A COMPREHENSIVE STUDY ON USAGE AND ACCEPTANCE OF SMOKING CESSATION PRODUCTS IN MUMBAI

Dissertation Submitted to

The IIHMR University, Jaipur

for the partial fulfilment for the award of the degree of

Master of Business Administration (MBA)

in

Pharmaceutical Management

By

Naveen Kumar

Under the Supervision and Guidance of

Dr. Saurabh Kumar

2024

Blue Berry Pharma Advisory

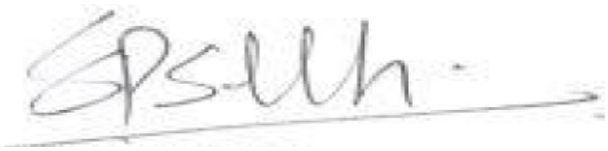
1st July 2024

TO WHOMSOEVER IT MAY CONCERN

This is to certify that MR. NAVEEN KUMAR Student of MBA PHARMACEUTICAL MANAGEMENT AT IIHMR, JAIPUR has undergone summer internship project from 1ST April-3oth June 2024

The candidate has successfully carried out the study designated during dissertation and his approach to the study has been good.

I wish him all the success in his future endeavor.



Subhash Seth
CEO
Blue Berry Pharma Advisory

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DECLARATION BY STUDENT

I hereby declare that this dissertation titled **"A Comprehensive Study on usage and Acceptance of Smoking Cessation Products in Mumbai"** is the Bonafede record of my original research work. I declare that it has not been submitted to any other university or institution for the award of any degree or diploma. Information derived from the published or unpublished work of others has been duly acknowledged in the text.

Naveen Kumar

(Signature)

Name of Student -Naveen Kumar

Date -

IIHMR UNIVERSITY

CERTIFICATE

This is to certify that dissertation titled "**A Comprehensive Study on usage and Acceptance of Smoking Cessation Products**" is a record of the research work undertaken by Naveen kumar in partial fulfilment of the requirements for the award of the degree of MBA (Pharmaceutical Management) from the IIHMR University, Jaipur under my guidance and supervision and his/her approach to the research study has been sincere, scientific, and analytical.

Faculty Guide -Saurabh Kumar
IIHMR University, Jaipur
Date – 2/7/2024

School Dean
IIHMR University, Jaipur
Date – 02/07/2024

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ACKNOWLEDGMENT

I acknowledge the efforts of all supporters, with a deep sense of gratitude, who in one way or the other, have contributed to the successfully completion of the Summer Internship. I would like to extend my sincere and heartfelt gratitude towards all the respected personages who have helped me in this endeavor. I would not have advanced with the report without their active direction, assistance, cooperation, and encouragement. I would like to express sincere thanks to **Dr. P.R. Sodani (President, IIHMR university, Jaipur)** forgiving me a chance to do this internship. Now, I would like to express my gratitude towards my mentor at IIHMR University**, Saurabh kumar** for his extraordinary cooperation, invaluable guidance, and supervision. This report is the result of his painstaking and generous attitude. I would also like to express a deep senseof gratitude to the Placement Cell of my esteemed university for guiding me throughoutthe internship process and for providing time to time internship guidelines. I view this chance as a significant turning point in my professional progress. I'll do my best to make the best use of the knowledge and abilities I've acquired, and I'll keep working to make improvements, to achieve my career goals.

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ABSTRACT
INTRODUCTION

Title: - " A Comprehensive Study on usage and Acceptance of Smoking Cessation Products "

Items designed to help people stop smoking are important because smoking is one of the biggest preventable causes of illness and early death in the world. These items provide support to people trying to give up smoking. These products provide both short-term and long-term health benefits, and they can increase the likelihood of successfully stopping.

The World Health Organization highlights the importance of quitting smoking in tobacco control, noting that most smokers wish to give up but find it challenging because nicotine is an addictive substance. Interventions that support quitting include counseling, quit lines, and mass communication campaigns.

Some of the best tools for helping people stop smoking for at least six months include medications like varenicline (marketed as Chantix or Champix) and cytisine (marketed as Tabex). If these treatments cause users to stop much earlier, do not negatively impact nonusers' ability to quit, and are used by a sizable percentage of smokers, they have the potential to save tens of thousands of lives each year.

There are several health advantages to giving up smoking, such as enhanced lung function, a decreased risk of heart attacks, and a decreased risk of respiratory, heart, and cancer disorders. It also lowers the hazards of second dhand smoke exposure and is good for reproductive health.
In conclusion, smoking cessation aids play a critical role in both assisting people in kicking their nicotine addiction and enhancing public health results.

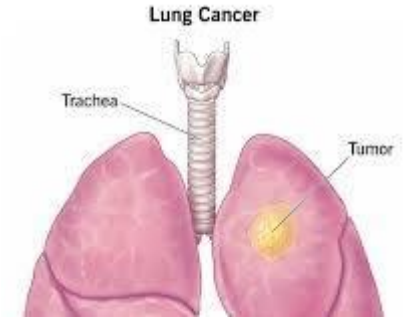
The goals of Smoking cessation products -

- Evaluating the effectiveness of smoking cessation products in helping individuals quit smoking.
- Analyzing the cost-effectiveness of these products from a healthcare system perspective[2].
- Investigating the role of healthcare professionals and health systems in promoting the use of smoking cessation products.
- Assessing the impact of smoking cessation on reducing the risks of tobacco-related diseases.
- Exploring the public health implications of widespread use of smoking cessation products, including potential lives saved annually.
- Understanding the behavioral aspects of smoking cessation, such as the motivations and challenges faced by individuals attempting to quit.
- Reviewing the literature on college anti-smoking policies and their influence on student smoking behavior, which may include the integration of smoking cessation services.

DISEASE DUE TO SMOKING

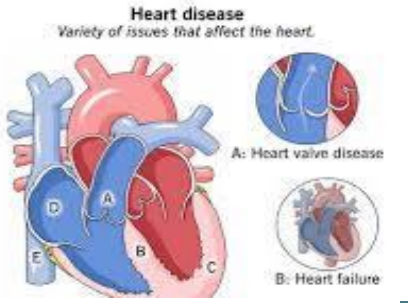
Smoking is the cause of death which can be prevented in India, according to the Centers for Disease Control and Prevention (CDC). Smoking can cause a lot of diseases, example of those disease are:

- **Lung cancer:** Smoking is the leading cause of lung cancer in both men and women. It damages the cells in the lungs, which can turn cancerous over time.



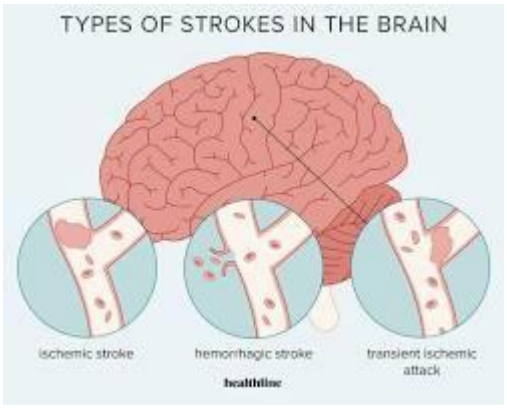
Lung cancer

- **Heart disease:** Smoking is a major risk factor for heart disease, the leading cause of death in the United States. It damages the blood vessels and heart, making it harder for blood to flow throughout the body.



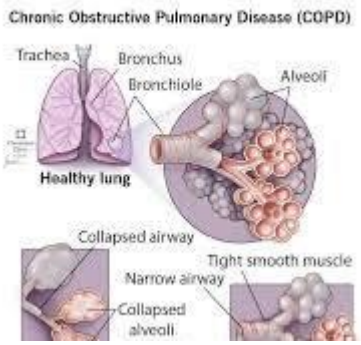
Heart Disease

- **Stroke:** Smoking also increase risk of Heart stroke, which is generally caused by blood clot that blocks blood flow to the brain.



Stroke

- **COPD:** Chronic obstructive pulmonary disease (COPD) occurs due to smoking

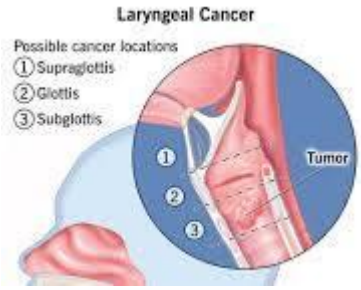


COPD

- **Cancer of the esophagus:** The tube that connects our mouth to your stomach is called as esophagus. So smoking can increase the risk of esophageal cancer.

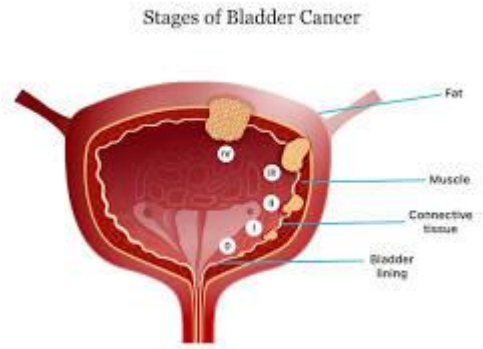
Esophageal cancer

- **Cancer of the larynx:** The larynx is your voice box. Smoking can increase your risk of laryngeal cancer.



