



EXPERIENCE OF TOBACCO QUITLINE IN INDIA

NATIONAL TOBACCO QUITLINE



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Objective of Presentation

- Tobacco Cessation Clinic
- What is Quit line services
- How we started
- India –National Tobacco quit line services
- Our experience-quit line services
- Our experience about smokless tobacco cessation



Tobacco Cessation Clinic >Center> Regional Center



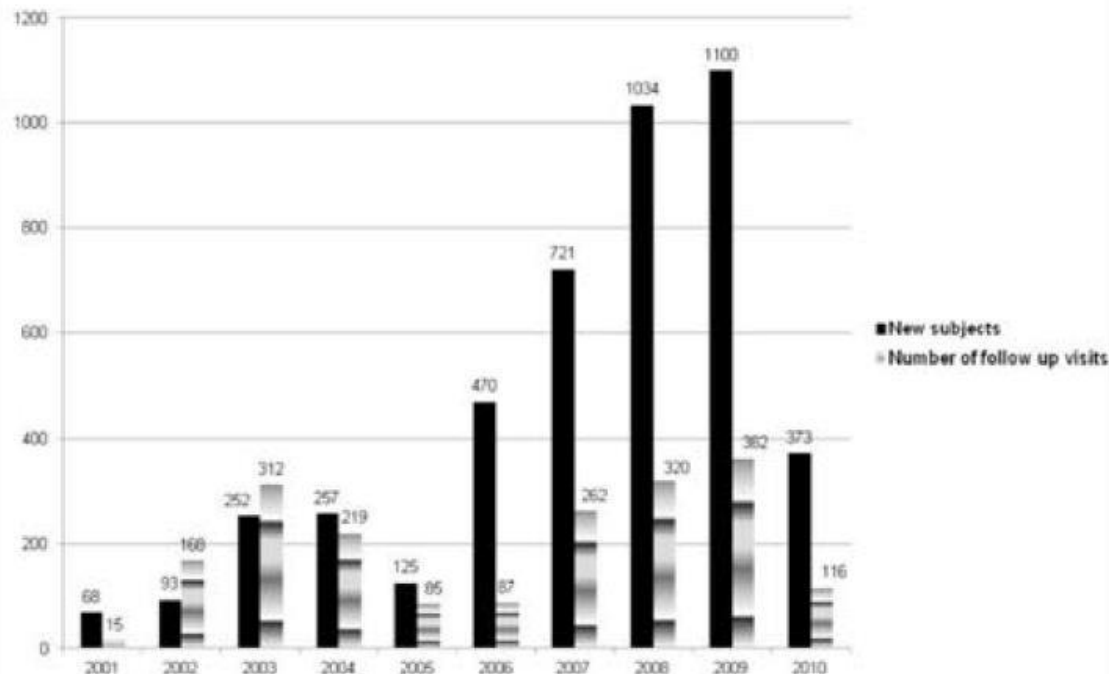
Dr. SK Jindal, Head, Dept. of Pulmonary Medicine, PGIMER, Chandigarh Inaugural tobacco cessation clinic on Nov. 21st, 2001 with Dr. JN Pandey, Head, Medicine, AIIMS, Dr. VK Vijayan, Director, VPCI; Dr. Raj Kumar, Dr. SK Chhabra, Dr. M. Fahim at CRC, VP Chest Institute, Delhi



Epidemiological Profile of Tobacco Users at Tobacco Cessation Centre: An Indian Experience

Raj Kumar¹, Nitin Goel¹, Suraj Kumar¹, Alka S. Kushwah¹ and V.K. Vijayan²

Departments of Respiratory Allergy and Applied Immunology¹ and Respiratory Medicine², Vallabhshai Patel Chest Institute, University of Delhi, Delhi, India



*Raj Kumar et al, Epidemiological profile of tobacco users at tobacco cessation centre: An Indian Experience, Indian J Chest Dis Allied Sci 2016;58:93-97]



Table 1. Epidemiological profile of tobacco users (n=4493)

Total	Total (%)
Gender	
M	4370 (97.3)
F	123 (2.7)
Religion	
Hindu	3939 (87.7)
Muslim	537 (12.0)
Other	17 (0.3)
Marital status	
Single	889 (19.6)
Married	3604 (80.2)
Divorced/Widow	10 (0.2)
Residence	
Urban	3321 (71.7)
Rural	1172 (28.3)
Educational status	
>12 th Class	1724 (38.4)
12 th Class	2061 (45.9)
Illiterate	708 (15.7)
Occupation	
Professional	762 (17.0)
Student	422 (9.4)
Business	719 (16.0)
Skilled/unskilled/semiskilled/worker	1990 (44.3)
House-wife	100 (2.2)
Unemployed	276 (6.1)
Retired	224 (5.0)
Type of tobacco user	
Smokers	2704 (60.2)
Smokeless tobacco	1348 (30.0)
Both	441 (9.8)
Age of starting tobacco use (in years)	
<10	510 (11.4)
11-20	2035 (45.3)
21-30	1016 (22.6)
31-40	491 (10.9)
41-50	289 (6.4)
51-60	108 (2.4)
>60	44 (1.0)
Reason of smoking	
Peer pressure	2518 (56.0)
Fun and pleasure	1975 (44.0)

What are Tobacco Quit lines?

- Quit lines are **telephone-based** tobacco cessation services.
- **Quit Victoria**, the first tobacco quit line set up by Australian government in 1985.
- After the good response of Quit Victoria second tobacco quitline **U.K Quit** set up by the U.K government in 1988
- Now quit lines have been established in more than **53 countries***.
- Most are accessed through a toll-free telephone number and provide a **combination of services** including educational materials, referral to local programs, and individualized telephone counseling.
- Counselors answer callers' questions about the cessation process and help them **develop an effective plan** for quitting.
- According to W.H.O, tobacco quit line potentially **reach 4-6% of total tobacco users a year in a country.**



* W.H.O literature 2009 b

The Tobacco Quit line - Outreach

- In the first year of operation, the *Australian National Quit line received 1,44,000 calls, representing 4 % of all Australian smokers of age 18 or older.
- Similar success of a coordinated promotion of telephone quit lines has been reported in **England, where over 500,000 calls reached the quit line in 1 year.
- In ***Scotland, where approximately 8 percent of all smokers called the quit line in 1 year



*Wakefield and Miller, 1997.

**McCabe and Crone, 1997.

*** Platt et al., 1997.

Effectiveness.... Research based evidence



There is a strong evidence base for telephone counseling

- People calling the quit line and receiving multiple sessions of counseling were **37%** more likely to quit successfully when compared with people receiving self-help materials or brief counselling at a single call (the pooled effect of nine studies, >24,000 participants).
- Telephone counselling not initiated by calls to helplines also increased quitting by **29%** (the pooled effect of 44 studies, >24,000 participants).
- Quitline effectiveness increases as the number of calls increase: **Three or more calls are more effective**, and multiple calls are the most effective (i.e. seven calls).



Benefits of Tobacco Quit line



BENEFITS

- Can reach a large number of tobacco users in a cost-effective way.
- Can reduce access-related barriers to treatment.
- Serves as a gateway to other cessation resources.
- Local health providers can refer tobacco user for quitting.
- Offers a treatment service that is appealing to a broad spectrum of people.



Tobacco Quit line Effectiveness

J Consult Clin Psychol. 1996 Feb;64(1):202-11.

Telephone counseling for smoking cessation: effects of single-session and multiple-session interventions.

Zhu SH¹, Stretcher V, Balabanis M, Rosbrook B, Sadler G, Pierce JP.

Author information

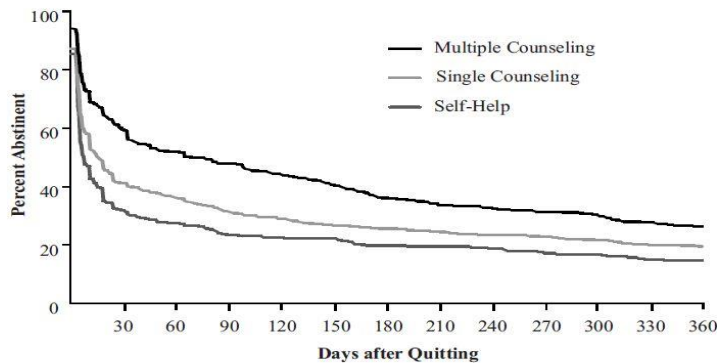
Abstract

Smokers (N = 3,030) were randomized to receive 1 of 3 interventions: (a) a self-help quit kit, (b) a quit kit plus 1 telephone counseling session, or (c) a quit kit plus up to 6 telephone counseling sessions, scheduled according to relapse probability. Both counseling groups achieved significantly higher abstinence rates than the self-help group. The rates for having quit for at least 12 months by intention to treat were 5.4% for self-help, 7.5% for single counseling, and 9.9% for multiple counseling. The 12-month continuous abstinence rates for those who made a quit attempt were 14.7% for self-help, 19.8% for single counseling, and 26.7% for multiple counseling. A dose-response relation was observed, as multiple sessions produced significantly higher abstinence rates than a single session. The first week after quitting seems to be the critical period for intervention.

PMID: 8907100

[PubMed - indexed for MEDLINE]

Relapse Curves for Self-Help (SH), Single Counseling (SC), and Multiple Counseling (MC)



Source: Zhu et al., 1996a

Arch Intern Med. 2006 Mar 13;166(5):536-42.

JAMA Internal Medicine

Benefits of telephone care over primary care for smoking cessation: a randomized trial.

An LC¹, Zhu SH, Nelson DB, Arikian NJ, Nugent S, Partin MR, Joseph AM.

Author information

Abstract

BACKGROUND: Brief clinician intervention and telephone counseling are both effective aids for smoking cessation. However, the potential benefit of telephone care above and beyond routine clinician intervention has not been examined previously. The objective of this study is to determine if telephone care increases smoking cessation compared with brief clinician intervention as part of routine health care.

METHODS: This 2-group, prospective, randomized controlled trial enrolled 837 daily smokers from 5 Veterans Affairs medical centers in the upper Midwest. The telephone care group (n = 417) received behavioral counseling with mailing of smoking cessation medications as clinically indicated. The standard care group (n = 420) received intervention as part of routine health care. The primary outcome was self-reported 6-month duration of abstinence 12 months after enrollment. Secondary outcomes were 7-day point prevalence abstinence at 3 and 12 months, participation in counseling programs, and use of smoking cessation medications.

RESULTS: Using intention-to-treat procedures, we found that the rate of 6-month abstinence at the 12-month follow-up was 13.0% in the telephone care group and 4.1% in the standard care group (odds ratio [OR], 3.50; 95% confidence interval [CI], 1.99-6.15). The rate of 7-day point prevalence abstinence at 3 months was 39.6% in the telephone care group and 10.1% in the standard care group (OR, 5.84; 95% CI, 4.02-8.50). Telephone care compared with standard care increased the rates of participation in counseling programs (97.1% vs 24.0%; OR, 96.22; 95% CI, 52.57-176.11) and use of smoking cessation medications (89.6% vs 52.3%; OR, 7.85; 95% CI, 5.34-11.53).

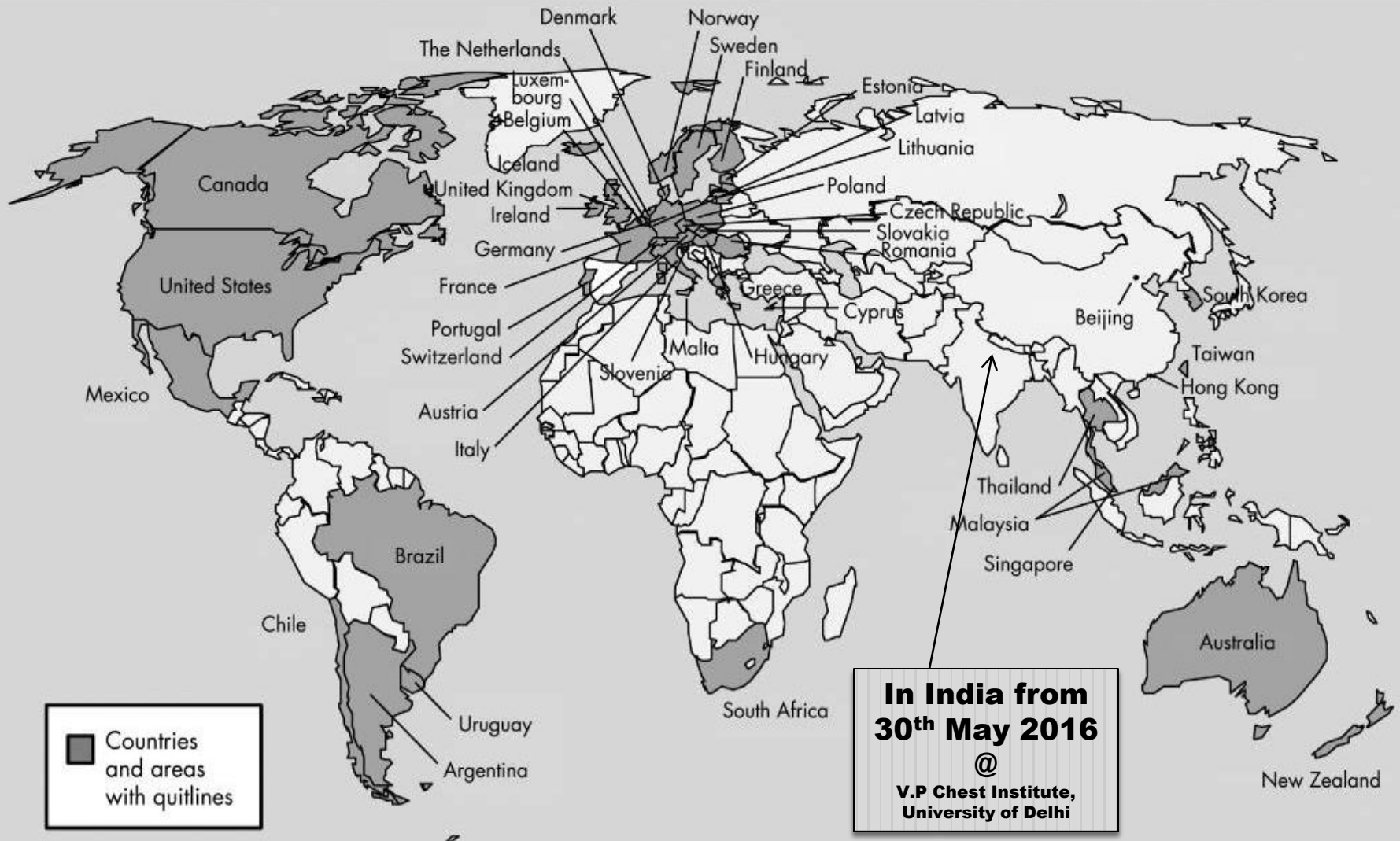
CONCLUSION: Telephone care increases the use of behavioral and pharmacologic assistance and leads to higher smoking cessation rates compared with routine health care provider intervention.

*<http://www.ncbi.nlm.nih.gov/pubmed/16534040/>



*<http://www.ncbi.nlm.nih.gov/pubmed/8907100>

Tobacco Quit line operating in other countries



Types of Call



- Register for the program
- If interested, transferred to a Quit Counselor
Quit guide mailed within one business day

1. Single inbound call (reactive)
2. Outbound calls (proactive)
3. Relapse-sensitive timing for out-bound calls:
(call)
 - Pre-quit call (call 2)
 - Post-quit call (call 3)
 - Quit date follow-up call (call 4)
 - Ongoing call (call 5)
4. Additional calls can be added for longer term support.

Intake Call/Reactive

- **Reactive (inbound) calls-** made by the caller to the quitline.

Outgoing Proactive Calls

- Relapse-sensitive schedule
- Mutually agreed upon times
- Tailored to stage-based need of participant

Proactive (outbound) calls-made by the quitline counsellor to the caller



How We Started



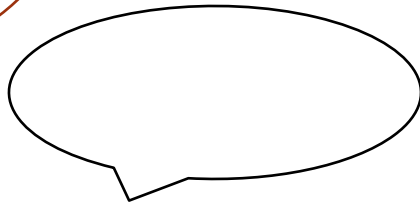
8th April 2011

Meeting to set up
National Tobacco Quit line Services



सत्यमेव जयते

Dr. Dinesh Bhatnagar (ADG,
General health services,
MoHFW



Dr. V.K Vijayan (former Director of VPCI),
Prof. Raj Kumar (Head, NCRAAI, VPCI),



•**8th April, 2011** – First meeting held with ADG, at General Health Services Nirman Bhawan.

