Anti Tobacco Volunteers as a part of Tobacco Control Strategy in a Tertiary Care Hospital

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Abstract

In this era of global tobacco epidemic, any strategy that aims at motivating people to quit smoking earns credibility. An attempt has been made to curb smoking in a tertiary care Institute in northern India. To elicit better community participation, the idea of Anti Tobacco Volunteers (ATV) was floated. One hundred and fifty six volunteers got themselves enrolled and vowed to work for the noble cause. The spectrum of volunteers included the faculty members, resident doctors, nurses, employees' union and other administrative staff. ATVs are active in discharging their duties. A check has been made on the sale of tobacco and related products on the campus. The prevalence of smoking on the campus has come down. The overall impact of ATV has been commendable.

INTRODUCTION

The magnitude of the global tobacco epidemic has increased enormously since 1950s despite wide reading and acknowledgement of mounting evidence that tobacco is associated with more than 25 diseases[1]. Presently, tobacco is responsible for death of an estimated 3.5 – 4 million person each year. More frightening are the projections for the year 2020, where it is expected to kill 8.4 million people annually[2]. It is estimated that 65% of all men use some form of tobacco. Thirty five percent smoke, 22% take smokeless tobacco and 8% both. Prevalence of smoking among women is 3%. About one third of women populations use at least one form of tobacco[1]. Per adult consumption of cigarettes and bidis has shown a steady increase from 1970 to 1995.

A complex relationship and dependence exists between tobacco growers, processors, product manufacturers, traders, advertising agencies and regulatory authorities. This has resulted into a “paradox” wherein some agencies are working towards promotion of tobacco while other are working for its control. Nevertheless, in India ‘Cigarette (Regulation of Production, Supply and Distribution) Act of 1975' was passed and scope of ‘Prevention of Food Adulteration Act' was expanded as regulatory measures[3]. Since then, statutory warning on cigarette packets has become mandatory. But cigarettes are consumed by only 20% of the people. Bidis, which are used by the majority, do not carry this label. Heavy taxation on cigarette seems to be a solution but this encourages substitution by other tobacco products where fewer taxes are levied. Advertising tobacco products, smoking in public places, sale and storage of cigarettes within a radius of 100 meters around educational institutions have been banned. The Supreme Court of India issued an order, directing all states and Union Territories to “immediately” ban smoking at public places and transport. This has been strongly supported by Chandigarh Administration. The very fact that a number of legislative measures like The Cigarettes and other Tobacco Products Act, 2003 have been undertaken within last decade indicates that these tend to occupy space only on papers without having any palpable impact.

METHODS

In view of the growing menace of the problem of tobacco, Indian Public Health Association (IPHA) had decided to observe “Anti Tobacco Day” all over India on 12th January 2002. Strategies for tobacco control were to be developed by the local branches. IPHA, Post Graduate Institute of Medical Education and Research (PGIMER), Chandigarh branch too had decided to celebrate the day in a big way.

To mark this occasion, we decided to take a step that would ensure community participation in the Institute. It is evident that individuals, known to people living in an area, elicit better community participation. It is equally important to bring out leadership from the very community where an intervention is likely to be carried out. Thus emerged the

idea of creating volunteers – to be called "Anti Tobacco" volunteers (ATV). A circular was drafted and sent to all the departments where in conditions for enrolling oneself as ATV were mentioned. Criteria laid down were: -

- He should not be a tobacco user and should have willingness to work –
- Towards making PGIMER a smoking free environment and tobacco free institution
- For prevention of smoking and tobacco use in any form in the institution
- To stop anybody indulging in smoking in a decent way
- To educate public/patients about health hazards of tobacco

RESULTS

PROFILE OF ATV

In the initial drive, a total of 156 ATV have been enrolled. Majority of them are nurses (25.0%) followed by sweepers (15.3%) of PGIMER (Table 1). Nearly 44% of the volunteers are females.

EFFECTIVENESS OF ATV

Volunteers have been actively involved in discharging their duties. On seven occasions, immediate throwing of lighted cigarettes and bidis by the smokers were noted by one of the authors (SB) when the volunteers encountered them. On 4 occasions, smokers did not know that smoking in hospitals has been banned. However, on one occasion, the smoker refused to abide by the orders. A check on the shops was made to see whether selling of tobacco continues. It was observed that it no longer exists on the campus. An order has been issued by Director to stop smoking in the Institute.

OTHER ACTIVITIES

We needed everybody to pitch in with us. The best way by which we could do was to bring the different employees associations on one platform. Keeping in mind that long term benefits of such involvement, we met the President/Secretary of those associations. A dialogue was established with all of them and a vow was taken to make this institution a smoke free zone. This finally took the shape of a Declaration, which was signed by the important office bearers of the association. The Declaration was proclaimed on 12th January 2002 by the Director of the Institute and read out by the Secretary of IPHA. Key personnels of the Institution including Medical Superintendent were present.

To propagate the idea further, an 'Anti Tobacco' rally was organized on the campus. More than 150 volunteers including ATVs from the Institute had participated in the rally. Placards were used to highlight the key messages. Mass media was also involved to help spread the message further. The magnitude of the problem and various activities that can be undertaken to curb the problem was highlighted in many leading newspapers.

Figure 1

Table 1: Sex distribution of profile of volunteers.

Category of staff	Male	Female	Total
Faculty	5 (5.7)	4 (6.1)	9 (5.7)
Resident doctors	2 (2.2)	3 (4.3)	5 (3.2)
Research Scholars	10 (24.1)	7 (10.1)	13 (8.3)
Technical staff	8 (9.2)	2 (2.9)	10 (6.4)
Nursing staff	0	39 (56.5)	39 (25.0)
Health worker	3 (3.4)	3 (4.3)	6 (3.8)
Administrative staff	6 (6.9)	0	6 (3.8)
Sweepers	24 (27.6)	0	24(15.3)
Others (driver)	18 (20.7)	11 (15.9)	14 (8.9)
	87 (55.7)	69 (44.2)	156 (100.0)

DISCUSSION

Proven modalities backed by ample evidence are underutilized for lack of knowledge or grasp of available evidence[4]. Often people do not believe that results observed in trials can be directly translated into action. In the face of varying national and international policies, two urgent priorities exist if the future momentum for tobacco policy research is to be maintained[5]. Firstly, a comprehensive set of guidelines that should utilize the approach of political economy and be made widely available for use by national researchers with limited international support. Secondly, there is an urgent need for a new and broader international strategy that supports and coordinates tobacco policy research at country, regional and global levels, particularly for the benefit of middle income and low-income group.

Creating volunteers for public health action is of known significance. But, the very idea of making ATV as a strategy to control smoking seems to be an innovative one. This will act as a supplement to legal approaches undertaken by the local government. Health Education, seemingly a failure, remains the key strategy to make any programme a success. The volunteers who pledge to work earnestly will rejuvenate

this aspect. Work will begin from the institution itself and then fan out to include schools, colleges, other health and public institutions in this area. How everything will materialize will depend upon need-based interventions that further depend upon the continued interest of the ATVs over a period of time.

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