

Tobacco Control in Medical Schools of India

(India Global Health Professional Student Survey, 2006)

global
tobacco
surveillance
system



Ministry of Health and Family Welfare
Government of India
New Delhi

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Ministry of Health and Family Welfare
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on behalf of the



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FOREWORD

The control of tobacco consumption has become a major Public health challenge, in India, due to increasing burden of non-communicable diseases, associated with some form of tobacco. It is estimated that nearly a million persons die every year due to tobacco attributable diseases.

The overall tobacco prevalence has witnessed an increase over the last few years, notwithstanding the strong initiatives taken by the Govt. of India in adopting the WHO-FCTC; enacting Anti-Tobacco Law, 2003.

The latest survey viz. Global Youth Tobacco Survey (GYTS 2006) highlights a very serious concern, regarding increase in tobacco prevalence in the 13-15 years age group. Likewise, the Global Health Professionals Survey (GHPSS 2006) highlights the high levels of ignorance amongst the Medical / Dental Students, which again is a matter of concern.

These studies highlight the need for targeted interventions, among youth and children. It also highlights the need for higher commitment from Health Professionals in tobacco control activities. It also shows that all the professionals, particularly medical professionals could play a prominent role in tobacco control in the country. They could help tobacco users to quit the habit and need to make it a part of their professional responsibility. It is hoped that program managers effectively use the GYTS / GHPSS data, to work out appropriate State level interventions and strategies for the National Tobacco Control Program.

The GYTS and GHPSS surveys would need to be widely disseminated among medical professionals and students and all other key stakeholder, to bring about awareness regarding serious and adverse health impact of tobacco. I sincerely hope that these reports will be helpful in strengthening tobacco control initiatives in India.

Naresh Dayal

(NARESH DAYAL)



सम्पर्क से पहले सोचो, एच आईवी/एडस से बचो

HIV/AIDS : Prevention is better than cure

EXECUTIVE SUMMARY

India has 170 medical schools, recognized by the Indian Medical Council, offering medical degrees. The India Global Health Professional Students Survey (GHPSS) 2006 carried out a study of 15 sampled medical schools during the first quarter of 2006. The survey was conducted through trained survey administrators. GHPSS core questionnaire was suitably expanded and pre-tested among medical students.

The finding in this report show :

- High prevalence of tobacco use among students in medical schools of India
- High prevalence of second hand smoke exposure among students in medical schools
- Poor enforcement of smoking ban in medical schools
- Desire to quit among most tobacco user students
- Poor cessation help in medical schools
- Non-existent formal cessation training in medical schools of India
- Desire for training among almost all students

Enactment of the Tobacco Control Act, 2003 was a public health milestone for India. Effective enforcement of the law is a continuing challenge to tobacco-control community. India needs to use the GHPSS data to help in development of its National Programme for Tobacco Control. Development of an effective and comprehensive tobacco control programme will require careful monitoring and evaluation of both existing programmes and the likely development of new efforts. The synergy between India's leadership in ratifying the WHO Framework Convention and Tobacco Control (FCTC) and in supporting the conduct of the GHPSS at national level, offers an excellent opportunity to develop, implement and evaluate a comprehensive tobacco control policy in medical schools. This will help the country immensely.

The Ministry of Health and Family Welfare, Government of India (GOI) should circulate this report to all medical schools requesting principals and superintendents to enforce the existing smoking ban policy of GOI at public places to protect the health of professional medical students, patients and attendants. They should also

develop tobacco cessation training manual for medical students and include formal tobacco cessation training in the undergraduate medical curriculum and set up tobacco cessation clinics in each medical school in the country.

INTRODUCTION

India has shown its leadership in WHO FCTC convention by ratifying it on February 5, 2004. WHO FCTC is the world's first public health treaty on tobacco control. WHO FCTC provides the driving force and blueprint for the global response to the pandemic of tobacco-induced deaths and diseases. One important feature of the WHO FCTC is the call to countries to establish programmes for national, regional and global surveillance (Article 20). Furthermore, the preamble of the WHO FCTC emphasizes the role of health professionals for making efforts to include tobacco control in the public health agenda and contribute actively to the reduction of tobacco consumption. These activities are also described in the Code of Practice for Health Professionals which has been officially adopted by several Health Professional Associations worldwide.

