

Letters to the Editor

Integrated Policy Actions for Smoking Cessation

To the Editor: Smoking is one of the leading causes of illness and death worldwide, legitimizing the expression “tobacco epidemic” and justifying the efforts of family physicians to prevent and treat tobacco use.¹ We recognize the excellent contribution of Dr. Gaddey and colleagues, whose article comes at an opportune time, given the increase in tobacco use during the COVID-19 pandemic.^{2,3}

Although important, individual medical approaches to tobacco use have a limited impact on public health. Many countries, such as Brazil, have been successful in recent decades by facing these issues with different and integrated policy actions, achieving a significant decrease in the population smoking rate. These actions include health education, advertising, pricing regulation, and cigarette taxes.⁴

We recognize that smoking cessation is not easy, and reaching this goal is challenging. However, our experience shows that the right preparation for this process—after deciding to stop—is an essential element that will determine the success of any attempt. This preparation can vary from person to person, depending on age, gender, smoking history, the influence of parents and friends, and, critically, the “image of a smoker” that the individual has of oneself as

a tobacco consumer. Giving up the habit of smoking implies deconstructing this image, which requires will, time, and adequate planning. Medications, in this context, are supportive resources.

A smoking quit group (in-person or online) is a good support tool, especially in primary care settings. Preliminary results of the smoking quit group at the Primary Health Care Unit of the Hospital de Clínicas de Porto Alegre, Brazil, found a one-year successful quit rate of greater than 50%, an excellent result compared with other cessation interventions in the international literature.

Editor’s Note: This letter was sent to the author of “Smoking Cessation Interventions,” who declined to reply.

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This series is coordinated by Kenny Lin, MD, MPH, deputy editor.