

Smoking control program actions in primary health care: Operation strategies

Ações do programa de controle do tabagismo na atenção primária à saúde: Estratégias de operacionalização

Acciones del programa de control del tabaquismo en la atención primaria de salud: Estrategias de operación

RESUMO

Objetivo: Identificar as ações desenvolvidas pelo Programa de Controle do Tabagismo na Atenção Primária à Saúde. Método: Estudo qualitativo, com base conceitual os princípios do Sistema Único de Saúde na Atenção Primária e as diretrizes de cuidado à pessoa tabagista, e referencial metodológico a pesquisa avaliativa qualitativa. A coleta de dados ocorreu entre novembro de 2018 a fevereiro de 2019, com 19 profissionais de saúde atuantes no Programa Municipal de Controle do Tabagismo, por meio de entrevista intensiva. Para a análise de dados utilizaram-se as etapas de codificação inicial e focalizada da Grounded Theory. Resultados: As atividades desenvolvidas pelo Programa encontravam-se voltadas para o tratamento, com a oferta de grupos de cessação tabágica. Os profissionais de saúde utilizavam diversas estratégias ao longo do tratamento para garantir a adesão das pessoas tabagistas aos grupos. Considerações finais: O Programa de Controle do Tabagismo avaliado cumpre parcialmente as diretrizes nacionais que respaldam seu desenvolvimento, o qual apresenta desafios para o desenvolvimento das ações de prevenção e de manutenção, para que possam cumprir em sua totalidade os princípios do Sistema Único de Saúde que respaldam a Atenção Primária e o programa em questão.

DESCRIPTORES: Tabagismo; Atenção Primária à Saúde; Prevenção do Hábito de Fumar; Enfermagem; Avaliação de Serviços de Saúde.

ABSTRACT

Objective: To identify the actions developed by the Tobacco Control Program in Primary Health Care. Method: Qualitative study, conceptually based on the principles of the Unified Health System in Primary Care and the guidelines for the care of smokers, and the methodological framework for the research qualitative evaluation. Data collection took place between November 2018 and February 2019, with 19 health professionals working in the Municipal Program for Tobacco Control, through intensive interviews. For data analysis, the initial and focused coding steps of the Grounded Theory were used. Results: The activities developed by the Program were focused on treatment, with the offer of smoking cessation groups. Health professionals used various strategies throughout the treatment to ensure the adherence of smokers to the groups. Final considerations: The Tobacco Control Program evaluated partially complies with the national guidelines that support its development, which presents challenges for the development of prevention and maintenance actions, so that they can fully comply with the principles of the Unified Health System that support Primary Care and the program in question.

DESCRIPTORS: Tobacco Use Disorder; Primary Health Care; Smoking Prevention; Nursing; Health Services Evaluation.

RESUMEN

Objetivo: Identificar las acciones desarrolladas por el Programa de Control del Tabaco en Atención Primaria de Salud. Método: Estudio cualitativo, basado conceptualmente en los principios del Sistema Único de Salud en Atención Primaria y los lineamientos para la atención de los fumadores, y el marco metodológico para la evaluación cualitativa de la investigación. La recolección de datos se realizó entre noviembre de 2018 y febrero de 2019, con 19 profesionales de la salud que laboran en el Programa Municipal de Control del Tabaco, a través de entrevistas intensivas. Para el análisis de datos, se utilizaron los pasos de codificación iniciales y enfocados de la teoría fundamentada. Resultados: Las actividades desarrolladas por el Programa estuvieron enfocadas al tratamiento, con la oferta de grupos de cesación tabáquica. Los profesionales de la salud utilizaron diversas estrategias a lo largo del tratamiento para asegurar la adherencia de los fumadores a los grupos. Consideraciones finales: El Programa de Control del Tabaco evaluado cumple parcialmente con los lineamientos nacionales que sustentan su desarrollo, lo que presenta desafíos para el desarrollo de acciones de prevención y mantenimiento, para que puedan cumplir cabalmente con los principios del Sistema Único de Salud que apoyan la Atención Primaria y el programa en cuestión.

