National Tobacco Quit Line Services, Mumbai

1800-11-2356

(Sixth-year Report: 2024)

Project of

Centre for Cancer Epidemiology (CCE), Mumbai, India
Advanced Centre for Treatment, Research and Education in Cancer (ACTREC), Mumbai, India
Tata Memorial Centre (TMC), Mumbai, India
Homi Bhabha National Institute (HBNI), Mumbai, India
In collaboration with
Tobacco Control Division
Ministry of Health and Family Welfare, Government of India, New Delhi

National Tobacco Quitline Services (NTQLS)

Centre for Cancer Epidemiology (CCE),
Advanced Centre for Treatment Research and Education in Cancer (ACTREC)
Tata Memorial Centre (TMC), Navi Mumbai, India

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Contents

1. Executive Summary

- National Tobacco Quitline Services (NTQLS) has been operational since 2nd February 2019, at Centre for Cancer Epidemiology (CCE), Advanced Centre for Treatment Research and Education in Cancer (ACTREC), Tata Memorial Centre (TMC), Kharghar, Navi Mumbai.
- **The purpose of the program is to provide effective counselling to tobacco users and help them quit tobacco use by calling the toll-free number 1800-11-2356**.
- NTQLS are available in Marathi, English, Hindi and Gujarati languages.
- The total number of calls that hit the system in the year 2024 was 1,95,290 and the total number of calls attended was **44,497 (22.8%).**
- Out of the total 44,497 calls attended total number of quit dates set during the planned years was 14,317 (32.2%). Out of the 14,317 callers for whom a quit date was set, **3,294 (23.0%)** callers successfully quit tobacco.
- In the year 2024, counsellors made a total of 1,35,341 follow-up calls, out of which **73,842 (54.6%)** were responded to by clients.
- Most quitters hailed from Maharashtra 1,996 (60.6%), followed by Gujarat 647 (19.6%), Uttar Pradesh 123 (3.7%), and Rajasthan 119 (3.6%).
- In the year 2024, most quitters were male 3,237 (98.3%) and 57 (1.7%) were female.
- Most tobacco users were drivers/farmers/workers 1,113 (33.8%) and private sector 865 (26.3%) employees.
- Among the total quitters, **smokeless tobacco users were 73.6%** and smoking tobacco users were 17.5% while smoke and smokeless both were 8.9%.
- The lowest quit proportions were 0.2% for males aged 75 and above, and 1.8% for females aged 65 and above.

- Tobacco consumers who wanted to quit smoking reported comorbidities such as diabetes and hypertension.
- **Of the total quit date set (who agreed to the counselling), one out of four people quit tobacco with the help of telephone counselling.**
- **Over the last six years (2019–2024), more than 23,000 individuals have successfully quit. Among those who established a specific quit date, one in three was successful. The majority of these quitters were users of smokeless tobacco.**
- We received positive feedback from the quitters. They were happy and felt their health was improving.
- In the year 2024, we faced MTNL challenges and software failures. To address this, a new PRI line was added via Tata Telecom, which resolved frequent disruptions and improved call reliability.
- NTQLS also organizes **awareness programs** about their services in public places to spread awareness about National tobacco quitline services. More than **11,932** beneficiaries benefitted from this program.
- **NTQLS play an important role in the national tobacco control program of the country.**

2. Background

Tobacco usage is the greatest cause of avoidable death in the world, with an estimated 1.3 billion individuals consuming tobacco products.[1,2] Tobacco smokers are more likely to acquire non-communicable illnesses (NCDs), including cancer. Low- and middle-income nations account for 80% of all tobacco-related fatalities.[3] India is the second largest producer of tobacco; various forms of tobacco are available at very low prices. According to the National Family Health Survey-5 (NFHS-5) India, the prevalence of tobacco consumption (smoke and smokeless) among men and women aged 15 years and above is 39.1% and 8.9% respectively.[4] The prevalence of tobacco is high in Mizoram state in both women (73.1%) and men (61.7%).[4] Smokeless tobacco is the most prevalent form. Tobacco consumption not only leads to death and disease but also has huge social and economic costs. [5] The direct expenditure for the treatment of tobacco-related diseases accounts for 5.3% of total spending in India. The usage of tobacco in destitute families raises inequalities and impacts the general well-being. [6]

Among the countries reported to the WHO to have at least 1 toll-free National Quitline, 60% were from high-income countries, 8% and 18% were from low- and middle-income countries respectively.[7] The Government of India started its National Tobacco Quitline Services on "World No Tobacco Day" in 2016.

The Cigarettes and Other Tobacco Products Act (COTPA) 2003 regulates tobacco consumption and marketing. The Union Health and Family Welfare Ministry has issued a notification to print 'QuitLine' number on tobacco packets. The notification has been issued on April 03, 2018 and Government Makes 'QuitLine' Number On Tobacco Packets Mandatory on 5 April 2018.[8] People who wish to quit tobacco can call this toll-free number.

In the year 2019, to support individuals in quitting Tobacco, the 'National Tobacco Quitline Services' was established at the Centre for Cancer Epidemiology (CCE), Advanced Centre for Treatment, Research and Education in Cancer (ACTREC), Tata Memorial Centre (TMC), Navi Mumbai, India in collaboration with Tobacco Control Division of Ministry of Health and Family Welfare (MoHFW), Government of India, New Delhi. The NTQLS have been actively operational since then, and we published our first-year report in 2019. Currently, 12 counsellors are working at the NTQLS - CCE who can provide counselling in different languages including Marathi, Hindi, Gujarati, and English. We are in the process of recruiting the vacant post soon.

3. Objectives

The objectives of the project are,

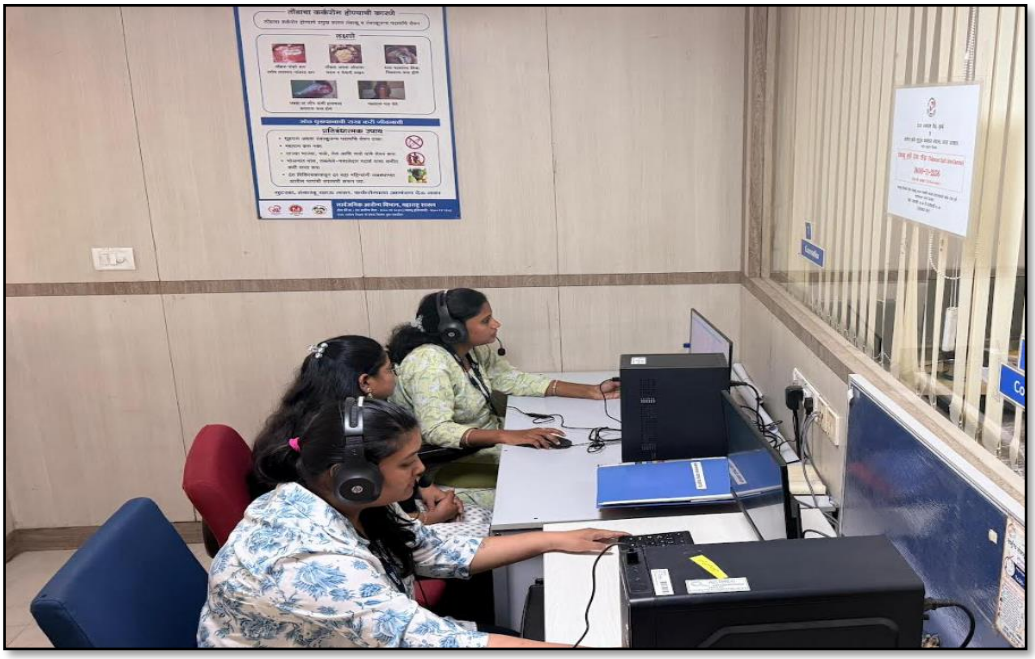
- To provide effective counselling to tobacco users that enable them to quit the tobacco through toll-free number **1800-11-2356**.

- To study the determinants of tobacco users who wanted to quit the tobacco.

4. National Tobacco Quitline Service

Infrastructure Development

As this project is based on the telephone line, we have taken a separate telephone Primary Rate Interface (PRI) line from Mahanagar Telephone Nigam Limited (MTNL) for this project. The telephone was mapped with the national toll-free number 1800-11-2356. We have installed 9 computers and one server for this project. Call centre software was purchased and installed on all the computers. The furniture and other required items were also purchased.



Counsellors at NTQLS (CCE – TMC), Mumbai.

