



Ministry of Health  
& Family Welfare  
Government of India



# STANDARD OPERATING PROCEDURES FOR VILLAGES TO BE TOBACCO FREE





# **STANDARD OPERATING PROCEDURES FOR VILLAGES TO BE TOBACCO FREE**







**जगत प्रकाश नड्डा**  
**JAGAT PRAKASH NADDA**



**मंत्री**  
**स्वास्थ्य एवं परिवार कल्याण**  
**व रसायन एवं उर्वरक**  
**भारत सरकार**  
**Minister**  
**Health & Family Welfare**  
**and Chemicals & Fertilizers**  
**Government of India**



### **MESSAGE**

Tobacco use is one of the key risk factors common to the four main groups of NCDs- cardiovascular disease, cancer, chronic lung disease and diabetes-the health conditions that are responsible for two-thirds mortality in India. Tobacco use is very high in rural areas in India. According to the latest round of the Global Adult Tobacco Survey (GATS), around 38% of rural men and 14% of rural women in India use some form of tobacco. Families often spend a substantial portion of their income on tobacco products, exacerbating poverty and depriving them of essential resources for health, education, and nutrition.

In response, I am pleased to announce the release of the Standard Operating Procedures (SOPs) for Villages to be Tobacco Free. By focusing on awareness and prevention, these guidelines will empower villages to create environments that discourage tobacco use and promote healthier lifestyles.

I commend the National Tobacco Control Programme and experts involved in the development of these guidelines for their unwavering commitment to tobacco control.

It is my sincere hope that these guidelines will serve as a medium to popularize the concept of tobacco control in villages across the country, thus laying a foundation for tobacco free generation.

**(Jagat Prakash Nadda)**



अपूर्व चन्द्रा, भा.प्र.से.  
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भारत सरकार  
स्वास्थ्य एवं परिवार कल्याण विभाग  
स्वास्थ्य एवं परिवार कल्याण मंत्रालय  
Government of India  
Department of Health and Family Welfare  
Ministry of Health and Family Welfare



### Message

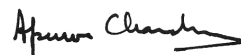
Tobacco use is a major risk factor for a range of diseases, including cardiovascular diseases, respiratory diseases, various types of cancer and other health conditions. Tobacco related cancers constitute 33.3% of all cancers in India. 48.7% of cancers in males and 16.5% cancers in females are attributed to tobacco use. Tobacco-related diseases place a significant economic burden on the Indian healthcare system. The costs include not only medical treatment but also lost productivity due to illness and premature death. Exposure to secondhand smoke affects both smokers and non-smokers, contributing to respiratory problems and other health issues.

India has made significant strides over the past two decades to curb the prevalence of tobacco use. The Cigarettes and Other Tobacco Products Act (COTPA) was enacted in 2003 and India ratified the WHO Framework Convention on Tobacco Control (WHO-FCTC) in 2004. The National Tobacco Control Programme (NTCP) launched in 2007-08 provides a robust framework for implementing tobacco control laws and initiatives, focusing on community engagement, school programs, information, education, communication (IEC), and advocacy. The "Guidelines for Tobacco-Free Schools/Educational Institutions" were first released in 2008 and later revised in 2019. New initiatives include the Prohibition of Electronic Cigarettes Act 2019. The Ministry of Health and Family Welfare also launched the first Tobacco-Free Youth Campaign from May to July 2023 to raise awareness about the harmful effects of tobacco use among youth and rural communities.

The high prevalence of tobacco consumption, particularly in rural areas, underscores the need for targeted interventions at the village level. In our pursuit of a healthier and more vibrant community, we are pleased to introduce this Standard Operating Procedure (SOP) for Villages to be tobacco-free. This SOP is designed to provide clear and actionable guidelines for ensuring adherence to our tobacco-free policy. This initiative aims to foster healthier environments, reduce the burden of tobacco-related diseases, and set a precedent for other regions to follow. By discouraging tobacco use and encouraging users to quit, the initiative seeks to improve public health and enhance the overall quality of life and well-being of populations, especially in rural areas.

I hope this SOP will prove useful for the effective implementation of the National Tobacco Control Programme at the grass root level by health workers, who are the pillars of our healthcare delivery system.

Date : 18.09.2024  
Place : New Delhi

  
(Apurva Chandra)

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स्वास्थ्य एवं परिवार कल्याण मंत्रालय  
स्वास्थ्य सेवा महानिदेशालय

Government of India  
Ministry of Health & Family Welfare  
Directorate General of Health Services



### MESSAGE

India is one of the leading consumer of tobacco and related products in the world, and tobacco use kills over 13.5 lakh Indians each year. Findings from the second Global Adult Tobacco Survey (GATS-2), 2016-17 suggest that 26.6 crore Indians aged 15 and above currently use tobacco in some form.

