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**Editorial**

# National Tobacco Quitline Services: One Step Forward for India; Giant Leap for India's Tobacco Cessation Programme

India is the most populous democracy in the world. However, India also has the dubious distinction of being the second largest consumer and third largest producer of tobacco in the world. As a corollary or otherwise; tobacco usage continues to be the leading cause of morbidity and mortality in India.[1] According to the World Health Organization (WHO), India is *'home'* to 12% of the world's smokers, *i.e.* approximately 27.6 crore smokers in India.[1] In India, annually more than 13 lakh individuals die of tobacco-related diseases. It is indeed a double whammy in a resource-limited setting, like India, that a large majority of these tobacco consumers do not have any access to formal health care. More importantly, on the preventive aspect; almost none have access to formal de-addiction or cessation aid programmes; which are worldwide evolving into a standard protocol to assist tobacco addicts to wean them off this unhealthy habit.[2]

It is evidence-based medicine that cessation of tobacco use can reduce the risk of tobacco-related diseases, even among those who have consumed it for decades.[3] Unfortunately the dilemma being faced by health-care professionals is regarding dismal cessation rates. A survey conducted by National Health Interview Survey (NHIS) in a developed nation, like United States concluded that about 41% of smokers try to quit smoking each year, but only 4.7% maintain abstinence for at least three months.[4]

Traditional cessation programmes have adopted a clinical rather than a public health approach as these are mostly focused on user mobilisation to quit attempts rather than the general population. Over the past decade, however, there has been an effort to adopt a more public health-oriented approach to tobacco cessation. Such an approach not only addresses the needs of individuals seeking help to quit, but of all the tobacco users in the population. Quitlines (Telephone-based tobacco cessation services) have shown the potential to address both of these concerns. Quit Victoria set up by Australian government in 1985 was the first widely accessible telephone-based cessation programme, exclusively dedicated for quitting smoking.[5]

Till now, more than 50 countries across the globe have at least one toll-free national quitline. In a landmark health policy decision to encourage the general public regarding the ill effects of tobacco usage; Government of India rolled out its first National Tobacco Quitline Services (NTQLS) in the year 2016 with Vallabhbhai Patel Chest Institute, Delhi as the National Nodal Centre.

National tobacco quitline services is a confidential, non-judgmental, telephone-based, tobacco cessation counselling and referral service for an individual seeking help for himself/herself or helping a family member/friend/acquaintance to quit tobacco use. The quitline is accessed through a toll-free number and provides robust behavioural services for the people who want to quit tobacco use. The service usually includes one registration call and four cessation counselling calls. The main endeavour of NTQLS is to provide a proactive call-based platform to potential quitters to share their concerns and fears; besides of course active counselling, usually completed within four to eight weeks depending on the response.

In the first study of its kind in our country, Kumar *et al*[6] have addressed the impact and success of NTQLS in the first year of its inception. It is imperative to note that this is the first study in the country to evaluate the efficacy of quitline services amongst tobacco users who received the support programme. The response is quite encouraging as reflected by the number of calls (60,222 calls) hitting the IVRS (Interactive Voice Response System) of the NTQLS.

In the long run; it will be an important breakthrough in tobacco cessation services across the country as the service is free. Though as of now the service is available in two languages (English and Hindi); it would eventually be rolled out as a multi-lingual quitline service. Though this figure of approximately 60,000 calls represents 0.006% of the total tobacco users in India; it has the potential to reach 4% to 6% of total tobacco users per year in a country.[7]

In the first year of the operation, the Australian National Quitline received 144,000 calls, representing 4% of all Australian smokers aged 18 years or more.[8] In our country as this is a pilot project; lack of awareness of telephone-based counselling combined with illiteracy amongst our population; especiallly women may have led to lower participation in NTQLS in the first year of its inception.

This study also highlights the pattern of tobacco consumption. Kumar *et al*[6] reported in their study that 61.2% of the respondents were using smokeless tobacco, 26.4% tobacco smokers and 12.4% had dual use of tobacco. According to GATS-2 (Global Adult

Tobacco Survey, India) 2017 survey; 19.9 crore used smokeless tobacco, 10 crore smoked tobacco and 3.2 crore smoke as well as chew tobacco.[9] Another interesting observation of Kumar *et al*[6] was that a higher number of urban men and married individuals had utilising the services of NTQLS compared to rural areas. Similar observations have been reported by Iranian Quitlines.[10] Approximately, 10% of the callers had various co-morbid disorders, highlighting the fact that use of tobacco is associated with various diseases. This again could be explained by more literacy and awareness in the urban population.

A quit rate of 40% among the callers in the first year is extremely encouraging *and reflects well on the robust* practical and motivational approach used during interviewing the tobacco users at NTQLS. The reported point prevalence quit rate after six months by various studies varied between 18% to 30%.[10-12] A study from New Zealand Quitline observed that 36% of respondents had quit smoking at four-weeks, and 24% had quit smoking at six-months. [13]

Furthermore, Kumar *et al*[14] have also studied the quit rate amongst the various types of tobacco consumers. Tobacco consumption was higher in males as compared to females. Majority of the individuals seeking programme support were between the age of 25-64 years. Amongst the 5179 registered callers, 1366 were tobacco smokers and 3169 used smokeless tobacco. Smoking tobacco was more common amongst unmarried males; while smokeless tobacco use was more common amongst females. Majority of the individuals seeking programme support were employed in private sector and had better educational status.[14]

Kumar *et al*[14] observed that amongst the registered smokeless tobacco users, *Khaini* (raw tobacco) was the most prevalent followed by *gutkha* (crushed areca nut, tobacco, catechu, paraffin wax, slaked lime with sweet or savory flavorings), *paan masala* (mixture of fennel seeds as the base ingredient with sugar coated sesame, coriander seeds, mint leaves, cardamom, powdered lime, pure menthol, catechu, betel nuts, areca nuts, and other flavorings), tobacco paste and *mawa* (small pieces of arecanut , processed *tobacco* and slaked lime). On the other hand, amidst the registered smoking tobacco users; cigarette smoking was the most prevalent followed by *bidi*, *hookah*, cigar.[14] The smokeless tobacco users were found to be more successful quitters than smoking tobacco (41% *versus* 33.9%).[14] These results highlight the role of telephone counselling reinforced social ecosystem in tobacco cessation among smokers and smokeless tobacco users.[14]

The only caveat of the study is that the data collection is based on telephonic conversation; where the callers may conceal some information. Future success of NTQLS lies in expanding its expansion to the under-served populations; more emphasis on younger age-group individuals; increasing the menu of counselling services; supplemental mailed material as well as sending tailored messages.

A recent Cochrane review[15] evaluated the impact of mobile phone-based smoking cessation interventions on six-month cessation outcomes. This review included 12 studies with 11,885 participants. The authors concluded that the smokers who received the support programmes were around 1.7 times more likely to stay quit than smokers who did not receive the programmes (9.3% quit with programmes compared with 5.6% quit with no programmes).[15]

The preliminary findings by Kumar *et al*[6,14] are an important milestone in the initiation of the National Tobacco Quitline Services, which has the potential to reach substantial proportions of the target population in a cost-effective way, thus tackling the growing menace of tobacco addiction in India. Moreover, these results will give fillip to more operational research in the field of preventive medicine and motivate health-care professionals in our country to conduct more multi-centric trials to validate the exciting findings of these two studies[6,14] in a vast resource-limited country, like India.

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