79 - PROFILE OF TOBACCO ADDICTED ASSISTED BY PSYCHOSOCIAL CARE CENTER AD IN A COUNTY OF PARAIBA

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INTRODUCTION

The World Health Organization (WHO) as the leading cause of preventable death in the world considers smoking; including an estimated one-third of the adult population are smokers (GOMES, 2003). Smoking is one of the most serious public health problems, setting an epidemic that affects not only people's health but also the economy and the environment.

Tobacco use with recreational purpose is very old, reinforced by fads and popular traditions through the ages and stimulated by attractive advertisements appeal and strong economic and specific industry lobbying. From recent the studies that associate cigarette smoking with numerous diseases, in active and passive smokers, it began a worldwide movement to limit this practice. In recent years, WHO has been calling on member countries to implement national anti-smoking programs in which different strategies are studied, implemented and evaluated (Wannmacher, 2007).

According to the MinasGerais Society of Cardiology (2008), cigarette smoking causes a global loss of $ 200 billion per year, an amount calculated by the World Bank, and half of it occurs in developing countries like Brazil. This value is the sum of several tangible factors, such as treatment of tobacco-related illnesses, deaths of citizens of working age, a higher rate of early retirements, increased rate of absenteeism, lower manufacturing yield, fires and other type's accidents and environmental damages. Beyond that billionaire calculation, are the intangible costs of smoking: death and suffering of smokers, nonsmokers and their families?

For all these considerations, tobacco control is a priority in public health. Non-drug strategies seem to have relatively fleeting effects in reducing the urge to smoke and installation of acute withdrawal symptoms of smoking. Drug therapies to combat smoking include nicotine replacement, bupropion (an antidepressant) and varenicline (partial agonist of the nicotinic receptor). Clonidine (central adrenergic blocker) and nortriptyline (antidepressant) (Wannmacher, 2007).

One of the aspects that must be evaluated as a parameter to the concept of quality of life are the factors that can interfere with this quality, including problems stemming from the use of substances such as tobacco, which consequently affect the satisfaction with life. In a larger vision, beyond the control of physical or psychological symptoms, decreased mortality and increased life expectancy, ones of the basic desires of human beings, which is to live well and feel good (Moreira; FIGUEIRÓ; Ferigolo, et al, 2011).

This study aimed to profile the users of tobacco assisted by the Center for Psychosocial alcohol and other drugs (CAPS ad) located in Sousa-PB, as well as evaluating the assumptions of life while tobacco users.

METHODOLOGY

This is a descriptive exploratory study with a quantitative approach, against the backdrop of the city of Sousa, which the tenth macro regional of Health, which currently consists of 25 Basic Health Units and 3community mental health belongs. It is located in the grounds of the former Garden of the São João Rio do Peixe, and is adjacent municipalities of the cities Marizopólis, Vieiropólis, Aparecida and Nazarezinho. It covers an area of 739 km², a population of 65 803 inhabitants, whose coordinates are -38.23º south latitude and west longitude -6.76º (Brazilian Institute of Geography and Statistics - IBGE, 2010).

The research developed in the town of ad CAPS Sousa- PB, where the population consisted of all registered users in the service of the city of CAPS ad Sousa-PB, which consists of 121 members. The sample consisted of 44 the number of users who entered the criteria for inclusion and exclusion, namely: being active user ad CAPS and agree to participate in the above research legitimizing their participation by signing the term of free and informed consent (IC).

Upon completion of the data collection took place with the approval of the project in Brazil Platform, whose identifying number was 260 560, and following was asked to coordinate the CAPS approval for development of the research being carried out in May 2013 by the application of a semi-structured questionnaire. In order to promote the application of the instrument site visits were conducted. At this point, we performed the direct contact with users, where they were informed about the research, its purpose and its goals, leaving them the decision by free and voluntary participation were ensured anonymity and professional secrecy, without any cost or risk.

The analysis took place by means of simple descriptive statistics what data were consolidated and displayed in the Excel spreadsheet version 2007 program are presented in tables. And its discussion, in the light, of the relevant literature to the theme has as base the rules guiding and guidelines that comply with Resolution 466/12, following the ethical principles of research involving human subjects, which incorporates the basic principles of bioethics.

