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Implementation and Monitoring of a Smoking Cessation Group in a Primary Health Care Unit in the Federal District: A Professional Experience Report

Implementation and Follow-Up of a Smoking Cessation Group in a Primary Health Care Unit in the Federal District: A Professional Experience Report

Rebecca Nobre de Queiroz Teixeira Nogueira - Resident Physician in Family and Community Medicine, School of Public Health of the Federal District, rebeccanobre94@gmail.com

Carolina Fernandes de Almeida - Family and Community Physician, Preceptor of the Family and Community Medicine Residency Program at the School of Public Health of the Federal District, carolinaddealmeidamed@gmail.com.

Letícia Ferreira Guimarães Dieguez - Family and Community Physician, Preceptor of the Family and Community Medicine Residency Program at the School of Public Health of the Federal District, ledieguez@hotmail.com

Summary

Smoking is recognized as a chronic disease that represents a significant public health problem. This paper aims to report the experience of a resident physician in Family and Community Medicine in implementing and conducting smoking cessation groups at a Primary Health Care Unit (PHCU) in the Federal District, between 2024 and 2025. The activities followed the guidelines of the National Tobacco Control Program (PNCT), using a cognitive-behavioral approach and multidisciplinary follow-up. The report emphasizes the organizational process, challenges, and lessons learned from the experience, without collecting individual patient data. The experience demonstrated that the integrated work of the team and institutional support favor adherence and continuity of the actions.

Keywords: smoking; primary health care; educational group; tobacco cessation; health promotion.

Abstract

Smoking is recognized as a chronic disease and represents a significant public health problem. This study aims to report the experience of a Family and Community Medicine resident physician in the implementation and coordination of smoking cessation groups at a Primary Health Care Unit (PHCU) in the Federal District, Brazil, between 2024 and 2025. The activities followed the guidelines of the National Tobacco Control Program (PNCT), using a cognitive-behavioral approach and multiprofessional follow-up. The report emphasizes the organizational process, challenges, and lessons learned from the experience, without collecting individual patient data. The experience demonstrated that integrated team performance and institutional support favor adherence and continuity of actions.

Keywords: tuxedo; primary health care; educational group; tobacco cessation; health promotion.

Introduction

Smoking is a chronic disease caused by addiction to nicotine present in tobacco. tobacco products (INCA, 2022). The smoke resulting from the combustion of tobacco contains more than four thousand chemical compounds, many of them highly harmful to health, and nicotine, in particular, It has a neurobiological effect capable of generating strong dependence, which makes cessation difficult (SZKLO & (IGLESIAS, 2020; INCA 2022).

Active or passive exposure to tobacco smoke is demonstrably related to

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development of more than forty diseases, affecting various systems of the human body.

Among them, the most prominent are diseases of the respiratory system, cardiovascular diseases, and various types of Cancer. Regarding diseases of the respiratory system, we can mention pulmonary emphysema and asthma. and respiratory infections; Cardiovascular diseases include acute myocardial infarction, stroke, aneurysm, thrombosis, coronary artery disease, and high blood pressure systemic (LANDIM et al., 2017; MELO et al., 2017; INCA, 2022).

The literature highlights that the challenge to quitting smoking stems from addiction.

The physical, psychological, and behavioral effects of nicotine. Cigarettes are often perceived as a An element of comfort or companionship, associated with pleasurable moments, which generates positive reinforcement. of the habit and makes cessation difficult (INCA, 2022).

Therefore, successful smoking cessation requires a combination of strategies that can...

These services can be offered by smoking cessation groups, such as cognitive behavioral therapy, and support.

medication (Bupropion and Nicotine Replacement Therapy, offered by the SUS) and the

Longitudinal follow-up, with regular weekly meetings of the smoking cessation group and the

Follow-up to maintaining abstinence afterward. Multiprofessional action, involving

For doctors, nurses, psychologists, pharmacists, and other professionals, it is an essential component.

for the success of the treatment (INCA, 2022; BRAZIL, 2001; REICHERT et al., 2008). There is also the

possibility of implementing integrative and complementary health practices in groups

(PICS), which reinforce the potential of the group and primary health care.

