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EXPERIENCE REPORT

FROM STATE OF MANAGEMENT TO PRIMARY HEALTH CARE: EXPERIENCE REPORT OF THE IMPLEMENTATION OF THE NATIONAL TOBACCO CONTROL PROGRAM IN A FAMILY HEALTH UNIT IN THE CAPITAL BAIANA

DA GESTÃO ESTADUAL À ATENÇÃO PRIMÁRIA À SAÚDE: RELATO DE EXPERIÊNCIA DA IMPLEMENTAÇÃO DO PROGRAMA NACIONAL DE CONTROLE DO TABAGISMO EM UMA UNIDADE DE SAÚDE DA FAMÍLIA DA CAPITAL BAIANA

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Abstract
Objective: To describe the experience from the Management of the National Tobacco Control Program (NTCP) in the Health Department of the State of Bahia to the implementation of a Tobacco Control Group (TCG) in a Family Health center (FHC) in the city of Salvador-BA, from the perspective of a Dentist Resident in Family Health. **Method**: This is a descriptive study with a qualitative approach of the experience report type. **Results:** Eight meetings were held with the participation of six users, in which three stopped smoking, two reduced the habit considerably and one did not change. The results have shown that the association of the cognitive-behavioral approach with the drug approach have considerably helped the participants in the reduction of the smoking habit, confirming the efficiency of the recommended method of the Health Ministry. **Conclusion**: This articulation between the experience in state management, which made the strategic planning of actions possible to implement the program in the FHC, which contributed to organizing the realization of health practices with the purpose of maintaining or transforming the health situation, being able to consider the TCG an important mechanism in the daily life of the family health strategy, providing a space for discussion of habits and mental health, where the whole care for the patient and health promotion takes place in a community space. Therefore, this paper shows the need to support and encouragement for such initiatives in Primary Health Care.

Keywords: Smoking; National Program of Tobacco Control; Primary Health Care; Health Management.

Resumo
Objetivo: Descrever a experiência na gestão estadual do Programa Nacional de Controle do Tabagismo (PNCT) na Secretaria de Saúde do Estado da Bahia até a implementação de um Grupo de Controle do Tabagismo (GCT) em uma Unidade de Saúde da Família (USF) no município de Salvador- BA, sob a perspectiva de uma Cirurgiã Dentista residente em Saúde da Família. **Método:** Trata-se de um estudo descritivo com abordagem qualitativa, do tipo relato de experiência. **Resultados:** Foram realizados oito encontros com a participação de seis usuários, no qual três cessaram o

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hábito de fumar, dois diminuíram o hábito consideravelmente e um não houve alteração. Os resultados encontrados demonstram que a associação da abordagem cognitivo-comportamental com a abordagem medicamentosa, consideravelmente, ajudou os participantes na redução do hábito de fumar, confirmando a eficácia do método preconizado pela PNCT utilizada pelo Ministério da Saúde. **Conclusão:** A articulação realizada entre a vivência na gestão estadual, qual possibilitou o planejamento estratégico das ações para implementar o programa na USF, contribuiu para organizar a realização de práticas de saúde, com propósito de manutenção ou transformação da situação de saúde, podendo considerar o GCT um mecanismo importante no cotidiano da Estratégia Saúde da Família, proporcionando um espaço para discussão de hábitos e saúde mental, no qual acontece a realização do cuidado integral do usuário e a promoção de saúde em um espaço da comunidade. Sendo assim, este trabalho demonstra a necessidade de apoio e estímulo às iniciativas como esta na Atenção Primária à Saúde.

Palavras-chaves: Tabagismo; Programa Nacional de Controle do Tabagismo; Atenção Primária à Saúde; Gestão em Saúde.

INTRODUCTION

Smoking is classified as an epidemic disease subsequent to dependence on nicotine contained in tobacco products and is included in the group of mental and behavioral disorders due to the use of psychoactive substances, according to the 10th International Classification of Diseases (ICD 10). In addition to being a chronic disease, it is a causal factor of approximately 50 other disabling and fatal diseases, such as cancer, cardiovascular diseases and chronic respiratory diseases.[1]

According to estimates by the World Health Organization (WHO), smoking is responsible for 71% of deaths from lung cancer, 42% of chronic respiratory diseases, and about 10% of cardiovascular diseases, in addition to being a predisposing factor for communicable diseases such as tuberculosis.[1] In addition, recently, it has been considered an important risk factor for COVID-19, since it favors the transmission and clinical worsening caused by SARS-CoV-2.[2]

