

Tobacco Quitline in Brazil: an Additional Information Source to the Population

Disque Saúde Pare de Fumar no Brasil: uma Fonte de Informação a mais para a População

Línea de Salud para Dejar de Fumar en Brasil: una Fuente de Información para la Población

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Abstract

Introduction: The Tobacco Quitline is an important service of telephone counseling for population-based smoking cessation, as well as a population-based source of elucidation about the harms of tobacco use. **Objective:** The purpose of this study is to describe the profile of persons who called the Tobacco Quitline, to carry out a descriptive analysis of this service and to discuss the growing number of calls, relating them to some political measures. **Method:** Between January and December 2009, data collected from both 'Ouvridor SUS' and 'Web Report' systems were analyzed. The number of calls and distribution according to social and demographic characteristics, such as gender, marital status, education, age and reason for calling were compiled. Their smoking status was also identified, whether they are smokers, ex-smokers or have never used tobacco before, and also if it is their first time calling the service. **Results:** Tobacco represented 23% of all calls received, becoming the second most sought after subject, only after diseases and health information. Among individuals who called the Tobacco Quitline, 79% were smokers and 80% said it was their first call. As to age, young teens between 12 and 24 years-old represent almost half of the population looking for the service and among all callers, 56% were male and 49% were single. **Conclusion:** The Quitline is an important source of information about smoking, however it is necessary to conduct a survey regarding the effectiveness of smoking cessation. **Key words:** Tobacco Use Disorder; Tobacco Use Cessation; Smoking; Epidemiology, Descriptive

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INTRODUCTION

In Brazil, public policies for tobacco control are quite advanced when compared to other developing countries; however, there is still much to be done, given the large number of smokers, around 24 million, who continue to be addicted to nicotine¹.

The Brazilian National Cancer Institute (INCA)/Ministry of Health (Ms) has developed, for over 20 years, the Tobacco Control and Other Cancer Risk Factors Program, aiming to prevent and control cancer in a comprehensive and broad way. Actions range from solar protection, encouraging healthy eating and physical activity, to tobacco control².

As part of this program, in May 2001, during the celebration of World No Tobacco Day, the Brazilian Minister of Health launched the Tobacco Quitline, which is accessed through free calls from anywhere in Brazil. The Tobacco Quitline was thus born from the service platform of the existing Health Line, which had received calls from all over the country on various health issues since 1997, and which was already recording a growing demand for information regarding smoking.

The Tobacco Quitline, a major component of the National Program for Tobacco Control, is coordinated by INCA and developed in partnership with the General Ombudsman Department of the Secretariat for Strategic and Participatory Management of the MH.

In February 2002, tobacco industries were required to insert warnings with pictures and the Tobacco Quitline phone number on all tobacco products, giving greater visibility to the program, thus increasing the number of calls³.

Scientific evidence shows that quitlines, as the telephone services for quitting smoking assistance are known worldwide, are an effective tool to increase the number of attempts of smoking cessation, help smokers quit smoking, as well as assist in the reversion of relapses³⁻⁴.

The quitlines have low cost to their providers. For smokers, they are free, easily accessible and a popular smoking cessation service. They provide support to smokers wishing to quit smoking with confidentiality and anonymity⁵. The counseling service through the phone provides several features that other services do not have, such as access to care without displacement, access to treatment for communities where there are no units that offer formal treatment to quit smoking, access to treatment whenever it is possible for the citizen without prior appointments⁶⁻⁷, and for smokers who live in rural areas⁸.

The Tobacco Quitline is physically located in Brasilia and its platform service operates from 7 am to 7 pm from Monday to Friday. At evenings or weekends and holidays,

all information is available by a recording in the Audio Response Unit.

At the beginning of the service in 2001, all people who called received human service. Currently, when someone calls the Tobacco Quitline, they hear a recording with the option to get information on how to quit smoking or help someone quit smoking, the benefits of quitting smoking, symptoms resulting from smoking cessation or they can simply speak directly with one of the attendants. In addition to this information, it is possible to get general information related to smoking such as economics, legislation and prevention aspects.

