



LETTER FROM ASIA-PACIFIC AND BEYOND

Letter from Brazil

The ongoing challenges of tobacco smoking

Key words: Brazil, prevalence, smoking.

With nearly 210 million inhabitants, Brazil is the fifth most populous country in the world. Rapid economic, demographic, nutritional and epidemiological transitions have occurred in the country. But, in spite of progress, social inequalities in health have not changed due to the concentration of wealth in only a small part of the Brazilian population.

An important advance has been the reduction in the smoking rate in Brazil from 1989 to 2010 (around 45%), due to a national political programme of control on smoking such as price and tax measures, ban of tobacco advertising, promotion and sponsorship and the prohibition of indoor smoking, among other measures. This decrease in smoking rates is considered very relevant, since the tobacco industry in Brazil had no regulation up to the eve of the 21st century.¹

A clear trend of reduced smoking prevalence among adults can be observed, according to the results of national surveys described in Table 1.

Another important and regular study on the risk and protective factors for chronic diseases has been carried out in Brazil in recent years, through a national telephone survey (named VIGITEL) (Fig. 1A), with those aged ≥ 18 years. The results also confirm the decrease in the percentage of smokers from 15.7% in 2006 to 10.1% in 2017, an overall reduction of 35.7%, being 32.4% among men and 39.6% among women.²

The city of Pelotas in the state of Rio Grande do Sul, located in the south of Brazil, near the Uruguayan border, had a population of 342 873 inhabitants in 2015. A birth cohort was launched in 1982

and since then a new cohort has been launched every 11 years. These four birth cohorts (1982, 1993, 2004 and 2015) (Fig. 1B) have focused on several aspects of health and nutrition of women and children, and have also tracked the main indicators for chronic non-communicable diseases such as smoking, physical activity, diet and other factors during the life span.³

Smoking during pregnancy has declined by 52.8% in the 33 years from the first (1982) to the latest birth cohort (2015). However, the reduction has been quite different according to the socio-economic position of women: 92.4% among rich women against only 23.9% among poor pregnant women.⁴

At the moment, instability in the economic and political scenario in Brazil may jeopardize some of the improvements in health achieved since the 1990s due to a significant poverty reduction in Brazil. On the 26 March 2019, the Brazilian Minister of Justice created a working group for studying the possibility of reducing taxes on cigarettes, to fight cigarette smuggling in our country (resolution number 263/2019 on the Official Journal of Brazil). However, data from the National Institute of Cancer in Brazil (INCA) show that the number of illegal cigarettes (which are mostly from Paraguay) dropped from 39.7 billion in 2016 to 34.9 in 2017, while the amount of consumed legal cigarettes raised from 53.1 billion to 55.8.¹

The rationale behind the Ministry proposal is that smuggled cigarettes are more harmful to health than the Brazilian ones. Fortunately, the Ministry says that *'the tax reduction should be done only if the conclusion of the study group is that cigarette consumption does not increase with the new proposal'*. Considerable evidence from the World Bank and from several institutions worldwide is that one of the most cost-effective strategies for reducing the use of tobacco is increasing the cost of cigarettes with taxes! This has been known for years! Cigarette tax reduction goes against the World Health Organization (WHO) Framework Convention on Tobacco Control, to which Brazil is one of the signatories.

In Brazil, as in other low- and middle-income-countries, the tobacco industry lobby is still very powerful. We must reinforce the need for ample public health policies aimed at tackling a possible new epidemic of tobacco smoking in our country. Substantial progress has been achieved, but continued monitoring of policies against smoking and social inequalities is essential

Table 1 National studies on the prevalence of smoking in Brazil, from 1989 to 2013¹

Studies	Year	Total (%)	Men (%)	Women (%)
PNAD	1989	34.8	43.3	27.0
PMS	2003	22.4	27.1	18.4
PeTAB	2008	18.5	22.9	13.9
PNS	2013	14.7	18.9	11.0

PeTAB, Pesquisa Especial de Tabagismo; PMS, Pesquisa Mundial de Saúde; PNAD, Pesquisa Nacional sobre Saúde e Nutrição; PNS, Pesquisa Nacional em Saúde.

