



Labelling and Packaging in Brazil

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Introduction

Brazil is the largest country in South America, with an area of 8 547 403.5 square kilometres and a population of 169 799 170 (IBGE, 2000). Its geopolitical structure comprises 26 states and one Federal District, the capital of Brazil, Brasilia. Each state is divided into municipalities, of which there are a total of 5 507.

The primary causes of death in Brazil are cardiovascular diseases and cancer and their major risk factor is tobacco use. Lung cancer is the leading cause of death by cancer among men and the second cause among women. In 1999, there were 14 127 deaths due to lung cancer. Among women the mortality rate of lung cancer is increasing faster than among men. An analysis of a temporal series of cancer mortality from 1979 to 2000 showed that the lung cancer mortality rate among men rose from 7.73 per 100 000 to 12.13 per 100 000, representing a 57% increase. Among women it rose from 2.33 per 100 000 to 5.33 per 100 000, which represented a 134% increase (Ministerio da Saúde do Brasil/Instituto Nacional de Câncer, 2003).

In 1989, a national survey on health and nutrition showed that smokers comprised 32.6% of the population over 15 years of age (IBGE, 1989). There were nearly 28 million smokers in the group over 15 years old. Among them, 16.7 million were males and 11.2 million were females (Ministério da Saúde, 1998). The Ministry of Health is developing a new, nation-wide survey in 26 states and in the Federal District, *The national domicile survey on risk behaviour and referred morbidity related to non-communicable diseases*. It will include 53 987 people in 18 794 households and provide a new tobacco-use profile in Brazil.

The monitoring of per-capita cigarette consumption shows a reduction of over 32% when comparing the annual per-capita consumption in 1989 and in 2001 (including consumption estimates of the black market). In 1989 annual per-capita cigarette consumption was 1 772 whereas in 2001 it was 1 194.

In 2001, a survey among 2 479 people living in Rio de Janeiro city (Ministério da Saúde/ Instituto Nacional de Câncer, 2002b) showed that smoking prevalence had decreased from 30% in 1989 to 21% in 2001.

At the same time, Brazil is the world's third-largest tobacco producer, after China and India. It is also the world's leading

exporter of non-manufactured tobacco (Ministério da Saúde, 2000; ILO, 2003).

The National Tobacco Control Programs

The National Cancer Institute of Brazil (INCA) is the Ministry of Health body that coordinates the National Cancer Control Policy and the National Tobacco Control Programme.

INCA has coordinated the National Tobacco Control Programme for the last 14 years. This programme encompasses four main strategy groups: prevention of smoking initiation, protection of the population from environmental tobacco smoke exposure, promotion and support for smoking cessation and tobacco product regulation.

To this end, the programme was structured to systematize different kinds of educational activities and to mobilize legislative and economic action with a view to creating a favourable social context that would:

- reduce social acceptance of smoking;
- reduce the social stimulus to smoking initiation by youth;
- reduce the social stimulus that makes it difficult for smokers to quit;
- protect the population from the hazards of passive smoking;
- reduce access to tobacco products by minors; and
- increase availability and accessibility to smoking cessation support.

In addition to these actions, it was necessary to develop a strategy that would ensure that these efforts had a nationwide reach. Therefore, the process of building a network with State and municipal health offices was begun. With the support of this network, a national action plan for tobacco control has been carried out throughout the country. To prepare human resources from state and municipal health offices to manage the programme at the local level, INCA launched a capacity-building process in 1996 for programme management. Today the programme management is shared among all 26 States, the Federal District and over 3 500 municipalities.

Considering that one of the most important components of tobacco control action is socialization of scientific knowledge on the hazards of tobacco, the programme has sought to develop different kinds of efforts towards this goal. It has been disseminating information through



campaigns and the mass media as well as engaging in continuous educational interventions directed at opinion leaders, such as teachers and health professionals, using school-, health unit- and workplace-based programmes. Within this context, one of the most important strategies employed to reach the smoker is the dissemination of information through tobacco product packs.

Why tobacco product packs are used to inform consumers about tobacco risks

According to data presented by the World Bank (1999), people's knowledge about the health risks of smoking appears to be partial, especially in low- and middle-income countries, where information about these hazards is limited. Today, 80% of the global consumption of tobacco is concentrated in low- and middle-income countries. In China, where 25% of world's smokers live, 61% of adult smokers surveyed in 1996 believed that cigarettes did them "little or no harm" (World Bank, 1999).

For over a century, cigarette smoking has been advertised and promoted through different strategies to target different people in their different aspiration of happiness and fitness. This reality has enabled the creation of a positive representation of smoking and a favourable social context for the growth of smoking. As part of these strategies, cigarette packs have been used as an important way of promoting and marketing to attract the smoker, through colours, shapes and brand names. Cigarette packs were also used to send subliminal messages to tranquillize the smoker as the scientific knowledge about smoking risks began to increase in the last 50 years (Kozlowski & Pillitteri 2001; Pollay & Dewhirst, 2001; Shiffman, et al., 2001).

One clear example is the fact that the tobacco industry has tried for decades to introduce new brands as safer choices, using the tactic of pack colours and product imagery to communicate the idea of "lightness".

The tobacco industry's own words tell how this works:

Red packs connote strong flavour, green packs connote coolness or menthol and white packs suggest that a cigarette is low tar. White means sanitary and safe. And if you put a low-tar cigarette in a red pack, people say it tastes stronger than the same cigarette pack in white (Pollay & Dewhirst, 2001).

