



Tobacco Quitline Centre, Mumbai (Third-year Report: 2021-2022)



1800-11-2356

Project of
Centre for Cancer Epidemiology (CCE), Mumbai, India
Advanced Centre for Treatment Research and Education in Cancer (ACTREC) Mumbai, India
Tata Memorial Centre (TMC), Mumbai, India
Homi Bhabha National Institute (HBNI), Mumbai, India
In collaboration with
Tobacco Control Division
Ministry of Health and Family Welfare, Government of India, New Delhi

**Tobacco Quitline Centre – Centre for Cancer Epidemiology (CCE),
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Executive Summary

- ❖ Tobacco Quitline Centre (TQL) was inaugurated on 2nd February 2019.
- ❖ The objective of the project is to provide effective counselling to tobacco users and enable them to quit tobacco through a toll-free number 1800-11-2356.
- ❖ Tobacco Quitline services (TQLS) are available in Marathi, English, Hindi, and Gujarati language.
- ❖ For the first six months, we had only four operating desks; while, in the second half, we had eight desks working for both morning and evening shifts. From June 2019, a total of 16 counsellors and two supervisors are working in two shifts.
- ❖ In years 2021-2022, total number of calls hit to the system was 4,48,893 and out of them total calls attended were 1, 27,163 (28.3 %)
- ❖ In these years, out of the total attended 1, 27,163 calls, total quit date set was 21,504 (16.9%) and out of the quit date set 8,276 (38.5%) callers quit tobacco.
- ❖ We have received maximum calls from the states of Maharashtra (59.7%), followed by Gujarat (20.4%), Rajasthan (7.0%) and Uttar Pradesh (4.7%).
- ❖ In the year 2021-2022, the counsellors made a total of 3, 21,730 follow-up calls, out of which 1, 34,169 (41.7%) calls were answered by the clients.
- ❖ Both year's data show that most of quitters were male callers (98.8%) whereas female quitters consist of 1.2%.
- ❖ More than 75% of tobacco users are below 35 years age-group.
- ❖ Majority of tobacco users are drivers/farmers/laborers (35%) and private sector employees (20.7%).
- ❖ Out of total quitters, smokeless tobacco users were 80.8% and smoking tobacco users were 12.1% while smoke and smokeless both were 7%.
- ❖ Around 70% caller have a history of tobacco consumption from 1-10 years.
- ❖ Tobacco consumers who are willing to quit tobacco have a history of comorbid illnesses like Diabetes and Hypertension.
- ❖ **Of the total quit date set (who agreed to the counselling), one out of three people quit tobacco with the help of telephonic counselling.**
- ❖ We have received positive feedback from the quitters. They are happy and they feel their health is improving.

- ❖ There are many hurdles in running the TQL services including technical errors in MTNL Line, software issues, server issues, and calls getting disconnected due to which managing calls and entering the data becomes an issue.
- ❖ Tobacco Quit Line Service has also organized tobacco awareness programs as well as about the TQL services at public places to spread awareness. More than 14,000 beneficiaries benefitted from the programs
- ❖ Tobacco Quit Line Service plays an important role in the tobacco control program of the country.
- ❖ Based on data obtained from TQLS for the year 2020, a research paper was published in the Journal of Substance Use.

Background

Tobacco consumption is the leading cause of preventable mortality around the world with an estimated 1.3 billion people using tobacco products worldwide.^{1,2} Tobacco users are at high risk of developing various non-communicable diseases (NCDs) including cancer. 80% of tobacco-related deaths occur in low and middle-income countries.³ It is one of the major causes of death in India accounting for 1.35 million deaths each year. As India is the second largest producer of tobacco, various forms of tobacco are available at very low prices. According to the National Family Health Survey-5 (NFHS-5) India, the prevalence of tobacco consumption (smoke and smokeless) among men and women aged 15 years and above is 38% and 8.9% respectively.⁴ The prevalence of tobacco is high in Mizoram state in both men (73%) and women (62%).⁴ To support their efforts, effective counselling is required. Smokeless tobacco is the most prevalent form. Tobacco consumption not only leads to death and disease but also has huge social and economic costs.⁵ The direct expenditure for the treatment of tobacco-related diseases accounts for 5.3% of total spending in India. The usage of tobacco by destitute families raises inequalities and impacts the general well-being.⁶

Among the countries reported to the WHO to have at least 1 toll-free national Quitline, 60% were from high-income countries, 8% and 18% were from low- and middle-income countries respectively.⁷ Government of India started its National Tobacco Quitline Services on the occasion of “World No Tobacco Day” in 2016.

It is legally binding to the tobacco company that they need to print Tobacco Quit Line number 1800-11-2356 on their tobacco product.⁴ The person who wants to quit tobacco may call on this toll-free number. The call is attended by a trained counsellor who provides counselling to the tobacco user.

In the year 2019, with the objective to support individuals in quitting Tobacco, ‘Tobacco Quitline’ service has established at Centre for Cancer Epidemiology (CCE), Advanced Centre for Treatment, Research and Education in Cancer (ACTREC), Tata Memorial Centre (TMC), Mumbai, India with financial aid from the Tobacco Control Division of Ministry of Health and Family Welfare (MoHFW), Government of India, New Delhi. The TQL services have been actively operational since then, and we published our first-year report in 2019. Currently, 16 counsellors are working at the Tobacco Quitline Centre - CCE who can provide counselling in different

languages including Marathi, Hindi, Gujarati, and English. Due to the COVID-19 pandemic in 2020, the counsellors have to work from home and they faced a lot of challenges. The Quitline services recorded a significant decrease in the number of monthly calls attended, quit date set, quitters, total follow-up calls and answered follow-up calls resulting in a drop in its monthly growth.

1. Objectives

The objectives of the project are,

- I. To provide effective counselling to tobacco users that enables them to quit the tobacco through toll-free number 1800-11-2356.
- II. To study the determinants of tobacco users who want to quit tobacco.

2. Tobacco Quitline Service

Infrastructure Development

As this project is based on the telephone line, we have taken a separate telephone Primary Rate Interface (PRI) line from Mahanagar Telephone Nigam Limited (MTNL) for this project. The telephone was mapped with the national toll-free number 1800-11-2356. We have installed 9 computers and one server for this project. Call centre software was purchased and installed on all the computers. The furniture and other required items were also purchased.



