



# 8<sup>th</sup> ECToH

## European Conference on Tobacco or Health

Tobacco kills in any form – Tobacco free Europe

**19 to 22 February 2020** | Berlin, Germany  
CityCube Berlin

**Abstract Book**

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Organisers



Congress organisation/registration



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Abstract book layout  
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## Contents

▶ Schedule

▶ Program

▶ Poster Sessions

▶ Abstracts – Poster

▶ Abstracts – Oral Presentations

Schedule

	Wed, 19 Feb		Thu, 20 Feb			
	Budapest   Dublin		Dublin	Budapest 1	Budapest 2	Helsinki 1
09:00			<b>Plenary 1</b> The European Tobacco Control Scale and the implementation of the WHO FCTC in the European Union			
09:30						
10:00						
10:30			<b>Coffee break</b>			
11:00			<b>Plenary 2</b> Scientific evidence for effectiveness of tobacco control policies – smoke-free legislation, advertising bans, point of sale bans, and plain packaging			
11:30						
12:00						
12:30				<b>Lunch break</b>	<b>Lunch break</b>	<b>Lunch break</b>
13:00						
13:30			<b>Poster session 1</b>			
14:00			<b>Workshop 1</b> The tobacco pack: From pictorial warning to plain packaging	<b>Workshop 2</b> E-cigarettes, heated tobacco products and waterpipes – the monitoring and surveillance, challenges in communication	<b>Workshop 3</b> Human rights and tobacco	
14:30						
15:00	<b>Opening Ceremony</b>					<b>Interface Symposium</b> Status of tobacco control in Europe
15:30			<b>Coffee break</b>	<b>Coffee break</b>	<b>Coffee break</b>	
16:00			<b>Workshop 4</b> Regulating tobacco and nicotine products: Status quo and future perspectives – decisions taken at CoP 8 and challenges for CoP 9	<b>Workshop 5</b> Lessons Learned from "Campaign for Tobacco-Free Kids": Campaigns and Political Strategies on Tobacco Control	<b>Workshop 6</b> The role of health professionals in tobacco prevention and control	
16:30						
17:00	<b>Get-Together Reception and Young Professional Awards Ceremony</b>					
17:30						
18:00						
18:30			<b>FCA-Meeting</b> Keeping focus at the FCTC Conference of the Parties: Key barriers to tobacco control			
19:00						

Schedule

	Fri, 21 Feb				Sat, 22 Feb
	Dublin	Budapest 1	Budapest 2	A5	Dublin
09:00	<b>Plenary 3</b> Tobacco industry interference and new challenges in communication (tobacco industry and harm reduction)				<b>Plenary 5</b> The Protocol to eliminate illicit trade of tobacco products – the implementation
09:30					
10:00					
10:30	<b>Coffee break</b>				<b>Coffee break</b>
11:00	<b>Plenary 4</b> New nicotine and tobacco products				<b>Plenary 6</b> Tobacco taxation – why and how?
11:30					
12:00					
12:30		<b>Lunch break</b>	<b>Lunch break</b>	<b>Lunch break</b>	
13:00					
13:30	<b>Poster session 2</b>				
14:00	<b>Workshop 7</b> Health education and health communication (mass media campaigns, health communication interventions, youth education programmes)	<b>Workshop 8</b> The economy of tobacco control: Tobacco taxation, cost-effectiveness studies, economic benefits, earmarking of tax revenues	<b>Workshop 9</b> Monitoring and surveillance of tobacco control progress		
14:30					
15:00				<b>Interface Symposium</b> New tobacco products and their consequences on health	
15:30	<b>Coffee break</b>	<b>Coffee break</b>	<b>Coffee break</b>		
16:00	<b>Workshop 10</b> Implementation of evidence-based interventions in daily practice: Barriers and facilitating factors	<b>Workshop 11</b> Successes or failures in the tobacco control advocacy	<b>Workshop 12</b> Social inequalities and smoking, tobacco related health disparities		
16:30					
17:00					
17:30					
18:00					
18:30					
19:00					

