A Training Module on

Tobacco Cessation Counselling for Female Tobacco Users

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Tata Memorial Centre
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DEPARTMENT OF PREVENTIVE ONCOLOGY

It is estimated that there were 11,57,294 new cancer cases, 7,84,821 deaths and 22,58,208 people living with cancer, in India, in 2018, according to GLOBOCAN 2018 data. The five most common cancers affecting the Indian population are breast, lip, oral cavity, uterine cervix, lung and stomach. Cancers of major public health relevance such as breast, lip, oral cavity and uterine cervix contribute to 32.8% of all cancers among Indian population. These cancers can be prevented, screened for and/or detected early and treated at an early stage. This could significantly reduce the death rate from these cancers.

The cancer toll in developing countries, especially India, is due to the fact that over 70% of cases are detected late and report for treatment in very advanced stages. Apart from the pain and misery that cancer inflicts on the patient and his family, the economic impact of this disease is catastrophic. Simple preventive measures and regular screening can bring down these deaths drastically and even have other health benefits. With the principal objective of prevention and early detection of common cancers, the Tata Memorial Hospital set up the Department of Preventive Oncology in March 1993. Ever since, the Department of Preventive Oncology has been raising awareness and concern about cancer and affirming the prevention and curability of cancers, if detected early. As the level of cancer awareness rises, the health seeking behaviour towards early detection will increase and consequently the cancer load in the country will begin to decline.

The Department of Preventive Oncology, Tata Memorial Hospital, Mumbai, is a designated WHO Collaborating Centre for Cancer Prevention, Screening and Early Detection (IND 59), Region SEARO, since 2002. The five main thrust areas of the department are:

- Information, Education and Communication (IEC)
- Clinic and Community-based, Opportunistic-Screening
- Health Manpower Development
- Advocacy, NGO-Training and Networking
- Research

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Preface

Tobacco use is now universally considered as the most important preventable cause of adult disease and death in the world. In 2007-08 the Government of India launched the National Tobacco Control Programme (NTCP) which, among the other goals, aimed to create awareness about the harmful effects of tobacco, help people quit tobacco use and facilitate implementation of strategies for prevention and control of tobacco as advocated by WHO Framework Convention on Tobacco Control. The NTCP is being implemented through National, State and District Tobacco Control Cells, whose activities include training and capacity building of enforcement officials, promoting awareness of the dangers of tobacco use among the general public and prevention tobacco use. Under the National Health Policy 2017, a target of 30% relative reduction in tobacco use by 2025 has been set.

Multiple forms of tobacco are used in India with the tobacco habit, forms of tobacco predominantly used, reasons for initiation and continuation varying widely across gender, geographical areas, socio-economic status, etc. Hence, there is a dearth of structured and specific target segment oriented guidelines and material for tobacco control activities, depending on the requirement of each segment of population.

The Department of Preventive Oncology at the Tata Memorial Hospital has been actively engaged in targeted tobacco control and cessation activities among various segments and social groups of people. As the impact of pictures is far reaching than verbal or written messages, this pictorial booklet, dedicated especially for tobacco cessation among women of the lower soico-economic strata, will be a guide to everyone like the enforcement officials of district tobacco control cells, any NGOs working with tobacco control and cessation, the Accredited Social Health Activist (ASHAs), the Anganwadi Workers (AWWs), the Primary Health Workers (PHWs), Community Health Volunteers (CHVs), Medical social Workers (MSW) and other staff from the government and private sectors about creating awareness on hazards of tobacco and tobacco control and cessation sessions for the prevention of tobacco related diseases. It is our intention to translate the booklet to as many Indian languages as possible, so that it could be extensively used.

