SITUATION, IMPACT AND FUTURE CHALLENGES OF TOBACCO CONTROL FOR YOUTH

Dissertation Submitted to

The IIHMR University, Jaipur

for the purpose of fulfilling the requirements in part for the Master of Business Administration degree (MBA)

In

MBA in Rural Management

By

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Under the Supervision and Guidance of

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2022

DECLARATION BY STUDENT

I confirm that the dissertation has the following title **Situation, impact, and future challenges to Tobacco control for youth *residents of Kota, Rajasthan***, is a genuine documentation of the work I did formy initial research. I certify that it has not been applied for a degree or diploma from any other university or institution. Information that was taken from other people's published or unpublished work has been properly acknowledged in the text.

Mr. Ayush Sharma

Place: Jaipur

Date: 28th June. 2022

CERTIFICATE

This is to certify that the dissertation titled **Situation, Impact, and Future Challenges of Tobacco Control for Youth *among the residents of Kota, Rajasthan*** is a record of the research work undertaken by **Mr. Ayush Sharma** in partial fulfillment of the requirements for the award of the degree of MBA Rural Management from the IIHMR University, Jaipur under my guidance and supervision and his approach to the research study has been sincere, scientific, and analytical.

ABSTRACT

Background: - Tobacco usage is the world's leading cause of mortality and illness. Every year, more than 30 lakh people die because of tobacco usage over the world.Every year, 80 lakh Indians die from tobacco usage, which is more than the total deaths from AIDS, TB, and malaria. Tobacco use kills more than 2,200 Indians every day. Tobacco is responsible for 40 out of every 100 cancer cases in India. **Objectives:** The Main Objective of this study is to identify the tobacco control program for youth NTCP and COTPA implementation, and to identify the key stakeholders at state and district level for capacity building and sensitization. **Research Methodology:** A questioner based cross-sectional study was conducted from March to June 2022 among the percipients of Rajasthan state. A structured questionnaire will be used for the data collection and collected data will be analyzed using Microsoft Excel. **Results:** The composition of the study participants is age above 30 years is 18%, between 18-30 is 70% and below 18 years is 12%. Around 76% of the participants live with someone who is smoking. Also, analysis indicates that 44% of the participants are exposed to the second smoke. Around 40% of the participants are smoking 3 cigarettes per day, 30% say are smoking 2 cigarettes and 10% are smoking 4 cigarettes per day. Around 70% of the participants say that it is very important to quite smoke and they understand the reason behind this. Out of those 56% of the participants say that we are quite the smoke but not right now. **Conclusion:** As per the analysis more than half of the participants are live with some one who is smoking. It can be a one of the reasons why people are started smoking. Also, People are in the age group of the 18-30 are smoking as compared to other age group. And half of the participants say that we want to quite smoke but not at this moment.

Keywords: - Second smoke, Impact, Challenges, Current situation. Tobacco Control, Awareness,

ACKNOWLEDGEMENTS

To Assistant professor - Ashish Bandhu

Respected Sir, I appreciate you being there and giving me guidance since without it, finishing my dissertation would have been challenging. I appreciate your constructive critique, insightful observations, and professional advice. I hope I don't let you down.

Dear Friends and Family,

I want to express my gratitude to every one of my friends and family members that supported me and helped me finish this task. I appreciate your help.

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LIST OF ACRONYMS & KEYWORDS

- **NTCP:** National Tobacco Control Program
- **COTPA:** Cigarettes and Other Tobacco Products Act
- **FCTC:** Framework Convention on Tobacco Control
- **IEC:** Information, Education, and Communication
- **STCC:** State Tobacco Control Cell
- **SLCC:** State Level coordination Committee

SITUATION IMPACT AND FUTURE CHALLENGES OF TOBACCO CONTROL FOR

1. INTRODUCTION:

In 2005, it agreed to abide by the WHO Framework Convention on Tobacco Control. (FCTC). The Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply, and Distribution) Act of 2003 is the name of the country's tobacco control law. (COTPA). Except in approved smoking areas at airports, lodging facilities with 30 or more rooms, and eateries with 30 or more seats or more seats, smoking is not permitted in any public locations or workplaces. There are several smoke-free areas in open auditoriums, stadiums, train stations, and bus stops. It also includes clauses prohibiting all types of TAPS with few exceptions, requiring all tobacco packets to include visual and text health warnings, and giving states the authority to develop policies based on stronger restrictions than the national Act. enforced at the national, subnational, and rural levels. The State Department of Medical, Health, and Family Welfare oversees enforcing the law, with assistance from other agencies (namely education department, police department, Urban Local bodies, PRIs, transport department, state and district administration, others). The proposed initiative will bring together all relevant departments to work with the State Health Department to improve the execution of current laws and regulations.