Smoking remains, according to estimates from the World Health Organization (WHO), as the leading cause of preventable death in the world. International studies show that

Group interventions significantly increase cessation rates, with a success rate as high as 75%.

greater success compared to individual approaches (MERSHA, 2023). In Brazil,

Experiences in Primary Health Care (PHC) demonstrate abstinence rates between 35% and 45%.

with a strong positive impact on the team-user relationship and the promotion of health (LABORNE-E-

VALLE, 2022; SILVA et al., 2019).

In the context of primary health care, smoking cessation groups offer free, accessible treatment and close to the user's home, promoting a comprehensive approach and continuity of care. In addition Furthermore, they strengthen users' autonomy and encourage self-care by coordinating clinical actions, educational and community-based.

In this sense, the present work aims to report the experience of the re-implementation and Monitoring smoking cessation groups at a primary health care unit in the Federal District, highlighting the challenges, strategies and lessons learned during the process.

Objectives

General: To report the experience of a resident physician in Family and Community Medicine.

Regarding the reinstatement of the smoking cessation group at your health unit.

Specifics:

- a) Describe the planning, execution, and monitoring stages of the smoking cessation group in APS;
- b) To reflect on the challenges and lessons learned from professional experience;
- c) Describe the impact of structured sessions on smoking cessation and maintenance of abstinence among participants, in an aggregated manner and without individual identification.

3. Methodology

This is a descriptive, observational, qualitative study of the report type.

Professional experience that addresses the process of reintroducing and leading a smoking cessation group. between the years 2024 and 2025 at a Basic Health Unit (UBS) located in Sobradinho, Federal District.

The smoking cessation group sessions were developed based on the material and protocol of... National Tobacco Control Program (PNCT), developed by the National Cancer Institute. (INCA) and made available by the Ministry of Health (MS). The activities were conducted by a resident physician in the Family and Community Medicine Program of the Health Department of The Federal District (SES-DF), in partnership with a Community Health Agent (ACS) and the pharmacists from the unit, forming a multidisciplinary team involved in the operation. of the actions. The aforementioned professionals underwent training for healthcare professionals, offered by the National Tobacco Control Program.

The group's implementation process was divided into two distinct phases:

- First phase (2024): This phase covered the period between April and July 2024, during which three closed-model groups were conducted, each with four to five sessions. The first session focused on the clinical assessment of the smoker, and the remaining sessions addressed topics related to the stages of cessation and maintenance of abstinence, according to the PNCT guidelines. In this format, access for the population was restricted to the slots available every six weeks, on average, and the main challenge observed was the loss of follow-up of participants at the end of the sessions.
- Second phase (2025): initiated on April 30, 2025, and ongoing to the present, with weekly meetings. In this phase, an open and continuous group model was implemented, without the need for prior registration or limitation on the number of participants. The dynamics became more flexible, still based on the PNCT guidelines, but allowing the adaptation of topics according to the emerging demands of the participants. In each session, the group discusses topics brought up spontaneously by those present, related to smoking cessation and the challenges of the process. At each new meeting, the participant attending for the first time is identified, and an initial interview with the smoker is conducted using an electronic form on Google Forms, which contains clinical and behavioral information relevant to the follow-up. This interview is conducted according to the

Year VI, v.1 2026 | Submission: 09/02/2026 | Accepted: 11/02/2026 | Publication: 13/02/2026

Availability of professionals present — community health agents, resident physician, and pharmacists.

Because this is an account of an institutional experience, without data collection or analysis.

Since no identifiable individuals were identified, the study was not submitted to the Research Ethics Committee (REC).

as provided for in Resolution No. 510/2016 of the National Health Council, which exempts

Ethical assessment in cases of reports of professional experiences without a research character involving human beings.

