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Iplementation experience of the First Smoking Cessation Support Group, APAC Nova Lima

EXPERIENCE REPORT

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ABSTRACT

Introduction:There is extensive documentation of the health impacts of smoking. However, prevalence studies and measures to combat smoking are scarce in Brazil for the population deprived of liberty. **Objective:**To describe the implementation of the first Support Group for Smoking Cessation in the APAC of Nova Lima (GACT-APAC NL). **Report of the Experiment:** The GACT-APAC NL was established after a brief approach with all individuals deprived of liberty (IPL) of the closed regime in a health education activity. Followed by clinical history for the treatment of smoking aimed to identify the degree of motivation for smoking cessation and direction for individual medical consultation. Nine smokers were selected in the action phase and one former smoker in the abstinence maintenance phase to participate in the GACT-APAC NL. After the fourth session, 55% of the participants had quit smoking, one participant had left the group. After the seventh meeting, equivalent to the third month of the GACT-APAC NL, only three IPL remained non-smoking, and one of them had already started the group after having ceased this habit. **Closing remarks:**The implementation of the GACT-APAC NL was configured as an action to protect rights to IPL provided for in the National Policy of Comprehensive Health Care of Persons Deprived of Liberty in the Prison System. The results obtained, similar to the smoking groups conducted

with the general population, show the proximity of the effectiveness of this action with the IPL, reinforcing the need to implement more smoking groups for this population.

Keywords: smoking; smoking education; smoking cessation; national smoking control program

INTRODUCTION

The Nova Lima Association for the Protection and Assistance of Convicts (APAC) follows the resocialization methodology established by the Brazilian Fraternity of Assistance to Convicts (FBAC), which is based on 12 elements: 1) participation in the community, 2) recovering helping recovering, 3) work, 4) spirituality, 5) legal assistance, 6) health assistance, 7) human valorization; 8) family, 9) the volunteer and the course for their training, 10) social reintegration center, 11) merit and 12) journey of liberation with Christ[1]. In the field of health care, assistance to people deprived of their liberty, then called "recuperandos" in the FBAC methodology, is provided by the municipality of Nova Lima, which set up the Prison Primary Care Team (eAPP) in line with the National Policy for Comprehensive Health Care for People Deprived of their Liberty in the Prison System (PNAISP)[2] in 2022 and whose qualification by the Ministry of Health took place in April 2023. The eAPP is configured as a type II[3] team, as it includes a doctor, nurse, nursing technician, dental surgeon, oral health assistant, social worker, psychologist and nutritionist. In May 2023, there were 142 inmates at APAC Nova Lima.

Although there is no data on the prevalence of smoking in the population deprived of their liberty in Brazil, a study carried out in a women's prison in the Midwest of the country found a prevalence of 86.87%4. It should be borne in mind that factors determined by the condition of imprisonment, such as distance from families and sometimes the breakdown of family ties and community support networks, work and income issues associated with emotional factors that derive from a dichotomy between the fear of starting life again after serving a sentence and the intense desire to obtain freedom, favor a higher prevalence of smoking in the prison population and make it more difficult to adopt measures to combat the habit of smoking.

It is estimated that tobacco is responsible for the deaths of eight million people a year. Diseases related to smoking include: 93% of oral cavity carcinomas, 87% of lung carcinomas, 82% of laryngeal carcinomas, 82% of cases of Chronic Obstructive Pulmonary Disease (COPD), 80% of esophageal carcinomas, 50% of bladder carcinomas, 21% of coronary heart disease, 18% of cardiovascular disease and 14% of leukemia5. In South America, it is the third leading risk factor for mortality and morbidity[6]. Although 780 million people want to quit smoking, only 30% of them have access to tools to help them do so[7].

The management of APAC Nova Lima and eAPP recognize the health risks of smoking and, in partnership, have decided to offer a smoking cessation support group to help inmates quit smoking by prescribing medication and behavioral therapeutic support as provided for in the specific municipal protocol[8], which provides for the systematic offer of collective and

individual activities for follow-up over 12 months, with the aim of increasing the smoking cessation rate among participants.

Objective

To describe the stages of implementation of the Smoking Cessation Support Group at APAC Nova Lima (GACT-APAC NL) from the perspective of EAPP, highlighting the challenges encountered and the results obtained in the first seven meetings of the smoking group, which correspond to three months of activity.