Tobacco control is a multi-sectoral issue which needs active collaboration of various professions, departments/ministries of the government, civil societies and non-governmental organizations. Health professionals play a pivotal role in tobacco cessation and motivating people not to initiate consumption of tobacco. Even a brief and simple advice from health professionals can increase tobacco-cessation rates substantially. Therefore, one of the important strategies to reduce tobacco related diseases, disabilities and deaths is to encourage the involvement of health professionals to prevent and control tobacco usages. WHO, and the Centre for Disease Control and Prevention (CDC), Atlantic, USA, developed GHPSS as a first step in this regard, while the Ministry of Health and Family Welfare took the initiative of conducting GHPSS in India.

The GHPSS uses a standardized methodology for constructing sampling frames, selecting schools and classes, preparing questionnaires, carrying out field procedures, and processing data. The GHPSS is a school-based survey of third-year students pursuing advanced degrees in dentistry, medicine, nursing and pharmacy. The GHPSS has a standardized protocol for selecting participating schools and classes and has uniform data processing procedures.

The GHPSS questionnaire is self-administered in classrooms, and school, class, and student anonymity is maintained throughout the process. Country-specific questionnaires consist of a core set of questions that all countries ask as well as unique country-specific questions.

The GHPSS uses a core questionnaire on demographics, prevalence of cigarette smoking and other tobacco usages, knowledge and attitudes about tobacco use, exposure

to second-hand tobacco smoke, perception of role of health professionals in counselling and cessation, willingness to stop smoking, and training received in patient counseling and on smoking-cessation techniques.

METHODOLOGY

GHPSS uses a one-stage cluster sample design that produces representative samples of students in the third year of health professional faculties. The sampling frame includes all schools containing any of the identified class. The probability of schools being selected is proportional to the number of students enrolled in the third year of that faculty.

All students in selected classes, attending medical school on the day the survey are eligible to participate. Student participation is voluntary and anonymous, using self-administered data collection procedures. The GHPSS sample design produces representative, independent, cross-sectional estimates for each site.

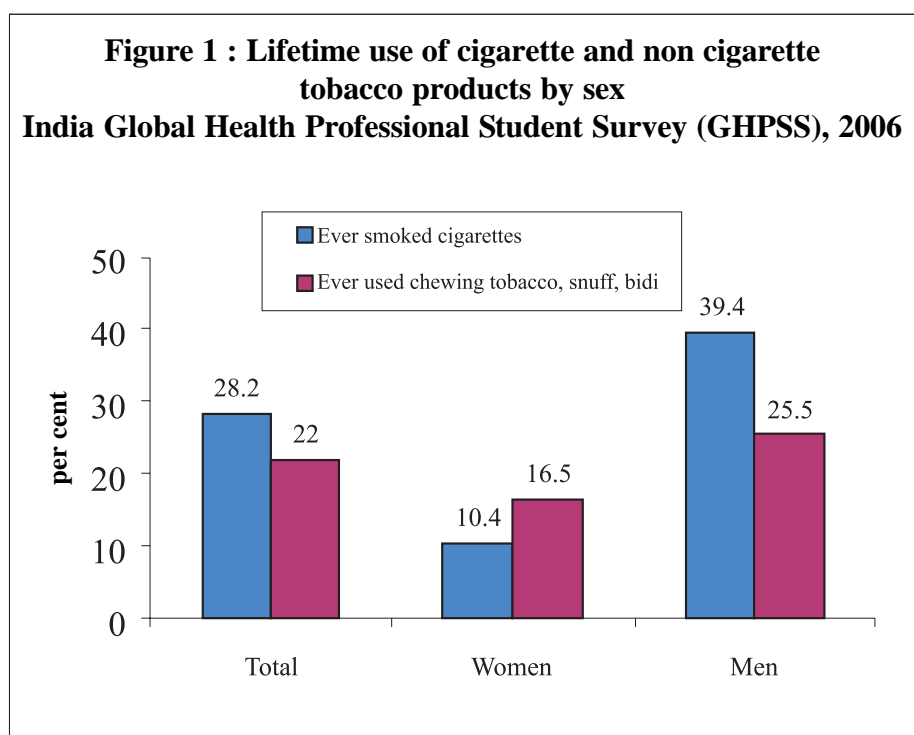
India has 170 medical schools recognized by the Indian Medical Council offering medical degrees. The GHPSS India 2006 carried out a study of 15 sampled medical schools during the first quarter of 2006. The survey was conducted through trained survey administrators. India GHPSS core questionnaire was suitably expanded and pre-tested among medical students.

