ABSTRACT BOOK

Tobacco Free Generation

4th
NATIONAL CONFERENCE ON
TOBACCO OR HEALTH

8th - 10th Feb 2019, Mumbai, India

Tobacco Free Generation Starts with ME

4TH NATIONAL CONFERENCE ON TOBACCO OR HEALTH 2019 MUMBAI INDIA

Dates

Friday, February 8, 2019 to Sunday, February 10, 2019

Venue

Tata Memorial Hospital,
E. Borges Marg,
Parel, Mumbai- 400012

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Salaam Bombay Foundation,
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PRE-CONFERENCE

FRIDAY, FEBRUARY 8, 2019

9:00 AM TO 1:00 PM

WORKSHOP 1: YOUTH WORKSHOP: NCDS AND YOUTH: LESSONS FROM TOBACCO CONTROL
Rustom Choksi Auditorium, 2nd Floor, Golden Jubilee Block

Voice of Tobacco Victims (Youth)- Dr. Kunal Oswal & Dr. Upendra Bhojani

Session 1: Knowledge exchange on global and local best practices in youth led tobacco control interventions
Speakers
Introduction to India Network for NCDs and Youth (INNY) and youth exposure to NCDs risk factors
Dr. Amrita Bahl, Senior Director-Strategic Partnerships, HRIDAY

Using Sports as a medium to promote health: Success stories from Tobacco Control Programmes
Kushal and Sejal, Salaam Bombay Foundation – Youth Leaders, Sports Academy

Harnessing youth energy from the National Service Scheme for tobacco control
Bishal Deb, NSS Program coordinator, Assam University

Session 2: Tobacco Epidemic: Youth as change makers
Moderator
Dr. Monika Arora, Director, HRIDAY-SHAN & PHFI

Pledge for Life Campaign
Ms. Ashima Sarin, Director, Sambandh Health Foundation

Towards a Tobacco Free Generation: Empowering youth to understand the Law
Mr. Ranjit Singh, Legal Expert (Supreme Court of India) Member Bar Council of Delhi

No More Tobacco in the 21st Century (NMT21C): Lessons from the field
Dr. Gaurang Nazar, Director-Research, HRIDAY

Success stories of youth-led health activism in NCD and tobacco
Dr. Aastha Chugh, Youth Health Advocate, HRIDAY

Media and Youth icons as partners in tobacco control
Anita Peter, Executive Director, Cancer Patients Aid Association

Closing Remarks
Dr. Updendra Bhojani, Facult y and Asst. Director, Institute of Public Health, Bangalore, India

WORKSHOP 2- STRATEGIC COMMUNICATION WORKSHOP
Lecture Hall, 2nd Floor, Golden Jubilee Block

Chair
Dr.L.Swasticharan, Chief Medical Officer, Dte GHS, MoHFW, GoI

Co-Chair
Dr. Nandita Murukutla, Vice President, Global Policy and Research, Vital Strategies

Moderators
• Mr. Praveen Sinha, National Professional Officer, WHO India
• Ms. Vaishakhi Mallik, Associate Director, South Asia, Vital Strategies

Topics
1) Effective use of Media in Tobacco Control-Presentation and Discussion
2) Evaluation and Message testing with Presentation and Discussion along with an exercise
3) Developing effective messages- Exercise (Elevator pitch)
4) Social Media and Earned Media - How to integrate it in campaign pan- Presentation and Discussion

WORKSHOP 3- IDENTIFYING PRIORITIES AND SCALING-UP RESEARCH IN TOBACCO CONTROL IN INDIA
Board Room, 2nd Floor, Golden Jubilee Block

Chair
Dr. Gan Quan Director, Tobacco Control Department, The UNION

Co-chair
Dr. Mangesh Pednekar, Director, Healis Sekhsaria Institute for Public Health

Speakers
Introduction to Operational Research
Dr. Sonu Goel, Additional Professor, SPH, PGIMER, Chandigarh

Framing a Research Question
Dr. Mangesh Pednekar, Director, Healis Sekhsaria Institute for Public Health

Elements of a robust protocol
Dr. P.C. Gupta, Director, Healis Sekhsaria Institute for Public Health & President, 4th NCTOH

Hands on exercise on developing a research protocol (by particpants)

Using data for decision making
Dr. Sitanshu Kar, Additional Professor, JIPMER, Puducherry, India

Ethics in research
Dr. Upendra Bhojani, Faculty and Asst. Director, Institute of Public Health, Bangalore, India

From writing to successful submission of manuscript
Mr. Pranay Lal, Senior Technical Advisor, The UNION

Discussion Session

WORKSHOP 4- STRENGTHENING NTCP MAHARASHTRA
HBB Auditorium, 13th Floor, HBB Block

Briefing and Introductory Session
Dr. Sadhana Tayade, Joint Director (NCD), Directorate of Health Services, Mumbai

Tobacco Epidemiology-Global, National and State Specific burden
Dr.Govind Tripathi, Technical Advisor (NTCP)

Enforcement of COTPA ACT 2003
Mr. Devidas Shinde, Project Manager, Sambandh Health Foundation

Concept of Ideal Tobacco Cessation centre
Dr. Himanshu Gupte, General Manager, Narotam Sekhsaria Foundation

Panel Discussion on Tobacco Control
Moderator
Mr. Deepak Chhibba, Project Head & Partner, Sambandh Health Foundation

Participants:
- Dr. Sadhana Tayade, Joint Director (NCD), Directorate of Health Services, Mumbai
- Dr.Pankaj Chaturvedi, Surgeon & Deputy Director, Tata Memorial Centre
- Dr.Govind Tripathi, Technical Advisor (NTCP)
- Dr. Hemantkumar Borse , Deputy Director, Latur
- Dr. Anil B. Rudey, District Civil Surgeon, Gadchiroli
- Dr. Raghunath Bhoye District Civil Surgeon, Nandurbar
- Dr. Dr.Kanchan Vanire, District Civil Surgeon, Palghar

Topics
- How to tackle issues related to tobacco program implementation at district level
- Rehabilitation of tobacco/bidi workers
- Alternate farming for tobacco crops

WORKSHOP 5- LIFEFIRST: TRAINING ON TOBACCO CESSATION
Lecture Room 1, 13th Floor, Homi Bhabha Block

Introduction and Pre-test (LifeFirst team)

Epidemiology and Prevalence of tobacco use
Tobacco control policy and laws
Pharmacotherapy
Dr. Dinesh Jagiasi, Senior Manager, Narotam Sekhsaria Foundation

Health Effects of tobacco
Benefits of quitting tobacco
Dr. Himanshu Gupte, General Manager, Narotam Sekhsaria Foundation

Tobacco depedence- A chronic disease
Tobacco Treatment Model- Behaviour modification
Motivational Interviewing
Ms. Ratandeep Chawla, Salaam Bombay Foundation

Post- test and closing (LifeFirst team)

MAIN CONFERENCE

FRIDAY, FEBRUARY 8, 2019

2:00 PM TO 3:00 PM

OPENING CEREMONY
Rustom Choksi Auditorium, 2nd Floor, Golden Jubilee Block

National Anthem

Ganesh Vandana by Salaam Bombay Foundation Academy students

Welcome address- Dr. Rajendra Badwe, Director, Tata Memorial Centre

Context of NCTOH- Dr. P.C. Gupta, President, 4th NCTOH

Address by- Ms. Preeti Sudan, Secretary, Ministry of Health & Family Welfare, Government of India

Address by- Dr. Henk Bekedam, WHO Representative to India

Keynote Speakers-
- Honourable Mr. J. P. Nadda, Union Minster of Health & Family Welfare, Government of India
- Honourable Mr. Devendra Fadnavis, Chief Minister, Maharashtra
- Honourable Mr. Mangal Pandey, Health Minister, Government of Bihar
- Honourable Mr. Eknath Shinde, Health Minsiter, Government of Maharashtra

Vote of Thanks

3:30 PM TO 5:00 PM

OPENING PLENARY: TOBACCO FREE GENERATION
Rustom Choksi Auditorium, 2nd Floor, Golden Jubilee Block

Moderator
Dr. Pankaj Chaturvedi, Surgeon & Deputy Director, Tata Memorial Centre

Panellists
- Shri. Mangal Pandey, Hon'ble Minister of Health Minister, Government of Bihar
- Dr. Henk Bekedam, WHO Representative to India
- Dr. Rajendra Badwe, Director, Tata Memorial Center
- Dr. P.C. Gupta, Director, Healis- Sekhsaria Institute for Public Health & President, 4th NCTOH
- Ms. Padmini Somani, Founder & Director, Salaam Bombay Foundation
- Dr. K. Viswanath, Professor of Health Communication, Harvard School of Public Health (HSPH)
- Dr. Monika Arora, Director HRIDAY-SHAN & PHFI
- Mr. Madhur Bhandarkar, Indian Film Director, Script Writer and Producer

5:00 PM TO 6:30 PM

SYMPOSIUM 1- TOBACCO CESSATION – THE CURRENT SCENARIO
Rustom Choksi Auditorium, 2nd Floor, Golden Jubilee Block

Chair
Dr.L.Swasticharan, Chief Medical Officer, Dte GHS, MoHFW, GoI

Co-chair
Dr Pratima Murthy, NIMHANS, Bangalore, India

Speakers
GoI Quit line No Policy, intervention & implementation
Mr. Ranjit Singh, Legal Expert (Supreme Court of India) Member Bar Council of Delhi

Multi-dimensional approach: Importance and solutions offered by practitioners in sensitising patients to quit tobacco, for recovery of overall health
Dr. Gauravi Mishra, Professor, Preventive Oncology, Tata Memorial Centre

Implementation of NRT at work place – Case Studies
Dr. Rohan Bartake, Navicare and Dr. Anil Kumar Singhal, Chief Medical Officer, BEST

Challenges & practical considerations at North East TCC's-
Dr. Biman Natung, Nodal Officer TCC- Arunachal Pradesh

SYMPOSIUM 2- TOBACCO ECONOMICS AND TAXATION
Lecture Hall, 2nd Floor, Golden Jubilee Block

Chair
Dr Fikru Tullu, Team Leader, NCD, WHO India

Co-chair
Shri Devesh Deval, Director, MoHFW, GoI

Speakers
Affordability of tobacco products in India
Mr. Mark Goodchild, Economist, WHO HQ

Illicit Trade Protocol- Current status and next steps
MG Thamizvalvan, Comissioner, CBIT, MOF

Bidi Industry in India – Output, Employment & Wages
Dr. Gaurang Nazar, Director- Research, HRIDAY

GST and Civil Society Advocacy
Ms. Nandini Verma, India Central Policy Director, Campaign for Tobacco Free Kids

SATURDAY, FEBRUARY 9, 2019

9:00 AM TO 10:30 AM

SYMPOSIUM 3- BIDI: POOR MAN'S DISPLEASURE
Rustom Choksi Auditorium, 2nd Floor, Golden Jubilee Block

Chair
Radhika Khajuria, Campaign for Tobacco-Free Kids

Co-chair
Nandini Verma, India Central Policy Director, Campaign for Tobacco Free Kids

Speakers
Bidi Industry: Addressing Accountability to develop worker led strategies
Dithhi Bhattacharya, Executive Director, Centre for Workers Management, New Delhi

Exploitation of bidi workers: struggles for a Better Life
Munni Begum, Community Leader of Bidi Workers & Founder, Nari Chetna Foundation, Jaunpur, Uttar Pradesh

Bidi-Political nexus: Emerging trends from an ongoing mapping study
Pradeep Narayanan, Director, Partners in Change, New Delhi

Health harms of bidi smoking
Dr. P. C. Gupta, Director, Healis-Sekhsaria Institue of Public Health, Mumbai

Alternate livelihood programme for bidi workers by the union ministry of labour & employment
Mr. Subrat Saha, Ex Welfare Commissioner, Kolkota West Bengal

PROFFERED PAPER 1- REVEAL THE BURDEN AND IMPACT OF TOBACCO USE
Lecture Hall, 2nd Floor, Golden Jubilee Block

Chairs
Dr. Dhirendra N. Sinha, Senior Consultant, National Insitute of Cancer Prevention and Research
Dr. Gopal Chauhan, State Program Officer, National Health Mission, Himachal Pradesh
Dr. Vishal Rao, Adjunct Faculty, Institute of Public Health, Bengaluru

Presenters

Socio-demographic determinants of tobacco use - An analysis of Global Adult Tobacco Survey (GATS) India 2016-17

Dr. Rohini Ruhil

Introduction

There are plethora of epidemiological studies done worldwide to show that tobacco use is really dangerous for human health. But the question 'Why do people use tobacco' needs to be answered in a scientific manner. Socio-demographic characteristics of individuals are very significant in determining their tobacco use behaviour. GATS 2 data has covered Age, Gender, Residence, Education, Occupation, Marital Status, Caste, Religion; as background characteristics.

Methods

The study design was cross-sectional secondary data analysis of GATS India 2, 2016-2017. The analysis of the extracted data was conducted using SPSS (Statistical Product and Service Solution formerly known as Statistical Package for Social Sciences) version 19 developed by IBM. Multivariate logistic regression analysis was performed, adjusting for all the confounders.

Results

Education is the strongest predictor of using tobacco. Highly significant results show that higher is the educational status of individuals, fewer is the odds of using tobacco by them. The results with respect to occupation, may be because of "ease of living" associated with a particular occupational status as compared to "stress" and "hardships" associated with some other occupational statuses. Regarding religion of individuals, it is seen that being a Buddhist and being a sikh have fewer odds of using tobacco as compared to being Hindu. Regarding caste, it has been seen that being a scheduled tribe (ST) has highest odds of using tobacco, followed by being a scheduled caste (SC), further followed by being OBC, as compared to other general castes. This may be due to socio-economic status associated with caste system in India. Moreover various material disadvantages play a significant role in determining tobacco use behaviour amongst individuals.

Conclusion

Generally poor people tend to be uneducated, unemployed, disadvantaged and are thus more vulnerable to high risk behaviour that is tobacco use in this research.

PP061- Estimating the usage of Gul among adults visiting Delhi Government Dispensaries

Rashmi Mehra, Vikrant Mohanty, Aswini Y.B

Background:

India poses a novel tobacco problem owing to the fact that majority of the tobacco users consume smokeless form of tobacco(21.4%) with every fifth adult using smokeless tobacco(SLT). Various forms of smokeless tobacco are used in India which makes the problem more complex. One of the such SLT product is Gul, which is used as dentifrice in some states including Delhi. Recently, the prevalence of Gul is found to be increasing in Delhi. So, the present study was conducted with the aim to estimate the usage of Gul and its determinants among adult patients visiting Allopathic Delhi Government Dispensaries (DGD).

Methods:
The cross-sectional study was conducted among 1300 adults in 27 DGD in three districts of Delhi through Multistage stratified random sampling. A structured, close ended questionnaire inquiring about the tobacco practices was used for all the participants and a special Gul Performa was used in whom its usage was reported. The WHO Oral Health Assessment Form 2013 for Adults was used to record the oral health status of the participants. Results: The overall prevalence of Gul users was found to be 4.9% with a mean usage duration of 6.28 ± 6.75 years. The usage was found to be more in males (67.7%) and in unskilled workers (45.2%). 74.9% started using Gul to treat dental pain and 93.47% reported relief from dental pain by using Gul. The DMFT among Gul users (4.40±6.24) was higher than the national average. Most of Gul users suffered from gingivitis (83.87%) and periodontitis (48.38%).

Conclusion:
This Gul usage has been increased at alarming rate in the last decade in Delhi. Awareness programs and initiatives are the need of the hour to educate people about the actual contents and ill effects of Gul usage.

PP081-Regional and socioeconomic disparity in dual burden of tobacco use in India during 2009-2017: Analysis based on Global Adult Tobacco Survey
Dr. Prashant Kumar Singh, Amit Yadav, Pranay Lal, Ravi Mehrotra

Background:
Disparities in health outcomes across geographies and socioeconomic groups have been increasing in India so as the risk factors. This study examines the trends and patterns of both smoking and smokeless tobacco (SLT) use (dual use) across all the states and major socioeconomic groups. Study also assesses the contribution of SLT decline during 2009-2017 to the overall prevalence of any tobacco use in India.

Methods:
Two rounds of nationally representative Global Adult Tobacco Survey (GATS) conducted in 2009-10 and 2016-17 have been used in the study. The dependent variable in the study is current dual use of tobacco. Independent variables are: age, sex, education, occupation, residence and states. At first, bi-variate analysis was conducted to examine the nature of association between dependent and independent variables. Binary-logit regression was used to examine the net effect of predictors on tobacco use.

Results:
The preliminary findings suggest that dual use has declined from 5.3% in 2009-10 to 3.4% in 2016-17 at national level. However, considerable variation is evident across states. For instance, prevalence of dual use among ten states has been higher than the national average. Moreover, in majority of Northeastern e.g. Arunachal Pradesh (17%), Manipur (14%), Tripura (12%), Mizoram (9%), the prevalence of dual use of tobacco was over two-three times higher than the national average. Dual use was highest among those individual who did not have any kind of formal schooling (11%), those with secondary and higher education was 2.8%. Similarly, in-spite of decline in dual use in rural and urban areas, the gap remains to be twice higher in rural (4%) than urban (2%) areas.

Conclusion Study suggests considerable regional and socioeconomic disparity in dual use of tobacco. Targeted policy action is required to address this burden in specific states and socioeconomic groups.

PP137 - Intergenerational transmission of tobacco habits among third generation Indians: Findings from the 2012-13 TCP India Survey

Manisha U. Pathak, Mangesh S. Pednekar, Sameer Narake, Prakash C. Gupta, Geoffrey T. Fong

Background and Objectives:
With an increase in life expectancy of both men and women, in India, grandparents live longer and may thus have a considerable influence on the development of health behaviours of their grandchildren. There is limited data assessing influence of grandparents' and parents tobacco habits on initiation of tobacco habits by grandchildren. Current study analyzed data from the Wave 2 (2012-2013) TCP India Survey to study the association of intergenerational transmission of tobacco habits.

Methods:
The Wave 2 (2012-2013) TCP India survey was conducted in Maharashtra, Madhya Pradesh, West Bengal and Bihar. Of the 9873 surveyed participants, 7401 were tobacco users. Quitters were excluded from this analysis. Univariate, bi-variate and multi variate logistic regression analysis was done to study the association.

Results:
For smokeless tobacco user grandchildren, results indicate strong association when father and grandfather both were ever tobacco users (OR=1.78; 95% CI= 1.15-2.76), father and grandmother were ever users (OR=2.25; 95% CI=1.18-4.29) and mother and grandmother were ever users (OR=2.78; 95% CI= 1.51-5.11). Similarly, for smoker grandchildren, there was strong influence of father and grandfather (OR=1.92; 95% CI= 1.35-2.71) and father and grandmother (OR=3.17; 95% CI= 1.31-7.68).

Interpretation and Conclusions:
Grandchildren's tobacco use was associated with grandparent's and parents ever tobacco use. Children having both parents as well as grandparents using tobacco further increased the likelihood of their tobacco use. The current study underscores the role of grandparents and parents in prevention of adolescent tobacco use. Culture and family factors needs special attention during implementation of tobacco control policies and behavioural intervention programs.

Key Words: Tobacco habits, intergenerational transmission, parents, grandparents

PP169 - Tobacco use and Exposure to Secondhand Smoke among Older Adults in India

Lazarous Mbulo, Komanduri S. Murty, Krishna M. Palipudi

Introduction:

Current tobacco use (CTU) and exposure to secondhand smoke (SHS) can increase the risk of non-communicable diseases such as heart disease, cancer, and diabetes. Older adults are particularly vulnerable to these adverse health effects. Examining Global Adult Tobacco Survey (GATS)–India on CTU and SHS exposure among older adults can help inform strategies to reduce tobacco use and tobacco-related costs and disparities.

Methods:

Data came from older adults (60+ years) from GATS-India, which was fielded in 2009-2010 (n=7,845) and 2016-2017 (n=10,112). CTU included smoking and/or using smokeless tobacco daily or less than daily. SHS exposure included reported exposure at home, and/or in public places during the past 30 days. Weighted prevalence estimates were calculated for CTU and SHS. Multilevel logistic regression was used to examine correlates (sex, age, education, residence, education, wealth index, and knowledge of tobacco caused diseases) of CTU and SHS exposure.

Results:

CTU was 49.0% in 2009-2010 and 41.5% in 2016-2017, representing an 18.1% relative decline. Sex, age, residence, education, occupation, wealth index, and knowledge of tobacco caused diseases were associated with CTU in both survey waves. Males had the strongest association (Adjusted Odds Ratio (AOR)=7.89 in wave 1; 14.81 in wave 2) with CTU. Age, residence, education, occupation, wealth index, and knowledge were associated with greater SHS exposure at home, with males having the strongest association (AOR=2.55 in wave 1; 2.30 in wave 2). Age, sex, and residence were associated greater SHS exposure in any public place; the strongest association was with no-formal education (AOR=2.45 in wave 1; 2.76 in wave 2).

Conclusion:

Older adults in India experienced a decline in CTU and SHS exposure during 2009-2010 and 2016-2017. However, disparities exist across population groups, suggesting the potential utility of targeted interventions to help reduce age-based disparities in CTI and SHS and protect older adults' health.

PP228 - Prevalence of tobacco use among the Juang tribe-a particularly vulnerable tribal group residing in Northern Odisha.

Dr Diptajit Das

Background:

A study was conducted to evaluate the effect of tobacco related practices on oral health of Juang tribes in Bansapal taluk of Northern Odisha. The use of smokeless tobacco, gutkha and associated products is on the rise amongst the younger generation making oral pre-cancer and cancer a public health concern.

Methods:

A cross-sectional survey was carried out among 1412 Juangs using a cluster random sampling procedure to evaluate the tobacco related practices and its impact on oral health. Data was collected using the WHO Oral Health Assessment Form, 1997- modified. All the examinations was carried out by a single examiner. The examiner was assisted by a trained recording assistant who was sitting close enough to the examiner so that instructions and codes could be easily heard. Results: 53.04% of individuals between 21 to 40 years were addicted to deleterious habits. There was a marked consumption (72%) of tobacco and associated products among the geriatric population (60 years and above).

Conclusion:

The study population was characterised by high prevalence of tobacco use (smokeless and smoked) and associated tobacco product consumption by the younger population is an issue of significant concern. The results from this study could be used as a baseline information for health authorities and dental professionals for planning strategies for oral health promotion, prevention and treatment among the Juang population.

PP250 – Prevalence of tobacco consumption among rural women in Assam

Anindya Borgohain, Surbhi Bharti

Background:

Tobacco consumption is one of the leading risk factors for Non Communicable Diseases (NCDs) in the North Eastern region of India. The objective of the study is to understand the prevalence of tobacco use among rural women among in Assam and assess the different social determinants which lead to its sustained consumption.

Methods:

Study was undertaken in the rural district of Dhemaji in Assam. Probability sample of rural women was used to assess prevalence. Purposive sample for tobacco using rural women of the district was used to understand the social determinants for sustained tobacco use.

Results:

Nearly half of the rural population (49%) of Assam uses tobacco (smoke and/or smokeless tobacco (SLT)) in some form. The percentage of rural women using tobacco either smoking or smokeless or both is 41%. Chewing of tobacco along with betel leaves and betel nuts as mouth freshener was the most common form of tobacco consumption among rural women (77%) which was followed by beedi smoking (8%). Lack of awareness on harmful effects of tobacco use attributing to rising burden of NCDs in the North East Region of India was the major underlying cause behind the sustained and socially accepted tobacco consumption (88%). The practice of using tobacco products has been culturally in the rural society. One major finding in the purposively selected samples revealed that tobacco consumption behaviour is

culturally driven, hence, it is widely accepted and passed on to adolescents and youth in their early formative years (52% of these samples had second generation tobacco users).

Conclusion:
The prevalence of tobacco use is high among rural women in Assam. Culturally driven tobacco consumption has led to sustained tobacco use.

PP259 – Prevalence of tobacco-use and its correlates in a rural population of Uttar Pradesh
Dr.Gagan Garg, Dr.Md Tauheed Ahmad

Background:
In the past two decades in India, awareness campaigns directed at prevention of tobacco use as well as laws curbing smoking and tobacco-use have been able to reach to populations in most of the urban areas. On the other hand, tobacco-use in newer forms such has gutkha and pan masala in addition to the bidi and cigarettes has been picking up especially in rural areas. Uttar Pradesh is the largest state in India and has consistently been ranked amongst the highest prevalence states in terms of tobacco-use.

Materials and Methods:
We conducted our cross-sectional study in rural Meerut (Uttar Pradesh),in a village which had a good mix of communities in terms of religion and caste. Only males in the age-group of 15-49 years of age were included in the study (n=393). The objectives of the study were to find out the prevalence of tobacco abuse, study the socio-demographic and other correlates of tobacco abuse, as well as to assess the knowledge and attitude towards tobacco use.

Results:
Tobacco use prevalence was found to be 52.7%. Tobacco-use was most common amongst the schedule caste population. No significant association was found between religion and tobacco use. There was a steady increase in prevalence of tobacco use with increase in age. It increased from 32.5% (15-20 years) to 72.6% (45-49 years). A good number of tobacco users believed that tobacco causes only minor illnesses (28.6%).About 58.7% had made attempts to quit the tobacco habit previously. The main three reason for quitting were 'health problems' (69.2%), 'to save money' (47.7%) and 'want to live longer' (44%).

Conclusion:
Timely intervention to raise the awareness of the rural populations can help in reducing the prevalence the tobacco-use.

PROFFERED PAPER 2- MONITORING COMPLIANCE AND OVERCOMING OBSTACLES IN IMPLEMENTING TOBACCO CONTROL LAW

Board Room, 2nd Floor, Golden Jubilee Block

Chairs

Mr. Sanjay Seth, Trustee, Sambandh Health Foundation
Dr. Jane Ralte, State Nodal Officer, National Tobacco Control Programme, Mizoram
Ms. Leni Chaudhuri, India Country Director, Tata Centre for Development at UCHICAGO

Presenters

PP049- How multi stakeholder engagement accelerated system and shown model of elimination of Tobacco by achieving comprehensive compliance of legislative provisions in Bhatinda, India

Govind Kumar Tripathi, S Goel, R J singh

Background and challenges to implementation:

Tobacco use kills over 10 lakh Indians every year. Various provisions of Indian tobacco control legislation mandates that comprehensive compliance should be observed to protect the people from harmful effects of tobacco. To assess the result of multi stakeholders engagement . A cross sectional study conducted in Bhatinda (India) district (population of 285,813) with an objective to assess the current level of compliance in comparison to GATS data.

Intervention or response:

A total of 340 samples were selected and they were proportionately divided into rural (230) and urban locations (110) based on PPS method. The ranking and weightage of compliance assessment indicators in the provisions of legislation was developed. For section 5,6(a), 7, 8 and 9 the sample was calculated based on the expected compliance of previous studies conducted in other states and a total of 377 tobacco vendors were selected. For section 6(b), total 150 schools (120 Rural and 30 Urban) were selected. The data was entered and coded in MS Excel and analyzed in SPSS16

Results and lessons learnt:

The overall compliance to Section 4 was 88.3%. No active smoking, no cigarette and bidi buts and no smoking aids were found at 98.6%, 87.5% and 94.1% of the public places respectively. No advertisement of tobacco products was found in 91.3% of the Point of sale. The compliance of schools in displaying the signages was 78.9%.Compliance to section 7 was also good. Thus, the overall compliance was good.

Conclusions and key recommendations:

Due to continuous efforts by multi stakeholders the overall compliance to section 4, and 5 was satisfactory; however there is a need for strict enforcement regarding section 6 (a) and 6(b).This shows that how the system, CSOs, communities can make joint efforts and accelerate the efforts towards elimination of Tobacco.

PP075-How to prioritize tobacco control in agenda of the challenges-ridden state – A case study from the state of Bihar in India

Deepak Mishra, Ashish Pandey

Background:

Bihar 3rd highest populated state in India is underdeveloped among other states. The state has witnessed 25% population growth, highest among the large states in India over the last decade. Literacy rate is lowest (61.8%) in Bihar. Bihar's IMR is 42 (India=37) and MMR is 208 (India=167). As per GATS 2009-10, tobacco use was also very high (53.5%) in comparison to national average (34.6 %). Keeping in view the plethora of other key issues tobacco control was a distant dream.

Intervention:

Tobacco control started in Bihar since 2009 when NTCP introduced in 02 districts and continued with apathy towards the cause. In 2013, SEEDS started sensitizing the government and other stakeholders for policy decisions in collaboration with The Union. With continuous efforts and series of capacity building programme, tobacco control was institutionalized and State and District Tobacco Control Coordination Committees were formed to review the progress of tobacco control.

Results:

Tobacco control is being reviewed periodically by officials at state and district level.13 out of 19 focused districts have achieved high compliance for Smoke free rules. Two districts have also been declared TAPS-free at point of sale. The state health department has increased coverage of tobacco cessation services by integrating it with de-addiction programme. Bihar shows huge reduction of the tobacco use (GATS 2009-10) in last eight years. Overall tobacco prevalence in the state has decreased 25.9 % in comparison to 28.4% in India. Smoking has decreased among adults from 14.2% to 5.1% during this time-period. Smokeless tobacco use has decreased by nearly 25.2% (from 48.7 to 23.5%).

Conclusions:

Sensitisation of policy makers with substantial data, capacity building through structured programme and regular follow up are instrumental in prioritizing tobacco control in governments' agenda. NGOs and media have the very important role and must be considered and key partner for reducing tobacco use in.

PP133- Need to tackle menace of Smokeless Tobacco in Punjab by strict implementation of Food Safety and Standards Act (FSSA)

Dr.Rakesh Kumar Gupta, K.S.PANNU, ASHOK GARGISH

INTRODUCTION AND CHALLENGES:

Global Adult Tobacco Survey (GATS) is the global standard for systematically monitoring adult tobacco use (smoking and smokeless). GATS is a nationally representative household survey of adults (aged 15 years and older), using a consistent and standard protocol. As per GATS 2 survey, Prevalence of Tobacco use in Punjab increased from 11.7% to 13.4%. The increase is significant for use of SLT which increased from 6.5% to 8.0% In spite of ban on SLT there is an increase in prevalence by 1.5% points in GATS 2 compared to GATS 1.There are provisions under FSSA 2006 of India to curb the epidemic of SLT, which is the major cause of oral cancers and other Non-Communicable Diseases.

INTERVENTION AND RESPONSES:

In 2012, Commissioner Food and Drug Administration, Punjab imposed a ban on Gutkha in the entire state and in 2015.Even flavoured and scented tobacco products were banned and it has been extended for a year in October 2018.The suspected samples seized by Food Safety Officers are sent to Food Laboratory, Punjab, which has been notified to analyse food samples for presence of tobacco or nicotine. RESULT: A total of 499 suspected samples were seized from Points of Sale (POS) and sent for analysis between January 2017 to August 2018 Out of these 246 (49.3%) were found to be containing Tobacco/Nicotine and violators are being penalised by courts.

CONCLUSION:

Implementation of ban on SLT sale is a multi-sectoral issue. So, the menace of smokeless tobacco use can only be effectively managed by joint efforts of various stakeholders. There is an urgent requirement to take strict punitive action under FSSA against the violators of ban on SLT, so that prevalence of usage of SLT can be decreased.

PP134-Compliance of Cab drivers and Reactions of the Commuters to the Smoke Free Cab Policy

Vasundhara Y Kulkarni, Dr Gauravi Mishra, Subhadra Gupta

Background:

Globally, tobacco use is one of the leading causes of avoidable untimely deaths. Each year tobacco use slays about one million Indians. Due to implementation of smoke free public places legislation, cabs in India are smoke free. However, large majority of the cab drivers are addicted to tobacco and also affected by second hand smoke.

Objectives:

The study objectives were to measure the compliance and perceptions of cab drivers to the implementation of smoke free cab policy and to study the compliance, reactions and perceptions of commuters with regards to smoke free cab policy.

Methods:

Four hundred cab drivers in Mumbai were enrolled in this study and were interviewed. Effects of health education, awareness about ban on smoking in public places, perceptions of cab drivers and commuters towards smoke free cab policy were collected using a structured questionnaire.

Results:

All cab drivers interviewed were aware about the harmful effects of using both smoking and smokeless forms of tobacco. 98% were aware about the existing law that bans smoking in public places. All cab drivers wanted their cabs to be smoke free but only 63% had put a No smoking sign in the cab. 75% cab drivers expressed full compliance by commuters to the ban. Advice to stop tobacco use was given to 94% passengers who smoked or chewed tobacco, despite the "No smoking sign".

Conclusion:

Smoke free laws are essential to reduce exposure of cab drivers and commuters to second hand smoke. The study demonstrates good compliance by both cab drivers and commuters to the smoke free cab policy in Mumbai.

PP247- Didn't reach 13% in 13 years? : Compliance assessment of cigarettes and other tobacco products act (COTPA) in urban Puducherry

Dr. Surbhi Tripathi, Dr. Sitanshu Sekhar Kar, Dr. Bijay Nanda Naik

Background:

The Cigarettes and Other Tobacco Products Act, 2003 (COTPA) is an enactment by Govt. of India for tobacco control across the nation. In few pieces of literature, an immense disparity in the enforcement of COTPA is witnessed within different settings of India. This study assessed compliance of COTPA and detected geo-coordinates of violation for the first time in the Union Territory of Puducherry, India.

Method:

This observational cross-sectional study was accomplished in two districts of Union Territory of Puducherry. The sample size of 384 samples of public places (PP) and point of sales (POS) was calculated by keeping a conservative proportion of 50%, 5% of absolute precision, confidence limits as 95%. Total 37 wards were selected from Puducherry UT using simple random sampling and at least thirteen samples were observed from each ward in two phases Aug-Sep, 2017 and Aug-Sep 2018. During peak hours, samples were observed for 15-25 minutes using pretested observational checklists, EpiCollect5 mobile application, and GPS. The data analyzed in STATA, and QGIS.

Results:

The study observed compliance with selected sections of COTPA at 433 PP, 395 POS, 122 EI, and 33 tobacco packages. The overall compliance with smoking indicators at public places(PP) was maximum at rural Puducherry (84, 71%) and minimum at urban Puducherry (71, 38%). The compliance varied from zero (at bus stops) to 100% (at religious places). Less than 1/10th of PP displayed smoking prohibitory signages (28, 6%). Half of POS (51.7%) in the study were free of any advertisement. None of POS displayed signage as per section 6a of COTPA. Only two EI displayed signage as per section 6b and almost 1/3rd EI were free of POS within 100 yards.

Conclusion:

Unfortunately, poor compliance depicts a feeble state of COTPA implementation in Puducherry and thus invites to prompt action by all the stakeholders.

PP269 – Implementing tobacco-control legislations and beyond - An NGO case-study from Odisha State

Md. Imran Ali

Background:

Odisha is one of the top-prevalence states in terms of tobacco-use. Even more serious is the fact that Odisha has two times the national average of smoke-less tobacco users. Cigarettes and Other Tobacco Products Act (COTPA) was passed in 2003 by the Indian parliament to regulate tobacco products. COTPA is aimed at protecting individuals from tobacco-smoke as well as to ensure that the younger generation is prevented from taking-up tobacco. On my field visits as a social work student in Bhubaneshwar, I found children as young as ten years habituated to tobacco. This I found was because of three major reasons- easy availability of tobacco products, addiction amongst parents as well as lack of awareness regarding the harms of tobacco. I also noticed that many OMFED (Odisha State Cooperative Milk Producers' Federation Limited) booths in different parts of the city were stocking and selling tobacco.

Activity:
Our team of like-minded individuals field a PIL in the Odisha High Court seeking a ban on the sale of tobacco products at milk parlors. The court ordered a ban on sale of tobacco in milk parlors. In the mean-time, we had organised into an NGO and were keen about having gutkha banned in the state. Now feeling stronger with the support of other NGO, we filed another PIL in the High Court. Subsequently, ended up in Odisha officially. This is entirely taken up by young crusaders against tobacco.

Conclusions:
Legislative measures of the control of tobacco are effective tools in the fight against tobacco. Our case-study may be able to inspire and guide NGOs in other states to undertake similar efforts to ensure stricter implementation of such legislations.

PP310 – Smoke Free Bengaluru: A social media campaign to strengthen the implementation of Section 4 of Cigarettes and Other Tobacco Products Act (COTPA) in Bengaluru.

Mr. Achyutha Nagara Gadde, Manish Pant, Amit Karnik; Vaishakhi Mallik; Vishal Rao; Ramya Kancharla; Thriveni S Beerenahally

Introduction:
Second-hand smoke exposure is harmful in many ways. Apart from health consequences, there are economical and indirect harms associated with second-hand smoke exposure. In October 2017, the city of Bengaluru launched an initiative- 'Smoke Free Bengaluru'. The objective of the initiative was to strengthen the implementation of Section 4 of Cigarettes and Other Tobacco Products Act (COTPA) to help reduce exposure to second-hand smoke and its harmful effects.

Intervention:
To create awareness, support the work, and to strengthen the implementation, a social media campaign on Facebook and Twitter was launched. The campaign started with activating Twitter handle and the Facebook page. A digital campaign 'Clinical' was launched on second-hand smoke on digital platforms along with an outdoor campaign. Further, two radio campaigns, an auto campaign, and earned media coverage of the initiative were also supported with amplification on the social media platforms. Specific focus on harms associated with second-hand smoke exposure, smoke-free workplaces and new policy updates were highlighted on social media platforms. Through a comprehensive communications strat-egy to incorporate offline and online activities, a lot of followers were acquired and reached out to.

