



Policy Brief: Integrating tobacco cessation within the TB programme: findings from the 'TB & Tobacco' study



Key Messages

- In Pakistan, 20% of all adult (30% of men) TB patients smoke regularly. Smoking doubles their risk of death due to TB. Overall, tobacco causes 20% of all TB deaths.
- To help them quit, DOTS facilitators can deliver brief counselling using a simple flipbook to TB patients as part of their routine work. With this support, approximately one-third of all TB patients can quit smoking by the time they finish their TB treatment.
- Those who quit have significantly better TB outcomes than those who don't.
- Based on 2017 notification figures, if brief cessation support was delivered to all those over 15 years old with TB, this would enable over 13,000 patients across Pakistan to quit tobacco use every year.
- Achieving these impressive outcomes will cost the programme just 348 Pakistan Rupees per patient helped to quit.
- In a pilot, tobacco cessation integration was scaled up in 59 public and private facilities in Khyber Pakhtunkhwa (KP) Province. Following a brief three-hour training delivered by trained NTP staff and using our freely available videos, DOTS facilitators felt 86% confident to deliver cessation counselling. In the six months since January 2019, they have identified and counselled over 7% of TB patients (14% of men) to quit and collected data on tobacco in routine TB forms.
- The National Strategic Plan (NSP, 2016-2020) recognizes the need to integrate tobacco cessation. It is recommended that the specific activities needed for tobacco cessation integration are included in the next National Strategic Plan.

TB and Tobacco in Pakistan

The link between TB & Tobacco: According to the Global Tuberculosis Report (WHO, 2018) 5% of the estimated 10 million people who contracted TB disease in 2017, reside in Pakistan. We know that 20% of TB disease burden can be attributed to tobacco.

From infection to outcome, tobacco is negatively associated with TB. Tobacco smoking almost doubles the risk of TB infection, tobacco users are more than twice as likely to develop active TB. Tobacco causes worse cavity lesions and tobacco users take longer to convert to sputum negative and are more than twice as likely to die from TB than no-users.

The GATS Pakistan is the first national survey on tobacco in adults, and it shows that overall prevalence of tobacco use was 19.1%. Based on a sample of more than 5,000 TB patients, our recent study found that 20% of all adult TB patients (30% of all males) in Pakistan smoke tobacco on a regular basis. The GATS survey shows a decreasing trend of tobacco use in Pakistan that should be taken as a good sign indicating better awareness in the masses and stronger implementation of anti-smoking laws.



Our Research

The first smoking cessation trial in Pakistan – Action to Stop Smoking in Suspected Tuberculosis (ASSIST), conducted between 2010 and 2012, assessed behaviour support delivered to patients suspected of TB by TB health professionals. In this trial, 41% of patients were able to quit tobacco use after 6 months with behaviour support alone; smoking-cessation medication 'bupropion' provided no significant additional benefit.

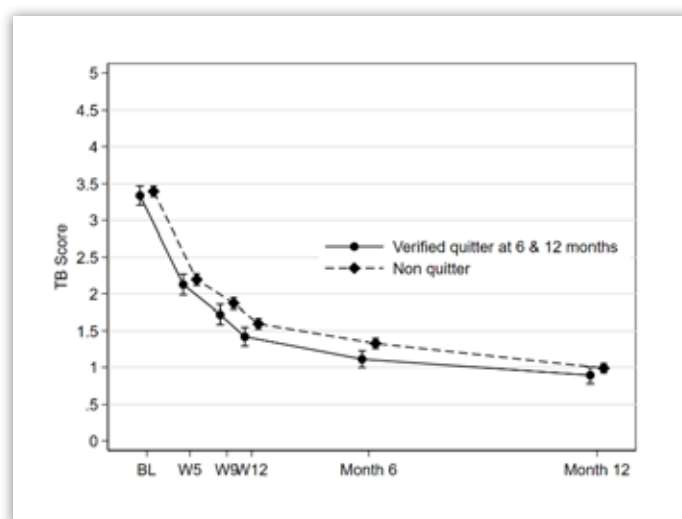
In a recently concluded trial in Bangladesh and Pakistan, we recruited 2472 TB patients who smoked on a regular basis. While they all received a brief (about 8 minutes) behavioural support session delivered by TB health workers, half also received a relatively cheap smoking-cessation drug 'cytisine' while the other half received

placebo. Approximately one-third of all TB patients that took part in the trial stopped smoking at 6 months. A vast majority of those who stopped smoking remained abstinent even after 12 months; cytisine did not offer much additional benefit. These results were based on biochemical tests, not just patients' word.

