



स्वास्थ्य एवं
परिवार कल्याण मंत्रालय
MINISTRY OF
**HEALTH AND
FAMILY WELFARE**

सत्यमेव जयते



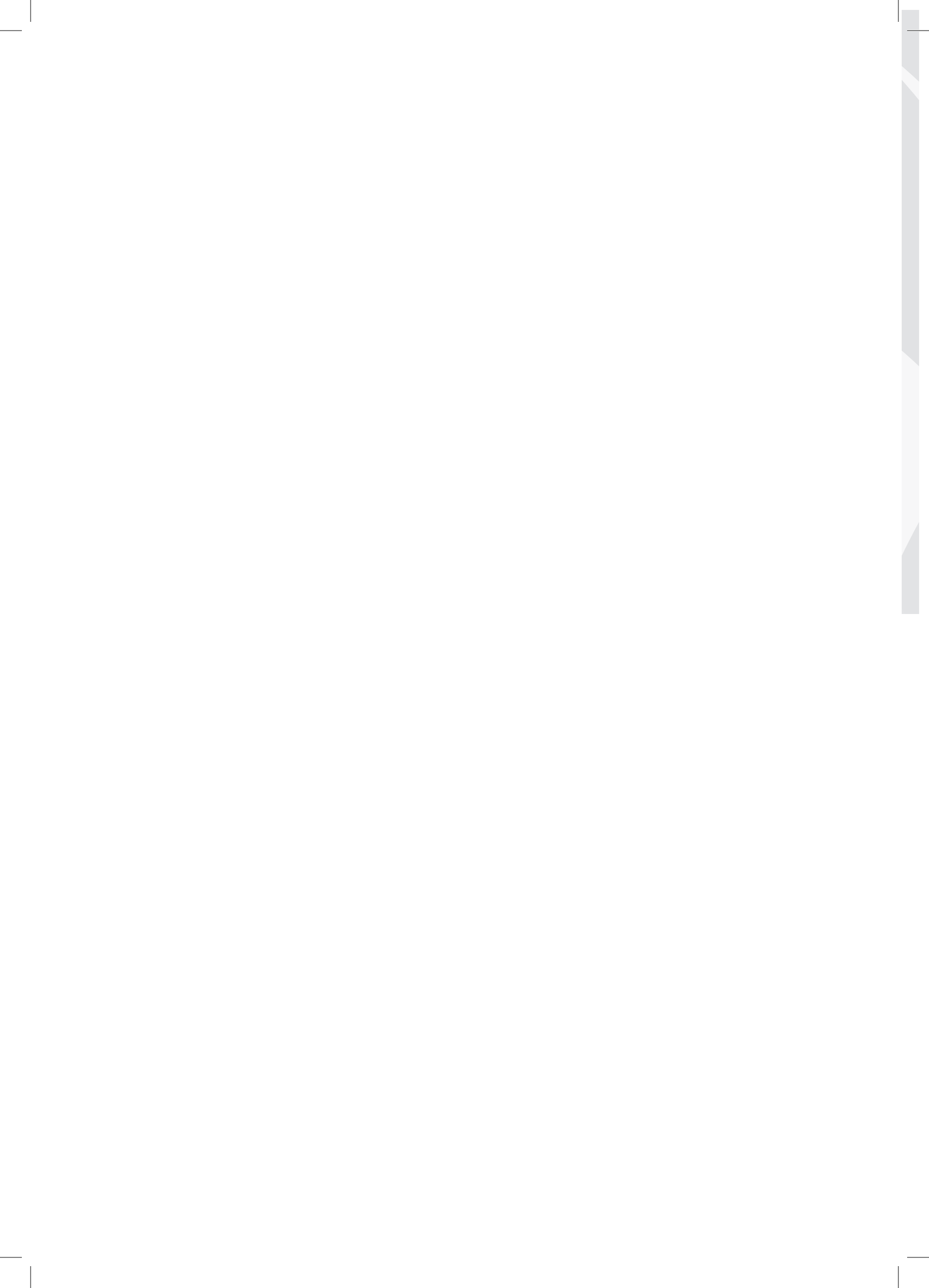
आयुष मंत्रालय
MINISTRY OF
AYUSH


सत्यमेव जयते

Operational Guidelines for Establishing Tobacco Cessation Centers in Ayush Institutions



National Tobacco Control Programme





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National Tobacco Control Programme



प्रतापराव जाधव
PRATAPRAO JADHAV



सत्यमेव जयते



राज्य मंत्री (स्वतंत्र प्रभार)
आयुष मंत्रालय
व
राज्य मंत्री
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
भारत सरकार
MINISTER OF STATE
(INDEPENDENT CHARGE) OF
MINISTRY OF AYUSH AND
MINISTER OF STATE OF
MINISTRY OF HEALTH & FAMILY WELFARE
GOVERNMENT OF INDIA

MESSAGE

Healthcare delivery is most effective when it addresses the complete healthcare needs of patients and maintains a continuum of care. Millions of patients visit AYUSH institutions annually seeking treatment for various health concerns, including diabetes, hypertension, respiratory ailments, digestive disorders, musculoskeletal problems, etc. The basic principles of the AYUSH systems of medicine are unique and complementary. Ayurveda emphasizes the maintenance of health through balance and preventive care; Yoga focuses on self-discipline and mental purification; Unani advocates lifestyle modification as a cornerstone of well-being; Siddha highlights the importance of detoxification and internal cleansing; while Homoeopathy promotes individualized treatment. Together, these systems can serve as a powerful instrument for fostering behavioural change and ensuring long-term good health.

India's commitment to reducing the burden of diseases has been unwavering. Tobacco's use is one of the greatest public health challenges in India, imposing severe health, economic, environmental and social burdens. Ministry of Health and Family Welfare's sustained efforts in tobacco control have led to a significant decline in tobacco uses across India. As per the Global Adult Tobacco Survey (GATS), India witness a reduction of nearly 81 lakh tobacco users from 2009 to 2016. While this reflects encouraging progress, but continued and intensified efforts to further reduce the tobacco burden remain a key priority under the National Tobacco Control Programme and tobacco cessation continues to be one of its principal pillars.

I am delighted to release the *Operational Guidelines for Establishing Tobacco Cessation Centres in AYUSH Institutions*, which aims to establish fully functional tobacco cessation centres across all AYUSH healthcare facilities. Integrating tobacco cessation services within AYUSH systems provides a unique opportunity to address multiple health problems at the same time. Patients receiving treatment for chronic conditions like diabetes, high blood pressure or respiratory problems can often benefit greatly from quitting tobacco.

Under the visionary leadership of Hon'ble Prime Minister Shri Narendra Modi ji, Government of India is committed to ensure the safety and well-being of citizens of India. I applaud the efforts of the National Tobacco Control Programme for developing these guidelines. These guidelines will be a valuable tool in expanding tobacco cessation services to the grassroots level and strengthening our collective efforts towards a Tobacco Free India.

