स्वास्थ्य एवं
परिवार कल्याण मंत्रालय
MINISTRY OF
HEALTH AND
FAMILY WELFARE
सत्यमेव जयते

OPERATIONAL GUIDELINES FOR ESTABLISHING TOBACCO CESSATION CENTRES IN MEDICAL INSTITUTIONS

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आज़ादी का अमृत महोत्सव

भारत सरकार
स्वास्थ्य एवं परिवार कल्याण विभाग
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
Government of India
Department of Health and Family Welfare
Ministry of Health and Family Welfare

MESSAGE

India is experiencing a significant shift in its disease burden from communicable to Non-Communicable Diseases (NCDs). Among these, tobacco use stands out as the leading yet most preventable risk factor, responsible for over 1.3 million deaths in India each year. There is no safe level of exposure to tobacco, and all forms of tobacco use are harmful.

According to the findings of the Ministry of Health and Family Welfare's second round of the Global Adult Tobacco Survey, tobacco use has decreased by six percentage points since 2009-10. While this achievement indicates that our tobacco control policies are moving in the right direction, much work remains. Various forms of smoked and smokeless tobacco, including water pipes and chewable products, are deeply ingrained in the social and cultural practices of many Indian communities. Promoting cessation of tobacco use stands as one of the most important pillars of India's National Tobacco Control Programme.

Quitting tobacco becomes exceptionally challenging once addiction has developed, often necessitating the support of a healthcare professional. Medical practitioners and doctors in medical institutions, being the first layer of contact with tobacco users suffering from various diseases, can play a pivotal role in motivating patients to change their behaviour and offering tobacco cessation services.

Acknowledging the above, the Ministry of Health and Family Welfare has launched 'Operational Guidelines for Establishing Tobacco Cessation Centres in Medical Institutions'. These comprehensive guidelines cover all requirements for integrating tobacco cessation clinics in medical and other healthcare institutions, intended to make a valuable contribution to tobacco cessation as well as tobacco control efforts while protecting patients from the significant public health impact of tobacco use.

I am pleased to note the launch of these guidelines and wish the National Tobacco Control Program great success as I look forward to seeing more such excellent initiatives in the future.

Date : **22.05.2024**
Place : **New Delhi**

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MESSAGE

Tobacco use is the leading single preventable cause of death worldwide, claiming the lives of over 8 million individuals annually. Of these fatalities, over 7 million of those deaths result from direct tobacco consumption, while 1.3 million deaths are attributed to exposure to secondhand smoke. In India alone, tobacco use kills over 1.3 million individuals every year.

The latest Global Adult Tobacco Survey suggests that 28.6 per cent of adults in India aged 15 and above currently use tobacco in some form, while tobacco use among youth aged 13-15 years is 8.5%. While these estimates mark a decline in tobacco consumption nationwide in the past decade, indicating that our tobacco control policies are moving in the right direction, we are still a long way from reaching our goal – a tobacco-free India.

In light of the above, the Ministry of Health and Family Welfare remains steadfast in its commitment to combatting tobacco use and safeguarding public health. One of the primary objectives of India's tobacco control efforts is promoting tobacco cessation.

In 2016, MoHFW introduced mCessation, a mobile-based service, and a national toll-free Quitline offering counselling in 16 languages to tobacco users desirous of quitting. In 2018, India's dedication to tobacco cessation continued with the release of the Operational Guidelines to establish Tobacco Cessation Centers (TCC) in dental institutes across the country to encourage and support patients attempting to quit the habit and emphasize the pivotal role that healthcare providers play in identifying, motivating, and counselling patients on tobacco cessation and abstinence.

In 2024, taking this initiative one step further, the Ministry of Health and Family Welfare has launched 'Operational Guidelines for Establishing Tobacco Cessation Centres in Medical Institutions', which exhibits the criteria and requirements for a fully functional TCC in all medical institutions nationwide, laying a strong foundation for increasing tobacco quit rates in the country, extending necessary support and providing guidance to individuals seeking to overcome tobacco addiction.

I am pleased to see this remarkable effort come to fruition, and I extend my best wishes to the National Tobacco Control Programme for its future endeavours.

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Dated. 27.05.2024

The tobacco crisis stands as one of the most enduring challenges to public health globally. The latest Global Adult Tobacco Survey (GATS-II) suggests that 28.6 per cent of adults in India aged 15 and above currently use tobacco in some form, with *bidis* reported as the most common form of smoked tobacco (8%), and *khaini* as the most common form of smokeless tobacco (11%).

The Government of India has taken note of the tobacco epidemic and has responded by initiating several measures to contain the same. The provision of Tobacco Cessation Services for all tobacco users is one of the main objectives of the National Tobacco Control Programme. Offering help to quit also constitutes one of the key interventions in the MPOWER package – a set of six tobacco control strategies developed to reduce demand for tobacco. Most tobacco users who understand the risks of tobacco use desire to quit. GATS-II reports that 55% of smokers and 50% of smokeless tobacco users are planning or thinking of quitting. Both counselling and medication can increase a tobacco user's likelihood of successfully quitting by more than two-fold. Experts suggest that just hours after quitting, the nicotine levels of tobacco users begin to drop, and their heart rate and blood pressure return to normal levels. Within months of quitting the habit, the user's risk of heart disease decreases significantly. The importance of tobacco cessation cannot be stressed enough.