•**18th April, 2011** - Submission of proposal for setting up of Quit Line Services sent to ADG, General Health Services Nirman Bhawan.

•**10th July, 2014** - Letter received from MoHFW for resubmitting the proposal for setting up Tobacco Quit Line at VPCI.

•**14th August, 2014** - **Fresh proposal submitted** for setting up Tobacco Quit Line at VPCI.

•**13th January 2015** - Releasing of first installment of an amount of **49,58,00 rupees** for setting up Tobacco Quitline Services from **MoHFW**

National Tobacco Quit line Advisors



K.C Samariya
Joint Secretary
Ministry of Health and Family Welfare, Delhi



Dr. Amal Pusp
Director
Ministry of Health and Family Welfare, Delhi



Ms. Vineet Gill Munish
National Professional Officer
World Health Organisation, New Delhi



Prof. S.N Gaur
Director (Act.)
Vallabhbhai Patel Chest Institute
Delhi University, Delhi



Dr. Rana Jugdeep Singh
Technical Advisor
International Union Against Tuberculosis and Lung Disease, Delhi



Dr. L Swasticharan
Chief Medical Officer
Directorate of Health Services
Ministry of Health and Family Welfare
Government of India, Delhi



Dr. Raj Kumar
Professor Department of pulmonary medicine & Head
National Center of Respiratory, Allergy, Asthma and Immunology
Vallabhbhai Patel Chest Institute
Delhi University, Delhi



Dr. Anand Krishnan
Professor
Centre for Community Medicine
All India Institute Of Medical Science, New Delhi



Mr. P.R Santhanam
Joint Registrar
Vallabhbhai Patel Chest Institute
Delhi University, Delhi



Dr. Praveen Sinha
National Consultant
Tobacco control Program
World Health Organisation, New Delhi



Dr. Smita Deshpandey
Head of Department, Psychiatry
Ram Manohar Lohia Hospital, New Delhi



Dr. S.K Arora
Additional Director
Delhi State Tobacco Control Program, New Delhi



Dr. Uday Kumar Sinha
Additional Professor & Head Department of Clinical Psychology
Institute of Human Behaviour And Allied Sciences
Dilshad Garden, Delhi

National Tobacco Quit line Controlling

Staffs

- **3 Supervisors:** supervisors are employed to supervise the counselors. 1 supervisor in 1 shift, 1 for back end support.
- **16 Counselors:** 6+2 counselor in 1 shift. 2 counselors are on back end to support
- **4 Attendant:** 2 attendant in 1 shift.

Head of Department

1+1* Supervisor in one shift

6+2* Counselors in one shift

2 Attendant in one shift

2 Shifts

Morning Shift – 8 am to 2 pm
Evening Shift - 2 pm to 8 pm

8 am to 8 pm in Hindi and English -
All days of week, Except on Monday

* Back end support



TQLS Meeting (16.03.2016)

First TQLS meeting was held on 16th March, 2016 in the Committee Room, Department of Respiratory Allergy Asthma and Immunology, 2nd floor Multistoried Building, Vallabhbhai Patel Chest Institute, University of Delhi. **Dr Raj Kumar, Dr S. K. Arora, Dr Rana Jugdeep Singh, Dr. Uday Kumar Sinha, Dr Anand Sethi, Sh. P. R. Shanthanamat and other staff's of TQLS** were attended the meeting to finalized educational material for Tobacco Quit Line Services.



TQLS Meeting (25.04.2016)

2nd TQLS meeting was held on 25th April, 2016 in the Committee Room, NCRAAI, VP Chest Institute, Delhi. The following members were presented in the meeting: **Dr. Amal Pushp, Director, MoHFW, Dr. SNGaur, Dr. Raj Kumar, Dr. Vineet Muneesh Gill, Dr. Rana Jugdeep Singh, Dr. S. K. Arora, Dr. Anand Krishnan, Dr. Sonali Jhanjhi, Sh. P.R. Shanthanam, Dr. Anand Sethi, Mr. Manoj Kumar, Mr. Shyam Kanhaiya Saroj, Miss Rachna, Miss Jyoti Mishra, Mr. Shyam Mani Dubey.**



Tobacco Quit Kit Materials

Ministry of Health and Family Welfare
Government of India
NATIONAL TOBACCO QUITLINE
Tobacco Quit Calender

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Process of Tobacco Quitline Services

- Your conversation and information will be kept confidential.
- Call toll free number 1800-11-2356 (8:00 am to 8:00 pm).
- Select your preferred language (Hindi or English).
- You will be registered with us and provided counselling services.
- Tobacco Quit Pack will be sent to you via mail/e-mail.
- We will arrange for follow up calls and call you back as per your convenience.

Call Sequence:

Call 1 - Call made by you

Call 2 - Pre-quit date call made by counselor 3-4 days before the planned quit date

Call 3 - Quit date call made by counselor on the planned quit date or 1-3 days after the planned quit date

Call 4 - Quit date follow-up call made by counselor 3-7 days after the planned quit date

Call 5 - Ongoing support call made by the counselor about 1-3 weeks after the quit date, follow up call.

Whenever you need, you can call us at any time from 8:00AM to 8:00 PM, except on Monday

QUIT TOBACCO FOR A HEALTHIER LIFE

NATIONAL TOBACCO QUITLINE 1800-11-2356

Vallabhbai Patel Chest Institute
University of Delhi
Delhi - 110007

NATIONAL TOBACCO QUITLINE 1800-11-2356

8:00 am to 8:00 pm | Except on Monday

Ministry of Health and Family Welfare
Government of India
NATIONAL TOBACCO QUITLINE

NATIONAL TOBACCO QUITLINE 1800-11-2356

8:00 am - 8:00 pm
Except on Monday

Vallabhbai Patel Chest Institute
University of Delhi, Delhi-110007

NATIONAL TOBACCO QUITLINE 1800-11-2356

Do you know ?

- Tobacco contains nicotine which is a highly addictive substance.
- All forms of tobacco like bidi, cigarette, khundi, gutka, pan and pan masala with tobacco, hookah etc are addictive and harmful for health.
- E-cigarettes which contain nicotine are also harmful.
- Tobacco smoke including second hand smoke contains more than 7000 chemicals, of which 69 are known to cause cancer.
- Nearly 50% of cancers in males and 25% in females (Indian Council of Medical Research) in India can be attributed to tobacco use.
- The majority of the cardio-vascular diseases and lung disorders are directly attributable to tobacco consumption.
- Second hand smoke which is a mixture of smoke given by the burning and of tobacco products and the mainstream smoke exhaled by smokers, also harms non-smokers and unborn babies.
- Second hand smoke causes respiratory problems and various diseases in children. In non-smoking adults, it causes lung cancer and coronary heart disease.

Harmful Effects of Tobacco Use

- Tobacco use harms every part of your body from head to toe.
- It stains your teeth, gives you bad breath, ruins taste buds and makes it difficult to open the mouth.
- Tobacco use increases the risk of all cancers, more so oral and lung cancer and can cause brain stroke (paralysis), headaches and dizziness.
- In men tobacco use causes impotence and reduced sperm count.
- Smokers have trouble breathing, because smoking damages the lungs.
- Smoking increases your heart rate and blood pressure and causes heart disease and heart attacks.
- Tobacco use by females reduces their chances of pregnancy and causes various reproductive health problems like miscarriage, infertility, etc.
- It increases the risk of Tuberculosis (TB).

Quitting Tobacco is Possible

- Set a quit date. This date should be within 7 to 10 days.
- Avoid people, places and situations where tobacco is used.
- Don't keep any tobacco product with yourself and avoid company of people who use tobacco.
- When you feel the urge for using the tobacco, take deep breath and do some activity which you enjoy such as watching TV, listening to music and talking to your friends and colleagues. Keep sound, elasti, mishri, faving, etc in your mouth.
- Go for morning walk every day, make some time for exercise and drink plenty of water and fluids.
- Save the money you would have spent on buying tobacco and reward yourself and your loved one's with a gift with the money saved.
- Seek support of your family and friends to form a support group for your quit attempt.
- Be firm, stick to your decision to quit on your quit date.

Benefits of Quitting Tobacco

- In 20 minutes, blood pressure and pulse return to normal.
- In 8 hours, oxygen levels return to normal.
- In 24 hours, risk of heart attack begins to decrease.
- In 48 hours, sense of taste and smell improves.
- In 72 hours, lung function improves.
- In 1-9 months, coughing and shortness of breath decreases.
- In 1 year, risk of coronary heart disease is about half that of a non-tobacco user.
- In 5 years, stroke risk is reduced.
- In 10 years, risk of lung cancer is reduced by 50%.
- In 15 years, risk of heart disease is similar to person who never smoked.

Health Benefits

- No bad breath
- Reduced risk of cancer
- Improved capacity of lungs and throat

Financial Benefits

- Money saved
- Reduced health care expenditure

Social Benefits

- Tobacco free generation
- No negative impact on children
- You will be a good role model for your children

Types of Tobacco

Remember:

You may face withdrawal symptoms when you quit tobacco such as irritation, headache, insomnia, anger, chest tightness, intestinal disorders etc. This is all because you are no longer getting nicotine. These will remain for a few weeks. Don't panic, consult us any time.

How will we help you?

- Make a call to us on our toll free number-1800-11-2356
- Your conversation and information will be kept confidential.
- Select your preferred language (Hindi or English).
- You will be registered with us and your assessment will be done.
- We will call you back as per your convenience.
- You can also call us at any time from 8:00 am to 8:00 pm, everyday, except on Monday
- Quit Pack will be sent to you via mail/e-mail.

Call sequence:

Call 1 - Call made by you

Call 2 - Pre-quit date call made by counselor 3-4 days before the planned quit date

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Call 5 - Ongoing support call made by the counselor about 1-3 weeks after the quit date, follow up call.

Training of Supervisors and Counselors

(18th May – 29th May 2016)

18th May 2016
Topic: Facilitation Skills



Speaker: Dr. Uday Kumar Sinha, Clinical Psychologist - IBHAS

18th May 2016
Topic: E Cigarette and Hukka



Training by: Dr. Radhika Shrivastav Director- Health Promotion, Hriday

20th May 2016
Topic: Practical and theoretical approaches for those who are not ready to quit



Speaker: Dr. Sonali Jhanjhi, Add. Professor, AIIMS

20th May 2016
Topic: National Tobacco Control Program



Speaker: Dr. L. Swasticharan, Chief Medical Officer, GHS, MoHFW

20th May 2016
Topic: W.H.O FCTC & related control policies in India



Speaker: Dr. Praveen Sinha, National Consultant, WHO

24th – 29th May 2016
Topic: Practical training on software and telephone



NATIONAL TOBACCO QUIT LINE

Inaugurated by
Hon'ble Minister Shri J.P. Nadda,
Union Minister of Health and Family Welfare, Govt. of India

on
30th May, 2016
At Le Meridian Hotel, New Delhi



NTQLS received first call at 12:30 pm which was made on behalf of **Honorable Union Minister of Health and Family Welfare.**

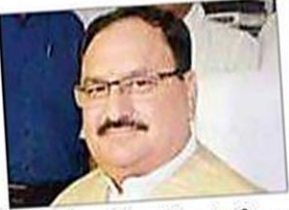


Media Clips



Nadda launches Quitline to help tobacco addicts

New Delhi (IANS): Union Health Minister JP Nadda on Monday launched the country's first Tobacco Cessation Quitline which aims to guide tobacco addicts 'kick the butt' with proper counselling. The National Tobacco Cessation Quitline will be operational from 8 am to 8 pm, six days a week except on Monday. According to the Ministry, the helpline 1800112356 will be operational from 8 am to 8 pm, six days a week except on Monday. According to the Ministry, the helpline 1800112356 will be operational from 8 am to 8 pm, six days a week except on Monday.



Continued on P6

IANS / New Delhi May 30, 2016 Last Updated at 19:48 IST
Union Health Minister J.P. Nadda on Monday launched the country's first Tobacco Cessation Quitline, which aims to guide tobacco addicts 'kick the butt' with proper counselling. The National Tobacco Cessation Quitline, situated at the Vallabhbhai Patel Chest Institute in the national capital, will be open six days a week except on Monday. According to the Ministry, the helpline 1800112356 will be operational from 8 am to 8 pm, six days a week except on Monday.

"This is a boon for the tobacco consumers who wanted to quit it but were unable till now. Counsellors and all of them are well trained to guide how to quit tobacco."
Nadda launches counselling helpline for tobacco addicts

NATIONAL TOBACCO QUITLINE
Free and Confidential Life Line
India's first 'kick the butt'

Nadda launches counselling helpline for tobacco addicts



नई दिल्ली। जानलेवा तंबाकू के खिलाफ एक और कदम बढ़ाते हुए स्वास्थ्य मंत्रालय ने इसकी लत के लिए एक विशेष हेल्पलाइन शुरू की है। यहां लोगों को न सिर्फ़ फोन पर मनोवैज्ञानिक सलाह काउंसलिंग के लिए अलग से अप्वाइंटमेंट ले सकेंगे। साथ ही उन्हें स्वयं सहायता सामग्री भी उपलब्ध कराई जाएगी।

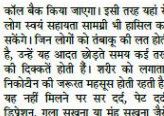
केंद्रीय स्वास्थ्य मंत्रालय की मदद से दिल्ली के वल्लभ भाई पटेल चैस्ट अस्पताल ने तंबाकू की लत छोड़ने के लिए यह विशेष 'क्रिट-क्वाइट' शुरू की है। देशभर में लोग 1800112356 नंबर पर फोन कर प्रशिक्षित काउंसलर से बात कर सकते हैं। दुनियाभर में फायदा है कि अगर तंबाकू की लत छोड़ने के इच्छुक लोगों को मनोवैज्ञानिक रूप से मदद दी जाए और लतही तरीके बताए जाएं तो सफलता दर काफी बढ़ जाती है।

दैनिक जागरण

शुरुआत में यह सेवा मंगलवार से रविवार सुबह आठ बजे से रात आठ बजे तक उपलब्ध होगी। आगे इसे चौबीस घंटे चलाने की योजना है। हालांकि देश में तंबाकू उत्पादों का सेवन करने वालों की संख्या को देखते हुए अभी काउंसलरों की संख्या बहुत कम है। शुरुआत में हर शिफ्ट में सिर्फ़ एक-दो काउंसलर ही रहेंगे।



केंद्रीय स्वास्थ्य मंत्रालय की मदद से दिल्ली के वल्लभ भाई पटेल चैस्ट अस्पताल ने तंबाकू की लत छोड़ने के लिए यह विशेष 'क्रिट-क्वाइट' शुरू की है। देश भर में लोग 1800112356 नंबर पर फोन कर प्रशिक्षित काउंसलर से बात कर सकते हैं। दुनियाभर में फायदा है कि अगर तंबाकू की लत छोड़ने के इच्छुक लोगों को मनोवैज्ञानिक रूप से मदद दी जाए और लतही तरीके बताए जाएं तो सफलता दर काफी बढ़ जाती है।



शुरुआत में यह सेवा मंगलवार से रविवार सुबह आठ बजे से रात आठ बजे तक उपलब्ध होगी। आगे इसे चौबीस घंटे चलाने की योजना है। हालांकि देश में तंबाकू उत्पादों का सेवन करने वालों की संख्या को देखते हुए अभी काउंसलरों की संख्या बहुत कम है। शुरुआत में हर शिफ्ट में सिर्फ़ एक-दो काउंसलर ही रहेंगे।



कौल बैक बिचा जाणा। इसी तरह यह से लोग स्वयं सहायता सामग्री भी हासिल कर सकेंगे। फोन लोगों को तंबाकू की लत छोड़ने के लिए मदद दे सकते हैं। शरीर को लगातार निकोटिन की नरक महसूस होती रहती है। यह नतीजा मिटाने पर सर, दर्द, उबड़, डिप्रेशन, गला सूखना या मुँह, सूखना जैसे कई लक्षण हो सकते हैं। उन्हें दूर रखित से निपटने के तरीके बताए जा जाएंगे, साथ ही कई कारगर तकनीक भी बताई जाएगी।



तंबाकू छोड़वाने के लिए हेल्पलाइन

पहल
नई दिल्ली | प्रहसू संवाददाता
केंद्रीय स्वास्थ्य मंत्रालय की मदद से वल्लभ भाई पटेल चैस्ट अस्पताल में तंबाकू छोड़ने की मदद हेल्पलाइन शुरू की गई है। इस तंबाकू छोड़ने हेल्पलाइन का संचालन डॉ. जयशंकर प्रसाद काउंसलरों की मदद से शाम आठ बजे तक सटपट चलेगा।