Program

Wednesday, 19<sup>th</sup> February 2020

15:15–17:00  
Room Budapest

Opening Ceremony

- [Martina Pötschke-Langer, Germany](#)  
Congress President, ECToH 2020, and CEO, German Smokefree Alliance
  - [Thomas Steffen, Germany](#)  
State Secretary, Federal Ministry of Health
  - [Sakari Karjalainen, Finland](#)  
President, European Cancer Leagues
  - [Martin Seychell, Belgium](#)  
Deputy Director General DG SANTE, European Commission
  - [Jérôme Salomon, France](#)  
Directeur Général de la Santé, Ministry of Health (Video Message)
  - [Fritz Pleitgen, Germany](#)  
President, Deutsche Krebshilfe
  - [Olaf Ortmann, Germany](#)  
President, Deutsche Krebsgesellschaft
- Keynote Lecture
- ▶ **Tobacco taxation: Win win win policy for public health, domestic resource mobilization and equity**  
[Patricio V Marquez, United States](#)  
Lead Public Health Specialist, former World Bank Group

17:00–18:30  
Room Dublin

Get-Together Reception and Young Professional Awards Ceremony

by ECL President Sakari Karjalainen and ECToH President Martina Pötschke-Langer

Program

Thursday, 20<sup>th</sup> February 2020

09:00–10:30  
Room Dublin

Plenary 1

The European Tobacco Control Scale and the implementation of the WHO FCTC in the European Union

Chairs: [Sakari Karjalainen, Finland](#) | [Martina Pötschke-Langer, Germany](#)

- **The European Tobacco Control Scale 2020**  
[Luk Joossens, Belgium](#)

- **The WHO Framework Convention on Tobacco Control in WHO European Region: Successes and challenges in countries**  
[Kerstin Schotte, Switzerland](#)

- ▶ **The future for the WHO FCTC in Europe and the global perspective**  
[Francis Thompson, Switzerland](#)

10:30–11:00

Coffee break

11:00–12:30  
Room Dublin

Plenary 2

Scientific evidence for effectiveness of tobacco control policies – smoke-free legislation, advertising bans, point of sale bans, and plain packaging

Chairs: [Esteve Fernández, Spain](#) | [Constantine Vardavas, Greece](#)

- **Scientific evidence of tobacco control policies – an overview**  
[Geoffrey Fong, Canada](#)

- **Modelling the impact of tobacco control policies**  
[Ute Mons, Germany](#)

- ▶ **Effects of the implementation of plain packaging**  
[Gerard Hastings, Scotland](#)

- ▶ **The effectiveness of tobacco control in Ireland**  
[Fenton Howell, Ireland](#)

12:30–14:00

Lunch break

13:30–14:00  
Room Dublin

▶ Poster session 1

Program

Thursday, 20<sup>th</sup> February 2020

14:00–15:30  
Room Dublin

**Workshop 1**

The tobacco pack: From pictorial warning to plain packaging

Chairs: Anca Toma Friedlaender, Belgium | Fenton Howell, Ireland

- **Best practices for the implementation of plain packaging**  
[Juan Miguel Rey-Pino, Spain](#)
- **Plain packaging: The French experience**  
[Emmanuelle Beguinot, France](#)
- ▶ **The impact of enhanced pictorial health warnings: Pre-post evaluation findings from the 2016–18 ITC New Zealand surveys**  
[Richard Edwards, New Zealand](#)
- ▶ **Plain packaging on e-cigarettes in Israel: Behind the scenes**  
[Shira Kislev, Israel](#)

14:00–15:30  
Room Budapest 1

**Workshop 2**

E-cigarettes, heated tobacco products and waterpipes – the monitoring and surveillance, challenges in communication

Chairs: Norma Cronin, Ireland | Robert Lodenkemper, Germany

- **Trends in Europe - heated tobacco products**  
[Constantine Vardavas, Greece](#)
- **Waterpipes: A new tobacco epidemic in Europe and Middle East**  
[Elif Dagli, Turkey](#)
- **E-cigarettes change: A game-changer in tobacco control? The UK e-cigarette policy debate**  
[Heide Weishaar, Germany](#)
- ▶ **Monitoring and exposing tobacco industry third parties: A case study of the Philip Morris International-funded Foundation for a Smoke-Free World**  
[Tess Legg, United Kingdom](#)