Results:
The campaign generated Facebook page had 9128 likes on Facebook and the Twitter page had 441 followers. Further, the Facebook and Twitter pages reached out to 8.35 and 1.65 million accounts respec-tively. The digital campaigns reached out to more than 5 million people in a one year period. Cost per acquired Facebook like is INR 2 and for Twitter, it was INR 6 per follower.

Conclusion:
The results of the campaign demonstrate that social media platforms reach out to a vast population and target group in a metro city such as Bengaluru. Scientific content, targeted messaging, appropriate age-group selection and a clear call to action are some of the key recommendations for effective outreach.

10:30 AM TO 11:00 AM

E-POSTER SESSION 1
Lobby area, 2nd Floor, Golden Jubilee Block

SCREEN-1

Topics

EP02 EP024- Assessment of Tobacco Monitor App in reporting violations amongst the students of health science colleges of a University in Pune.

Vini Mehta, Sahana Hegde Shetiya, Pradnya Kakodkar

Background
As a prelude to the World No Tobacco Day (WNTD) 2015, India's first ever android app to report complaints on tobacco policy violations by users and tobacco industries was launched with the name "Tobacco Monitor" by National Forum for Tobacco Eradication (NFTE).

Methods
An interventional study was conducted amongst the first and second undergraduate students of health science colleges of University in Pune. Students were asked to register complaints related to tobacco violations on the tobacco monitor app. Registered complaints were verified by NFTE and descriptive statistics were used in reporting the results.

Results
A total of 208 complaints on tobacco violation were registered through Tobacco Monitor app, 163 valid complaints were identified and 45 were invalid. 163 verified valid complaints by NFTE were transferred to the Non Communicable Diseases (NCD) Cell, Maharashtra, India.

Conclusion
Although anti-tobacco laws and national policies help to curb the menace of tobacco epidemic to an extent, robust reporting and sustainable enforcement measures are required in implementing tobacco legislation effectively. It is evident that the young population effectively used Tobacco Monitor app for reporting violations on tobacco.

EP097- Smoking Out Ends And Related Products A Case Study From Punjab
Dr.Rakesh Kumar Gupta, K.S.Pannu, Pradeep Mattu

Introduction to challenges:
Electronic Nicotine Delivery System (ENDS) are highly addictive and potentially lethal products. It is mostly being used by children and youth because these are glamorised by the tobacco industry. There is an ample scientific evidence available about the harms of nicotine and that is the reason it is unapproved under the Drugs and Cosmetics Act of India, except as nicotine gums and patches which are approved for cessation. Kids have been killed by accidental ingestion of refills.

Intervention or responses:
Punjab was the first state in India to declare ENDS as unapproved under Drugs and Cosmetics Act in 2013. Strict implementation of the Act is being done all over Punjab by the enforcement teams. Seizure of these products was done in the districts of Mohali, Hoshiarpur, Sangrur, Mansa and Ludhiana and court cases were launched against seven violators contravening Drugs and Cosmetics Act. To counter the sale on the Ecommerce sites, cybercrime wing has issued notices to all the e commerce sites selling ENDS. District level Task Force effectively implements the ban through conducting raids at suspected point of sale.

Results and lessons learnt:
Seven more states declared ENDs as unapproved products under Drugs and Cosmetics Act. Court cases have been launched against five violators. In Punjab, two cases have been decided in court. An advisory was issued by MOHFW in Sept.2018 urging all states to prohibit ENDS and related products. C-FDA Punjab has reissued a circular 0n 3rd.October 2018 prohibiting sale of ENDS and related products as per advisory. States of Tamil Nadu and Himachal Pradesh have also complied.

Conclusions and key recommendations:
The declaration by the Government of Punjab and 9 other states have opened the way for other states to follow suit, and prevent ENDS and related products becoming another big menace like tobacco.

EP125 - Knowledge and Compliance of COTPA among Street vendors in Bangalore city
Dr.Punith Shetty, Dr. Naveen, Dr. Arpan

Introduction:
Tobacco has been the arch criminal of most head and neck cancers in the world. Many laws have been implemented to control this menace but still this slow poison persists. Effectiveness of these laws have always been a matter of concern to the authorities. The present study was conducted to observe the compliance of COTPA among Public places, Educational institution and among Tobacco vendors in Bangalore city.

Methodology:
A cross sectional observational study was done and Section 4,5 6 & 7 of COTPA was assessed for compliance from 25 each of these places among the 8 zones of Bangalore city. Thus a total of 600 places were assessed for compliance. Convenience sampling was used to determine the sample size. Percentages of violations were calculated and represented using Microsoft sheet excel.

Results: This study showed that, violation of the sign board in educational institution was ……
Among vendors 42.5% were violating the laws related to Board size. 39.5% of the boards were illuminated which was not accordance with the law. In Public places, the violation of active smoking was at 61%. The violation for Cigarette buds/smoked bidis/tobacco sachets seen in public places was around 67%. The violation of more than 85% tobacco warning in tobacco products was seen around…….

Conclusion: This study showed that the awareness regarding COTPA in public was very poor. The educational institutions lackluster attitude towards these laws have further weakened these laws. Strong capacity building and stricter laws for these violations is the need of the hour

Key words: Compliance, Jurisprudence, Tobacco

EP127- Smoking and its relation with physical activity among youth in North India: A cross-sectional survey

Dr Sonu Goel, Dr Divya, Dr Susanta Padhy

Background and objectives:

Smoking and physical inactivity are major risk factors for NCDs. Adequate physical activity keep one healthy but sedentary life style may contribute to other unhealthy practices like smoking. There is a need to identify if and how the two risk factors are interrelated so as to address them more strategically. Thus, the present study was undertaken to assess the level of physical activity and to identify its association with smokers among college going youth in Chandigarh.

Methods:

Data on physical activity and smoking was collected from 500 students aged 18-24 years studying in different professional and nonprofessional colleges of Chandigarh during June- July 2015, through a multistage stratified random sampling technique. We used semi-structured, self-administered questionnaires-namely 78 item Global Adult Tobacco Survey (GATS) for assessing smoking status and GPAQ (Global Physical Activity Questionnaire) for assessment of physical activity.

Results:

Of the 500 individuals studied, 12.8% (n=64) were inactive, 10% (n=50) were active and 76.2% (n=381) were highly active. Females (15.8%) were more inactive as compared to males (12.1%). Highly active respondents were seen more in 18-20 years age group (77.6%) as compared to 20-22 years age group (76.1%). In regard to relationship between physical activity and smoking status of the respondents in study population, it was observed that odds of smoking is significantly 0.48 times lower in active respondents as compared to inactive respondents (p value)

EP214 – Strategies adopted to limit the access of E Cigarette via E commerce sites: Evidence from Punjab, India

Dr. Karan Mehra, Dr. Nirlep Kaur, Dr. Gurmandeep Singh

Background and challenges to implementation:

E-Cigarettes are posing a grave threat to health of people especially youth. It is being freely advertised on various websites including social media. Children and young adults are easily exposed to these advertisements as access to internet use is easy. Currently, E cigarettes are not regulated at National level in India. However, Punjab State has already declared these products as unapproved for sale under Drugs and Cosmetics Act in year 2013. This paper aims to provide insight on strategies adopted by Government of Punjab to limit the access of E Cigarette via E commerce sites

Intervention or response:

To counter the sale on the E commerce sites, Punjab Government had issued a Demi-Official letter to Cyber Crime cell regarding the sale of E cigarette in 2016. Also awareness notices were sent to various E commerce sites regarding the same. State level monitoring committee was formed to track the progress of the intervention. The implementation phase last for 6 months (March – August 2016)

Results and lessons learnt:
Cyber Crime Cell identified the 26 E commerce sites selling the E cigarettes. The administrators of these websites were directed to block the sale of E Cigarettes from their websites. Till date none of the E commerce sites are selling E cigarettes in Punjab.

Conclusions and key recommendations:
The declaration by the Government of Punjab opens the way for other states to follow suit to prevent E cigarettes becoming an additional marketing strategy for tobacco companies.

EP219 – Is ban on Hookah bars under Code of Criminal Procedure (CrPC) effective in controlling the menace: A case study from Punjab, India
Dr. Karan Mehra, Dr. Nirlep Kaur, Dr. Gurmandeep Singh

Background:
Hookah is a waterpipe used for smoking Tobacco. Hookah smoking usually delivers a relatively huge amount Nicotine, a highly addictive and cancer-causing chemical. Till date there is no National level legal provision to ban Hookah bars running in various states of country. Section 144 of CrPC, Which gives power to District authorities to issue order in urgent cases of nuisance of apprehended danger to human life, health or safety can impose a ban on hookah bars if promulgated. The objective of the study was to assess the effectiveness of CrPC for shutting down of Hookah bars in the state of Punjab.

Methods:
This legal intervention approach was conducted during the period of April 2013 to May 2018. In 2013, Punjab Government instructed the Deputy Commissioners of state to promulgate section 144 of CrPC against the hookah bars. Health Advisory in public interest was also issued regarding ill effects of Hookah use. Permanent Task force was constituted to ensure strict enforcement of Law.

Results:
Total 25 Hookah bars have been shut down in the State. FIRs have been lodged against Hookah bar owners by the Police department under section 144 of CrPC. Since then, no complaint regarding a functional Hookah/Sheesha bar has been received anywhere in Punjab.

Conclusion:
Orders of Section 144 of CrPC are subject to renewal every 2 months which is a short term solutions thus, Tobacco control Act of India should be amended to include permanent on ban Hookah Bars in the State.

SCREEN-2

Topics

EP043- Level of physical activity and its relationship with tobacco use among youth: a cross-sectional survey in North India

Dr. Divya Monga, Dr. Sonu Goel, Dr Susanta Padhy

Background and objectives

Tobacco use and physical inactivity are major risk factors for NCDs. Adequate physical activities keep one healthy but sedentary lifestyle may contribute to other unhealthy practices. There is a need to identify if and how the two risk factors are interrelated so as to address them more strategically. Thus, the present study was undertaken to assess the level of physical activity and to identify its association with tobacco use among college-going youth in Chandigarh.

Methods

Data on physical activity and tobacco use were collected from 500 students aged 18-24 years studying in different professional and non-professional colleges of Chandigarh during June- July 2015, through multistage stratified random sampling using a self-administered questionnaire.

Results

Of the 500 individuals studied, 12.8% (n=64) were inactive, 10% (n=50) were active and 76.2% (n=381) were highly active. Females (15.8%) were more inactive as compared to males (12.1%). Highly active respondents were seen more in 18-20 years age group (77.6%) as compared to 20-22 years age group (76.1%). In regard to the relationship between physical activity and tobacco use status of the respondents in the study population, it was observed that odds of consuming tobacco are significantly 0.48 times lower in active respondents as compared to inactive respondents (p-value

EP047- Rising Burden of Smokeless Tobacco use in India

Kumar Chandan, Amit Yadav, Anshika Chandra

Background

Globally, nearly 360 million smokeless tobacco (SLT) users live in 140 countries. Of these, the majority of users are from the SEAR. India alone is home to about 200million SLT users (GATS_2016-17). India faces the dual burden of both smoking and SLT use and related illness, in particular, the rising risk of NCDs.

Methods

A comprehensive review and analysis of the data from Global Adult Tobacco Survey India Report i.e. GATS_2009-10 and GATS_2016-17 has been undertaken.

Results

It has been observed that 90 % of all SLT users in India live in 13 states i.e. Uttar Pradesh, Maharashtra, Bihar, Madhya Pradesh, West Bengal, Odisha, Assam, Gujarat, Jharkhand, Karnataka, Rajasthan, Chhattisgarh and Tamil Nadu. The GATS-2 India report reveals that there has been a significant reduction in SLT use when compared to the GATS -1 (2009-10) i.e. from 25.9% to 21.4%. However, it is imperative to note that the absolute numbers of SLT users in the country has increased from about 164million in 2009-10 to 200million in 2016-17. This essentially means that here has been a 20% increase in the numbers of SLT

users in the county. Several of the high SLT burden states have also seen overall increase in both prevalence and absolute number of SLT users.

Conclusions
Ban on manufacture, sale, transportation and distribution of SLT products under appropriate food safety laws as notified under the FSS Act should become an integral part of tobacco control strategy to curb SLT use in India. It is, therefore, imperative that the policy makers, government and all stakeholders at state and national level take SLT specific control measures to curb the menace of SLT use in in the country.

EP048 - Sale of tobacco product on wheel chair in Delhi, India's National Capital City: An assessment study
Shammi Kumar, Ashish Kumar Pandey, Rana J Singh

Background
According to GATS (2016-17) 28.6% adults in India use tobacco. The damage to health due to this tobacco usage is huge. It is responsible for over 1.3 million preventable deaths every year. Considering there is no mandatory permission required to sale tobacco product, anyone can sell it anywhere. Tobacco products are also being sold by the handicapped vendors on wheelchair / cart. Some of these wheelchairs/carts were provided under either government's welfare schemes like Delhi Government's mobile PCO scheme or by civil society organizations. But the beneficiaries are using it to sale tobacco products. These Point of Sale (PoS) don't get identified by any enforcement agency as usually they are not registered as shop. To understand the level of compliance to COTPA- 2003 (India's Tobacco Control Act), a research study was carried out in 2017.

Method
This Cross-sectional Study (Formative research) was conducted in 11 districts of Delhi. With cluster based sampling 200 wheel chaired / cart based Pos were located to observe using a structured questionnaire.

Results
The findings of our study showed, over 35% the wheel chaired were provided by the government. The compliance of Section 5, 6a and b of COTPA in 11 districts for Delhi, India were also just 33.66%. No POS found displaying mandatory signage required under section 6a of COTPA. Also 94.5% POS found displaying tobacco product advertisement which is prohibited under section 5 of COTPA.

Conclusion
The study observed that there are many wheel chaired PoS in Delhi and as most of them are movable, It is hard to ensure Tobacco Control Act's compliance. It is recommended that Government take necessary pre-caution to avoid misuse of any support provided under the welfare schemes and takes appropriate action to control these POS.

EP109 – Prevalence of Precancerous lesions and conditions in various regions of India- A Systematic Review and Meta-Analysis

Abhishek Kumbhalwar, Dr. Sahana Hegde-Shetiya

Background-

The prevalence of various precancerous lesions and conditions varied across regions from study to study in India. In the earlier studies, prevalence of OSMF was 0-0.4% and palatal lesion was 9.5%.Current Literature lacks pooled data in different regions of India regarding the prevalence of precancerous lesions and conditions caused due to risk factors and hence, a systematic review and meta-analysis was planned.

Methods-

A systematic search was carried out in PubMed, Google scholar and IndMed for the observational cross-sectional studies on prevalence of lesions and conditions between Feb 2017-Dec2017. Grey literature, bibliographies of retrieved studies and manual search was done according to the relevance of this review. Random effects model was used for performing meta-analysis.

Results-

Prevalence of leukoplakia (LKP), 3.9%(1.3%-6.6%)was highest in east, prevalence of erythroplakia (ERP), 8.7%(-4.3%-2.16%), palatal lesion(PL), 1.22%(1.6%-2.29%) and lichen planus (LP) 1.6%(1.3%-1.9%)was highest in the West, whereas OSMF,4.8%(4.1%-5.5%) was highest in southern region of India. Subgroup analysis yielded higher prevalence of pre-cancerous lesions and conditions after the Cigarette and Other Tobacco Product Act (COTPA) was passed, where LKP was-5.8 %(5.4%-6.3%) PL was 6.1 %(4.5%-7.7%) and OSMF was 4.7 %(4.3%-5.1%).

Conclusion -

Through the Meta analysis, it is indicated that prevalence of precancerous lesions and conditions showed varied pooled data in different regions of India. After the COTPA was passed in 2003, pooled prevalence of precancerous lesion and condition showed higher prevalence when compared to before COTPA was passed. The point estimates have not been reported for Indian studies so far.

EP166 – Tobacco -a hidden toll paid by the commuters: Results of a comparative study to assess the determinants of continued use of tobacco and successful cessation in a metropolitan city

Dr. Bhanupriya Pande, Dr. Y.B. Chavan

Background:

In India only 2% of tobacco users are able to successfully quit the habit despite of various cumulative efforts of government. This study was planned to determine the factors responsible for continued tobacco use and successful cessation.

Methods:

This is a cross-sectional observational study done at the tertiary care centre of Mumbai for the period of 12 months enrolling 124 individuals by convenient sampling technique. 93 were the current users of tobacco and 31 were the former users. Complete enumeration of the former users was carried out. The differences in the proportion of individuals for various socio-demographical factors was analysed using chi square test.

EP166 – Tobacco -a hidden toll paid by the commuters: Results of a comparative study to assess the determinants of continued use of tobacco and successful cessation in a metropolitan city

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Results:

The highest level of education was up to class 10 for 58.1% of subjects. The 74.1% of study subjects were unskilled manual workers. The 60.3% of study subjects were daily commuters for job. Average time spent in the one-way travelling to reach the jobsite was 28.66 minutes. A significant difference was obtained between the current and former users ($p= 0.0086$) for using tobacco to tackle boredom during the travel. Higher chances of using tobacco when a person has to commute for the work for more than 30 minutes.

Conclusion :

Individuals liked to use tobacco as a recreation during the idle time of commution. This not only exposes other persons to harms of second-hand smoking but also indicates a gap in the implementation of policy prohibiting the tobacco use in public places. Use of idle time of travelling for purpose of generating awareness of health hazards of tobacco.

EP264 – Permanent Task force for regulating Nicotine in chemical form: - A case study from Northern India

Dr. Nirlep Kaur, Dr. Karan Mehra, Dr. Gurmandeep Singh

Background:

E-Cigarettes and Shisha smoking are posing a grave threat to health of people especially youth. Currently there is no provision under Tobacco control legislation of India to regulate Shisha smoking and E-Cigarettes. These contain Nicotine as the ingredient in chemical form which is a poison as per the State Poison Act, 1919. The objective of this study was to regulate the sale of Nicotine in chemical form.

Methods:

The present study was conducted in the period of April 2015 to February 2018 in Punjab. A Notification was issued by Government of Punjab in 2015 regarding constitution of "Permanent State and District Task Force" to monitor COTPA 2003 & Nicotine abuse in chemical form.

Results:
Total 25 cases were registered by the task force against the sellers of E cigarettes and Shisha bars owners. Total 71, 291 violators were challaned by the Task force under Cigarette and Other Tobacco products Act, 2003.

Conclusion:
The number of youth using E cigarettes and Shisha smoking is alarming and raises serious concerns. The strict measures undertaken by the Punjab government against E cigarettes and Shisha smoking were detrimental in controlling the nicotine abuse. It also resulted in a cascaded effect and many jurisdictions in India have now put Nicotine in the list of Poison. Strong and comprehensive measures as mentioned in the study are needed from Ministry of health to regulate nicotine in chemical form.

SCREEN-3

Topics

EP041- Sustainable alternative to tobacco
Preeti Gupta

Introduction
Dangers associated with nicotine are nothing new. The concerns about the harmful effects of consumption of tobacco products have drawn attention ever since people started smoking. As early as the beginning of the 17th century, Chinese philosopher Fang Yizhi pointed out that smoking caused 'scorched lungs', indicating the symptom of a deadly disease—lung cancer. But it was not until 1964 when the U.S. surgeon general's panel issued a landmark report linking tobacco directly to lung cancer that alarm was raised worldwide. Unfortunately, the significant environmental impacts of tobacco cultivation were and still are, much less recognised.

Methods
Promotion of bamboo production as an alternative crop and livelihood strategy for tobacco smallholder farmers in south Nyanza, Kenya. With aid of a grant from the International Development Research Centre, Ottawa, Canada and help from South Eastern University College, the study has been carried out on 120 field experimental sites. The experiment focused on three main areas: the investigation on the existing potential of introducing Bamboo as an alternative and viable crop in the region; the analysis and ranking of the local household livelihood strategies used by tobacco and non-tobacco farmers in the study area; and a detailed assessment of marketing dynamics on bamboo products as a feedback to investment in the tobacco industry.

Conclusion
"The evaluation revealed that household livelihoods have generally improved in the majority (over 75%) of households in all sites. This improvement was attributed to both monetary and non-monetary benefits accrued from bamboo investment."

EP044- Economics of Smokeless Tobacco in India

Dr. Divya Monga, Dr Shankar Prinja

Background: Despite the high prevalence of Smokeless Tobacco (SLT) in India, cost-effective interventions to curb smokeless tobacco use are very low. Taxation is considered one of the most cost-effective interventions to curb overall tobacco use but taxation on SLT product is very complex and is on an ad-valorem basis. Further, Goods and Service Tax has increased the price from 0.8/gram to 1.06/gram, but still the impact of increasing the tax needs to be explored so that harmony between excise revenue generated from these products and decrease in demand of these products can be maintained. Therefore, we carried out a literature review, which involved literature search, data extraction, and synthesis. The evidence suggests that the price elasticity of SLT products has gone closer to the inelastic nature with the passing time suggesting the increasing affordability of these products. The macroeconomic impact of the disease burden resulting from these SLT products is far greater than excise revenue generated by these products. More research is required in this field with updated data. The agricultural aspect of SLT products also needs to be explored to determine cost-effective alternative crops for tobacco farming. Also, as the use of SLT is culturally accepted in India, an appropriate public awareness program and cost-effective interventions are required to curb SLT use along with increased tax and cessation services.

EP062- Impact of The Tobacco Control Law (COTPA)-2003 On Shopkeepers in Karnataka-A Cross sectional Study

Jael Thomas, Ashish Pandey, Prabhakara

Background

The Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution)Act,2003 or COTPA prohibit advertisement and regulation of tobacco business in India. The Act put restriction on tobacco products including cigarettes, gutka, panmasala (containing tobacco), cigar, cheroot, Beedi, Snuff, chewing tobacco, hookah, tooth powder containing tobacco. The objective of the study is to check whether the ban has shifted the patterns of stocking, selling and using tobacco products and to check the Number of Point of sale whose tobacco sale is not a major business in Karnataka.

Design /Methods

This Cross-sectional Study was done in 8 districts of Karnataka State, India. The study investigators made a direct observation by using a structured, pre-tested checklist based assessment method.

Results

The study area included 3192 shops, included shops selling only tobacco, general stores selling tobacco with other household products, and small shops selling "drinkables (tea or milk) along with tobacco. 2013 results shows for 54% of the shop keepers tobacco sale is not a major business to them. Again in the 2015 tobacco shops were surveyed .It shows decrease in the number of shops whose tobacco sale is not a major business .i.e 42%. Due to Restriction in sale of tobacco products Some shop owners profits have dropped and they shifted with the sale of the new replacement products.

Conclusion

Store Owners ended tobacco sales may be because health issue related to it and loss in their business due to effective implementation of COTPA. High tobacco taxes may have both direct and indirect effects on tobacco business.

EP131 – Finding a way to Make the new generation free from tobacco

Ratnakar Sahoo, Sangram Routray, Chinmayee Khatua

Background:

This is a model of making children free from tobacco addiction especially the most vulnerable section i.e street children. In 2014, while interacting with street children of Bhubaneswar City in Odisha, it was found most of them were addicted to tobacco products. With their ignorance they were familiar to a devastating path and were not aware about the future implications. Apart from continuous interactions, a socio-economic survey was carried out for 150 nos. of children. It revealed that out of 150 children 140 children were in the trap of addiction. A shocking fact was tobacco used to reduce hunger. It was clear to understand the intensity of the problem. The volunteers of Ashayen started to work with those children as a model of intervention having objective that, they need to make them understand the value of life through education which will make them rational to take major decisions to their life. They never asked them that Tobacco is bad rather taught them the importance of healthy life and possible threats to it. They also started life skill sessions by experts to make a reality orientation to life. When they realized and started discussing about how to quit tobacco then the group started working on counselling and follow up services. In later part they made rewarding approach like if someone quits tobacco then they celebrated among others and offered a gift. After four years of intervention they have successfully made 130 children free from tobacco addiction and they are leading a normal healthy life. Although there are laws about prohibition of selling to minors in COTPA, but in reality it is not ensured and parents need to be conscious more. There is need of including life skill education in school syllabus in order to make them more rational and self-sufficient.

EP206 – Alternative livelihood For Bidi Workers- Policy Mapping and Recommendation Project

Ashish Subhash Supase, Dr. Kunal Oswal, Dr. Kanchan Mukherjee

Background:

Alternative livelihood For Bidi Workers- Policy Mapping and Recommendation Project An Action Research among Home-based Bidi workers of Solapur city (Solapur District), Maharashtra is a study by Tata Trusts Mumbai Solapur city, in the district of Solapur in south Maharashtra which is home to the biggest number of the bidi workers of Maharashtra. Women and children engaged in bidi rolling face abuse financial domination and an enormous range of occupational health concerns. The gravity of the miserable condition is effectively connected with the reason why bidi workers emphasize the need of alternative livelihood strategy. The extant researches based on the review of existing programs and policies, best practices and successful models in India and globally for developing an alternative livelihood for bidi workers, understand the magnitude of work satisfaction among bidi workers and their perspective on alternative livelihoods. The research design used in the study includes case studies, observation, comparison with the successful model, rapid assessment. Data collection is done with help of interviews with the workers, family members of the bidi workers, individuals and other key informants, this was based on the open-ended and unstructured questionnaire to know individual as well as community perception on alternative livelihood. The preliminary finding of the research indicates that bidi workers have the willingness to change their profession which can only be accomplished if the right opportunities are provided. If there is a provision of training, 90% of the respondents are interested in making the shift to alternative livelihood. In this context, it is anticipated that the recommendation towards developing alternative livelihood option other than bidi rolling will help tackle the deplorable condition of the workers.

EP265 – Community based intervention in slums of Punjab: A model of research utilization and policy making

Dr. Nirlep Kaur, Dr. Karan Mehra, Dr. Gurmandeep Singh

Introduction:

Tobacco use has become one of the major causes of premature deaths in most developing countries, including India. The economically weaker and marginalised sections of society, such as those living in slums, are considered to be extremely vulnerable to non-communicable diseases and their risk factors, especially tobacco use. In a recent study conducted by Government of Punjab in 2017, the overall prevalence of Tobacco use was alarmingly high as 58.4%. The prevalence of oral lesions among the tobacco users was 41.5%. The objective of this study is to develop a model for preventing the tobacco use in the slums of Punjab.

Methodology:

The present study was conducted in the month of March 2018. Based on the evidences from research, a Community based intervention was formulated by the expert panel to control the Tobacco use in the slums of the Punjab. The aim of the campaign is to spread awareness about the ill effects of tobacco and anti tobacco laws among slum population and street vendors respectively.

Results:

In this community based intervention, Awareness activities will be conducted in the slums through audio visual van, street plays, exhibition and IEC material distribution. Simultaneously oral cancer screening camps will be organized for early detection and prevention of oral cancers and Tobacco users will be referred to Cessation centers. Sensitization of Street vendors about the anti tobacco laws and enforcement drives will be carried out in the slum area at District and Block level.

Conclusion:

Community-based interventions can be effective in preventing youth from initiating tobacco use in a low-resource setting such as India. Since tobacco products are perilous in all forms and youth from economically weak families in slums are more likely to be vulnerable, multipronged strategies combining the proposed and existing policies should be implemented to tackle these problems.

EP288 - The Gutka/Pan Masala Industry and the Triple Bottom Line

Cecily S. Ray

Background:

We intended to gauge the sustainability of the gutka/pan masala industry using the Triple Bottom Line method.

Methods:

Literature reviews were done to obtain information and we listed the various effects of the gutka industry on the economic, social and environmental domains. We then showed this in a diagram and qualitatively weighed the overall effect.

Results:
From the economic point of view, the gutka industry is a highly profitable and growing one, with increasing exports adding to the influx of precious foreign exchange, however, there is tax evasion on production and exports as well as evasion of product bans; there are costs due to illnesses suffered by users, which overlaps with the social domain. From the social point of view, despite the popularity of the products, many users develop oral cancer or other ill effects after a short period, even one year. Most users are young, even children, many are breadwinners for their families and many get cancer and even die from their disease. Other adverse health effects to users include stillbirths to pregnant women. From the environmental point of view also, there are various negative effects of this industry: right from the growing of arecanuts to the red spit of chewers, the business is not environmentally friendly.

Conclusions:
Looking at each domain and its effects on the others, we concluded that the gutka industry is not sustainable and is a social and environmental evil. The various negative effects of the gutka industry need to be made widely known.

SCREEN-4

Topic

EP064- Art against tobacco
Rupali Satavase

Introduction
The most susceptible time for initiating tobacco use in India is during adolescence and early adulthood. It was estimated in 1999-2001 that 5,500 adolescents start using tobacco every day in India, joining the 4 million young people, age below 15 years, who already use tobacco on regular basis. Considering the magnitude of the problem, a dire need was observed by SBF to save the future of adolescents.

Intervention
With the aim of channelizing their energies towards productive endeavours, by keeping children away from tobacco and discovering their hidden talent, SBF started the Arts Academy, a 3-year intensive training program specifically for the students of grades 7 to 9 from Mumbai's Municipal schools. To help children contribute towards creating a long term impact in the society but with a creative outlet, the academy uses Dance, Theatre, and Music to teach life skills and develop leadership in them.

Result
Till date the Academy has reached 4500 students. Increase in the attendance level 90%of students in schools and no tobacco consumption is observed 95% of students because of our interventions. The rigorous training given to children in school helps them open doors for better career opportunities in future. Students have been able to showcase their hidden potential through various platforms made available to them like, Kala Ghoda Festival, Ace Production, NCPA, State Level Competitions etc. many of the alumni of the Academy have chosen acting, film directing etc. as a career option.

Conclusion
By using art as a weapon 90% students are continuing going to school. SBF through this innovative intervention is successfully been able to keep adolescents away from tobacco consumption and creating opportunities for them towards building a bright future.

EP074- Tobacco Impact on Climate Change: Towards Tobacco-Free Planet
Vijay Bhasker Yetapu

Introduction to challenges: Tobacco epidemic is more than a matter of individual concern. Smoking not only affects the smoker's health, it also greatly influences the surrounding atmosphere. Smoke and cigarette butts affect the environment the most, resulting into air, water and land pollution. Tobacco causes destruction of forests by cutting of trees to create a space for tobacco farming and to get wood for curing of tobacco. Tobacco farming drains large amount of sub-soil water and tons of paper is used every year for wrapping cigarettes and packaging tobacco products. Litter from cigarettes fouls the environment as well. Internationally, cigarette filters are the single most collected item in beach clean-ups. Material that leaches out of these filters is toxic to aquatic life. Big Tobacco is always innovative in their approaches. We need to equally design our campaigns to sync our tobacco control efforts accordingly.

Intervention and responses: Created multiple innovative and creative posters highlighting how tobacco causes health and environmental damage. Produced creative animated short films focused on health and environmental damage caused by tobacco. Conducted tobacco awareness sessions in various schools, colleges and companies along with public awareness events. We could make bigger impact among youth by explaining the facts that tobacco industry is one of the major contributors of climate change.

Results and lessons learnt: Creative posters showcasing environmental damage are generating massive awareness among community members to participate in tobacco control campaigns like never before. As tobacco industry's documents make it clear, this industry acts as a global force. This makes us to cross the borders and serve as a global force to make bigger impact in tobacco control.

Conclusions: Banning Tobacco is not just for us, but for this world and for everyone who has to live in this world after us. Mass media campaigns should include environmental impact caused by tobacco industry.

EP076 – The role of media-led advocacy to advance tobacco control initiatives – a case study from Jharkhand, India
Deepak Mishra, Ashish Pandey

Background - The state of Jharkhand is among the poorest states in India and has a high burden of tobacco use. Early efforts in advancing tobacco control had a limited effect. Since 2016, the efforts of civil society to create public awareness through mainstream and vernacular print media has proved as a successful yet cost-effective strategy to create awareness on harms of tobacco use and put pressure on enforcers to ensure the implementation of tobacco control policies and programmes. With limited resources, media-led advocacy can reach out to millions of people and advance tobacco control.

Methodology: In Jharkhand, as part of tobacco control programme a multi-pronged mass media strategy has been developed to create widespread awareness in the citizens of the state and to promote tobacco control policies.

Result:
Since 1st January 2017 to 31st December 2017 there were 351 earned media reports in national newspapers published locally and regional papers. Of these 38.12% related were to enforcement of the law and provisions of the National Tobacco Control Programme. We estimate (using calculation based on data of readership survey) that these stories have reached 118,22,805 readers (or 37% of all adults in the state). The earned media in monetary terms translates to about Rs. 1,89,40,800 (or 291397 USD).
The frequency in which news reports and the timing in which they appeared in the press (example before important policy meetings) placed the tobacco control issues at the centre of discussion and ensured rapid acceptance of policies in the state.

Conclusion:
Earned media advocacy needs to be made an integral strategy to reach citizens, community and pressure groups and policymakers. This can be done within a very short span of time to fill knowledge gaps about the provisions of the law and the tobacco control programme while creating a favourable policy environment for tobacco control.

EP095 - Innovative approaches for effective tobacco control in low resource settings – Results of the GATS -2 in Himachal Pradesh
Dr. Gopal Chauhan

Background -
MPOWER policies are the WHO recommended toolkit for tobacco control under FCTC globally. Indian Tobacco Control Law (COTPA) and National Tobacco Control Program (NTCP) do not cover all components of MPOWER. Innovative approaches and strategic partnership between the Govt. and the local NGO (HPVHA) successfully implemented the MPOWER policies in Himachal Pradesh and achieved significant reduction in tobacco use since GATS-1

Interventions:
NGO led advocacy resulted in the notification of Tobacco Monitoring Committees in 2009. The Law enforcers were empowered to utilize the fine collected under COTPA for financing tobacco control (Figure-1). Flying squads were notified for strict enforcement of tobacco control laws. Awareness of the villagers resulted in closure of the tobacco industry within six months of its inception and support for tobacco free villages emerged in the entire state. In order to ensure specified the pack warning and ban on tobacco advertisements, the cases were files in the court which resulted in convictions in the form of fine and imprisonments to the violators.

Results-
MPOWER achieved substantial progress and tobacco monitoring became a regular feature (M). The analysis of the monthly reports shows that Himachal has successfully sustained the smoke free status since July 2013 (P). The community level workers are motivating people to quit tobacco (O). The compliance of specified pack warnings on tobacco products (W) and the ban outdoor tobacco advertisement of tobacco products (E) is quite effective. There is a continuous rise in tobacco taxes prior to GST. As per the GATS -2 report the tobacco use has reduces by 24% with 60% decline in second hand tobacco smoke exposure at home (Figure-2)

Conclusions- Innovative approaches to implement MPOWER policies is the way forward for effective tobacco control in low resource settings

EP099 – Assisting Parties To The WHO FCTC In Addressing Smokeless Tobacco Use As In Line With The WHO FCTC Mandates

Anshika Chandra, Amit Yadav, Kumar Chandan

Background:

Smokeless tobacco (SLT) is an increasingly significant issue in tobacco control. This is explicitly recognized in decision FCTC/COP6/8, which describes SLT as a global concern. Worldwide there are more than 350 million SLT-users, over 90% of which live in lower- and middle-income countries, largely in South-East Asia. Growing prevalence and neglected regulation of SLT-use poses a considerable challenge to the implementation of WHO FCTC. To tackle these issues, the Convention Secretariat for the WHO FCTC created the Global Knowledge Hub on SLT at the ICMR-NICPR, India with a mandate to generate and share expertise, information and provide training, regionally and globally on advancing SLT prevention and control.

Method:

WHO FCTC Global KH on SLT has been given a task to conduct webinars for disseminating information regarding SLT policy options and recommendations to high SLT burden countries. This paper presents an analysis of the themes covered under the webinars and its participation, interactions and outreach.

Result:

The Knowledge Hub has conducted a series of webinars on the following themes: 1. Smokeless Tobacco-Global Scenario and health impact 2. Taxation and pricing of Smokeless Tobacco products 3. Scientific basis for regulation of Smokeless Tobacco 4. Education, Training, public awareness and communication of SLT products 5. Packaging labelling and advertising of smokeless tobacco products Throughout the webinar series, it has been observed that delegates from different parts of the world, both Party and non Party to FCTC have attended the webinars. Overall more than 120 participants from 50 institutions from 20 countries participated in the webinars.

Conclusion:

Use of technology to advance awareness, education and communication on SLT use has been effectively done through these webinars. It is imperative that not only Parties but also other agencies and institutions should make use of modern technologies to advance tobacco control globally. Acknowledgement: 'This activity was funded by a grant provided by the Government of Norway through the WHO FCTC

EP114 -COTPA Law Enforcement through Police Dept. in the Maharashtra

Devidas Shinde, Deepak Chhibba, Shrikant Jadhav

Introduction to Challenges:

Objective was to enforcement of COTPA ACT 2003 by initiating regular challan and to make tobacco frees schools in Maharashtra and creating awareness and stringent action on Law Enforcement by the Police Dept. of Maharashtra State.

Intervention and responses:

Maharashtra Government is taking major initiative to address huge health issues caused by tobacco usage. Awareness about COTPA and how implementing it will help reduce tobacco burden. Maharashtra Police starts a plan for better implementation of COTPA. The Maharashtra Government has started a major initiative reducing tobacco prevalence and implementing COTPA will achieve that goal.

Training and sensitization program for the District Police Officers in the 10 District of Maharashtra including Nashik, Raigarh, Beed, Palghar, Solapur City and Rural, Amravati, Washim, Navi Mumbai and Satara. Actions are taken by Police Officer by 3196 challans till august 2018 at the prominent places including around schools and public places in the districts so far.