Tobacco use among rural communities is particularly concerning, with 32.5% of adults in these areas currently using tobacco. Khaini (13.5%) and bidi (9.3%) are the most prevalent tobacco products in these communities. This high prevalence of tobacco use poses significant health risks and socio-economic burdens. I believe that spreading awareness by way of these SOPs at the grassroot level will not only reduce the incidence of tobacco-related diseases but also promote healthier lifestyles and enhance the quality of life for these communities.

Acknowledging the need for targeted tobacco control interventions in rural communities, it gives me immense pleasure to present the Standard Operating Procedures (SOPs) for Villages to be Tobacco-Free. These guidelines aim to extend our tobacco control initiatives to all villages in India, fostering a healthier environment for all residents, and provide a comprehensive framework for the Ministry of Health and Family Welfare and Panchayati Raj Institutions to collectively work towards the vision of tobacco-free generation.

I extend my heartfelt gratitude to the National Tobacco Control Program and all technical experts who contributed to the development of these guidelines. I am confident that these guidelines will serve as a valuable resource in our collective endeavor to create a healthy ecosystem in the country.

(Atul Goel)



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### Acknowledgement

Tobacco use is one of the major risk factors associated with Non-Communicable Diseases. To address the issue, the Government of India launched the National Tobacco Control Programme (NTCP) in 2007-08. One of the components of programme is to create awareness about the harmful effects of tobacco consumption. As part of this effort, SOP for Villages to be Tobacco Free is developed to percolate the message at the grassroot level.

This Standard Operating Procedure (SOPs) for Villages to be Tobacco Free has been developed under the esteemed leadership and guidance of Prof. (Dr) Atul Goel, The Director General of Health Services. I am deeply indebted to him for his wholehearted guidance and support in bringing out this SOP.

Special thanks to Dr. Rana J Singh, Dr. Praveen Sinha, Dr. Abhishek Khanna, Mr. Sanjay Seth, Dr. Gopal Chauhan, Dr S.N. Dholpuriya, Dr. Lana Lyngdoh Nongbri, Dr. Sushanta Kumar Swain, for their invaluable contributions. Special acknowledgement goes to Dr. Vedha V.P.K for her contributions to the layout and design of this SOP.

I also extend sincere appreciation to my team, including Dr. Poonam Meena Deputy Secretary, NTCP, Dr Avinash Sunthlia, DADG, NTCP and consultants Dr. Prachi Rathi, Dr. Ambika Narain, Ms. Mansi Singh and Ms. Shivani for their meticulous efforts.

We hope that this SOP will go a long way in contributing to raising awareness on the tobacco control efforts, ensuring a tobacco free life for all, thereby contributing to the idea of Tobacco free future generation.

Dr. L. Swasticharan  
Addl.DDG & Director EMR



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# CONTENTS

<b>1. Introduction</b>	<b>1</b>
1.1 Tobacco burden in India	1
1.2 Harmful effects of tobacco	1
<b>2. India's efforts in tobacco control</b>	<b>2</b>
<b>3. Need for villages to be tobacco free</b>	<b>2</b>
<b>4. Villages to be tobacco free</b>	<b>3</b>
<b>5. Evaluation process</b>	<b>4</b>
<b>Annexures</b>	<b>6</b>
Annexure 1: Signage	6
Annexure 2: IEC activities in villages	6
Annexure 3: Score card for declaring a village to be tobacco free	7





# 1. INTRODUCTION

## 1.1 Tobacco burden in India

Tobacco use is the leading cause of preventable deaths and diseases worldwide, killing half of its users prematurely, often during their most productive years. Globally, tobacco claims the lives of 80 lakhs individuals each year. In India, an estimated 26.7 crore adults use tobacco, resulting in 13.5 lakh tobacco-related deaths annually. Tobacco harms nearly every organ in the body and is a major risk factor for cancer, cardiovascular diseases, diabetes, chronic lung disease, stroke, infertility, blindness, tuberculosis, and oral health issues.

According to the Global Adult Tobacco Survey (2016–2017), 28.6% (27 crore) of adults aged 15 years and above in India use tobacco, with 32.6% of users in urban areas and 47.6% in rural areas. The Global Youth Tobacco Survey (2019) reported that 8.5% of students in India aged 13 to 15 years use tobacco, with 5.2% in urban areas and 9.4% in rural areas. The median age of initiation is alarmingly low: 11.5 years for cigarettes, 10.5 years for bidi, and 9.9 years for smokeless tobacco, with some states reporting initiation as young as 7 years.