Program

Thursday, 20<sup>th</sup> February 2020

14:00–15:30  
Room Budapest 2

**Workshop 3**

Human rights and tobacco

Chairs: Magdalena Cedzynska, Poland | Katja Kracke, Germany

- ▶ **Advancing tobacco control in Germany through children’s rights**  
[Laura Graen, Germany](#)
- ▶ **The “top down” approach to a human rights-based approach to ending the tobacco epidemic**  
[Laurent Huber, United States](#)
- ▶ **Using Human Rights Treaties reporting processes to end the tobacco epidemic**  
[Kelsey Romeo Stuppy, United States](#)
- **Human rights of children to a tobacco-free environment, to talk about the experience of the Flemish League in advocating for children’s rights, for example, to be in non-smoking cars**  
[Kurt Annendijck, Belgium](#)

15:00–16:30  
Room Helsinki 1

**Interface Symposium**

Status of tobacco control in Europe

Chairs: Martina Pötschke-Langer, Germany | Davied Ritchie, Belgium

- **Tobacco Control Scale Europe: The ranking list of countries**  
[Luk Joossens, Belgium](#)
- **European Code against cancer regarding tobacco and secondhand smoke**  
[Carolina Espina, France](#)
- **Germany – tobacco industry paradise?**  
[Ute Mons, Germany](#)
- ▶ **Efforts and successes in twenty years of tobacco control in the UK**  
[Alison Cox, United Kingdom](#)
- ▶ **Strategy for a smoke-free and nicotine-free future in Finland**  
[Sakari Karjalainen, Finland](#)

15:30–16:00

Coffee break

Program

Thursday, 20<sup>th</sup> February 2020

16:00–18:00  
Room Dublin

**Workshop 4**

Regulating tobacco and nicotine products: Status quo and future perspectives – decisions taken at CoP8 and challenges for CoP9

Chairs: Franz Pietsch, Austria | Otto Ruokolainen, Finland

- **Tobacco control measures in Austria in light of the outcome of COP 8 and future regulatory challenges**  
[Franz Pietsch, Austria](#)
- **Challenges in regulating e-cigarettes: The Dutch perspective**  
[Guido de Kort, Netherlands](#)
- **An EU perspective on COP achievements and regulatory challenges: Novel tobacco products and advertising/sponsorship**  
[Andrea Schwarz, Belgium](#) | Co-Speaker: [Julia Langer, Belgium](#)
- **Towards a tobacco- and nicotine-free Finland 2030**  
[Hanna Ollila, Finland](#)

16:00–18:00  
Room Budapest 1

**Workshop 5**

Lessons Learned from “Campaign for Tobacco-Free Kids”: Campaigns and Political Strategies on Tobacco Control

Chairs: Joshua Abrams, United States | Olga Knorre, Portugal

- **Introduction: The Campaign for Tobacco-Free Kids advocacy framework: Theory and practice**  
[Joshua Abrams, United States](#)
- **Case study: Taking on the industry through social media influencers campaign – problem, solution, actions, results, next steps**  
[Debra Rosen, United States](#)
- **Campaign for Tobacco-Free Kids youth advocacy: Building and coordinating the next generation of champions**  
[Gustavo Torrez, United States](#)
- **Campaign for Tobacco-Free Kids – supported advocacy in Europe: Georgia case study**  
[Olga Knorre, Portugal](#)