Considering the pack influences over the smoker's choices, Brown and Williamson tested 33 packs before choosing

the blue, gold and red pack design for the brand Viceroy Rich Light. Phillip Morris's successful brand *Merit* connotes a "flamboyant, young-in spirit- image (to offset low tar's dull image) with big, yellow, brown, and orange racing stripes" (Pollay & Dewhirst, 2001).

Tobacco companies also recognize certain elements as key to the product's acceptance. One of them is psychological and another is the product's ability to deliver the physiological stimulus of nicotine.

As tobacco industry documents acknowledge, the marketing strategies are enhanced by nicotine dependence and create a very strong relationship between the smoker and the packs of his or her preferred brand. Cigarette packs are present at every moment of a smoker's life, in situations of pleasure and satisfaction as well as in moments of sadness and conflict. Many times the smoker lights his or her cigarette as a reflex, and several social cues, such as drinking coffee, reading, creating intellectual works, driving, and others, function as triggers to this act. (Henningfield et al., 1993; Balfour & Fagerström, 1996).

Within this context, obtaining knowledge about smoking risks and their dimensions is one of the first steps of the cognitive behaviour approach for smoking cessation. Other components can develop strategies to break the automatic behaviour of smoking by creating obstacles. This can be achieved by making access to tobacco packs and to smoking difficult or creating other kinds of internal barriers, such as thinking about the negative aspects of smoking. In order to deal with cravings and to maintain abstinence, many former smokers report using a strategy of creating a mental image of a harmed lung or other organ, or the image of a loved one suffering from severe tobacco-related illness, such as cancer.

Considering this context, it is clear that tobacco products packages could function as an important vehicle for risk communication. Besides reinforcing the knowledge and the dimension of the hazards of smoking, strong health warnings on packs, mainly when illustrated by photo images, could also undermine the attraction and the cues that make a smoker light a cigarette automatically in various situations during the day.

In addition to breaking the automatic habit of lighting up, the health warning with photo illustrations could also destroy the positive aura that was created around cigarette packs for many years. Likewise, it could have an important influence in changing cultural beliefs about smoking, mainly in low- and middle-income countries, where information

about hazards is limited. Towards this goal, the larger the space the warnings occupy on the packs, the greater will be their communication power. Therefore, it is vital that the strength of the warning messages be proportional to the magnitude of the risks.

On the other hand, it is also possible that many smokers will refuse to look at these images, mainly those smokers who do not want to quit as well as those who even wanting to, have trouble remaining abstinent. Some of them will ignore the images. But even so, this measure will have achieved its function. The pack will not exert the same attraction as it did before. The smoker will be conflicted, ambivalent, and in general, this is the first feeling that leads the smoker toward the process of quitting smoking.

The evolution of health warning messages on tobacco packs in Brazil

In Brazil, the process of tobacco control began in 1985, when the Government, pressured by nongovernmental organizations (NGOs) and medical associations, officially assumed the role of coordinating tobacco control actions, and created the Health Ministry Advisory Board for Tobacco Control (Mirra & Rosemberg, 2001). Three years later, and inspired by the example of the United States of America, where the health warning insertion on tobacco products had been approved by the United States Congress, it was possible to publish the first regulation on this issue in Brazil. Hence, in August 1988, the Ministry of Health Ruling no 490¹ was published. This ruling recommended restricting smoking in indoor public spaces, regulating tobacco advertising and requiring tobacco companies to include the health warning “The Health Ministry advises: Smoking is harmful to health” on all tobacco product packs (cigarettes, cigars and pipe tobacco) as well as advertisements. The ruling also required that the letters be clear, legible, and written in contrasting colours. The responsibility for ensuring that tobacco companies complied with this ruling was given to the Health Ministry’s Health Surveillance department and to regional health offices.

¹ This is a type of executive act that can be put into force by any public authority and that can involve guidelines regarding existing laws, rules, recommendations of general character, rules for the carrying out of services or any other act within its competence. It does not have the power of a Federal law.

In 1989, INCA, under the auspices of the Ministry of Health, assumed the responsibility of coordinating the National Tobacco Control Programme. On that occasion, following once again the example of other countries such as the United State of America and Canada, INCA started seeking to upgraded the regulation on the health warning. In 1990, a new Ruling of the Ministry of Health no 731 increased the size of the warning on packs and in ads, prohibited smoking in health units and banned the free distribution of cigarettes. The idea was to amplify the power of the warning, making it more explicit about the risks of tobacco use, since previous warnings were vague. Later, in 1995, the Inter-ministerial Ruling 477 (a ruling signed by more than one Government ministry) replaced the previous regulation and the former warning was replaced by a varied and more specific series of health warnings.

It is important to note that this new regulation was signed by the Health Ministry, the Communication Ministry and the Justice Ministry. It was also a result of a negotiation process that led to an agreement among these three ministries as well as trade associations representing the media and the tobacco industry. The presence of the tobacco industry representative in the negotiation process was probably the result of the tobacco lobby and trade associations.