RESULTS AND DISCUSSION

In Table 01will be demonstrated Data regarding age, sex, level of education, work and family income, which will be represented and analyzed below .

Table 1 - Distribution of the sample according to the following variables: age, sex, level of education, work and family income

Age	*F*	%
18 - 23 years	-	-
24 - 29 years	6	14%
30 - 35 years	13	30%
36 - 41 years	12	27%
42 – 47 years	12	27%
Above de 48 years	1	2%
SEX	*F*	%
Men	11	25%
Female	33	75%

Schooling	F	%
Illiterate	-	-
Functional literacy	1	2%
Elementary School Incomplete	13	30%
Elementary School Full	15	34%
Secondary Incomplete	15	34%
Complete High School	-	-
Higher Education Full	-	-
Working	*F*	%
Yes	29	66%
No	15	34%
Family Income	*F*	%
Less than the minimum wage	21	48%
1-2 minimum wages	23	52%
Above 2 minimum wages	-	-
TOTAL	**44**	**100%**

SOURCE: Research data / 2013

The age is distributed as follows: 13 (30%) of 30 to 35; 12 (27%) had 36-41 years and 42-47 years, respectively; 6 (14%) have aged 24-29 years; and 1 (2%) above 48 years. Regarding the average age of smokers this study was not consistent with the Almeida; Mussi (2006), since it found very young individuals with a mean of 18.2 years.

With regard to gender, 33 (75%) were female and 11 (25%) males. Our data corroborate the study of Caram et al. (2009), that said the majority of smokers were female with 63%. It can be observed that women increasingly assume a posture of independence and it also resonates in other areas, therefore, it is noted that growth in the number of female smokers. However differs from other studies, such as de Almeida; Mussi (2006), where a different data, where 63.6% are male and 36.4% were female demo, not agreeing with what was found in the search.

Regarding the level of education, we observe that: 15 (34%) have completed primary and completed secondary school respectively; followed by 13 (30%) who have not finished elementary school; and 1 (2%) can be classified as functional illiterate. The level of education can be one of the factors that influence the subject to start the addiction, since it has no basis or knowledge about the dangers caused by smoking. Our findings corroborate the study of Lima; Viegas (2011), which shows the following: in most patients surveyed, 43% have primary level, 37% had completed high school and just over 11% have higher education. It was also observed that 6% of patients are not literate.

When asked about their occupation, 29 (66%) said they work and 15 (34%) do not work. We note that this finding can be understood precisely because much of the population is of working age, mostly between 24 and 47. The information is confirmed by the studies of Bortoluzzi et al. (2011), where the majority (74 people) of respondents worked, and 48 had no occupation. Regarding family income, 21 (48%) to have a minimum wage, and 23 (52%) earn 1-2 times the minimum wage. Although Brazil is a country with numerous discrepancies in the question of income distribution in recent years, it has undergone changes, which causes the individual with not such high financial conditions have access to tobacco in the same way that a person with good condition.

Table 2: In which phase of life had his first contact with smoking?

Stage of life that had the first contact with the smoke	F	%
Childhood	4	9%
Adolescence	38	86%
Adulthood	2	5%
Oldness	-	-
TOTAL	**44**	**100%**

SOURCE: Research data / 2013

About the stage of life that the respondent had his first contact with smoke, 4 (9%) also reported having had this contact in infancy; 38 (86%) say they have had in their teens, and only 2 (5%) as adults. Adolescence is the transition period between childhood and adulthood, characterized by the impulses of the physical, mental, emotional, sexual and social and the individual's efforts to achieve the goals related to cultural expectations of the society in which he lives. According to Almeida; Mussi (2006) for being a full stage and new self, adolescence brings to the individual a series of possibilities, new friendships and a new universe, it all ends so that it begins to experience all that is unknown, automatically is understandable as self-percentage for first contact with the smoke.

Table 3: What was the reason that encouraged contact with addiction?

Reason that encou raged contact with the addiction	F	%
Influence of friends	13	30%
Curiosity	13	30%
Examples in the family	18	40%
TOTAL	**44**	**100%**

SOURCE: Research data / 2013

Regarding the reason that encouraged contact with the addiction, the example of the family was the first to be remembered for 18 (40%) of respondents and the influence of friends and curiosity were mentioned by 13 (30%) of them, respectively.

