

ASSESSMENT OF PATIENT'S OPINION TOWARDS TOBACCO CESSATION PROGRAM IN VARIOUS DE-ADDICTION CENTERS OF HYDERABAD, INDIA: A CROSS SECTIONAL SURVEY

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ABSTRACT

Aim: To assess the opinion of patients towards the tobacco cessation program that were enrolled / attending various tobacco de-addiction centers in Hyderabad.

Material and Methods: Data were collected from a sample of 128 tobacco users through a well-designed questionnaire which includes information on demographic data, duration and frequency of tobacco use, type of tobacco use etc.

Results: Sixty-eight percent of the participants recommended this program to those who wants to quit tobacco use. Fifty-four percent of the participants were satisfied with the tobacco cessation program.

Conclusions: Majority of the patients were satisfied with the counseling given to them in the de-addiction center. Periodic counseling is needed for the tobacco users to cease the habit.

KEYWORDS: tobacco cessation, oral cancer, de-addiction centers, nicotine therapy http://dx.doi.org/10.19177/jrd.v4e42016108-111

INTRODUCTION

Human beings have a tendency to acquire habits irrespective of its pros and cons which may be detrimental for their well being. Over a period of time certain individuals become over dependent of this malicious habits such as drugs, smoking, alcoholism etc which ultimately ends up with addiction. Addiction is a habitual psychological or physiologic dependence on a substance

or practice that is beyond voluntary control. Tobacco addiction is one of the most common problem encountered in public now days. Nicotine is a chemical stimulant found in cigarettes and other forms of tobacco which is highly addictive as heroin or cocaine. Tobacco use is the single largest cause of disease and premature death in the world. Being the only consumer product which kills one half of its regular users, tobacco is directly responsible for 54 lakh deaths

annually. India is the second largest producer and consumer of tobacco in the world. Morbidity and mortality is continuously on the rise in the Indian population from tobacco use, with about 8-9 lakh deaths each year, expected to increase to 10 lakh in the current decade.²

Today, of the 1.1 billion people who smoke worldwide, 182 million (16.6%) live in India. Tobacco consumption continues to grow in India at 2-3% per annum, and by 2020 it is

predicted that it will account for 13% of all deaths in India.³

Many countries have achieved substantial declines in smoking and tobacco-related disease through the implementation of comprehensive tobacco control programs, while others are experiencing increases in smoking prevalence. Considering the extensive use and benefits of cessation, starting tobacco cessation clinics in different health settings and training health providers in cessation seemed to be the need of the hour.

In view of this, World Health Organization initiated Tobacco Cessation Clinics in diverse settings (cancer treatment centers, psychiatric centers, medical colleges, and non-governmental organizations (NGOs) to help people stop tobacco use. These clinics started functioning in 13 centers across India on the 31st of May, 2002 on the World No Tobacco Day, with support from the Ministry of Health and Family Welfare, Government of India, is expanding by increasing the number of such centers in various other parts of the country. Under the National Tobacco Control Program (NTCP) tobacco cessation services are further being expanded.5

In recent year's awareness in the form of lectures, focus group discussions led to successful quit rates among smokers. However there is a relative lack of studies assessing the opinion of individuals towards the tobacco cessation program in de-addiction centers. Given with the back ground, the present study was conducted with the aim to assess the opinion of patients towards tobacco cessation program in various de-addiction centers of Hyderabad.

MATERIAL AND METHODS

The present study was conducted among patients attending various de-addiction centers in Hyderabad.

Before the start of the study, a complete list of all the registered deaddiction centers in Hyderabad was taken from the State Tobacco Control Board, Hyderabad. There were a total of 20 registered de-addiction centers, among them 16 centers were included and 4 centers did not agree to participate in the study. Need of the survey explained to them so that permission could be obtained. Prior permission was taken from the concerned in charge of the de-addiction center to conduct the survey.

Ethical clearance was obtained prior to the start of the study from the institutional review board. A pilot study was carried out in one of the de-addiction centers using a questionnaire comprising of 16 closed ended questions to assess the feasibility and understanding of the questions.

Participants were a convenient sample consisting of patients attending/enrolled in the de-addiction centers in Hyderabad and a total of 128 participants completed the base line survey. A pretested structured questionnaire was designed to gather information about demographics, duration and frequency of tobacco products used, reasons for quitting tobacco etc. Direct interviews were done where questions were translated into local language by the investigator himself.

Inclusion criteria: patients with a habit of tobacco (Smokers and non-smokers) & who were willing to participate (Verbal consent) in the study.

Exclusion criteria: patients who were not wiling and drug addicted patients.

Data was subjected to statistical

analysis using SPSS version 16.0. and it was analyzed by using descriptive statistics.

RESULTS

A total of 128 participants filled up the questionnaire, all were male. Age range of the subjects was from 25 to 59 years. Maximum numbers of study participants using any form of tobacco products were in the age group of 25-34 years (35.9%) and most of the participants completed their graduation (63.3%) (Table 1).

Table 1. Usage of tobacco products in different age groups and their education level.

