

Characterization of users of the first smoking cessation group in the municipality of Olho d'Água Grande

Caracterização dos usuários do primeiro grupo de cessação do tabagismo no município de Olho d'Água Grande
Conocimiento, actitud y práctica de los adolescentes en una comunidad terapéutica sobre el uso del preservativo

RESUMO

Objetivo: caracterizar os usuários do primeiro grupo de cessação do tabagismo no município de Olho d'Água Grande de acordo com o grau de dependência. Método: Trata-se de um estudo epidemiológico transversal, com dados obtidos a partir de registros em prontuários dos pacientes assistidos em um grupo de tabagismo no ano de 2021, localizado na Central de Abastecimento Farmacêutico (CAF) do município de Olho d'Água Grande, Alagoas. Resultado: Com resultado, identificou-se uma prevalência de mulheres, 60,86% dos participantes; 34,78% dos indivíduos abandonaram o tratamento; o método escolhido para cessação do tabaco foi a parada gradual onde obteve-se adesão de 100% dos participantes; os indivíduos utilizaram como terapia medicamentosa o adesivo de nicotina ou associação com bupropiona; 46,66% dos homens e 53,33% das mulheres cessaram o uso do tabaco. Conclusão: Os dados obtidos revelam uma boa resposta terapêutica em relação a cessação do cigarro, onde o sexo masculino alcançou maior sucesso no tratamento.

DESCRIPTORES: Abandono do uso de tabaco; Dispositivos para o abandono do uso de tabaco; Tabagismo.

ABSTRACT

Objective: to characterize the users of the first smoking cessation group in the municipality of Olho d'Água Grande according to the degree of dependence. Method: This is a cross-sectional epidemiological study, with data obtained from records in the medical records of patients assisted in a smoking group in 2021, located in the Pharmaceutical Supply Center (CAF) of the municipality of Olho d'Água Grande, Alagoas. Result: As a result, a prevalence of women was identified, 60.86% of the participants; 34.78% of the subjects abandoned treatment; the method chosen for cessation of tobacco was the gradual stop, where 100% of the participants were adhered; individuals used the nicotine patch or association with bupropion as drug therapy; 46.66% of men and 53.33% of women ceased tobacco use. Conclusion: The data obtained reveal a good therapeutic response in relation to smoking cessation, where the male sex achieved greater success in the treatment.

DESCRIPTORS: Abandonment of tobacco use; Devices for the abandonment of tobacco use; Smoking.

RESUMEN

Objetivo: caracterizar a los usuarios del primer grupo de abandono del hábito de fumar en el municipio de Olho d'Água Grande según el grado de dependencia. Método: Se trata de un estudio epidemiológico transversal, con datos obtenidos de registros en las historias clínicas de pacientes atendidos en un grupo de fumadores en 2021, ubicado en el Centro de Abastecimiento Farmacéutico (CAF) del municipio de Olho d'Água Grande, Alagoas. Resultado: Como resultado, se identificó una prevalencia de mujeres, 60,86% de los participantes; 34,78% de los sujetos abandonaron el tratamiento; El método elegido para el abandono del tabaco fue la parada gradual, donde se adhirieron el 100% de los participantes; los individuos usaron el parche de nicotina o la asociación con bupropión como terapia farmacológica; El 46,66% de los hombres y el 53,33% de las mujeres dejaron de consumir tabaco. Conclusión: Los datos obtenidos revelan una buena respuesta terapéutica en relación al abandono del hábito de fumar, donde el sexo masculino logró mayor éxito en el tratamiento.

DESCRIPTORES: Abandono del consumo de tabaco; Dispositivos para el abandono del consumo de tabaco; Tabaquismo.