Family is a word of Latin origin and, interestingly, its corresponding Greek word "oikonomia" which is, in turn, generate the word "economy". Based on this, it is possible to say that the family is primarily an economic organization. Is also as an active system in constant transformation, a complex organism that changes over time to ensure the continuity and growth of its component members (VIEIRA; Noble; Bastos, 2012).

Predisposition to drug can be attributed to the disharmonious environment in which they live, where relationships

between parents and children is characterized by little affection and lack of information on adolescence, crucial to character development time. In addition to not participate in the development of their children, end up harming them, awakening them to licit and illicit drugs.

Table 4: When you started smoking, did you know the risks that smoking causes health?

When it started smoking, knew the risks that smoking causes health	*F*	%
Yes	16	36%
No	28	64%
TOTAL	**44**	**100%**

SOURCE: Research data / 2013

When asked about knowing the risks that smoking causes health while they started smoking, 28 (64%) said they do not and 16 (36%) said yes. If we take into account that even knowing the risks individuals are willing to start this activity, then it should be by the people and government entities mobilizations that occurred to an awareness by all.

This response can be explained in part due to the fact that cigarette smoking involves conscious and unconscious motivations, socio-cultural and educational factors, such as lack of information and access to this, adequate penetration of this information and in accessible language about the real relationship between smoking and the development of pathologies (FALCON; COSTA, 2008).

Table 5: how many cigarettes do you smoke per day?

Daily amount of cigarettes consumed	*F*	%
Less than 10	15	34%
10 to 20	17	39%
20 to 30	9	20%
More than 30	3	7%
TOTAL	**44**	**100%**

SOURCE: Research data / 2013

About how many cigarettes, respondents smoke per day, 17 (39%) responded smoking cigarettes 10 to 20, 15 (34%) less than 10, 9 (20%) of 20 to 30 and 3 (7%) more than 30. Based on the study of Bortoluzziet al (2011), the number of cigarettes consumed can be used as a parameter for evaluating the severity of the addiction. What takes into account an extremely important factor in the lives of severe nicotine is the quality of life associated with the severity of tobacco dependence, therefore, much greater this dependence will be the detriment to the health of smokers, leading the development of numerous diseases respiratory, cardiovascular and even cancer.

Table 6: Do you feel that the smoking habit influences your quality of living?

The smoking habit this influences their quality of life	*F*	%
Yes	42	95%
No	2	5%
TOTAL	**44**	**100%**

SOURCE: Research data / 2013

Regarding the respondents, they feel that the smoking status influences their quality of life, 42 (95%) said yes and 2 (5%) said no. This high number can is related to the damage brought precisely because of this habit, as previously said by Bortoluzziet al. (2011).

The quality of life, defined by WHO (2008) as "an individual's perception of their position in life in the context of culture and value systems in which they live and in relation to their goals, expectations, standards and concerns". This definition has been used in recent years as a measure to assess the impact of smoking as much of the diseases associated with this in the subject's life. This measure may have a more immediate role in motivating these individuals, since the diseases associated with tobacco, which often lead the individual to consider a possibility of change of smoking, usually only occurs after a long time exposure to smoke.

The number of cigarettes consumed can be used as a parameter for evaluating the severity of the addiction. Castro et al. (2007) has evaluated the association between quality of life and severity of tobacco dependence and indicated that serious smokers showed greater impairment in quality of life.

Table 7: What led to seek help to quit tobacco addiction?

What led to seek help to quit tobacco addiction?	*F*	%
Influence of family	16	36%
Own accord	17	39%
Medically indicated	11	25%
TOTAL	**44**	**100%**

SOURCE: Research data / 2013

Regarding the reason that led them to seek help to quit tobacco addiction, 17 (39%) reported that their will was the determinant factor 16 (36%) stated that the influence of the family helped them to take the initiative and 11 (25%) sought CAPS under medical recommendation.

The study in question, not corroborated by research conducted by Caram et al. (2009), since the authors said that most patients sought treatment voluntarily submitted by physicians or other health professionals and more than half of the patients were in the contemplation stage when we evaluated the level of motivation to quit smoking.

