

REVIEW ARTICLE

Role of Primary Care Providers in Tobacco Cessation, Tobacco Dependence Treatment

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Abstract

Background: Tobacco use is very common among Indian society. In fact, tobacco use is responsible for majority of morbidity and mortality in India and worldwide. Tobacco has been identified as “addictive” and tobacco dependence has been defined as a health problem in ICD-10. **Aims & Objectives:** To emphasize the role of primary health care providers in tobacco cessation and to give recommendations after identifying barriers and exploring the present scenario. **Material Methods:** Several studies, journals and web-based articles have been referred to support the evidence that a brief tobacco cessation advice from physicians could help the patient quit. **Result:** Studies show that there is lack of participation from primary health care providers for tobacco cessation. Several barriers have been identified in many studies and also there exist some solutions to these barriers. **Conclusion:** It has been concluded in the article that primary health care providers should be trained and supported with all possible resources so that they can screen tobacco use in patients and could help them quit.

Key Words

Tobacco cessation; Primary health care; Tobacco dependence; Tobacco use; Health education

Introduction

Tobacco use is a major risk factor for the leading causes of death in the world. (1) Majority of the morbidity and mortality could be attributed to tobacco use. The scientific evidence shows that tobacco is a risk factor for several diseases including chronic bronchitis, emphysema, lung cancer, myocardial infarction, pregnancy-related and neonatal disorders and several other health problems. (2) Annually about five to six million deaths are attributed to tobacco use as a risk factor. (1) In India about one million deaths each year and about 2200 deaths each day are attributed to tobacco use as a risk factor. Most of this mortality (70%) is among middle aged people (3) who are the most productive group and thus tobacco use lead to huge loss of national productivity and national income. There are about 275 million tobacco users in India which accounts for about 1/3rd (34.6%) of

Indian population. (4) This huge population of tobacco users is a matter of grave concern.

Various tobacco control measures include policy making, increasing taxes, formulation of tobacco control laws, health education, medical interventions etc. Among all these measures tobacco dependence treatment is very important. India is signatory to FCTC (Framework Convention for Tobacco Control) of WHO (World Health Organisation) which mandate its signatories to provide tobacco dependence treatment services. (5) Thus India is also obliged to provide tobacco dependence treatment services under National Tobacco Control Programme.

The problem of tobacco use is mainly due to its addictive nature. The term “habituating” for tobacco use was first used in 1964, in the report of the advisory committee to Surgeon General. (6) After few years in 1988, it was concluded in the Surgeon General’s report that tobacco is addictive and

nicotine present in tobacco causes the “addiction”. (7) Tobacco dependence has also been defined in International statistical Classification of Diseases and related health problems (ICD-10). The definition is, ‘tobacco dependence is a cluster of behavioural, cognitive and physiological phenomena that develop after repeated tobacco use and that typically include a strong desire to use tobacco, difficulties in controlling its use, persistence in tobacco use despite harmful consequences, a higher priority given to tobacco use than other activities and obligation, increased tolerance and sometimes a physical withdrawal state’. (8) Thus addiction caused by nicotine makes the person continue using tobacco otherwise he will have to face withdrawal symptoms. This makes tobacco cessation very challenging procedure.

Though challenging tobacco cessation is very imperative. Several studies have reported various short-term and long-term health benefits of tobacco cessation. (9) Studies show that within 20 minutes of quitting blood pressure drops to normal; pulse rate drops to normal and temperature of hands and feet increases to normal. (9) The long-term benefits of quitting include improved blood circulation, improved lung functioning, decreased risk of coronary heart disease, decreased risk of lung cancer etc. (9) Thus all the systems of our body start functioning normally after some time of quitting tobacco use. Tobacco use affects each and every organ of our body and so tobacco cessation also improves each and every organ of the body.

The first step towards quitting tobacco need medical help and health education specially in developing countries like India where awareness is low. (10) Here comes the role of healthcare provider who is in a position to provide health education and medical help to patients for quitting tobacco use. There is strong evidence that tobacco users are more likely to make a quit attempt when their healthcare provider advise them to quit. (11,12) Brief counselling by healthcare provider for tobacco cessation can benefit a large number of patients who are tobacco users and who report to primary care facilities. (13,14) Simple counselling by primary care providers has an additional benefit that patient will be highly satisfied with medical care of doctors/ health professionals. (15) Thus a brief advice by health professionals for tobacco cessation could be panacea for health status of patients and for curing their illness.

Aims & Objectives

The aims & objectives of this review article are,

1. To emphasize the role of primary health care providers in tobacco cessation.
2. To explore the present scenario regarding tobacco cessation help being provided by primary care providers.
3. To identify barriers in providing tobacco cessation help by primary care providers.
4. To give recommendations for overcoming barriers in providing tobacco cessation help by primary care providers.

Material and Methods

This review article was written after doing a systematic review of several studies, journals and articles on web. Ethical issues have been addressed as there is no direct involvement of human subjects in this study. The referred articles and studies have been properly cited in the reference section.