It is crucial for medical institutions to be equipped with dedicated tobacco cessation centres (TCC) since healthcare providers play a critical role in tobacco cessation, leveraging their unique position to influence, support, and guide patients towards quitting tobacco use. These TCCs would also offer an ideal platform to educate, orient, and sensitize medical undergraduate students for a lifetime and are likely to result in an increase in quit rates among current tobacco users.

The Ministry of Health and Family Welfare's newly released 'Operational Guidelines for Establishing Tobacco Cessation Centres in Medical Institutions' represent a crucial step forward in bolstering our national tobacco cessation efforts and supporting individuals in quitting smoking. The Directorate is delighted to introduce these guidelines and extends heartfelt congratulations to the National Tobacco Control Programme team for their commendable work in combatting tobacco use in India and wishes them every success in the future.

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दिनांक / Dated 27/05/2024

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The establishment of Tobacco Cessation Centres within medical institutions is pivotal for training future healthcare professionals in effective cessation techniques, advancing research on tobacco addiction, supporting community health through outreach programs and fostering early intervention strategies to prevent lifelong tobacco use. We extend our heartfelt gratitude to everyone who contributed to the development of the "Operational Guidelines for Establishing Tobacco Cessation Centres in Medical Institutions." This project would not have been possible without the dedication, expertise and collaborative spirit of numerous individuals and organizations.

I would like to express my deepest appreciation to Dr. Atul Goel, Director General of Health Services, for his consistent guidance. My sincere gratitude also goes to Ms. Hekali Zhimomi, Additional Secretary, for her unwavering support throughout the implementation of the NTCP.

Special thanks are due to all the experts who provided invaluable technical inputs in drafting and finalizing the Operational Guidelines under the co-chairpersonship of Dr. L. Swasticharan, Additional DDG & Director EMR and Dr. B. Srinivas, DDG: Dr. Himanshu Bhushan, former Head of Public Health Administration Division at NHSRC; Dr. Pratima Murthy, Director and Senior Professor of Psychiatry at NIMHANS; Dr. Raj Kumar, Director at Vallabhbhai Patel Chest Institute, Delhi; Dr. Sonali Jhanjee, Professor in the Department of Psychiatry at AIIMS; Dr. K. Madan Gopal, Advisor in the Public Health Administration Division at NHSRC; Dr. Tanmay Talukdar, Professor and Head of the Department of TB & Chest Diseases/Pulmonary Medicine at LHMC, Delhi; Dr. Vikrant Mohanty, Professor and Head of the Department of Public Health Dentistry at MAIDS, Delhi; Dr. Rakesh Gupta, President of the Rajasthan Cancer Foundation, Jaipur; Mr. Praveen Sinha, NPO at WHO; and Dr. Prabhat Kumar Chand, Professor of Psychiatry and in charge of the Tobacco Quitline at NIMHANS, Bangalore.

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Lastly, we acknowledge the tireless efforts of all unnamed contributors whose dedication and hard work were instrumental in bringing this project to fruition. This document stands as a testament to the collective efforts of a community committed to improving public health and reducing the burden of tobacco-related diseases. We hope these guidelines will serve as a valuable resource for medical institutions in their fight against tobacco use.

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CONTENTS

Background

Tobacco use is a leading global cause of death, accounting for more than 8 million deaths annually (1). In India alone, tobacco is responsible for nearly 1.35 million deaths every year. Additionally, India ranks as the second-largest consumer and producer of tobacco (2). Tobacco affects nearly every part of the body leading to detrimental consequences, including various diseases and deaths affecting users, their families, and society as a whole. The three major diseases caused by tobacco use are cancer, coronary artery disease and chronic obstructive lung disease (3). Alarmingly, the number of deaths caused due to tobacco-related diseases outweigh in number the total number of deaths caused by malaria, TB, and HIV combined (4).

The second round of the Global Adult Tobacco Survey in India (GATS-2, age group: >15 yrs), 2016-17 reported that 28.6% (26.7 crore) adults use tobacco in various forms. Among them, 10.7% use smoking forms, while 21.4% use smokeless tobacco. Further, 38.5% of smokers and 33.2% of smokeless tobacco users attempted to quit in the past 12 months. Additionally, 55% of current smokers and 50% of smokeless tobacco users either planned to or were thinking about quitting (5).

In India, hospitals and medical institutions are flooded with tobacco related diseases and interventions by a health care professional can help motivate patients to change their behavior and play an important role in tobacco cessation and abstinence. Moreover, physicians are viewed not only as clinicians but also as educators and role models. Since failure to intervene and treat a tobacco user constitutes an inappropriate standard of health care. Healthcare Practitioners in medical institutions, being the first layer of contact with the tobacco users suffering from various diseases, can play a pivotal role in offering Tobacco Cessation Services. Besides primary care, healthcare professionals can offer secondary and tertiary care services to the tobacco users. Recognizing that tobacco cessation is most receptive during symptomatic phases of any disease, potentially those associated with tobacco use, the establishment of Tobacco Cessation Centres (TCC) in medical institutions becomes imperative.

