



# LifeFirst SWASTH

## Background

As of 2017, there were 267 million tobacco users in India<sup>1</sup>. In India, there are an estimated 10 lakh tobacco-related deaths per year<sup>2</sup>. Many programs designed to help tobacco users quit involve pharmacotherapy (medications), a resource that is inaccessible to many in India<sup>3</sup>; “brief advice” interventions can be an excellent alternative<sup>4</sup>. Brief advice takes place when a healthcare provider spends 30 seconds to 2 minutes asking a patient about their tobacco use, offering tips to help them quit, and referring them to further resources where they can receive additional support.

The LifeFirst team from the Narotam Sekhsaria Foundation (NSF) has been delivering trainings on brief advice interventions for 8 years. We are now expanding this program so that more tobacco users from underserved communities who do not have access to such services can benefit from it.

To test the community-delivered version of the program, we have initiated the **LifeFirst SWASTH (Supporting Wellbeing among Adults by Stopping Tobacco Habit)**.

The LifeFirst SWASTH project seeks to reach underserved communities in Mumbai Metropolitan Region who receive care in private dental practices, tuberculosis (TB) clinics, and health centers run by non-governmental organizations (NGOs). The project builds on 8 years of experience in running similar programs and is offered by the Narotam Sekhsaria Foundation along with researchers from the Dana-Farber Cancer Institute (a Harvard-affiliate cancer hospital and research institution located in Boston, Massachusetts, U.S.) and Harvard T.H. Chan School of Public Health (one of Harvard University’s graduate schools, also located in Boston). The project has received funding from the U.S. National Cancer Institute.

1. Ministry of Health and Family Welfare - India. Global Adult Tobacco Survey 2 (GATS 2) Fact Sheet. India: 2016-2017. Delhi, India: Ministry of Health and Family Welfare - India; 2017.
2. Chhabra, A., Hussain, S., & Rashid, S. Recent trends of tobacco use in India. *Journal of Public Health*, 1-10; 2019.
3. Varghese C, Kaur J, Desai NG, et al. Initiating tobacco cessation services in India: Challenges and opportunities. *WHO South-East Asia Journal of Public Health* 2012;1(2):159-168.
4. World Health Organization. WHO Framework Convention on Tobacco Control: guidelines for implementation Article 5.3; Article 8; Articles 9 and 10; Article 11; Article 12; Article 13; Article 14 – 2013 edition. Geneva, Switzerland: World Health Organization; 2013.

## LifeFirst SWASTH Components



### Intervention

Training on an evidence-based brief advice intervention that helps practitioners with a five-step (ask, advise, assess, assist, and arrange services) program to help users quit



### Tobacco Cessation

Tobacco users willing to quit will be referred to LifeFirst counselors for seeking cessation service



### Mobile App

A mobile app with supplementary capacity building materials that helps practitioners in delivering the program to patients



### WhatsApp Group

A designated WhatsApp group for networking and building support among practitioners providing brief advice

## What the Research Involves

The first stage of the research involves interviews and focus group discussions. If you are invited to take part in the study, the decision to do so is completely voluntary. If you decide to take part, you will be asked to share your expertise and thoughts about how a brief advice program would work in practice. Your participation will give you the opportunity to help shape a program designed to help people stop tobacco use.

## Long-Term Objectives

The long-term goal is to develop a low-cost, scalable, and sustainable program for brief advice that can be delivered by practitioners with a variety of qualifications. If the program achieves the intended results, the findings will be shared with the Ministry of Health and Family Welfare and other key stakeholders. Materials will be

created to ensure that dental practices, TB clinics, and NGO-run health centers who did not participate in this study can implement the program, in and outside of Mumbai Metropolitan Region.

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