RECEBIDO EM: 07/10/2022 APROVADO EM: 07/11/2022

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INTRODUÇÃO

Tobacco has been used for thousands of years. Previously associated with power and social position, it only spread in more recent history, mainly from the industrial manufacture of cigarettes and the intensive actions to propagate this product through the media as something beneficial, becoming a problem for national health systems.¹

Currently there are some concepts about tobacco. The so-called smoked tobacco is tobacco consumed from burning producing smoke. The main representative of this group is the cigarette manufactured by industries, there are also pipes, cigars, straw cigarettes and hookah. Bearing in mind that the smoke exhaled by the product affects not only users, who are defined as active smokers, but also the people around them who are exposed to environmental tobacco pollution, mainly indoors, these people are called passive smokers.¹

Smoking is considered a chronic and

epidemic disease whose underlying cause is the compulsion for the psychoactive substance nicotine. In addition, smoking is part of the group of mental and behavioral disorders due to the use of narcotics.² It is also considered the single largest preventable cause of illness and early death worldwide.³

Worldwide there are 1.1 billion smokers, about 4 out of 5 live in poor countries. Smoking is the main risk factor for death from chronic noncommunicable diseases, responsible for 6 million deaths a year worldwide; a total of 603,000 annual deaths are associated with passive smoking, of which 28% are children. This risk factor is associated with 75% of cases of Chronic Obstructive Pulmonary Disease (COPD), 22% and 10% of deaths among adults from cancer and heart disease, respectively.⁴

Over the years, Brazil has been applying laws that deal with tobacco use in public places, forms of advertising, tax increases and regulation of the use of additives and even policies to replace tobacco agricultu-

re with another agricultural practice. It is largely due to these actions with a population impact that the drop in the prevalence of smoking in the Brazilian population observed in recent decades, from 31.7% of the adult population in 1989 to 14.7% in 2013.¹

The National Cancer Institute (INCA - Instituto Nacional de Câncer) is responsible for the National Tobacco Control Program (PNCT - Programa Nacional de Controle do Tabagismo) and for articulating the smoking treatment network in the Unified Health System (SUS), in partnership with states and municipalities and the Federal District. The network is organized in a decentralized manner, assigning roles to states and municipalities in capturing and treating smoking.⁵

The multidisciplinary team that works in the Basic Health Units is responsible for patient care and the responsibility to promote actions capable of promoting health and encouraging self-care. In this context, multidisciplinary and interdisciplinary action is a great ally of the Family

Health Strategy (ESF - Estratégia Saúde da Família) team, working with groups of people who have tobacco use as a problem.

The general objective of the study was to characterize the users of the first group of smoking cessation in the municipality of Olho d'Água Grande according to the degree of dependence.

METHOD

This is a cross-sectional epidemiological study, with data obtained from medical records of patients assisted in a smoking group in the year 2021, located at the Pharmaceutical Supply Center (CAF - Central de Abastecimento Farmacêutico) in the municipality of Olho d'Água Grande, in Alagoas. The project aims to treat smoking and follows the rules established by the National Cancer Institute (INCA - Instituto Nacional de Câncer) and the Ministry of Health.

As an inclusion criterion, the medical records of patients assisted in a smoking group in the municipality of Olho d'Água Grande in the year 2021 were selected. Medical records without a complete record in the smoking group or those who abandoned treatment before the first week of support were excluded. For the final sample, 23 records were considered eligible.

The development of the project at CAF takes place through four weekly meetings, two fortnightly maintenance meetings and 4 monthly meetings. In the first moment, an interview and assistance is carried out with each patient, after which the beginning of the therapeutic group is scheduled. This approach is carried out by professionals from: nursing, dentistry, physical education, pharmacy, medicine, social work, psychology. In a second moment, the patients are treated collectively in a multidisciplinary way by the health professionals and in each meeting a theme is addressed. After that, they are referred to a medical and pharmaceutical consultation, to establish drug treatment and guidance

and care regarding the use of drugs, with the aim of helping in the treatment

The so-called smoked tobacco is tobacco consumed from burning producing smoke. The main representative of this group is the cigarette manufactured by industries, there are also pipes, cigars, straw cigarettes and hookah. Bearing in mind that the smoke exhaled by the product affects not only users, who are defined as active smokers, but also the people around them who are exposed to environmental tobacco pollution, mainly indoors, these people are called passive smokers.

of smoking. Medicines are distributed free of charge as part of the ministerial

program.