The call structure of NTQLS is illustrated in Figure 1

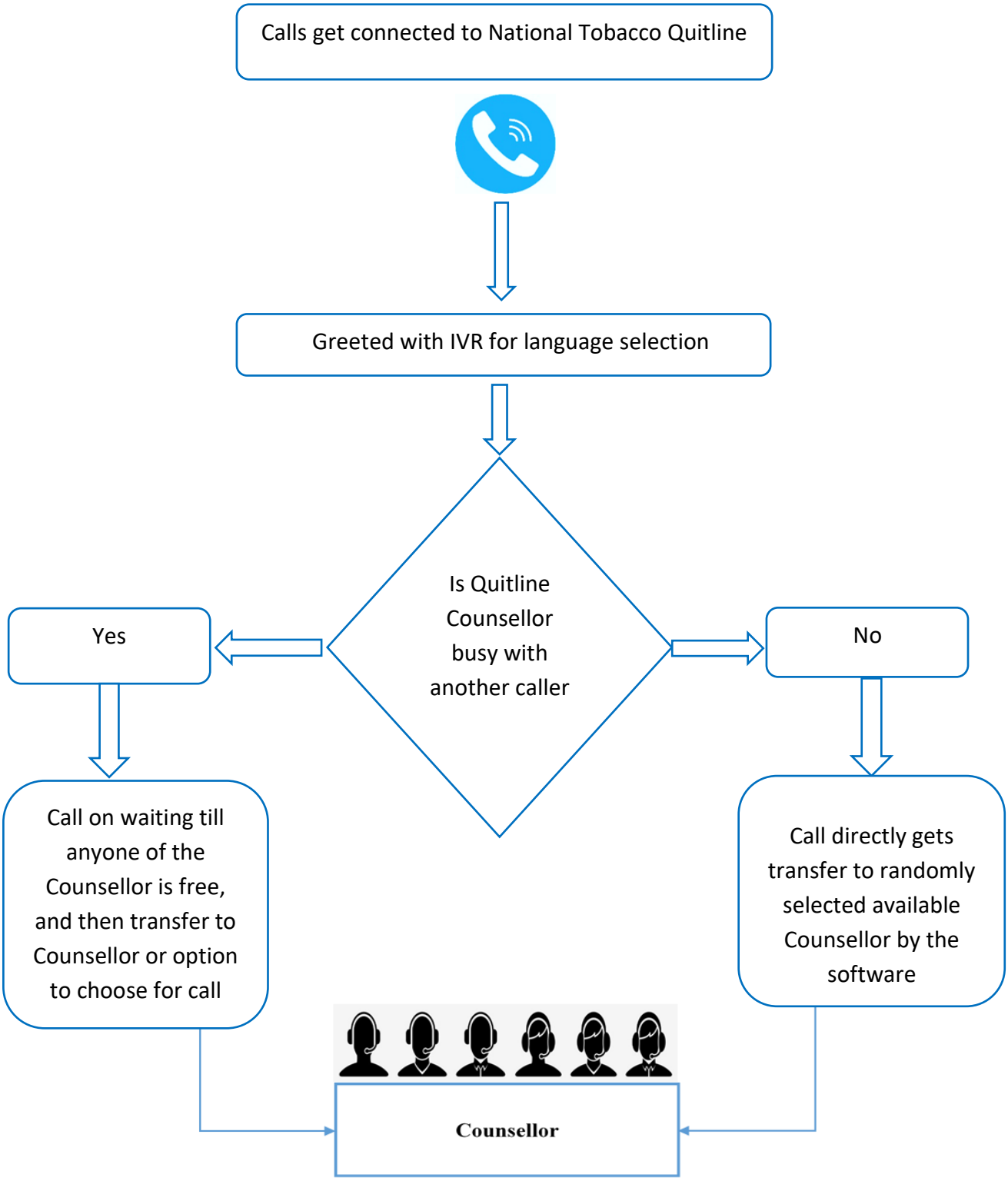


Figure 1: Call Structure Details

5. Call structure at National Tobacco Quitline Services

The call structure at the National tobacco Quitline services consists of two major calls; they are inbound calls and outbound calls.

1. **Inbound calls**

   These are the 'Reactive' calls made by individuals who want to quit tobacco habits. Based on the purpose of calling, the inbound calls are further divided into fresh calls or enquiry calls.

   - **Fresh call:** 'Fresh call' is the call made by individuals who wish to quit tobacco and are willing to proceed further in counselling sessions. As this is the first call in the counselling procedure; it is called a 'Fresh call'.
   - **Enquiry calls:** The phone calls made by individuals primarily to know or to enquire about tobacco and tobacco-related health issues and the services provided by National Tobacco Quitline services fall under the category of 'Enquiry call'. These individuals are not willing to continue the counselling process.

2. **Outbound calls**

   These are the 'Proactive' calls made by the trained counsellors throughout the counselling process. The outbound calls can be of two types.

   - **Follow-up calls:** These calls are made by the counsellor after receiving the fresh call. The 'Follow-up calls' help the counsellor to monitor and to analyze the tobacco quitting process.
   - **Interactive Voice Response (IVR) calls:** The IVR calls are the pre-recorded voice messages in the telephonic system through which system interacts with callers and lead them to the available counsellor. The IVR call system helps to keep the call on waiting while counsellors are busy and also offers an option to the callers to choose the call-back from counsellor.

The Illustration of call structure of NTQLS is illustrated in Figure 2

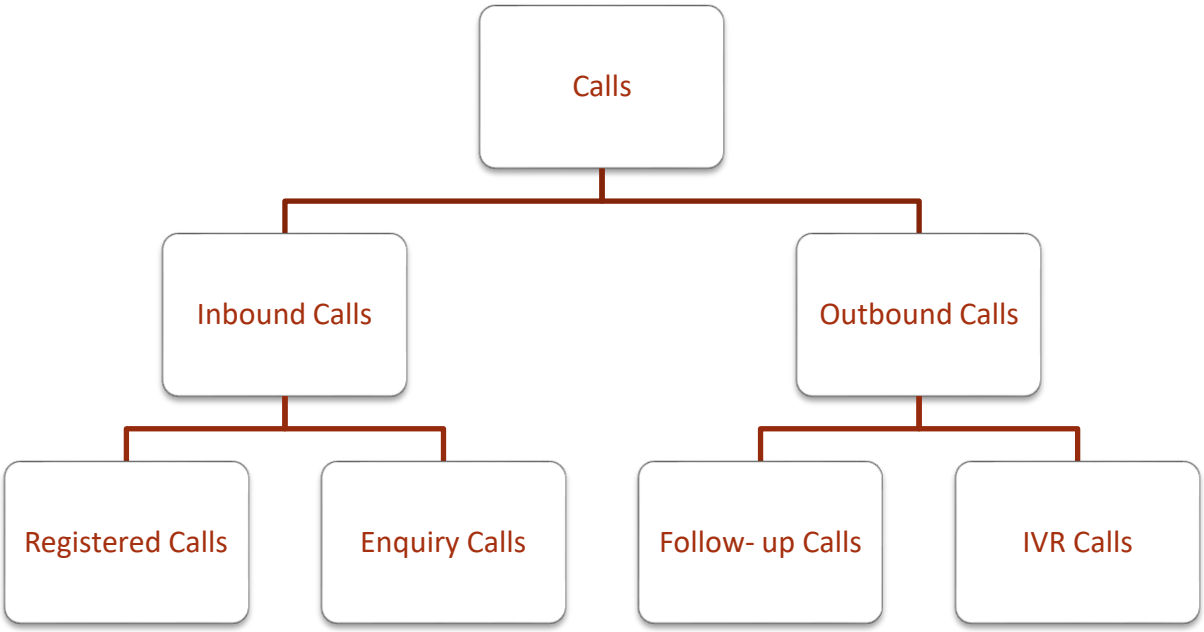


Figure 2: Call Structure of NTQLS

6. Call sequence and Counselling process

Following is the call sequence and counselling process of the NTQLS. The counselling calls are divided based on the duration and type of counselling.

Fresh call

- 'National Tobacco Quitline Services' begins once the individuals who are willing to quit tobacco call the toll-free number 1800-11-2356. This is the first call in the counselling procedure.
- At first, the individuals need to select their preferred language. The NTQLS at CCE, Mumbai is available in five languages including Marathi, Hindi, English and Gujarati.
- The fresh call received by a trained counsellor starts a conversation by asking some of the personal details including name, address, contact number, education and income.
- The contact number is a crucial element in providing this services as it helps in future communication. All gathered details are recorded in a progress sheet. Confidentiality of the information is maintained throughout the process.
- During this call, the counsellor also asks the caller several questions such as the reason for quitting tobacco, the duration of the habit, and having any health-related issues due to tobacco use. The counsellor provides detailed information regarding tobacco use including the presence of harmful and addictive substances such as nicotine in tobacco products as well as health-related issues aggravated by tobacco such as hypertension, cancer including oral cancer and lung cancer, impaired female reproductive system, infertility, chronic bronchitis, increased risk of stroke and brain damage and osteoporosis.
- The counsellor explains about harmful chemicals present in tobacco products. Among these 69 cancer-causing chemicals are also used in toilet cleaner (Phenol), rat poisoning products (Hydrogen cyanide), nail polish remover (Acetone), tar used for road construction, preservative for laboratory specimens (Formaldehyde) and fertilizers (Ammonia). The counsellor also informs the caller about harmful effects of passive smoking and gives a detailed explanation of the financial and social benefits of quitting tobacco.
- At this stage, the caller may realize the extent of harmful effects of tobacco affecting their health and of other people and if not, then counsellor calmly addresses caller's doubts, queries, and arguments.
- Once the caller is ready to quit, counsellor also prepares him/her to face withdrawal symptoms. A 'Quit Date' is set during this initial counselling. This date is decided by the

caller. The counsellor also helps in deciding the quit date by reviewing all the obtained information. This date is set within 7 to 15 days from the first call.

Reminder call (Call P1)

- A pre-quit date call is made by a counsellor 2 days before the planned quit date.
- The foremost and important thing is to maintain confidentiality. The identity of the caller must be confirmed before the conversation starts. Hence, the counsellor is very careful about this.
- This call is made by the counsellor to know the present situation and willingness of the individual for quitting tobacco.
- The counsellor questions regarding the gradual reduction of tobacco use, remedies followed, triggers, withdrawal symptoms, craving and hindrances to quit, and counsels accordingly. Details are recorded on the progress sheet.
- This call confirms and prepares the individuals for quit date.
- At this stage, if caller is ready or has started working as per instruction, the counsellor prepares him/her for the 'Quit date'. If not so, counsellor extends the quit date based on the caller's situation. This date can be changed or extended 4 to 5 times by the counsellor.

Quit date Call (P2)

- Quit Date outbound call is made by the counsellor on the 'Quit Date' decided during fresh call to know whether the caller has quit the tobacco.
- During this call, the caller discusses any issues or problems faced by him/her regarding quitting tobacco.
- If the caller has maintained the quit, then he or she is considered a quitter. Many times, a caller may lie by saying that he/she is not feeling any withdrawal symptoms and that everything is going easily without craving tobacco just to avoid further communication with a counsellor. The withdrawal symptoms and craving in the process of tobacco quitting are inevitable. Hence, counsellors should understand and catch these lies and should explain to them how necessary this counselling is for quitting tobacco.

Follow-up calls (P3, P4, P5…)

- The follow-up calls start one week after the quit date.
- The first follow-up call is P3. The caller is contacted after one week of the quit date.
- The counsellor enquires about the abstinence from tobacco, benefits of quitting, remedies followed, triggers, withdrawal symptoms, craving and hindrances to quitting, about relapse and counsels accordingly.
- Similarly, the follow-up calls P4 and P5 are placed after one week and after 3 months from the quit date set respectively.
- During these follow-up calls, all details are recorded on the progress sheet.
- The follow-up continues for nearly 6- 12 months.
- The follow-up calls are further numbered as P6, P7, P8 as the follow-up progresses

