

# Tobacco Cessation Clinics: Medical and Dental Colleges

**Tobacco Control Strategies in India**  
**National Virtual Postgraduate**  
**Medical CME**

07 February 2025

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# The canvass of tobacco cessation delivery

THE ADDICTIVE  
NICOTINE

ITS BURDEN:  
THOSE WHO  
USE TOBACCO

MPOWER:  
STATUS OF  
INDIA

THE SYSTEMS  
APPROACH:  
SCREEN, TREAT  
& FOLLOW-UP

COUNSELING  
& PHARMACO-  
THERAPY

HCPS  
ENGAGEMENT

OUTCOMES  
(DATA),  
REVIEWS AND  
REPORT

CHALLENGES,  
BARRIERS AND  
SOLUTIONS

# TCCs in Medical Institutions

**The Agenda:  
Initiative to “ongoing”  
implementation..**



How **advocacy** evolved  
for the TCCs in  
Medical Institutes..!?

**Initiatives  
in Rajasthan  
and Nationally**

The medical institutions  
are not engaged in tobacco  
control..!!

**It has been a significant omission,** maybe an  
inadvertent one, **under NTCP despite their  
human resource and infrastructure..!!**

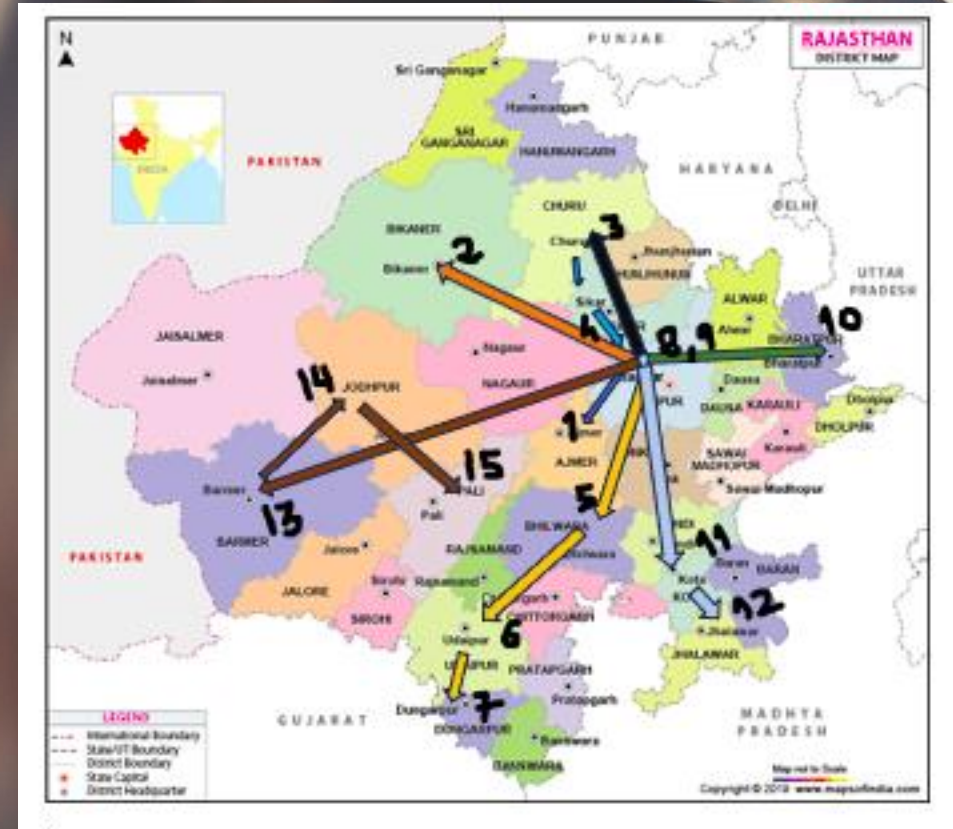
The Premise

# A collaboration with Rajasthan Government

(Mid March- mid May 2023)

- Office of the Secretary, Medical Education
- His directive to all 15 Government Medical Colleges

Fifteen days  
to travel  
~4,500 kms



# **Worked through a four-point agenda**

- (1) Motivate** for establishing a tobacco-free college campus and a self-sustainable stand-alone tobacco cessation clinic (TCC) in the Medical College (MC) hospital.
- (2) Empowering** the MC to collaborate with the DTCCs.
- (3) Sensitize** Medical students and Faculty on issues related to tobacco control.
- (4) Media activity** through the District PRO for community sensitization

# Observations

(~2,000 UG medical students)

## Questions asked

1. Did you already know about TC?  
Y/N; 1(b) How?
2. New learning from today's session;
3. Mention one-step that you can take now; and,
4. Propose one-step that your medical college can undertake now.