सर्वे भवन्तु सुखिनः। सर्वे सन्तु निरामयाः।

(Prataprao Jadhav)

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अनुप्रिया पटेल
ANUPRIYA PATEL



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स्वास्थ्य एवं परिवार कल्याण
व रसायन एवं उर्वरक
भारत सरकार
MINISTER OF STATE
HEALTH & FAMILY WELFARE
AND CHEMICALS & FERTILISERS
GOVERNMENT OF INDIA

Message




Tobacco use kills over 13 lakh people every year in India, making it one of our nation's most serious health emergencies. The numbers are alarming: according to the second Global Adult Tobacco Survey (GATS-2, 2016-2017), nearly 28% of adults in India aged 15 years and above use tobacco in some form. This widespread consumption contributes to a substantial burden of disease and premature deaths in India, including rising incidences of cancer, respiratory diseases and cardiovascular conditions etc.

Quitting tobacco use is challenging due to the inherent addictive nature of such products. Providing guided treatment for tobacco addiction to all users is pivotal. The focus on vulnerable groups is especially important, including pregnant women, teenagers, and patients with other health conditions. Helping pregnant women quit tobacco can prevent many cases of low birth weight, premature births, and developmental problems. Similarly, early help for teenagers can prevent a lifetime of addiction and health problems. Thus, tobacco cessation must reach every part of our diverse country and help people from all backgrounds. Setting up Tobacco Cessation Centres in Ayush institutions is a welcome step in our national fight against tobacco.

The *Operational Guidelines for Establishing Tobacco Cessation Centres in Ayush Institutions* represents a valuable contribution to how we can reach tobacco users and help them quit the habit by leveraging the large network of Ayush institutions across India. With Ayush hospitals and clinics already serving communities throughout the country, we have a great opportunity to expand tobacco cessation services quickly and effectively, ensuring no tobacco user is left without help. These guidelines serve as an extensive resource for Ayush institutions, detailing the process for establishing tobacco cessation centers within their facilities.

I am pleased to launch these guidelines and wish the National Tobacco Control Program great success, as I look forward to more such crucial initiatives in the future.


(Anupriya Patel)

October 6, 2025
New Delhi



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सत्यमेव जयते



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In India, tobacco use is a key risk factor for major groups of non-communicable diseases (NCDs), such as cardiovascular diseases, cancers, respiratory diseases and diabetes – health burdens that afflict much of the country. Significant progress has been made in tobacco control efforts in the past two decades, and tobacco cessation continues to be one of the most important pillars for tobacco control. The Ministry of Health and Family Welfare (MoHFW) has launched the National Tobacco Quitline Service, operated via four Quitline centres spread across the country. The Quitline, providing counselling to users in 16 regional languages, is also displayed on tobacco packages. MoHFW has also established a vast network of tobacco cessation centres – in district hospitals, sub-district hospitals, dental institutions, medical institutions, private hospitals, etc. Building on this progress, setting up Tobacco Cessation Centres in Ayush institutions is a major step forward for tobacco control – showing the Ministry's commitment to reaching more people with tobacco cessation services. This will ensure millions of Indians who visit Ayush institutions can get tobacco cessation help immediately, no matter what health concern brought them to the institution.

The Operational Guidelines for Establishing Tobacco Cessation Centres in Ayush Institutions provide comprehensive recommendations to assist Ayush institutions and associated hospitals in creating dedicated tobacco cessation centres.

I congratulate the National Tobacco Control Programme for developing these guidelines and trust that these will be implemented rigorously by Ayush institutions throughout the country, strengthening our tobacco control efforts and advancing our collective goal of a healthier, tobacco-free India.


(V. Hekali Zhimomi)

डॉ. ए. रघु

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MESSAGE

Tobacco consumption remains one of the leading risk factors contributing to a significant burden of morbidity and mortality in the country. The National Non-Communicable Disease Monitoring Survey (NNMS) 2021 revealed that 32.8% of adults aged 18–69 consumed tobacco in either smoked or smokeless form, with 28% being daily users.

The Ministry of Health and Family Welfare has built a strong network of Tobacco Cessation Centres in district hospitals, medical and dental colleges and private healthcare facilities across the country. These centres provide comprehensive medical support and counselling services to help people quit tobacco use.

Ayush healthcare systems are deeply trusted by people all over India, especially in rural and remote areas, where traditional medicine systems have been practised for generations. Integrating tobacco cessation services within the extensive network of Ayush teaching institutions offers a culturally relevant and accessible approach to support individuals in quitting tobacco in a comfortable and familiar environment. Establishing Tobacco Cessation Centres in Ayush institutions marks a significant step forward in our collective efforts to curb tobacco use.

These Operational Guidelines for Establishing Tobacco Cessation Centres in Ayush Institutions provide clear and practical instructions for Ayush facilities to set up and operationalize TCCs within their institutional framework, ensuring that every individual seeking care has access to the necessary support for tobacco cessation.

I appreciate the dedicated efforts of the National Tobacco Control Programme team and Ayush experts for developing these important guidelines. I am confident that effective implementation of these guidelines will significantly strengthen our broader public health initiatives and contribute to building a healthier and tobacco-free nation.

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दिनांक / Dated... 06th October 2025

Acknowledgement

The establishment of Tobacco Cessation Centres (TCCs) within Ayush institutions marks a significant milestone in India's continuing efforts to curb the health and social burden of tobacco use. The Ayush systems—Ayurveda, Yoga, Naturopathy, Unani, Siddha, and Homoeopathy—with their emphasis on holistic healing and behavioural transformation, are uniquely positioned to support individuals in their journey towards quitting tobacco and adopting healthier lifestyles.

These Operational Guidelines for Establishing Tobacco Cessation Centres in Ayush Institutions aim to provide a structured framework for integrating tobacco cessation interventions within Ayush facilities, thereby strengthening preventive and promotive health care and contributing to India's national goal of a tobacco-free society.

I express my deep appreciation to Dr. Sunita Sharma, Director General of Health Services, for her invaluable guidance and leadership, and to Ms. Hekali Zhimomi, Additional Secretary (Health), for her continued support and commitment to the successful implementation of the National Tobacco Control Programme (NTCP).

My special appreciation goes to Ms. Bharti Sahai, Director (NTCP), MoHFW, and Dr. Avinash Sunthlia, Senior Medical Officer (NTCP), Dte.GHS, for their dedicated efforts and technical oversight throughout the development process.

I would like to place on record my sincere thanks to Dr. A. Raghu, DDG (Ayush) and his team, the experts from the Ministry of Ayush, the National Commission for Indian System of Medicine (NCISM), the National Commission for Homoeopathy (NCH) for their technical expertise and valuable contributions in shaping these guidelines. I also appreciate the sincere efforts of the team at World Health Organization (WHO) Country Office for India – Mr Praveen Sinha and Dr Vedha VPK for their technical support and contribution to the development of these guidelines.

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Finally, I extend my heartfelt thanks to all contributors and reviewers whose collective inputs and unwavering dedication have made this publication possible. These guidelines stand as a testament to our shared commitment to strengthen tobacco cessation services through an integrative health approach and to advance the national mission of reducing tobacco-related diseases and deaths in India.

