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To evaluate the quit rate in smoking and smokeless tobacco users accessing the National Tobacco Quitline Services, New Delhi

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Abstract

National Tobacco Quitline services are telephone-based interventions that help a vast population of tobacco users to quit all forms of tobacco. This covers smoking-related items, including cigarettes, hookahs, and bidis as well as smokeless tobacco products like khaini, gutkha, and pan masala. Quit-line has emerged as an important public health intervention that provides evidence-based, cost-effective support for tobacco quitting while achieving impressive quit rates in helping individuals quit. Telephonic interviews were used to gather data, which was based on information obtained from the National Tobacco Quitline Services (NTQLS) database between May 2016 and August 2024. Tobacco users motivated to quit were solicited to call the toll-free number and subsequently assigned to be called back four times, proactively by NTQLS. Throughout the registration procedure, participants supplied details concerning their specific types of tobacco usage, patterns of consumption, history, and personal demographic information like age, address, and other relevant data. The study recorded a total of 505,121 callers, with 346,959 (68.69%) reporting to be smokeless tobacco users, 96,765 (19.16%) as smoking users, and the rest, 61,397 (12.15%), reporting to use both smokeless and smoking tobacco. Overall quit rates were reported as 30.53% in smokeless tobacco users and 28.39% in smoking users. Most strikingly, people aged between 18 and 24 years old were the most determined to quit, with registration rates at 45.8% for smokeless tobacco and 47% for smoking tobacco. Individuals aged 55 years and above had the highest quit rate. Non-literate showed the highest smoking cessation. Government sector employees were consistent in their cessation efforts. In conclusion, the evaluation of quit rates among tobacco users gives a good understanding of cessation practices. Such findings can inform tailored interventions that aim to enhance cessation outcomes across different population groups. Future studies should continue to investigate these interactions to strengthen the effectiveness of tobacco control interventions.

Key words: tobacco quit line, smoking tobacco, smokeless tobacco, environment tobacco smoke.

Introduction

One of the biggest hazards to global public health in history has been the tobacco epidemic. A highly addictive substance in tobacco, nicotine is a main risk factor for a whole range of health conditions from cardiovascular and respiratory diseases to more than 20 types or subtypes of cancer as well as a host of other debilitating health problems [1]. Tobacco is deeply ingrained in Indian culture for thousands of years, and its consumption differs from one region to another. India grows the third most tobacco in the world and uses approximately half of what it grows [2]. An estimated 253.0 million people aged 15 years and older used tobacco products in India in 2022, representing 200.2 million males and 53.5 million females. In terms of the number of tobacco users, India is ranked first in the WHO South-East Asia Region and second internationally. An estimated 1.0 million deaths, or 17.8% of all deaths, were attributed to tobacco usage. Smoking was the cause of 836.1 thousand, or 79.8%, of these deaths, while secondhand smoke exposure was the cause of 220.6 thousand, or 21.0% [3]. Tobacco is consumed in either in smokeless form of SLT or smoking form. In India, bidis and cigarettes are the most smoked. Bidis use is eight to ten times more common than cigarette smoking in poorer socioeconomic groups [4]. The main SLT products used in India are betel quid with tobacco (6%), gutka (a mixture of tobacco, lime, and areca nut) (about 7%), khaini (a tobacco-lime mixture used by over 10% of the population), and mishri, gul, and gudakhu (around 4% of the population) for oral application. An estimated one in five adults use SLT, and one in ten smoke tobacco. Furthermore, some 32 million adults in India smoke tobacco in one form or another [1]. A variety of initiatives have been implemented globally to encourage the decrease of tobacco use, with quitlines serving as a key service intended to help tobacco users stop using tobacco. Quitlines have become an important strategy for public health by providing evidence-based and low-cost support for quit-tobacco seekers. There have been a number of reviews and meta-analyses that have reported generally positive results for the service offered through quitlines of phone counseling. According to the 2008 Public Health Service Clinical Practice Guideline for treating tobacco use and dependence, quitline counseling, including counselor-initiated calls or proactive support, is considered an evidence-based intervention that has a 60% increased chance of promoting cessation. (1.6; 95% CI 1.4–1.8) (Fiore, 2008) [5-7]. A study surveying the National Health Service's (NHS) stop-smoking services in the UK, which contain quitlines, reported quit rates among smokers to be at approximately 40% at 4 weeks post-treatment [8]. The Korean Quitline achieved 1-year abstinence rate of 26%. Three months cessation rate for China quitline users were recorded about 20%. According to a