## Their Responses





# **Responses from the UGs and the Faculty**

(analyzed  
qualitatively)

1. ~30% students were aware of tobacco epidemic and TC activities;
2. Less than 20% knew about the adverse effects of tobacco and still lesser percentage about the benefits of quitting;
3. All desired to make their colleges premises tobacco-free.
4. Engagement of community medicine department as the nodal department appeared appropriate and feasible.
5. All concurred to have TCCs and/or strengthen the existing ones for all tobacco-using patients and other tobacco users attending these hospitals on a sustainable basis.

# Case study from Rajasthan

Panel discussion:  
Strengthenin  
g commitment  
to  
tobacco  
control

6<sup>th</sup> NCTOH,  
IIHMR, New Delhi,  
18<sup>th</sup> February 2024



# State-level outcome till date..

MD NHM directed the DMs on 1<sup>st</sup> October 2024 to:

- 1. Strengthen conduct of cessation services through TCCs in all Medical & Dental Colleges; and,**
- 2. Invite to take benefit of the experience of Community Medicine Department Representatives in the DTCC meets held every Trimester.**



राजस्थान सरकार  
राष्ट्रीय स्वास्थ्य मिशन, राजस्थान  
चिकित्सा, स्वास्थ्य एवं परिवार कल्याण विभाग, स्वास्थ्य भवन, जयपुर  
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क्रमांक : एनटीसीपी/2023/1398

दिनांक 01/10/24

जिला कलक्टर  
समस्त जिले

विषय: राष्ट्रीय तम्बाकू नियंत्रण कार्यक्रम के अन्तर्गत तम्बाकू मुक्ति उपचार एवं परामर्श केन्द्र की सेवाओं के सुदृढीकरण के क्रम में।

उपर्युक्त विषयान्तर्गत लेख हैं कि राष्ट्रीय तम्बाकू नियंत्रण कार्यक्रम के अन्तर्गत 31 मई 2023 से 31 जुलाई 2023 तक 60 दिवसीय “टोबेको फ्री युथ कैम्पेन” का आयोजन किया गया जिसमें वृहद स्तर पर जन जागरूकता गतिविधियाँ आयोजित की गईं। आपके निर्देशन में समस्त विभागों में प्रभावी समन्वय एवं जनसहभागिता से “टोबेको फ्री युथ कैम्पेन” के अंतर्गत महत्वपूर्ण उपलब्धियाँ अर्जित की गई हैं। इस सराहनीय कार्य के लिए समस्त सम्बन्धित जिला अधिकारी एवं अधिनस्थ कर्मचारी धन्यवाद के पात्र हैं।

उक्त “टोबेको फ्री युथ कैम्पेन” के अंतर्गत तम्बाकू मुक्ति के लिए प्रेरित किए गए तम्बाकू उपभोगियों को उपचारित करने के लिए जिला अस्पताल में संचालित तम्बाकू मुक्ति उपचार एवं परामर्श केन्द्र (Tobacco Cessation Centre) की सेवाओं का सुदृढीकरण किया जाना अत्यंत आवश्यक है तथा साथ ही भारत सरकार एवं राज्य सरकार के स्तर से समय-समय पर जारी किए गए दिशानिर्देशों की अनुपालना में समस्त राजकीय एवं निजी दन्त महाविद्यालयों में तम्बाकू मुक्ति उपचार एवं परामर्श केन्द्र की सेवाओं का संचालन किया जाना है।

