Health systems challenges for tobacco dependence treatment in LMICs: Smokeless tobacco and Bidi

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Overview

1. Bidi and Smokeless Tobacco Burden

2. Resources Available

3. Present Challenges

4. Supply and Demand Side Barriers to Tobacco Dependence Treatment

5. Strengthening Health System

6. Way Forward
60% of the world’s current smokers live in three Asian countries: China, India, and Indonesia.

Middle-income countries have seen the greatest increase in number of smokers.

Lowlight:
In India
- 111 million adults smoke in some form
- 73 million Bidi Smokers: (23% of population of US)
Tobacco Burden (Smokeless Tobacco)

- 268 million people use smokeless tobacco in South East Asia Region
- 89% of ST users

Source: Global Adult Tobacco Survey, India 2009-10 Data
Socio-economic gradients in Bidi smoking and smokeless tobacco

- Bidi smoking and smokeless tobacco use is concentrated among the socio-economically disadvantaged

- Average expenditure incurred by bidi smokers and smokeless tobacco users is higher in rural areas\(^1\)

- Low household income is associated with a higher likelihood of bidi and smokeless tobacco use in most states of India\(^2\)

- Bidi and Smokeless tobacco users who have less than primary level of education incur more expenditure on bidi and smokeless tobacco\(^1\)

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Real Picture

Available Resources

Knowledge
- Preventing tobacco use
- Promoting cessation
- Protecting non-smokers from SHS

Tool
- Accelerating FCTC implementation
- MPOWER
- Tobacco Dependence Guidelines

Challenges

Government of India released National Guidelines on Tobacco Dependence Treatment (2011)

Application of guidelines in routine care?

Cessation facilities at district level under NTCP (42 out of 642 districts)

Lack of monitoring & Evaluation

Network of TCC
- Pilot phase
- Tertiary centers
- Urban based
- Behavior counseling
- Lack of follow-up

General hospitals, TB hospitals, and clinics
Private Hospitals ??

Evidence-base cessation practice not followed
Supply and Demand Side Barriers to Tobacco Dependence Treatment

Health System Barriers

Service Providers’ Barriers

Availability, Affordability & Acceptability

Tobacco Dependence Treatment services, cost, access, and availability

Service Utilization

Barriers related to tobacco cessation service utilization
1. Tobacco cessation service utilization

- 46% of smokers and 27% of smokeless tobacco users were advised to quit by HCPs (2009-10)

- Two in five smokers (38%) and users of smokeless tobacco (35%) made an attempt to quit. (2009-2010)

- Smokers: 9% used counseling and only (4%) used pharmacotherapy to quit smoking. SLT Users: 4% used counseling to quit tobacco (2009-2010)

- 26% of smokers used other methods - traditional medicine and switching over to SLT (2009-2010)

Source: 1. Global Adult Tobacco Survey, India, 2009-10 Data
2. Providers’ Barriers

Opportunities for screening and providing tobacco cessation advice are largely missed in primary care settings\(^3\)

Lack of knowledge and trained health professionals, paucity of funds, and low priority given to tobacco control interventions\(^3\)

SLT as harm reduction measure: 21% of physicians advise patients to switch to smokeless tobacco\(^4\)

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3. Tobacco Dependence Treatment Services: Access, Availability & Acceptability

<table>
<thead>
<tr>
<th>Amount spent on Bidi smoking is more than the cost of treatment</th>
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<tbody>
<tr>
<td>Expenditure on Bidi in an year (GATS, India-2010)</td>
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<tr>
<td>Expenditure on SLT in an year (GATS-2010)</td>
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<tr>
<td>Expenditure on NRT for high dependence (12 weeks)</td>
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<tr>
<td>Expenditure on Bupropion for high dependence (8 weeks)</td>
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<tr>
<td>Expenditure on Vareniciline for high dependence (8 weeks)</td>
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**ISSUES**

- NRT gums and patch, Bupropion and Varenicline available as over the counter drugs and on prescription
- Bupropion used mainly by psychiatrists and not general practitioners
- Varenicline is used mainly by private hospitals as cost is a factor
3. Tobacco Dependence Treatment Services: Access, Availability & Acceptability

ISSUES

Smokeless tobacco users:

- Dual Use & Myriad forms
- Culturally ingrained
- SLT products: Low cost & High Nicotine Dependence
- Low receipt of ‘Advise’, ‘Assess’ and ‘Assist’, Arrange component of 5As among tobacco users
- Low Agreement between physicians and patients on “5As”. Agreement was higher among patients who were smokeless tobacco users

Source: Strengthening of Tobacco Control Efforts through Innovative Partnerships and Strategies (2013). Exit Interviews Unpublished Data
The "5 As" model helping tobacco users in quitting

**Project STEPS (2011-13)**

- Integrated tobacco cessation practices in routine practices of Health
- Patients who reported that they were ‘advised’ to quit, ‘assessed’ for readiness to quit and offered cessation ‘assistance’ were more satisfied with the counseling services.
- Patients satisfied with the counseling services were five times more likely to have an intention to quit tobacco and four times as likely to recommend counseling to other tobacco users.

**Project Quit International**

- Designed a tobacco curriculum for medical colleges
- Developed culturally appropriate approaches to clinic and community-based tobacco cessation

Lessons learned from Project SCCOPE

◆ **Hub and spoke model:** Hub (set up center of excellence in tobacco cessation), develop spokes around them (empowered facilities for tobacco cessation regionally in premier institutes)

◆ **Building Capacity and Establishing Models** (online & face to face training) of NTCP state officials & physicians in primary and secondary health care to deliver an evidence-based brief tobacco cessation intervention

◆ Creating a network and training model for tobacco cessation

◆ Initiated formation of a research and practice network in tobacco control

◆ Technical support to Government for establishing TCC
Way Forward

Development of standard measures for measurement of nicotine dependence among Bidi & SLT users

Developing interventions tailored to regionally driven patterns of Bidi and SLT use

Incorporation of Tobacco Cessation in Medical Curriculum &
Integration of TC program in TB program, Cancer Control, CVDs and Respiratory Diseases

Online network of cessation experts, certification in cessation

Expansion of Tobacco Cessation Centers across the country
Thank You

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