

Interventions on Cessation for Smokeless Tobacco

Manu Raj Mathur

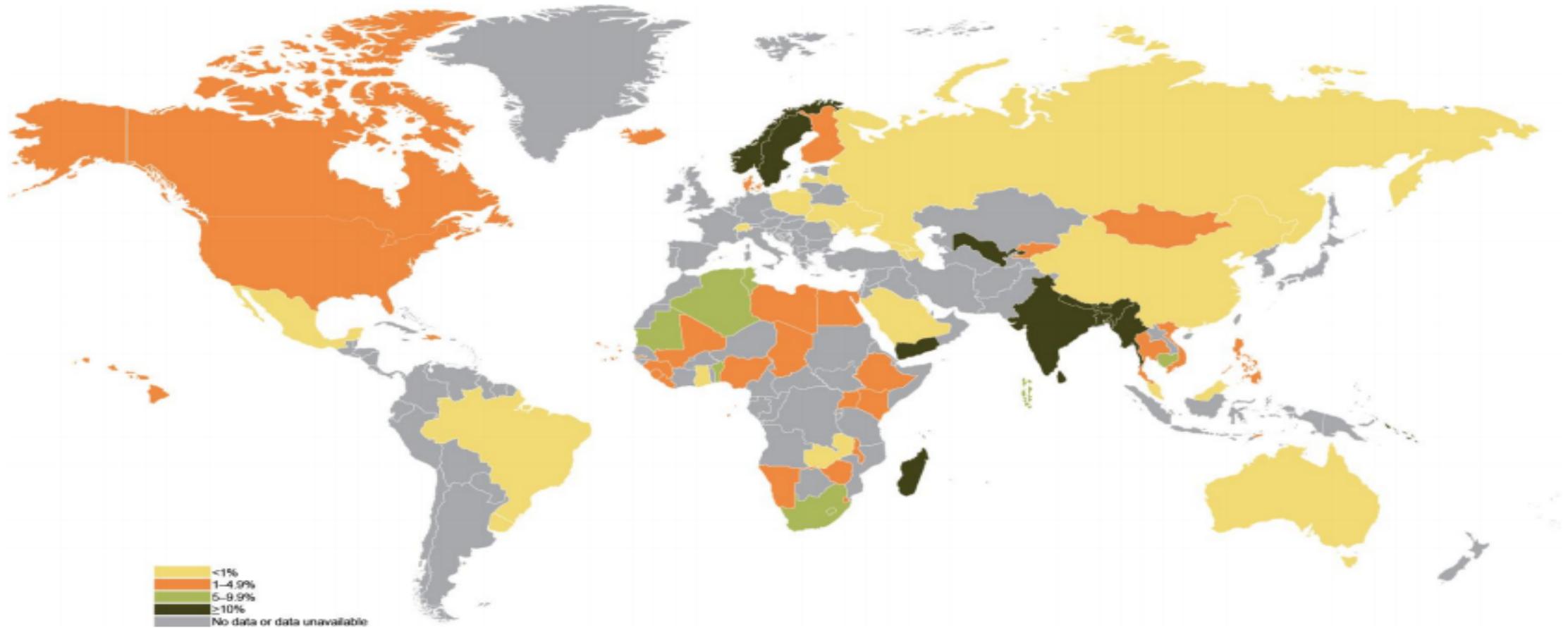
Senior Research Scientist & Associate Professor



Tobacco Cessation

- Cessation is the gold standard of all preventive interventions.
- Evidence based tobacco cessation interventions include behavior change counselling as well as pharmacotherapy.
- The combination of behavior therapy and pharmacotherapy is more effective than each of them used alone
- Pharmacotherapy is proven to approximately double the quit rates when used along with behavior therapy.

Prevalence (%) of Current Use of SLT—Men and Women



**Praise without end the go-ahead zeal
of whoever it was invented the wheel;
but never a word for the poor soul's sake
that thought ahead, and invented the brake.**

- Howard Nemerov

**(“To the Congress of the United States,
Entering Its Third Century”), 1989**

Ebbert's Systematic Review – Points to Ponder

- Two studies suggesting that **varenicline increases ST abstinence rates** (RR 1.34; 95% CI 1.08-1.68), 507 participants)
- **Two trials of bupropion did not detect a benefit of treatment at six months or longer** (RR 0.89, 95% CI 0.54 to 1.44, 293 participants)
- Neither **nicotine patch** (five trials, RR 1.13, 95% CI 0.93 to 1.37, 1083 participants) nor **nicotine gum** (two trials, RR 0.99, 95% CI 0.68 - 1.43, 310 participants) increased abstinence
- Five studies of **nicotine lozenges** did increase tobacco abstinence (RR 1.36, 95% CI 1.17 - 1.59, 1529 participants)
- Statistical heterogeneity was evident among the **trials of behavioral interventions**
- In a post hoc subgroup analysis, trials of behavioral interventions **incorporating telephone support, with or without oral examination and feedback, were associated with larger effect sizes, but oral examination and feedback alone were not associated with benefit**
- In one trial an interactive website **increased abstinence more than a static website**
- One trial comparing immediate cessation using nicotine patch versus a reduction approach using either nicotine lozenge or brand switching showed **greater success for the abrupt cessation group**
- **None from LMICs**

Key Outcomes : Programmes

- School-based and community prevention programs **produce short-term effects** such as reduced rates of prevalence, experimentation, and intention to use ST
- School programs supplemented by effective family-based or mass media programs produce **larger effects** than school-based programs alone
- Programs are **more effective** if they are theory based, continuous, provide adequate training, and are supported by policies that are promoted by government
- Pharmacologic aids such as NRTs can **help reduce** withdrawal symptoms and cravings in SLT users
- Medication may be helpful in reducing symptoms associated with quitting tobacco use and, in the case of Varenicline, **increasing short-term quit rates**

TOBACCO CESSATION EFFORTS UNDERTAKEN BY PHFI

Project STEPS (Strengthening of Tobacco control Efforts through innovative Partnerships and Strategies)

- Multifaceted interventions, evaluated by a factorial randomized trial
- 12 districts in Gujarat and undivided Andhra Pradesh
- Health system intervention trained 1000 physicians and 1500 front line health workers
- Maximum change seen in community and health interventions
- Demonstrated increased knowledge and practice in Community and health randomized blocks

SCCoPE: 2015- 2017: Primary care

Health system interventions, 10 districts in Rajasthan and Odisha

- Trained 500 doctors
- Evaluated by quasi experimental design, demonstrated quit rates of increased quits 20 – 30% at different sites in intervention and control.

Key Learnings

- A range of effective treatments should be offered and made accessible to all SLT users
- Education and training in cessation of tobacco use should be included in the curricula for health professionals
- A range of indicated uses for treatments should be offered that is consistent with the evidence on efficacy and understanding of the nature of tobacco use
- Legislative barriers should be reformed
- Campaigns should increase public awareness of the benefits of quitting

Future Research Priorities

- Cost-effectiveness of tobacco dependence treatments, especially in LMICs
- Cessation approaches for vulnerable populations (eg. adolescents & pregnant mothers, people with mental disorders, patients with other addictions)
- Continue exploration of policy related to harm réduction
- Develop and test interventions that can be effective in resource-constrained environments

How effective are the Tobacco Cessation services?

To see the effect of cessation services, the minimum you should be able to accomplish is