जिले में तम्बाकू मुक्ति उपचार एवं परामर्श केन्द्र की सेवाओं के सुदृढीकरण के लिए चिकित्सा महाविद्यालयों में Community Medicine Department के प्रतिनिधियों को जिला स्तर पर राष्ट्रीय तम्बाकू नियंत्रण कार्यक्रम के प्रभावी संचालन एवं समीक्षा के लिए गठित की गई जिला स्तरीय तम्बाकू नियंत्रण समन्वय समिति की त्रैमासिक बैठको में आमंत्रित कर इनके अनुभव का लाभ लिया जाना अपेक्षित है।

(डॉ. जितेन्द्र कुमार सोनी)  
मिशन निदेशक, एनएचएम

राजस्थान, जयपुर

क्रमांक : एनटीसीपी/2023/1398

दिनांक : 01/10/2023

प्रतिलिपि निम्न को सूचनाार्थ एवं आवश्यक कार्यवाही हेतु प्रस्तुत है :-

1. निजी सचिव, अतिरिक्त मुख्य सचिव, चिकित्सा एवं स्वास्थ्य विभाग, राजस्थान, जयपुर।
2. निजी सचिव, संभागीय आयुक्त, समस्त संभाग, राजस्थान।
3. निजी सहायक, निदेशक-जन स्वास्थ्य, चिकित्सा एवं स्वास्थ्य सेवाएँ, राजस्थान, जयपुर।
4. निजी सचिव, जिला कलक्टर, समस्त जिले।
5. संयुक्त निदेशक एवं राज्य नोडल अधिकारी, एनटीसीपी, राजस्थान, जयपुर।
6. संयुक्त निदेशक, समस्त जिला राजस्थान।
7. मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी, समस्त जिले।
8. उप मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी-स्वास्थ्य, समस्त जिले।
9. डीपीओ द्वितीय/सोशल वर्कर/सायकोलॉजिस्ट, जिला तम्बाकू नियंत्रण प्रकोष्ठ, समस्त जिले।
10. रक्षित पत्रावली।

(डॉ. एस. एन. धोलपुरिया)

संयुक्त निदेशक एवं  
राज्य नोडल अधिकारी, एनटीसीपी



Dear Editor,

The NTCP was established in 2007-08 during the 11<sup>th</sup> five-year plan to strengthen tobacco control (TC) for effective control of tobacco. One of its priority aims was to 'help people quit tobacco.'<sup>[3]</sup> In the 12<sup>th</sup> five-year plan, the NTCP, with its revised objectives, aimed to reduce tobacco use below 5% by the end of its term.<sup>[1]</sup>

To substantiate this aspect, a prospective qualitative study was undertaken in Rajasthan by a Jaipur-based NGO, Rajasthan Cancer Foundation (RCF). Fifteen out of 19 currently functional government MCs were visited between mid-March and mid-May this year (the year 2023; Figure 1) under the directive of the Medical Education Department (ME), Government of Rajasthan to the Offices of the Principals and Controllers; of these MCs [Annexure 1].

- (1) Establishing a tobacco-free college campus and a self-sustainable stand-alone TCC in MC hospital.
- (2) Empowering MCs to collaborate and support the District TC Committees (DTCCs).
- (3) Sensitize the Medical students and the faculty on some vital issues related to tobacco.

- At the end of sensitization session, the participating medical students (usually a batch of ~ 100-150 students from sixth to eighth semesters, but sometimes the numbers went up to ~ 300 students, and in some colleges, the students addressed were from second to fourth semesters) were asked within 5 minutes to respond briefly to following four-point questionnaire:

- A qualitative assessment of their responses collectively gave the following observations:

2. Less than 20% know about the adverse effects of tobacco, and still a lesser percentage about the benefits of quitting.
3. All participating students and faculty welcomed and desired to make their college premises tobacco-free.

- Based on these outcomes, it was suggested to the ME department that:

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hereafter The Secretary (Chief/Medical Health Officer—CM and HO) of the local DTCC shall coordinate with both the Chairman (the District Collector) and the Vice Chairman to hold DTCCs regularly and strengthen all the activities assigned to the DTCCs under NITP. The Head of the Community Medicine department should be the Nodal Person for the respective MC to stay connected and assist the local DTCC through the infrastructure and the trained human resources available with the MC. Additionally, he should also serve as a guide, facilitator, master trainer, and researcher to measure the compliance of COTPA enforcement and provide outcome-based analyses to strengthen, modify, and/or innovate the ways to work in TC toward its Endgame.