In order to protect present and future generations from the consequences of the harms generated by the consumption and exposure to tobacco smoke, 192 WHO Member States have drafted the first international public health treaty in the history of the World Health Organization, the WHO Framework Convention (FCTC/WHO), which mandates the adoption of intersectoral measures in the areas of propaganda, advertising, sponsorship, health warnings, passive smoking, treatment of smokers, illegal trade and prices and taxes.[3]

In Brazil, since 1989, from the perspective of health promotion, through the José Alencar Gomes da Silva National Cancer Institute (INCA), the national actions of the National Program for Tobacco Control (PNCT) have been developed in partnership with the state and municipal health secretariats and with various sectors of organized civil society, above all, of scientific societies and professional councils in the health area, with the objective of promoting the reduction of morbidity and mortality associated with smoking.[4] However, even though Brazil is internationally recognized for its leadership in Tobacco Control, its adherence to the FCTC/WHO was ratified in 2005, and since then, the implementation of the FCTC/WHO measures has become the PNCT.[3]

According to data from the 2019 National Health Survey (PNS), the state from Bahia presented a prevalence rate of 9.7% of people over 18 years of age who use tobacco, making it the second lowest rate in the country.[5] Added to the data from the Surveillance System of Risk and Protective Factors for Chronic Diseases by Telephone Survey (Vigitel), in 2020, the total percentage of smokers aged 18 years or older in Brazil was 9.5%, being 11.7% among men and 7.6% among women, and in Salvador, it indicated the percentage of 6.8%, being 7.9% among men and 5.9% among women.[6]

The National Program for Tobacco Control in Bahia (PNCT/BA) is developed under the technical responsibility of the Directorate of Care Management (DGC), which is part of the Superintendence of Integral Health Care (SAIS), in the State Secretariat of Health from Bahia (SESAB), and aims to coordinate the processes of formulation, implementation and evaluation of state health policies and programs, that guarantee the qualification, expansion of access and integrality of care, through the implementation of care production lines.

Based on this assumption and through the need to promote the qualification of professionals, since 2017, the DGC receives multiprofessional residents in family health from some programs, among them, the Oswaldo Cruz Foundation (FIOCRUZ) in partnership with the State Foundation for Family Health (FESF-SUS). These professionals spend the period of elective internship developing activities that aim to qualify the care network, especially focusing on their practice scenarios of work in Primary Health Care (PHC).

In 2013, Ordinance No. 571 GM/MS was published, which updates the Guidelines within the scope of the Unified Health System (SUS), reinforcing PHC as a privileged and strategic space for the development of actions to stimulate and support the adoption of healthier habits. It reinforces that PHC, as a gateway, is developed to act as close as possible to people's lives, is the care-ordering and coordinator of the Health Care Network, and therefore is configured as a powerful space for the provision of tobacco control actions.[8]

In addition, it is in Primary Health Care that a set of individual, family and collective health actions that involve promotion, prevention, protection, diagnosis, treatment, rehabilitation and harm reduction will be carried out, developed through integrated care practices and qualified management, carried out with a multidisciplinary team and directed to the population in a defined territory. These services should be installed close to where people live, work, study and live; and play a central role for the population in ensuring access to quality health care.[7]

Through its four essential attributes, such as first access, integrality, longitudinality and coordination of care, PHC has an important and strategic role for tobacco control within the SUS, as this facilitates the proximity between health professional/service and user, favoring the creation of a bond between both, which is related to the success of treatments, especially those related to changing habits, including smoking cessation.[9]

Healthcare professionals, including dental surgeons, can help their smoking patients quit the habit. Recent studies describe the efficacy of anti-smoking interventions conducted by these professionals, considering that interventions can be conducted both collectively and individually, and even in the environment of dental offices.[10]

Once the bond between the person and the health professional is established, the service user tends to engage more in the agreed and shared care of their health, which ultimately promotes greater adherence and better outcomes, being a very interesting element in the scenario of prevention of initiation and smoking cessation.[9]

Therefore, the present report aims to describe the experience of a Dentist resident in Family Health at the PNCT/BA, from the state level to its implementation in a Family Health Unit in Salvador-BA city, from March 29, 2021 to February 22, 2022.

