

REPORT ON

Title: **“A Case study of Tobacco use and its health impact. An experience with Nicotine”**

*For the partial fulfilment of the B.A/B.Sc 5th Semester under FYUGP
Syllabus of Dibrugarh University*



Submitted to:

Department:

[Redacted]

Submitted by:

Name: [Redacted]

Enrollment No: [Redacted]

Semester: [Redacted]

Department: [Redacted]

[Redacted]

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[Redacted]

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Signature of Student

Date:

Name of the Student:

Place:

Semester:

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SEWA (NON-GOVERNMENTAL ORGANISATION)

The Socio Educational Welfare Association (SEWA) is a well-established non-governmental organization based in Dibrugarh district, Assam, founded in the year 2000. SEWA is dedicated to improving the quality of life of marginalized and vulnerable communities, especially in the tea-growing regions of Northeast India. The organization works across multiple thematic areas including health, gender-based violence, mental health, HIV prevention, disaster risk reduction, women's empowerment, sustainable livelihoods, skill development, elderly caregiving, and societal change.

INTRODUCTION

Tobacco is a widely used and highly addictive product that poses serious health risks. It is a leading cause of many chronic diseases including cancer, lung disease, cardiovascular disease, and stroke. In India, tobacco use causes around 1.35 million deaths annually, accounting for nearly 17–18% of total deaths. The most common forms of tobacco in India are smokeless products like khaini, gutkha, and betel quid with tobacco, as well as smoking forms such as bidi, cigarette, and hookah. Tobacco consumption is linked to a significant burden of diseases including oral cancer, chronic obstructive pulmonary disease (COPD), ischemic heart disease, and stroke.

The Indian government has taken important steps to control tobacco use and its harm, including:

- ★ Enacting the Cigarettes and Other Tobacco Products Act (COTPA) in 2003, which regulates advertising, sale, and packaging of tobacco products.
- ★ Launching the National Tobacco Control Programme (NTCP) focused on awareness, prevention, and cessation support.
- ★ Implementing large graphic health warnings on tobacco product packs.
- ★ Setting up tobacco cessation quitlines and tobacco testing laboratories.
- ★ Running public awareness campaigns on the dangers of tobacco.

Objective of the Programme

- ★ To assess the Tobacco use patterns, addiction levels, and health impacts on individuals.
- ★ To understand the challenges faced during cessation attempts.
- ★ To provide personalized support strategies for quitting tobacco.
- ★ To raise awareness about the harmful effects of tobacco and second-hand smoke on individuals and families.
- ★ To engage the community in tobacco cessation and prevention efforts.

Day wise details of the Internship/Community Engagement:

Day 1	July 4, Fri	6 hrs	Class by Psychologist: Introduction to Internship and Addiction Awareness: The internship journey began with an introductory session led by a psychologist who oriented the interns about the internship objectives, expectations, and framework. Emphasis was placed on understanding addiction, including the biological, psychological, and social dimensions. The session helped interns grasp the scope of addiction awareness and the important role they would play in community settings during their fieldwork.
Day 2	July 5, Sat	6 hrs	Community Visit; Area Observation & Report Writing: Interns conducted their first community visit to familiarize themselves with the local environment and demographic characteristics. This initial exposure involved careful observation of community lifestyles, identifying patterns relevant to substance use, and preparing detailed observation notes. The experience helped them develop skills in documenting real-life contexts that influence addiction behavior, which they later compiled into structured reports.
Day 3	July 7, Mon	6 hrs	Additional Class: Community Psychology and Substance Use

This session deepened the understanding of how community dynamics contribute to substance use behaviors. Topics covered included community risk factors, cultural influences, peer pressure, and strategies for mobilizing community resources in addiction prevention and intervention. Skills in engaging with community members and developing trust were also highlighted.

Day 4 July 8, Tue 6 hrs **Planning Counseling Session; Reflective Writing**

Interns were trained to prepare structured counseling sessions tailored to tobacco users. The emphasis was on goal-setting, selecting appropriate counseling techniques, and anticipating challenges clients might face. Additionally, interns engaged in reflective writing exercises that encouraged introspection about their learning processes and emotional responses to field work challenges.

Day 5 July 9, Wed 6 hrs **Additional Class: Counselling Skills – Rapport Building and Empathy**

A critical class focused on developing foundational counseling skills—building rapport and demonstrating empathy. Interns practiced active listening, non-judgmental communication, and establishing a supportive relationship with clients. Role-playing activities were used to simulate real counseling encounters, enhancing interpersonal skills and sensitivity toward clients' struggles.

