

Brazilian ratification of the Framework Convention on Tobacco Control: a question of public health

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The World Health Organization (WHO) considers smoking to be the leading, single avoidable cause of death worldwide and identifies its cause as dependence on nicotine, the substance found in all tobacco products. Due to this dependence, smokers are exposed to at least 4720 toxic substances that are present in tobacco smoke. Consequently, approximately 50 diseases have been related to tobacco use, most of them fatal, such as the various types of cancer, respiratory diseases and cardiovascular diseases. It has been proven that nonsmokers who live with smokers in closed environments become passive smokers and may also suffer from the same diseases mentioned above.

Worldwide, five million people die every year due to smoking. In Brazil, this number is 200,000. If nothing is done in order to reverse this scenario, the WHO estimates that, by 2030, 10 million people will die annually due to causes directly related to smoking and that 70% of these deaths will occur in developing countries.

One of the most perverse aspects of smoking is that it has been concentrated in low-income populations that have less access to information, education and health. According to the World Bank, smoking aggravates hunger and poverty since nicotine dependence causes many parents to buy cigarettes or other tobacco products in lieu of feeding their children. In addition, in some poor countries, cigarettes are less expensive than food.

In order to counter this true pandemic, 192 WHO member countries developed, over a four-year period, the first international public health treaty in the history of mankind: the Framework Convention on Tobacco Control (FCTC). This convention, which became valid in February 2005 after having been ratified by 40 countries, aims at protecting the global population and future generations from the devastating consequences

caused by tobacco consumption and exposure to tobacco smoke. With this convention, tobacco control becomes an ethical question and a social responsibility of the governments to their populations.

The FCTC text deliberates on measures to reduce the demand (for example, by increasing prices and taxes; providing protection against second-hand smoke; promoting smoking cessation; and restricting or prohibiting advertising, promotion and sponsoring of tobacco products), as well as to reduce the availability of tobacco (for example, by controlling illegal commerce; prohibiting the sale of tobacco products to minors; and supporting alternative, economically viable alternatives to the cultivation of tobacco).

Although Brazil is the second largest producer and the leading exporter of tobacco in the world today, it has one of the most advanced smoking control programs. Most of the FCTC proposals have been accepted and followed in our country. The prevalence of smokers in the country decreased from 32% in 1989 to 19% in 2003. During the same period, there was a 32% decrease in the per capita consumption of cigarettes. Because of this, Brazil was chosen to lead the negotiations that culminated with the approval of the final text of the convention, as well as being the second country to sign it on the first available day.

However, in order to join the FCTC, the Brazilian congress had to approve the FCTC text, and the president had to ratify it. On May 31, 2004, the Chamber of Deputies rapidly approved the FCTC by means of a leadership agreement and sent it to the Federal Senate. In the senate, the approval of the text of the Convention confronted strong anti-FCTC lobbying by the tobacco industry. There were various public hearings, and three commissions analyzed the text with the objective of delaying

its ratification. Consequently, the FCTC was mired in bureaucratic red tape for over a year and was not approved in the plenary until October 27, 2005.

During that period, the Sociedade Brasileira de Pneumologia e Tisiologia (SBPT, Brazilian Society of Pulmonology and Phthisiology) played an important role in the struggle to approve the FCTC, sending a letter signed by the SBPT president, Mauro Zamboni, to each senator, asking for their support of its approval. In addition, senators were visited in their offices, and members of the SBPT participated in public pro-FCTC hearings held in tobacco-growing communities. At this point, I would like to thank the SBPT Commission on Smoking for the support given by its president and board.

Finally, on December 3, 2005, the Brazilian government ratified the FCTC, only three days prior

to the final deadline for participating in the Conference of the Parties that will discuss the protocols for promoting technical and financial mechanisms for the implementation of the Convention proposals in those countries that ratified it by the deadline.

The ratification of the FCTC was a great victory for public health in our country. From this point forward, smoking control will be a matter of state, that is, it will be subject to federal government policy at all levels, involving various ministries, maintaining all of the advances already obtained by the National Program of Smoking Control and meeting new challenges in order to control this fatal epidemic in our country.

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