REPORT

This is a descriptive study, with a qualitative approach, of the experience report type, based on the observation and experiences of a Dental Surgeon resident in Family Health, during the elective internship in the technical area of the PNCT in the DGC/SESAB and, later, during the implementation of the program in a Family Health Unit, in the city of Salvador - BA.

In the elective internship, held from March 29th to May 21th, 2021, it was possible to follow the routine of the state management, which is responsible for the municipal adherence of the PNCT and monitoring of the program in conjunction with the INCA, in addition to promoting training of professionals through courses promoted by INCA and the Health Public School from Bahia (ESPBA).

During the same period, three courses were held, namely: Training for Health Professionals: Smoking Treatment Module, Sensitization Meeting for the Prevention of Smoking Initiation both from INCA and Qualification Course for the Care of Smokers from ESPBA, in order to appropriate the PNCT and have a broad view of the state program.

The activities were carried out in conjunction with the advice of the DGC, and consisted of the part of the idealization, organization and execution of the activities of the technical area, with the objective of increasing the offer of smoking treatment in the state of Bahia, in view of this actions were developed to promote the adherence and monitoring of the cof Bahia to the PNCT.

Among the actions developed, a historical survey was carried out based on the analysis of documents, consolidated reports and situational reports from the years prior to 2021. These reports are obtained through the municipal collection form that is sent at the end of the four-month period by INCA to the state coordination. They are subsequently forwarded to the municipal

managers responsible for filling it out. At the end of the process, a consolidated report is generated containing data such as: number of patients treated, gender, age group, number of groups held, frequency of participation, which professionals participated, the level of care to which the group is inserted and the quantity of medicine dispensed.

This survey revealed the monitoring of the PNCT in the 417 cities from Bahia from 2018 to the period evaluated. With the data found, a spreadsheet was elaborated in order to compare the adherence or not of the city and health regions to the PNCT. In addition, it was also possible to ascertain the types of levels of health care that the groups were inserted in, and whether the cities had trained professionals.

During the experience of the internship, it was noticed that the managers had difficulty in adhering to the program in the municipality. Thus, a manual was elaborated to support adherence and monitoring, with the objective of subsidizing information to municipal manager and health professionals in the state of Bahia for the development of actions related to the new state flow of the PNCT.

This manual was prepared from the joint letter No. 190/2020 SESAB-SAFTEC/DASF/DGC/TABAGISMO sent to municipal managers at the beginning of the four-month period about the new flow for adherence and monitoring of the PNCT in Bahia for the second half of 2020. The letter was sent when the managers signaled their interest in joining or restarting the program in the municipality. Thus, the manual was carried out with a more didactic language, based on references from the Manual of the Coordinator of the Quitting Smoking Program without Mysteries of INCA and the Primary Care Notebook No. 40 (Strategies for the care of people with Chronic Disabilities: The care of smokers).

The Manual contains guidelines for local planning, adherence, access to medicines, and educational materials, updating in the National Registry of Health Establishments (CNES) of the units that provide care to smokers and the new form of monitoring at the state level, following the model adopted by INCA/MS.

In line with the actions developed in the internship, the PNCT was implemented at the end of May 2021 in a Family Health Unit, located in the Sanitary District of Cajazeiras, in a peripheral zone from Salvador – BA city, being composed of four Family Health Teams (FHT).

Another important step for implementation was the registration of the USF in the CNES as "Specialized service", with code 119 for "Tobacco control service", with classification 001 for "Approach and treatment of the smoker", aiming to facilitate the monitoring of the care network for smokers, in addition to facilitating the precise orientation to users with an interest in the treatment and in contact with the municipal management, in order to formalize the registration and articulate the receipt of the booklets and educational materials and obtain the free dispensing of medicines.

In order to enable the capture of patients, the matrix support of the FHU health professionals was carried out, through the discussion of a clinical case, intending to encourage the creation of the flow of care for the smoking patient with or without the desire to quit smoking, treatment plan and execution of brief/minimal/basic approaches in smoking cessation, so that it is applied in all types of consultation that occur in the unit, from the reception to the monitoring of chronic conditions.

After the matrix support, initially, the capture of users occurred through the minimum approach during dental consultations or by the referral of other health professionals of the unit. However, as a way to expand the offer to a larger number of users, a list was drawn up that contained some data, such as name and phone number. These items served for the contact of the team with those interested in quitting the habit of smoking.