The purpose of this article is to describe the profile of individuals who sought the Tobacco Quitline, to make a descriptive analysis of the service and discuss the evolution on the number of calls, relating them to policy measures.

METHOD

Data were collected from the “OuvidorSus” and “Web Report” systems of the MH which are available on its website⁹. These data, routinely collected by the technical staff of the SUS General Ombudsman Department, are referred to INCA by monthly reports, in which the number of calls and their distribution according to social and demographic data such as gender, marital status, education, age and subject sought⁹ can be found. Questions about smoking status, whether the person is currently a smoker, a former smoker or never smoked and if it is the first time they are calling the service were also collected and analyzed.

First, we described and analyzed the evolution through time and the influence of some policy measures adopted in the period between the release of the Tobacco Quitline, in May 2001, and December 2009 on the total number of calls.

Second, social and demographic data and status of tobacco users between the months of January and December 2009 were described and analyzed. These data were collected through a questionnaire completed during the telephone service. Users were asked to answer questions after the receipt of the information sought by them.

RESULTS AND DISCUSSION

EVOLUTION THROUGH TIME

The Framework Convention for Tobacco Control (FCTC), the first public health treaty negotiated under the auspices of the World Health Organization (WHO), of which Brazil is a signatory as from 2003, in its article 14, which talks about measures on demand reduction related to dependency and smoking cessation, recommends in its

guidelines that signatory countries should offer quitlines service as support for smoking cessation¹⁰.

In the international literature, a distinction is made between two types of services that provide care for smoking cessation by phone: proactive quitlines and reactive quitlines¹¹. The Brazilian Tobacco Quitline fits the second definition because it is a service that answers users' phone calls, but doesn't make return calls⁴. In the context of the media, mass anti-smoking campaigns – quitlines - represent the merging of public health approaches that aim to produce changes in population through clinical approaches¹².

In the first year of operation, the Tobacco Quitline received 30,851 calls, in the second year, there were 198,964 calls and, in the third year, the number of calls rose to 211,073. In 2009 there were 1,236,892 calls, fact which means that smoking represents 23% of all calls received by the health line of MH, placing it as the second most sought subject after diseases and advice on health⁹.

During the period described, the diffusion of the service occurred through the package of tobacco products and through tobacco control campaigns using posters, leaflets, billboards and some inserts in the media. It was observed that since images of health warnings and the Tobacco Quitline number were inserted in the packages of tobacco products, the number of calls increased twofold or even threefold at some moment (Figure 1).

It is clear, then, that cigarette packages remain an important source of dissemination and they should be kept for this purpose even when the health warnings are replaced.

On the other hand, the large increase in number of calls, after the introduction of service number on packages of tobacco products, generated a series of problems such as line congestion, which caused many losses of access, because the service platform was constantly busy. That was the reason for the introduction of electronic services in order to unburden the attendants and provide the best care to the population. However, these results show that Brazil, as one of the pioneers in inserting the health line number on cigarette packs, created a new global model for increasing access to these services, a model that has been replicated internationally¹³⁻¹⁴.

In this sense, it can also be seen in Figure 1 that, with the implementation of the recorded messages, there was an increase on the number of people served, up to 726,195 calls received in January 2005, relieving the human service and avoiding busy lines. So there was a pent-up demand of people non-served that was resolved.

Two other factors stand out in Figure 1, firstly, the blocking of cell phone calls in June 2004; and, in 2005, when the number of calls fell dramatically, a major factor so that the MH had to rethink the measure and go back to accept connections from cell phones, despite their high cost. The second factor that caused the drop of phone calls was the need to change the number of the Tobacco Quitline in early 2006 to make the unification of all MH numbers for free treatment possible.

Finally, although the Brazilian service does not offer return calls, since its launch, there is great demand showing that the population is interested in the smoking issue and it is encouraged to seek information.