(Dr. L. Swasticharan)

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Contents

Introduction	1
Nicotine Addiction and the Need for Tobacco Cessation	2
Introduction to Ayush Systems of Medicine	3
Definitions	4
Objectives of Tobacco Cessation Centers.....	5
Organizational Structure	6
Funding Mechanism.....	7
Tobacco Cessation Center Floor Plan	7
Infrastructural Requirements.....	8
Human Resource requirements	8
Capacity Building	9
Suggested Referral Mechanisms of TCC in Ayush Institutes.....	9
Follow-up Protocol of TCC.....	10
TCC Recording Format.....	11
Coordination and Collaboration	11
Monitoring and Evaluation	11
Conclusion.....	11
Annexures.....	13
Annexure 1: Educational qualifications and job descriptions of the prescribed work force.....	13
Annexure 2: Carbon Monoxide (CO) monitor – Suggested technical specifications.....	16
Annexure 3: Spirometer – Suggested technical specifications.....	17
Annexure 4: Recording Format.....	18
Annexure 5: Reporting Format	26
Suggested readings.....	28
References	28

Introduction

Tobacco use is a leading global cause of death, accounting for more than 80 lakh deaths annually. (1)(2) Additionally, India is experiencing a significant shift in its disease burden from communicable to non-communicable diseases (NCDs). Responsible for over 13.5 lakh deaths in India each year, tobacco use is the one risk factor common to the four main groups of NCDs – cardiovascular disease, cancer, chronic lung disease and diabetes – health burdens that afflict a majority of the country. (3) The number of deaths caused due to tobacco-related diseases outweighs in number the total number of deaths caused by malaria, TB, and HIV combined. (4) Further, 33.3% of all cancers in India are attributable to tobacco use. (5)

The Ministry of Health and Family Welfare's (MoHFW) second round of the Global Adult Tobacco Survey (GATS-2) 2016-17 reports that 26.7 crore adults aged 15 years and above use tobacco in some form or the other. Among these, 10 crore users smoke tobacco, 19.9 crore users consume smokeless forms of tobacco, and 3.2 crore users consume both smoked and smokeless forms. (6)

Apart from these well-documented health consequences, tobacco use also imposes substantial economic and environmental costs on the Indian economy. The economic burden of tobacco use amounts to approximately Rs 1.8 lakh crore annually, representing more than 1% of India's gross domestic product (GDP), in 2017. (7) The environmental impact is equally concerning, as India spends Rs 6,371 crore annually on cleaning up discarded tobacco products. (8)

Acknowledging the severe health, economic and environmental burden, the Government of India is implementing comprehensive tobacco control measures. A dedicated National Tobacco Control Programme (NTCP) was launched in 2007-08, and one of the thrust areas of the programme is setting up Tobacco Cessation Centres (TCC) at the District level to provide cessation services to users desirous of quitting. India has established TCCs in district hospitals, sub-district hospitals, dental and medical institutes and under various programmes launched at the National level – National Oral Health Programme, National Programme for Prevention and Control of Non-Communicable Diseases, etc.

Further, in 2016, a toll-free National Tobacco Quitline Service (NTQLS) was established, which provides counselling services nationwide in 16 languages.

In addition, the following technical/operational documents/ policies have been developed to support/strengthen tobacco cessation:

1. Tobacco Dependence Treatment Guidelines (2011)
2. The Quitline number printed on all tobacco packs as a part of the pack warnings (2016).
3. National Framework for Joint TB-Tobacco Collaborative Activities (2017)
4. Operational guidelines for Establishing Tobacco Cessation Centres in Dental Institutes (2018)
5. Nicotine replacement therapy (NRT) included in the National List of Essential Medicines (2022)
6. Operational guidelines for Establishing Tobacco Cessation Centres in Medical Colleges (2024).
7. Health Workers Guide (revised 2024)

Against this background, the Ayush sector—comprising Ayurveda, Yoga and Naturopathy, Unani, Siddha, Sowa-Rigpa and Homoeopathy—plays an integral role in India’s healthcare system. With its focus on holistic healing, lifestyle modification and preventive health, Ayush systems are also uniquely positioned to contribute to tobacco cessation efforts. Ayush practitioners are trusted healthcare providers catering to a large section of society and can significantly enhance the outreach and acceptability of cessation services.

Recognising this potential, these guidelines aim to facilitate the establishment of Tobacco Cessation Centres (TCCs) within Ayush institutions, aligning them with the national efforts in tobacco cessation, thereby reducing the heavy burden of tobacco in India. These guidelines provide a framework for planning, establishing and operating Tobacco Cessation Centres within Ayush institutions, intended for use by Ayush healthcare providers.

Nicotine Addiction and the Need for Tobacco Cessation

Nicotine, the addictive component in tobacco, rapidly enters the bloodstream through the lungs (smoking) or mucous membranes (smokeless tobacco). (9) It crosses the blood-brain barrier within seconds, triggering dopamine release that produces pleasurable effects including arousal, relaxation and improved mood. These immediate rewards reinforce consumption and form the basis of addiction. (10)

First-time tobacco users often experience nausea and dizziness but develop tolerance with repeated use. Users must maintain nicotine levels to sustain the rewarding experience, leading to increased frequency of use or switching to stronger products. Over time, most people require increasing nicotine amounts to produce the same response. (11)

Withdrawal symptoms from cessation include irritability, anxiety, low mood, concentration difficulties, increased appetite, insomnia and restlessness. These symptoms, resulting from neuroadaptations and psychological mechanisms caused by repeated exposure, make quitting extremely difficult without professional healthcare support. (12)

The provision of Tobacco Cessation Services for all tobacco users is one of the main objectives of the National Tobacco Control Programme (NTCP), and in line with Article 14 of the WHO Framework Convention on Tobacco Control (FCTC), to which India is a Party.

To further build on India’s existing tobacco cessation network, establishing tobacco cessation services at Ayush institutions in India is crucial. Ayush systems already emphasize preventive healthcare and holistic wellness, making them natural allies in tobacco cessation efforts. These traditional systems focus on treating root causes rather than just symptoms, which aligns perfectly with addressing the complex physical, psychological and behavioural aspects of tobacco addiction.

Against India’s heavy burden of tobacco use, Ayush institutions have extensive reach, particularly in rural and underserved areas where healthcare access may be limited. This widespread network could significantly expand cessation service availability to populations that need it most.

Introduction to Ayush Systems of Medicine

Ayush systems represent India's traditional medical practices, including Ayurveda, Yoga and Naturopathy, Unani, Siddha, Sowa-Rigpa, and Homoeopathy. Each has unique characteristics while sharing holistic approaches to health.

Ayurveda

Ayurveda, India's traditional documented medical system with over 5,000 years of history, is based on maintaining balance between doshas, dhatus, and malas (bodily regulatory, structural, and excretory entities). It is divided into eight clinical branches, including internal medicine, surgery, paediatrics, and psychiatry. Ayurveda emphasises prevention, promotion of health, and cure through lifestyle management, with strengths in its individualised approach, use of natural products, Panchkarma (purificatory therapies), pathya-apathya (wholesome/ unwholesome diet and lifestyle and effectiveness in managing chronic health conditions).