Tobacco should not be used in any form, whether at home or outdoors. Educate individuals of the community about the dangers of tobacco usage. Tobacco products in general are dangerous. In whatever quantity, no tobacco product is safe. Bidis are just like cigarettes in terms of their dangers. Many life-threatening diseases are caused by secondhand tobacco smoking. Tobacco chewing can also lead to sickness, such as oral cancer. Tobacco usage is the world's leading cause of mortality and illness. Every year, more than 30 lakh people die as a result of tobacco usage over the world. Every year, 80 lakh Indians die from tobacco usage, which is more than the total deaths from AIDS, TB, and malaria. Tobacco use kills more than 2,200 Indians every day. Tobacco is responsible for 40 out of every 100 cancer cases in India.

The NTCP Operational Guidelines were published in 2012 by the National Tobacco Control Cell (NTCC), which is part of the Ministry of Health and Family Welfare. The Operational Guidelines directed and assisted the State Government and district administration in executing the NTCP at the state and district levels. Numerous organizations at the state and district levels applied the recommendations to further the nation's tobacco control objective.

Based on input from states and other stakeholders, adjustments were made to the NTCP's operations and budget at the state and district levels under the 12th Five Year Plan. The NTCP anticipates covering every district in the nation piecemeal. The National Health Mission's

overall umbrella has been used to encompass the district and sub-district level implementation of the programme to foster synergy at various levels of health care delivery (NHM).

The NTCP's key focus Areas: -

(I) Training is being provided for NGOs, schoolteachers, law enforcement personnel, and health and social professionals.

ii) Activities involving information, education, and communication (IEC).

iii) educational campaigns.

(iv) Observation of tobacco control legislation.

(v) Coordination of village-level initiatives with Panchayati Raj Institutions.

(vi) District-level establishment and improvement of quitting facilities, including provision of pharmaceutical treatment.

Expanding the scope and caliber the healthcare delivery system would benefit from the availability of smoking - cessation services at all levels. receive significant attention under the NTCP. The NTCP would also attempt to take use of any potential opportunities to combine tobacco control activities with other health programmes to make the most use of resources that is effective and efficient. Using the National Health Mission be used by the NTCP to reach out to marginalized groups in underserved areas, tribal people, and urban poor populations who are particularly susceptible to the risks associated with tobacco products, including smokeless tobacco.

STCC (State Tobacco Control Cell):

Role and Responsibilities: In each of the designated states and union territories the Directorate General of Health Services/State Health Department is home to a State Tobacco Control Cell (STCC). The STCC has been given space by the State Government to operate.

The STCC oversees the comprehensive coordination, execution, and surveillance of the various activities, as well as the attainment of the program's physical and financial goals in the State. The STCC is also in charge of activity documentation, employee recruiting at the timely activity and financial reporting to the NTCC at the state/district level.

SLCC, or STATE LEVEL COORDINATION COMMITTEE,

There should be a State Level Coordination Committee in each state., with the Chief Secretary or his designee as the chairperson, and the acting as the member secretary is the principal secretary (health). The Member Secretary will receive assistance from the State Nodal Officer (NTCP) in planning SLCC sessions. The COTPA's mandates as well as the state's overall implementation of the National Tobacco Control Program are carried out by this body. The Members of other departments may be added by state governments. as necessary; this list is merely illustrative.

SI. No. Departments/Agencies

1. **Mission Director NHM or Principal Secretary/Secretary (Health) as Participant Secretary.**

   Role: - National tobacco control programs routine monitoring review and supervision, the nodal secretary for calling the meeting.

