PROTECTING YOUNG PEOPLE FROM THE TOBACCO EPIDEMIC

21 JULY 2016, NEW DELHI

DR. MONIKA ARORA, DIRECTOR - HEALTH PROMOTION, PUBLIC HEALTH FOUNDATION OF INDIA
TOBACCO IS A LEADING RISK FACTOR FOR NCDs

In 2012, NCDs were responsible for 38 million of the world’s 56 million deaths and are projected to increase to 52 million by 2030. 40% of these deaths in 2012 were premature, under the age of 70 years.

TOBACCO USE is the single largest preventable cause of NCDs accounting for 1 in 6 of all NCD related deaths.

In India,

60% of all deaths in India are due to NCDs.

The probability of dying from 1 of 4 major NCDs in India between 30 to 70 years is 26%.

275 million Indians over 15 years of age use tobacco.

1 million Indians die every year due to tobacco use, the top cause for NCDs.

One-third of all cancers in India are tobacco-related.

82% of all chronic respiratory diseases in India are tobacco-related.

ICMR, 2016

Beaglehole et al, 2011

WHO

WHO
<table>
<thead>
<tr>
<th>15-49 Yrs.</th>
<th>50-70 Yrs.</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Alcohol</td>
<td>• HBP</td>
</tr>
<tr>
<td><strong>• Tobacco Smoke</strong></td>
<td><strong>• Tobacco Smoke</strong></td>
</tr>
<tr>
<td>• High BP</td>
<td>• Alcohol</td>
</tr>
<tr>
<td>• High BMI</td>
<td>• Fruits</td>
</tr>
<tr>
<td>• Fruits</td>
<td>• Fruits</td>
</tr>
<tr>
<td>• Drugs</td>
<td></td>
</tr>
<tr>
<td>• Occupational Injuries</td>
<td></td>
</tr>
</tbody>
</table>
TOBACCO USE AMONG YOUTH IS RISING

- Between 68,000 and 84,000 young people in low-and middle income countries start smoking everyday.

  *World Bank*

- In India, 5500 young people initiate smoking everyday

  *Patel, 1999*

- Tobacco use can start as early as 6 years of age in low socio-economic strata communities in India (accessibility, affordability and poor implementation of policies protecting minors in LMICs)

  *Arora et al., 2012; Stigler et al., 2006*

According to recent estimates 2.5 million children in India currently use tobacco

  *Tobacco Atlas, 2015*
TOBACCO USE TRENDS AMONG YOUTH

If present day trends continue, nearly 250 million children and young people alive today, will die from a lifetime of tobacco use, mostly in developing countries.

Nearly 15% youth aged 13-15 years currently use tobacco in India

THE TIMES OF INDIA
Over 20 per cent Mumbai youth start smoking by 20

THE TIMES OF INDIA
'Cool, fun factor' draws teenagers to e-cigarettes: Study

Tobacco Atlas, 2012

THE HINDU
Mumbai Local
Published: July 4, 2016 00:00 IST | Updated: July 4, 2016 10:33 IST

Why low-cost kicks among kids are a big concern
MYRIAD VARIETIES OF TOBACCO PRODUCTS IN ASIA

Provide opportunities for Adolescents to experiment and continue use
SMOKELESS TOBACCO USE AMONG YOUTH (13-15 years)

[Bar chart showing prevalence of smokeless tobacco use among boys and girls in India, Bangladesh, United States, and Indonesia.]

Prevalence of SIT Use

<table>
<thead>
<tr>
<th>Country</th>
<th>Boys</th>
<th>Girls</th>
</tr>
</thead>
<tbody>
<tr>
<td>India</td>
<td>11.1</td>
<td>6</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>5.8</td>
<td>4.2</td>
</tr>
<tr>
<td>United States</td>
<td>4.1</td>
<td>1.2</td>
</tr>
<tr>
<td>Indonesia</td>
<td>3.3</td>
<td>2.3</td>
</tr>
</tbody>
</table>

IARC Monograph 2009
LOSING OUT EARLY IN LIFE

School children in India with Submucus Fibrosis or lock jaw caused by Guthka chewing.

