



Government of India
Ministry of Health and Family Welfare

A GUIDE FOR HEALTH WORKERS

...Helping tobacco users quit



National Tobacco Control Programme



“5 Indians die every 2 minutes due to tobacco use”

Helping tobacco users quit is the most noble contribution health workers can do to improve community health





जगत प्रकाश नड्डा
JAGAT PRAKASH NADDA



मंत्री
स्वास्थ्य एवं परिवार कल्याण
व रसायन एवं उर्वरक
भारत सरकार
Minister
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Government of India



MESSAGE

Tobacco use is globally acknowledged as the primary preventable cause of mortality due to NCDs. The surging consumption of tobacco poses a formidable challenge to country's future. The escalating prevalence of tobacco use in India is a matter of deep concern. India has comprehensive legislation, namely the "Cigarette and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, 2003," for tobacco control with the primary objective of safeguarding public health, particularly that of our youth and children, from the detrimental effects of tobacco. Furthermore, India has played a pioneering role in the development of the WHO Framework Convention on Tobacco Control (FCTC) and stands among the first few nations to ratify it.

To strengthen public health measures, the Government of India has launched the National Tobacco Control Programme (NTCP) with a holistic approach to effectively combat tobacco usage within communities. The program is designed to strengthen the capacities of states and districts in implementing program strategies and anti-tobacco legislation efficiently.

Public education forms an integral part of the program and necessitates widespread dissemination at the grassroots level. Health workers play a pivotal role in encouraging public awareness on various community health issues. Given their direct role in the primary healthcare system, they wield significant influence over the behavior of individuals and communities at large.

It is envisaged that the guide will serve to encourage grassroot health teams in understanding and taking measures to reach our objective of reducing prevalence of tobacco use amongst the masses, thus curbing tobacco-related ailments in India.

(Jagat Prakash Nadra)

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सत्यमेव जयते



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Government of India
Department of Health and Family Welfare
Ministry of Health and Family Welfare



MESSAGE

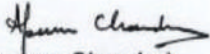
Tobacco use remains a critical threat to public health in our country, placing a significant burden on our healthcare system and leading to immense suffering and preventable diseases.

Nearly one-third of all cancer cases in India stem from tobacco use, highlighting the need of our continued efforts. The Global Adult Tobacco Survey (GATS 2) data conducted among persons 15 years and above, reveals that almost 28% of adults in India are tobacco users. India ranks second in tobacco-related deaths worldwide, with nearly 13.5 lakh avoidable deaths recorded each year.

However, India has made significant progress in its fight against tobacco, which could be broadly enumerated as include the enactment of COTPA in 2003, ratification of WHO FCTC in 2004 and the launch of the National Tobacco Control Programme in 2007. Further achievements encompass the release of Tobacco-Free Educational Institutions guidelines in 2019, enactment of the Prohibition of Electronic Cigarettes Act in 2019, and the establishment of three NTTLs the same year. Additionally, efforts are currently underway to regulate tobacco promotion on OTT platforms.

"A Guide for Health Workers" - Helping Tobacco Users to Quit" emphasize on the crucial areas such as identifying tobacco users, providing brief interventions, promoting cessation services, advocating for smoke-free environments, etc. I hope that through these guidelines, the capacity of over 1.16 lakh workforce of ASHA workers and ANMs would be enhanced for brief advice on tobacco cessation. "A Guide for Health Workers" shall go a long way to strengthen our tobacco control efforts.

Date : 06.09.2024
Place : New Delhi


(Apurva Chandra)



वी. हेकाली झिमोमी, भा.प्र.से.
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MESSAGE

Tobacco use is the single most preventable cause of death worldwide. It is associated with immediate and long-term detrimental effects on both oral and systemic health. Despite continuous efforts in tobacco control, tobacco use continues to be a major burden on our healthcare system, resulting in significant suffering and preventable diseases. Beyond health, tobacco use has profound economic and environmental consequences.

Health care workers are recognized as "change agents" at the grassroots level, playing a crucial role in raising public awareness on various health issues affecting the community. Research has shown that even brief advice from a community health worker can motivate tobacco users to quit. This guide has been developed with the objective of sensitizing and updating health staff working at the community level on the issue of tobacco use and the various strategies of tobacco control.