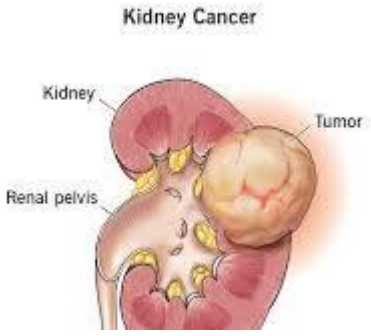
Laryngeal cancer

- **Cancer of the mouth and throat:** Smoking can increase your risk of cancer of the mouth, tongue, lips, and throat.
- **Bladder cancer:** Smoking can increase your risk of bladder cancer.



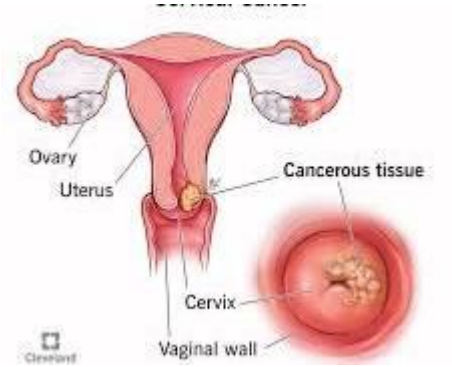
Bladder cancer

- **Kidney cancer:** Smoking can increase your risk of kidney cancer.



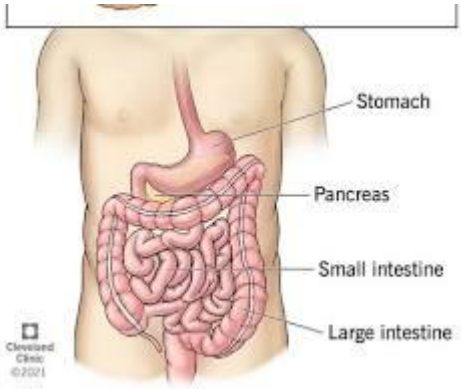
Kidney cancer

- **Cervical cancer:** Smoking can increase your risk of cervical cancer in women.



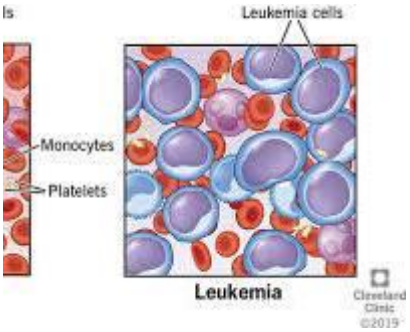
Cervical cancer

- **Pancreatic cancer:** Smoking can increase your risk of pancreatic cancer.



Pancreatic cancer

- **Leukemia:** Smoking can increase your risk of certain types of leukemia.



Leukemia

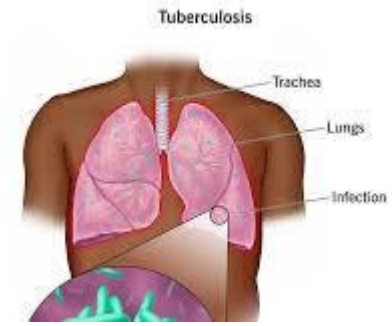
- **Eye diseases:** Smoking can increase your risk of eye disease It can also increase your risk of cataracts.

Acular degeneration

- **Diabetes:** Smoking may increase the risk of type 2 diabetes.

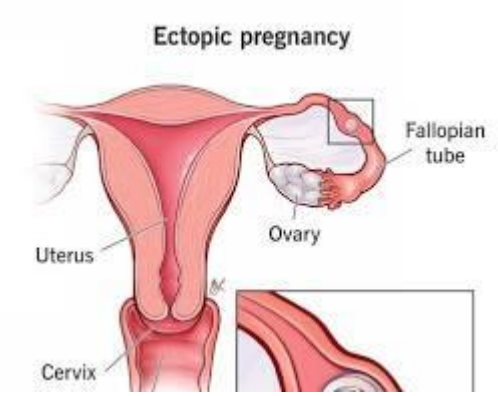
Diabetes

- **Tuberculosis:** Due to smoking immune system become weak and it can make more likely to get tuberculosis.



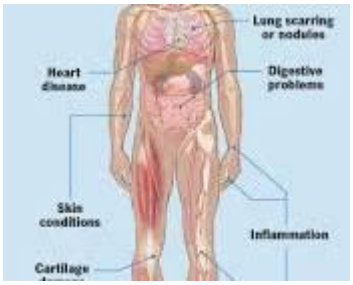
Tuberculosis

- **Ectopic pregnancy:** Smoking increases the risk of an ectopic pregnancy.



Ectopic pregnancy

- **Immunologic diseases:** Smoking can increase the risk of rheumatoid arthritis and other autoimmune diseases.



Rheumatoid arthritis

Smoking also causes several other health problems, including:

- Chronic obstructive pulmonary disease (COPD)
- High blood pressure
- Atherosclerosis
- Aneurysm
- Peripheral arterial disease (PAD)
- Leg ulcers.
- Impotence
- Early menopause
- Complications of pregnancy
- Sudden infant death syndrome (SIDS)

Smoking cessation products are necessary tools in the fight against smoking for several reasons:

- **Increased Success Rates:** Quitting smoking is notoriously difficult due to the addictive nature of nicotine. Smoking cessation products, such as nicotine replacement therapy (NRT) or medication, can significantly increase a person's chances of quitting successfully. These products help manage withdrawal symptoms and cravings, making the process less daunting and more manageable.

- **Reduced Dependence on Cigarettes:** Smoking cessation products provide a controlled dose of nicotine, helping to wean individuals off cigarettes gradually. This reduces their dependence on the addictive substance and allows them to focus on breaking the behavioural aspects of smoking.

- **Tailored Approaches:** A variety of smoking cessation products exist, catering to different needs and preferences. Nicotine patches, gum, lozenges, and inhalers offer varying levels of nicotine delivery, while medications address the underlying neurochemical changes associated with addiction. This allows for a personalized approach to quitting.

- **Support System:** Certain smoking cessation products, like gum or lozenges, can be used as a physical and mental cue to replace the act of smoking. This can provide a sense of comfort and normalcy during the quitting process, acting as a temporary support system.

- **Improved Quality of Life:** Quitting smoking, with the help of cessation products, leads to numerous health benefits. These include increased lung function, better circulation, and a reduced risk of developing smoking-related diseases. This translates to a significant improvement in overall health and quality of life.

RESEARCH QUESTIONS

1. What is the prevalence of smoking amongst the population.
2. How aware are people of smoking cessation products, and how satisfied are they with their effectiveness?

OBJECTIVES

1. To evaluate the effectiveness of smoking cessation products on smokers satisfaction.
2. To study the awareness of smoking cessation product?
3. To examine the importance of smoking cessation products in the healthcare industry including their advantages and disadvantages.

METHODOLOGY

A study which was cross sectional in nature was conducted on the general population, a self-administered survey was used from March 2024 to June 2024. The study included adults from age of 18-60 inclusive of both males and females were able to use Google Forms and were willing to complete the questionnaire which was made to analyze and know about the awareness of smoking cessation, patient satisfaction of smoking cessation and hence knowing its significance in healthcare. Mailing lists and WhatsApp were the maindistribution channels for the poll. Using the convenient sampling method, a total of 65 respondents to the survey were chosen for the study. Each respondent was encouraged to share links with their connections in exchange for participation. By clicking the link, the participants were automatically redirected to the survey; there were no incentives offered in exchange for their participation.

RESULTS

With a focus on demographic trends and preferences, the survey aimed to find out how extensively utilized and educated people were about smoking cessation approaches. The majority of smokers were men between the ages of 25 and 34, according to the data. Even though they were aware of the many smoking cessation methods, a sizable portion of these individuals were not seeking professional assistance to quit smoking.

Many reasons were identified for this disparity. First, there doesn't appear to be much trust in the effectiveness of government programs designed to help people quit. Many raised doubts about the chances of long-term success for the measures. Many people were discouraged from getting professional help because they believed smoking cessation treatments were too expensive, thus there is a need for more affordable solutions.

The inclination toward self-managed cessation techniques was another important aspect. Being able to give up on one's own was seen by many as a sign of fortitude and resolve. This was more often the case for younger persons, who might possibly have had less access to resources for healthcare.

The importance of social and cultural factors on smoking cessation methods was also highlighted in the study. People may attempt to quit on their own without the support of cessation programs because receiving professional aid to stop smoking might be stigmatized in some societies.

The people's preference for herbal products over allopathic therapies was one interesting finding. Many believed that herbal remedies were safer and more natural than allopathic medications, which are often believed to have unfavourable side effects. The preference for herbal products suggests that using them in formal programs for quitting could improve their acceptability and efficacy.

The study highlights the importance of targeted public health initiatives in bridging the knowledge gap between smoking cessation program use and active participation. Techniques to lower expenses, improve the legitimacy of smoking cessation programs, and account for cultural sensitivity are crucial. Furthermore, if herbal cessation techniques are verified and included into official treatment frameworks that consider the desires of the public, they might be more in line with public health results and quitting rates.

CONCLUSION

The results show that among young male smokers, there is a notable disparity in awareness and active use of smoking cessation services. Public health campaigns should concentrate on enhancing the credibility of cessation programs, increasing their affordability and accessibility, and highlighting the advantages of receiving expert assistance in quitting smoking in order to address this. Furthermore, integrating and evaluating herbal cessation techniques into official treatment plans may better suit this population's tastes and increase the likelihood that they will successfully quit.