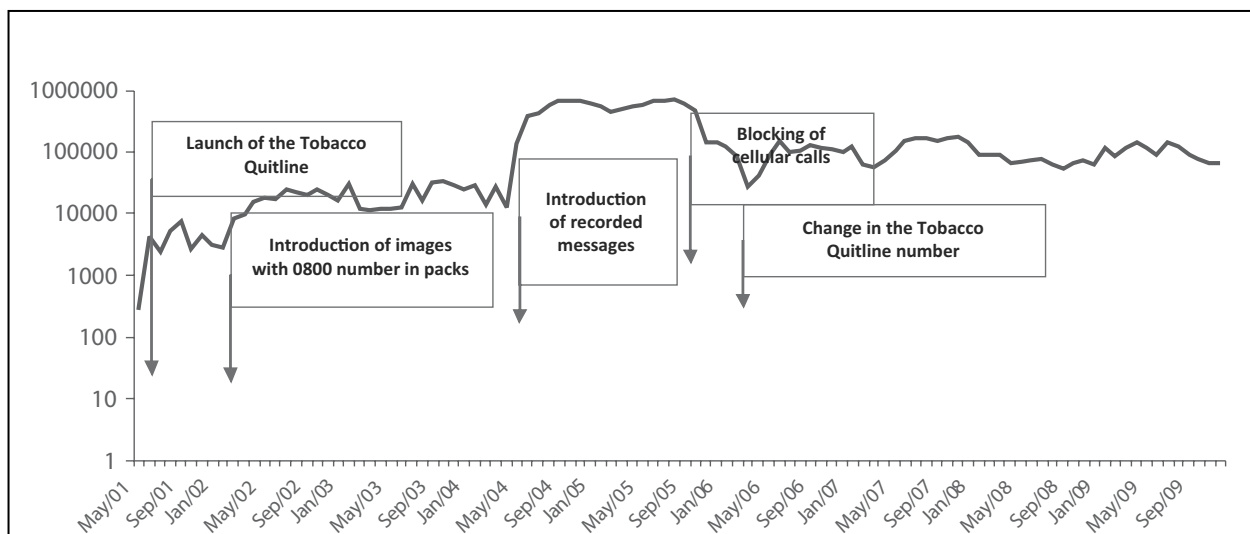


Figure 1. Evolution of the number of calls received per month, registered by the Tobacco Quitline, from May 2001 to December 2009
Source: OuvidorSUS/MH System.

SOCIAL AND DEMOGRAPHIC PROFILE

Of the 1,236,892 calls received in 2009 by the Tobacco Quitline, 708,316 people, or 57.2%, agreed to answer the research on the social and demographic profile. As shown in Figure 2, the vast majority, i.e., 79% of users that sought the service, was, at the time of the call, a smoker; 15% had never smoked; and 6% were former smokers, demonstrating the high demand for the service by smokers.

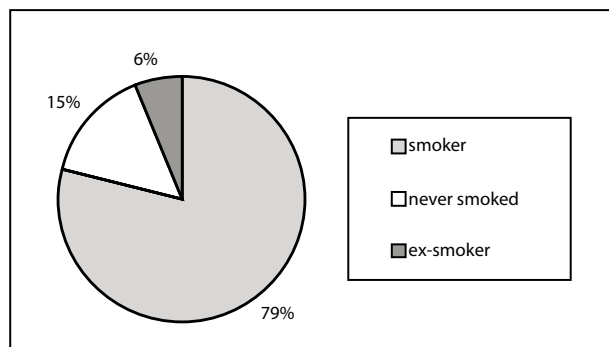


Figure 2. Distribution of the number of calls regarding smoking status among individuals who called in 2009 (n = 708,316)
Source: OuvidorSUS/MH System.

In 2009, similar to previous years, the main sources of diffusion of the Tobacco Quitline number reported by respondents were cigarette packs (33.6%), posters (21.5%), television (20.6%) and others (24.3%)⁸.

