WHO Smoke-Free City Case Study

Recife Breathing Better: Case Study of Smoke-Free Policy Implementation

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Abbreviations

ACT	**Alliance for the Control of Tobacco Use**
NGO	**Non-governmental organization**
R$	**Brazilian real**
US$	**United States dollar**
WHO	**World Health Organization**
WHO FCTC	**WHO Framework Convention on Tobacco Control**

Foreword

All people have a fundamental right to breathe clean air. There is no safe level of exposure to second-hand smoke (SHS), which causes heart disease, cancer and many other diseases. Even brief exposure can cause serious damage. Only a total ban on smoking in all indoor public places, including workplaces, protects people from the harms of SHS exposure, helps smokers quit and reduces youth smoking. Guidelines to Article 8 of the WHO Framework Convention on Tobacco Control (WHO FCTC) help countries know exactly what to do to protect their people from SHS. An increasing number of countries have adopted legislation to accomplish smoke-free environments. Smoke-free legislation is popular wherever it is enacted, and these laws do not harm business. Any country can implement effective smoke-free legislation. However, only a small proportion of the world's population currently has meaningful protection from SHS.

While a national law protecting all the people in a country is ideal, cities can often pass legislation sooner than countries. In many cases public sub-national legislation or local regulations can be effective ways to address the issue with measures beyond the legal or political scope of national governments, and even to anticipate or promote national interventions. A growing number of cities and counties across the globe have already taken action. Many cities have every authority to pass comprehensive smoke-free laws to eliminate SHS exposure. If comprehensive smoke-free legislation does not exist at another jurisdictional level, these cities should use their authority to adopt laws or other available legal instruments to prohibit tobacco smoke in these places. Some cities may not have adequate authority to pass strong, comprehensive legislation. However, this does not mean that they should not take action. Most cities will at least have the authority to prohibit tobacco smoke in certain types of workplaces, for example, local public transportation and municipal public buildings. They can adopt legislation prohibiting smoking indoors in whatever categories of establishments they have authority to regulate. In addition, all cities can advocate for action at other governmental levels. Mayors and other city leaders can directly advocate for national comprehensive smoke-free laws.

In a joint project, WHO Centre for Health Development, Kobe (WKC) and the WHO Tobacco Free Initiative (TFI) aimed to facilitate local action by documenting the experiences of nine selected cities in becoming smoke-free. Their interventions and processes were examined by local experts, based on evidence from a wide range of local sources. These included documentation, archival records, direct observation, interviews and participant-observation. A case study database was created and the most relevant documents kept on file, including statements from key-informants. Some cities have banned smoking in enclosed public

places including workplaces, educational facilities, transportation, shopping malls, restaurants, and bars. Other cities have implemented smoking bans as part of comprehensive tobacco control regulations, while imposing other restrictions, for example on tobacco sales and advertisements. Cities use different mechanisms to introduce such regulations and their impact goes beyond the cities adopting the smoke-free policies.

The present case is one in a series of nine case studies of cities that have engaged in the process of becoming smoke-free. Although not all of the cities have yet accomplished the goal of becoming a "smoke-free city", they provide lessons learnt in relation to political commitment for local action towards smoke-free air for their citizens and the role of civil society in urging city governments to take action, helping them to build effective partnerships and to conduct awareness campaigns that benefit enforcement and maximize compliance. We hope that these lessons can be used by municipalities to succeed with local smoke-free legislation or tobacco control programmes. Municipal success may trigger action in other cities and countries, and thus contribute to worldwide protection from exposure to SHS.

1. Introduction

1.1 In 2005, Recife's Tobacco Control Coordination Office launched the "Smoke Free Recife City Hall" programme. This initiative, the first of a wave of a series of interventions, aimed to protect the health of more than five thousand workers from exposure to second hand smoke. With the commitment of the Mayor, the Secretary of Health and the Secretary of Finances, the Smoke Free Places Programme was subsequently rolled out to schools, health care units and other public and private workplace environments - including the hospitality sector.

1.2 Recife has acted independently to develop its own policies to bring about smoke-free places and to banish smoking rooms - that are still permitted by Federal Legislation. The city has decided not to wait for amendments to the existing Federal Smoke Free Law that would make it more protective against exposure to second-hand smoke.

