









Aims and Scope

Tobacco Induced Diseases encompasses all aspects of research related to the prevention and control of tobacco use at a global level. Preventing diseases attributable to tobacco is only one aspect of the journal, whose overall scope is to provide a forum for the publication of research articles that can contribute to reducing the burden of tobacco induced diseases globally. To address this epidemic we believe that there must be an avenue for the publication of research/policy activities on tobacco control initiatives that may be very important at a regional and national level. This approach provides a very important "hands on" service to the tobacco control community at a global scale - as common problems have common solutions. Hence, we see ourselves as "connectors" within this global community.

The journal hence encourages the submission of articles from all medical, biological and psychosocial disciplines, ranging from medical and dental clinicians, through health professionals to basic biomedical and clinical scientists.

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are indicated. However, the effectiveness of lifestyle modification programs is still not clearly revealed.

Objectives

To study the effectiveness of health-risk behavior modification programs, called "Change4Health" on health outcomes.

Methods

Health-risk behavior modification programs, called "Change4Health", was developed to change unhealthy habits, using mnemonic, including A-Avoid alcohol, B-Body movement, C-Cessation, D-Diet. Each behavior carries simplified techniques to make them easy to follow. Workshops were held and materials were given to participants. A total of 1815 participants from 20 primary care units in Bangkok were recruited. Modification of health risk behaviors were followed up at 1 and 3 months at the pilot phase. In addition, other outcomes including body weight, waist circumference, blood pressure, Dextrostix and LDL level were recorded.

Results

After participating in the "Change4Health" programs, 45%, 47.8%, 11.8% and 15.8% of participants can stop smoking, changed their eating behavior, doing more exercise and reduce alcoholic consumption, respectively. 31.3% of participants can reduce their body weight. 16.3% was able to cut down their waist circumference. These outcomes were associated with eating behavior, and smoking cessation (p-value < 0.01). Blood pressure decreased by 15.3%, which was associated with smoking cessation and exercise. Dextrostix decreased by 55.2%, which was associated with eating behavior. LDL level decreased by 31.5%, and was associated with eating behavior and smoking cessation (p-value < 0.01).

Conclusion(s)

Implementing health-risk behavior modification programs, such as, "Change4Health" in the primary care unit settings is effective in promoting health, although smoking cessation and changing diet appeared to be mostly effective.

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Advocacies creates champions for tobacco control through COTPA implementation & achieving sustainable development goal

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Introduction

Maharashtra has 26.6% (2.4 crore) adult population (15+) uses tobacco. In India, 5500 children initiate tobacco use every day and 530 in Maharashtra, only 3% to 4% are able to quit. Maharashtra has about 1.07 lac schools both Government & Private schools. Population 12.5 Crores. Districts: 36. Police Station: 1150. Govt. Primary and Secondary High Schools: 108713 COTPA ACT 2003: The Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act (COTPA) 2003 Key Sections: Section 4: Prohibition on smoking in public places, Section 5: Prohibition on direct and indirect advertising, promotion and sponsorship, Section 6 (a): Prohibition on sale of tobacco products to minors, Section 6 (b): Prohibition on sale of tobacco products within 100 yards of educational Institutions, Section 7: Mandatory pictorial health warning on packets.

Objectives

Creating awareness & Advocacy to Implement COTPA ACT 2003 by Police Dept. & Education Dept. to make Public places and school campuses tobacco free in Maharashtra.

Methods

Necessary orders released by the Police Department in Feb 2018; Awareness about COTPA Act and implementing it will help reduce tobacco burden. Training and sensitization program for the District Police Officers. Training and advocacy for Police Academy's & Police Training Centre's. Regular & sustainable Challans/fine at the prominent places including around schools and public places in the districts by Police.

Results

Numbers of Police Stations activated for taking actions were 315/408. Total of 3238 Police Officers were trained till July 2019. No. of Challans in activated districts: 21785 till July 2019. Print Media Story released on training & Challan action 282 till August 2019.

Conclusion(s)

Strategic advocacy & sensitization program to the police officers for enforcing the COTPA Law will reduce the prevalence of tobacco usage in the District / State and as well as in the country.

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Resisting the tobacco fatwa: Strengthening the networking with Indonesian Muslim communities

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Introduction

It has long been known that some Muslim scholars in Indonesia provided fatwas to allow smoking. This fatwa was taken for granted as one of excuse that the Indonesian Government not to be strict with the cigarette industry. This fatwa was not responded positively by some of another scholar, but their voices were rarely heard.

Objectives

This study aims to analyze the attitudes and behavior of Muslim scholars on tobacco counter issues as a background for making a distinct review of the fatwa.

