

Tobacco Cessation Centres: Vital Cog in the Fight against Tobacco Epidemic Preparedness towards a future pandemic

Pushpendra Kaushik¹, Nandita Sharma², Mahendra Singh³, Pradeep Aggarwal⁴

¹ MPH Scholar, ² Program Manager – Healthy Food for All, ³ Associate Professor, ⁴ Additional Professor,
Department of Community and Family Medicine, All India Institute of Medical Sciences, Rishikesh, Uttarakhand

Correspondence : : Dr. Pradeep Aggarwal, Email: drpradeep_aggarwal@hotmail.com

Abstract:

The tobacco crisis, which claims more than 8 million lives yearly and adds 1.2 million more from second-hand smoke inhalation, is a serious concern for world health. The detrimental impact of tobacco usage on health is projected to have an annual economic cost of 1.4 trillion US dollars (health costs plus lost productivity) or 1.8% of the world's GDP. Both smokers and users of smokeless tobacco can profit greatly from quitting. Quitting smoking lowers the likelihood of developing respiratory problems, delays their beginning, and slows the progression of chronic lung diseases. Therefore, the "World Health Organisation (WHO)" and the "Ministry of Health & Family Welfare", Government of India, worked together to open official tobacco cessation clinics throughout India. The goal of tobacco cessation centers was to offer to counsel people trying to stop smoking. This includes monitoring the patient's progress and providing counseling, either by itself or in conjunction with medication.

Keywords: Counselling, Tobacco Cessation Centre, Quitting

Introduction:


A grave concern impacting global health is the tobacco emergency, causing the loss of more than 8 million lives annually, with an extra 1.2 million due to second-hand smoke inhalation. A large share of the world's population, amounting to 1.3 billion people, use such items, with roughly 80% located in lower- to middle-income countries; thereby adding significantly to the weight of associated medical issues and deaths in said nations.^[1] Each year, a staggering 65 thousand children pass away from conditions linked to inhaling smoke from others' cigarettes, and approximately half of all minors breathe in smog saturated with hazardous substances from tobacco smoke^[2]

According to the Global Adult Tobacco Survey, GATS-2, 2017 in India, 28.6% of adults (more than 15 years of age) use tobacco in any form^[3] while 8.5% of students between age 13 to 15 years currently use tobacco in any form (Global Youth Tobacco Survey, GYTS-4, 2019).^[4]

In addition to the negative effects that tobacco use has on health, it is estimated that smoking has a total annual economic cost of roughly 1.4 trillion US dollars (combined health costs and productivity losses), or 1.8% of the global GDP. Nearly 40% of this cost is borne by developing nations.^[2]

Why to aim for Tobacco Cessation? The Benefits:

Cessation provides significant benefits to both smokers and users of smokeless tobacco. Discontinuing smoking reduces the risk or delays the

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onset of airflow limitation and hinders the progression of chronic respiratory disease. Blood carbon monoxide levels decrease immediately upon smoking cessation, leading to restored pulse rate and blood pressure with improved taste and smell. Quelling the habit is attached to lower risks for oral cancer, precancerous lesions, dental issues, and cardiovascular disease. Lung cancer, coronary heart disease, and chronic obstructive pulmonary disease dangers are lessened when stopping smoking. Prospective mothers who stop smoking before pregnancy, including during their first trimester, will bear infants with non-smoker birthweights comparable in size.^[5]

The Concept of Tobacco Cessation Centres:

Up until 2001, professional services for quitting smoking were not offered in India, despite the serious health and financial effects of the country's widespread tobacco usage. Tobacco cessation services were not professionally organised in India prior to 2001, even though the expense and negative impact on health due to widespread tobacco use were significant. On World No Tobacco Day – May 31, 2002 – the Ministry of Health & Family Welfare, Government of India collaborated with the World Health Organization (WHO) to launch official tobacco cessation clinics in thirteen centers across India. These centers would later be referred to as Tobacco Cessation Centers after 2005. Additional Regional Cancer Centers (RCCs) joined the TCC initiative in 2005 stemming from recognition for its practical application.^[6]

Tobacco cessation centers aimed to provide those attempting to quit smoking with therapy. This consists of counseling either alone or alongside pharmacological aid, as well as tracking patient progress.