Our study shows that short and simple counselling by a TB health professional in routine care can help almost a third of TB patients who smoke to quit.

For those patients who were able to quit, there was a significant improvement in their scores of TB signs and symptoms from baseline (BL) when they were diagnosed with TB and received the counselling.

Impact of Quitting on TB signs and symptoms



By helping people with TB to quit, TB health professionals can help their patients to recover from their TB, live healthier lives and reduce TB in Pakistan.

Based on 2017 TB notifications, if everyone diagnosed with TB in Pakistan was supported to quit by their DOTS facilitator, every year over 13,000 TB patients would quit tobacco, and significantly improve their TB outcomes.



Scaling-up Tobacco Cessation in Khyber Pakhtunkhwa Province

Building on the impressive quit rates achieved in these two trials, we joined forces with the provincial TB programme in KP to evaluate a 6 month scale up of cessation support. We identified strategic changes to the health system to overcome the identified barriers, namely:

- policy change,
- a training of trainers and roll out of a brief training for health workers,
- revision of supervision guidelines to include monitoring of provision of cessation, and
- the inclusion of three key indicators within recording and reporting forms. (see box)

These strategies were piloted in 59 facilities in 4 districts in KP. The provincial programme trained 10 trainers (5 doctors and 5 DOTS facilitators) in a one-day training session.



Training of trainers in KP Province

These trainers then went on to train 55 doctors and 56 DOTS facilitators and 4 data assistants across the 4 districts. The 4 district training sessions were kept short and simple, using our training videos and only taking between 3 and

4 hours. We assessed their confidence to deliver cessation support before and after training and found their confidence scores went up to 86%.

“There is a lot of difference, earlier, I didn't know all those things. I had an idea that tobacco is a dangerous substance but not this much. I've only come to know after this training how dangerous it is”. DOTS facilitator from the private sector in KP.

REVISING TB FORMS

TB forms 01, 02 and 03 were revised to include the following 3 columns:

- **tobacco status at registration**
- **advice given**
- **quit at the 6 months**



We collected data on the revised forms from January to July 2019. DOTS facilitators in KP didn't find collecting this data a burden: “We can do this work without any hesitation. It is not something very detailed we just simply have to tick mark the options whether the person is a smoker.”

Between January and July, 2019 KP programme recorded the data from the revised TB forms. DOTS facilitators were able to identify and support 7% of all TB patients and 14% of male TB patients to quit tobacco. The data on the revised forms will ultimately allow KP Province to see the proportion of TB patients who are able to quit and to support their staff to deliver effective support to help tobacco users to quit smoking.

Identifying and supporting TB patients in KP to quit

	Abbotabad	Kohat	Mardan	Peshawar	Total
Number of Facilities	9	10	12	28	59
Total TB patients > 15 years	851	580	1081	2577	5089
% of male smokers identified and supported to quit	29%	13%	9%	12%	14%

Recommendations

- National Strategic Plan (NSP, 2016-2020) mentions the integration of tobacco cessation. It is recommended that details of TB Tobacco integration should be included in the next National Strategic Plan.
- Each Province develops action plans to integrate tobacco cessation into the routine work of the TB programme, with a focus on:
 - Training trainers who can roll-out tobacco cessation training to DOTS facilitators
 - Revising TB reporting forms to include the 3 measures of i) tobacco status, ii) advice and iii) quit at 6 months
 - Revising supervision checklists and guidelines to include tobacco cessation

All materials are freely available:

All materials including flipbook, leaflet, posters, health worker guide and training slides and videos are available in Urdu and English: <https://tbandtobacco.org/>. You will also find our research papers showing the evidence behind the cessation strategies.



Note: The EC is not responsible for any of the content of this document

This project has received funding from the European Union's Horizon 2020 research and innovation programme, under Grant Agreement No. 680995