Among the people who responded to the questionnaire, 80% said it was their first call, 56% were male and 49% were single, 29% married, 12% cohabiting, 7% divorced and 3% widowed. As for age, it was noticed that young people between 12-24 years old accounted for almost half the population who sought care, as shown in Figure 3.

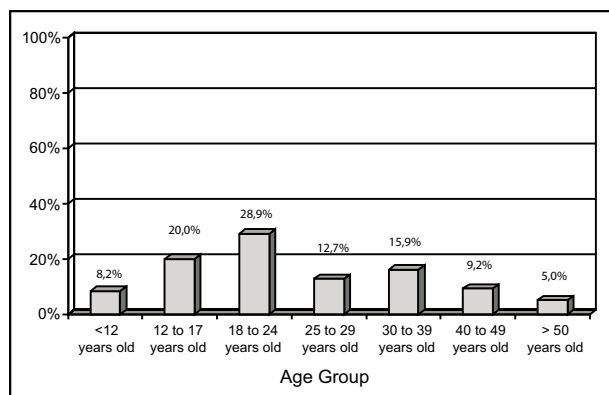


Figure 3. Distribution, as to age, of individuals who called the Tobacco Quitline in 2009, (n = 708,316)
Source: OuvidorSUS/MH System.

When analyzing their educational background (Figure 4), it is perceived that the largest demand to the service was made by individuals with complete elementary and high school education, which amounted 71% of the surveyed population.

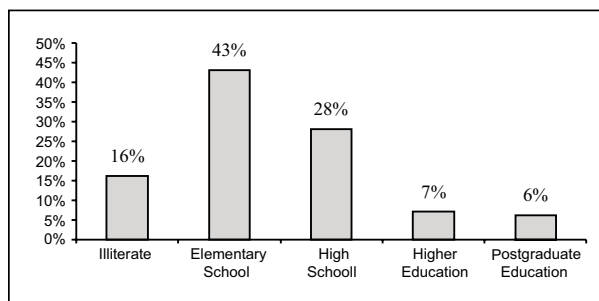


Figure 4. Distribution, as to educational background, of individuals who called the Tobacco Quitline in 2009, (n = 708,316)
Source: OuvidorSUS/MH System.

The profile of individuals who sought the Tobacco Quitline is comprised by young smokers, who have finished high school and are single. These data are in line with one of the objectives of the National Program for Tobacco Control, which is to prevent tobacco initiation that occurs mostly among young teens², as well as educating them about the harm caused by tobacco use and reducing exposure to secondhand smoking¹⁵.

Finally, among the subjects requested by citizens to the Tobacco Quitline, 41% of the callers were seeking information about treatment for smoking cessation. This option includes advice to quit smoking or to help someone quit smoking, or on medication and alternative methods or other methods of quitting smoking and also advice on the grounds of the treatment of smokers.

The second most popular subject brought by citizens (30%) calling the Tobacco Quitline was prevention. Here is included information on how not to start smoking again, that is, how to prevent relapse, as well as the benefits that the individual gets when quitting smoking. International experience confirms that most people who called were seeking assistance to quit smoking or remain abstinent, but this type of program also offers other services such as information to the public and health professionals, as part of a proposal for dissemination of information on the harms of smoking, among others^{11,16-17}.

Of the total number of individuals calling the Tobacco Quitline, 35,382 people requested human service without hearing any recording and 152,730 people heard some recording and then requested human service.

Legislation relating to smoking cessation programs, specifically the Ordinance 1035 of 2004¹⁸, which expands access to smoking approach and treatment in the Network of Basic and Average Complexity Care of the Brazilian Health Care System (SUS), and determines that medicines

and materials to support the treatment of smokers be made available to the population, was the third most popular subject, corresponding to 17%.

Given that the Tobacco Quitline serves the entire country, it was possible to make a survey on the distribution of calls by state, identifying that southeastern states represent 48% of total calls and that, especially, the northern states have little representativeness, as presented in Figure 5.