Results and lessons learnt:
COTPA Law Enforcement drive has been started in the 10 Districts of Maharashtra, 1905 Police Officer were trained on the Law enforcement including Maharashtra Police Academy in Nashik. Regular action will be taken by challan drive at the prominent places including around schools and public places in the 10 Districts.

Conclusions:
Strategic advocacy & sensitization program to the police officers for enforcing the COTPA Law will reduce the prevalence of tobacco usage in the District and as well as in Maharashtra State.

EP116 -Intensive COTPA Implementation drive by police in Gurugram, Haryana: A Breakthrough in up scaling the challaning level
Jamuna Parsad Gautam, Dr. Somil Rastogi, Parmod Kumar

Introduction –
Gurugram is one of the 22 Districts of Haryana. It is known as a financial and technology hub. Its population is 1,514,085 according survey 2011. It has 35 police stations. COTPA implementation was there but challan numbers were around 700 to 800 per month. There was a need to upscale the challaning level in Gurugram.

Intervention and responses-
We met with police commissioner , Gurugram and discussed about increasing the challan numbers and appointing a Nodal officer in Head Quarter. He agreed to have special day long intensive drives and appointed ACP HQ as Nodal. We did advocacy, sensitization session and hands on training in the fields. After that suggested to fix dates of special intensive drive and SHOs were asked to share regular updates on their internal WhatsApp group monitored by CP and ACP. Teams of Sambandh Health Foundation also visited every Police station and helped them pushing the challaning level up.

Result and lesson learnt-
It really worked out wonderfully and teams did a great job. Challan Numbers reached 11,487 in the month of December 2017 which seems to be the highest challan numbers by Police in a Indian city within a month. Police personnel at ground took interest because Head Quarter was sending messages for doing COTPA Challans and asking COTPA challan numbers and they also had to send numbers on WhatsApp. Public specially non-smokers appreciated the campaign by police.

Conclusion-
Intensive special drive with interest of higher officials yields better results. Sustained high level of challaning ensures better compliance of the law and in a period of time leads to a positive social behaviour change.

11:30 AM TO 1:00 PM

PLENARY 2- CONTROL OF SMOKELESS TOBACCO AND ARECA NUT
Rustom Choksi Auditorium, 2nd Floor, Golden Jubilee Block

Chair
Dr. S. Venkatesh, Direcorate of General Health Services, MoHFW, GoI

Co-chair
Prof. Balram Bhargava, Secretary, Department of Health, Research, Government of India

Speakers
The Colossal Burden of SLT use in India: The Problem of Plenty
Dr. P. C Gupta, Director Healis Sekhsaria Institute for Public Health

Need for Data Driven Policy Priorities: Understanding SLT Monitoring and Surveillance
Dr. Dhirendra N. Sinha, Senior Consultant, National Institute of Cancer Prevention and Research

Smokeless Tobacco Dependence and Treatment: Prioritizing SLT Cessation Under Evolving Health System
Dr.L.Swasticharan, Chief Medical Officer, Dte GHS, MoHFW, GoI

Chemical analysis of SLT and areca nut
Dr. Irina Stepanov, Associate Professor, Division of Environmental Health Sciences, School of Public Health, University of Minnesota

Areca nut and SLT control policies
Mr. Ranjit Singh, Legal Expert (Supreme Court of India), Member Bar Council of Delhi

Addressing SLT Under the NTCP Umbrella Efforts: Enforcement is the Key
Shri. Vikas Sheel, Joint Secretary, MoHFW, GoI

1:00 PM TO 2:00 PM

MEET THE EXPERTS SESSION
Dining Area, Golden Jubilee Block

Experts in the session:
Dr. Suchitra Krishnan-Sarin, Professor of Psychiatry, Chair, Human Investigations Committee II and IV, Yale School of Medicine, Yale University

Dr. Irina Stepanov, Associate Professor, Division of Environmental Health Sciences, School of Public Health, University of Minnesota

2:00 PM TO 3:30 PM

SYMPOSIUM 4- VENDORS LICENSING: THE NEXT FRONTIER IN TOBACCO CONTROL
Lecture Hall, 2nd Floor, Golden Jubilee Block

Chair
Narender Kumar, India State Program Lead, Campaign for Tobacco-Free Kids

Co-chair
Gaurav Gupta, State Program Manager, Campaign for Tobacco-Free Kids

Speakers
Vendors Licensing: An integral instrument to Reach MPOWER Goals
Ashish Pandey, Senior Technical Advisor, The Union. New Delhi

Implementing Vendors Licensing: Experiences from the Ground
Ramesh Bhaiyya, Leader, Tobacco Free Lucknow

Legal Basis for Tobacco Vendors licensing in India
Mr. Ranjit Singh, Legal Expert (Supreme Court of India), Member Bar Council of Delhi

Implementing Vendors Licensing: Government Perspective
Dr. Indramani Tripathi, Municipal Commissioner, Lucknow

PROFFERED PAPER 3- EMERGING YOUNG VOICES IN TOBACCO CONTROL
Rustom Choksi Auditorium, 2nd Floor, Golden Jubilee Block

Chairs
Dr. Monika Arora, Director, HRIDAY-SHAN & PHFI
Mr. Nirmalya Mukherjee, Director, MANT, Kolkata
Ms. Vaishakhi Mallik, Associate Director, South Asia, Vital Strategies

Presenters
PP073- Mobilizing National Service Scheme (NSS) Volunteers for Tobacco Control in India
Sanjay Seth, Pradeep Mathur, Ashima Sarin

Background and Challenges:
The National Service Scheme (NSS) is an Indian Government sponsored public service scheme aimed at developing student personalities through community service. Young people in colleges and in 12th standard volunteer their services. Each university has a NSS Coordinator (PC) under whom college based NSS units operate, each managed by a Program Officer (PO) – typically a teacher. With three million volunteers nationally, the NSS is a large, socially minded volunteer force. The challenge was to enlist them for tobacco control. Intervention and responses A workshop was arranged in Guwahati, Assam on 24th July18 by the NSS Regional Coordinator for North-east and Sambandh Health Foundation (SHF). 24 Pos/PCs attended. Doctors from the Voice of Tobacco Victims campaign explained the harms tobacco caused and oral cancer patients and their families told of the physical, emotional and financial pain they suffered.

The POs were shocked and realizing what a burden tobacco was to society, determined to take up the "Pledge for Life – Tobacco-free Youth" campaign. After the workshop, many POs sensitized their own Units and then the students in their colleges. Encouraged by the enthusiastic response, SHF (supported by Tata Trusts) planned a pilot in three Universities and organized workshops in Guwahati in August and in Dibrugarh and Silchar on 20th and 22nd Sept.18 respectively.

Results & Lessons Learnt:
The outcomes were amazing - by end-September, of the 67 POs (with about 6,500 volunteers in their Units) who attended the 4 workshops, 37 had done 91 tobacco control activities and sensitized more than 14,000 students and 1,000 people from neighbouring communities. Many students were reporting that they had convinced their friends to quit tobacco. Conclusions and Recommendations Youth is a tremendous force for social change. Enlisting youth groups like NSS, NCC and Scouts can be a game-changer in tobacco control.

PP144 - Vape under the Cape: Youth perspectives on Electronic Vaporizing Products
Vikrant Ranjan Mohanty, Vedha V.P.K

This study aimed at assessing Knowledge, Attitudes and Practices of Electronic vaporizing products (EVPs) E-cigarettes and vapes] among the youth in Delhi. Initially a cross-sectional study was conducted of a representative sample (n=922) of 17-25 years old college students from New Delhi, India. We randomly selected 8 colleges out of 90 colleges registered under Delhi University. Data collection was done using a validated, self-administered questionnaire assessing their knowledge, attitudes and practices regarding EVPs. Digital spreadsheet was prepared and data was analyzed using SPSS version 20. Out of the 922 participants, 67.3% were males and the participants aged between 17 to 25 years (19.55 ± 1.751). Around 65% of participants heard about E-cigarettes and 61.1% were aware that E-cigarettes are posed to be harmful. 14.8% people have tried using E-cigarettes among which 6.9% (n=64) of participants were current users. Among the users, 9.1% reported frequency of usage more than 7 times/day. Maximum of 57.6% of students reported initiation of use because of peer pressure. 48.5% of participants were using replaceable cartridges and 18.2% of people used E-cigarettes with Nicotine. A significant positive correlation was observed between frequency of smoking and E-cigarettes usage. It was observed that the people who were smoking more than 10 times/day were inclined towards the use of e-cigarettes as well. 21.2% of participants listed de-addiction as a reason for usage of E-cigarettes among which 9.09% of participants reported success in quitting smoking. E-cigarettes are a gateway for smoking by inducing nicotine addiction rather than harm- reduction. Tobacco Industries are targeting the youth as prospective users, and we as public health specialists have an important role in engaging our youth in a dialogue and apprise them the harms of EVPs and identify the Vape under the Cape!

PP186 – "Pen-hookah" (E–cigarette) use among adolescent school students from urban slums of Mumbai, India
Gauri Mandal, Dr. Himanshu A. Gupte

Background:
Electronic cigarettes, marketed as smoking cessation devices, have gained popularity among adolescents worldwide. Though experimentation with E-cigarettes is increasing, little is known about quantum of use, reasons for experimentation, adverse effects or cessation effects among adolescents. E-cigarettes are considered as gateway products for smoking. In India, they are easily available in shops or online at

at affordable prices. Youth from slums of Mumbai refer to them as "pen-hookah". The aim of the study was to assess the prevalence of E-cigarettes and factors associated with it among adolescent school students from slums of Mumbai.

Methods:
LifeFirst, an in-school tobacco and areca-nut dependence treatment program, was implemented in 40 schools in slum areas of Mumbai in 2017-18. 4302 students of 7th-9th grades attended orientation sessions about harmful effects of tobacco and areca-nut. Students were informed about the availability of a cessation service and encouraged to register voluntarily for five theme-based group sessions conducted over six months. Demographic data, tobacco and areca-nut use details and history of E-cigarette use was collected through interviewer administered questionnaires. Results: Of the 1441 registered students, 12% (175) had ever used E-cigarettes (95% of these were boys). Among all registered students, 15% boys and 2% girls had used E-cigarettes. Use of E-cigarettes was higher among smokers (47%) than smokeless tobacco users (32%) and areca nut users (11%). After six sessions, 70% of all registered students reported stopping use of tobacco or areca-nut. This was lower among students who had ever used E-cigarettes (55%).

PP226 - Exploring Behavioural factors and perception towards Hookah smoking among Youth Smokers

Dr. Charu Khurana, Dr. Esha Bali

Introduction:
Hookah is becoming the favourite form of tobacco use by youth globally. This problem has received more attention in recent years.

Aim:
The aim was to investigate the characteristics, behaviour, and perceptions related to hookah smoking among the youth smokers in Gurgaon, Haryana.

Materials and Methods:
Two hundred and fifteen established hookah smokers participated in this study. Data were collected using a 28 item questionnaire, constructed using three main domains: Characteristics (socio-demographic and personal), behaviour and perceptions (about harmful effects in comparison to cigarette smoking). Descriptive and Chi square test were performed, and $P \leq 0.05$ was considered as statistically significant value.

Conclusion
E-cigarettes are accessible and prevalent among adolescents from slums of Mumbai and it is important to increase the knowledge about E-cigarettes among them.

Results
The mean age of starting hookah smoking in the present study was 17.3 years. Hookah smoking on a daily basis was reported by 37.7% participants. Another 44.7% participants smoke hookah in hookah cafes with friends and the total number of participants who informed that hookah is easily available and accessible are 83.3%. The participants who were addicted to hookah smoking; light–headedness, dizziness and headache, post hookah smoking are 63.3%. About 60.9% participants had attempted to quit

but restarted. Most of the participants 60–70% had misperception about the safety of hookah smoking over cigarette smoking, and 36–82% participants were unaware of health effects.

Conclusions
Compared to cigarettes, there appears to be a lack of knowledge about the harmfulness of smoking hookah among users regardless of their demographic background. Education about the harmfulness of smoking hookah and policies to limit its use should be implemented to prevent the spread of this new form of tobacco use.

Keywords: Hookah, smokers, Youth, Perception, Behaviour

PP308- Tobacco Free School Campaign in Nandurbar District
Dr. Mallinath Kalshetti, Prof. Madhav Kadam, Ajay Pilankar

Background:
Tobacco use among Indian youth is becoming problem. 14.6% of youth aged 13 to 15 years currently use tobacco products. Tobacco Free Schools Campaign can be an effective strategy to create tobacco free environment for youth. Education Department, Nandurbar and Salaam Mumbai Foundation (SMF) are working in collaboration to create tobacco free environment for youth in Nandurbar.

Intervention:
In 2017, Collector of Nandurbar launched tobacco control drive to prevent tobacco induced diseases and make people healthy. One of the significant missions was making 1,766 district schools compliant with 11 'Tobacco Free School (TFS) criteria. Initially, district and block level trainings were held for Master Trainers and Principals to inform them about criteria and 'Tobacco Free School Mobile Application'. Periodic meetings of teachers were held in presence of Collector and SMF team. Various activities were organized to motivate teachers for successful implementation. Teachers conducting innovative anti-tobacco activities were given visibility through WhatsApp groups and Facebook page. Health Department, IDA and Rotary Club also supported the mission through services. NSS unit conducted third party evaluation of TFS criteria in 75% schools.

Results:
Various anti-tobacco activities like letter writing to insist parents quit tobacco, burning tobacco devil, rallies, tobacco-free life pledge were conducted by teachers. Weekly write-up shared on WhatsApp group was read out in school assembly which created positive impact on students and teachers. Some students motivated their parents to quit. School teachers, authorities also quit tobacco. Till 13 August 2018. 1,613 schools uploaded evidences on Tobacco Free School Mobile Application. On 15th August 2018, Nandurbar was declared as 3rd district of tobacco free schools in Maharashtra.

Conclusions:
Keenness of governmental authorities, support from local organizations and robust monitoring with use of technology are key factors in the success of any anti-tobacco campaign.

PP266 – Youth Against Tobacco Campaign: A model for awareness generation among the youth

Nirlep Kaur, Dr. karan Mehra, Dr. Gurmandeep Singh

Introduction:

The State of Punjab focused on youth by timely action on E cigarettes, Hookah bars and declaring hostels of Colleges/Universities as Tobacco Free. But there was a need to construct a model for awareness generation for the youth of the marginalised section of society like slum population and rural areas of the state.

Methodology:

The present study was conducted in the month of December 2017. During the State level co-ordination Committee meeting, brainstorming was done among the 30 members of the committee from the different stakeholder department in Tobacco control. The Youth against Tobacco campaign for awareness generation was developed by the expert panel during the meeting.

Results:

The Youth against Campaign was divided into 5 phases. In 1st phase, District and Block level task force meetings will be conducted. In 2nd Phase, Tobacco Free slums – Awareness activities and oral cancer screening among the slum population. During 3rd phase, Tobacco Free Villages in the state will be revisited with awareness activity and compliance assessment. Also other villages will be motivated to join the movement. In 4th Phase, Competitions of racing/writing/painting were conducted at schools regarding ill effects of the tobacco. In 5th Phase, Extensive challaning will be done especially near Educational institutes at District and Block level against the Violators.

Conclusion:

Extensive multipronged approach of Punjab government will yield substantial results. This Campaign will help to create awareness about the ill effects of tobacco and improve the knowledge of people regarding the Tobacco related diseases and Tobacco control laws at grass root level.

PP270 – Capacity building of youth for advocacy with stakeholders in tobacco control

Ajay Ghangale, Kalpana Phawde, Amol Misal

Introduction to challenges:

Tobacco use among Indian youth is becoming a serious problem. Though tobacco control law has provisions to protect youth from exposure of tobacco, there are widespread violations of the law. Sensitizing tobacco control stakeholders could be one of the most effective strategies to curb this. Capacity building of youth and involving them in sensitization of tobacco control stakeholders would help better compliance of tobacco control law.

Intervention or Response: Mumbai Police and staff of BEST buses are the major stakeholders for tobacco control in the city. Salaam Bombay Foundation (SBF) through its In-school Tobacco Control Leadership Program is working with both these stakeholders since 2007. Students leaders of school level Balpanchayats made as a part of SBFs tobacco control program are actively involved in sensitization of staff across 94 police stations and 27 BEST bus depots in Mumbai. With the use of posters, charts etc. student leaders sensitize the police and BEST staff about ill-effects of tobacco, tobacco quitting techniques and tobacco control law. The students also urge them for the strict implementation of tobacco control law across police stations and BEST buses and depots.

Results:
Due to advocacy by student leaders of Balpanchayats, BEST administration took a decision not to display any tobacco product advertisement on their 4,600 buses and bus stops in the city and also announced tobacco free workplace policy for staff of all the 27 depots. Mumbai Police were also mobilized and till date they have taken action against 653 tobacco shops violating the law.

Conclusion:
Involvement of youth in sensitization of tobacco control stakeholders not only creates awareness on tobacco ill-effects and tobacco control law, but it also compels them to take actions for strict implementation of law and check violations to protect people from tobacco.

PP287 – ENDS Social Media Marketing: Content analysis of Indian Facebook pages
Puneet Chahar, Dr Meena Jain, Dr Vikrant R. Mohanty

Aim:
To assess the pattern of posts about Electronic Nicotine Delivery Systems (ENDS) at Indian social networking website (Facebook/FB) pages.

Objectives:
To Identify the Vaping/ Electronic Cigarette forums/Pages on Facebook wrt India. • To assess various parameters of these forums (Age Restriction, Number of members, members added in last 30 days, Post per day etc.) • To assess posts available on the pages/forums on the basis of types, genre, and number of likes, warnings etc.

Methodology:
The present study was Infodemiological cross sectional study. The study was conducted during Oct- Nov 2018. FB was searched for key words like Electronic Cigarettes/E-Cig/Vaping/ENDS + India. The First page was opened and subsequently next page was selected through snowball sampling through recommended pages shown on the side of the page. Selection criteria for the pages were 1. Indian Origin 2. Discussion about Vaping/ ENDS or similar themes 3. Having a recent post (Within 48 hours). First 40 posts were identified and assessed on each page.

Results:
Two such FB pages were identified and assessed for various parameters. Both websites had a total of 6471 members, 129 added in last 30 days. 120 photos, 121 videos and 82 recommendations (32 related to E-Cig/Vaping). Out 0f 80 posts assessed, 41% (n=33) were related to accessories/parts, with 26% (n=21), 16% (n=13), 14% (n=11) and 3% (n=2) discussing about E cigarettes, Vape, E juices and Juul respectively. Further, 49% (n=39) posts were about availability/ recommendations about ENDS with 40% (n=32) were Marketing posts describing availability of products. Posts about legal issues and offers were 6% (n=5) and 5% (n=4) respectively.

Conclusion:
The present study assesses the Social Media marketing strategies and pattern of ENDS posts by FB users. It is evident that the social media is used as unregulated channel for display/promotion and selling the disruptive products like ENDS.

PP292 – Monitoring Disparities in Tobacco Use and Exposure to Secondhand Smoke among Young Adults in India

Krishna Mohan Palipudi, Jing Shi, René A. Arrazola

Introduction:

Tobacco use continues to cause high rates of morbidity and mortality from cancers, cardiovascular and lung diseases, oral diseases, and reduced quality of life globally. In the last two decades, a reduction in overall current tobacco use (CTU) and exposure to secondhand smoke (SHS) has occurred in many countries, including India, due to the enactment of strong tobacco control measures under WHO Framework Convention on Tobacco Control (FCTC) and MPOWER. While overall declines in CTU and SHS exposure are priorities for tobacco prevention and control efforts, addressing socioeconomic inequalities influencing tobacco consumption within and across population sub-groups, especially among youth, is critical.

The objective of this study is to examine socioeconomic and demographic disparities in CTU and exposure to SHS at home and in public places among young adults aged 15-24 years of age in India using two waves of Global Adult Tobacco Survey (GATS) data.

Methods:

Nationally representative data for young Indian adults (15-24 years) were analyzed from two rounds of GATS, which had a sample size of 13,463 in 2009-2010 and 13,329 in 2016-2017. CTU included smoking and/or using smokeless tobacco daily or less than daily. SHS exposure included two indicators: monthly SHS exposure at home, and SHS exposure in any public place during the past 30 days. Differences in prevalence estimates, and Disparity Index (DI) (absolute range between highest and lowest prevalence) for each socioeconomic and demographic sub-group were calculated for CTU and SHS. Between year differences were tested using an independent two-sample t-test. Logistic regression was used to examine correlates (age, sex, residence, education, occupation, wealth index, state (administrative regions), knowledge of tobacco-caused diseases, exposure to Tobacco Advertisement Promotion and Sponsorship (TAPS), and exposure to anti-tobacco messages) of CTU and SHS exposure only on the most recently available data from 2016-2017. Statistical significant was determined using a threshold of p.

PROFFERED PAPER 4- CREATIVE TOBACCO CONTROL CAMPAIGNS AND INTERVENTIONS IN INDIA

Board Room, 2nd Floor, Golden Jubilee Block

Chairs

Dr. Vishal Rao, Adjunct Faculty, Institute of Public Health, Bengaluru
Mr. Deepak Mishra, Executive Director, SEEDS, Patna, India
Dr. L. Swasticharan, Chief Medical Officer, Dte GHS, MoHFW, GoI

Presenters

PP067 - Rose campaign – a campaign for tobacco free educational institutions.
Prabhakara, Dr.M.Selvarajan, Mahanthesh

Background:

Tobacco use is a major threat for children and acknowledged as a paediatric disease. As per Global Adult Tobacco Survey 2015-16 (GATS 2), prevalence of tobacco use in Indian state of Karnataka is 22.8% and

average age of initiation is 19.8 years. Provision of Indian Tobacco Control Law (COTPA 2003) section 6a prohibits sale of tobacco to and by minors (less than 18 years) and section 6b prohibits sale of tobacco within radius of 93 meters of educational institutions.

Interventions:
In collaboration with the health, public instruction and education departments, State Tobacco Control Cell, Department of Health and Family Welfare and district administration conducted an innovative campaign called 'Rose Campaign' to sensitize tobacco sellers around all education institutions. In this campaign, over 1250 schools selected for intervention and sensitized PoS owners, teachers and local political leaders. The tobacco sellers were met and handed a rose with an appeal stop sale of tobacco products within 100 yards of educational institutions. After 15 days of campaign, extensive enforcement drive had been conducted who continued the sale within 100 yards of Educational Institutions though police and squad team.

Results:
As per impact assessment study, 84.66% (n=1058 schools) have been achieved more than 80% compliance compare to districts and schools which were not done rose campaign. Department of Primary Education, Government of Karnataka is also well accepted this campaign and decided to expand to entire State.

Conclusion:
Involving students to eliminate tobacco sale in and around educational institutions has multiple benefits. In addition to their own sensitization, their emotional appeals to sellers have strong impact. It would give sustained result with regards to achieve tobacco free educational institutions and protect youths from tobacco menace.

PP068- Green Line Campaign – Tobacco Free Schools A Study aiming for Tobacco Free Academic Year 2018-19
Premalatha L, S. Cyril Alexander

Background:
The major threat of the society, contributing all evils to the youth is tobacco. The environment around schools should be free from tobacco advertisements and promotions. The Green Line campaign helps to identify the tobacco Industry's promotional activities through Geo mapping.

Methods :
To measure the level of tobacco industry interference around the schools, Green Line Campaign was launched to create a Tobacco Free Schools. It aims to identify the tobacco industry promotional activities that target children around 100 yards of the Educational Institutions. 33 schools of Chennai were selected for the monitoring survey which covered both Government and Private Schools and the shops within 100 yards are observed through Tobacco Monitor's (an open source mobile application) Geo mapping where the maps indicate the proximity of the tobacco product selling shops near the school. Results • 100% of sale within 100 yards of the Educational Institution • 79.9 % of shops have the smoking aids • 14.1 % of indirect advertisement and 17% of direct advertisement were seen near the schools. • 90% of shops did not have "No Smoking- Smoking is an offence" signage board and 97.2% of shops didn't have "sale of tobacco products to a person under the age of 18 years is a punishable offence" signage board with pictorial warning which is mandatory Conclusion Alarmingly, all the schools

surveyed within 100 yards, tobacco products were sold in shops. Geo Location through Tobacco Monitor application clearly indicates the presence of violations within the 100 yards of the Educational Institutions. Continuous Monitoring by the school authorities and enforcement officials can create the school "Tobacco Free Zone".

PP082 - How a volunteer force of 23 doctors was increased to 400 doctors in 8 years and the Voice of Tobacco Victims (VoTV) campaign brought about major policy changes in tobacco control in India

Ashima Sarin, Sanjay Seth, Pankaj Chaturvedi

Background:
Voice of Tobacco Victims is doctors led initiative to sensitize policymakers about the dangers of extensive tobacco usage, tobacco industry activities, lack of stringent action against tobacco companies and growing plight of victims across India. This campaign, brainchild of Dr Pankaj Chaturvedi, was tested on 31st May 2009 by a dozen cancer survivors at Tata Memorial Hospital. The campaign aimed to make Tobacco Victims (cancer survivors and their relatives) the public face of the anti-tobacco campaign. When launched in October 2011, it had 23 doctors as volunteers from India. In the last 8 years the number of doctors has risen to 406 from 25 states of India. These doctors are performing exemplary voluntary advocacy with highest policy makers to reduce prevalence of tobacco in the country.

Objective:
To know how volunteer force of doctors reduced tobacco prevalence in India from Global Adult Tobacco Survey 2010 to 2017. Intervention & responses: Advocacy and sensitization at the highest levels by these doctors proved to be a game changer in tobacco control in the country.

Results:
Sensitization and advocacy led to many policy changes in the last 8 years such as VAT increase in 20 states, Gutka Ban, twin-packet smokeless ban, loose cigarettes ban under Legal Metrology Act, amendment in Juvenile Justice Act, 85% pictorial pack warnings from 40% to 85% on both sides (3 members were part of expert committee of MoHFW from VoTV), Electronic cigarettes ban in various states. Global Adult Tobacco Survey 2017 showed that since 2009 the prevalence of tobacco use fell by an absolute 6% in India, that is, from 34.6% to 28.6%.

Conclusions:
Doctors are respected individuals in the society & experts in the harms caused by tobacco. When they work against their own profession, their credibility is very high and leads to policy change.

PP132 – E-Resource Centre for Tobacco Control: One - Stop Solution

Mr. Rajeev Kumar, Dr Sonu Goel, Dr Rana J

Introduction to challenges: National Tobacco Control Programme (NTCP) at the Ministry of Health and Family Welfare (MoHFW) is responsible for bringing public awareness about tobacco control laws and the harmful effects of tobacco use. The existing information on tobacco control is lying scattered at different sources, due to absence of a common platform. In this context, PGIMER Chandigarh has taken a lead in development of a Resource Centre for Tobacco Control (RCTC) with objective to serve as one-point reference system for all tobacco control updates and technical resource materials in the country.

Intervention and responses:
The need assessment was undertaken using Delphi Technique wherein the opinion of key stakeholders working in tobacco control was obtained via email. It was followed up with a roundtable consultation of decision makers of various government and non- government organizations to finalize the framework of RCTC. An advisory board and state resource management team was constituted to collate the updated information for feeding into the resource centre.

Results and lessons learnt:
A virtual centre for tobacco control (www.rctcpgi.org) was created which contain the information pertaining to various tobacco control activities like guidelines, circulars and orders, information material, publications, events, and media reports at state and national level. Till date, 25 experts of various organizations working on tobacco control and state tobacco control cells formed the part of state resource management team. A total of 4980 from 50 countries, mainly from India and United States, visitors visited web portal within a month of its global launch at Asia Pacific Conference on Tobacco or Health at Bali, Indonesia.

Conclusions:
RCTC is a one-stop solution for information on tobacco control which will provide momentum to establishment of country coordination mechanisms and national tobacco control program of India for harmonized tobacco control initiatives and strengthening of tobacco control partnerships.

PP139-Exposing tobacco industry tactics in implementation of 85% GHW's through media advocacy
Binoy Mathew

Background and challenges to implementation:
Graphic health warnings (GHWs) are an effective measure to warn tobacco users of the harm of tobacco use. GHWs on packaging of tobacco products is legally mandated as per India's national tobacco control legislation Cigarettes & Other Tobacco Products Act 2003. GHWs were notified on 15th October, 2014 & effective from 1st April, 2015 - pictorial warning to cover 85% area on both sides of tobacco packs. However the notification was kept in abeyance in March 2015, due to tobacco industry pressure.

Intervention or response:
Using earned media to expose tobacco industry tactics towards delaying the implementation of 85 percent graphic health warnings. The strategy was to ensure that news items or stories come out to attract the attention of the government and the public. To do so, VHAI decided to increase consumer awareness about the issue of pictorial warnings in the news through a sustained strategy of media engagement. We increased our interactions with the media, both on a one-to-one basis and through press meets. Brief yet accurate press releases were also issued to the print media for stories.

Results and lessons learnt:
This strategy of media advocacy resulted in nearly over 1200 earned media stories on 85 graphic health warnings. More than 100 hours' time on news channels. These stories created pressure and become a national debate. After a two-year battle, India implemented 85 percent graphic health warnings on tobacco products package from 1st April, 2016.

Conclusions and key recommendations:
The media was sensitized and in the process, a personal rapport began was developed with journalists. VHAI's state level network, tobacco control partners and linkages with vernacular media helped to make the GHW issue a Pan India campaign.

PP180 - Tobacco use among Taxi Drivers: Prevalence and Predictors
Subhadra Gupta, Dr. Gauravi Mishra, Dr. Vasundhara Kulkarni

Background:
Addiction to various forms of tobacco, coupled with the exposure to environmental pollutants in their work and secondhand smoke from passengers, make taxi drivers especially vulnerable to various cancers. Hence, tobacco cessation interventions, the only preventable way to reduce their exposure to cancer causing chemicals, is the need of the hour.

Objectives:
The objectives of this paper are to study the prevalence and practices regarding tobacco usage, identify contributing factors for tobacco use and plan appropriate interventions for tobacco cessation, so as to develop a model programme.

Methods:
A total of 400 taxi drivers in Mumbai, enrolled in the study, were interviewed with help of a well-structured questionnaire to collect information about their attitudes and practices regarding tobacco usage and their endeavours to quit. The taxi drivers were also given detailed health education regarding hazards of tobacco.

Results:
Of the 400 taxi drivers enrolled, 255 (64%) were current tobacco users. Around 80% of the users used smokeless forms, Khaini (40%) being the most prevalent one. The mean age of the participants was 39 years while average age of initiation of tobacco use was 25 years, chief reason of initiation being curiosity (50%). 83.5% were Hindus, 95% were married, 72% primary/secondary educated, 78.5% had income between 10000–19000 and 59% were non-users of alcohol. According to Multivariate Logistic Regression, drivers who were graduates and non-users of alcohol were less prone to tobacco use (OR 0.13 and 0.29 respectively), which was statistically significant. Though 94% of users wanted to quit tobacco, 64% had made previous attempts to quit. 70% felt assistance was needed for quitting.

Conclusion:
Patterns and predictors of tobacco use among taxi drivers and need for assistance to quit have been identified in this study. This will guide in planning prevention and cessation strategies and hence try to reduce the risk faced.

Freedom from Tobacco in Uttar Pradesh through "Yellow Line Campaign"
Vivek Awasthi, Dr Alok Kumar, Mr Satish Tripathi

Background:
Uttar Pradesh is the most populous State in the country with75 districts & approximately 220 million people living here in which 42% are poor among the India's population. As per GATS-2 data released in 2017 (2016-17), in Uttar Pradesh 35.5% of adults (15 years and above) used tobacco. Overall in the state, nearly 35.7% adults are exposed to second-hand smoke at public places, in public transport and work places. UPVHA is state level network of NGOs working on tobacco control in UP since 2008 with support of The Union and providing technical support to STCC and DTCCs in implementation of COTPA and advancing tobacco control activities in the state.

Objective:
Yellow Line Campaign was started in Uttar Pradesh to save young generation from ill effect of tobacco. The objective is to strengthen and bring forward School Management Committees & school students mostly from above middle class to take ownership in compliance of provisions of Section 4 & 6b of COTPA and declaration of educational institutions tobacco free.

Strategy/Process adopted –
DNOs & DCs were oriented at State level on objective and activities of Yellow Line Campaign. • Circulars released from STCC for DTCC members with directives and guidelines. • Theme- Freedom from Tobacco through Yellow Line Campaign was taken up in UP on occasion of Independence Day 15th August. • Special planning meetings at district level taken by District Magistrate on Freedom for Tobacco through Yellow Line Campaign. • Media advocacy was done.

Achievements –
More than 3500 educational institutions and 2500 other government offices were declared tobacco free through Yellow Line Campaign. • WHO takes notice to Yellow Line Campaign. • Go UP decided to extend Yellow line campaign in all government institutions. • STCC, has decided to incorporate "Yellow Line Campaign" as component of school program under NTCP. • Process started to include campaign in Coffee table booklet of UP.

PP305 - Evaluation of impact of ongoing anti tobacco campaigns on Central Indian population
Stuti Bhargava, Dr.Rahul Bhowate

Background:
Central India has one of the largest number of tobacco consumers and resulting disorders.

Aims & Objectives:

• To conduct a survey for assessing the impact of anti-tobacco campaign on Central Indian population.
• To identify the reasons for non-compliance of tobacco users with tobacco de-addiction programs.

Methods:
A structured pre tested validated survey questionnaire was used to interview 1010 tobacco users after informed verbal consent.

Results:
The participating individuals had varied opinions about the present anti-tobacco campaigns. These opinions ranges from habit cessation attempts as a result of information disseminated via such campaigns to viewing public discourses as a publicity actions. Many misconceptions exist in the minds of tobacco users about its us and potential disorders. Only 11% of the survey population had temporarily altered their habit under the influence of information provided from anti- tobacco infomercials. A great number of the participants in the survey were keen on quitting the habit but were unaware about the cessation process. The survey population also observed that the anti tobacco campaigns highlighted more about harmful effects of tobacco and have no information about the steps of de addiction. Participants also expressed their dissatisfaction about lack of information on various types of tobacco cessation products and their limited availability and high prices.

Conclusion:
This presentation analyses the perception of the general population about ongoing tobacco cessation movements and suggested newer trends to be adopted to enhance the effectiveness of such campaigns.

PP234 - Balparishad: An assembly of young tobacco control advocates demanding tobacco free environment for Youth
Kalpana Phawde, Ajay Ghangale, Amol Misal

Introduction:
Almost one third of Indian population is comprised of youth who have the ability to change the nation, provided they are protected from any kind of hazard. Unfortunately, tobacco use among Indian youth is a becoming a problem and tobacco industry is also concentrating all its efforts to target youth. Thus, creating anti-tobacco awareness and empowering youth to work as tobacco control advocates is the need of an hour.

Intervention:
Salaam Bombay Foundation through its in-school tobacco control leadership program organizes an annual health assembly of young tobacco control advocates called 'Balparishad'. The process of organizing Balparishad is begins with formation ofclass level Balpanchayat- council of students working for anti-tobacco awareness. Eight members from class level Balpanchayat are then elected to School level Balpanchayat. School Balpanchayats lead anti-tobacco activities at respective schools. At the end of each academic year, two representatives from each school Balpanchayat are invited to participate in city level children's Health Assembly call Balparishad. Representatives of health department, education department, Police department, Food & Drugs Administration (FDA), media are invited as the panellists. Children ask questions and put their demands in front of panelists. Results Due to advocacy efforts of Balparishad, 153 shops in Mumbai stopped selling tobacco products. Municipal Corporation of Greater Mumbai (MCGM) issued a circular to ban surrogate tobacco advertising in Ganeshotsav pandals. MCGM included COTPA 2003 in Shops and Establishments Act and made compliance of its section 6 which prohibits sale of tobacco products to minors and within 100 yards of educational institutions. Tobacco advertisements were removed from 4,680 BEST buses.

Conclusion:
Capacity building of youth and providing them platform like Balparishad to advocate for tobacco free schools and communities would compel policy makers to take prompt actions on violations of tobacco control law and safeguard our next generations from the menace of.

PROFFERED PAPER 5- TOBACCO CESSATION: EXISTING TREATMENT MODALITIES AND INNOVATIONS

HBB Auditorium, 13th Floor, Homi Bhabha Block

Chairs

Dr. Ashok Dhoble, Hon. Secretary General, Indian Dental Association
Dr. Pratima Murthy, NIMHANS, Bangalore, India
Dr. Dinesh K. Daftary, Former Professor, Department of Oral Pathology, Nair Dental Hospital

Presenters

PP054 – Competence and Self-efficacy of Dentists in Tobacco cessation enrolled into a Tobacco Cessation Training Programme NIMHANS ECHO
Bhavya K Bairy, Prabhat Kumar Chand, Pratima Murthy

Introduction:

Dentists are "ideally positioned to deliver tobacco cessation. They can relay ill effects of tobacco use as their encounter constitutes a "teachable moment" where patient is more receptive. Keeping this in mind, we designed tobacco cessation programme to be delivered in a digital platform.

Intervention:

Since 2014, Virtual Knowledge Network NIMHANS ECHO Hub and Spokes model is involved in creating ongoing knowledge networks by linking remote clinicians (spokes) with specialists (NIMHANS Hub) who mentor and train them to treat complex, chronic conditions like Addiction and mental health. These multi-disciplinary teams use low-cost, multi-point videoconferencing technology accessible by mobile app to conduct weekly teleECHO sessions with community clinicians in multiple locations where they present patient cases to specialists to determine best treatment. Same model has been planned for 12 tele-clinics (weekly) by experts from Tobacco cessation centre, NIMHANS, for remote dentists with focus on “best practices”. Results: Among 57 registered Dentists, pre-assessment was completed by 37 participants. Among them, 28 (76%) of them had completed MDS. Their mean age was 33 years. Average score in knowledge and practices in tobacco cessation was 6.6/10. In last one month, 54% dentists had evaluated.