Program

Thursday, 20<sup>th</sup> February 2020

16:00–18:00  
Room Budapest 2

**Workshop 6**

The role of health professionals in tobacco prevention and control

Chairs: Joanna Didkowska, Poland | Emma Woodford, Belgium

- ▶ **Tobacco free nursing with health competence: The program “astra plus”**  
[Christa Rustler, Germany](#)
- **Role of health professionals in reducing smoking epidemic in Poland**  
[Magdalena Cedzynska, Poland](#)
- ▶ **The Rauchfrei Ticket – the direct wire from primary care to tobacco cessation**  
[Sophie Meingassner, Austria](#)
- ▶ **Supporting tobacco free campus implementation in Ireland**  
[Aishling Sheridan, Ireland](#)

18:00–19:30  
Room Budapest 1

**FCA-Meeting**

Keeping focus at the FCTC Conference of the Parties: Key barriers to tobacco control

Chair: Francis Thompson, Switzerland

- **Making the link between national/EU-level policies and COP/MOP decisions**  
[Alison Cox, United Kingdom](#) | [Anca Toma Friedlaender, Belgium](#) | [Francis Thompson, Switzerland](#)
- **First COP session in EU Party – how do we put this fact to good use?**  
[Anca Toma Friedlaender, Belgium](#) | [Francis Thompson, Switzerland](#) | [Alison Cox, United Kingdom](#)
- **What messages/information do European governments need to hear in coming months?**  
[Francis Thompson, Switzerland](#) | [Alison Cox, United Kingdom](#) | [Anca Toma Friedlaender, Belgium](#)

Program

Friday, 21<sup>st</sup> February 2020

09:00–10:30  
Room Dublin

**Plenary 3**

Tobacco industry interference and new challenges in communication (tobacco industry and harm reduction)

Chairs: Floris Italianer, Netherlands | Dewi Segaar, Netherlands

■ **Tobacco industry's interest in harm reduction**  
[Anna Gilmore, United Kingdom](#)

▶ **Communicating heated tobacco products in Italy**  
[Alessandra Lugo, Italy](#)

■ **Legal strategies against tobacco industry – the case of the Netherlands**  
[Bénédicte Ficq, Netherlands](#)

10:30–11:00  
Coffee break

11:00–12:30  
Room Dublin

**Plenary 4**

New nicotine and tobacco products

Chairs: Reiner Hanewinkel, Germany | Francisco Rodriguez Lozano, Belgium

■ **The EU perspective: New nicotine and tobacco products**  
[Thea Emmerling, Belgium](#)

■ **Fighting against additives and aroma substances in e-cigarettes and tobacco cigarettes: a case study by Campaign for Tobacco-Free Kids**  
[Olga Knorre, Portugal](#)

■ **Tobacco and new nicotine products in Europe**  
[Esteve Fernández, Spain](#)

▶ **New nicotine and tobacco products – Scottish perspective**  
[Sheila Duffy, United Kingdom](#)

12:30–14:00  
Lunch break

13:30–14:00  
Room Dublin

▶ **Poster session 2**

Program

Friday, 21<sup>st</sup> February 2020

14:00–15:30  
Room Dublin

**Workshop 7**

Health education and health communication

Chairs: Ulrike Helbig, Germany | David Biton, Israel

■ **“Be Smart - Don’t Start”: Two decades of school-based smoking prevention in Germany**  
[Reiner Hanewinkel, Germany](#)

▶ **30 years of experience in communication tobacco control in Portugal – lessons learned**  
[Cristiana Fonseca, Portugal](#)

■ **Safer is not safe: Campaign of the Truth Initiative**  
[Eric Asche, United States](#)

▶ **But why smoke? – Smoking prevention using social media and influencers**  
[Nina Krogh Larsen, Denmark](#)

14:00–15:30  
Room Budapest 1

**Workshop 8**

The economy of tobacco control

Chairs: Frank Joseph Chaloupka, United States | Patricio V Marquez, United States

■ **The costs of smoking in Germany**  
[Tobias Effertz, Germany](#)

▶ **Profiteering from deadly products: Implications of introducing standardised tobacco packaging and a minimum excise tax in the UK for tobacco industry profitability**  
[J. Robert Branston, United Kingdom](#)

▶ **Higher taxes – lower smoking: Empirical estimation of the prevalence and intensity of smoking in the context of a high smoking prevalence country**  
[Aida Gjika, Albania](#)