To conclude, the case study undertaken in Rajasthan to integrate MCs under NTCP to further strengthen TC appears

## Acknowledgments

### Financial support and sponsorship

### Conflicts of interest

There are no conflicts of interest.

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- 1 National Tobacco Control Programme. Ministry of Health and Family Welfare. Government of India. New Delhi. 2015. Available from: <https://mhp.mohfw.gov.in/>. [Last accessed on 2023 Jul 20].
- 2 Get MMR India. Available from: [http://getmmrindia.com/get-mmrs-by-state-in-india-state-wise-2023-%7EState%20of%20new%2C%20%20%20various%20states%20FTU%27%26%20%20](http://getmmrindia.com/get-mmrs-by-state-in-india-state-wise-2023-%7Estate%20of%20new%2C%20%20%20various%20states%20FTU%27%26%20%20). [Last accessed on 2023 Jul 20].
- 3 Kumar R. Call for departments of public health at all medical colleges in India. J Family Med Prim Care 2021;11:2720-31.
- 4 Kumar R. Medical education reforms in India. J Family Med Prim Care 2021;11:8.
- 5 John RM, Sinha P, Mishra VJ, Fikru TT. Economic costs of diseases and deaths attributable to tobacco in India, 2017-2018. Nicotine Tob Res 2023;23(1):1-9.

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Quick Response Code:	Website: <a href="http://www.ijcm.org.in">www.ijcm.org.in</a>
	DOI: 10.4103/ijcm.ijcm_712_23