The variables of interest are represented by the degree of dependence on nicotine, obtained through the Fagerstrom test, which classifies the dependence of individuals as very low (0 to 2), low (3 to 4), medium (5), high (6 to 7) and very high (8 to 10), according to the score obtained at the end of the test. For sociodemographic variables, age, sex, type of tobacco used, method chosen for smoking cessation, number of cigarettes smoked per day, and duration of tobacco use were listed. And finally, the percentage of tobacco cessation, which is obtained in the last meeting.

Data collection was carried out at the Pharmaceutical Supply Center in the municipality of Olho d'Água Grande, along with the patients' medical records, from July to August 2022. Initially, the data were entered into a Word software spreadsheet, then descriptive analyzes were carried out with estimates of simple and relative frequencies of the variables of interest according to the classification of dependency level low/very low, moderate and high/ very high. The research was approved by the Research Ethics Committee of Centro Universitário Tiradentes Universitário Tiradentes (UNIT/AL) in 2022 under number CAAE 61008122.5.0000.5641.

RESULTS

In 2021, a total of 23 individuals participated in the support group for the treatment of smoking in the municipality of Olho d'Água Grande. The predominance of women in the support group was identified, corresponding to 60.86% of the total number of participants.

It is identified that 34.78% of patients dropped out of treatment, where 8.69% dropped out in the first week, 13.04% in the second week and 13.04% in the fourth week. However, a total of 65.22% completed the treatment and stopped smoking. The method chosen for tobacco cessation that stood out was the gradual cessation, used by 100% of the participants. It was

found that both men and women used the nicotine patch for smoking cessation for drug therapy; of these, 46.66% of the participants were associated with the use of bupropion 150mg 1 to 2 pills a day. Of the total number of participants who completed the treatment, it was found that 46.66% are men and 53.33% women have stopped smoking. As for the treatment abandonment rate, for men it was 8.69% and for women, 26.08%.

Of the total number of medical records analyzed, 100% of the men and 77.77% of the women reported never having undergone any type of treatment for smoking. All medical records recorded that the participants were included in the support group to combat smoking for the first time.

It is also noteworthy that the average consumption of cigarettes by the participants was on average about 23.64 cigarettes per day. As for the patients' smoking time, they had an average of 40.05 years. Regarding the age at which smoking started, the average was 12.33 years.

The result of the Fagerstrom test is described in Table 02. A higher prevalence was identified among men of the very high degree, 55.55%. Among women, there was a greater predominance of very high and very low degrees, with 42.86% and 28.57% respectively. There was a pre-

dominance of the use of burnt tobacco (without filter) in both genders, not comparing the degree of nicotine dependence, being 77.78% men and 85.71% women.

DISCUSSION

Primary Health Care is the gateway for service users and has a fundamental role in the primary and secondary prevention of

chronic diseases, as well as the reception and specialized guidance. Comprehensive care comprises continuous monitoring and clarification about chronic diseases in the population, which has smoking as one of the main risk factors. Smoking causes six million deaths each year in the world, accounting for 71% of deaths from lung cancer, 42% of chronic respiratory diseases and 10% of cardiovascular diseases. ⁶

Table 01: Association between the degree of nicotine dependence, age, cigarettes consumed per day, accumulated years of smoking and initiation of smoking, among participants in the smoking group in the municipality of Olho d'Água Grande in 2021. Alagoas, Brazil, 2022.

	Statistic	Age	Cigarettes / day	Years of smoking	Smoking start
Low and very low	Mean	54,22	12,22	41,33	12,88
	Standard deviation	5,67	7,4	6,87	4,17
	Median	52	9	40	12
	InterQuartile Range	47-65	6-30	34-56	9-21
High and very high	Mean	50,57	35,07	38,78	11,78
	Standard deviation	12,36	14,97	12,65	3,25
	Median	53,5	40	39	12
	InterQuartile Range	28-70	6-60	16-58	7-20
Medium	Mean	0	0	0	0
	Standard deviation	0	0	0	0
	Median	0	0	0	0
	InterQuartile Range	0	0	0	0

Source: Research Data, 2022.