Clinical evaluations of 14 smokers were performed during the enrollment phase, four males and 10 females. Through the evaluations, it was possible to apply the PNCT questionnaire, which contains questions about the user's previous pathological and smoking history, and the Fagerström Test, which measures the degree of nicotine dependence. It is important to highlight that the application of the test is of paramount importance and every user should have their degree of dependence measured at least once, since it is this dependence that hinders the withdrawal process, as it causes uncomfortable symptoms and thus increases the chances of returning to smoking.

During the clinical evaluation, pulmonary functional changes, comorbidities related to smoking and possible contraindications and drug interactions during pharmacological treatment were identified. Other information about the stages of treatment, the benefits of quitting smoking, and health risks were also discussed at this stage.

Through the Fagerström Test, which is composed of six objective questions, the degree of nicotine dependence was assessed and from the sum of the points, the dependence was classified as mild, moderate or severe and thus the need or not for medication for users who are in the stage of action to quit smoking was verified, with a scheduled date or when motivated to stop within a month (gold standard listed by INCA).

In individuals with moderate and severe dependence, drug treatment was initiated with the use of Nicotine Replacement Therapy (NRT), through transdermal patches. For this public, depending on the degree found, there is also the possibility of using chewing gum, associated with Bupropion Hydrochloride, which are also made available by SUS. [9] However, it was not necessary to prescribe chewing gum to the patients evaluated.

INCA recommends that the program be coordinated by two higher-level health professionals. If this possibility is out of reach, only one professional can guide the group.[11] In the Health Unit, this function was assigned to two resident Dentists of the second and first year, respectively. In addition to these professionals, a second-year resident of Family and Community Medicine also contributed to the provision of the service.

Before starting the structured sessions, in August 2021, an educational action was held in allusion to August 29, National Day to Combat Tobacco, where a lecture was held on the benefits of quitting smoking, application of Integrative and Complementary Practices in Health (PICS), such as meditation, auriculotherapy and aromatherapy, and finally presentation about the rules of operation of the group.

According to Ordinance No. 761 of June 21, 2016, the groups will have 10 to 15 participants.[12] However, due to the COVID-19 pandemic, there was an orientation by the Municipal Secretary of Health of the city about the realization of the groups with a smaller quantity, respecting the measures of social distancing, being indispensable the use of mask during the whole activity. Thus, four intensive approach sessions were planned using the Cognitive Behavioral Approach, lasting one hour and 30 minutes each, once a week, from September 15 to October 6, 2021.

This approach consists of providing information about the risks of smoking and the benefits of quitting smoking, and encouraging self-control so that the user can escape the cycle of dependence, so that the user becomes co-responsible for their treatment. Each session was divided into four stages: individual attention, strategies and information, review and discussion, addressing the following themes:

Session 1: Understand why you smoke and how it affects your health;

Session 2: The first days without smoking;

Session 3: How to overcome the obstacles to remain smoke-free;

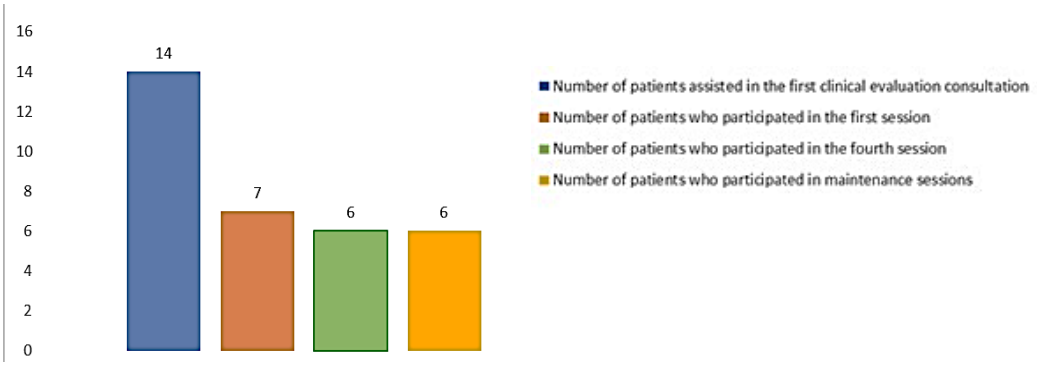
Session 4: Benefits obtained after quitting smoking.