RESULTS

Among the 15 sampled medical schools, 13 responded (school response rate was 86.7%). Out of 1321 sampled students, 1117 participated voluntarily and recorded their response on machine readable answer sheets. Students' response rate was 89.1 per cent. The overall response rate was 77.1 per cent. Most of the participating students (92.3%) were in the age group of 19 to 24; 60 per cent were males and 40 per cent were females.

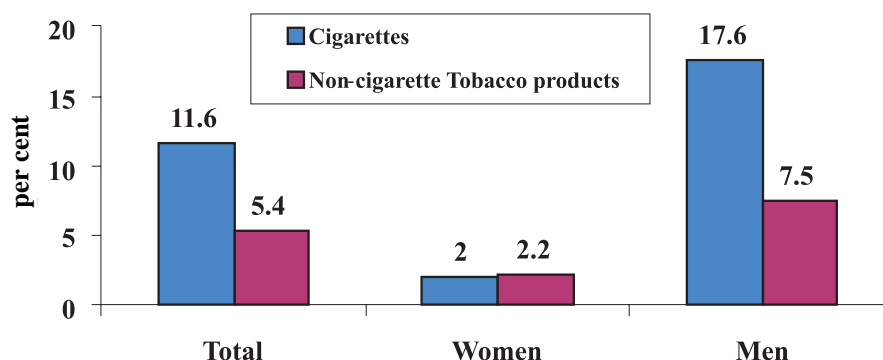
Tobacco Use Prevalence

Lifetime prevalence of cigarette smoking (ever smoked a cigarette, even one or two puffs) and use of other tobacco products among third-year medical students was reported 28.2% and 22% respectively; Female medical students were significantly less than male medical students to have ever smoked cigarette or used other tobacco products (Figure 1).



Current cigarette smoking and use of non-cigarette tobacco products among third-year medical students was reported by 11.6% and 5.4% respectively. Female medical students were less likely than male medical students to smoke cigarette and use other tobacco products (Figure 2). Nearly half (47.1%) of current cigarette smokers reported to have desire for a cigarette within 30 minutes of awaking in the morning, indicating strong dependence on tobacco.

Figure 2 : Current use of cigarette and non-cigarette tobacco products, by sex; GHPS 2006



School policy

Less than half students (48.0%) reported that their college had an official policy banning smoking in college buildings and clinics (Figure 3A); 62.9% of them said that it was being enforced (Figure 3B). Over 28% of ever smokers reported smoking on school premises/property (Figure 4A) and 14% in school buildings during the past year (Figure 4B).

Figure 3A: Percentage of colleges with an official policy banning smoking in college buildings and clinics; GHPS, 2006

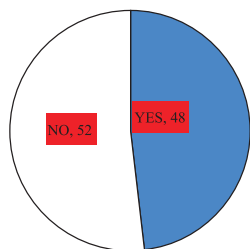


Figure 3B: Colleges that had an official policy banning smoking in school buildings and clinics percentage that enforced it, India GHPS, 2006

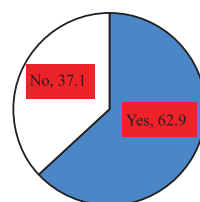


Figure 4A: Ever cigarette smokers who smoked in school premises/property during the past year, India GHPS, 2006