CHAPTER 1 -INTRODUCTION

The history of smoking cessation shows how the practice of cessation gradually changed from being accepted by society to not being accepted by society which led to the development of different products and tactics to help smokers in giving up.

Early Awareness and Initial Efforts

- **16th to 19th Centuries:**
    - Tobacco was widely used after being brought to Europe in the 16th century by adventurers such as Christopher Columbus.
    - Originally, people opposed smoking more for moral and religious than for health reasons. For instance, England's King James I wrote "A Counterblast to Tobacco" in 1604, denouncing the practice.
    - By the late 19th century, some physicians began to suspect health risks associated with smoking, but concrete evidence was lacking.

20th Century: Rise of Scientific Evidence

- **Early 20th Century:**
    - The popularity of smoking soared, particularly with the mass production of cigarettes.
    - Health concerns grew as physicians began noticing higher rates of lung diseases among smokers.
- **Mid-20th Century:**
    - In 1950, British researchers Doll and Hill published a landmark study in the British Medical Journal linking smoking to lung cancer.
    - The 1964 U.S. Surgeon General's Report on Smoking and Health provided conclusive evidence that smoking causes lung cancer and other serious diseases. This report marked a turning point in public health policy and awareness.

Development of Smoking Cessation Products

- **1960s to 1970s:**
    - The first nicotine replacement therapy (NRT) product, nicotine gum, was developed in the 1970s by Ove Ferno, a Swedish scientist. This product aimed to reduce withdrawal symptoms and cravings.
- **1980s:**
    - Nicotine patches were introduced, providing a steady dose of nicotine throughout the day.
    - The recognition of smoking as a significant public health issue led to more aggressive anti-smoking campaigns and the introduction of smoking cessation programs.
- **1990s:**

- The FDA approved the first prescription medications for smoking cessation, including Bupropion (marketed as Zyban), an antidepressant found to help people quit smoking.
- Nicotine lozenges and inhalers were also developed, offering more options for smokers trying to quit.

21st Century: New Technologies and Approaches

- **2000s:**
  - Varenicline (Chantix) was introduced in 2006. It works by targeting nicotine receptors in the brain to reduce cravings and withdrawal symptoms.
  - The rise of electronic cigarettes (e-cigarettes) provided an alternative to traditional smoking, offering a way to simulate the act of smoking without many of the harmful chemicals found in tobacco smoke.
- **2010s** to Present:
  - Public health policies, such as smoking bans in public places and increased taxation on tobacco products, have been implemented worldwide to reduce smoking rates.
  - The introduction of herbal smoking cessation products, such as herbal cigarettes and supplements, provided alternatives for those seeking natural remedies.
  - Digital health tools, including mobile apps and online support groups, have emerged to support smoking cessation efforts.

Current Trends and Future Directions

- **Integrated Approaches:**
  - Modern smoking cessation strategies often combine pharmacotherapy (NRTs, prescription medications) with behavioral therapy and support, recognizing the importance of addressing both the physical and psychological aspects of addiction.
- **Public Health Initiatives:**
  - Governments and health organizations continue to promote smoking cessation through awareness campaigns, education, and policies aimed at reducing tobacco use.
- **Research and Innovation**:

Ongoing research aims to develop more effective smoking cessation products and strategies, including personalized medicine approaches that tailor treatments to individual genetic profiles

CHAPTER 2 – LITERATURE REVIEW

Sl.No	Author	Review	Reference
1	Stead LF, Perera R, Bullen C, et al. (2012)	This study reviewed the usage patterns and acceptance of NRT among smokers attempting to quit. It found that while NRT is widely accepted and used, adherence to the therapy significantly affects its success. Factors influencing acceptance include the perceived effectiveness of the product, ease of use, and side effects. The study concluded that better education on proper use and management of side effects could improve adherence and outcomes. The comprehensive analysis provided by Stead et al. highlights the critical role of user education in the effective use of NRT. The study's large sample size and diverse population strengthen its findings, although it could benefit from more recent data on newer NRT forms.	Stead LF, Perera R, Bullen C, et al. (2012). Nicotine replacement therapy for smoking cessation. Cochrane Database of Systematic Reviews, 2012(11): CD000146.
2	Gonzales D, Rennard SI, Nides M, et al. (2006)	This research focused on the acceptance and compliance of varenicline among various socioeconomic groups. It found higher acceptance and compliance rates in higher socioeconomic groups, attributed to better access to healthcare and support systems. The study also noted that lower-income groups reported more side effects and had lower compliance rates.Gonzales et al. provide valuable insights into the socioeconomic disparities in smoking cessation efforts. The findings underscore the need for targeted interventions and support for lower-income populations. However, the study could be expanded to include longitudinal data to assess long-term compliance and success rates.	Gonzales D, Rennard SI, Nides M, et al. (2006). Varenicline, an alpha4beta2 nicotinic acetylcholine receptor partial agonist, vs sustained-release bupropion and placebo for smoking cessation: a randomized controlled trial. JAMA, 296(1): 47-55.
3	Lancaster T, Stead LF. (2008)	This meta-analysis evaluated the acceptance of behavioural interventions, such as cognitive behavioural therapy (CBT) and motivational interviewing (MI), in smoking cessation. The study found that these interventions are generally well-accepted, particularly when combined with pharmacotherapies. Factors such as therapist skill, session frequency, and personalization of therapy influenced acceptance rates. Lancaster and Stead's meta-analysis provides robust evidence supporting the use of behavioural	Lancaster T, Stead LF. (2008). Individual behavioral counselling for smoking cessation. Cochrane Database of Systematic Reviews, 2008(2): CD001292.

		interventions. The study's strength lies in its comprehensive analysis of multiple trials. Future research could focus on developing standardized protocols to enhance the effectiveness and acceptance of these interventions.	
4	McNeill A, Brose LS, Calder R, et al. (2015)	This study investigated the acceptance of e-cigarettes as a smoking cessation tool. It found mixed perceptions among users, with some viewing e-cigarettes as a helpful tool and others skeptical about their safety and efficacy. The study noted that younger smokers and those with a higher dependence on nicotine were more likely to accept e-cigarettes. McNeill et al. provide important insights into the diverse perceptions of e-cigarettes. The study highlights the need for clearer public health messaging and regulation to address safety concerns. However, the reliance on self-reported data may introduce bias, and future studies should incorporate objective measures of usage and outcomes.	McNeill A, Brose LS, Calder R, et al. (2015). E-cigarettes: an evidence update. Public Health England.
5	Rigotti NA, Pipe AL, Benowitz NL, et al. (2010)	This study examined the usage and acceptance of combination therapies (e.g., NRT with bupropion). It found that combination therapies were generally well-accepted, particularly among smokers with a high level of nicotine dependence. The study also noted that these therapies had higher quit rates compared to single interventions. Rigotti et al. provide compelling evidence on the benefits of combination therapies. The study's strength lies in its focus on high-dependence smokers, a group often challenging to treat. Further research could explore the long-term effectiveness and cost-benefit analysis of these therapies.	Rigotti NA, Pipe AL, Benowitz NL, et al. (2010). Efficacy and safety of varenicline for smoking cessation in patients with cardiovascular disease: a randomized trial. Circulation, 121(2): 221-229.

RESEARCH QUESTIONS

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3. To study the awareness of smoking cessation product?

CHAPTER 3 -METHODOLOGY

- **Study design** –The study design of this research paper is quantitative in nature and data will be collected from a representative sample of participants using a structured questionnaire
- **Type of study**: It is a Cross-sectional, descriptive study in nature
- **Type of research** – The type of research done is primary research using google forms containing 9 questions.
- **Study tool**- A questionnaire was formed using google forms using various parameter related to usage and Acceptance of Smoking Cessation Products and was circulated through WhatsApp and email.
- **Study population**- individuals between 18-60 years of age were considered for the survey
- **Inclusion Criteria**: All females and males between 18-60years were included for the study of the survey circulated.
- **Exclusion Criteria**: Males & females below 18 years or above 60 years of age were excluded for the study of the survey circulated.
- **Duration of study**: The study started on April 2023 and ended on June 2023, that is 3 months
- **Sample size**: A sample size of 115 was selected for this study, their insights were used as to study the survey.
- **Sampling technique** – convenience sampling method of sampling was used for the study
- **Data analysis plan**- This is a quantitative and cross -sectional study in nature. The questions were formed to answer various questions related to telemedicine and were developed in English language. The questionnaire was circulated through WhatsApp and email, respondents were asked to fill the form which was a google form. After getting the response of 115 respondents, the data was analysed using excel and hence the result was formulated.

- **Ethical consideration**- A informed consent was taken from the participants of the survey
- **Implications**- The findings of this study can help in promoting the usage and acceptance of smoking cessation products, it not only benefits individual smokers by improving health outcomes and quality of life but also yields broader societal benefits through reduced healthcare costs, improved productivity, and enhanced public health. Integrating effective cessation strategies into comprehensive tobacco control efforts is essential for achieving long-term health equity and a smoke-free future

Smoking Cessations Drugs

VARENICLINE

Varenicline is a nicotinic receptor partial agonist indicated for use as an aid to smoking cessation treatment.