Counsellors at TQL Centre (CCE-TMC), Mumbai

The call structure of TQLS is illustrated in Figure 1

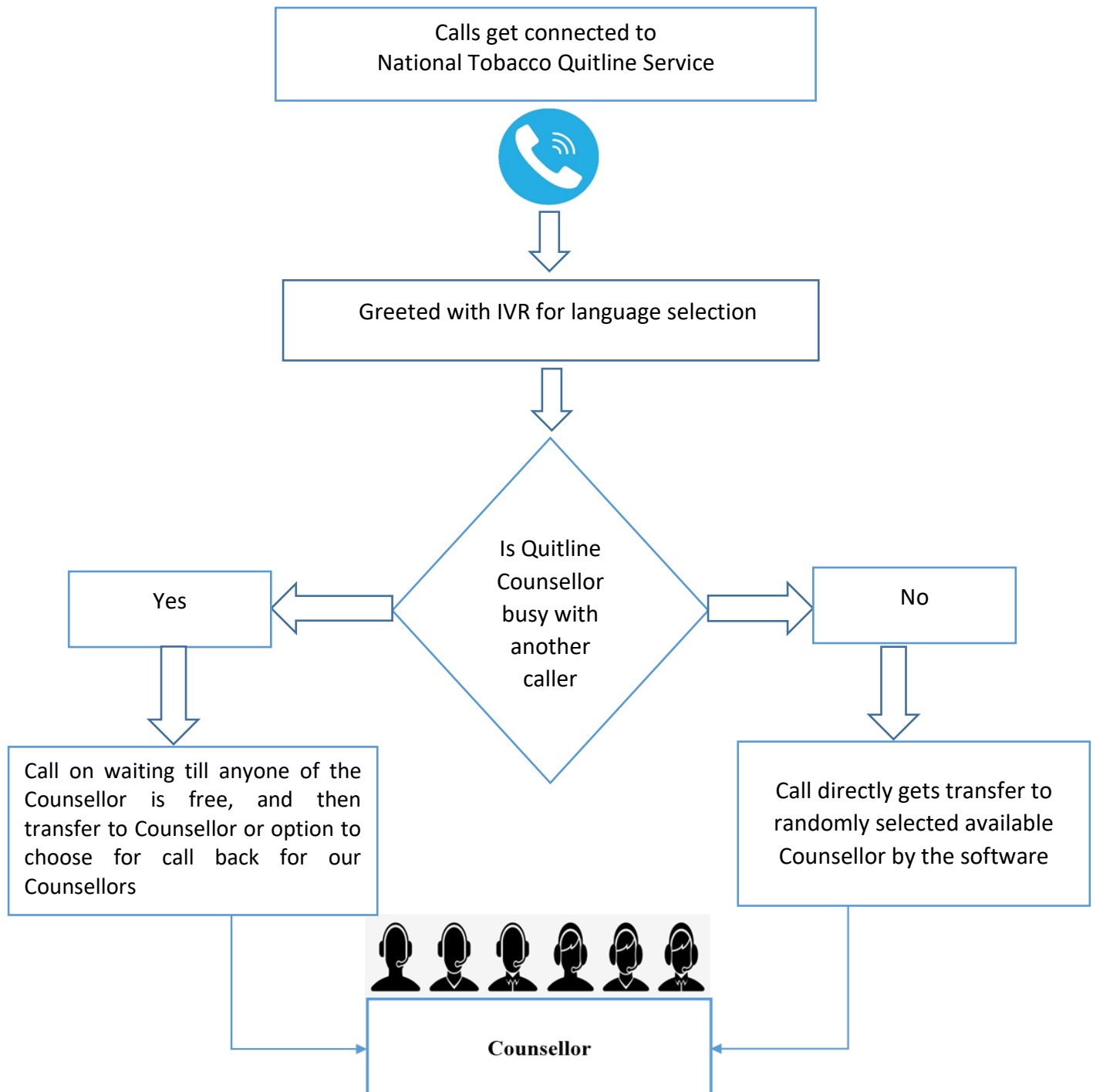


Figure 1: Call structure details

3. Call structure at Tobacco Quitline Service

The call structure at the tobacco quit line service consists of two major calls; they are inbound calls and outbound calls.

1. Inbound calls

These are the 'Reactive' calls made by individuals who want to quit tobacco habits. Based on the purpose of calling, the inbound calls are further divided into fresh calls or enquiry calls.

- **Fresh call:** 'Fresh call' is the call made by individuals who wish to quit tobacco and are willing to proceed further in counselling sessions. As this is the first call in the counselling procedure; it is called a 'Fresh call'.
- **Enquiry calls:** The phone calls made by individuals primarily to know or to inquire about tobacco and tobacco-related health issues and also about the services provided by the Tobacco Quitline centre fall under the category of 'Enquiry calls'. These individuals are not willing to continue the counselling process.

2. Outbound calls

These are the 'Proactive' calls made by the trained counsellors throughout the counselling process. Outbound calls can be of two types.

- **Follow-up calls:** These calls are made by the counsellor after receiving a fresh call. The 'Follow-up calls' help the counsellor to monitor and analyze the tobacco quitting process.
- **Interactive Voice Response (IVR) calls:** IVR calls are the pre-recorded voice messages in the telephonic system through which the system interacts with callers and lead them to the available counsellor. The IVR call system helps to keep the call on waiting while counsellors are busy and also offers an option to the callers to choose the call-back from the counsellor.

The illustration of the call structure of TQLS is illustrated in Figure 2.

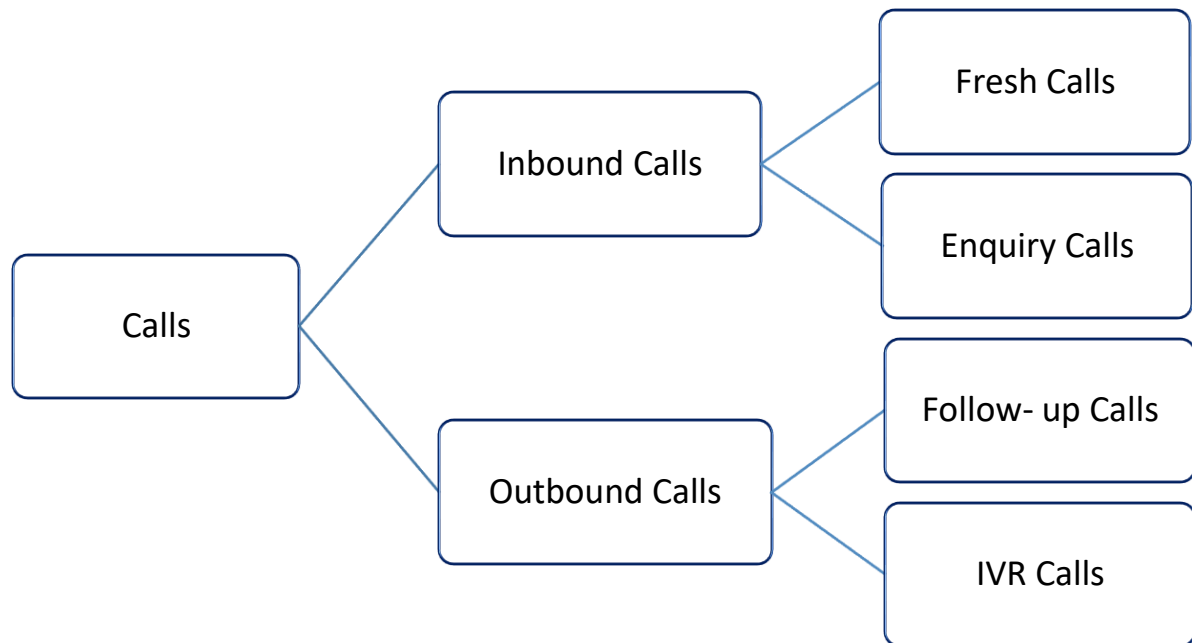


Figure 2: Call Structure of Tobacco Quitline Service

4. Call sequence and counselling process

Following is the call sequence and counselling process of the TQLS. The counselling calls are divided based on the duration and type of counselling.

Fresh call

- 'Tobacco Quitline' service begins once the individuals who are willing to quit tobacco call the toll-free number 1800-11-2356. This is the first call in the counselling procedure.
- At first, the individuals need to select their preferred language. The Quitline service at CCE, Mumbai is available in four languages including Marathi, Hindi, English and Gujarati.
- The fresh call received by a trained counsellor starts a conversation by asking for some of the personal details including name, address, contact number, education and income.
- The contact number is a crucial element in providing this service as it helps in future communication. All gathered details are recorded in a progress sheet. Confidentiality of the information is maintained throughout the process.
- During this call, the counsellor also asks the caller several questions such as the reason for quitting tobacco, the duration of the habit, and having any health-related issues due to tobacco use. The counsellor provides detailed information regarding tobacco use including the presence of harmful and addictive substances such as nicotine in tobacco products as well as health-related issues aggravated by tobacco such as hypertension, cancer including oral cancer and lung cancer, impaired female reproductive system, infertility, chronic bronchitis, increased risk of stroke and brain damage and osteoporosis.
- **The counsellor explains about harmful chemicals present in tobacco products. Among these 69 cancer-causing chemicals are also used in toilet cleaner (Phenol), rat poisoning products (Hydrogen cyanide), nail polish remover (Acetone), tar used for road construction, preservative for laboratory specimens (Formaldehyde) and in fertilizers (Ammonia). The counsellor also informs the caller about the harmful effects of passive smoking and gives a detailed explanation of the financial and social benefits of quitting tobacco.**

- At this stage, the caller may realize the extent of the harmful effects of tobacco affecting their personal health and of other people and if not, then the counsellor calmly addresses the caller's doubts, queries, and arguments.
- Once the caller is ready to quit, the counsellor also prepares him/her to face withdrawal symptoms. A 'Quit Date' is set during this initial counselling. This date is decided by the caller. The counsellor also helps in deciding the quit date by reviewing all the obtained information. This date is set within 7 to 15 days from the first call.

Reminder call (Call P1)

- A pre-quit date call is made by a counsellor 2 days before the planned quit date.
- The foremost and important thing is to maintain confidentiality. The identity of the caller must be confirmed before the conversation starts. Hence, the counsellor is very careful about this.
- This call is made by the counsellor to know the present situation and willingness of the individual to quit tobacco.
- The counsellor questions regarding the gradual reduction of tobacco use, remedies followed, triggers, withdrawal symptoms, craving and hindrances to quit, and counsels accordingly. Details are recorded on the progress sheet.
- This call confirms and prepares the individuals for the quit date.
- At this stage, if a caller is ready or has started working as per instruction, the counsellor prepares him/her for the 'Quit date'. If not so, the counsellor extends the quit date based on the caller's situation. This date can be changed or extended 4 to 5 times by the counsellor.

Quit date Call (P2)

- Quit Date outbound call is made by the counsellor on the 'Quit Date' decided during a fresh call to know whether the caller has quit the tobacco.
- During this call, the caller discusses any issues or problems faced by him/her regarding quitting tobacco.