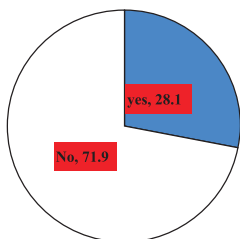
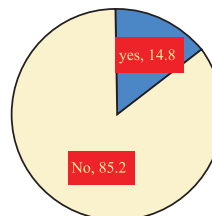
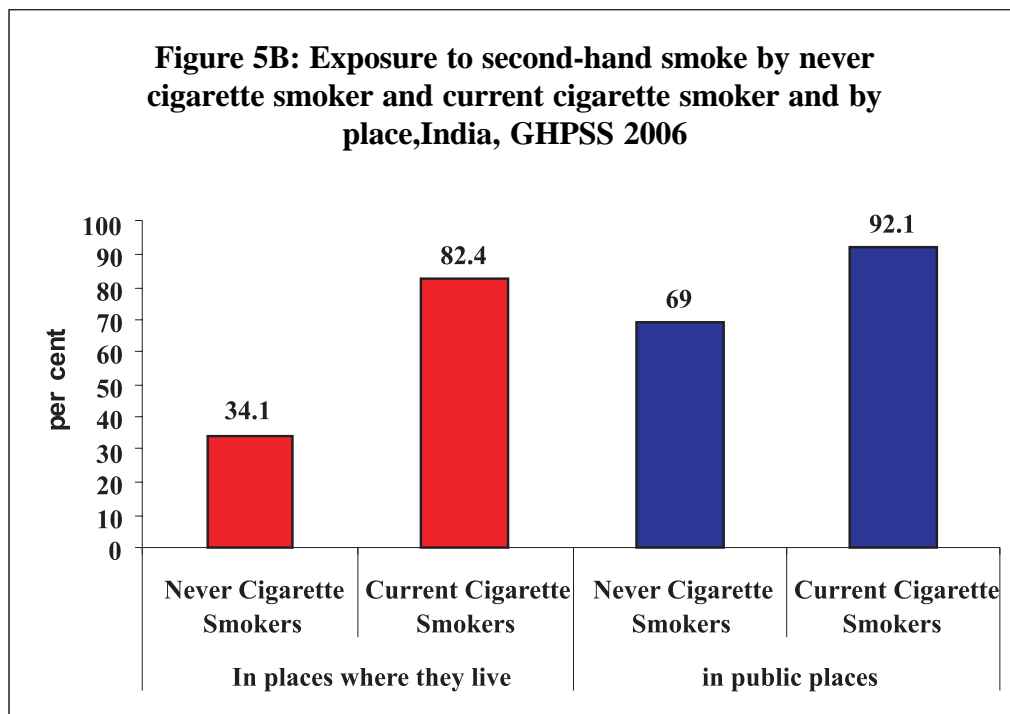
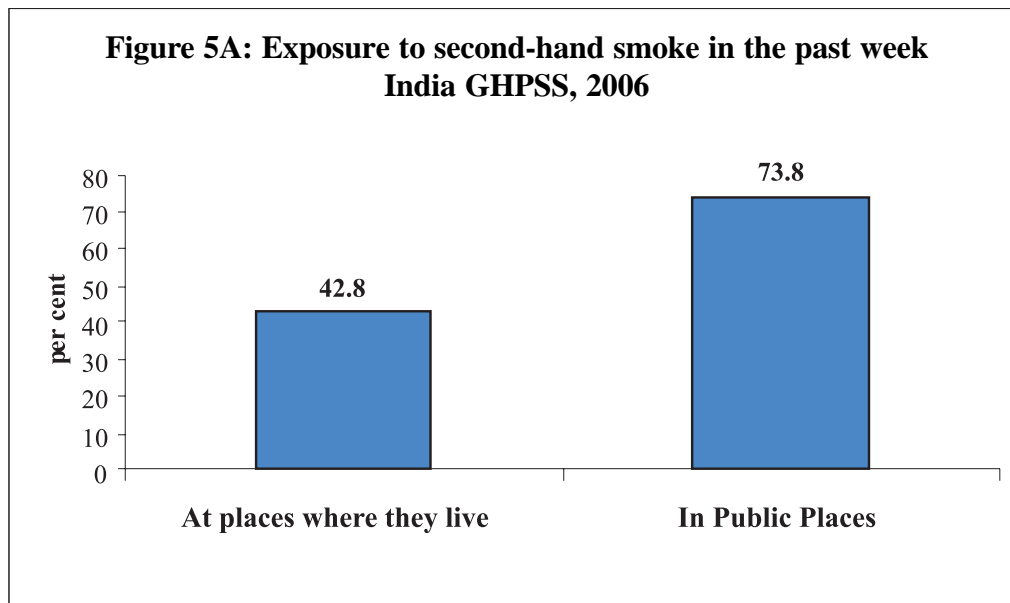


Figure 4B: Ever cigarette smokers smoked in school building during the past year, India GHPS, 2006