1.3 Recife's smoke-free agenda is being taken forward against the backdrop of a country where the tobacco industry continues to exert considerable economic power and influence. Brazil is the second largest producer and the biggest tobacco exporter in the world.

1. The Context

2.1 City Background

2.1.1 Recife is the capital city of the state of Pernambuco, located in the northeast of Brazil. The city has over 1.5 million inhabitants and covers an area of 217 square kilometres.[1] Although it is one of the main economic centres of Brazil, the social indexes are amongst the worst. The Gini Index is 0.49, and 40% of the population lives at poverty level[2]. According to that same study, Recife's metropolitan area with 0,715 has the worst Human Development Index (HDI), when compared with the index of the other 32 metropolitan regions in Brazil.

2.2 Tobacco Use and Smoking Behaviour

2.2.1 A study published in 2007 indicated that smoking prevalence in Brazil is 17.2% of the population over 15 years of age. Men are more likely to be smokers than are women. Male prevalence is 21.6% compared to 13.1% amongst females[3].

2.2.2 Smoking prevalence in Recife was higher than in Brazil as a whole - in 2001, 28% per cent of the population were smokers. Though there is evidence that smoking prevalence has declined significantly since the city's smoke-free policies were

actively implemented (see section 6). Latest data puts smoking prevalence at just 10%[4].

2.3 The Health Costs of Tobacco

2.3.1 It is estimated that there are currently more than 200,000 deaths annually due to tobacco consumption in Brazil. Smoking is the causal factor of 90% of the cases of lung diseases and 30% of all other types of neoplasms in the country. These disease types are the second most likely cause of death among Brazilians[5].

2.3.2 In terms of second-hand smoke, a national survey indicates that over 2,600 non-smokers die each year due to diseases caused by smoking - equivalent to about seven non-smokers dying every day[6].

2.4 The Smoke-Free Policy and Tobacco Control Context: the Federal Picture

2.4.1 Brazil played a leading role in developing the WHO Framework Convention for Tobacco Control (FCTC), though there was a delay in its ratification until 2005[7]. That delay was attributed to strong political lobbying by the tobacco industry combined with the spreading of misinformation amongst the 170.000 tobacco growers in the country about the economic consequences of the FCTC - including claims of a prohibition on the planting of tobacco[8].

2.4.2 Tobacco control policies in Brazil have strengthened in recent years. At national level, however, a National Tobacco Control Programme was established in 1998. Co-ordinated at the national level by the *Instituto Nacional de Câncer* (INCA – National Cancer Institute), its primary goal was to minimise smoking prevalence and reduce tobacco-related mortality in the country.

2.4.3 Tobacco control has also been the focus of other national health programmes. The *Política Nacional de Atenção Oncológica* (National Programme of Oncology Attention), highlighted the need to reduce and control risk factors of neoplasms - including tobacco use[9]. In addition, the National Programme of Public Health Promotion had tobacco control as a key focus. It aimed to reduce the social acceptance of cigarettes and increase access to smoking cessation services. Key actions included:

- mobilising and encouraging actions through community channels - such as schools and health units;
- investments in creating smoke free work places;
- systematising educational actions;
- legislative and economic interventions.

2.4.4 Brazil was early in passing a law to bring about smoke-free places. The Federal Law of 1996 states that: “It is not allowed to use cigarettes, cigars, pipes or any other tobacco product or derivate, in public or private areas, with the exception

of smoke designated areas, that are clearly isolated and have adequate ventilation". However, there was little compliance with or enforcement of the law.

2.4.5 At national level, the Tobacco Control Co-ordination Office has started to develop new and more protective legislation for smoke-free places. It is drawing on an evidence base that highlights the need to protect people from exposure to second-hand smoke and that demonstrates that attempting to separate smokers from non-smokers in the same place is ineffective.

2.4.6 Nevertheless, Recife's smoke-free agenda has been developed and implemented within the framework of the 1996 Federal Law and State laws. These focus on banning smoking in indoor places, specify signage requirements and set out penalties for violations.