DESCRIPTORES: Tabaquismo; Atención Primaria de Salud; Prevención del Hábito de Fumar; Enfermería; Evaluación de Servicios de Salud.

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INTRODUCTION

Smoking is a population phenomenon that poses risks to passive and active smokers, pregnant women, fetuses and children. It is estimated that in 2015 there were one million daily smokers in the world, corresponding to one smoker for every four men.⁽¹⁾ If trends continue, by 2020 there will be 10 million deaths, 70% of which in developing countries.^(2,3)

Aiming to combat the tobacco pandemic, the World Health Organization (WHO) created the Framework Convention on Tobacco Control (FCTC), the first international public health treaty. The goals set in the Convention have been achieved in 180 countries that have ratified the treaty and are building their own policies and laws.⁽⁴⁾

In Brazil, the Framework Convention was ratified in 2005. Since then, the implementation of the National Tobacco Control Program (PNCT - Programa Nacional de Controle do Tabagismo) has belonged to the National Policy on Tobacco Control, which is oriented towards compliance with the measures of the Framework Convention. Thus, from the perspective of health promotion, tobacco control in Brazil has been articulated by the Ministry of Health (MS) through the José Alencar Gomes da Silva National Cancer Institute (INCA

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- Instituto Nacional de Câncer), which includes a set of national actions that make up the PNCT.⁽²⁾

Brazil is considered a model in tobacco control due to the results presented in reducing the prevalence of smokers in the last 30 years.⁽³⁾ Thus, knowing how the actions of the PNCT that have leveraged the country to the worldwide recognition of tobacco control is fundamental. In this context, the objective of this study was to identify the actions developed by the Tobacco Control Program in Primary Health Care (PHC).

METHOD

This is a qualitative study that used as a conceptual basis the principles of the Unified Health System (SUS) in Primary Care⁽⁵⁾ and the care guidelines for smokers within the scope of the SUS Health Care Network for People with Chronic Diseases,⁽⁶⁾ and qualitative evaluative research as a methodological framework.

The study was carried out in a medium-sized city located in the State of Paraná. Nineteen higher education health professionals working in the PHC participated, eight nurses, six psychologists, two physicians, a pharmacist, a speech therapist and a social worker.

For the selection of the theoretical sample, a list of professionals who had received

specific training on smoking and the Basic Health Units (UBS) that developed three or more support groups for smoking cessation in the year prior to data collection. Professionals who were away from their occupational activities during the period of data collection were excluded from the survey.

Data collection took place from November 2018 to February 2019, using the intensive interview technique, carried out individually in the UBS, with an average duration of 60 minutes. All interviews were recorded on an electronic audio device and were fully transcribed for analysis.

Data analysis was conducted with reference to the Grounded Theory techniques, which used the steps of initial coding and focused coding.

This research was submitted to the Ethics Committee for Research involving Human Beings at the State University of Maringá and approved under Opinion No. 2.177.122. All participants signed the Informed Consent Form (FICF) in duplicate. Aiming to preserve anonymity and confidentiality, participants were identified with their profession followed by the order in which the interviews took place and their respective employment relationship (Example: Nurse 01, ESF).

RESULTS

Based on the testimonies of the research participants, the actions that constituted strategies used for the operationalization of the Tobacco Control Program (TCP) in the PHC of the investigated municipality were identified. The results of the study are presented in three categories: "Actions of the TCP in the prevention of smoking"; "Tobacco treatment group as the main action of the TCP" and "Local strategies for the operationalization of the TCP".

Actions of the TCP in the prevention of smoking

This category revealed the actions related to the prevention of smoking developed by health professionals within the scope of PHC. It was possible to verify the

performance of intersectoral articulation activities developed by the FHS teams in the school context. Day care centers and schools are privileged spaces for professionals to promote preventive actions.

Smoking groups are organized in schools, and the staff here at the Unit have already set up a theater to work more on prevention with the children. They set up a little theater that had a wolf who smoked and the three little pigs, so she went to blow the house and couldn't stand it because she was a smoker, she couldn't stand it, not even blow the house! (Psychologist, 06, FHS)

For the participants, the transversal nature of the commitment assumed with prevention actions in schools can lead to the decline of health problems in adulthood. Children who live with smoker family members are also understood by health professionals as agents of transformation in their family context.