Further as per the National Medical Commission guidelines, an Indian Medical Graduate should be able to recognize “health for all” as a national goal and health right of all citizens and by undergoing training for medical profession fulfil his/her social obligations towards realization of this goal and achieve competence in practice of holistic medicine, encompassing promotive, preventive, curative and rehabilitative aspects of common diseases (7).

Thus, a proactive approach of establishing a TCC in a Medical Institution shall make a valuable contribution to tobacco cessation as well as tobacco control efforts while protecting patients from the significant public health impact of tobacco use. While TCCs have been established in certain centres/ district hospitals and dental colleges (6), their establishment in Medical Institutions would offer an ideal platform to educate, orient, and sensitize medical undergraduate students for a lifetime.

Introduction

Nicotine, a highly addictive element present in tobacco products, affects the brain and various parts of the nervous system. From tobacco smoke the nicotine enters the bloodstream through the lungs and in smokeless tobacco it passes through the mucosal membrane of mouth and nose or the skin (8). After absorption, nicotine travels rapidly and reaches the brain within seven seconds; it readily crosses the blood–brain barrier. The resultant release of dopamine from mid-brain coupled with its effect on pre-frontal cortex, leads to a sudden release of glucose and increase in respiration, heart rate, constriction of arteries and increased alertness. These are associated with many well-known pleasurable psychoactive effects, such as arousal, relaxation, and improved mood. These immediate rewards reinforce nicotine consumption, forming the foundation of addiction (9).

A new smoker or tobacco chewer may experience nausea and dizziness from first using tobacco. However, with repeated use he/she becomes tolerant to these effects. The tobacco user needs to take the “drug” repeatedly to maintain the nicotine levels and the “rewarding” experience it produces e.g., changing the puff frequency or degree of inhaling. Over time, most people need an increasing level of nicotine to produce the same response, which results in using tobacco more frequently or changing to a stronger brand or type of tobacco to fulfil the addiction (10).

As a result of the neuro-adaptations and psychological mechanisms caused by repeated exposure to nicotine delivered rapidly by cigarettes, cessation can also lead to a well-characterized withdrawal syndrome, typically manifesting as irritability, anxiety, low mood, difficulty concentrating, increased appetite, insomnia and restlessness (11). Quitting tobacco becomes exceptionally challenging once addiction has developed, often necessitating the support of a healthcare professional.

The provision of Tobacco Cessation Services for all the tobacco users is one of the main objectives of the National Tobacco Control Programme (NTCP) and in line with Article 14 of the WHO Framework Convention on Tobacco Control (FCTC).

Incorporating tobacco cessation training in medical and other health professional education, training of health professionals to offer cessation advice in their routine health care practice, disease specific counselling sessions in diabetes, TB and selected other specialties are likely to result in significant quit rates among current tobacco users. Integrating tobacco cessation clinics in medical and other healthcare institutions allows universalizing the cessation services and health system strengthening. Therefore, it is crucial for medical institutions to be equipped with dedicated tobacco cessation centres to provide the necessary assistance and guidance to individuals seeking to overcome tobacco addiction. Also, empowering medical professionals with the tools and knowledge to facilitate tobacco cessation reinforces our commitment to public health and ensures a comprehensive approach to tackling the pervasive challenges posed by tobacco use.

Tobacco Cessation Centre:

A Tobacco Cessation Centre is defined as fixed premises where qualified health care professionals/counsellors provide tobacco (Smoke and Smokeless form) cessation therapy to help patients in their attempts to quit the habit. The therapy can involve individual or group counselling and may include the dispensing of pharmacological aids, if the centre is registered and equipped to do so.

Medical Institution:

"Medical Institution" means any institution within or outside India which grants degrees, diplomas or licences in medicine and include affiliated colleges and deemed to be Universities (12).

Objectives of Tobacco Cessation Centers:

An effective TCC aims to provide Patient Care services and Community awareness.

Patient Care Services:

1. All patients attending Medical Institutions and affiliated hospitals should ideally have access to tobacco cessation services in the premises of the medical institution.

2. Offer various tobacco cessation services including behavioural intervention, pharmacotherapy and relapse prevention strategies.

3. Offer Tobacco Cessation Services for patients suffering from various tobacco-related medical conditions or with other existing medical conditions like tuberculosis, diabetes, hypertension, cholesterol, respiratory diseases, cardiovascular diseases, cancer, etc.,

4. Offer tobacco cessation services to patient attenders/ any accompanying person who could be using tobacco.

5. Provide tobacco cessation services for vulnerable groups visiting hospital like pregnant women, children and adolescents by integrating the Tobacco Cessation centre with prenatal care, paediatric care and adolescent care.

6. Provide support through self-help information (booklets, brochures, handouts with information on the benefits of quitting, withdrawal symptoms, and coping strategies), telephonic reminders, social networking among users and e-mails for session reminders etc.