2. **The nomination for principal secretary home principal secretary home or the nominee.**

   Role: -Ensure that the state police heads are responsible for enforcing all COTPA regulation. Regular evaluation of COTPA implementation in the regular monthly crime review meeting. Gathering information on COTPA VIOLATIONS.

3. **Nominee for principal Secretary (School/ Higher Education.**

   .

   Role: - Adoption of tobacco free policies in the educational institutions make smoking prohibited on all school grounds. Including tobacco use detrimental effects in class lessons.NTCP school health component is monitored and overseen.

4. **On his designee, principal Secretary/ Secretary (Finance).**

Role: Ensuring that the state's tobacco industry reduces unlawful trade and tax avoidance. Tax administration and uniformity across all cigarette goods.

5. **Secretary/ principal secretary (Rural Development.**

Role: - Program for a Different Form of Employment for Bidi Rollers and other as appropriate.

6. **Nominee, the secretary of labor, or the labor commissioner.**

Role: - 1. Ensure that the visual Health are printed on all tobacco made in registered factories.

1. Health Department coordination for health dangers of bidi rolling being brought to the attention of bidi rollers.
2. To Create and implement plans for the vocational training of bidi rollers to provide them with alternate sources of income.

7. **Transportation Secretary/ Commissioner, or the Nominee.**

Role; - 1. To maintain Compliance with COTPA requirements that all public transportation vehicles be smoke- free.

8. Tobacco goods, such as gutkha and pan masala, may not be advertised directly or indirectly on public transit, including bus panels, bus stations, and property.

9. The posting of anti-tobacco statements on the bus panels, bus stands, and bus tickets issued by the transportation department may be considered. a spokesman for the railroads department.

Role: -To make the COTPA regulations are followed in regions that the railway department has administrative jurisdiction over. For instance, smoking is prohibited as are tobacco product advertisements and sales to and to minors.

2. No gutkha, pan masala or other prohibited tobacco pr may be sold on railways station or in train.

3. Consider posting anti-tobacco messaging on railways properties such train panels, platform. Tickets and related location.

10. Agriculture Secretary or the chosen.

Role: - 1. To Create and put into action plans alternative crop Possibilities for growers of tobacco.

2. Raising Awareness Among Farmers of the negative effects of tobacco usage and production.

11. Nominee or the Secretary of public relation and information.

Role: -1. Consider launching statewide public education programs about the negative effects to tobacco usage and COTPA provisions.

2. Creation Materials for the local and state IEC campaigns will be displayed at local health fairs..

3. Contribute to the creation or modification of local IEC Campaign literature to be displayed and distributed at community gatherings meals and state/ District IEC campaigns.

12. Organization engaged in tobacco and health control within civil society, or the candidate.

Role: **-** Embrace tobacco control in all of their continuing programmes.

- Keep an eye out for contraventions of tobacco control regulations and notify the appropriate authorities or steering committee.
- Work together with local and state governments on anti-tobacco media efforts.
- Collaborate with local governments, CBOs, Panchayati raj systems, and communities to raise awareness about the dangers of tobacco smoking and to improve how COTPA's requirements are put into practice**.**

13. Nominee, the collector/DM from one or two districts.

Role: - Bring up the issues with COTPA implementation at the district level as a representative of the district administration and encourage NTCP implementation.

14. Legal Secretary or the Nominee.

Role: - Give legal counsel on COTPA implementation-related topics to the state-level committee and support judicial matters.

15. Secretary (Panchayati Raj) or the nominee.

Role: -to support the rural areas' three-tiered system of elected Panchayati Raj in enforcing COTPA.

Assist in facilitating the fusion of COTPA and other health and development programmes with tobacco control initiatives.

State Tobacco Control Cell's (STCC) activities include: - Educating and Developing Key Stakeholders

Through state-level advocacy workshops/sensitization programmers, STCCs must teach a variety of stakeholders so although observing the "whole-of-government approach" to tobacco control. All state government departments should be involved in tobacco control initiatives. For the FDA, health and medical experts, law enforcement, and the judicial system, academics, students, the media, etc., specific, or tailored trainings should be organized. Additionally, they must collaborate closely with their NGO partners and include them in advocacy training.

1. A workshop on state-level advocacy
2. The programme to train trainers for employees hired by DTCC under the NTCP
3. The DTCC staff should receive refresher training.