Dr. Gauravi Mishra & **Dr. Sharmila Pimple**

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Background

India is the third largest tobacco producing nation and second largest consumer of tobacco world-wide, with a large use of a variety of smoking forms and an array of smokeless tobacco products. Mortality due to tobacco in India is estimated at upwards of 1.3 million, approximately one-sixth of the world's tobacco-related deaths. If this trend continues tobacco will account for 13 percent of all deaths in India by 2020. Consumption of tobacco is prevalent among all sections of Indian population though the habit and product preferences vary by gender and by region.[1] The non-smoking and application forms of tobacco consumption has been socially and culturally accepted among women in India since a long time. Hence, the use of smokeless forms of tobacco by women is widespread. Smoking forms too are gradually getting acceptance, especially among the younger population. According to Global Adult Tobacco Survey (GATS) conducted among population between 15 and 65 years of age during 2016 – 2017, 29% of adults (42.4% men and 14.2% women) in India use tobacco. The use of smokeless form being more common among both men (29.6% smokeless, 19% smoking) and women (12.8% smokeless, 2% smoking) compared to the smoking forms.[2] Estimates show that, 8.5% of pregnant mothers and 10.8% of breast feeding mothers use tobacco in some form [3]

Tobacco, used either regularly or occasionally, is hazardous for health, whatever be the form used. Short term effects include tooth decay, breathing problems exaggeration of asthma, etc. Long term effects include cardio-vascular diseases, reproductive disorders, birth defects, brain shrinkage/cognitive dysfunction, Alzheimer's disease, stroke, cataract, cancers and respiratory disorders [4,5].

Tobacco causes disease and death in both men and women but women are affected more than men. A high prevalence of tobacco use is an additional risk for premature death among women. Tobacco use is one of the top six leading attributable risk factors for chronic diseases in women aged 20 years and above[5]. The relative risk of oral cancer among women smokeless tobacco users is 8 times higher than that for men, and that of cardiovascular disease is 2–4 times higher and relative risk of all-cause mortality due to smokeless tobacco use is higher among women than among men.

In addition, tobacco use raises women's risk of adverse reproductive outcomes. Poor pregnancy outcomes from tobacco use during pregnancy include 70% higher risk of anemia in pregnant women, 2–3 times higher rate of still births, 2–3 times higher rate of low birth weight [6], increase in placental weight, lower gestational periods (preterm), delayed conception[5,7], sudden infant death syndrome, premature rupture of membranes, etc [5,1].

The use of multiple forms, various reasons for initiation and continuation on the basis of gender and socio-economic status complicates the efforts to fight the battle against tobacco and give rise to the need of specifically tailored interventions for tobacco control and cessation support. Considering all the above, this training module has been specifically designed for the training and capacity building of all the health care professionals, frontline health workers, other community outreach programmes, counselors etc. for tobacco control and cessation workshops targeting the female tobacco users. We hope it will go a long way in the fight against tobacco.

Tobacco – A Brief Overview

What is tobacco?

Tobacco is a plant cultivated for its leaves, which are dried and fermented and used to make tobacco products. Tobacco contains nicotine, an ingredient that leads to addiction. There are also many other harmful chemicals found in tobacco or created by burning it while making tobacco products.

How is tobacco used?

People can smoke, chew, apply or sniff tobacco. Tobacco products are broadly categorized into smoking and smokeless forms. Smoking tobacco forms include cigarettes, bidis, hookah, etc. while smokeless tobacco products include chewing tobacco, snuff, masheri, gutkha etc.

Why is tobacco addictive?

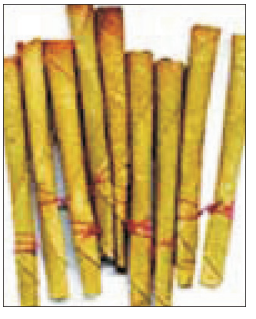
The nicotine in any tobacco product readily absorbs into the blood when a person consumes it. Upon entering the blood, nicotine immediately stimulates the adrenal glands to release the hormone epinephrine (adrenaline) which in turn stimulates the central nervous system and increases blood pressure, breathing, and heart rate. Nicotine affects the parts of the brain that give us a feeling of pleasure. When nicotine gets into the brain, it stimulates the release of a chemical messenger called dopamine, which in turn sets off some of the neurons in the part of the brain that convey pleasure. Thus, nicotine triggers a sensation of pleasure, which causes people to associate tobacco use with a feeling of pleasure and hence gets them addicted to it.[9]