Majority of the Submucus Fibrosis progresses to cancer

Dr Pankaj Chaturvedi

#Sunita spent four years using smokeless tobacco before her cancer diagnosis.

Watch her story at bit.ly/4sunita

SUPPORT INDIA’S SMOKELESS TOBACCO BAN
WHAT MAKES YOUNG PEOPLE VULNERABLE TO TOBACCO USE?

- Tobacco industry sees them as attractive new markets, particularly in LMICs like India
  - Largely non-users
  - Shift in focus from developed to developing countries
- Impressionable age
  - Experimentation
  - Lack of skills to resist/ refusal skills
- Other factors contributing to youth tobacco use in developing countries
  - Low levels of awareness about health effects of tobacco and misconceptions
  - High levels of poverty
  - Weak enforcement of tobacco control legislations
  - High level of exposure to tobacco advertisements through media
  - Easy access, availability and affordability of tobacco products
  - Social acceptability of tobacco use
  - Poor enforcement of tobacco control policies in schools (especially in government schools)

Reddy & Gupta, 2004; Shimkhada & Peabody, 2003; Beaglehole & Yach, 2003; CDC, 2009; Sinha et al., 2002; Sinha et al., 2003; Gupta et al. 2002
RISK FACTORS (VULNERABILITIES) THAT PROMOTE YOUTH TOBACCO USE

Environmental Risk Factors
• Myriad Varieties of Affordable Tobacco Products;
• Exposure to tobacco smoke in public and work places;
• In-existent/Weak Health Warnings;
• Tobacco Marketing & Advertising;
• Easy Accessibility of tobacco products to minors

Interpersonal Risk Factors
• Parental Tobacco Use;
• Normative Beliefs & Expectations;
• Peer-tobacco use;
• Social norms

Individual Risk Factors
• Genetic Predilections;
• Knowledge about tobacco use;
• Nicotine Addiction;
• Reasons to use tobacco;
• Reasons not to use;
• Self-efficacy (refusal skills);
• Self Image

Arora et al., 2012
TOBACCO INDUSTRY TACTICS
TOBACCO INDUSTRY TACTICS

ADVERTISING, PROMOTION AND SPONSORSHIPS
DON’T BE A MAYBE

Tobacco Industry Tactics: Global Campaign: Don’t Be a Maybe
Company identifies and engage socially active and influential college going youth (18-21 years) as Campus Ambassadors.

Focus on Metropolitan cities

The campus ambassadors enrolled in outreach programme for generous stipend

Given specified quantity of cigarettes for that month (ranging close to a carton/month)

Instructed to distribute free cigarettes in pubs, house parties, clubs and other such events, in exchange for a picture with the recipient of the box/boxes as evidence of the distribution.

Expands the overall category of cigarette smokers from the company’s point of view, and also allows the benefit of encouraging brand loyalty.
NEW FORMS OF TOBACCO PRODUCTS ARE GAINING POPULARITY AMONG YOUNG PEOPLE

- The tobacco industry is using the same flavours found in popular candy and drink products to lure kids to use candy-flavoured tobacco products.
- Almost 90% of adult smokers start smoking as teenagers. Flavored cigarettes are a gateway for many children/young adults to become regular smokers.
- Flavored smoking products are used by 42% of middle-school and high-school students who smoke.
- Several tobacco products contained flavor chemicals at much higher concentrations than in the non-tobacco products.
- Shisha/hookah smoking has become increasingly popular among young people.
- Tobacco industry has introduced flavor capsule cigarettes to make tobacco products more appealing, particularly to youth, and facilitate addiction.