During the negotiation process, INCA, as the Ministry of Health technical advisory board for tobacco control, presented various proposals for the new health warning messages, including one about nicotine dependence and pictograms to illustrate the warnings. At that time, despite all the accumulated scientific knowledge on the power of nicotine to create physical dependence, the tobacco industry, as usual, strongly denied the addictive nature of tobacco, and refused to agree to including the warning on the addictive properties of tobacco. On that occasion, the tobacco industry also exploited the uncertainty of the epidemiological risk argument to avoid the use of more direct statements for the warning messages. It was a tough negotiation, and neither the pictograms nor the message about nicotine dependence passed as a result of the tobacco industry’s resistance. In addition to this, the expression “can cause” was introduced in all messages emphasizing the uncertainty of risks.

Therefore, this ruling was a result of an agreement and had attached to it a commitment letter signed by the three represented government agencies and by the representatives of tobacco companies and media trade associations.



Formerly secret, internal documents of tobacco companies such as Philip Morris and British American Tobacco make clear that industry executives were strongly prepared to resist any attempt to advance health warnings. The following quote illustrates how the tobacco industry had been preparing their executives to deal with health warning issues, which they considered as a threat to their business.

We should resist the introduction of warning clauses on packs or advertisements on the grounds set out in Position Papers. Additional arguments that could be put forward in negotiations with authorities are that in countries where warning clauses are in force there is no evidence that they have been effective in reducing cigarette consumption... If faced with a warning clause, the wording of which implies or states that cigarettes cause named disease, we should resist it with all means at our disposal and never make this concession. If such wording becomes inevitable, we should do our utmost to ensure that all warning clauses, irrespective of wording, are attributed to Government or some other official body (British American Tobacco Public Affairs, 1992)

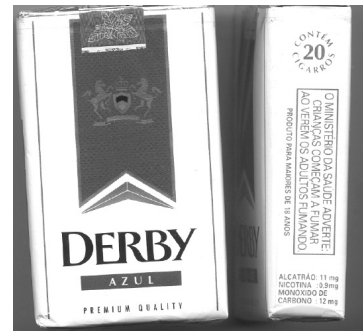
The new ruling defined certain graphic specifications for the warnings such as type, size and the duration of the warning's sequential replacement. But it did not define the responsibility for surveillance and applying penalties for non-compliance with the ruling. This enabled the tobacco industry to interpret and apply it as the industry saw fit. Thus, the warnings were inserted on packs in a very discrete way, compromising their visibility, which achieved another tactic that today is confirmed among millions of pages of secret tobacco industry documents.

This strategy is confirmed in another quote found in a British American Tobacco (BAT) analysis of the Marlboro brand and distributed to its affiliated companies (including Souza Cruz in Brazil). This analysis illustrates how deliberately the tobacco industry had been working to reduce the health warnings' visibility on packs. Among the analyses of the characteristics of several packs of Marlboros, such as design, consistency across the market – and over time, the colour red, the way in which health warnings were inserted was analysed:

...clever positioning and use of colour (discrete gold) have ensured minimum impact on the overall design and minimum legibility to the smoker. (British American Tobacco Competitor Activity Report, 1994).

Figure 1

Prior health warning in Brazilian cigarette packs before the new warnings with pictures.



The Ministry of Health advises: children begin to smoke when they see adults smokiing

Previous health warnings on Brazilian cigarette packs before the introduction of new warnings with photo illustrations

Though it had not been possible to achieve all INCA proposals due to tobacco industry tactics, there were some gains. For example, it was possible to replace the previous health warnings with different and more specific health warnings in a rotating fashion. In addition, spoken warning messages were introduced following all tobacco ads on radio and TV. Considering that the previous regulation only permitted its transmission in written form and that there was a significant level of illiteracy among the low-income population, such changes in warning messages represented one more advance within this difficult process. The new warnings introduced are outlined below.

The Ministry of Health advises:

- Smoking can cause heart disease and stroke;
- Smoking can cause lung cancer, chronic bronchitis, and emphysema;
- Smoking during pregnancy can cause harm to the baby;
- People who smoke get stomach ulcers more frequently;
- Avoid smoking in the presence of children; and
- Smoking cause severe harm to your health.

Later, in 1996, Federal law² no. 9.294/96 was published, regulating different aspects of tobacco consumption, such as smoking in public places, tobacco product advertising and promotion and inclusion of health warnings on the package labels of tobacco products. Consequently, this measure became stronger, as the former executive measure (a ministerial ruling based on an agreement) was replaced with a Federal law. The warnings defined in the prior ruling were retained. But the definition of the characteristics of the lettering remained vague since it only required that the warning message be placed on one of the lateral sides of packs in a legible and highlighted form. There were not any other details specified, such as size and colours of letters and background. There was also no definition of responsibilities for surveillance and applying penalties in the event of non-compliance with the law.

In 1999, thanks to the personal commitment of the Ministry of Health, this measure was strengthened. Federal law no. 9.294/96 was modified by Provisional Measure³ no. 1814, which gave the Ministry of Health the power to determine the health warnings. It is important to remember that until that time, the language of the messages was that of the previous message in 1995,

which grew out an agreement with tobacco industry and trade associations representing the media. Hence, Provisional Measure no. 1814 followed by publication of the Ministry of Health Ruling no. 695 in June 1999 enabled the Health Ministry to render the language of the health warning messages much stronger, and more direct and effective by removing the term “can cause” from the messages. In addition to this improvement, two new and stronger messages were introduced: “Nicotine is a drug that causes dependence” and “Smoking cause sexual impotence”. At this point there was no negotiation and the new messages were as outlined below.