4. Education on tobacco cessation for medical professionals.

5. Program for training and sensitization of law enforcement.

6. Any additional instruction to help with COTPA and WHO FCTC implementation.

Training Modules: -

provisions of the Tobacco Control Act, the National Tobacco Control Program, and the prevalence of tobacco usage, the various tobacco products, the socioeconomic effects of cigarette use, the advantages of quitting, and the part that Various stakeholders, including civil society, are involved in state-level tobacco control.

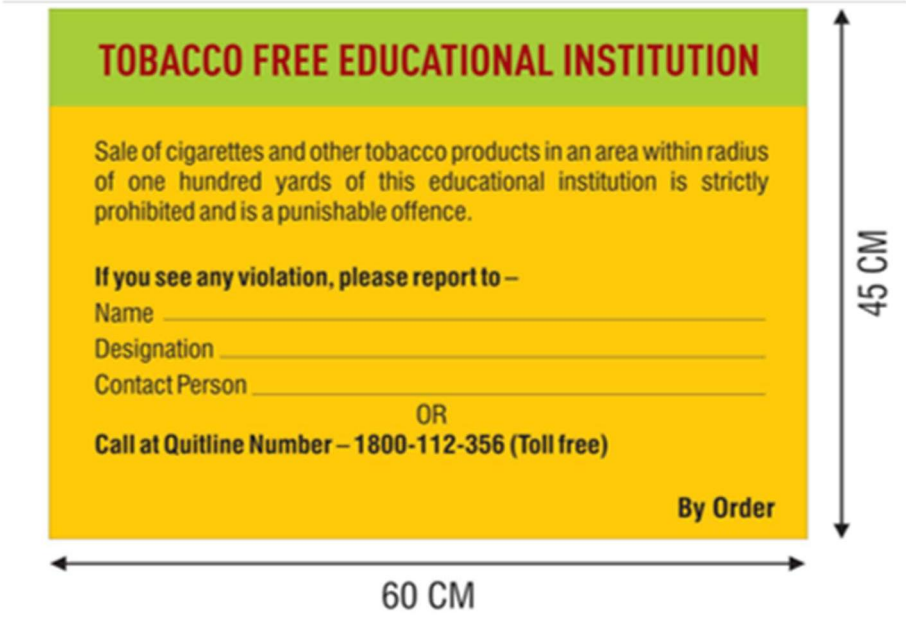
1. A medical education module.
2. Health professionals' training course.
3. Teacher training course.
4. National Guidelines for the Treatment of Tobacco Addiction 5. Instructions for implementing COTPA.

Smoking in Public Places is Prohibited by Section 4 of the COTPA:

- No one is allowed to smoke in any public area.
- Provided that in a restaurant with chairs or a motel with thirty rooms.
- a separate smoking area or facility may be provided in airports with a capacity of thirty people or more.

COTPA of 2003 prohibits smoking in all public areas. Any location to which the public has access, whether by right or not, is referred to as a "public place," and this includes all places where the public congregates, such as auditoriums, hospital structures, train waiting rooms, amusement centres, public offices, courthouses, educational institutions, libraries, coffee shops, and so on. shops, canteens, banks, clubs, and open spaces next to hotels and restaurants, among others.

Display the signage as per the specification given in the Figure below



Section 5 Ads for cigarettes and other tobacco goods are not allowed: -

- No one shall, for any direct or indirect financial gain:
- displaying, causing to display, allowing or authorizing to exhibit, or causing to be displayed, any advertisement and cigarettes or other tobacco products.
- (b) sell, cause to sell, permit or allow to sell a film or video cassette that features tobacco product advertisements, whether they are for cigarettes or something else.
- (c) To erect, exhibit, fix, or retain any tobacco product promotion on or above any land, building, wall, hoarding, frame, pillar, or other structure, as well as on or in any vehicle.

Section 6 A, B: -

- the sale of tobacco products by anyone under the age of 18,
- Selling any tobacco goods by anybody under the age of 18 while operating as a hawker on the side of the road, on buses and trains, at traffic lights, in front of theatres, at railroad stations, at bus stops, or in any other public setting Stores that don't have the required sale prohibition signage up.
- Shopkeeper authorizes kids to purchase tobacco goods.
- sale of cigarettes in any manner close to higher education institutions 6. The absence of adequate signage in educational buildings. The sale of tobacco products is not permitted within 100 yards of any school facility. Starting from the boundary wall's outermost point, 100 yards must be measured radially. The same must be stated on a display board placed outside the educational facility.