California intention-to-treat analysis, the rates of abstinence for 1, 3, 6, and 12 months were 23.7%, 17.9%, 12.8%, and 9.1%, respectively. Additionally, Taiwan recorded a prevalence abstinence rate of 38.7% in 2014 and 41.7% in 2005 at the six-month stage [9]. Studies show that quitting smoking is typically more difficult for smokeless tobacco users in South Asia and India than for smokers [10]. In countries like Sweden, where smokeless tobacco use is prevalent, quit rates for smokeless tobacco users participating in quitline programs are also lower, often ranging from 10% to 15% [11]. Results like these are illustrative of the promise quitlines hold in augmenting success in cessation, especially with medication, counseling, and follow-up assistance. In this context, the present study seeks to highlight efforts of National Tobacco Quitline Services by examining quitting rates of smoking and smokeless tobacco users across socioeconomic disparities who accessed NTQLS, New Delhi between May 2016 and August 2024. A study was done by Kumar et. al, evaluates the cost-effectiveness of the National Tobacco Quitline Services (NTQLS) and finds it to be a highly economical cessation intervention in India, with an average cost per quitter of only \$69.96 considerably lower than that of Quitline's in other countries demonstrating efficient utilization of resources in the Indian context.

Materials and Methods

Data

The National Tobacco Quitline Services (NTQLS) offers telephone counseling to individuals who make their first contact with the service through the Toll- free number 1800-11-2356. Help is given by responding to enquiries, establishing a date for quitting, and creating a customised quit strategy., and arranging follow-up calls. For the current study, data from callers at the Proactive Call 4 (P4 i.e. 1 month abstinence) stage was retrieved from the call center software and recorded in Microsoft Excel. The data, covering the period from May 2016 to August 2024 underwent a cleaning process, including the removal of duplicates and the treatment of missing values through either deletion or statistical imputation. The overall number of calls registered during this time period was 505121, with 346959 being smokeless users, 96765 being smokers, and 61397 consuming both. The questionnaire was directly administered to the person who had called. The questionnaire contained information on standardized characteristics like socio-economic status, type of tobacco used, quantity of tobacco use, disease if any and quitting status at follow up.

Socioeconomic and demographic features

The demographic characteristics considered were age, sex, marital status, family history of tobacco use (yes/no), previous quit attempt (yes/no), alcohol use (yes/no), use of other substances (yes/no), number of years of tobacco use, daily tobacco consumption, maximum number of days of quitting, reasons for initiating tobacco use, time to first tobacco use after waking, daily consumption of cigarettes/bidis/sachets (quantity), severity score, and state of residence. Socioeconomic factors evaluated were occupation, education level, income and tobacco expenditure.

Statistical analysis

Data analysis was carried out using Microsoft Excel to classify and calculate quit rates among smokeless and smoking tobacco users. Percentages and frequencies of registered participants in each category were calculated to determine the distribution of registrants across these groups. The ratio of successful quitters to all participants enrolled in each category was used to calculate the quit rate. It was expressed as:

$$\text{Quit Rate} = \frac{\text{Number of Quitters}}{\text{Number of Registered Users}} \times 100 \%$$

Quit rates in smokeless and smoking tobacco, were analyzed on separate lines and patterns or variation between different groups were understood. All calculation was cross-checked in Microsoft Excel to authenticate the facts, and output was done in tabular and graphical form to perform comparative analysis between the groups.

Results

The overall number of calls registered during May 2016 to August 2024 was 505121, with 346959 being smokeless users, 96765 being smokers, and 61397 consuming both (*Supplementary Figure 1*).

