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TOBACCO CESSATION CLINICS THE NEED OF THE HOUR A REVIEW

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Abstract

Tobacco use is the foremost risk factor for morbidity and mortality in world with around 6 million people becoming victim of tobacco menace each year. With around 120 million tobacco users in India, we are the second largest consumers in the world. Tobacco Cessation Clinics measures are inadequate in India despite many community-based interventions in preventing or reducing tobacco use. Despite this grave scenario, there is minimal inclusion of tobacco control in professional education system in India which can bring about excellent tobacco control. Encouraging the involvement Health Care Professionals (HCP) in tobacco-use prevention and cessation counseling and setting up Tobacco Cessation Clinics (TCC) at multiple sites might be a cost effective and crucial step in enhancing the effectiveness of tobacco cessation activities.

Introduction

Tobacco use is a global epidemic that kills more than 5.4 million people annually, unfortunately, more than 80% of those deaths occurs in the underdeveloped and developing countries[1]. While tobacco use is found to be declining in many developed countries, and most clearly among men, it is on the rise in developing countries such as India. An estimated one million people die every year due to tobacco related diseases in India, the highest in the world. In India due to increasing trends in tobacco consumption, there is rising incidences of tobacco related cancers and other illnesses[2]. The tobacco related morbidity and mortality is on the rise in spite of advances in the diagnosis and treatment and accounts for high economic burden worldwide. Millions of tobacco related morbidity and mortality could be evaded if efficient tobacco cessation interventions were extensively applied and practiced in low and middle income countries[3].

India has a short history of tobacco-associated legislation. The first tobacco bill was set up to build a foundation for the Indian tobacco industry in the international market and facilitate its momentum, rather than not to curb its usage. Only of late has there been a remarkable drive to crop up with a tobacco control measures and prevention in India. Various studies have revealed that implementation of anti tobacco policies like raise in tobacco taxes, ban on smoking in public and workplaces, forbid the sale of tobacco products to minors, creating an understanding amongst the community about the health hazards of tobacco use, growing access to tobacco cessation therapies, ban on advertising and promotion of tobacco products are favorable and effectual in reducing the tobacco menace and in improving the health of people[4, 5]. Looking at the magnanimity of the tobacco menace in India, there is a pressing need to scale up these tobacco intervention strategies. However, for the current tobacco users, tobacco cessation is the only way out save them from tobacco related mortality and morbidity in the short run. More than half of current tobacco users will die from tobacco related diseases, if they do not quit. Recognizing the significance of tobacco cessation, the Ministry of Health and Family Welfare, Government of India, with the support of the World Health Organization, India Country office in 2002, started 19 TCCs to provide tobacco cessation interventions. The

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objectives of these clinics were to develop cessation strategies for smoking and smokeless tobacco users, to create experience in tobacco cessation interventions and find out the feasibility of scaling up these intervention strategies. Among the tobacco users who attended these clinics in the first five years, 14 per cent reported to have totally quit tobacco use and an additional 22 per cent reported drop in tobacco use by at least 50 per cent of the baseline use. The major shortcoming of these clinics was restricted number of tobacco users accessing these services and merely a tiny section of tobacco users were from rural areas [6, 7].

Why Tobacco cessation clinics?

Limited resources are available in India to embark upon this tobacco associated problems. In order to reduce the impact of tobacco related morbidity and mortality, we need a combination of strategies aimed at avoiding initiation of tobacco by the non-users and cessation of tobacco use among current users. Interventions for substance abuse are chiefly restricted to specialized de-addiction centers and mostly to tertiary intervention for those with established late stage problems. Tobacco cessation in India needs to be implemented in multiple settings. The unaided tobacco cessation in India is very low unlike in the West. In India, tobacco users quit after they acquire some diseases[7]. Therefore, it is all the more important to address tobacco as a serious risk to public health and integrate tobacco cessation with healthcare services such as maternal and child health, family planning, tuberculosis and HIV programmes which is vital and cost-effective as well. If this could be duly integrated and implemented with the primary health care system in India, a large number of tobacco users will benefit. These centers can be run by a medical\dental officer, psychologist or a social worker trained in tobacco cessation workshop on psychosocial and pharmacological approaches to cessation[8]. The services offered at the clinic include individual intervention in the form of behavioral counseling, medication, and nicotine replacement therapy. These centers should also plan to create awareness among the general public about the harmful effects of tobacco and about tobacco cessation through awareness programs, exhibitions, training programs on tobacco cessation for various professionals, and information booklets and manuals intended at specific groups of the population. Considering that quitting confers significant and immediate health benefits at any age, the level of intervention by health professionals will harmonize other actions towards reducing the disease burden of tobacco use.