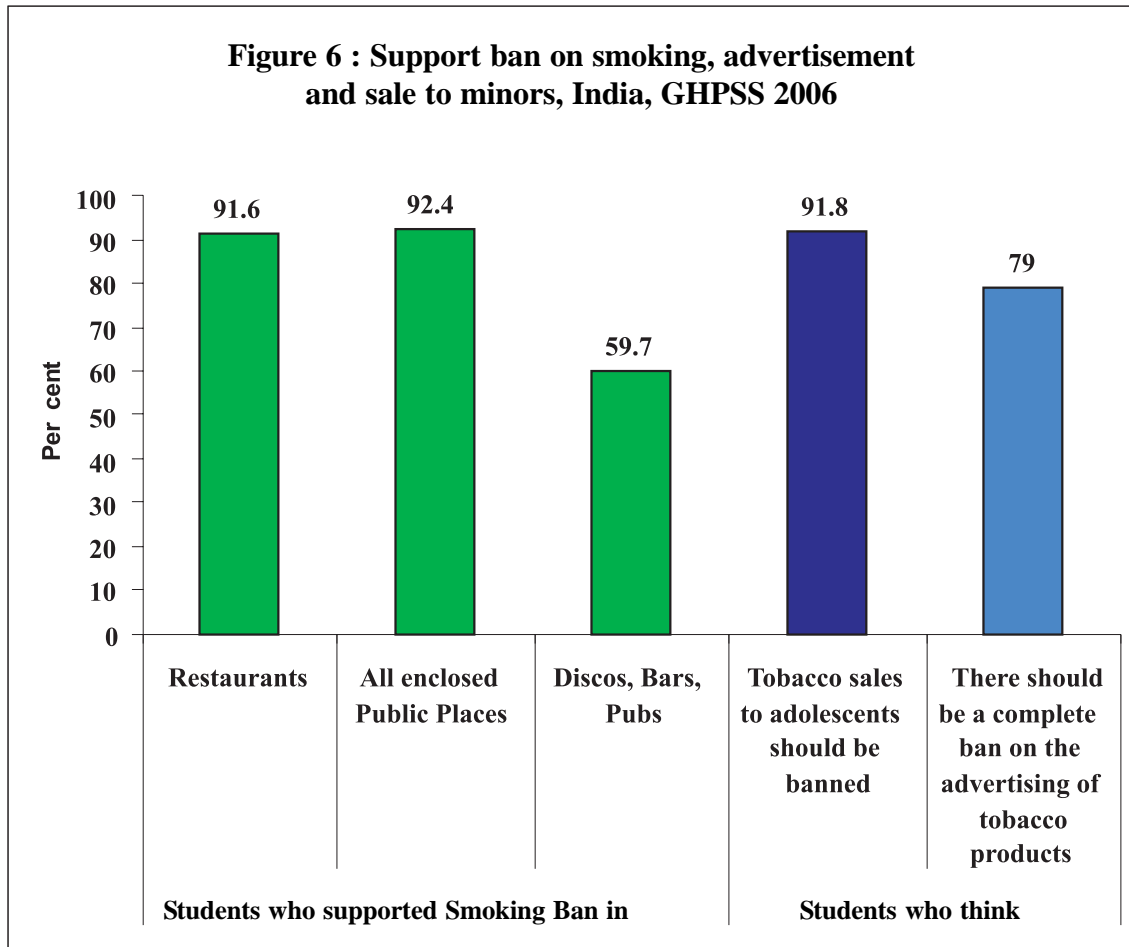
Exposure to Second Hand Smoke

Over 42% students reported having been exposed to second hand smoke where they live (home) and over 73% reported have been exposed to secondhand smoke in public places (Figure 5A). Current cigarette smokers were significantly more than never-cigarette smokers to be exposed to second hand smoke where they live (82.4 % vs 34.1%) and in public places (92.1% vs 69.0%) (Figure 5B).



