



ADVISORY FOR ROLE OF
IAPSM IN ADVANCING
TOBACCO CONTROL



IT'S ABOUT TIME TO
SAY NO TO TOBACCO

INDIAN ASSOCIATION OF
PREVENTIVE AND SOCIAL MEDICINE



Advisory for Role of IAPSM in advancing Tobacco Control

Indian Association of Preventive and Social Medicine (IAPSM), being deeply concerned with severe impact (Health, Economic and environmental burden) of tobacco use globally has prepared a comprehensive advisory on Role of IAPSM in advancing tobacco control. In Order to support and advance tobacco control activities, IAPSM has designed Short term, Midterm and long term goals for the institutions.

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Tobacco use is the most preventable cause of premature mortality in the world killing half of the people who use it. Globally, tobacco is responsible for 70 lakhs (7 million) deaths annually and kills around 12.8 lakh persons annually in India (more than TB, HIV/AIDS, malaria combined) and 3500 deaths daily. Tobacco use is a major risk factor for the four main Non-Communicable Diseases (NCDs) — cardiovascular disease, cancer, chronic lung disease and diabetes, which puts people with these conditions at higher risk for developing severe illness when affected by COVID-19. Tobacco use is also a risk factor for infectious diseases- tuberculosis and lower respiratory infections - health burdens that afflict much of humanity. Tobacco smoke contains toxic chemicals which cause damages to the linings of the airways and the lungs. It weakens immunity of the patient to fight against the TB causing mycobacterium. More than 20% of the global TB incidence may be attributed to smoking. The percentage of death is higher (38%) among TB patients associated with Tobacco use. Both smoking and being exposed to second-hand smoke (other people's smoke) are significantly associated with TB infection, disease and mortality.

According to GATS 2016-17 there are 267 million tobacco users in India and the prevalence of Tobacco use in India is 28.6% with 10.7% users using it in smoking form and 21.4% using the smokeless forms. Recently released GYTS 2019 which a survey of students aged between 13 to 15 yrs. showed a prevalence of 8.5% tobacco use at the national level.

This document is an advisory from IAPSM on the Role of IAPSM in advancing Tobacco Control. With an aim to strengthen the efforts being done by the government. IAPSM core committee discussed and has drafted short term, midterm and long term goals which would be helpful in advancing the tobacco control program.

It should be directed to all State principal secretaries, medical facilities and Health services for achieving end game and SDG.

BACKGROUND - MPOWER & FCTC

To help countries reduce tobacco use, WHO has established FCTC & MPOWER policies. The WHO Framework Convention on Tobacco Control (WHO FCTC) is the first global health treaty negotiated under the auspices of the World Health Organization. This convention is an evidence-based treaty that reaffirms the right of all people to the highest standard of health. The FCTC was developed in response to the globalization of the tobacco epidemic which is facilitated through a variety of complex factors with cross-border effects like trade liberalization and global marketing; transnational tobacco advertising, promotion and sponsorship international movement of contraband and counterfeit cigarettes. India ratified the WHO FCTC on 5 February 2004. World Health Assembly adopted FCTC on 21 May 2003 and the convention entered into force on 27 February 2005. Currently 181 countries are parties to the treaty, including the European Community. WHO-FCTC works on demand and supply reduction provisions.

Similarly, The MPOWER Report is the first comprehensive worldwide analysis of tobacco use and control efforts. It provides countries with a roadmap to reverse the devastating global tobacco epidemic that could kill up to one billion people by the end of this century. The report outlines the MPOWER package, a set of six key tobacco control measures that reflect and build on the WHO Framework Convention on Tobacco Control.

- M - Monitor tobacco use and prevention policies.
- P - Protect people from tobacco smoke.
- O - Offer help to quit tobacco use.
- W - Warn about the dangers of tobacco.
- E - Enforce bans on tobacco advertising, promotion and sponsorship.
- R - Raise taxes on tobacco.