What health professionals can do -

Tobacco problem in India is multifaceted and widespread, and insufficient resources to embark upon these problems are observed. Whilst numerous community-based interventions have been effective in preventing or reducing tobacco use, encouraging the involvement Health Care Professionals (HCP) in tobacco-use prevention and cessation counseling can reduce tobacco-related morbidity and mortality[9]. Although the most significant factor amongst the determinants of quitting is for the individual to make a choice to quit or to have motivation to quit, in order to prevent relapse, a high level of willpower is needed to quit. Self-effort alone, however, does not assure successful quitting; it has to be done together with counseling and / or pharmacotherapy. Various studies have shown that every year 60-70% of tobacco users want to quit, about 25-30% makes an attempt to quit and only 1-2% succeeds in quitting[10]. It is recommended that clinicians ought to counsel patients regularly who use tobacco products on a regular basis. HCP,s can recognize the tobacco users, offer cessation counseling and pharmacotherapy and refer patients to either quit lines or social support groups as suggested by the clinical practice. Simple, straightforward advice linking to the present health status by a health professional, taking as little as 30 seconds, can produce quit rates of 5–10% per year. The consultation time can be effectively used by doctors as an opportunity to promote patients to quit tobacco when they are motivated to listen. Considering that quitting confers substantial and immediate health benefits at any age, the level of intervention by health professionals will complement other actions towards reducing the disease burden of tobacco use. In a recent study from the Kerala State self-reported quit rate among diabetes patients was substantially higher when given a strong quit advice by the doctor and leaflets on the need for tobacco cessation[7].

Despite this startling situation in India, there is very minimal inclusion of tobacco in formal education systems, including the medical and dental discipline. Hence, integrating tobacco cessation training in medical, dental and other health professional education, training of health professionals to offer cessation advice in their routine health care practice, disease specific counseling sessions in diabetes, tuberculosis and selected other specialties are expected to result in significant quit rates among current tobacco users. Lack of expertise and organizational

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barriers are cited as perceived key setbacks in inclusion of tobacco control in the curricula. Effective execution of the Framework Convention of Tobacco Control is likely to have impact not only on the prevention of initiation of tobacco use but also on tobacco cessation to a great extent[11, 12].

The understanding of tobacco dependence provides the basis for the three approaches to treatment namely: pharmacotherapy (addresses the physiological part), counseling (addresses the psychological aspects, motivational interviewing) and self-management (addresses the behavioral pattern associated with use). Pharmacotherapy used in tobacco cessation may include Nicotine Replacement Therapy (NRT) – nicotine chewing gums, nicotine lozenges, nicotine patches and nicotine nasal sprays and Non-Nicotine Replacement Therapy (Non-NRT) -Bu Bupropion, Varenicline etc[13]. Studies have shown that simple advice to quit tobacco use is an effective intervention; it is also one that can be successfully offered by a variety of health professionals. An effort should be made to promote health care professionals at all levels including physicians, dentists, oral hygienist, pharmacists, physiotherapists, nurses etc to identify tobacco users and provide brief advice to quit, despite of the challenges imposed by the fragmented healthcare systems. Service providers and policy makers need to integrate brief cessation advice and more intensive cessation services and products within the health service delivery system in resource poor countries and encourage people to use these services. Hospitals are perhaps an excellent location in which to initiate since patients receive treatment in a more systematic way in this place[14]. Providing tobacco cessation services such as counseling, pharmacotherapy, education materials, and follow up arrangements in the same way as interventions for other chronic diseases may be a way of integrating treatment for tobacco use into the general delivery of health care. This would also form a basis for partnerships between the health practitioners in the public and private sectors.

Role of dentists in tobacco cessation services

Tobacco use in addition to its association with many cancers and coronary conditions, tobacco plays a significant role in the etiology of a number of oral morbidities. With deliberation to the oral health effects associated with chronic tobacco use, the dental visit provides a “teachable moment” during which the dental team can relate oral health and systemic health to tobacco use and provide evidence-based brief interventions[15]. Compared to other health care providers, dentists can more accurately estimate the patient’s tobacco use and status. Evidence shows that clinical interventions during dental care are as effective as in other healthcare settings and dentists can play an essential role in increasing the tobacco cessation rates[16].

Various studies in the west have shown that although dental office based tobacco-use cessation interventions are efficacious; adoption into practice has been slow. The most important barrier remains lack of education on tobacco cessation activities and lack of time among the others. More than 40% of dentists do not routinely ask about tobacco use and 60% do not routinely advise to quit[17]. Various randomized trials indicate that even brief intervention by dentists can be effective in motivating and assisting tobacco users to quit. The dental patient more so the current tobacco user visits the dental clinic multiple times per year, receiving either treatment or preventive services and these visits can be utilized to offer tobacco cessation advice and counseling. In order to increase intervention effectiveness, educators need to expand their knowledge and clinical competencies to actually help the unmotivated patients consider a quit attempt, assist them in the quitting process, provide follow-up and relapse prevention support. Despite this distressing situation of tobacco use in India, there is very minimal inclusion of tobacco in formal education systems, including the medical discipline**.** Hence it is essential to develop a stepped care approach, where early and initial intervention can be offered by dental professionals. India has a vast resource of dentists in the form of the faculty in the teaching institutions, in government set ups and private practitioners, yet dental settings remain an untapped venue for treatment of tobacco dependence. If dental practitioners provided cessation assistance routinely to their patients and achieved even modest success rates, the public health impact would be enormous. Considering the extensive nature of tobacco problem in India, involving dentists might be a cost effective and crucial step in enhancing the effectiveness of tobacco cessation activities[18].