- If the caller has maintained the quit then he or she is considered as a quitter. Many times, a caller may lie by saying that he/she is not feeling any withdrawal symptoms and everything is going easily without craving tobacco just to avoid further communication with a counsellor. The withdrawal symptoms and craving in the process of tobacco quitting are inevitable. Hence, counsellors should understand and catch these lies and should explain to them how necessary this counselling is for quitting tobacco.

Follow-up calls (P3, P4, P5...)

- The follow-up calls start one week after the quit date.
- The first follow-up call is P3. The caller is contacted after one week of the quit date.
- The counsellor enquires about the abstinence from tobacco, benefits of quitting, remedies followed, triggers, withdrawal symptoms, craving and hindrances to quit, about relapse and counsels accordingly.
- Similarly, the follow-up calls P4 and P5 are placed after one week and after 3 months from the quit date set respectively.
- During these follow-up calls, all details are recorded on the progress sheet.
- The follow-up continues for nearly 6- 12 months.
- The follow-up calls are further numbered as P6, P7, and P8 as the follow-up progresses.

The call sequence of TQLS is illustrated in Figure 3.

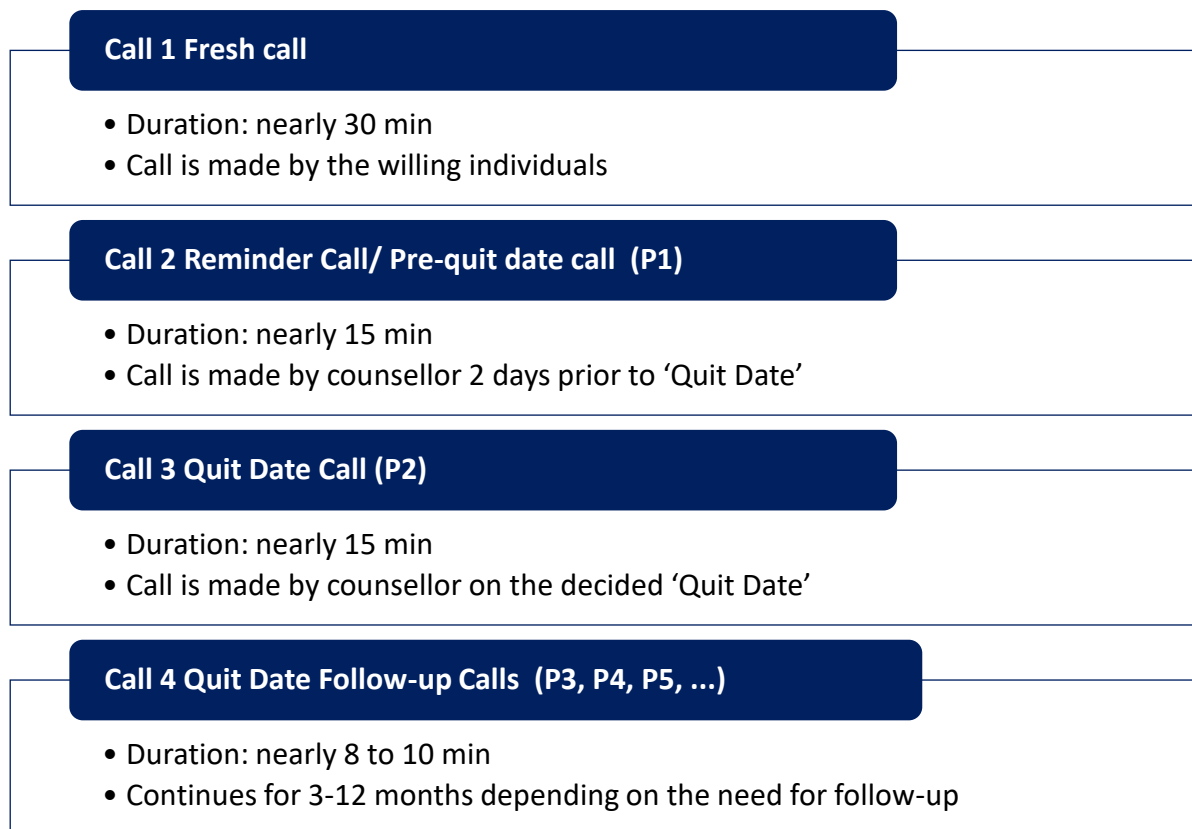


Figure 3: Call Sequence

5. Remedial counselling given by counsellors

During the process of counselling, the counsellor guides the caller to help them quit the tobacco habit.

- The counsellors give suggestions on tackling craving times. As cravings only last for a few minutes, the counsellors suggest callers call someone who can divert their mind while having an urge for tobacco. The callers are also suggested to go for a walk or to count reverse numbers from 100 to 1 so that craving time can be tackled.
- The counsellor emphasizes the use of lemon juice, as it is very useful in eliminating the addictive nicotine substance from the body. The callers are suggested to drink warm lemon water daily early in the morning before consuming anything. The counsellor also addresses the issues of heartburn/ acidity due to drinking lemon water. In this case, the counsellor encourages the caller to continue for a while and explains that this might be a temporary issue until the body adapts it. Counsellor also suggests using clove along with lemon water to reduce the acidic effect of lemon.
- Quitting tobacco is difficult and it takes time to quit the habit. Hence, the counsellor advises reducing the quantity of tobacco rather than quitting it at once. The counsellor also suggests not purchasing any tobacco products and not taking them from colleagues or family members.
- The callers are encouraged to keep themselves busy with work and other activities to avoid tobacco. While having an urge for tobacco, callers are suggested to keep their mouth busy by using alternatives including drinking more water, and/or chewing ginger, gooseberry (amala), cloves, fennel seeds (sounf), roasted coriander seeds (dhana dal), carom seeds (ajwain), cardamom (elaichi) etc. Moreover, to tackle tobacco cravings, callers are also advised to divert their minds to other activities such as listening to music, calling friends or relatives, watching a movie and reading favorite books.
- The counsellor also suggests wearing clean clothes which means clothes without the smell or residue of tobacco which may trigger the craving. The callers are also advised to brush their teeth twice daily.

- The counsellor asks the caller to think about the reasons for quitting and also the financial benefits of quitting tobacco while having cravings as these reasons can motivate callers to stay away from tobacco.
- The counsellor also encourages the caller to consume more citrus fruits such as orange and pineapple.
- Apart from these, the counsellor recommends caller to develop healthy habits like daily exercising, doing yoga and meditation and also joining the laughing club, if available.

6. Challenges in counselling process

There are several challenges encountered during the process of counselling. The challenges faced by TQLS are as follows:

- The overpowering urge to use tobacco can occur several months after tobacco cessation. Relapse is the major challenge in the counselling process as nicotine is a highly addictive substance and it requires constant efforts to overcome the urge to use tobacco.
- The Tobacco Quitline service at CCE, TMC provides counselling in Marathi, Hindi, Gujarati and English language. However, many times calls are received from different parts of India where different languages are being spoken. In this situation, counsellors are not able to provide counselling.
- The first call from the caller (fresh call) is the key call in the counselling process and it requires a minimum of 30 minutes for a counsellor to collect details of the caller, to explain tobacco-related hazards and to prepare the caller to quit tobacco. However, many times it is difficult for a caller to spend this much amount of time. Hence, many times callers do not want to continue for further counselling.
- Continuous follow-up is essential in the counselling process. However, many times callers do not pick up the follow-up calls and/or disconnect the call.
- Many times, it is difficult for counsellors to talk with the callers if they are busy with their work or in a meeting.
- Sometimes counsellors are unable to contact the callers due to poor network connection.
- False information given by the callers also becomes a hurdle in the counselling process. For example, if the caller has called from a different contact number, then it is difficult to do a follow-up.
- Moreover, counsellors have to extend the quit date many times if there is no gradual reduction in tobacco use.
- Apart from these, fake calls, calls made by kids, calls made for enquiry not related to tobacco or quitting process, and calls made to get information for other tobacco users are the hurdles in the counselling process.

- The total number of quit dates set decreased in the year 2022, due to a technical issue from Neox software, calls get automatically disconnected after 15 minutes so it is challenging to set a quit date for many callers and due to frequent issues with MTNL line, it is difficult to maintain efficiency in work.

7. Data for the years 2021 and 2022

The total number of calls hit in the years 2021 and 2022 was 4,48,893 out of which total attended calls were 1,27,163 (28.3%). The quit date set for these years was 21,504 (16.9%) out of them 8,276 (38.5%) callers managed to quit tobacco. However, the total follow-up calls for the years 2021 and 2022 were 3,21,730 and out of these calls, 1,34,169 (41.7%) were answered. The findings are presented in Figures 4 and 5.