Extent of smoke-free spaces

2.4.7 The laws do not prohibit smoking but restrict where people can smoke. By law, smoking is forbidden in all enclosed public places except in designated smoking areas. Smoking is allowed in open areas and public ways. This means that smoking is allowed, without restriction, in many bars and restaurants that have tables outdoors on pavements.

Exemptions

2.4.8 Federal and State laws and related decrees, allow smoking in designated areas that have "good ventilation". However, designated smoking areas cannot be used for other activities such as working, eating or drinking.

Signage and other requirements

2.4.9 The laws set out some obligations concerning the placing of "no smoking" signage. Specifically, signs indicating that smoking is not allowed should be erected in places of good visibility and should be easily identifiable by the public. Owners must also remove ashtrays from tables and remove any advertisement of cigarettes, except at point of sale.

Enforcement authorisation and Penalties

2.4.10 The City's Health Secretariat is responsible for the enforcement of the smoke-free provisions of the law, and for issuing fines or summons for violations.

2.4.11 Unlike many other smoke-free laws, the legislation places sole responsibility on the owners of establishments to ensure that their establishments are smoke free. It is their responsibility to ensure that individuals insisting on smoking where it is not allowed should be taken removed from the establishment. Therefore, fines under the legislation are not issued to the smokers, but to the owners.

2.4.12 The value of the fines ranges from R$40 (US$24) to R$400 (US$235) and/or the closure of the establishment. The level of penalty applied depends *inter alia* on the type of violation, and number of violations that have taken place.

3 The Development of Recife's Smoke-Free Agenda

3.1 Developing a Comprehensive Strategy

3.1.1 Prior to June 2001, Recife had not developed a tobacco control strategy. Tobacco-related interventions comprised sporadic actions on commemorative dates. For instance, the Hospital das Clínicas from the State of Pernambuco University (UFPE), offered educational actions during commemorative dates and a Smokers Treatment Centre was set up in 1993.

3.1.2 In 2001, the Tobacco Control Coordination Office was established in the Health Secretariat of Recife - in line with the guidelines of the National Tobacco Control programme and under the supervision of the National Cancer Institute - part of the Ministry of Health. A tobacco control programme was put in place. Campaigns and actions began to prevent smoking and help smokers to quit, smoking cessation services were strengthened and campaigns on second hand smoke were carried out.

3.1.3 In 2005, a stronger focus on smoke-free places began. This involved the Tobacco Control Coordination office launching the "Smoke Free Recife City Hall" programme. Its explicit aim was to protect the local government workforce from the dangers of exposure to second hand smoke. The project was officially launched on August 29th 2005 - the National Day Against Smoking. The Mayor issued a letter to all parts of the public administration giving notice about the policy and about the role of *Workers' Executive Committees* in implementing the smoke-free agenda.

3.1.4 To drive the agenda forward, an Inter-Sectoral Management Committee comprising employees from health, administration, communication and public services secretariats, was set up. Over a nine month period, more than 200 employees were trained to work within the *Workers' Executive Committees* in each institution. The institutions, at that time, had a combined workforce of 22,000 (this has since risen to 35,000).

3.1.5 To mark early achievements, on May 31st 2006, World No-Smoking Day, an award ceremony at the City Hall - attended by the Vice-Mayor, Municipal Managers, workers and cultural groups - gave the Title of Smoke-Free Work Environment to all municipal organisations. In June, the Mayor signed the Municipal Enactment 22,000/00. This formalised the regulations for and gave official status to the Inter-Sectoral Management Committee and the Executive Committees.

3.1.6 Building on this experience the Smoke Free Places Programme, with the backing of the Mayor, the Secretary of Health and the Secretary of Finances, began to be

rolled out. To support expanded activity, funds from federal, state and municipal governments were invested along with backing from NGO's and private companies.

3.1.7 In August 2006, attention first shifted to shopping malls on the basis that many employees work there in indoor environments. This intervention drew on collaboration between the managers of the malls, the Coordinator of Workers Health, the Health Surveillance Agency of Recife and the Labour Prosecutor Office. Training took place with workers from the administrative and security sectors from malls, shopkeepers and their employees, focusing on the health dangers of second hand smoke and how to approach smokers who were found smoking in smoke-free areas. Other activities included an awareness campaign and a media conference. The intervention was delivered in all of the 175 municipal health units across the city. This phase had a high media profile, acquired popular acceptance and benefited over 12,700 workers.