The Ministry of Health advises:

- Smoking causes lung cancer;
- Smoking causes heart infarction;
- Nicotine is a drug that causes dependence;
- Smoking causes sexual impotence; and
- Children start smoking by seeing adults smoking.

However, the law still lacked force when it came to the warning’s graphic specifications, namely, the size and space it should occupy on packs and the colours. Nor was responsibility assigned for inspection and punishment. The strength of the language was not matched by the quality of the warning’s graphics. Exploiting these loopholes, the tobacco industry continued to add the warning messages in muted colours and small letters.

In other words, for the consumers, the visibility of the health warnings on the packs continued to be poor. The way in which the health warning messages were presented suggested that the message was of little import.

The new health warnings with photo in Brazil

Key steps

Other important new advances were possible after the National Tobacco Control Programme gained an important ally in the field of tobacco product regulation. Through Federal law no. 9.782 enforced in January 1999, the National Health Surveillance Agency, Agência Nacional de Vigilância Sanitária (ANVISA), was created and within its authority, fell the control, inspection, advertising and promotion of tobacco products.

² Before becoming a federal law any legislative initiative has to be submitted for the approval of the National Congress (House of Deputies and Senate). The Constitution of Brazil allows an initiative of a complementary or ordinary law to originate from any member of the National Congress, President of Republic, Federal Supreme Tribunal, Superior Tribunals, the General Procurator of Republic and from any Brazilian citizen. This law came from a Bill originated by a federal deputy supportive of tobacco control in Brazil. When a legislative initiative comes from the executive branch, the National Congress can either approve or not approve it. But depending on the matter of the bill, the non-approval does not prevent the executive branch from converting it into a legislative decree.

³ For reasons of relevancy and urgency, the President of the Republic can adopt a provisional Measure, that is, a legislative instrument with the power of law. Each provisional measure is valid only for 30 days. After its publication it can be valid for more than 30 days, and after 45 days it is automatically sent to be voted on by the National Congress and Senate, when it can be converted into a federal law or dismissed.



Also in 1999, the National Commission on Tobacco Control⁴ in Brazil was formed by Presidential Decree no. 3136⁵ (13 August 1999). The commission's objective was to serve as adviser to the Brazilian Government during the negotiation process of the Framework Convention on Tobacco Control (FCTC).

This new commission enabled the measures that were proposed during the negotiation of the FCTC process and the health warnings with illustrations that Canada adopted to be recommended by the National Commission on Tobacco Control in August 2000 to the President of Brazil.

Hence, recognizing the importance of this measure for public health, in May 2001, the President of Brazil published Provisional Measure no. 2.134-30. This regulation complemented the above-mentioned legislative background on tobacco control, determining that the health warnings on tobacco products packs would be illustrated by photo images. At the same time, the publication of ANVISA resolution no. 104 defined the kind of warnings and images that would illustrate them, as well as their graphic specifications, such as colour and size patterns, the placement and the space that they had to occupy on tobacco product packs. It also provided the tobacco industry with models of images and warnings, through the Internet: www.anvisa.gov.br (Figure 2).

The ANVISA Resolution added four more warnings to the five previous ones. The new warnings were related to

smoking risks during pregnancy, smoking risks for babies whose mothers smoked during pregnancy, smoking risks for oral diseases, including cancer and risks to breathing impairment that smoking causes. It also prohibited the use of any kind of external wrapping or devices that could impair or make it difficult to see the warnings.

Regarding the size of the health warning messages with photo illustrations, ANVISA Resolution determined that they had to occupy 100% of one of the largest sides of cigarette packs. This decision was due to the small size of cigarette packs in Brazil when compared to Canadian ones. The trials had shown that the model Canada adopted, in which the images occupy 50% of both larger sides of packs, would not fit well on packs in Brazil. This is because they are smaller than Canadian ones, and the images' visibility could be compromised. In addition, in Brazil the only language spoken is Portuguese. Hence, there was no need to put the messages in different languages.

In March 2001, before publishing the health warnings with the photo illustration measure, ANVISA had also published another important measure regarding package labelling, ANVISA Resolution no. 46. It established that the maximum yields for tar, nicotine and carbon monoxide on mainstream smoke for commercialized cigarettes in the country had to be ten milligrams per cigarette, one milligram per cigarette and ten milligrams per cigarette respectively. It also prohibited the use of descriptors such as *light*, *soft*, *low yields*, and other terms that could give the consumer a false sense of security about the products. This measure also required tobacco companies to insert information on packs about these yields, and an additional and non-rotating health warning "There is no safe level for consuming these substances". This non-rotating warning had to occupy 100% of one of the lateral pack sides.

It must be underscored that ANVISA's role in surveillance and applying penalties over non-compliance enhanced this measure's power. The penalty for non-compliance includes admonition, product seizure and a fine that can range from 1 410 000 reais (US\$ 470.00) to 7 250 000 reais (US\$ 2 416 000). In cases of recurring non-compliance, companies can be charged two, three and four times these amounts, depending on the number of relapses.