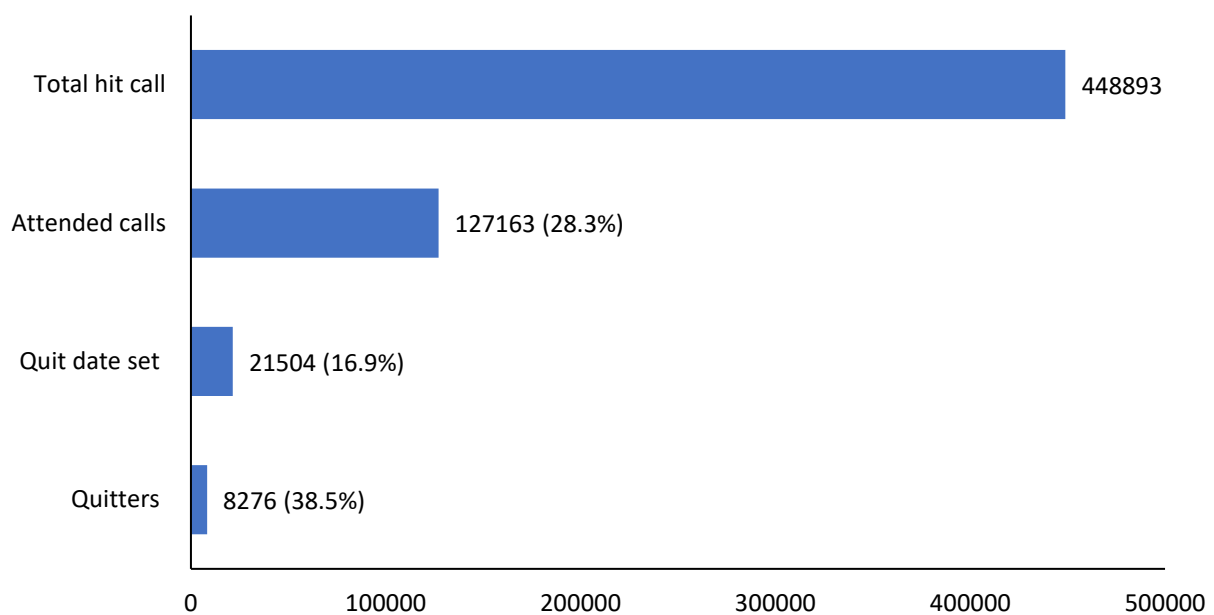


Figure 4: Total number of Hits, Attended Calls, Quit Date Set and Quitters (2021-2022)

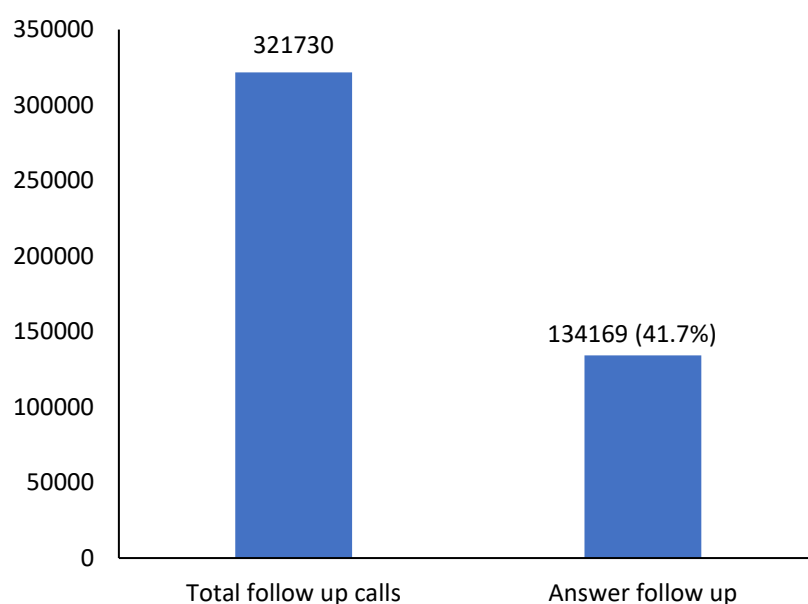


Figure 5: Total number of follow up calls and answered follow up calls (2021-2022)

8. Reasons for tobacco addiction

The tobacco consumption habit develops over time. There are many factors that play a key role in developing habits of tobacco use. Some of these factors are as below;

- **Curiosity and Friends/ Peer pressure:** Having friends who use tobacco in any form is greatly associated with developing tobacco habit.
- **Constipation (difficulty in emptying bowels):** Nicotine is a stimulative laxative, by that means when a person consumes tobacco, the nicotine may help in bowel movement. Consuming tobacco for few times creates a dependency on tobacco for bowel movements that leads to addiction.
- **Stress/ tension:** Any type of stress at work, home or a stressful relationship may lead a person to develop tobacco habit as tobacco consumption makes an individual feel better temporarily.
- **Night duty – security guard, driver:** The individuals who do shift works especially night shift workers are more prone to get addicted to tobacco.
- **Work efficiency:** Nicotine is known as a "work-drug" that makes the user to focus and think better; until its effect lasts. The workers or employees who consume tobacco to improve their work performance for few times may find difficult to concentrate on work while having an urge of tobacco leading to developing physical and psychological symptoms and impaired work productivity. This is the reason many people cannot stop tobacco consumption.
- **Body Pain – tooth pain, head:** Many times, individuals consume tobacco to relieve body ache or headache which eventually develops into dependency.