PP090 – Barriers for tobacco cessation advice among clinical students of dentistry: A cross sectional study

Venkitachalam R, Aiswariya P., Joe Joseph

Background:

Dental professionals can play a major role in tobacco cessation. The practice of providing tobacco cessation advice for patients should begin from their undergraduate training days as such skills are honed during this period. With lack of any formal training in the dental curricula, students face lot of barriers in providing cessation advice. Hence, the objective of this study was to explore the perceived barriers for tobacco cessation advice among clinical students of dentistry.

Methods: A cross-sectional questionnaire based census survey was conducted among 3rd year, final year and house-surgeons of a dental school in India (n=180). A questionnaire was developed and validated by experts in the field of tobacco. Responses were recorded on a 5-point Likert Scale. Obtained data was analysed using descriptive and inferential statistics.

Results:
Interim results (n = 55) reveal that almost 90% of the respondents enquire tobacco use status of their patients and 80% of them provide 'some kind' of advice which usually lasts for less than 3 minutes. It was observed that resistance from patients' side, inadequate availability of patient materials and lack of formal follow-up system were the major barriers faced by students (> 60%). Lack of incentives, forgetting to give advice and focusing on other oral problems with more priority were the least reported barriers (< 25%). Lack of training to counsel patients were reported by 36% of the respondents. (Final results awaited)

Conclusion:
Present results suggests that dental students consider providing tobacco cessation advice to potential patients. However, presence of an adequate environment for tobacco control in terms of patient education materials and dedicated quit-lines were required. Formal training for tobacco cessation advice during their course in the form of short courses or workshops could help ensure better cessation advice.

PP111- Effectiveness Of Behavioral Counselling With Nicotine Gum Versus Behavioral Counselling Among Patients Visiting Tobacco Cessation Clinic In Delhi: A Randomized Clinical Trial.
Dr. Neetu, Dr.Vikrant Mohanty, Dr.Aswini YB

Background:
Tobacco cessation has emerged as one of the most important strategies to substantially reduce tobacco related morbidity and mortality. Most of the tobacco users want to quit; however, quitting is hard to achieve, due to the highly addictive nature of nicotine. According to Global Adult Tobacco Survey-2 about half of the tobacco users (55.4 % smokers and 49.6 % smokeless tobacco users) had either planned or were thinking about quitting. This study was conducted to assess and compare the effectiveness of behavioural counselling with nicotine gum versus behavioural counselling among patients visiting Tobacco Cessation Clinic (TCC) in a government dental hospital, Delhi.

Methods:
We recruited tobacco users(n=120) visiting the tobacco cessation clinic and randomly assigned them into two groups: behavioural counselling group(n=60) and behavioural counselling with Nicotine Gum(n=60). Fagerstrom test was used to assess nicotine addiction level. Six follow-ups were made at 1st, 2nd, 3rd and 4th week, 3rd month and 6th month to assess the quit status. At the final follow-up, the quit status was confirmed by biochemical verification.

Results:
The quit rate was higher in behavioural counselling group with nicotine gum than the behavioural counselling alone though it was not found to be statistically significant at both 3rd month(59.18% ,37.73%) and 6th month(42.84% ,30.20%). The Cotinine verified quit rate was 34.69% and 20.75% respectively at 6th month follow-up. The nicotine dependence was reduced by 3.82 in behavioural counselling with nicotine gum group and 3.41 in behavioural counselling group. This difference before and after the intervention was found to be statistically significant in both the groups.

Conclusion:
The quit rate achieved with behavioural counselling was less than that of behavioural counselling with nicotine gum but the difference was not significant and both the intervention showed satisfactory results. Thus, dental setting provides an effective setting for tobacco cessation intervention.

PP151 - Effectiveness of hospital initiated intervention for tobacco cessation

Priyanka Dhawan, Dr. Sonu Goel

Background:

Tobacco use is an emerging serious health concern which kills more than 7 billion of people each year globally. Providing cessation interventions in hospital setting with smoke free environment has the potential to increase the receptiveness of patients to cessation services. The objective of this paper is to review the effectiveness of tobacco cessation interventions initiated for hospitalized patients.

Method:

PubMed search for systematic reviews and meta-analysis of behavioural, pharmacological or multi component interventions initiated in hospital settings was done. The keywords used were inpatients, hospitalized, admitted, behavioural counselling, behavioural intervention, pharmacotherapy, smoking cessation and tobacco cessation. Studies that involve intervention in outpatient setting and that did not report abstinence rates and studies with follow-up of less than six months were excluded.

Results:

18 systematic review and meta-analysis were identified and only 3 met the inclusion criteria. Meta-analysis on behaviour change techniques was found in favour of intervention group for smoking cessation (RR = 2.06, 95% CI= 1.30-3.27; OR=1.62, 95%CI=1.17–2.24; (RR 1.71, 95% CI 1.37 to 2.14) as compared to control group. It was found that intensive counselling interventions continued with supportive contacts for at least one month after discharge increased smoking cessation rates (RR= 1.37, 95% CI=1.27-1.48). Adding nicotine replacement therapy (NRT) to an intensive counselling intervention increased smoking cessation rates compared with intensive counselling alone (RR= 1.54, 95% CI 1.34 to 1.79)

Conclusion:

High intensity behavioural interventions coupled with NRT that begin during hospital stay and continued for at least one month after discharge are most effective regardless of the patient's admitting diagnosis. Key words: effectiveness, hospital initiated, tobacco cessation intervention.

PP187 -Hookah use and its cessation among adolescent school students from urban slums of Mumbai

Dr. Himanshu A. Gupte, Gauri Mandal

Background:

"Hookah" or waterpipe smoking is becoming popular among youth. It is addictive and associated with multiple, long-term, adverse health outcomes. Availability of flavored hookah, increasing social acceptability, influence of tobacco industry and misconceptions about hookah have contributed to its increasing use among youth. Many adolescents from urban slums of Mumbai do not know that hookah contains tobacco. The aim of the study was to assess the prevalence of hookah and factors associated with its cessation among adolescents from slums of Mumbai.

Methods:

LifeFirst is a tobacco/areca-nut dependence treatment program implemented in 40 schools in slum areas of Mumbai in 2017-18. 4302 students of 7th-9th grades attended orientation sessions about tobacco products including hookah and their harmful effects. Students were informed about the availability of a

cessation service and encouraged to register voluntarily for five theme-based group sessions conducted over six months. At the end of the six sessions, cessation outcomes were recorded.

Results:
Of the 1441 students registered for tobacco/areca-nut cessation, 6% were current hookah users (3% of boys and 7% of girls). 65% of them initiated hookah use because of curiosity and 25% due to peer influence. Of the current hookah users, 8% smoked hookah daily. At the end of six sessions, 54% of the hookah users reported stopping smoking hookah while the abstinence was 72% among the rest of the students.

Conclusion:
Hookah smoking is prevalent among school-going adolescents from slums of Mumbai and school-based cessation programs are required to increase awareness and support them to quit.

PP276 – Is long time abstaining from smoking due to the enforcement of smoke free laws and policies support/ help an individual to quit smoking? A Kerala Story.
Saju.V.Itty

Is long time abstaining from smoking due to the enforcement of smoke free laws and policies support/ help an individual to quit smoking? A Kerala Story. Kerala Voluntary Health Services (KVHS) is working in tobacco control in last two decades. The intensive efforts for smoke free public places started in 2007 and Kottayam district was declared as first Smoke Free district of Kerala on 27th September 2008. Thereafter several districts were declared and efforts are still continuing. Many workers and public told us that they succeeded in quit smoking because of the smoke free efforts. One of the aim of KVHS' tobacco control effort is to enforce section 4 of Indian Tobacco Control act and develop capacity of enforcement officials in enforcement protocol. Special enforcement squads, signage campaign etc were organised. Is long time abstaining from smoking due to the enforcement of smoke free laws and policies support/ help an individual to quit smoking? For finding the fact that KVHS conducted a scientific study among Taxi and Auto drivers of Wayanad and found that out of 221 divers who smoke 7 to 10 cigarettes per day in the year 2013, 114 stopped smoking due to the strict enforcement of Smoke free laws in the district and 97 divers are still abstain from the smoking habit. The study found that ex-smokers make between 6 and 30 attempts before successfully quitting. The factors influenced the cessation are regular and periodic notice of the signage and public notice , payment of fine , feeling of civic sense and fear of police and other enforcement officers. The study found that the level of sustainability of cessation through smoke free policies is more sustainable than cessation through medical aid. Another major finding is that 97% of drivers who succeeded in cessation are become the best anti-smoking advocates.

PP289 – Behavioural interventions for smokeless tobacco cessation: results of a systematic review and meta-analysis
Dr. Suzanne Tanya Nethan, Dr. DN Sinha, Dr. Shashi Sharma

Background:
Consumption of smokeless tobacco (SLT) is on the rise (especially in the WHO South-East Asian region) and has numerous repercussions over the consumer's health. This presentation reviews studies performed for SLT cessation utilizing behavioural interventions, worldwide.

METHODS:
A systematic review by PICO (Problem, intervention, comparison, outcome) of behavioural intervention-based SLT cessation studies with minimum 6 months' follow-up, reporting outcomes in terms of risk ratios (RR) and 95% confidence interval (CI), published between 1992-2017 was performed. This was followed by a meta-analysis of the outcomes of these studies by deriving the pooled estimates by the random effect model, for those on adults and youth, categorized according to the development index of the country where the study was performed i.e. developed or developing. Publication bias among the included studies was assessed by the Begg test.

RESULTS:
Nineteen eligible studies comprising 24,498 participants, from all over the world were included. Behavioural interventions showed overall efficacy in SLT cessation in adults (RR=1.63, 95% CI:1.32-1.94) both in the developed (RR=1.39, 95% CI:1.16-1.63) and developing (RR=2.79, 95% CI:2.32-3.25) countries. However, these interventions did not prove effective for SLT cessation amongst youth overall (RR=1.07, 95% CI:0.73-1.41), either in the developed (RR=1.39, 95% CI:0.58-2.21) or the developing (RR=0.87, 95% CI:0.68-1.07) countries. Publication bias was noted in all the studies among adults (p=0.22) and youth (p=0.05).

CONCLUSION:
Behavioural interventions as a single modality are effective in SLT cessation, both in the developed and developing countries. Healthcare providers should be sensitized to provide advice to quit SLT and detailed counselling.

Keywords: smokeless tobacco, cessation, interventions, behavioural, developed countries, developing countries

PROFFERED PAPER 6- TOBACCO INDUCED DISEASES: DIAGNOSTIC TECHNIQUES AND TREATMENT
Lecture Room 1, 13th Floor, Homi Bhabha Block

Chairs
Dr. Pankaj Chaturvedi, Surgeon & Deputy Director, Tata Memorial Centre
Dr. Samir Khariwala, Associate Professor, Chief- Division of Head & Neck Surgery, University of Minnesota
Dr. Rakesh Gupta, Deputy Director, Department of Health & Family Welfare, Punjab

Presenters
PP053- Fluorescence Imaging of Oral Premalignant Lesions : Effective tool for Screening and Tobacco Cessation
Dr.Ulhas Wagh

Background:
India is the oral cancer capital of the world because of rampant habit of tobacco chewing. One third of all oral cancer cases are preventable.

Objective :
To evaluate the value of adding Narrow Band Imaging(NBI) using Velscope in the oral mucosa for the detection of tissue changes not readily seen during normal, white light examination of the oral mucosa examination in routine dental patients. The study also aimed that, the images produced by auto-

fluorescence can be a motivating factor to change from risky to healthy behaviour in context with tobacco habits.

Current Challenges :
i. Oral Cancer/abnormalities may not be visible to naked eye at early stages ii. Patients do no notice early changes and symptoms iii. Sensitivity is low during routine check up. iv. Even though effective IEC and warning slogans printed on packets, tobacco users continue the habit. v. Increasing number of youth in context with tobacco related habits.

Materials and methods :
For this study Velscope auto-fluorescence imaging device with blue/violet light (400–460 nm) to illuminate oral tissues was used. The study was conducted at Thane, Mumbai region spreaded over the period of three years from 2015 till 2018. The sample size was limited to 50 subjects having the habit of tobacco in various forms

Summery and conclusion:
The study for screening the oral precancerous and cancerous lesions shows auto fluorescence with use of velscope enhance the diagnostic quality of suspicious lesions at early stage. easy to use due to portability and can be moved across different locations. Auto-fluorescence able to visibly show the abnormalities in oral mucosa to the patients, was a motivating factor for the patients to quit the habit & accompanying persons as they could see the underlying abnormal changes.

PP119-Association between tobacco use and oral mucosal lesions in slum dwellers of Mohali, Punjab
Sachina Rana, Sonu Goel, Krishan Gauba

Introduction:
Tobacco consumption is the leading cause of mortality and morbidity worldwide. The type of tobacco products, site of placement, frequency and duration of exposure play vital role in mucosal alterations. Consequently it increases the possibility of malignant transformation in chronic tobacco users by multiple folds. The aim of this study is to determine the association between tobacco use and oral mucosal lesions in slum dwellers of Mohali, Punjab.

Methodology:
A cross Sectional study was conducted in slum areas of Mohali, Punjab and study population comprised of 1100 participants. A community based camp was set up in slums for oral screening. Oral cavity of the participants attending the camps were examined and were interviewed for tobacco use behaviour. Chi square test was used for bivariate analysis to assess differences among tobacco use and oral mucosal lesion. To find the association between tobacco use and oral mucosal lesion multivariable logistic regression was applied between the dependent (oral lesions) and independent variables (tobacco use behaviour, socioeconomic and demographic variables).

Results:
The overall prevalence of oral mucosal lesions in the study population was 26.1%. The multivariable logistic regression analysis revealed that age group 30-44 year, smokeless tobacco use, dual tobacco use, frequency and duration of habit, alcohol use were significantly associated with development of oral mucosal lesions.

[Adjusted odds ratio (AOR)= 1.75; confidence interval (CI): 1.05, 2.92; p=.03), (AOR=3.37;CI:1.99, 5.7; p=.000), (AOR= 7.16; CI:3.65,14; p=.000), (AOR= 7.06; CI:3.68, 13.5; p=.000), (AOR= 2.61; CI:1.42,4.81;p=.002), (AOR= .44; CI:.29, .68; p=.000)].

Conclusion:
The results revealed that there is significant association between tobacco use and oral mucosal lesions. Periodic visual screening of the underprivileged group should be performed so that early diagnosis of oral cancer is carried out. Also tobacco cessation services should be provided to these illiterate sections of the society.

PP136 - Potential for Utilization of Non-Communicable Disease Clinics for Tobacco Cessation Services-Challenges and Opportunities
Dr Garima Bhatt, Dr Sonu Goel, Dr GB Singh

Introduction to challenge:
Non Communicable Diseases (NCDs) are responsible for 38 million (68%) of the world's 56 million deaths. Tobacco use is a major preventable and modifiable behavioural risk factor for NCDs. As per National Programme for Prevention and Control of Cancers, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS) there is a provision of screening of risk factors for NCDs (including tobacco) besides providing them treatment and behavioural advice for NCDs. However, NCD clinics are not being used optimally utilised for providing cessation services.

Intervention and responses:
A comprehensive tobacco cessation intervention package was designed to be delivered at NCD clinics for NCD patients who are tobacco users as well which was further validated after taking inputs from experts, academicians, tobacco users and program managers of tobacco control and NCD Control. The package comprises of a booklet for Health Care Providers (HCPs) at NCD clinic, Disease specific pamphlets (for patients), and stage of behaviour change specific short text messages (SMS) in vernacular language. The program managers were oriented for implementation of this package.

Results and lesson learnt:
The knowledge and skills of HCPs at the NCD clinics, with regard to tobacco cessation services can be enhanced which will provide an opportunity to integrate two national programs for synergistic outcomes. This approach could be cost-effective and operationally viable for long term sustainability as it will be a part of an existing service under the national programme. However, this approach of integration shall face challenges in terms of resistance of staff for perceived additional responsibility, poor compliance of patients for follow up, and sub-optimal coordination between program managers.

Conclusions:
Delivery of effective patient centric, disease specific, culturally sensitive tobacco cessation services at NCD clinic, might prove to be an efficient measure in reducing complications of NCDs among patients using tobacco.

PP152-Impact of Smoking cessation Project on Gastric cancer

DS Pramod Patil

Background:

Cigarette smoking single biggest avoidable cause of gastric cancer in developing countries. Smoking cessation programs non-existent in Indian healthcare system .Smoking behaviour multifactorial. Motivation is fundamental-aspect in smoking cessation.

Objectives :

1] Assess effectiveness and factors associated with outcomes of smoking-cessation-program
2] Investigate time course of quit rate from beginning to one year after-quitting. 3] Analyze outcome of smoking cessation on gastric cancer incidence.

Methods :

417 filter-less tobacco-users from Rural area enrolled. Retrospective study based on motivation, dependence, conviviality with smokers and tobacco abstinence after one year. n=153. QUIT-Smoking-Project carried out by 5 counselling sessions/week. Subject-evaluation done every Bi-monthly. Sex, age, smoking pattern, previous attempts to quit, education, marital status, psychological background, other addictions and nicotine dependence through Fagerstrom (FTND) were evaluated as predictors of abstinence in an univariate analysis. individual counselling on behavioural modification, written information, advice about quit aids, support and group sessions by psychologist.

Results :

Total 381 smokers willing to QUIT, but 364 completed study. age 40 5, 40% females, previous attempts to quit in 64%, cigarettes/day 3 1/per-day, FTND 5.99 2.11. 171 subjects had abstinence of one year. Reduced abstinence associated >with females 95%, p=0.03). Mean age at the beginning of smoking habits-16.1 4.8 yrs. Pathologies: lung cancer 27%, COPD, 56%%; cardiovascular disease>19%; Depression>42%. Reasons for cessation-efforts: Health-64%, family/society pressure-23%, children-4% and economy-11 % were the main reasons for cessation. Dependence: high in 73%. QUIT-Success rate in smokers 65 yrs. About 30% with dependence stopped smoking. 68% had quit smoking by end of this project. Sustained quit rates after 12 months increased from 18% to approximately 52% during the third year of PHASE-II of this project.

Conclusions :

Our project STOP-QUIT tobacco & Save lung successfully motivated 74% subjects to QUIT tobacco by 17 months counselling/educational efforts.

PP175-addressing cardiovascular diseases through adaption of the World Heart Federation (WHF) tobacco control roadmap: a situational analysis in India

Shalini Bassi, Monika Arora

Introduction:

Effective tobacco control (TC) measures provide India with a unique opportunity of meeting the commitments of reducing CVD morbidity and mortality under 25X25 global targets. To support this vision, World Heart Federation (WHF) developed roadmap on reducing cardiovascular mortality through TC.

Objectives:
To identify problems and opportunities, priorities gaps, gauge present health system scenario, asset and stakeholder mapping for contextualization of the WHF roadmap, leading to development of a national action plan for India.

Methods:
The roadmap adaptation process involved conducting: situational analysis, desk reviews, development of policy briefs and country scorecards, holding policy dialogues through stakeholder consultations. The focus of this abstract is presenting findings of the situational analysis, conducted with key stakeholders at state (Tamil Nadu) and district (Cuddalore) level (2016-17). Stakeholders contacted included policy-makers from food safety, health, drug control, education, taxation and police department (13); health professionals (7), civil society representative (1) and tobacco users (5). In-depth interview (IDIs) guides were developed around identification of existing roadblocks and potential bypasses for TC. IDIs were digitally recorded, translated, transcribed, coded, and analysed by qualitative researcher.

Results:
Roadblocks: Lack of public awareness on association between tobacco use with CVDs, limited accessibility, affordability and awareness on tobacco cessation support, lack of trained counsellors, lack of multi-sectoral approach, easy accessibility and affordability of tobacco products, role of tobacco industry in weakening development/enforcement of policies, and new emerging products (e-cigarettes) targeting youth were the common roadblocks identified. Bypass: Tobacco harm messaging to go beyond cancers to include CVD specific messages, dedicated counsellors, engagement of other stakeholders for advancing TC agenda, development of code of conduct dealings with industry in line with Article 5.3 of FCTC, integrated action plan between NPCDCs and NTCP.

Conclusion:
The findings of this exercise aided in development of a comprehensive action plan for execution of TC and health system.

PP268 - Opportunistic screening for oral cancer and precancerous lesions in dental OPDs of Public hospitals of Punjab, India
Nirlep Kaur, Dr. karan Mehra, Dr. Gurmandeep Singh

Background –
Oral cancer remains one of the commonest forms of cancer and cancer-related deaths among Indian population. The high prevalence is mainly due to avoidable risk factors such as Smokeless Tobacco (SLT) use. Oral cancer screening is an important tool for the early detection and prevention of oral cancers. Early detection would not only improve the cure rate, but it would also lower the cost associated with treatment.

Methods –
The present study was conducted in year 2017- 18. Oral cancer screening was done in all the dental OPDs of Government hospitals of Punjab during the dental fortnights. Each patient was asked to complete a health questionnaire concerning age, gender, Tobacco use etc. The dental Surgeons then examined the oral cavity and recorded the presence or absence of lesions. The forms were collated and data were analyzed to determine prevalence of lesions and risk factors.

3:30 PM TO 4:00 PM

E-POSTER SESSION 2
Lobby area, 2nd Floor Golden Jubilee Block

SCREEN-1

Topics

EP122 –Tobacco free sports
Alok Singh, Kalpesh Waikar

Introduction –
With the mission of Tobacco-free India, the Salaam Bombay Sports Academy is working toward "Tobacco Free Sports", we want to urge all the sportspersons including sports organizers and other stakeholders to make sports across the globe free from tobacco. Salaam Bombay Foundation uses the medium of sports to engage children and build life skills to keep children away from tobacco.

Intervention:
Sports involvement provides a powerful vehicle for reaching students with health-promoting activities. Three years SBF Sports Academy after school program is specially developed and initiated for the students of grades 6 to 9 in Mumbai, Pune, and Thane.

Result:
Currently, 3125 students (includes 30% girls participation) are trained for cricket, football, and hockey at Salaam Bombay Foundation Sports Academy. Overall attendance of the students is 85%. Through these training sessions, the importance of healthy living is spread among the participants. We have maintained 100% no tobacco consumption among the students, coaches and sports partners. Students participating in the sports program have received membership in local clubs, and also received scholarships to attend upper secondary school, and are working as tobacco-free mentors to current students.

Conclusions:
Sports can be an effective medium for tobacco control. Combining strong tobacco control messaging with life skills development and environment for play can engage students in a manner, beyond the traditional awareness campaigns.

EP124 – Critical analysis of tobacco control program implementation at state and district level in India
Bakul Sharma, Vijay Kumar Yadav

I**ntroduction to Challenges –**
Tobacco control program implementation has always remained a tough task for state and district administration in India as it involves lot of stakeholders and also in India the priority of states is still focused on maternal, infant mortality, family planning and TB and AIDS control Program. The study is done in order to understand the loopholes in tobacco control program implementation at state and district level and suggest news ways for improvement.

Intervention & Response :
The study is done in Madhya Pradesh state of India by conducting SWOT, analysis PESTEL analysis through systematic literature review related to state level tobacco control program implementation, observation, monitoring of media reports related to tobacco control at state level.

Results & Lessons Learnt:
Tobacco is still considered as medical problem and health department focuses more on awareness generation rather than enforcement and stakeholder coordination. Nodal officers for tobacco control are not full time dedicated to tobacco control and they have to manage 3 to 4 programs and tobacco remains at last priority for them. Coordination between health, police and administration needs to be improved. Very few or no dedicated staff available at state level for tobacco control. GATS data is not utilized in program planning and implementation at state level. Most of the time top down approach is followed. Grassroot level health workers involvement is lacking. Administrative official are more effective in tobacco control than health officials.

Conclusions:
The role of District collector in program implementation needs to be increased as wherever District Collector takes lead good results are seen. Tobacco control can not remains as responsibility of health department and there is need for more involvement of district administration and police department in act implementation. Media has a supportive role and its use can be made in more constructive manner.

EP126 – Tobacco use and its relation with physical activity among youth in professional and non-professional educational in North India
Dr Divya, Dr Sonu Goel, Dr Susanta Padhy

Background and objectives:
Tobacco use and physical inactivity are major risk factors for NCDs. Adequate physical activity keep one healthy but sedentary life style may contribute to other unhealthy practices like tobacco use. There is a need to identify if and how the two risk factors are interrelated so as to address them more strategically. Thus, the present study was undertaken to assess the level of physical activity and to identify its association with tobacco use among college going youth in Chandigarh.

Methods:
Data on physical activity and tobacco use was collected from 500 students aged 18-24 years studying in different professional and nonprofessional colleges of Chandigarh during June- July 2015, through a multistage stratified random sampling technique. We used semi-structured, self-administered questionnaires-namely 78 item Global Adult Tobacco Survey (GATS) for assessing tobacco use status and GPAQ (Global Physical Activity Questionnaire) for assessment of physical activity.

Results:
Of the 250 individuals studies from each professional and non-professional group, 17.2% were current tobacco-users, 3.6% were ex-users and 79.2% were non-tobacco users in professional educational group. Similarly, in nonprofessional educational group, 23.2% were current tobacco-users, 6.8% were ex-users and 70% were non-tobacco users. Non-professional respondents (81.8%) were highly active as compare to professional students (72.2%). Inactive respondents were more in professional (15.3%) as compare to non-professional (10.5%). In regard to relationship between physical activity and tobacco use status of the respondents in both educational groups, it was observed that the odds of physical activity was

significantly 0.29 times lesser in tobacco users as compared to non-tobacco users in nonprofessional educational group. However, no signification association can be seen in professional educational group.

Interpretation & conclusions:
Our findings indicate a significant relationship between physical activity and tobacco use among youth. Promotion of physical activity in professional educational group may be a useful tool

EP128- Networking with Rural NGOs for strengthening tobacco control programme at the grass-roots level.
Mr. Deepak patil, Mr. Dipesh Thakkar

Background:
Despite a high level of awareness among adults about the hazards of tobacco use, the recent Global Adult Tobacco Survey 2016-2017 showed that almost a third (29% or 266.8 million) of the adult population in India consumes tobacco. In order to reach these audiences at scale, SMF worked with local non-government organizations (NGOs) that have social dense networks and influence in rural parts of Maharashtra.

Methodology and intervention:
Since 2007, SMF has trained 579 NGOs in Maharashtra and seven national-level NGOs, on ill-effects of tobacco use and the effective implementation of the Cigarettes and Other Tobacco Products (COTPA) 2003. Apart from capacity building, SMF also provided NGOs with recognition and rewards as incentives to promote their tobacco control efforts.

Results:
By training and working with 579 NGOs in Maharashtra, SMF was able to reach around 30,000,00 children, youth and community members in the state. In the case of the 7 national-level NGOs, they, in turn, trained around 8000 stakeholders and reached out to 60000 school students. Thirty NGOs were also able to declare their workplaces as tobacco-free and have trained their staff to implement tobacco control activities. Around 80% of the NGOs have also incorporated tobacco control messages in their existing outreach projects, and five NGOs have been awarded the prestigious Vyasanmukti Award by SMF, for their exceptional work in this area.

Conclusions:
Involving and engaging influential NGOs to conduct tobacco control in rural areas is effective and sustainable for scale up at the grass-roots level. Liaising with local NGOs is thus a strategic step for tobacco control, especially in rural parts of the country.

EP129 - Integration of tobacco control programme in the government system for effective implementation across the state of Maharashtra
Mr. Deepak Patil

Background:
Tobacco use is a significant public health risk especially for rural adolescents and youth. India's tobacco control law, the Cigarettes and Other Tobacco Products Act (COTPA 2003), imposes restrictions on the use of tobacco on school campuses and prohibits the sale of tobacco within 100 yards of school grounds.

Salaam Mumbai Foundation (SMF) has been continuously working and advocating getting a tobacco-free environment for all children in the country.

Intervention:
In 2007-08, SMF began its work and awareness meetings were held with the State Education department. District-level workshops were held with Master Trainers and steps were taken by teachers, students and administrators to meet the TFS criteria. SMF also trained 1400 police functionaries and 76000 teachers in Maharashtra. As a result, SMF has been able to support 5500 schools in Maharashtra in achieving the tobacco-free school status.

Results:
Advocacy strategies have included integrating anti-tobacco messages in the state education curriculum from 5th to 10th std. In Maharashtra around 2 crore children will be sensitized through school textbooks. In order to make all schools tobacco-free, SMF representatives also incorporated TFS 11 criteria's in SARAL govt. The tribal development department also issued a government circular to make all schools, within their jurisdiction, tobacco-free. Recognizing this advocacy work, the Social justice ministry in the state has awarded SMF with the Mahatma Gandhi Vyasanmukti award in 2015.

Conclusion :
Using the existing infrastructure of Maharashtra's rural teacher training programme has been a successful and efficient strategy for increasing compliance with the TFS criteria. In order to sustain this programme at mass level, anti-tobacco messages and activities need to be incorporated across the government system to make changes at large scale.

EP149 – Mapping Parliamentarians who are concerned about tobacco
Abirami

Background : From the cigarette act 1975 several legislative strategies and programs to curb tobacco use have been implemented in India, with limited success. The central government amended existing legislation to enforce stronger controls on the use of tobacco. So, the present, study aimed to map the parliamentarians who raised queries about tobacco and participated in tobacco related debates.

Method :
We sourced parliamentarians who participated in tobacco related debates and questions in the Lok Sabha and Rajya Sabha between July 2014 and March 2018 using public webpages. We documented total of 199 elected representatives whereas 66 members from Lok Sabha and 133 members from Rajya Sabha. Excel spreadsheet were used to organize and analyse data. NVivo software were used to merge the organized data (Manually) from excel spreadsheet to previously analysed questionnaire and debates by former interns. Findings From total of 12 recorded attributes from various public webpages only 3 attributes were selected for basic analysis due to limited time constraint. The attributes analyzed are Political Parties, Elected states and Constituency. The high no. of intervening from the political parties include Indian national congress -55, high no. of interventions from elected state, Andhrapradesh-27 whereas the high no. of interventions from the constituency include Bandra east from Maharashtra – 7.

Conclusion:
Better understanding of the tobacco control policy is possible by detailed mapping of parliamentarians. So further Analysis of the remaining attribute are to be continued in future.

EP168 – Legal compliance of COTPA in '78711' schools in Maharashtra

Ashima Sarin, Somil Rastogi, Pankaj Chaturvedi

Introduction:

As per GATS 2017, Maharashtra has 26.6% adult population (15+) which use tobacco i.e. 2.4 crore users. In India, 5,500 children initiate tobacco use every day and 529 do so daily in Maharashtra. By the time, children realize its harmful nature, they have become addicts and in India only 3 to 4% are able to quit. Maharashtra has about 1.07 lac schools including both Government and Private schools. Tobacco free education institutes as per the Cigarettes & Other Tobacco Products Act (COTPA), i.e., a) Signages as per COTPA inside and outside the educational institute b) No usage of tobacco inside the premises. However, the law was not enforced even after Bombay High court orders in 2013 and most schools had teachers and staff using tobacco on campus.

Intervention & responses:

Advocacy and sensitization of Policy makers/key officials was done in the Education Department at state level for necessary precise Instructions released in July 2015. Rigorous follow ups were done at division and district level to ensure compliance of these instructions. Existing monitoring systems of the department was used to cross check the compliance status and specific questions on 'Tobacco Free' were added in SARAL an online reporting/monitoring system to sustain the compliance.

Results & Discussion:

78,711 schools declared their premises 'tobacco free' as per reports received by the Education Department till November 2017. Advocacy & sensitization by the VoTV campaign doctors played a pivotal role in achieving this. SARAL which captures mandatory information for U-DISE too helped to sustain the efforts. Some districts gone beyond this and conducted anti-tobacco activities in schools.

Conclusions:

Prevention is the best way. Providing children a tobacco free environment in schools is the first step; however, real difference will be when these children participate in anti-tobacco activities to become anti-tobacco champions.

SCREEN-2

Topics

EP202 – Need for management development programs/ training in NCDS for healthcare professionals in developing countries

Shikha Bassi, A K. Khokhar

Background:

Tobacco use a major risk factor for Non-Communicable Diseases (NCDs) is becoming a major cause of deaths in developing countries. There is a need for capacity building amongst the stakeholders to impart knowledge about NCDs-risk factors (tobacco and alcohol use, unhealthy diet, physical inactivity), disease profiles, screening and treatment methods, control and prevention of diseases. Health Management Training Institutions can play a big role to develop professional managerial skills amongst the health workers to deal effectively in managing NCDs through awareness, life style changes, early detection, warning signals and treatment of the ailments.

Objectives:
To identify the knowledge gaps regarding NCDs and accordingly plan training for the stakeholders at various levels.

Methods:
The training content are designed following discussions with stakeholders along with strict quality control measures. The subject experts review the training needs of the different stakeholders before finalizing the training contents. The program delivery involves lectures and presentations, video presentations, individual/group exercises, discussions, field visits, case studies, role plays etc. The impact of usefulness of the training are measured through pre and post-test.

Results:
We have conducted 105 Management Development Programs/ trainings on different health subjects and trained around 2000 health professionals since 2008. National and international participants of different organizations from the Ministry of Health (India, Afghanistan, Sri Lanka, Myanmar, Bhutan), corporate hospitals, non-government organizations, development sector, UN bodies and other private health care organizations/institutions were involved in these trainings. An evaluation showed a good academic performance and a high level of satisfaction with the methodology and knowledge delivery. Participants have appreciated the training approach as it has been useful in their day to day work.

Conclusion:
The need of the hour is to reach a large number of healthcare professionals in developing countries through these training programs. Since there is limited access to trainings, and educational programs at work places, centralized trainings

EP203 – The Voice of Hallabol Against Tobacco
Santosh Bodade, Prasad Kamtekar, Amuta Shinde

Introduction to challenges:
The large number of exposed children and the evidence that environmental causes illness in children constitutes a substantial public health threat. To exterminate tobacco consumption among children, they themselves raised their voices against it and as SBF has always believed in the power of children, it initiated a newsletter called Voice of Hallabol in 2007. Students from Municipal schools of Mumbai and rural Maharashtra are given a platform to showcase their talents through Hallabol. To inculcate creative writing skills and to enhance students' concise communication and imagination, SBF started Media Academy in 2010.

Intervention and responses:
Media Academy organizes visits, workshops, competitions and master classes for children, which shapes their personalities while ensuring positive content for the newsletter, which is read by students, their teachers and families. For content, newsletter harnesses the abundant energy and creativity of students of grades 7th to 9th who do not use tobacco. It works on an advocacy level, highlighting policies/laws on tobacco control, updates about upcoming events, featuring Hero of the Month, imparting awareness about Tobacco Free Schools and inspiring it's readers to quit tobacco.

Results and lessons learnt:
For 11 years, through 75000 copies per year of Voice of Hallabol and now through 40,000 copies SBF is reaching to around 312 Government aided schools in Mumbai and 33 districts in rural Maharashtra. Since inception around 1500 students from 30 schools have been trained and are acting as change agents at school and community level. This builds up their confidence and enhances communication skills.

Conclusion:
To nip the problem of tobacco use, through Media Academy and Voice of Hallabol which has been designed by the children and for the children, SBF is imbibing creative and interactive tool for creating long term positive impact.

EP209 - Oral Cancer -Early Detection by Self Examination
Dr.Dilip Kumar Acharya

Oral Cancer has a very high incidence in India mainly due to the habit of chewing tobacco. Most of the patients still report, in quite an advanced stage, wherein, curative treatment is not possible. But the good part is that examination of Oral Cavity can be done easily, either by the pt. himself or by the general Physician/family doctor. We have made poster to create awareness amongst the public specially smokers & tobacco chewers and alcohol users, that they all are at an increased risk for developing Oral Cancer. The poster displays step by step, method for self examination of oral cavity in a systematic manner. Standing in front of mirror with good light he should examine oral cavity-lips, gums, cheeks, palate, under surface of tongue & neck. The objective is to train people in systematically examining their oral cavity and if they find any- thing unusual, they should immediately seek advice of a trained doctor/specialist. The family physician/health professionals are to be trained in detecting suspicious lesions in oral cavity, understand the value of catching patients in precancerous conditions. We have held workshops for Public & Doctors on Prevention & Early Detection of Cancer and Oral Cancer features prominently in all of them. Spreading awareness about Oral cancer, health hazards of tobacco, motivating people to perform Oral Self examination at regular intervals, training Doctors will definitely help in Prevention & Early detection of Oral cancers.

EP215 – Strengthening the effectiveness of Indian Penal Code (1860) regarding spitting of tobacco at public places- A case study from North region of Indian subcontinent
Dr. Karan Mehra, Dr. Nirlep Kaur, Dr. Gurmandeep Singh

Background:
Smokeless tobacco use is on the upswing in many parts of the India. A high prevalence of smokeless tobacco use leads to a high prevalence of spitting, creating an unaesthetic and unhygienic environment. This may lead to the spread of diseases, including tuberculosis, thus posing a threat to the health of public. The study aimed to develop a mechanism to ban spitting Tobacco at Public places.

Methods:
During the State level co-ordination Committee meeting of all the stakeholders, brainstorming was done to tackle the issue of public spitting of tobacco. The methodology was developed following a consensus based decision was made by the expert panel to ban spitting under IPC, 1860.