**Received:** 17-10-23, **Accepted:** 20-03-24, **Published:** 09-07-24

No.	Study reference	Study design	Intervention	Control	Follow-up time	Number of cases	Number of controls	OR (95% CI)	Original language
1	10	Case-control	100 mg/kg	50 mg/kg	10 days	10	10	0.2 (0.01-2.0)	En-English
2	11	Case-control	100 mg/kg	50 mg/kg	10 days	10	10	0.2 (0.01-2.0)	En-English
3	12	Case-control	100 mg/kg	50 mg/kg	10 days	10	10	0.2 (0.01-2.0)	En-English
4	13	Case-control	100 mg/kg	50 mg/kg	10 days	10	10	0.2 (0.01-2.0)	En-English
5	14	Case-control	100 mg/kg	50 mg/kg	10 days	10	10	0.2 (0.01-2.0)	En-English
6	15	Case-control	100 mg/kg	50 mg/kg	10 days	10	10	0.2 (0.01-2.0)	En-English
7	16	Case-control	100 mg/kg	50 mg/kg	10 days	10	10	0.2 (0.01-2.0)	En-English
8	17	Case-control	100 mg/kg	50 mg/kg	10 days	10	10	0.2 (0.01-2.0)	En-English
9	18	Case-control	100 mg/kg	50 mg/kg	10 days	10	10	0.2 (0.01-2.0)	En-English
10	19	Case-control	100 mg/kg	50 mg/kg	10 days	10	10	0.2 (0.01-2.0)	En-English
11	20	Case-control	100 mg/kg	50 mg/kg	10 days	10	10	0.2 (0.01-2.0)	En-English
12	21	Case-control	100 mg/kg	50 mg/kg	10 days	10	10	0.2 (0.01-2.0)	En-English
13	22	Case-control	100 mg/kg	50 mg/kg	10 days	10	10	0.2 (0.01-2.0)	En-English
14	23	Case-control	100 mg/kg	50 mg/kg	10 days	10	10	0.2 (0.01-2.0)	En-English
15	24	Case-control	100 mg/kg	50 mg/kg	10 days	10	10	0.2 (0.01-2.0)	En-English
16	25	Case-control	100 mg/kg	50 mg/kg	10 days	10	10	0.2 (0.01-2.0)	En-English
17	26	Case-control	100 mg/kg	50 mg/kg	10 days	10	10	0.2 (0.01-2.0)	En-English
18	27	Case-control	100 mg/kg	50 mg/kg	10 days	10	10	0.2 (0.01-2.0)	En-English
19	28	Case-control	100 mg/kg	50 mg/kg	10 days	10	10	0.2 (0.01-2.0)	En-English
20	29	Case-control	100 mg/kg	50 mg/kg	10 days	10	10	0.2 (0.01-2.0)	En-English
21	30	Case-control	100 mg/kg	50 mg/kg	10 days	10	10	0.2 (0.01-2.0)	En-English
22	31	Case-control	100 mg/kg	50 mg/kg	10 days	10	10	0.2 (0.01-2.0)	En-English
23	32	Case-control	100 mg/kg	50 mg/kg	10 days	10	10	0.2 (0.01-2.0)	En-English
24	33	Case-control	100 mg/kg	50 mg/kg	10 days	10	10	0.2 (0.01-2.0)	En-English
25	34	Case-control	100 mg/kg	50 mg/kg	10 days	10	10	0.2 (0.01-2.0)	En-English
26	35	Case-control	100 mg/kg	50 mg/kg	10 days	10	10	0.2 (0.01-2.0)	En-English
27	36	Case-control	100 mg/kg	50 mg/kg	10 days	10	10	0.2 (0.01-2.0)	En-English
28	37	Case-control	100 mg/kg	50 mg/kg	10 days	10	10	0.2 (0.01-2.0)	En-English
29	38	Case-control	100 mg/kg	50 mg/kg	10 days	10	10	0.2 (0.01-2.0)	En-English
30	39	Case-control	100 mg/kg	50 mg/kg	10 days	10	10	0.2 (0.01-2.0)	En-English
31	40	Case-control	100 mg/kg	50 mg/kg	10 days	10	10	0.2 (0.01-2.0)	En-English
32	41	Case-control	100 mg/kg	50 mg/kg	10 days	10	10	0.2 (0.01-2.0)	En-English
33	42	Case-control	100 mg/kg	50 mg/kg	10 days	10	10	0.2 (0.01-2.0)	En-English
34	43	Case-control	100 mg/kg	50 mg/kg	10 days	10	10	0.2 (0.01-2.0)	En-English
35	44	Case-control	100 mg/kg	50 mg/kg	10 days	10	10	0.2 (0.01-2.0)	En-English
36	45	Case-control	100 mg/kg	50 mg/kg	10 days	10	10	0.2 (0.01-2.0)	En-English
37	46	Case-control	100 mg/kg	50 mg/kg	10 days	10	10	0.2 (0.01-2.0)	En-English
38	47	Case-control	100 mg/kg	50 mg/kg	10 days	10	10	0.2 (0.01-2.0)	En-English
39	48	Case-control	100 mg/kg	50 mg/kg	10 days	10	10	0.2 (0.01-2.0)	En-English
40	49	Case-control	100 mg/kg	50 mg/kg	10 days	10	10	0.2 (0.01-2.0)	En-English
41	50	Case-control	100 mg/kg	50 mg/kg	10 days	10	10	0.2 (0.01-2.0)	En-English
42	51	Case-control	100 mg/kg	50 mg/kg	10 days	10	10	0.2 (0.01-2.0)	En-English
4									


Annexure 2: List of Principals and the Nodal Officers assigned

An hour long audio-visual session will be held with the department including faculty members, residents, UG students and other staff. Tobacco cessation plan will be worked out with departments of Community Medicine, Psychiatry and Medicine.

It will be useful to invite local district administration also in the meeting so that Medical Colleges may be connected with ongoing works under NITCF in the district.

Concern PMC's shall ensure the following:

3- Concerned PMC shall submit the report of the outcomes of the day within next 48 hrs. as indicated in the table.