NTQLS supported 105,932 smokeless tobacco users to quit and 27,475 smokers to quit resulting in quit rates of 30.54% among smokeless tobacco users and 28.38% among smokers (*Supplementary Figure 2* and Table 1). The analysis by age has reported significant variations in the quit rate across age groups. The data indicate a gradual increase in quit rates with advancing age. Quitting rates among the smokeless tobacco users begins at 24.47% for 17

years or less, and gradually increased up to 47.49% within the of age of 55-64 years. The quit rate among users aged 65 and older is slightly lower, at 45.33%. For smoking tobacco users, the pattern is also same, yet quit rates are comparatively smaller. For the age range under 17 years, the quit rate stands at 25.48%, followed by a steadily increasing progression to 38.45% for those in the 65 + age category. Middle-aged groups aged 35-44 and 45-54 possess comparable quit rates: at 28.71% and 33.34% for smokeless tobacco users and at 26.06% and 32.31% for smokers, respectively (*Supplementary Figures 3 and 4*). Gender differences are evident for both smokeless and smoking tobacco users. Among smokeless tobacco users, males achieved a quit rate of 30.65% while females had a much lower quit rate of 21.97%. In the same way, among tobacco smokers, men have a quit rate of 28.47% and women at 19.44%. The differences per state further demonstrated the country's diverse quit rate. States with the greatest smoking registration rates are Uttar Pradesh, Rajasthan, and Haryana (27.22%, 32.15%, and 28.67%, respectively), while Mizoram, Tripura, and Lakshadweep had the highest quit rates of 50%, 48.15%, and 33.33%, respectively. The states of Madhya Pradesh, Rajasthan, and Uttar Pradesh account for the majority of smokeless tobacco users with lower quit rates. While Assam, Daman Diu, and Arunachal Pradesh had the highest rates of smokeless cessation at 47.26%, 45.16%, and 40.3%, respectively. The analysis of educational background revealed that the largest proportion of smokeless tobacco users had education up to the 1st–10th grade, accounting for 41.6% of registrants (n = 144,280), with a quit rate of 31.48%. Individuals with professional education and diploma are most successful quitter of smokeless tobacco with almost 32.5 % quit rate. Smoking individuals with 1st- 10th grade education had highest and cessation rate at 30.46%, followed by Non-literate at 30% (*Supplementary Figures 5 and 6*). The quit proportion between both married and unmarried is somewhat balanced with 32.3% and 29% respectively for smokeless and 30.5% and 27% for smokers. Widowed Smokers displayed highest quit rate of 32.1%. Additionally, quit rates are influenced by occupational status. The study suggests highest tobacco prevalence in Self-employed individuals for both smoking and smokeless tobacco users. According to the data, individuals employed in the government sector reported higher tobacco use compared to those in other occupational categories. The greatest percentages for both smokeless (34.46%) and smoking (31.49%) tobacco users are found among retired adults. Strong cessation outcomes were also shown by those working in government and the private sector, with quit rates for smoking tobacco being 28.58% and 29.97% and for smokeless tobacco being 31.82% and 32.03%. Quitting smokeless tobacco was less common among students and unemployed

(30.14% and 26.81%, respectively), compared to 27.23% and 25.67% among smokers. The income groups earning less than ₹10,000 and ₹30,001–₹60,000 showcased maximum quit rate for both smokeless (33.49%, 30.72%) and smokers (32.39%, 28.6%). Interestingly, for individuals with no income (NIL), the quit rates for smokeless (29.28%) and smoking users (27.11%) followed the overall pattern, with smokeless users consistently outperforming smoking users (*Supplementary Figure 7*). Behavioral factors such as the duration and quantity of tobacco use varied across quitters. Smokeless quitter from either of the extremes, less than 1 year or above 30 years had maximum quit rates viz 31.96% and 31.79% respectively. Similar pattern was observed in smokers (*Supplementary Figure 8*). Smokeless users taking 1-10 units a day reported a quit rate of 31.47%, whereas those smoking more than 20 units had a quit rate of 28.14%. Similarly, smokers with lesser consumption (28.97%) quit more readily than high consumers (27.99%) (*Supplementary Figure 9*). Study indicated that users who delayed consumption for over 60 minutes after waking were less addicted and steady quitters at 35.62% quit rate for smokeless and 32.79% for smoking. Severity Score is determined based on two FTND test questions: (1) “How soon after waking do you use tobacco?” and (2) “How many cigarettes, bidis, or sachets do you smoke or chew in a day?”. The data emphasizes that the severity of tobacco use is negatively related to the quit rate. It was observed that for both type of tobacco quit rate decreased as the severity score increased. At every severity score level, smokeless users consistently have higher quit rate than smoker (Table 2).