It is important to note that the Brazilian states which most sought treatment were São Paulo and Rio de Janeiro. On the other hand, the northern states had low demand and may indicate a need for greater dissemination of the service. It is noteworthy that the northern states of Brazil did not have high demand, but there lies the state with the highest prevalence of smokers in Brazil, Acre, with 22%¹.

CONCLUSION

Given the number of calls received by the Tobacco Quitline, it is clear that some policy measures affected the number of incoming calls. For example, a large increase in the number of calls received was due to the introduction of this service number on cigarette packages and the introduction of recorded messages.

Other measures seem to be responsible for the decrease in the number of calls such as the blocking of cell phone calls and the change of the service number. Therefore, such measures should be evaluated before, so that, if they are

really necessary, the service can be prepared to receive an increase in calls and that, if its number has to be changed, strategies be designed so that people become aware of this change in advance and are not affected by unavailability of the service.

The Tobacco Quitline proved to be an important source of information on smoking for the Brazilian population, with a high demand since its launch. It is therefore an important tool within the National Policy for Tobacco Control that should be improved and, if possible, become proactive, thus enabling monitoring of smokers who decide to quit smoking or being a source of motivation for cessation by those who still continue to smoke.

It is also necessary to conduct an effectiveness survey to evaluate if smokers who sought the Tobacco Quitline actually quit smoking and remain abstinent.

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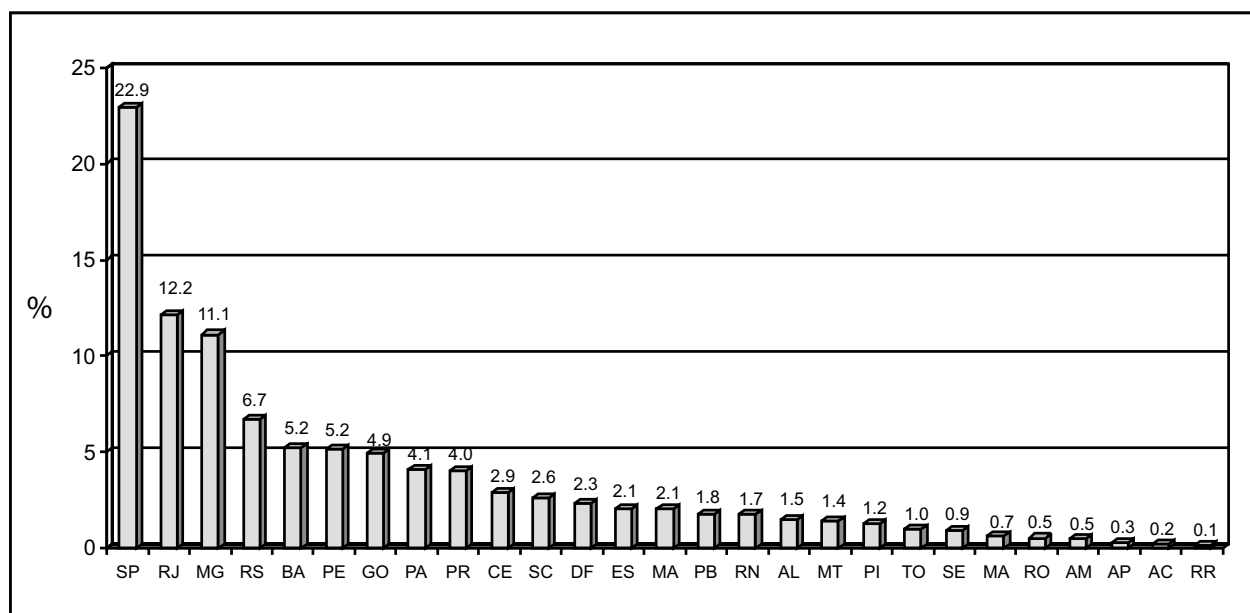


Figure 5. Distribution according to the percentage of calls, by State, to the Tobacco Quitline in 2009
Source: OuidorSUS/MH System.

CONTRIBUTIONS

C. A. Perez participated in the design, research project planning; collection, analysis and interpretation of data, writing and critical review. Other authors participated in the collection, analysis and interpretation of data, writing and critical review.

