

## Healthcare Professionals' (HCPs) Engagement in Tobacco Cessation in India

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**Received:** February 18, 2020; **Published:** March 16, 2020

### Abstract

**Background:** India despite high burden of tobacco and dismally low quit rates of below 2% along with low intent to quit by the users (~20%), have an equally low participation of the HCPs- only 23.3% smokers and 17.97% users of SLT get an advice to quit in "next 12 months".

**Case Report:** In a multispecialty, tertiary care, private hospital, with a footfall of 25.52% tobacco using patients (63,146), only 0.57% (366 patients) get treated through the in-house TTC to quit for their tobacco-related ailments. The referrals from the in-house HCPs account for 0.43% (274 of the total 63,146).

**Discussion:** India with over 70% health system in its private sector has negligible delivery of tobacco cessation. The HCPs who can do so at every clinical encounter, do not participate due to their ignorance of the subject and the process, being very busy with clinical work, their inability to integrate preventive aspect into clinical practice or lack of matching financial incentives to their clinical work. Therefore, the HCPs empowerment and certification in the delivery of tobacco cessation through CMEs, workshops and Medical Councils should become the norm.

**Conclusion:** To improve quit rates and to eliminate preventable morbidities and mortality due to tobacco-related illnesses, the larger "private" health sector in India should have TCCs established at an earliest along with an optimal participation of the HCPs through their empowerment in tobacco cessation to either treat by themselves or refer their tobacco-using patients to the in-house TCCs or in the interim to the toll-free national portals of tobacco cessation- the National Quitline or mCessation.

**Keywords:** Tobacco; Quit Rate/s; HCPs; TCCs; Private Health Sector; India

### Abbreviations

HCPs: Health Care Professionals; TCC/TCCs: Tobacco Cessation Clinic/s; NTCP: National Tobacco Control Program; GATS: Global Adult Tobacco Survey; TTC: Tobacco Treatment Clinic; NRT: Nicotine Replacement Therapy; CME: Continuing Medical Education

### Introduction

While India has come a long way since its TCC Project in 2001 [1] to be one of the 23 countries that have comprehensive status in tobacco cessation [2], the quit rates in India for both, smoked and smokeless tobacco, are dismally low- below 2% [3]. And, these did not improve despite an overall progress made in tobacco control through: (a) an advancement in age of initiation by a year from 17 to 18 years; (b) lowering of the rate of addiction, a higher intent to quit overall; (c) higher impact of pictorial warnings and mass media; and, (d) delivery of tobacco cessation through over 5,00 TCCs in the government health sector under NTCP, National and 3 Regional Quitlines and mCessation besides several efforts made at the State level, mostly through the Institutions', either independently or under international collaboration.

**Citation:** Rakesh Gupta. "Healthcare Professionals' (HCPs) Engagement in Tobacco Cessation in India". *EC Psychology and Psychiatry* 9.4 (2020): 08-10.

The second round of GATS [3] for India has observed two significant challenges for the lower quit rates:

1. A low intent to quit in next 30 days and, also, in next 12 months - 20.1% for the current smokers and 20.7% for the current users of smokeless tobacco (SLT); and
2. An overall low rates of delivery of tobacco treatment dependence when tobacco using patients visit a health facility- 53% of 44.7% smokers and 37.5% of 42.6% SLT users; this also means that altogether 76.7% smokers and 83.03% do not get HCPs advise to quit in "next 12 months".

Hence, while a lower intent to quit in short-term by the tobacco users needs to be understood in terms of prevailing demographic and socio-cultural status (a majority of tobacco users are rural poor with low literacy), the lower rate of delivery of tobacco cessation in the health facilities can be attributed to the performances of both, the hospital managements and the HCPs.