The expansion of Tobacco Cessation Centres throughout India:

The “National Tobacco Control Programme (NTCP)” was established by the “Government of

India” in 2007–2008 with the goal of reducing the burden of morbidities and mortality associated with tobacco consumption in India. Its objectives included raising public awareness of the detrimental consequences of tobacco usage, reducing the production and sale of tobacco goods, assisting smokers in quitting, and facilitating the implementation of tobacco control and prevention strategies recommended by the “WHO Framework Convention on Tobacco Control (COTPA).” The “State Tobacco Control Cell” and district administration have been guided in implementing the NTCP at the state level (State Tobacco Control Cell) and district level (“District Tobacco Control Cell”) by the Operational Guidelines that were made public by the “National Tobacco Control Cell (NTCC).”^[7]

One of the major activities under District Tobacco Control Cell is setting up Tobacco Cessation Centres (TCCs) in district hospitals and providing free pharmaco-therapy and counseling services at these clinics. As of now, there are 429 Tobacco Cessation Centres under NTCP (maximum number in Uttar Pradesh-80) and around 180 Tobacco Cessation Centres other than NTCP.^[8]

Recently, it was made possible for Tobacco Cessation Centres to be established in Indian Dental Schools. Presently, there are 323 Dental colleges affiliated with the “Dental Council of India”. So, the establishment of these many TCCs would be of greater help to curb the growing menace of the tobacco epidemic.

Requirements of a Tobacco Cessation Centre:

The first and foremost requirement of running a TCC is the presence of adequate space. There should be a dedicated room in the OPD services for cessation services with sufficient seclusion for the patients to sit and discuss their issues with their therapist.

For a TCC to provide quality cessation services to the population it should be equipped with adequate infrastructure and properly trained manpower. As per the operational guidelines of “National Tobacco

Control Programme,” developed by the “Ministry of Health and Family Welfare,” one counselor/psychologist is provided in each “Tobacco Cessation Centre” under NTCP. For the purchase of different instruments, including carbon monoxide monitors and Spiro-meters, which are important in offering comprehensive cessation assistance, funds are also granted by the Government of India under the TCC budget for TCCs operating under the NTCP. The TCC also requires adequate manpower, including doctors, psychologists, medical social workers, computer operators, and attendants. It is also necessary that the staff at the TCC is adequately trained in both psychological and pharmacological interventions. It is recommended that the NTCP organize four yearly training programs for its stakeholders to receive necessary instruction.^[9]

Effectiveness of Tobacco Cessation Centres:

In a study reported by P Murthy and S Saddicha,^[10] 34,741 patients were registered at the clinics in the first five years, and 23,320 of those cases had baseline data recorded. In 69% of the instances, just behavioral techniques were used, and in 31% of the cases, behavioral counseling was combined with the use of medication, namely bupropion and nicotine gums. At six weeks, 22% had cut their tobacco consumption by at least 50%, and 14% had progressively quit. At 3, 6, and 9 months, the outcomes for younger male patients, smokers of smokeless tobacco, and patients who received both medication and behavioral counseling were relatively better. The extended duration of patient follow-up correlated with an increase in the progression from “not improved” to experiencing improved symptoms. The TCC in Delhi has published encouraging results contrasting the impact of counseling individually versus counseling and medication (bupropion). The counseling group had a sustained abstinence rate of 17%, 17%, 16%, and 15% at 1, 3, 6, and 12 months, whereas the drug treatment group had a rate of 60%, 58%, 54%, and 53% at the same time points. (P 0.001 for all comparisons)^[10]

The Way Forward: Making Cessation Centers Mandatory in All Healthcare Institutes

Making tobacco cessation centers mandatory in all healthcare institutes is a great way to move forward in the quest toward a smoke-free generation. Cessation centers provide smokers with doctors, therapists, and psychiatrists who are experienced in helping people quit smoking by using evidence-based strategies, such as counseling and medication. Furthermore, having these centers easily available encourages smokers to take the initiative to stop smoking and live a healthier lifestyle.

Additionally, providing medical and dental students with knowledge and resources about tobacco cessation is key for helping to reduce tobacco use in future generations. By introducing courses in medical and dental colleges related to tobacco cessation treatments, students will gain the necessary skills needed to help patients quit smoking, thus enabling them to become more effective healthcare providers. These programs can also include activities such as putting up posters or holding educational seminars about quitting smoking in order to further educate the general public

Conclusion

Implementing a tobacco cessation center at every medical and dental college can make great progress toward achieving a smoke-free generation. It is well-documented that tobacco causes a variety of health problems and has long-term effects that extend beyond just physical health. Investing in tobacco cessation centers at each medical and dental college will serve as a reminder to future generations that smoking is bad for their health, create a healthier, smoke-free environment, and create more jobs. All in all, introducing such centers would lead to a greater overall health benefit for the community and the world.

Declaration:

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