Tobacco Products in India

Cigarettes

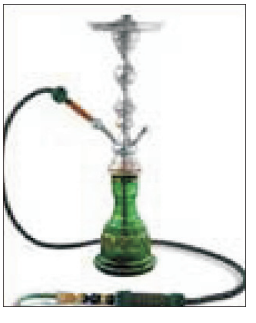
It is cured, shredded and reprocessed tobacco packed in a white paper tube (about 0.7 to 1.1 gram tobacco per cigarette). One end is ignited and allowed to smoulder; smoke is inhaled through the cigarette tube into the mouth and lungs. The inhaled smoke rapidly delivers nicotine to the brain.

Bidi



In bidi, flakes of sun-cured tobacco are rolled in a hand-rolled dried leaf of a tree like tendu, temburni, etc. Due to their non-porous wrapper, bidis deliver more nicotine and tar to the user per unit time than cigarettes do despite containing much less tobacco: bidis typically contain 0.15-0.25 g of tobacco.

Hookah



Here, tobacco is slowly burned over smouldering charcoal in a covered bowl and the smoke is made to pass through water before being inhaled. Hookah tobacco is stronger than cigarette or bidi tobacco.

Cheroot

A cheroot is a commercially made roll of heavy bodied tobacco held together with a binder, fermented and clipped at both ends. A similar product used is cigar. Other smoking forms include Chilum, Chutta, Dhumti

Smokeless Tobacco

Smokeless Tobacco is chewed, held in the mouth or applied to gums and teeth or sniffed. It may contain areca nut and additives like sugar, saccharine, spices like clove (lavang), anise (saunf), cardamom (elaichi), nutmeg (jaifal) and scents to mask the odour of tobacco.

Plain chewing Tobacco

It may be sun-dried flaked tobacco, leaf tobacco or a powdered tobacco. Users may mix lime (aqueous calcium hydroxide) with the tobacco before chewing it.

Khaini

It is chewed and held in the mouth and comprises of sun dried tobacco and slaked lime. Commercial khaini is flavoured with cardamom, menthol and other flavourings.

Zarda

Zarda is very popular and is chewed and held in the mouth. It is a scented chewing tobacco product, spices and musk, etc. It is usually used with areca nuts.

Kiwam

It is chewed and held in the mouth. It is tobacco paste, or granules pellets of the paste, flavoured with spices and musk.

Bajjar/Tapkhir (Dry Snuff)

It is finely powdered tobacco, applied on gums and teeth, especially by women.

Masheri (or Mishri)

This is roasted or burnt and powdered tobacco. Users typically apply it to teeth and gums several times a day, due to nicotine addiction. Masheri use is very prevalent among women of all ages, even during pregnancy and is mainly used in Maharashtra.

Gul

It is a pyrolised tobacco product and is applied for use as a dentifrice in especially in North- Eastern India.

Gudhaku

Gudhaku is a paste of tobacco powder and molasses. It is applied to teeth and gums for cleaning teeth.

Tobacco Toothpaste

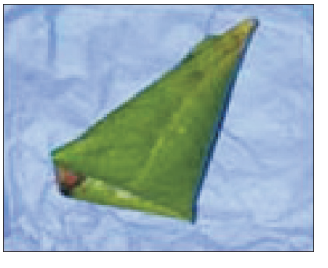
It is applied with a toothbrush. Users may apply it several times a day due to nicotine addiction. Creamy Snuff and Dentobac are commercial tobacco scented toothpaste. Tobacco in any dentifrice is banned by law.

Tobacco water

Known as tuibur in Mizoram and hidakphu in Manipur, where it is predominantly used, tobacco water is made by passing tobacco smoke through water. 5 to 10 ml tobacco water is held in the mouth for 5-10 minutes and then spat out. It is also used for cleaning teeth.

Paan with Tobacco

Chewed or held in the mouth, paan with tobacco is used extensively. It contains Betel Quid: areca nut, betel leaf, lime and catechu. Other ingredients are for flavour, like spices and condiments. Any form of smokeless tobacco can be incorporated in paan.