Section 7: -

No one may, make, provide, , directly or indirectly,unless each package of cigarettes or any other tobacco goods he produces, supplies, or distributes has the following information on its label or on its packaging.

• It is against the law for anybody to conduct business or trade in cigarettes or other tobacco products unless each pack of cigarettes or other tobacco product they sell, supply, or distribute has the required warning printed on it.

Situation, Effects, and Upcoming Challenges of Youth Tobacco Control Policies

Research and techniques used in youth-targeted tobacco prevention campaigns, such as the Global Youth Tobacco Survey (GYTS). The country, continent, age, and importance are all taken into account by the health inter-network access to research. the WHO Framework Convention on Tobacco Control (FTCT), youth, tobacco control, smoking reduction initiatives, incidence of tobacco use in adolescents, and

classification of tobacco control strategies and incentives to deter young people from smoking. The search criteria included the duration, particular and well-liked policies, validity, import, and application.

Use of Tobacco Among Youth Prevalence

On a global level, youth tobacco use continues to be a major public health concern. Young people make up more than half of the approximately 1.2 billion smokers in the globe; the incidence In the world, guys smoke more cigarettes (16%) than girls (6%), which is a roughly threefold discrepancy between the sexes. In the West Pacific, males are four times more likely to smoke (18%) than girls are (4%), although in the US and. Additionally, the use of smokeless tobacco is increasing; now, 8% of people globally (6% of boys) use it 2% in the girls. highest (17%) and lowest (2%) rates of girls who use smokeless tobacco, respectively,are found in the West Pacific area (World Health Organization., 2012). roughly 21% of its youngsters consume tobacco (Although the projected prevalence of daily smoking has decreased dramaticallyfor both boys and girls globally since 1980 (for example, in the United States, between 1980 and 1990,roughly 10% of students in the 12th grade were smokers), this has been largely attributable to populationgrowth (Ng et al., 2014). According to the 2011 Global Youth Tobacco Survey (GYTS) data.

Understanding Youth

Although there is no universally accepted definition of youth, it is a crucial and foundational time in human development. Youth is a period of time when a person is young, however it is frequently the period of the period of development and child are used interchangeably over the world and frequently refer to the same thing (Konopka, 1973). The context-specific definition of youth established by the UN includes the following age ranges: 15–24 by UN Secretariat, UNESCO, and ILO; 15–32 by UN Habitat; 10–24 by UNFPA, WHO, children up to age 18, 15–35 by the African Youth Charter, and 10–24 by UNICEF (United Nation., 2016). Additionally, several countries have included a definition of youth there.

Research Methodology

Research Design:
A descriptive cross-sectional design was used for this study.

Study Period:
The study covers the duration of March 2022 to June 2022.

Research Questions:
1. What are the barriers that affects to the preventions of tobacco control in the state of Rajasthan.

Research Objective:
1. To identify the current situation of tobacco in Kota, Rajasthan.
2. To identify the impact of tobacco in Kota, Rajasthan.

Sample Design and Size:
Convenience sampling technique was used for the assessment. Thestudy was conducted in Kota, Rajasthan for 3 months. For sampling, non-probability sampling was used. A structured questionnaire was circulated, and responses were collected. A total of 50 responses were collected.

Data Analysis:
The collected data has been analyzed using Microsoft Excel. Tables, Bar charts, graphs, averages, percentages, etc. were used to depict the analyzed data.

Data Collection Approach
The data was collected based on the parameters such as second smoke, age gender, family, and many more. Also, secondary data is used to compare the various dimensions of tobacco. This study was set up on google forms and given to those having a spot with an age group to evaluate the information about tobacco. As per the United Nations people's prospects, the age limit is selected having a sign of youth.