We observe that the child also works the adult. Then, the son comes home and says to the father: "Dad, you can't smoke, it's bad for your health. There is a group at the Health Center, why don't you go to participate?". (Psychologist 04, FHS)

It is noteworthy that despite the preventive actions developed, research participants reported, mostly, that care practices prioritized actions centered on treatment, also showing a predominance of the curative concept in the current health care model they develop.

Tobacco treatment group as the main action of the TCP

In this category, the data presented were synthesized in order to assess the smoking cessation support group, from attracting smokers to carry out the structured sessions, to the maintenance sessions recom-

mended by the MH.

The smoking cessation support group is open to the entire population of the municipality, including those not affiliated to the areas covered by the FHS. For the beginning of these groups, each UBS establishes a minimum number of participants, which can vary from three to 15 people, considering the objective of the collective work and the number of dropouts.

Knowledge about the offer of support groups for smoking cessation occurred through disclosure on posters placed on the physical premises of the UBS, contributing to greater encouragement to users.

Now, many see it on a poster or through someone who has already participated in the group, giving tips and guiding the person to stop smoking. (Physician 02 FHS)

The active capture methods were widely used, as the approach of patients regarding the habit of smoking was performed during consultations with health professionals from the PHC.

In all consultations, patients are discussed about smoking, if they are a smoker, the group is offered. (Physician 01, ESF)

Another method used to increase adherence in the groups were home visits carried out by Community Health Agents (CHA).

The ACS, as he already knows the area, he makes the invitation. Because the ACS is in the area, if he knows the patient, he knows he is a smoker and shows interest because he himself or the ACS offered it. (Nurse 05, FHS)

The development of smoking cessation support groups took place in an active and programmatic way, encouraging and helping participants to achieve smoking cessation. The dynamics established initially consisted of conducting an individual or

group interview, followed by four structured weekly sessions conducted by health professionals with a higher education level. The planning of activities developed in the groups was based on materials provided by the Ministry of Health (MH).

Here at UBS, the interview is carried out on the first day and an initial approach is made. Then there are four structured sessions, following the manuals coming from the Ministry of Health. (Speech Therapist 01, NASF)

The treatment offered for smoking cessation used both the cognitive-behavioral approach and the pharmacological treatment. For health professionals, the search for drug therapy was the main desire of users who sought treatment for TCP.

They come in search of medication, always asking: "Do you have medication treatment?". Depending on the answer, they continue or they don't. There are some who just want medicine, they don't want to participate in the group. (Nurse 04, FHS)

Due to this context, professionals sought operationalization strategies so that the medication was prescribed at an opportune time, ensuring greater participation of smokers in the sessions offered at the TCP, so that they could act beyond medical-centric care.

The drug protocol was planned by the teams, varying according to the experiences and preferences of the professionals who led the smoking cessation support groups, and there was no unanimity among the UBS.

In the first meeting, there are usually a lot of patients and many want the medication. In order to force the patient to participate in more meetings, we determined the introduction of the medication in the third meeting, and for those

who are going right, we have already scheduled the medical appointment. (Psychologist 02, NASF)

We start the medication from the second session, that is, we do the first session, and we ask: "Who would like to have support for the use of any medication?", as a strategy to ensure greater participation. (Nurse 03, FHS)

After the end of the four structured sessions, the treatment maintenance sessions began. It is noted that, in the studied municipal context, part of the UBS needed to adapt maintenance according to the reality of each group. The widespread evasion of smokers from the TCP groups was the main reason for the maintenance sessions to be quantitatively reduced.

We notice a decrease when it is in the maintenance phase. Some who were able to quit smoking sometimes stop coming because they quit smoking. Those who couldn't stop, even if we say, "You can even come to continue.", they don't come! (Psychologist 04, FHS)

However, the health professionals did not point out a programmatic strategy for the active search for people who did not attend the maintenance sessions of smoking treatment.

Local strategies for the operationalization of the TCP

This category analyzed the particularities that health professionals in their UBS added to the TCP, aiming to support the treatment of smokers. Social support was incorporated in some UBS, which offered a support network based on the exchange of experiences among users.