9. Results

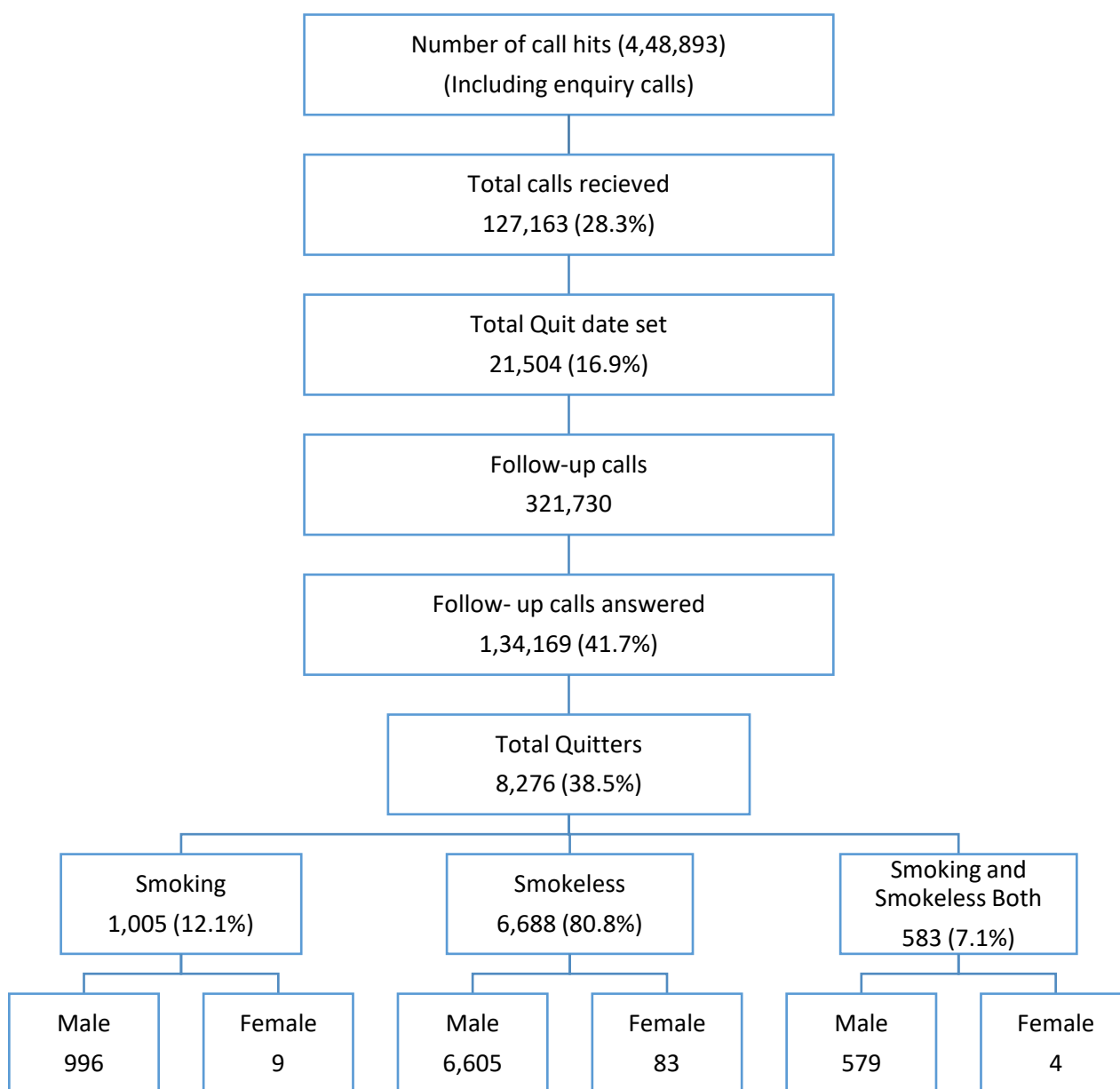


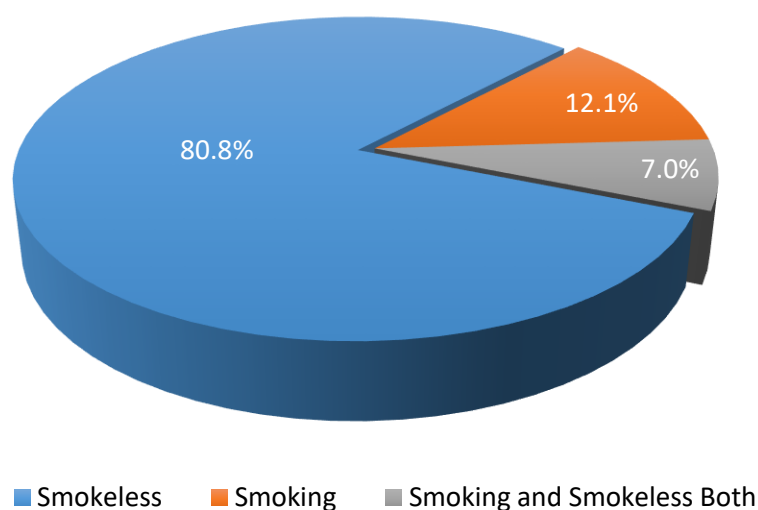
Figure 6: Number of calls received, quit date set and quitters (2021-2022)

Table 1: Number of counsellors and the desk working in the TQL services

Period	Number of counsellors	Total desk working
January 2021-December 2021	15	8
January 2022-December 2022	15	8

Table 2: Number of quitters by type of tobacco use

Sr. No.	Type of tobacco use	Number	%
1	Smokeless	6688	80.8
2	Smoking	1005	12.1
3	Smokeless and Smoking both	583	7.0
Total Quitter		8276	100.0

**Figure 7: Percentage distribution of quitters by tobacco use (2021-2022)****Table 3: Number of quitters by sex**

Sr. No.	Sex	Number	%
1	Male	8180	98.8
2	Female	96	1.2
Total Quitter		8276	100.0

Table 4: Percentage of quitters by education

Sr. no	Education	Smokeless (%)	Smoking (%)	Both (%)
1	Unknown	1.3	1.7	1.1
2	Primary	12.4	6.7	8.4
3	Secondary	43.4	27.1	44.9
4	Above Graduation	41.0	62.8	43.7
5	Illiterate	1.9	1.7	1.9
Total		100.0	100.0	100.0

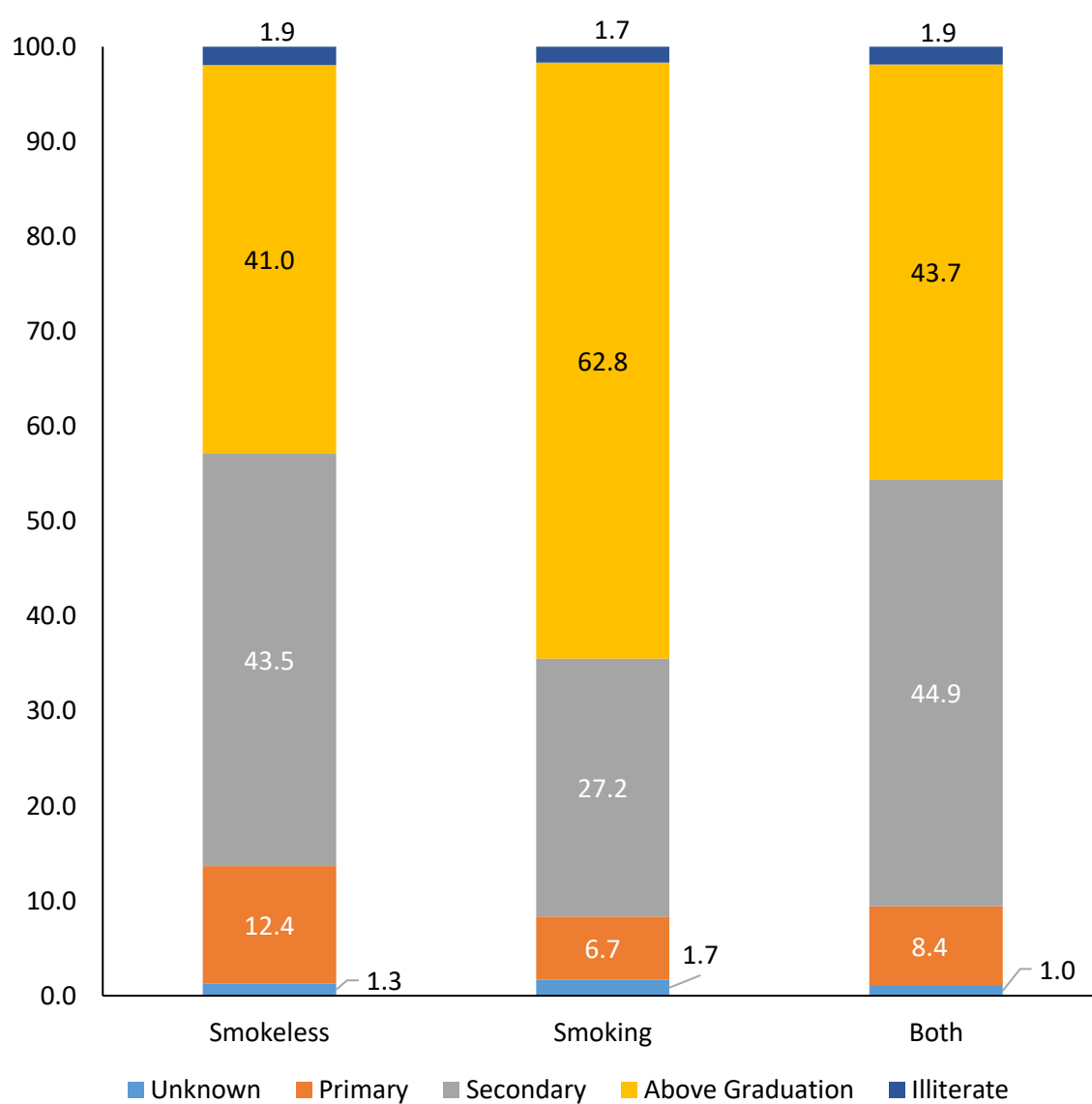


Figure 8: Educational status of the quitters by tobacco type (2021-2022)

Table 5: Number of quitters by income

Sr. No.	Income	Number	%
1	Less than 10,000	1733	20.9
2	10001 - 30000	4534	54.8
3	30001 - 60000	736	8.9
4	Above 60000	175	2.1
5	Unknown	1098	13.3
Total Quitter		8276	100.0

Table 6: Number of quitters by marital status

Sr. No.	Marital status	Number	%
1	Married	4362	52.7
2	Unmarried	3845	46.5
3	Unknown	47	0.6
4	Divorced	14	0.2
5	Widowed	8	0.1
Total Quitter		8276	100.0

Table 7: Number of quitters by occupation

Sr. No.	Occupation	Number	%
1	Driver /farmer /Labour	2894	35.0
2	Private Sector	1713	20.7
3	Self Employed	1253	15.1
4	Student	1009	12.2
5	Unknown	837	10.1
6	Government Sector	232	2.8
7	Unemployed	217	2.6
8	Retired	53	0.6
9	Housewife	38	0.5
10	Teacher	30	0.4
Total Quitter		8276	100.0

Figure 9: Percent distribution of callers (occupation-wise) (2021-2022)