This guide marks a milestone in defining the roles and responsibilities of grassroots health workers, such as Multipurpose Workers, ASHA workers, ANMs, etc., It emphasizes the ill effects of tobacco use and enhances skills for preventing its use, thereby equipping health workers to provide brief tobacco cessation counseling to users in the community. Additionally, this guide aims to familiarize health workers with the tobacco control laws in India. The updated guidelines are presented in simple language, making them easily comprehensible for health workers in program implementation at the primary health care level.

I hope this guide will prove useful for the effective implementation of the National Tobacco Control Programme at the sub-national level by health workers, who are the pillars of our healthcare delivery system.


(V. Hekali Zhimomi)



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Acknowledgement

In a country experiencing the epidemiological transition from Communicable Diseases to Non-communicable diseases (NCDs), NCDs are a major threat causing morbidity, pre-mature mortality and huge productivity and economic losses. Tobacco use is the major risk factor associated with NCDs. To address this issue, the Government of India launched the National Tobacco Control Programme (NTCP) as a new initiative in 2007-08, which has since grown and evolved, addressing various components of tobacco control.

Working on both the supply side and demand side of the issue, India has emerged as a leader in tobacco cessation efforts with a range of initiatives: toll-free quit line services and tobacco cessation centers in District Hospitals, Dental Colleges and Medical Colleges (recently announced as an advisory from NMC). Notably, the frontline health workers are often the first point of contact between a tobacco user and the health care delivery system. Enhancing their capacity for cessation as providers or linkages to the existing cessation system serves as one of the best buys. Therefore, the development of a Health Worker Guide becomes indispensable for systematically training a large number of healthcare providers.

This document has been crafted under the esteemed guidance and leadership of Prof. (Dr.) Atul Goel, Director General of Health Services and Ms. Hekali Zhimomi, Additional Secretary (NTCP). I express deep gratitude for their unwavering support in bringing this guide to fruition.

Special thanks are due to Dr. Mira B. Aghi, Dr. Prakash Gupta, Dr. Rana J. Singh, Dr. Sonu Goel, Dr. Sitanshu Shekhar Kar, Prof. Monika Arora, Mr. Praveen Sinha, Dr. Mukesh Nagar, Dr. Shalini Bassi and Dr. Vikrant Mohanty for their invaluable contributions. Special acknowledgement goes to Dr. Puneet Chahar for his contributions to the layout and design of this guide.

I also extend sincere appreciation to my team, including Dr. Poonam Meena, Deputy Secretary, NTCP; Dr. Avinash Sunthlia, SMO, NTCP and consultants Dr. Prachi Rathi, Dr. Vedha V.P.K., Dr. Ambika Narain, Ms. Mansi Singh and Ms. Shivani for their meticulous efforts.

We hope that this guide will go a long way in contributing to the tobacco cessation efforts, ensuring a tobacco-free life for all, symbolizing the motto of leaving no one behind.

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Abbreviations

- ASHA- Accredited Social Health Activist
- MPW- Multi-Purpose Worker
- ANM- Auxiliary Nursing Midwife
- ENDS- Electronic Nicotine Delivery System
- HTPs- Heat Treated Products
- PECA 2019- Prohibition of Electronic Cigarettes Act 2019
- COPD- Chronic Obstructive Pulmonary Disease
- SHS- Second Hand Smoke
- NTQLS- National Tobacco Quit Line Services
- TCC- Tobacco Cessation Centres
- AAR- Ask, Advice, Refer
- COTPA 2003- Cigarette and Other Tobacco Products Act 2003
- OTT- Over The Top
- JJ Act 2015- Juvenile Justice Act 2015



Introduction to the guide



This guide has been developed for grassroots health workers such as Accredited Social Health Activist (ASHA), Multi-Purpose Workers (MPWs), Auxiliary Nurse Midwife (ANMs) etc. to highlight ill effects of tobacco use, enhance skills for preventing tobacco use and providing brief tobacco cessation counselling to tobacco users in the community. This guide also intend to orient the health workers with various tobacco control laws in India.