Gutka

It is chewed and held in the mouth and is a sweetened scented commercial mixture of areca nut, tobacco, catechu, lime, flavourings (typically menthol).

Mawa

It is a scented and flavoured mixture of shredded areca nuts, lime and tobacco, chewed and held in the mouth. The packaged version of this product is virtually the same a gutka and has a white/beige powdery appearance. The name may have been adopted on commercial preparations to evade bans on gutka.

Mainpuri Tobacco

It is chewed and held in the mouth and contains tobacco and slaked lime, finely cut betel nut, powdered cloves or camphor.

Pan Masala

It is a sweetened, scented, commercial mixture of areca nut, flavourings and spices and is chewed and held in the mouth. Though nowadays, pan masala is understood as a non-tobacco product, some brands of pan masala contained tobacco in the past. [10]

The product preferences of tobacco for women varies thoughout the country. In the South and North-East, women preferred betel quid; in the Western, Central, and Eastern regions, women use smokeless tobacco products mainly for dental application; and they prefer khaini in the Eastern, North-Eastern, and Central regions and gutka in the Central and North-Eastern regions. In the North, very few women used smokeless tobacco[6]. Thus, methods of tobacco cessation counselling vary based on the type and amount of support needed.

The following module presents a guidance for group tobacco cessation counselling aimed at women, especially of the lower socio – economic strata.

Forms of tobacco commonly used by Indian women?

Tobacco products come in smoking forms like cigarettes and beedi and smokeless forms like Paan with tobacco, Mawa, Gutkha, Tapkir etc. Use of smokeless forms of tobacco is socially and culturally accepted and hence is more popular among Indian women. The products used vary from region to region and among age-groups, but the most popular are Masheri, chewing tobacco and Tapkir. Whereas smoking forms are concerned, usually women in urban areas and younger generation smoke cigarettes while women in certain parts of rural areas prefer bidis.

Why do women smoke?

There are different reasons why women smoke. Many young women smoke cigarettes as they associate it with fashion or glamour. Others believe they can remain slim by smoking. Some want to emulate men and consider it liberating to also smoke like them. Women are now at par with men at workplace and many young women nowadays have enormous work related stress and erratic working hours which make them addicted to smoking.

Whatever be the reason for tobacco use, we should be inspired by the good things that others do, rather than copying tobacco habits, which are harmful.

Why do women use tobacco?

For speed at work.

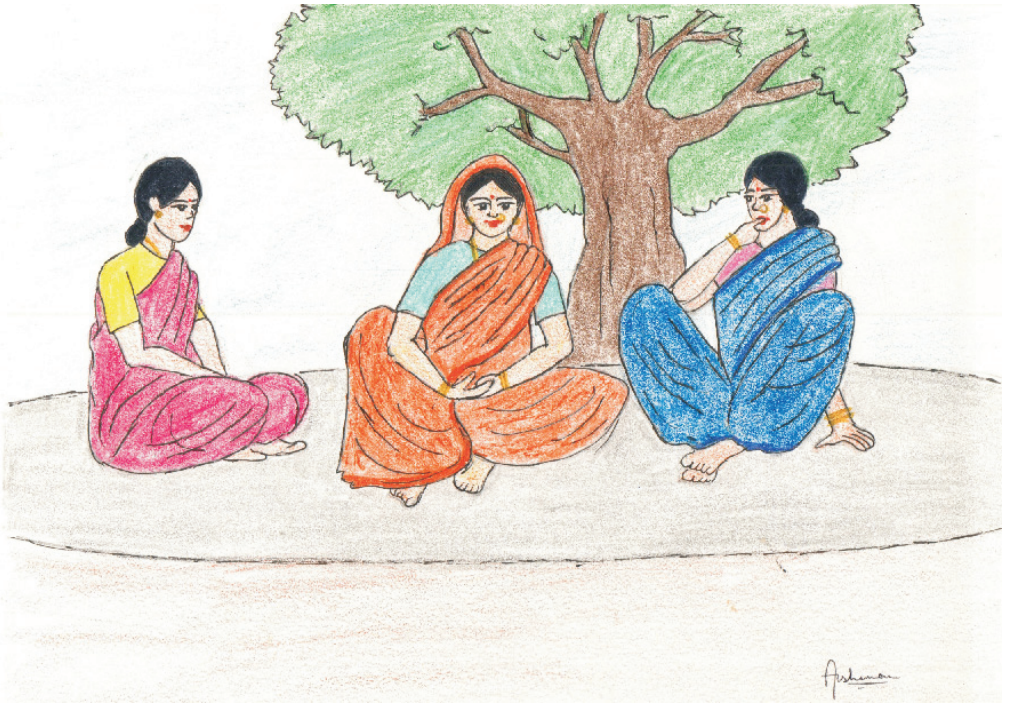
One of the reasons given by women who use tobacco is that they are able to finish their work fast when they consume tobacco. But in reality, tobacco does not function as a switch that will automatically perform all the tasks. The woman, who is used to chewing tobacco while working, may initially find difficult to function without tobacco when she quits, due to craving or withdrawals. Eventually, however, she will soon get adjusted to finishing her work fast, without tobacco use and be more active.