Limitation of Study:
One of the study's limitations is the limited sample size, but some important findings can be used for furthered investigation

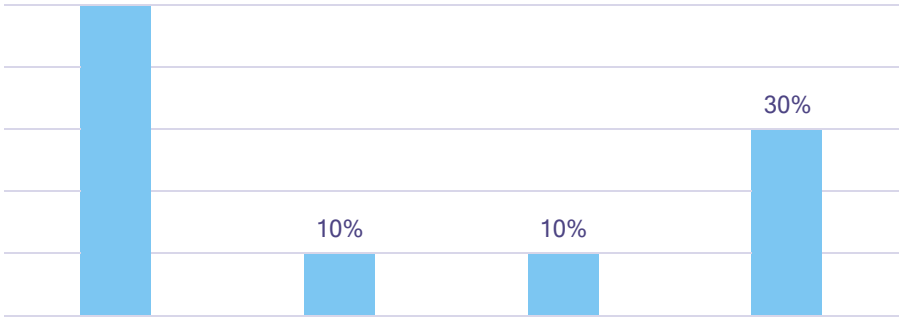
Analysis:

To understand the practices of Tobacco we have collected 50 sample size and analyzed through Microsoft Excel by using pie-charts and bar charts.

Exposed to second- hand smoke

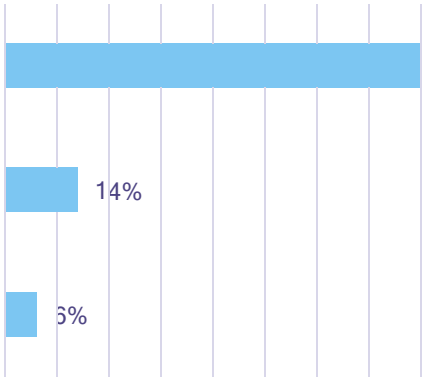
We can see in this chart exposed to secondhand smoke around 44% people are exposed to secondhand smoke and around 56% people are not exposed secondhand smoke. Because many people do smoke within a group.

Days per week exposed to second smoke



Charts indicates that days per week exposed secondhand smoke 50% people answered daily, 10% people told 5 to 6 days, 10 % people 3to 4 days and around 30% people told 1 to 2 days in a week.

Place of exposure secondhand smoke



The chart showing that place of secondhand smoke. Around 80% people are exposure to secondhand smoke in public place like café or other, 14% In their workplace and 6% people are expose in their own home.

Cigarettes/ cigars per day smoke

Upper chart showing the quantity of the cigarettes and cigars that people smoke daily. 30% people told 2 cigarettes they smoke daily, 40% smoke 3 cigarettes, 10 people smoke 4 cigarettes daily and 20% people smoke daily 4 cigarettes and cigars.

Seriously considering quitting smoking/ using

This chart is highlighted interest of people in quitting smoking. 20% people told they do not think about quitting smoke. 6% people answered they quit smoke within 6 months. 56% people told they quit smoke at some point, but they do not quit smoke immediately, and 20% people told they considering quitting smoking within the next 30 days.

Important quit smoking/using

In this chart we can see importance of the quit smoking. 70% people told quit smoke is very important because smoking very dangerous for our body. 24% people told it is a little important and 6% people think it is not important.

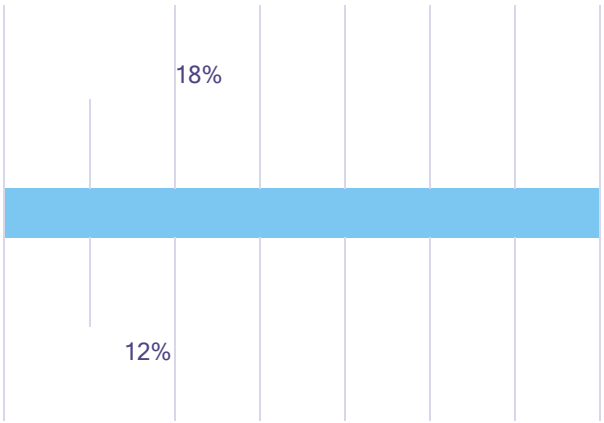
Confident quit smoking/ using?

This chart indicates confidence of people towards the quitting smoke. 16% people very confident about quit smoke, 30% people little bit confident of they quit smoking, and around 54% are not confinement that quit smoking this the main reason behind high number of the smokers.