## 1.2 Harmful effects of tobacco

Tobacco use is a major risk factor for a range of diseases, including cardiovascular diseases, respiratory diseases, various types of cancer (lung, oral, throat, esophageal), and other health conditions. Tobacco related cancers constitute 33.3% (1/3rd) of all cancers in India. 48.7% of cancers in males and 16.5% cancers in females are attributed to tobacco use. Tobacco-related diseases place a significant economic burden on the Indian healthcare system. The costs include not only medical treatment but also lost productivity due to illness and premature death. Exposure to secondhand smoke affects both smokers and non-smokers, contributing to respiratory problems and other health issues.

## 2. INDIA'S EFFORTS IN TOBACCO CONTROL

India is a Global leader in Tobacco control activities and has made significant strides over the past two decades to curb the prevalence of tobacco use. The Cigarettes and Other Tobacco Products Act (COTPA) was enacted in 2003, and India ratified the WHO Framework Convention on Tobacco Control (WHO-FCTC) in 2004. The National Tobacco Control Programme (NTCP) launched in 2007-08 provides a robust framework for implementing tobacco control laws and initiatives, focusing on community engagement, school programs, information, education, communication (IEC), and advocacy. The “Guidelines for Tobacco free Schools/Educational Institutions” were released in 2008 and revised in 2019. New initiatives include the Prohibition of Electronic Cigarettes Act 2019, and extending TV and Film Rules, 2012 to OTT platforms in May 2023. The Ministry of Health and Family Welfare also launched the first edition of the Tobacco free Youth Campaign (TFYC) from May to July 2023 to raise awareness about the harmful effects of tobacco use among youth and rural communities.

### 3. NEED FOR VILLAGES TO BE TOBACCO FREE

With over 27 crore Indians using tobacco products, there is an urgent need to work towards a tobacco free generation. The concept of villages to be tobacco free would be a pivotal initiative in achieving this goal.

The high prevalence of tobacco consumption in rural areas (48%, GATS 2) underscores the need for targeted interventions at the village level. Villages are the backbone of India's social and cultural fabric, playing a vital role in shaping the sustainable future of India. Using a supportive supervision approach, this initiative aims to popularize the idea of "Tobacco use as a Taboo" within the communities at the grassroot level, foster healthier environments, reduce the burden of tobacco-related diseases, and aim for a healthier future in form of a tobacco free generation. By discouraging tobacco use and encouraging users to quit, this initiative seeks to improve public health and enhance the overall quality of life and well-being of rural populations.

This initiative aligns with the efforts of the Ministry of Panchayati Raj<sup>1</sup> to localize Sustainable Development Goals at the grassroots level through multi-sectoral engagement, contributing to the goal of good health and well-being under the theme of a healthy village<sup>2</sup>. Few States have already developed their own guidelines and declared tobacco free villages. These guidelines seek to bring out a sense of uniformity across the nation. Thus, it is recommended to align these State guidelines with these SOPs issued by the Ministry of Health and Family Welfare, Government of India.

1. Resolution signed by Union Secretaries of 26 Departments & Ministries: <https://www.panchayat.gov.in/documents/448457/0/Resolution+signed+by+Union+Secretaries+of+26+Depts.+%26+Ministries.pdf/fa2b8584-0083-89ba-f388-dbab34693bfa?t=1651215241463>
2. Joint Advisories for Healthy Village signed by signed by Union Secretaries of 7 Departments & Ministries: <https://www.panchayat.gov.in/documents/448457/0/Theme+2+-+Healthy+Village.pdf/e40a09f5-50e7-df08-d990-5ee5e6e633d1?t=1650090955188>

## 4. VILLAGES TO BE TOBACCO FREE

The following are the specific measures to be taken to make the village as tobacco free within a panchayat.

A Village Level Coordination Committee (VLCC) should be constituted under the Chairpersonship of Village Sarpanch/Head; other members should include schoolteacher, Village Panchayat Secretary, ANM, ASHA worker, Anganwadi worker, CHO and 2-3 members of the village panchayat. Alternatively, any existing committee like local Village Health, Sanitation and nutrition Committee (VHSNC) shall be made responsible.

The VLCC or the existing committee will be required to integrate tobacco control as an agenda within the framework of the Village Health Sanitation and Nutrition Committee (VHSNC) meetings. It is crucial that discussions on tobacco control be included in the agenda of VHSNC meetings at least twice a year. These discussions need to focus on strategies to reduce tobacco use, promote awareness about its health impacts and implement community-based interventions. The committee shall work towards creating a supportive/enabling environment for tobacco cessation and fostering community engagement in tobacco control initiatives.