The addiction to nicotine, which occurs in over 80% of smokers, coupled with the affordable price of cigarettes, restricts the acquisition of food, health care and leisure activities. Studies in Brazil showed that the high degree of nicotine dependence is associated with increased risk of failure in the treatment of smoking. Pharmacological and non-pharmacological approaches are effective for increasing the rate of smoking cessation. It is know that nicotine addiction is a complex disorder that difficult to overcome. The smoker faces some factors that hinder the process. Among these, the intensity of withdrawal symptoms, the discomfort that worsens in the evening and most complaints relate to increased compulsivity, irritability, anxiety, difficulty concentrating, restlessness, and feeling of sleepiness or dullness and hostility reactions. Such changes can be observed for 30 days or more, but the compulsive symptoms can last for many months or years (RONDINA; Gorayeb; Botelho, 2007).

CONCLUSION

Currently, the World Health Organization (WHO) as the leading cause of preventable death considers tobacco use worldwide, and this is the single most important cause of morbidity in the Western world. Smoking is one of the most serious public health problems, setting an epidemic that affects not only people's health but also the economy and the environment.

We conclude, therefore, that studies in this area of expertise are very relevant, since, on the other generates a responsibility and hope that none is lost, however there must be specific and suitable programs for professionals working with this population. Thus, it is essential that there be awareness on the part of all since this process is long and requires a lot of user. With this, one notes the importance of having research that could support the community and demonstrating the profile of these individuals and charting a coherent form of treatment for the same.

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PROFILE OF TOBACCO ADDICTED ASSISTED BY PSYCHOSOCIAL CARE CENTER AD IN A COUNTY OF PARAIBA

ABSTRACT

Currently, the World Health Organization (WHO) as the leading cause of preventable death considers smoking worldwide, thus representing one of the most serious public health problems. This research aims to define the profile of tobacco users assisted by a CAPS ad. This is an exploratory, descriptive study with quantitative approach, developed in a CAPS ad in the city of Sousa. The study population has aged 30 to 35 years, mostly 13 (30%) are female, and 33 (75%) have completed elementary school or completed secondary school. When asked about their occupation, 29 (66%) said they work and have a family income 1-2 times the minimum wage. The vast majority of respondents knew and experienced the cigarette even during adolescence. About knowing the risks that smoking causes health started smoking, 28 (64%) said no, 17 (39%) responded to smoke 10-20 cigarettes, 95% believed that smoking status influence on their quality of life and 52% feel rejected by people for being smokers. We conclude that there must be specific and suitable programs for professionals' workers to deal with this population, being necessary to the awareness on the part of all, considering that this process is long and requires a lot of user.

KEYWORDS: Tobacco addiction; Tobacco; epidemiological Profile.

PROFIL DU TOXICOMANE ASSISTÉ PAR SOINS PSYCHOSOCIAUX DANS UN COMTÉ DANS L'ÉTAT DE PARAIBA

RÉSUMÉ

Actuellement ,le tabagisme est considéré par l'organisation mondiale de laSanté (OMS) com melaprincipale cause de décèsé vitabledansle monde, cequireprésentel'undesproblèmes de santé publique lesplus graves . Cetterecherche vise à définirleprofildesconsommateurs de tabacassistés par un CAPS ad. Ceciestuneétude descriptive exploratoire avec une 'approche quantitative, développédans un CAPS ad dans la ville de Sousa .La populationcible de l'étude a entre 30 à 35 ans.

Enmajeurpartie13 (30 %) sontdesfemmes , et 33 (75 %) ontleurdiplôme d'étudessecondairescomplet ou incomplet. Interrogéssurleurprofession, 29 (66 %) ontditqu'ils travaillent et ontunrevenu familial compris entre 1 ou 2 foislesalaireminimum . La grande majorit édes répondants connaissaientetavait déjà aumoins une fois expérimentélacigarette, cecimê medurantleur adolescence. Cependant, relatif à laconnaissancedes risques que letabac provoque surlasanté, quandil sontcommencé à fumer, 28 (64 %) ontrépondu ne riens avoirdes conséquences dutabagisme. 17 (39 %) ontré ponduqu'ils fumentenmoyenne entre 10-20 cigarettes. 95 % croient que leurhaleine, provoquée para laconsommation de tabac, influenceleurqualité de vie et 52 % se sententrejetés par lesgens juste par lefaite d'êtrefumeurs . Nous concluons qu'ildoit y avoirdes programmes spécifiqueseta daptéspourles profession nelstravaillantauprès de cettepopulation , étant nécessaire à laprise de conscience de lapart de tous, puisqueceprocessus est long et nécessitebeaucoup de l'utilisateur.

