



### 3. The Way Forward

India is among the countries with a high burden of tobacco use and tobacco-related health problems, especially cancer. The government and relevant stakeholders have taken up an extensive range of measures for tobacco control. However, despite such efforts, a considerable level of tobacco consumption appears to be continuing. India is the first country to have developed national targets and indicators to reduce the number of global premature deaths from NCDs by 25% by 2025. [6] One of the targets is to achieve a 30% relative reduction in the prevalence of current tobacco use. The data in the present report reflects upon the rising incidence and growing concern of cancers in the sites associated with tobacco use in the country. The report findings should enable programme officials, policymakers, health care providers and community leaders to strengthen the existing measures and develop innovative and evidence measures to control tobacco use in all its forms.

#### ***Promotion of Information, Education and Communication (IEC) for prevention and quitting use***

The National Tobacco Control Programme has IEC as one of its major components. Social media, the internet, and other mass media channels and communication must actively disseminate anti-tobacco messages. Specific groups such as students, employees in the organized and unorganized sectors must be sensitized about the harmful effects of tobacco and the need to keep the workplace tobacco-free. School-based education on tobacco hazards is of paramount importance in sensitizing children and adolescents at an early age. Traditional healthcare providers could be involved in imparting community-based tobacco-related education as they may find wider acceptability.

#### ***Strengthening of tobacco cessation activities***

At present, most tobacco cessation services are provided by trained health professionals at the existing health services. Training non-health professionals in tobacco cessation activities would add value to the current mode of implementation. In addition, tobacco cessation activities could be extended beyond the boundaries of health facilities to educational institutions, industries and community-based organizations. Community-based tobacco cessation services may help female tobacco users, who often hesitate to avail of facility-based tobacco cessation services.

#### ***Integration with other national health programmes***

Tobacco control activities could be integrated with developmental programmes for rural upliftment, livelihood, woman, child and tribal welfare. Also, tobacco cessation could be



provided at NCD clinics operated under the NPCDCS and Adolescent Friendly Health Services (AFHS) under the Reproductive and Child Health programme.

### **Strengthening the implementation of tobacco control laws**

The 2020 amendment in COTPA is proposed to address certain lacunae in the existing law and strengthen its implementation. The amendment bill includes the following revisions (i) removal of designated smoking places in hotels and restaurants (ii) Prohibition of tobacco advertisements on social media and the internet, (iii) Prohibition of production and distribution of illicit tobacco products and (iv) increasing the minimum age of sale of tobacco products to 21 years. [36]

### **Prioritize for screening for cancers in sites associated with tobacco use**

Tobacco users constitute a high-risk group for cancer, and hence cancer screening should be emphasized in this population group as the risk perception of getting cancer could be less. Cancer screening could be combined with IEC and behavioural change interventions and tobacco cessation activities to increase uptake and acceptance in this high-risk group. Dentists and clinicians could be sensitized to undertake oral cancer screening in tobacco users during routine visits. Screening for lung cancer among current and past smokers could be beneficial since various trials have shown that Low-dose computed tomography (LDCT) could reduce mortality in lung cancer patients in developed countries.[37] However, India needs a cost-effective lung cancer screening programme that could be useful in low resource settings.

### **Promoting Research**

There is a need for broader evidence on effective strategies for imparting tobacco-related health education, communication and behavioural change, which calls for experimental research, including cluster randomized controlled trials and field trials. In addition, behavioural change and IEC packages should be region-specific and culturally acceptable to ensure optimal outcomes. Also, formative research is needed to identify the socio-economic and socio-cultural barriers in tobacco cessation and uptake of screening services. Health technology research could help to identify and develop cost-effective screening interventions for lung cancer. Furthermore, research in molecular biomarkers is required to validate their importance in lung cancer screening. Finally, policy analysis, monitoring, and evaluation of policy and programme components will help assess interventions' impact.

The prevention and control of cancers in the sites associated with tobacco use is a concerted effort by a wide range of stakeholders and multidisciplinary health care professionals. The need of the hour is to evaluate the impact of existing control measures,



strengthen and scale up effective strategies, identify, design and develop evidence-based interventions to address the challenge imposed by cancers arising from tobacco use in India.

### Ways for Cancer Prevention and Control