The call structure of NTQLS is illustrated in Figure 3

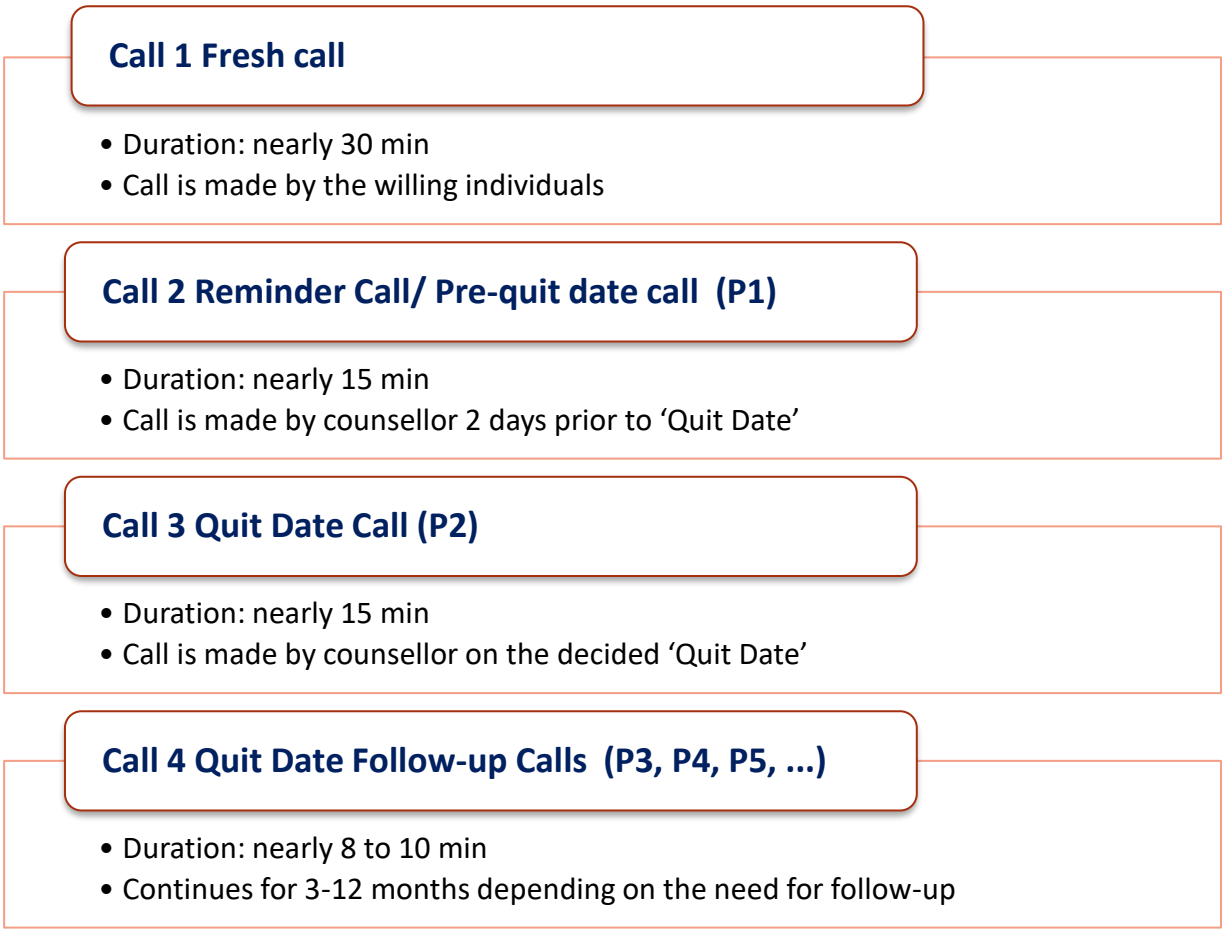


Figure 3: Call sequence at NTQLS

7. Remedial counselling given by counsellors

During the process of counselling, the counsellor gives the following advice to the caller to help them quit the tobacco habit.

- The counsellors give advice on tackling cravings associated with tobacco quitting. As cravings only last for few minutes, the counsellors advise callers to call someone who can divert their mind while having an urge for tobacco. The callers are also advised to go for a walk or to count reverse numbers from 100 to 1 so that craving time can be tackled.

- The counsellor emphasizes the use of lemon juice, as it is very useful in eliminating the addictive nicotine substance from the body. The callers are advised to drink warm lemon water daily early in the morning on an empty stomach. The counsellor also addresses the issues of heartburn/ acidity due to drinking lemon water. In this case, the counsellor encourages the caller to continue for a while and explains that this might be a temporary issue until the body adapts it. Counsellor also advises to use clove along with lemon water to reduce the acidic effect of lemon. However, those with comorbidities such as hypertension and diabetes should consult a physician before using the remedies.

- Quitting tobacco is difficult and it takes time to quit the habit. Hence, the counsellor advises reducing the quantity of tobacco rather than quitting it at once. The counsellor also advises not to purchase any tobacco products and not to take them from colleagues or family members.

- The callers are encouraged to keep themselves busy with work and other activities to avoid tobacco. While having an urge for tobacco, callers are advised to keep their mouth busy by using alternatives including drinking more water, and/or chewing ginger, gooseberry (amala), cloves, fennel seeds (sounf), roasted coriander seeds (dhanadal), carom seeds (ajwain), cardamom (elaichi) etc. Moreover, to tackle tobacco craving, callers are also advised to divert their minds to other activities such as listening to music, calling friends or relatives, watching a movie and reading favorite books.

- The counsellor also suggests wearing clean cloths by this means cloths without smell or residue of tobacco which may trigger the craving. The callers are also advised to brush their teeth twice daily.
- The counsellor asks caller to think about the reasons for quitting and the financial benefits of quitting the tobacco while having craving as these reasons can motivate callers to stay away from tobacco.
- The counsellor also encourages caller to consume more citrus fruits such as orange and pineapple.
- Apart from these, counsellor recommends caller to develop healthy habits like daily exercising, doing yoga and meditation and joining laughing club, if available.
- Pharmacotherapy or Nicotine Replacement Therapy is not recommended; instead, callers are advised to follow remedies that are readily available and easy to implement.

8. Challenges in counselling process

There are several challenges encountered during the process of counselling. The challenges faced by NTQLS are as follows:

- The overpowering urge to use tobacco can occur several months after tobacco cessation. Relapse is the major challenge in the counselling process as nicotine is a highly addictive substance and it requires constant efforts to overcome the urge of using tobacco.
- The Natioanal Tobacco Quitline services at CCE, TMC provides counselling in Marathi, Hindi, Gujarati and English language. However, many times calls are received from different parts of India where different languages are being spoken. In this situation, counsellors are not able to provide counselling.
- The first call from the caller (fresh call) is the key call in counselling process and it requires minimum of 15-20 minutes for a counsellor to collect details of the caller, to explain tobacco related hazards and to prepare caller to quit tobacco. However, many times it is difficult for a caller to spend this much amount of time. Hence, many times callers are not willing to continue for further counselling.
- Continuous follow-up is essential in counselling process. However, many times callers do not pick-up the follow-up calls and/or disconnect the call.
- Many times, it is difficult for the counsellors to talk with the callers if they are busy with their work or in a meeting.
- Sometimes counsellors are unable to contact the callers due to poor network connection.
- False information given by the callers also becomes a hurdle in counselling process. For example, if the caller has called from different contact number then it is difficult to do a follow-up.

- Moreover, counsellors must extend the quit date many times if there is no gradual reduction in tobacco use.
- Apart from these, fake calls, calls made by kids, calls made for enquiry not related to tobacco or quitting process, and calls made to get information for other tobacco users are the hurdles in counselling process.
- Total number of quit date set decreased in the year 2024, due to technical issue from Neox software, calls get automatically disconnected after 15 minutes so it is challenging to set a quit date of many callers and due to frequent issue with MTNL line, it is difficult to maintain efficiency in work.

9. Data for the year 2024

The total number of calls hit in the year 2024 was 1,95,290 out of which total attended calls were 44,497 (22.8%). Quit dates were set by 14,317 callers (32.2%); among these, 3,294 (23.0%) successfully quit tobacco. Additionally, of the 135,341 follow-up calls made during the year, 73,842 (54.6%) were answered. The findings are presented in Figure 4 and 5.

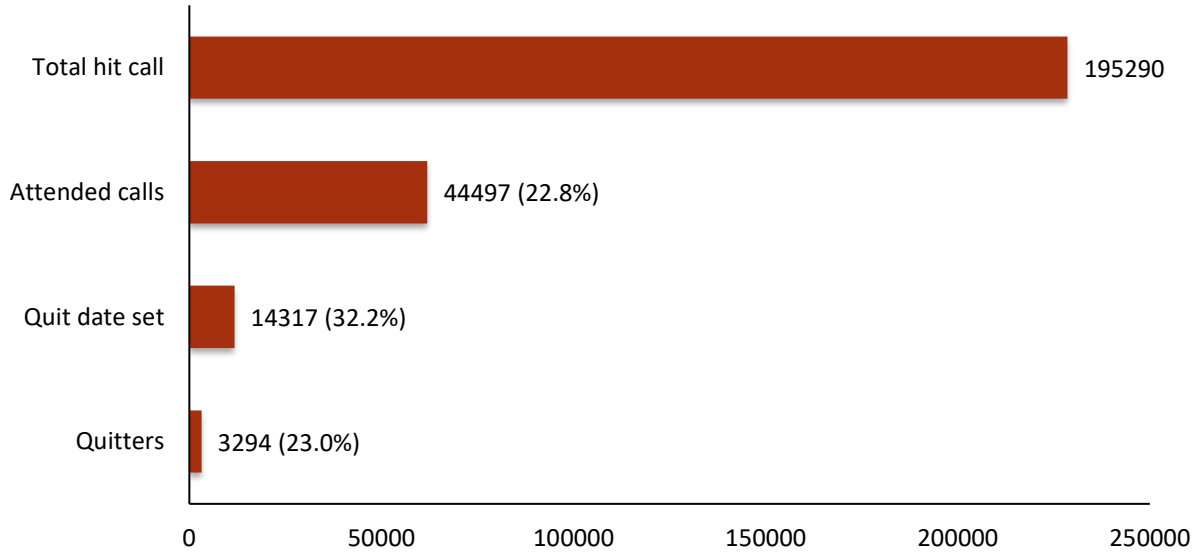


Figure 4: Total number of Call Hits, Attended Calls, Quit Date Set and Quitters: 2024