The programme also focused on healthy alternatives and techniques to handle the urge of tobacco use and provided resourceful contacts for seeking help. Role-play and drama were included to reinforce positive messages and help participants to relate to support-seeking behaviour and the journey towards quitting tobacco.

The session concluded with the motivational talk, spring participants to avoid tobacco and support each other in maintaining tobacco-free habits. Interactive handouts and posters were distributed to reinforce the key messages of the programme.

Day 7	July 11, Fri	6 hrs	Class by Psychologist: Psychological Roots of Addiction & Counselling Techniques
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This session delved into the psychological underpinnings of addiction, addressing factors like stress, trauma, coping mechanisms, and cognitive distortions that contribute to substance use. It introduced evidence-based counseling techniques, including motivational interviewing and cognitive-behavioral strategies, equipping interns to better support clients in behavior change.

Day 8	July 12, Sat	6 hrs	Field Visit: Awareness Material Distribution in Community
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Interns actively engaged with the community by distributing educational materials related to tobacco harm and cessation resources. This field activity aimed at raising awareness and

encouraging dialogue about tobacco-related health risks. The hands-on experience enhanced communication skills and helped interns observe community reactions and participation levels.

Day 9 July 14, 6
 Mon hrs

Class: De-addiction Techniques; Interaction with NGO Counsellor

A comprehensive class on various de-addiction approaches was conducted, highlighting pharmacological and non-pharmacological methods. Interns interacted with an experienced NGO counselor who shared practical insights into managing tobacco addiction, client motivation, relapse prevention, and case management.

Day 10 July 15, 6
 Tue hrs

Field Visit: Session 2 with Client; Case Note

CASE STUDY ON A 25 YEAR OLD WOMAN

Ms. Y is a 25-year-old woman currently facing unemployment. Much of her time is spent at home, where the daily routine has seen the gradual but steady integration of tobacco use into her life. Her journey with tobacco began at the age of 20, influenced perhaps by the company she kept or simply by the challenges that life had presented her at a young age. Over time, cigarettes became her frequent companion, with alcohol occasionally joining in. The habit became woven into her everyday existence—at home, sometimes in public places—always just within reach.

Daily, she finds herself lighting up three to four cigarettes, the activity providing both comfort and routine. The craving for tobacco is intense, and whenever she tries to go without, a strong urge emerges, gnawing away at her resolve. Ms. Y openly admits to having tried quitting within the past year. Her motivation for attempting to quit has always been rooted in concern for her health, as well as an awareness of the growing hold of her cravings, irritability, and frustration.

However, quitting has proven to be a difficult endeavor. Each attempt brought with it difficult withdrawal symptoms: unbearable dry mouth, headaches, constant irritability, and overwhelming anxiety. There were times her body would shake, her neck felt parched beyond relief, and the anxiety was so strong, she felt powerless against the urge to smoke or drink. The combination of these withdrawal behaviors often pushed her back to tobacco, making sustained abstinence seem almost impossible.

History of Present Illness

Ms. Y's history with tobacco reflects a recurrent daily usage, typically three to four times per day, with cigarettes as her main substance and alcohol as an occasional addition. Her tobacco consumption usually happens both at home and in public places. She recognizes a strong craving when not using tobacco, which often triggers withdrawal symptoms such as dry mouth,

irritability, headaches, and heightened anxiety—symptoms she has experienced during multiple attempts to quit in the past year. Each attempt was motivated by health reasons and the psychological burden of cravings and frustration, but the physical and emotional discomfort of withdrawal has posed a substantial barrier to long-term success.

Ms. Y's story is one of persistence amidst struggle. While tobacco currently remains a central element of her daily life, her repeated attempts to quit show a determination to overcome addiction and improve her wellbeing. Like many in her community, her journey with tobacco is ongoing, marked by both challenges and hope for change.

Day 11	July Wed	16,	6 hrs	Class by Psychologist: Ethical Issues in Field Work & Client Handling
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A vital session focusing on professional ethics, confidentiality, informed consent, and respectful client handling. Interns learned about the ethical dilemmas often encountered in addiction counseling and strategies to uphold clients' dignity, protect privacy, and maintain professional boundaries in fieldwork.

Day 12	July Thu	17,	6 hrs	NGO Activities: Organizing Files, Attendance, Helping in Sessions
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During this day, interns supported organizational activities within the NGO—maintaining client files, tracking attendance, and assisting during group or individual counseling sessions. This practical involvement helped them

understand the administrative side of community health programs and improved coordination skills.