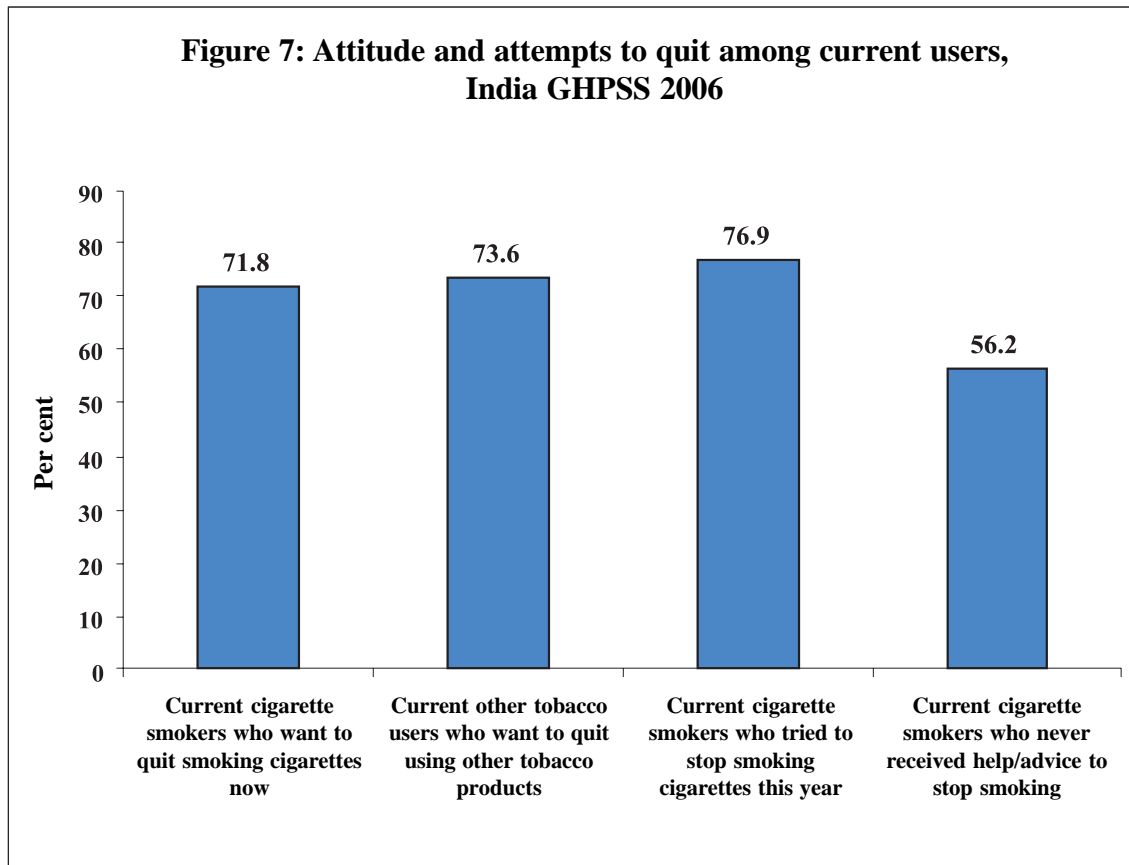
Supporting ban on smoking in public, tobacco advertisement and sale to minors

Over 91% of students supported ban on smoking in restaurants and in all enclosed public places but only 59.7% supported smoking ban in discos, bars and pubs. Most students supported ban on tobacco sales to minors (91.8%) and complete ban on advertisement of tobacco products (79%) (Figure 6).



Attitudes and Attempts to Quit

Over 71% of current cigarette smokers and 73% of current users of other tobacco products wanted to quit tobacco, while over 76% of current cigarette smokers tried to stop smoking cigarettes in the past year. Among ever smokers, 56.2% reported to have never received help/advice to stop smoking (Figure 7).