नेशनल टोबैको क्विट लाइन की शुरुआत

नई दिल्ली, (ब्यूरो): केंद्रीय स्वास्थ्य मंत्रालय ने सोमवार को 'वर्ल्ड नो टोबैको डे' के मौके पर 'नेशनल टोबैको क्विट लाइन 1800112356' की शुरुआत की। चैस्ट इंस्टीट्यूट के अधीन चले रही इस क्विट लाइन में ल 18 काउंसलर हैं। सुबह 8 बजे से रात 8 बजे तक तंबाकू छोड़ने की मदद हेल्पलाइन शुरू की गई है।

अमर उजाला

धूम्रपान छोड़ना चाहते हैं तो 1800112356 करें कॉल : नई दिल्ली (ब्यूरो)। अगर आप धूम्रपान छोड़ना चाहते हैं, तो आप राष्ट्रीय हेल्प लाइन 1800112356 नंबर पर कॉल कर सकते हैं। केंद्रीय स्वास्थ्य और परिवार कल्याण मंत्री जेपी नड्डा ने विश्व तंबाकू निषेध दिवस से एक दिन पहले यह हेल्पलाइन जारी की। इस नंबर पर काउंसलर उनका काउंसलिंग करेंगे और धूम्रपान छोड़वाने में मदद करेंगे।

तंबाकू छोड़ने में मदद करेगी हेल्पलाइन

जगरण न्यूज़, नई दिल्ली : तंबाकू की जानलेवा आदत के खिलाफ एक और कदम बढ़ाते हुए स्वास्थ्य मंत्रालय ने यह लत छोड़ने वालों की मदद के लिए विशेष हेल्पलाइन शुरू की है। यहां लोगों को न सिर्फ़ फोन पर मनोवैज्ञानिक सलाह मिल सकेंगी, बल्कि वे सहायता के लिए अलग से अप्वाइंटमेंट ले सकेंगे। साथ ही उन्हें स्वयं सहायता सामग्री भी उपलब्ध कराई जाएगी। स्वास्थ्य मंत्री ने गैर सरकारी संगठनों से अपील की है कि वे तंबाकू के खतरों से लोगों को अवगत करने में सहायता कर सकें।

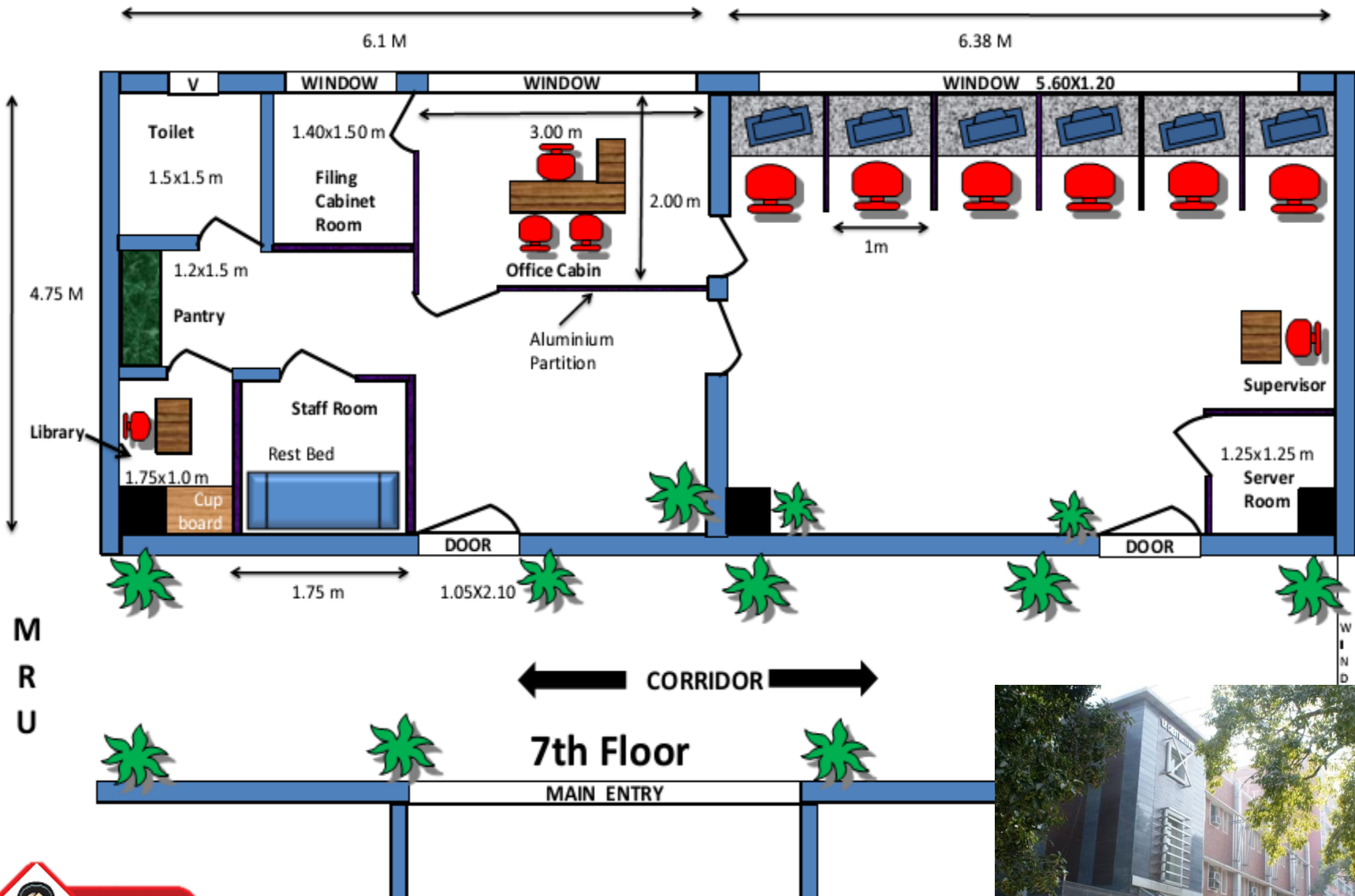
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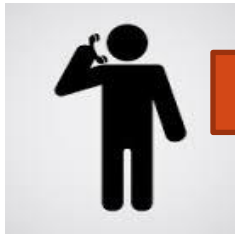
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बीमारी से बचना है तो धूम्रपान करने वालों से रहें दूर
नई दिल्ली : यह धूम्रपान नही करने के तबैली से रिलेवेटो के धूम्रपान करने सभ्य को उन्हे सभ्य न रहे। एकर कर्नात आगामी सेहत के लिए भरोषे धर सभ्यत ह और केसर जैसी जानलेवा बीमारी से बचाने हो सकेते है। बीमारी का कर्नात हे के बीसो निपटरे भी कर्नाते के सभ्य सभ्य उन्ना हो सकेते है, फिना धूम्रपान कर्नात। इन्डियन मिडिलेयर एसीसिगनेट (अडवार्स) में इन्डोको को डिस्मिन्डर विंग हे है एके मेरीजो का इन्डको कर्नाते कर्नात तंबाकू के प्रबलत और अप्रबलत तप से सेवन से बन्दे को सिगरेट में रहते ही में जारी एके सिगरेट के अधुनकर, दिल्ली में परिकर्ना जारा कर धूम्रपान कर्नाते के बरतो बरतो में सभ्य तो बीमारीय बढ रही है। बरतो में अरबतप का कर्नात-फिना-फिना को धूम्रपान कर्नात भी चला ग्या है। एके 20 10 को कर्नातप से अधुनकर, दिल्ली में 24 परिकर लोग तंबाकू का इस्तेमाल कर्नाते है। परिकर जेत के सभ्य सभ्यत के प्रबलत में, राखकुमार ने कर्नात हे 50 परिकर लोग तंबाकू छोडना चाहते है, लेखन 15 से 20 परिकर लोग ही छोड पाते है। देश में केसर का बढ करलन तंबाकू है। केसर से पीछे 50 परिकर पुरानो में तंबाकू के इस्तेमाल के बरतो वह बीमारी होतै है। यही कर्नात हे कि मुके, मूके और परकलन का केसर पुरानो में अजिब होतै है। केसर रिलेवेटो जै. पीके उन्नात में एके फिनासोतों में भी कुके परकलन का केसर बढ रहा है। एकेकलन फिना केसर अप्रबलत से अतीविकरत फिनात के प्रबलत में। अजिब अजिब न बरतो फिनासोत से इन्डोको को फिनात प्रबलत होतै है। इन्डियन सभ्य उन्नात इन्डोको के अतीविकरत सभ्यत में, मिनेवर सिंग ने एके फिनासोत में धूम्रपान व तंबाकू का इस्तेमाल कर्नाते हे उन्हे अभावा कर्नाते भी जल्दतर है। धूम्रपान के बरतो बरतो में केसरियन सभ्यत कर्नाते को कर्नात पण हो होतै है। उन्के अरबतप सभ्यत में फिनासोत की भी सभ्यत कर्नात होतै है। इस कर्नात से इन्डोको कर्नात होतै होतै है।

The Centre Design





Caller call at MTNL toll free number

Phone call process at National Tobacco Quit Line



1. It goes to PRI



2. From PRI Line to

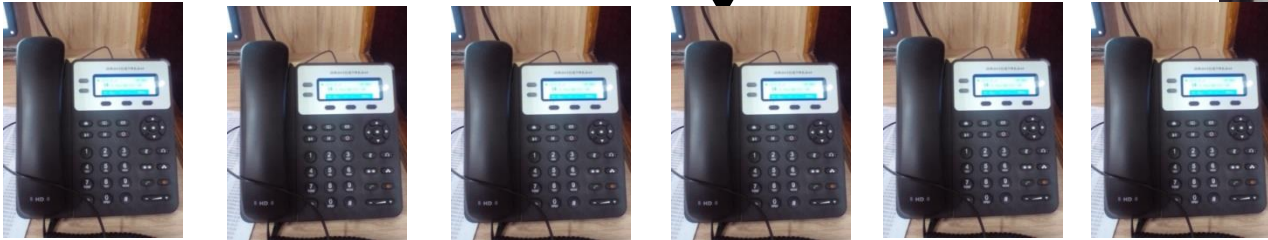


3. From Gateway to



4. From Server to POE

5. From POE switch to I.P Phone



Call comes to National Tobacco Quit Line



Greeted with I.V.R for language selection

Call segregated according to first time or repeat

Reactive Call

Is Quit Line Counselor busy with another caller?

Yes

No

Call on waiting till anyone of the counselor is free, and then transfer to counselor or option to choose for call- back by our counselors

Call directly transfer to the randomly selected free counselor by the software



Counselor



Call Sequence

Call 1 – Call made by the caller

Call 2 – Pre quit date call made by counselor 3-4 days before the planned quit date

Call 3 – Quit date call made by counselor on the planned quit date or 1-3 days after the planned quit date

Call 4 – Quit date follow up call made by counselor 3-7 days after the planned quit.

Call 5 – Ongoing support call made by the counselor about 1-3 weeks after the quit date, follow up call

How we set caller's quit date?

PROACTIVE CALL 1

• **Caller Pre-Quit Date**

PROACTIVE CALL 2

• **Caller Quit Date**

PROACTIVE CALL 3

• **Caller Post- Quit Date**

PROACTIVE CALL 4

• **Ongoing Support Follow up call**

Our Way To Provide Counselling

Introduction

- Counselor will greet the caller stating name and brief introduction

Assessment

- Gaining caller's tobacco use, history of trying to quit and other relevant information

Agenda Setting

- Using combination of information collected from the caller, application of quitline protocols, and the counselor's clinical insight

Action Planning

- Counselor will set the action plan, call sequence, medication etc.

Closing

- Closing with thanks by fixing the next call date and time



Quit line at VPCI.....



National Tobacco Quit Line

National Helpline for Providing Tobacco Cessation Services



सत्यमेव जयते
Ministry Of Health and
Family Welfare
(Govt. of India)



NATIONAL TOBACCO QUITLINE
1800-11-2356



Vallabhbhai Patel Chest
Institute
University of Delhi

at
VALLABHBHAI PATEL CHEST INSTITUTE

7th Floor, Multistoried Building,
University of Delhi, Delhi – 110 007 (India)

Our Experiences



8 0 0 1 1 2 3 5 6

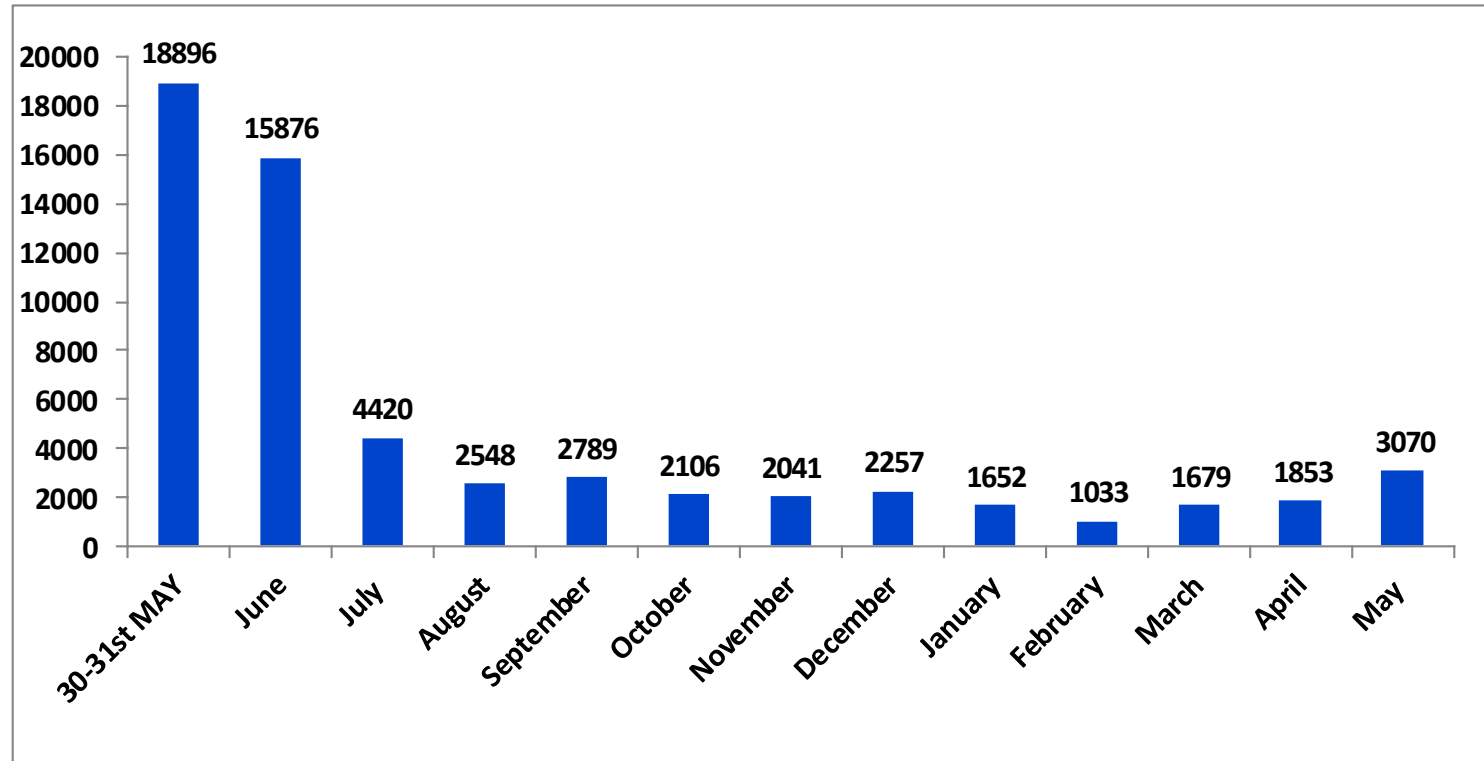


ANNUAL REPORT (30.05.2016. to 31.05.2017) National Tobacco Quitline Services (NTQLS)



