



Smoking, Health and Psychology: A Multidisciplinary Approach to the Harms of Tobacco Consumption

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Summary

Smoking is one of the leading preventable causes of death worldwide, accounting for millions of deaths annually. In addition to the widely discussed pathophysiological impacts, tobacco dependence is linked to psychological aspects, requiring interdisciplinary approaches that address not only the physical effects but also the emotional and behavioral determinants of smoking. This article provides a scientific review of the severe health effects of smoking, incorporating the fundamental role of psychology in the initiation, maintenance, and cessation of the smoking habit. Epidemiological evidence, pathophysiological mechanisms, clinical consequences, public policies, and therapeutic strategies are discussed, with an emphasis on the cognitive, affective, and social factors that influence smoking behavior. The integration of public health and psychology is crucial for the development of more effective prevention and treatment policies.

Keywords: smoking, public health, psychology, addiction, anti-tobacco policies

Abstract

Smoking is one of the leading preventable causes of death globally, responsible for millions of annual deaths. In addition to the well-documented pathophysiological impacts, tobacco dependence is closely related to psychological aspects, requiring interdisciplinary approaches that consider not only physical effects but also the emotional and behavioral determinants of consumption. This article presents a scientific review of the severe health damages caused by smoking, incorporating the critical role of psychology in the initiation, maintenance, and cessation of smoking behavior. Epidemiological evidence, pathophysiological mechanisms, clinical consequences, public policies, and therapeutic strategies are discussed, with an emphasis on the cognitive, affective, and social factors that influence tobacco use. The integration of public health and psychology is essential for developing more effective prevention and treatment policies.

Keywords: smoking, public health, psychology, dependence, tobacco control policies

1. Introduction

Smoking is widely recognized as one of the major public health problems of the 21st century. In addition to its direct association with respiratory, cardiovascular, and oncological diseases, it is a condition that involves complex aspects of mental health and human behavior. The World Health Organization (WHO, 2020) indicates that approximately 8 million deaths annually are related to tobacco use, with approximately 1.2 million resulting from passive exposure to smoke. These alarming figures highlight the need for coordinated action across different social and scientific sectors, especially in the field of public health.

Nicotine dependence is not only physiological but also profoundly psychological. Nicotine acts on brain receptors linked to reward, anxiety, and mood regulation, creating an association between smoking and emotional relief (FERREIRA; MENDES, 2020). This relationship makes quitting the habit a multifactorial challenge, especially for individuals with disorders such as depression and anxiety. This reality reinforces the importance of understanding smoking as a biopsychosocial phenomenon, whose approach requires integration between distinct areas of knowledge, such as medicine, psychology, and social sciences.

Understanding the psychological impact of smoking implies recognizing that many smokers develop an emotional connection with cigarettes, using them as a symbolic resource to cope with frustration, stress, loneliness, or emotional deprivation. This symbolic use of tobacco is linked to the construction of identities and daily habits, which reinforces resistance to quitting even when faced with information about its harmful effects. Therefore, adherence to smoking cessation treatment requires more than willpower: it requires emotional support, internal motivation, and support from healthcare professionals.

This article aims to integrate biological and psychological approaches to smoking, providing an in-depth analysis of its health risks and the mechanisms that maintain dependence. The inclusion of psychology as a central axis of the discussion allows us to understand smoking behavior in its multiple dimensions, expanding the possibilities for intervention and prevention. Thus, we hope to contribute to more effective public policies that take into account the psychological uniqueness of the individuals involved.

Furthermore, the approach proposed in this article seeks to provide support for health professionals and public administrators to understand the complexity of the smoking phenomenon. Simply prohibiting or penalizing cigarette use, while important, is insufficient if it is not accompanied by strategies that help individuals face the emotional challenges they face.

led them to consumption. Successful policies must be inclusive, welcoming, and based on interdisciplinary scientific evidence.