- **Champix, Pfizer**

Type	Strength	Quantity	Price
Tab	1MG	24	1516
Tab	1MG	14	1700
Tab	1MG	28	1700

BUPROPION

Sun
BupronXI

Type	Strength	Quantity	Price
Tab XL	150MG	10TAB	149.00
Tab Xl	300MG	10TAB	251.00

Sun
Bupron (Aml)

Type	Strength	Quantity	Price
Tab SR	100MG	10TAB	93.00
Tab SR	150MG	10TAB	130.00
Tab	300MG	10TAB	93.00

Intas
Zupion

Type	Strength	Quantity	Price
Tab	150MG	10TAB	116.00

Tripada
Bulet

Type	Strength	Quantity	Price

Tab SR	150MG	10TAB	130.00

Captab Biotech
Bupagen

Type	Strength	Quantity	Price
Tab SR	150MG	10TAB	94.17

Agm Biotech
Butamone

Type	Strength	Quantity	Price
Tab SR	150MG	10TAB	76.79
Tab XL	300MG	10TAB	190.00

Aronex Lifesciences
Nicotex (Aro)

Type	Strength	Quantity	Price
Tab	100mg	10TAB	137.50

Gsk
Zyban

Type	Strength	Quantity	Price
Tab	150MG	10TAB	400.00
Tab	150MG	10TAB	400.00

Consern
Unidep

Type	Strength	Quantity	Price
tab	150MG	10TAB	72.00

Sun
Smoquit

Type	Strength	Quantity	Price
tab	150MG	10TAB	152.00

Cipla
Bupron

Type	Strength	Quantity	Price
Tab	75MG	10TAB	66.00
tab	100MG	10TAB	93.00

Psycormedies
Ession

Type	Strength	Quantity	Price
Tab er	150MG	10TAB	80.00

Cipla
Bupep

Type	Strength	Quantity	Price
Tab SR	150MG	10TAB	137.50

Ikon Remedies
Atydep

Type	Strength	Quantity	Price
tab	150MG	10TAB	89.00

La Renon
Bupraset

Type	Strength	Quantity	Price
tab	150MG	10TAB	77.00

D.D
Bupro

Type	Strength	Quantity	Price
Tab SR	150MG	10TAB	100.00

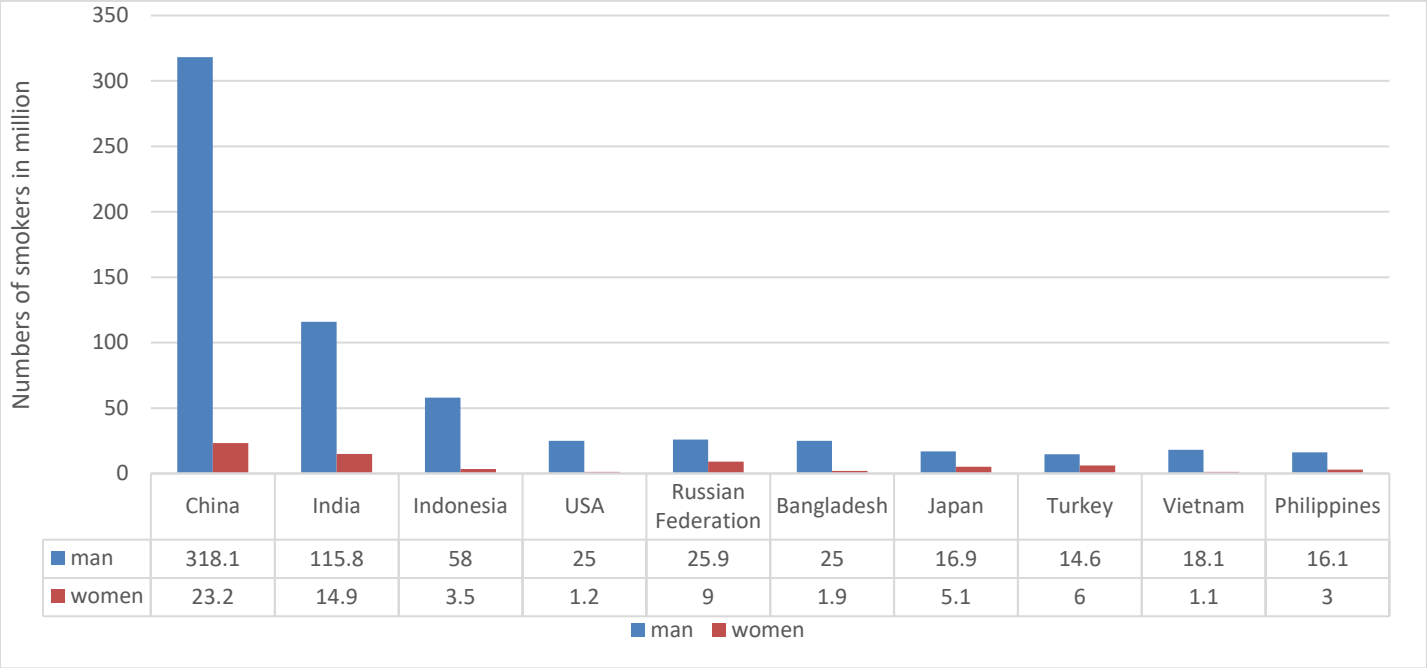
Bondane Pharma Pvt.Ltd
Buprex

Type	Strength	Quantity	Price
Tab SR	150MG	10TAB	90.00

Kachhela Medex Pvt Ltd
Amfeta

Type	Strength	Quantity	Price
Tab SR	150MG	10TAB	2.00

COUNTRIES WITH THE HIGHEST NUMBER OF SMOKERS WORLDWIDE AS OF 2019

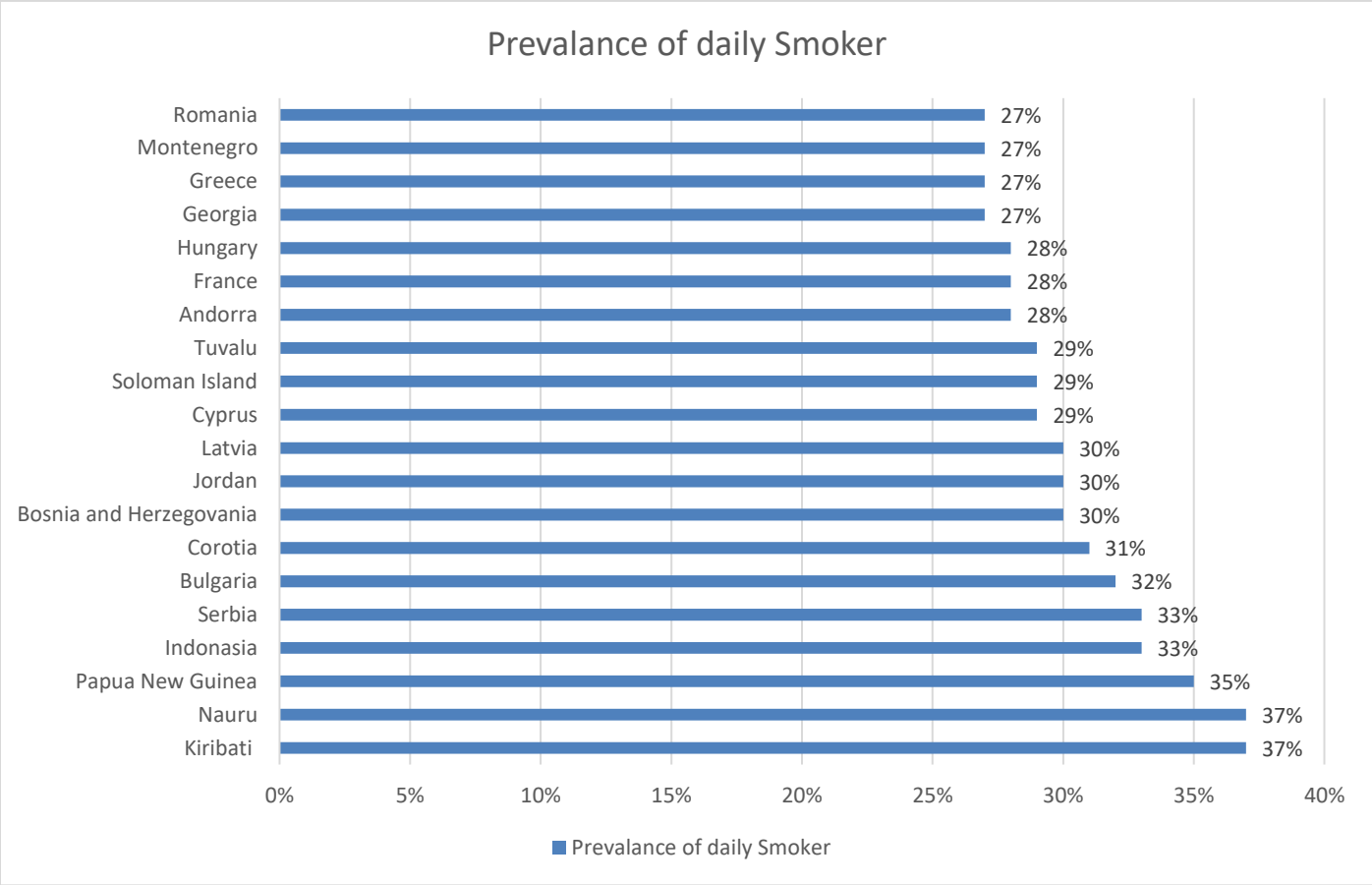


	China	India	Indonesia	USA	Russian Federation	Bangladesh	Japan	Turkey	Vietnam	Philippines
man	318.1	115.8	58	25	25.9	25	16.9	14.6	18.1	16.1
women	23.2	14.9	3.5	1.2	9	1.9	5.1	6	1.1	3

source: https://www.statista.com

China: Tops the list with the highest number of smokers for both men (318.1 million) and women (23.2 million).
India: Follows closely, with 115.8 million male smokers and 14.9 million female smokers.
Indonesia, USA, and Russian Federation: Also have significant smoking populations.
Bangladesh, Japan, Turkey, Vietnam, and Philippines: Exhibit varying levels of smoking prevalence.