Day 13 July 18, Fri 6 hrs **Field Visit: Session 3 with Client; Review with Supervisor**

Interns conducted a third counseling session with clients under the supervision of their field supervisor. The session focused on reviewing client progress, reassessing challenges, and adapting intervention plans. Post-session debriefing with the supervisor provided critical feedback and learning opportunities for improving counseling effectiveness.

Day 14 July 19, Sat 6 hrs **Additional Class: Role of Family in Rehabilitation Process**

This class emphasized the importance of family involvement in the addiction recovery journey. Topics covered included family dynamics, support systems, communication strategies, and how families can assist in relapse prevention and emotional stabilization of clients.

Day 15 July 21, Mon 6 hrs **Documentation: Case File Preparation; Client Progress Notes**

Interns were trained to systematically document case files, including client histories, counseling session summaries, and progress notes. Proper documentation helps ensure continuity of care, accountability, and provides a basis for evaluation and reporting within the rehabilitation process.

Day 16 July 22, Tue 6 hrs **Class by Psychologist: Report Writing & Reflection Techniques**

This session enhanced professional writing skills, focusing on clear, concise report

preparation related to field work, case studies, and research outcomes. Reflection techniques were taught to help interns critically assess their field experiences and personal growth.

Day 17	July Wed	23,	6 hrs	Group Discussion: Learning Outcomes of Field Work; Reflective Journaling
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Interns participated in a structured group discussion to share key takeaways from their internship experience. Reflective journaling was encouraged to consolidate learning, acknowledge challenges, and identify areas for future development.

Day 18	July Thu	24,	6 hrs	Final Report Compilation; Preparation for Presentation
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All interns worked on compiling their final internship reports, integrating case studies, field observations, and class learnings. Preparation for the upcoming final presentations was done, focusing on effective communication and summarizing internship outcomes.

Day 19	July 25, Fri		6 hrs	Submission of Reports; Feedback from NGO Supervisor
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Interns submitted their final reports and received detailed feedback from the NGO supervisor. The feedback session emphasized strengths, noted areas for improvement, and provided guidance for further professional development.

Day 20	July 26, Sat		6 hrs	Final Presentation; Closing Circle with Psychologist & Supervisor
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Each intern presented their internship experience, findings, and reflections to peers, supervisors, and psychologists. The closing circle facilitated mutual

appreciation, shared learning, and emotional closure to the field experience.

Day 21	July	28,	6	Certificate Distribution; Sharing Experience; Farewell
	Mon		hrs	

The internship concluded with a formal certificate distribution ceremony. Interns shared personal experiences and reflections informally, celebrating milestones and camaraderie. The farewell session marked the end of this professional and personal development journey.

CONCLUSION

This case study thoroughly underscores the multifaceted nature of nicotine addiction, demonstrating that it is not merely a matter of habit, but a serious health issue with profound psychological, social, and physiological consequences. The individual's prolonged use of tobacco, coupled with experiences of intense cravings and severe withdrawal symptoms, illustrates how deeply nicotine dependence can become entrenched in a person's daily life and behavior. These difficulties in discontinuing tobacco use highlight the necessity for comprehensive and individualized intervention strategies.

Such strategies must go beyond addressing just the biological aspects of addiction. Physical dependence, marked by withdrawal symptoms, requires medical and behavioral management, often involving counseling, support groups, and, in some cases, pharmacological assistance. Equally important are the psychological dimensions—addiction often stems from and is perpetuated by emotional factors such as stress, anxiety, or social pressures, which must be addressed through therapy and ongoing support.

Furthermore, the significant roles of family and community must not be underestimated. Family members can provide emotional support, encouragement, and accountability throughout the cessation process, helping the individual navigate the challenges of quitting. Community awareness initiatives, educational campaigns, and peer support networks are essential in fostering an environment where smoking and tobacco use are openly discussed, their dangers recognized, and supportive resources are accessible.

Ultimately, preventing tobacco use initiation, especially among younger generations, is as vital as helping current users quit. Comprehensive prevention strategies should involve parents, schools, and community leaders working together to educate youth about the risks of nicotine addiction, teach resiliency skills, and promote healthy alternatives.

In summary, successfully addressing nicotine addiction demands a holistic and collaborative approach—one that combines medical, psychological, familial, and societal resources. Strengthening these areas not only supports individuals striving for cessation but also contributes to broader public health by reducing the incidence of tobacco-related diseases and promoting a healthier future for all.

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Appendix-I
(Approval/Application letter for submitting proposals of
Internship/Community Engagement)

Nicotine Dependence:

Nicotine in tobacco causes physical and mental addiction, leading users to feel the need for it regularly to function normally.

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Appendix-II
(record Sheet/ Attendance Sheet of working days)

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Appendix-III (Geo-tagged Photos)



