

# Anti-Smoking Campaign – An Innovative Initiative against Smoking by Tertiary Care Teaching Institute of North India

Shweta Talati<sup>1</sup>, Pankaj Arora<sup>1</sup>, Anil Kumar Gupta<sup>2</sup>, Prem Chand Sharma<sup>3</sup>

<sup>1</sup>Associate Professor, Department of Hospital Administration, PGIMER, Chandigarh, <sup>2</sup>Medical Superintendent-cum-Professor & Head, Department of Hospital Administration, PGIMER, Chandigarh, <sup>3</sup>Chief Security Officer, Security Wing, PGIMER, Chandigarh

## Abstract

**Background:** Smoking as a practice has been in existence since 5000 B.C. Smoking in public places was banned in India from 2<sup>nd</sup> October 2008. According to reports by WHO Tobacco kills more than 7 million people each year. Studies show that few people understand the specific health risks of tobacco use. The present study was done to analyze the impact of the Anti-smoking Campaign in the Institutes' Campus and also to make people aware of the harmful effects of smoking and motivate them to quit this habit.

**Methodology:** The campaign constituted of various interventions as screening & collection, monitoring through CCTV Surveillance, imposing penalty as per the Act, Destruction of collected material, Behavioral change communication through Anti-smoking March, Public Lectures, Display of Pamphlets/Signages at various places in the institute & No smoking Pledge and involvement of top management.

**Results:** Total about 2613 Kgs of Tobacco and Tobacco products has been collected and destroyed from March 2014 till April 2020. On an average 40 Kilograms of Tobacco material is collected and destroyed per month. Till April 2020, 108 offenders who were caught smoking in the institute were penalized. 'No smoking Pledge' was taken by all the participants.

**Conclusion:** The success achieved by the anti-smoking campaign in the Institute suggests that there is a dire need and challenge before us to launch such type of campaigns in all the institutes worldwide to curb this menace from our society.

**Keywords:** *Anti-smoking campaign, Tobacco Products, Tertiary Care Institute, Innovative Initiative*

## Introduction

Smoking as a practice has been in existence since 5000 B.C. Smoking was first implicated in the 1950s as a risk factor for lung cancer.<sup>(1)</sup> Since then it has been linked with cardiovascular diseases

and cancers of the mouth, trachea, oesophagus, and digestive tract.<sup>(2)</sup> As a result a wide range of health education programmes aimed at reducing smoking have arisen.<sup>(3)</sup> The first legislation regarding tobacco in India was the Cigarette (Regulation of Production, Supply and Distribution) Act, 1975, which mandated specific statutory health warnings on Cigarette packs in 1975. The Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution)

---

### Corresponding author:

**Dr. Shweta Talati**

Associate Professor, Department of Hospital Administration, PGIMER, Chandigarh

Act, 2003 (COTPA) came into force on 1<sup>st</sup> May 2004.<sup>(4,5)</sup> The Act extends to the whole of India and is applicable to cigarettes, cigars, bidis, gutka, pan masala (containing tobacco), mavva, khaini, snuff and all products containing tobacco in any form.<sup>(6)</sup> Smoking in public places was banned nationwide from 2<sup>nd</sup> October 2008. Even after knowing this, there are billions who smoke, as they believe it will bust their stress or just because their peers do.

According to reports by WHO Tobacco kills more than 7 million people each year.<sup>(7)</sup> More than 6 million of those deaths are the result of direct tobacco use while around 890,000 are the result of non-smokers being exposed to second-hand smoke. Nearly 80% of the world's more than one billion smokers live in low- and middle-income countries, where the burden of tobacco-related illness and death is heaviest.<sup>(7)</sup> Tobacco users who die prematurely deprive their families of income, raise the cost of health care and hinder economic development.<sup>(8)</sup>

Second-hand smoke is the smoke that fills restaurants, offices, hospital vicinity or other enclosed spaces when people burn tobacco products such as cigarettes, bidis and others. There are more than 4000 chemicals in tobacco smoke, of which at least 250 are known to be harmful and more than 50 are known to cause cancer.<sup>(9)</sup>

There is no safe level of exposure to second-hand tobacco smoke i.e passive smoking.

