Why an interest in smoking cessation research in LMICs?

- ➤ 80% of the world's smokers live in LMICs

- ➤ Urgent need to assist current smokers to quit

- ➤ Challenges to smoking cessation abound
  - Lack of awareness by policy makers and public
  - Poor healthcare systems and lack of policies to promote cessation
  - Economic constraints
  - Huge numbers of smokers

- ➤ Only one systematic review of tobacco control interventions in LMICs, published in 2012

- ➤ **Need for research on scalable, affordable smoking cessation models in LMICs**

Methods

➢ Inclusion criteria

 P - All people smokers in LMICs

 I - randomised or non-randomised smoking cessation intervention; behavioural support; pharmacotherapy; combination of both

 C – Standard care/minimal intervention or other interventions/no control group

 O - Abstinence or quit rates measured at-least at six months from the date of the start of the intervention; self-report or bio-chemically validated

Timeframe: 2000 to present

➢ Exclusion criteria

• Population level anti-tobacco awareness studies

• Studies with no smoking cessation intervention
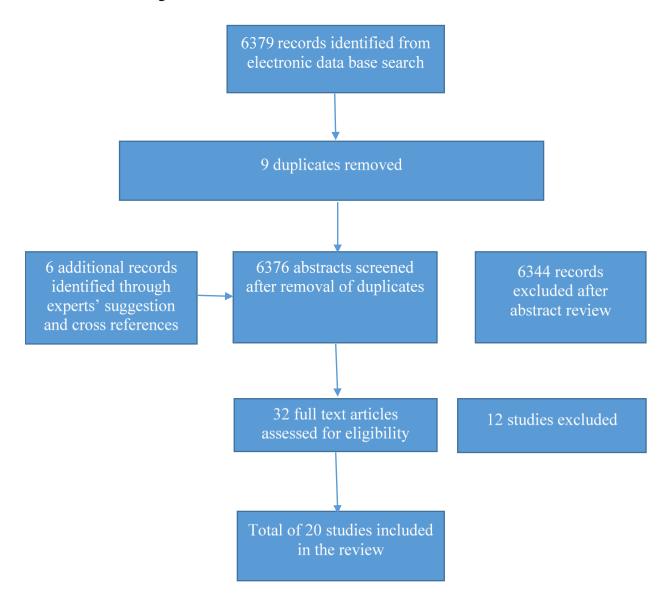
➢ Search Strategy

▪ Search terms
  • smoking cessation
  • primary care
  • primary health care
  • LMICs, developing countries …

➢ Databases

  • 'Cochrane Tobacco Addiction Group Specialised Register' of Cochrane Central

  • Medline Ovid

  • EMBASE

  • PsychINFO

  • Expert suggestions

  • Cross references

: PRISMA Flow diagram

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│ 6379 records identified from│
│ electronic data base search │
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│ 6 additional records │   │ 6376 abstracts screened│   │ 6344 records     │
│ identified through   │──▶│ after removal of       │   │ excluded after   │
│ experts' suggestion  │   │ duplicates             │   │ abstract review  │
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Findings

➤ General characteristics

- Unequal geographic distribution – Asia

- Heterogeneous interventions

- Most pragmatic studies

- 15 exclusive smoking cessation studies

- 5 multicomponent life style interventions

- Only 3 included pharmacotherapy

➤ Identification & recruitment of participants

- Out-patient screening

- Community surveys

- Use of local organisations

- Mass media

➤ Intervention strategies tested

- Cessation support in general health clinics (2, Syria), TB (8) or diabetes (2) clinics

- Community based cessation support by lay health workers (3)

- Cessation support as part of a lifestyle intervention (5)

Summary and conclusions

- Hospital based smoking cessation studies showed the highest difference in quit rates (78% intervention vs 9% controls)

- Community based smoking cessation studies (40% vs 5%)

- Multi-component life style interventions – reduction in proportion of tobacco users from 31% to 21%

- Adding pharmacotherapy did not increase quit rates significantly.

➢ Paucity of studies in LMICs especially given burden of smoking and smoking-related illness in LMICs

➢ More evidence needed on effectiveness and cost-effectiveness of scalable, appropriate smoking cessation intervention models

➢ Hospital based interventions very effective but *reach* likely to be lower esp. to remote, rural communities

➢ Community-based mobilisation and follow up should be explored

➢ mHealth options also promising

➢ Supportive tobacco control policy environment in LMICs is fundamental.