

## Minutes of the meeting of AHRER

**Date:** 24.09.2020

**Venue:** Google Meet

**Time:** 07.00 PM-08.15 PM

### **Presiding AHRER Executive members**

<b>Name</b>	<b>Specialty</b>	<b>Location</b>
Dr. Bindu	Respiratory Medicine-Guest Speaker	Chennai
Dr. Sree T. Sucharitha	Public Health	Chennai
Dr. Vikas Jain	Pediatrics	Indore
Dr. Aruna Kumari Badam	Respiratory Medicine	Hyderabad
Dr. Kiran Melkote	Orthopedics	Delhi
Dr. Nehla	ENT Surgeon	Chennai
Mr. Samrat Chowdhery	President, INNCO	Mumbai

The meeting of Association for Harm reduction Education & Research (AHRER) was convened on **24.09.2020** at **-7.00 PM-08.00 PM** on web portal of Google meet. The members discussed the following issues:

- 1. Welcome of Members and Introduction of Agenda: Dr. Vikas Jain** welcomed members to the monthly meeting of the AHRER and gave a brief introduction the agenda for the monthly meeting. **Also welcomed Guest Speaker Dr. T. Bindu**, MD-Respiratory Physician, Associate Professor, Tagore Medical College Hospital, Chennai for the debut meeting of AHRER and invited to participate in the interactive session moderated by Dr. Sre
- 2. Interactive Discussion: Care Provider's Experiences with Tobacco Users and Safer Nicotine Alternatives in a Tertiary Care Teaching Setting**  
**Guest Clinician: Dr. T. Bindu**, MD-Respiratory Physician, Associate Professor, Tagore Medical College Hospital, Chennai.  
**Moderator: Dr. Sree T. Sucharitha**, MD, Community Medicine, Professor, Tagore Medical College Hospital, Chennai.  
Dr. Sre shared with the members the dynamic work profile of Dr. Bindu at Tagore Medical College as Respiratory Physician and their working association of 6 Years. The interactive session for 25 minutes addressed the following tobacco specific issues focusing on care practices at tertiary care setting of a private medical college in sub-urban Chennai:
  1. Delivery of tobacco cessation services at OPD of Respiratory Medicine Unit:12 Weeks (Repetitive behavior to conditioned behavior)  
\*Counseling to assess the willingness to quit tobacco among the clients attending the OPD, 5 A's, Individual Quit Smoking protocols: Yellow Smiley Ball techniques+Meditation+Breathing Exercises, Involvement of family members”dual purposes: Monitoring and also for follow-up visits)
  2. Experiences with initiating various NRT products such a gums, transdermal patches with slightly varied successful patient outcomes.

3. Referral to Psychiatry OPD for Motivational Therapy and NRT initiation
4. Follow-up of clients initiated on NRT by Psychiatry and also initiate NRT
5. ENDS-initiation among selective clientele including woman professor and young male doctors.
6. Research study among rural women, with biofuel exposure and COPD prevalence which revealed 50% smoking history, especially low-cost smoking forms such as cigarettes and bidis which they also share along with male partners and family members. (contrary to PI assumption that rural women may not be using smoking forms of tobacco)
7. Lost to follow-up among women initiated on tobacco cessation is marked compared to men in concordance with peer reviewed literature from global north.
8. ENDS-Experiences as care provider and Views about Ban in India:
  1. Fulfills the behaviors of hand-to mouth act and gives almost equal pleasure to users
  2. "Great loss" due to ban
  3. Doctor colleagues who were ENDS users mentioned that they had enough stocks at the time of ban
  4. Had to switch ENDS users to transdermal patches but they mentioned it was not giving them enough satisfaction
  5. Govt. cited that E-cigarettes is leading to uptake of increased smoking among teenagers and females and we thus they banned.
  6. Instead of banning the govt. should have considered making ENDS available on Prescription through pharmacies or formulated specific acts.

### 3. Q and A following the discussion

#### Dr. Vikas

1. Diversion tactics for smokers, based on personal experiences may also include changing the route of travel to avoid tempters of smoking and popular hangout spots such as paan centres in N.India.
2. Has following on Social media like FaceBook/ Whatsapp for tracking the lost to follow up clients initiated on NRT or ENDS considered?

**Dr. Bindu:** Most of our clients are from rural background.

3. **What is the percentage of QUIT Rates with ENDS and varieties of NRT?**

**Dr. Bindu:** We do not have data to back up or human resources to follow-up the patients and maintain the data. Most of our clients if they come back and inform us only then we will be able to know. Every month we initiate 10-15 clients on NRT. ENDS have better outcome. Patches have 15% quit rate compared to 10% with gums.

#### Dr. Kiran

4. What is the strength of transdermal patches?

**Dr. Bindu:** We start with 21 mg/day (6-9 weeks) and then 14 mg/day-7 mg/day. We generally show the test reports, CT scan reports etc to scare/threat with real reports to make the clients quit tobacco. One admission into ICU will make them quit better than any other strategies.

\*Patient Quit Testimonial Event (shared by Dr. Kiran)

\*Psychotherapy-Threat Therapy-Instantaneous Results (on a lighter note shared by Dr. Vikas)

**Dr. Aruna Badam**

5. Adolescent Smoking Influencers: i. procuring for parents ii. experimenting at early age iii. In Hyderabad, IT industry employees hanging out and smoking in groups, influences school-goers
6. Cost of Transdermal patches-is it a limiting factor to promote as NRT compared to?

(Dr. Kiran responds: Rusan Pharma, Pune-1 Patch, costs 100 Rs, Pack cigarettes, Rs.230)

7. How to identify women tobacco users in the community as against hospital setting when they come to seek health care services?  
Also shares about undertaking Health Volunteer Teacher Training program during COVID-19(Alcohol, Tobacco cessation training proposed in next phases)

**Dr. Kiran:** We need different strategies to identify women users in community settings

**Dr. Sre:** Culturally sensitive, communication training to be needed for researchers to obtain this information from women users by creating safe spaces in the field and also utilizing doctor-patient consultation time to develop rapport.

**4. Tweet Tweet: The Nitty Gritty of Twitter by Mr. Samrat Chowdhery**

Mr. Samrat shared with the audience in a step-by-step manner, the process involved in creating an account in Twitter and posting the tweets, following the personalities for promotion of science, research and also to gather real time information and to connect with policy makers and bureaucrats.

5. **‘Recap and Closure:** Dr. Sre, she profusely thanked Guest Speaker Dr. T. Bindu for sharing valuable professional insights tonight and thanked all participants for their active presence.

\*The minutes were drafted by Dr. Sree T. Sucharitha, AHRER

**Next AHRER meeting proposed on: October, 21<sup>st</sup>, 7-8 PM**