This guide may be referred to as reading material and shall be part of the training of health workers. Health workers should keep the guide with them during visit to households and village/ community meetings.

Tobacco Facts

Tobacco use is the single largest cause of preventable death and illness worldwide.

- More than **80 lakh** people worldwide die each year from tobacco use and exposure to secondhand smoke.
- Nearly **13.5 lakh** Indians die from tobacco use every year, which is more than those killed by AIDS, tuberculosis, and malaria combined.
- More than **3500 Indians** die every day due to tobacco use.
- **33 out of 100 cancer cases** in India are associated with tobacco.
- Nearly **95% of all oral cancers** occur among tobacco users.

Tobacco use also causes stroke, heart attack, lung disease, blindness and other illnesses.

Tobacco users die ten years younger than people who do not use tobacco

Tobacco Products in India

There are several kinds of **smoked tobacco** like bidi, cigarettes, hookah, chillum, hookli etc.:



Bidi



Cigarette



Hookah

Cigarettes smoke contain more than 7,000 chemical compounds, 200 known poisons and 69 cancer causing agents

Tobacco Products in India

There are several kinds of **smokeless tobacco**, mainly chewing tobacco like Zarda, Khaini, Gutka, Pan Masala with tobacco, mawa, misri and gul:



Khaini



Gutka



Zarda

There are more than 3000 chemical components in smokeless tobacco products (including gutkha) among them 28 are cancer causing agents.

Apart from Smoke and Smokeless tobacco, certain **new emerging products** like ENDS (Electronic Nicotine Delivery System, electronic cigarettes), Heated Tobacco Products (HTPs), e-hookah and like devices are also available in market. (Such products are banned in India under PECA 2019)



Various types of electronic nicotine delivery systems devices



Heated Tobacco Products (HTPs)

Electronic Cigarettes contain potentially harmful substances including nicotine, heavy metals like lead, volatile organic compounds and cancer-causing agents

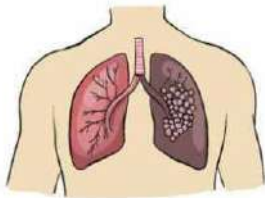
Major Illnesses Caused by Tobacco

Cancers

Mouth & Throat Cancer



Lung Cancer



Diseases at highest risk:

- Chronic respiratory symptoms, asthma, tuberculosis and recurrent chest infections
- Coronary heart disease
- Lung cancers



Smoker's Gangrene (Buerger's disease)

Chronic Diseases

Stroke

Heart Disease

Pneumonia/
Tuberculosis

Chronic Obstructive
Pulmonary Disease
(COPD), asthma and
other respiratory effects

Impotence

Health effects specific to women:

- Reduced fertility
- Spontaneous abortion
- Low-birthweight babies, still births
- Cancer of the cervix

Tobacco Spares No One — Secondhand Tobacco Smoke Kills



Smoke from someone else's bidi or cigarette is called **secondhand tobacco smoke (SHS)**.

Secondhand tobacco smoke harms everyone— adult non-smokers, young children and babies.

In children, SHS exposure leads to ear infection, respiratory symptoms and infections, poor lung function, asthma and sudden infant death syndrome (SIDS).

Quitting Tobacco

Tobacco cessation services in India are provided via

- **National Tobacco Quitline Services (NTQLS)** which provides telephonic counselling services through trained counsellors. To quit, tobacco users can dial the toll-free number (1800-11-2356) from 8 am to 8 pm.



- **Tobacco Cessation Centres (TCCs)** at district hospitals, dental and medical colleges.
- **Community Tobacco Cessation** through Health Workers

Health Workers are Key to Help People Quit Tobacco

As a health worker, you have access to communities. Community members listen to you and value your advice for their health. You, therefore, should help community to adopt healthy behaviour and prevent diseases via:



Educate community members on the harmful effects of tobacco use:

- All tobacco products are addictive and harmful.
- There are harmful effects of tobacco on health and on economy of family
- There are benefits of quitting tobacco use.
- No tobacco product is safe in any quantity. Bidis are as harmful as cigarettes.
- Secondhand tobacco smoke causes many life threatening diseases.
- Smokeless tobacco is equally harmful and can also causes multiple diseases, including mouth cancer.