COUNTRIES WITH THE HIGHEST PREVALENCE OF DAILY SMOKERS WORLDWIDE AS OF 2019



Source: statista.com

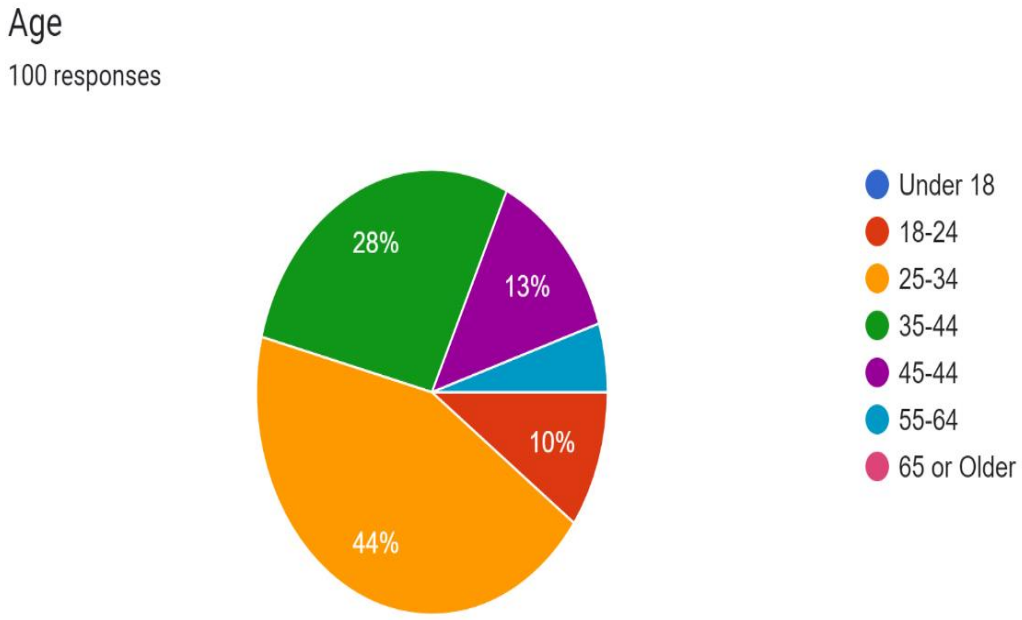
It shows the prevalence of daily smokers in various countries. The countries listed include Romania, Montenegro, Greece, and several others. The prevalence of daily smokers ranges from 27% to 37%. Bulgaria has the highest prevalence of daily smokers at 32%. It is important to note that this image does not provide a source for this data and does not specify the age group it refers to.

CHAPTER 4 RESULTS

After a thorough analysis of the data recorded with the help of the google forms, I have come to the following results

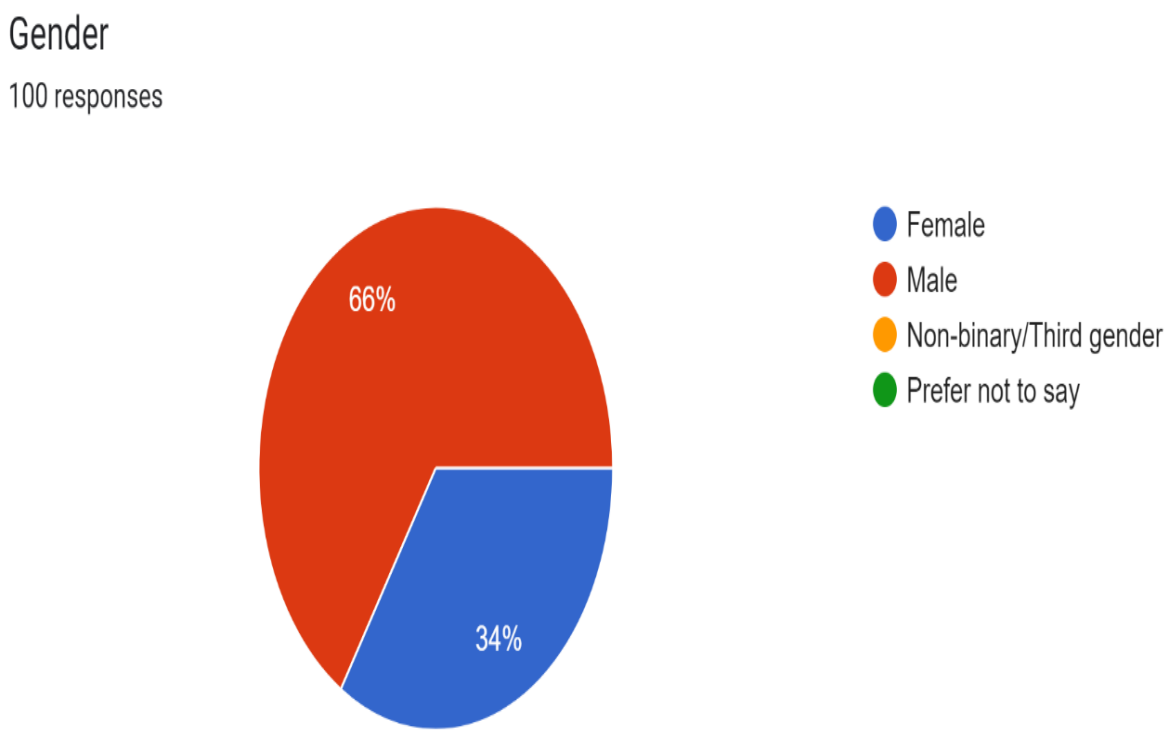
SOCIAL DEMOGRAPHICS

Social demographics such as age, sex and education were recorded of the participants. Data analysis was recorded in percentage format The total number of participants in the survey were 100

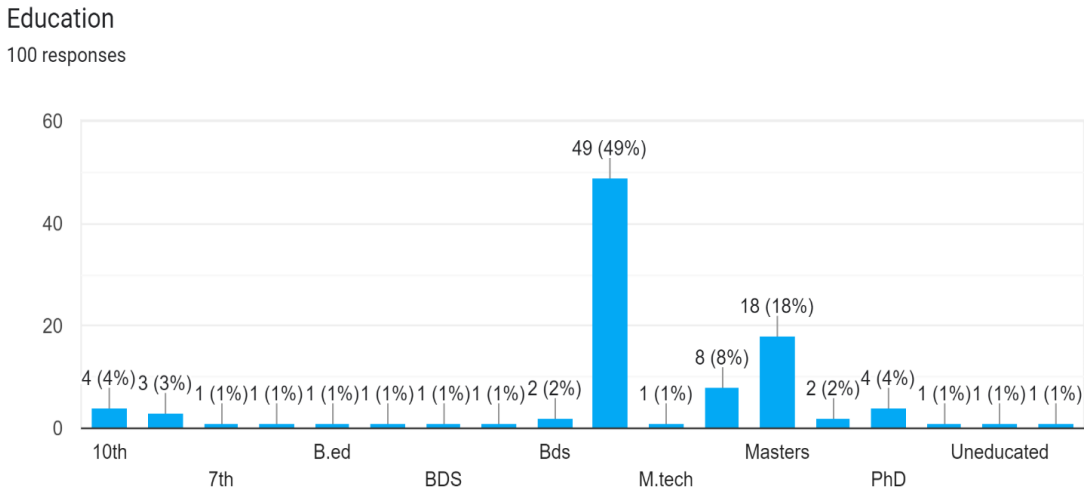


- **18-24 years old**: Making up **10%** of the responses.
- **25-34 years old**: The largest segment, comprising **44%** of respondents.
- **35-44 years old**: The next significant group, accounting for **28%**.
- **45-54 years old**: Representing **13%** of the sample.
- **65 or older**: Making up to **5%** of the responses.

This suggest that age group of 25-34 are more susceptible to smoking and very prone to the disease due to smoking habits. And this age group is very energetic in answering the survey.