Incorporate the agenda of Tobacco Control in the Gram Sabha meetings (frequently) for sensitization of key stakeholders of the village, that is, Gram Panchayat members, NGOs, SHGs, women, youths, farmers, general community, etc. The Gram panchayat should adopt the tobacco free village resolution (for all villages under the administrative control of the gram panchayat). The Gram panchayat must not permit any form of use of tobacco products in public places in the village. The Gram panchayat should ensure that all public events, festivals within the village should be Tobacco Free. This ensures that these gatherings are healthy and safe for all attendees, reinforcing the tobacco free message.

All prominent groups such as self-help groups, youth/mahila mandals (groups), NGOs, schools, women's groups, local committees, school management committees, religious groups should be tobacco free and take initiative to make the village tobacco free. Village tobacco control ambassador should be identified by the Gram Panchayat from the self-help groups/youth mandals/NGOs/schools/women's groups/local communities/school management committees/religious groups. The ambassador should be identified from the village to ensure the role is embedded in local governance and community trust. The ambassador shall lead awareness campaigns on the harms of tobacco and the benefits of quitting, acting as a liaison between the community and health officials to implement control measures. They shall support individuals seeking to quit by providing information on the available cessation services and monitor for any violations of COTPA 2003.

The Gram panchayat should ensure that all nine indicators of the ToFEI are implemented and ensure full compliance of these indicators by the Educational Institutions. Tobacco products cannot be sold within 100 yards of educational institutions (schools and colleges).

The sale of tobacco products to anyone under the age of 18 to be forbidden. Kiosks or stalls selling tobacco should not be allowed on panchayat land or in any public places that are not being used for other purposes. Advertising tobacco products at points of sale and in public spaces to be banned.

Display “Tobacco free Area” signage (Annexure I) inside the villages at all prominent place(s), including key public spaces and bus stops. The signage should be in the local language and must include the name, designation, and contact number of the responsible authority. The signs can be either on boards or painted directly onto walls. Additionally, place “You are entering a Tobacco free Village” boards at all entry/approach roads to the village. These signs must also display the name, designation, and phone number of the Gram Panchayat Head or Sarpanch.

The Gram panchayats should also coordinate with the healthcare workers, that is, CHOs, ANMs, ASHAs, etc., to identify and help tobacco users and tobacco addicts to quit tobacco by encouraging them to avail the Quitline services and the tobacco cessation centers.

The Gram Panchayat should have a policy in not accepting any CSR related strategies or benefits sponsored by any firm or a subsidiary of a firm or a seller, which promotes the use of or manufactures or sells tobacco products in any form.

The Gram panchayats should undertake tobacco control activities from time to time. Some suggestive activities are placed as Annexure II.

## 5. EVALUATION PROCESS

- a. The Gram Panchayat to use the Scorecard given in the Annexure III, to assess the status of implementation of the SOPs in the villages on a yearly basis and to get a certificate to this effect to those villages who score 80% and above marks. Once the Gram panchayat is satisfied that the village has achieved the benchmark score, the Gram panchayat can choose to apply for the certification of the Tobacco free Village from District Nodal Officer NTCP.
- b. Then evaluation shall be facilitated by District Nodal Officer- NTCP by a team at the block level comprising of one representative from Health, Police, Panchayati Raj, Education Officer, Woman and Child Development within one week of application of by the village sarpanch.
- c. If the village is found to be compliant to the SOPs by the evaluation team, a Tobacco free Village Certificate (valid for one year) shall be awarded with the approval of the Block Development Officer (BDO).

To spread the message of tobacco control, it is recommended that the efforts of the declared tobacco free villages be acknowledged and appreciated at Block level/District level meetings/ State Level Meetings or any other appropriate forum. This acknowledgment will serve as motivation for the villages and as an inspiration for other villages to follow.

- Nodal Officer for overseeing the implementation of Tobacco free Village SoPs is the District Nodal Officer – NTCP, under guidance of the State Nodal Officer – NTCP with support from the Block Medical Officer, concerned PHC Medical Officer and CHO at Ayushman Aarogya Mandir (AAM).
- The DNO should ensure that the status and number of tobacco free villages are reported in the NTCP MIS portal and reflected at both the State and National levels.
- The District Nodal Officer- NTCP has to hold regular online/offline meetings of Block level officials and Village Sarpanch/Head for popularizing these guidelines with support from Panchayati Raj department as well.