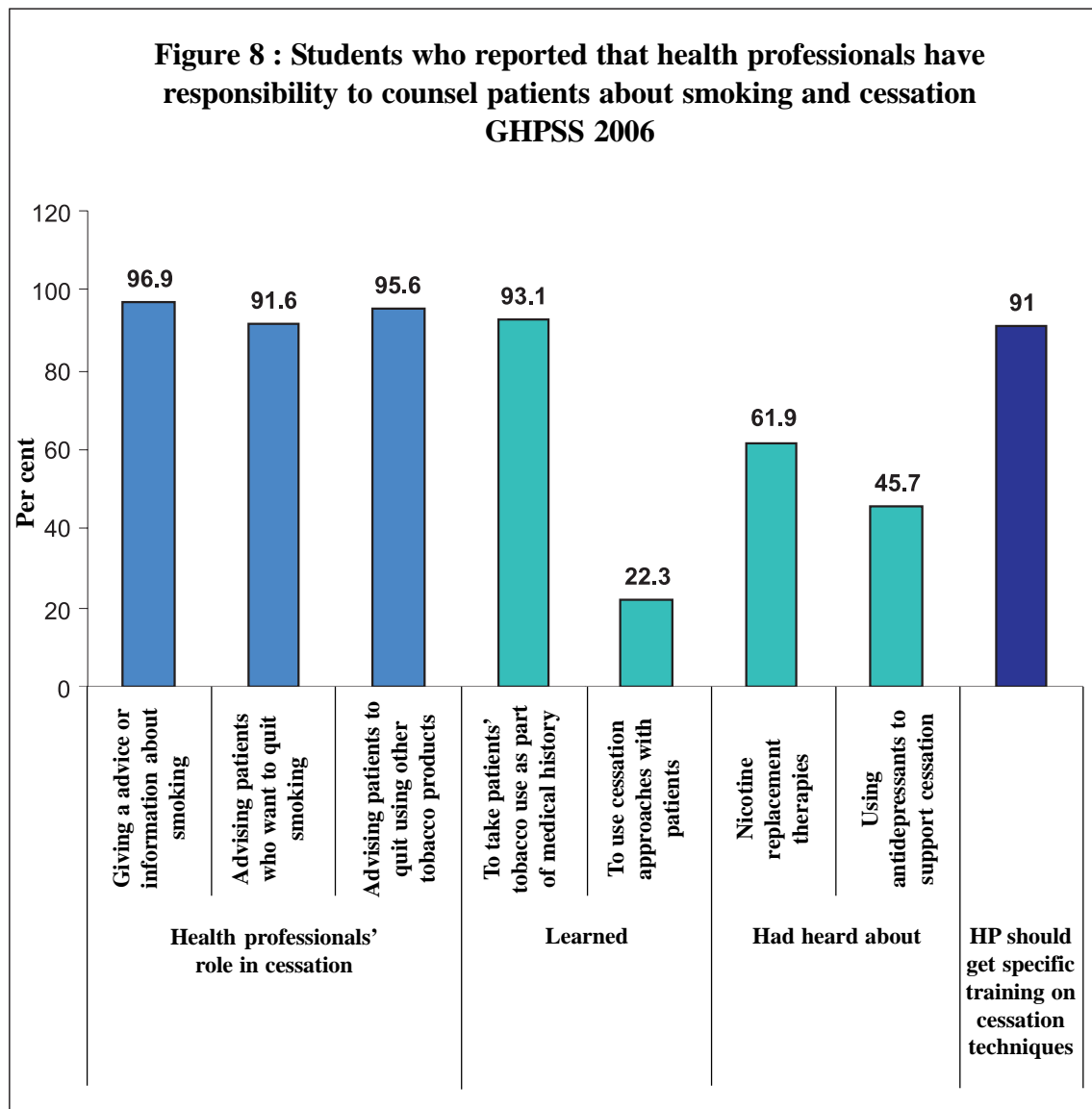
Responsibility to Counselling Patients about Smoking and Cessation

Nearly all students believed that health professionals had a role in giving advice or information on smoking cessation to patients (96.9%); that they should routinely advise their patients who smoke (91.6%) or use other tobacco products (95.6 %) to quit tobacco use/smoking; that patient's chances of quitting smoking increased if a health professional advised him/her to quit (Figure 8).

Nearly 91 per cent students expressed that health professionals should get specific training on cessation techniques (Figure 8).

Training in Medical Schools to Support Tobacco Cessation

Nearly 93.1% participants reported learning to take patients' tobacco use as part of medical history; 22.3% reported learning to use cessation approaches with patients; 69.1% reported learning to provide education materials to support cessation among patients who want to quit. Of all students, 61.9% had heard about nicotine replacement therapies and less than half of them (45.7%) reported to have heard of the use of antidepressants to support cessation (Figure 8).



DISCUSSIONS

In India, health professionals, especially medical doctors, are considered role models by people at large. In this context, it is supposed that tobacco use among medical doctors should be zero. Contrary to this belief, tobacco consumption among third-year medical students is reportedly high. However, it is heartening to note that most of the tobacco users want to quit. Quitting tobacco needs suitable external environment and social support. The findings of this study suggest that in medical schools, the environment is not suitable as more than half of the institutions did not have a policy banning smoking in institution buildings and clinics; 56.2% ever smokers reported that they never received help or advice in their medical schools to stop smoking; while over three fourth students said that they never learnt cessation training methods to counsel the patients. High rates of tobacco use by medical students is also a cause of concern. In addition to tobacco-related contributing to morbidity and mortality among future health care providers, tobacco use by this respected group inadvertently suggests to the general Indian population that health risks associated with tobacco use may not be very serious.