Finally, it's worth highlighting that tackling smoking, when undertaken from a comprehensive perspective, brings benefits not only to individual health but also to collective health and the sustainability of health systems. Coordinating diverse areas of knowledge is, therefore, the most promising path to overcoming this global problem.

2. Epidemiology of Smoking

Understanding the epidemiology of smoking is essential for developing effective public policies and personalized interventions. According to data from the World Health Organization (WHO, 2020), more than 1.3 billion people smoke worldwide, with the majority residing in low- and middle-income countries. This unequal distribution reveals not only economic disparities but also the impact of cultural, social, and psychological factors on the initiation and maintenance of tobacco use. In more vulnerable regions, smoking is often perceived as a coping mechanism for daily stress, which reinforces the need for interdisciplinary actions that are sensitive to individuals' social contexts.

In Brazil, the prevalence of smoking has been progressively declining, reflecting educational campaigns, restrictive laws, and coordinated actions by the Unified Health System (SUS). According to the National Cancer Institute (INCA, 2019), there has been a significant reduction in the number of adult smokers in recent decades. Despite this progress, smoking still represents a serious public health problem, especially among low-income populations with low educational levels and high exposure to situations of vulnerability. Psychological dependence, often overlooked, is one of the main obstacles to quitting, even with awareness of the physical harms of smoking.

It is important to emphasize that tobacco use usually begins during adolescence, a period marked by intense emotional transformations and a search for social belonging. Studies indicate that smoking initiation at this stage of life is related to factors such as peer pressure, lack of family support, anxiety disorders, and depression (RODRIGUES et al., 2018). This association between emotional vulnerability and risky behavior demonstrates the importance of psychology in early smoking prevention. Interventions in schools and communities can be more effective when they address socio-emotional skills and healthy coping strategies.

In addition to traditional cigarettes, other forms of tobacco consumption have gained popularity among young people, such as e-cigarettes, vaporizers, and hookah. Initially perceived as less harmful alternatives, these products carry significant health risks and can serve as a gateway to regular nicotine consumption (SOUZA; PEREIRA, 2021).



Their aesthetic appeal, pleasant taste, and false sense of security contribute to their widespread acceptance, especially in less regulated environments. Psychology can contribute to more effective communication strategies that demystify these perceptions and promote healthy behaviors.

Another fundamental aspect of the epidemiology of smoking is passive smoking, or involuntary exposure to cigarette smoke. It is estimated that more than 1 million deaths annually occur among non-smokers who live in environments with smokers. Children, pregnant women, and the elderly are particularly vulnerable to the effects of smoke, presenting a higher risk of respiratory and cardiovascular diseases, and perinatal complications (MARTINS; ALMEIDA, 2020). Smoke-free policies have proven highly effective in reducing this exposure and the rates of hospitalizations for related illnesses.

Therefore, the epidemiological analysis of smoking must consider not only statistical data on prevalence, but also the emotional and social factors that contribute to consumption. Psychology plays a crucial role in identifying risk profiles, developing preventive programs, and designing campaigns that are more sensitive to individuals' subjectivity. This expanded approach is essential for building more effective and sustainable long-term coping strategies.

3. Pathophysiological Mechanisms of Smoking

Smoking triggers a series of pathological processes in the human body, particularly affecting the respiratory, cardiovascular, immune, and oncological systems. Cigarette smoke contains more than 7,000 chemical substances, including tar, carbon monoxide, formaldehyde, heavy metals, and dozens of carcinogenic compounds (FERREIRA; SANTOS, 2017). Continuous inhalation of these elements causes chronic inflammation, genetic mutations, and premature cellular aging. Nicotine, a psychoactive substance present in high concentrations, acts directly on the central nervous system, triggering the release of dopamine, a neurotransmitter associated with feelings of pleasure, reinforcing smoking behavior and generating addiction.