Results:
A circular was issued by Additional Chief Secretary, Home affairs to all the Deputy Commissioners and Police Officials to implement ban on spitting tobacco at public places under sections 268, 269 and 278 of IPC, 1860. The monetary penalty was included for the violators. Total 28 Police officers were appointed as Nodal Officers in all the 22 districts of the state to implement the ban.

Conclusion:
Banning spitting of tobacco at public places would thus have a double benefit – it would aid in Swachh Bharat Abhiyan & discourage the use of chewable tobacco, thus reducing the prevalence of Oral cancer.

EP216 – Effective use of Food Safety and Standards Act, 2006 to prevent the sale of tobacco products along with food items in supermarkets: A case study from Punjab
Dr. Karan Mehra, Dr. Nirlep Kaur, Dr. Gurmandeep Singh

Background:
In India, Tobacco products have been openly sold along with the food item such as candies, chips, biscuits and soft drinks etc., which are frequently used by children. Under Food Safety and Standards Act, 2006, a licensed food vendor can't sell the tobacco products along with food items to prevent children exposure to Tobacco products.

Methods:
Based on the advisory issued by Commissioner-Food Administration regarding sale of tobacco products along with food items, a complaint was received by the District Tobacco Control cell, Punjab citing violation being done by the supermarkets in one district of state on 28th June 2017. On 29th June 2017, a meeting was held to constitute a special act enforcement team.

Results:
After conducting the investigation, the enforcement team found the owner of the supermarket guilty of violation under Food Safety and Standards Act, 2006, thus Food License of the supermarket was suspended. Following this tobacco products were removed from all the supermarkets in the state of Punjab.

Conclusion:
Strong interdepartmental co-ordination, regular enforcements drives have been the re-inforcers in preventing the sale of tobacco products along with food items, thus reducing the probability child exposure to tobacco products.

EP238 – Fighting tobacco menace in developing nations : Urgent need for International and Local NGO Partnerships
C manju, Shenoy

Issues:
TOBACCO CONSUMPTION & its hazards presents major challenges to human survival, rights, development with implications far beyond health sector. Developing-nations consume crude tobacco as chewed/smoked/buccal-application. Tobacco induced cancer worsens socioeconomic downfall. It has profound negative impact on workforce at their productive prime. Methodology: In last five years 12

local Indian-community-based organizations created to control tobacco use. But these efforts are isolated, non-technically-sound, not-widely implementable. We NGO-activities must identify and have ownership of response if behavioural and attitudinal change is to occur and be sustained. local NGOs have limited opportunity to acquire technical skills & develop organizational capacity. This has resulted in poor institutional infrastructure and systems to support tobacco control projects. Since 2006 April We encourage Local community NGOs to identify target community, its needs & understand causes of serious tobacco use in farmers/adolescents. Then we develop their own response which is backed by technical support, mentoring in management/organizational-development. Integral theory maps out and facilitates practical solutions to both exterior complexity of social systems and human behaviour, and interior complexity of culture/psychology. Our model accepted in 9 tribal villages. By incorporating community-leaders & traditional faith healers we achieved wide impact on Tobacco-users community.

Results:
Our NGO models not only creates effective partnerships for civil society growth, but also have positive impact upon tobacco-epidemic. We need creation of cadre of peer-educators contributed towards strengthening response to Tobacco consumption . "Peer educator are themselves workers, who understand better what intervention community needs and how best to communicate with them. We don't claim we made discovery in tobacco control, BUT we certainly took initiative & are trying to unite NGO-activist to fight Tobacco-menace in resource-poor-nations. Community participation remains weakest component of Tobacco control efforts in India.

SCREEN-3

Title

EP030- Assessment of Tobacco Monitor App in reporting violations amongst the students of health science colleges of a University in Pune.
Dr. Chirag Jain

Tobacco addiction is a disease of the brain and its dependence the disease of its thought process. Apart the from the physical symptoms, most of the effects are a result of the dependence of automated thoughts. Why these thought process get automated and once we know the process and freaye awareness. It opens a whole new world for intervention. Interventions like mindfulness and target interventions in the form breaking these automations have a great scope for newer methods and long lasting effects. The automation of thoughts is existing in human psychology from exiatence and humans to be gullible to is obvious. The psychological dependence after the thoughts become automated without any voluntary control of the addicted person. Automation of thoughts in an patient addicted to nicotine opens up new doors for interventions for heath providers for a more permanent resolution to de-addiction.

EP065- Tobacco Free Hospitals: patient perception, compliance and motivation to quit through an innovative approach

Dr. Surbhi Kapoor, Dr. Vikrant Mohanty, DR. Aswini Y. B

Background

AIM – To assess tobacco users and key observers perception on innovative approach on implementation of tobacco free policy in public hospitals and motivate tobacco users to quit this habit
OBJECTIVE - 1.Screening of patients and visitors carrying various tobacco products into the hospital premises. 2. Identify and interview tobacco users and patients carrying tobacco products and key observers who have witnessed of the event. 3. Assessing the translation of this innovative method of tobacco control implementation to motivating to avail tobacco cessation services in the hospital.

Methodology

A cross sectional study including 50 tobacco users carrying tobacco products into the Public Hospital and 100 key observers who have witnessed the event were considered for the study. Informed consent was obtained. Security guards were trained the patients visiting the hospital check and confiscate any tobacco product after informing them. A pre validated and pre tested close ended questionnaire was administered to tobacco users whose products were confiscated. Questionnaire consisted of knowledge section 6 COPTA , motivation to quit experience during act etc. Key observers were also were contacted at entry gate and interviewed regarding the event and section 6 of COTPA and regarding tobacco cessation services in the Hospital through a pretested and pre-validated questionnaire. The patients and key observers were provided by incentives following this interaction. The study was pilot tested for a month in the Institution. Necessary approvals were obtained from the Head of Institution for same.

Results

A pilot study was conducted involving 8 patients from whom tobacco products were confiscated and 22 key observers. The observers appreciated the team for a this effort and informed tobacco should be eradicated. The other group said they were not aware of such practices in hospitals previously , some wanted their tobacco products back after leaving the premise some said they will keep in vehicles.

EP146 - Say no to oral cancer programme - a multi-sectorial approach towards oral cancer free future

Dr. Subramaniam R, Dr. Suneesh Kuruvilla

INTRODUCTION:

Say no to oral cancer programme is a community service project of Indira Gandhi Institute Of Dental Sciences, Nellikuzhi, Kothamangalam, India, in association with rotary club of Perumbavoor central. The programme was started in the month of July 2013. It is a programme with a focus on all levels of prevention - primordial, primary, secondary, tertiary incorporating mainly the administrative, health education and primary health care approaches to health education. The objectives of the programme included 1. Creating awareness among all sections of the society regarding early diagnosis and treatment for cancer with a focus on prevention. 2. Oral screening and examination for detection of premalignant lesions and conditions. 3. Provision for referral, treatment and follow-up for patients diagnosed with pre-malignant lesions/conditions and oral cancer. 4. Assistance in quitting the deleterious habit through counselling and advise. The target population included the school children, migrant labourers, factory workers, college students, teachers, health care professionals and general public.

INTERVENTION:
The programme is conducted with the involvement of resident's association, educational institutions, business establishments, primary health centres, Awareness programmes included awareness classes, movie shows, street plays, rallies, flash mobs, skits, oath taking, signature campaigns, cartoon and caricature competitions, quiz competitions, puppet shows, seminars, scientific paper and poster competitions and more. Screening and early detection of oral cancer were done through camps. Habit cessation counselling was done at the institution and established cases were referred for treatment. the institution has a dedicated oral cancer detection and prevention cell functioning under departments of Oral Pathology, Public Health Dentistry and Oral Medicine and Radiology.

RESULTS:
Total No. of camps and programs conducted till date: 72 Population covered: 14689 Precancerous lesions detected: 348 Tobacco users reporting for screening and advise: 914 Number of established cases of oral cancer: 24

CONCLUSION:
A multi-sectoral approach is the need of the hour for a tobacco and oral cancer free future.

EP154 – Psycho Oncology & Tobacco De-Addiction
Pramod Patil

Issues: Adolescents highly susceptible to tobacco-use. we used traditional/Faith healers psychological-advantage to motivate by interventional study protocol.

Methodology:
This was PHASE-III project. Retrospective analysis of implementation of FCTC-WHO done by Three evaluation teams. Indian-district divided in seven target villages. Due representation to demographic pattern, socio-economic criteria. Total participants 260, age group of 14-24. Traditional faith-healers mobilised by community leaders [total 13]. Tobacco addicts graded clinically according to consumption of tobacco, years of use. study carried over four months. Study subjects counselled for cause of using tobacco, educational & social background. Traditional faith healers conducted 11 follow up sessions during course of study.

Results:
Of total 260 tobacco users 250 continued to participate. [10 dropouts].227 showed positive-attitude towards quitting tobacco use. 215 subjects has quit habit of tobacco application. 12 subjects able to abstain for short period but eventually restarted habit. Post-project surveillance showed need for community help/Rehabilitation. Of 227 who responded positively majority [220] started using tobacco due to peer-pressure [84%], imitation of tobacco advertising [11%].

Conclusion:
Scientific knowledge & expertise of traditional faith healers is tribal areas controversial, they are only available resource for influencing adolescents. They act as channel to implement tobacco de addiction programmes through community participation. Recommendations: Developing nations have little resources & technologies. We have to carry out interventional programmes with limited resources. Traditional faith healers Can help achieve tobacco control objectives in resource poor nations. for long term success strategy we participants need to share experiences/difficulties in tobacco control.

EP237 – Carcinomas of Lung & Tobacco Use : Supportive care needs in Asian Community to bring down mortality/morbidity.

Chaturvedi manju

Issues:

We Studied influence of counselling on reduction in tobacco-smoking eventually reducing lung-cancer-incidence. 218 deaths/year due to lung-cancer. Crude-Tobacco-smoking socially accepted in rural/tribal India. Aims to reduce tobacco-products-consumption & provide de-addiction guidance/counselling.

Methodology:

11 villages from rural India included. Total-participants 511, age 14-24. Tobacco-addicts graded clinically. Counselling-effect monitored for four-months. counselled for cause tobacco-use, educational/social factors. conducted 20 follow-up-sessions during course of study.

Results:

Of 511 tobacco-users 493 continued to participate. [18 dropouts]. 32% COPD & respiratory disorders, 12% Tuberculosis. 8 healthcare personals from rural-Govt-clinics trained in counselling with community-leaders. 431 participants showed positive-attitude towards quitting tobacco use. Of these 431, 410 smokers quit habit of tobacco. 21 able to abstain for short-period but eventually restarted habit. Post-project-surveillance showed need for community help & Rehabilitation. Of 431 who responded positively majority [394] adolescents started using tobacco due to peer-pressure [84%], imitation of tobacco-advertising on media/films/TV [11%].

Conclusion:

tobacco-activists with scientific knowledge/expertise are only available resource for influencing cancer incidence in India. They act as channel to implement Supportive cancer care/prevention-programmes. NGOs should utilize this approach to reduce cost-factor in cancer-control-strategies & better de-addiction-facilities in rural/tribal areas where qualified Oncologists are rarity.

Recommendations:

Developing-nations have little manpower/resources/technologies in de-addiction. nicotine replacement therapies are expensive & available in metro-cities only. Government must carry out supportive-care-programmes with NGO-counsellors to bring down mortality/morbidity of lung-cancer. Anti-tobacco-activists trained in counselling provide better cancer care with reduced cost.

EP295 – Evaluation of intensive tobacco treatment intervention delivered through a government primary health care centre in Mumbai, India

Dr. Himanshu Gupte, Dr. Vaibhav Thawal, Ms. Jyoti Inamdar, Md Golam Hasnain, Dr. Leni Chaudhuri

Background:

The WHO FCTC Article 14 recommends to provide tobacco cessation service through primary healthcare centres as this may result in reaching large number of tobacco users at the community level. Although, brief interventions through a primary healthcare setting may encourage tobacco users to make a quit attempt, intensive intervention have shown higher abstinence rates among tobacco users.

Methodology:
The aim of the study was to evaluate the effectiveness of a pilot intensive tobacco cessation intervention using a quasi-experimental design. Participants were recruited from two government urban health posts. The intervention included a detailed counselling session (15-20 minutes) followed by six counselling follow-up over six months by a trained counsellor based in the primary health centre. The content of initial session included, assessing tobacco use and dependence, suggesting behavioural modification techniques and counselling using motivational interviewing. Participants in the control group received self-help materials with information on simple techniques to quit and a research assistant assessed their tobacco status over six months.

Results:
281 participants received intensive cessation support and 287 participants in the control group received self-help materials. The number of smokeless tobacco users were high in both intervention and control group, 237(83%) and 234(82%) respectively. End of program outcome (six months) was assessed using chi-square test and quit rates among those successfully followed at six months were 64.55% (p=0.079) in the intervention group and 55.42 (p=0.079) in the control group. On using logistic regression model and controlling for demographic characteristics, it was observed that there was a reduction in the tobacco use rates by 32% (p=0.65) in the intervention group at six months.

Conclusion:
Although the results were not statistically significant, the quit rates were high for those who received intensive cessation counselling. These preliminary results provide evidence for further research using more rigorous research designs.

EP313 – Implementation of an integrated comprehensive module of recommended tobacco cessation systems as an intervention to promote and assist early detection and habit cessation among underprivileged population
Stuti Bhargava

Background:
Provision of on-site health education activities comprising of awareness sessions, oral examination, cessation interventions and especially oral self-examination technique by trained health workers, aimed to promote and assist early detection of oral pre cancer and -cancer. Emphasis to be placed on underprivileged population especially on youth addicted to tobacco and betel nut use.

Purpose of Study:
The overall study goal will be to develop the knowledge, products and processes needed to broadly disseminate evidence based tobacco control interventions for underprivileged sections of Indian population through readily accessible and sustainable channels.
Effectiveness of onsite interventions aimed at reducing the burden of preventable oral premalignancies (OMPs) and thus oral malignancies among underserved population will be evaluated.

Methods:
A population subset will be identified for intervention. A group of trained cessation experts will provide onsite services to the pre-determined population group and effectiveness of such interventions will be evaluated.

Conclusion:
Onsite interventions based established protocols can be developed as routine practices to serve under-privileged as well as vulnerable population groups such as school/college going students who easily fall prey to addictive habits.

SCREEN-4

Title

EP096 – Tobacco Consumption And Cessation-A Clinical Study
Priyadharshini Arunkumar, Dr.Treville Pereira

Introduction:
Tobacco was introduced in India by the Portuguese 400 years ago. Since then tobacco consumption was continued in India. It has been predicted by the World Health Organisation(WHO) that more than 500 million peoples alive today will be killed by tobacco by 2030 and the single leading cause will be the tobacco consumption. It has been estimated that there are about 1.1 billion smokers worldwide and out of which 182 million(16.6%) people are belongs to India. However it is happy to note that the WHO and Government of India have taken the effective initiations regarding the tobacco control in India. Tobacco will be used in two forms as the smoking and the smokeless form. Prevalence rate is higher in males.

Background:
Even though many preventive measures are taken by the Government and the several other organizations ,smoking remains a constant problem in all over the world.

Aims and objectives:
This paper is aimed to study how age, gender, socioeconomic status, and occupation are in influence with the tobacco cessation methods among the tobacco users.

Materials And Method:
This study will be conducted in a housekeepers of Dr.D.Y.Patil University, Nerul, Navi Mumbai with a sample size of 100 in numbers. A pre-defined questions are used to collect information on tobacco consumption. Subjects will be clinically examined for the presence of any lesions in the oral cavity associated with the tobacco consumption. Data are analysed to access the quitting rates among the populations by the questionnaires survey.

Results:
Results will be evaluated after this completion of the study and for further statistical evaluations.

EP118 - War against Tobacco through Behavioural counseling.
Dr. Sahana Hegde-Shetiya, Dr.Abhishek Kumbhalwar

Introduction to challenges-
Over the years ,since inception of the department(2002) we noticed that patients chewing tobacco are seen in abundance in the Dental College and Hospital, Pune and they present with leukoplakia, tobacco pouch keratosis, erythroplakia, oral submucous fibrosis to the Department of Public Health Dentistry.

With the help of Narottam Sekhsaria Foundation, training through level 1 and 2 for tobacco cessation was undertaken since 2015.Tobacco cessation centre was established and Interns, PG students, teaching staff counselled the patients visiting the centre. Those belonging to the middle and lower class of society, both men and women, are counselled through behavioural technique.

Intervention and responses –
The patients visiting the hospital as well as those in the rural centres, camp sites are counselled. In this context, a clinical study was conducted in the Dental hospital where study group received behavioural counselling along with motivational interviewing whereas the control group received brief advice. Groups were followed up for 6 months through telephone counselling. A's and R,s were reinforced and support was provided according to stage of change. An E-app developed by NSF was used to collect data which was analyzed statistically. Results and lessons learnt-Amongst the 18-77 yr old patients who were mostly self employed and completed secondary school were in pre-contemplation stage at baseline. Frequency of use of tobacco reduced significantly in both the groups and between the two groups at 6th month. Self reported abstinence was seen in 24% Vs 11% in study and control group. Behavioural counselling proved to be a boon to those who want to give up the habit as NRT would have proven to be expensive as one has to spend money on it.

Conclusions:
Behavioural counselling along with motivational interviewing can be accomplished in the Dental office to help patients give up the habit of tobacco use. If 313 registered dental colleges

EP138 – Biomedical risk indicators as a motivational tool for tobacco users to quit the habit: A Clinical Trial.
Dr Sneha Malhotra, Dr Vikrant Mohanty, Dr Aswini Y.B.

Aim:
To know the effectiveness of biomedical risk indicators, for motivating tobacco users to quit.

Objective:
• To assess quit status and motivational ladder of tobacco users before and after biomedical risk assessment (BMR) at different time intervals.
• To compare the quit status of intervention and control group at different time intervals (1st week, 2nd week and 4th week). Background: The use of tobacco as drug substance has been used throughout the world although it has dangerous effect on human health. Use of tobacco poses an indisputable risk to the health of our society. Clearly, there is no "magic bullet" to stop this threat. Our ability to reduce tobacco significantly depends, in part, on our continued efforts to devise and revise effective cessation interventions. Therefore, using biomedical risk indicators may increase one's desire to quit the tobacco habit. Material and

Methods:
The Clinical control trial would be carried among 48 tobacco users (24 each in intervention and control group) visiting the tobacco cessation clinic in Public Hospital in Delhi. All study subjects will be provided tobacco cessation counselling and treatment as per standard protocol. The study group will undergo haematological and biochemical such as total erythrocytes and leukocytes (neutrophils, lymphocytes, basophilis, eosinophills, monocytes etc), serum cholesterol, blood glucose, and smokers will undergo estimation of lung age. The quit status of both the groups will be assessed at 1st week, 2nd week and 4th

week through self reported quit status as well as presence or absence of cotinine in urine sample. The format will be used to record the predictors of quitting for the patients along nicotine dependence for both smoke and smokeless. Subjects who were medically compromised or were unwilling to participate were excluded from the study.

Results:
Biomedical indicators may act as a motivational tool and can score high in motivational quit ladder.

EP148 - Providing tobacco cessation to patients admitted to an urban municipal hospital in Navi Mumbai, Maharashtra.
Himanshu Abhay Gupte

Introduction:
Tobacco cessation counselling provided in a healthcare setting has been proven to be effective. Tobacco Cessation Centres(TCCs) have been set up under the National Tobacco Control Programme but not in cities which are not district headquarters. Navi Mumbai (Population 15 lakh) did not have any TCC either in the public or private set up. Estimated tobacco users in the city and surrounding semi-urban region are very high. LifeFirst tobacco cessation service was initiated in the Municipal General Hospital to address this huge gap.

Intervention:
After permission from hospital authorities, LifeFirst was initiated for patients admitted in Medical and Surgical wards. A trained tobacco cessation counsellor visited the wards daily to identify tobacco users by verbal screening and from referrals by the hospital staff. All identified tobacco users were provided brief advice and those willing to quit were enrolled in the LifeFirst service. After detailed bedside counselling (including addiction assessment with Fagerstrom Test for Nicotine Dependence) using techniques of behaviour modification and motivational interviewing, patients were followed-up at least six times over telephone for six months.

Results:
From Oct 2016-Sept 2018, of the 8453 patients admitted to these wards, 1031 (82% males) registered with LifeFirst. Patients were receptive to bedside counselling and receiving follow-up calls. 731 patients have completed six months in the programme and 64% of them self-reported having stopped their tobacco use at six months after their discharge from hospital. The telephone follow-ups were effective and had a high compliance (80% patients successfully followed at six months).

Conclusions:
The LifeFirst model has demonstrated that providing cessation service to patients admitted in a public hospital is feasible and effective to help them stop their tobacco use. This can be scaled up to other departments of the hospital and also other hospitals catering to the general population.

EP183 – Factors Influencing Implementation of Tobacco Cessation Intervention in a Workplace Setting: An Implementers' Perspective using Consolidated Framework for Implementation Research

Marina DCosta, Himanshu Gupte

Background:

Implementation of tobacco cessation intervention in a workplace setting gives employees constructive opportunity to quit their tobacco use. Through implementers' perspective, the study aims to understand factors that facilitate and hinder implementation of LifeFirst tobacco cessation intervention implemented in workplace settings.

Methods :

A qualitative research was conducted in post-implementation phase. Consolidated Framework for Implementation Research (CFIR) guided the study design, data collection, data coding and analysis. In-depth interviews were conducted with all current implementers of the intervention. Interview guide covered CFIR constructs under the domains of intervention characteristics, outer setting, inner setting and process. Results High prevalence of tobacco users within the setting and acceptance of the intervention by the workplace management to support their employees' health made the intervention compatible to the setting. Since workplace is a closed setting, core components of the intervention i.e. awareness session, registration, first counselling session (face-to-face) and follow-up counselling sessions for six months were easily adaptable. Core components were tailored responsibly to suit the needs of the setting. Implementers engaged the workplace management as stakeholders in decision-making process and planning. Factors identified as hindrances were lack of ownership from the workplace management in co-ordinating the awareness and counselling sessions, non-availability of employees because of work load, registered employees providing false contact numbers and insufficient human resources for implementation of the intervention. Some registered employees did not respond to calls or opted out of the cessation service. Lack of privacy within the factory setting challenged effectiveness of counselling sessions. Implementers sustained the intervention by training medical professionals within the setting and implementing tobacco free workplace guidelines.

Conclusion:

The study will strengthen the implementation process by incorporating the positive influencing factors and overcoming the identified hindrances; further guiding implementers from other organizations for implementing similar interventions.

EP184 – Using the stages of change model to provide tobacco cessation in a workplace setting

Gauri Mandal, Dr. Himanshu A. Gupte

Background:

Workplaces offer a unique opportunity to address employees' health and influence their tobacco use behaviour. Stages of change model (Prochaska and Di Clemente) can help to assess the readiness to change. It assists to provide specific, tailored intervention according to the person's stage of change increasing the likelihood of success in quitting. In India, 55% smokers and 50% smokeless users are thinking of quitting (contemplation stage). This study assesses the outcomes of a tobacco cessation program implemented in five different workplaces using this model.

Methods:
Awareness talks about tobacco, its ill-effects and benefits of quitting were conducted in groups for all employees. Willing current tobacco users registered for the cessation service which included a detailed counselling session followed by five follow-up sessions over six months. All sessions were face-to-face. Stages of change were assessed by the counsellor and tailored intervention was provided. Employees in contemplation were shown the relevance and importance of quitting to motivate them. Tips for quitting were also shared. Employees in preparation stage were counselled to identify their barriers and informed about withdrawals and its coping mechanisms. Employees in action stage were counselled about relapse prevention.

Results:
2528 employees attended the awareness talks and 321 registered for the cessation service. 51% of these were in contemplation stage, 46% in preparation and 3% in action stage. The registrations were voluntary; therefore none of the employees were in pre-contemplation stage. After six months, 58% of employees in contemplation stage, 68% in preparation and 80% in action stage self-reported that they had quit tobacco.

Conclusion:
Majority of tobacco users are in contemplation stage and by providing intensive cessation counselling support and rigorous follow-up in a workplace setting, they can be helped to move towards action and maintenance stage.

EP275 – Introducing a new dimension: Establishing Tobacco Cessation Centres (TCCs) in Dental Colleges of Maharashtra.
Dinesh Jagiasi, Dr. Himanshu Gupte

Introduction:
Tobacco Cessation as a service is rare to find, whereas as per GATS-2 more than 50% of tobacco users want to quit the habit of using tobacco. Dental settings have a significant role as the use of smokeless tobacco and its effects on dental and oral health are well appreciated by the dentists. It also syncs well with the recent mandate by the Dental Council of India of initiating tobacco cessation centres in all dental colleges. There exist a definite need of requisite training on counselling skills of care providers to fulfil the mandate. This gap was filled by the LifeFirst intervention.

Intervention:
LifeFirst tobacco cessation program conducted the following activities in 5 dental colleges of Maharashtra:

1. Sensitization training of hospital staff for facilitating documentation of tobacco use and referral of tobacco users.
2. Setting up of Cessation centre by providing detailed case history formats, IEC material etc.
3. Training the providers on behavioural counselling for one-on-one counselling.
4. Monitoring and Supervision of the Cessation center by regular visits. Targeted population includes tobacco users visiting Dental colleges. Data collected across multiple sites is maintained and shared through Google sheets, which looks at the quit rates as outcome measure and indicators like number of follow-ups completed etc. are monitored.

Results:
Tobacco cessation centers has been initiated in 4 dental colleges and cessation counselling is being offered to patients attending various departments. This has added another dimension to preventive services and created opportunities for academic development (as a research area). Dentists are now oriented towards patients' tobacco use and counselling is recognized as an essential support service for abstaining from tobacco.

Conclusions:
Scaling up cessation practice to all possible healthcare facilities is an opportunity. All healthcare providers have a role in contributing to tobacco cessation which can be achieved by sensitization and detailed cessation counselling training for them.

4:00 PM TO 5:30 PM

PLENARY 3- GLOBAL ADULT TOBACCO SURVEY (GATS): MONITORING TOBACCO EPIDEMIC AND CONVERTING DATA TO POLICY FOR A TOBACCO FREE GENERATION
Rustom Choksi Auditorium, 2nd Floor, Golden Jubilee Block

Chair
Shri.Vikas Sheel, Joint Secretary, MoHFW, GoI

Moderator
Dr P C Gupta, Director, Healis Sekhsaria Institute of Public Health

Speakers
Global Perspective of Tobacco Surveillance
Dr. Krishna Palipudi, CDC, Atlanta, USA

GATS 2 India Survey key findings and policy perspectives
Dr T Sundararaman, TISS, Mumbai

Approaches to Data Dissemination: learnings from India
Dr.Vineet M Gill, NPO, WHO, India

GATS- Moving from Data to Policy
Dr Manju Rani, WHO SEARO

Strengthening communication activities utilizing GATs data for an enhanced tobacco control in India
Mr Pranay Lal, Senior Technical Advisor, The UNION

5:30 PM TO 7:00 PM

PROFFERED PAPER 7- PREVALENCE OF TOBACCO USE AND BURDEN OF DISEASES ATTRIBUTABLE TO TOBACCO USE

Rustom Choksi Auditorium, 2nd Floor, Golden Jubilee Block

Chairs

Dr. Sonu Goel, Additional Professor, SPH, PGIMER, Chandigarh
Dr. Krishna Palipudi, CDC, Atlanta, USA
Dr. Manju Rani, WHO SEARO

Presenters

PP058- Low tobacco consumption among school teachers in Kerala, India

GK Mini, PS Sarma, KR Thankappan

Background:

Tobacco is the single greatest preventable cause of mortality in the world. Majority of the smokers live in low- and middle-income countries. Tobacco prevalence varies by occupation with comparatively low rates among educators. School teachers have an important responsibility for tobacco control among youth and in many counties including India, teachers are considered to be role models in the society. However limited studies explored tobacco use pattern among school teachers in India. We assessed tobacco use pattern among school teachers in the Kerala state of India and studied their practices on tobacco control in the school.

Methods:

As part of a cluster randomized controlled trial on hypertension control among school teachers in Kerala, we surveyed 2216 school teachers from 100 randomly selected schools in Thiruvananthapuram district of the state in 2018. World Health Organization (WHO) STEPs interview schedule was used to collect data.

Results:

Mean age of teachers was 44 years (SD:5.8) and 16.1% were males. The overall prevalence of ever smoking was 5.3% (95% CI: 4.4-6.3) [men 32.5%, women 0.1%]. Current smoking was reported by male teachers only (2.8%) (CI:1.4-5.1). Ever use of smokeless tobacco was reported by 2.9% of teachers (CI:2.3-3.7) [men 12.6%, women: 1.1%]. Current use of smokeless tobacco was reported by men only (2.2%) (CI:1.1-4.4). Around 10% of teachers noticed the sale of tobacco within 100 yards of their schools.

Conclusion:

School teachers in Kerala reported a very low prevalence of tobacco use compared to the general population. Male teachers who are current users of tobacco should try to quit tobacco to become role models for their students and support the implementation of the cigarettes and other tobacco products act in the schools.

PP115-Tobacco use behavior among slum dwellers of Mohali, Punjab

Sachina Rana, Sonu Goel, Krishan Gauba

Introduction:

Tobacco use sustains to be the leading cause of preventable death worldwide. According to World Health Organization (WHO) more than 7 million deaths per year worldwide are attributable to it. Out of them, deaths exceeding 6 million is related to direct tobacco use whereas passive smoking causes more than 890,000 deaths. Tobacco use among lower socioeconomic group is more prevalent making them even more vulnerable to develop premalignant disorders.

Methodology: A cross Sectional study was conducted on 1100 randomly selected participants. 2 slum areas from each of the blocks of Mohali, Punjab were selected. A community based camp was set up in slums for assessing tobacco use behaviour. Bivariate and multivariable logistic regression analysis was used to assess differences among tobacco use and socio-demographic variables.

Results:

Out of 1100 participants, 642 (58.4%) were reported as tobacco users. The prevalence of smoking was 21% (n=231), smokeless tobacco was 27% (n=295) and the participants with the habit of using both smoked and smokeless tobacco was 10% (n=116). The risk of developing tobacco addiction was about 5 times [Adjusted odds ratio (AOR): 5.28, CI: 3.69-7.56)] higher in males as compared to females. The odds of using tobacco was 2.1 (AOR:2.13, CI:1.25-3.64) times higher in age group 60-74 years as compared to the age group 15-29 years.

Conclusion:

A significant association between tobacco use and socio-demographic variables was observed in the study population. This vulnerable population is generally more exposed to avoidable risk factors such as alcohol, and tobacco use which is also reflected in current study. They also have less access to health services and health education that would empower them to make decisions to protect and improve their own health. There is a need to work towards much more comprehensive and intensive approach to tackle the menace of tobacco and its products

PP145-Prevalence of factors associated with psychoactive substance use and practices among late adolescents schooling in Wattala Educational Division

W.R.S. de Alwis, Manoj Fernando, Sugandika Perera

Background:

Substance abuse is one of the major public health problems in Sri Lanka. Adolescence is the critical transition period where risk taking behavior is a key characteristic. This study strives to ascertain the prevalence of factors known to be associated with psychoactive substance (PAS) use and practices among late adolescents schooling in Wattala educational division (WED), Gampaha district,

Methods:

A Cross sectional study was conducted among 600; 15-19 year old adolescents from 24 schools of WED selected probability proportionate to the size, using multi stage stratified random cluster sampling. A self-administered questionnaire was used to assess the prevalence and pattern of ever using alcohol, smoking, smokeless tobacco, heroin and marijuana; factors within the family context, environmental factors and knowledge on health effect of using. Chi square test was used to evaluate the strength of association between ever use of PAS and selected factors at the level of significance of 5%.

Results:
Twenty five percent (n=152) of the adolescents had used any form of substance at least once in life time. Prevalence of ever use of alcohol, smoking, smokeless tobacco and illicit drugs were 17.7 %, 8.3%, 3.2% and 3.2%. Age ($\chi2=15.9;df=1$), ethnicity ($\chi2=11.8;df=4$), enjoying schooling ($\chi2=10.4;df=2$), engage in extracurricular activities ($\chi2=12.8;df=2$), presence of peer influence ($\chi2=120.6;df=2$), PAS use by a family member ($\chi2 =25.4;df=2$) shows a significant association with ever use of psychoactive substances (p0.05).

Conclusions and recommendations:
Many environmental factors and factors within family context have significantly influenced the substance use or not use by adolescents. A prospective cohort study should be conducted, in view of improving prevention.

PP163-Prevalence of Tobacco use among Patients suffering from Non- Communicable Diseases in two districts of Punjab: A cross sectional study
Dr Garima Bhatt, Dr Sonu Goel, Dr Nirlep Kaur

Background:
Tobacco use is a major preventable and modifiable behavioural risk factor for Non Communicable Diseases (NCDs), leading to around 7 million deaths worldwide. The objective of this study was to assess tobacco use prevalence among patients suffering from non communicable diseases attending NCD clinic in two districts of Punjab.

Methods:
It was a cross sectional study conducted between May to July 2018 in SAS Nagar and Fatehgarh districts of Punjab. The adult patients, aged 30 years and above, suffering from any NCD (Diabetes, Cardiovascular diseases, Stroke, Cancer, Chronic Respiratory Diseases, Hypertension) and attending NCD clinics at district level were enrolled. Using p =11.3 % and d=2 %, a resultant sample size of 1002 was calculated. Thereafter, these patients were administered pre tested questionnaire by the researcher to assess tobacco use after obtaining their informed consent.

Results:
So far, data for 837 participants has been analyzed of which 29.03 % have diabetes, 41.81% have hypertension, 2.86% have COPD, 0.95 % reported CVD and 23.6% had both Diabetes as well as Hypertension. Of these, 9.8% Diabetics, 10.2% Hypertensives, 91.6% COPD , 25% CVD and 3.03 % of (Diabetics + Hypertensives) are reported tobacco users.

Conclusions:
These NCD patients who are tobacco users as well provide an opportunity to the health care providers at NCD clinic to impart a tobacco cessation intervention which will help them quit. The tobacco cessation services should be an integral part of duties of a health care provider at NCD clinics.

PP178 - Is Tobacco burden impacting tribal communities in India? A Cross-sectional Study from West Bengal

Dr. Biswajit Pal, Nirmalya Mukherjee, Samarpita Sanyal

Background:

Tribal communities are marginalised and remain vulnerable to tobacco use. Poverty, widespread malnutrition and lack to access to information about harms of tobacco use has increased tobacco use among tribal and overtime has led to higher tobacco-related morbidity among them. This study ascertains the extent of tobacco use among the tribal population and the disease burden.

Methodology:

This cross sectional study has been conducted in tribal populated Blocks of three districts of West Bengal. A total number of 1892 tribal people were randomly selected and interviewed by canvassing a pretested household interview schedule.

Results:

47.8 % of male respondents and 15.9 % female respondents consume any kind of tobacco products. Among the male tobacco consumers, 28.9 % have been suffering from cold and cough, 2.3 % from COPD, 4.3 % from hypertension, 0.9 % from diabetes, 1.9 % from TB and 2.1 % from Cardio-vascular diseases. While of the female consumers 21.5 % have been suffering from cold and cough, 2.3 % from COPD, 4 % from hypertension, 0.9 % from diabetes, 0.3 % from TB and 1 % from Cardio-vascular diseases. Disease prevalence of common cold and cough among tobacco user ranges between 0.39 to .45 , 0.03-0.05 for COPD, 0.05-0.08 for hypertension, 0.01-0.02 for diabetes, 0-0.02 for TB and 0.02 to 0.04 for Cardio vascular diseases at 95 % confidence interval. Lastly, little less than 10 % of tobacco users reported that they have sold household items and borrowed money from local money lenders at high rate of interest (60-120 %) to manage the ever escalating cost of treatment of tobacco related diseases.

Conclusion:

The tobacco consumption among tribal people vis-a-vis disease burden should be considered by all concerned and there is a need for urgent intervention from the Government.

PP182 - Pathways of Initiation in Tobacco Use among school going Adolescents in Mumbai

Marina DCosta, Himanshu Gupte, Leni Chaudhuri

Background :

Adolescents initiate tobacco use under various beliefs and circumstances. The study aims to understand established behaviour in tobacco use among school going adolescents, from the stages of initiation to addiction. The study draws its theoretical understanding from Denscombe's study on Critical Incidents among young people using tobacco.

Methods:

A qualitative study was conducted among school-going adolescents from grades 7, 8 and 9 in 15 municipal schools across Mumbai. 14 Focus Group Discussions were conducted with 166 adolescents, of which 60 were further selected for in-depth interviews. Concept dimensions were generated from data to form categories and themes. Data analysis was conducted using the Theory of Triadic Influence (TTI).

Results:
Easy access to tobacco products and normalization of tobacco use influenced initiation. Most adolescents' initiation product was sweetened areca nut. Many initiated the use of gutka (smokeless tobacco [SLT]) inquisitively because of its similarity to the packaging of sweetened areca nut. Adolescents with cigarette as their product of initiation continued to smoke; they considered cigarette superior to other SLT products. As a process of experimentation, adolescents created multilinear pathways of initiation by simultaneously initiating use of multiple smokeless and smoked tobacco products. Eventually, regular use of one loyal product or a significant relatedness to the product led many to become habitual users. Critical Incidents such as witnessing domestic violence at home, feeling of loneliness, stressful events in school and other emotional turmoil aggravated the use of their loyal tobacco product.