Lives with Someone who smokes

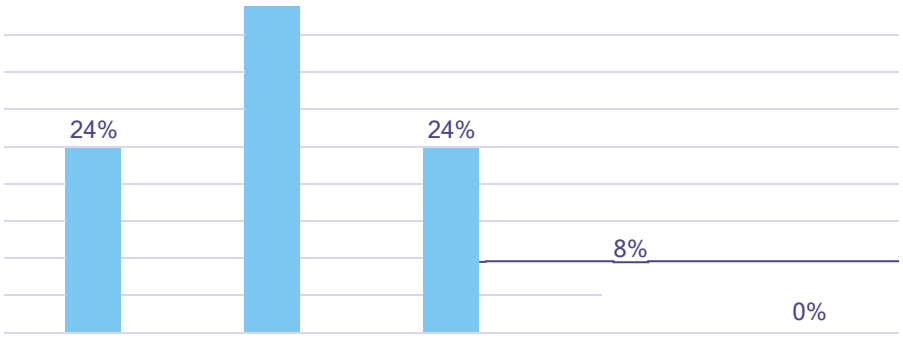
Upper chart showing people lives with someone who smoke in their home. 24% people answered no one smoke in their home. 76% people told that they live with someone who smoke so this is the main reason behind young person started smoking.

Age



The chart showing that age that smoking. 18% people that do smoke are above 30 years, 70% people that do smoke are 18 to 30 years. 12% people that do smoke are below 18% years this is illegal.

Brand of the Cigarettes



The chart showing that the brand of the cigarettes that people use for smoking. 24% people used Gold flack for smoking, 44% people used Advance cigarettes for smoking, 24% people used regular cigarettes for smoking and 8% people smoke mild in their past 30 days.

Days out of smoke cigarettes

The chart showing that the how many days people did smoke cigarettes. Around 10% people said that they smoke cigarettes daily basis.

Menthol Cigarettes

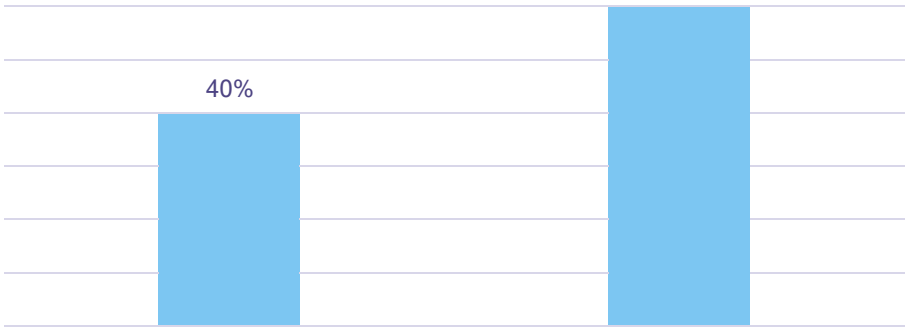
The chart showing that flavor of the cigarettes they smoke. Flavors are not matter in the cigarettes because every cigarette is dangerous for our health.

Cigarettes smoke Daily

The chart showing that how many cigarettes people smoke in a day. In this chart 20% people smoke 20 cigarettes daily it is very dangerous situation, 24% people smoke 1 cigarette daily.

Other items of tobacco

Around 70% people say that they used other items of the tobacco like chewing tobacco, skoal Bandits or Copenhagen, and 30 % say that they did not use.



The chart showing that people taken puffs of tobacco from a pipe. 40% people say that they take one or two puffs of tobacco from a pipe and 60% people did not use this type of item.

Obtain tobacco item

48% people say that if they wanted tobacco items they obtain very simply. 24% people say tobacco obtain was very difficult.

Young people encourage

In this chart we can see people thinking about the cigarette's corporations. 86% people think cigarettes corporation doing actively work to encourage young people under the age of 18 years to use their products whatever 14 % do not think about it.

Closest pals' smoker

The chart showing the closest pals is a smoker. 36% people says their 4 closest friends are smoker whatever 28% people do not sure how many friends are smoker and 4% people say that no one is smoker in their closest friends.

Indoors tobacco products

The chart showing people thinking about the smoking location, 20% says that smoking should not permitted in indoors whatever 32% people says that it should permitted. And 48% people to accept it should be permitted on special occasion or locations.