[Thrasher, J. F., et al., 2014]

Flavored Bidis  Flavored Hookahs  Flavored Cigars  Flavored Chewing Tobacco
E-CIGARETTES: THE TOBACCO INDUSTRY’S NEW PROJECT

- Produce an aerosol like vapour Contain carcinogens and toxic chemicals such as diethylene glycol, an ingredient used in antifreeze.
- Marketed in youth-friendly candy and fruit flavors including bubblegum, cookies, cream

[USDHHS, 2014]

- Diversified to other smoking products like e-shishas and e-hookahs also available in multiple flavors
- e-cigarettes could be a gateway to nicotine addiction and use of other tobacco products, including cigarettes

[CDC, 2013; FDA, 2009]

- In United Kingdom, e-cigarettes are licensed and regulated as an aid to quit smoking and are available as “medicine” over the counter
- No credible scientific evidence that e-cigarettes are effective as smoking cessation therapies
- The vapours have deleterious effects on different systems of the body.- increase in airway resistance and constriction of the peripheral airways

[Constantine V., et al., 2012]
Students of 6th and 8th grades from private and government schools of Delhi followed for 3 years and causation investigated between their baseline exposure to tobacco advertisement and receptivity to tobacco promotional items at baseline and proportion of students progressed to tobacco use.

Students exposed at more than four places were 1.5 times (95% CI 1.12 to 1.94; p<0.05) more likely to progress to tobacco use at endline versus those not exposed.

Among boys, those exposed at more than four places were 1.7 times more likely to progress (95%CI 1.14 to 2.62; p<0.05).

In both bivariate and multivariate analyses, the risk of progression at endline was more than two times higher (95% CI 1.28 to 4.32; p<0.05) among boys who were highly receptive versus non-receptive boys.

Arora et al., 2011

(Bravery Awards Sponsored by ‘Godfrey Phillips India’, a Phillip Morris Affiliate)
Content analysis of 59 movies during 2006-2008: 412 tobacco use occurrences, 12 occurrences per movie

7.3% adolescents reported owning a tobacco promotional item

Even after adjusting for covariates, those with highest exposures are at more than double the risk of being ever tobacco users as compared to those in lowest exposure with a dose response relationship

Similar relationship exists for receptivity to tobacco promotions and ever tobacco use.

### Association of ever tobacco use with exposure to tobacco use in movies and receptivity to tobacco promotions among Indian adolescents (n=3956)

<table>
<thead>
<tr>
<th>Exposure variable</th>
<th>OR (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Movie tobacco use</td>
<td></td>
</tr>
<tr>
<td>First Q</td>
<td>Reference</td>
</tr>
<tr>
<td>Second Q</td>
<td>Reference</td>
</tr>
<tr>
<td>Third Q</td>
<td>Reference</td>
</tr>
<tr>
<td>Fourth Q</td>
<td>Reference</td>
</tr>
<tr>
<td>Reference</td>
<td>Adjusted Crude</td>
</tr>
<tr>
<td>0.8 (0.5-1.3)</td>
<td>1.3 (0.8-2.0)</td>
</tr>
<tr>
<td>1.0 (0.6-1.7)</td>
<td>1.5 (1.0-2.4)</td>
</tr>
<tr>
<td>1.0 (0.6-1.8)</td>
<td>1.5 (0.9-2.5)</td>
</tr>
<tr>
<td>1.1 (0.6-2.0)</td>
<td>1.6 (0.9-2.7)</td>
</tr>
</tbody>
</table>

| Receptive to tobacco promotions                |               |
| No                                             | Reference     |
| Yes                                            | Reference     |
| Reference                                      | Adjusted Crude| Model I* | Model II † | Model III‡ |
| 3.0 (2.1-4.2)                                  | 2.8 (1.9-3.9) | 2.0 (1.4-3.0) | Reference |
| 2.0 (1.4-3.0)                                  | Reference     | Adjusted Crude| Model I* | Model II † | Model III‡ |