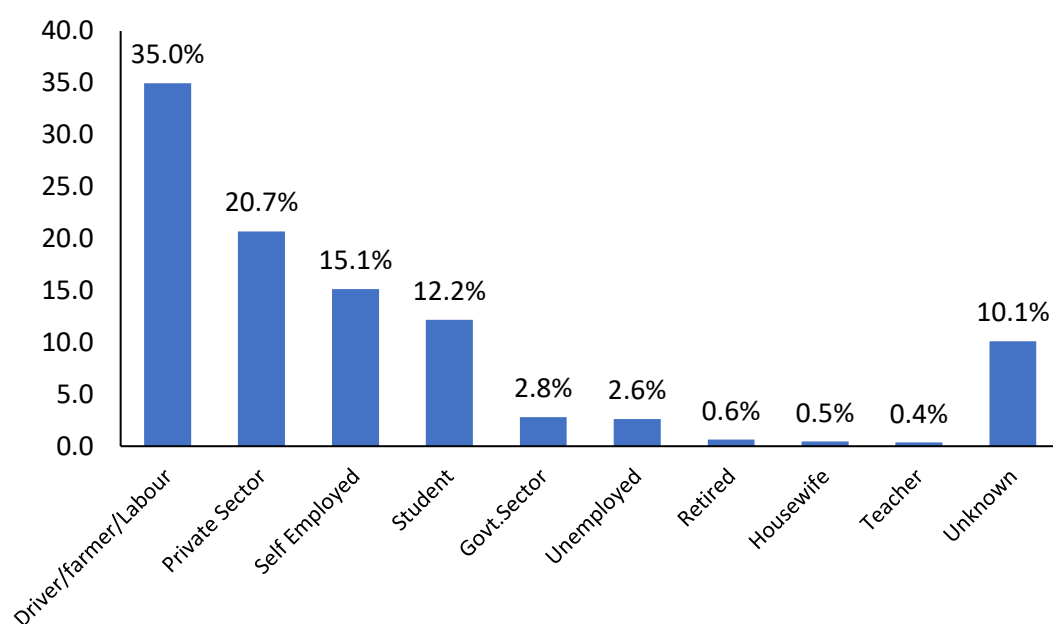


Table 8: Expenses per month on tobacco

Sr. No.	Amount (Rs.)	Number	%
1	Less than 500	2738	33.1
2	500-1000	2102	25.4
3	1000-5000	2899	35.0
4	Above 5000	312	3.8
5	Unknown	225	2.7
Total Quitter		8276	100.0

Figure 10: Expenses per month on tobacco (2021-2022)

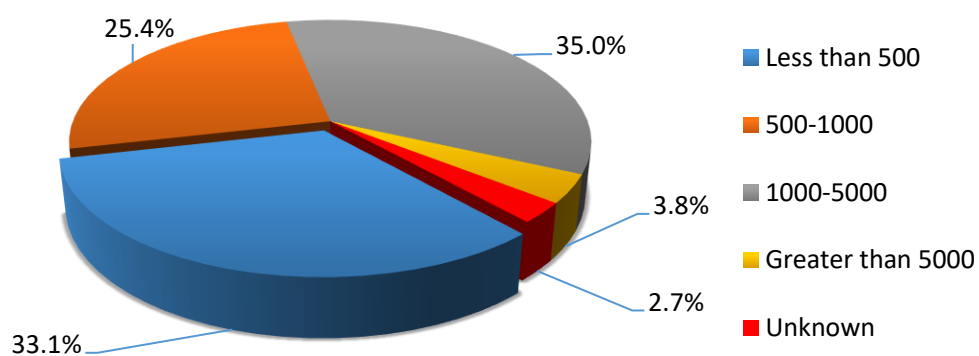


Table 9: Number of quitters by Family history of tobacco consumption

Sr. No.	Family history	Number	%
1	Yes	2772	33.5
2	No	4807	58.1
3	Unknown	697	8.4
Total Quitter		8276	100.0

Table 10: Comorbidities status

Sr. No.	Comorbidities	Number	%
1	Yes	2558	30.9
2	No	5718	69.1
Total Quitter		8276	100.0

Table 11: Previous quit attempts by quitters

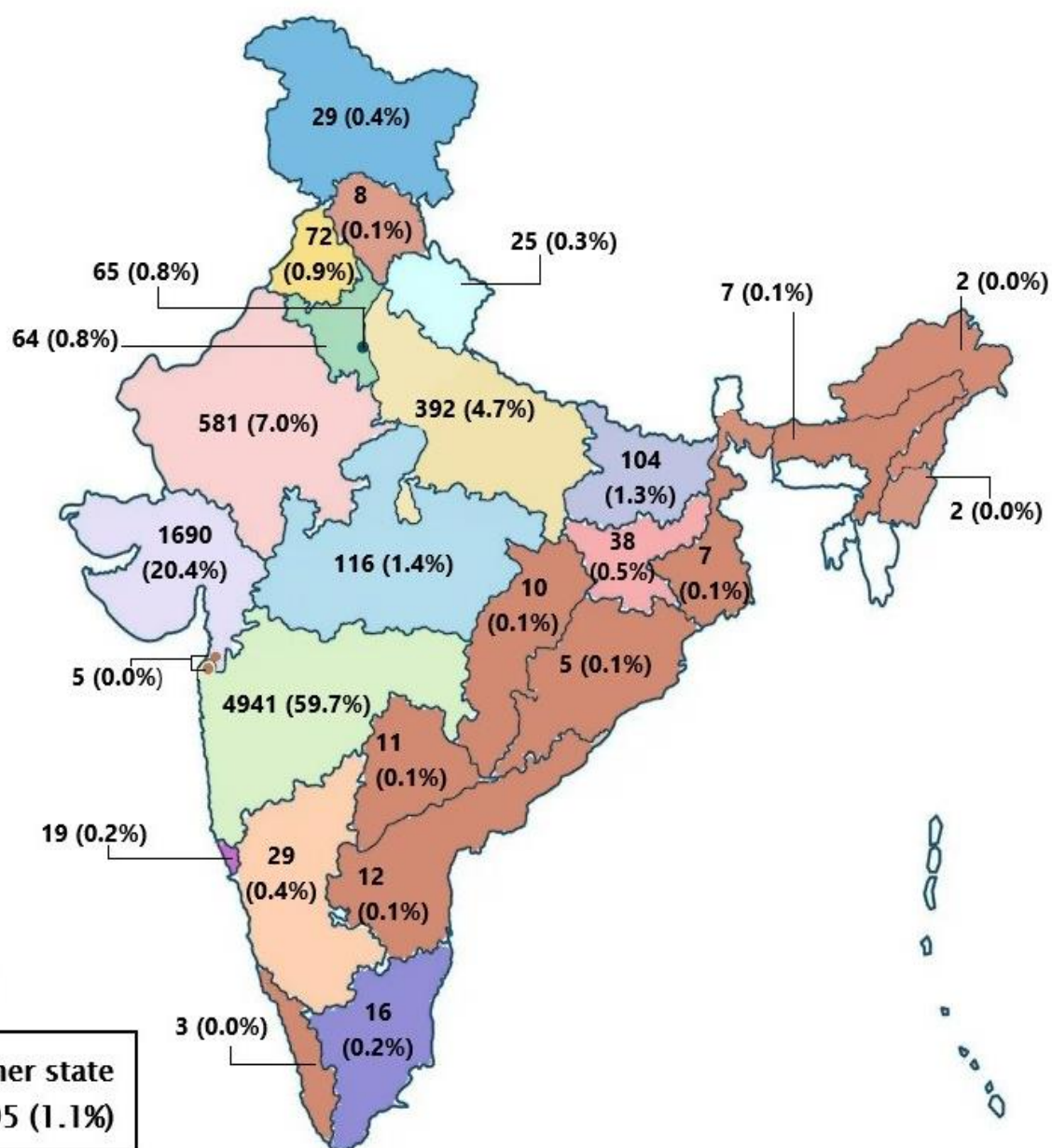
Sr. No.	Quit attempts	Number	%
1	Yes	6145	74.3
2	No	2131	25.7
Total Quitter		8276	100.0

Table 12: Reasons for starting again in case of previous attempts of quitting tobacco by quitters

Sr. No.	Reasons	Number	%
1	Craving	4348	70.8
2	Peer pressure	142	2.3
3	Stress-related issues	55	0.9
4	Health issue	11	0.2
5	Family-related problems	5	0.1
6	Others	239	3.9
7	No Information	1345	21.8
Total Quitter		6145	100.0

Table 13: Number of quitters by state of residence

Sr. No.	State	Number	%
1	Maharashtra	4941	59.7
2	Gujarat	1690	20.4
3	Rajasthan	581	7.0
4	Uttar Pradesh	392	4.7
5	Madhya Pradesh	116	1.4
6	Bihar	104	1.3
7	Delhi	65	0.8
8	Haryana	64	0.8
9	Punjab	72	0.9
10	Jharkhand	38	0.5
11	Jammu & Kashmir	29	0.4
12	Karnataka	29	0.4
13	Uttarakhand	25	0.3
14	Goa	19	0.2
15	Tamil Nadu	16	0.2
16	Other states	95	1.1
Total Quitter		8276	100.0



Number of Quitters by state of residence (2021-2022)

10. Feedback from the callers

There are many callers who were able to quit tobacco through constant efforts made by the Tobacco Quitline counsellors at CCE. Here, some of the feedback received from clients is attached.