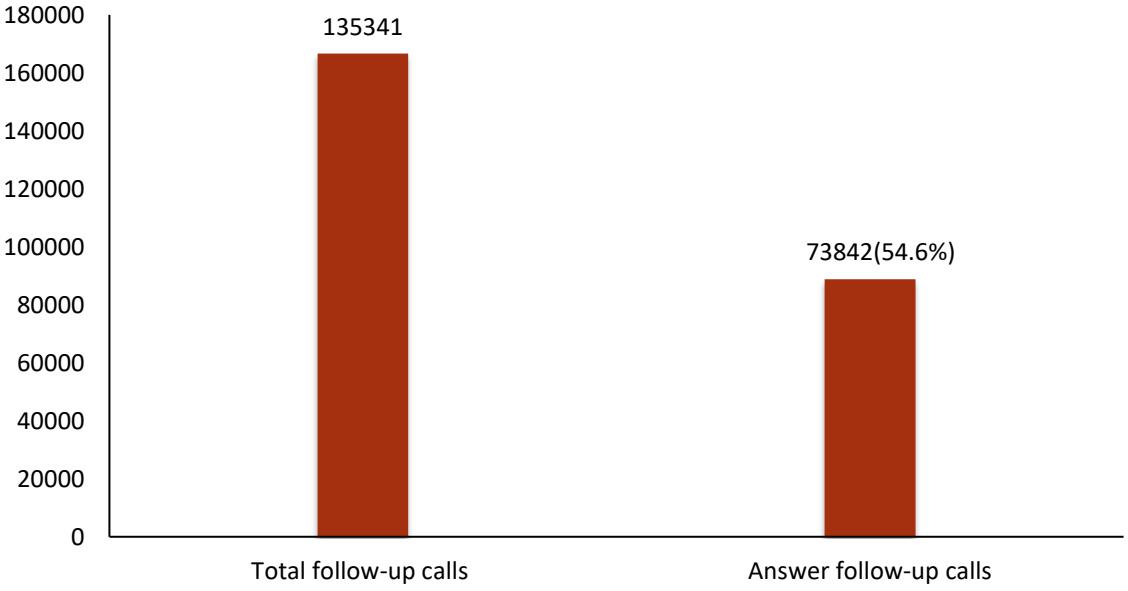


Figure 5: Total number of follow up calls made and answered follow up calls: 2024

10. Reasons for tobacco addiction

The tobacco consumption habit develops over time. There are many factors that play a key role in developing habits of tobacco use. Some of these factors are as below:

- **Curiosity and Friends/ Peer pressure:** Having friends who use tobacco in any form is greatly associated with developing tobacco habit.
- **Constipation (difficulty in emptying bowels):** Nicotine is a simulative laxative, by that means when a person consumes tobacco, the nicotine may help in bowel movement. Consuming tobacco for few times creates a dependency on tobacco for bowel movements that leads to addiction.
- **Stress/ tension:** Any type of stress at work, home or a stressful relationship may lead a person to develop tobacco habit as tobacco consumption makes an individual feel better temporarily.
- **Night duty – security guard, driver:** The individuals who do shift works especially night shift workers are more prone to get addicted to tobacco.
- **Work efficiency:** Nicotine is known as a "work-drug" that makes the user to focus and think better; until its effect lasts. The workers or employees who consume tobacco to improve their work performance for few times may find difficult to concentrate on work while having an urge of tobacco leading to developing physical and psychological symptoms and impaired work productivity. This is the reason many people cannot stop tobacco consumption.
- **Body Pain – tooth pain, head:** Many times, individuals consume tobacco to relive body ache or headache which eventually develops into dependency.

11. Results

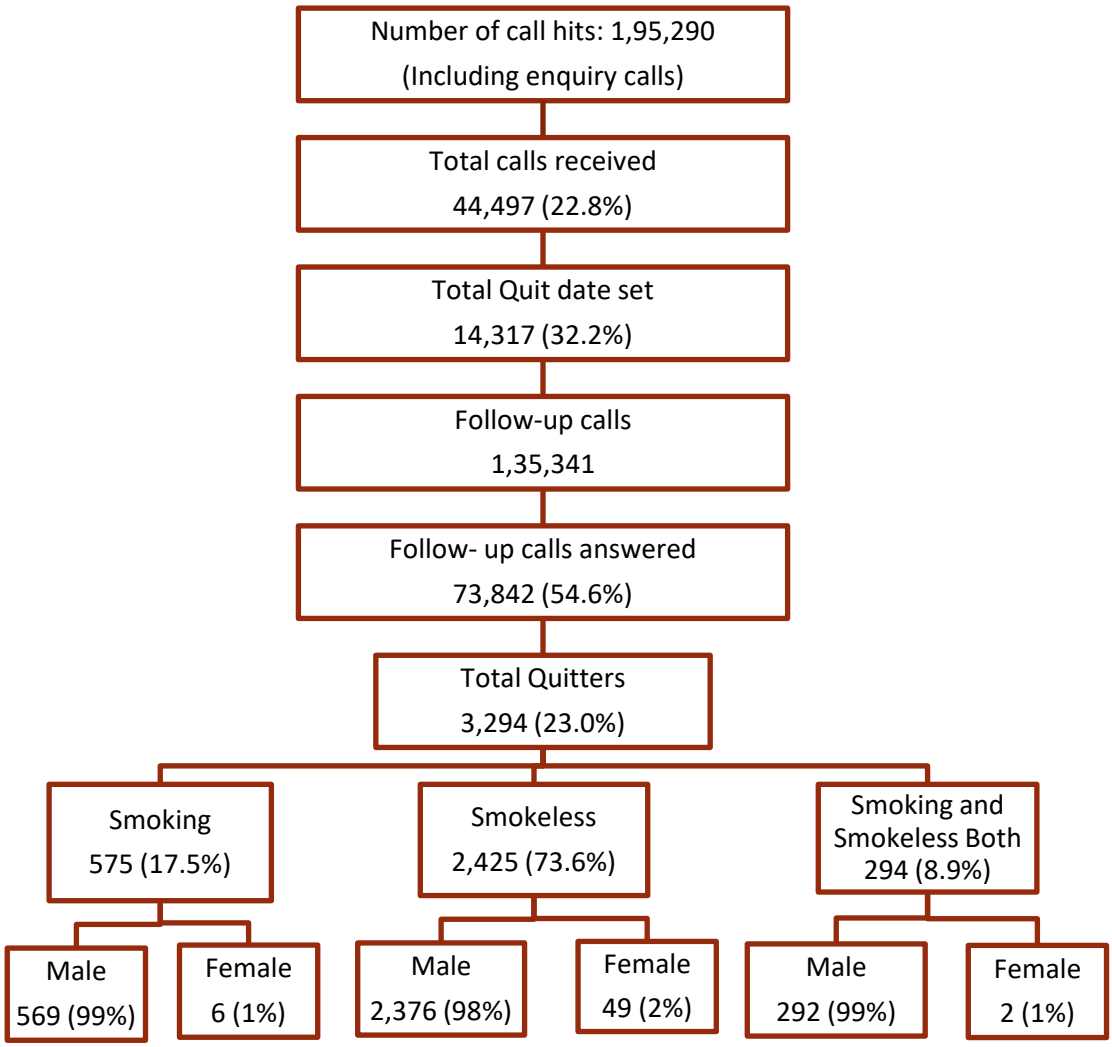


Figure 6: Number of calls received, quit date set and quitters: 2024

Table 1: Number of counsellors and the desk working in the NTQLS

Period	Number of counsellors	Total desk working
January 2024 – December 2024	12	8

Table 2: Number of quitters by type of tobacco use

Sr. No.	Type of tobacco use	Number	%
1	Smokeless	2425	73.6
2	Smoking	575	17.5
3	Smoking & Smokeless Both	294	8.9
Total Quitters		**3,294**	**100.0**

Table 3: Number of quitters by gender

Sr. No.	Gender	Number	%
1	Male	3237	98.3
2	Female	57	1.7
Total Quitters		**3,294**	**100.0**

Table 4: Age group distribution of male quitters: 2024

Age Group	Smoking		Smokeless		Smoking and Smokeless Both		Grand Total	
	Number	%	Number	%	Number	%	Number	%
15-19	53	9.2	174	7.3	19	6.5	246	7.6
20-24	133	23.4	505	21.3	80	27.4	718	22.2
25-29	99	17.4	426	17.9	63	21.6	588	18.2
30-34	56	9.8	387	16.3	36	12.3	479	14.8
35-39	32	5.6	272	11.4	31	10.6	335	10.3
40-44	24	4.2	182	7.7	18	6.2	224	6.9
45-49	10	1.8	119	5.0	7	2.4	136	4.2
50-54	10	1.8	81	3.4	7	2.4	98	3.0
55-59	12	2.1	61	2.6	2	0.7	75	2.3
60-64	7	1.2	40	1.7	1	0.3	48	1.5
65-69	6	1.1	29	1.2	1	0.3	36	1.1
70-74	5	0.9	13	0.5	1	0.3	19	0.6
75+	2	0.4	6	0.3	0	0.0	8	0.2
Unknown	120	21.1	81	3.4	26	8.9	227	7.0
Total	**569**	**100.0**	**2376**	**100.0**	**292**	**100.0**	**3237**	**100.0**

Table 5: Age group distribution of female quitters: 2024

Age Group	Smoking		Smokeless		Smoking and Smokeless Both		Grand Total	
	Number	%	Number	%	Number	%	Number	%
15-19	0	0.0	2	4.1	0	0.0	2	3.5
20-24	2	33.3	1	2.0	0	0.0	3	5.3
25-29	2	33.3	5	10.2	1	50.0	8	14.0
30-34	0	0.0	13	26.5	0	0.0	13	22.8
35-39	0	0.0	8	16.3	0	0.0	8	14.0
40-44	1	16.7	4	8.2	0	0.0	5	8.8
45-49	0	0.0	3	6.1	1	50.0	4	7.0
50-54	0	0.0	5	10.2	0	0.0	5	8.8
55-59	0	0.0	3	6.1	0	0.0	3	5.3
60-64	0	0.0	3	6.1	0	0.0	3	5.3
65-69	0	0.0	1	2.0	0	0.0	1	1.8
70-74	0	0.0	1	2.0	0	0.0	1	1.8
75+	0	0.0	0	0.0	0	0.0	0	0.0
Unknown	1	16.7	0	0.0	0	0.0	1	1.8
Total	**6**	**100.0**	**49**	**100.0**	**2**	**100.0**	**57**	**100.0**

Table 6: Percentage of quitters by education

Sr. No.	Education	Smoking		Smokeless		Both	
		Number	%	Number	%	Number	%
1	Primary	46	9.1	281	11.4	19	6.5
2	Secondary	143	27.7	1223	49.3	116	39.5
3	Above Graduation	348	61.5	870	36.0	153	52.0
4	Illiterate	7	1.2	48	2.0	6	2.0
5	Unknown	3	0.5	31	1.3	0	0.0
	Total	**547**	**100.0**	**2453**	**100.0**	**294**	**100.0**