Calls hit on the IVR

30th May 2016 to 31st May 2017

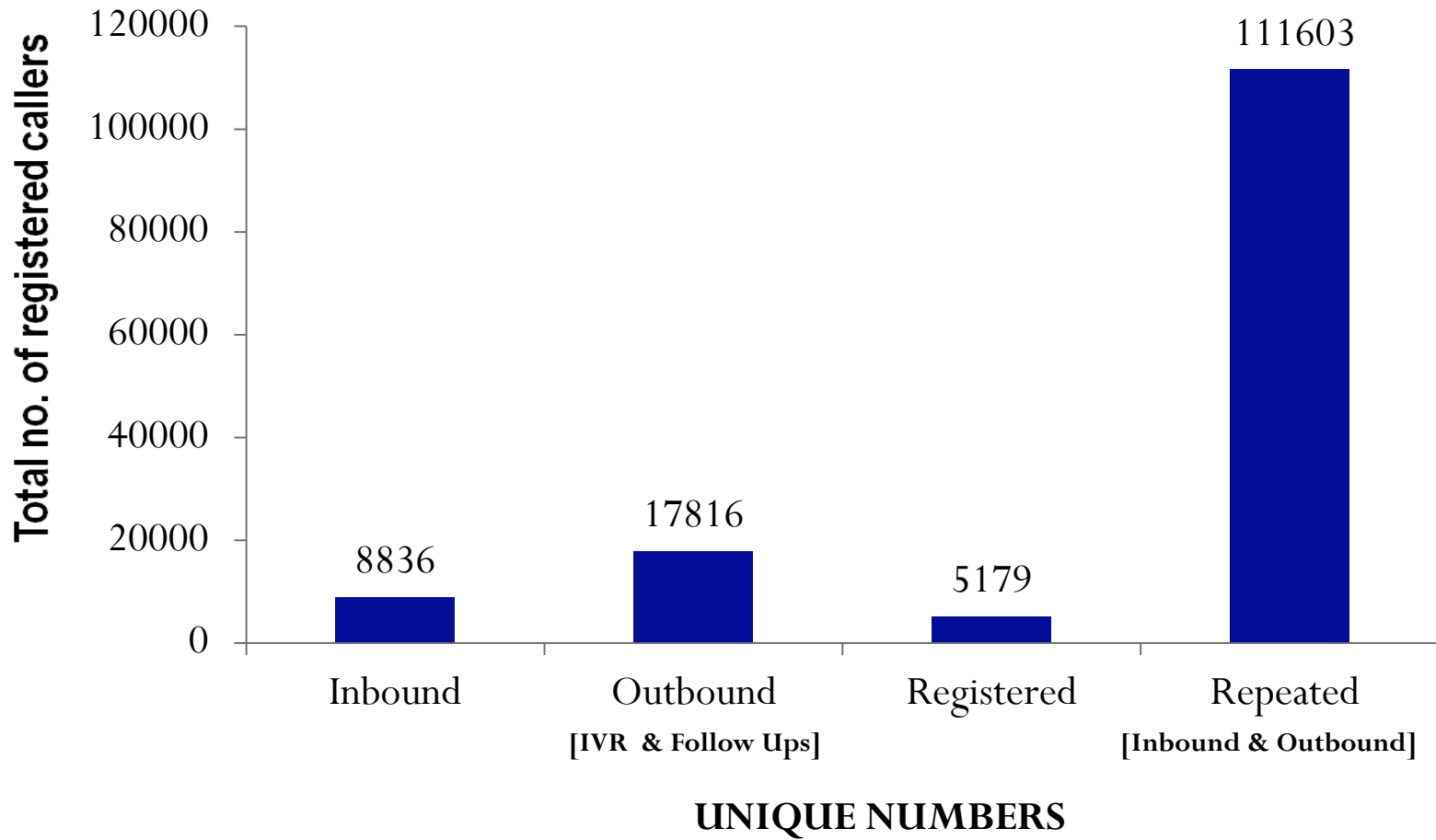


➤ **60222** calls hit at the IVR (Interacted Voice Response System) of the National Tobacco Quit line, during 30th May 2016 to 31st May 2017.

➤ **18,896** calls were only on the first two days of opening, representing 40.51% of total call volume.



Total Number of Calls



**Total Number of Registered Callers-
(5179)**

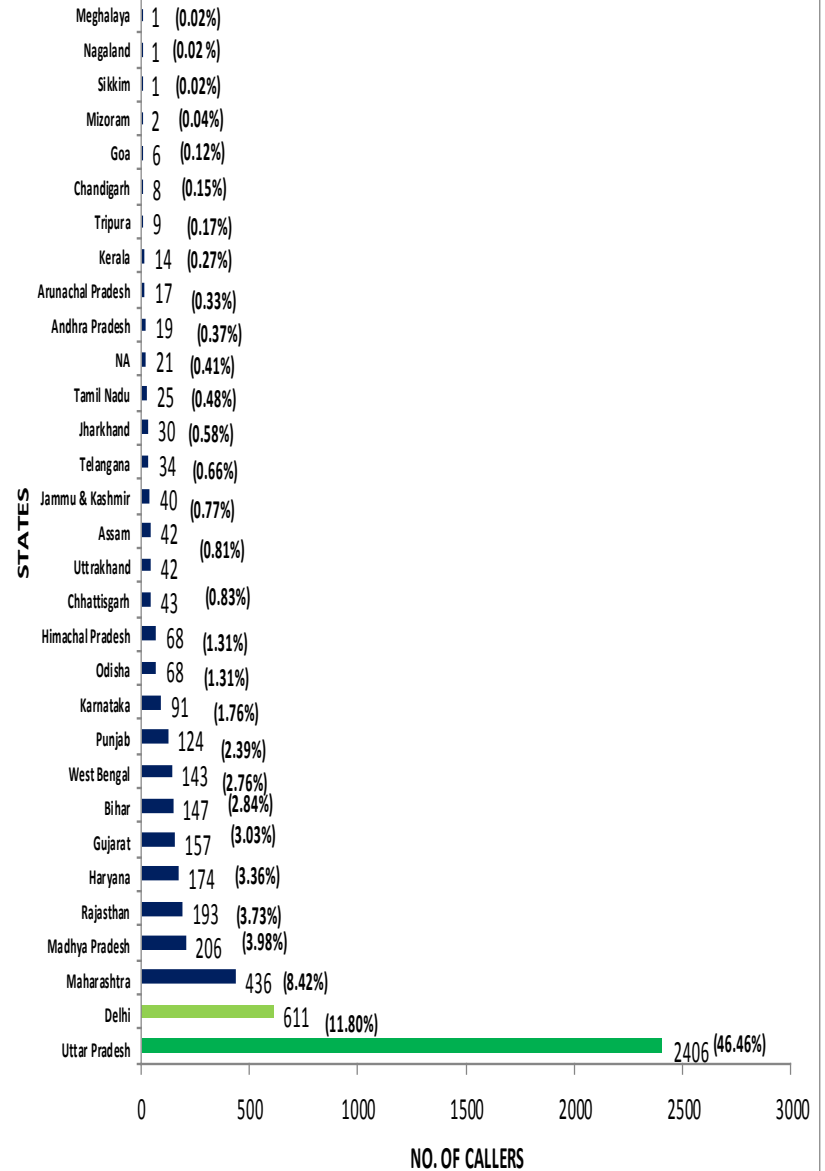
Characteristics of Tobacco Users

Variables	Total Numbers (n=5179)	Percentages
Gender		
Male	5067	97.8%
Female	112	2.2%
Age		
<14 years	22	0.4%
15-24 years	1511	29.2%
25-64 years	3548	68.5%
65 years and above	98	1.9%
Marital Status		
Married	2983	57.6%
Unmarried	2181	42.1%
Divorced/Widowed	15	0.3%
Education		
Illiterate	119	2.4%
1 st -10 th Std.	1303	25.1%
11 th – 12 th Std.	1291	24.9%
Diploma after 12th	113	2.2%
Graduation	1695	32.7%
Post Graduation	430	8.3%
Professional Degree	228	4.4%

Characteristics of Tobacco Users

Variables	Total Numbers (n=5179)	Percentages
Occupation		
Unemployed	237	4.6%
Retired	100	1.9%
Student	1065	20.5%
Self Employed/Business	1507	29.1%
Government Sector Employed	315	6.1%
Private Sector Employed	1955	37.8%
Type of Tobacco use		
Smoking	1366	26.4%
Smokeless	3169	61.2%
Smoking and smokeless both	644	12.4%
Quantity of bidi/cig smoke item per day		
1-10 Qty	2979	57.5%
11-20 Qty	1534	29.6%
20 and more	666	12.9%
Previous Quit attempt made	3523	68.02%
Alcohol Use	1547	29.87%
Expense per month on Tobacco		
<500 INR	2452	47.35%
500 - 1000 INR	1024	19.77%
1000 – 5000 INR	1546	29.85%
5000 INR and above	157	3.03%
Intervention		
Behavioral Counseling	5097	98.42%
Behavioral Counseling & Referral to T.C.C	82	1.58%

Number of Registered Callers from Different States

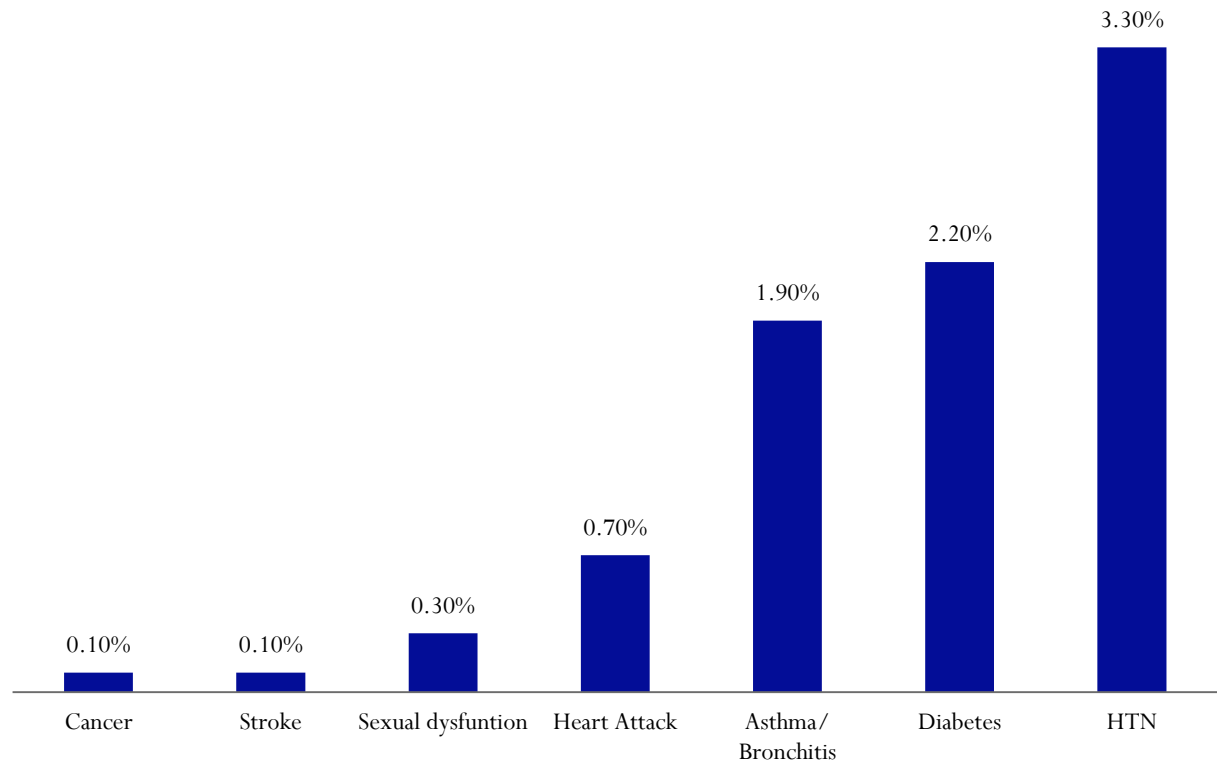


Current Co-Morbidity

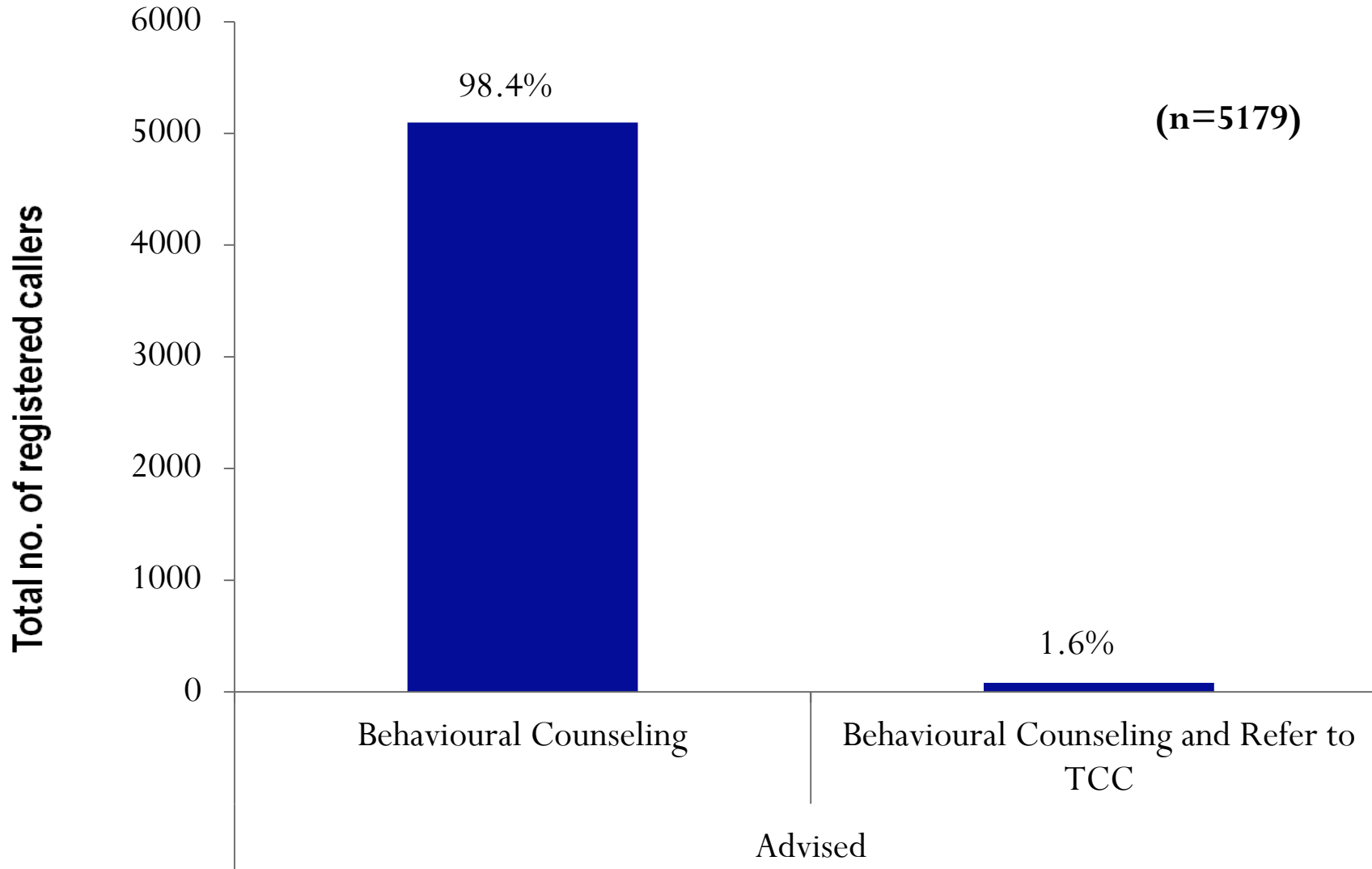
In this study the co-morbidity also find among the registered tobacco users.

- 0.1% suffering from cancer
- 0.1% have faced stroke
- 0.3% have sexual dysfunction
- 1.7% get heart attack
- 1.9% facing Asthma and other bronchial diseases
- 2.2% have developed diabetes
- 3.3% found Hypertensive.
- 14.9% of registered tobacco users have some other co-morbid disorder.