7. To integrate tobacco cessation services with Allied Health Services like AYUSH etc.

8. Provide an organized medical treatment and rehabilitation for all the patients enrolled in cessation clinic.
9. Organize and provide necessary referral to the affiliated medical facility for support.
10. Establish a robust data management mechanism to monitor effectiveness of TCC services, patient progress and identify effective strategies to help others quit- data collection, data compilation, data reporting and data analysis.
11. Strive for compliance with the guidelines for tobacco-free educational institutions outlined in the document available at https://ntcp.mohfw.gov.in/assets/document/TEFI-Guidelines.pdf, and to declare and maintain the medical institution as tobacco-free.

Community Awareness:

1. Conduct community outreach, screen for lifestyle diseases including tobacco use, cancer screening, awareness and mobilisation of tobacco cessation activities.

2. Identify clusters like schools, institutions or health centres, and organize mass community awareness activities.

3. Train Undergraduate and Postgraduate medical students, Health Workers and allied & healthcare professionals in organizing and conducting Community based Tobacco Cessation activities.

4. Promote and increase visibility of the Tobacco Cessation Centre through advertisements and interviews in newspapers, radio, perform street plays, road shows, etc.,
5. Collaborate with the State Tobacco Control Cell (STCC), utilize Mobile Medical Units to decentralize the tobacco cessation activities in the community settings.
6. Develop information, education and communication material in print and audio-video format in English and other local languages.
7. Sensitize grass root health workers (ASHA/ ANM/ CHO) to refer tobacco users to the nearby Tobacco Cessation Centre.

Organizational Structure

1. The Tobacco Cessation Centre should be run under the Department as chosen by the Dean/ Principal of the Medical Institution. While choosing the department, it is essential to ensure that it has the capacity to operate the TCC on a daily basis with suitable technical know-how and adequate human resources.

2. All the patients visiting Medicine, Respiratory Medicine, Cardiology, ENT, Gynaecology, Dermatology, Paediatrics, Oncology, Neurology, Psychiatry, Community Medicine, etc. should be asked for tobacco use as a mandatory protocol (including second-hand smoking) and all users should be referred to TCC during the course of treatment for cessation services. The referral pathway would be laid out and all departments would be sensitised regularly.

3. The TCC would function on a daily basis with a monthly schedule of posting of the trained staff (an assistant professor of the Department In charge) along with Post Graduate students and interns trained in-house.

4. There would be clear structured protocol for performing individual and optionally group counselling along with community-based programs and record keeping.

    a. The individual patient counselling session would be scheduled and appointment given according to availability. If in-person follow-up is not possible, telephonic follow-up shall be planned.

b. The group sessions, if being conducted, would be planned and performed on designated days.

5. The centre will maintain an updated organisation chart and have clear job descriptions for each centre employee.

6. The data generated from TCC would be entered and maintained in a standard format in a digital spreadsheet based on the recording format in Annexure 4.

7. The centre will have an effective means of communication with the Institution dean and State Nodal Officer, NTCP (State Tobacco Control Cell) to ensure prompt, reliable reporting and adequate dissemination of information.

8. In addition to the IEC conveying the "Benefits of Quitting", speciality-specific IEC (tobacco use and impact on cardiovascular health/ diabetes/ respiratory diseases/ fetal and reproductive health, etc.,) should be used for sensitization of the patients, their carers and the other HCPs.

Tobacco Cessation Centre *Floor Plan*

The TCC would be located on an easily accessible and visible location (preferably near registration area). The medical institution should prominently advertise the TCC to increase the visibility of the cessation services. The Centre would have designated areas for:

- Individual Counselling (min. 120 Sq. Foot)
- Dedicated space for Health Education room besides the individual counselling room – Optional. Group Sessions may be conducted in the Health Education room with audio-video support.

There would be adequate space along with comfortable seating arrangement, free from external sounds and distractions with adequate storage space for maintaining medical records. The TCC would have sufficient space for display of posters and other IEC materials and provisions for electrical supply, telephone and internet facility as well as common access for toilet and drinking water facilities. All TCCs should display National Quitline number 1800-11-2356 number in the TCC room.

Infrastructural Requirements

S.No.	Equipments/ materials	Qty.
1.	Printed patient records along with files and stationery items	Adequate
2.	Computer with all accessories along with printer and speakers	01
3.	Clinical diagnostic instruments like Stethoscope, BP Apparatus	As per need
4.	Carbon monoxide monitor (suggested technical specifications as per annexure 2)	01
5.	Spirometer (suggested technical specifications as per annexure 3)	01
6.	TV with DVD player which will be used for Health Education	01
7.	Portable audio system with cordless microphone	01
8.	Telephone for telephonic follow-up and intervention	01
9.	Printed IEC material in local language	Adequate

Human Resource requirements

Ideally dedicated human resource should be recruited by the medical institution for TCC, but till such time the human resources to be sourced internally.

The human resource requirements of the TCC are as follows:

S.No.	Designation	Number	Qualification
1.	TCC In-charge (Specialty department as selected by Dean of the Institution)	01	Should have completed MD/ DNB from a recognised institution and should be registered with NMC. (The in-charge shall be supported by the Department of Community Medicine (if dept of PSM isn't selected the nodal dept) for community awareness activities.