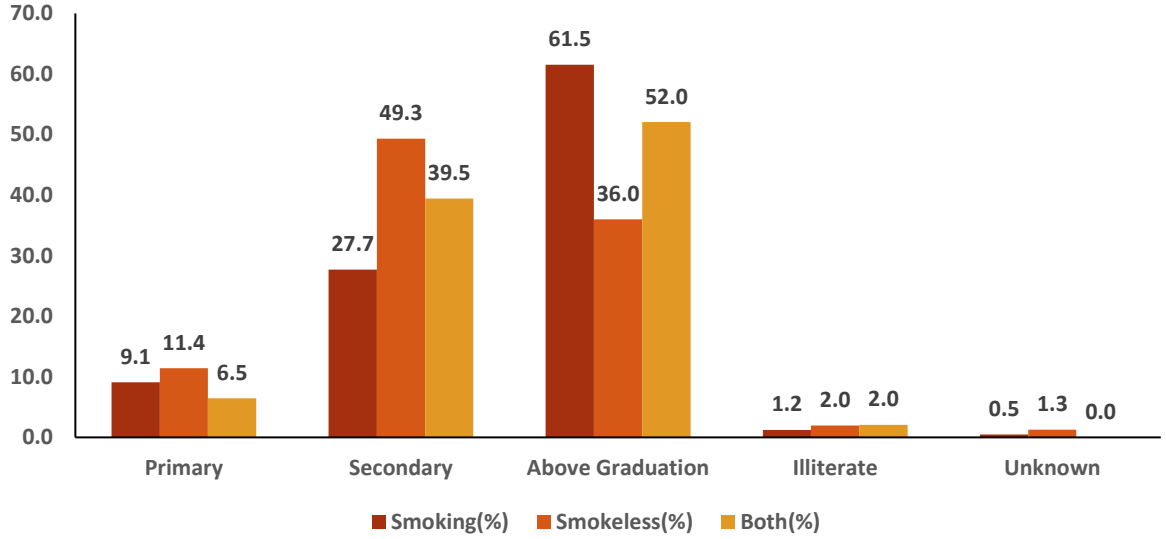


Figure 7: Educational status of the quitters by tobacco types: 2024

Table 7: Number of quitters by income

Sr. No.	Income	Number	%
1	Less than 10,000	620	18.8
2	10001 – 30000	1564	47.5
3	30001 – 60000	380	11.5
4	Above 60000	195	5.9
5	Unknown	535	16.2
Total Quitters		**3,294**	**100.0**

Table 8: Number of quitters by marital status

Sr. No.	Marital Status	Number	%
1	Married	1903	57.8
2	Unmarried	1336	40.6
3	Divorced	15	0.5
4	Widowed	8	0.2
5	Unknown	32	1.0
Total Quitters		**3,294**	**100.0**

Table 9: Number of quitters by occupation

Sr. No.	Occupation	Number	%
1	Driver/Farmer/Labour	1113	33.8
2	Private Sector	865	26.3
3	Self Employed	486	14.8
4	Student	323	9.8
5	Government Sector	271	8.2
6	Unemployed	99	3.0
7	Retired	59	1.8
8	Housewife	30	0.9
9	Teacher	25	0.8
10	Unknown	23	0.7
Total Quitters		**3,294**	**100.0**

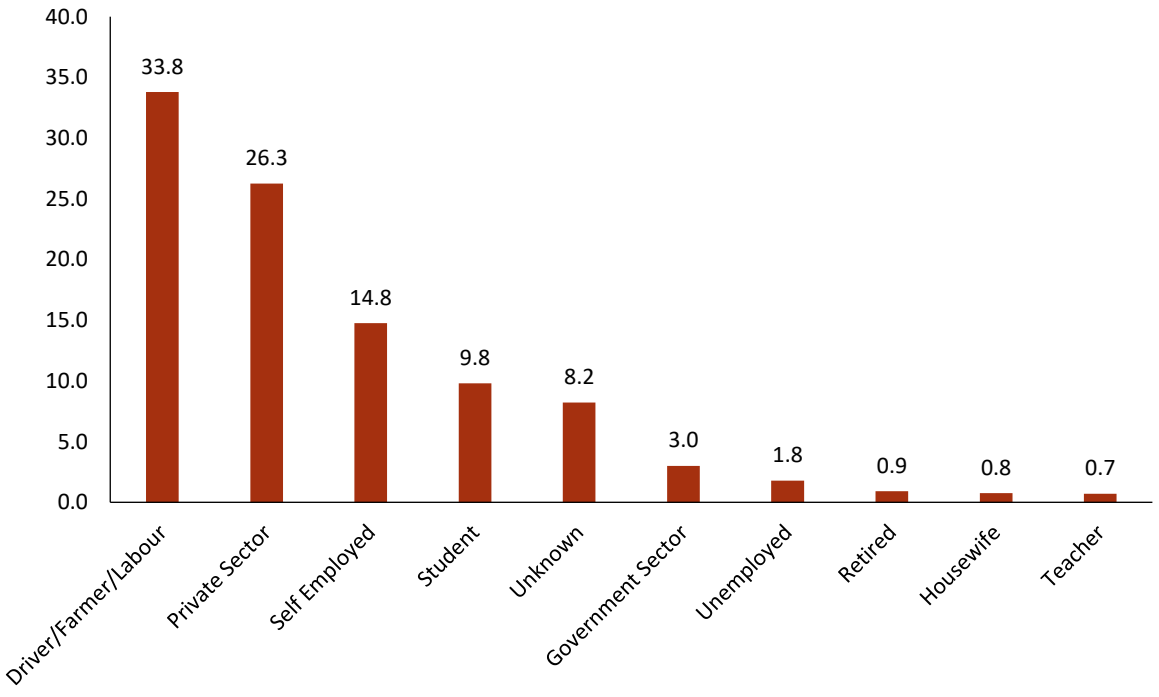


Figure 8: Occupation-wise percentage distribution of callers: 2024

Table 10: Expenses per month on tobacco

Sr. No.	Amount (INR)	Number	%
1	Less than 500	1513	45.9
2	501 – 1000	660	20.0
3	1001 – 5000	963	29.2
4	Above 5001	152	4.6
5	Unknown	6	0.2
Total Quitters		**3,294**	**100.0**

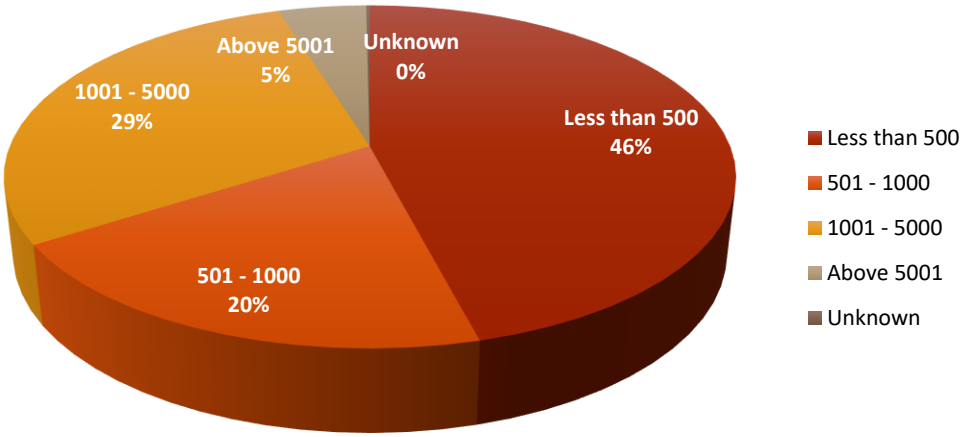


Figure 9: Expenses per month on tobacco: 2024

Table 11: Number of quitters by family history of tobacco consumption

Sr. No.	Family history	Number	%
1	Yes	1394	42.3
2	No	1837	55.8
3	Unknown	63	1.9
Total Quitters		**3,294**	**100.0**

Table 12: Comorbidities Status

Sr. No.	Comorbidities	Number	%
1	Yes	395	12.0
2	No	2872	87.2
3	Unknown	27	0.8
Total Quitters		**3,294**	**100.0**

Table 13: Previous quit attempts by quitters

Sr. No.	Quit attempts	Number	%
1	Yes	2924	88.8
2	No	370	11.2
	Total Quitters	**3,294**	**100.0**

Table 14: Number of quitters by state of residence

Sr. No.	State	Number	%
1	Maharashtra	1996	60.6
2	Gujarat	647	19.6
3	Uttar Pradesh	123	3.7
4	Rajasthan	119	3.6
5	Bihar	28	0.9
6	Madhya Pradesh	33	1.0
7	Delhi	15	0.5
8	Karnataka	9	0.3
9	Haryana	13	0.4
10	Punjab	12	0.4
11	Goa	7	0.2
12	Other States	292	8.9
	Total Quitters	**3,294**	**100.0**

***Majority of calls are from the states of Maharashtra, Gujrat, Uttar Pradesh, and Rajasthan; therefore, majority of quitters belong to these states**