Extending the Smoke-Free Programme to the Hospitality Sector

3.1.7 All of the activities described above provided valuable experience for the more challenging agenda of bringing about smoke-free policies within the hospitality sector including bars, restaurants, night clubs and hotels. As elsewhere, this sector provides particular challenges as it involves tackling workplaces where there is a larger number of smokers and also, where there is more resistance from business owners. In Recife, however, there was the additional challenge of bringing about comprehensive smoke-free environments when the Federal Law permits designated smoking areas.

3.1.8 In August 2007, through a partnership of the Tobacco Control Coordination Office, the Labour Prosecutor Office and the Municipal Health Surveillance Agency, an action plan was created in order to establish the Smoke Free Work Places Project to the leisure sector in Recife. To take this agenda forward, six public hearings were carried out - over 6 months - with representative organisations from the hospitality sector and owners of establishments. The hearings aimed to sensitise hospitality sector business owners and workers and encourage them to become supporters of the smoke-free agenda. During this phase all the staff of the Health Surveillance Agency received training and they carried out sensitisation and awareness raising actions in every administrative region of Recife by distributing educational and promotional materials.

3.1.9 Significantly, in Recife, there was an insistence that smoke-free places should extend to open areas or partially open areas such as porches and pavements. This faced resistance from the hospitality sector, not least because most bars and restaurants in Recife have tables on the pavements and, they believed, they would face resistance from smokers leading to loss of customers and income.

However, in practice, they were surprised by the high degree of compliance with the project and the public's acceptance of the new rules.

3.1.10 Although these measures went beyond the Federal Law, when they were questioned by bars and restaurant businesses, the Labour Prosecutor's Office emphasised employers' responsibilities regarding workers' health that is contained in other Worker Law statutes. Under Article 157 of the Consolidation of Workers' Law, the employer must care for the employees' health and guarantee healthy working conditions.

3.1.11 In 2008, the Day Care Units and Children Education Municipal Centres also passed through the awareness process and two Universities adopted the program: the Dental Medicine School and the *Universidade Federal Rural de Pernambuco*. These examples served as a model for eventual dissemination to other Universities.

3.1.12 In total, over four years, the overall programme led to over 7,800 smoke free institutions in Recife, including 7,400 leisure sector premises such as bars, restaurants and night clubs - benefiting more than 156,000 workers. There are now over 2,300 members of Executive Committees and over 5,000 individuals have been trained.[10]

3.2 Campaigns

3.2.1 An intensive promotional campaign was performed at all stages of the programme by the city's public relations office. It generated a considerable quantity of earned media - over 200 newspaper articles and radio notices in 2008 and 2009. The NGO, ACT, also played a key role supporting awareness raising campaigns - securing additional media coverage including on television and radio.

3.2.2 Awareness campaigns were also held on well-known tobacco control dates, including World No Tobacco Day, the National Day Against Smoking and the National Day Against Tobacco.

3.3 Challenges to the Recife Smoke-Free Programme

3.3.1 As already observed, the smoke-free measures pursued in Recife went beyond the Federal smoke-free legislation - though they were supported by wider labour laws. Despite this legal basis, in March 2008, a month after the beginning of the enforcement, the Hotels, Restaurants, Bar and Similar Business Union of the state of Pernambuco, filed a law suit against the smoking prohibition in open areas or partially open areas. The Union claimed that Recife's smoke-free requirements would cause economic losses and the unemployment as fewer smokers would visit their establishments. However, following a meeting between the legal department from the Health Surveillance Agency and the

Union's leaders, where the legal aspects and obligations of the business owners were set out, the law suit was cancelled.

3.4 Research

3.4.1 A survey of air quality measurement in leisure establishments was a key tool for involving workers in the process and for raising awareness amongst the population, through the media, about the importance of adopting 100% smoke-free places. In partnership with ACT, measurements of the concentration of particulates in the air were carried out in 13 establishments including bars, restaurants and night clubs. The data highlighted the poor air quality due to smoking pollution in these places. Other national and international surveys about diseases and deaths due to second hand smoke, as well as successful smoke-free experiences in other countries and regions formed a key part of mobilising and influencing public opinion.