There is a participation, sometimes, such as, for example, our CHA, who is an ex-smoker. We invite her to share her testimony. These testimonials are very strong, very bene-

ficial for those who really want to quit smoking. (Physician 02 FHS)

In addition, social support has gained ground in the treatment of tobacco use through social media technology. WhatsApp groups were created to enhance the exchange of experiences and motivational support, when users needed help.

In this last group, the participants set up a group on WhatsApp, one gave strength to the other, they also gave us a message in the group, it was really cool! And the idea of WhatsApp came from them, one patient said: "Then one gives strength to the other." In this group they talk about what happened, how they acted in some situations. I know they are still with the group today. (Nurse 06, FHS)

The link between the members of the UBS smoking cessation support group was maintained through strategies made possible by the health professionals, such as socializing at the end of treatment.

There was one time, which came at the end of the year and we invited all the people who participated in the groups throughout the year to have a get-together. (Social Worker 01, FHS)

In other UBS, some health professionals also opted for alternative therapies to help with the treatment of smoking, such as auriculotherapy.

In the last group, for example, we had the participation of a psychologist from NASF and she used the seeds they put in the ear. It was really cool, it helped a lot. (Nurse 03, FHS)

The encouragement of smoking cessation was also carried out by some health professionals to promote personal stimulation through rewards. People who achie-

ved cessation during the four sessions of the TCP were awarded.

I gave them bonbons. There was one that stopped first, I bought a very beautiful object, a globe. I went to a bookstore and bought a very nice object for him to decorate his house. (Physician 02, FHS)

Some UBS have established partnerships with the University to develop activities with groups that support smoking cessation.

Here, there are the physiotherapy interns. At the end of the groups they do more specific exercises. (Psychologist 01, NASF)

The sessions of the smoking cessation support groups in the UBS were usually held during the day. The promotion of groups at night time was identified by the participants as a potential action to improve the adherence of smokers to the treatment.

When I was at the other Unit I did it in the morning too, it wasn't at night. But I always made a group at night. Makes it easy for people who work! Here we do it at night because the Unit has extended hours. (Psychologist 05, ESF)

In addition to night groups, another action developed to enhance the reach of smoking cessation among workers was the activities developed within the companies. It is noteworthy that support groups for smoking cessation and health promotion activities were sometimes developed in companies located in the coverage area of the UBS, benefiting workers.

We have some big companies here in the outline that they call us to do, for example, prevention. The first topic that is worked on is the issue of smoking, we even made a smoking group, it was the last one

this year, and it took place within the company. It was a new experience that we had not done yet, to do within the company, which had several smokers and wanted to stop smoking. (Psychologist, 06, FHS)

There were several strategies implemented by health professionals to improve adherence to smoking treatment in PHC and achieve smoking cessation.

DISCUSSION

In accordance with public policies for tobacco control in PHC,^(2,7,8) the role of health professionals in assisting smokers showed that actions to control the disease prioritize the treatment of cessation for smokers, with prevention actions being more specific and aimed at a public of young people, who have not yet started the smoking habit.

Prevention actions were not a priority in care practice. In addition, there were health professionals who did not identify the development of preventive activities in their context. These findings are opposed to what the policies advocate,^(7,8) pointing out that attention to smokers in PHC has gaps in the principle of integrality in their actions.

Another study also showed that, although health professionals recognize the harm caused by smoking, there is a tendency in care practice to prioritize the treatment of the disease and not its prevention.⁽¹⁾ From this perspective, there is a need to raise awareness among professionals and managers for greater investments related to prevention actions, adopting more proactive practices that aim to intervene so that other people do not start the habit of smoking.