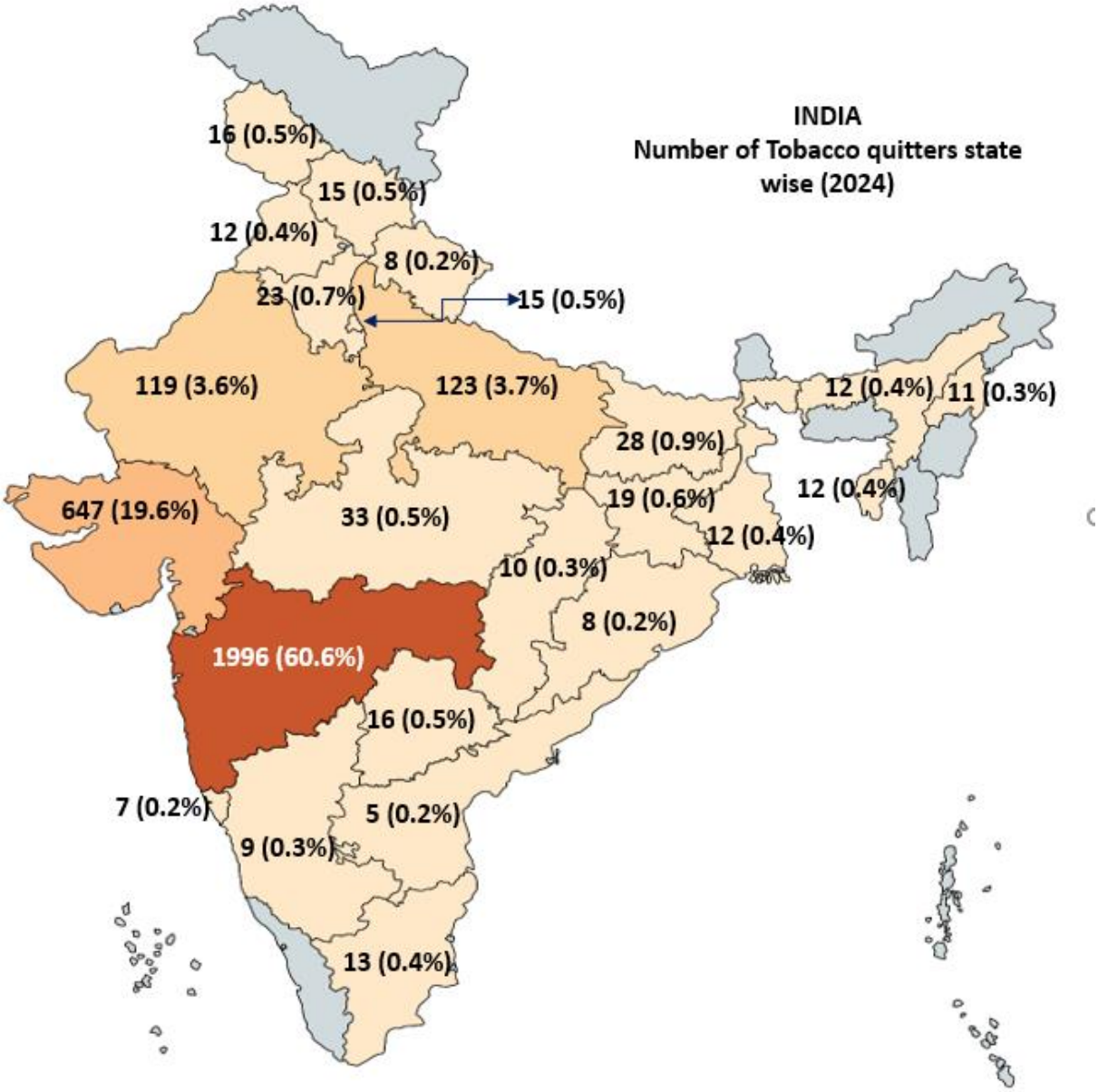


Figure 10: State-wise distribution of tobacco quitters: 2024

12. Six years of data in NTQLS: 2019-2024

The total number of calls hit, quit date set and quitters from 2019 - 2024 have been portrayed in Figure 11.

Number of calls hits have increased every year. The proportion of quit date set, and quitters have decreased due to various challenges that NTQL faces. Challenges have been described in chapter number 8.

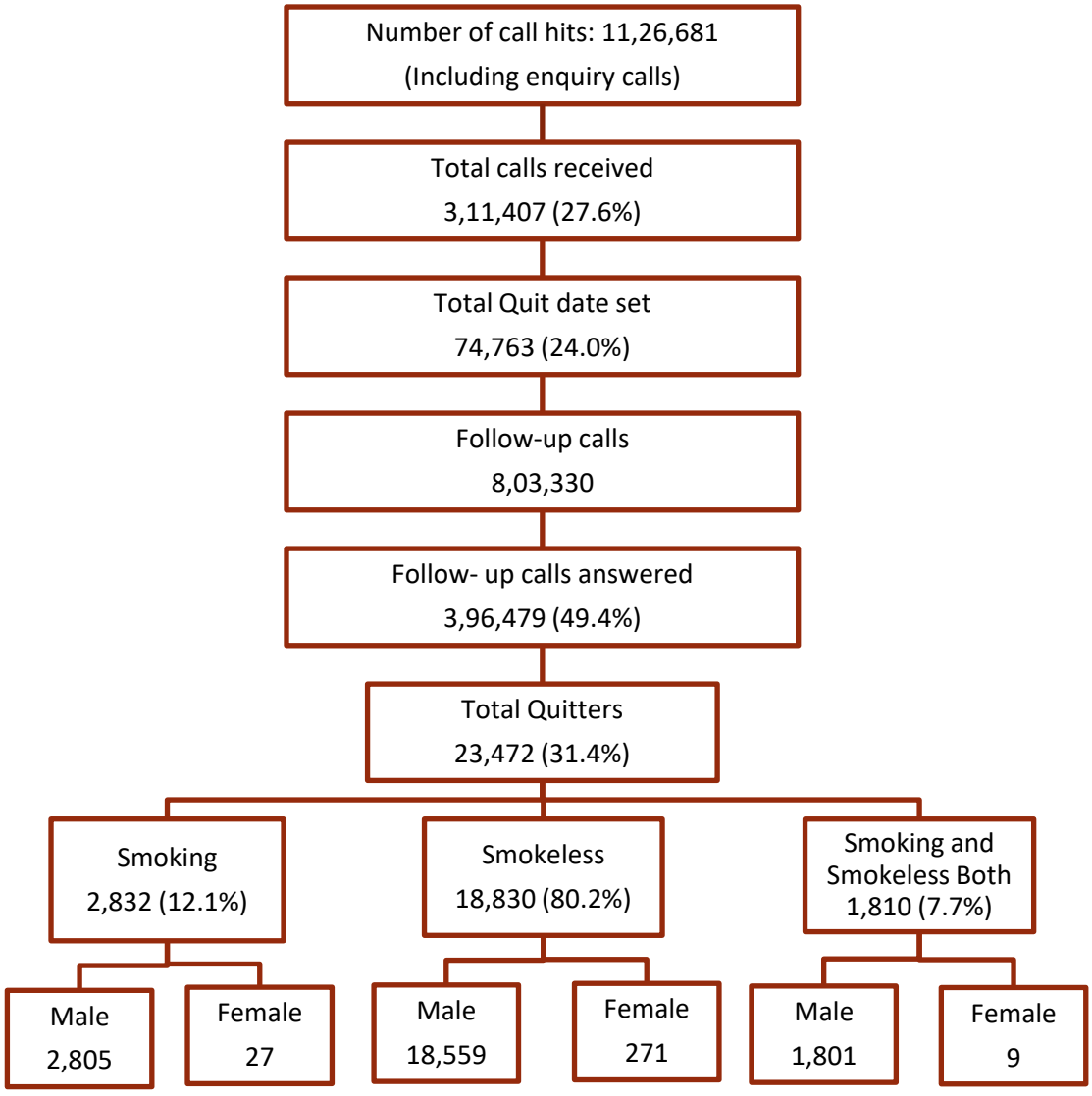


Figure 11: Six years NTQLS data: 2019-2024

13. Feedback from the caller

Many callers were able to quit tobacco through constant efforts made by the NTQLS counsellors at CCE. The feedback received from the client via Quitline mail id is attached here for reference.

Mail Received on 27th Jan, 2024

Sir,

I, ---------- have quit tobacco with the support of ---------- Madam. I decided to quit tobacco from January 19, 2023, in which ---------- Madam helped me a lot. When I used to get upset, she motivated me. Without the support of ---------- Madam, it was difficult for me to quit tobacco. I am grateful to her. She has helped me a lot to this organization that helps me quit tobacco and to ---------- . I thank her very much on my behalf, for which I will always be grateful.

Yours faithfully,

We have received similar type of feedbacks from several callers.

14. Activities conducted by National Tobacco Quitline Services in the year 2024

Sr. No.	Date	Activity conducted	Place	Beneficiaries
1	26.01.2024	Essay writing Competition for School teachers, Nursing staff of TMH, ACTREC and Public Health Department of Maharashtra On the occasion of "75th Republic Day"	Online submission of Essays	162
2	27.05.2024 to 31.05.2024	Tobacco Quitline awareness and oral screening camp for coolies, passengers and railway staff on occasion of World No Tobacco Day	Panvel Railway station and Pune Railway station	6500
3	15.07.2024 to 19.07.2024	Tobacco Quitline Awareness Campaign for the pilgrims at Pandharpur on occasion of Ashadhi Ekadashi	Pandharpur, Maharashtra	5000
4	23.07.2024 to 24.07.2024	Tobacco Quitline Awareness Campaign in school	Raigad Zilla Parishad School, Ghotgaon, Panvel	150
5	28.12.2024	Tobacco Quitline awareness at Nehru centre	Worli, Mumbai	120
		Total		**11,932**

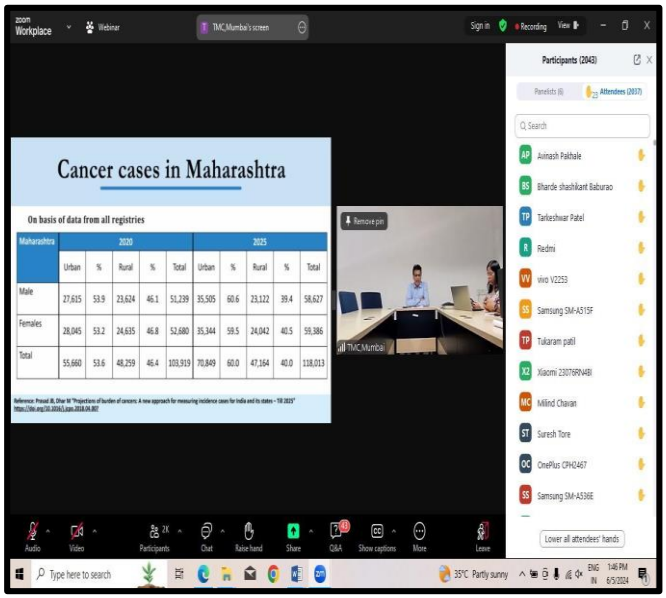
15. Photo Gallery

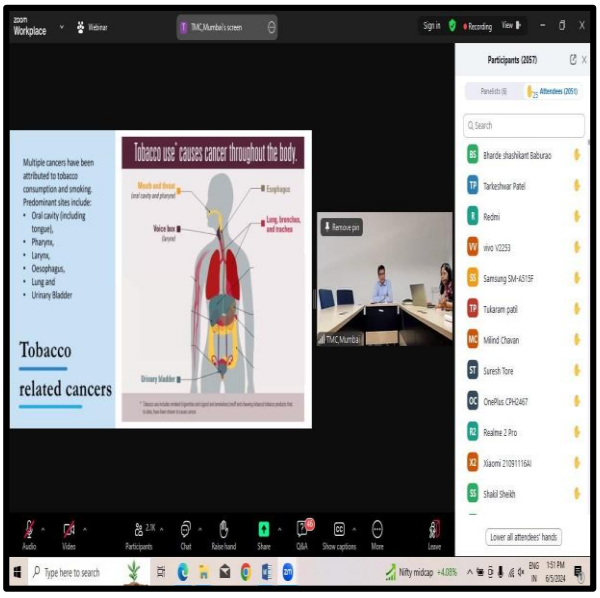
Result declaration of Essay Competation (Virtual) in the presence of the Dr. Pankaj Chaturvedi (Director, ACTREC) , Dr Rajesh Dikshit (Director, CCE) and the committee members of Essay Competitation for the year 2024

Judging Panel of Essay Competation	**Winners of the Competation**
1. Dr. Subita Patil (Prof. and Physician) 2. Dr. Amar Patil (Asst Staff Physician) 3. Mr. Pravin Bhirangi (Ex- TMH Staff) 4. Dr. Suvarna Gore (Scientfic Officer) 5. Mrs. Varsha Mahadeshwar (Jr. AO) 6. Mrs. Suvarna Kolekar (Social Investigator)	**1st Prize : Ms. Nita Vaske** **2nd Prize : Mr. Vijay Gosavi** **3rd Prize : Dr. Bhumika Fatewad** **4th Prize : Ms. Aditi Kashilkar**