Table 02: Association between the degree of dependence on nicotine, industrial cigarettes (with filter), burned tobacco (without filter), by gender, among participants in the smoking group in the municipality of Olho d'Água Grande in 2021. Alagoas, Brazil, 2022 .

	FEMALE				MALE			
	Industrialized cigarette (with filter)		Use of burnt tobacco (no filter)		Industrialized cigarette (with filter)		Use of burnt tobacco (no filter)	
Dependence degree	n	%	n	%	n	%	n	%
Very low	2	14,29%	4	28,57%	0	0,00%	0	0,00%
Low	0	0,00%	1	7,14%	0	0,00%	2	22,22%
Medium	0	0,00%	0	0,00%	0	0,00%	0	0,00%
High	0	0,00%	1	7,14%	1	11,11%	1	11,11%
Very high	0	0,00%	6	42,86%	1	11,11%	4	44,44%
Total per gender	2	14,29%	12	85,71%	2	22,22%	7	77,78%
	TOTAL FEMALE GENDER: 14				TOTAL MALE GENDER: 9			

Source: Research Data, 2022.

In Brazil, 428 people die every day due to nicotine addiction.⁷

In fact, men are the biggest consumers of tobacco worldwide.¹ However, in this research, there was a higher rate of women smokers looking for treatment. However, it should be remembered that men are less likely to seek health services, often only in situations of illness or obvious symptoms.⁸ Therefore, this fact may be a cause for a lower demand by men in the present study.

According to Notebook 40 of the Ministry of Health¹ related to the care of the smoker, there is a prevalence of 19.2% of male smokers and 11.2% of female smokers in Brazil. In more recent research, such as that demonstrated by the National Cancer Institute⁹, points out that this incidence of the number of smokers by sex decreased compared to previous years, however, it still remains high, showing a value of 15.9% for males and 9.6% for females.

Definitive cessation is the immutable discontinuation of smoking (or even an eventual relapse), without, however, being in tune with the essential time interval to characterize it. Recidivism is the return of smoking after a period of interruption, while lapse is the eventual and isolated use of the substance during the abstinence period, typified as a "slip". In the research, one can observe a cessation of 65.21% of the participants of both sexes. According to the Ministry of Health, Brazil is considered a world reference in tobacco control as a result of intense work, which has been intensifying and evolving over the decades, a fact that began in the 1980s.¹

With regard to the average age of smokers, the result was around 52 years in general. There are indications in research¹⁰⁻¹¹ that the age of initiation of smoking is increasingly earlier, around 12 years of age. It is known that early age influences the average smoking time of smokers who, according to studies, is around 40 years, which expresses a reflection of this research and also presents greater risks, since the chances of developing diseases associated with tobacco increase significantly, due to

the number of years of smoking. Another interesting fact was the number of cigarettes consumed per day, when compared by the level of dependence, since in very low and low dependence the average was 12.22, which would be much lower when compared to the high and very high degree of dependence, which reaches an average of 35.7 cigarettes per day.

Some cigarette manufacturers defend cigarettes with filters, as they would be able to reduce emissions of some toxic components of smoke, without, however, relating them to a reduction in health risks. Smokers perceive that the risks associated with smoking are lower in cigarettes with filters, however, the scientific literature (especially in filters with perforated tips) suggests otherwise.¹²

Smoked tobacco in any of its forms causes the majority of all lung cancers and contributes significantly to strokes and deadly heart attacks. Tobacco products that do not produce smoke are also associated with or are a risk factor for the development of head, neck, esophagus and pancreas cancer, as well as for many oral and dental pathologies.¹³

It was noticed in the research a predominance of the use of burnt tobacco (without filter) in the 2 sexes, being 77.78% men and 85.71% women, something very atypical, but that according to¹², consider that the filters used in industrialized cigarettes do not bring any health benefit, as they are intended to attract new smokers, since they lead to deeper puffs due to perforation in the filter tip and provide a false perception of safety. It is also suggested that the ventilation perforations in the filters could increase the rates of lung adenocarcinomas, when compared to cigarettes without the perforations, but in this research it is not compared with the total removal of the filters. In addition, the same study suggests that removing ventilation from filters could reduce the risks of susceptibility to cigarette abuse.