Yoga

Yoga promotes the integration of consciousness through eight components: Yama, Niyama, Asana, Pranayam, Pratyahar, Dharna, Dhyan, and Samadhi. It enhances physical and mental health through postures, breathing exercises, and meditation, and is particularly effective for preventing psychosomatic diseases and managing stress.

Naturopathy

Naturopathy is a system of medicine imparting treatments with natural elements based on the Theory of Vitality, Theory of Toxaemia, Theory of Self-Healing Capacity of the body and the principles of healthy living. Indian Naturopathy includes concepts like 'Panchbhuta-based understanding of health and disease'.

Unani

Unani medicine, with Greco-Arab origins, is based on the Hippocratic theory of four humours and recognises seven principles (Umoor-e-Tabbiya) affecting body constitution and health. It emphasises environmental influence on health and combines both medication (herbs, minerals) and non-medication therapies.

Siddha

Siddha is an ancient system dating back 10,000-4,000 BCE, founded by "Siddhars" with Father Agasthiyar recognised as its founder. It combines iatro-chemistry, medical practice, yoga, and wisdom, with diagnosis based on three humors and eight vital tests. Siddha features specialized therapies like Varmam and bone setting.

Homoeopathy

Homoeopathy, introduced to India around 1810, is based on principles of "like cures like" and minimum dosage. It uses natural substances prepared in a unique way and is particularly

effective for allergies, autoimmune disorders, and viral infections. Homoeopathy is economical with broad public acceptance.

Sowa-Rigpa

Sowa Rigpa is a centuries-old traditional medical system that employs a complex approach to diagnosis, and treatment. The Sowa-Rigpa system of medicine is included in the Central Council of Indian Medicine from the year 2012 as per Gazette Notification No. 2345 dated 16.12.2011.

The Four Tantras (Gyushi, rGyu-bzhi) are native Tibetan texts incorporating Indian, Chinese and Greco-Arab medical systems. The Four Tantras is the common name for the text of the Secret Tantra Instruction on the Eight Branches, the Immortality Elixir essence. The four Tantras are as follows, Root Tantra - Exegetical Tantra - Instructional Tantra - Subsequent Tantra

All Ayush systems share a holistic approach to healthcare focusing on prevention, treating the whole person rather than just symptoms and maintaining harmony with nature. The holistic treatment approaches in Ayush systems offer unique advantages for tobacco cessation. Ayurvedic herbs and formulations can help manage withdrawal symptoms and cravings. Yoga and meditation techniques can address stress and anxiety that often trigger tobacco use. Naturopathy focuses on dietary modifications and detoxification that support the body during nicotine withdrawal. These complementary approaches could enhance cessation outcomes when integrated with conventional methods.

Public acceptance of Ayush systems in India is high, with many people having greater trust in traditional medicine. This cultural acceptability could lead to better engagement with cessation programmes that incorporate familiar traditional healing concepts compared to purely western medical approaches. The National Sample Survey (2022–23) highlights the growing public trust in Ayush: nearly 95% of rural and 96% of urban Indians are aware of traditional medicine, while around 1.1 crore rural and 1.4 crore urban households report that at least one member practices Yoga regularly, reflecting a strong inclination towards holistic well-being.

Thus integrating tobacco cessation into Ayush institutions creates opportunities for research on traditional interventions that could potentially yield new, evidence-based cessation tools. This could also help bring the benefits of Ayush to the world, with other countries learning from India's vast and unique tobacco cessation services.

Definitions

Tobacco Cessation Centre:

A Tobacco Cessation Centre is defined as fixed premises where qualified health care professionals/counsellors provide tobacco (Smoke and Smokeless form) cessation therapy to help patients in their attempts to quit the habit. The therapy can involve individual or group counselling and may include the dispensing of pharmacological aids, if the centre is registered and equipped to do so.

Ayush Medical Institution:

“Ayush Medical Institution” means any institution within India which grants degrees, or diplomas in Indian System of Medicine and Homoeopathy and includes affiliated colleges and deemed to be Universities.

Objectives of Tobacco Cessation Centers

An effective TCC aims to provide Patient Care services and Community awareness.

Patient Care Services:

1. All patients visiting Ayush institutions and affiliated hospitals/clinics should ideally have access to tobacco cessation services on the premises of the institution.
2. Offer various tobacco cessation services including behavioural intervention, pharmacotherapy and relapse prevention strategies.
3. Offer Tobacco Cessation Services for patients suffering from various tobacco-related medical conditions or with other existing medical conditions like tuberculosis, diabetes, hypertension, high cholesterol levels, respiratory diseases, cardiovascular diseases, cancer, etc.
4. Offer tobacco cessation services to patient attendees/ any accompanying person who could be using tobacco.
5. Provide tobacco cessation services for vulnerable groups visiting hospital like pregnant women, children and adolescents by integrating the Tobacco Cessation centre with prenatal care, paediatric care and adolescent care.
6. Provide support through self-help information (booklets, brochures, handouts with information on the benefits of quitting, withdrawal symptoms, and coping strategies), telephonic reminders, social networking among users and e-mails for session reminders etc.
7. To integrate tobacco cessation services with Ayush and conventional strategies etc.
8. Provide an organised medical treatment and rehabilitation for all the patients enrolled in the cessation clinic.
9. Organise and provide necessary referral to the affiliated medical facility for support.
10. Establish a robust data management mechanism to monitor the effectiveness of TCC services, patient progress and identify effective strategies to help others quit- data collection, data compilation, data reporting and data analysis.
11. Strive for compliance with the guidelines for tobacco-free educational institutions outlined in the document available at <https://ntcp.mohfw.gov.in/assets/document/TEFI-Guidelines.pdf>, and to declare and maintain the Ayush institution as tobacco-free.

12. To train undergraduate, postgraduate and Internship students in tobacco cessation methods.
13. To create a database for research and policy on Ayush modalities in tobacco cessation/ de-addiction.
14. To contribute to the goal of the Government of India in reducing tobacco consumption under NTCP.

Community Awareness:

1. Conduct community outreach, screen for lifestyle diseases including tobacco use, cancer screening, awareness and mobilisation of tobacco cessation activities.
2. Identify clusters like schools, institutions or health centres, and organise mass community awareness activities.
3. Train undergraduate and postgraduate Ayush students, health workers and allied healthcare professionals, NGO's, Panchayats and self-help groups in organising and conducting community-based tobacco cessation activities.
4. Promote and increase visibility of the Tobacco Cessation Centre through advertisements, prominent signage, advisories and interviews in newspapers, radio, perform street plays, road shows, etc.
5. Collaborate with the State Tobacco Control Cell (STCC)/ District Tobacco Control Cell, utilise Mobile Medical Units to decentralise the tobacco cessation activities in the community settings.
6. Develop information, education and communication material in print and audio-video format in English and other local languages.
7. Sensitise health workers (ASHA/ ANM/ CHO) at the grassroots level to refer tobacco users to the nearby Tobacco Cessation Centre.