Co- morbid disorders among the registered callers , (n=5179)



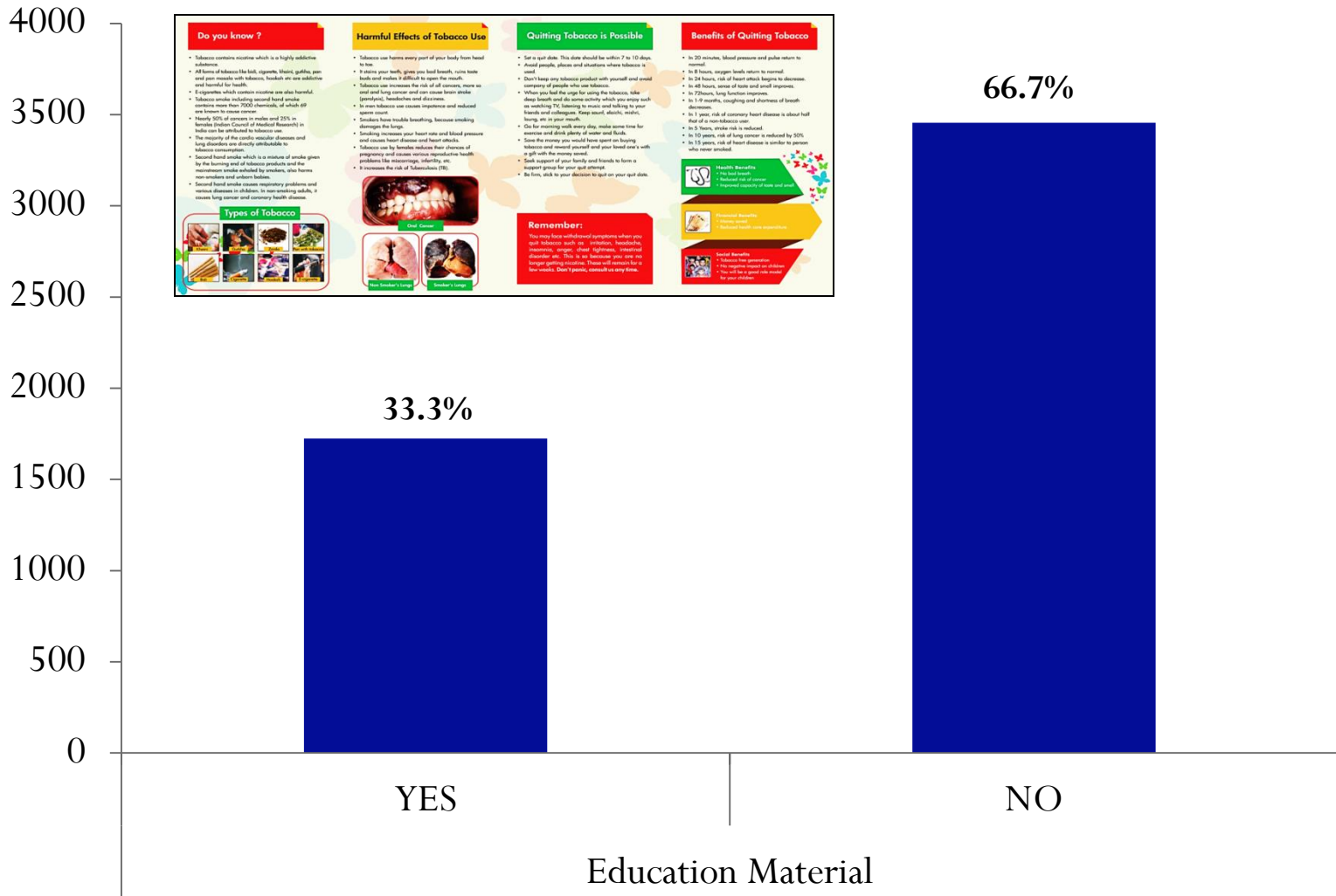
Intervention



Education Material Supplied to Willing Callers

(n=5179)

Total no. of registered callers



Do you know ?

- Tobacco contains nicotine which is a highly addictive substance.
- All forms of tobacco like bid, cigarette, khaini, gutka, pan and pan masala with tobacco, hookah are not addictive and harmful for health.
- E-cigarettes which contain nicotine are also harmful.
- Tobacco smoke including second hand smoke contains more than 7000 chemicals, of which 69 are known to cause cancer.
- Nearly 90% of cancers in males and 25% in females Indian Council of Medical Research in India can be attributed to tobacco use.
- The majority of the costly avoidable diseases and lung disorders are directly attributable to tobacco use.
- Second hand smoke which is a mixture of smoke given by the burning and of tobacco products and the nicotine residue absorbed by clothes, also harms non-smokers and unborn babies.
- Second hand smoke causes respiratory problems and various diseases in children. In non-smoking adults, it causes lung cancer and coronary heart disease.

Harmful Effects of Tobacco Use

- Tobacco use harms every part of your body from head to toe.
- It stains your teeth, gives you bad breath, ruins hair health and makes it difficult to open the mouth.
- Tobacco use increases the risk of all cancers, even on oral and lung cancer and can cause liver and kidney, headache and dizziness.
- In men tobacco use causes impotence and reduced sperm count.
- Smokers have trouble breathing, because smoking damages the lungs.
- Smoking increases your heart rate and blood pressure and causes heart disease and heart attacks.
- Tobacco use by females reduces their chances of pregnancy and causes serious reproductive health problems like miscarriage, infertility, etc.
- It increases the risk of tuberculosis (TB).

Types of Tobacco

Remember

The only facts withdrawal symptoms when you quit tobacco such as irritation, headache, nervousness, anger, sleep disturbance, increased appetite etc. This is all because your are no longer getting nicotine. These all symptoms last a few weeks. Don't panic, consult us any time!

Quitting Tobacco is Possible

- Set a quit date. This date should be within 7 to 10 days.
- Avoid people, places and situations where tobacco is used.
- Don't keep any tobacco product with yourself and avoid company of people who use tobacco.
- When you feel the urge for using the tobacco, take deep breath and do some activity which you enjoy such as watching TV, listening to music and talking to your friends and colleagues. Keep yourself actively busy, keep fit in your mind.
- Stick to morning walk every day, make some time for exercise and drink plenty of water and fluids.
- Share the anxiety you would have spent on leaving tobacco and reward yourself and your loved one's with a gift with the money saved.
- Seek support of your family and friends to form a support group for your quit attempt.
- Be firm, stick to your decision to quit on your quit date.

Benefits of Quitting Tobacco

- In 20 minutes, blood pressure and pulse return to normal.
- In 8 hours, oxygen levels return to normal.
- In 24 hours, risk of heart attack begins to decrease.
- In 48 hours, taste of food and smell improves.
- In 72 hours, lung function improves.
- In 9 months, coughing and shortness of breath diminishes.
- In 1 year, risk of coronary heart disease is about half that of a non-tobacco user.
- In 5 years, stroke risk is reduced.
- In 10 years, risk of lung cancer is reduced by 50%.
- In 15 years, risk of heart disease is similar to person who never smoked.

Health Benefits

- Free from cancer
- Improved quality of life and work

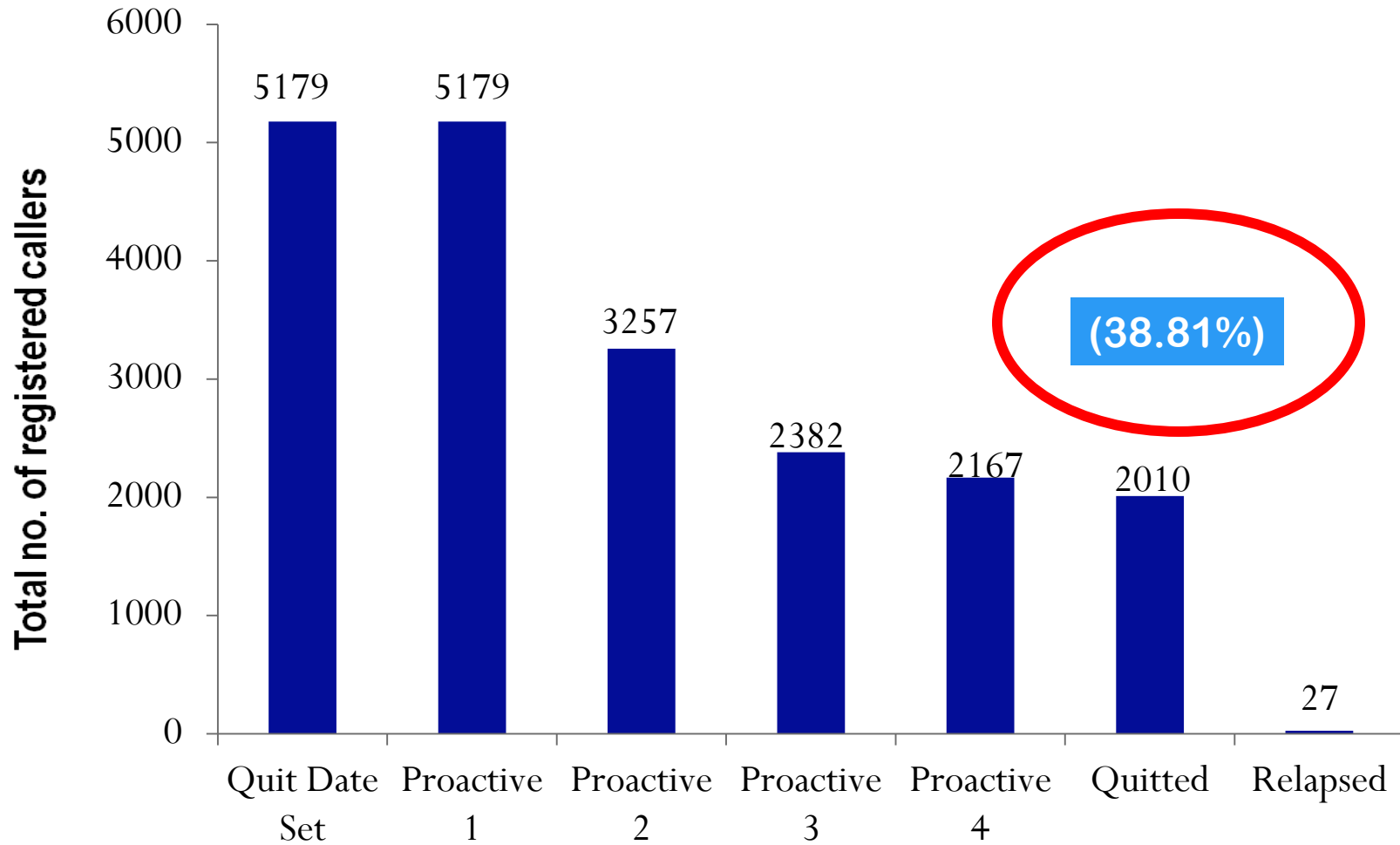
Financial Benefits

- Save money
- Reduce health care expenses

Social Benefits

- Protect the next generation
- Eliminate second hand smoke
- You will be a good role model for your children

Total Number of Registered Callers- (5179)



Smokeless Tobacco User's Profile

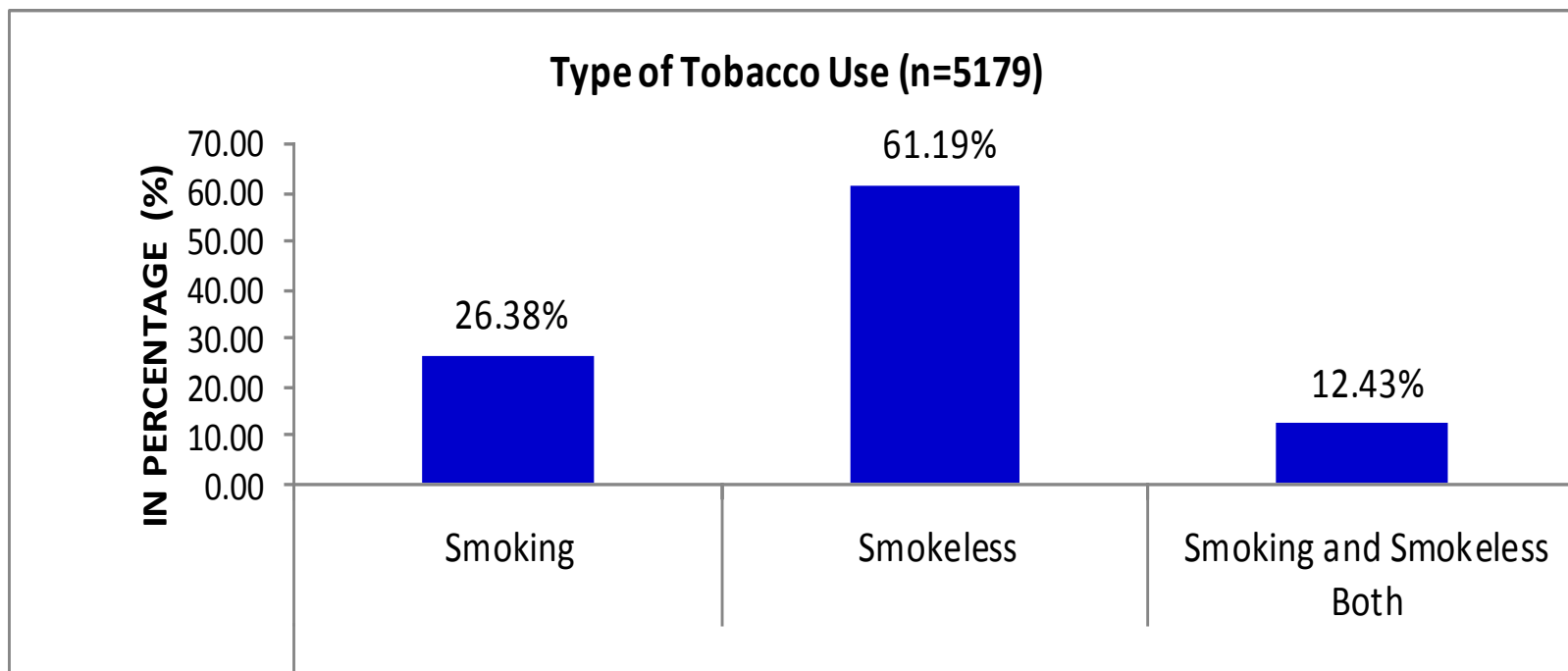
National Tobacco Quitline Services

30th May 2016 – 31st May 2017



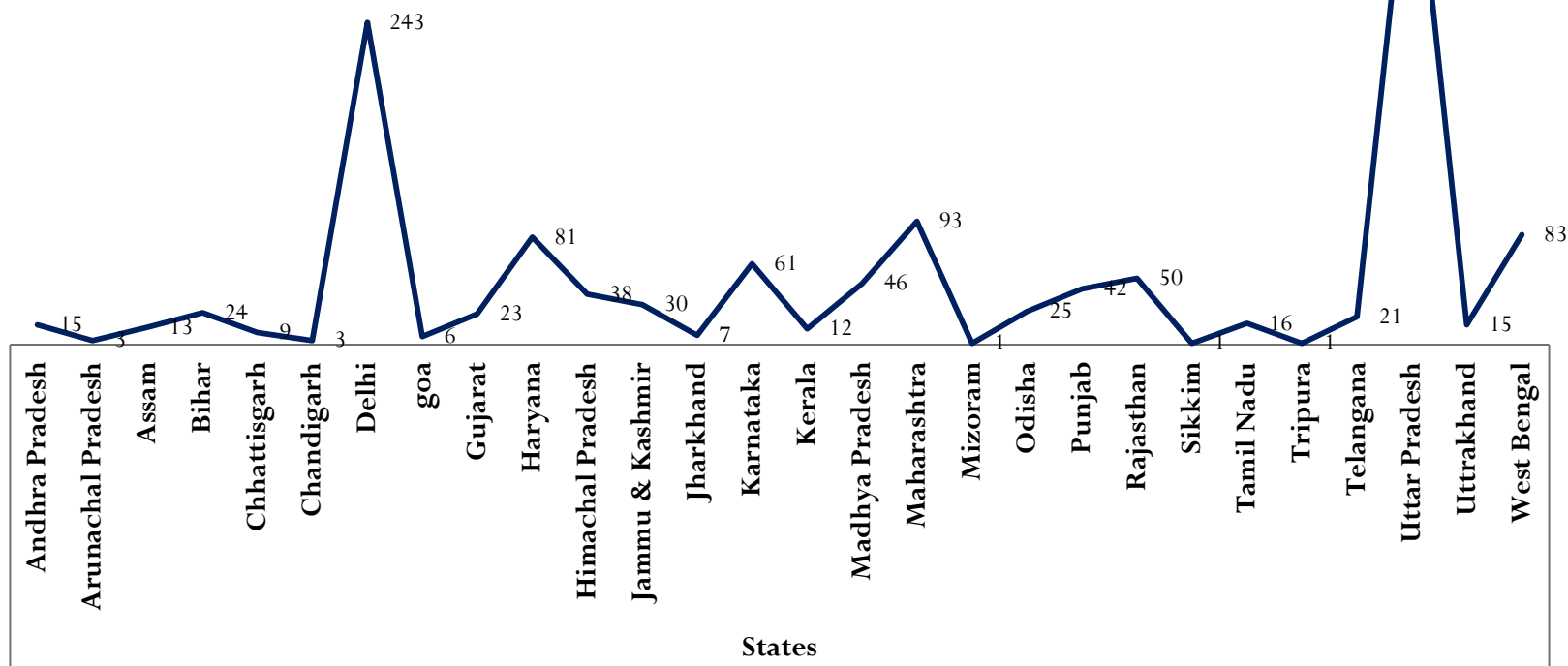
**Total number of Smokeless Tobacco
Users - 3169**