To tackle constipation problem.

Some women report that they need to use tobacco as they suffer from constipation. Tobacco is not a medicine for any kind of problem. In fact, it is a risk factor for many major illnesses. Home remedies like triphala (combination of amla, hirada, behada), isabgol, castor oil can be tried for constipation or women can seek medical help.

To enjoy leisure.

Women like to enjoy leisure in company of their friends. One of the ways of relaxing, they feel, is using tobacco with them. It is better to avoid those friends who use tobacco and choose healthier ways of enjoyment. Women together can exchange recipes, learn stitching, sing or engage in other activities they enjoy in their leisure.



Why do women use tobacco during pregnancy?

To combat uneasiness.

Women often feel uneasy during pregnancy. They are often advised by other women to chew tobacco or paan to get relief from such symptoms. Tobacco should be totally avoided especially during pregnancy as tobacco use raises risk of anemia in pregnant women, still births, low birth weight etc.

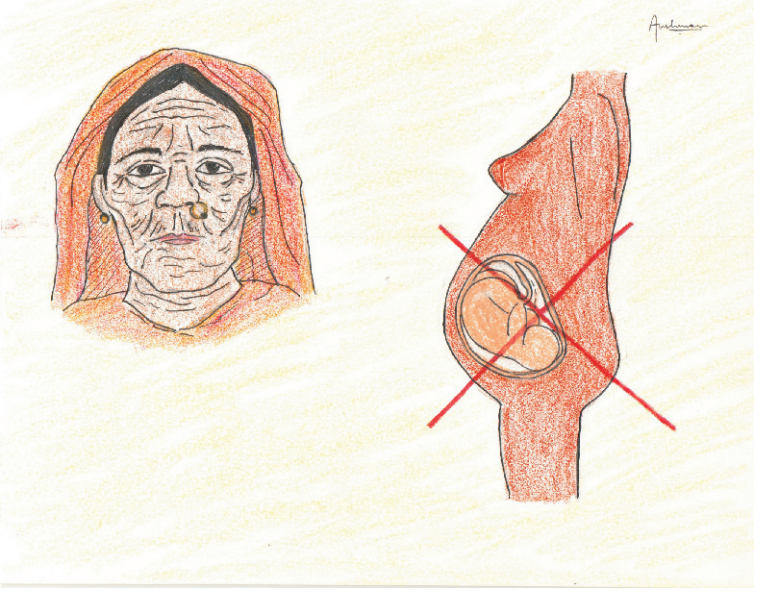
To deal with stress.

Many women express that they use tobacco as it gives relief from stress. Women may feel burdened with household work or face other problems. Tobacco only provides momentary diversion from their problems. There are healthier ways of dealing with stress. Doing deep breathing, yoga, meditation would be helpful in dealing stress. If women are unable to handle stress they should consult a counselor or psychiatrist rather than use tobacco.