From a physiological perspective, the most significant damage is observed in the cardiovascular and respiratory systems. In the former, nicotine causes vasoconstriction and an increase in heart rate and blood pressure, favoring the development of atherosclerosis, acute myocardial infarction, and stroke (SANTOS et al., 2019). In the respiratory system, there is destruction of the pulmonary alveoli, mucus accumulation, bronchoconstriction, and chronic inflammation of the airways, resulting in diseases such as chronic bronchitis, emphysema, and Chronic Obstructive Pulmonary Disease (COPD), with significant loss of lung function.



Furthermore, smoking compromises immune function, reducing the effective inflammatory response and increasing vulnerability to respiratory and systemic infections. Prolonged exposure to cigarette smoke is also directly associated with mutations in cellular DNA, particularly in tissues in direct contact with the smoke, such as the mouth, throat, larynx, and lungs, but also in organs such as the bladder, pancreas, and kidneys. This increases the risk of multiple cancers, with lung cancer being the most prevalent among smokers (GONÇALVES et al., 2019). The dose-response relationship between exposure time and disease risk is clear and widely documented in the scientific literature.

Psychology plays an important role in understanding pathophysiological mechanisms by highlighting how emotional states can worsen symptoms or hinder recovery. Individuals who smoke to cope with stress, anxiety, or depression tend to have more resistant conditions to treatment, since cessation involves not only controlling physical dependence but also replacing the secondary emotional gains associated with smoking (GOMES; SILVA, 2020). The presence of mental disorders is also associated with a higher prevalence of smoking and a worse clinical prognosis.

Neuroscience also contributes to this discussion, demonstrating that repetitive nicotine use alters brain circuits related to pleasure, impulse control, and decision-making. This explains why, even when faced with serious diagnoses, many smokers continue to use tobacco. The recurrent activation of the reward system promotes a kind of "neurochemical lock-in," in which cigarettes are perceived as an immediate need, and the prospect of long-term well-being becomes abstract. Treatment, therefore, must incorporate strategies that consider this psychological and physiological reality.

In summary, the pathophysiological mechanisms of smoking are multiple and interactive, ranging from cellular and systemic damage to neurological and immunological impacts. To effectively address these effects, it is essential to adopt a multidisciplinary approach that combines biomedical knowledge with the tools of clinical psychology and behavioral neuroscience.

Only in this way will it be possible to promote more complete and effective interventions in the prevention, cessation and treatment of the damage caused by tobacco consumption.

4. Clinical Impairments and Pathologies Associated with Smoking

Smoking is associated with numerous adverse physical and mental health consequences, being one of the main preventable risk factors for disease and premature death. Cardiovascular and respiratory pathologies remain the most frequently associated with prolonged tobacco use, but beyond the physiological damage, it is essential to highlight the emotional and psychological impacts that perpetuate dependence and hinder cessation.

Understanding these harms requires a comprehensive approach that recognizes the complexity of smoking behavior and the multiple factors that sustain it.



Although diseases such as acute myocardial infarction, stroke, and Chronic Obstructive Pulmonary Disease (COPD) are well documented in the literature, more recent studies show that many smokers use cigarettes as a strategy to cope with feelings of loneliness, frustration, low self-esteem, and insecurity. This association between psychological distress and tobacco use has been observed more frequently in vulnerable populations, such as people with mental disorders, at-risk youth, and individuals living in poverty and social exclusion.

The mental health of smokers deserves special attention, as there is a bidirectional relationship between smoking and psychological disorders such as depression, anxiety, and personality disorders (GOMES; SILVA, 2020). Individuals suffering from these conditions have higher smoking rates, greater difficulty quitting, and a greater chance of relapse after quitting attempts. Nicotine acts as a temporary mood modulator, creating a cycle of relief and dependence that masks underlying emotional symptoms, hindering proper diagnosis and treatment.