Type of Tobacco Use

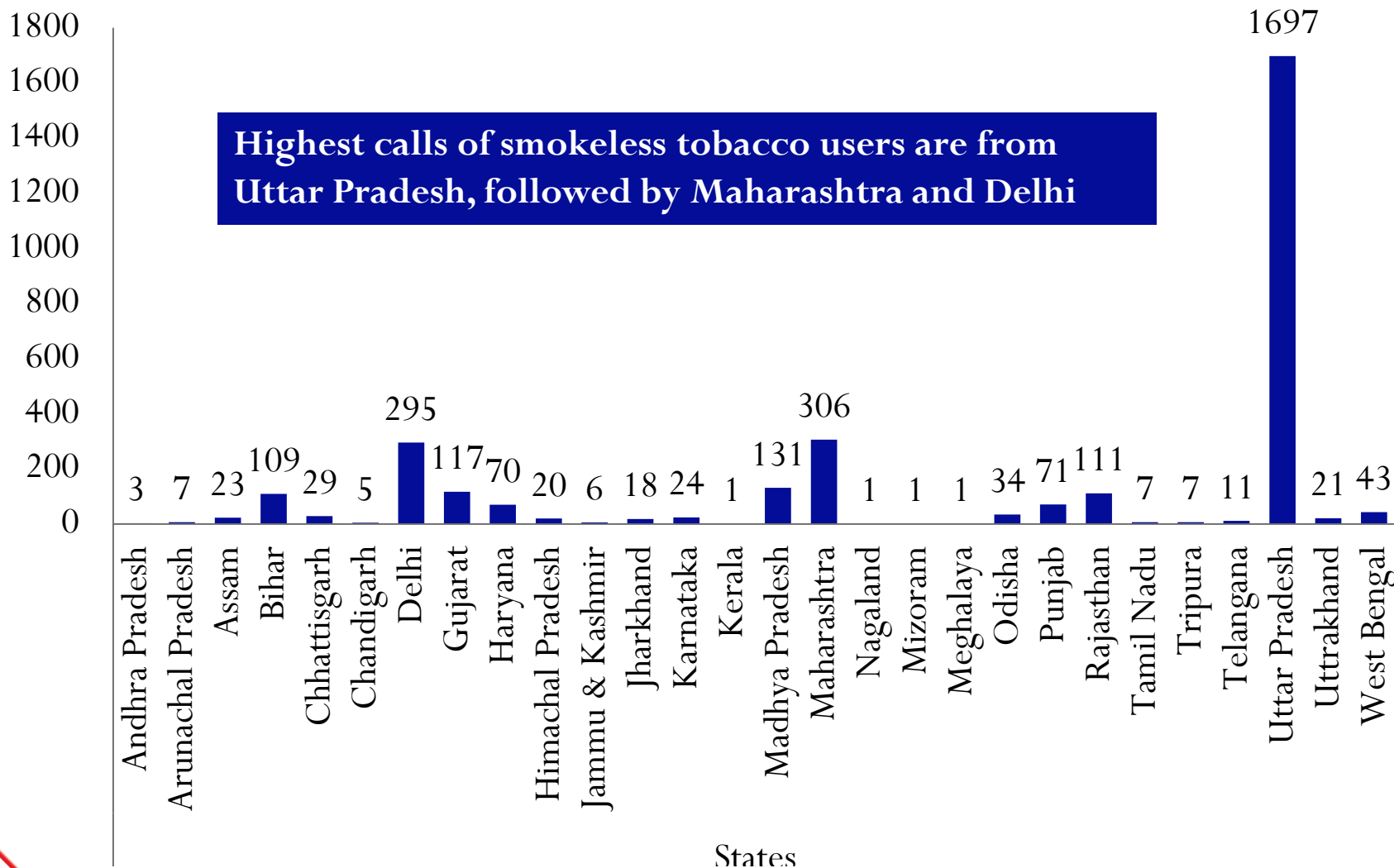


Caller's location (Smokers)

Highest calls of smokers are from Uttar Pradesh, followed by Delhi and Maharashtra

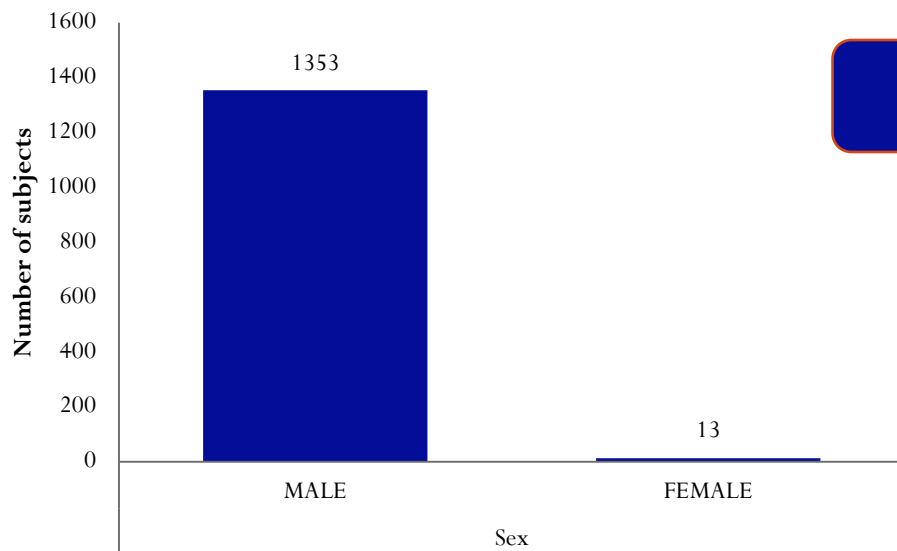
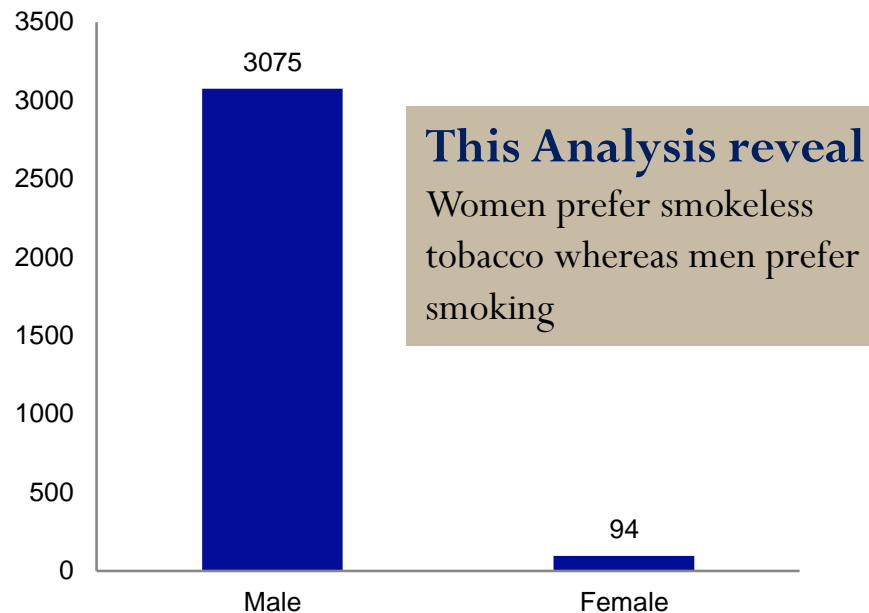


Caller's location (SLT Users)



SLT Users

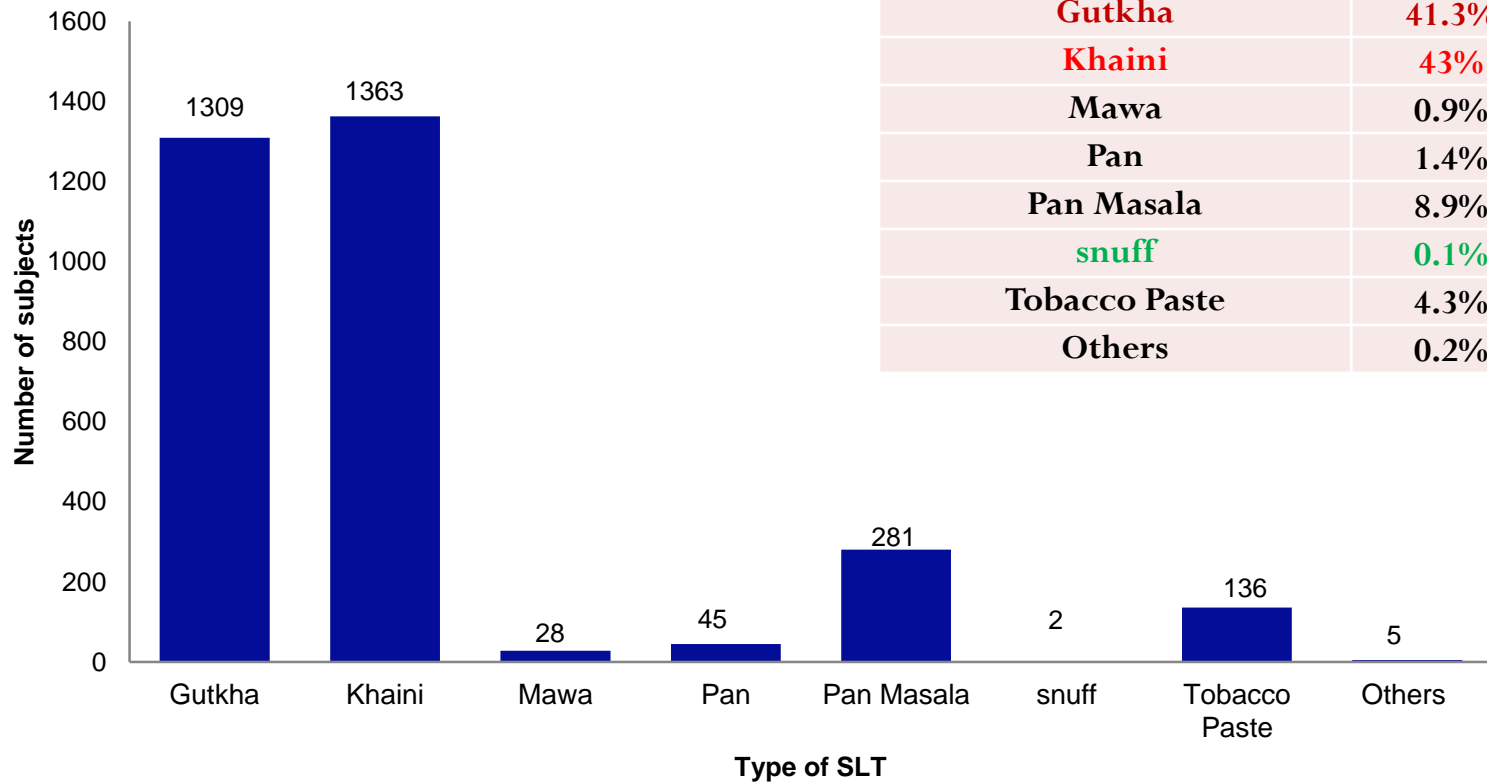
Male	3075	97.03%
Female	94	2.96%
Total	3169	



Smokers

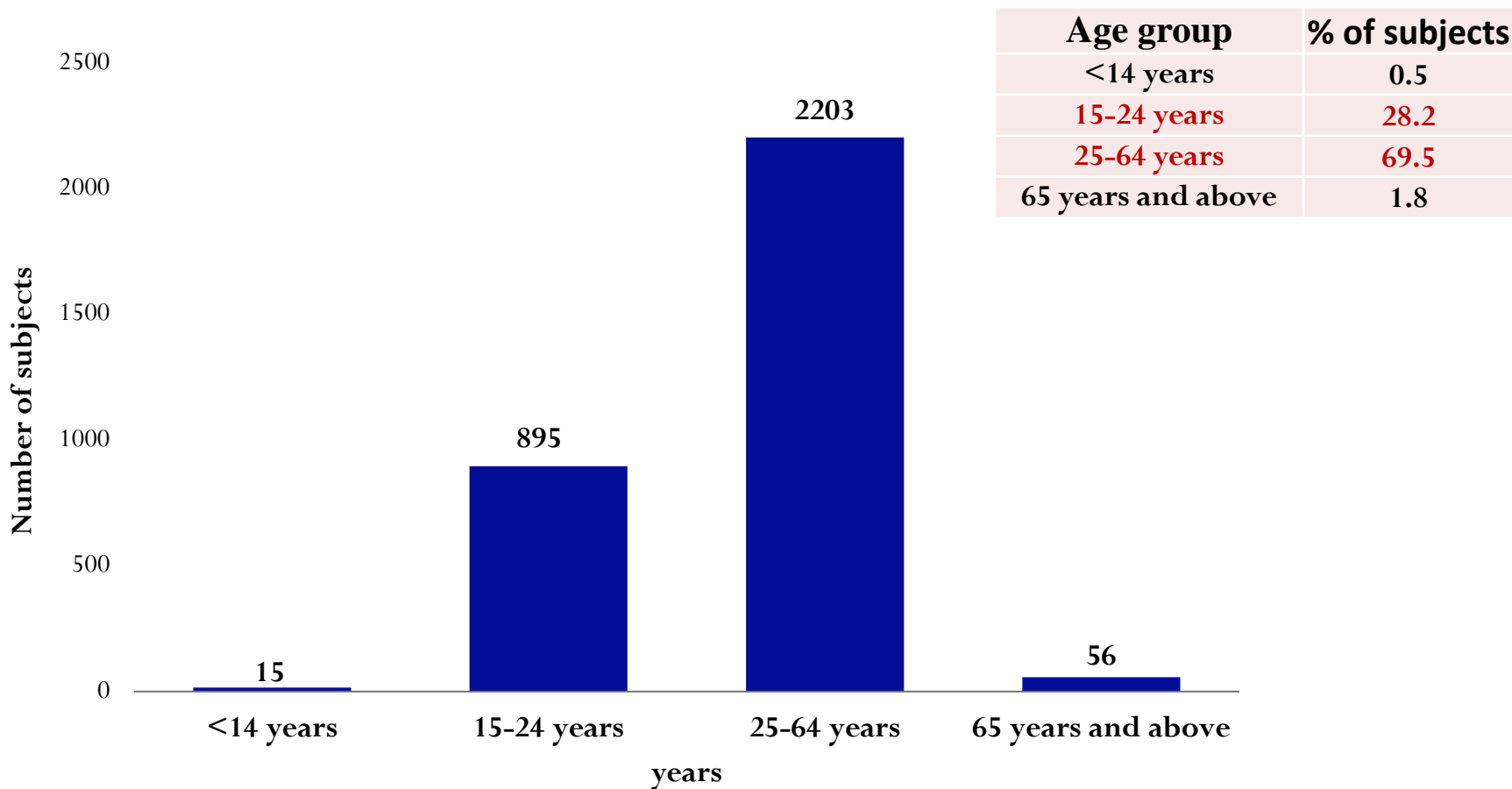
Male	1353	99.04%
Female	13	0.96%
Total	1366	