Source of first cigarettes

The chart showing source of first cigarette or who offer you first cigarettes. Around 78% people accept that their friends offer first cigarette and 10 % people accept their cousin Offred. 8% says about father and 4% says about their uncle offers first cigarette.

Smoker in their family

The charts showing that who is smoker in their family. 34% people father do smoke, 4 % people mother do smoke, and 6% people do not know who is smoking in their home and 6% people say that on one do smoking in their home.

Conclusion: -

The WHO Framework Convention on Tobacco Control is the foundation for many countries' tobacco control strategies, albeit young people are not always the primary target. This is a top concern that needs to be addressed since young tobacco smoking has a significant physical and financial impact. Creative policies that are geared at young people are required, and youth tobacco prevention needs to be given more importance. Instead of being a matter of trade and business, tobacco control should be a social, public health, and quality-of-life problem.

References: -

https://nhm.gov.in/NTCP/Manuals_Guidelines/Operational_Guidelines-NTCP.pdf

/National-Tobacco-Control-Program-Health-Worker-Guide

https://odishapolice.gov.in/sites/default/files/PDF/COTPA.pdf

Annexure

1. **Do you that are exposed to second- hand smoke?**

   A. Yes B. No

2. **How many days per week are you exposed to second smoke?**

   A. Daily B. 5-6 days C. 3-4 days D. 1-2 days

3. Where is the place of exposure to secondhand smoke?

A. Home B. Workplace C. Public places such as café or other places.

4. One average how wany cigarettes/ cigras per day you smoke?

A. Never B. I don't but everyday C. 11-20 D. More than 30

5. Are you seriously considering quitting smoking/ using?

A. Yes, within the next 30 days. B. yes, at some point but not now

C. Yes, within the the next 6 Month D. No, Not thinking for quitting.

6. How Important it is to you to quit smoking/using

A. Not important B. A little C. Very Important

7. How Confident are you that you can quit smoking/ using?

A. Not Confident B. Somewhat Confident C. Very Confident

8. Do you Currently live with Someone Who Smokes?

A. No B. Yes

9. 1. What is your age?

A. below 18 years
B. between 18-26 years
C. above 28 years

10. What brand of cigarettes did you typically smoke over the past 30 days? (SELECT JUST ONE ANSWER)

B. I didn't use my usual brand of tobacco.

C. American Spirit, c

D. Camel

E. Doral, Basic, or GPC

F. Kool

11. How many days out of the last 30 did you smoke cigarettes?

A. 0 days

B. A Day or two

C. 3 to 5 days,

D. 6–9 days

E. 10 to 19 days,

F. 20 to 29 days,

G. All thirty days

12. Cigarettes with a mint flavor are known as menthol cigarettes. Were the cigarettes you typically smoked menthol in the last 30 days?

A. I have abstained from cigarette use for the previous 30 days.

B. Yes

C. No

D. Unsure

13. How many cigarettes did you smoke each day during the previous 30 days, on the days that you smoked?

A. I have abstained from cigarette use for the previous 30 days.

B. One cigarette or fewer per day

C. A daily cigarette.

D. Two to five smokes daily

E. six to ten cigarettes daily

F. 11–20 smokes daily

G. Smoking more than 20 cigarettes daily

14. Do you now use, even inadvertently, chewing tobacco, snuff, or dip brands like Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen?

A. Yes

B. No

15. Have you ever taken even one or two puffs of tobacco from a pipe?

A. Yes

B. No

16. If you wanted tobacco items, how simple would it be for you to obtain them?

A. Very simple

B. Slightly simple

C. Not at all simple.

17. Do you think cigarette corporations actively work to encourage young people under the age of 18 to use their products?

A. Yes

B. No

18. Which one of your four closest pals is a smoker?

A. None
B. One
C. Two
D. Three
E. Four
F. Unsure

21. According to you, using tobacco products indoors should...

A. Always be permitted

B. Only be permitted sometimes or in certain locations

C. Never be permitted

19. Source of first cigarettes or book.

A. Friends
B. Cousin
C. Father
D. Uncle

20. Does your Parents smoke?

A. None
B. Both
C. Father only
D. Mother only
E. I don't know