Experience report

Once the decision had been made to set up the Smoking Cessation Support Group at APAC Nova Lima (GACT-APAC NL), it was decided that the group's participants would only be inmates in the closed regime, in order to avoid loss of longitudinality due to temporary periods of visits to family members outside the institution, which are provided for in the semi-open regime, and also interruption of participation due to the start of outside work.

The planning and organization of GACT-APAC NL began with a review of the Tobacco Control Protocol for the Municipality of Nova Lima and subsidiary materials from the Ministry of Health and the National Cancer Institute.

As a first step, training was given to the EAPP based on the municipal protocol. This was followed by a collective activity in the form of health education for all the inmates of the closed regime of APAC Nova Lima, with the aim of raising awareness about the harmful effects of smoking in the form of a brief approach to smokers[9]. At this event, held on May 9, 2013, the group's proposal, schedule and method of operation were presented. The month was chosen because World No Tobacco Day[10] is celebrated on May 31st. After completing this stage of collective health education, all the inmates who smoked were interviewed individually by EAPP members for a clinical anamnesis on smoking treatment[11].

The Fagerstrom test[12], which is part of the clinical anamnesis for smoking cessation treatment, makes it possible to assess the degree of nicotine dependence and is used to guide the prescription of pharmacological treatment in the Nova Lima Smoking Control Protocol:

- absence of withdrawal symptoms;
- number of cigarettes consumed daily equal to or less than 5;
- consumption of the first cigarette of the day equal to or greater than 1 hour after waking up;
- Fagerstrom test score of 4 or less.

The Fagerstrom test score classifies smokers according to their level of nicotine dependence as: very low (0 - 2 points), low (3 - 4 points), medium (5 points), high (6 - 7 points) and very high (8 - 10 points).

PHOTO 1 - RECORD OF THE COLLECTIVE ACTIVITY CARRIED OUT WITH THE INMATES OF THE CLOSED SYSTEM ON 05/09/23. SOURCE: NOVA LIMA PRISON PRIMARY CARE TEAM FILES.

The Patient Health Questionnaire-9 (PHQ-9)[13] test, which is also part of the clinical history for smoking treatment, is used to screen for depression. According to the score obtained when applying the test, it is possible to classify depression as absent (0 to 4 points), mild depressive disorder (5 to 9 points), moderate depressive disorder (10 to 14 points), moderately severe depressive disorder (15 to 19 points) and severe depressive disorder (20 to 27 points). The context for its use in the clinical anamnesis for smoking cessation treatment is based on the significant association of depression with unhealthy behaviors, including smoking. The National Health Survey carried out in 2019[14] showed a prevalence ratio of 1.55 for depression and

smoking. Furthermore, it is essential to emphasize that the presence of a mental disorder is associated with a higher smoking load, a higher degree of dependence, a greater presence of withdrawal symptoms and a lower smoking cessation rate.

The clinical anamneses for smoking treatment were analyzed by the team doctor who selected the individuals in the action phase of Prochaska and Diclemente's[15] cycle of motivation to stop smoking, directing them to individual consultations. The positive effect observed was that all the participants who smoked reported a reduction in the number of cigarettes smoked per day after the health education activity that preceded the medical consultation by approximately 15 days. As stipulated in the municipal protocol, the drug treatment available from the Nova Lima Municipal Pharmacy consists of a 7 mg, 14 mg

PHOTO 2 - RECORD OF THE HEALTH EDUCATION ACTIVITY CARRIED OUT IN THE CLOSED REGIME OF APAC NOVA LIMA TO RAISE AWARENESS OF SMOKING CESSATION ON 05/09/23. SOURCE: NOVA LIMA PRISON PRIMARY CARE TEAM FILES.

and 21 mg nicotine patch and a 150 mg bupropion tablet. Based on the individual assessment of participants with inclusion criteria for the group, drug treatment was offered to 90% of the individuals in the form of a combination of nicotine patch and bupropion.

GACT- APAC NL started on May 30, 2013 with 10 participants, all male, nine of whom were active smokers and one ex-smoker who asked to take part in the activity to better manage the withdrawal symptoms he was experiencing. In terms of schooling, the median was complete high school. It should be pointed out that in APAC, the inmates have the opportunity to continue their studies, and some participants were even studying at university.

The structure of the group meetings followed the guidelines of the Smoking Control Protocol in Nova Lima, with the first four meetings being weekly, followed by two fortnightly meetings and, from the third month onwards, monthly meetings. This work was built on the first seven meetings held. The entire eAPP (oral health assistant, dentist, nurse, nutritionist, doctor, psychologist, nursing technician) and the APAC psychologist took part in the first month of the group. The coordinator's16 and participant's17 manuals were used to plan and run the first four meetings. Other resources used were meditation audios and practical breathing technique training.