Age group	Number of participants	Percentage
25-34	46	35.9
35-44	29	22.6
45-54	33	25.7
55+	20	15.8
Education	Number of participants	Percentage
P.G	8	6.3
Degree	81	63.3
Inter	39	30.4

In response to the question, was the amount of counseling you received from tobacco cessation program, is enough to quit successfully? 45.4% of them said that the counseling given to them was more than enough, 17.4% of them said that it was not enough, 31.6% said that they were not sure and 5.6% of them refused or did not answered to the question (Table 2).

Sixty-eight percent of them recommended the tobacco cessation program to others who is trying to quit tobacco, 9.3% said that they will not

recommend the program to others, 14.2% said that they were not sure of recommending the program, 8.5% of them were refused to answer (Table 3).

Fifty-four point five percent said that they were satisfied with the tobacco cessation program, 5.7% said that they were not satisfied, 18% said that they were not sure, 2.7% of them were refused to answer (Table 4).

Table 2. Response of participants to the counseling given in the tobacco cessation program.

Counseling	Number of participants	Percentage
More than enough	60	45.4
Not enough	25	17.4
Not sure	38	31.6
Refused/No answer	5	5.6

Table 3. Response of participants on recommending tobacco cessation program to someone who is trying to quit tobacco.

Recommended	Number of participants	Percentage
Yes	87	68
No	12	9.3
Not sure	18	14.2
Refused	11	8.5

DISCUSSION

Tobacco cessation (quitting) is a relatively new area in tobacco control in India. It is considered to be the most cost-effective intervention as compared to other tobacco control programs.⁶

In this study, it was found that usage of tobacco products among the age group of 25-34 years in de-addiction centers was more compared to other age groups, the findings were in close to the study done by Sonali⁷ jhanjee, Yatan pal

Balhara et al (2009) in Delhi where 31-40 years age group were more this result could have been obtained may be due to adults get admitted into a de-addiction center when compared to younger age group. The findings revealed that 45.4% of participants believed that group counseling was effective in assisting smokers to reduce the number of cigarettes smoked. The findings were similar to the study done by Kimmy Liew⁸, Lee Yee et al, this might be due to smokers with better attendance having more frequent contact with the counselor, get motivated to a greater extent and hence exhibit a greater commitment to attending the sessions.

Table 4. Response of participants regarding the rate of satisfaction with the tobacco cessation program.

Rate of satisfaction	Number of participants	Percentage
Very satisfied	29	19.1
Satisfied	66	54.5
Dissatisfied	7	5.7
Not sure	23	18
Refused	3	2.7

In this study, it was found that maximum number of participants (60%) had never tried to quit tobacco in the past, these findings were close to study done by Mishra⁹ et al (2009) where 53% had never tried to quit, the reason might be due to lack of concern by the patients towards their health.

In this study it was observed that 59% of the participants were satisfied with the tobacco cessation program and these results were similar to study done by Solberg¹⁰ et al where 47% of patients were satisfied as a result of the proper counseling and physician intervention.

Immediate quit rates are seen

but follow up is variable as due to strong addiction potential of tobacco. In this study group counseling was the only intervention given to the patients in the de-addiction centers and most of the centers followed up to maximum of 1 year where relapse rate is quietly more. Further research is required to define the effectiveness of counseling, in a de-addiction centre.

CONCLUSIONS

Majority of the patients were satisfied with the counseling given to them in the de-addiction center, long term follow up is required for the tobacco users to cease the habit.

REFERENCES

- 1. Varghesea C, Kaurb J, Desaic NG, et al. Initiating tobacco cessation services in India. WHO South-East Asia J Pub Health 2012;1:159-68.
- 2. Murthy P, Saddichha S. Tobacco cessation services in India: Recent developments and the need for expansion. Ind J Cancer 2010;47:69-4.
- 3. Vijayan VK, Raj K. Tobacco Cessation in India.Indian J Chest Dis Allied Sci 2005;47:5-8.
- 4. Shimkhada R, Peabody JW. Tobacco control in India. Bulletin of the World Health Organization 2003,81:48-2.
- 5) Srinath Reddy K, Gupta PC. Report on Tobacco control in India. Available on www. mohfw.nic.in. accessed on 15/9/15.
- 6. Kalyanpur R, Pushpanjali K, Prasad KVV, et al. Tobacco cessation: a contemporary issue in public health dentistry. Ind J Dent Res 2012;23:123-7.
- 7. Jhanjee S, Balhara, Y.P, Sethi H. Tobacco Use among drug dependent patients in treatment setting. Delhi Psychiat J 2009;12:247-51

- 8. Liew, K, Ming L, Chean YP. To evaluate the effectiveness of smoking cessation group counseling programmes. Available on http://www.hpb.gov.sg/. Accessed on 17/9/15.
- 9. Mishra A, Majmudar, PV, Gupta SD, et al. Work place tobacco cessation program in India: a success story. Ind J Occ Environ Med 2009;13:146-52.
- 10. Solberg LI, Boyle RG, Davidson G, et al. Patient satisfaction and discussion of smoking cessation during clinical visits. Mayo Clin Proc 2001;76:138-43.