Conclusion:
Efforts to address the points of initiation identified in the study will contribute in preventing adolescents from initiation of sweetened areca nut and tobacco. Critical Incidents acknowledged while tracing the pathways will guide counsellors to look out for such incidents and address them effectively during cessation counselling of adolescents.

PP193 - Prevalence of Tobacco use among Priests and their willingness to spread anti-tobacco messages among Devotees in Delhi
Shekhar Grover, Tanu Anand

Background:
Tobacco use has increased in India in recent times. Hence, need for intensification of tobacco control efforts become pertinent. Tobacco cessation involves behaviour change and evidence suggests that religious professionals may be helpful in community based smoking cessation programs.

Objective:
To assess the prevalence, knowledge and practices related to tobacco use among priests and their willingness to spread anti-tobacco messages among their devotees.

Material and Methods:
It was a community based cross-sectional study conducted amongst 159 head priests of Delhi. A semi-structured interviewer based questionnaire containing items to assess socio-demographic characteristics, tobacco use behaviour, their knowledge about harmful effects of tobacco and willingness to spread anti-tobacco messages among devotees, was used for data collection.

Results: Out of the total 159 participants, 86.2% (n=137) were males. There were 61% (n=97) Hindus followed by 18.2% Muslims (n=29). Thirty seven respondents (23.3%) reported to be the current users of tobacco. Among the current tobacco users, 32 (86.5%) were using more than one form of tobacco. The most common form of tobacco being used was 'Chillum' (n=31; 83.8%). The knowledge about harmful effects of tobacco use was less among tobacco users as compared to that of non-tobacco users. However, majority of them (n=152; 95.6%) expressed their willingness to spread anti-tobacco messages to their devotees irrespective of their smoking status and also desired to be trained in the same.

Conclusions: The prevalence of tobacco use was low among the priests. Majority of them expressed their willingness to spread anti-tobacco messages. Therefore, religious leaders should be motivated through training in tobacco use prevention and helped in implementing tobacco use cessation activities.

PROFFERED PAPER 8- TOBACCO INDUSTRY'S TACTICS AND INTERFERENCE
Lecture Hall, 2nd Floor, Golden Jubilee Block

Chairs
Mr. Ashish Pandey, Senior Technical Advisor, The UNION
Ms. Vineet M Gill, NPO, WHO, India

Presenters
PP080- Social Media for Tobacco Control: A case study
Vijay Bhasker Yetapu,

Introduction to challenges:
Big Tobacco is always innovative and creative in their approaches and strategies in reaching out to target groups through new age social media platforms. Evaluating the current trends is very crucial for the advocacy of tobacco control in the age of social media. Even though many tobacco-free laws and regulations are enforced, it is difficult to fight the global tobacco epidemic in the age of social media via traditional tobacco control approaches. Surrogacy has come around in a big way to support promotion of tobacco brands suppressing the tobacco control acts and make their way to influence the youth.

Intervention and responses:
Students and young people are our target group, they are the active users of social media. To counter big tobacco tactics, we have created multiple social media pages for tobacco control to engage youth in promoting better health and staying out from tobacco products for ever. We post multiple innovative and creative posters on social media pages related to tobacco control and cessation highlighting how tobacco causes health and environmental damage. We provide support and solutions to tobacco addicts to quit their addictions. We support young generation to browse through information and educate them to understand the menace and its impact.

Results and lessons learnt:
A study published in nature journal has listed our work on tobacco control with maximum interactions comparing with other tobacco-related fan pages such as 'Quitnet' and 'BecomeAnEX' fan pages. The VChangeU Facebook pages on tobacco control stood in the top 3 most 'liked' Facebook pages in the world. Though we have done very little effort in utilizing the power of social media our work got recognized by scientific research agencies.

Conclusions:
As tobacco industry is leveraging the freedom of social media platform to influence the youth, we need to equally counter them with powerful anti-tobacco ads and promotions.

PP105-Advertisement, Promotion And Sponsorships Related To Smokeless Tobacco In India – The Incidious Interference By The Tobacco Industry To Recruit Slt Users
Dr Amit Yadav, Mr Pranay Lal, Prof Ravi Mehrotra

Background:
Almost 20 crore Indians use smokeless tobacco (SLT) in some form. More than 90% of all SLT users in the country live in 13 high SLT burden states of the country. Though there has been an overall decrease in tobacco users in the country, several states have seen a rise in the number of SLT users.

Tobacco advertisement, promotion and sponsorship (TAPS) is one of the greatest contributors to this increased number of SLT users in the country.

Methods:
Data from the Global Adult Tobacco Survey Round – 1 and Round – 2 and the Global Youth Tobacco Survey India Report 2009 have been analysed to see the extent of SLT TAPS in the country. Other reports and data from comprehensive online search have been analyzed to understand the insidious design of the tobacco industry interference with the existing food safety and tobacco control laws. Results: Almost one-fourth of SLT users noticed any advertisement or promotion in India. Percentage of adults aged 15-24 years who noticed SLT marketing during the last 30 days in India is higher compared to those above 25 years. Though Government of India has implemented strong food safety law to prevent the sale of any food products with tobacco or nicotine as an ingredient (i.e. SLT products), the tobacco industry continues to violate the ban. This essentially meant ban on all kind of flavoured and scented tobacco products. Several states have taken initiative to implement the comprehensive ban. However, the tobacco industry continues to circumvent the law, in spite of the Supreme Court verdict in 2013 sale of flavoured and scented tobacco products and tobacco products mixed with food ingredients continues unabated.

Conclusions:
All states, especially the 13 high SLT burden states, must enforce the ban on such SLT products in-line with FSSA.

PP108- Tobacco Industry Interference in schools
Cyril Alexander

Introduction to Challenges For tobacco industries, conducting CSR activities as a mandate of the companies act, 2013 is nothing but a means for them to evade Section 5 of COTPA, 2003. Tobacco industries are fervently searching for ways to advertise their products despite the ban. Tobacco industries have been known to target children and young adults and manipulate them into using their tobacco products. This calls for the urgent need to strengthen tobacco control laws Intervention and Responses Tobacco Monitor App got a complaint regarding a Handwriting Competition season 7 that was sponsored by the Classmate Stationary Brand of the Indian Tobacco Company (ITC). Representation was sent to school education to send circulars of all the schools with a note of 242 GO not to participate in Handwriting olympaid. School Education responded and circulars were sent to not to participate in any tobacco industry activities or competitions.

Results & Lessons learnt :
Support from Tamil Nadu School Education Department through banning the participation of Tamil Nadu Schools in the Classmate Handwriting Olympiad 2017 • Sensitization of certain schools about tobacco industry's interference with children and educational institutions • Response letter was received from Directorate of Elementary Education regarding RTI as well as mentioning that they have disseminated information to schools under them. • Classmate by ITC Limited has been removed as the Title Sponsor from the Handwriting Olympiad Season 8.

Conclusion :
Participation of Tamil Nadu schools students in the Classmate Handwriting Olympiad was stopped. Children were protected from the influence of tobacco industries. Tobacco Industries are working with

established organizations and NGO's like ASSIST, Cini India, Myrada, ASA, Pratham Education Foundation and Pratham Books which should be curbed. This calls for the urgent need to strengthen tobacco control laws in the state.

PP195 - Ban on Smokeless Tobacco (SLT) Advertisement, Promotion and Sponsorship (TAPS) as per Article 13 of WHO FCTC

Shekhar Grover, Dhirendra N. SInha, Priyanka R

Article 13 provides guidelines to Parties for a comprehensive ban on TAPS. Evidence suggests that TAPS bans reduce tobacco use, especially among young people. However, partial advertising bans provide tobacco companies opportunities to find new ways to market their products. According to the WHO Global Tobacco Epidemic Report 2017, >65% of the Parties have banned SLT advertisement in 'national TV and radio', 'national print media' and 'billboards'. More than half of the Parties (59%) have banned SLT 'advertisement on international TV and radio'. Majority of the Parties have not banned 'advertisement at point of sale' (58%) and in 'international print media' (47%). Half of the Parties (50%) have banned SLT promotions and sponsorship. Only 8% Parties (n = 15) have framed comprehensive policies for SLT TAPS ban. Implementation status over high SLT burden Parties such as India is poor and exposure to SLT advertisements and promotion among adults is higher as compared to smoked products. A distinct gap is noticed among cigarettes and SLT products for all provisions under Article 13, with 'advertisement at point of sale' and 'international print media' being the least notified regulations. All Parties should affect a comprehensive ban on TAPS towards implementation of Article 13 for all tobacco products.

PP221- Replacing the Tobacco advertisement with Anti-tobacco news stories in print media

Amit Bhatt, Rajender Kumar, Dr Heena Shaikh

Introduction and challenges:

In Rajasthan 24.7% of adults either smoke tobacco or use smokeless tobacco, the GATS 2 (2016-2017) shows. From GATS 1 to GATS 2, there has been a significant decrease by 7.6% points from 32.3% in GATS 1 to 24.7% in GATS 2. Clearly, the demand for tobacco has been reducing but during this phase tobacco industry had been hugely promoting their product in the form of surrogate advertisements through all form of mediums. India has the second-largest newspaper market worldwide, with over 100 million newspaper copies sold daily as of 2013. Tobacco industries target these newspapers to reach their beneficiaries through surrogate advertisements as India bans all direct/Indirect advertisements. Though, presently when media is driven by market forces, it was challenging to convince media management to carry anti-tobacco stories which may turn into revenue loss for them.

Intervention and responses:

Continuous advocacy with media management by furnishing local research/studies and GATS based authentic facts, regular sensitization through the help of Tobacco Victims, dreadful picture of tobacco generated diseases and overall depicting it as essential for securing public health, we as a journalist, could be able to sensitize higher levels of management, editorial, ad & sales team etc. to accommodate anti-tobacco stories demanding tobacco control need.

Results and lessons learnt:

Irrespective of the print media being driven by market forces, 3500 news covered in Rajasthan in last 5 years focusing on topics like tobacco health hazards for community, targeting policy makers for making

changes like tobacco taxation, implementing tobacco control laws. Gradually, significant reduce in tobacco advertisements was also notice. GATS 2 shows significant reduce in adults, noticed any type of smokeless tobacco promotion from 9.4% to 3.7% .

Conclusions:
Proper Advocacy and continuous engagement with media management resulted in using the print media platform for making better policy decision and creation awareness in the community.

PP236 – Anti-tobacco awareness during Ganpati Festival in Mumbai- An innovative way to capitalize on public festivals to spread anti-tobacco awareness
Mangesh Chougule, Kalpana Phawde, Kusum Bhalerao

Introduction:
India is known for its diversity and various cultural and public festivals are celebrated across states. Most of these festivals are celebrated at community level, on streets, among the public with a significant involvement of youth. Ganpati festival in Maharashtra brings communities together and provides opportunity to exchange views on various social issues. The children of SBF's Super Army program capitalize on this to reach out to the communities to create anti-tobacco awareness through various art forms, games, quizzes and social media campaigns.

Intervention:
The process starts with approaching Ganpati pandals in the city and distributing banners with anti-tobacco messages and CDs with songs on tobacco control. The Ganpati Pandal organizers are requested to give us the timeslots for anti-tobacco songs and drama performances by Super Army children. Ganpati pandals with a sufficient space are also requested to provide the space for exhibition of anti-tobacco posters created by Super Army children. The timeslot and space provided by the organizers is utilized for various activities like anti-tobacco quiz, interactive games, anti-tobacco rangolisto disseminate anti-tobacco messages among devotees.

Results :
• Yearly around 450 Ganpati pandals are involved in anti-tobacco activities reaching out to about 50,000 devotees across the city.
• Renowned celebrities visiting Ganpati pandals are also engaged in SBFs activities to get their support for anti-tobacco campaign.
• The anti-tobacco activities conducted at Ganpati pandals are covered by local newspapers, FM radio stations which has helped disseminating the anti-tobacco messages to the masses.
• Ganpati pandals stopped displaying surrogate advertisements after the awareness created by SBF children.

Conclusion :
The festivals celebrated across the state can be an effective tool to create mass anti-tobacco awareness among youth who participate actively in the festivals. It is also a platform to reach out to communities and tobacco control stakeholders.

PP278 – A Real Story of Tobacco Lobby's interference on Government policies and how to counter it with planned strategies.

Saju.V.Itty

A Real Story of Tobacco Lobby's interference on Government policies and how to counter it with planned strategies. Tobacco Control efforts in the State of Kerala, India intensified in 2007 after the declaration on Tobacco Free Kottayam district. Next five years the state witnessed a series of result oriented activities at grass root as well as at the administrative level. Many of the experience were replicated at national level. This disturbed the Tobacco Companies especially big giants like ITC, VST and Bidi Manufacturing groups like Dinesh Bidi Cooperative society. Initially they (Tobacco lobby) contacted civil society groups who are actively involved in TC activities and try to convince them their power in administration. There after they interpret the Tobacco Control Act in their favour. After the failure of the above two strategies they directly approached state and district administration and requested them to invite them in to the meetings regarding the enforcement of TC Laws. There after they approached proactive officials and offered benefits and appreciation. The next step they mounted compliance on behalf of small petty shop owners and their dependents like spouse and children on the ground of losing income. The next step they pray to honourable high court to stop harassment of officials in the name of enforcement of TC laws. This was followed by the formation of organizations like Petty shop owners association, Bidi rollers association, Forum for Smokers' right etc and announced public demonstration and issue press releases. They also pressurize government to shifted officials from key posts. At the same time they invested heavily to organized events and honoured high officials as chief guests. But Kerala Voluntary Health Service and Civil Society Coalition intervene in the each state of interference and counter their move. 7 opinion polls,3 operational research studies, 3 compliance studies, 3 polling attention in legislative assembly, 11 representations, 2 public demonstrations, 21 rights to information letters, 3 mass requests, 2 video recording, 9 press releases and 2 public interest litigation so far used to counter the above interference of Tobacco Companies. Therefore lots of up and downs shows in the tobacco control journey of the state but the NFHS 4 data shows 18% reduction in overall use of tobacco products in the state. All districts show high level of compliance on TC policies. Tax was imposed on Bidi. The fights will continue. Tobacco Lobby interference is a continuous challenge through out the period of Tobacco Control activities, its type and form may different in time by time. On policy or order can completely stop it. But keen watch of civil society can help early detection and counter it effectively. Develop well knowledge about the channels of communication and strengths of TCs and it will help us to formulate better strategies.

PP319 - Countering Tobacco Industry Interference (TII) in implementation of 85% Pictorial Health Warnings (PHWs) on all tobacco products of India through policy and political advocacy.

Ms. Seema Gupta, Ms. Sukriti Jain

Introduction :

PHWs effectively communicates health hazards of tobacco use - consumers see warnings thousands of times. As per law, Cigarette and other Tobacco Products Act (COTPA) 2003, Section 7, it is mandatory to implement PHWs across all tobacco products in India. Article 11 of the FCTC mandates that signatories should implement pack warnings within three years of ratifying the treaty. Tobacco industry used different tactics like filing of multiple litigations in various Courts , using political clout and parliamentary committee, using livelihood card forming front groups and campaigning through paid ads in all national newspapers, coercing the Government by announcing a closure of production etc.

Intervention:
Strategies used to counter tobacco industry • Right to Information Act to get information on representations sent to MoHFW by the Industry and presenting counter arguments. • Mapping and creating a caucus of sensitized MPs raising questions in the Parliament and coming publicly in support • Sensitize all the 15 members of Committee on Subordinate Legislation (COSL) on the need for large health warnings including the Chairman of CoSL.• Well-coordinated civil society campaign where, 500 letters were sent to key policy makers like Health Minister, Ministry of Health and Family Welfare, Prime Ministers Office by 67 Public Health NGOs sent to, over 650 doctors, five widows of former tobacco users, 10 Member of Parliaments and members of Medical Associations.• Sharing of local, Global Studies/Reports/Evidences with the policy makers.

Timeline: Year 2014 to 2016

Result:
Despite all industry tactics, after a two-year battle, India implemented 85 % PHWs on tobacco products package from 1st April, 2016 and moved to 3rd position out of 205 countries that have pictorial health warnings (Cigarette PHWs International Status Report, Canadian Cancer Society).

Conclusion:
A sustained and strategic political-policy advocacy campaign engaging various stakeholders was successful in countering TII.

PROFFERED PAPER 9 -TOBACCO CONTROL LAW: CHALLENGES AND MEASURES FOR EFFECTIVE IMPLEMENTATION
Board Room, 2nd Floor, Golden Jubilee Block

Chairs
Mr. Praveen Sinha, WHO CO, India
Mr. Ranjit Singh, Legal Expert (Supreme Court of India) Member Bar Council of Delhi
Dr. L. Swasticharan, Chief Medical Officer, Dte GHS, MoHFW, GoI

Presenters

PP019 - Prohibition of tobacco sales near Educational Institutions may stop minors from accessing Tobacco products –A cross Sectional Study in Karnataka

Jael Thomas, Dr.M.Salvarajan, Ashish Pandey

Background:
India's Cigarettes and Other Tobacco Products Act (COTPA) 2003 Prohibits tobacco sales within 100 yards of educational institutions. Educational institutions are required to display a board at a conspicuous place outside the educational institution premises This act stops the minors from accessing Tobacco products and is a punishable offense with a fine up to Rs 200. The objectives of this study were to assess the compliance of section 6b near Education Institution in 10 districts of Karnataka.

Design/Methods:
This Cross-sectional Study was done in 10 districts of Karnataka State, India. The study investigators made a direct observation of points of sale in 10 Districts to assess the section 6b compliance near Education Institution by using a structured, pre-tested checklist based assessment method. Results: Total 3307 public and private primary, secondary and college educational institutions were observed in the year 2013, shows that only 24%Had a sign stating the ban on sales of tobacco products within 100 yards of Educational Institution Prohibited. 2% of the vendors sale tobacco products inside the campus and 40% of sale had within 100 yards of boundary .Due to Regular enforcement in the district shows a good compliance in section 6b. Same Education institution were observed in 2015 , 68.54% of Educational Institution Displayed section 6b Signage's. only 0.54% of the vendors sale tobacco products inside the campus.12% of sale had within 100 yards of boundary.

Conclusion:
Prohibition of tobacco sales near educational institutions could be expanded beyond 100 m. Regular enforcement can help in controlling minors from accessing Tobacco Products.

PP055- Assessing implementation of ban on a smokeless tobacco product, gutka, in two large cities of Maharashtra and Madhya Pradesh states in India
Sameer Narake, Dr. Mangesh Pednekar, Dr. Prakash Gupta

Background & objectives:
Gutka was a highly advertised and intensely marketed toxic and carcinogenic smokeless tobacco product in India which has been banned in all states. In 2012, Madhya Pradesh and Maharashtra became the first and fifth states to issue ban notifications. With an objective to evaluate an implementation of the ban at end of 1 year, this study was carried out in Mumbai and Indore during May–June, 2013.

Methods:
40 kiosks selling tobacco products were observed; and interviewer-administered survey of 1003 ever gutka users walking to or returning from kiosks was conducted. The information on the display of gutka packets at kiosks, availability, ease of purchase and vendors' pattern of selling the banned product was collected. Results: Among observed kiosks, none in Mumbai and 7 out of 20 in Indore had gutka products were displayed. Among 1003 ever gutka users interviewed in Mumbai (n=503) and Indore (n=500), 7% in Mumbai and 85% in Indore mentioned that gutka is easily available. In Mumbai, 96% respondents mentioned that the vendors sell it to the regular customers only, however, in Indore 87% mentioned that they continue to sell it to any customer.

Interpretation & conclusions:
At the end of one-year post-notification, gutka was still being sold with varying degree of openness in different locations. Though, enforcement of the ban is sub-optimal at both Maharashtra and Madhya Pradesh, observation in Mumbai, suggests that better enforcement is possible than what was found in Indore. Enforcement in other states at least to the level of Maharashtra will have a significant impact on public health.

PP093-What is the way forward for strengthening Tobacco Control in India? Critical analysis of tobacco control strategies in relation to GATS -2 report

Gopal Chauhan

Background and challenges:

Global Adult Tobacco Survey (GATS) is a nationally representative household survey on tobacco use and control indicators. GATS were conducted in 2010 and 2017 in India. India comprising 29 states has high and dual burden of tobacco use (smoking & smokeless). Overall the tobacco use has reduced significantly (34.6 to 28.4 %) but it has remarkably increased in few states. This study explores and suggests the best practices for tobacco control in India.

Design / Methods:

A Framework for Analyzing Public Policies: Practical Guide September 2012 has been used to assess the policy implementations, strategies, effective partnerships, interventions and related to the outcome of GATS-2 Results In addition to state specific innovations there is huge involvement of NGOs in tobacco control across all states in India but this partnership is quite effective in Kerala, Bihar, Jharkhand, Maharashtra, Himachal and Punjab. Table 1 shows that Sikkim (41.6 to17.9%), Bihar 53.5 to 25.9%) ,Kerala (21.4 to 12.2%) and Andhra Pradesh (29.2 to 20%) has achieved the highest decline of more than 30% while Goa (8.8 to 9.7%), Punjab (11.7 to 13.4%) , Tripura 55.9 to 64.5%), Assam (39.9 to 48.2%) and Tamil Nadu (16.2 to 20%) has shown more than 10% increase in tobacco use since GATS-1 Conclusion Sikkim (56%) and Bihar (51%) has shown the highest decline in tobacco use in India. Sikkim has a very low population and Bihar has a very high prevalence of tobacco use so they are not true representatives for many states in India. Kerala with reasonable population and adequate prevalence has shown a significant decline of 40% (21.4 to 12.2%) in the tobacco use. Since the Government NGO partnership has been established since 2007, the Kerala model is the most suitable for replication in India

PP192-Awareness About Anti-Smoking Related Laws and Legislation Among General Population in Slums of Delhi, India.

Dr. Tanu Anand, Dr. Nandini Sharma, Dr. Shekhar Grover

Introduction:

Almost 40% of Delhi's population lives in slums and is vulnerable to tobacco use. It is therefore important to assess their opinion and ensure compliance to antismoking legislation. The present study was undertaken to assess the awareness of the general public residing in slums in Delhi regarding the smoke-free initiative of 2009, several years after intensive implementation.

Methods:

It was a cross-sectional study conducted among participants selected by cluster sampling from the slums in six districts of Delhi using a pretested semi-structured questionnaire. A total of 708 slum dwellers were interviewed.

Results:

Out of the total, only 16.1% (n = 114) of the participants had heard of The Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, 2003 (COTPA), though, they were aware about some of the provisions of the COTPA. Majority (n = 529; 74.7%) perceived the smoke-free zones as the places where smoking forms of tobacco are banned. Regarding the awareness about the places designated as smoke-free zones, 82.1% (n = 581)

of the respondents named educational institutions. About 61% of the people interviewed reported to have seen people smoking at public places on the day of interview while only 21.5% reported to have seen any one getting punished for smoking.

Conclusions:
Awareness about COTPA was low. The study respondents perceived that no action was being taken against persons acting in violation of the law. Thus, there is a need for stricter implementation of COTPA and increased spreading of awareness among the general public.

Implications:
While awareness about antismoking legislation among general population (particularly slums) has been studied world over, this has not been the case in India. The study depicts opinion of one of the susceptible populations regarding tobacco control legislation, which has hitherto not been studied in the Indian context.

PP246 - Realist evaluation for COTPA implementation
Dr. Upendra Bhojani

Background:
Tobacco use has emerged as one of the major public health threats killing approximately 6 million people globally and over one million adults in India each year. COTPA has worked in some places/contexts/settings and not in others, it would be crucial to systematically understand how and why implementation of this law has occurred to scale up implementation and also feed into other programs. Policies are complex in their design and implementation because of the number of interacting agents, the environment including components and forces that influence people and organizations in a given system. There is a dearth of research informing policy implementation and not many research approaches are well suited to deal with social complexity, but theory-driven inquiry is now considered to be a promising alternative. Implementation research and health policy analysis are scarcely applied in many low- and middle-income country settings. By the end of the research study we plan to bring about a roadmap to better implementation of tobacco control policies (TCPs) in India. COTPA which was enacted in 2003 in the next five years would be completing 20 years in existence. Such a critical policy review after nearly two decades of a law being in existence seems like a timely intervention to bolster our efforts in tackling the socio-economic burden of tobacco related illnesses.

PP267 – Effective use of Legal Metrology Act (2009) to curb the sale of Smuggled/Illicit Cigarettes - a case study from Punjab, India
Nirlep Kaur, Dr. Karan Mehra, Dr. Gurmandeep Singh

Background:
In Punjab there has been a spurt in the sale Smuggled/illicit Cigarettes without the mandatory 85% pictorial health warning. These cigarettes without specified health warning seriously undermine the social objective of tobacco control as it not only makes non complaint tobacco products available at extremely low prices but also products are of suspect quality , manufactured from unknown sources. Under rule 6 of Legal Metrology (Packaged Commodities) Rules 2011 action can be taken against the sale of Smuggled/illicit Cigarettes. The objective of the study was to assess the effectiveness of Metrology Act (2009) to curb the sale of Smuggled/Illicit Cigarettes.

Methods:
The present study was conducted in the period of July 2017 to December 2017 in Punjab. Punjab Government had issued a Demi-Official letter to the Controller Legal Metrology to implement Legal Metrology Act against the sale of Smuggled/illicit Cigarettes. Special teams were formed at districts level under Legal Metrology Inspectors. Regular enforcement drives were conducted by these teams to nab the violators.

Results:
Total 169 challans were issued under the Legal Metrology Act against the violators for the sale of Smuggled/illicit Cigarettes. The fine of Rs 6.17 lakhs was collected from violators for selling Smuggled/illicit Cigarettes.

Conclusion:
The strict measures undertaken by the Punjab government against Smuggled/Illicit Cigarettes was detrimental in sale of these cigarettes in the state. Strong interdepartmental co-ordination, regular enforcements drives, Awareness activities are the reinforces in curbing the sale of Smuggled/Illicit Cigarettes.

PP277-Title: Seven Steps for a Comprehensive Tobacco Control in community setting – the example from Kerala, India
Saju.V.Itty,

Background:
Seven Steps for a Comprehensive Tobacco Control in community setting – the example from Kerala, India Background Tobacco use is one of the major risk factor for premature adult death in the state of Kerala in India. According to GATS 2015, the state was ranked in absolute terms of smoking prevalence and exposure to secondhand smoke is much above national average. Based on the above context Kerala Voluntary Health Services initiated the advancing of WHO's MPOWER and through implementation of the India's tobacco control legislation and policies, in partnership with government.

Method:
Compliance and comparative study proved that the following seven steps are the best practices for a comprehensive tobacco control in community settings of larger population. The following steps were deployed: 1. institutionalizing tobacco control within state government and district administration; 2. Sensitizing and capacity building of policymakers, enforcers and stakeholders including civil society and media; 3. Developing clear deliverables through definition of roles; The fourth step is to define the role of Stakeholders to bring out the clarity in their role; 4. Monitoring of performance of departments and key stakeholders; 5. Compliance monitoring and informing stakeholder of achievements and gaps 6. Using legal and policy advocacy to activate systems and ensure compliance 7. Ensuring sustainability through wide stakeholder participation and co-investment by departments in enforcement Results Compliance studies from district have shown significant improvements in compliance to all provisions of the law (smoke-free, ban on sale to minors; ban on tobacco advertisements, promotions and sponsorship (TAPS)). Comparative studies of different strategies are showing that the above steps (strategies) are results oriented and cost effective. So far nine districts of the 14 have civil society monitoring, law enforcement and community based education and communication strategies.

Conclusions and key recommendations:
Community participation and monitoring is the key success of tobacco control interventions and it should recognize human rights values. A vibrant civil society involvement with effective education, communication and information system should widen the scope of tobacco control beyond an action against a substance abuse.

SUNDAY, FEBRUARY 10, 2019

9:00 AM TO 10:30 AM

SYMPOSIUM 5- TEN YEARS OF INDIA´S NATIONAL TOBACCO CONTROL PROGRAMME: A SUSTAINABLE IMPACT
Rustom Choksi Auditorium, 2nd Floor, Golden Jubilee Block

Chair
Shri. Vikash Sheel, Joint Secretary, MoHFW, GoI

Co-chair
Dr.Jamie Tonsing, Regional Director, The UNION, South-East Asia

Speakers
FCTC vis a vis India's Tobacco control framework
Dr. Vineet M Gill, NPO, WHO, India

NTCP – Implementation –achievement and challenges
Ms. Pooja Gupta, Consultant, NTCP, MoHFW, GoI

Implementation of Film Rules: An effective strategy to stop tobacco advertisements
Mr.Praveen Sinha,WHO CO, India & Dr. Nalin Singh Negi, Senior Research Manager, Vital Strategies

Graphical Health Warnings: Progress and Challenges in implementation
Mr. Ranjit Singh, Legal Expert (Supreme Court of India), Member Bar Council of Delhi

Strengthening Tobacco Cessation and tobacco product testing in India
Dr.L.Swasticharan, Chief Medical Officer, Dte GHS, MoHFW, GoI

SYMPOSIUM 6- TOBACCO CONTROL: HEALTH PROFESSIONALS & AYUSH
Lecture Room 1, 13th Floor, Homi Bhabha Block

Chair
Dr. Dilip Kumar Acharya, Surgical Specialist, Indore

Co-chair
Dr. Y.P. Muley, DDHS, Mumbai

Speakers
Dr. Dilip Kumar Acharya

Role of general physicians in tobacco control
Dr.Sanjay Dudhat, Head Surgical Oncology, Nanawati Hospital, Mumbai

Role of dentists in tobacco control
Dr. Vinay Hazarey, Secretary, No Tobacco Association, Nagpur

Role of nurses in tobacco control
Dr. Rathi Balachandran, Asst.Director, Gen.Nursing, MoHFW, GoI

Introduction: Vipassana
Dr. Y P Muley, DDHS, Mumbai

Introduction: Anapana
Mr. Digambar Dhande, Vipasana Teacher and Coordinator, Vipasana Research Institute, Mumbai

Significance of Vipasana in tobacco cessation
Dr. Sandhya Shetty, Research Council Member, Vipasana Research Institute, Mumbai

PROFFERED PAPER 10 -IMPLEMENTING GOOD GOVERNENCE IN TOBACCO CONTROL THROUGH MULTI STAKEHOLDER INVOLVEMENT
Lecture Hall, 2nd Floor, Golden Jubilee Block

Chairs
Dr. Rakesh Gupta, Deputy Director, Department of Health & Family Welfare, Punjab
Mr. Subodh Kumar Sudhakar, Section Officer (Tobacco Control), MoHFW, GoI
Dr. Amit Yadav, NICPR-ICMR, Noida

Presenters
PP117- A case study on engaging MLAs of West district in Delhi for Tobacco Control Activities
Dr. Somil Rastogi, Vibhor Nijhawan, Pramod Kumar

Introduction to challenges:
Tobacco Control is not in the agenda of most political parties while they are most powerful group. Delhi-the capital of India has a unique status among States/UTs. Conflicts between ruling Aam Adami Party (AAP) and Delhi Police were evident in recent times as Delhi Police report to Central Government. Tobacco vendors often try to use names of politicians as escape route when caught/fined for COTPA implementation by Police. Therefore, community mobilization by MLAs was crucial to support police in COTPA implementation. There are 5 constituencies in West district of Delhi and 4 MLAs are from AAP.

Intervention and responses:
Both MLAs and DCP of West District were sensitized and requested to complement each other in this social cause of protecting children and non-smokers. DCP released instructions for special drives on COTPA. On 25th June 2018 and 2nd July 2018, Police fined violators of Section 4 and 6 of COTPA at prominent public place while MLAs as a gesture of Gandhigiri offered them rose sticks with appeal to

comply with the law. MLAs were so motivated that they also placed many posters in their constituency appealing to comply COTPA. Public appreciated the MLAs whole heartedly for their efforts on a social issue.

Results and lessons learnt:
MLAs and Delhi Police came together for the social cause despite their differences. Even, a letter of thanks was sent to Delhi police by MLAs with a request to continue implementation of COTPA in their constituency. MLAs have huge following on social media and they highlighted this issue in that platform too. MLAs took us to Health Minister of Delhi for other tobacco control initiatives.

Conclusions:
Policy Makers as one of the power centre of democracy can play a very crucial role in Tobacco Control. They can be engaged in tobacco control activities with positive media for community mobilization.

PP121 - When Members of Legislative Assembly (MLAs) & Members of Parliament join hands for tobacco control, the outcomes are amazingly beneficial
Vibhor Nijhawan, Ashima Sarin, Sanjay Seth

Background:
As per the Global Adult Tobacco Survey (GATS) 2016-17, 28.6% of adults (15+) consume tobacco. Indian politicians are aware that tobacco is harmful but the number of deaths and agony caused by is not known by many.

Objective:
To get MLAs & MPs on board for tobacco control and save lives with their decisions.

Intervention and responses:
Number of MPs & MLAs in Delhi/NCR was contacted for sensitization on tobacco epidemic. During sensitization they were informed that tobacco is the single most preventable cause of death and it causes 13.5 lakh deaths in India every year.

Results and lessons learnt:
20 MLAs and 6 MPs were sensitized from September 2017 to August 2018. These politicians were shocked to hear the number of deaths caused due to tobacco and that the target of the tobacco industry is youth, which is why their roles are very important as representatives of the society. All of them signed pledges in support and some MLAs also agreed to do enforcement drives along with Police in their areas. Few MLAs got so moved that as a support they placed many posters on The Cigarettes and Other Tobacco Products Act (COTPA) and Section 77 of Juvenile Justice Act in their constituency appealing public for cooperation in compliance. One of the MLA even organized a meeting with the Health Minister in order to get the enforcement strengthened in whole of his state. Having many followers on social media, many MLAs and MPs highlighted the issue on social media too. Conclusions: Politicians play a crucial role in the society. When they are engaged in tobacco control, can yield many beneficial outcomes for the society.

PP141-Media advocacy for building support for taxation of all tobacco products at the highest rate under the new Goods & Service Tax (GST) regime

Binoy Mathew

Background:

Article 6 of the FCTC enlists price and tax measures as an essential strategy for reducing demand for tobacco products. Raising taxes on tobacco is the single most effective way to encourage tobacco users to quit and prevent youth from starting tobacco use. Goods and Services Tax (GST) is a new system of taxation in India aims to streamline the taxation structure in the country and replace the complete range of indirect taxes with a singular GST to simplify the taxation procedure. Tobacco products should be subjected to the highest level of tax under GST (28% + cess) with no segmentation.

Intervention or response:

Engaged the media through press releases, Op-eds and keeping the media updated with the developments happening at policy level. One to one interactions were held with the journalists covering health and financial news. Social media was used as a tool for outreach through twitter and Facebook.

Results:

Over 563 earned media stories on GST generated during the period from March 2016 – June 2017. Timely Op-Eds in key national dailies on tobacco taxation, media outreach nationwide for higher taxes and cess on tobacco covered in all the national dailies and 13 vernaculars. As a result, tobacco is taxed at the highest demerit rate of 28% + Cess.

Conclusions:

Keeping the tobacco products at the highest GST rate – 28 percent plus higher cess will have a major impact on the prices of the tobacco products which will encourage users to quit and youth from taking up this habit.

PP142-Advocacy for taxation of all tobacco products at the highest rate under the new Goods & Service Tax (GST) regime through high level political & policy advocacy

Bhavna Mukhopadhyay

Background:

Tobacco products are globally recognized as "sin goods" on account of their serious adverse impact on public health. Higher taxes discourage Tobacco use and serve as additional revenue for countries. Goods and Services Tax (GST) is a new system of taxation in India which will replace the all indirect taxes and simplify the taxation procedure, an opportunity for Tobacco to be taxed at the highest rate. India has the second largest number of tobacco users (275 million or 35% of all adults in India) in the world – of these at least 1 million die every year from tobacco related diseases. Article 6 of the FCTC enlists price and tax measures as an essential strategy for reducing demand for tobacco products.

Intervention or response:

VHAI team sensitized all senior policy makers, in the Finance ministry, including the GST council members- Finance Minister (FM) and key state FMs, with Evidence and research based representations . 1200 letters were sent and 40 one to one meetings held to advocate for ALL tobacco products (including Bidi) to be taxed at the highest GST rate. Arguments were tweaked on basis of parliamentary sessions, political changes , tracking the GST council meetings and Tobacco industry interference.

Results:
Tobacco got taxed at the highest demerit rate of 28% + Cess. For Cigarettes, the cess was further increased.

Conclusions:
Keeping the tobacco products at the highest GST rate – 28 percent plus higher cess will have a major impact on the prices of the tobacco products.

PP158 - Politics of tobacco: elected leaders' concerns about tobacco in India
Upendra Bhojani, Chaitra Srinivas, Syeda Narmeen, Krishna Subedi, Pragati Hebbar

Background:
India witnessed frequent regulatory reforms for tobacco control in the last two decades. These reforms have remained highly contested as tobacco embodies differing interests of stakeholders. This study aims to identify parliamentarians' concerns for tobacco in India.

Methods:
We searched questions and debates by parliamentarians in the Lokasabha and the Rajyasabha between July 2014 and March 2018 using the term 'tobacco' from respective online achieves. We sourced 463 questions and 114 debates, of which 242 questions and 66 debates were selected for the analysis based on their relevance. We used Nvivo to organize and code data. Through thematic analysis, guided by our question and without using any prescriptive framework, we identified dominant themes that characterized varied concerns these leaders expressed on tobacco.