4. Results and Discussion

The implementation of smoking cessation groups in Primary Health Care Units (PHCUs) that do not yet...

Offering this activity presents multiple challenges, involving institutional and structural aspects.

Human and cultural factors. Studies indicate that the success of these initiatives depends on planning.

professional training, management support and community engagement (INCA, 2021; SILVA et al., 2019; Reichert et al., 2008).

During the process of implementing the group in 2024 under the closed group model, the following occurred:

Obstacles were encountered in starting and continuing the project, leading to its closure approximately...

04 months after its implementation. Regarding institutional and management challenges, the following stands out:

absence of local flow and protocol for identifying, referring and monitoring smokers,

coupled with the low awareness among managers regarding the importance of these actions in the face of other demands healthcare services (INCA, 2021). Coordination between the local pharmacy and the district pharmacy was necessary to enable access to pharmacological therapies in the unit (REICHERT et al., BRAZIL, 2021).

In the field of human resources, there is a shortage of qualified professionals in

Smoking cessation management, especially using the National Program protocol.

Tobacco Control Program (PNCT), and the high turnover of professionals, including resident physicians,

which could compromise the continuity of activities (OLIVEIRA et al., 2020). Furthermore, the

The overload of care provided by Family Health Strategy (ESF) teams often hinders...

availability of time for planning and executing sessions, while integration

Multiprofessionalism still represents a significant challenge in primary care (INCA, 2021).

From a logistical and operational point of view, initial membership and continued participation in The sessions are challenging, and early dropouts are common. Other obstacles

Recurring problems include shortages of medications used in cessation, such as therapy for nicotine replacement therapy (NRT) and bupropion, and the lack of up-to-date educational material (BRAZIL, 2021; INCA, 2021).

Regarding the first phase (2024), conducted in a closed group model, the following were observed: all the challenges previously mentioned, with the most evident being the difficulty in Maintain user participation throughout the five structured sessions. Each group was initiated,

Year VI, v.1 2026 | Submission: 09/02/2026 | Accepted: 11/02/2026 | Publication: 13/02/2026

On average, there were 10 to 12 participants, but it was frequently terminated with only one or two.

active members. In addition, an overly focused character was identified as a weakness.

Medical resident professional, directly responsible for conducting the activities. As the resident

The supervisor was replaced every six weeks, and a discontinuity in the management of the...

groups, especially when the new professional showed less affinity with the subject or with

the group format. This turnover, associated with the scarcity of available human resources and low

The participants' disaffection culminated in the interruption of the group's activities approximately four months later. its implementation.

In order to overcome the obstacles identified in the first phase, the following was proposed to management: from the unit a new model for smoking cessation groups, more flexible and accessible to the population. Thus, the

The group began operating in an open format, without the need for a waiting list or prior registration.

The sessions are held weekly on Wednesdays, from 8:00 AM to 9:00 AM, from April 2025 until...

Currently, Family Health teams are responsible for identifying and referring

Users interested in participating in the smoking cessation group.

With the goal of improving participant engagement, it was established that participation A minimum of three sessions would be a requirement for initiating supportive pharmacological therapy, when clinically indicated. Furthermore, efforts were made to broaden the multidisciplinary nature of the group's leadership. so that coordination would no longer be the sole responsibility of the resident physician.

Leadership then became shared between the resident and a Community Health Worker.

(ACS) trained and the unit's pharmacists, promoting greater continuity and engagement of team.

Because it was an open group, new participants were identified at each session, and The initial interview with the smoker was conducted with the aim of assessing their cigarette consumption profile. The degree of nicotine dependence and motivation for cessation were assessed. Instruments were also applied. for screening for anxiety and depression, contributing to a holistic approach. With this With this dynamic, the group began to maintain an average of six participants per meeting, in addition to the team. multidisciplinary support, demonstrating greater stability and continuity in participation.