Types of SLT Used by Quit line Callers

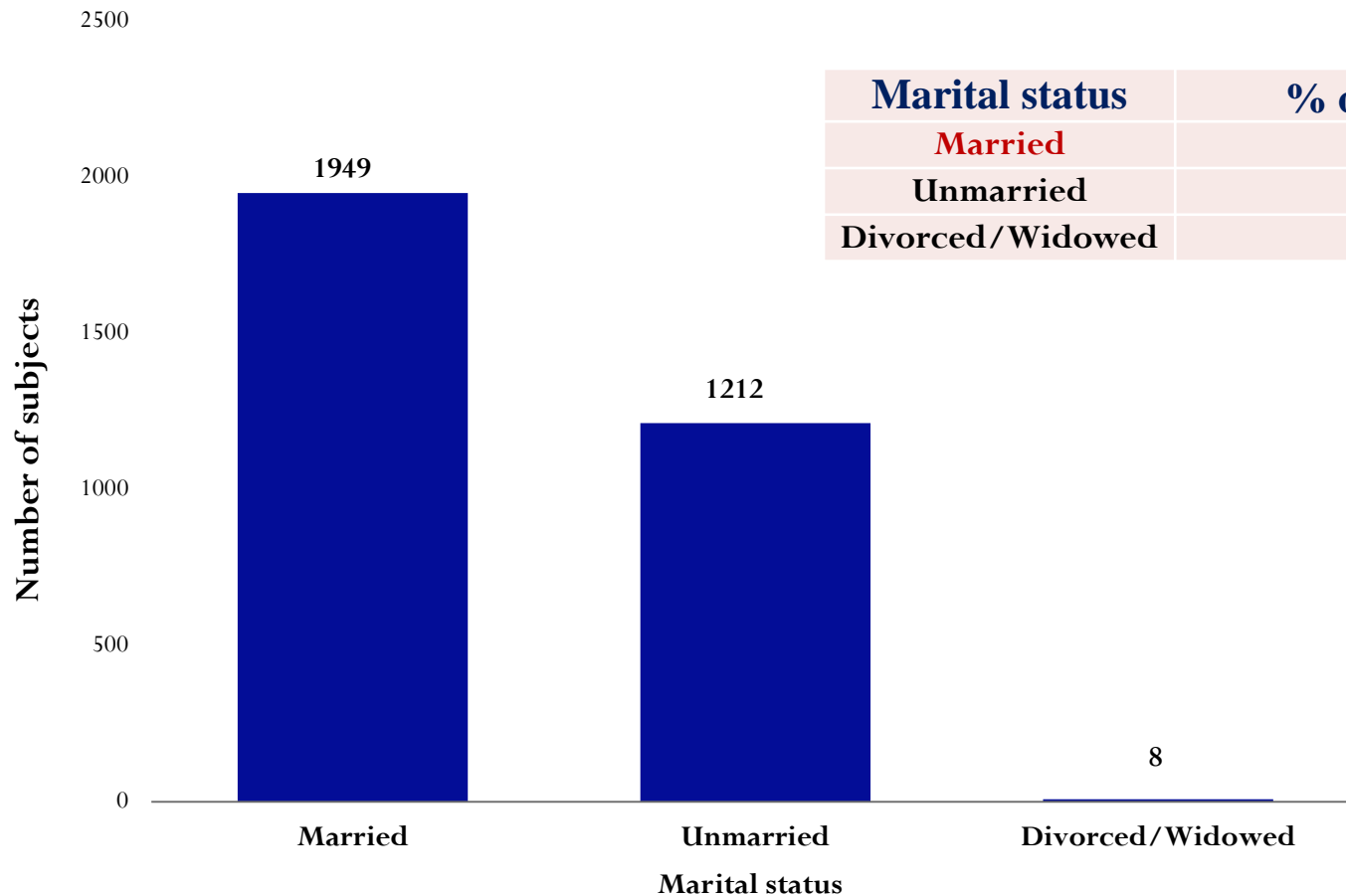


Gutkha	41.3%
Khaini	43%
Mawa	0.9%
Pan	1.4%
Pan Masala	8.9%
snuff	0.1%
Tobacco Paste	4.3%
Others	0.2%

Age Group of SLT Users

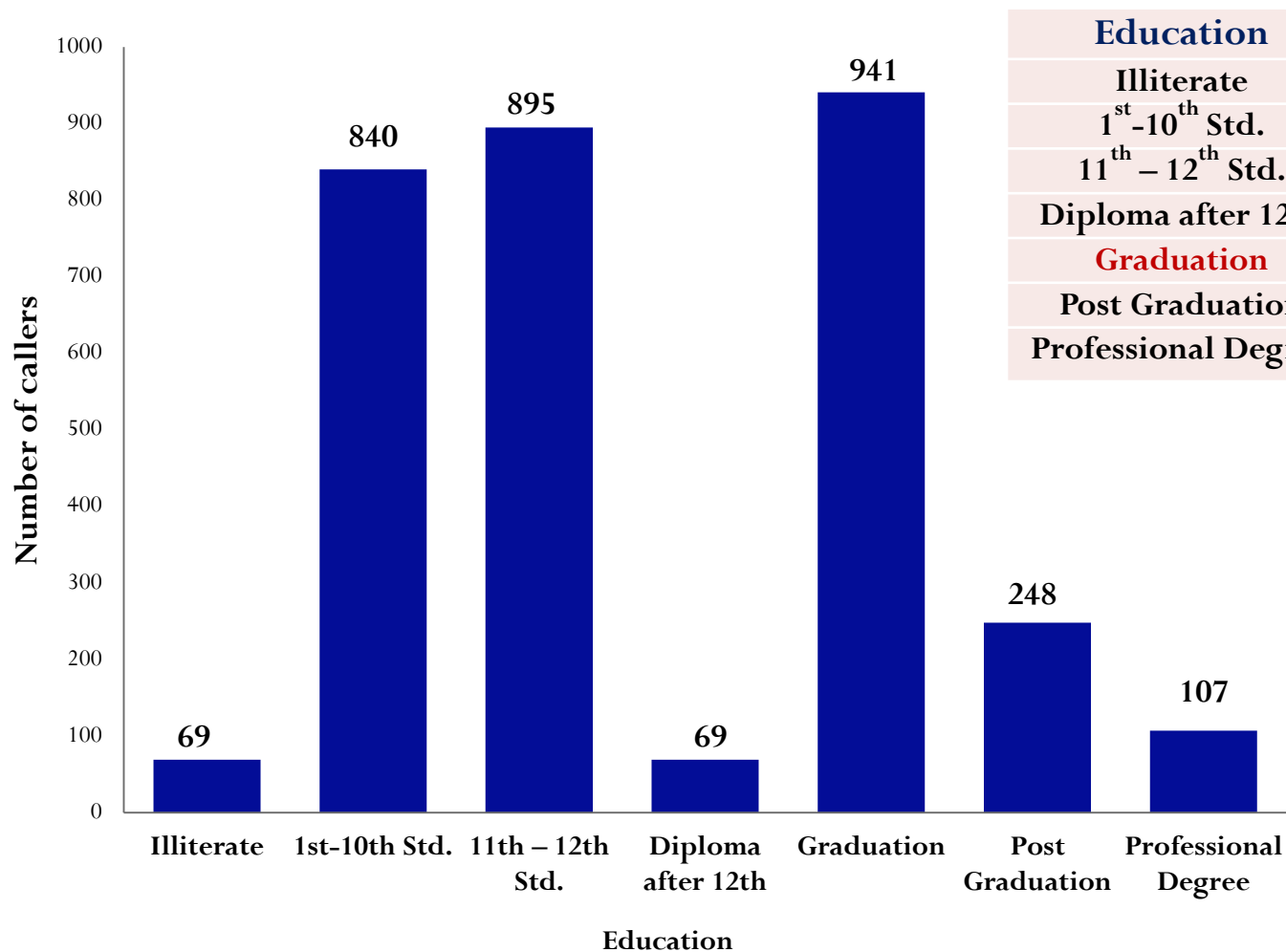


Marital Status of SLT Users



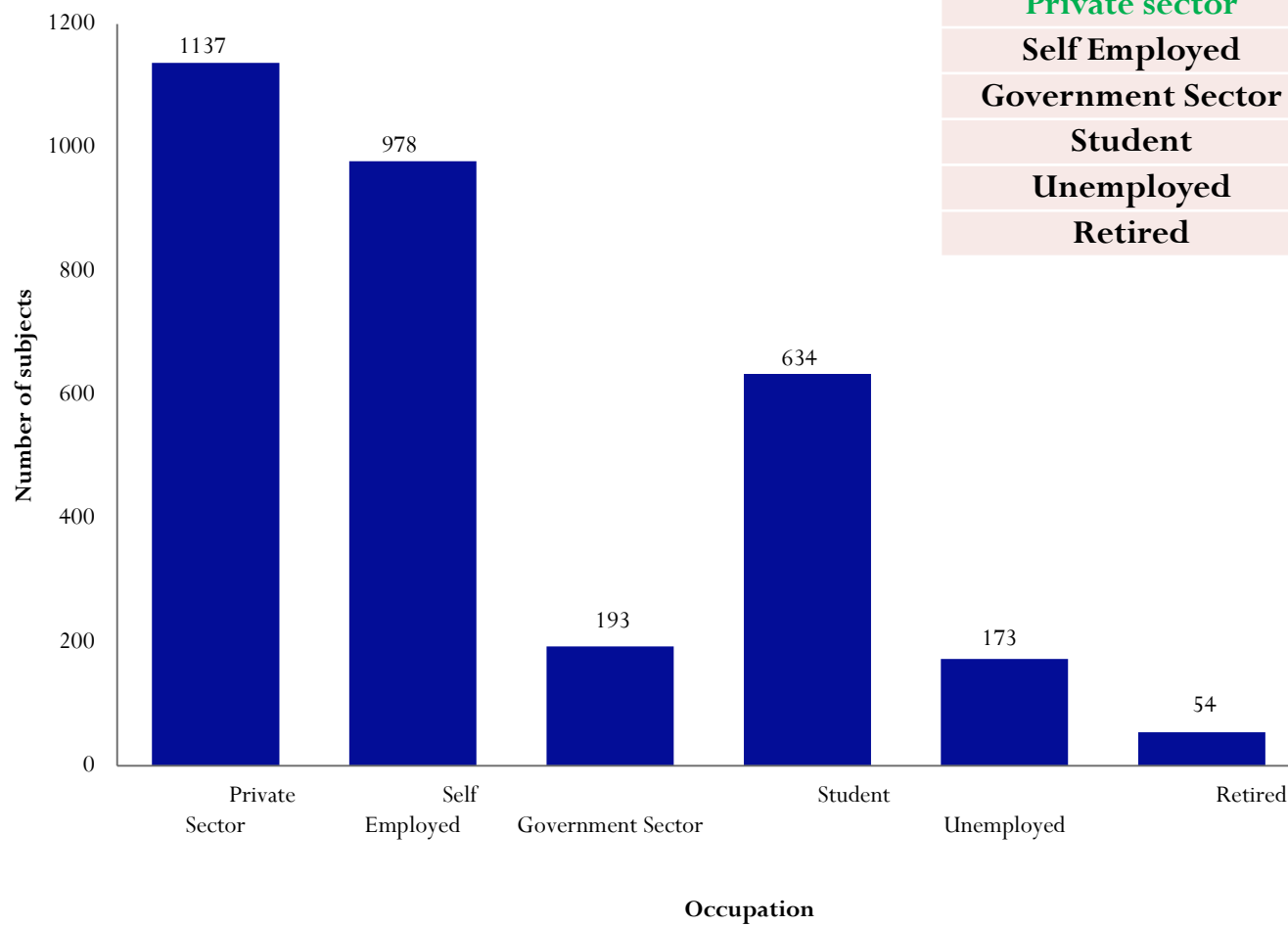
Marital status	% of callers
Married	61.5
Unmarried	38.2
Divorced/Widowed	0.3

Educational Status of SLT Users



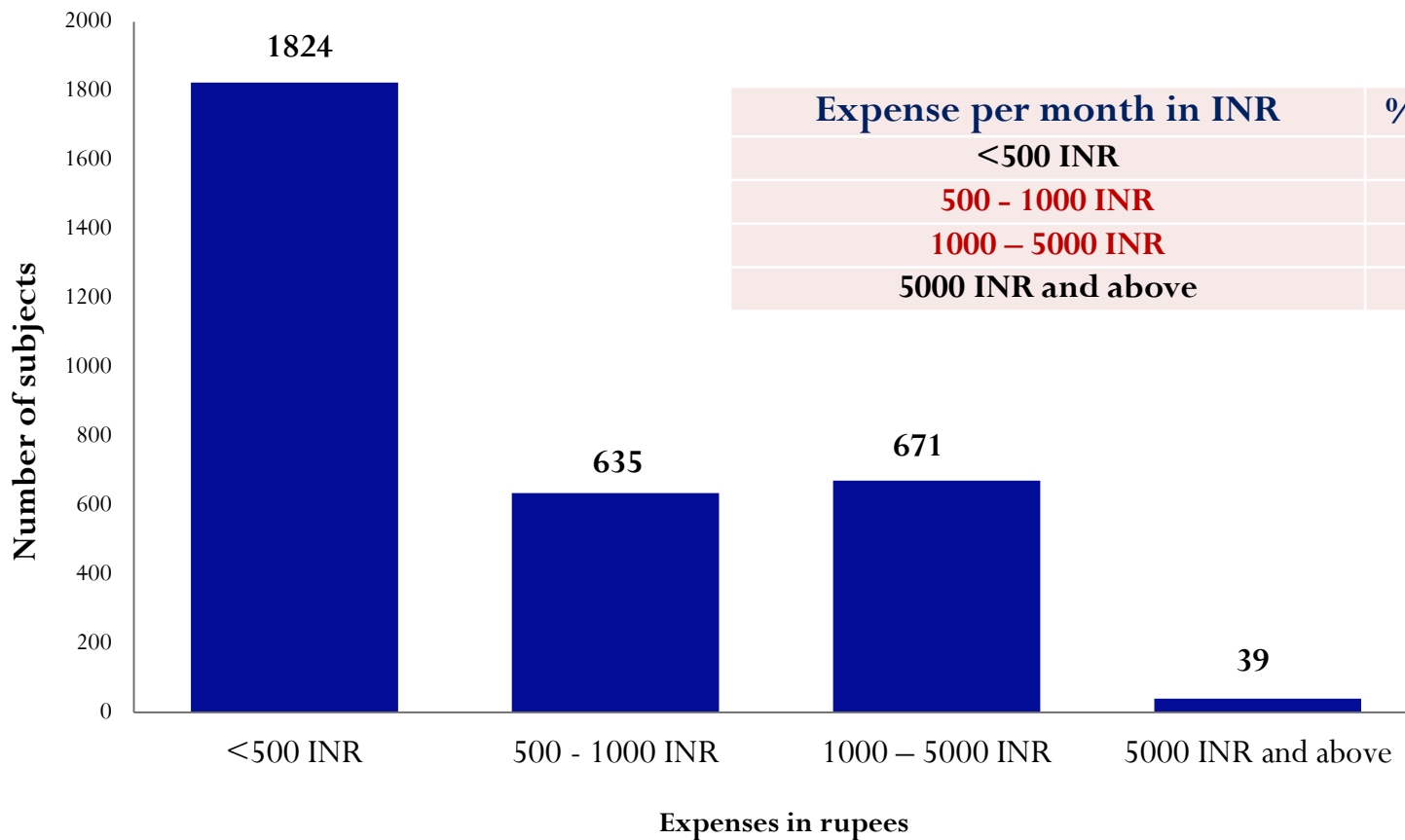
Education	% of subjects
Illiterate	2.2
1 st -10 th Std.	26.5
11 th – 12 th Std.	28.2
Diploma after 12th	2.2
Graduation	29.7
Post Graduation	7.8
Professional Degree	3.4