WHY IAPSM

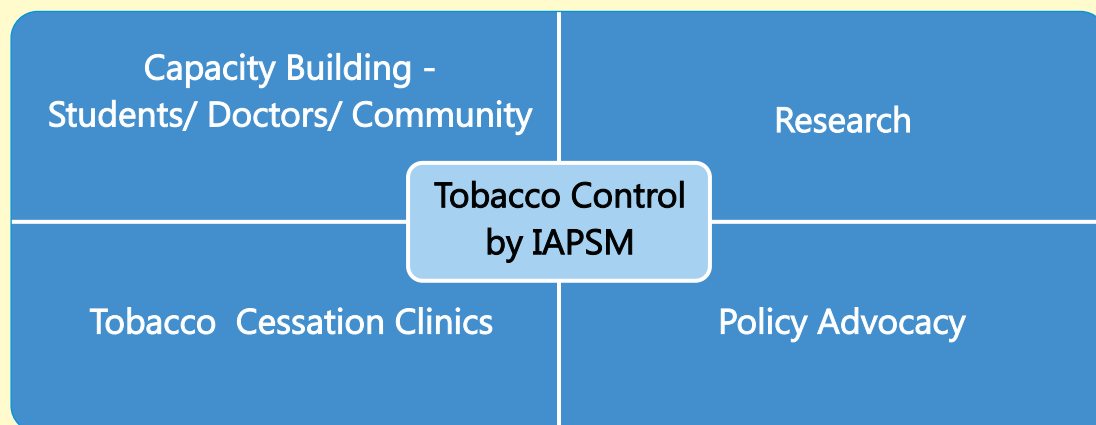
Rationale –

The Indian Association of Preventive and Social Medicine, founded in 1974, is a "not for profit" professional organization of specialists in Epidemiology, Health Management, Health Promotion, and Family Medicine, which is dedicated to the promotion of public health by bringing its members' expertise to the development of public health policies, an advocate for education, research, and programs of Community Medicine and providing a forum for the regular exchange of views & information.

Every stakeholder/department has an equal contribution towards tobacco control initiatives but IAPSM plays a key role as it is involved with Medical/Education institutions, research centres, other health institutions, development partners and NGO's that plays a major workforce.

Because of direct linkage with medical background (core subject) and number of manpower associated, it has great potential to contribute for Tobacco Control in India. **IAPSM can be an important stakeholder for policy level advocacy associated with tobacco control at the state and central level** and at local level it can help in implementation of these policies and further help in establishment of NCD clinics and support in Tobacco Cessation. The workforce associated with IAPSM can undertake relevant research projects and use its associated segments (engagements) for further progress for tobacco control. Overall the contributions can be summarized as depicted in Figure 1.

Figure 1: Potential contributions of IAPSM towards Tobacco Control in India.



IAPSM advisory on role of department in advancing tobacco control

GOALS

Short Term Goals –

Activity - Declaring the institute site - compliance with Article 5.3 (code of conduct)

Responsibility - Community Medicine Department of medical colleges

Description - The Institute shall self-declare itself compliant with CODE of Conduct i.e. FCTC article 5.3 guidelines. The purpose of which is to protect tobacco control policies and programmes from commercial and other vested interests of tobacco industry. This declaration should be done physically as well as on official website. The boards should be in both English and the local language. A nodal officer / Focal person should be appointed for monitoring of all tobacco control related activities in the institute. Checkpoints at the entry of the institute for all patients, attendants, staff and students and not allowing the tobacco and related products inside the premises of the medical college.

Action to be initiated after the sign of appropriate authority - 6 months to 1 Year

Evidence of Improvement - The number of display boards placed in the institute. Intermittent audit of the practices followed in the institute by nodal officer.

Activity - Orientation of the institute on tobacco control further followed by tobacco free/smoke free norms. Orientation on MPOWER can be 1 to 2 rounds starting with core department (PSM) followed by institutions. (100 % batch) along with " Sensitization on Tobacco Harms" can be done in the Moral class / Induction class.

Action to be initiated after the sign of appropriate authority Community Medicine Department of medical colleges. The orientation of teaching and non-teaching staff, students and administrative staff regarding the hazards of tobacco usage. Lectures or video presentations for awareness of tobacco hazards targeting medical and non-medical staff in the institute and the students. The teaching and non-teaching staff, students and administrative staff should be prohibited from using any tobacco product in the institute and declare themselves tobacco-free. Institutes should follow strict policies against tobacco usage like monetary fines or placing names on defaulters boards in the

institute.

Action to be initiated after the sign of appropriate authority - 6 months to 1 Year.

Evidence of Improvement - The number of staff and faculty oriented in one month of duration. Total staff and faculty oriented in one year of duration.

Midterm Goals

Activity - Pre- part final chapter on MPOWER & Tobacco Epidemiology

Responsibility - IAPSM governing body

Description - Chapter on WHO - tobacco control strategies MPOWER & FCTC & Tobacco epidemiology to be included in the Course of medical college

Action to be initiated after the sign of appropriate authority - 1 to 2 yrs.

Evidence of Improvement - Increased awareness about the topic.

Activity - Tobacco Free Educational Institution Guidelines (TOFEI) to be included in the brochure / institution guidelines.

Responsibility - Community Medicine Department of medical colleges.

Description - The institute shall self-declare itself - tobacco free and that it shall abide by the rules and regulations related to COTPA (Sections). This declaration shall be done physically and online portal. The institute does not encourage tobacco use and abides by the rules and regulations can be mentioned in the institute brochure as a special highlighted note.

Action to be initiated after the sign of appropriate authority - 1 to 2 yrs.