Although the results of the study contemplate the prioritization of care with a curative focus, it was possible to identify the development of some intersectorial actions focused on the school public. The promotion of these prevention actions is of paramount importance, since smoking is considered a chronic disease that can start

in childhood and adolescence.⁽¹⁾ In addition, carrying out activities that comprise prevention in an intersectorial manner is recommended by other studies⁽⁹⁾ and by the national policies of the TCP.⁽⁸⁾

In this context, the school plays an important role in accessing this population, as it is a place that groups children and adolescents. The intersectorial partnership between education and health can strengthen prevention actions with an emphasis on smoking,⁽¹⁰⁾ providing the sharing of information between health professionals, educators, children and their families.⁽⁹⁾

In addition, it appears in this study that the actions to prevent smoking with schoolchildren had a direct impact on their family context. In this perspective, PHC actions can promote more than the prevention of smoking initiation, being also responsible for promoting smoke-free environments and for monitoring smokers to quit.⁽⁹⁾

The MS recommends that smokers who belong to the population enrolled in UBS be identified.⁽⁷⁾ In this study, it was found that this identification was succeeded by uptake, thus promoting comprehensive care. It is understood that the practice of strategic actions for the recruitment of users participating in smoking cessation support groups has a direct impact on the effectiveness of the treatment.⁽¹¹⁾ In this study, the approach to the patient at opportune times in the activities of the UBS and in home visits was mentioned as a method of capture. The use of these methods has already been verified in other studies,^(11,12) showing that they are considered timely and also used in other realities in the country.

After identifying and recruiting smokers for treatment at the UBS, clinical evaluation and therapeutic groups are carried out, in line with established guidelines.^(7,8) In Brazil, the treatment of smokers in the SUS follows the cognitive-behavioral approach, consisting of four individual or group sessions with 10 to 15 participants, coordinated by one to two higher education health professionals. According to the therapeutic program, four structured we-

ekly sessions are recommended. ⁽⁸⁾ At the study site, such standards were followed by all UBS.

Among the attributions of the PHC for the treatment of smoking in the SUS, it is recommended that drug therapy be made available, if necessary, lasting between eight and 12 weeks, subject to individual assessment. Pharmacotherapy in the smoking cessation support group should be used to complement cognitive-behavioral therapy and to alleviate symptoms experienced during withdrawal. ⁽⁸⁾ Although it is recommended as an auxiliary, the participants of this study pointed out the prioritization of drug therapy in relation to cognitive therapy by their patients.

Faced with this panorama, the results pointed to successful experiences in the introduction of pharmacotherapy at different times of treatment. Although the users of the UBS under study favor drug therapy, another study found that the available medications were not widespread, making it necessary to inform about the possibility of a pharmacological association and bring this reality closer to the users. ⁽¹³⁾

After the structured sessions, treatment maintenance sessions begin, and this phase is aimed at preventing the occurrence of relapses. ⁽⁸⁾ The first six months after cessation are considered the most critical period for the relapse of the habit. ⁽¹⁾ However, health professionals have difficulties in carrying out maintenance sessions, mainly due to the significant evasion of patients in this phase of treatment.

In view of these results, it is important to implement dynamic strategic actions that increase patient adherence to the sessions, promoting integrality of actions, since no actions were identified to change this reality or strategies for active search for these users who need periodic monitoring.

The insufficiencies expressed by health professionals about maintenance sessions in the treatment have negative impacts on the calculation of smoking cessation rates, since patients who drop out of therapy are included in the group of those who did not achieve smoking cessation. Thus, it is essential to analyze the reasons that lead patients

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Access to treatment is guaranteed as recommended in the principles of universality and equity, ensuring accessibility to all people who sought services according to their needs.

enrolled in the TCP to give up treatment. ⁽¹⁴⁾ It is noteworthy that, in this study, the choice of the moment for the availability of pharmacotherapy was presented as a possible solution to improve the problem.

In this study, in addition to carrying out the recommended activities, other local initiatives for tobacco control were being used. Studies have already verified the need to improve forms of treatment to reduce the impact of smoking on society, seeking new strategies that, combined, can be low cost and highly effective. ^(12,15) For this, it is necessary to carry out actions conducted by a motivated team capable of offering alternatives that excite smokers and contribute to their cessation. ⁽¹³⁾ In this sense, the PCT presented peculiarities in the care provided to the population in this study, seeking to provide quality care and support for the cessation process.