Occupation of SLT Users

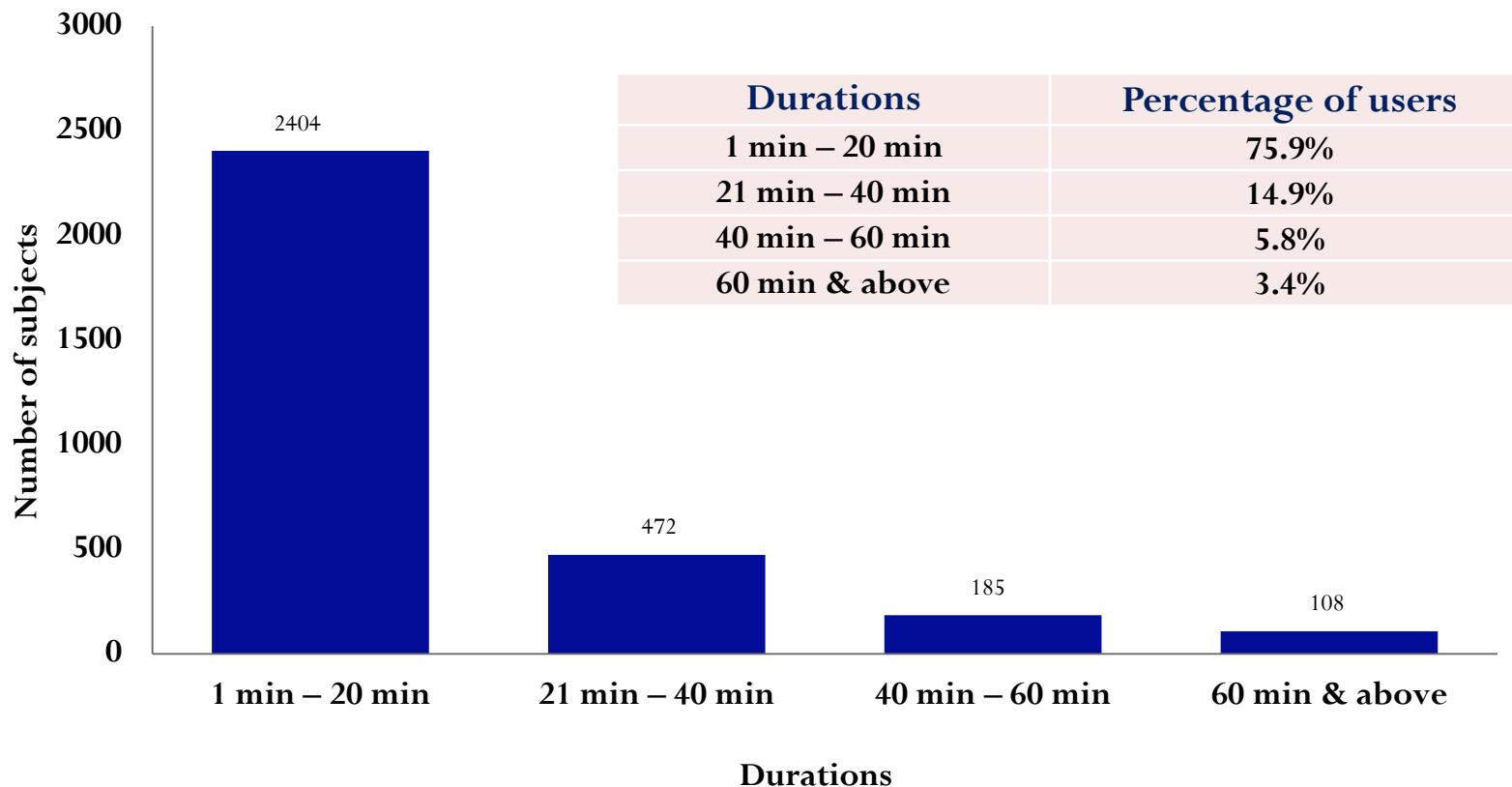


Occupation	% of Subjects
Private sector	35.9
Self Employed	30.9
Government Sector	6.1
Student	20
Unemployed	5.5
Retired	1.7

Expense Per Month on SLT

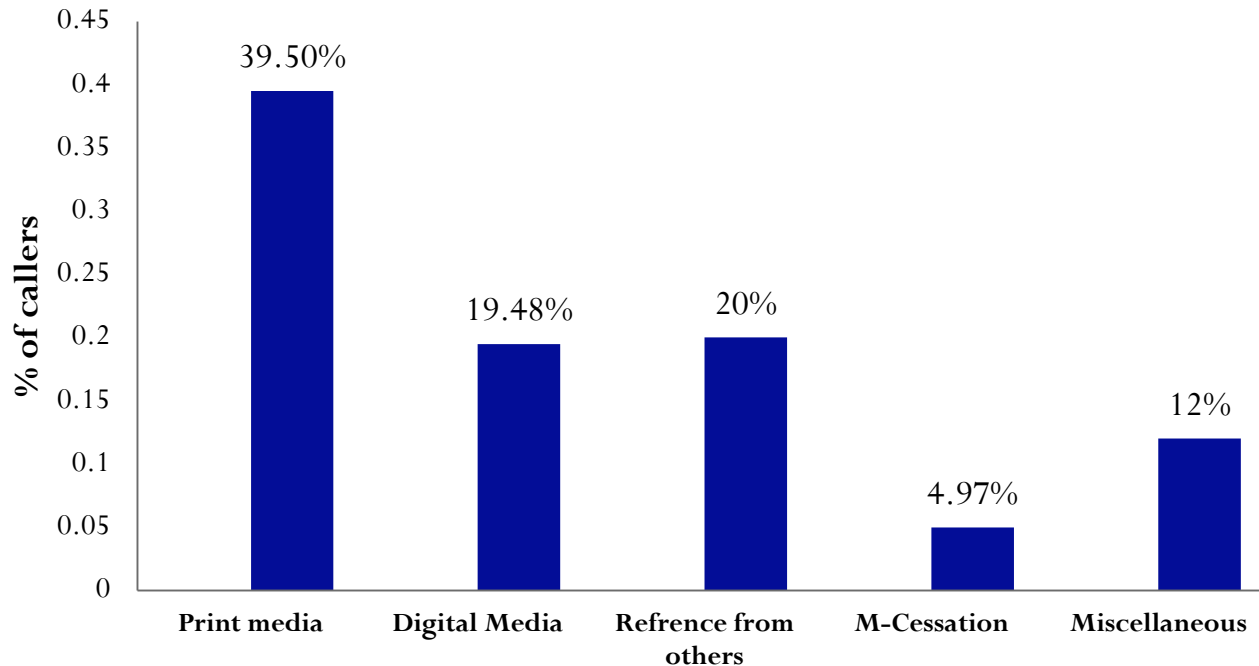


Duration of SLT in Mouth Per Day



Most Common Way Callers Found About NTQLS

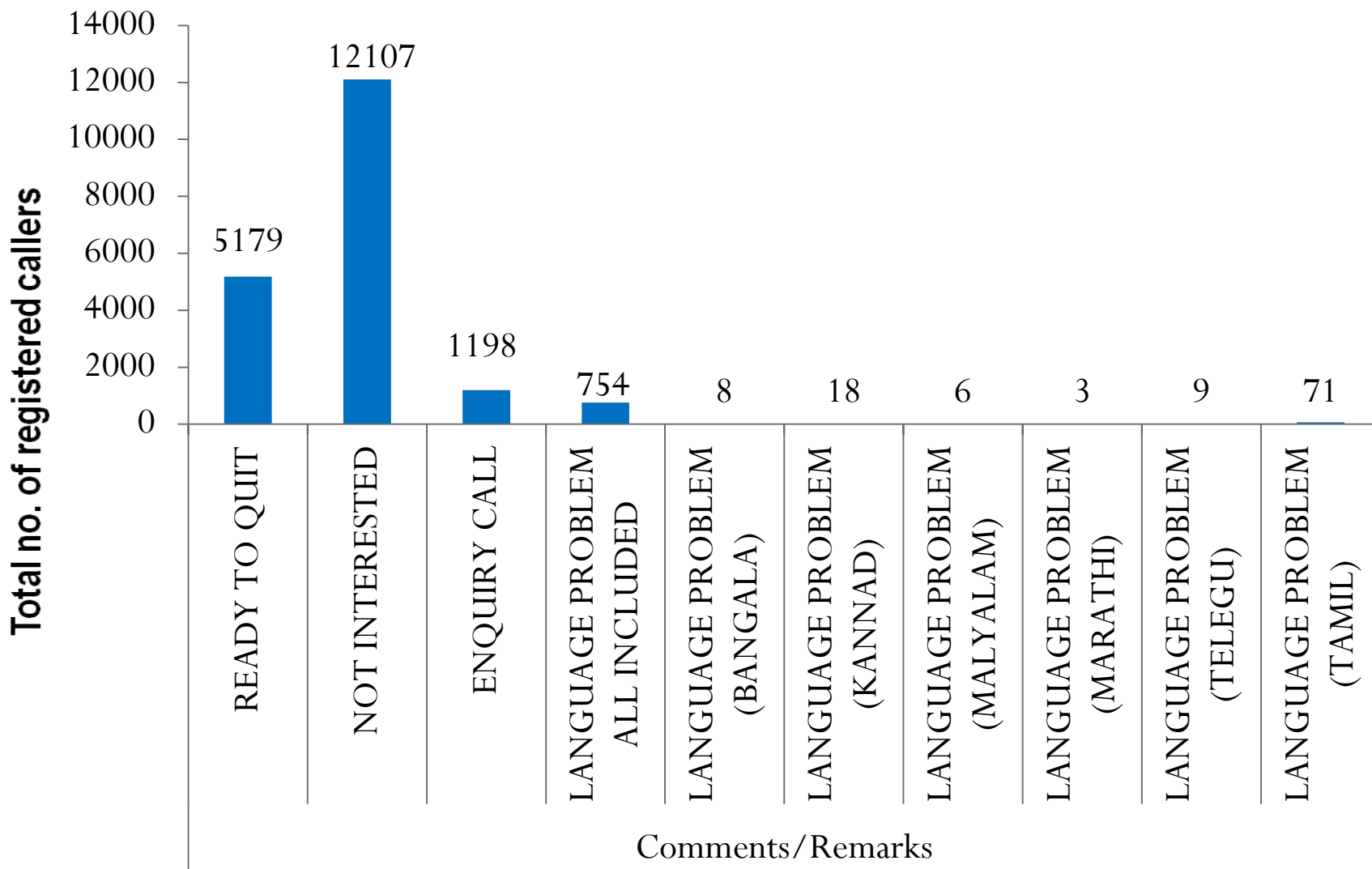
Most common ways callers found about NTQLS



- Print Media includes Newspapers, Magazines, Hoardings
- Digital Media includes Television, Radio, Internet, Social Networking sites
- M –cessation includes callers registered at M-cessation and got reference from there.
- Miscellaneous includes visiting cards and any other source not included in above category

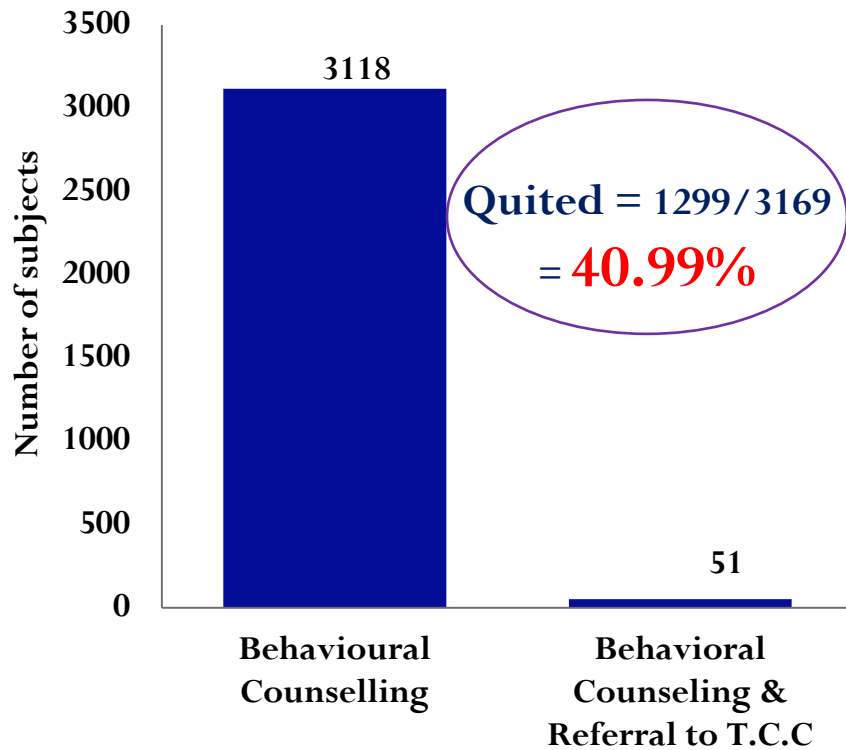


Comments of callers



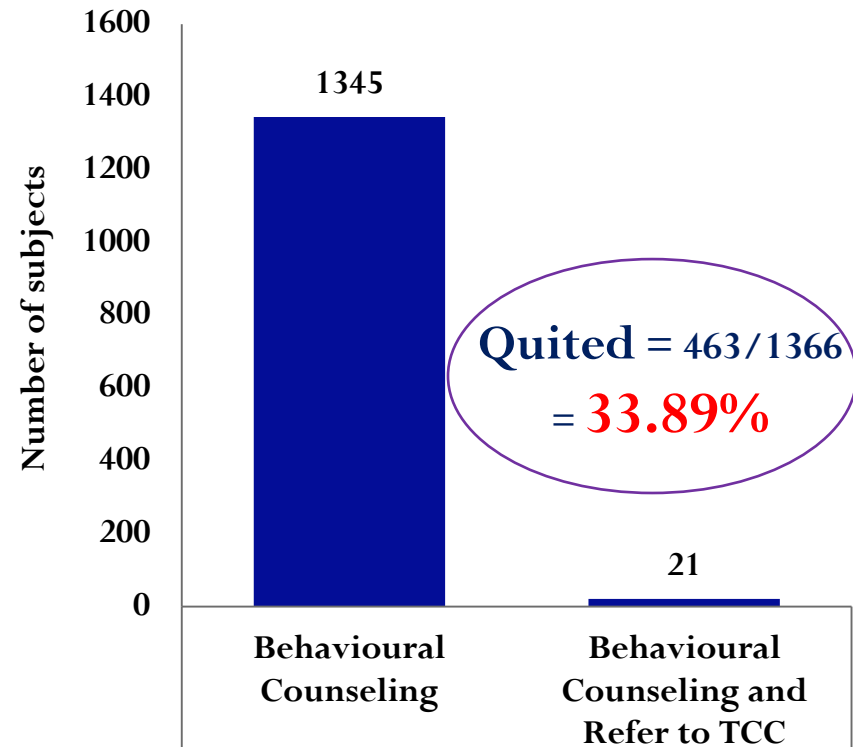
Intervention & Quit Rate

Interventions for SLT Users (n=3169)	% of Subjects
Behavioural Counselling	98.4
Behavioral Counseling & Referral to T.C.C	1.6



Intervention for SLT Users

Interventions for Smokers (n=1366)	% of Subjects
Behavioural Counselling	98.46
Behavioral Counseling & Referral to T.C.C	1.54



Intervention for Smokers

Activities Done by National Tobacco Quitline Services

Events and activities of NTQLS

Celebration of World No Tobacco Day



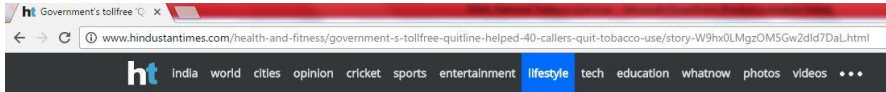
Events and Activities of NTQLS



Visit by Representatives of Sri Lanka on 15-02-2017



Media Involvement



Government's tollfree 'Quitline' helped 40% smokers quit tobacco use

HEALTH AND FITNESS Updated: Jan 06, 2017 14:55 IST

Anonna Dutt
Hindustan Times, New Delhi



hindustantimes

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Struggling to quit tobacco and don't know how? Consider calling the Union health ministry's tollfree QuitLine for results.

Almost 40% people who signed up for the cessation programme, quit smoking or chewing tobacco for three to five weeks, according to the five-month analysis of data of more than 3,000 people who called QuitLine, the national tobacco cessation helpline launched on May 31, 2016.

"The cessation rate is as good as achieved through face-to-face counselling. This programme has the additional benefit of reaching more people because it does not involve physical travel and can be done at your convenience," said Dr Raj Kumar, officer in-charge of QuitLine 1800-11-2356.

The helpline was launched last year on a pilot basis with six counsellors counselling in Hindi and English between 8 am and 8 pm. The programme is set to expand to include more languages and become a 24*7 helpline.

"After expansion, we will also follow-up with the participants one year from cessation to check how many of them have relapsed and why," he added.

WANT TO QUIT TOBACCO? HERE'S HOW.

- Tollfree Tobacco QuitLine: 1800-11-2356 (8 am-8 pm, counselling in English and Hindi)

health issues (46.2%) as the biggest reason, followed by environmental factors (22.3%).

About 9.1% of the people who tried to quit tobacco were referred to the nearest tobacco cessation

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Toll-free 'Quitline' helped 40% smokers quit tobacco: Data

Anonna Dutt
New Delhi: Struggling to quit tobacco and don't know how? Consider calling the Union health ministry's tollfree QuitLine for results.

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Of the 3,043 people who signed up for the cessation programme, 28.3% either smoking or chewed tobacco within five minutes of waking up and another 30% within six to 30 minutes of waking up.

People listed stress, anxiety, depression or some other health issues (46.2%) as the biggest reasons for relapse, followed by social and environmental factors (22.3%).

About 9.1% of the people who tried to quit experienced withdrawal symptoms and had to be referred to the nearest tobacco cessation clinics.

Close to 16,000 unique callers called the QuitLine between May 31 and October 31, of which 3,043 registered for the cessation programme.

In five months, 46,635 calls were received on the voice-response system that the counsellors reported to later. 7,814 calls were received directly by the counsellors, and 58,593 calls were made by the counsellors to follow up with people who had signed up.

People have the help of Raj

hindustantimes

Hindustan Times 6th January 2016 - Epaper

Quit line Waiting for your Call.....



Thank you

**A PILOT PROJECT : ABLE TO RUN THE QUITLINE AND HELP
THE TOBACCO USER TO QUIT**