aspects related to smoking (health, ecology, citizen rights, history, economic) are addressed at different times by different disciplines.

One of the major focus of this program is to foster a critical awareness in children and teens in regards to marketing manipulations used to promote deleterious lifestyle, including smoking.

In the set of actions developed at schools is included the **Smoking-Free Schools Module**. It includes a set of educational, regulatory and organizational actions that encourage tobacco-related behavior changes among teachers, other school workers and students and the community that interacts with the school.

Tobacco and other cancer risk factors in HEALTH CARE FACILITIES: HEALTH AND COHERENCE PROGRAM

This program seeks to prepare health care facilities to provide effective smoking cessation support for smokers that go for a routine visit. It is thus essential that health care facilities comply with their role of showing healthy habits and lifestyle.

This means that health care units should be smoke free, and their professionals should act as behavior models for the community.

This is the idea behind the **Tobacco-Free Health Care Facilities Program**. It includes a set of educational, regulatory and organizational actions to foster cultural changes concerning social acceptance of smoking in health care facilities, and, at first, to support health professionals who smoke to quit the habit. Thus, the Program includes the training of health professionals to support smoking cessation efforts of other health care facility employees. Later on, they will be trained to include smoking cessation support for their patients.

Smoking Cessation Program

In the National Tobacco Control Program context, strategies for smoking cessation have been broad in a sense of creating a demand for smoking cessation and supporting it.

This means that national Program has been developing strategies to promote the smoking cessation in the population, to create a social context that stimulates smoking cessation, and at the same time to increase the access for smoking cessation to support the demand.

So making campaigns to stimulate and inform about the benefits of smoking cessation, stimulating and supporting the implementation of smoke free policies, training skills for smoking cessation support among health professionals and looking for political and financial support for increasing the access for smoking cessation are among the actions for smoking cessation that National Tobacco control Program has been developing countrywide

The objective of the **Smoking Cessation Program** is to enhance access for smokers to effective smoking cessation methods, thus meeting the increasing demand of smokers who seek some kind of support for this purpose. This program includes different actions:

- Dissemination of effective smoking-cessation methods (campaigns, toll-free help-line; internet);
- Training of health professionals to support smoking cessation: *Helping your patient quit smoking* Module (Minimal Contact – 4-hour training; Intensive or Formal Approach – 20-hour training)
- Introduction of smoking-cessation support at the Brazilian Public Health System (SUS)
- Implementation of outpatient units to treat smokers at the Public Health System (SUS) network.
- Mapping and disseminating the information where people can find support for quit smoking in the public health care system (campaigns, toll-free help-line; internet);

The Idea is to build a network of health care reference units where smokers who need more intensive support may be referred.

Networking for integrating the Program management nationwide

Through a long sensitization process of decision-makers from the health area, from 1996 onwards the Tobacco Control Program has become a priority in the Ministry of Health agenda. Similarly, sensitizing state and municipal health managers has increased interest on the Program by different health-related government levels.

Building a network of decentralized management

Considering Brazil's continental dimension and the huge difficulties caused by regional differences, including social, economic and cultural aspects, the Program has developed strategies to decentralize actions following the logic of the Brazilian public health system, called Unique Health System (Sistema Único de Saúde – SUS). The decisive step towards this objective was the strengthening of a geo-political base that could articulate a network of regional, state and municipal managers so that such actions could be spread equitably and rationally nationwide.

By organizing and articulating this national network for a regional management of the Program, tobacco-control actions are being decentralized.

The building of this decentralized management network started in 1996, and went through a number of steps:

- In 1995, the Brazilian National Cancer Institute – INCA, supported by the Ministry of Health, started to actively seek individuals from State Health Secretariats (SESs) for the management of the Program in the different States. At the same time, the National Health Fund and the State Health Secretariats signed a working agreement, being INCA the mediator of this agreement. The role of INCA was to provide technical support to State Health Secretariats in designing a Work Plan adjusted to the Global Tobacco Control Plan outlined by INCA itself. This working agreement allowed State Health Secretariats to organize their infrastructure and to keep on the program management decentralization process (campaigns, actions in health care units, workplaces and schools, treatment for smokers) in the regional level, reaching Municipal Health Secretariats. It is INCA's role to follow the progression of the actions defined by the Work Plan of each State, to assess their fulfillment and outcomes.
- Still in 1996, INCA started to develop pilot-projects to test methodology and generate implementation models for continuing educational actions in health care units, workplaces and schools, in order to promote changes in attitude regarding social acceptance of smoking and encouraging smoking cessation in target-groups of opinion-maker groups, such as teachers, students, health professionals, employees of companies and organizations.
- Also in 1996 a process was started to train local Program management, through a human resources pilot training program within each of the 27 State Health Secretariat (SES). To

this end training models and support educational material were developed for both, the Program management and its implementation in schools, health care units and workplaces.