MOTS-CLÉS: Tabagisme, Tabac, ProfilÉpidémiologique.

PERFIL DEL USUARIO DE TABACO VISTO POR EL CENTRO DE ATENCIÓN PSICOSOCIAL AD ENUN MUNICIPIO EN EL ALTO SERTÃO PARAIBANO.

RESUMO

Actualmente,el Tabaquismo es considerado por laOrganización Mundial de laSalud (OMS) como la principal causa de muerteevitableen todo el mundo,representando así uno de los más graves problemas de salud pública. La presente pesquisa tiene como objetivo hacerel perfil de losusuarios de tabaco vistos por un CAPS ad.Esunestudioexploratorio,descriptiblecon enfoque cuantitativo,desenvolvido enun CAPS ad enlaciudadde Sousa.La poblaciódelestudiotienelaedad de 30 a 35 años,ensumayoria 13(30%) sondel sexo feminino,y 33(75%) tienenlaeducación básica completa o laeducación media incompleta.Al seren abordados a respecto de algun tipo de ocupación,29(66%),dijeron que tienenunsueldo familiar de 1 a 2 salarios mínimos.La granmayoria de los entrevistados conoció y experimentóel cigarro aunenlajuventud.Sobre conocer a losriesgos que el cigarrillo causa a lasalud,cuandoempezaron a fumar,28(64%),afirmaron que no,17(39%) respondieron fumar de 10 a 20 cigarros,95% creen que el hábito de fumar tabaco influencia ensucalidad de vida y 52% se sientenexcluidos por parte de las personas por seren fumantes. Se conclue que esnecesario que hayan programas específicos y profisionales aptos para trabajarenconesapoblación,siendoindispensablelaconcientización por parte de todos,ya que eseproceso es largo y exije muchodelusuario.

PALABRAS CLAVE: Tabaquismo, Tabaco, Perfil Epidemiológico.

PERFIL DO USUÁRIO DE TABACO ASSISTIDO PELO CENTRO DE ATENÇÃO PSICOSSOCIAL AD EM UM MUNICÍPIO NO ALTO SERTÃO PARAIBANO

RESUMO

Atualmente, o tabagismo é considerado pela Organização Mundial da Saúde (OMS) como a principal causa de morte evitável em todo o mundo, representando assim um dos mais graves problemas de saúde pública. A presente pesquisa tem como objetivo traçar o perfil dos usuários de tabaco assistidos por um CAPS ad. Trata-se de um estudo exploratório, descritivo com abordagem quantitativa, desenvolvido em um CAPS ad na cidade de Sousa. A população do estudo possui faixa etária de 30 a 35 anos, na sua maioria 13 (30%) são do sexo feminino, e 33 (75%) possuem o ensino fundamental completo ou o ensino médio incompleto. Ao serem indagados a respeito de algum tipo de ocupação, 29 (66%) disseram que trabalham e possuem renda familiar de 1 a 2 salários mínimos. A grande maioria dos entrevistados conheceu e experimentou o cigarro ainda durante a adolescência. Sobre conhecer os riscos que o fumo causa a saúde, quando começaram a fumar, 28 (64%) afirmaram que não, 17 (39%) responderam fumar de 10 a 20 cigarros, 95% acredita que o hábito tabagista influência na sua qualidade de vida e 52% se sentem rejeitados por parte das pessoas por serem tabagistas. Conclui-se que é necessário que haja programas específicos e profissionais aptos para trabalharem com essa população, sendo indispensável à conscientização por parte de todos, já que esse processo é longo e exige muito do usuário.

PALAVRAS-CHAVE: Tabagismo; Tabaco; Perfil Epidemiológico.