Since the publication of the Surgeon General's Report on Smoking and Health in 1964, numerous individuals and organizations interested in health have engaged in a variety of activities designed to encourage people to quit smoking or to adopt less hazardous smoking behaviours.<sup>(10)</sup>

Intervention in previous large scale health promotion media campaigns has generally utilized the communication-behavior change framework. This entails using the media to deliver information on which the receiver can rationally act or not act.<sup>(11)</sup>

## **Tobacco users need help to quit**

Studies show that few people understand the specific health risks of tobacco use. For example, a 2009 survey in China revealed that only 38% of smokers knew that smoking causes coronary heart disease and only 27% knew that it causes stroke<sup>(9)</sup>.

So to make people aware of harmful effects of smoking and to prevent the use of Tobacco and Tobacco products in the Institute, Department of Hospital Administration along-with Security wing of the institute has initiated an anti-smoking campaign in March, 2014. This Innovative campaign was started with the goal to make the Institute smoke free.

The purpose of this paper is to contribute to an improved understanding by examining the effects of an Anti-smoking campaign at Institute level as there are many studies highlighting the effects of Anti-smoking media campaigns on the youth and general public, but the studies regarding effects of Anti-smoking campaign at the level of patient care institutes such as Hospitals is limited. This study evaluates the impact of the Anti-smoking Campaign in the Institutes' Campus and also to make people aware of the harmful effects of smoking and to motivate them to quit this habit.

## **Methodology**

The present study was conducted to assess the impact of various intervention techniques as a part of Anti-smoking campaign on the attitude of employees and people visiting the Institute. Necessary permission was taken from Institute's ethics committee.

### **Intervention Techniques**

#### *SCREENING & COLLECTION*

People visiting the Institute were made aware about the harmful effects of smoking and also that hospital premises are No Smoking Zone. Security guards posted at all entry points in all the shifts were provided with boxes in which tobacco products voluntarily surrendered by public were collected.

A security guard was also deputed with florescent uniform to motivate public who are sitting in the lawn/grounds of the institute & other isolated places to surrender any kind of tobacco products with them in the box (Figure 1).



**Figure-1 Collection of tobacco products by Security Guards at entry/exit gates**

### *MONITORING*

CCTVs are installed at various places in the institute. Apart from CCTVs stated objectives, these were also used to keep a check on smoking and use of Tobacco products by public and the staff.

### *DISPOSAL*

The collected tobacco products were incinerated at regular intervals and the proper record of disposal is maintained.

### *PENALTY*

As per section 21 and section 24 of the COTPA Act 2003, the offenders who were caught smoking in the campus could be penalized with an amount of Rs.200/-. As per the provisions of the act, the authority to penalize has been delegated to institutes Security Officers by the UT Administration, Chandigarh.

### *BEHAVIOUR CHANGE COMMUNICATION*

People were made aware of the harmful effects of smoking and chewing Tobacco through Anti-smoking March, Public Lectures, Display of Pamphlets/ Signages at various places in the institute & No smoking Pledge by the volunteers on “World No smoking Day” i.e on 31<sup>st</sup> May every year since 2014. Both carrot & stick was used as penalty was imposed on those who were caught smoking in the premises.

### *INVOLVEMENT OF TOP MANAGEMENT*

Efforts are being done to sensitize the Top management to involve in this noble cause with the aim to make Institute campus Tobacco free. The issue was discussed as an agenda in the Hospital Management Board. The efforts to make the Institute campus smoke free was also appreciated during various meetings of Hospital officers being held under the chairmanship of Medical Superintendent and it was regularly reiterated that smoking is harmful and also banned in the public places and Hospitals as per act.