2.	*Specialist	01	Should have completed MD/DNB in psychiatry from a recognised institution and should be registered with NMC. *Visiting
3.	Medical Social worker	01	**Medical Social Worker** Should have master's degree in social work specialised in medical and psychiatric social work with behavioural counselling.
4.	Psychologist	01	**Psychologist** Should have at least a master's degree in psychology with bachelor's degree preferably in psychology

The educational qualifications and Terms of References of the prescribed workforce are at Annexure 1.

Capacity Building

Training and capacity building of workforce in TCCs and other healthcare professionals in the medical institution could be done periodically.

Suggested Referral Mechanisms of TCC in Medical Institutes

1. Inter-departmental referral: The medical institution should instil a culture of strong inter-departmental referral systems amongst various departments and all patients with a history of tobacco use visiting the Department of Medicine, Respiratory Medicine, Oncology, Gynaecology, Paediatrics, Skin etc. or outreach centres of Dept. of Community Medicine should be referred to TCC (It should be mandated to record history of tobacco use in all departments).
    - The OPD sheet of the medical institution should incorporate the information of the location and timing of the TCC.
    - TCC posters would be displayed in OPDs of all specialties and outreach centres of the institution clearly mentioning the location and timing of the Centre.
    - Staff, students and interns posted should be oriented regularly on the referral procedure.

2. National Tobacco Quitline services (NTQLS): All TCCs to display NTQLS number 1800-11-2356 and increase the visibility of NTQLS by encouraging and motivating tobacco users to utilize them.
3. Dental Colleges, Dental Departments in the Medical Institute and Dental Clinics under National Oral Health Programme (NOHP) would be linked and utilized for referral and back-referral of patients.
4. Collaboration and coordination mechanism to be established with the State Tobacco Control Cell and the National Tobacco Control Programme for referrals and information dissemination.

Follow-up Protocol of TCC

1. Point of Contact to TCC: The patients may visit TCC through referral from other departments/ health education programs in the OPD area/ outreach programs/ promotional campaigns.
2. 1st visit: During the 1st visit of the patient, the healthcare provider (TCC) should conduct Tobacco Use Assessment and disseminate IEC materials (self-help information-booklets, brochures, handouts with information on the benefits of quitting, withdrawal symptoms, and coping strategies). Further, 1st session of Behavioural and Pharmacological therapy should be provided. Screening of all patients for oral precancerous lesion, lung function, etc., to be done. If any abnormality detected on screening, necessary referral should be made. Timely reports must be obtained for such referred patients and any necessary pharmacological or surgical intervention planned and follow-up.
3. 2nd visit: to be scheduled 7-10 days from 1st follow up – Behavioural and Pharmacological therapy follow up. Efforts may be made to give follow-up appointment clubbing with the chief department's date of follow-up (based on the treatment of the Chief complaint of the patient). If in-person follow-up is not possible, telephonic follow-up shall be planned.
4. 3rd visit: to be scheduled 10-14 days from 2nd follow up - Behavioural and Pharmacological approach follow up. Efforts may be made to give follow-up appointment clubbing with the chief department's date of follow-up. If in-person follow-up is not possible, telephonic follow-up shall be planned.
5. 4th visit: to be scheduled 30 days from 3rd follow up - Behavioural and Pharmacological approach follow up. Efforts may be made to give follow-up appointment clubbing with

the chief department's date of follow-up. If in-person follow-up is not possible, telephonic follow-up shall be planned.

6. 5th contact: Documented Telephonic or Center Visit. Biochemical analysis/ CO analyser to assess the self-reported quit status maybe conducted as and when required.
7. All Pharmacological treatment protocols should follow national standard guidelines.

TCC Recording Format:

TCC Recording format has been placed as Annexure 4.

Coordination and Collaboration:

For smooth functioning of the TCC, the TCC In-charge should foster mechanisms for sustained coordination with

- Departments/ Specialities in the Medical Institute to strengthen cross-referrals
- SNO- NTCP, State Tobacco Control Cell

Monitoring and Evaluation:

- Periodic review of the TCC activities may be taken by the respective Head of Department (wherein the TCC is established) and the Dean/ Principal of the Medical Institution.
- Monthly report (as per Annexure 5) of the TCC should be complied by the TCC In-Charge and submitted to the Dean/ Principal of the Medical Institution and to the State Tobacco Control Cell (SNO-NTCP).
- The TCC in-charge should make an annual calendar of activities of TCC and also to prepare annual report of TCC and submit it to the State Tobacco Control Cell (SNO-NTCP).

Conclusion

The TCCs thus established shall go a long way to complement the existing tobacco cessation efforts by leveraging the opportune moments when patients visit medical institutions. This strategic integration at tertiary care institutions allows medical professionals to address the immediate health needs of individuals and also contribute to the broader goal of reducing the overall burden of tobacco-related illnesses. Together, as we champion this cause within medical communities, we forge a path toward a tobacco-free and healthier future for all.

Annexures

Annexure 1: The educational qualifications and Terms of References of the prescribed workforce

1. **In-Charge** (specialty as selected by Dean of the Institution)**:**
    a. Should have completed MD/ DNB from a recognized institution and should be registered with NMC.