4 Enforcement

4.1 The Health Surveillance Agency, within the Health Secretariat, is responsible for the enforcement of the law and issues summons and fines to establishments in breach of it. The Agency has trained 116 people to conduct inspections. The inspection teams carry out inspections during the day and - in the case of restaurants, bars, night clubs and concert halls - at night. They visit the establishments, without prior notice, and assess compliance. If violations are identified, the establishment is notified that it needs to comply with the legislation. If violations recur, the workplace will receive a summons and an application for a fine will be issued. Persistent violations, can lead to the premises being closed. There is also a toll free telephone line for reporting businesses that are not complying with the law. This has been publicised in awareness campaigns and included in promotional materials.

4.2 Available evidence suggests that compliance levels with Recife's smoke-free requirements are high. For instance, to date, there have been just nine accusations of violations received by the Labour Prosecutor's Office concerning bars and restaurants (including outdoor spaces) that should be smoke-free. Equally, acceptance of Recife's smoke-free requirements and a high level of compliance is apparent from the low number of non-compliance reports filed by the Health Surveillance Agency's inspection teams. From the 7.400 leisure and entertainment establishments registered by the city administration, 597 have been inspected since the beginning of the programme. By February 2008, just four had received summonses and none were indicted.

5. Impact

5.1 This section considers the impact of the smoke-free provisions of Recife's smoke-free programme in terms of:

- Awareness about smoking and second-hand smoke;
- Smoking prevalence
- exposure to second-hand smoke;
- tobacco-related disease
- public support for smoke-free workplaces
- wider influence of the Recife smoke-free agenda.

Awareness

5.2 Opinion polls indicate that there is a high level of awareness amongst workers- about second hand smoke - 90% think that smoking in closed places harms health a lot.

Smoking prevalence

5.3 There is evidence that smoking prevalence has fallen significantly in Recife between 2007 and 2008. According to available data, Recife has had the biggest drop in smoking prevalence in Brazil between 2007 and 2008 - from 15.9% to 10.4%.[11] That represents a reduction of more than one-third (34.6%) of the total number of smokers in the population - equivalent to about 85,000 people stopping smoking in that period.

5.4 In this context, between 2007 and 2009, 1.300 people received smoking cessation support in 12 treatment centres. 72% of these had quit smoking.[12] From 2004 to 2008, demand for treatment to stop smoking increased three-fold. It has been argued that the strong decline in smoking prevalence can be attributed to the city's extensive smoke-free places that provide a supportive and motivating social context that has encouraged many smokers to quit.

Exposure to second-hand smoke

5.5 There are now far more smoke-free places in Recife than before the city's smoke-free agenda was launched. Recife currently has 7,873 smoke-free places including health care units, public service offices, day care and municipal education centres, schools, shopping malls, hospitality sector establishments – such as bars, restaurants and night clubs and hotels[13]. 156,000 workers are

protected from exposure to second-hand smoke in their workplace together with the estimated one million plus people that visit smoke-free premises.

Tobacco-related disease

5.6 The period of smoke-free actions has also witnessed a decline in the number of people who get sick and in the deaths attributed to tobacco-related diseases. Between 2002 and 2008, the number of hospital admissions due to respiratory problems fell from 11.1% to 7.9%, the number of deaths due hypertension problems fell by 18.8% and vascular brain diseases declined by 6.9%.[14]

Public support

5.7 Public support for the city's smoke-free policies is at a very high level. After one year of implementation of the measure at bars and restaurants, a public opinion poll showed that the policy is widely accepted by hospitality sector workers of this sector. Among the workers interviewed, 96% oppose smoking in closed indoor areas.[15]

Wider influence

5.8 Recife's experience has generated wide interest and influenced smoke-free policy makers nationally and internationally. In particular, the neighbouring municipality of Olinda - with 397,000 inhabitants - began implementing its smoke-free programme, based on Recife's model, in May 2008. The Recife experience has also been shared at many events in Brazil and around the world.[16]

6. Conclusions and Lessons

Lessons learnt

6.1 The Recife Smoke-Free City experience highlights a series of factors that have contributed to its achievements. These provide important lessons for taking forward smoke-free agendas in Brazil and further afield. Key amongst these are:

6.2 **Political leadership.** The commitment and support from the Mayor and Secretaries together with senior management provided a vital impetus and foundation for pursuing an ambitious smoke-free agenda.