Declaration of Conflicting Interests: Nothing to Declare

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Resumo

Introdução: O Disque Saúde Pare de Fumar é um serviço de aconselhamento para a cessação de fumar por meio do telefone e uma fonte de esclarecimento da população sobre os malefícios do tabagismo. **Objetivo:** Descrever o perfil dos indivíduos que procuraram o Disque Saúde Pare de Fumar, fazer uma análise descritiva do serviço e discutir a evolução do número de chamadas, relacionando-as às medidas políticas. **Métodos:** Entre os meses de janeiro a dezembro de 2009, os dados foram coletados nos sistemas OuvidorSUS e *Web Report*. Levantou-se o número de ligações e sua distribuição de acordo com dados sociodemográficos como gênero, estado civil, escolaridade, faixa etária e assunto procurado. Também foi identificado o *status* do tabagismo dos indivíduos: fumante, ex-fumante ou nunca fumou e se é a primeira vez que está ligando para o serviço. **Resultados:** O tabagismo representou 23% de todas as ligações recebidas, posicionando-o como segundo assunto mais procurado depois de doenças e orientações sobre saúde. Entre os indivíduos que telefonaram para o Disque Saúde Pare de Fumar, 79% eram fumantes e 80% informaram ter ligado pela primeira vez. Quanto à faixa etária, os jovens, entre 12 a 24 anos de idade, representam quase metade da população que procura pelo atendimento e, entre todas as pessoas que ligaram, 56% eram do sexo masculino e 49% eram solteiros. **Conclusão:** O Disque Saúde Pare de Fumar mostrou-se uma importante fonte de informações, entretanto faz-se necessário realizar uma pesquisa de efetividade quanto à cessação de fumar.

Palavras-chave: Transtorno por Uso de Tabaco; Abandono do Uso de Tabaco; Tabagismo; Epidemiologia Descritiva

Resumen

Introducción: El Teléfono de atención ciudadana: “Pare de Fumar” es un importante servicio de consejo a la población para el cese de fumar a través del teléfono, así como una fuente de aclaración a la población acerca del tabaquismo. **Objetivo:** El objetivo de este artículo fue describir el perfil de los individuos que buscaron el Teléfono de atención ciudadana: “Pare de Fumar”, realizar un análisis descriptivo del Teléfono de atención ciudadana: “Pare de Fumar” y discutir la evolución del número de llamadas, relacionándolas a algunas medidas políticas. **Método:** Entre los meses de enero a diciembre de 2009 se analizaron los datos recolectados a través de los sistemas Ouvidor SUS y Web Report. Con esos levantamientos fue posible describir el perfil de los individuos que buscaron la atención en cuanto al número de llamadas y la distribución en consonancia con datos socio demográficos como género, estado civil, escolaridad, franja etaria y asunto buscado. Estos datos fueron recogidos a través de un cuestionario hecho por teléfono. Fueron también realizadas preguntas sobre el status del tabaquismo como si actualmente es fumador, ex-fumador o nunca fumó y si es la primera que llama al servicio. **Resultados:** El tabaquismo representó 23% de todas llamadas recibidas, lo que lo clasifica como el segundo asunto más buscado después de enfermedades y orientaciones sobre salud. Entre las personas que llaman para la Línea de Salud para dejar de fumar, 79% eran fumadores y 80% reportó haber llamado por primera vez. En cuanto a la franja etaria mostró que los jóvenes de entre 12 y 24 años de edad representan casi la mitad de la población que busca cuidar y entre todas las personas que llamaron el 56% eran hombres y el 49% eran solteros. **Conclusión:** El Teléfono resultó ser una importante fuente de información sobre el tabaquismo, sin embargo, es necesario llevar a cabo un estudio sobre la eficacia de dejar de fumar entre los fumadores que se llaman.

Palabras clave: Trastorno por Uso de Tabaco; Cese del Uso de Tabaco; Tabaquismo; Epidemiología Descriptiva