Prevent youth from starting tobacco use.

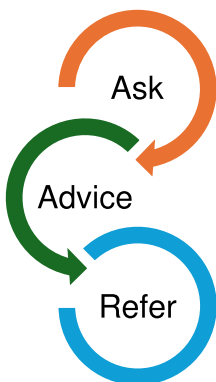
Support people who want to quit tobacco use and refer them to tollfree National Tobacco Quitline services at 1800-11-2356.

Ensure that health facility and public places in your area of work are **tobacco free**.

Discuss the matter with school/ college authorities in the vicinity of your health facility and involve them in your efforts to control tobacco.

Be a Role Model by not consuming any form of tobacco

Quitting Tobacco- Role of health worker

Role of health worker (AAR)	Examples
<p>As a health worker, you should:</p> <ul style="list-style-type: none"> • Ask everyone in the community (<u>especially during Community Based Assessment Checklist (CBAC) surveys</u>) if they smoke and/or chew tobacco • Advice every tobacco user to quit by providing clear, strong and personalised brief advice and • Refer them to nearest tobacco cessation centre at district hospital or help them to register on NTQLS (1800-11-2356) 	<p>“As your health worker and as someone who cares about you and your health, I would like to help you QUIT tobacco because quitting tobacco use is vital for your health and your family.”</p> <p>“As your health worker, I want you to know that quitting tobacco will help you live a longer, healthier life.”</p> <p>“As your health worker, I want you to quit tobacco as soon as you can — the sooner you quit, the better you’ll feel. Your health starts improving immediately after quitting.”</p> <p>“As your health worker, I want you to know that it is never too late to quit tobacco — quitting at any age will improve your health.”</p>
<p>For those not ready to quit, the health worker should educate them on the health consequences of continuing to use tobacco and its effects on the family’s economy, e.g. tell them of all the essential things (better food, clothes, education of children, etc.) that could be bought if the money was not spent on buying tobacco products.</p>	<p>“As your health worker, I want you know when you are ready to quit so that I can help you”</p>

Benefits of Quitting Tobacco

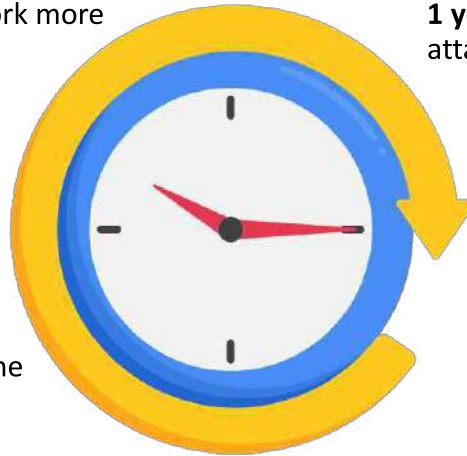
2 months: lungs work more efficiently

1 year: Risk of heart attack reduces to half

48 hours: sense of smell and taste back to normal

10 year: Risk of lung cancer reduces to half

24 hours: Nicotine is out of the system



20 min: Blood Pressure normalizes

Tips for Quitting Tobacco

Health workers should assist tobacco user quit tobacco by:

- Asking them to be determined.
- Assisting them to set a quit date and stick to it.
- Encouraging them to discard any tobacco products, lighters, matches and ashtrays.
- Encourage them to tell their family that they are quitting.
- Assist them to identify situations that make them want to use tobacco and avoid such situations. Foreexample, seeing a tobacco shop or people smoking/using tobacco.

Myths and Facts about Quitting Tobacco

Myth: Behavioural Counselling doesn't work because the Tobacco-user is responsible for own behaviour and hold certain beliefs like; "I can leave whenever I want to, how can someone help me leave it just by talking".

Fact: Tobacco-use consistently leads to the development of a specific habit, which then becomes tied to different emotional states (like stress, anxiety, sad mood) and even certain everyday activities. These situations act as triggers, which need to be managed. The same are the focus of Behavioural Interventions

Myth: It doesn't matter whether you quit or not, the damage is already done.