⁴ The National Commission on Tobacco Control was created in August 1999 by Presidential Decree no. 3136. Its function was to provide support for the President of Brazil on the Brazilian position during the negotiations of the Framework Convention on Tobacco Control. This Commission has representatives from the Health Ministry, Finance Ministry, Industry and Trade Ministry, Agriculture Ministry, Agrarian Development Ministry, Justice Ministry, Foreign Relations Ministry, Labour and Employment Ministry and Education Ministry. The Ministry of Health is the president of the Commission, and the National Cancer Institute is its executive secretariat.

⁵ The term 'legislative d'ecree' is used to designate executive measures that have the power of law without being submitted to the approval of the Congress. The Brazilian constitution allows the President of the Republic to publish legislative decrees on specific matters, such as those related to public finances and social security

Figure 2

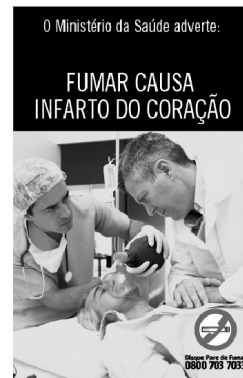
The labeling regulation – on Brazilian tobacco products. Health warning with images illustrating them and information about cigarette emission followed by the message “There is no safe level for this substance consumption:”



“Smoking causes bad breath, teeth loss and mouth cancer”



“Smoking causes lung cancer”



“Smoking causes heart attacks”



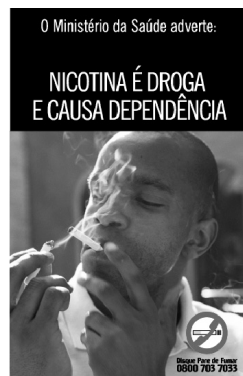
“Children begin to smoke when they see adults smoking”



“Smokers are short of breath”



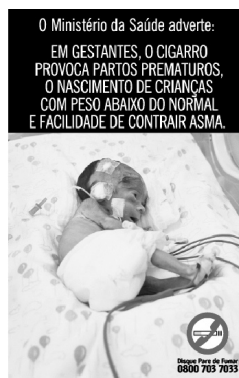
“Smoking during pregnancy harms your baby”



“Nicotine is a drug and causes dependency”



“Smoking causes sexual impotence”



“Cigarette smoking by pregnant women causes premature births, underweight babies and babies liable to have asthma”



← One side of packs

“There is no safe level for these substances consumption”



Tobacco product packs – vehicles to stimulate and give support for smoking cessation

Since INCA had created a hot line to lend support for smoking cessation, the ANVISA Resolution also required the insertion of the hotline phone number in tobacco product packs. This hotline for smoking cessation, *Disque Pare de Fumar*, (Call to quit smoking) complements the stimulus for smoking cessation generated by the health warning on packs.

Through this communication channel, people can receive advice on smoking cessation, and also messages supporting and enhancing the client's self sufficiency in quitting smoking. Since the National Tobacco Control Programme is building a national network of services for supporting smoking cessation in the public health system, the hotline service maps these service locations to show smokers where they can receive a more intensive approach to quitting smoking within the health system.

Tobacco industry reaction

The tobacco industry was taken aback by the Government's adoption of this measure on health warnings with photo illustrations in 2001, since there was no previous negotiation. However, soon after the measure's announcement, tobacco companies approached the Government to negotiate the three-month timeframe that

was first established for enforcing the measures. During the negotiation process, the tobacco industry also tried to downgrade the quality of the warning graphic specifications required by the ANVISA resolution. Using the argument that they lacked the graphic capabilities to produce the quality of graphics the measure required on such short notice, representatives of major tobacco companies in Brazil asked to use only two colours for the warning image printing. They also requested a two-year timeframe to revamp their graphics production to comply with the new regulation's graphic requirements.

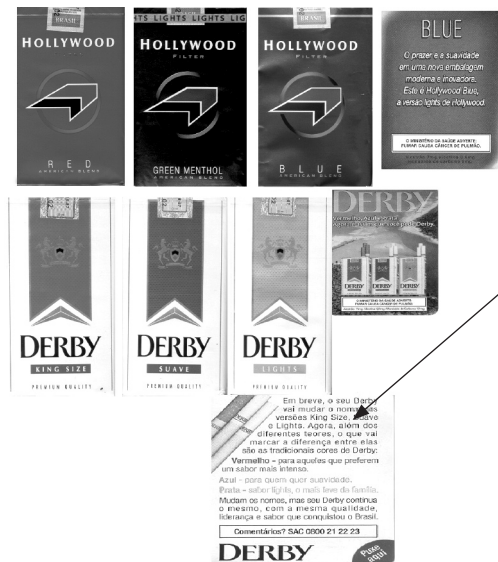
Another argument used by the tobacco industry was that the costs of the new warnings would have to be passed on as product price increases, thus increasing the possibility of smuggling and counterfeiting, and lost revenues for the Government.

Following negotiation, February 2002 was targeted as the deadline for the enforcement of both ANVISA measures. So, despite being published in 2001, both measures came into force only in February 2002.

As tobacco companies received more time to comply with the new rules, they exploited this time lag to develop tactics to circumvent the prohibition of the use of brand descriptors like 'light', 'mild', 'low yields'. During the period between the publication of ANVISA's resolution (March to May, 2001) and their enforcement (February 2002), the

Figure 3

Example of brand marketing strategies used in order to create a link between brand descriptors and the color packs variations in a same brand family.