    Terms of Reference

    He/she should offer professional services including,

    b. Conducts the initial identification and preliminary counselling of the patients
    c. Assists the psychologist in taking clinical notes and maintaining records
    d. Helps in identifying community sites, plans and coordinates programs of tobacco de-addiction and awareness amongst the schools, institutions and health centres.
    e. Performs a variety of administrative tasks and works under general supervision.
    f. Provide/Prescribe Pharmacotherapy in the form of NRT as and when required as per the need of the patient.

2. **Psychiatrist**
    a. Should have completed MD/ DNB in Psychiatry from a recognized institution and should be registered with NMC.
    b. can be any staff Senior Resident/Tutor/Assistant Professor etc. from the Dept. of Psychiatry of the Medical Institution.

    Terms of Reference

    - Administer and interpret psychological assessment and testing,
    - Provide psychological treatment (psychotherapy) along with consultation,
    - Conduct psychological research,
    - Provide/Prescribe Pharmacotherapy in the form of NRT as and when required as per the need of the patient.

3. **Medical Social Worker**
    a. Should have atleast a master's degree in social work specialized in medical and psychiatric social work with behavioural counselling.

Terms of Reference

He/she should offer a range of professional services including

a. Conducts the initial identification and preliminary counselling of the patients
b. Assist the Psychiatrist, psychologist and Medical Doctor in taking clinical notes and maintaining records
c. Data maintenance and record keeping
d. Identifies leaders in local areas like sarpanch, headmaster and principles.
e. Identifies plans and coordinates community-based programs of tobacco de-addiction and awareness amongst schools, institutions and health centres.
f. Performs a variety of administrative tasks and works under general supervision.
g. Any other job assigned by the In-charge.

4. **Psychologist**
   a. Master's degree in psychology with bachelor's degree preferably in psychology.

Terms of Reference

He/she should offer a range of professional services, including

- Administer and interpret psychological assessment and testing,
- Provide psychological treatment (psychotherapy) along with consultation,
- Record clinical notes and maintain record keeping,
- Conduct psychological research,
- Develop and plan of preventive and curative programs,
- Organize community based de-addiction program administration and
- Train undergraduate dental students and train them in developing practical counselling skills.
- Provide a personal approach tailored to the stage of behaviour change of the client.
- Some objectives include
  - Working through the pros and cons of tobacco habit with the patient
  - Equipping the client with useful life skills to aid smoking cessation
  - Moving the client from his/her current stage of behaviour to the next
- Performs a variety of administrative tasks and works under general supervision.
- Any other job assigned by the In-charge.

Annexure 2: Carbon Monoxide (CO) monitor - Suggested technical specifications:

Description of function The Carbon Monoxide Breath Monitor measures the Carbon Monoxide levels in ppm (parts per million) in breath, it is an instant and non-invasive tool to biochemically establish smoking status in an individual while acting as a motivational visual aid for the smokers.
Technical specifications **Essential Specifications:** 1. It should have color touch-screen display. 2. Response time should be < 30 seconds to 90% FSD 3. Recording and interpreting results should be quick and easy. 4. It should have automatic calibration to ensure accurate results 5. There should be provision of mouthpieces for excellent and low cost infection control. 6. It should have storage of up to 100 readings and personal profiles. 7. There should be familiar green, amber and red traffic light system for making CO levels instantly identifiable to patients. 8. It should have electrochemical sensor with +5% repeatability and accuracy. 9. Sensor operating life should be 5 ears (2-vear warranty) 10. Sensor sensitivity should be 1pm. 11. Its weight should be in < 250gm 12. H2 cross sensitivity: <12%
Desirable Specifications: 1. It should be able to provide instant result in exact ppm for %COHB and %FCOHB 2. There should be provision for adults, adolescents and pregnant woman testing mode
Environmental factors: 1. Operation temperature range should be 0-40 degree Celsius 2. Storage/transport temperature: 0-50°C 3. Operating/storage/transport pressure: Atmospheric $\pm$10% 4. Operating humidity: 15-90% non-condensing 5. Storage/transport humidity: 0-95%
Documentation User/ Technical/ Maintenance manuals to be supplied in English.

Annexure 3: Spirometer - Suggested technical specifications

Clinical purpose:

Instruments designed to measure the volume and flow rate of air inhaled and/or exhaled from the lungs and additional variables needed for pulmonary function assessment. These instruments are typically a mechanical or electromechanical device with volume and/or flow sensors and a gauge or display; they may also include a computerized unit to process the data and a graphical recorder

Technical Specification:

1. It must meet latest ATS/ERS standards.
2. It should be able to measure/do the following:
   - Spirometry & Flow Volume Parameter
   - Maximum Ventilation Volume
   - Pre & Post Bronchodilator comparison
   - Lung Volumes & Sub – divisions
   - Broncho Provcation Test.
3. Flow meter –Bi-directional digital turbine (flow: up to 14L/s or more, accuracy: within 3%) or Pneumotach (flow: up to 14L/s or more; accuracy: within 3%)
4. Resistance: less than 1.5 cm H2O/L/Sec
5. Parameters should be measured with highest accuracy & reproducibility and accuracy should be least, if at all affected with High surrounding Temperature and humidity levels.
6. Should incorporate Electronic Barometer & temperature Sensors, for Automatic BTPS Correction.
7. Overlaying of previous test curves for comparison.
8. Real Time Flow Volume and Volume – time Traces on Computer Screen.
9. Capability to select and modify predicted equations.
10. Facility to interface for desktop / Laptop Computer.
11. System software should be based on Windows 7/XP OS.
12. Should be supplied with Computer Interfacing package, Cables, Software, 3-Litre Precision Calibration Syringe, Standard accessories & Manual.
13. Additional Accessories: Pneumotach Screens (05 Nos.), Pulmonary Filters (100 Nos), Disposable Mouthpieces (500 Nos.)
14. Laptop / Desktop Computer: 4 GB RAM, Intel corei3/i5 processor(3rd generation),15”TFT Screen, USB Ports, DVD R/W, Hard Disc Drive 500GB, Laser Printer, UPS.
15. Safety and quality standards - USFDA or European CE certification to MDD.

Source: Technical devices for medical devices for Anaesthesia department: NHSRC, NHM, MoHFW

Annexure 4: TCC Recording Format

Tobacco Cessation Center – Registration Form

Date:	TCC Regd No:
OPD No.	Referred From:

Informed Consent

I have been informed about the various aspects of this in-depth interview and would cooperate with the therapist to the best of my knowledge. Any treatment initiated would be mutual and after understanding side effects and all other aspects. I am allowed to withdraw fro treatment any time after consulting the therapist.

Signature of the Therapist Signature of Participant

Name:		
Age: Sex:		Male
		Female
Address:		
Phone No.		Email
Education (no. of years of formal education:		
Marital Status:	Unmarried	
	Married	
	Widowed	
	Separate or divorced	
	Not Applicable	
No. of years of marriage:		
Occupation:	Professional or semi-professional	
	Skilled, semi-skilled or unskilled worker	
	Retired	
	Housewife	
	Student	
	Other	
	Unemployed	
No. of years in present service		No. of working hours per day:
Income per month:		
No. of members in household:		No. of dependents:
Physical activity (no. of hours per week):		

Details of tobacco use:

	TYPE (cigarette, beedi, hookah, gutka, khaini, paan, mawa,	Quantity consumed per day (a)	No. of years since habit initiated (b)	Sachet/pack years (a*b)

	misri, gul, any other)			
Smoked				
Smokeless				

Daily tobacco use pattern:

Time	Daily triggering factors/ cues (friends, meals, tea breaks, stress, travel, bowel, any other)

Reasons for use of tobacco products:	
Reasons for use of continued daily tobacco products:	
Expense per month on tobacco:	
Source of purchase of tobacco :	Near the residence
	Near the workplace
	Any other
Order of purchase of tobacco:	Bulk purchase
	Daily purchase
	Whenever needed
	Sharing with friends
Any money spent on health related problems due to tobacco use:	Yes
	No
Severity of addiction (as per Modified Fagerstorm Nicotine Dependence Scale):	

Previous attempts at quitting tobacco:

Previous attempts at quitting:	Yes
	No
Number of previous attempts at quitting:	

Type of tobacco	**Reasons for quitting**	**Reasons for relapse**	**Remarks**
Smoked			
Smokeless			

Reasons for quitting: No reasons, referred from other dental departments, social measures, existing health problems, awareness about health problems during education programs, lack of productive work, financial reasons, any other

Reasons for relapse: Craving, insomnia, irritability, headaches, constipation, social pressure, lack of productive work or concentration, psychological stress, family tensions, financial tension, chronic illness, pain, any other

Stage of behavior change:	Pre-contemplation
	Contemplation
	Preparation
	Action
	Maintenance
Alcohol Use:	Yes
	No
Pattern of alcohol use in last one year:	Daily drinking
	Regular drinking (3 or more a week)
	Social drinking (less than 3 a week)
	None
Average no. of units per drinking day: (1 unit = 30 ml spirit/ 60 ml wine/ half mug beer)	

Other substance use: Yes/ No

Substance used	Pattern of use in past one year	Dependence (Yes/ No)	Avg amounts/ units per day	Remarks

Family history of tobacco use in first degree relatives:	Smoked
	Smokeless
	Both
	None
History & symptoms suggestive of:	
Cough	Cough with sputum
	Dry cough
	Sputum with blood
Bronchial	Asthma
	Bronchitis
	Breathlessness
Gastro-Intestinal	Blood in stool
	Blood in vomit
	Constipation
	Dyspepsia
	Diarrhoea
	Vomiting
Cardiac	Chest pain
	Hypertension
	Myocardial infarction
Psychiatric	Anxiety
	Depression
	Schizophrenia
	Others

Others	Cancer
	Diabetes
	Sexual dysfunction
	Stroke
	Seizure disorder
	TB
	Weight gain
	Weight loss

Physical Examination:

Height (cm):	Weight (kg):	Body Mass Index:
Pulse:	Systolic Blood Pressure	Diastolic Blood Pressure

Oral Health Status

Intra-oral examination:

Oral condition	Present/ Absent	Description
Leukoplakia:	Yes	
	No	
Sub mucous fibrosis:	Yes	
	No	
Erythroplakia:	Yes	
	No	