From this perspective, smoking can be understood as a learned behavior reinforced by emotional mechanisms. Factors such as chronic stress, a history of trauma, domestic violence, emotional neglect, and a lack of support networks contribute to the initiation and maintenance of cigarette use as a form of self-medication. Thus, psychology plays a central role in smoking treatment by offering individualized psychotherapeutic support that allows smokers to identify emotional triggers, develop coping strategies, and reframe their relationship with cigarettes.

Furthermore, quitting smoking can trigger intense emotional withdrawal symptoms, such as irritability, insomnia, anxiety, and panic attacks, which reinforces the need for ongoing psychological support during the cessation process. Approaches such as cognitive behavioral therapy, acceptance and commitment therapy (ACT), and addiction psychoeducation are valuable tools in promoting self-care, emotional autonomy, and motivation for change. Support groups and group therapies are also effective in building new social bonds and maintaining abstinence.

In short, the clinical harms of smoking are not limited to physical illness, but involve profound subjective dimensions that impact emotional health, affective bonds, and self-perception. The integration of medicine, psychology, and public policy is essential for developing more humane and effective strategies that recognize the individual as the protagonist of their own care journey. Only with this expanded perspective will it be possible to sustainably address the devastating effects of smoking on individual and collective health.



5. Psychological and Psychotherapeutic Approach to Smoking Treatment

Smoking treatment requires an approach that goes beyond physical nicotine cessation, also addressing the emotional and behavioral roots of addiction. Psychology, in this context, plays a fundamental role in investigating the subjective meanings of smoking, as well as in proposing psychotherapeutic strategies for coping with addiction. Understanding cigarettes as an "emotional object"—a symbolic mediator for dealing with feelings such as anxiety, anger, guilt, or abandonment—is essential to the success of any lasting intervention.

Several psychological theories contribute to the understanding of smoking behavior. Psychoanalysis, for example, interprets smoking as an oral fixation, an unconscious return to primitive stages of affective development. Cognitive Behavioral Therapy (CBT), on the other hand, understands smoking as the result of distorted thought patterns and learned associations between smoking and specific rewarding or relieving situations. CBT-based interventions have proven particularly effective, helping individuals identify triggers, reformulate dysfunctional beliefs, and develop more adaptive coping skills.

Another important resource is Acceptance and Commitment Therapy (ACT), which focuses on accepting negative impulses and emotions without automatically leading to smoking. ACT works with the notion that fighting the urge to smoke can be more damaging than the urge itself, and proposes that the individual reconnect with their personal values and life goals as central motivators for change. The combination of emotional acceptance and committed action makes a significant difference in dealing with relapse.

Psychotherapy has also proven effective in addressing comorbidities such as depression and anxiety disorders, which are frequently present among chronic smokers. These conditions can worsen dependence and hinder motivation to quit. Therefore, psychological treatment for smoking should be integrated with mental health care, promoting not only smoking cessation but also strengthening psychological well-being. Qualified listening, a therapeutic bond, and the management of internal conflicts are crucial elements in this process.

Group interventions, such as therapeutic conversation circles and mutual support groups, also play an important role in providing support and reducing feelings of isolation. Sharing experiences and peer support helps build new narratives about oneself and addiction, fostering a sense of belonging and maintaining abstinence. Furthermore, community psychology can contribute to interventions in vulnerable social contexts, where smoking is linked to dynamics of exclusion, violence, and food shortages.
resources.



Therefore, approaching smoking from a psychological perspective recognizes that addiction is not limited to the substance, but involves a complex emotional structure, often invisible to traditional clinical eyes. The integration of psychotherapeutic practices, social support, and health promotion strategies is essential for developing more effective, sensitive, and lasting interventions. By placing the individual at the center of care, psychology expands the possibilities for transformation and contributes to a truly comprehensive approach to the problem of smoking.