Soon your Derby is going to change the name of its versions King Size, Suave (Mild) and Lights. Now besides the different yields, the traditional colors are going to mark the difference among them:
Red for those that prefer a more intense taste
Blue for those who want mildness
Silver light taste, the lighter of the family
The names have changed, but Derby is still the same, with the same quality, leadership and taste that conquered Brazil.

Figure 4

Example of advertising cards inserted into cigarette packs by tobacco companies after the new health warning with photos began to circulate in Brazilian market



FREE has changed its clothes

biggest tobacco companies developed brand marketing strategies to create a link between brand descriptors and pack colours.

At first, they invested heavily in diversification of the colour packs to represent variations within the same brand family. For example, for the Hollywood brand, one of the most popular in Brazil, they created the blue and green menthol variants, in addition to the regular red colour packs. Besides creating different pack colours for each brand family, during the same period they circulated pamphlets with messages to consumers within the packs of these brand variants, introducing them as the new version of the light variation of the brand (Figure 3). The idea was to prepare the consumers to link the colours of the packs with the notion of light, mild or low yields. One of the managers of the companies sent a letter to INCA informing it of the strategy's aim:

...Due to the prohibition of the descriptors use, the company will be using different colours for the different versions of a same brand family, as, for example, the Hollywood family, that has the RED, BLUE and GREEN MENTHOL versions, to allow the consumer to identify his preferred brand. The yields of each version are printed on the lateral side of the packs... (Gava JP, unpublished data, 2001)

Tobacco companies also adopted another strategy to circumvent the new health warnings with photo illustrations,

after the new packs began to circulate in February 2002. Some companies began to put ad inserts into packs with the same shape and size of the photo warnings, in order to allow the smokers to use them to cover the warning images

During 2002, tobacco companies did not completely comply with the graphic specifications established by ANVISA. Despite the fact that the ANVISA resolution required the messages to be written in white letters on a black background, the packs began to circulate with different background colours. For example, for red packs there was a red background, for blue packs, a blue background, for gold packs, a gold background and so on.

Government counter reaction

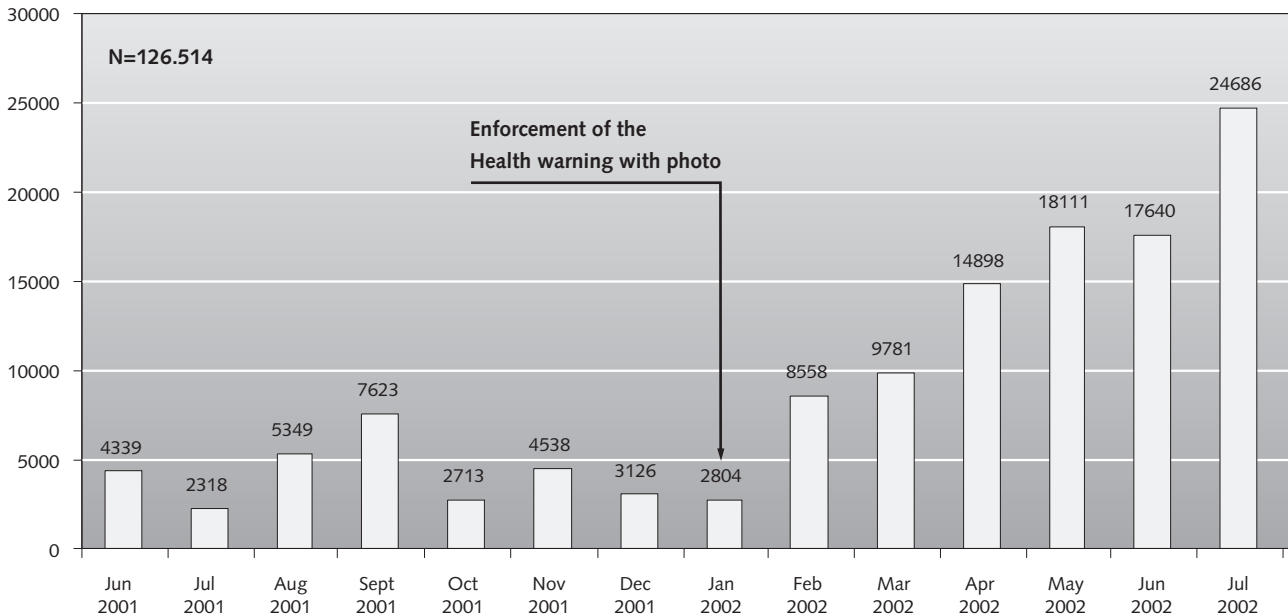
As ANVISA began to apply penalties, the tobacco industry looked to ANVISA to renegotiate the timeframe for adopting the colour quality required by the measure. The argument used was that they still were not prepared to have the quality colours required by the regulation and that they could not reproduce the black colour required as background to the white letters of the warnings.