Organizational Structure

1. The Tobacco Cessation Centre should be run under the department as chosen by the Principal/ Dean/ Medical Superintendent of the institution. While choosing the department, it is essential to ensure that it has the capacity to operate the TCC on a daily basis with suitable technical know-how and adequate human resources.
2. TCC shall function under the supervision of Principal/ Dean/ Medical Superintendent of Ayush institutes. All the patients visiting the institution/associated hospital or clinic should be asked for tobacco use as a mandatory protocol (including second-hand smoking) and all users should be referred to TCC during the course of treatment for cessation services. The referral pathway would be laid out and all departments would be sensitised regularly.
3. The TCC would function on a daily basis with a monthly schedule of posting of the trained staff (an assistant professor of the department in-charge) along with students and interns

trained in-house.

4. There would be clear structured protocol for performing individual and optional group counselling along with community-based programmes and record keeping.
 - a. The individual patient counselling session would be scheduled and appointment given according to availability. If in-person follow-up is not possible, telephonic/online follow-up shall be planned.
 - b. The group sessions, if being conducted, would be planned and performed on designated days.
5. The centre will maintain an updated organisation chart (multilingual) and have clear job descriptions for each employee at the TCC.
6. The data generated from TCC would be entered and maintained in a standard format in a digital spreadsheet based on the recording format in Annexure 4.
7. The centre will have an effective means of communication with the institution dean and Nodal Officer, NTCP (State Tobacco Control Cell/ District Tobacco Control Cell) to ensure prompt, reliable reporting and adequate dissemination of information.
8. In addition to the IEC (multilingual) conveying the “Benefits of Quitting”, speciality-specific IEC (tobacco use and impact on cardiovascular health/ diabetes/ respiratory diseases/ fetal and reproductive health, etc.) materials, harmful effects of passive smoking, should be used for sensitisation of the patients, their caregivers and the other HCPs.

Funding Mechanism

The funds for operationalising the TCC shall be arranged and allocated within the overall budget of the Ayush Institute in accordance with the available funding mechanisms/norms of the said institute.

Tobacco Cessation Center Floor Plan

The TCC would be located on an easily accessible and visible location (preferably near the registration area). The Ayush institution should prominently advertise the TCC to increase the visibility of the cessation services. The centre would have designated areas for:

- Individual counselling (min. 120 sq. foot)
- Dedicated space for Health Education room besides the individual counselling room – optional. group sessions may be conducted in the Health Education room with audio-video support.

There should be adequate space with a comfortable seating arrangement. The area must be free from external sounds and distractions and include sufficient storage for maintaining medical records and audio-visual aids. The TCC would have sufficient space for displaying posters and other IEC materials in Hindi/English and local languages, as well as provisions for electrical supply, telephone, and internet facilities, and common access to toilet and drinking

water facilities. All TCCs should display the National Tobacco Quitline Number (1800-11-2356, toll-free) in the TCC room. Clearly visible signage board in local language and Hindi/English.

Infrastructural Requirements

S.No.	Equipment/ Materials	Quantity
	Printed patient records along with files and stationery items	Adequate
	Computer with all accessories along with printer and speakers	01
	Clinical diagnostic instruments like stethoscope, BP apparatus, pulse oximeter	As per need
	Carbon monoxide monitor (suggested technical specifications as per annexure 2)	01
	Spirometer (suggested technical specifications as per annexure 3)	01
	TV/LED screen with USB support which will be used for health education.	01
	Portable audio system with cordless microphone	01
	Telephone for telephonic follow-up and intervention	01
	Printed IEC material in local language	Adequate

Human Resource requirements

Ideally, the Ayush institution should recruit dedicated staff for the TCC. Until then, human resources must be sourced internally.

The human resource requirements of the TCC are as follows:

S.No.	Designation	Number	Qualification	Role
	TCC In-Charge (Ayush Medical Officer) - Nodal Officer as selected by the Head of the Institution.	01	Degree in Ayurveda, Unani, Siddha, Sowa-Rigpa or Homoeopathy. (as per the institutional mandate)	Lead the centre, oversee clinical and administrative operations, coordinate with other units, supervise staff, ensure adherence to guidelines, and report to management.
	Ayush Physician with Mental Health Training OR relevant staff member from Dept of Social and Preventive Medicine	01	PG Degree in Psychology/Clinical Psychology.	Conduct behavioural counselling for tobacco users, develop cessation plans, and coordinate group sessions.

	Ayush-based Behavioural Health Expert OR relevant staff member from Dept of Social and Preventive Medicine	01	Master's degree in Social Work or equivalent, experience in medical/psychiatric counselling preferred.	Initial identification and brief intervention, community awareness, patient follow-up, and recordkeeping.
	Data Entry Operator	01	Graduate or Diploma in Computer Applications, with data handling experience.	Maintain electronic records, support reporting, and ensure confidentiality of patient data.

The education qualifications and job descriptions of the prescribed human resources are in Annexure 1.

Note: Staffing pattern may be modified based on the size of the institution, patient load, and availability of resources, maintaining core functions as described.

Capacity Building

All staff should receive at least 20 hours of training in tobacco cessation counselling and interventions, covering motivational interviewing, behavioural therapies, Ayush approaches, and pharmacological support where applicable.

Periodic refresher training (at least once every year) is recommended for staff to stay updated on best practices.

Suggested Referral Mechanisms of TCC in Ayush Institutes

1. Inter-departmental referral: The institution must foster a culture of strong inter-departmental referrals. To this end, all patients with a history of tobacco use who visit any department or outreach centre must be referred to the TCC (it should be mandated to record the history of tobacco use in all departments).
 - The OPD sheet of the institution should incorporate the information on the location and timing of the TCC.
 - TCC posters would be displayed in OPDs of all specialities and outreach centres of the institution, clearly mentioning the location and timing of the centre.
 - Staff, students and interns posted should be oriented regularly on the referral procedure.

2. National Tobacco Quitline services (NTQLS): All TCCs to display NTQLS number 1800-11-2356 and increase the visibility of NTQLS by encouraging and motivating tobacco users to utilise them.
3. Medical colleges, dental departments in the medical institute, dental colleges and dental clinics under NOHP would be linked and utilised for referral and back-referral of patients.
4. Collaboration and coordination mechanism to be established with the State/ District Tobacco Control Cell and the National Tobacco Control Programme for referrals and information dissemination.