After the end of the four sessions, four other support sessions were held in which the participants were accompanied by the team and individual consultations were offered for the cases that were necessary. The participants also made use of NRT, through the transdermal patch with weekly control at each session, and in specific cases, treatment with bupropion hydrochloride was indicated.

RESULTS AND DISCUSSION

Among the 14 users who performed the clinical evaluation of the smoker, seven gave up, one opted for the individual consultation, participating only in two individual consultations/meetings, six started the group and six participated in the maintenance sessions (Graphic 1).

Graphic 1: Overview of the actions carried out by the Smoking Cessation Program in the Family Health Unit, from August to December 2021. Salvador, Bahia.



Source: Research data (2022).

Regarding the age group, it is noted that the adult and elderly phase was more present, with more participants in the 60 years old and range. No person was 18 years old, regarding gender, ten females and four males participated. There was a consensus regarding the time of smoking, since most of them had been smoking for at least 20 years and had habits of consuming at least five and at most 20 cigarettes per day (Table 1).

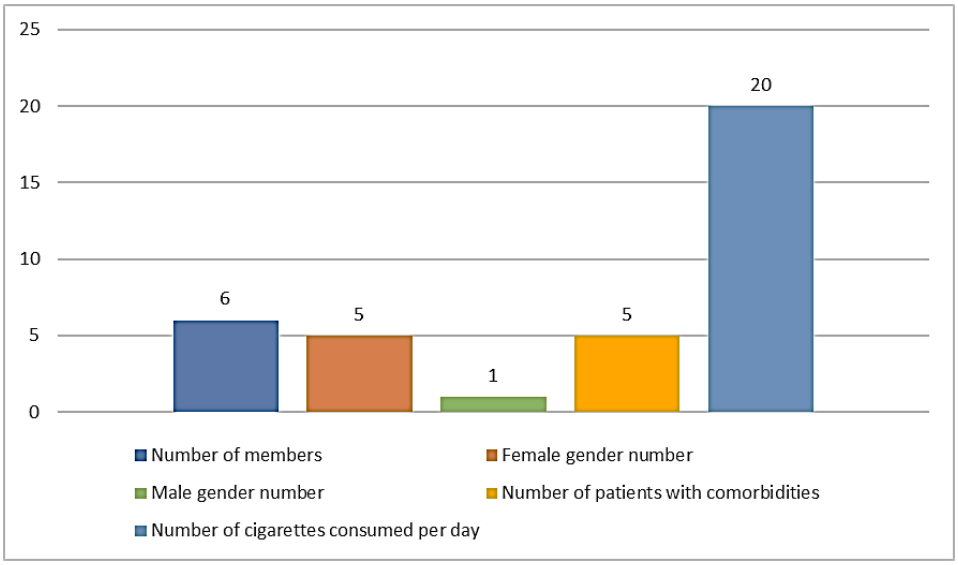
Table 1: Number and distribution of participants in the PNCT group in the Family Health Unit, according to age group and sex. Salvador, Bahia. 2021.

Age group	Male	Female	Total
<18	0	0	0
<60	3	8	11
≥60	1	2	3
Total	4	10	14

Source: Research Data (2022).

In the second group, six people participated, one male and five female, with ages ranging from 30 to 69 years old, also representing an age group of adults and the elderly.

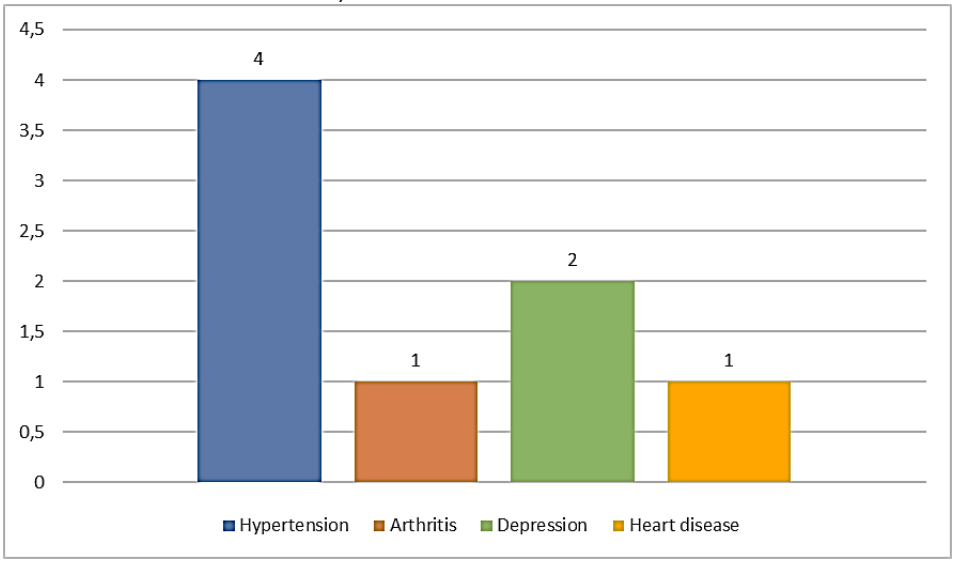
Graphic 2: Distribution of the profile of the second group, according to sex, presence of comorbidities and average number of cigarettes per day. Salvador, Bahia. 2021.