*Adjusted for age, gender, school type and class.
†Adjusted for demographic profiles and receptive to tobacco advertisements, family members using tobacco and friends using tobacco.
‡Adjusted for demographic profiles, social influences, academic performance, sensation seeking and authoritative parenting.
**EFFECTS OF MEDIA AND MARKETING**

Strength of evidence for effects of media and marketing on adolescent health risks

<table>
<thead>
<tr>
<th>Distal exposures</th>
<th>Tobacco use</th>
<th>Alcohol use</th>
<th>Obesity</th>
<th>Sexual risks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Point of sale advertising (POS)</td>
<td>Strong</td>
<td>Moderate</td>
<td>Strong (food choice)</td>
<td>NA</td>
</tr>
<tr>
<td>Imagery in films/movies</td>
<td>Strong</td>
<td>Strong</td>
<td>Moderate (amount of food)</td>
<td>NA</td>
</tr>
<tr>
<td>Imagery in television</td>
<td>Moderate</td>
<td>Moderate</td>
<td>Strong (food choice/amount)</td>
<td>Moderate</td>
</tr>
<tr>
<td>Music videos/MTV</td>
<td>No studies</td>
<td>Moderate</td>
<td>No studies</td>
<td>Low</td>
</tr>
<tr>
<td>Cartoon media characters</td>
<td>No studies</td>
<td>No studies</td>
<td>Moderate (food choice &amp; purchase request)</td>
<td>No studies</td>
</tr>
<tr>
<td>Magazines</td>
<td>Moderate</td>
<td>Moderate</td>
<td>No studies</td>
<td>No studies</td>
</tr>
<tr>
<td>Outdoor advertising</td>
<td>NA</td>
<td>Moderate</td>
<td>No studies</td>
<td>No studies</td>
</tr>
<tr>
<td>Imagery on Internet</td>
<td>Low</td>
<td>NA</td>
<td>No studies</td>
<td>Low</td>
</tr>
<tr>
<td>Online social networking sites</td>
<td>Low</td>
<td>NA</td>
<td>No studies</td>
<td>NA</td>
</tr>
<tr>
<td>Concessional stands at events</td>
<td>No studies</td>
<td>Moderate</td>
<td>No studies</td>
<td>No studies</td>
</tr>
<tr>
<td>Radio advertising</td>
<td>No studies</td>
<td>Low</td>
<td>No studies</td>
<td>No studies</td>
</tr>
<tr>
<td>Composite (multiple media)</td>
<td>No studies</td>
<td>Moderate</td>
<td>No studies</td>
<td>No studies</td>
</tr>
<tr>
<td>Advertising (media unspecified)</td>
<td>Moderate</td>
<td>No studies</td>
<td>Strong (food choice/amount)</td>
<td>No studies</td>
</tr>
</tbody>
</table>

The Lancet - Our future: a Lancet Commission on adolescent health and well being
FRAMEWORK CONVENTION ON TOBACCO CONTROL (WHO FCTC) AND COTPA 2003

- **Article 16** - prohibits sale of tobacco products to and by minors. (Section 6)
- **Article 8** - provides for protection from exposure to tobacco smoke in indoor workplaces, public transport and indoor and other appropriate public places. (section 4)
- **Article 13** - comprehensive ban on tobacco advertisement, promotion and sponsorship including cross border advertising. (Section 5)
- **Article 6** - appropriate tax and price policies on tobacco products.
- **Article 11** - large, clear and visible rotational health warnings or other messages that include pictures conveying the harmful effects of tobacco use. (Section 7)

http://www.who.int/fctc/en/
DEMONSTRATING EFFECTIVENESS OF SCHOOL-BASED TOBACCO USE PREVENTION PROGRAMMES: PROJECT MYTRI

- HRIDAY- CATCH, a group randomized trial with 30 schools in Delhi, 1996-1998: Intervention group was significantly less likely to have been offered, received, experimented with or have intentions to use tobacco in future as compared to control group.  
  *Reddy et al, 2009*

