Developing a Tobacco Cessation Behaviour Change Intervention within the Practical Approach to Lung Health in Primary Care in Nepal

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Background: WHO recommends integrating tobacco cessation within existing public health programmes. WHO's Practical Approach to Lung Health is one such programme[1]. Supported by the Ministry of Health and Population (MoHP) and the National TB Programme (NTP) in Nepal, since 2011, 14 districts have implemented PAL in their primary health care centres (PHCCs). PAL recommends smoking cessation, but does not provide adequate guidance and materials. Furthermore, smokeless tobacco, common place in southern Nepal, is not addressed. In partnership with MoHP and NTP, we developed a behavioural support intervention, embedded within PAL, to help people to quit tobacco. The intervention was implemented in three PHCCs (one in Kathmandu, two in Terai).

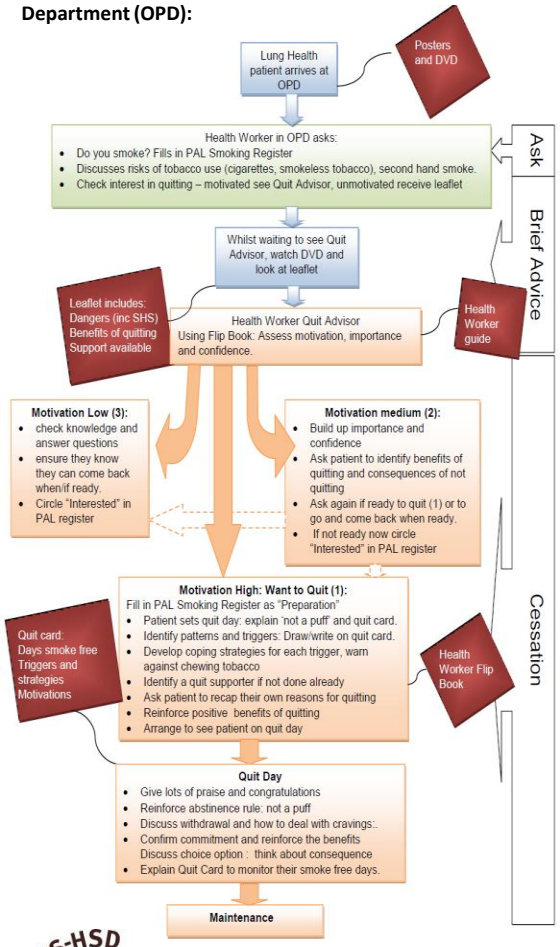
Aim: To develop and test the feasibility of a behavioural support intervention to promote smoking cessation within primary care in Nepal.

Key Findings from the Evidence Review:

- Systematic review evidence identifies the effectiveness of individual counselling in increasing quitter rates when compared to minimal intervention.[1]
- Evidence comes mainly from high income settings, however a recent CRCT from Pakistan found that brief smoking cessation behaviour support for people with suspected TB led to 41% (CI, 37.1% to 45.0%) quit rates compared to providing leaflet only.[2]
- Behaviour change theories are valuable for identifying techniques to use in smoking cessation interventions.[3]

Photos taken by smokers as part of qualitative interviews

Tobacco Cessation Intervention Algorithm for Out Patients Department (OPD):



Phase 1

Evidence Review

Qualitative Interviews with lung health patients (n=20) and FGDs (n=3) with PHCC staff

Phase 2

Intervention development using behaviour change techniques and Action Research to refine the intervention in PHCCs

Phase 3

Baseline Fagerstrom and CO measure. Follow up at 3 and 6 months – to be reported in 2014.

Key Qualitative Findings:

Increasing stigma attached to smoking, particularly for women. Smokeless tobacco (SLT) use common, not stigmatised and may be used as an alternative to cigarettes after quitting, particularly in Terai.

Most could name dangers of smoking, but limited knowledge of dangers of SLT including among health workers.

Most wanted to quit for health and financial reasons:

"I don't know. I feel like smoking and I want to quit also, because of my cough." (Male 60 Kathmandu)

Value of health worker's role in quitting recognised:

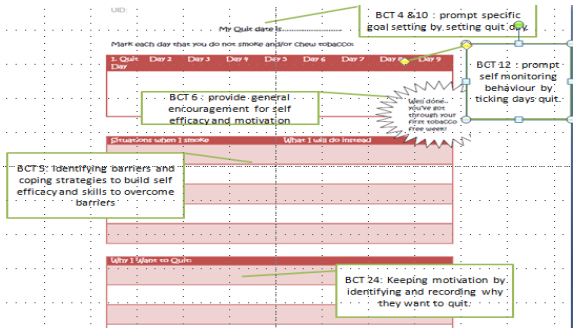
"I think if the doctors advise it, it will be more effective because family members tell us that everyday and no one listens to them" (Male 58, Rupandehi)

Health education not enough, need for behaviour change:

"P1: We do have all these posters here about smoking cessation, but the patients who come here don't pay attention to them. P2:That is because not everyone is literate P1: In fact people smoke and look at it!" (PHC staff FGD)

PHC staff identified the need for training in smoking cessation behaviour change techniques.

Quit Card used in the intervention showing link to Michie et al's [4] Behaviour Change Techniques (BCT) Mapping:



Action Research with PHCC staff and people with lung health issues identified the following issues:

- Clarity on the definitions of 'smoker' with agreement to offer the intervention to smokers who say they have quit within the last four weeks, whilst only enrolling those with 10ppm CO readings in the research.
- All PHCC staff need to be motivated and involved in the intervention.
- Timing of the intervention needs to be kept to a minimum to fit within OPD workload.

PHCC in Kathmandu

References:

1. WHO (2007) Evaluation of the Practical Approach to Lung Health: Report of Meeting Held on 18 and 19 June 2007. WHO, Geneva.
2. Gorin SS & Heck JE (2004) Meta-analysis of the efficacy of tobacco counselling by health care providers. Cancer Epidemiology and Biomarkers Preventions 13, 2012–2022.
3. Siddiqi K et al (2013) Action to Stop Smoking in Suspected TB (ASSIST). AIM. **158**: 667-675
4. Michie et al (2008) From Theory to Intervention: Mapping Theoretically Derived Behavioural Determinants to Behaviour Change Techniques. Applied Psychology *57* (4), 660–680.

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