▶ **Tobacco taxation and smoking behavior in Montenegro**  
[Ana Mugaša, Montenegro](#)

▶ **Demand for cigarettes in Kosovo: Prevalence and conditional elasticity**  
[Besnik Prekazi, Kosovo](#)

▶ **Price and income elasticity, estimates of cigarette demand in Bosnia and Herzegovina using two-part model**  
[Dragan Gligoric, Bosnia and Herzegovina](#)

Program

Friday, 21<sup>st</sup> February 2020

14:00–15:30  
Room Budapest 2

**Workshop 9**

Monitoring and surveillance of tobacco control progress

Chairs: Geoffrey Fong, Canada | Wendy Yared, Belgium

- ▶ **Overview of the MPOWER program: Monitoring of tobacco epidemic and tobacco control progress worldwide**  
Kerstin Schotte, Switzerland
- **Monitoring progress and impact of tobacco control policy at the national and regional level: How does the Dutch government aims to accomplish this challenging task?**  
Marc Willemsen, Netherlands
- ▶ **Exploring social media activity around COP8: Who are the voices and what messages are they promoting?**  
Ayush Joshi, United Kingdom
- ▶ **The tobacco industry interference index: Key findings and policy recommendations from the United Kingdom**  
Mateusz Zatoński, United Kingdom

15:00–16:30  
Room A5

**Interface Symposium**

New tobacco products and their consequences on health

Chairs: Elif Dagli, Turkey | Luk Joossens, Belgium

- ▶ **The UK perspective on e-cigarettes and new tobacco products**  
Leonie Brose, United Kingdom
- **Harm reduction or harm persistency – the debate on the values of the new products**  
Charlotta Pisinger, Denmark
- **Health risks of e-cigarettes for lungs and cardio-vascular systems**  
Friedrich Wiebel, Germany

15:30–16:00 Coffee break

Program

Friday, 21<sup>st</sup> February 2020

16:00–18:00  
Room Dublin

**Workshop 10**

Implementation of evidence-based interventions in daily practice: Barriers and facilitating factors

Chairs: Satu Lipponen, Finland | Isabel Nerin, Spain

- ▶ **Investigating the impact of England’s smoke-free car regulation on changes in tobacco smoke exposure and respiratory disease in children: a quasi-experimental study**  
Timor Faber, Rotterdam
- ▶ **Building on a taxonomy of tobacco industry tactics and arguments: Bringing in the voices of advocates in LMICs**  
Britta Katharina Matthes, United Kingdom
- ▶ **Novel smoke free policies and human rights: Balancing the unbalanced?**  
Aikaterini Tsampi, Netherlands
- ▶ **Effectiveness of mandatory smoking cessation intervention in a population-based lung cancer screening**  
Yeol Kim, Republic of South Korea
- ▶ **Factors associated with receipt of the 5 A’s Model of Brief Intervention for Smoking Cessation among hospitalized patients**  
Ariadna Feliu, Spain

Program

Friday, 21<sup>st</sup> February 2020

16:00–18:00  
Room Budapest 1

**Workshop 11**

Successes or failures in the tobacco control advocacy

Chairs: Margaretha Haglund, Sweden | Norma Cronin, Ireland

- **SFP – view of the organisation**  
[Anca Toma Friedlaender, Belgium](#)
- **ENSP – view of the organization**  
[Francisco Rodriguez Lozano, Belgium](#)
- ▶ **A burning platform for tobacco control – and a blooming national partnership**  
[Niels Them Kjaer, Denmark](#)
- ▶ **Keep an eye on the back door for sneaky products**  
[Guðlaug Birna Guðjónsdóttir, Iceland](#)
- ▶ **Affordability and cross border purchase: The Achilles’ heel of FCTC implementation**  
[Kristin Byrkje, Norway](#)
- ▶ **Advocacy strategies to counter tobacco industry policy interference: A scoping review of the evidence**  
[Tom Hird, United Kingdom](#)