Continuation of the agreement has allowed the expansion of the partnership network.

The organization of such network started with a human resources building capacity process for the management of the Program in States. Thus, within each State Health Secretariat (SES) there is a State Coordination office for the Program in charge of organizing and supporting local municipal actions. Coordination office at each State is also responsible for training human resources from municipal health secretaries of their State. Educational material for such training is sent by INCA to the States according to the number of municipalities involved and the different channels (schools, health care units, workplaces) where the Program is being implemented.

On their side, each municipal coordination office, with support of the State coordination office and INCA/Ministry of Health, are accountable for the development of focused and ongoing educational actions in schools, health care units and workplaces of the city.

Each state or municipal delegate is appointed by the Health Secretary, and may be from the Chronic-Degenerative Diseases Division, Family Health Program, Workers Health Program or other public-health related program. Their role includes articulation of campaigns and other focused actions, encouraging, guiding and consulting health care units, companies/industries and schools in implementing the Program, encouraging city councilmen to establish municipal laws imposing measures to reduce exposure of the population to cancer risk factors, as well as assess and monitor Program implementation in the city.

Defining Responsibilities within the Program management network

A decentralized management within the Brazilian Public Health System (SUS) allows the establishment of information and implementation network on tobacco and other cancer risk factors, with competencies defined as follows:

Federal Management – National Cancer Institute/ Ministry of Health

- Support State Health Secretariats – SESs in structuring the Program coordination office statewide;
- Coordinate, articulate and facilitate tobacco and other cancer risk factors control actions nationwide, in partnership with state health secretariats;
- Design and reproduction of technical material to support and training methodologies to implement the Program, passing them on to state coordination offices;
- Develop or encourage the development of pilot projects to test action strategies and technical support material, passing them on to state coordination offices;
- Build capacity to qualify SES human resources for the Program local management, encouraging the necessary partnership for its implementation;
- Support the state coordination offices in decentralizing the Program management to cities and in implementing the different levels of the Program in the municipalities;
- Promote annual evaluating and planning meeting and continuing education courses for state coordination officials;
- Assess the use of funds from the working agreement to carry out the actions scheduled in the work plan designed for each state;
- Coordinate the tobacco epidemics surveillance system throughout the country;

- Monitor advancements and barriers to tobacco control in its legislative and economic aspects;
- Integrate and disseminate actions developed around the country by different media, such as the quarterly newsletter “Atualidade em Prevenção de Câncer” (“*Update on Cancer Prevention*”); internet, e-mail, and other mass media;
- Give technical support for National Surveillance Agency on actions for tobacco products control
- Mobilize forces that favor the establishment of a comprehensive tobacco control federal law, supporting and providing technical information to lawmakers;
- Support a Brazilian Congress on Smoking, to be held every two years;
- Support and provide technical information to individuals and organizations interested in tobacco control actions, both nationally and internationally;
- Keep and interface with national and international Governmental and Non-Governmental Organizations;
- Support and articulate partnerships with health-related Councils, Associations and Societies on a federal level;
- Carry out and encourage research on smoking and related issues, and disseminate their results;
- Publish and disseminate the Program results in different lay and mass media;
- Represent the Federal Government at the World Health Organization – WHO and other national and international organizations, in tobacco-related issues.
- Play the role of Executive Secretariat of the National Interministerial Committee for Tobacco Control, supporting the Brazilian government position in negotiating the International Tobacco Control Framework Convention,
- Articulating different segment of government for the implementation of wide actions for tobacco control such as economic actions, tobacco alternative diversification,

State Management

- Upon request from the Federal Management, officially appoint human resources to carry out the Program’s actions in the state;
- Define how the Program will be included in the SES organization chart;
- Provide the basic infrastructure for the Program development;
- Schedule annual actions, according to the work plan established in the working agreement, defining goals, costs and a detailed timetable, in order to get federal grants and political support for state actions;
- Articulate the implementation of the Tobacco-Free Environment in all SES offices and service facilities.