  
Commissioner  
Medical Education

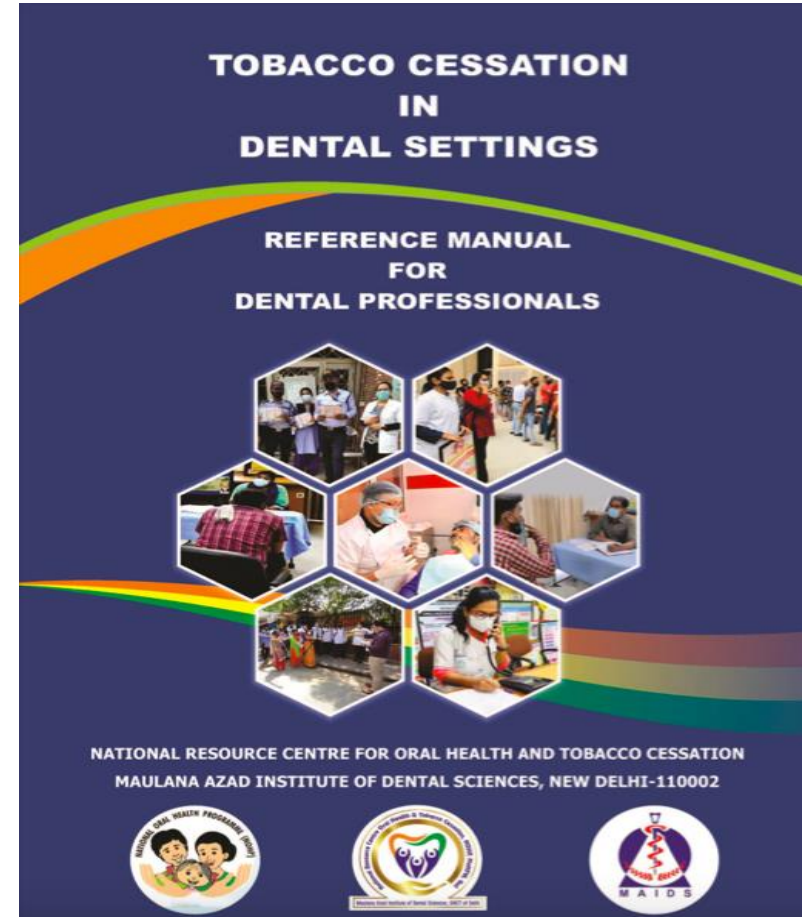
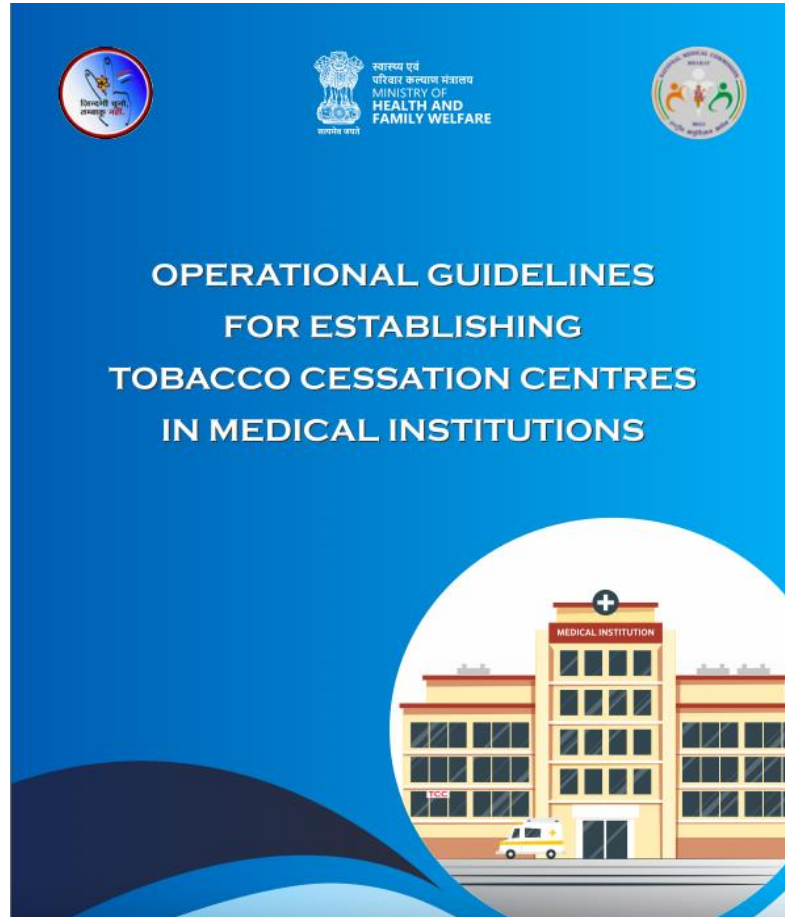
No. F. 21 (27)DMH/HA/Tribhuvan Centre/2023/253  
 Copy to the following for information and necessary action:-  
 1. S.A. to Hon'ble Minister, Medical Education, GoI, Jaipur.  
 2. P.S. to the Principal Secretary, Medical Education Department, GoI, Jaipur.  
 3. A.P. to the Commissioner, Medical Education, GoI, Jaipur.  
 4. Principal and Controller of All Medical Colleges.  
 5. [Redacted]  
 6. Office copy.