Results:
Five thematic areas characterized parliamentarians' concerns about tobacco. (1) Health concerns: these included trends in tobacco use; health harms of tobacco; costs/expenses related to tobacco use and illnesses; government efforts to raise awareness on tobacco harms and to provide cessation support. (2) Agricultural concerns: these included tobacco yield; alternatives to tobacco farming; and support for tobacco farmers in distress. (3) Trade concerns: these included concerns on trade in illicit products; export of tobacco; tobacco units in Special Economic Zones; the impact of regulations on industry workers; and need to balance the industry and the public health interests. (4) Taxation: these included concerns related to Goods and Services Tax; revenue collection and its use; differential tax rates across tobacco products. (5) Tobacco control policies: these included new policy proposals and concerns about the suboptimal implementation of existing policies, including resistance to these reforms.

Conclusions :
Parliamentarians expressed varied concerns about tobacco. Tobacco control advocates, who are largely from the health sector, need to better understand these varied concerns for meaningful and constructive engagement in policy processes.

PP239 – Empowering teachers to implement Tobacco Free school campaign in schools
Sandeep Gawade, Narayan Lad, Abhiram Mehendale

Introduction:
Children in India are vulnerable to tobacco use due to lack of awareness and easy access to tobacco products in the surroundings. During schooling years, teachers have significant influence on children's behaviour. Involving teachers to implement tobacco control program would be an effective tool to create anti-tobacco awareness and reduce tobacco use among children. Salaam Bombay Foundation (SBF) in collaboration with education departments of Mumbai West, Mumbai North, Thane and Pune introduced tobacco free school campaign in all government and aided schools in these cities.

Intervention:
Mumbai, Thane and Pune have the largest of 26 municipal corporations in Maharashtra. The corporation have education department headed by education officers (EOs) and Mumbai is divided into South, West and North zones with one education officer per zone. The campaign started with sensitization meetings with concerned education officers. Sensitized EOs announced 'Tobacco Free School Campaign' by sending notices to schools under their jurisdiction and called for principals' meetings. The principals were sensitized in ward-wise meetings in the presence of EOs who instructed them to identify nodal teacher to lead the tobacco free school campaign. Nodal teachers were trained by SBF team through ward-wise training to implement tobacco control workshops, activities and implement 8 tobacco free school (TFS) criteria.

Results:
In three cities 303 nodal teachers conducted tobacco control workshops with 49,478 children. 109 schools formed Balpanchayats at schools to implement tobacco control activities. More than 1,500 Children participated in tobacco control activities like poster drawing, songs, drama performances, oath, rallies etc. 80 Schools achieved tobacco free status by fulfilling 8 'Tobacco Free School Criteria'.

Conclusion:
Success of tobacco free school campaign in terms of outreach through tobacco control workshops and awareness activities is a strong evidence to advocate for 'National Level Tobacco Free School' policy.

PP303 – Training on evidence-based brief advice for tobacco cessation interventions for health care professionals in Mumbai, India
Shoba Ramanadhan, Vaibhav Thawal, Himanshu Gupte

Background:
WHO FCTC Article 14 implementation guidelines emphasize the need to train healthcare professionals (HCPs) to deliver brief advice. HCPs who receive training are more likely to engage in providing tobacco cessation than untrained controls. A study was conducted among HCPs from different settings to explore whether sensitization training leads to their improved capacity to offer brief advice.

Methods:
LifeFirst training (one-day) was offered to HCPs from public and private hospitals, medical and dental schools, government primary healthcare centers, non-governmental organizations, and private medical practitioners. LifeFirst training program is based on evidence-based practices recommended by WHO and adapted for the Indian context. Topics included, overview on smoking and smokeless tobacco,

tobacco control policies, tobacco dependence and practical skills for using the 5As framework. Role-plays to encourage participants to engage fully with the content, and the activities for each session were customized based on the background of participants. Pre- and post-tests were conducted on the day of the training.

Results:
32 training sessions were conducted, which were attended by 1010 HCPs (44% nurses, 35% dentists/dental students/interns). 43% were from private hospitals, 26% dental colleges, and 6% were private practitioners). There was an overall increase in knowledge, perception of skills and self-efficacy to deliver 5As. When segregated by profession, the knowledge change was significant [X2 (df=4, N=17.91), p=0.0013] while the skill change and self-efficacy were not significantly different [X2 (df=4, N=8.84), p=0.07] and [X2 (df=4, N=2.42), p=0.65].

Conclusion:
Sensitization trainings were able to increase participants' knowledge, skills, and self-efficacy to deliver brief advice. Given that these three areas are fundamental to building capacity for a new practice (here, delivering brief advice), the results are promising for scaling up training programs for improving the access to tobacco cessation.

PP304 – Leadership development and Building capacity of officials for actions on tobacco control
Vivek Awasthi, Dr Alok Kumar, Mr Satish Tripathi

Background:
Uttar Pradesh state is biggest state of India having 75 districts and 220 million population. Nearly 35.7% adults are exposed to second-hand smoke at public places, in public transport and work places. UPVHA is state level network of NGOs working on tobacco control in UP since 2008 with support of The Union and providing technical support to STCC and DTCCs in implementation of COTPA and advance tobacco control activities in the state.

Objective:
Development of institutional framework, Creation of tobacco control cells, capacity building, leadership development and sensitization of policymakers, responsible person in government offices is the core area in line for sustainable development towards advancing tobacco control activities. The objective is to build capacity of government officials and development leadership towards taking actions for tobacco control at division, district and sub-district level in all 75 districts of Uttar Pradesh.

Strategy/Process adopted –
• UPVHA provided technical support in creation of District & Sub –district level institutional framework, including creation of DTCCs, Nomination of departmental nodal officers, creation of enforcement squads, development of enforcement plans, drafting of notifications, printing & distribution of challan and fine books.
• UPVHA provides technical support to STCC in building capacity of almost 5000 District & Sub-district Level officials, DNOs & DCs, enforcement offices at state & district level on objective of NTCP, planning and implementation.
• UPVHA provides technical support to STCC in capacity building of enforcement officials in enforcement activities, declaration of tobacco free institutions, Gram Panchayats, diposite of fine.
• UPVHA provides support to DTCC members in monitoring and review of tobacco control activities.

Achievements-

• Institutional framework for tobacco control completed across state.
• Regular enforcement activities started in 35 districts.
• More than 300 Gram Panchayats declared tobacco free by local authorities.
• All government offices at district headquarters declared tobacco free by district administration in Faizabad & Rampur districts.

PP316 -Building and activating sustainable enforcement mechanism of tobacco control laws in Police Department of Uttar Pradesh, India

Ms. Sukriti Jain, Ms. Seema Gupta

Background:

The Cigarette and other Tobacco Products Act (COTPA), 2003 was enacted with the objective of protecting citizens with special attention to risk groups (pregnant women & children) from involuntary exposure to tobacco smoke, discouraging tobacco use and imposing progressive restrictions to eventually eliminate all forms of direct & indirect advertising, promotion & sponsorship. COTPA has the potential of saving the life of 1 million people who die due to tobacco consumption in India. The Police plays a key role in ensuring strict implementation and enforcement of the mandate as they yield immense power to influence behaviour change. Keeping this approach in mind, VHAI started working in the Uttar Pradesh where 35.5% of the population are tobacco users.

Methods:

The strategy involved sensitizing and training police officials (state and district level) on COTPA through VHAI developed guidebooks, providing technical inputs on monitoring violations and reporting and imparting the police officials with innovative ideas for ensuring designated tobacco free zones such as Police Stations, Hospitals, Schools and Courts as mandated in Section 4, COTPA. This facilitated a ripple effect that ensured increased involvement of other stakeholders (education, health, FDA, tourism, transport and urban development).

Outcome:

Within one year VHAI assisted in building and activating a strong mechanisms to review violations that include issuing of orders/circulars by senior Police officials that lay down clear enforcement directives in terms of designated officers at state and district level; inclusion of COTPA in the training syllabus for the newly appointed police officials; sensitized master trainers for COTPA and formation of an enforcement squad consisting officials from other department.

Conclusion:

Strategic police involvement in tobacco control interventions are a sustainable, cost efficient and effective strategy that can play a key role in reducing tobacco morbidities and mortalities.

PROFFERED PAPER 11- TOBACCO CONTROL AWARENESS AND ADVOCACY: INNOVATIVE INTERVENTIONS

Board Room, 2nd Floor, Golden Jubilee Block

Chairs

Dr. Sharmila Pimple, Department of Preventive Oncology, Tata Memorial Hospital
Dr. Mangesh Pednekar, Director, Healis Sekhsaria Institute for Public Health
Dr. Kunal Oswal, Tata Trusts

Presenters

PP022-In-School Preventive Health program: Reducing Tobacco Addictions and Undernutrition in underprivileged children

Narayan Lad, Abhiram Mehendale, Sandeep Gawde

Background:

Children in Mumbai's slums live in conditions of extreme poverty. Due to lack of awareness about nutrition, and unavailability of resources they become susceptible to under nutrition and infectious diseases. Due to frequent illnesses and hunger they are often malnourished and turn towards addictions. Tobacco being easily available around their homes and schools, they get addicted to tobacco at an early age. To address this issue, Salaam Bombay Foundation has developed In-school Preventive Health Program to prevent tobacco use and create nutrition awareness among adolescents of Mumbai Municipal schools.

Intervention:

In-school Preventive Health Program is designed for students of 7th-9th grades. The program has two components viz. Tobacco Control and Nutrition Awareness. Tobacco Control Program is three year intensive program with 12 tobacco control and life skills sessions followed by activities complementing each session. SBF is implementing this component in 309 municipal schools since more than 10 years. Additional component of nutrition awareness was added in 2018 and currently piloted in 100 municipal schools. Nutrition awareness component starts with teachers' sensitization followed by in-school nutrition awareness workshops, community awareness sessions for parents and nutrition awareness activities at school.

Results:

In 2018, program was piloted in 100 municipal schools reaching out to 12,120 students through tobacco control sessions and nutrition awareness workshops. Various tobacco control awareness activities viz. tobacco-free Rakshabandhan, Ganpati.

PP033- Second and Third hand smoke exposure among rural women: A neglected Public health challenge in India

Dr Vijaya Hegde

Background:

Tobacco kills up to half of its regular users. Exposure to Second hand Smoke and Third hand Smoke (SHS, THS) leads to added morbidity among pregnant women and children. Women are exposed to smoke more at home. Studies have shown that the use of tobacco is higher in rural areas. In this context, this study examines the awareness regarding SHS and THS exposure among rural women.

Methods:
A community based cross sectional study was carried out among rural women in a rural area of Mangalore, India. Women who have children and who are exposed to tobacco smoke at home were eligible to participate in the study. A pretested structured questionnaire was used to collect data on socio-demographic characteristics, awareness regarding Second hand and Third hand smoke exposure, measures taken and the reasons that made it difficult to have a smoke free home environment was also explored.

Results:
A total of 753 women participated in the study.72.5%of them were exposed to Second hand smoke at home. A total of 67.3% of them believed that Second hand Smoke exposure was harmful to children. Only 12.74%of them were aware that particles can remain in a room for days. 77.42% of them wanted a legislation to be passed for a smoke free community.23.37% of them responded that they do not allow anyone to smoke near them or their children.

Conclusions:
The study reveals that the awareness regarding ill effects of third hand Smoke was less when compared to second hand Smoke. Low level of education and literacy on health matters is a key problem in rural India. Hence it is essential to educate the whole family and a multi-sectorial intervention involving Primary health care providers, policy makers and social scientist could play a critical role in developing strategies to overcome this challenge.

PP130 – Digitization of Monitoring Process
Mr. Dipesh Thakkar, Mr. Deepak Patil

Background:
Salaam Mumbai Foundation (SMF) works on tobacco control throughout the state of Maharashtra and in 7 other states in India. The issue of monitoring, especially reaching out to far-off locations is a concern when trying to reach out to remote rural areas. Therefore, to address the issue we thought of developing a data system that involves an individual or school entering their unique UDISE code and uploading their TFS status online.

Purpose and Methodology:
Through this app, one can upload its Tobacco Free School status on 11 criteria as suggested by CBSE board from any part of Maharashtra State, along with photos and evidence. Every school has a unique UID through which by entering a default password for 1st-time access. Anyone can access the app and change the password, once logged in. Furthermore, the Admin panel is handled by SMF, who has a record of the log of activities of the user accessing the app. SMF can accept and reject the individual files as per the criterion requirements.

Findings:
Till date, more than 10,000 downloads have been done from Google Play Store. SMF has received 6039 files from schools across Maharashtra. Out of this around 822 files are pending, 2000 are rejected and around 300 are yet to be checked. Almost 2917 schools have been declared as tobacco-free schools.

Conclusions:
Introduction of this online monitoring tool has saved considerable efforts and resources in paperwork and travel time, and simplified district wise reporting system, where at one click one can find the TFS status of any district in Maharashtra. With this app, SMF hopes to build a strong and reliable digital monitoring system which can be replicated throughout rural India.

PP143-Build supportive ecosystem to wean away Bidi rollers to Alternative Livelihoods and facilitate the implementation of WHO- FCTC
Bhavna Mukhopadhyay

Background:
Tobacco control has been enshrined in the Sustainable Development Agenda. It is seen as one of the most effective means to help achieve SDG target 3.4 of a one-third reduction globally, by 2030, of premature deaths from non-communicable diseases (NCDs), including cardiovascular disease, cancers and chronic obstructed pulmonary disease. Tobacco production, apart from being a health hazard, is also closely associated to the issues of socio-economic progress and development in India. Millions of people in India work for the tobacco industry, out of which more than 5.5 million workers are engaged in bidi rolling across 6-7 states. These workers constitute one of the most vulnerable segments of the country's labour force as they work under abject poverty and deplorable conditions. Intervention VHAI initiated a programme providing technical support and capacity building of bidi rollers with the objective of mainstreaming bidi workers through alternative livelihoods in four states & four districts namely Bihar (Jamui District), Gujarat (Mehsana District), Odisha (Sambalpur District) and West Bengal (24 North Parganas). The project aimed at to provide a sub-national ground level support to the pilot project initiated by Ministry of Labour& Employment, Government of India for alternative livelihoods of beedi workers. Outcome Due to this project intervention, income of target beneficiaries of beedi workers increased. The training and capacity building component comprised of computer application courses to children of bidi workers, tailoring, skill training in specific areas, awareness building.

Conclusion :
All these initiatives can be scaled up if there is institutional support from Government departments. These efforts definitely prove that wherever alternative livelihood options have been made available to Bidi Rollers, they have shown keenness in shifting since their incomes are very low in bidi rolling, coupled with miserable living and working conditions.

PP185 - School based tobacco and areca nut cessation program for adolescents in Mumbai
Gauri Mandal, Dr. Himanshu A. Gupte

Introduction to challenges:
According to Global Youth Tobacco Survey, India, prevalence of tobacco use among children between 13-15 years is 14.6%. School-going children also consume areca nut ("supari"), which is a psychoactive substance, easily available and usually acts as a gateway product to tobacco use. Studies in Mumbai have shown high prevalence of tobacco and supari use among them. LifeFirst School Cessation Program offers counselling services in Brihanmumbai Municipal Corporation (BMC) and private Government-aided schools catering to populations from lower socioeconomic status in Mumbai.

Intervention and responses:
LifeFirst was implemented in 40 schools (2017-2018) after seeking permissions from school authorities. Orientation sessions about harmful effects of tobacco and supari were conducted using audio-visual aids for 7th, 8th and 9th grade students. Students who voluntarily joined LifeFirst were divided into groups of 10-15 students each and five group sessions involving videos, games, role-plays were conducted over six months. Sessions were theme-based; covering topics like rapport-building, ill-effects of tobacco, coping mechanisms, refusal skills etc. Self-reported tobacco use status was recorded during four follow-up sessions.

Results:
4302 students attended the orientation and 1441(77% boys) registered for the program. 85% of them consumed only supari, 2% smokeless tobacco, 1% smoked and 12% used multiple products. The self-reported 7-day point prevalence abstinence at successive follow-up sessions was 24%, 39%, 49% and 57% respectively.

Lessons learnt:
• A comprehensive counselling program which also addresses issues like peer pressure, refusal skills is effective.
• Multiple follow-up sessions reinforcing the messages are required for better cessation outcomes
• Group sessions with audio-visual aids, games and activities during school hours help in increasing student engagement and build peer pressure for quitting.

Conclusion:
Comprehensive school based cessation programs with rigorous, multiple follow-up sessions can be implemented successfully to support adolescent tobacco and supari users in quitting.

PP217 – Tobacco-free school and colleges: - A study of adoption and implementation of Tobacco free policies in the Punjab, India
Dr. Karan Mehra, Dr. Nirlep Kaur, Dr. Gurmandeep Singh

Background:
Tobacco use among the youth reached new highs in the country. Most interventions for school and colleges on tobacco control emphasized on knowledge, attitudes and beliefs of individual student. There is scarcity of published data on state wide campaigns to accelerate the adoption of tobacco-free policies in school and colleges along with hostels.

Methods:
The State Tobacco control cell, Punjab developed a multilevel strategy to accelerate the adoption of tobacco-free policies in Government school and colleges along with hostels. Instructions were issued by the Director General School and college Education to all the schools and colleges to adopt Tobacco free guidelines in year 2015. Seminars and street plays in schools and colleges were done for awareness generation among the students. Tobacco Control Cell, Punjab tracked process and policy outcomes as well as the diffusion of policy adoption from January 2015–December 2017.

Results:
All the Government schools and colleges along with hostels declared themselves as Tobacco Free. A written declaration was given by the Principal of school and College regarding the same to protect

students, faculty, staff and visitors from Tobacco. The Tobacco free school and colleges along with hostels have also banned the sale of tobacco within the 100 yards radius from the outer boundary of the campus.

Conclusions:
The school and college setting is a key system to impact tobacco use in students. This policy will help to curb the menace of Tobacco as this will go a long way in deterring young children & youth from initiation & also motivate current users to quit.

PP218 - Effects of tobacco control intervention on production workers at manufacturing worksites in Maharashtra.
Prachi Kerkar, Mangesh Pednekar, Prakash C Gupta, Eve Nagler, Glorian Sorenson

Background and Objective:
This study was conducted to test the effects of the intervention aimed to reduce tobacco use among production workers and increase the adoption of implementation of tobacco control policies at manufacturing worksite.

Methods:
A baseline survey of production workers was done across twenty manufacturing worksites in three districts of Maharashtra to assess the use of smokeless and smoked tobacco use. A cluster randomized design was then used to randomly allocate worksites into control and intervention groups. The intervention was designed to test the effects of health promotion and health protection activities aimed to achieve a tobacco-free worksite. Follow up survey was done at the end of intervention in both groups.

Results:
A total of 5374 production workers out of 7633 employed in manufacturing worksites were surveyed. Current tobacco use at baseline survey among production workers was 23.5%. The difference in 30 days quit rate between intervention and control group was statistically significant (OR=2.25; p = 0.03). The six-month tobacco cessation rate was doubled among workers in the intervention group compared to control group (OR=2.29; p = 0.07). However, the difference was not statistically significant.

Conclusion:
These findings highlight the effects and possible factors influencing the tobacco control intervention in an Indian manufacturing worksite setting.

PP312 – Tobacco use and the impact of school based awareness programmes in improving the knowledge on tobacco hazards among adolescent students in rural Kerala
Radhakrishnan Jayakrishnan, Gigi Thomas

Objectives:
Adolescent tobacco use has been reported as a public health problem in Kerala which is one of the highly literate states in India. An attempt was made to estimate the tobacco prevalence among adolescent school students and further to understand the knowledge on tobacco hazards before and after conducting awareness programmes in schools.

Methods:
Using a multi-staged sampling design, a cross sectional study was conducted in 10 schools in rural Thiruvananthapuram district of Kerala. A pretested semi structured questionnaire was used to understand the prevalence and patterns of tobacco use by students and also to assess the students' knowledge on tobacco hazards using knowledge score before and after delivering anti-tobacco messages. The same questionnaire was used for pre-training and post training evaluation.

Results:
Out of 1200 self-reporting questionnaires distributed to the students, 1114 students (89%) responded by filling both the questionnaires. Mean age of students was 16 years (SD 3.3). Self-reported current users of tobacco was reported to be 4.3% (95% CI 3.11– 5.49). Among ever users of tobacco, it was reported that 63% of their household members used tobacco in some form or the other (p=0.0001). When the knowledge scores of study subjects were analysed to understand the effectiveness of awareness programmes, overall the mean knowledge assessment scores showed a significant increase after post-training evaluation compared to pre-training session (mean score = 10.34vs 9.26,(< 0.0001) while no significant difference in knowledge scores was observed among ever users. (8.72 versus 8.47; p = 0.584)

Conclusion:
Tobacco use in Kerala is a major concern for which legislation has to be strengthened to check illegal sale near schools. Though the study was useful to improve awareness in general, new methods have to be tested to improve awareness among tobacco users

10:30 AM TO 11:30 AM

E-POSTER SESSION 3
Lobby area, 2nd Floor, Golden Jubilee Block

SCREEN-1

Topic
EP072- Measures Relating To The Reduction Of The Supply Of Tobacco To Minors
Anshika Chandra, Amit Yadav, Kumar Chandan, Ravi Mehrotra

Background:
The Convention Secretariat of the WHO FCTC documents the progress made by Parties to the Treaty in implementing the Treaty provisions every two years. There have been significant improvements in last two years in implementation of the Treaty globally. This paper presents a comparison of the progress made in last two years globally with respect to the implementation of Article 16.

Methods:
A comprehensive review and analysis of Global Progress Report published in 2016 and 2018 has been done.

Result:
85% of all Parties reported having prohibited sales of tobacco products to minors. A smaller proportion 70% also prohibited tobacco sales by minors. The legal age for tobacco purchases ranged from 15 to 24

years, with the average being 18 years. 66% of all Parties required that all sellers of tobacco products place a clear and prominent indicator inside their point of sale about the prohibition of tobacco sales to minors. A similar proportion, 66%, requested that sellers of tobacco products ask the purchaser to provide evidence of having reached full legal age. 60%, of all Parties prohibited tobacco sales from vending machines, and 55% prohibited sales in any manner which is directly accessible, like open store shelves. 59% prohibited the manufacture and sale of sweets, snacks, toys or any other objects in the form of tobacco products. Number of Parties imposing penalties against sellers and distributors has been increased to 139 of all Parties in 2018 which was 103 of all Parties in 2016.
Conclusion:
There is still room for improvement especially in prohibiting the sale of tobacco products in any manner in which they are directly accessible, such as open store shelves, and from vending machines. Case study: India Sales of tobacco products have been banned within 100 yards of school/ institutional buildings. However, studies report negligible compliance towards the ban.

EP085 – Tobacco Use Among Women And Young Girls In India: Call For A Gender Led And Gender Driven Solution To A Gendered Problem

Mrs. Nisha Yadav, Dr. Amit Yadav, Dr. Mira B Aghi ,Prof. Ravi Mehrotra

Background:
Tobacco use is one of the leading preventable causes of deaths, including of women, in India. Every year more than 1.3 million tobacco users including women are killed due to tobacco related diseases. However, the tobacco industry continues to target women and girls by using gender-specific marketing and misleading tactics to aggressively promote tobacco use.

Method:
Comprehensive review of literature available online including from Google Scholar and other reports published by Government of India on the burden of tobacco use among women in the country. Result: In spite of the knowledge of the hazards of tobacco use, 14.2% of adult women in the country use tobacco in some form (GATS-2016-17). The prevalence among young girls is also alarming with 8.3% of school going girls using tobacco (GYTS- 2009). There are women-specific adverse health effects due to tobacco use and exposure to second-hand smoke (SHS), in particular on reproductive health and on the foetus and the newborn. Women are also engaged in tobacco growing, producing and manufacturing, especially bidi rolling. Women are also exposed to high level of SHS at homes (38.7% of adults in India). Although, the number of former daily tobacco users i.e. quitters among women are higher than man, lesser number of female tobacco users are being advised to quit by a healthcare provider compared to male tobacco users. Almost 18% females in India have noticed any advertisement or promotion of either cigarette or bidi and nearly 16% adult females noticed advertisement or promotion of smokeless tobacco. The misconception that smokeless tobacco is less harmful than smoking is widespread and is a matter of concern, especially among women.

Conclusion:
Given the gender-specific burden of tobacco use among women, it is essential that gender sensitive, gender led and gender driven tobacco control approach is integrated into the national tobacco control programme

EP088 – 2.6 Million Students Take Pledge for Life – against ever Using Tobacco

Dr Govind Mantri, Sanjay Seth, Ashima Sarin

Background and Challenges:

Most tobacco users initiate tobacco in their teens. In India an estimated 5,500 children start tobacco daily. However the quit rates are less than 5% in India. A viable strategy for reducing prevalence is to stop initiation. Challenge is to engage the millions of students in the country.

Intervention and responses:

Dr Govind Mantri, a Patron of the Voice of Tobacco Victim, a Rotarian and Senior Oncologist conceived the idea of getting children in schools to take a pledge against using tobacco themselves and discouraging their family and friends from doing so too. Working collaboratively with the Maharashtra Education Department the activity was organised in 10 districts of Maharashtra with Sambandh Health Foundation (SHF) and the Rotary International District RID 3030. The Education Department passed an order for all schools in these districts to download an anti-tobacco film from a website created for this purpose and show it to teachers and students on the occasion of World Head and Neck Cancer Day (July 27, 2018). The pledge was then taken by students. Led by Dr Mantri, Rotarians and SHF team followed up with each of the District Education Officers.

Results & Lessons Learnt:

As tracked on the website, more than 25,000 schools downloaded the film and as per data provided by the Education Department, more than 2.6 million students took the pledge. District-wise - 851,947 students in Jalgaon, 558,393 in Nasik, 380,000 in Amravati, 237,000 in Akola, 204,000 in Nagpur, 197,192 in Chandrapur, 140,275 in Buldhana and 76,984 in Wardha. Data from 2 districts was not received.

Conclusions and Recommendations :

As a stand-alone activity to attract media attention and mobilise youth this was a great success. SHF is planning similar activities in the rest of Maharashtra and in other states as part of the Pledge for Life campaign.

EP091- Engaging youth in tobacco control for accelerated and incremental tobacco control for India

Kumar Chandan, Amit Yadav, Anshika Chandra

Background:

Tobacco is one of the biggest public health challenges in our times. It is well evident fact that lifetime tobacco users start the habit of tobacco use at an adolescent age. Adolescents are the most vulnerable who get trapped in this menace. One-fifth of India's total population is youth and expected to grow to 34% by 2020. There is need to strengthen tobacco control (TC) efforts to reduce prevalence of tobacco among adolescent. Several successful interventions suggest the important role of youth as a peer in tobacco use prevention and accelerating reduction in use.

Methods:

A comprehensive review of existing interventions involving youth in TC was undertaken through Google scholar and pub-med. Extensive web search was done on the role of youth in TC. Results: Several youth interventions have been undertaken in India including the national youth TC programme having a school health component with active TC among school going youth.

Interventions in schools and community by NGOs and civil society, besides advocacy efforts to strengthen commitment of youth to stop tobacco use and encourage not only peers to stop tobacco use but call upon policy makers to take effective steps in advancing TC has played a vital role in tobacco control efforts in the county.

As a result of these intervention we see a decline in the prevalence of tobacco use among adolescents between age 15-24 years of age from 18.4% in 2009 to 12.4% in 2016-17. Also, from GATS 1 to GATS 2, there is an increase of one year in the age at initiation from 17.3 to 18 .8 years respectively.

Conclusions:
To further strengthen and reduce tobacco use, TC should be part of school/college curriculum and youth should be engaged in campaigns and peer to- peer networks to discourage tobacco use amongst youth.

EP150 – Engaging NSS volunteers for advocacy and community empowerment for tobacco control in Assam

Akash Pradhan, Dr. Kunal Oswal, Sanjay Seth

Background:
Tobacco is the largest preventable cause of death and almost 40% of the Non-Communicable Diseases (NCD) are directly attributable to tobacco use. As per the GATS 2017 report, 28% of all adults in India and 42% of all adults in Assam currently use tobacco.

Method :
This article provides step-by-step approach to engage the youth of Assam to promote tobacco control programs. The intervention engages the students and program officers of the National Service Scheme (NSS) in implementing tobacco control activities and maximizes student's role as change agents in their college, surrounding schools and communities. Intervention components included meetings with the Regional Director and program coordinators of the NSS, sensitization workshops at the university level, discussions led by program officers, distribution of educational materials and strategizing activities.

Results:
Over two months, 67 Program Officers have been sensitized and they have mobilized their respective NSS units to conduct 81 activities, starting from giving pledge to other classes in their college then giving pledges to other schools, street-plays, wall magazines, poster competitions and visiting vendors near their institution and educating them about Cigarette and Other Tobacco Act (COTPA). Discussion The youth can be powerful advocates against the sale and consumption of tobacco in their own peer groups and also in the schools and community. Sensitization session to the students in the colleges motivates them to conduct tobacco control programs leading to a positive behaviour change. Recognition to the students in form of certificates and badges are innovative means to make the program student – driven and sustainable thereby changing the habits of users and reducing the overall prevalence of tobacco use among the people in Assam.

Conclusion:
By educating and sensitizing youth groups like the National Service Scheme lot of activities can be conducted at the institution and community level which will help in creating a tobacco free society and state.

EP156 – Comprehensive cancer care plan: Need for Uniform public health policy
Vaishali Mane

Issues:
People living with CANCER needs price discounts anti-cancer drugs, human-rights protection & proper nursing care. Controversy is raging over euthanasia for terminal cases. These are some burning issue for cancer-patients from resource-constrained countries. Appropriate public health program incorporating all genders in cancer care are necessary.

Description:
Cost/availability of oncology drugs is debatable. Over 82% patients in rural India cannot afford Anti-cancer-therapies, so life with cancer is granted as end-game. Since September 1996 various community initiatives are implemented to reduce therapy cost. Salaam Bombay needs to facilitate development of sound & sustainable nursing care programs in marginalised communities. Establish Uniform public health policy to develop of sound/sustainable cancer-care-programs.

Results:
Radiation/Drug therapy is out of reach for > 90% patients. Rehabilitation/palliative care plans are non-existent. Concrete proposals done only by 8 NGOs , 7 governments & 2 private entities . Of these 1 supported by WHO, 8 NGOs (56%), 2 government (6%) & 5 private entities (38%) & 1 corporate/ Pharma sector initiatives. Cancer-nursing-care-services implemented together with low-cost-drugs show more positive outcome. Nursing care in rural/tribal areas is abysmal.

Lessons learned:
Community participation of NGO in administration of nursing-care/ therapeutic is very effective in terms of cost-management, better-compliance. Community mass intervention & low-cost drug-supply-projects has proven useful in rural communities of resource poor-nations. participants can collaborate with anti-tobacco activists to address this issue. Uniform public health policy needed to implement support-ive cancer care services.

Recommendations:
Promoting dialogue between health services & masses accelerates cancer-care efforts. Youth participa-tion increases more compliance. Nurses have direct-communication with patients. Hence nurses must be involved in Public-health-policy issues. It is essential that WHO should devise common guideline manual on this issue.

EP235 – Anti-tobacco Rakshabandhan: An innovative way to engage youth in the campaign against tobacco
Ranjana Goswami, Vidya Bagul, Shubhangi Lad

Introduction:
India is known for its diversity and various cultural and public festivals are celebrated across states. Most of these festivals are celebrated at community level, on streets, among the public with a significant involvement of youth. Rakshabandhan which is celebrated at a large scale in most of parts of India provides an avenue to create anti-tobacco awareness among masses and sensitize policy makers.

Intervention:
Student leaders from Salaam Bombay Foundation's tobacco control program reach out to school authorities, communities and policy makers in tobacco control during Rakshabandhan. At school level, these leaders along with the other students prepare big sized 'Sehat Ki Rakhi'with anti-tobacco messages which is presented to school principal. The students also visit tobacco vendors around school, tie rakhis to them with a promise that they will not sell tobacco products to children. Students also get opportunity to visit authorities from police department, health department, education department etc., tie rakhis to them and ensure their support for tobacco control efforts of Balpanchayat for tobacco free schools and communities.

Results:
Following are the major outcomes brought about by advocacy efforts of student leaders: •Gutkha, scented supari are banned in Maharashtra. •Finance Minister of Maharashtraissued notice increasing taxon bidis (12.5%), cigarettes (25%) and smokeless tobacco (25%). •Commissioner of Mumbai Municipal Corporation sent letter to Licensing Department of Municipal Corporation to remove Point Of Sale advertisements from shops. •Police department and FDA have taken action on 653 shops operating within 100 yards of school premises.

Conclusion:
Festivals celebrated in different states of the country give opportunity to the youth to come together and raise voice against tobacco which will reach out to the masses and compel the tobacco control policy makers to take steps to protect youth from tobacco.

EP255 – Determinants of Compliance to Population based Oral Cancer Screening among Low Socioeconomic Women in Mumbai, India.
Dr. Heena Kauser Aslam Shaikh, Dr. Gauravi Mishra, Anchal Jain

Background:
Use of tobacco especially smokeless variety is common and culturally accepted among the Indian women. Hence oral cavity cancers rank as the fourth most common cancers among the Indian women. Creating awareness to quit tobacco and detecting oral cancers in the precancerous or early stage by screening can save lives. Objectives: To create awareness amongst the women regarding ill effects of tobacco and to study the factors determining the compliance of women for oral cancer screening in a population-based program in low socioeconomic areas of Mumbai.

Methods:
This is a community based organized service program for screening of oral cavity cancers among women residing in low socioeconomic areas of Mumbai, India, using low cost method viz. Oral Visual Inspection by trained Primary Health Workers. Univariate and multiple logistic regression analyses were conducted to identify the predictors of participation in oral cavity screening.

Results:
1,38,383 population was surveyed out of which 13,492 eligible women were enlisted for cancer awareness and oral cavity screening. 11,895 (88.16%) women participated in cancer awareness programme and 11,768 (98.93%) participated in oral cavity screening. Uni-variate and multivariate logistic regression analysis were performed to understand the various socio-demographic factors influencing compliance to oral cavity screening. According to the results of multivariate logistic regression analysis, belonging to

Hindu religion, having mother tongue Marathi and having family history of cancer complied significantly higher to screening as compared to other women.

Conclusion:
The program has assisted in identifying the predictors of compliance to oral cavity screening. This program demonstrates high compliance to oral cancer screening using simple, low cost visual inspection test performed by trained Primary Health Workers, thus implicating that oral cancer screening programs can be implemented at community level in low resource settings.

EP296 – Protecting school children, Saving Lives and make tobacco free generation
Pushpatai Patil, P.M.Patil

Background:
Adolescents are the most vulnerable population to initiate tobacco use. It is now well established that most of the adult users of tobacco start tobacco use in childhood or adolescence. Tobacco is the single largest preventable cause of death in the world today. In India , approximately 14.6% of youth (13-15 Years) use tobacco products2. Some children start using before the age of 10.Every 16 Seconds a child in India tries tobacco for the first time. Which means that everyday 5500 Indian children try tobacco for the first time, up to one third of these children are under the age 13 to 15 years. In tribal area tobacco consumption rate is very high among children.

Intervention:
Education and Tribal department Maharashtra worked with Salaam Bombay to make all 1056 ashram school tobacco free from last ten years. The department has conducted sessions 72729 students and 22000 teachers. 1056 schools have put up 'No consumption of Tobacco' in their school premises. Also reached out to 18028 people in the Kumbhmela for awareness under the anti-tobacco campaign. Students also have participated and conducted awareness drama sessions on ill effects of tobacco.

Result:
Success stories of individuals who quit consumption of tobacco (Mr. Bhamre and Mr. Khairnar are few of them who proudly celebrate the joy of quitting tobacco.) Could reach out to more than 80,000 students and 22,000 teachers'.

Conclusion:
We can reach out to more students, teachers and citizens to aware them about tobacco and its ill effects so that it leads them to a better and healthy life. Other departments and higher authorities can also adopt the interventions and expand our outreach. Guidance and support from expert's and higher authorities can help us to achieve our vision of creating healthy life and environment for children which will lead them

SCREEN-2

Topics

EP052- Illicit trade in smokeless tobacco products – need to implement the who fctc protocol to eliminate illicit trade in tobacco products

Dr. Amit Yadav, Mr. Pranay Lal, Prof. Ravi Mehrotra

Background:

Illicit trade in tobacco is a key concern globally for both governments and tobacco control experts as it not only amounts to huge losses in taxes but also makes tobacco products more affordable and accessible for youth and vulnerable. It is to deal with this menace the global public health community entered into a Treaty within the WHO FCTC for effective implementation of the mandates of Article 15 in all jurisdictions. Illicit trade in smokeless tobacco (SLT) products is a concern for several Parties to the Convention.

Methods:

Various reports on illicit trade in tobacco products available online have been reviewed. Report by various governments and the WHO FCTC Convention Secretariat has been reviewed and analysed.

Results:

Very limited information is available on illicit trade in SLT products. Several Parties to the FCTC face the problem of illegal sale of SLT. Although, around two-thirds of all Parties, 72% (130) report to having adopted legislation against illicit trade in tobacco products, it may be noted that only 48 Parties out of 181 Parties to the WHO FCTC have ratified the WHO FCTC Protocol to Eliminate Illicit Trade in Tobacco Products. Only two Parties from the high SLT burdened Southeast Asia Region i.e. India and Sri Lanka, have ratified the Treaty. As a priority action Parties to the Protocol during the First Meeting of Parties in Geneva from 8-10 October 2018, highlighted the need for urgent tracking and tracing of all tobacco products besides effective control measures at free trade zones.

Conclusions:

Parties like India with porous borders with its neighbouring countries need to be extra cautious and ensure effective implementation of the Protocol in its letter and spirit, especially with regard to SLT products. All Parties should immediately implement and enforce the Protocol provisions before the time-line set therein is activated.