The group approach advocated by MH ⁽⁸⁾ enables social support, which is the most predominant feature of the study. The habit of smoking is acquired largely through “social contagion” and is also more easily treated through social means. In this sense, it is important that the participants of the smoking cessation support group have access to services that have networked communication paths. Such actions facilitate adherence to the TCP and, consequently, help in tobacco control. ⁽¹⁶⁾ The exchange of experiences among participants provided by group therapy has already been documented in other studies, which corroborate the results found. The exchange of experiences in relation to the peculiarities of the smoking habit and the difficulties in quitting are evaluated as positive and significantly contribute to smoking cessation. ^(13,17)

Another practice verified to aid in smoking cessation was the use of auriculo-therapy, a therapeutic technique that aims to promote psychic-organic regulation through stimuli in energy points located in the ear. ⁽¹⁸⁾ Its use for smoking cessation has a positive effect on reducing the number of cigarettes smoked, reducing the difficulty of not smoking in prohibited places and not smoking when you get sick. ⁽¹⁹⁾ Although

gh auriculotherapy has already been implemented as an alternative therapy by SUS and used in several UBS in the city, there is still little research on the technique, specifically in relation to experimental studies that assess the contribution of auriculotherapy in smoking cessation.⁽¹⁹⁾

Actions to stimulate motivation were verified through the distribution of rewards to people who were able to quit the tobacco habit. Literature recognizes that high motivation significantly influences cessation.⁽²⁰⁾ Thus, the initiative for actions that aim to increase the motivation of patients who participate in the TCP are configured as a relevant aid in cessation.

Regarding the potential of partnership actions between health professionals and the university, the results showed mutual benefits. For the UBS, the presence of physiotherapy students was attractive in the sessions, helping mainly with respiratory physiotherapy exercises and fulfilling the role of the physiotherapist, especially in UBS that did not have NASF assistance. For students, the benefits are related to their academic background. Studies have already analyzed the need to include the topic of smoking in the curriculum of educational institutions. In addition, it is highlighted that, in order to promote a multidisciplinary approach, it is necessary to homogenize the curricula of the different health professions.⁽²¹⁾

PHC health professionals play a key role in ensuring access to cessation therapies.⁽²²⁾ In view of the weakness in access

presented in this study, due to the hours of operation of the UBS, which impacted the adherence of users to the programs offered, the participants mentioned the potential of carrying out the groups at nighttime. Similar results are seen in other studies that indicate that offering alternative hours at night or on weekends, for smokers who cannot attend structured weekly sessions, is a strategy to increase adherence to the TCP and reduce dropout rates.^(13,14)

Another important point expressed as a positive alternative to ensure people's adherence to smoking cessation support groups was their offer in companies. The prevalence of smoking among workers varies according to the company and the activities performed. It is recommended to develop policies that support the worker for termination, and treatment should be offered by the PHC to the population and companies.⁽²³⁾

In this context, the doctrinal principles of the SUS⁽⁵⁾ instituted in the assistance to the smoker. Access to treatment is guaranteed as recommended in the principles of universality and equity, ensuring accessibility to all people who sought services according to their needs. As for comprehensiveness, it is still necessary to enhance actions related to the maintenance of smoking treatment, and the prevention of smoking initiation; in addition to ensuring the early diagnosis and treatment of possible complications arising from smoking,^(7,8) as recommended in the specific guidelines.

CONCLUSION

The actions developed by the Tobacco Control Program in Primary Health Care, in the evaluated municipality, occurred with a predominance of treatment to the detriment of preventive actions. Although prevention has been little recognized by health professionals, this activity, when carried out, managed to articulate the health sector with education and the private sector, fulfilling its social responsibility of intersectorality, ensuring universal care and equity for smokers.

The treatment was aimed at offering smoking cessation groups, which were conducted with support and compliance with public policies for the subject. However, maintenance therapy for monitoring people who participated in smoking cessation groups was recognized as a gap in this care. The results showed that PHC health professionals were creative in conducting smoking cessation groups, mostly complying with national guidelines.

This study, in particular, recognizes the need for improvements with regard to the prevention of smoking, the follow-up of treatment maintenance sessions to prevent relapses, and the early diagnosis and treatment of complications resulting from the disease. It is also reinforced that other surveys are relevant to evaluate this program, including, mainly, other populations and other locations.

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