Results & Discussion

Some of the earliest evidence came around 1988 that advice from physicians to their smoking patients could prove very effective in helping them quit. (16) Even after 25 years some recently conducted systematic reviews shows that a brief advice from physicians can increase the quit rate by up to three percent. (17) There is a small additional benefit of intense advice and follow-up support. (17)

Most suitable setting for the provision of tobacco cessation advice is Primary Health Centres. (17) Indian Public Health Standard (IPHS) guidelines mandate tobacco cessation as an essential service at primary care health facilities. (18) Ministry of Health and Family Welfare (MoHFW) has issued tobacco dependence treatment guidelines which can help physicians at primary health settings to provide tobacco cessation help to their patients. (19) Tobacco cessation therapies include a wide range from simple counselling to intensive interventions using medications like Nicotine gums and bupropion in combination with cognitive behavioural therapy. (19) Non-nicotine containing treatments like bupropion have also proven effective and have been tested in many clinical trials. (10) Pharmacotherapy like Nicotine Replacement Therapy (NRT) could help in coping with nicotine withdrawal and patients are 1.5 to 2.7 times more likely to quit as compared to placebo. (20)

Tobacco cessation treatment starts with the rebuilding of physician with the patient. Physician patient relationship plays a critical role in behaviour change of patient and that depends on effective communication by physicians. (21, 22) It also helps in effective outcomes of treatment. Physicians' advice should consider 'stages of change model'. (23) Patient may not be ready to quit, he might be contemplating (thinking of) quitting in near future or he might be ready to quit. Patient's stage of change may also shift as a result of good advice. (23) Physician should relate the tobacco cessation advice with present ill health of patient which serves as a strong cue for changing tobacco use behaviour. (24) When patient is ill or deceased, he is most receptive to change his behaviour towards better health so that he could be relieved from suffering/ pain. Thus healthcare providers' / doctors' role becomes very important in tobacco cessation.

Unfortunately situation is very dismal in India regarding role of public health care/ physicians in tobacco cessation of patients. Studies have shown that only 22.5% of medical students acquired knowledge about tobacco cessation during their medical curriculum. (25) Also the study highlights lack of knowledge among physicians about tobacco cessation techniques and drugs like Nicotine gums. (25) A study conducted in Bangalore found that 25% of PG residents were unaware of Nicotine Replacement Therapy. (26) Another study conducted by Public Health Foundation of India in Andhra Pradesh and Gujarat reported that only 17% of physicians were prepared for tobacco cessation services at primary care settings. According to study only 21.3% physicians received tobacco cessation training during medical education and 18.9% physicians received on the job training. (27) The earlier studies in 1989 also found low detection rate of smokers by physicians and lack of routine advice given to smokers by their physicians to quit. (28) Even after 25 years situation is more or less same. Studies show that physician's advice also depends on the medical condition of patient. Patients with severe chronic illness are more likely to get tobacco cessation advice particularly for diseases like cardiovascular illness, oral cancer, lung cancer etc. (29) Thus healthcare providers are either ignorant or reluctant to focus on preventive aspect of treatment specially tobacco cessation.

There are various barriers due to which physicians at primary care settings do not provide tobacco

cessation services and not even a brief advice. These barriers include lack of time, less importance given to preventive aspect of illness and focus only on treatment, lack of reimbursement, and lack of demand from patient, environmental factors like lack of support from other staff. (30) There is always a long queue of patients at primary care centres. Physicians try to attend as many patients as possible. Thus physician is not able to devote much time to a single patient. While prioritizing treatment options, physician does not give importance to preventive aspect and thus do not provide brief advice for tobacco cessation. Also even if physician provide tobacco cessation services like brief advice, there is no feedback about whether patient had quit or not because there are too many patients and they do not follow up regularly. (30) Physicians are also doubtful whether patient is willing to quit tobacco or not and whether physician could skilfully interfere in this aspect of patient or not. Physicians prefer giving advice only to patients who are willing to quit while the patients who do not want to quit are not pressurised by physicians.

These barriers could be encountered by an overhaul of primary health care system. One aspect is continuing adult education training of primary care providers in the form of small (2-3 hours) training sessions, conferences, seminars, workshops etc. (31) First of all physicians themselves should be aware of tobacco cessation therapies only then they would be able to advice their patients.

Conclusion

Thus we conclude,

1. There is lots of evidence that role of primary care providers in tobacco cessation is very important.
2. At present, majority of primary care providers are not prepared to provide tobacco cessation help.
3. The barriers in providing tobacco cessation help by primary care providers include lack of time, less importance given to preventive aspect of illness and focus only on treatment, lack of reimbursement, and lack of demand from patient, environmental factors like lack of support from other staff.

Recommendation

Education of physicians in the form of small training sessions should continue all throughout their career to inculcate preventive treatment in their practice. But this learning could only be implemented by good

hospital support system. Primary care providers should be provided with resources and help from other staff at primary care settings. (32) Thus there is need to educate not only physicians but other staff also like health workers. All the primary care providers with proper support system will further educate their patients to stop the use of tobacco. This small step could catalyse a chain reaction to fight with the menace of tobacco use.

Limitation of the study

The limitation of the study is that it is based on secondary data from available literature and no primary study was performed to write this article.

Relevance of the study

The study is very relevant for tobacco cessation component of National Tobacco Control Programme. It organized all the available evidence regarding importance of cessation help provided by primary care providers, present situation regarding the same, barriers to provide cessation help by primary care providers and possible solutions to those barriers. This study could assist in policy formulation at national level.

Authors Contribution

RR: conceptualized the study, did systematic review of various available studies, compiled the article, wrote the article and finalized the article.

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