Conclusion

In conclusion, tobacco cessation, as a component of tobacco control, is essential to improve the population health. Considering the magnitude of tobacco use and its ill effects, we need to scale up the intervention strategies by increasing the number of outreach tobacco cessation clinics and integrating it with the primary health care system to

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meet the needs of millions of tobacco users in India. Interventions can be provided at hospitals, outreach centers, schools, colleges, workplaces, etc. which gives an excellent opportunity to interact with large number of people simultaneously, support an individual's decision to quit and a stable population for follow-up. There is a need for coordinated efforts in the area of tobacco control so as to reduce morbidity and mortality from tobacco induced diseases.

Referencess

1. Richard F. Oppeltz and Ismail Jatoi. Tobacco and the Escalating Global Cancer Burden- Review. Journal of Oncology, Volume 2011 (2011), Article ID 408104, 8 pages
2. Prabhat Jha, Mary MacLennan, Frank J Chaloupka, Ayda Yurekli, Chintanie Ramasundarahettige, Krishna Palipudi et al. Global Hazards of Tobacco and the Benefits of Smoking Cessation and Tobacco Taxes. Cancer: Disease Control Priorities, Third Edition (3), chapter 10
3. R M John, H-Y Sung, and W Max. Economic cost of tobacco use in India, 2004 Tob Control. 2009 Apr; 18(2): 138–143.
4. Kaur J, Jain D C. Tobacco Control Policies in India: Implementation and Challenges Indian J Public Health 2011;55:220-7
5. Riti Shimkhada & John W. Peabody. Policy and Practice- Tobacco control in India. Bull World Health Organ. Jan. 2003; vol.81, n.1 Genebra.
6. Cherian Varghesea, Jagdish Kaurb, Nimesh G Desaic, Pratima Murthy, Savita Malhotra. Initiating tobacco cessation services in India: challenges and opportunities. WHO South-East Asia Journal of Public Health 2012; 1(2):159-168 159.
7. K. R. Thankappan. Tobacco cessation in India: A priority health intervention Indian J Med Res. 2014 Apr; 139(4): 484–486.
8. Saeed H. Wahass, CPsychol. AFBPsS. The role of psychologists in health care delivery. J Family Community Med. 2005 May-Aug; 12(2): 63–70.
9. Ahmed Jamal, Shanta R. Dube, Stephen D. Babb, Ann M. Malarcher. Tobacco Use Screening and Cessation Assistance During Physician Office Visits Among Persons Aged 11–21 Years — National Ambulatory Medical Care Survey, United States, 2004–2010Morbidity and Mortality Weekly Report (MMWR).Sept 12, 2014 / 63(02);71- 79
10. Krzysztof Buczkowski, Ludmila Marcinowicz,Slawomir Czachowski, and Elwira Piszczek. Motivations toward smoking cessation, reasons for relapse, and modes of quitting: results from a qualitative study among former and current smokers. Patient Prefer Adherence. 2014; 8: 1353–1363.
11. Satterlund TD, Cassady D, Treiber J, Lemp C. Barriers to adopting and implementing local-level tobacco control policies. J Community Health. 2011 Aug; 36(4):616-23.
12. Yadav A , Goel S , Sharma VL . Integration of tobacco control in Masters of Public Health curricula of India. Asian Pacific Journal of Cancer Prevention: APJCP [2014, 15(14):5611-5615]
13. Robert West ,Ann McNeill, Martin Raw. Smoking cessation guidelines for health professionals: an update Thorax 2000; 55:987-999.
14. A S M Abdullah, C G Husten. Promotion of smoking cessation in developing countries: a framework for urgent public health interventions. Thorax 2004; 59:623-630
15. Judith S. Gordon,Judy A. Andrews, David A. Albert, Karen M. Crews, Thomas J. Payne et al. Tobacco Cessation via Public Dental Clinics: Results of a Randomized Trial. Am J Public Health. 2010 July; 100(7): 1307–1312.
16. Carlos Omaña-Cepeda, Enric Jané-Salas, Alberto Estrugo-Devesa, Eduardo Chimenos-Küstner,and José López-López· Effectiveness of dentist's intervention in smoking cessation: A review. Clin Exp Dent. 2016 Feb; 8(1): e78–e83.
17. Abhishek Mehta, Gurkiran Kaur. Tobacco cessation: what role can dental professionals play? RSBO. 2012 Apr-June; 9(2):193-8
18. Mohanty VR, Rajesh GR, Aruna DS. Role of dental institutions in tobacco cessation in India.