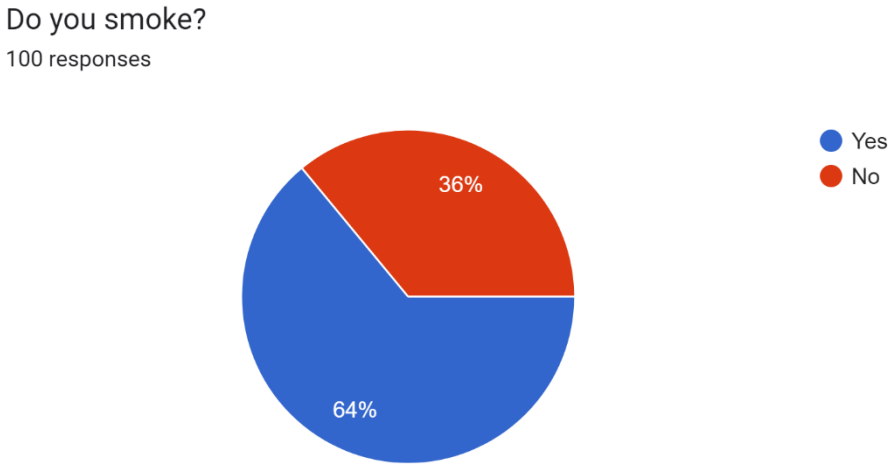


Male: The second-largest group, comprising **66%**
Female: The largest group, accounting for **34%** of respondents.
In total **66 males** have participated in survey and **34 females** have participated in survey. When I went for the survey during that time females were less interested in answering those questions and less interested in talking about smoking or smoking cessation and on counterpart male were taking very interest in the smoking topic.



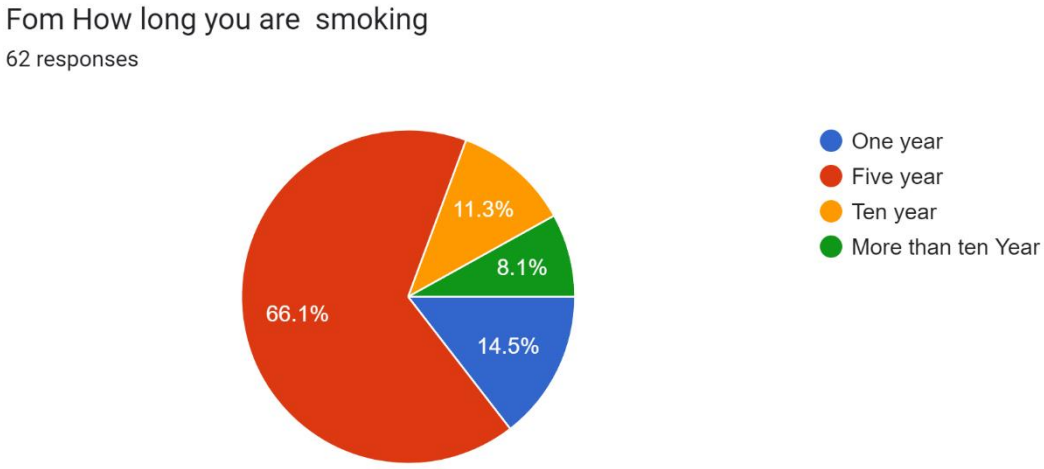
- **49%** of smokers are graduate.
- **18%** of smoker are masters.

This report suggests that educated people are more into smoking even after knowing the consequences.



- **Yes**: **64%** of respondents reported being smokers.
- **No**: **36%**, indicated that they do not smoke.

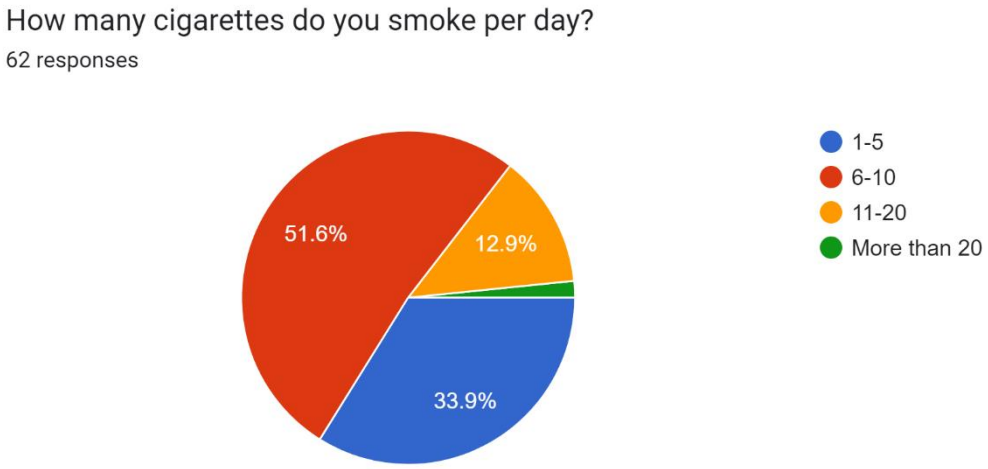
This chart provides a clear visual representation of smoking prevalence. It says that out of hundred **64** people smoke. Means **64%** of Mumbai's population smoke and this is very alarming number.



- **One year**: **14.5%** of the sample are smoking from 1 year.
- **Five years**: **66.1%** of the samle are smoking form 1 to 5 year.
- **Ten years**: **11.3%** of pamle are smoking from ten years.
- **More than ten years**: **8.1%** of respondents are smoking from more than 10 years.

So This chart says that major part of smoker are smoking from 1 to 5 years. And this is more concerned part because 66% are those people who are long term smoker the chances of getting disease due to nicotin.

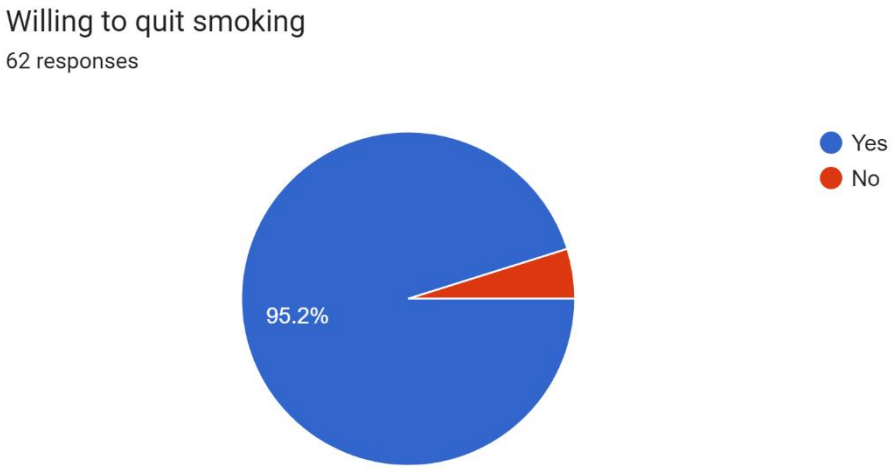
And second highest consumer of ciggrates is the people who are smoking ciggrates from 1 year this is more concerning because ther they are on the starting phase of the habbit of consuming nicotin or smoking. If in this time cessation is thaken then it will be easy to leave otherwise it will be tough to do nicotin replacement therapy.



- **1-5 cigarettes**: The second largest segment, represented in **red**, accounts for **33.9%** of respondents.
- **6-10 cigarettes**: The **blue** segment represents the largest segment **51.6%** of smokers.
- **11-20 cigarettes**: A smaller **orange** slice indicates **12.9%**.
- **More than 20 cigarettes**: The smallest **green** slice corresponds to only **1.6%** of respondents.

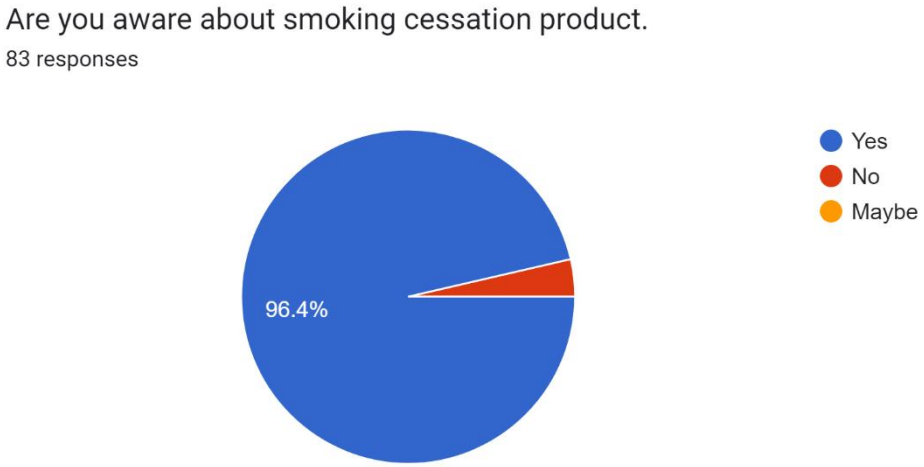
This data provides insights that major smokers are smoking 5 to 10 cigarettes per day.
The segment of 6 to 10 cigarettes per days are the respondent who are on the starting phase and heavy smoker so cessation is must for them.

By combining this information, we can see that most smokers (51.6% + 33.9% = 85.5%) smoke between 1 and 10 cigarettes daily. This suggests that a significant portion of the population smokes moderately.



- **Willing to Quit**: **95.2%** of respondents are not willing to quit smoking.
- **Not Willing to Quit**: **4.8 %** of participants is not willing to quit small minority, represented by the red segment, expressed willingness to quit smoking.

This data provides insights that major smokers are willing to quit smoking, but they are not getting right ways and help to quit smoking. This can be done by proper awareness about smoking cessation product which are harmless and safer some of the cessation products is mentioned in studies.