- Identify leaders: seek participation of the municipalities in the Program, considering the Public Health System (SUS) structure in each state;
- Replicate the Program management-training course for personnel from Municipal Health Secretariats.
Note: If the state health network is structured in regions, decentralizing the program's management should be according to the state's organizational logic.
- Support municipal coordination offices in training personnel from regional health care units, workplaces and schools, or from other strategic programs within the health secretariat, such as teams of the Family Health Program;
- Control the distribution of the Program's support material produced by the MS/INCA to the cities;
- Gather and consolidate evaluation data supplied by Municipal Health Secretariats, and send them to INCA, to feed the Surveillance and Monitoring System;
- Take part in evaluation and up –to- date meetings promoted by the MS/INCA every six months;
- Articulate and promote exchange of experiences among municipalities, by sponsoring annual meetings for municipal delegates.

Municipal Management

- Identify an individual (or individuals) to manage the program within the city, connecting him/them to the Program's State Coordination Office.
- Have such individual(s) take the Program management-training course offered by the Program's State coordination office.
- Include tobacco control actions in the strategic planning of the Municipal Health Secretariat - SMS, and placing the Program within the SMS organizational chart.
- Draw a work plan to implement the Program in the city. Design the Program's implementation project for the city, and the annual actions to be carried out, with their detailed timetables, in order to get financial resources and political support from the Program's state management;
- Provide the basic infra-structure for the Program to be developed on a municipal level;
- Articulate the implementation of the Tobacco-Free Environment Program in all SMS offices and service facilities;
- Carry out the annual campaigns organized by the Program with support from the state coordination office;
- Register all those interested in joining the Program, using a proper form;
- Sensitize and involve managers from the three institutional channels targeted by the Program (workplaces, schools, health care facilities) to implement the program;
- Train and support teams from health care units, workplaces and schools to implement the program in their facilities;

- Provide and/or support training of health professionals who will be part of the team that will duplicate the Program's actions;
- Pass on the support material supplied by MS/INCA and State Secretariats to the institutional channels (workplaces, schools, health care units) and monitor their distribution;
- Gather data of the campaign activities in the city (events held, target-audience, number of participants, media coverage), and passing them to the state coordination office.
- Collect data on the Program implementation in health care units, workplace and schools to assess the implementation process with the tested tools and methodology supplied by the MS/INCA, consolidating them in a report to be sent to the SES.
- Articulate and promote implementation of municipal legislation for tobacco control, in accordance with federal legislation.

Defining criteria for evaluation of the decentralization process

For the program to meet the expectations of awareness and motivation towards positive behavior changes, it is important that the municipal level to be quite well structured, because in this level one has higher contact with the population. The municipal team influences the community directly, and should be well trained and supported by the other levels so that changes proposed by the Global Plan for Tobacco and Other Risk Factors Control in Brazil can be accomplished. To better systematize the Program's implementation stages in the state or city, implementation progression criteria have been established over four levels, for the process to be more timely and effective. It is a requirement for moving to the next level that the previous one be completed. Their structure is as follows:

Level 1

It is considered on Level 1 each municipality that has been qualified for the program management, and where a basic political, physical and administrative structure is implemented, allowing coordination and development of focused actions on a local level (at least one annual campaign).

Level 2

At this level, the city should already have a political and administrative structure that allows development of focused actions (level 1) and systematic and ongoing actions in health care units, workplaces and schools.

Level 3

For this level, the cities should have implemented a political and administrative structure that allows development of level 1 focused actions, the systematic and ongoing actions at health care units, schools and workplaces (level 2) and has organized a basic Evaluation System for the Program.

Level 4

In this level, the Program is implemented in accordance with levels 1,2 and 3, and goes on to develop systematic actions in legislative and economic areas, including encouragement, support and lobby for approving specific legislation, and the implementation or accreditation of outpatient units or centers for a formal treatment of tobacco addiction within the local public health system.