16:00–18:00  
Room Budapest 2

**Workshop 12**

Social inequalities and smoking, tobacco related health disparities

Chairs: Lucienne Thommes, Luxembourg | Ute Mons, Germany

- ▶ **Tobacco control, social inequalities and smoking**  
[Amanda Amos, United Kingdom](#)
- **Taking gender-responsive action to tackle smoking and social inequalities**  
[Sofia Ravara, Portugal](#)
- ▶ **Smoke-Free School Hours in vocational schools as a strategy to reduce smoking among lower socio-economic status groups in Denmark – preliminary findings from a prospective intervention**  
[Anneke Vang Hjort, Denmark](#)
- ▶ **Cigarettes price elasticity in Serbia: Comparison of low-, middle-, and high-income households**  
[Marko Vladislavljević, Serbia](#)

Program

Saturday, 22<sup>nd</sup> February 2020

09:00–10:30  
Room Dublin

**Plenary 5**

The Protocol to eliminate illicit trade of tobacco products – the implementation

Chairs: Filip Borkowski, Belgium | Anca Toma Friedlaender, Belgium

- **An update of the WHO FCTC Illicit Trade Protocol**  
[Carlos Cisneros, Switzerland](#)
- ▶ **Illicit trade of tobacco products in the EU – current situation and perspectives for the future**  
[Georg Roebling, Belgium](#)
- ▶ **Attempts of the tobacco industry to undermine the protocol**  
[Allen Gallagher, United Kingdom](#)
- **The challenges of the tracking and tracing system at global level**  
[Luk Joossens, Belgium](#)

10:30–11:00

Coffee break

11:00–12:30  
Room Dublin

**Plenary 6**

Tobacco taxation – why and how?

Chairs: Luk Joossens, Belgium | Tobias Effertz, Germany

- **Taxation of tobacco products, e-cigarettes and novel nicotine products**  
[Angel Lopez-Nicolas, Spain](#)
- **The tobacco industry response to taxes “What do we know and what can we anticipate?”**  
[J. Robert Branston, United Kingdom](#)
- **Accelerating progress on tobacco taxation in low- and middle-income countries**  
[Frank Joseph Chaloupka, United States](#)
- **Taxation of tobacco products: The perspective of the Framework Convention Alliance**  
[Francis Thompson, Switzerland](#)

12:30–13:00  
Room Dublin

**Closing Ceremony**

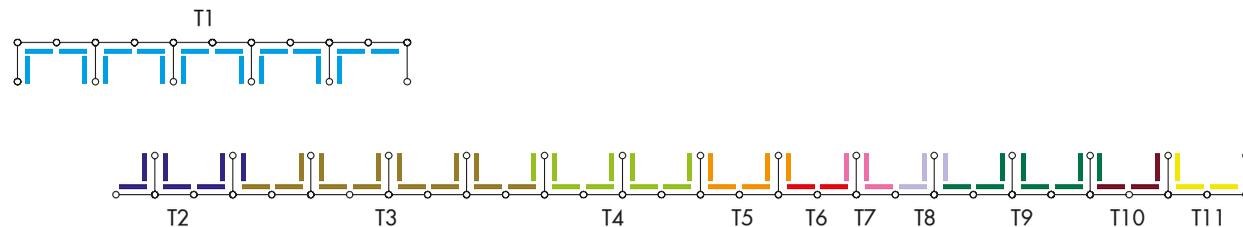
Poster Sessions

Thursday, 20<sup>th</sup> February & Friday 21<sup>st</sup> February, 13:30–14:00, Room Dublin

Topics

- ▶ T1 Monitoring and surveillance of tobacco control progress
- ▶ T2 The role of health professionals in tobacco prevention and control
- ▶ T3 Implementation of evidence-based interventions in daily practice: Barriers and facilitating factors
- ▶ T4 E-cigarettes and heated tobacco products – the monitoring and surveillance, challenges in communication
- ▶ T5 Successes or failures in the tobacco control advocacy
- ▶ T6 Novel tobacco treatment interventions
- ▶ T7 The tobacco pack: From pictorial warning to plain packaging
- ▶ T8 Strategies to reach and support /educate lower socio-economic status (SES) groups
- ▶ T9 Social inequalities and smoking / tobacco related health disparities
- ▶ T10 Health education and health communication (e.g. mass media campaigns, health communication interventions, youth education programmes)
- ▶ T11 The economies of tobacco control: Cost-effectiveness studies, economic benefits, earmarking of tax revenues