- Project MYTRI, a multi-component intervention with school-going youth in urban settings of India, 14,000 students in 32 schools - both government and private, Delhi and Chennai. Enrolled adolescents in grade 6 and 8; aged 10 – 16 years; for a two year intervention  
  *Perry et al., 2006*

  - Overall, current tobacco use increased by 68% in the control group and decreased by 17% in the intervention group over the study duration
  - Intentions to smoke increased by 5% in the control group whereas intentions to smoke decreased in intervention schools by 11%
  - Intentions to chew tobacco decreased by 12% in the control group while decreased by 28% in the intervention group.  
  *Perry et al., 2009*
MYTRI INTERVENTION DESIGN

Program Components
- Classroom curriculum
- School posters
- Parent postcards
- Peer-led health activism

Predictive Factors
- Intrapersonal Factors
  - Increase knowledge about the health and social consequences of tobacco use
  - Change values, meanings, and beliefs about tobacco use
  - Increase skills to identify and resist influences to use tobacco

- Environmental Factors
  - Provide opportunities to learn about and influence school and community policies on tobacco
  - Provide support for others to quit or abstain from tobacco

- Social Contextual Factors
  - Create tobacco-free norms at school, in the home, and in surrounding neighborhoods
  - Increase exposure to healthful, non-tobacco using role models

Outcome
- Prevent Tobacco Use

FIGURE 1: Project Mobilising Youth for Tobacco-Related Initiatives in India (MYTRI) Conceptual Model

Perry et al., 2006
DEMONSTRATING EFFECTIVENESS OF SCHOOL-BASED TOBACCO USE PREVENTION PROGRAMMES: INFORMING INDIA’S NATIONAL TOBACCO CONTROL PROGRAMME

Effectiveness of health promotion in preventing tobacco use among adolescents in India:

Research evidence informs National Tobacco Control Programme in India

Dr. Monika Arora,
Health Related Information Dissemination Amongst Youth (HRIDAY), Public Health Foundation of India (PHFI), C-1/52, 3rd floor, Safdarjung Development Area, New Delhi-110016,
Telephone number: +91-11-26850342, Fax Number: +91-11-26850331

Dr Melisa H. Stigler, and
School of Public Health, University of Texas, Austin, Texas, USA

Dr. K. Srinath Reddy
Health Related Information Dissemination Amongst Youth (HRIDAY), Public Health Foundation of India (PHFI), New Delhi, India

Monika Arora: monika@hriday-shan.org

Abstract

This case study has two aims. First, it describes intervention strategies from two school-based programs (HRIDAY-CATCH and Project MYTRI) designed to prevent tobacco use among adolescents in India. Second, it explains how evidence from randomized controlled trials of these intervention programs was used by HRIDAY (Health Related Information Dissemination Amongst Youth), a local non-governmental organization in Delhi, to advocate for scaling up the Government of India’s (GOI) tobacco control efforts to include school health interventions as one component of India’s National Tobacco Control Program (NTCP).

School health programs were included as a component of the National Tobacco Control Programme, launched in 2007

The US Surgeon General’s Report 2012 on ‘Preventing Tobacco Use Among Youth and Youth Adults’ cites the effectiveness and results of Project MYTRI as a successful school-based multi-component tobacco intervention

(http://www.surgeongeneral.gov/library/reports/preventing-youth-tobacco-use/full-report.pdf)
SCHOOL-BASED INITIATIVES

**Evidence**

Comprehensive reviews and meta-analyses confirm that school based programmes are successful, provided they:

(a) are interactive;
(b) engage similar-age peers as facilitators;
(c) involve other segments of the community (e.g., parents);
(d) are based on the social influences model;
(e) are conducted across multiple sessions and multiple years, in early to mid adolescence;
(f) provide adequate training and support.