6.3 **A committed partnership of key stakeholders.** Many strategically important organisations played a key role in supporting the development and implementation of the Recife Smoke-Free Programme. The National Cancer Institute provided guidance, technical advice and financial support. ACT added value to awareness raising campaigns and helped to mobilise the population. Universities provided research support and helped make their educational

institutions smoke-free. The State of Pernambuco's public relations department provided important access to the media and helped ensure a platform for an extensive and informed discussion.

6.4 **Legal backing.** Determined legal support from the Labour Prosecutor's Office was very important for the achievements of the Recife smoke-free programme. In the context of a Federal Law that had smoke-free provisions that were less protective than Recife's policy, the Prosecutor's Office role was vital to sustain the credibility and enforceability of the city's smoke-free programme - especially for upholding the policy with the hospitality sector.

6.5 **Active involvement of workplaces and their representatives.** An important feature of the Recife approach was the creation of the Executive Committees within workplaces. The training and active participation of workers, and their role in the committees, was a key success factor in the effective implementation of the smoke-free programme.

6.6 **Capacity building of key staff.** Training and capacity building for key personnel within the Municipal Tobacco Control Co-ordination Office ensured that there was, at a strategic and implementation level, an understanding of good smoke-free practice and awareness of international experience. The role of international institutions in supporting capacity building was a valuable asset.

6.7 **Budget planning.** In hindsight, the lack of a defined and approved budget for the different stages of the programme, from the outset, led to some difficulties in securing resources from municipal and state coffers. This impacted, to a degree, when additional finances could have been deployed to support the programme, for instance for campaigns, capacity building and night-time inspections.

Final remarks

6.8 Changes to the Federal Law that would bring it into line with Recife's smoke-free practice - including not allowing designated smoking rooms and clearer definitions of indoor areas - would strengthen the legal framework and be supportive of comprehensive smoke-free agendas in the city and across Brazil. It would also help to avoid legal challenges from the hospitality sector or others.

6.9 Nevertheless, Recife provides a good example of how cities can progress comprehensive smoke-free policies in the context of imperfect national laws and where, within the country, enforcement has been weak. It demonstrates that when there is determination and commitment from the local authorities and support from civil society, allied with high levels of awareness, smoke-free measures can be put in place that are popular and effectively protect people from exposure to second-hand smoke. Moreover, the significant decline in smoking prevalence and tobacco-related diseases provide evidence that investment in smoke-free policies not only reduces levels of harm from exposure

to second-hand smoke but can have a real impact on tackling the wider health consequences of tobacco.

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[1] *IBGE – Cidades, Recife. Brasília, Brasil. Instituto Brasileiro de Geografia e Estatística, 2003 (http://www.ibge.gov.br/cidadesat/topwindow.htm?1, acessed 22 november 2009).*

[2] Ibid

[3] *Menezes, AMB. Epidemiologia do Tabagisno no Brasil. In: Viegas, CAA, ed. Tabagismo do Diagnóstico à Saúde Pública, 1st ed.São Paulo, Brasil, Atheneu, 2007: 1-9.*

[4] *Secretaria de Vigilância em Saúde. Secretaria de Gestão Estratégica e Participativa, 1st ed. Vol.1. Vigitel Brasil 2008: vigilância de fatores de risco e proteção para doenças crônicas por inquérito telefônico. Brasília, Brasil, Ministério da Saúde, 2009.*

[5] *Instituto Nacional do Câncer. Programa Nacional de Controle do Tabagismo. Rio de Janeiro, Ministério, 1998 (http://dtr2004.saude.gov.br/dab/docs/eventos/2a_mostra/programa_nacional_controle_tabagismo.pdf, accessed 23 november 2009).*

[6] *Secretaria de Saúde do Recife, 1st ed. Vol.1. Análise Situacional das Doenças e Agravos Não Transmissíveis no Recife, 2000-2008. Recife, Brasil, Prefeitura da Cidade do Recife, 2009.*