I really thanks to myself because I decided my life is not for cancer and my money is for my family not for tobacco.

I am from Nagpur (Maharashtra) I am using tobacco from last 10(ten) years
Tobacco was my life much time someone ask me that do you want tea Daniel
But I saw no but if you have tobacco so please give me.

But five day ago me and my three year old son and me watching in mobile and one add show and that was the cancer and tobacco related and after add finish then my son say to me that dad you also use tobacco and will you be patient of cancer and I shokkkk. And I decided I have to leave without habits of tobacco but this is so big challenge..12 hrs was ok but after this I was feeling alone and I decided to get help someone and I call on this number 1800112356

And front of me (Manisha mam) and she is council with me and told me too much positive way and every day talk with me and now I am fighting and feeling so bad like weakness, brain not working, and brain Say please one time take tobacco but now Manisha mam and she's advice and she is with me and really I forgot tobacco this why is not easy but it is not too hard like cancer please try and save your life for yourself..

And special thanks to Manisha mam

You are a real hero you saved me from the cancer and you saved my life for my family thank you and thanks to tambaku mukti Kendra.

First of all I would like to thanks Mr. Ganesh, my counsellor for helping & guiding me to quit the tobacco. Here is short details of my experience...

It was all started around one and half year ago. In the beginning I was advised to reduce the dosage of tobacco for the first week in which I was successful for some symptoms like mood changes.

I counties on reducing tobacco taking for 2 to 3 weeks & sir advise me that not go to shop to purchase tobacco & stay away from the people who takes it.

In the beginning I find it difficult to stop myself from being gone to the shop but after one more session with Mr. Ganesh who reminded again why I should not take tobacco, I strongly decided & stopped going at shop & purchasing a tobacco.

After for at least next 25 to 30 days I have quit on tobacco & experienced symptoms like mood swings, anger, stress, unfocused but after that time passed away, I was finding myself at right path.

Now I was feeling quite better on myself. My confidence was increased, focus & health was improved.

Now it's been more than a year & I have never look back & never touched tobacco again. The journey was quite a roller coaster ride but a successful one.

I would like to deeply thank Mr. Ganesh for encouraging me & helping me quitting tobacco.

We get similar feedback regularly. However, for the sample, two feedbacks are presented above.

11. Activities conducted by Tobacco Quitline Service in the year 2021-2022

Sr. No.	Date	Activity conducted	Place	Beneficiaries
1.	13 th January 2021	Tobacco awareness programme for L&T construction labours	Taloja, MIDC	180
2.	1 st to 19 th April 2021	Tobacco awareness programme	Yermala, Osmanabad District, Maharashtra State	3000
3.	1 st November 2021	Rangoli competition for staff TMC	Tata Memorial Centre, Mumbai	170
4.	4 th February 2022	World Cancer Day, Awareness programme	G.N.Khalsa College, Matunga Mumbai	100
5.	6 th February 2022	Tobacco awareness	Blood camp arranged at ACTREC, TMC	150
6.	11 th March 2022	Tobacco Awareness Webinar for students	A. C Patil college of Engineering, Kharghar	150
7.	26 th to 27 th May 2022	Tobacco awareness and oral screening camp, World No Tobacco Day	CSMT and Dadar railway station	170
8.	31 st May 2022	Anti-Tobacco Awareness Programme, World No Tobacco Day	Navi Mumbai Commissioner Office	70
9.	31 st May 2022	Awareness Play	Navi Mumbai Commissioner Office	
10.	8 th to 12 th July 2022	Tobacco Awareness Campaign	Pandharpur, Maharashtra	4000
11.	24 th July 2022	National Tobacco Quitline Service, Sensitization Programme	Ekvira Foundation, Sangamner	600
12.	21 st August	Tobacco Awareness	MIDC, Kalamboli	120
13.	22 nd to 25 th August 2022	Azadi ka 75 th Amrit Mahotsav	ACTREC- Kharghar, Mumbai	1370
14.	10 th to 14 th November 2022	National Cancer awareness Day and Children's Day	V.K. Patil High school and College, Panvel 10 th November to 14 th November 2022	300
15.	3 rd to 8 th December 2022	Tobacco Awareness Campaign	Gondavale, Satara	4000
16.	1 st and 29 th December 2022	Awareness session on oral, breast and cervix cancer	Ramsheth Thakur, Higher secondary school, Kharghar, Navi Mumbai	200
	Total			14,580

Photo Gallery



Sensitization on the occasion of Azadi ka Amrit Mahotsav at ACTREC, Kharghar



National Tobacco Quitline Service, Sensitization Programme



Tobacco awareness and oral screening camp, World No Tobacco Day 2022 at Chhatrapati Shivaji Maharaj Terminus (CSMT) and Dadar Railway station



12. Publication

Based on the data obtained from the TQLS for the year 2020, the following research papers were published. The citations of the published papers are given below.

1. Singh Arpit, Budukh Atul, Chaturvedi Pankaj, Dikshit Rajesh. Systematic review on telephonic Quitline and its effects on smokeless tobacco. International Journal of Noncommunicable Diseases 4(3): p 65-72, Jul–Sep 2019. | DOI: 10.4103/jncd.jncd_26_19
2. Bhavya Reddy Chethi Reddy, Dinesh Musale, Deepa Kadam, Kalpita Lanjekar, Ganesh Ogale, Mahadev Bhise, Suvarna Gore, Pankaj Chaturvedi, Rajesh Dikshit & Atul Budukh (2023): Challenges faced by tobacco quit line services during the COVID-19 pandemic, Journal of Substance Use, DOI: 10.1080/14659891.2023.

13. References

1. Kumar R, Saroj SK. Is tobacco Quitline cost-effective in India? *Monaldi Archives for Chest Disease*. 2020 Nov 9;90(4).
2. Jemal, A., Torre, L., Soerjomataram, I., & Bray, F. (n.d.). Third Edition THE CANCER ATLAS. https://canceratlas.cancer.org/wp-content/uploads/2019/10/ACS_CA3_Book.pdf
3. Lahoti S, Dixit P. Declining trend of smoking and smokeless tobacco in India: A decomposition analysis. *PloS one*. 2021 Feb 25;16(2): e0247226.
4. International Institute for Population Sciences (IIPS) and ICF. 2021. National Family Health Survey (NFHS-5), 2019-21: India. Mumbai: IIPS. http://rchiips.org/nfhs/factsheet_NFHS-5.shtml
5. World Health Organization, Health topics, Tobacco 2021 (Accessed 25 August 2021) <https://www.who.int/india/health-topics/tobacco>
6. India loses 1% of its GDP to diseases and early deaths from tobacco use, finds WHO study [Internet]. Who.int. 2021 [Accessed 24 August 2021]. Available from: <https://www.who.int/india/news/detail/09-02-2021-india-loses-1-of-its-gdp-to-diseases-and-early-deaths-from-tobacco-use-finds-who-study>
7. World Health Organization. Worldwide current situation of national quit-line services. *Developing and Improving National Toll-free Tobacco Quit Line Services: A World Health Organization Manual*. 2011.