Discussion

Quitlines are considered the most popular means of receiving behavioral counseling and helping in creating and adhering to personalized quit plans. They are considered an integral component of comprehensive tobacco control programs as they provide accessible, flexible, and cost-effective support to quit tobacco. Quitlines have been hugely successful and have gained widespread acceptance globally. Quit Victoria was the first tobacco quitline that works on a toll-free telephone number, which has educational materials with referrals to local treatment programs. In India, National Tobacco Quitline Service, NTQLS, was implemented with similar objectives and vision [12]. This study assesses the quit rates of smoking and smokeless tobacco users who access the NTQLS in New Delhi. Data from May 2016 to August 2024 had a total number of 505,121 registered callers, including 346,959 smokeless tobacco users, 96,765 smokers, and 61,397 dual users. NTQLS supported 105,932 smokeless tobacco

users to quit and 27,475 smokers to quit resulting in quit rates of 30.53% among smokeless tobacco users and 28.39% among smokers. Results show a higher prevalence of smokeless tobacco use compared to smoking in India. The GATS 2016-2017 report also indicated the same [1]. On the other hand, one study reports that quit rates for smokeless tobacco among men and women are relatively lower than smoking [13]. In addition to the above, the study emphasized on tobacco use pattern and its prevalence among the socio-economic and demographic factors like age, gender, occupation, income, behavioral patterns etc. The data reflects that the age group of 18-24 years has highest prevalence in smokeless as well as smoking tobacco, which is similar to another study [14]. Older age groups, specifically those aged 55–64 and 65 years and above, report the highest quit rates for both smoking and smokeless tobacco. This is indicative that old individuals are quitting at higher rates, perhaps as a result of greater awareness about their health or due to some sort of personal health crisis. On the other hand, younger users—particularly those under 17 years of age—may lack the motivation to quit or perceive the health risks as minimal, highlighting the need for targeted educational interventions to encourage cessation. Gender differences in quit rates are also observed for both types of tobacco use. According to our study males comprised (98%) majority of consumers rather than females. Studies, including research by Mamta Agrawal et al., reveal that males account for the vast majority of tobacco users while significantly fewer females are habitual users [15]. The study shows that tobacco consumption is less among women as it causes smoking-related diseases. Smoking during pregnancy contributes to significantly lowering the birth weight, hence, increasing infant morbidity and mortality rates. Moreover, it enhances the possibility of miscarriage, stillbirth, and preterm delivery. While women are susceptible to the overall risks of smoking to health, they are even more susceptible to certain diseases like infertility and menstrual disturbances [16]. One plausible reason for the unwillingness of women to participate in cessation programs might be issues of confidentiality concerns [17]. It was found out that female telephone callers to helplines were less inclined to quitting than their male counterparts. In addition, hormonal changes during the menstrual cycle can affect tobacco quit attempts in women [18]. Education seems to be the most significant factor influencing tobacco usage. Several international and Indian studies conclude that the prevalence of smoking is more common among those with fewer educational levels or those who have never been educated [19]. The statistical analysis points out that the prevalence is highest among the Non-literates, and it drops with the increase in levels of education. The outcome of the present study seems to be in line with this trend. Among