**Outcomes**

(a) If well implemented, could produce a long-term relative improvement (RI) of between 25 and 30%.
(b) Tobacco-free school policy and non-punishment focused programmes are best for motivating adolescents.
(c) Need an environment that is supportive at all levels.
SCHOOL BASED TOBACCO CESSATION PROGRAMMES ARE EFFECTIVE

- **Project Ex**
  - 8 session school based clinic teen cessation programme
    - Motivational activities (games, talk shows, cue cards etc.)
    - The programme has been tested with school going students who smoke in developed (USA) and developing countries (China, India)
    - **In India, 27% reported that Project EX helped to strengthen their commitment to stay tobacco free or never use tobacco.**  
      
      *Sidhu AK, 2015*

- In the US, three months post intervention 30 day quit rates were demonstrated to be 17% among intervention students as compared to only 8% among control students

- In China, follow-up at four months demonstrated a 30 day quit rate of 10.5%. Among those who did not quit, there was 33% reduction in consumption at four month follow-up

  *(Sussman et al, 2001; Zheng et al., 2004)*
YOUTH AS STAKEHOLDERS AND BENEFICIARIES IN EFFORTS TO ELIMINATE TOBACCO

- Appeal to the Prime Minister of India to impose a ban on all forms of tobacco advertising in 1998
- Regulation on depiction on tobacco use on screen in 2012
- Thumbs Up – Thumbs Down campaign by youth to monitor compliance of film rules

Flowchart:

1. Tobacco
2. Research Evidence
3. Political Will
4. FCTC
5. Policy Change
6. Innovative Solutions (e.g. Plain Packaging and SLT Ban)
7. Endgame Strategies

Tobacco Kills 6 million people each year

30% relative reduction in prevalence of current tobacco use by 2025

‘Endgame’
To reduce prevalence <5% by 2040
Food Safety and Standards Authority of India notified prohibition on sale of food items containing tobacco or nicotine as ingredients: 33 states banned manufacture and sale of SLT (especially Gutkha)

India is the first country to strictly regulate tobacco imagery in films and television

Sale of tobacco products is prohibited within 100 yards of any educational institutions

Graphic warnings boards at point of sale

85% Pictorial health warnings from April 2016
Launched in New Delhi, India in September 2013

Global campaign seeks to convene group of youth worldover who envision tobacco–free generations and prepare strategies/ policies that can protect youth from dangers of tobacco
ENGAGING YOUTH ICONS AS ROLE MODELS

WANT TO PLAY A LONG INNINGS IN LIFE?
STAY AWAY FROM TOBACCO: TOBACCO KILLS!

Young people must take the lead in eliminating Tobacco in 21st Century

Mr. Rahul Dravid
Tobacco Control Brand Ambassador for Ministry of Health and Family Welfare, Government Of India

I am healthy & fit, because I DON’T use TOBACCO

All forms of tobacco are Dangerous and Deadly

“AS A SPORTSPERSON I WOULD LIKE TO SEE EVERY INDIAN HEALTHY AND FIT”
Choose Life Not Tobacco

Mr. Rahul Dravid
Tobacco Control Brand Ambassador for Ministry of Health and Family Welfare, Government of India
USING SOCIAL MEDIA (INTERNET AND PHONE BASED)

SPEAKING THEIR LANGUAGE
YOUNG PEOPLE DEMANDING STRONG TOBACCO CONTROL POLICIES: 85% PICTORIAL HEALTH WARNINGS IN INDIA
Youth engagement is imperative for developing an effective and comprehensive tobacco control programme.

Youth advocacy platforms such as Youth for Health (Y4H) model aimed at formulating of a global alliance for tobacco control have shown success [http://y4h.hriday-shan.org].