On the 28th May 2024 a skit showcasing three scenarios of tobacco addiction delivered the powerful message, "Tambakhu Mukht Bharat", (Tobacco free India) at Panvel Railway Station District Raigad, Maharashtra


Tobacco awareness and oral screening camp Panvel and Pune Railway Junction, Maharashtra on the occasion of World No Tobacco Day, 31st May, 2024

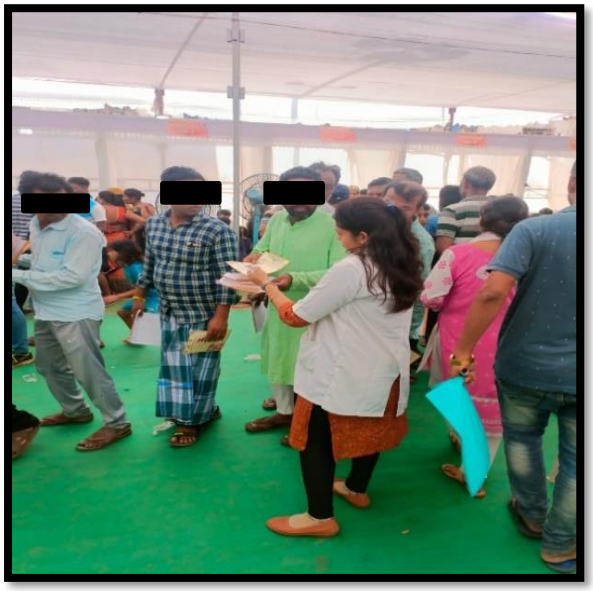




Virtual Activity: "Awareness Session for Maharashtra School Teachers under the Auspices of World No Tobacco Day 2024 - 05.06.2024"

Date	District	Number of Participants Benefited
26.06.2024 - 29.06.2024	Raigad	94
08.07.2024 - 11.07.2024	Ratnagiri	183
02.09.2024 - 05.09.2024	Nashik	244
24.09.2024 - 27.09.2024	Buldhana	123
22.10.2024 - 25.10.2024	Amravati & Gadachiroli	191
23.12.2024 - 27.12.2024	Wardha & Chandrapur	200

Virtual Capacity Building Training Program on Early Detection Screening and Prevention of Common Cancer for CHO's

Tobacco Awareness Campaign on the occasion of Aashadhi Ekadashi at Pandharpur, Maharashtra, India


On 23rd & 24th July 2024 Tobacco Quitline Awareness Campaign was held in Raigad Zilla Parishad School, Ghotgaon, Panvel, Maharatshtra

On the occasion of Independence Day (15th August 2024), a skit was performed at K.S. Auditorium, ACTREC, Navi Mumbai to highlight the dangers of tobacco consumption

In October and November 2024, counsellors were appointed to visit the TCC Center in the OPD Building at Shanti Sadan, ACTREC, Navi Mumbai, to provide face-to-face counselling to patients' relatives

An exhibition was organized by the Department of Atomic Energy and Tata Memorial Centre in collaboration with Nehru Science Centre on 16th December 2024, during which awareness was raised by the NTQLS team, Mumbai

16. Achievment

(टाटा स्मारक केंद्र) / TATA MEMORIAL CENTRE
परमाणु ऊर्जा विभाग, भारत सरकार का एक सहायता अनुदान प्राप्त संस्थान
(A Grant-in-aid Institution of the Department of Atomic Energy, Govt.of India)

डॉ. (प्रोफेसर) सुदीप गुप्ता
Dr. (Prof.) Sudeep Gupta
निदेशक / Director

November 2, 2024

Dr Atul Budukh
Prof. & OIC,
Dept. of Medical Records & Cancer Registries,
CCE, ACTREC.

Dear Dr Budukh,

Please accept my compliments for release of Tobacco Quit Line Report 2023.

The activities accompanied by Tobacco Quitline Centre, CCE are admirable and exemplary. It is encouraging to know that more than 20,000 individuals have quit tobacco in the last five years.

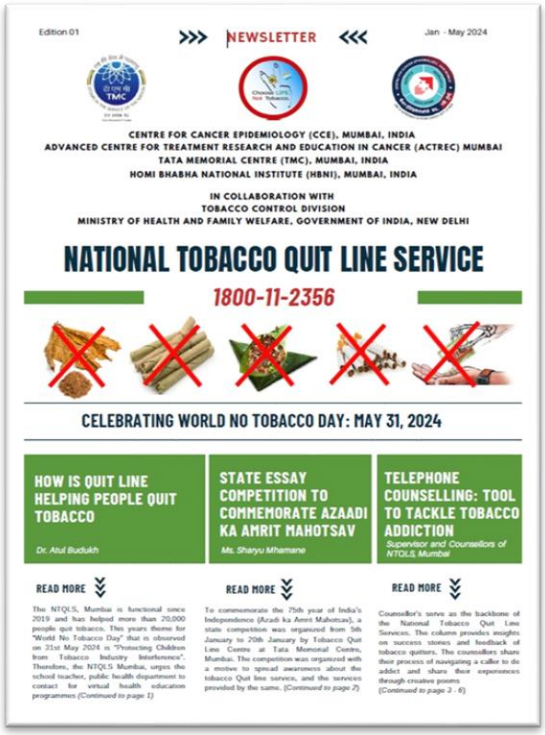
My compliments to the entire technical and project team of CCE!

Best wishes,

Dr Sudeep Gupta
Director
Tata Memorial Centre

डॉ. अर्नेस्ट बोर्जेस मार्ग / Dr. Ernest Borges Marg, परेल, मुंबई / Parel, Mumbai - 400 012, भारत / India
दूरभाष / Tel : 022-2413 9318 / 2415 2955 / 2417 7131, फैक्स / Fax : 022-2416 8440 / 24146937
वेबसाईट / Web : https://tmc.gov.in, ई-मेल / Email : director.tmc@tmc.gov.in, guptas@tmc.gov.in

The fifth year (2023) report was released and received compliments from Dr. Sudeep Gupta (Director, Tata Memorial Centre)



Edition 01 >>> NEWSLETTER <<< Jan - May 2024

CENTRE FOR CANCER EPIDEMIOLOGY (CCE), MUMBAI, INDIA
ADVANCED CENTRE FOR TREATMENT RESEARCH AND EDUCATION IN CANCER (ACTREC) MUMBAI
TATA MEMORIAL CENTRE (TMC), MUMBAI, INDIA
HOMI BHABHA NATIONAL INSTITUTE (HBNI), MUMBAI, INDIA

IN COLLABORATION WITH
TOBACCO CONTROL DIVISION
MINISTRY OF HEALTH AND FAMILY WELFARE, GOVERNMENT OF INDIA, NEW DELHI

NATIONAL TOBACCO QUIT LINE SERVICE

1800-11-2356

CELEBRATING WORLD NO TOBACCO DAY: MAY 31, 2024

HOW IS QUIT LINE HELPING PEOPLE QUIT TOBACCO
Dr. Atul Budukh
READ MORE

STATE ESSAY COMPETITION TO COMMEMORATE AZAADI KA AMRIT MAHOTSAV
Ms. Sharyu Mhamane
READ MORE

TELEPHONE COUNSELLING: TOOL TO TACKLE TOBACCO ADDICTION
Supervisor and Counsellors of NTQLS, Mumbai
READ MORE

The first newsletter, 'Celebrating World No Tobacco Day – 31st May 2024,' was published on the occasion of World No Tobacco Day 2024

17. Limitations

The limitation of the findings is that it is based on a selected sample of people who quit tobacco through NTQLS, TMC Mumbai. The callers are confirmed as quitters on a telephonic conversation with the counsellor; therefore, there is a possibility of reporting bias as the callers may lie about their quit status.

18. Publications

Based on the data obtained from the NTQLS, following research papers were published. The citations of the published papers are given below.

1. Singh A, Budukh A, Chaturvedi P, Dikshit R. **Systematic review on telephonic Quitline and its effects on smokeless tobacco.** *International Journal of Noncommunicable Diseases* 4(3): p 65-72, Jul–Sep 2019. DOI: 10.4103/jncd.jncd_26_19

2. Bhavya R, Musale D, Kadam D, Lanjekar K, Ogale G, Bhise M, Gore S, Chaturvedi P, Dikshit R & Budukh A (2024): **Challenges faced by tobacco quit line services during the COVID-19 pandemic,** *Journal of Substance Use,* DOI: 10.1080/14659891.2024.

3. Budukh A, Mhamane S, Bagal S, Chakravarti P, Ogale G, Sharma R, Yadav M, Saoba S, Gore S, Chaturvedi P. **Factors influencing tobacco quitting: findings from National Tobacco-Quitline Services, Mumbai, India.** *Ecancermedicalscience*. 2024 Sep 25;18:1777. doi: 10.3332/ecancer.2024.1777. Through this article we identified the factors that influence the tobacco quitting and based on the findings of the study, following were the recommendations;

   Individuals with **higher quitting rates** were those who

   - Had no previous quit attempts
   - Never consumed alcohol
   - Consumed tobacco within 6–30 minutes and 30–60 minutes after waking up, compared to those consuming within 5 minutes of waking up.

   The ones **who were less likely to quit tobacco** were,

   - Female callers
   - Those working in the private sector
   - Individuals consuming more than ten tobacco units/packets
   - Tobacco use for more than 10 years
   - Expenditure of more than 5,000 rupees monthly on tobacco
   - Those with no known comorbid conditions

- The variables such as, female callers, private sector workers, those with high and long term tobacco dependency, those with high expenditure on tobacco and those with no known co-morbidities were less likely to quit tobacco.

- These above-mentioned variables should be considered during call assessment by the counsellors, where those with callers' characteristics being predictive of quitting tobacco easily, shall be identified and targeted by the counsellor.

- Similarly, a different counselling strategy with an increased dedicated counselling time should be provided to those callers with characteristics not predictive of tobacco quitting or those who are less likely to quit tobacco.

- The counsellors can also help the caller to connect with the nearest government district centre that provides necessary medical help in tobacco cessation.

- In addition to this, with the consent of the caller, his/her family member or next of kin whom the caller trusts; can also be counselled about the necessary support provided to the caller during his/her tobacco-quitting journey. This helps in enhancing social support and making the environment helpful to quit tobacco.

19. References

1. Kumar R, Saroj SK. Is tobacco Quitline cost effective in India? Monaldi Archives for Chest Disease. 2020 Nov 9;9Z0(4).