Follow-up Protocol of TCC

1. Point of contact to TCC: The patients may visit TCC through referral from other departments/ health education programmes in the OPD area/ outreach programmes/ promotional campaigns.
2. 1st visit: During the 1st visit of the patient, the healthcare provider (TCC) should conduct a Tobacco Use Assessment and disseminate IEC materials (self-help information- booklets, brochures, handouts with information on the benefits of quitting, withdrawal symptoms, and coping strategies). Further, 1st session of Behavioural and Pharmacological therapy should be provided. Screening of all patients for oral precancerous lesions, lung function, etc., to be done. If any abnormality is detected on screening, the necessary referral should be made. Timely reports must be obtained for such referred patients, and any necessary pharmacological or surgical intervention should be planned and followed up.
3. 2nd visit: To be scheduled 7-10 days from 1st follow-up – behavioural and pharmacological therapy follow-up. Efforts may be made to give a follow-up appointment, clubbing with the chief department’s date of follow-up (based on the treatment of the Chief complaint of the patient). If in-person follow-up is not possible, telephonic follow-up shall be planned.
4. 3rd visit: To be scheduled 10-14 days from 2nd follow-up - Behavioural and Pharmacological approach follow-up. Efforts may be made to give a follow-up appointment clubbing with the chief department’s date of follow-up. If in-person follow-up is not possible, telephonic follow-up shall be planned.
5. 4th visit: To be scheduled 30 days from 3rd follow-up – Behavioural and Pharmacological approach follow-up. Efforts may be made to give a follow-up appointment, clubbing with the chief department’s date of follow-up. If in-person follow-up is not possible, telephonic follow-up shall be planned.
6. 5th contact: Documented telephonic or center visit. Biochemical analysis/CO analyser to assess the self-reported quit status may be conducted as and when required.
7. All pharmacological treatment protocols should follow national standard guidelines.
8. All Ayush interventions planned according to the condition of the diseased [Yoga/ Pranayama/Meditation/Panchkarma (Purificatory measures)/Immunomodulation].

9. In managing withdrawal symptoms and tobacco-related co-morbidities, homoeopathic medicines such as *Nux Vomica*, *Calcadium seduinum* and *Lobelia inflata*, or as advised by the homoeopathic practitioner, may be used.

TCC Recording Format

TCC Recording format has been placed as Annexure 4.

Coordination and Collaboration

For the smooth functioning of the TCC, the TCC in charge should foster mechanisms for sustained coordination with

- Departments/ specialities in the Ayush institute to strengthen cross-referrals
- SNO-NTCP, State Tobacco Control Cell/ DNO-NTCP, District Tobacco Control Cell

Monitoring and Evaluation

- Periodic review of the TCC activities may be taken by the respective Head of Department (wherein the TCC is established) and the Dean/ Principal of the Ayush institution.
- Monthly report (as per Annexure 5) of the TCC should be compiled by the TCC In-Charge and submitted to the Dean/ Principal of the Ayush institution and to the State Tobacco Control Cell (SNO-NTCP).
- The TCC in-charge should make an annual calendar of activities of TCC and also to prepare an annual report of TCC and submit it to the State/ District Tobacco Control Cell and NCISM/NCH as per case.
- To maintain an electronic database for research and policy support.
- To conduct an annual review of TCC activities and apex bodies.

Conclusion

The TCCs thus established shall go a long way to complement the existing tobacco cessation efforts by leveraging the opportune moments when patients visit Ayush institutions. This strategic integration at tertiary care institutions allows Ayush professionals to address the immediate health needs of individuals and also contribute to the broader goal of reducing the overall burden of tobacco-related illnesses. These efforts will create a holistic model both physical and physiological aspects of tobacco addiction through Ayush-based interventions. These centres will be critical in advancing public health care by assisting individuals in quitting tobacco use and thus reducing tobacco-related diseases. Together, as we champion this cause within healthcare communities, we forge a path toward a tobacco-free and healthier future for all.

Annexures

Annexure 1: Educational qualifications and job descriptions of the prescribed work force are as follows:

1. In-Charge, Tobacco Cessation Center

(Specialty as selected by the Head of the Institution)

Essential Qualification:

- Degree in Ayurveda, Unani, Siddha, Sowa-Rigpa or Homoeopathy (BAMS/BUMS/BSMS/BHMS/BSRMS) from a recognised Ayush institution
- Preferably a postgraduate qualification (MD/MS in relevant Ayush discipline)

Must be registered with the respective State Ayush Medical Council / National Commission for Indian System of Medicine (NCISM) or National Commission for Homoeopathy (NCH)

Job Description:

He/She should offer professional services, including:

- a. Conduct initial identification and preliminary counselling of patients using Ayush-based holistic approaches.
- b. Assist the psychologist in taking clinical notes and maintaining records.
- c. Identify community sites, plan, and coordinate Ayush-based tobacco de-addiction and awareness programmes in schools, institutions, and health centres.
- d. Perform administrative tasks related to the TCC and work under the general supervision of the institutional head.
- e. Prescribe respective Ayush-based treatment therapies, lifestyle modifications, and supportive measures; recommend pharmacological support such as Nicotine Replacement Therapy (NRT) only if permitted under prevailing regulatory norms and institutional policy.

2. Ayush Physician with Mental Health Training

Essential Qualification:

- Degree in Ayurveda, Unani, Siddha, Sowa-Rigpa or Homoeopathy from a recognised university
- Postgraduate qualification or certified training in mental health/behavioural medicine/counselling/psychology desirable

- Can be a Senior Resident/Tutor/Assistant Professor from the department dealing with psychosomatic disorders or psychiatry or preventive and social medicine in the Ayush institution

Job Description:

- Administer and interpret behavioural health assessments.
- Provide counselling or psychotherapy using Ayush-based modalities in conjunction with modern behavioural approaches.
- Conduct clinical/ behavioural/ operational research/ surveys related to tobacco use and cessation in the Ayush context.
- Recommend non-pharmacological and pharmacological interventions (including NRT if permitted) based on patient needs.

3. Medical Social Worker / Counsellor

Essential Qualification:

- Master’s degree in social work with specialisation in Medical and/or Psychiatric Social Work and training in behavioural counselling
- Preferably experience in community health and public awareness programmes

Job Description:

He/She should offer a range of professional services, including:

- a. Conduct initial patient identification and brief intervention counselling
- b. Assist the Ayush physician, psychologist, and in-charge in documenting cases and maintaining records, and in clinical and research work
- c. Data compilation for reporting to authorities
- d. Identify local community leaders (sarpanch, school principals, NGO heads) for collaborative outreach work
- e. Plan and coordinate community-based Ayush tobacco de-addiction and awareness programmes
- f. Perform administrative support functions for smooth TCC operations
- g. Carry out any other duties assigned by the in-charge

4. Psychologist / Ayush-based Behavioural Health Expert

Essential Qualification:

- Master's degree in psychology or clinical psychology (preference for exposure to Ayush health philosophy)
- Bachelor's degree, preferably in Psychology or Social Sciences

Job Description:

He/She should offer a range of professional services, including:

- Administer and interpret psychological assessment and testing
- Provide individual and group counselling/psychotherapy, incorporating Ayush well-being techniques such as Yoga, meditation, breathing exercises, and relaxation therapy where appropriate
- Maintain detailed clinical records and case histories
- Conduct research on behaviour change and Ayush-based cessation strategies
- Develop preventive and curative programme plans tailored to the Ayush TCC framework
- Organise community-based de-addiction and wellness programmes
- Train Ayush undergraduate students and interns in counselling techniques and patient communication skills
- Adopt a stage-of-change approach to tailor interventions to the client's readiness to quit
- Help patients explore the pros and cons of their tobacco habit, teach life skills to prevent relapse, and promote holistic lifestyle change
- Undertake administrative work as required and any other role assigned by the In-charge

Annexure 2: Carbon Monoxide (CO) monitor – Suggested technical specifications:

<p>Description of function</p> <p>The Carbon Monoxide Breath Monitor measures the Carbon Monoxide levels in ppm (parts per million) in breath, it is an instant and non-invasive tool to biochemically establish smoking status in an individual while acting as a motivational visual aid for the smokers.</p>
<p>Technical specifications</p> <p>Essential Specifications:</p> <ol style="list-style-type: none">1. It should have color touch-screen display.2. Response time should be < 30 seconds to 90% FSD3. Recording and interpreting results should be quick and easy.4. It should have automatic calibration to ensure accurate results5. There should be provision of mouthpieces for excellent and low cost infection control.6. It should have storage of up to 100 readings and personal profiles.7. There should be familiar green, amber and red traffic light system for making CO levels instantly identifiable to patients.8. It should have electrochemical sensor with +5% repeatability and accuracy.9. Sensor operating life should be 5 ears (2-year warranty)10. Sensor sensitivity should be 1pm.11. Its weight should be in < 250gm12. H2 cross sensitivity: <12%
<p>Desirable Specifications:</p> <ol style="list-style-type: none">1. It should be able to provide instant result in exact ppm for %COHB and %FCOHB2. There should be provision for adults, adolescents and pregnant woman testing mode
<p>Environmental factors:</p> <ol style="list-style-type: none">1. Operation temperature range should be 0-40 degree Celsius2. Storage/transport temperature: 0-50°C3. Operating/storage/transport pressure: Atmospheric $\pm 10\%$4. Operating humidity: 15-90% non-condensing5. Storage/transport humidity: 0-95%
<p>Documentation</p> <p>User/ Technical/ Maintenance manuals to be supplied in English.</p>

Annexure 3: Spirometer – Suggested technical specifications

Clinical purpose:

Instruments designed to measure the volume and flow rate of air inhaled and/or exhaled from the lungs and additional variables needed for pulmonary function assessment. These instruments are typically a mechanical or electromechanical device with volume and/or flow sensors and a gauge or display; they may also include a computerized unit to process the data and a graphical recorder

Technical Specification:

1. It must meet latest ATS/ERS standards.
2. It should be able to measure/do the following:
 - Spirometry & Flow Volume Parameter
 - Maximum Ventilation Volume
 - Pre & Post Bronchodilator comparison
 - Lung Volumes & Sub – divisions
 - Broncho Provcation Test.
3. Flow meter –Bi-directional digital turbine (flow: up to 14L/s or more, accuracy: within 3%) or Pneumotach (flow: up to 14L/s or more; accuracy: within 3%)
4. Resistance: less than 1.5 cm H₂O/L/Sec
5. Parameters should be measured with highest accuracy & reproducibility and accuracy should be least, if at all affected with High surrounding Temperature and humidity levels.
6. Should incorporate Electronic Barometer & temperature Sensors, for Automatic BTPS Correction.
7. Overlaying of previous test curves for comparison.
8. Real Time Flow Volume and Volume – time Traces on Computer Screen.
9. Capability to select and modify predicted equations.
10. Facility to interface for desktop / Laptop Computer.
11. System software should be based on Windows 7/XP OS.
12. Should be supplied with Computer Interfacing package, Cables, Software, 3-Litre Precision Calibration Syringe, Standard accessories & Manual.
13. Additional Accessories: Pneumotach Screens (05 Nos.), Pulmonary Filters (100 Nos), Disposable Mouthpieces (500 Nos.)
14. Laptop / Desktop Computer: 4 GB RAM, Intel corei3/i5 processor (3rd generation), 15”TFT Screen, USB Ports, DVD R/W, Hard Disc Drive 500GB, Laser Printer, UPS.
15. Safety and quality standards - USFDA or European CE certification to MDD.

Source: Technical devices for medical devices for Anaesthesia department: NHSRC, NHM, MoHFW

Annexure 4: Recording Format

Tobacco Cessation Center – Registration Form

Date:	TCC Regd No:
OPD No.	Referred From:

Informed Consent

I _____ (name of the person), _____ (age), _____ (gender) hereby give my voluntary consent to undergo treatment at the _____ centre have been informed that this involves in-depth interview and would cooperate with the therapist to the best of my knowledge. Any treatment initiated would be mutual and after understanding side effects and all other aspects. I am allowed to withdraw fro treatment any time after consulting the therapist.

I consent to the maintenance of my medical records in a confidential manner, with personal information shared only with my treating team or as required. I understand that the anonymised data (with my name, address, personal information and other identifiers removed) can be shared with authorities for research and program evaluation purposes. No information that directly identifies me will be disclosed without my explicit permission

Signature of the Therapist

Signature of Participant

Name:		
Age:	Gender:	Male
		Female
		Transgender
		Prefer not to tell
Address:		
Phone No.		Email
Education (no. of years of formal education):		
Marital Status:	Unmarried	
	Married	
	Widowed	
	Separate or divorced	
	Not Applicable	
No. of years of marriage:		
Occupation:	Professional or semi-professional	
	Skilled, semi-skilled or unskilled worker	
	Retired	
	Housewife	
	Student	
	Other	
	Unemployed	
No. of years in present service		No. of working hours per day:
Income per month:		
No. of members in household:		No. of dependents:
Physical activity (no. of hours per week):		

Details of tobacco use:

	TYPE (cigarette, beedi, hookah, gutka, khaini, paan, mawa, misri, gul, vaping, gums, or any other)	Quantity consumed per day (a)	No. of years since habit initiated (b)	Sachet/pack years (a*b)
Smoked				
Smokeless				

Daily tobacco use pattern:

Time	Daily triggering factors/ cues (friends, meals, tea breaks, stress, travel, bowel, any other)

Reasons for use of tobacco products:	
Reasons for use of continued daily tobacco products:	
Expense per month on tobacco:	
Source of purchase of tobacco :	Near the residence
	Near the workplace
	Any other
Order of purchase of tobacco:	Bulk purchase
	Daily purchase
	Whenever needed
	Sharing with friends
Any money spent on health related problems due to tobacco use:	Yes
	No
Severity of addiction (as per Modified Fagerstorm Nicotine Dependence Scale):	

Previous attempts at quitting tobacco:

Previous attempts at quitting:	Yes		
	No		
Number of previous attempts at quitting:			
Type of tobacco	Reasons for quitting	Reasons for relapse	Remarks
Smoked			
Smokeless			

Reasons for quitting: No reasons, referred from other dental departments, social measures, existing health problems, awareness about health problems during education programs, lack of productive work, financial reasons, any other