Youth representatives felicitating Honourable Health Minister of India- Mr. JP Nadda on WNTD for enforcing larger and effective pictorial health warnings on tobacco product packages.
Phase 1: Observations around 306 schools of Delhi to shortlist schools with rampant violations of COTPA

Phase 2: School-based trainings to sensitize school students and school authorities about tobacco control laws, particularly those focused on protecting youth from exposure and access to tobacco

Students from 10 schools monitored 26 tobacco-kiosks in their neighbourhood and reported violations to concerned authorities
RESULTS FROM YOUTH-LED MONITORING ACTIVITIES

Tobacco Industry Tactics to Market its Products to Youth

- Attractive display to target youth (69%)
- Power wall arrangement (65%)
- Colour of the shop resembling brand of tobacco product (42%)
- Availability of flavoured tobacco items (65%)
- Sale of loose cigarettes (81%)
- Did not display Pictorial Health Warnings on tobacco products (58%)

- Nearly 77% Sale to minors around school premises
- Nearly 77% Tobacco products easily accessible to minors at Points of Sale
- Only 19% Presence of warnings boards related to prohibition of sale to minors at Points of Sale
INTERVENTION MODEL FOR PROTECTING CHILDREN AND ADOLESCENTS FROM TOBACCO3: THE IMPACT FRAMEWORK

Risk Factors
- Environmental Risk Factors
  - Myriad Varieties of Affordable Tobacco Products;
  - Exposure to tobacco smoke in public and work places;
  - In-existent/Weak Health Warnings;
  - Tobacco Marketing & Advertising;
  - Easy Accessibility of tobacco products to minors
- Interpersonal Risk Factors
  - Parental Tobacco Use;
  - Normative Beliefs & Expectations;
  - Peer-tobacco use;
  - Social norms
- Individual Risk Factors
  - Genetic Predilections;
  - Knowledge about tobacco use;
  - Nicotine Addiction;
  - Reasons to use tobacco;
  - Reasons not to use;
  - Self-efficacy (refusal skills);
  - Self Image

Policy & Program Interventions
- Policy Level Approaches
  - Increased taxation on tobacco products;
  - Smoke-free laws in public places and work-places;
  - Effective health warnings;
  - Prohibiting tobacco advertising, promotions and sponsorships;
  - Restricting Access to minors;
- Community Level Approaches
  - School Health Programmes;
  - Youth Advocacy & Empowerment;
  - Community based interventions;
  - Tobacco-free Homes (peer & Family Support);
  - Mass Media Campaigns.
- Individual Level Approaches
  - Promoting Cessation;
  - Brief Advice to Quit;
  - Nicotine Replacement Therapy & Pharmacological Therapy.

Arora et al., 2012
Set of 9 voluntary global NCD targets for 2025

- Reduction in salt intake:
  - 20% by 2020
  - 30% by 2025

- Insufficient physical activity:
  - 5% reduction by 2020
  - 10% by 2025

- Per capita consumption:
  - 5% reduction by 2020
  - 10% by 2025

- Reduction in salt intake:
  - 20% by 2020
  - 30% by 2025

- Prevalence of current tobacco use:
  - 15% reduction by 2020
  - 30% by 2025

- Halt the rise in obesity by 2025

- Reduction in blood pressure:
  - 10% by 2020
  - 25% by 2025
TOBACCO AND THE SDGS

Tobacco hinders development in more ways than just impeding health.

1 of 4 ways to achieve Goal 3 of the SDGs
3.a. Strengthening implementation of WHO Framework Convention on Tobacco Control

1 of 9 health targets under Goal 3
• 3.4. By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being

1 of 17 Goals under the SDGs
Ensure healthy lives and promote well-being for all at all ages

TOBACCO CONTROL IS IN THE NEW DEVELOPMENT AGENDA
CREATING A TOBACCO-FREE FUTURE IS POSSIBLE WITH YOUNG PEOPLE IN THE FOREGROUND!
THANK YOU!

MONIKA.ARORA@PHFI.ORG