14. Acknowledgement

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Advanced Centre for Treatment, Research and Education in Cancer, Kharghar, Navi Mumbai

Dr. Sudeep Gupta, Director, ACTREC
Dr. Navin Khattry, Dy. Director, CRC-ACTREC
Dr. Prasanna Venkatraman, Dy Director, CRI-ACTREC
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Mr. H Kelkar – Head, Engineering services
Mr. Anand Jadhav – Scientific Officer - IT Department
Mrs. Kusum Pednekar – Jr. PO, CCE
Mr. Suryakant Shedge – Asst Accts Officer, CCE
Mr. Prashant Kadam, AAO- CCE
Mrs. Bhagyashree Tillu - Medical social worker

Ministry of Health and Family Welfare, Government of India

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Dr. Pulkesh Kumar, Deputy Secretary
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Ms. Deepshikha Arora, Senior Statistical Officer
Ms. Pooja Gupta, National Consultant (Tobacco Control), MoHFW

Department of Public Health, Government of Maharashtra

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Shri. Dhiraj Kumar – Commissioner, Health Services, Mission Director, NHM
Dr. Swapnil Lali – Director, Commissionerate Health Services
Dr. Vijay Baviskar – Joint Director, Commissionerate Health Services

Tata Memorial Hospital, Mumbai

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Dr. Banavli S, Director – Academics, TMC
Mr. Anil Sathe, Director -Administration, TMH
Ms. Meera, Internal Financial Advisor, TMH
Mr. Suryakant Mohapatra, JCFA – TMC
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Mrs. Varsha Patil, Stenographer – TMH

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Mr. Malawade BM – Deputy Manager
Mr. Awadhesh Singh– Deputy Manager
Mr. Parsi RK – Deputy Manager

Vallabhbhai Patel Chest Institute University of New Delhi

Dr. Raj Kumar – Director

15. Appendix

Figure 11: The burden of tobacco-related cancers in Indian PBCRs among men

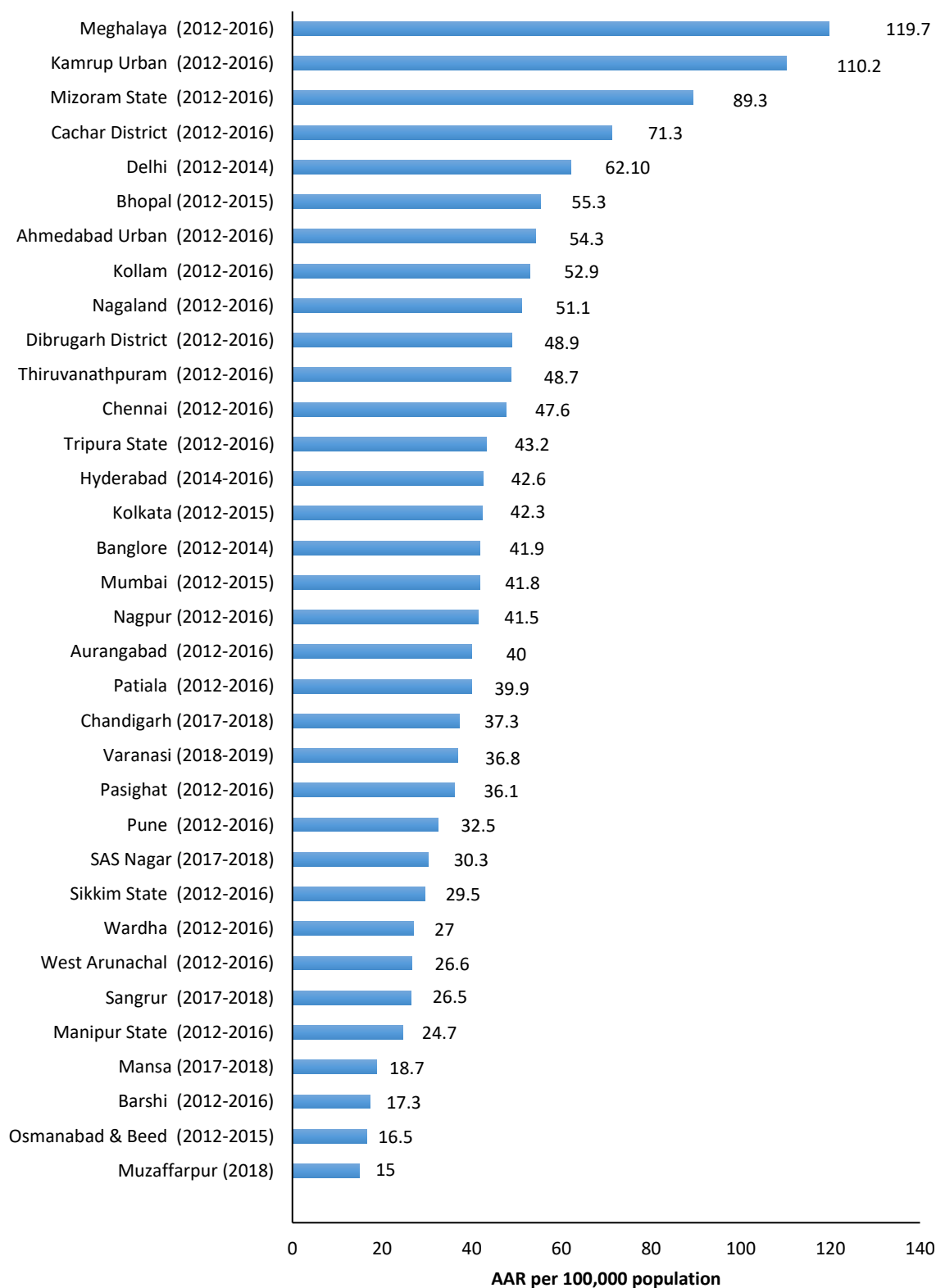
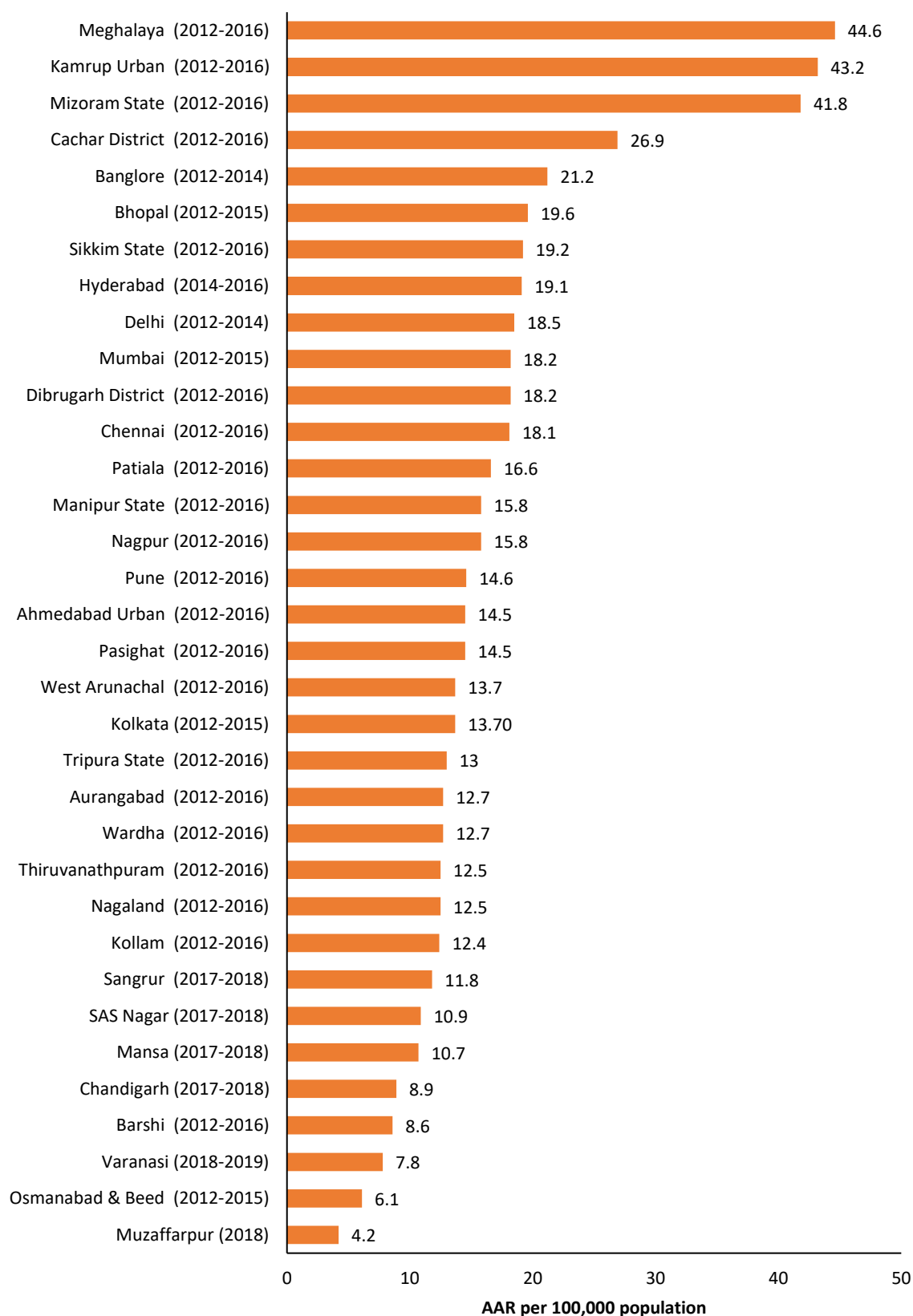


Figure 12: The burden of tobacco-related cancers in Indian PBCRs among women





Tata Memorial Centre, Mumbai



Advanced Centre for Treatment, Research & Education in Cancer, Kharghar, Navi Mumbai



Centre for Cancer Epidemiology, Kharghar,
Navi Mumbai

“Choose LIFE, Not TOBACCO”