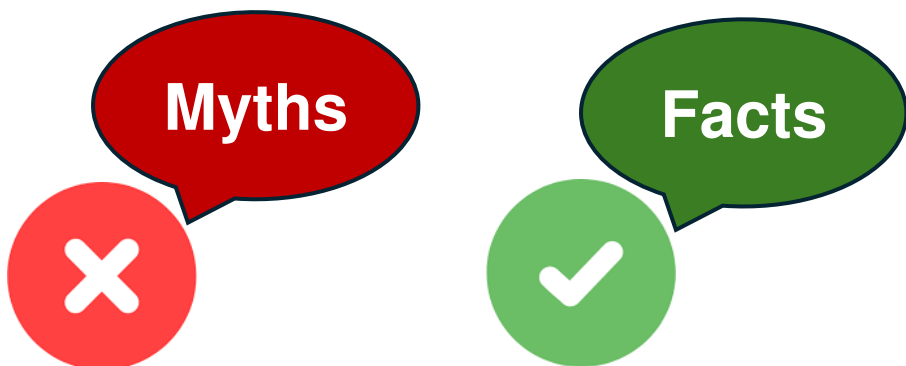
Fact: When a person quits tobacco, the body immediately starts repairing itself.

Myth: Quitting tobacco can make mental health condition symptoms worse.

Fact: Tobacco users who are trying to quit might feel irritable or restless, have trouble sleeping or concentrating, or feel anxious, depressed, or hungry. In most cases, these are symptoms of nicotine withdrawal, and not mental health conditions getting worse. These feelings usually go away in a few days.

Myth: Secondhand (SHS) tobacco smoke may bother people, but it isn't dangerous.

Fact: SHS is responsible for death of lakhs of people globally. It is not healthy to breathe any amount of tobacco smoke.



Protecting the Young



Today's youth are tomorrow's future. Many young people are starting to use tobacco products. This is alarming!!

Boys use tobacco products much more than girls but use among girls is increasing.

50 out of 100 teenagers who smoke today will eventually die of tobacco-related disease unless they quit.

As a health worker, you should provide clear, strong and personalized advice to young people and inform them of problems with tobacco use.

“As your health worker, I want to tell you that when young people smoke or chew tobacco they:

- experience loss of stamina during and after exercise
- face difficulty in breathing, running and academic activities with loss of school hours
- get tired easily”

“As your health worker, I want to tell you that:

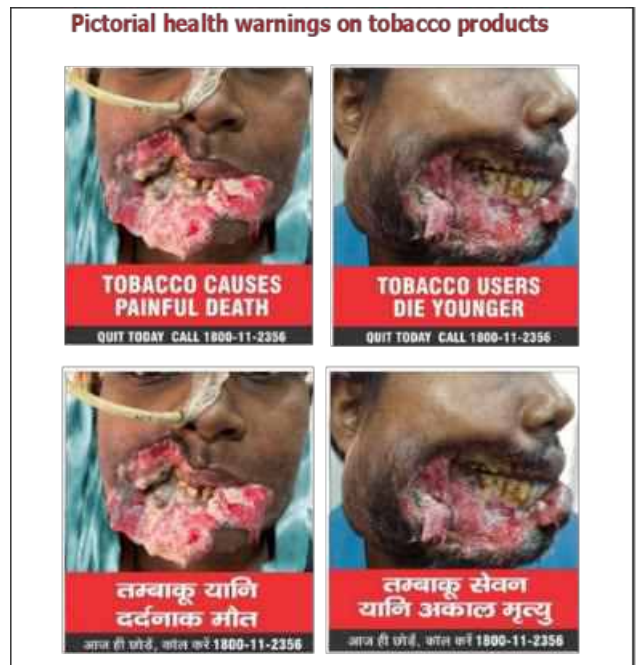
- you may believe smoking makes you look trendy and cool, but you can become impotent/infertile.
- smoking and tobacco use causes teeth stains and bad breath.
- smoking and tobacco use dries out your skin and hair. It is likely to cause wrinkles.”