6. Psychological Aspects of Smoking Initiation, Maintenance, and Relapse

The psychological understanding of smoking is not limited to treatment, but extends to the analysis of the factors that lead to the initiation of the habit, its maintenance over time, and the difficulties faced during the cessation process. Numerous studies indicate that the first contact with cigarettes usually occurs in adolescence, a period marked by emotional instability, a search for identity, and strong social influence. Curiosity, peer pressure, imitation of parental or media figures, and the mistaken perception that cigarettes relieve stress are all determinants of early experimentation.

From a psychological perspective, smoking begins to function as a defense mechanism to deal with anxiety, insecurity, and frustration. The immediate positive reinforcement—a feeling of relaxation, socialization, or pleasure—associated with smoking conditions the brain to maintain this behavior as an emotional regulation strategy. Over time, negative reinforcement sets in: people smoke to avoid unpleasant withdrawal symptoms, such as irritability, insomnia, restlessness, or sadness. Thus, the cycle of dependence perpetuates and becomes more resistant to breaking.

Continuing to smoke, even when faced with information about its harmful effects, reveals the strength of dysfunctional beliefs and the emotional bonds that the individual establishes with cigarettes. Many smokers believe that tobacco helps them think better, control their weight, reduce anxiety, or cope with loneliness. Such beliefs, although unfounded, sustain smoking behavior and hinder adherence to cessation strategies. Psychotherapeutic work is essential to deconstruct these narratives and offer healthier and more effective coping alternatives.

Another critical point is the phenomenon of relapse, common among individuals trying to quit smoking. Relapses are commonly accompanied by feelings of guilt, failure, and hopelessness, which can further reinforce the bond with cigarettes as a source of comfort. Psychology teaches that relapse should not be viewed as a failure, but as part of the process of change.

More compassionate reinterpretations and learning from episodes of relapse are strategies that strengthen resilience and increase the chances of success in future attempts.

Factors such as family environment, history of abuse, low self-esteem, difficulties with social skills, and personality traits (such as impulsivity and intolerance to frustration) also significantly influence the course of addiction. A detailed psychological evaluation and

The development of personalized therapeutic plans is essential to address these vulnerabilities. Trained professionals must consider each individual's subjective specificities when proposing interventions that respect their life story and capacity for transformation.

Finally, it is crucial to recognize that smoking behavior is embedded in a cultural, symbolic, and emotional context. Denormalizing smoking—that is, breaking the association between smoking and status, charm, power, or maturity—is an important step toward reducing the social appeal of cigarettes. Educational campaigns that explore not only the physical harms but also the psychological and relational effects of smoking can raise awareness and generate significant changes in collective behavior. Thus, understanding the psychological aspects of initiation, maintenance, and relapse is essential for developing more effective policies and practices to combat smoking.

7. The Influence of Affective Bonds and Family Dynamics on the Construction of Smoking Behavior

The development of smoking behavior is closely linked to the emotional bonds established throughout life, especially within the family. From the earliest years of development, the home environment exerts a strong influence on the behavioral models and emotional references of children and adolescents. Parents, siblings, and other caregivers who smoke frequently convey, even if unconsciously, the idea that smoking is a legitimate resource for emotional coping or an acceptable social practice. This behavioral modeling process, described by Bandura (1977) in social learning theory, is one of the main predictors of smoking initiation.

Family relationships marked by neglect, emotional instability, domestic violence, or lack of emotional support are often associated with increased psychological vulnerability. In search of relief, individuals may turn to cigarettes to fill emotional voids. Smoking, in this sense, often emerges as a way to symbolize or compensate for the lack of care, attention, or emotional security. Psychoanalytic psychology highlights how these emotional deficiencies, especially during the early stages of development, shape psychological structures that influence how individuals deal with their anxieties and pleasures.

In addition to the role of the family environment in smoking initiation, emotional dynamics within the home also influence the maintenance of the addiction. Chronic conflicts, lack of communication, rigid expectations, and authoritarian relationships can increase stress and anxiety levels, favoring the use of cigarettes as an escape valve. On the other hand, loving and communicative homes tend to offer better conditions for individuals to face their emotional dilemmas without resorting to



to psychoactive substances. Therefore, understanding the role of cigarettes in family relationships is essential for planning effective and empathetic interventions.