Similarly, women who feel they are unable to sleep unless they use tobacco may have underlying issues of depression, anxiety, etc. They too should seek professional help for the same instead of using tobacco for temporary relief.

Effects of tobacco on women

Tobacco use may result in major illnesses such as cancer at various sites, respiratory illnesses, gangrene, paralysis, heart attack, etc. Besides these, there are additional effects of tobacco. Ageing shows earlier on women who use tobacco. Women who use tobacco also have fertility problems such as inability to conceive, miscarriages, low birth weight of the child, still births etc.



How can women help themselves to get rid of tobacco habits?

Be proud of yourself:

'If I can do all other work, I can also quit tobacco'

Women need to take the wise decision of quitting tobacco habit, in all forms and quantities completely. Consider the amount of work a woman does throughout the day. She is involved in cooking, cleaning the house, washing clothes and utensils, looking after the needs of the children, etc. She takes care of the entire family.

Feel proud of yourself that if I can do all this, I can surely take care of myself by quitting tobacco.

Be proud of yourself:

'Women can be successful in careers; they can also be successful in quitting tobacco habits'

Women not only do household work, they also go and work outside to earn for the family. Women are involved in a variety of work ranging from physical labour to being engaged in different professions. Women can drive trains and even fly planes. Women are thus capable of handling their own roles and also be successful in their careers. So, if they decide to, they will also be successful in quitting tobacco.

Be proud of yourself:

'Woman is the pillar of the family'

A girl gets married and goes to a new house. She has a lot of adjustments to do after marriage. She moulds herself into the new family, accepts their traditions and ways of living.

A woman takes care of the entire family, including her husband, in-laws and children. She is the pillar of the family. The entire family is likely to collapse if the woman suffers from a major illness caused by consuming tobacco

Be proud of yourself:

'Woman can take up multiple roles.'

A woman gets up early, cooks, takes care of the household and family, goes out for work, teaches and takes care of her children and repeats the same work at night. She plays different roles during the course day and with great ease. She can handle any type of work which comes to her with determination.

It means if the woman is determined to quit tobacco habit she will surely do it.

Be proud of yourself:

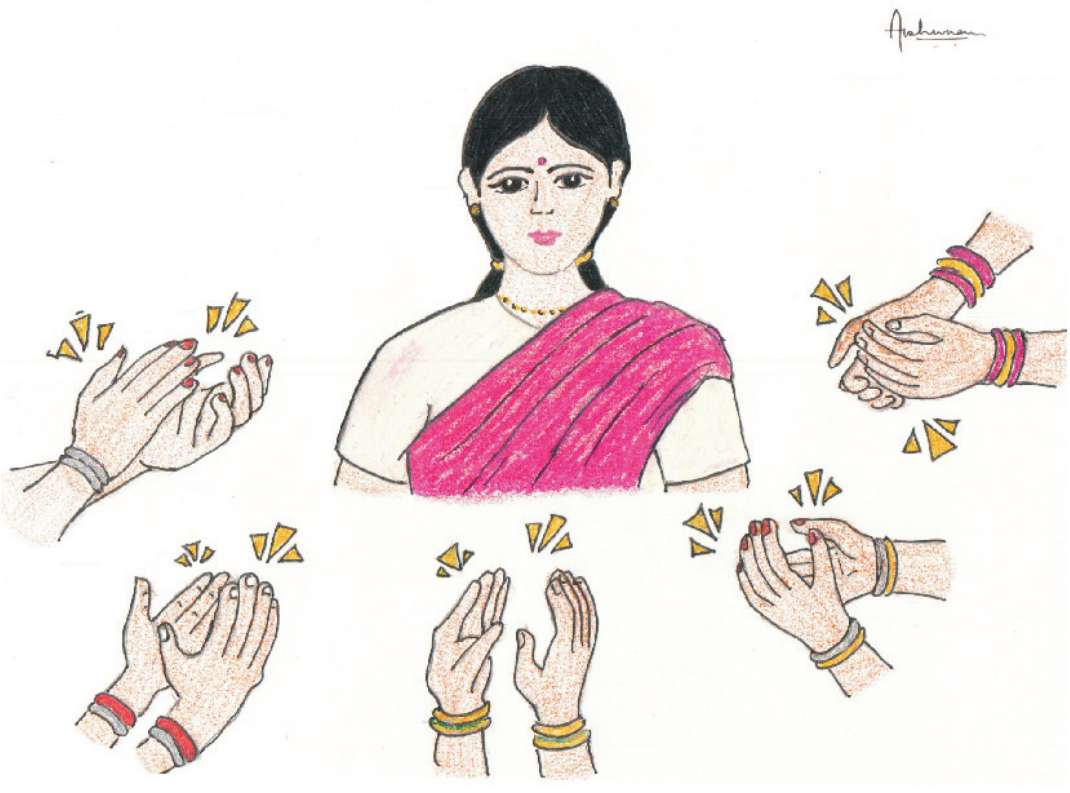
'Take up the challenge of quitting tobacco.'