Evidence of Improvement - Reduction in use of tobacco in the premises.

Activity - Interns can be used for counselling for tobacco cessation

Responsibility - Community Medicine Department of medical colleges IAPSM state authority.

Description - The interns can be used after being sensitized for further sensitization of the patients regarding harmful effects of tobacco causing to our society. Interns can also be helpful with Cessation activities - NRT & Non-NRT. Preventing new people from starting use of this addictive substance. Motivating and supporting people who want to quit. Support in Health

awareness talks/presentations. Initiations of "Tobacco awareness fortnight"

Action to be initiated after the sign of appropriate authority - 1 to 2 yrs.

Evidence of Improvement - Increased awareness. Reduction in use of tobacco.

Longterm Goals

Activity - Declaring the institute tobacco free. (TOFEI).

Responsibility - Community Medicine Department of medical colleges

Description - Declaring the Institute tobacco free with all norms as per the guidelines by MOHFW. Proper signage's should also be displayed.

Action to be initiated after the sign of appropriate authority - 3 to 5 yrs.

Evidence of Improvement - Tobacco free institute.

Activity - Establishment of Tobacco Cessation Centre along with NCD in every institute.

Responsibility - Community Medicine Department of medical colleges.

Description - NCD clinic and tobacco cessation centre should be established in the institute for counselling and supporting the tobacco users in quitting.
3 to 5 yrs.

Evidence of Improvement - Support in tobacco cessation services.

Activity - Research studies

Responsibility - IAPSM State body

The institute may support in research studies associated with tobacco prevalence and associated sociocultural behaviour

Action to be initiated after the sign of appropriate authority - 3 to 5 yrs.

Evidence of Improvement - Support in research activities. Determining human behaviour related to use of tobacco.

Activity - Advocacy in support of tobacco control

Responsibility - IAPSM governing body

The institute may connect with the system and support the government in advocacy for tobacco control measures.

Action to be initiated after the sign of appropriate authority - 3 to 5 yrs.

Evidence of Improvement - Better policy implementation for tobacco control.

Action Plan

Sr.	Activity	Responsibility	Description	Action to be initiated after the sign of appropriate authority	Evidence of Improvement
	National oration to be initiated for tobacco control/Session on tobacco in National conference.	IAPSM governing body	National level oration is to be announced for IAPSM life members working in field for Tobacco control and Anti-Tobacco related activities.	Proposal in 2022 governing body meeting From next IAPSM conference after 2022	NA
	1000 members or 25% of the members to be trained on MPOWER.	IAPSM State body	Training on WHO MPOWER strategy for IAPSM members should be organised at state level. Target is to train 25% IAPSM members from every state in MPOWER strategy.	Within one year	At least 5% members are trained within 6 months.
	Institutions can be linked with systems .	IAPSM National body IAPSM State body & Community Medicine Department of medical college/concerned institute.	Operational research in Tobacco control and cessation to be promoted among postgraduate students. Postgraduate and undergraduate projects and studies for research monitoring and evaluation of NTCP should be promoted. Supportive supervision for Tobacco cessation clinic counsellors from faculty of medical colleges. Post graduate and under graduate students in Community medicine should include Tobacco control and cessation in their curriculum.	Within one year	Every year at least 2 undergraduate or post graduates projects are on Tobacco control aspects.
	Students to be empowered to create awareness	Community Medicine Department of medical college./Concerned institute.	Outreach activities concerned with awareness generation, behaviour change, harmful effects and tobacco cessation should be promoted at field practice area of community medicine departments involving post graduate and undergraduate students	Within one year	At-least 3 awareness activities were conducted within 6 months.
	Tobacco use by health care providers and implementation of tobacco cessation - multicentre study can be done by all colleges	IAPSM State body Community Medicine Department of medical colleges	Tobacco cessation clinic should be mandatory for every medical college and to be facilitated by Community Medicine department at their respective medical colleges.	Within one year	At least proposal is submitted in College Council or Body meeting by Department of Community Medicine.
	Tobacco free medical colleges	Community Medicine Department of medical college/concerned institute.	Declare own institute tobacco free. Tobacco free institution declaration to be done by head of institution and should be posted at college website	Within two year	At least proposal is submitted in College Council or Body meeting by Department of Community

Sr.	Activity	Responsibility	Description	Action to be initiated after the sign of appropriate authority	Evidence of Improvement
	Every institute can have tobacco control committee	IAPSM State body Community Medicine Department of medical college/concerned institute.	Tobacco free committee to be established at every medical college. Nodal is to be appointed from Community medicine department nominated by Head of Department. Nodal will be permanent member of Tobacco free committee for institution. Tobacco free committee should meet quarterly to review activities.	Within one year	Medicine/organisation At least proposal is submitted in College Council or Body meeting by Department of Community Medicine.

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