EP248 – Do the prices of cigarettes vary from location to location? : A Case study from Kolkata

Nirmalya Mukherjee, Biswajit Pal, Pranay Lal

Background:

The state of West Bengal has a high prevalence of tobacco use, i.e. 33.5% in West Bengal versus 28.6% for India (GATS-2, 2017). Lose cigarettes are being sold by vendors. This study assesses the price difference of various cigarette brands (both the prices of packs and single sticks) in Kolkata.

Methtodology:

The study has been conducted in three different locations namely: Park Street (regarded as high SES), Gariahat (regarded as middle SES) and Topsia (regarded as low SES). Transect walk methodology was

followed for the purpose, and every third vendor was selected. A total of 58 vendors were roped in for the data collection and the required data were collected by canvassing pre-tested interview schedule.

Results:
There is a difference in the mean price of single cigarettes in the three locations varying up-to 6.9 %. In all types of cigarettes, the single stick price has the lowest value in the low economic zone while the higher priced single cigarette is more costly in the upper economic area. In the same way, the middle priced single cigarette price has significantly (p).

EP271 – In-school Tobacco Control Leadership Program: A collaborative approach to create anti-tobacco awareness among youth
Kusum Bhalerao, Vidya Bagul, Shubhangi Lad

Introduction:
Children in India are vulnerable to tobacco use due to lack of awareness and easy access to tobacco products. During schooling years, teachers have significant influence on children's behaviour. Involving teachers to implement tobacco control program would help creating anti-tobacco awareness and reduce tobacco use among children. In 2018 Salam Bombay Foundation in collaboration with local partner NGOs launched one year in-school tobacco control leadership program in 25 schools each in Kolkata and Jaipur.

Intervention :
Initially organizations in Kolkata and Jaipur implementing programs at school level were identified. Representatives of partners were trained to implement program. Partners then approached education officers, sensitized them to get permission to implement program in schools. With support of EOs, 25 schools were finalized. Then EOs sent notice to principals calling a common meeting. Partner organizations conducted sensitization meetings with principals and requested them to identify nodal teachers to implement tobacco control program. Partners trained nodal teachers' to implement program at school.

Result:
Program implementation began in Kolkata in April 2018. Initially, all 25 trained nodal teachers conducted tobacco control workshops in their schools reaching out to 2,126 children and formed Balpanchayats involving 604 students. Balpanchayats under the guidance of nodal teachers conducted various tobacco control activities at their schools viz. drawing, oaths, anti-tobacco rallies etc. on the occasion of public festivals or special days like Independence day, Rakshabandhan, durga pooja reaching out to about 2,000 children. Program implementation in Jaipur began in September 2018. Till now tobacco control workshops have been done with around 1,500 students of 21 schools. These schools are in the process of formation of Balpanchayats.

Conclusion:
Training and capacity building of nodal teachers to create awareness on tobacco ill-effects, tobacco control law etc. among children is a sustainable way to transform youth into change agents.

EP279 – Perceived effect of increased tobacco pricing on quit rates: a cross sectional study
Dr. Kirtan Rana, Dr. Sonu Goel, Dr. Shankar Prinja

Introduction:
The price of cigarette and bidis is known to be related to cessation of these products. The study was done to know the perception of smokers in quitting these products on increasing their price.

Methods:
A cross sectional study was done using 277 participants using multistage sampling. The study was done in rural as well as urban area with equal number of males and females. GATS 2009 questionnaire with objective oriented modification was used to examine the predictors of what smokers will say in response to hypothetical increase in price of smoked tobacco products they are using in relation to quit smoking, reinitiating smoking and the knowledge about harmful effects of using tobacco products. Logistic regression model was used to assess the relationship between price of products and cessation practices.

Results:
65 participants were found to be current smoker in the study. The study found that 73.5 % of the current smokers think of quitting smoking on increasing price of tobacco products and 13.5% of the current smokers have an attitude of the restarting smoking if the price of the smoking products will decrease in future. The study found an average increase of about 493% on current price of smoked tobacco products required smoking cessation among current smokers in study population.

Conclusion:
The study found that magnitude of price increase on smoke tobacco products is invariably an effective method of decreasing smoking prevalence it depicts that substantial increase in taxes should be considered in cessation policies related to tobacco use.

EP285 – Building capacity for tobacco control
Mrs. Shravani Suyog Salgaonkar, Dr Raman Mohan Singh, Ms Dhanashree Keny

Background:
Tobacco use kills over 5 million people annually. The need for capacity building is fundamental for countries wishing to implement tobacco control policies. This paper represent the establishment of testing laboratories, the aim is to evaluate both smoking and smokeless tobacco products. These labs would be testing the identified chemicals of priority like nicotine, ammonia and carbon monoxide for which the WHO's TobLabNet has already established Standard Operating Procedure's (SOPs). "These labs will be the first of its kind in South Asia and initially may be regulatory laboratories to verify the declarations of the tobacco industry about the contents and emissions of their products.

EP306 – In-school Tobacco Control Leadership Program- An effective tool to create youth workforce against tobacco
Vidya Bagul, Abhiram Mehendale, Kusum Bhalerao

Introduction:
Tobacco use among youth is becoming a problem in developing countries. Indian youth in low-income neighbourhoods are more vulnerable to early tobacco initiation due to easy availability, low price and

relentless marketing by the tobacco industry. Thus informing youth about harmful effects of tobacco and imparting life skills and leadership skills to transform them into change agents will be the most effective strategy to curb the tobacco epidemic and safeguard our future generations.

Intervention:
Super Army is three year intensive tobacco control leadership program of Salaam Bombay Foundation for 7th, 8th and 9th grade students which involves 12 in-school sessions that inform students about ill-effects of tobacco, tobacco control law, stakeholders in tobacco control, impart life skills like self-concept, self-confidence, leadership and communication skills and introduce concepts of problem solving, team work and advocacy. Each session is complemented with an activity to reinforce the information provided in sessions. 8th-9th standard students are also involved in advocacy activities through creation of class and school level Balpanchayats. These Balpanchayat leaders are trained and given opportunity to interact with stakeholders in tobacco control through Balparishad (Annual City Level Children's Health Assembly).

Results:
About 5.30 lakh children from 350 government schools in Mumbai have been reached through Super Army program. About 1,050 Balpanpanchayat leaders participated in 7 Balparishads organized till date to mobilize policy makers for strict implementation of tobacco control law around schools. More than 100 schools out of 350 have been declared tobacco free based on fulfilment of 11 Tobacco Free School Criteria.

Conclusion:
Creating awareness on harmful effects of tobacco and building life skills and leadership skills among adolescents would help them transform themselves into change agents and come together to demand tobacco free environment for youth is the most sustainable tool to make our future generations tobacco free.

EP307 – Maharashtra: The emerging state of Tobacco Free Schools
Ajay Pilankar

Background:
Tobacco use among Indian youth is becoming a problem. 14.6% of youth aged 13 to 15 years currently use tobacco products. Tobacco Free Schools Campaign can be an effective and efficient strategy to create tobacco free environment for youth in schools and educational institutions. Education Department Maharashtra and Salaam Mumbai Foundation (SMF) are working to informed students to be tobacco free and healthy from last 10 years.

Intervention:
'Tobacco Free Schools' campaign starts with training of master trainers and principals to fulfil 11 Tobacco Free School criteria. Based on monitoring by SMF staff or local NGO and evidence sent by schools, the schools are declared as 'Tobacco Free' and felicitated by awarding the trophies in next academic year. Various activities like Tobacco Free Life Pledge, Tobacco Free School Rallies Tobacco Free Rakhi Activity etc. are also conducted on special days/occasions by schools.

Results:
Since 2015-16, schools from 3 districts and 11 blocks of Maharashtra have been declared as districts/blocks of tobacco free schools. Yavatmal was the first district in Maharashtra to be declared as the district of tobacco free schools. Campaign's success in Yavatmal gave boost to movement. As a result Wardha and Nandurbar followed footsteps to become 2nd and 3rd districts of tobacco free schools. Social organizations like Lions Club, Rotary Club and professional associations like IDA and IMA, some TV Channels and newspapers come forward to associate with mission and spread word in general public. NSS Unit of the state also showed keenness to contribute to the cause.

Conclusions :
Tobacco Free Schools Campaign in collaboration and support of governmental and non-governmental social organizations and media helps campaign spread effectively across the state and also helps to make the campaign sustainable in the long run.

EP309 – Tobacco Free Schools Campaign in Yavatmal District of Maharashtra
Dr. Suchita Patekar, Mr. Chandrabodhi Ghaywate

Background:
Tobacco use among Indian youth is becoming problem. 14.6% of youth aged 13 to 15 years currently use tobacco products. Tobacco Free Schools Campaign can be an effective strategy to create tobacco free environment for youth. Education Department, Yavatmal and Salaam Mumbai Foundation (SMF) are working in collaboration to create tobacco free environment for youth in Yavatmal.

Intervention :
Tobacco Free School campaign was launched in Yavatmal district schools in 2010. Till 2015, only 16 district schools had been declared tobacco free. Since 2015, District Education Officer, Yavatmal took the mission massively to all the schools. To motivate and teachers and principals various mass level anti-tobacco activities were conducted with the support of Bajaj Electricals Limited and local organizations like IDA, Rotary Club. Teachers conducting innovative anti-tobacco activities were appreciated on WhatsApp groups and Facebook. Local NGOs and NSS unit of district conducted three third party evaluations in each school.

Results:
Various anti-tobacco activities like tobacco free life pledge in schools and gramsabha, rallies, wall paintings were organized which created positive atmosphere created in district. Due to Tobacco Free Life Pledge activity a lot of principals, teachers and authorities who were using tobacco were sensitized quit tobacco products. This pledge activity was also recorded in Limca Book of Records. Every week a write up was sent by WhatsApp groups which were read in schools assembly were created very positive impact on the mind of students and teachers to be tobacco free and healthy. Some students motivated their parents to quit. Based on evidences collected on mobile application and third party evaluations Yavatmal was declared as the 1st district of tobacco free schools in Maharashtra.

Conclusions:
Keenness of governmental authorities, support from local organizations and robust monitoring with use of technology are key factors in success of anti-tobacco campaign.

EP190 – Need NOT increase Tax on Cigarettes - Implement A Novel "Cigarette Taxation Policy" – without any increase in present Tobacco Tax Structure - for Achieving "End-Game For Cigarettes".
Regunathan Venkatachalam Pillai

Problem :
"Tobacco / Smoking" is a global epidemic and is rapidly penetrating the world at strikingly high rates. Globally, it is estimated that there are roughly 1.1 to 1.4 Billion Smokers are presently available - a figure that is likely to rise to 1.6 Billion over the next Two Decades.
Objective : According to World Health Organisation (WHO), "raising taxes on tobacco/cigarettes – is the most effective policy to reduce its consumption". Globally, it is proven fact that 10% increase in Tobacco Tax – shall result in 4% reduced consumption in High Income Countries and 5% reduction in Low & Middle Income Countries.

Method :
Towards achieving an END-GAME for TOBACCO, the Author propose that Governments of All Countries:: - Shall direct all Cigarette Manufacturing Companies to reduce the volume of Tobacco stuffed in each Cigarette by 5%, at the beginning of every year or on 31 May of every year (by stuffing un-harmful dummy substances instead of Tobacco). - Shall NOT increase/decrease the Tax structure of for cigarettes for all the years to come. With the above Innovative Tobacco Tax Structure, within a span of 10 Years, (at the end of 10th Year) - Cigarette Tax shall automatically get increased by 129%.

Conclusion :
With above Tax structure in place, not only the Tobacco/Cigarette consumption shall drastically come down – but also we could achieve an END-GAME for Cigarettes within a decade. Under the directive of the WHO, all the Global Governments should whole-heartedly come forward to implement the above Tax Structure and change in the metrics of Cigarettes.

SCREEN-3

Topic
EP035- A step towards primordial prevention of tobacco use among school children
Dr. Pooja Shetty

Background
Prevention of tobacco use is necessary for primordial prevention of tobacco related morbidity and mortality. As per Global Youth Tobacco Survey-India, 14.6% of children use tobacco. Large number of children are exposed to second hand smoke. In India, average age of initiation of tobacco use is 17.8 years. Children form important focus groups for effective primordial prevention as this is the period when lifestyle habits are formed. Health promotion during this period can lead to sustainable habits during adulthood. Hence this study was conducted to assess the effectiveness of tobacco control program among the 8th Standard students attending Schools of Mangalore, India.

Methods
Study setting: Schools of Mangalore, India Participants: School children Interventions: Tobacco Control Interventions like awareness program on ill effects of tobacco and tobacco control laws for school children. Main outcome measures: Knowledge and Attitude regarding tobacco pre and post-intervention.

Results
The mean age of participants was 12.86 years, among them 61.6% were males. The study shows that there was improvement in knowledge of participants post intervention. Pre-intervention only 63.5% knew that both smoked and smokeless forms of tobacco were harmful to health while post-intervention it improved to 79.5%. Among the participants 80.3% of them knew tobacco can cause oral cancer and post-intervention 90.5% of them knew about it. The number of participants with an attitude to smoke, if a friend offered a cigarette decreased to 2.3% as compared to 8.4% pre-intervention.

Conclusions
There was improvement in the awareness of students after implementing the tobacco control training program. The impact of this program in the long term is a major concern. Hence "Booster" programs should be conducted at regular intervals to enhance the retention of the interventional effects. A multi-pronged intervention involving the families, teachers and peers should be conducted which will enable to reinforce tobacco prevention strategies.

EP036- Innovative initiative to strengthen capacity and empower youth to promote tobacco control
Dr. Pooja Shetty

Background and challenges to implementation
India is a massive young country where youth can shape their future. Their voice is difficult to ignore when it deals with lurking issue of tobacco control. It is vital to make them aware of threat of tobacco and of prevailing laws in to fortify the declining trend of tobacco use. Youth form an important task force to monitor effective implementation of tobacco control laws especially in their community or institutions.

Intervention or response
This public health program to engage youth in tobacco control policies was carried among College students in Mangalore, India. Their existing awareness on Cigarettes and Tobacco Products Act (COTPA) and observed compliance with the law was evaluated. Conventional educational program on Tobacco Control and Laws was organized. To further engage and motivate the youth in tobacco control efforts they were asked to take a pledge. The youth were asked to report any violations of COTPA around their institution to their institutional head, who will further inform law enforcers. They were asked to disseminate the anti-tobacco message to their near ones.

Results and lessons learnt
Mean age of participants was found to be 16.38 years. Among them, 69.9% were aware that there were Tobacco Control Laws in India and 60% were aware that fines will be imposed on people smoking in Public Places. 39% often observed tobacco products sold to minors. Sale of tobacco products near the educational institutions was often observed by 37.5% of the participants. Compliance to tobacco control was assured by 76.7% of them.

Conclusions and key recommendations
This innovative initiative which targeted on behaviour change increased the compliance of the youth, towards tobacco control. This is expected to provide scientific evidence for Public Health workers and counsellors for extensive work on tobacco control.

EP059- Tobacco Control: A success story of Kerala

Dr. K.R. Thankappan, Dr.G.K. Mini

Background

Global Adult Tobacco Survey (GATS) is the global standard for systematically monitoring adult tobacco use. Kerala state in India is the most advanced state in epidemiological transition. The state reported the highest prevalence of cardiovascular disease, diabetes and has a very high prevalence of other manor non-communicable diseases (NCDs). Tobacco use is the main risk factor for the major NCDs and so tobacco control is essential for controlling NCDs. We looked at the changing tobacco use prevalence between GATS 1 and 2.

Methods

We used the data of GATS-1 (2009-10) and GATS-2 (2016-17) and compared the tobacco use prevalence among adults aged 15 years and above in Kerala and other states. We also looked at various tobacco control activities implemented in Kerala during the last ten years.

Results

Kerala state reported the lowest prevalence (13%) of any form of tobacco use among major states of India (males: 23%, females: 4%) as per GATS-2. There was a 41% relative reduction of any tobacco use from the 21% reported in GATS-1. Current smoking among males was reduced from 28% to 20% and smokeless tobacco use was reduced from 13% to 5%. Smoking prevalence among females was negligible in GATS 1 and 2. Smokeless tobacco among females was reduced from 9% to 4%. In 2011, Government of Kerala banned all forms of smokeless tobacco and there was a concerted effort of various departments including health, education, excise, police and several non-government organizations (NGOs) to implement this ban along with the Cigarettes and other Tobacco Products Act (COTPA) rules.

Conclusion

The strong commitment from the state government was responsible for the involvement of various government departments and non-governmental organizations for the effective implementation of tobacco control activities in the state resulting in a significant reduction of

EP102 – Risk factors associated with smoking among men in a Kenya

Dennis Magu, J Mutai, P Kirimi

Background

In Kenya, tobacco smoking is a major threat and a leading cause to mortality and morbidity. The current study investigated the risk factors associated with tobacco smoking among men. A cross sectional study involving tobacco smokers in a selected health facility in Kenya was conducted. The tobacco smokers were selected through systematic random sampling criteria where a semi structured questionnaire was administered. The data obtained was collected, cleaned, coded and entered in Microsoft Access and analyzed into Statistical Package for Social Sciences (SPSS) version 21. The findings revealed that majority of the smokers took the first cigar at the age of over 18 years and knew the health risks associated with tobacco use. Majority of the subjects had received advice from a health care worker on tobacco cessation. Also poor health outcomes had significant association with tobacco smoking among the study subjects $P = 0.05$ as majority had attended a health facility due to a health related problem. Majority of the subjects had smoking done in forbidden places yet they knew of designated smoking places. In regard to pattern of tobacco smoking majority smoked more than five cigarettes on a daily basis and

mostly this occurred in socio- places. There was a significant association between stress and smoking. There is need for a multisectoral approach towards tobacco smoking interventions. The study subjects were aware of the health effects associated with tobacco cessation in Kenya. There is need for stakeholders collaboration on matters of tobacco cessation interventions through campaigns to sensitize the population on the adverse health effects. The Ministry Health needs to reinforce regulations of Tobacco Control Act, Chapter 4 of 2007 to Kenyan population. Further longitudinal studies need to be conducted to determine association between tobacco smoking and economic productivity in the tobacco growing regions.

EP120 – Vaccinate your baby and do not smoke - integrated approach of lung health for premature babies

Turcanu Oxana, Maria Guzun

Background:

Since 2008 R.ofMoldova registers ans provides medical care to newborns from 500g. Thus, challenges related to lung health (respiratory distress in neonatal period, respiratory infections in childhood) are faced while taking care of premature babies. More 400 (from 2000 in the country) are born in our institution. While in neonatal period we succeed to save them, the quality of their life depends on further protection from risk factors, as infections (immunization), environment pollutants and second hand smoke (smoking cessation among parents).

Intervention:

Smoking being one of factors for premature birth, but also for lung diseases in childhood (and early neonatal period is an occasion to speak with parents about) our neonatal team included "smoking" issue while speaking with parents about the severity of baby´s condition in neonatal intensive care unit. The discussion target the risk factors for respiratory diseases. This year we changed the approach - we include in the same discussion not only smoking issue, but also immunization, to see if it´s more effective than to aware about smoking only.

Results:

When combining two topics (immunization + no-smoking) parents are less reticent to discussion, thus measured by: 1.How often they recall discussion, or come back with other questions. 2.Their reaction (body language, duration of discussion) to physicians´ explanation. Lessons learned: 1.Targeting both topics help a smoking parent "not to fill so guilty", "obtaining other leverages to ensure good quality of life for the baby". 2.It´s an opportunity to raise parents´, as usually they not expect to be told about smoking (this is not a drug?:) or vaccination (something that they see long further), but about treatment the baby receives in in the unit.

Key conclusion:

A holistic preventive approach for healthy lifestyle (vaccination + no-smoking exposure as measures for premature baby respiratory health) seems to be better accepted by smoking parents, that related on smoking only.

EP194 – Dyslipidemia and Smoking in a resettlement colony of Delhi

Dr. Tanu Anand, Dr. Jugal Kishore, Dr. Urvi Sharma

Background:

Cardiovascular diseases are a major cause of morbidity and mortality in India, with dyslipidemia contributing significantly to the risk. There are few community-based studies that highlight the burden and of dyslipidemia and its association with tobacco use in the Indian population. OBJECTIVES: To determine the prevalence of dyslipidemia and its association with tobacco use among adults ages 18 years and older in a resettlement colony located in central Delhi.

Methods:

A cross-sectional study that included a random sample of 200 adults was designed. A study tool based on the World Health Organization STEPwise approach to surveillance of non-communicable diseases and their risk factors (STEPS) questionnaire was used. Fasting venous blood sample was collected to assess the lipid profile and anthropometric measures of the participants were recorded. Criteria based on the Third Report of the National Cholesterol Education Program Expert Panel on Detection, Evaluation and Treatment of High Blood Cholesterol in Adults were used to define the cut offs or dyslipidemia.

Results:

Of a total of 200 study subjects, 34% had increased total cholesterol levels (>=200 mg), 38% had increased low-density lipoprotein levels (>=130 mg %), 40% had increased triglyceride levels (>=150 mg %), and 42% had low high-density lipoprotein levels (<=40 mg %). Using the logistic regression model, we found age, hypertension, alcohol consumption, and abdominal obesity to be associated with increased odds of dyslipidemia. Thirteen percent were current smokers/smokeless tobacco users. The prevalence of high triglycerides was found to be significantly greater in past smokers. However, no association was found between the prevalence of deranged lipid fractions and current smoking status.

Conclusion:

A high proportion of individuals in the community have dyslipidemia, often associated with past use of smoking. The situation demands programs aimed at risk factor reduction. A focus on behaviour change and health promotion targeting the younger age group is recommended.

EP225 – Severity of periodontal disease in past cigarette smokers suffering from rheumatoid arthritis

Dr. Upendra Singh Bhadauria

Background:

Rheumatoid arthritis (RA) and cigarette smoking are risk factors for periodontal disease (PD). Systemic inflammatory conditions and cigarette smoking may act in synergy, and their co-occurrence leads to a much higher risk of developing severe stage PD than what the combination of their individual risks would suggest.

Methods: The data of 75 RA patients and 75healthy controls were analyzed. The participants received a full-mouth periodontal examination to determine their periodontal status. Rheumatologic indices and data on past tobacco use were also recorded. Both the patient and the control groups were divided into former smoker and non-smoker subgroups for the analyses. Non-smoker controls were used as the reference group.

Results:
In the control group, smoking in history increased the odds of developing both the moderate and the severe stages of PD; however it was found to be a non-significant change. RA significantly, increased the odds of developing both stages in itself, but the highest odds were seen in the former smoker RA group.

Conclusion:
Based on the findings of the present study it can be concluded that chronic cigarette smoke might bring about permanent changes in the periodontal tissues, leading to their hypersensitivity to inflammatory challenges.

EP231 – Circumventing clandestine tactics of Tobacco companies
Angelis Savariyar, Arul Rathinam

Introduction to challenges:
Strong empirical evidence indicates that students are easily lured to the addiction of tobacco product use. COTPA Tobacco prohibits sale of tobacco products within 100 meters radius from the outer boundary of an institution of education, which includes school colleges and institutions of higher learning. Violating this provision Tobacco companies facilitate easy availability of tobacco products near educational institutions, by having retail outlets. The study was part of collecting evidences of the violation.

Intervention and responses :
Pasumai Thaayagam Foundation conducted a field study on compliance/violation of COTPA Section 6 in Chennai. Three wards were selected as random samples. The authors shared field tested questionnaire and gave orientation given to the field study team. 30 samples were included for the study in the three different areas. The study looked into the aspects of compliance of COTPA Section 6 and also patterns of violations were compiled with evidences.

Results and lessons learnt:
The result revealed that there was no display of mandatory warning board stating' "sale of tobacco product prohibited here". Tobacco products in violation of COTPA Section 6 were being sold near 29 education institutions out of the studied 30. There was no display of statutory warning board that "smoking here is an offence." Both chewing form of tobacco and smoking form of tobacco products were available near those institutions. Some of them were very lucrative and very conspicuous places that could easily attract the attention of children. The findings were used for informational briefing with the authorities of those institutions, and with health and education departments.

Conclusions:
Irrespective of various restrictions the tobacco companies continue looking for loopholes and try its sophisticated and clandestine campaigns targeting to lure new users which circumvent the Indian tobacco promotional ban. Tapping and exposing these strategies is critical for ensuring tobacco control.

SCREEN-4

Topics

EP063- Protecting minors from tobacco use by prohibition of tobacco sales near Educational Institution An impact analysis from 10 districts

Jael Thomas, Ashish Pandey, Prabhakara

Background

India's Cigarettes and Other Tobacco Products Act (COTPA) 2003 Prohibits tobacco sales within 100 yards of educational institutions. Under section 6(b) of COTPA, Educational institutions are required to display a mandatory signage outside the institution stating sale of tobacco product within 100 yards of this institution is a punishable offense with a fine up to Rs 200. A study was conducted to assess the compliance of section 6(b) near Education Institution in 10 districts of Karnataka, India.

Design/Methods

An observational study was conducted year 2013 in 3307 public and private primary, secondary and college educational institutions as sample size across 10 districts of Karnataka, India where institutions and points of sale were assessed for it's compliance to section 6(b) by use of a structured pre-tested checklist .A repeat study was conducted in 2015.

Results

In the year 2013, Total only 24% (n=1065) had mandatory signage. 2% vendors were selling tobacco products inside the campus and 40% (n=1411) within 100 yards of boundary. Whereas in 2015, 68.54% (n=2236) of educational institutions displayed section 6(b) Signage. Only 0.54% of the vendors sale tobacco products inside the campus. 12% noticed selling tobacco product within 100 yards of the institution's boundary.

Conclusion

Regular enforcement and advocacy efforts help in protecting minors from accessing Tobacco Products.

EP070- Tobacco Free Homes: Towards Tobacco Free Communities

Vijay Bhasker Yetapu

Introduction

Second-hand smoke (SHS) is responsible for over 890000 premature deaths annually, one third of these are among children. Third hand smoke (THS), when someone smokes indoor about 30% of the smoke is inhaled. The remaining 70% go out into the atmosphere and form a reservoir of Third hand smoke. The great concern is the health hazard that tobacco smoke exposure poses to children who are still developing physically and biologically. Tobacco Free Home (TFH) is to provide resources, information, and ideas to stop tobacco usage at home and thus protecting members of family from serious health risks tobacco causes.

Intervention or responses:

This campaign explores the prevalence and perceptions of SHS and THS in homes and the need to promote tobacco free homes in India. We drive addicts away from tobacco by illustrating pictorially horrible side effects of tobacco from real life cases and to keep the young generation away from the addictions for lifetime. We have educated over 11800 families through our creative audio video visuals

along with innovative posters on tobacco awareness. Tobacco free home is certified and labelled with a small display board for creating awareness among others for adopting TFH's tag.

Results:
Data collected from various members of the family, over 70% of family members are not having awareness on tobacco smoke pollution, third hand smoke and tobacco impact on environment. After the awareness drive, many have decided not to allow any members of the family and guests to smoke inside home or apartments and in cars. Awareness in rural areas is still lagging.

Conclusions:
Knowledge about tobacco's harmfulness has somewhat increased but is not enough, especially on tobacco smoke pollution, toxic cigarette butt and smokeless tobacco plastic pouches waste which are equally affecting the environment apart from health hazards tobacco causes. Need to spread awareness in rural areas for protecting rural youth.

EP140 - Monitoring, countering & stopping International VAPE Expo Event on E-Cigarettes in India
Binoy Mathew

Background:
Electronic Nicotine Delivery System (ENDS) popularly known as e-cigarettes are highly addicting and potentially lethal products. It is mostly being used by children and youth because these are glamorized by the tobacco industry. Though not generally available in stores, they are widely promoted through social media, email marketing with discount offers. As per a report prepared by WHO; Electronic Nicotine Delivery Systems (ENDS) emits nicotine, the addictive component of tobacco products. In addition to dependence, nicotine can have adverse effects on the development of the foetus during pregnancy and may contribute to cardiovascular disease. The International Expo on E-Cigarette "VAPEEXPO" was supposed to organise a big event in Delhi in September 2017, but when the Delhi Government denied the permission to hold this event in Delhi, they managed to get necessary permission to organise this event in Greater NOIDA, Uttar Pradesh on 9-10 September, 2017.

Intervention or response:
We took up this matter immediately with the District Administration, Noida, Government of U.P & brought to their notice that displaying the promotional materials on E-cigarettes is directly targeting the youth and organising the VAPE Expo E-cigarette event is a clear violation of WHO-FCTC & Indian Tobacco Control Laws .The media was engaged to highlight this issue and to counter this event.

Results and lessons learnt:
Due to our intervention, the District Administration, Govt of U.P issued an order on cancelling the VAPE-EXPO Event on E-cigarettes, as it is a clear violation of Section 4 & 5 of Cigarettes & Other Tobacco Products Act, IPC 268&278, Section 77 of Juvenile Justice Act 2015, Drugs & Cosmetics Act, 1940. This was also highlighted in the national media.

Conclusions and key recommendations:
If we are to influence tobacco usage in the country and dissuade initiation, continuous monitoring and sensitization is required to counter the tobacco industry tactics.

EP147 - Monitoring and exposing tobacco industry tactics around Conference of Parties (COP 7)
Binoy Mathew

Background and challenges to implementation:
Section 5.3 of the Cigarettes and Other Tobacco Products Act (COTPA) does not allow any kind of promotion of tobacco products or its use. Article 5.3 of WHO-FCTC requires parties to protect the development and implementation of public health policies related to tobacco control from the commercial and other vested interests of the tobacco industry. India hosted the Seventh Session of the Conference of Parties (COP) of the WHO-Framework Convention on Tobacco Control (FCTC) in Delhi NCR (Greater Noida) from 7th to 12th November, 2016. In light of this, one of the front group of tobacco industry put huge billboards/hoardings and advertisements behind public transport showing agitation against COP 7 and tobacco control organisations working in India. This front group purported to represent the interests of the tobacco farmers in India was denied observer status by the FCTC Bureau due to its failure to submit a proper declaration of its interest.

Intervention or response:
We took this issue immediately and documented the photographs of these bill boards/hoardings and the advertisements. A representation along with these photographs was shared with the district administration of the place, where the COP 7 event was taking place. We brought to the notice that displaying the promotional materials by the tobacco industry is a clear violation of WHO-FCTC treaty and requested the administration to take immediate action to ensure that these hoardings and billboards are removed.

Results and lessons learnt:
The media covered the violations done by the tobacco industry extensively, exposed the tactics of the tobacco industry and further action was being taken up.

Conclusions and key recommendations:
If we are to influence tobacco usage in the country and dissuade initiation, continuous monitoring and sensitization is required to counter the tobacco industry tactics and emerge victorious.

EP159 – Feasibility of piggybacking anti-tobacco campaign on concurrent food safety training intervention among street food vendors – preliminary results
Lt COl (Dr) Kumar Pushkar, Dr Sonu Goel, Dr Amarjeet Singh

Background:
Tobacco use is quite common among street food vendors and their clientele and it will be relevant to target them through health education approach. Piggybacking approach has been successfully applied in various public health programmes such providing Vit. A drops to children along with measles immunization to decrease the number of visits. Thus, it will be novel to see the feasibility of piggybacking health education against tobacco use on concurrent food safety intervention. This paper presents only the preliminary results from our ongoing RCT. The objective is to ascertain the feasibility of using a piggybacking approach to launch an Anti-Tobacco use campaign along with proposed training of street food vendors.

Methodology:
The study design is quasi-experimental pre and post design. A pretested and validated questionnaire was used to assess tobacco use behaviour and determinants among selected food vendors and their

clientele. An intervention package was designed in the form of booklet in Hindi and posters against tobacco use. This training was given onsite along with food safety training. Descriptive statistics, chi square and paired t test and other appropriate statistical tests have been applied.

Results :
So far data of 40 vendors has been analyzed. Of them, 19(47%) were using tobacco in some form; 30(75%) were not aware of any law whether they can sell tobacco with food products or not. After tobacco use, more than 90% of vendors were not washing hand before handling food products. After intervention, 4 (out of 19) of the vendors reported quitting tobacco and only less than 25% were not washing hand after tobacco use. Display of posters was appreciated by more than 70% of the customers.

Conclusion:
Piggybacking of anti-tobacco health education approach was successful on concurrent food safety training of street food vendors.

EP198 - Advances in protection from tobacco pollution, second- and third-hand smoke
Dr Shubhan Alva

Background and challenges to implementation:
Second hand smoke (SHS) is an important component of maternal and child health. Though Government of India has prohibited smoking in public places, the compliance is inadequate. SHS exposure also occurs at home. Health care providers were involved as they play key role because of high public contact. Their small step, by starting this initiative in their homes can help them in tackling larger tasks as opportunity arises.

Intervention or response:
The present study targeted primary health care workers of Mangalore. It was conducted as follows: Phase I: Ethical clearance and Informed consent was obtained. Baseline data regarding their awareness on SHS was obtained. Focus group discussions were conducted, rationale for developing smoke free homes was explained and videos were projected. It was emphasized that the initiative will focus on encouraging smokers to smoke outside their house. Phase II: After six months data related to initiatives taken and reasons for failure was collected. Smoke free home sticker was distributed to smoke free homes. The event was publicized.

Results and lessons learnt:
A total of 1048 Primary Health care workers participated. Secondary education was completed by 63.16%. A total of 91.79% and 83.39% of them agreed that SHS is harmful to children and pregnant ladies respectively. Convincing their spouse to smoke outside their house, by counselling was the initiative taken. Only 32.81% agreed that they have made their house smoke free. The reason given for failure was that the women's opinion was disregarded and lack of awareness of the men regarding SHS.

Conclusions and key recommendations:
The present study revealed that majority of them were aware of the harmful effects of SHS.

EP229 – Tactical monitoring ensures policy implementation

Arul Rathinam, Angelis savariyar

Introduction to challenges :

In India mere enactment of law does not get implemented automatically especially when the onus is on the enforcers. Only advocacy actions pressurize the enforcers to implement law. Indian tobacco control law COTPA section 4, prohibits smoking in all public places and mandates display of signage as per the specification of minimum size of 60 cm by 30 cm, displaying the warning "No Smoking Area- Smoking Here is an offence." Pasumai Thaayagam has been monitoring the compliance and noticed smoking violation in tea stalls. Towards ensuring compliance a study was organized to bring to fore the real status of compliance.

Intervention and responses:

Randomly picked up 30 tea stalls in different localities of one zone in Chennai, were selected as part of the field study by the authors. The scope of the study was limited to compliance of the two provisions viz. smoking regulations and display of signage with warning as enshrined in section 4 of COTPA. Investigators were oriented on field tested questionnaire.

Results and lessons learnt:

The study brought out non compliance and violation in most shops. Out of the 30 tea stalls twenty eight stalls allowed smoking inside stall in the presence of non smokers. 13 shops did not have the specified signage. 18 shops had faded signage and these shops allowed smoking irrespective of the display of signage. 27 shops sold cigarettes without having the board that tobacco is sold here and the mandatory board having the message that tobacco products not sold to children below 18 years of age. Study brought out the lacunae and lapses in ensuring compliance by the enforcers. Result of the study was used for advocacy with enforcers for ensuring stringent implementation.

Conclusions:

In India only sustained monitoring by the civil society will ensure efficient and effective.

11:30 AM TO 1:00 PM

PLENARY 4- TOBACCO INDUSTRY INTERFERENCE
Rustom Choksi Auditorium, 2nd Floor, Golden Jubilee Block

Chair
Dr Gan Quan, Director, Tobacco Control Department, The UNION

Co-Chair
Dr. Monika Arora, Director, HRIDAY-SHAN & PHFI

Speakers
What is Tobacco Industry and TII?
Dr. Sonu Goel, Additional Professor, SPH, PGIMER, Chandigarh

Tobacco industry Interference in control of SLT use and Policy response in India
Dr. Amit Yadav, NICPR-ICMR, Noida

Protecting public policies from industry interference: challenges and opportunities
Dr. Upendra Bhojani, Faculty and Asst. Director, Institute of Public Health, Bangalore, India

Tracking activities of Foundation for a Smokefree World (FSFW) and need for national policy on FCTC Article 5.3
Mr Pranay Lal, Senior Technical Advisor, The UNION

Policy, Advocacy and Communication Anticipating and Countering Tobacco Industry Arguments
Ms. Vaishakhi Malik, Associate Director, South Asia, Vital Strategies

1:00 PM TO 1:30 PM

CLOSING CEREMONY
Rustom Choksi Auditorium, 2nd Floor, Golden Jubilee Block

4th NCTOH at a glance
Tshering D Bhutia, Vice President, Preventive Health & Nutrition, Salaam Bombay Foundation

Conference Declaration
Dr. Monika Arora, Co-chair, Declaration Committee, 4th NCTOH

Announcement of 5th NCTOH Bidding Results
4th NCTOH Organizing Committee

Tobacco Free Generation

4th
NATIONAL CONFERENCE ON
TOBACCO OR HEALTH

8th - 10th Feb 2019, Mumbai, India

Tobacco Free Generation Starts with ME

Hosts

SALAAM BOMBAY FOUNDATION
A CHILD IN SCHOOL HAS A FUTURE

TATA MEMORIAL CENTRE

Healis
Sekhsaria Institute for Public Health

ACT India

Lead Partner

Rūsan

Partners

Campaign for Tobacco-Free Kids

World Health Organization

Vital Strategies

Ministry of Health & Family Welfare
Government of India

The Union
International Union Against Tuberculosis and Lung Disease
Health solutions for the poor

Narotam Sekhsaria Foundation

www.tobaccocontrolindia.org