smokeless tobacco users, the highest prevalence was found among those with an educational level of 1st to 10th grade, whereas most smokers were graduates. Interestingly, the highest quit rates were observed among smokers with an educational level of 1st to 10th grade, and diploma holders were most likely to quit smokeless tobacco. While most individuals with minimal education engage in smoking due to unawareness of health risks and accessibility as an affordable source of pleasure, among the better educated and in the more urban communities, peer influence and advertisements are the causes for tobacco use [19]. According to studies, being single is linked to feelings of loneliness and discontent with social interactions [20]. In the current study, smokers are found to be predominantly those who were single or had never been married. Similar results have been found in other studies [21]. This implies that cigarette smoking may have been a coping strategy employed by the single adults in our study to manage the bad feelings brought on by social disconnection, which is known to be a significant risk factor for unhealthy behaviours [22]. An analysis on tobacco consumption habits and addiction shows that those who consumed tobacco for less than 10 years were actively calling, with the highest in registration, compared to those consumers who had over 10 years of consumption. Quit rates among smokers who reported over 21 years since they started consuming tobacco recorded the highest quit rates in the entire population. Among smokeless tobacco users, the highest quitting rates were found among persons who had used smokeless tobacco for less than 1 year and more than 30 years. Further, data also shows that the quit rate is higher among callers who use tobacco between 30 minutes to more than 60 minutes after waking up compared to those who use tobacco within 5 minutes of waking up, indicating that people who are more dependent on tobacco are less likely to quit. These findings are also in line with the observations from the GATS India 2016 data [1] and other similar studies [23,24]. The quit rate among the retired people was the highest, both smokeless (34.46%) and smoking (31.46%). Quit rates were the second highest in the government sector, followed by the private sector and self-employed professionals. GATS India 2016 data revealed similar results [1]. These findings are based on the facts that the individuals with stable income sources and routine lifestyle might have easy access to cessation resources and support. Conversely, students and unemployed users may be under stress, have limited resources, or not have structured routines, making it difficult for them to quit. Alcohol and other substance use negatively affected quit rates, with non-users achieving higher rates than users, similar to the study conducted by NTQLS Mumbai center [25]. This underscores the importance of addressing co-occurring dependencies in cessation programs.

The telephonic tobacco cessation service provides structured counselling support to individuals seeking to quit tobacco use. During the initial counselling session, the counsellor establishes a supportive and non-judgmental environment to facilitate open communication. Detailed information is collected, including sociodemographic characteristics, tobacco use history, level of dependence, previous quit attempts, and any existing comorbid conditions. Based on this assessment, an individualized quit plan is developed collaboratively with the tobacco user. The counsellor assists the individual in setting a specific quit date and schedules regular follow-up calls for up to one year to provide ongoing support and relapse prevention. Counselling sessions include education on the health risks of tobacco use, the financial burden associated with continued use, and the broader personal and social consequences of tobacco consumption.

The service incorporates principles of Motivational Interviewing (MI) to enhance readiness to quit and strengthen intrinsic motivation. Counsellors are trained to use evidence-based behavioural intervention strategies.

The Quitline operates through both reactive and proactive modalities:

- Reactive approach: Tobacco users initiate contact by calling the Quitline. Counsellors (quit coaches) respond to incoming calls, register the caller, conduct an assessment, and provide immediate counselling and intervention.
- Proactive approach: Counsellors schedule and initiate follow-up calls at predetermined intervals to support cessation efforts, reinforce motivation, and prevent relapse.

The intervention strategies are guided by internationally recognized best practices, including:

- 5As Framework: Ask, Advise, Assess, Assist, and Arrange
- 5Rs Framework (for individuals not ready to quit): Relevance, Risks, Rewards, Roadblocks, and Repetition
- Identification of high-risk or trigger situations
- Provision of basic knowledge regarding nicotine dependence and withdrawal
- Development of coping strategies and behavioural skills to manage cravings

In accordance with World Health Organization cessation guidelines, the protocol includes setting a quit date, conducting a pre-quit call, providing immediate post-quit support, and arranging structured follow-up calls. These follow-ups are designed to prevent lapses and relapse. Motivational interviewing techniques are used during both proactive and reactive calls to reinforce commitment and sustain behaviour change [26].

Conclusions

The analysis reveals that quit rates vary significantly across demographic, behavioral, and situational factors. Older age groups, males, and those with stable occupations or higher education levels tend to achieve higher quit rates. Conversely, younger individuals, females, and heavy or long-term users face greater challenges in quitting. Behavioral factors such as delayed use after waking and lower daily consumption are associated with higher quit rates, emphasizing the importance of targeted interventions and personalized, tailor-made support to address the diverse needs of tobacco users. Therefore, effective advocacy campaigns should be implemented to publicize the Quitline number and ensure greater outreach. Several protocols need to be developed to cover different sub-populations so that a better service is provided to the larger public.

