

Rev Saúde Pública 2008;42(2)

Renata Cruz Soares de Azevedo^I

Celina Matiko Hori Higa^{II}

Isilda Sueli Andreolli Mira de Assumpção^{III}

Rejane Firmino Fernandes^{IV}

Marília Montoya Boscolo^I

Cecília Regina Gonzaga Frazatto^V

Welson Goulart^{VI}

^I Departamento de Psicologia Médica e Psiquiatria. Faculdade de Ciências Médicas (FCM). Universidade Estadual de Campinas (Unicamp). Campinas, SP, Brasil

^{II} Ambulatório de Substâncias Psicoativas. Hospital de Clínicas (HC). Unicamp. Campinas, SP, Brasil

^{III} Ambulatório de Pneumologia. HC/Unicamp. Campinas, SP, Brasil

^{IV} Programa de Pós Graduação em Ciências Médicas. FCM/Unicamp. Campinas, SP, Brasil

^V Serviço de Odontologia. HC/Unicamp. Campinas, SP, Brasil

^{VI} Secretaria Municipal de Saúde de Campinas. Campinas, SP, Brasil

Correspondence:

Renata Cruz Soares de Azevedo
R. Severo Penteadó, 131/9, Cambuí
13025-050 Campinas, SP, Brasil
E-mail: azevedo.renata@uol.com.br

Received: 8/17/2007

Approved: 9/27/2007

Approach on smoking cessation by training public health providers

ABSTRACT

The study evaluated the results of a smoking cessation training program including 40 public health providers from November 2004 to March 2007. A total of 3,419 smokers received minimum individual intervention and 982 had group intervention. Of all, 9.2% quit smoking. The main difficulties for smoking cessation reported by health providers were: low patient compliance (11%); lack of medications (38%); and lack of health unit infrastructure/support (29%). The training allowed to reaching out a larger population through smoking cessation approaches at health units.

DESCRIPTORS: Health Human Resource Training. Tobacco Use Cessation. Smoking, prevention & control. Humanization of Assistance.

INTRODUCTION

Smoking is one of the most prevalent substance dependencies worldwide. A 2005 survey showed that 10.1% of the Brazilian population aged 12 to 65 years is tobacco-dependent.^a

Life expectancy in smokers is a quarter of that in non-smokers. Smoking cessation leads to a significant reduction in mortality before the age of 35 and, to a lesser extent, in those over 65 years old, making it a cost-effective intervention.³ Interventions targeting smokers are the best approach to reduce smoking-related mortality in the middle run.⁴

Although 70% of smokers express their desire to quit smoking, only 5% actually succeed with no help of health providers.² However, few providers are well-trained and competent to approach smokers and implement interventions. In addition, support services for smoking cessation are inadequate as well as provision of free drugs for quitting smoking in state-run facilities.¹

The objective of the present study was to evaluate the results of a smoking cessation training program for public health care providers.

METHODS

Study conducted in an outpatient smoking care service of a university hospital. This program has been implemented in the hospital since 2003.

A total of 40 public health providers from the city Campinas (Southeastern Brazil) and surrounding area, received a one-month training provided in the

^a Carlini EA, Galduróz JCF. II Levantamento Domiciliar sobre o uso de drogas psicotrópicas no Brasil. Brasília: Secretaria Nacional Antidrogas; 2007.

university hospital between November 2004 and March 2007. Providers were divided into 12 different groups and comprised 12 physicians, 12 nurses, six social workers, four psychologists, two dentists, two occupational therapists, one pharmaceutical staff and one nurse aid. Each group spent a month getting familiar with all activities offered to patients besides being involved with case supervision and theory seminars.

The activities offered included: motivation group, medical screening (collection of sociodemographic data, history of smoking, evaluation of medical and psychiatric comorbidities, administration of the Fagerström Test for Nicotine Dependence – FTND and assessment of motivation), group therapy, management of bupropion, nortriptyline and/or nicotine replacement therapy, and case supervision.

All providers were contacted by phone and interviewed on May 2007. They were asked to provide information on the outcomes of their training. All information was recorded in a semi-structured data collection form including actions for approaching smokers developed in their units and the providers' difficulties to implement them.

RESULTS

After training, 37 (92%) providers developed actions for approaching smokers in their units; 22 (54%) trained other team staff; 8 (19%) trained other teams; and 15 (38%) implemented community actions.

Health providers reported 3,419 smokers were treated using minimum individual approach and 982 using a group approach. Of all smokers involved in the activities developed by these providers, 9.2% succeed in quitting smoking.

The main difficulties reported by health providers for maintaining and scaling up the smoking cessation

intervention in their units were as follows: low patient compliance (11%); lack of medications (38%); and inadequate health unit infrastructure/support (29%).

DISCUSSION

The study results show the contribution of training for the development of smoking cessation approaches in state-run facilities. The interventions implemented ranged from low-impact actions, such as community activities on smoking cessation (presentations, posters), to replication of training to other providers. There were also created strategies for directly reaching out smokers using either a minimum individual approach or group therapy.

The present study has some limitations. One of them concerns data collection through phone interviews which are less accurate than face-to-face interviews. In addition, although a considerably high smoking cessation rate (9.7%) was found in the present study, it is unlikely to remain as high in a longer follow-up. But since there were no first-line support medications (replacement nicotine therapy and bupropion) available at health units, this should be considered the cessation rate during treatment.

Availability of care at a basic health unit can facilitate access to treatment and compliance of smokers. Favorable conditions such as care provided by staff familiar to the patient, close to their homes and in their social and cultural environment can positively affect the process of smoking cessation.

Training providers from public facilities in a reference university hospital reinforced the valuable role of university in training providers working in state-run services. The study results encouraged the team of providers to increase their activities that ultimately allowed to reaching out a larger population through smoking cessation approaches.

REFERENCES

1. Balbani APS, Montovani JC. Métodos para abandono do tabagismo e tratamento da dependência de nicotina. *Rev Bras Otorrinolaringol.* 2005;71(6): 820-7.
2. Laranjeira R, Ciglioti A. Tratamento da dependência de nicotina. *Psiquiatr Med.* 2000;33(2):9-18.
3. Rosemberg J, Rosemberg AMA, Moraes MA. Nicotina: droga universal. São Paulo: Secretaria da Saúde. Centro de Vigilância Epidemiológica; 2003.
4. World Health Organization. The world health report 1999: making a difference. Geneva; 1999. Combating the tobacco epidemic; p. 65-79.