In view of the possibility of the evolution of some diseases caused by smoking, it is necessary to use some therapeutic measures. These measures contribute to

the reduction or even cessation of tobacco use.

Pharmacological measures are effective strategies for smoking cessation. The predominant mode is the use of pharmacotherapy to control abstinence with the association of a nicotine patch and bupropion. In addition, psychological guidelines for control of the practice and the use of other means to attempt remission of the habit of smoking practice are in line. Therefore, it appears that the nicotine patch compared to bupropion, the first has a large advantage, being the most used as a therapeutic resource against smoking.¹⁴

Nicotine Replacement Therapy (NRT), in transdermal patch and chewing gum, and bupropion hydrochloride are the drugs offered by SUS. 1 NRT consists of an adhesive that must be fixed to the skin and changed every 24 hours. Nicotine is absorbed through the dermis, with slow and continuous release into the bloodstream. At the end of 24 hours, 75% of the total nicotine in the patch has been absorbed. Bupropion, on the other hand, is an atypical antidepressant that can also be used by smokers without a clinical history of depression, at the recommended doses. It inhibits the neuronal reuptake of dopamine and norepinephrine to a greater extent and serotonin to a lesser extent.¹

Despite all the therapeutic methodology, there are some dropouts in the treatment. This fact is of great relevance, as in addition to obtaining epidemiological data on the success of the therapy, we were able to explore more deeply the factors which show that we can improve to further improve the percentage of therapeutic efficacy. It is true that some dropouts occur due to the high level of nicotine that causes great dependence.¹⁵

It is indisputable that due to the great exposure and contact with tobacco for many years, they end up leaving the chemical dependence on nicotine at very high levels, which causes greater difficulty even when a possible treatment for smoking is presented. These individuals are the most

difficult to adhere to therapy, and often do not even consider trying. 14

It is a fact that the number of cigarettes consumed daily is directly linked to neuronal dependence on nicotine and also the socioeconomic condition of the individual, since a chemical dependent with greater purchasing power is able to buy more tobacco and use it. In this study, as shown in Table 1, the average number of cigarettes consumed daily was 23. Therefore, we can confirm the proximity of the introduction of the average age of people with other studies. 14

According to the average age at which the participants in this research began to use cigarettes, what most calls attention is their low age. However, taking into account that the early initiation of tobacco use is a common practice in some parts of our country, it was not and is not different in

our field of research. Given this, the association of premature cigarette use with the average age of use, increases considerably for the greater possibility of developing systemic diseases that affect humans, and consequently generate a public health problem in that region.

CONCLUSION

Smoking control is necessary and should be strengthened, as studies link smoking as a risk factor for several diseases. After analyzing the data, the study identified a good therapeutic response in relation to smoking cessation, where women quantitatively were the ones who most participated in the first group, however, men were the ones who were most successful in smoking cessation.

The study shows that despite the high

level of dependence, when the individual is included in a smoking program with a multidisciplinary team and adequate pharmacological therapy, there is a possibility of smoking cessation, even for individuals who have a high daily cigarette load, long years of smoking and early initiation of cigarette use, results found during the research.

According to this work, the use of unfiltered tobacco was quite prevalent in most individuals, regardless of gender, a fact that may be associated with the high and very high level of dependence on the part of most users. Finally, follow-up studies are suggested for support groups for smoking with different methodological proposals to monitor users during the period of participation in the group, as well as their discharge.

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