Therefore, ANVISA renegotiated the timeframe and published another resolution in January 2003. With this new resolution, ANVISA also modified its prior resolution, no. 46 and passed it to require tobacco companies to insert non-rotating warnings on one of the lateral sides of tobac-



Figure 5

Number of calls to the Hot line – Call to quit smoking – before and after the insertion of the hot line number in packs as part of the measure of health warning with photos. Statistics from June 2001 to June 2002



co products. They were: "This product contains more than 4 700 toxic substances and nicotine that causes physical and psychological dependence. There is no safe level for consuming these substances". It also prohibited the use of messages such as "only for adults" and "product for 18 years older or more" and similar messages that tobacco companies used to place "voluntarily" on the other lateral sides of tobacco packs. Realizing that the message "for adults only" clearly has a strong appeal for adolescents, and reinforces the identification of cigarette packs with the adult world, this new resolution required tobacco companies to replace this 'voluntary and ambiguous' message with a new one targeting tobacco sellers. The new message read: "Sale prohibited to minors of 18 years old, Law 8.069/1990 PENALTY: 6 months to 2 years in jail and fine". This regulation will enter into force in January 2004, when tobacco companies must be prepared to fulfil all of the health warning regulation's graphic requirements.

Public reaction

The announcement of the health warning with the photo illustration measure galvanized public opinion. There was heavy media coverage and considerable public discussion on this subject.

With the media's intense coverage during the measure's enforcement, many cigarette sellers interviewed by the media reported that there were three images that smokers rejected most during sales. Most rejected was an image of a baby with tubes, showing the harm induced by smoking during pregnancy. The second most rejected was the image of a women in an intensive care centre for lung cancer, and the third most rejected was the image of a couple in relation to sexual impotence. Of course these perceptions need to be further confirmed by a survey that is being prepared by the Health Ministry.

Conversely, an independent poll conducted in April 2002 by the *Instituto Datafolha* showed positive results. The poll involved 2 216 people over 18 years old in 126 municipalities. It showed that 76% of those interviewed approved of the measure. Of the smokers, 73% approved of the measure and 67% said the images increased their desire to quit smoking. Within the low-income smokers group, 73% said the new warnings increased their desire to quit smoking, and within the group from 18 to 24 years of age 83% approved of the measure³. Other evidence of a positive impact could be seen in the statistics of the hotline Call to Quit Smoking. After printing the number in the packs, the number of calls increased progressively (Figure 5).

In addition to this measure, after the legislation's enforcement, an interview with 32 664 people who called the hotline showed that 92.62 % knew about the hotline

⁶ See web site: http://www1.folha.uol.com.br/folha/datafolha/po/campanha_fumo_22042002a.shtml.

number through the cigarette packs. A poll conducted two months after the enforcement of this measure among people who called the hot line showed that 67% of smokers became willing to stop smoking when they saw the new warning with the photos.

On the other hand there were some polemics around the warning images, such as certain people and some associations claiming that such a measure amounted to an invasion of smoker privacy. A black people's rights association decided to sue the Health Ministry because one of the health warnings used an image of a black man to illustrate the dependence on nicotine. Their argument was that this was a racial prejudice because it stimulated the association of black people with drug use and criminality.

Conversely, the Health Ministry has been receiving considerable support and feedback from Brazilian citizens through the Internet and hotline. Some people suffering from tobacco-related diseases have even offered their images to illustrate the health warnings.

Conclusion

In Brazil, tobacco control legislation has advanced over the years and has seemed to follow an increasing level of maturity within the Brazilian population concerning smoking risks. The National Tobacco Control Programme played a vital role in constructing an educational base through campaigns, continuous efforts to educate opinion leaders like teachers, health professionals, legislators and media, and developing a partnership network. This network, which included government organizations and NGOs, seemed to have been pivotal in raising national consciousness on tobacco's harm and in mobilizing a change in the social representation of smoking. Educational measures and legislation have been mutually supportive. At the same time, educational measures have been creating an advocacy network that supports and stimulates implementing legislation for tobacco control. The Brazilian legislative environment has been enhancing and reinforcing the educational measures developed by the programme.

Within this context the Brazilian legislative process began inserting warning messages on tobacco packs in 1988 through executive measures (Health Ministry rulings). As scientific knowledge of the harm done by tobacco gained broad exposure through public campaigns and the activity of scientific bodies, it was possible to make additional advances. Incrementally, and despite tobacco industry opposition, advances like rotating different warnings, and

spoken warnings on the dangers of tobacco use following smoking ads on the radio and TV were possible .

Later in this process, a sequence of key legislative steps culminated with the recent advance of stronger warnings accompanied by photos. One of these steps was the conversion of the executive ruling on health warnings into a federal law in 1996. This was the result of the special engagement of the Health Ministry and a deputy that presented a bill of law that was approved by the Congress as Federal Law no. 9.294. The second and third steps took place in 1999. A provisional measure gave Health Ministry the power to define the health warnings and a federal law created the National Health Surveillance Agency (ANVISA), and included the control and inspection of tobacco products along with their advertising and promotion among its responsibilities. These historical key steps helped to create a positive context for stronger tobacco product regulation including, its labelling.

In addition to these measures, the Framework Convention on Tobacco Control (FCTC) negotiation process and the Brazilian Government's involvement in this process strengthened the political will to regulate tobacco products.

Within this process, the National Cancer Institute (INCA), the Health Ministry body and coordinator of the National Tobacco Control Programme, and later the executive secretariat of the National Commission on Tobacco Control, played a vital role in articulating, lobbying and lending technical support to executive and legislative measures.

At the same time, taking account of the measures that were presented for FCTC negotiation process, and the positive experience of Canada in adopting health warnings with photo illustrations, the National Commission on Tobacco Control of Brazil recommended to the President of Brazil the adoption of a similar measure.