### Sources:

1. Chatterjee N, Patil D, Kadam R, Fernandes G. The Tobacco free Village program: helping rural areas implement and achieve goals of tobacco control policies in India. Glob Health Sci Pract. 2017;5(3):476-485. <https://doi.org/10.9745/GHSP-D-17-00064>
2. Government of Karnataka, Department of Health & Family Welfare, Guidelines for tobacco free villages – An initiative of State Tobacco Control Cell Karnataka and The Union.

# ANNEXURES

## Annexure 1: Signage



### TOBACCO FREE AREA

Tobacco Use here is a Punishable Offence

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If you see any violation, please report to -

Name \_\_\_\_\_

Designation \_\_\_\_\_

Contact No. \_\_\_\_\_

OR

Call at Quitline Number – 1800-112-356 (Toll free)

60 CM

45 CM

## Annexure 2: IEC activities in villages

- Involve all stakeholders like schoolteacher, Village Panchayat Secretary, CHOs, ANMs, ASHA workers, Village Health Sanitation and Nutrition Committee, Anganwadi workers to create awareness on ill effects of tobacco consumption and support the promotion of tobacco free villages.
- Support/conduct IEC/Media Campaigns using modern/traditional media - community awareness program, wall writing, informing village people on panchayat decision and mobilizing support for tobacco free village initiative.
- Awareness Campaigns: Miking, wall writing, Street Plays/Nukkad Natak, Baithak, Talk, Puppet Shows, Prabhat Pheri, Student rally, Public Announcement, etc., for galvanizing support for tobacco free village initiative.
- Support capacity building/Training of stakeholders - Gram Panchayat members and Community Based Organizations like Farmers Clubs, Mothers' groups, NYKS, Self Help Groups, Youth/Adolescent Club, etc., about health hazards of tobacco use, COTPA and PECA legislations.



### Annexure 3: Score card for declaring a village to be tobacco free

(To be filled by Sarpanch/Head of the Gram Panchayat)

<b>Name of the Village:</b>  <b>Name of the Gram Panchayat:</b>  <b>Name of the Sarpanch/Head:</b>  <b>Date of Evaluation:</b>  <b>Score of the Village:</b>			
<i>Note: The Score is valid for 1 year from the date of evaluation</i>			
S. No.	Criteria	Maximum weightage points	Score secured by the Village
	For tobacco control activities in the village, Village Level Coordination Committee constituted under the Chairpersonship of Village Sarpanch/Head or his representative such as Mahila Mandal Pradhan; other members should include school teacher, Village Panchayat Secretary, ANM, ASHA worker, Anganwadi worker, CHO and 2-3 members of the village panchayat or the existing local Village Health, Sanitation and nutrition Committee (VHSNC)	10	
	Inclusion of Tobacco Control in the discussion/ agenda of VHSNC meetings or JAS meetings	10	
	Tobacco control included as a agenda item for discussion in Gram Sabha meetings to review all the villages and for sensitization of key stakeholders of the village, that is, Gram Panchayat members, NGOs, SHGs, women, youths, farmers, etc.,	10	
	Tobacco free village resolution passed by the Gram Panchayat (for all villages under the ambit of the Gram Panchayat)	10	
	Village Tobacco Control ambassador designated by the Sarpanch/Village Head	10	
	Organization of at least two tobacco control activity (Talk/Street Plays/Puppet Shows/Prabhat Pheri/ Student rally/Public Announcement/any other related IEC activity) every 6 months (minimum of 04 in a year) [Assistance to be taken from DNO-NTCP].	10	

	Display of IEC materials on harmful effects of tobacco/benefits of quitting/National Quitline services/Tobacco Cessation Centre in the prominent places of the Village., etc., (posters/hoardings/wall writing, etc.,) (minimum of 05). The IEC material to be provided by DNO-NTCP or taken from NTCP website (Available at: <a href="https://ntcp.mohfw.gov.in/IEC">https://ntcp.mohfw.gov.in/IEC</a> )	20	
	Display of 'Tobacco free Area' (Annexure I) Signage inside the villages at all prominent place(s) (public places/ bus stops, etc.,) in local language only with mandatory display of name/designation/contact number (minimum of 03)  Display of "You are entering a Tobacco free Village" board at all village entry/approach roads (minimum of 02)	20	
	The village must follow the following provisions:	10	
	a) No evidence of tobacco use in public places in the village (cigarette/beedi butts or discarded gutka/tobacco pouches, spitting spots)		
	b) No evidence of sale to minors under the age of 18 within the village. Display of <b>"sale of tobacco to minors (under 18 years) is prohibited and is punishable by law"</b> at the point of sale	10	
	c) No advertisement of tobacco products in point of sale and in public places	10	
	All Educational Institutions within the village must be ToFEI compliant	20	
<b>Total score</b>		<b>150</b>	