**Annexure 1:** Copy of the Order from the Commissioner, Medical Education Department

# MoHFW initiative and the follow-up action

- It constituted an Expert Committee for accelerating cessation services in India; 31<sup>st</sup> March 2023
- Operational Guidelines for establishment of TCCs in Medical Institutions; 16 May 2024

# MoHFW TCC guidelines..





Engagement of AIIMS & NAMS &  
Consortium of Medical Colleges in  
Tobacco Control & Cessation

**RCTC and the Union Initiative**

Expectations,  
challenges, barriers and  
solutions & takeaways..

---

The brass tasks...



# Expectations

A huge potential as a game changer to “strengthen the ongoing efforts in the cessation delivery at the secondary- and primary-levels of healthcare”



## Expectations (contd..)



1. The lead agency in a district to develop, sustain and improve cessation delivery and strengthening of TC through the local DTCC.



2. To serve as Apex centre for the referrals from the lower levels of healthcare.



# Expectations



3. **Models** as “Centres of Excellence” for cessation delivery, trainings, Monitoring, Evaluation, Reviews and Research at the district level



4. **Coordination** with:



✓ **DTCCs** to extend the cessation delivery to the primary level of healthcare (**Brief Intervention**); &



✓ **State NTCP cell** for effective implementation, sustained improvement and better outcomes at the district level.



# Challenges and barriers

These are those which  
any change brings in an  
established setup

- Resources-humans and financial
- Infrastructure- location (high visibility) & size (space)
- Integration with other services and sustained support
- Time required by the P&C to lead it upfront for this innovation to succeed

# Challenges

## Specifics to Medical & Dental Colleges

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Which department will be given the responsibility for its conduct?

---

Which staff cadre will be given its primary responsibility?

---

How will it do so by accommodating it in their assigned working?

---

Who all will be assisting?

---

How will s/he connect with the admins in the hospital and at the institutional level?

## Challenges-2

### Specifics to Medical & Dental Colleges

The establishment of the Systems Approach to Screen, Treat and Follow-up within the existing hospital system; and data management, M& E, reporting & regular reviews.

Its due acceptance and the support by the entire staff at the institutional and hospital level.

# Challenges-3

## Specifics to Medical & Dental Colleges

Prompt and continued intra-institutional referrals

The space allocation for its high visibility and easy access by the tobacco using patients (the walk-ins).

The necessary gadgets, equipment, furniture and furnishings.

# Solutions

- Top-down approach
  - State TCC under NHM
  - Administrative support locally







# The Solutions Locally

- (1) A visible and sustained support from the State and institutional leadership;
- (2) Empowerment at all levels of the Admins and Staff (to be) engaged;
- (3) Establishment in one-go:
  - (A) workplan to be implemented at the local level;
  - (B) Establishment and regular & sustainable conduct of the TCC


## The Solutions Locally-2

- (3) Establishment in one-go:
  - (A) Foolproof workplan for implementation at the local level;
  - (B) Establishment and regular & sustainable conduct of the TCC for delivering quality service

# The Take aways

- It is “**A Change**” that requires a quick and wholesome adoption and foolproof implementation for its successful outcome, i.e., a high quit rate (~30% to 40% at 1 year follow up)
- Requires **leadership** upfront with high degree of sustainability
- Adequate **administrative support** for establishing Systems Approach

# The Take aways- 2

- **Referrals without fail** from the departments that manage tobacco-using patients maximally- Medical Dept and allied specialties, ENT, etc.
  - **Data management** and regular intra- and inter- institutional **reviews** and reporting in a transparent manner.
  - **Support** to tobacco cessation **delivery** at secondary- and primary- levels
- 



# Thanks

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