Its important to recognize that the FCTC language and the whole process of its negotiation created a climate of legitimacy for some advances that were much harder to achieve before the FCTC's existence.

What is more, access to millions of tobacco company internal documents proving their real intentions and strategies, has contributed to gaining advances for tobacco control more easily than in years past. Today, tobacco control advocates can be better prepared to face tobacco industry arguments and strategies to counteract tobacco control actions. They can also better understand the arguments and strategies the tobacco industry uses to circumvent



any attempts to implement tobacco control measures, as well as their strategies to create positive relationships with government authorities and legislators to convince them to not adopt tobacco control measures.

The effort to control tobacco has not been an easy task. One very important step is to build a supportive context of public opinion. In spite of all the tobacco industry lobbying, today in Brazil, a bill of law is much more likely to be approved than it was 15 years ago. Today, Brazilians not only support measures for tobacco control, they charge the Government with adopting stricter measures.

References

- Balfour DJ and Fagerström KO (1996) Pharmacology of nicotine and its therapeutic use in smoking cessation and neurodegenerative disorders. *Pharmacology and Therapeutics* 72 (1):1-30.
- Bialous SA (2000) Tobacco industry document analyses presented during the *Forum about Media and Tobacco* on 31 May 2000, São Paulo, Brazil.
- British American Tobacco (1992) Public Affairs, Topics in Smoking and Health Bible, Bates no. 500887603/604.
- British American Tobacco Competitor Activity Report (1994) Bates no. 301724407/408.
- Campaign for Tobacco Free Kids (2001) *Golden Leaf. Barren Harvest. The Costs of Tobacco Farming*. Washington, D.C.
- Fiore MC et al. (1996) Smoking Cessation. Smoking Cessation Guideline Panel. In: *Clinical Practice Guideline*. U.S. Department of Health and Human Services, Public Health Service, Agency for Health Care Policy and Research, Number 18, AHCPR Publication no. 96-06292.
- Fiore MC et al. (2000) Treating Tobacco Use and Dependence. In: *Clinical Practice Guideline*. U.S. Department of Health and Human Services, Public Health Service, Agency for Health Care Policy and Research, June.
- Henningfield JE, Cohen C and Pickworth WB (1993) Psychopharmacology of nicotine. In: *Nicotine Addiction. Principles and Management*, Orleans CT and Slade J, New York, Oxford University Press.
- IBGE (1989) Instituto Brasileiro de Geografia e Estatística, Pesquisa Nacional sobre Saúde e Nutrição (PNSN).
- IBGE (2000) Instituto Brasileiro de Geografia e Estatística, Censo 2000.
- International Labour Office (2003) Employment trends in the tobacco sector: challenges and prospects. Report for discussion at the *Tripartite Meeting on the Future of Employment in the Tobacco Sector*, Geneva.
- Gava JP (2001) Unpublished data.
- Kozłowski LT and Pilliteri JL (2001) Beliefs about "light" and "Ultra light" cigarettes and efforts to change those beliefs: an overview of early efforts and published research. *Tobacco Control an International Journal*, Vol. 10, Supp 1: 4-11.
- Ministerio da Saude do Brasil/Instituto Nacional de Câncer (2000) Fundação Getúlio Vargas. *Cigarro Brasileiro. Análises e Propostas para Redução do Consumo*, Rio de Janeiro.
- Ministerio da Saude do Brasil/Instituto Nacional de Câncer (2002a) Estimativas da incidência e mortalidade por câncer no Brasil.
- Ministerio da Saude do Brasil/Instituto Nacional de Câncer (2002b) *Smoking profile in Rio de Janeiro 2001—preliminary results*. Presented at No Tobacco Day commemorations 2002, Brazil.
- Ministerio da Saude (1998) *Falando sobre Tabagismo*. Secretaria Nacional de Assistência à Saúde. Instituto Nacional de Câncer. Coordenação Nacional de Controle do Tabagismo e Prevenção Primária de Câncer (Contapp), Rio de Janeiro, 3ª ed.: 33.
- Ministerio da Saude do Brasil/Instituto Nacional de Cancer (2003) *Estimativas da incidência e mortalidade por câncer no Brasil*.
- Mirra AP and Rosemberg J (2001) A história da luta contra o tabagismo no Brasil – 30 anos de ação. *Jovem Médico*, Vol. 6: 54-59.
- Niaura R et al. (1999) Cue exposure treatment for smoking relapse prevention: a controlled clinical trial. *Addiction*, 94(5), 685-695
- Orleans CT et al. (1993) Minimal-contact quit smoking strategies for medical settings. In: *Nicotine Addiction. Principles and Management*, Orleans CT and Slade J, New York, Oxford University Press.
- Pollay RW and Dewhirst T (2001) Marketing Cigarettes with Low Machine-Measured Yields. In: *Smoking and Tobacco Control. Risks Associated with Smoking Cigarettes with Low Machine-Measured Yields of Tar and Nicotine*, National Institutes of Health. National Cancer Institute. Monograph 13, pp 199-235.
- Shiffman S et al. (2001) Smoker's beliefs about "Light" and "Ultra Light" cigarettes. *Tobacco Control*, 10 (Suppl I): i 17 – i 23.
- World Bank (1999) *Curbing the Epidemic. Governments and the Economics of Tobacco Control*, Washington, D.C.