In the second phase, the most evident obstacle identified was the absence of protected hours. suitable for leading the group. On several occasions, I felt pressured to end the session. and conduct the subsequent interview promptly, given the multiple care demands. from the unit, which generated dissatisfaction and compromised the organization and continuity of the group in certain measure. This type of time limitation is a barrier frequently reported by primary care professionals in the implementation of smoking cessation interventions and others community health programs (COLEMAN et al., 2024; TILDY et al., 2023).

Furthermore, with the aim of enhancing the care experience and promoting adherence to

Year VI, v.1 2026 | Submission: 09/02/2026 | Accepted: 11/02/2026 | Publication: 13/02/2026

For the participants, sporadic auriculotherapy sessions were incorporated, carried out according to... availability of a qualified resident physician, and weekly relaxation and meditation activities.

The integration of Integrative and Complementary Health Practices (PICS) has proven to be a resource. valuable for promoting anxiety reduction, stress management, and facilitating the cessation process. smoking cessation, acting as a complementary strategy to conventional treatment (LOPES et al., 2025).

From an educational and professional standpoint, the experience of leading a smoking cessation group It proved to be extremely enriching, providing residents with in-depth learning. on managing tobacco dependence, conducting therapeutic groups, and adherence strategies and Ongoing monitoring. Furthermore, the practice allowed for closer ties with the population. of the territory, promoting greater proximity, trust and understanding of local needs, essential elements for performance in primary health care.

When compared with other national reports, the qualitative results observed — such as increasing user motivation, strengthening the bond between the team and the community, and Recognition of the primary health care unit as a support space — is consistent with previous findings. described in similar experiences in Brazil (SILVA et al., 2019; OLIVEIRA et al., 2020; REICHERT et al., 2008). Internationally, the literature reinforces that group interventions They contribute to increased self-efficacy among participants, reduced relapse rates, and greater... success in smoking cessation (COLEMAN et al., 2024; TILDY et al., 2023). Thus, the The reported experience shows that smoking cessation groups represent an effective strategy in primary care, while also constituting a unique training opportunity. professional development, multi-professional integration, and strengthening ties with the community.

5. Final Considerations

The reintroduction and management of the smoking cessation group at the Basic Health Unit of Sobradinho proved to be an enriching experience for both the participants and the community. health team. Throughout the process, it was possible to identify several institutional challenges, structural, human, and cultural aspects, highlighting the need for adequate planning and integration. Multiprofessional and management support to enable effective smoking cessation programs in primary care.

The implementation of the open group model, associated with the requirement of minimum participation. In three meetings to access pharmacological therapy, it proved effective in increasing adherence. To ensure the continuity of sessions and promote long-term follow-up of users. inclusion of Integrative and Complementary Health Practices (PICS), such as auriculotherapy, techniques Relaxation and meditation techniques contributed to anxiety relief, stress management, and strengthening of...

Year VI, v.1 2026 | Submission: 09/02/2026 | Accepted: 11/02/2026 | Publication: 13/02/2026

conventional strategies of the National Tobacco Control Program (PNCT), increasing the participant engagement.

From a professional training perspective, the experience provided residents with Valuable practical learning about leading groups, managing nicotine dependence, and adherence to... therapy and longitudinal follow-up, while strengthening the bond with the population of the territory, highlighting the importance of comprehensive primary care centered on ongoing care.

The results obtained, although qualitative and descriptive, are consistent with studies. national and international studies, demonstrating that group interventions increase motivation. Participants reduce the likelihood of relapse and strengthen self-efficacy in cessation of... smoking (SILVA et al., 2019; OLIVEIRA et al., 2020; COLEMAN et al., 2024; TILLY et al., 2023). Thus, this report shows that the implementation of smoking cessation groups represents a An effective strategy in primary care, integrating clinical care, psychosocial aspects, and practices. complementary, while also promoting professional development and strengthening the relationship of health team working with the community.

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