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Online supplementary material

Supplementary Figure 1. Overview of quit rates in registered tobacco users.

Supplementary Figure 2. Quitter and registered category wise.

Supplementary Figure 3. Smokeless tobacco age distribution.

Supplementary Figure 4. Smoking tobacco age distribution.

Supplementary Figure 5. Smokeless tobacco education distribution.

Supplementary Figure 6. Smoking education distribution.

Supplementary Figure 7. Income distribution.

Supplementary Figure 8. Tobacco usage by number of years of use.

Supplementary Figure 9. Tobacco users by quantity of tobacco used per day.

Table 1. Quit rate of smoking and smokeless tobacco users.

	Smokeless	Smoking
Quitters	105,932	27,475
Registered	346,959	96,765
Quit Rate (%)	30.53%	28.39%

Table 2. Socio-economic and demographic data and quit rates.

	Smokeless			Smoking		
CRITERIA	Quitters	Registered	Quit rate (%)	Quitters	Registered	Quit rate (%)
Age						
<17 years	1591	6503	24.47	532	2088	25.48
18-24	47,566	158,989	29.92	12,410	45,562	27.24
25-34	34,614	113,034	30.62	8750	29,532	29.63
35-44	11,521	40,128	28.71	2965	11,377	26.06
45-54	6441	19,319	33.34	1519	4702	32.31
55-64	2761	5814	47.49	768	2123	36.18
65 & above	1438	3172	45.33	531	1381	38.45
Sex						
Male	104,896	342,242	30.65	27,308	95,902	28.47
Female	1036	4715	21.97	167	859	19.44
Transgender	0	2	0.00	0	4	0.00
States						
Andaman Nicobar	0	1	0.00	0	1	0.00
Andhra Pradesh	4	68	5.88	13	53	24.53
Arunachal Pradesh	27	67	40.30	8	34	23.53
Assam	138	292	47.26	30	131	22.90
Bihar	6127	19,679	31.13	1624	5771	28.14
Chandigarh	324	1180	27.46	136	470	28.94
Chhattisgarh	2533	8533	29.68	548	2172	25.23
Dadar Nagar Haveli	5	23	21.74	0	11	0.00
Daman Diu	14	31	45.16	2	7	28.57
Delhi	3149	10,805	29.14	1497	5987	25.00
Goa	23	82	28.05	11	54	20.37
Gujarat	1236	3829	32.28	212	685	30.95
Haryana	4814	16,339	29.46	3969	13,846	28.67
Himachal Pradesh	1393	4615	30.18	666	2407	27.67
Jammu & Kashmir	1937	6135	31.57	2582	8677	29.76
Jharkhand	1412	4636	30.46	551	2091	26.35
Karnataka	278	811	34.28	119	484	24.59
Kerala	47	138	34.06	38	135	28.15
Lakshadweep	1	8	12.50	1	3	33.33
Madhya Pradesh	9726	30,504	31.88	2200	7435	29.59
Maharashtra	2159	6177	34.95	388	1487	26.09
Manipur	8	36	22.22	4	16	25.00
Meghalaya	5	19	26.32	4	12	33.33
Mizoram	2	8	25.00	2	4	50.00
NA	219	990	22.12	65	331	19.64
Nagaland	13	47	27.66	2	20	10.00
Odisha	116	360	32.22	47	166	28.31
Puducherry	2	27	7.41	0	6	0.00
Punjab	6220	22,106	28.14	910	3411	26.68
Rajasthan	28,341	83,716	33.85	5249	16,325	32.15
Sikkim	14	47	29.79	2	19	10.53
Tamil Nadu	100	352	28.41	40	164	24.39
Telangana	115	377	30.50	50	188	26.60
Tripura	11	40	27.50	13	27	48.15