Tobacco Control Law in India

To protect people from the dangerous health effects of tobacco, the Government of India enacted a national tobacco control act named Cigarette and Other Tobacco Products Act 2003 (COTPA).

It is against the law (COTPA) to:

- Smoke in public places, including workplaces (Section 4).
- Advertise (including promotion and sponsorship) tobacco products (including in Films and Over The Top (OTT) platforms) (Section 5).
- Sell tobacco products to children under 18 years. (Section 6a)
- Sell tobacco products within a radius of 100 yards of schools and colleges. (Section 6b)
- Sell tobacco products without pictorial health warnings. (Section 7,8,9)



Every public place (like Post office, Government Offices, hospitals, restaurants etc.) must display this warning sign.



Penalties for Violations of COTPA

Sections of COTPA	Penalties (Fine or imprisonment or both)
Section 4: Prohibition on smoking in a public place	a) To the individual offender: Up to Rs. 200/- b) To owner, manager or authorised officer: Fine equivalent to number of offences in public place
Section 5: Prohibition on advertisements of cigarettes and other tobacco products	a) 1st Offence: 2 years/ Rs. 1000/- b) 2nd Offence: 5 years/ Rs. 5000/-
Section 6: Prohibition on the sale to minors and around educational institutions	Up to Rs. 200/-
Sections 7,8 and 9: Prohibition on the sale of cigarettes and other tobacco products without Specific health warnings	a) Manufacturer: 1st Offence: 2 years/ Rs. 5000/- 2nd Offence: 5 years/ Rs.10,000/- b) Selling/Retailing: 1st Offence: 1 year/ Rs. 1000/- 2nd Offence: 2 years/ Rs. 3000/-

Other Tobacco Control Laws in India and Penalties

Prohibition of Electronic Cigarettes (Production, Manufacture, Import, Export, Transport, Sale, Distribution, Storage, and Advertisement) Act (PECA) 2019

- **Bans electronic cigarettes and similar devices** (all types of electronic nicotine delivery systems, heat not burn products, e-hookah, and like devices)

- **Penalty-**

○ 1st Offence- 1 year/ One lakh

○ 2nd Offence- 2 year/ 5 lakh

Juvenile Justice (JJ) Act 2015

- **Prohibits giving any liquor/ narcotic/ psychotropic substance** (including tobacco) to a child (<18 years)

- **Penalty-** up to 7 years/ One lakh

Communication Strategies (Role play for training)

Role Play 1

Tobacco Use among lactating mothers

Shalu is a 24-year-old female living in village Gharonda and delivered a baby girl around four weeks ago. She visits her village's sub-centre for routine vaccination of her baby. Rita, who is an ASHA worker, while making an entry in her record books and talking to Shalu, observes that there is a foul odour of tobacco smoking. She asks Shalu if anyone smokes at your home. She replies with a yes. Rita further probes if Shalu is also using tobacco, to which Shalu responds that yes, she smokes *bidi*. Pls enact a role play to provide brief advice to Shalu.



Role Play 2

Tobacco use and pregnancy

Veena is an ASHA worker and caters to the population under the Primary Health Centre (PHC), Phullera. She visits Sitara's house during one of her routine household visits in the village to follow up with pregnant women. Sitara is a 26-year-old female in the first trimester of her pregnancy. While talking, Veena observes that Sitara is using *khaini* (a type of smokeless tobacco). Veena is surprised to see this and asks Sitara to come aside and sit down. She then asks Sitara what it is that she has been chewing and since when. Sitara mentions that it is *Khaini* that she is using, and she has been doing so since she was 16 years of age. Pls enact a role play to provide brief advice to Sitara.



Role Play 3

Tobacco use among youth

Bablu is a 14-year-old boy studying in seventh standard in Parmal village in Agra. In the afternoon, after finishing his day at school, he is headed home riding his bicycle. Around the school gate, he stops by a public park and starts smoking. Mala, who is an ASHA worker, is on her way to meet a family as part of her regular visits. While passing through the park, she finds Bablu sitting on a bench with a lit *cigarette*. As Mala approaches him, he throws away the cigarette on the soil and rubs his shoe over it. Pls enact a role play to provide brief advice to Bablu.



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