Investigations:
Biopsy:
Blood investigations:
Any other:

Provisional Diagnosis:

Carbon Monoxide Breath Analysis Test:

Done. CO level _____ppm	Not Done

CO levels: 0 – 6N, 7 – 10N, >10N

Spirometry:

Intervention:

Cold turkey
Behavior counseling
Behavior counseling + NRT (type of NRT _____)
Behavior counseling + Medication
Behavior counseling + Medication + NRT (type of NRT_____)

Instructions on possible side effects & adverse drug reactions have been explained: Yes/ No

Details of pharmacotherapy:

Follow up details:

F/U visit	Date	Use status	Cotinine Test (Done or not) (+ve or –ve_	CO Breath Analysis (Done or not)	CO level	Treatment	Medication / NRT
0 – 2 wks							
2 – 4 wks							
4 – 6 wks							
6 wks – 3 months							
3 – 6 months							
6 – 9 months							
9 – 12 months							

Treatment:

1. Behavioral counseling	2. Behavioral counseling + medication
3. Behavioral counseling + NRT	4. Behavioral counseling + NRT + Medication

Status:

1.No change (<50% change)	2.Reduced use (>=50% change)	3.Stoppped use	4.Lost to follow up	5.Relapse

Source of information:

Follow up	Phone call	Email	Mail

Other remarks:

Name of Therapist; Signature: . Date: .

Date:

FAGERSTORM TEST FOR NICOTINE DEPENDENCE

Fagerstrom test for smoking	
1. How soon after you wake up do you smoke your first cigarette/bidi?	
Within 5 minutes	3
6 to 30 minutes	2
31 to 60 minutes	1
More than 60 minutes	0
2. Do you find it difficult to refrain from smoking in places where it is forbidden?	
Yes	1
No	0
3. Which cigarette/bidi would you hate to give up most?	
The first one in the morning	1
All others	0
4. How many cigarettes/bidis do you smoke per day?	
10 or less	0
11-20	1
21-30	2
31 or more	3
5. Do you smoke more frequently in the first hours after waking up than during the rest of the day?	
Yes	1
No	0
6. Do you smoke when you are so ill that you are in bed most of the day?	
Yes	1
No	0
Total score:	

Modified Fagerstrom Questionnaire for Smokeless Tobacco Users	
1. After a normal sleeping period, do you use smokeless tobacco within 30 minutes of waking?	
a. Yes	0
b. No	0
2. Do you use smokeless tobacco when you are sick or have mouth sores?	
a. Yes	1
b. No	0
3. How many times do you use tobacco per week?	
a. Less than 2 times	0
b. More than 2 times	1
c. More than 4 times	2
4. Do you intentionally swallow your tobacco juices rather than spit?	
a. Never	0
b. Sometimes	1
c. Always	2
5. Do you keep a dip or chew in your mouth almost all the time?	
a. Yes	1
b. No	0
6. Do you experience strong cravings for a dip or chew when you go for more than two hours without one?	
a. Yes	1
b. No	0
7. On average, how many minutes do you keep a fresh dip or chew in your mouth?	
a. 10-19 minutes	1
b. 20-30 minutes	2
c. More than 30 minutes	3
8. What is the length of your dipping day (total hours from first dip/chew in a.m. to last dip/chew in p.m.)?	
a. Less than 14.5 hours	0
b. More than 14.5 hours	1
c. More than 15 hours	2
9. On average, how may dips/chews do you take each day?	
a. 1 - 9 times	1
b. 10 - 15 times	2
c. >15 times	3
Your score =	
The highest possible score = 16 The closer to zero your score, the less dependent you are on tobacco. The higher the score, the more strongly you are addicted.	

TOTAL SCORE: _____ **INFERENCE: HIGH (>7)/ MEDIUM (4-6)/ LOW (<3)**

Annexure 5: Reporting Format

Reporting Format of Tobacco Cessation Centre			
Name of Medical Institution: **State Reporting from:**			
S.No.	**INDICATORS**	**Reporting Month**	**Cumulative Since April of Financial/Academic Year**
1.	Total number of patients reporting and referred from Department name (s)		
2.	Distribution of Smokers, Smokeless tobacco and Dual tobacco users		
3.	Demographic Distribution of all Tobacco users		
4.	Total number of patients completing tobacco use cessation follow ups like 1st week, 2nd week, 4th week, 3rd month, 6th and 12th month		
5.	Total number of patients who have quit the tobacco use habit (1st week, 2nd week, 4th week, 3rd month, 6th and 12th month)		
6.	Total number of patients who have not been able to quit the tobacco use habit		
7.	Total number of patients who have prescribed NRT		
8.	Total number of patients who have prescribed medications		
9.	Total number of health education and community awareness sessions conducted on tobacco use cessation.		
10.	Total number of capacity building and training sessions conducted for Undergraduates, Post graduates, Faculty and General practitioners.		
11.	Total Number of Patients with pre-existing medical conditions b. Diabetes Mellitus c. Known Cardiovascular Condition d. Tuberculosis e. Oral Pre-malignant Conditions Any others_____		
	Remarks if any		
	Signature, Name, Designation Department and Date		

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