Source: Resource Data (2022).

Some of the participants had comorbidities prior to treatment, such as hypertension, depression, rheumatoid arthritis and heart disease (Graphic 3).

Graphic 3: Number and distribution of people in the group, according to systemic comorbidities. Salvador, Bahia. 2021.



Source: Research Data (2022).

Thus, until the conclusion of the study, the following results were obtained in a total of eight sessions: among the six participants, three quit smoking, two significantly decreased the habit and one had no change. According to the recommendations of the PNCT, the drug approach was instituted, and a Nicotine Transdermal Patch was used for six participants. Of these six, only bupropion hydrochloride was prescribed for two, due to the specific clinical indications for prescription of the drug contained in Ordinance No. 761 of June 21st, 2016. Regarding those who used only the Nicotine Transdermal Patch, three participants stopped the habit, two decreased considerably and one had no change.

The group discussions encouraged users not to give up on their goal, since they encouraged them to transform their daily difficulties by overcoming the discomfort generated during the change of habits. Therefore, the adoption of learning groups as a work methodology for smoking cessation in the FHU was configured as a fundamental strategy, as it reinforced social bonds, enabling the exchange of experiences and mutual support among users.[13]

The results show that the association of the cognitive behavioral approach with the medication approach considerably helped the participants in reducing the smoking habit, confirming the effectiveness of the method recommended by the PNCT used by the MH.

Since the inclusion of PICS in the health service enhances the results achieved during the smoking groups, the inclusion of these practices in the smoking cessation process pointed to a significant reduction in the number of cigarettes smoked or cessation, with efficacy and safety.[14] Thus, with the objective of promoting relaxation, stress and anxiety reduction, focusing on concentration (meditation), inducing relaxing sensations and cognitive development and concentration (aromatherapy), these practices were carried out in the structured sessions.

The literature shows that auriculotherapy, despite not proving total smoking cessation, brings some benefits, such as reducing the number of cigarettes consumed, reducing anxiety, stress and other physiological improvements, in addition to reflecting on the insertion as PICS in the SUS because it presents low cost and reinforces the principle of integrality.[15]

The use of these ICPs as supportive therapy for smoking cessation proved to be an important instrument, with light technology, to be used in PHC, being well accepted and with excellent adherence and reports of symptom relief such as improvement in sleep quality, increased appetite and stress reduction. Another important factor was the strategic planning of actions, which is a fundamental management instrument for compliance with the operational guidelines of the SUS, which makes us reflect on the importance of this tool in the health work processes, as it allows developments that imply in the decision-making to face problems, thus contributing to the improvement of the operationalization of health services.[16]

CONCLUSION

The experience in state management enabled the strategic planning of actions to implement the PNCT in the FHU, contributing to the organization of health practices, with the purpose of maintaining or transforming the health situation. The creation of the smoking group can be considered as an important mechanism for PHC, providing a space for discussion of life and health habits, providing the opportunity for comprehensive care of the user and health

promotion in a community space. Thus, this study also demonstrates the potential of PHC as a practice scenario for the implementation and maintenance of the PNCT, with a view to developing actions listed by the PNCT/BA, Ministry of Health and INCA.

In addition, it was possible to perceive the positive impact of the group's activities due to the participants' reports regarding their changes in habits. It can also be observed that there was a construction of actions within the group that respected the particularities of each user and their current moment in relation to tobacco use.

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