Reasons for relapse: Craving, insomnia, irritability, headaches, constipation, social pressure, lack of productive work or concentration, psychological stress, family tensions, financial tension, chronic illness, pain, any other

Stage of behaviour change:	Pre-contemplation
	Contemplation
	Preparation
	Action
	Maintenance
Alcohol Use:	Yes
	No
Pattern of alcohol use in last one year:	Daily drinking
	Regular drinking (3 or more a week)
	Social drinking (less than 3 a week)
	None
Average no. of units per drinking day: (1 unit = 30 ml spirit/ 60 ml wine/ half mug beer)	

Other substance use: Yes/ No

Substance used	Pattern of use in past one year	Dependence (Yes/ No)	Avg amounts/ units per day	Remarks

Family history of tobacco use in first degree relatives:	Smoked
	Smokeless
	Both
	None
History & symptoms suggestive of:	
Cough	Cough with sputum
	Dry cough
	Sputum with blood
Bronchial	Asthma
	Bronchitis
	Breathlessness

Gastro-Intestinal	Blood in stool
	Blood in vomit
	Constipation
	Dyspepsia
	Diarrhoea
	Vomiting
Cardiac	Chest pain
	Hypertension
	Myocardial infarction
	Palpitation/ arrhythmias
Psychiatric	Anxiety
	Depression
	Schizophrenia
	Others
Others	Cancer
	Diabetes
	Sexual dysfunction
	Stroke
	Seizure disorder
	TB
	Weight gain
	Weight loss

Physical Examination:

Height (cm):	Weight (kg):	Body Mass Index:
Pulse:	Systolic Blood Pressure	Diastolic Blood Pressure
SpO2	Clubbing	Tongue
Lymph nodes		

Oral Health Status

Intra-oral examination:

Oral condition	Present/ Absent	Description
Leukoplakia:	Yes	
	No	

Submucous fibrosis:	Yes	
	No	
Erythroplakia:	Yes	
	No	

Systemic examination

Cardiovascular system

Respiratory System

Nervous system

Gastro-intestinal Tract system

Investigations:

Biopsy:

Blood investigations:

Any other:

Provisional Diagnosis:

Carbon Monoxide Breath Analysis Test:

Done. CO level _____ppm	Not Done
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CO levels: 0 – 6N, 7 – 10N, >10N

Spirometry:

Intervention:

Cold turkey

Behaviour counselling

Behaviour counselling + NRT (type of NRT _____)

Behaviour counselling + Medication

Behaviour counselling + Medication + NRT (type of NRT _____)

Instructions on possible side effects & adverse drug reactions have been explained: Yes/ No

Details of pharmacotherapy:

Details of behaviour counselling:

Details of family counselling:

Follow up details:

F/U visit	Date	Use status	Cotinine Test (Done or not) (+ve or -ve_	CO Breath Analysis (Done or not)	CO level	Treatment	Medication/NRT	Counseling
0 – 2 wks								
2 – 4 wks								
4 – 6 wks								
6 wks – 3 months								
3 – 6 months								
6 – 9 months								
9 – 12 months								

Treatment:

1. Behavioural counselling	2. Behavioural counselling + medication
3. Behavioural counselling + NRT	4. Behavioural counselling + NRT + Medication

Status:

1. No change (<50% change)	2. Reduced use (>=50% change)	3. Stopped use	4. Lost to follow up	5. Relapse
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Source of information:

Follow up	Phone call	Email	Mail

Other remarks:

Name of Therapist:

Signature:

Date:

Date:

FAGERSTORM TEST FOR NICOTINE DEPENDENCE

Fagerstrom Test for Smoking	
1. How soon after you wake up do you smoke your first cigarette/bidi?	
Within 5 minutes	3
6 to 30 minutes	2
31 to 60 minutes	1
More than 60 minutes	0
2. Do you find it difficult to refrain from smoking in places where it is forbidden?	
Yes	1
No	0
3. Which cigarette/bidi would you hate to give up most?	
The first one in the morning	1
All others	0
4. How many cigarettes/bidis do you smoke per day?	
10 or less	0
11–20	1
21–30	2
31 or more	3
5. Do you smoke more frequently in the first hours after waking up than during the rest of the day?	
Yes	1
No	0
6. Do you smoke when you are so ill that you are in bed most of the day?	
Yes	1
No	0
Total score:	

Modified Fagerstrom Questionnaire for Smokeless Tobacco Users	
1. After a normal sleeping period, do you use smokeless tobacco within 30 minutes of waking?	
Yes	0
No	1
2. Do you use smokeless tobacco when you are sick or have mouth sores?	
Yes	0
No	1
3. How many times do you use tobacco per week?	
Less than 2 times	0
More than 2 times	1
More than 4 times	2
4. Do you intentionally swallow your tobacco juices rather than spit?	
Never	0
Sometimes	1
Always	2
5. Do you keep a dip or chew in your mouth almost all the time?	
Yes	0
No	1
6. Do you experience strong cravings for a dip or chew when you go for more than two hours without one?	
Yes	1
No	0
7. On average, how many minutes do you keep a fresh dip or chew in your mouth?	
0–19 minutes	0
20–30 minutes	1
More than 30 minutes	2
8. What is the length of your dipping day (total hours from first dip/chew in a.m. to last dip/chew in p.m.)?	
Less than 14.5 hours	0
More than 14.5 hours	1
More than 15 hours	2
9. On average, how many dips/chews do you take each day?	
1–9 times	0
10–15 times	1
15 times	2
Your score:	
The highest possible score = 16. The closer to zero your score, the less dependent you are on tobacco. The higher the score, the more strongly you are addicted.	

TOTAL SCORE: _____

INFERENCE: HIGH (>7)/ MEDIUM (4-6)/ LOW (<3)

Annexure 5: Reporting Format

Reporting Format of Tobacco Cessation Centre			
Name of Ayushinstitution:			
State Reporting from:			
S.No.	Indicators	Reporting Month	Cumulative Since April of Financial/Academic Year
	Total number of patients reporting and referred from Department name (s)		
	Distribution of Smokers, Smokeless tobacco and Dual tobacco users		
	Demographic Distribution of all Tobacco users		
	Total number of patients completing tobacco use cessation follow ups like 1 st week, 2 nd week, 4 th week, 3 rd month, 6 th and 12 th month		
	Total number of patients who have quit the tobacco use habit (1 st week, 2 nd week, 4 th week, 3 rd month, 6 th and 12 th month)		
	Total number of patients who have not been able to quit the tobacco use habit		
	Total number of patients who have prescribed NRT		
	Total number of patients who have prescribed medications		
	Total number of health education and community awareness sessions conducted on tobacco use cessation.		
10.	Total number of capacity building and training sessions conducted for Undergraduates, Post graduates, Faculty and General practitioners.		
11.	Total Number of Patients with pre-existing medical conditions a. Diabetes Mellitus b. Known Cardiovascular Condition c. Tuberculosis d. Oral Pre-malignant Conditions Any others_____		

	Remarks if any		
	Signature, Name, Designation Department and Date		

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