Ultimately it is a matter of perception. In this picture is the glass half full or half empty? Is the door open or closed? It all depends on how we look at it. If we are convinced that we need to stop tobacco habits, then we need to believe it is possible. Think of the challenges you have handled in your life. Giving up tobacco habit is one more challenge.

Take a decision that you will take care of yourself the way you have been taking care of your family. You will quit tobacco use so that you can enjoy life for yourself and for your family. Set a target of one day at a time to remain without tobacco use and extend it daily. Use 'Saunf', 'Elaichi', 'Dhanadal', etc. whenever you feel the urge to use tobacco. Keep yourself occupied in some sort of activity to divert your attention from tobacco. You can do deep breathing in times of stress. You will feel more confident with each day of abstinence from tobacco.

Be proud of yourself: 'Appreciate yourself.'

Appreciate yourself for all that you have done so far and be proud of yourself. Remind yourself that you are capable of quitting tobacco… that you are happy being yourself!



Be proud of yourself :

'Respect yourself'

Think how it feels? You have quit all tobacco habits and you have crowned yourself for this achievement! Respect yourself and value yourself!

Conclusion

Tobacco cessation counselling, whether individually or in group, is a vital for providing support to quitters and motivate them to quit tobacco. Counselling improves the likelihood of achieving success in quitting, particularly when used in conjunction with cessation medications.[11] Counselling encourages users to quit by providing them information about the hazards of tobacco and means to quit the habit and addresses difficulties in quitting, helps to manage withdrawal symptoms and guides to prevent relapse.

This module includes the information on forms and preferences of tobacco uses and pictorial and motivational guidelines to encourage female tobacco users to quit tobacco. Conducting targeted tobacco cessation programmes in the community has a great impact. The purpose of this booklet is to provide guidelines to personnel to conduct an impactful tobacco cessation counselling especially for female tobacco users.

References

1. Reddy KS, Gupta PC. Tobacco control in India. New Delhi: Ministry of Health and Family Welfare, Government of India. 2004:43-7.
2. Global Adult Tobacco Survey India report (GATS India), International Institute for Population Sciences (IIPS), Ministry of Health and Family Welfare (MoHFW), Government of India. 2016-17; Mumbai. (Last accessed on 05.08.19)
3. Murthy P, Saddichha S. Tobacco cessation services in India: recent developments and the need for expansion. Indian J Cancer. 2010; 47, 5:69.
4. World Health Organization. Helping people quit tobacco: a manual for doctors and dentists.
5. Mackay J, Eriksen M, Eriksen MP. The tobacco atlas. World Health Organization; 2002.
6. Gupta PC, Arora M, Sinha D, Asma S, Parascondola M. Smokeless tobacco and public health in India. New Delhi: Ministry of Health & Family Welfare, Government of India. 2016.
7. Sinha DN. Report on oral tobacco use and its implications in South East Asia. WHO, SEARO. 2004.
8. https://www.drugabuse.gov/publications/drugfacts/cigarettes-other-tobacco-products
9. http://aftcindia.org/tob_pro_india.htm
10. Fiore M. Treating tobacco use and dependence: 2008 update: clinical practice guideline. Diane Publishing; 2009.

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