The group sessions were organized according to the coordinator's manual for the program Quitting Smoking without Mysteries, produced by the National Cancer Institute and the Ministry of Health. The meetings lasted 90 minutes These were divided into the following stages: 1) individual attention; 2) strategies and information; 3) review and discussion - these lasting approximately 25 minutes; and 4) tasks, lasting 15 minutes.

In the first meeting, the individual attention stage was used to introduce the group and interact with the participants to try to identify the reasons for smoking, highlighting the impact of deprivation of liberty on smoking and the association with anxiety. The participant manual was used for the strategies and information stage. According to the reference material used, the first session aims to understand the reasons for smoking and the impact on health. At the second meeting, participants were asked to choose a date for quitting smoking and the method: abrupt or gradual approach. Of the nine participants who were smokers, three chose the gradual method. The theme of this meeting was the first days without smoking.

In the third, the focus was on empowering participants to remain smoke-free and in the fourth, the benefits of quitting were highlighted. The first four meetings were structured with a participant's manual for carrying out the tasks. The subsequent meetings were organized according to the four phases proposed in the coordinator's manual. In all of the first 7 sessions, auriculotherapy was performed on the participants. A recurring theme in the meetings, brought up by the inmates, was the difficulties they encountered in relation to the institution, economic concerns for their families and the positive effect of support between group members was observed, both in helping to avoid relapses and in building a close relationship in the face of the common difficulties they faced.

One participant chose to stop taking part in GACT-APAC NL at the second meeting due to giving up smoking and, at the end of the first month of meetings, one inmate was transferred to another APAC. Only one of the participants maintained the pharmacological treatment during the first month of the group, the others complained of side effects such as skin irritation and insomnia, some of them justifying abandoning the treatment because they felt they didn't need these resources to stop smoking.

The progress of GACT-APAC NL members during the meetings is shown in Figure 1.

The fifth meeting was led by the team's dentist and nutritionist, and the sixth meeting was attended by all the eAPP members together with the APAC psychologist. During these two months, auriculotherapy was carried out for the participants by the NASF physiotherapist, at the same frequency as the group meetings. From the second month onwards, there was a greater fluctuation in the number of participants due to other activities they carry out at the APAC, such as working in the in-house bakery and training courses that are part of the institution's methodology. A return to smoking was observed in three participants.

In the third month, there was a reduction in the number of participants in the group and new cases of relapse to smoking. This meeting was held by the eAPP nutritionist and dentist.

At the end of the third month of GACT-APAC NL, only two participants who started the group smoking managed to quit. Both had chosen the abrupt cessation method and had stopped smoking shortly after the second group meeting.

The reasons reported for the difficulty in quitting smoking by the participants who were unsuccessful in quitting were: sadness, feelings of helplessness, anxiety, issues related to imprisonment such as being away from family, loss of the right to come and go, family problems and disagreements with the institution's management. The main motivations reported for staying in the group were the commitment to "honor the family" (sic), being an example to their children and becoming a reference for other family members. In addition, they emphasized that the attitude of quitting derived from willpower, the search to be better, the cultivation of positive thoughts, taking assertive actions based on the knowledge acquired.

The historical series of smoking groups held at Grupo Hospitalar Conceição from 2006 to 2016 with 2691 participants showed that 47% of them managed to quit smoking by the end of the fourth session21. Another study evaluating the effectiveness indicators of the SUS Smoking Program in Minas Gerais22 found an average group stay rate of 71.8%, with 40.5% quitting smoking by the fourth session. In GACT-APAC NL, the smoking cessation rate was 55% among the 9 participants at the end of the fourth meeting, a rate close to studies carried out with the general population. However, it is worth pointing out that there is a lack of data on the health of the population deprived of liberty in the country and, especially, of initiatives to offer support groups to individuals deprived of liberty for smoking cessation. From the perspective of the inmates at APAC Nova Lima, the opportunity to