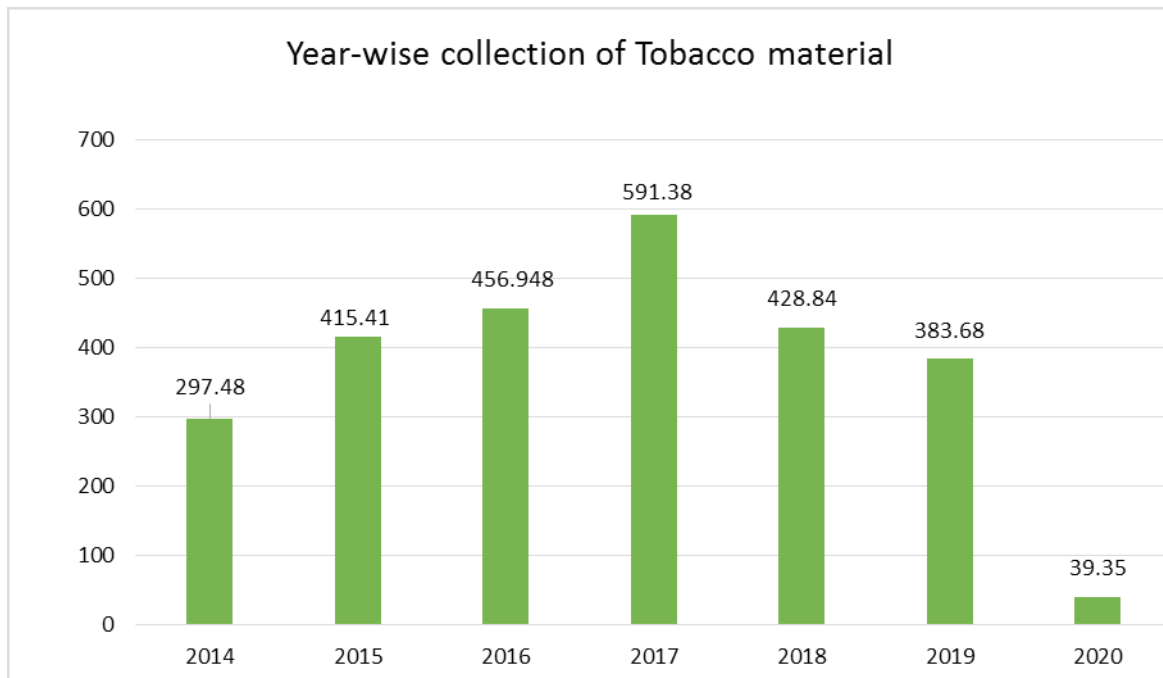
### **Results**

The present study was aimed to assess the impact of anti-smoking campaign in the institute.

*SCREENING & COLLECTION, MONITORING and DISPOSAL*

Total about 2613 Kgs of Tobacco and Tobacco products has been collected in the boxes at all entry and exit gates of various buildings in the Institute and destroyed from March 2014 till April 2020. On an average 40 Kilograms of Tobacco material is collected and destroyed per month. Since March 2014 till April 2020 with various interventions the amount of tobacco & tobacco products collected are

2613 Kilograms. The Tobacco material collected was segregated for different products like Cigarette, Bidi, Tobacco and others (like Zardaa, Khaini etc.). On an average 1.3 Kg of smoking material is collected daily which includes about 25% as Cigarettes, 5% as chewable tobacco and 30% other products. On an average 40 Kilograms of tobacco material is collected & incinerated per month. The data of yearly is shown in figure-2.



**Figure-2 Year-wise collection of Tobacco material**

### *PENALTY*

Till April 2020, 108 offenders who were caught smoking in the institute were penalized and amount of Rs 21,600/- was collected. The last penalty was imposed in August 2019. The reduction in number of offenders in the recent months suggests that Anti-smoking campaign has a huge impact on the mindset of people visiting Institute.

### *BEHAVIOUR CHANGE COMMUNICATION*

Anti-smoking March and Public lectures were under-taken every year since 2014 in institute on “World No tobacco day” to sensitize people about harmful effects of smoking and chewing tobacco,

so as to induce the behavioral change among people regarding smoking. ‘No smoking Pledge’ was taken by all the participants (which includes Security Guards, Sanitation and Housekeeping staff, Volunteers of NGOs, Doctors and other support staff) agreeing not to smoke and to help others to try to quit. Various organizations also contributed in this endeavor for eg; No Smoking March conducted on 31<sup>st</sup> May 2017 in the Institute Campus in Collaboration with the State Bank of India received immense positive response from the staff (including Doctors, Nurses, Security and Housekeeping staff) and Patient’s and Patient’s attendants visiting the Institute.

### INVOLVEMENT OF TOP MANAGEMENT

In August 2015, Hospital Management Board was apprised about the Anti-smoking Campaign in the Institute & was introduced as an Agenda to get the support of Top Management in this noble initiative and to fight against Tobacco use. The agenda showcasing the efforts of the Department of Hospital Administration and Security wing was duly appreciated and necessary permissions were accorded to send communications in the form of circulars and SMS to all section Heads and all Head of the Departments of the Institute at regular intervals to increase awareness among staff members working under them on the issue. The efforts to make the Institute campus smoke free was also applauded in various administrative meetings of Hospital officers being held under the chairmanship of Medical Superintendent. Simultaneously, it was and is reiterated regularly that smoking is banned in the public places and Hospitals and penalty could be levied if caught smoking in the premises of the Institute.