Many smokers report that cigarettes symbolically represent a bond with significant others from their past, such as parents or grandparents who smoked. In these cases, maintaining the habit is linked to an emotional memory and an unconscious resistance to breaking this symbolic bond. Cigarettes become not only an object of chemical dependence, but also an emotional artifact loaded with subjective meanings. Psychotherapy, by enabling the elaboration of these experiences and the redefinition of these bonds, becomes a central tool in the process of liberation from smoking.

Another relevant issue concerns how the family group reacts to one of its members' desire to quit smoking. Families that minimize the problem, offer cigarettes as a gesture of affection, or fail to respect the individual's decision to quit tend to hinder the abstinence process. Including the family in therapeutic processes—through family therapy, psychoeducation, or parental guidance—can be an important protective factor, fostering a more collaborative and welcoming environment for behavior change.

Finally, the systemic approach applied to the phenomenon of smoking proposes that the habit of smoking be understood as a relational and contextual response, and not simply as an individual problem. In this model, the therapeutic focus falls on family interactions, communication patterns, and shared meanings surrounding smoking. Understanding the individual within their network of relationships broadens the possibilities for intervention and reinforces the importance of treating smoking as a biopsychosocial phenomenon, which demands sensitive listening, personalized strategies, and, above all, respect for the uniqueness of each life story.

8. Final Considerations and Future Perspectives in the Psychology of Smoking

Smoking is a multifaceted phenomenon that transcends simple chemical dependence, encompassing a complex network of biological, psychological, social, and cultural factors. Throughout this article, we identified the importance of an integrated approach that recognizes the individual as a whole, encompassing the emotional aspects, affective bonds, family dynamics, and underlying psychological structures that support smoking behavior. This broad perspective is essential for effective interventions that respect the uniqueness of each individual, moving away from one-dimensional models that address only the physical symptoms of addiction.

Current scientific research emphasizes that success in smoking cessation is closely linked to the ability of treatments to incorporate psychotherapeutic strategies that promote self-awareness, emotional regulation, and the redefinition of smoking-related habits and beliefs. Furthermore, the inclusion of psychology in the context of public health policies is



crucial to expanding the reach of preventive and therapeutic actions, especially for vulnerable groups such as adolescents, people with mental disorders, and socially excluded populations. Building environments conducive to mental health and free from tobacco should be a priority for health systems.

Regarding future perspectives, the need for in-depth studies on the interactions between neurobiological and psychological factors stands out, aiming to improve personalized interventions and identify predictors of successful cessation. Digital technologies, such as support apps and online therapy platforms, are emerging as promising tools for expanding access and adherence to treatments. However, it is essential that these innovations be critically evaluated for their effectiveness and cultural sensitivity, ensuring that they complement, not replace, human and professional support.

Another important direction lies in integrating community and family approaches, recognizing smoking as a relational phenomenon that manifests and perpetuates itself in the social context. Strengthening support networks, health education, and promoting collective resilience can help reduce the stigma and intergenerational cycles of addiction. Public policies that encourage the active participation of civil society, combined with investments in mental health, are essential for the development of sustainable tobacco control strategies.

Finally, it is reaffirmed that combating smoking requires an ongoing, interdisciplinary, and inclusive commitment that respects individual and social diversity. Psychology, by placing the individual at the center of care and valuing the subjective dimension of experience, expands the possibilities for transformation and hope. Only with a sensitive and integrated approach will it be possible to make progress in reducing the devastating impacts of smoking on global public health and people's quality of life.

Thus, this article contributes to a deeper and more humanized understanding of smoking, encouraging the development of policies, clinical practices, and research that promote not only abstinence but also the comprehensive well-being of individuals and their communities. The journey toward a tobacco-free world necessarily involves strengthening mental health and the bonds that sustain a healthy life.

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