Methods

The population was representative of several Islamic boarding schools (IBS) in East Java Province, which is the basis of Nahdlatul Ulama, one of the largest Muslim organizations in Indonesia. The research consisted of four steps. The first step was conducting mini-seminars to collect a multicultural perspective on tobacco issues including fatwas. The second step was conducting joint inhouse seminars with speakers from the highest clerics of two large IBS in East Java (IBS Tebuireng, Jombang, and IBS Lirboyo, Kediri), as a role model for young clerics in smaller IBS. The third step was creating a focused group discussion with young clerics as well as snowballing the tobacco issues at smaller IBS. The last step was to carry out an anonymous survey to measure the impact of the

counter issues.

Results

The overall result was succeeded to conduct a multifactorial analysis and create a predictive formula to assess the level of resistance of the Muslim community to the fatwa on smoking, to look the possibility to make a distinct review of the fatwa.

Conclusion(s)

This research is able to provide a snowball effect on fatwas on cigarettes, thus to ring the bell of the Indonesian Government that the fatwa should be reviewed by involving larger Muslim scholars with the most updated information about tobacco and the most ethical manner.

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Community sector cooperation to determine Ban Chiang World Heritage non-smoking area

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Introduction

Smoking is still on the rise, Tobacco Products Control Act B.E. 2560 was enacted. It aims to reduce smoker, especially the new coming smoker, teenager.

Objectives

This research aimed to investigate Ban Chiang World Heritage non-smoking areas with cooperation from stakeholders in community including social sector, local sector, and academic supports from governmental sector.

Methods

Participatory action research (PAR) is applied to create perceptions among stakeholders through seminar, public hearing, public media, and community media.

Results

The results shown that, non-smoking areas needed community's knowledge set and academic supports from governmental sector including of a social capital in community, community culture, problems and obstacles, awareness, community consciousness, beliefs and disciplines in community, and state of knowledge about tobacco control. When knowledge set was identified, perception of social sector was created including networks in community, community committees, entrepreneurs, volunteers in community, and community organizations in order to determine roles and responsibilities among stakeholders. Stakeholders from various sector, thus, were invited to participate in public hearing about public policy that issued by local sector in order to regulate communities as the World Heritage non-smoking areas. Determinants indicated the World Heritage non-smoking areas consisted of community leaders, local leaders, community committees, monks, teachers who quitted smoking, shop owners who stopped tobacco purchasing, schools in communities that conducted anti-smoking activity and had knowledge on tobacco's impacts inserted in learning activity, police station, Bank for Agriculture and Agricultural Cooperatives, sub-district health promotion hospital, the Ban Chiang World Heritage museum, subdistrict municipality, community market, and public park.

Conclusion(s)

These areas were clarified as the non-smoking area under regulations issued by local sector. Cooperation among stakeholders would provide development and the community seek common patterns and practices to address problems with ongoing activities on the Ban

Chiang World Heritage tourism areas until it became sustainable non-smoking areas.

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Student opinion on the teaching of smoking cessation and non-communicable diseases to pharmacy students in ASEAN countries

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Introduction

Smoking is a global health concern and smoking cessation program incorporated into pharmacy education will enable future pharmacists to contribute to public health.

Objectives

This study aimed to evaluate pharmacy students' opinions of teaching in smoking cessation and chronic non-communicable diseases (NCDs). Its aim was also to analyze relationships between teaching methods and educational outcomes.

Methods

The study consisted of an online survey on final year pharmacy students from 19 Faculties of pharmacy/pharmaceutical science of six ASEAN countries. Two online questionnaires were developed: Thai and English. The Thai version was validated (Cronbach's alpha = 0.958). The Thai version was translated into English.

Results

Of the 370 students included in the study, 275 were from Thailand and 95 were from 3 other countries. Thai students were most highly satisfied with their knowledge on the topics and their skills in using screening tools for smoking cessation and NCDs. Non-Thai students were most satisfied with their knowledge on smoking cessation and their skills in counseling smokers and selecting the right medicine while for NCDs was with their knowledge on the topic and their skills to interpret laboratory results. Attitudes of Thai students were highest in inspiration for smoking cessation and enjoyment in studying NCDs. For non-Thai students was enjoying the topic of smoking cessation and pharmaceutical care. Study outcomes for smoking cessation and NCDs of Thai students were significantly related to teaching methods, assessments and practice but for non-Thai students, study outcomes for smoking cessation were significantly related to teaching methods and practice but not so for the NCDs topics.

Conclusion(s)

Educational outcomes for smoking cessation can be explained by teaching methods, assessments, and practicums for both Thai and ASEAN students. Further research in professional education collaboration among countries should be encouraged.

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Advocacy campaign to achieve 100% tobaccofree (government) schools in Maharashtra state in India

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