DELIVERING TOBACCO CESSATION SUPPORT IN HIV CARE

BACKGROUND

Why embed tobacco control into HIV care?

Tobacco use is the world's leading cause of preventable death, and for people living with HIV, the stakes are even higher. **Smoking is linked to nearly a quarter of AIDS-related deaths and speeds up disease progression, worsens response to HIV treatment, and increases the risk of serious infections and chronic illness.** Yet most tobacco cessation programs are designed for the general population and don't address the unique challenges people living with HIV who smoke, such as higher rates of depression, substance use, social isolation from stigma, and limited awareness of how smoking affects their HIV care. Quitting support that's tailored to these realities can make a real difference in patients' health. **HIV clinics are uniquely positioned to deliver this kind of support**, since patients already visit regularly for care, giving health providers a natural and consistent opportunity to help them quit.

STUDY DESIGN AT A GLANCE

OUTCOMES OF INTEREST:

1. **Primary:** Prolonged abstinence from tobacco at 6 months
2. **Secondary**: 7-day abstinence from tobacco at 4 weeks, 8 weeks, and 12 weeks

STUDY SITES:

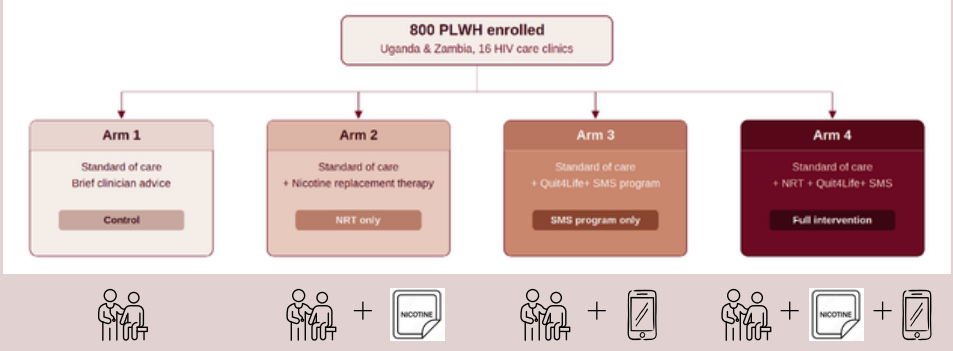
- 4 districts
- 16 HIV care clinics

PARTICIPANTS:

- 800 people living with HIV
- 400 per country

UGANDA (N=8)

ZAMBIA (N=8)



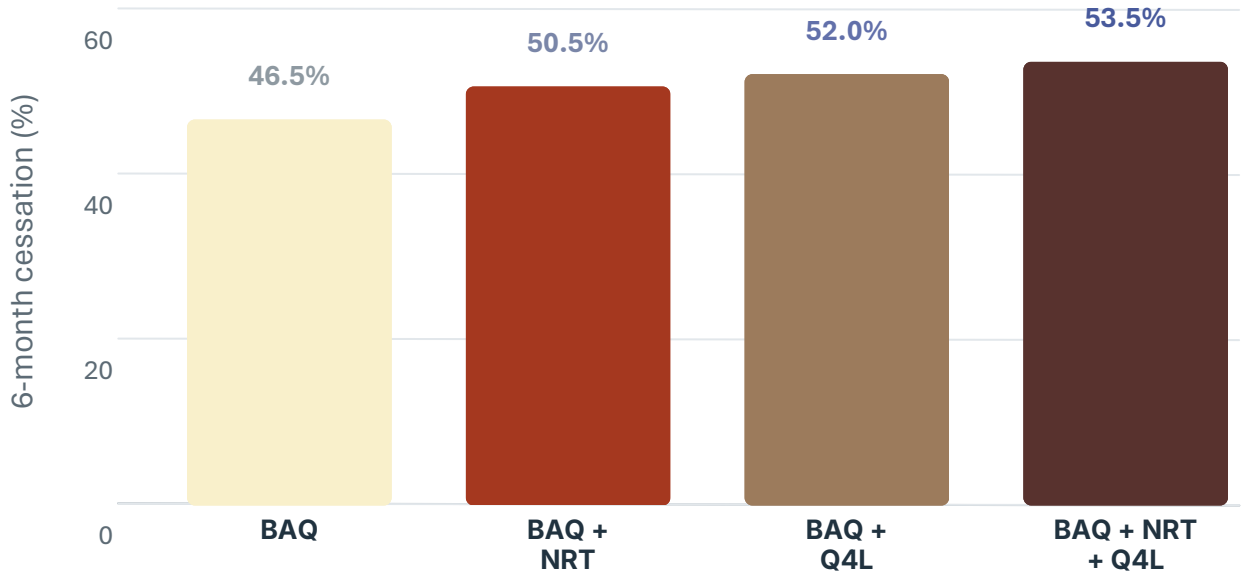
About the Quit4Life+ Program

Quit4Life+ was a tobacco cessation intervention developed for people living with HIV in Sub-Saharan Africa. The randomized controlled trial component **evaluated a package of smoking cessation interventions that included brief advice to quit, nicotine replacement therapy, and the Quit4Life text messaging program.** Brief advice to quit was introduced as a core intervention and provided to all participants.

WHAT WE LEARNED

What happened at 6 months?

CESSATION BY RANDOMIZED ARM



Results

There was successful cessation across study arms, with increasing cessation rates with each additional intervention. There was higher smoking cessation in Uganda than in Zambia.*

Interpretation

Integrating standardarized, evidence-based cessation support into HIV clinical care supports tobacco cessation outcomes in people living with HIV who use tobacco.

*There was no statistically significant difference across arms or between countries.

CALL TO ACTION

How can policymakers advance tobacco control across HIV clinics?

1. Make brief tobacco advice a routine part of HIV care. This is the single most impactful, most affordable step demonstrated by this trial and can be scaled immediately using Qui4Life+ provider training materials.

2. Treat text-messaging and NRT are valuable add-ons when combined with brief advice to quit. These added layers of support proved valuable in helping people quit smoking.

3. Integrate tobacco control into chronic-disease care broadly. The same HIV-clinic model could extend to other chronic conditions (e.g., diabetes, tuberculosis care, cancer cancer), multiplying public health returns on a similar low-cost investment.

The findings presented in this brief are from the Quit4Life+ Randomized Controlled Trial. Trial Registration: NIH clinical trial registry (ClinicalTrials.gov Identifier NCT05487807. Registered August 4, 2022, https://clinicaltrials.gov/ct2/show/record/NCT05487807).

Wipfli H, Guy K, Arinaitwe J, Goma FM, Atuyambe L, Zyambo C, Kusolo R, Mukupa M, Musasizi E, Guwatudde D. Tobacco Cessation Among People Living with HIV in Uganda and Zambia: Results from the Quit4Life+ Randomized Controlled Trial. In Peer Review.

www.quit4life.org