[7] Federal Decree 5.658/2006

[8] *Menezes, MP. Política de Controle do Tabagismo em Recife/PE – Avanços e Desafios para a Gestão [monografia de especialização]. Recife, Brasil, Universidade Federal de Pernambuco, 2006.*

[9] *Política Nacional de Atenção Oncológica. Brasília, Brasil, Ministério da Saúde, 2005 (http://bvsms.saude.gov.br/bvs/publicacoes/politica_nacional_atencao_oncologica.pdf, acessed 24 november 2009).*

[10] *Menezes MP, Vieira, JMBLL, Filho EAB. Política de Controle do Tabagismo: Um Caminho Efetivo para a Mudança do Perfil Epidemiológico Municipal. A Experiência do Recife/PE/Brasil. Publicação da Revista C S Col (ISSN1413-8123) (Sup) Anais do IX Congresso Brasileiro de Saúde Coletiva.*

[10] *Vieira, JMBLL, Menezes MP, Filho EAB. Grupo de Tratamento de Tabagismo em um Centro de Atenção Psicossocial de Álcool, Fumo e outras drogas no Recife: perfil e resultados. Publicação da Revista C S Col (ISSN1413-8123) (Sup) Anais do IX Congresso Brasileiro de Saúde Coletiva.*

[11] *Secretaria de Vigilância em Saúde. Secretaria de Gestão Estratégica e Participativa, 1st ed. Vol.1. Vigitel Brasil 2008: vigilância de fatores de risco e proteção para doenças crônicas por inquérito telefônico. Brasília, Brasil, Ministério da Saúde, 2009.*

[12] *Vieira, JMBLL, Menezes MP, Filho EAB. Grupo de Tratamento de Tabagismo em um Centro de Atenção Psicossocial de Álcool, Fumo e outras drogas no Recife: perfil e resultados. Publicação da Revista C S Col (ISSN1413-8123) (Sup) Anais do IX Congresso Brasileiro de Saúde Coletiva.*

[13] *23. Menezes MP, Vieira, JMBLL, Filho EAB. Política de Controle do Tabagismo: Um Caminho Efetivo para a Mudança do Perfil Epidemiológico Municipal. A Experiência do Recife/PE/Brasil. Publicação da Revista C S Col (ISSN1413-8123) (Sup) Anais do IX Congresso Brasileiro de Saúde Coletiva.*

[13] *Vieira, JMBLL, Menezes MP, Filho EAB. Grupo de Tratamento de Tabagismo em um Centro de Atenção Psicossocial de Álcool, Fumo e outras drogas no Recife: perfil e resultados. Publicação da Revista C S Col (ISSN1413-8123) (Sup) Anais do IX Congresso Brasileiro de Saúde Coletiva.*

[14] *Secretaria de Saúde do Recife, 1st ed. Vol.1. Análise Situacional das Doenças e Agravos Não Transmissíveis no Recife, 2000-2008. Recife, Brasil, Prefeitura da Cidade do Recife, 2009*

[15] *Instituto Datafolha, 2009. Pesquisa de opinião com trabalhadores de ambientes de lazer sobre o fumo em locais fechados. http://actbr.org.br/uploads/conteudo/253_Opiniao-Funcionarios-Datafolha-2009.pdf, accessed November 30, 2009.*

[16] Among the most recent events, the highlights are: 19th Social Work World Conference, Salvador, Brazil, 2008; 2nd Latin American Youth Workshop for Tobacco Control, Buenos Aires, Argentina, 2008; International Seminar of Promotion of 100% Smoke-Free Environments to the Iberoamerican Countries, promoted by RIACT, Rio de Janeiro/RJ/Brazil, 2008; 14th World Conference on Tobacco OR Health and the Global Youth Meeting for Tobacco Control, Mumbai, India, 2009; IX Brazilian Public Health Congress, Recife, Brazil, 2009; 2nd SRNT IAHF Latin American Conference on Tobacco Control, Mexico City, Mexico, 2009; XII International Symposium about Tobacco Dependence Treatment and VIII International Symposium about Alcohol and Other Drugs, Rio de Janeiro, Brazil, 2009. And also by having the Brazilian youth representation in LA RED, a Latin American

youth network for tobacco control that was created in the youth workshop of Buenos Aires, Argentina, in 2008.