WHO FCTC and GHPSS envision the same broad goal: development, implementation, and evaluation of effective tobacco control programmes in all WHO Member States. GHPSS provides a ready framework for collecting data on determinants that WHO FCTC recommends member states to monitor reporting. The GHPSS provides data on several indicators (surveillance and monitoring, prevalence, exposure to second hand smoke, medical school-based tobacco control) which correspond with the provisions codified in the WHO FCTC Articles. WHO FCTC calls upon member states to use consistent methods and procedures in their surveillance efforts. The GHPSS was designed exactly for this purpose i.e., sampling procedures, core questionnaire items, training in field procedures, and analysis of data. India has followed this example by conducting national level surveys using the GHPSS methodology. The results from this effort can be used to set a baseline for monitoring the enforcement of specific WHO FCTC Articles.

Article 20: Research, Surveillance and Exchange of Information

Data in this report show that current cigarette smoking is 11.6% and use of other tobacco products is 5.4 per cent. High prevalence of tobacco use among medical students presents challenges and requires careful planning by the Ministry of Health and Family Welfare at the central and state level. Data from this survey will further enhance the capacity of India to develop, implement and evaluate tobacco control programmes, in medical schools of the country.

Article 8 : Protection from Exposure to Tobacco Smoke

In 2003, India passed a legislation called “the Cigarettes and Other Tobacco Products [Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution] Act, No. 34 of 2003”, banning smoking in public places etc. The Government of India in the Ministry of Health and Family Welfare is now focusing on measures to ensure effective implementation and enforcement of this Act. Almost 70% medical students reported that they were exposed to tobacco smoke in public places. Majority of medical schools supported the Government of India’s commitment of ban on smoking on public places including hospitals; ban on tobacco sales to adolescent and complete ban on tobacco products advertisement.

Article 12 : Education, Communication, Training and Public Awareness

The present study clearly depicts that formal cessation training in medical schools is minimal (22.3% learnt tobacco cessation approaches to use with patients and 45.7% heard about using antidepressants to support cessation). However, 90% students wanted specific training on cessation techniques. This information calls for development, implementation of evidence-based programmes to be launched in schools. The Ministry of Health and Family Welfare, should instruct the Medical Council of India to develop tobacco cessation training curriculum for medical students and include it in the undergraduate medical curriculum.

Article 14 : Demand Reduction Measures concerning Tobacco Dependence and Cessation

Nearly 70 per cent of the current smokers wanted to stop smoking during the past year but failed. This finding suggests a need to develop pilot, test and evaluate potential cessation programmes in medical school of the country. In India, tobacco-cessation clinics sponsored by the World Health Organization have been found to be effective; their outreach however needs to be quickly upscaled throughout India. Tobacco cessation clinics should be initiated in each medical school. The Government of India and the World Health Organization may take the initiative to train at least one faculty member from each medical school with the help of the existing WHO Tobacco-Cessation Centres (TCC).

CONCLUSION

Findings of this study revealing high prevalence of tobacco use among medical students, the future healthcare providers of India, is alarming. High level of ignorance regarding cessation techniques and poor implementation of smoking ban in medical schools of India is also a matter of concern.

The passing of the Tobacco Control Act, 2003 is a public health milestone for India. Effective enforcement of the law is a continuing challenge to the tobacco control community. India needs to use the GHPSS data to assist the development of its National Programme for Tobacco Control including tobacco control in medical schools of India. Development of a comprehensive tobacco control program will require careful monitoring and evaluation of the existing program and the likely development of new efforts. The synergy between India's status as a party to the WHO FCTC and in supporting the conduct of the GHPSS at the national level offers India an excellent opportunity to develop, implement and evaluate a comprehensive tobacco-control policy across medical schools in the country.

The GHPSS offers a useful framework for strengthening India's tobacco control programme, while making it compliant with the FCTC requirements.

RECOMMENDATIONS

1. The Ministry of Health and Family Welfare, Government of India, should instruct the Medical Council of India to develop a tobacco-cessation training manual for medical students and include formal tobacco cessation techniques in the undergraduate and postgraduate medical curriculum.
2. The Ministry should circulate this report to all medical schools through the Medical Council of India requesting the principals and superintendents to enforce the existing smoking ban policy of the Government in their respective institutions to protect the health of medical students, patients and attendants.
3. Tobacco cessation clinics should be started in each medical school. The Government of India and World Health Organization may take the initiative of training at least one member from every medical school, utilising resource of existing WHO Tobacco Cessation Centre experts.
4. State governments and medical universities should be encouraged to formulate a comprehensive tobacco-control policy for all medical schools under their jurisdiction and also initiate steps for proper implementation of the same.