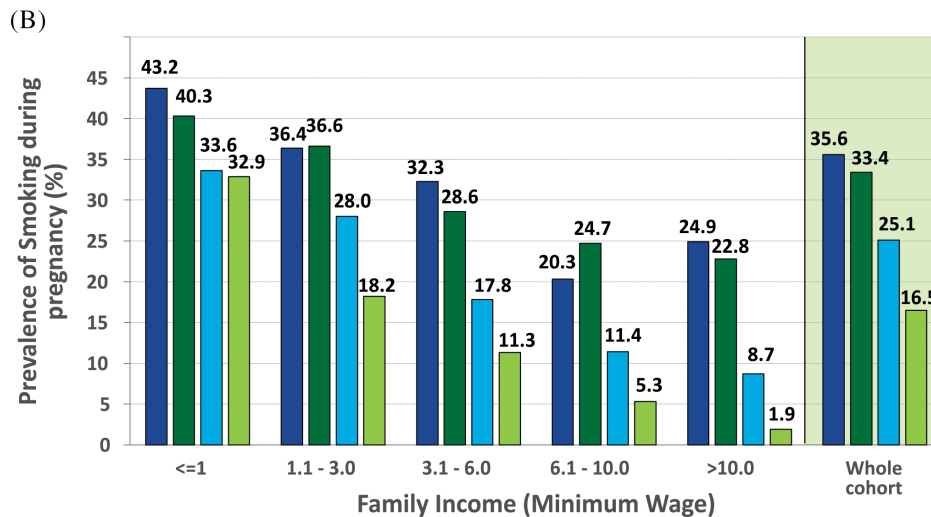
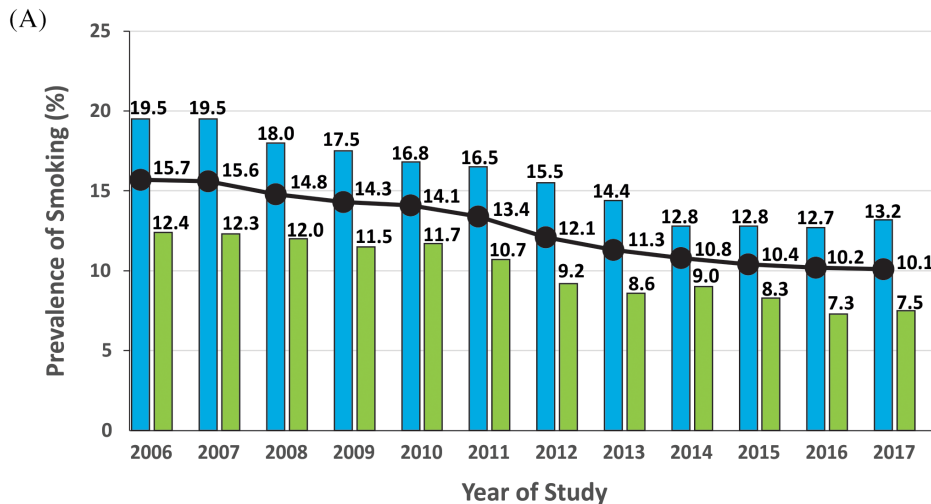



Figure 1 (A) National studies on the prevalence of smoking in Brazil, according to VIGITEL 2006–2017² (■, males; ■, females; ●, total). (B) Prevalence of smoking during pregnancy among four birth cohorts, Brazil (■, 1982; ■, 1993; ■, 2004; ■, 2015). Source: *Vigitel Brasil 2006–2017: surveillance and risk factors for chronic diseases*.²

for not allowing a worsening public health scenario in the near future.

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