Uttar Pradesh	33,607	118,347	28.40	5883	21,613	27.22
Uttarakhand	1659	6077	27.30	421	1807	23.30
West Bengal	153	457	33.48	188	715	26.29
Education						
1ST -10	45,416	144,280	31.48	8486	27863	30.46
11th-12th	28,542	96,741	29.50	6889	24,609	27.99
Diploma	2165	6658	32.52	744	2523	29.49
Graduation	21,250	71,551	29.70	8365	31,287	26.74
Post-Graduation	3353	10,493	31.95	1629	5682	28.67
Professional	823	2532	32.50	488	1894	25.77
Non-literate	4383	14,704	29.81	874	2907	30.07
Marital Status						
Married	51,572	159,652	32.30	11,585	37,987	30.50
Unmarried	54,252	186,926	29.02	15,851	58,613	27.04
Widowed	62	216	28.70	26	81	32.10
Divorced	46	165	27.88	13	84	15.48
Occupation						
Private Sector	31,589	99,274	31.82	7413	25,942	28.58
Self Employed	48,624	160,326	30.33	10,093	34,289	29.44
Government Sector	2209	6897	32.03	920	3070	29.97
Student	16,620	55,136	30.14	7126	26,171	27.23
Unemployed	6440	24,020	26.81	1649	6423	25.67
Retired	450	1306	34.46	274	870	31.49
Income per month						
<10000	19,002	56,732	33.49	3302	10,196	32.39
10001-30000	57,022	188,928	30.18	12,439	43,557	28.56
30001-60000	5611	18,263	30.72	2335	8163	28.60
60001 & ABOVE	875	3035	28.83	563	2252	25.00
NIL	23,422	80,001	29.28	8836	32,597	27.11
No. of years of Tobacco Use						
< 1 yr	6896	21,576	31.96	2218	7464	29.72
1 yr-10 yrs	78,338	256,234	30.57	18,683	66,892	27.93
11yrs - 20 yrs	16,767	56,543	29.65	4087	14,465	28.25
21yrs - 30 yrs	3026	9759	31.01	1434	4588	31.26
Above 30 yrs	905	2847	31.79	1053	3356	31.38
Qty per Day						
1-10 QTY	60,446	192,086	31.47	13,534	46,713	28.97
11-20 QTY	32,898	110,144	29.87	7541	27,183	27.74
20 & MORE	12,588	44,729	28.14	6400	22,869	27.99
Maximum Days of quitting						
< 1 DAY	8823	26962	32.72	1950	6754	28.87
1-10 DAYS	33,458	112,579	29.72	8867	32,689	27.13
11-20 DAYS	3540	11,599	30.52	777	3033	25.62
21-30 DAYS	3703	10,524	35.19	1813	4743	38.22
30 days and above	6180	17,284	35.76	2092	6456	32.40
NO	50,228	168,011	29.90	11,976	43,090	27.79
Alcohol Use						
YES	19,093	64,550	29.58	6739	25,550	26.38
NO	86,839	282,409	30.75	20,736	71,215	29.12
Other Substance Use						
YES	832	2710	30.70	5863	19,343	30.31
NO	105,100	344,249	30.53	21,612	77,422	27.91
How soon after waking do you use tobacco?						
> 60 Minutes = 0 Point	19,936	55,969	35.62	6341	19,337	32.79
30-60 minutes = 1 points	9461	32,423	29.18	1976	7027	28.12

6-30 Minutes= 2 Points	22,380	70,040	31.95	4662	16,168	28.83
within 5 Minute=3 Points	54,155	188,527	28.73	14,496	54,233	26.73
How many cigarettes/bidis/sachets/ do you smoke/chew in a day						
10 or fewer = 0 point	57,053	177,237	32.19	12,633	42,832	29.49
11-20 = 1 point	35,419	122,055	29.02	8037	29,565	27.18
21-30 = 2 points	9303	31,958	29.11	3922	13,667	28.70
31 plus = 3 points	4157	15,709	26.46	2883	10,701	26.94
Severity Score						
0	15,813	43,647	36.23	4971	15,048	33.03
1	8789	26,280	33.44	2113	6873	30.74
2	15,977	52,291	30.55	2948	10,356	28.47
3	33,812	111,711	30.27	6619	24,406	27.12
4	21,693	75,902	28.58	5504	20,304	27.11
5	6462	23,888	27.05	2925	10,630	27.52
6	3386	13,240	25.57	2395	9148	26.18