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5. World Health Organization, Health topics, Tobacco 2021 [*Accessed on* 25 August 2021] https://www.who.int/india/health-topics/tobacco

6. India loses 1% of its GDP to diseases and early deaths from tobacco use, finds WHO study. WHO.int. 2021 [*Accessed on* 24 August 2021]. Available from: https://www.who.int/india/news/detail/09-02-2021-india-loses-1-of-its-gdp-to-diseases-and-early-deaths-from-tobacco-use-finds-who-study

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11. SAS Nagar Population-Based Cancer Registry Report: 2017-2018 – Tata Memorial Centre, Mumbai and Post Graduate Institute of Medical Education and Research (PGIMER), Chandigarh, India

12. Mansa Population-Based Cancer Registry Report: 2017-2018 – Tata Memorial Centre, Mumbai, and Post Graduate Institute of Medical Education and Research (PGIMER), Chandigarh, India

13. Sangrur Population-Based Cancer Registry Report: 2017-2018 – Tata Memorial Centre, Mumbai, and Post Graduate Institute of Medical Education and Research (PGIMER), Chandigarh, India

14. Budukh A, Bagal S, Gupta D, Pandey N, Singh R, Prabhash K, Chaturvedi P, Dikshit R, Badwe RA, and Gupta S. Cancer Incidence and Mortality in Muzaffarpur, Bihar state, India: 2019-2021. Tata Memorial Centre (TMC), Mumbai, India (2024).

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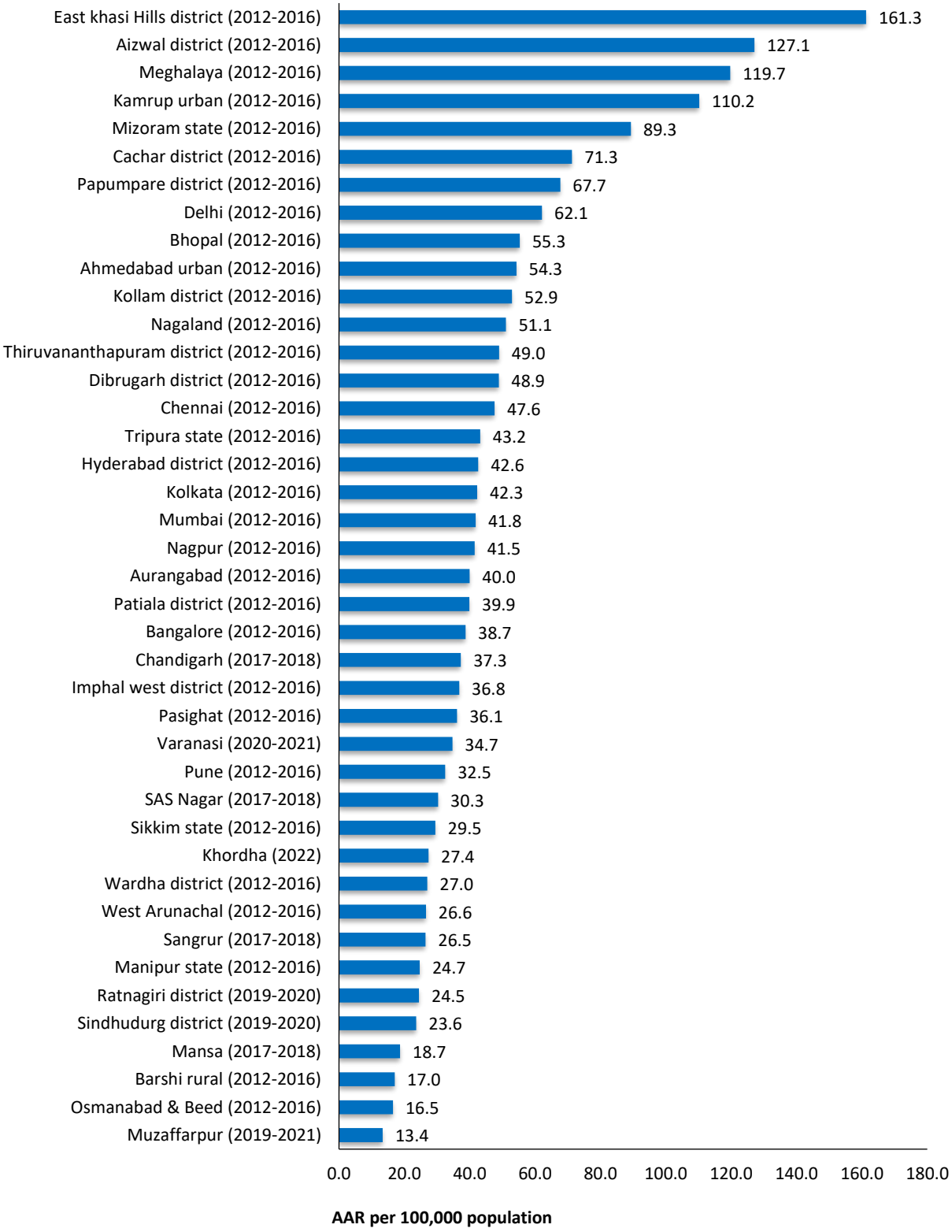
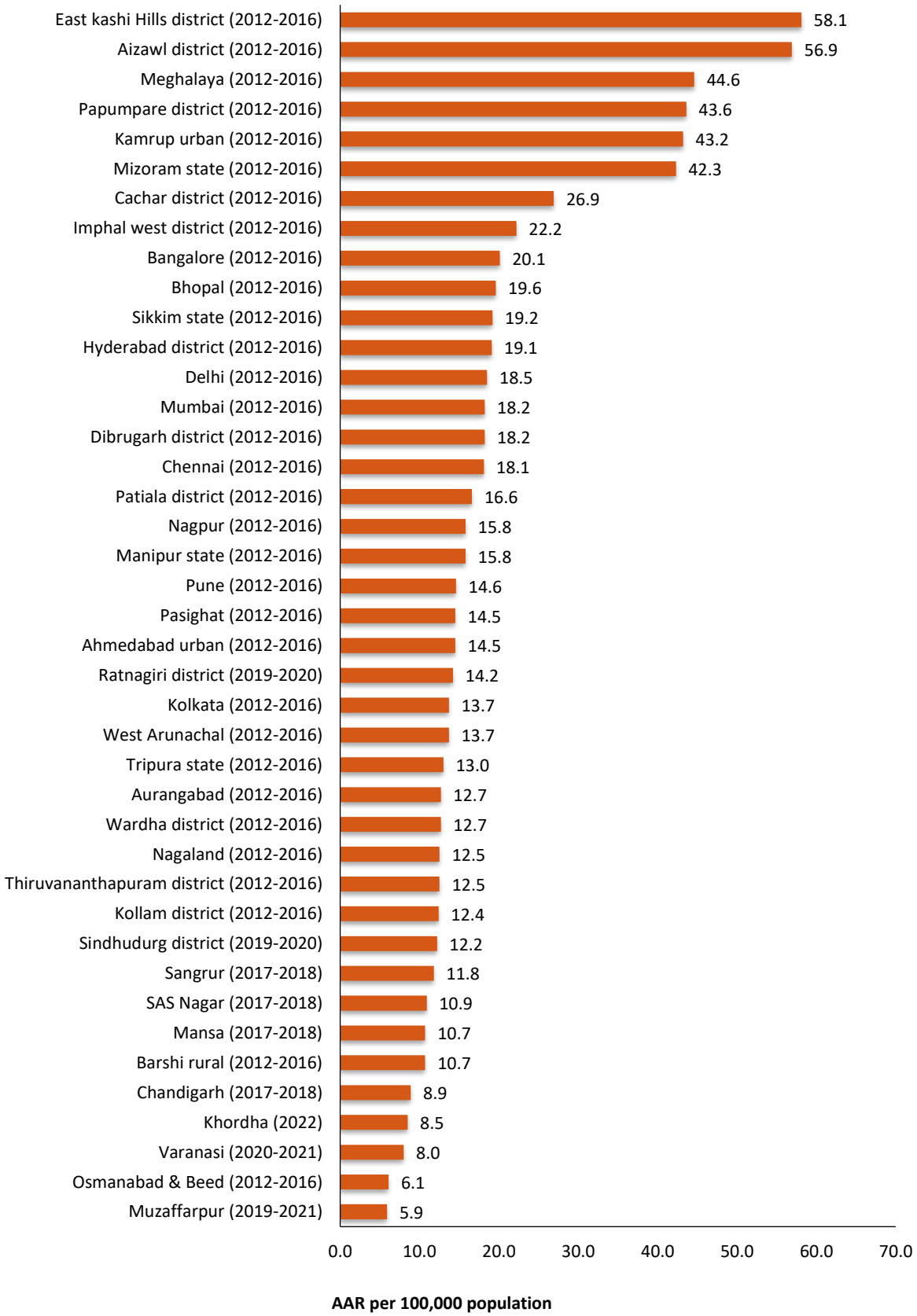
20. Appendix

Figure 12: The burden of tobacco-related cancers in Indian PBCRs among male



Reference: 9-18

Figure 13: The burden of tobacco-related cancers in Indian PBCRs among female



Reference: 9-18

21. Acknowledgement

The National Tobacco Quit line Services, CCE-TMC gratefully acknowledges the help rendered by the following dignitaries.

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Dr. Navin Khattry, *Dy. Director, CRC*
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Wg Cdr P. J. Monteiro (Retd.), *Chief Administrative Officer*
Mrs. Kamala Paidipati, *Dy. Controller Of Accounts*
Dr. Amar Vilas Patil, *Assistant Staff Physician*
Mr. H Kelkar, *Head, Engineering services*
Mr. Anand Jadhav, *Scientific Officer - IT Department*
Mr. Suryakant Shedge, *Asst Accts Officer, CCE*
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Dr. Pulkesh Kumar, *Deputy Secretary*
Dr. L Swasticharan, *Additional DDG*
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Mr. Ravindra Sawant, *DGM MTNL CBD Belapur*
Mr. Dutta Salunkhe, *Account Exec. Vashi*
Mr. Vivek Singh, *Fibre Exec. Navi Mumbai*
Mr. Janardhan Babar, *Tech Exec. CBD, Belapur*
Mr. Nadeem, *Tech Exec. CBD Belapur*
Mr. Sudesh Palekar, *Clerical Exec.*
Mr. Lalsaheb Yadav, *Lineman, Kharghar*

Vallabhbhai Patel Chest Institute University of New Delhi

Dr. Raj Kumar, *Director*

Tata Memorial Centre, Mumbai

Advanced Centre for Treatment, Research & Education in Cancer, Kharghar, Navi Mumbai

Centre for Cancer Epidemiology, Kharghar, Navi Mumbai

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