LD02

Tobacco cessation within TB programmes: A ‘real world’ solution for countries with dual burden of disease
1.25 billion tobacco users

High Income countries

more than 50 million adult tobacco users just in Bangladesh and Pakistan

What advice do tobacco users get from HCP*?

- visited HCP*
- asked re tobacco...
- got quit advice
- quit on their own
- counselling
- pharmacotherapy
- other support

*Health care professionals
Every year 9 million patients and 1.5 million deaths are due to tuberculosis (TB). Bangladesh and Pakistan are high TB-burden countries, and more than 30% of male TB patients smoke. 20% of all TB deaths are due to smoking.
To integrate cheap and effective smoking cessation strategies within TB control programmes in Bangladesh and Pakistan
Action to Stop Smoking in Suspected Tuberculosis (ASSIST) in Pakistan
A Cluster Randomized, Controlled Trial
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Enrolment

1955 smokers in 33 TB clinics

Allocation

Bupropion 150 mg

Follow-up

Relative Risk; 95% CI

9.3 (4.0-21.6)

8.5 (3.7-19.6)

Reference

0 6 month
2,388 TB patients who smoke

1,194 TB patients get placebo

1,194 TB patients get cytisine

Enrolment

Allocation

Follow-up
Continuous abstinence (%age) among 2,472 TB patients

Cytisine + counselling vs. Placebo + counselling
Impact of Quitting on TB Outcome

TB Score: Continuous abstinence 6 and 12 months

Impact on TB Success Rate

- Quit: 90%
- Non-Quit: 78%

Success rate (cure and completion)
Scale-up and sustainability

9 districts in Bangladesh (5) & Pakistan (4)

• Used videos to **train** health workers in offering behavioural support to help smokers quit
• Embedded smoking-related questions within routine **recording & reporting** system
• Added smoking cessation tasks within **supervision & monitoring** systems
Scale-up in Bangladesh and Pakistan

- Require policy and system level changes within TB programme
- Achieve quit success rates (25%) comparable to the trial findings
- National scale-up will result in 27,000 TB patients quitting and an additional 3,316 TB patients cured
- With a cost of 41 USD per quit, the scale up requires an investment of just over 1.1 million USD per year, which will decrease with time
Conclusions

• Offering **smoking cessation** interventions to TB patients makes sense

• Embedding **behavioural support** within TB care is feasible and acceptable

• Given support, a quarter of TB patients **quit smoking** permanently, at a very low cost and have **better TB outcomes**

• Adding **medications** to behavioural support is not cost-effective

• With little investment, national **scale-up** is feasible in Bangladesh and Pakistan and will achieve good results