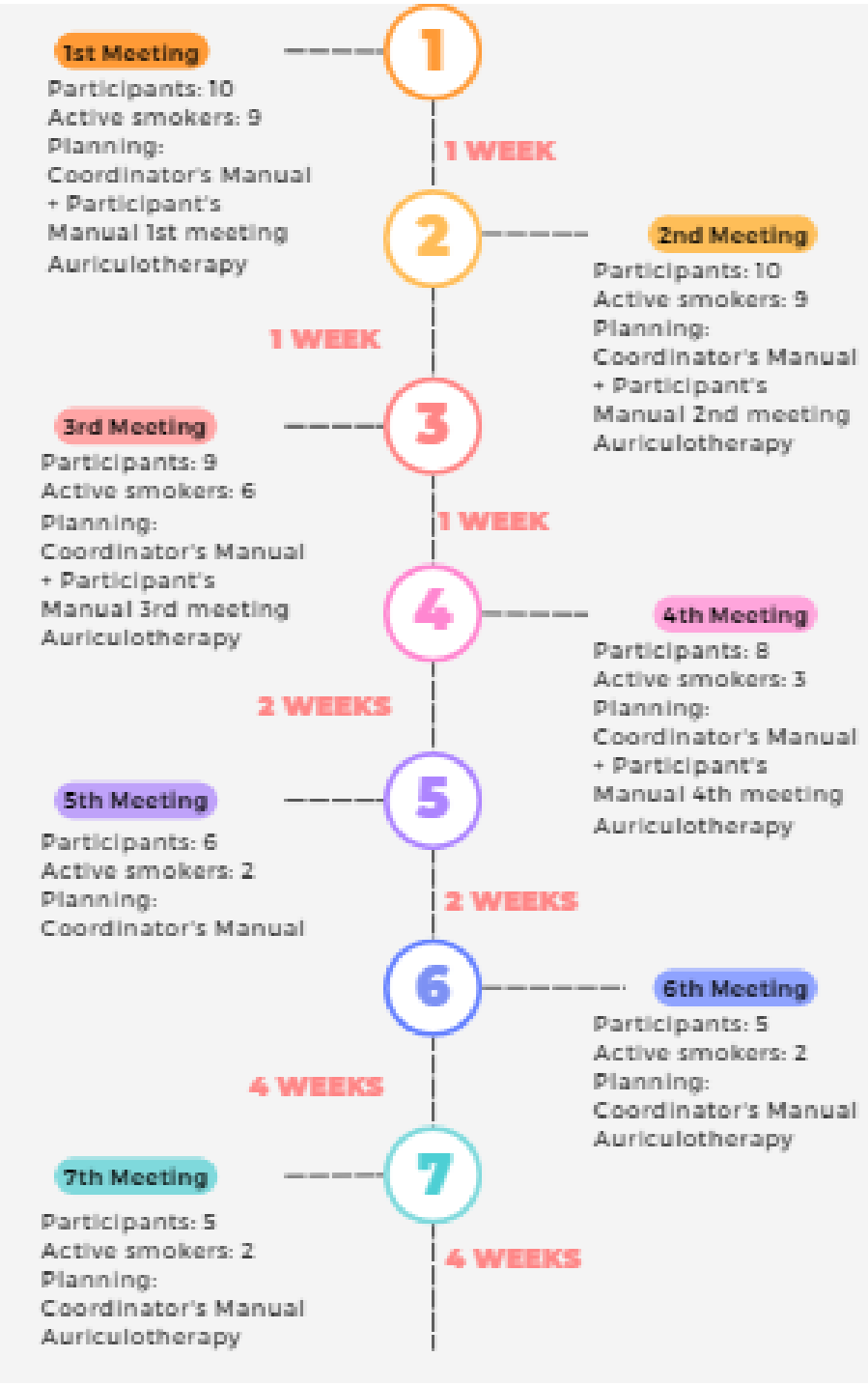

FIGURE 1- EVOLUTION OF GACT-APAC NL IN THE INITIAL SEVEN SESSIONS. SOURCE: AUTHOR.

join the group was seen as a way of valuing the participant, and they reported that some family members had also sought out Basic Health Units to join smoking cessation groups, not being able to access them as quickly as the inmates.

FINAL CONSIDERATIONS

The implementation of GACT-APAC NL was an example of the right of access to health services and the National Health Promotion Policy, both of which are provided for in the National Policy for Comprehensive Health Care for People Deprived of Liberty in the Prison System. Within the framework of the APAC methodology, GACT-APAC NL particularly reinforces the following elements: health care and human valorization. It is important to emphasize that the challenges of smoking cessation are daunting and that, although they are compounded by the condition of incarceration, the smoking cessation rates in GACT-APAC NL were similar to those of groups conducted with people who are not deprived of their liberty. This result reinforces the importance of maintaining groups for people serving time in the Brazilian prison system.

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