### Case Report

In the year 2019, from January to September, a multi-specialty, tertiary care, private-sector hospital in India that has digitized its system at the Hospital reception to record for the use of tobacco, alcohol and other addictive substances, had a footfall of 25.52% tobacco-using patients (63, 146 out of the total 2,47,076 patients). Out of these, the in-house Tobacco Treatment Clinic (TTC) had managed 366 new patients (0.57%)- of these, the referrals by the in-house HCPs accounted for 85.51% (274/366 patients; 0.43% of the screen-detected for tobacco use at the Hospital Reception); the rest 92 (14.49%) were the direct walk-ins. Smokers were 221 (60%) while users of chewable tobacco and dual users were 109 and 36 (30% and 10%) respectively. While 318 (87%) were suffering from one or more tobacco-related illnesses; and 263 (72%) were addicted and the rest 103 (28%) were abusers. All were managed through intensive one-to-one counseling and 301 (82%) were prescribed pharmacotherapy; whereas 130 patients (35%) did not take it, NRT with Bupropion (30%) or Varenicline (4%) was used by 122 patients (34%); the rest 48 patients (13%) took NRT (18 patients, 5%), Bupropion (27 patients, 7%) or Varenicline (3 patients, 1%) as the sole medication. While 187 patients (51%) have quitted successfully (a total abstinence), 139 (38%) failed to quit, 32 (9%) have relapsed over a follow-up varying from 6 to 14 months; 6 died (2%) and 1 (0%) was deemed ineligible in absence of any contact number.

### Discussion

The situation described above of a significant deficit to deliver tobacco cessation to treat the screen-detected tobacco-using patients for "a preventable cause" is unlikely to be different in the private health sector of India which is over 70% of the entire health services with negligible delivery for the tobacco cessation. The onus to deliver it optimally and ultimately, besides hospital management, rests with mostly with the HCPs who can do so howsoever, at every clinical encounter [5]. Their challenges recognized globally are no different in India [6,7]:

1. Lack of capabilities to deliver due to ignorance of the fundamentals and the processes of the cessation delivery- it is not taught in the medical or nursing schools;
2. Inability to integrate preventive health into respective clinical practice, not only due to shortage of time at hand but also due to indifference to treat for tobacco user as a risk factor and as a disease;
3. Lack of intent to get empowered through self-education or available portals with a sense that "it is not my work"; and
4. Absence of any financial gain- the service doesn't exist in hospitals as recognized specialty, insurance coverage is missing, tobacco using patients decline paying consultation fee even, etc.

But, it is time to undertake some concrete and specific HCPs-centric measures such as their in-service trainings, award of the credits through participations in the continuing medical education programs (CMEs), holding workshops and conferences that either specifically focuses on tobacco cessation delivery or holds specific plenary or key note address on tobacco cessation, their acquiring certification in

tobacco cessation through various online or on-campus programs that are held in India or globally, etc. Besides, it is time for the Ministry of Health and Family Welfare in India to issue an advisory to the States to establish TCCs in all the hospitals/health facilities at all levels of the healthcare through a Systems Approach [5], especially in the private health sector; and, to account for the HCPs participation in these directly or through their referrals. In the interim, the HCPs should be encouraged to recommend a use of toll-free numbers of the National/Regional Quitlines (1800-11-2356) and mCessation program (+91-11-22901701) by their tobacco-using patients to quit tobacco. The State Medical Councils too should set a norm of the CME credits for tobacco cessation delivery by the HCPs on an annual basis.

### Conclusion

This report is made to highlight a huge potential of treating tobacco users through the health system, especially in the private health sector of India through their HCPs regardless of their patients suffering from one or more tobacco-related illnesses. But, it can happen only if the hospitals have a policy to screen all patients for tobacco use and to treat all tobacco-using patients either by the HCPs themselves or through their referrals to the in-house TCCs, the establishments of which should become a norm nationally. Not only such a transition at an earliest will improve the existing quit rates in the country but it will also save these tobacco users of preventable morbidities and mortality in future.

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**Volume 9 Issue 4 April 2020**

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