### Discussion

Among smokers who are aware of the dangers of tobacco, most want to quit. Medication and counseling can more than double the chance of success for a smoker who tries to quit.

National comprehensive cessation services with full or partial cost-coverage are available to assist tobacco users to quit in only 24 countries, representing 15% of the world's population.

A study conducted on Anti-smoking campaign in California suggests that the anti-smoking media campaign not only reduces the prevalence of smoking among adults and adolescents, but also brings significant long term benefits in smoking reduction, by inducing more future attempts to quit among adult smokers and deterring more initiating intentions among adolescents.<sup>(12)</sup>

The present study was done to prevent the smoking and use of Tobacco products in the institute.

The decrease in number of offenders in the Institute campus (as reflected by almost zero penalty) suggests that the efforts of Department of Hospital Administration and the security wing of the institute had a great impact in making the Institute campus smoke free.

The study also suggests involvement of Top management is required for the success of such campaigns.

The success achieved by the anti-smoking campaign must be credited to a number of factors including- involvement of doctors, nurses and other staff, Top management of the institute through Hospital Management Board, sensitization classes of security, messages on CUG mobiles to the staff to disregard smoking, support of UT administration, use of various surveillance methods to catch the offenders and above all the involvement of Public to support the Noble cause.

The study has limitation of being a unique campaign of such kind at the institute level, though several studies are done about the effectiveness of mass media campaigns at macro levels.

### Conclusion

Present study suggests that there is a dire need and challenge before us to launch such type of campaigns in similar institutions/organizations so as to make people aware about the harmful effects of smoking or of using Tobacco products.

**Ethical Approval:** The ethical approval for this study was obtained by the Institutional Ethics Committee (vide No. INT/IEC/2019/001422 dated 17.07.2019)

**Sources of Funding:** Nil

**Conflict of Interest:** Nil

### References

1. Doll R, Hill AB. Lung cancer and other causes of

- death in relation to smoking. A second report on the mortality of British doctors. *Br Med J* 1956; ii: 1071-81.
2. US Surgeon General. *Smoking and health*. Washington, DC: US Department of Health, Education, and Welfare, 1979.
  3. Thompson ELM. Smoking education programmes, 1960-1976. *Am Public Health* 1978;68:250-7.
  4. «Implementation of the Framework Convention on Tobacco Control (FCTC) in India : A Shadow Report - 2010» (PDF). HRIDAY. Archived from the original (PDF) on 17 June 2012. Retrieved 2013-10-07.
  5. «COTPA Law». Smokefreekerala.org. Retrieved 2018.07.15.
  6. World Health Organisation (WHO) Tobacco Fact sheet No.339 <http://www.who.int/mediacentre/factsheets/fs339/en/> Accessed 07 May 2016.
  7. Chandrupatla, Siddardha G.; Tavares, Mary; Natto, Zuhair S. (27 July 2017). «Tobacco Use and Effects of Professional Advice on Smoking Cessation among Youth in India». *Asian Pacific journal of cancer prevention: APJCP*. 2017;18(7): 1861-67.
  8. U.S. Department of Health and Human Services. *The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General, 2014*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014.
  9. He Y, Jiang B, Li LS et al. Changes in Smoking Behavior and Subsequent Mortality Risk During a 35-Year Follow-up of a Cohort in Xi'an, China. *Am J Epidemiol* 2014; 179(9): 1060-70.
  10. U.S. Department of Health, Education, and Welfare, Public Health Service. *Smoking and Health: Report of the Advisory Committee to the Surgeon General of the Public Health Service*. Washington: U.S. GPO, 1964.
  11. Farquhar J, Maccoby N, Solomon DS. Community applications of behavioural medicine. In: Gentry WD, ed. *Handbook of behavioural medicine*. Verlag New York 2010.
  12. Hong Liu, Wei Tan. *The Effect of Anti-Smoking Media Campaign on Smoking Behavior: The California Experience*. *Annals of Economics and Finance* 2009: 10-1, 29-47.