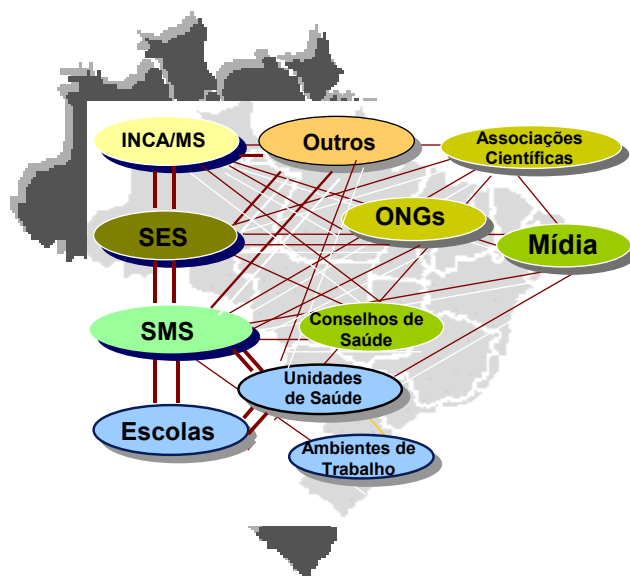
Building partnerships with the organized civil society

Going beyond the government level, the Program has sought to establish partnerships with non-governmental organizations, scientific societies and professionals associations. These partnerships have been instrumental to enhance the reach of educational actions, and for strengthening a social control that can support the Program against actions from the tobacco industry.

Examples of such partnerships are INCA's support to the Brazilian Congresses on Smoking, that are held since 1994 jointly with scientific societies and non-governmental associations, such as the Brazilian Tobacco-Control Committee, the Pneumology Society, among others.

Another example of partnership was the holding of a Consensus Meeting on the Approach and Treatment of Smokers in 2000, with participation of different health-related scientific societies and associations, and Professional Boards

More recently INCA kick out a process to enhance the participation of organized civil society on tobacco control efforts and to support the Framework Convention negotiation process. For this purpose in September 2002 INCA held the First Social Mobilization Forum – For a smoke free world – that gathered representatives of 50 different NGOs. This process is going on with the partnership of the NGO Rede de Desenvolvimento Humano (REDEH) that is multiplying this Forum all over the country.



Multisectorial action for tobacco control: the National Tobacco Control Commission

As mentioned before, by acknowledging the need for transnational strategies to refrain tobacco use worldwide, in the World Health Assembly all 191 WHO-member countries were encouraged to implement joint actions in accordance with an international agreement, the Tobacco Control Framework Convention, which is being discussed since 1999. To meet the demands generated from such discussion, the Brazilian Government created, by Decree 3136 of August 13, 1999, the National Committee for Tobacco Control. This represented a new stage for the Brazilian Tobacco Control Program, going beyond the scope of the Ministry of Health (MS) and becoming a Program of the Brazilian State.

It is up to the National Tobacco Control Commission to assess national data and information on the issue to advise the President of Brazil in defining the country's position when negotiating WHO's Framework Convention. This National Committee includes delegates from the Ministries of Health, Foreign Relations, Agriculture, Economy, Justice, Education, Development, Industry and International Trade, and Agrarian Development, considering the different aspects involved in tobacco control. The Minister of Health is the Chairman of this Commission, and the Executive Secretariat is an INCA expert.

Considering that the tobacco problem extrapolate the health dimension, the creation of a National Commission for tobacco control opened new possibilities for tobacco control in Brazil, as it made possible to endeavor close discussions of important aspects of tobacco with other government segments such as finances, agriculture, agrarian development, work and job, justice and others. Since its creation it was possible many advances in the field of regulation of tobacco products and its advertising, controlling illegal market, taxation, tobacco subsidies, among others.

Mobilizing Legislative and Economic Actions

Tobacco control actions go beyond the scope of the Ministry of Health (MS); this is why discussions on the subject include different dimensions.

Within the scope of legislative actions, the National Tobacco Control Program has compiled and created a databank on existing tobacco-control related laws in Brazil; it has encouraged and advised lawmakers on creating tobacco-control laws; it has disseminated such laws in the community and identified and articulated mechanisms that allow their enforcement.

Within the economic scope, it is believed that incorporation of economic measures to educational actions supported by legislative actions, which is being done in Brazil for 11 years now, may pro-actively support the program.

Using Economics as a referential, for actions in this area to be successful one must have a strict legislation, especially in taxation, price and agricultural policies. Thus the need for this Program to be articulated to other government areas, being a comprehensive Program, a Program of the Brazilian State.