1. **Aware of Smoking Cessation Products (Yes)**: The **blue segment** represents respondents who are **aware of smoking cessation products**. This segment constitutes approximately **96.4%** of the total responses.
2. **Not Aware (No)**: The **red segment** represents those who are **not aware** of smoking cessation products. This segment constitutes approximately **3.6%** of the total responses. Most respondents are aware of smoking cessation products.

This means an extremely high percentage of people surveyed knew about things like nicotine patches, gum, medications, or other aids designed to help people quit smoking.

Less Common Finding:

- A small portion (around 3.6%, represented by the red segment) of respondents were not aware of smoking cessation products.

Possible Reasons for Lack of Awareness:

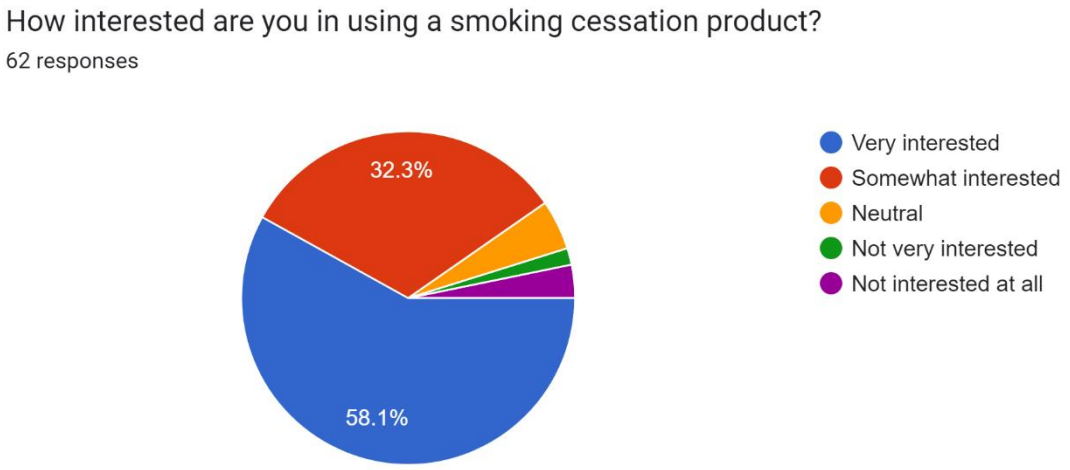
- These individuals might not smoke or be interested in quitting.
- They may live in areas with limited access to information about smoking cessation options.
- There could be a language or cultural barrier preventing them from knowing about these products.

Additional Points to Consider:

- Knowing about smoking cessation products is a positive step, but it doesn't guarantee someone will use them.
- The survey does not tell us if respondents knew about different types of cessation products or their effectiveness.
- More research might be needed to understand why a small percentage wasn't aware and how to improve awareness in that group.

Overall:

This data suggests an elevated level of awareness of smoking cessation products among the population surveyed. However, there is still a small portion who might benefit from better access to information or resources.



- **Very interested**: The largest segment, representing **58.1%**, shows significant interest.
- **Somewhat interested**: A smaller group, **32.3%**, falls into this category.
- **Neutral:4.8%** is Neutral
- **Not very interested**: The smallest slice, accounting for **1.6%**, expresses minimal interest.
- **Not interested at all**: The second smallest group, comprising **3.2%** of respondents, indicates a lack of interest.

Strong Public Health Signal: A Desire to Quit

- The most striking finding is the **58.1%** of respondents categorized as "Very interested." This suggests a **significant public health opportunity**. A substantial portion of the population is motivated to quit smoking, which aligns with public health goals of reducing smoking rates.

Beyond "Very Interested": A Spectrum of Openness

- It is important to go beyond the "Very interested" group. The data reveals a spectrum of openness to quitting:
    - **Somewhat interested (32.3%)**: This sizeable group holds potential. They might be considering quitting but have not reached a strong decision point or haven't explored cessation options thoroughly. Public health campaigns and readily available resources could significantly influence this group.
    - **Neutral (4.8%)**: This group might be unsure about quitting or cessation products. They could benefit from education on the health benefits of quitting and the effectiveness of various cessation aids.
    - **Not very interested (1.6%) and not interested at all (3.2%)**: These groups currently have minimal or no interest in quitting aids. However, understanding their reasons (e.g., lack of awareness, concerns about side effects) could inform future strategies to address their specific needs.

Possible Reasons for Interest:

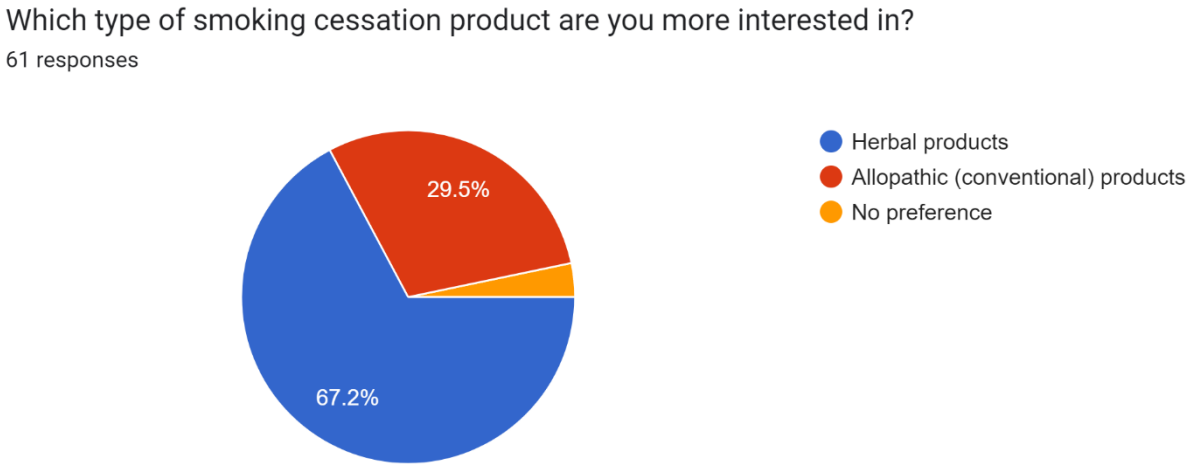
- The high interest in cessation products likely stems from various factors:
    - **Health concerns**: Smoking is a major risk factor for lung cancer, heart disease, and other health problems. People might be motivated to quit due to concerns about their own health or the health of loved ones.
    - **Financial reasons**: Cigarettes are expensive, and quitting can lead to significant cost savings.
    - **Improved well-being**: Quitting can lead to increased energy levels, a better sense of smell and taste, and overall improved physical health. This can motivate people to quit and improve their quality of life.
    - **Social pressure**: Smoking bans in public places and changing social norms could influence people to consider quitting.

Public Health Strategies:

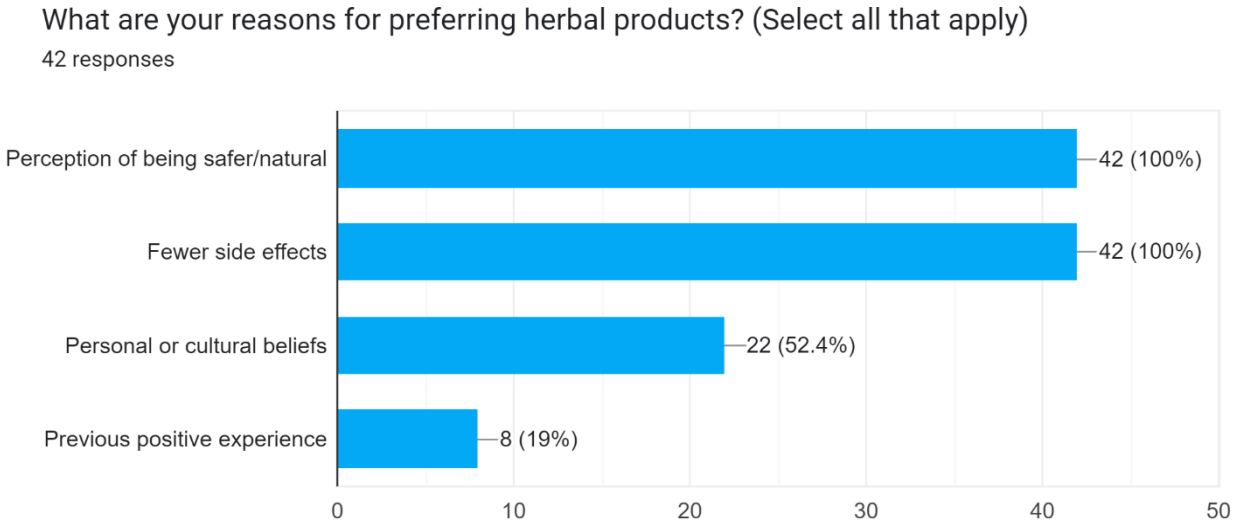
The data suggests that public health efforts should focus on:

- **Supporting "Very interested" individuals**: Provide easily accessible cessation programs, counselling, and readily available cessation products.
- **Motivating the "Somewhat interested" group**: Educational campaigns highlighting the benefits of quitting and promoting cessation options could be highly effective.
- **Reaching the "Neutral" group**: Provide clear, science-based information about the risks of smoking and the effectiveness of quitting aids to help them make informed decisions.

- **Understanding the "Not very interested" and "Not interested at all" groups**: Research could explore the reasons behind their lack of interest to develop targeted strategies in the future.



- **Herbal products**: Most respondents **67.2%** have herbal product preference for smoking cessation products.
- **Allopathic (conventional) products**: Only a small fraction **29.5%** prefers allopathic smoking cessation products.
- **No preference**: Approximately **3.3%** of respondents express no preference.



- **100%** people thinks that herbal product is being safer or natural.

- **100%** people thinks that herbal products have fewer side effect.
- **52.4%** people have personal or cultural beliefs.
- **19%**people have previous positive experience

1. Wide Belief in Safety and Fewer Side Effects:

- The data says that 100% of respondents believe herbal products are safer and have less side effects than Morden Medication.
- Herbal products are not inherently risk-free. They can have interactions with medications, cause allergic reactions, and may not be effective for everyone.

2. Personal and Cultural Influences:

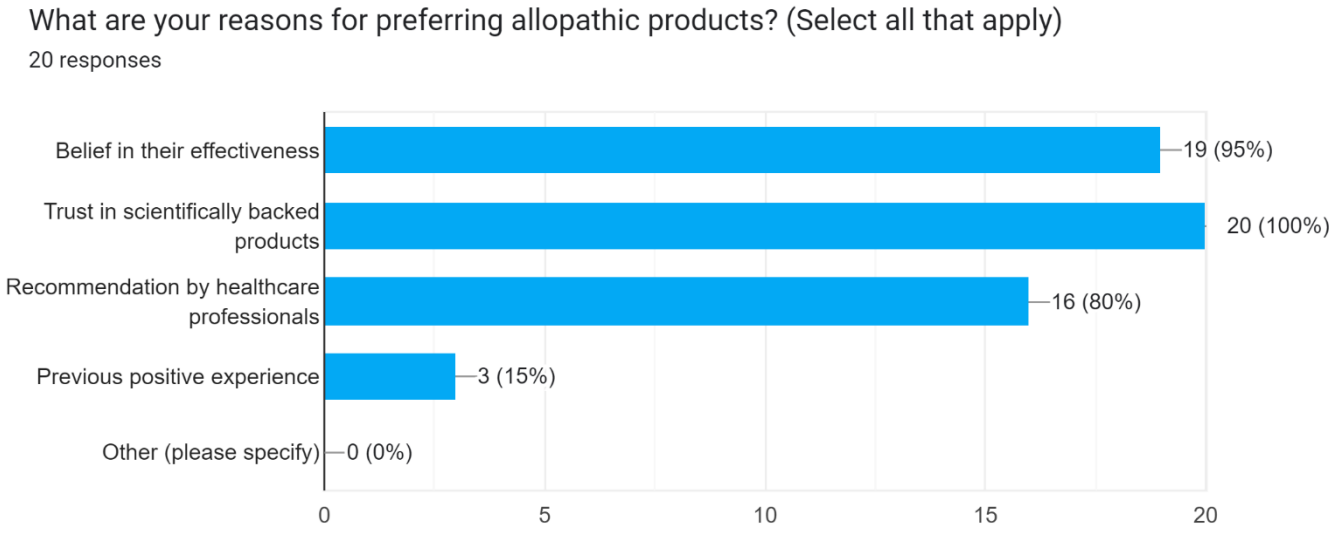
- 52.4% of respondents base their preference on personal or cultural beliefs. This suggests that cultural traditions or personal experiences with herbal remedies might influence their choices.

3. Positive Past Experiences:

- 19% of respondents have had previous positive experiences with herbal products. This can be a powerful motivator to continue using them for smoking cessation.

What This Means:

- There is a clear preference for herbal products based on perceived safety and few side effects, along with personal and cultural influences. Positive past experiences further reinforce this preference.



- **95%** Belief in their effectiveness
- **100%** Trust in scientifically backed products.
- **16%** Recommendation by healthcare professionals
- **15%**Previous positive experience

High Belief in Effectiveness vs. Scientific Backing:

- **95% Belief in Effectiveness:** A significant portion (95%) of respondents believe allopathic smoking cessation products are effective.
- **100% Trust in Scientifically Backed Products:** However, interestingly, 100% of respondents also say they trust products with scientific backing.

Possible Explanations:

- There might be a misunderstanding: People might believe herbal products are scientifically backed, even if that's not always the case.
- The survey might not have clearly distinguished between herbal and conventional products.

Recommendations for Public Health:

- Public health initiatives can play a crucial role in clarifying the distinction between scientifically proven methods and those who lacking strong evidence.
- Educational campaigns can highlight the importance of using products with robust scientific backing for smoking cessation.

Positive Influences on Choice:

- **16% Recommendation by Healthcare Professionals:** This is a positive sign. People trust recommendations from healthcare professionals, who are likely to suggest evidence-based methods.
- **15% Previous Positive Experience:** Positive past experiences, regardless of the product type (herbal or conventional), can motivate people to continue using smoking cessation aids.

Overall:

- Despite a potential misunderstanding about herbal products, the data reveals a positive trend - people trust evidence-based products and value healthcare professional recommendations.

Here are few additional points to consider:

- **Importance of Individualized Approach:** Consulting a healthcare professional is important for selecting the most effective and safe smoking cessation method for each individual.
- **Need for Continued Research:** More research on the safety and efficacy of both herbal and conventional smoking cessation products is essential to provide clear guidance to the public.

CONCLUSION

The findings indicate a significant gap between awareness and the active use of smoking cessation services among young male smokers. To address this, public health initiatives should focus on building trust in cessation programs, making them more accessible and affordable, and promoting the benefits of professional help in quitting smoking. Additionally, incorporating and validating herbal cessation methods within formal treatment programs could better align with the preferences of this population, potentially improving cessation rates.

RECOMMENDATIONS FOR SMOKING CESSATION

1.Increase Awareness and Education:

- Public Campaigns: Launch comprehensive awareness campaigns to educate the public about the dangers of smoking and the benefits of quitting.
- Healthcare Provider Training: Ensure healthcare providers are well-trained to advise and support patients in their smoking cessation efforts.

2.Improve Access to Cessation Products:

- Affordable Solutions: Subsidize smoking cessation products to make them more affordable, especially for low-income individuals.
- Variety of Options: Offer a range of cessation products, including nicotine replacement therapies (NRTs), medications, and herbal options, to cater to different preferences and needs.

3.Enhance Support Systems:

- Counselling Services: Provide accessible counselling services, both in-person and online, to support individuals trying to quit.
- Support Groups: Encourage the formation of support groups where individuals can share their experiences and strategies.

4.Address Psychological and Behavioural Aspects:

- Behavioural Therapy: Incorporate cognitive-behavioural therapy (CBT) and motivational interviewing (MI) into cessation programs.
- Stress Management: Offer resources and training for stress management techniques to help individuals cope with withdrawal symptoms and triggers.

5.Leverage Technology:

- Mobile Apps: Develop and promote mobile apps that provide tips, tracking tools, and virtual support for individuals trying to quit smoking.
- Online Resources: Create online platforms with educational materials, support forums, and access to virtual counselling.

6.Promote Cultural Sensitivity:

- Tailored Programs: Design cessation programs that are culturally sensitive and address specific beliefs and practices related to smoking.
- Community Engagement: Engage community leaders and influencers to promote smoking cessation within their communities.

7.Research and Innovation:

- Ongoing Studies: Support and fund ongoing research to evaluate the effectiveness of existing cessation products and develop new ones.
- Herbal Products Validation: Conduct studies to validate the effectiveness and safety of herbal smoking cessation products.

8.Policy and Regulation:

- Restrict Advertising: Implement stricter regulations on the advertising of tobacco products.
- Smoke-Free Zones: Expand smoke-free zones in public areas to reduce exposure to second hand smoke and promote a smoke-free culture.

9.Incentives and Rewards:

- Quit Incentives: Provide incentives, such as discounts on health insurance premiums or cash rewards, for individuals who successfully quit smoking.

- Employer Programs: Encourage employers to offer smoking cessation programs and incentives within the workplace.

GOOGLE FORM – QUESTIONS

1. what is your age*
   a) Under 18
   b) 18-24
   c) 25-34
   d) 35-44
   e) 55-64
   f) 65 or Older

2. What is your gender?
   a) Amale
   b) Female

3. Education?

INFORMATION ABOUT SMOKING HABITS

4. Do you smoke?
   a) Yes
   b) No

5. For How long you are smoking?
   a) One years
   b) Five years
   c) Ten years
   d) More than ten Year

6. How many cigarettes do you smoke per day?

e) 1-5
f) 6-10
g) 11-20
h) More than 20

7. Willing to quit smoking

a) Yes
b) No

AWARENESS ABOUT CESSATION

8. How interested are you in using a smoking cessation product?

a) Very interested
b) Somewhat interested.
c) Neutral
d) Not very interested
e) Not interested at all

9. Which type of smoking cessation product are you more interested in?

a) Herbal products
b) Allopathic (conventional) products
c) No preference

10. What are your reasons for preferring herbal products? (Select all that apply)

a) Perception of being safer/natural
b) Fewer side effects
c) Personal or cultural beliefs
d) Previous positive experience

11. What are your reasons for preferring allopathic products? (Select all that apply)

a) Belief in their effectiveness
b) Trust in scientifically backed products.

c) Recommendation by healthcare professionals
d) Previous positive experience
e) Other (please specify)

CHAPTER 7 -REFERENCES

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