Poster plan – Room Dublin



Poster Sessions

T1 Monitoring and surveillance of tobacco control progress

- ▶ **Exposure to airborne nicotine and PM<sub>2.5</sub> in waterpipe cafés in Barcelona (Spain)**  
Ariadna Feliu
- ▶ **How does United Nations-Sustainable Development Goals tackle tobacco control?**  
Dilek Aslan
- ▶ **Deaths attributable to tobacco smoking in the 21 Italian regions, 2018**  
Giulia Carreras
- ▶ **Extending statutory smoking ban on school outdoor premises – impact on student perceptions 2008–2015**  
Hanna Ollila
- ▶ **Second-hand smoke exposure and smoke-free policies in Europe: Does the association differ by education or income?**  
Johannes Zeiher
- ▶ **Changes in public support for smoke free areas in Israel following partial implementation of the National Tobacco Control Plan**  
Amit Bahar Ram
- ▶ **Smoking prevalence in public places and voluntary smoking bans in homes and cars before and after the implementation of the Tobacco Products Directive: Findings from the EUREST-PLUS ITC Europe Surveys**  
Marcela Fu
- ▶ **The new Tobacco Control Implementation Scale. Evaluation of Russian tobacco control law implementation in the regions of Russian Federation**  
Marine Gambaryan
- ▶ **Estimating the effect of smoke free legislation on perinatal and child health: Development of a microsimulation model**  
Timor Faber
- ▶ **Estimating the effect of the comprehensive smoke-free law on neonatal and infant mortality in Thailand using a synthetic control method**  
Márta Radó

## Poster Sessions

- ▶ **Never-smoking adolescents' perceived accessibility of cigarettes following an increase in the tobacco age-of-sale from 16 to 18: A quasi-experimental study of the Netherlands and Belgium**  
[Paulien Nuyts](#)
- ▶ **Smoking and exposure to secondhand smoke in private transportation in 12 European countries: Findings from the TackSHS Project survey**  
[Olena Tigova](#)
- ▶ **Improvement of cessation services of tobacco-free hospitals in Taiwan: A review from 2016 to 2018**  
[Liu Yi-Hsien](#)
- ▶ **Changes in European smokers' support for tobacco control measures – findings from the EUREST-PLUS ITC Europe Surveys**  
[Sarah O Nogueira](#)
- ▶ **Simulation of the impact of tobacco control policies on smoking-related cancer incidence in Germany (2020–2050)**  
[Thomas Gredner](#)
- ▶ **Monitoring of smoke-free policy in tuberculosis facilities in Armenia**  
[Grigoryan Zaruhi](#)
- ▶ **Sensitization of government in Iran about tobacco industry interference after the first country report in Eastern Mediterranean Region**  
[Heydari Gholamreza](#)
- ▶ **Trend of implementation of the WHO FCTC MPOWER in the Eastern Mediterranean Region based on tobacco control scales**  
[Heydari Gholamreza](#)
- ▶ **Is the gender a social determinant or predictor of smoking in adolescence?**  
[Miljana Stojanovska](#)

## Poster Sessions

- ▶ **Health burden due to second-hand smoke exposure at home in adults in Europe in 2017: Results from the TackSHS Study**  
[Giulia Carreras](#)
- ▶ **Health burden due to second-hand smoke exposure at home in children in Europe in 2017: Results from the TackSHS Study**  
[Giulia Carreras](#)

### T2

The role of health professionals in tobacco prevention and control

- ▶ **Missed prospects: Are Nigerian oral health workers overlooking opportunities to promote interventions for tobacco smoking cessation?**  
[Oyapero Afolabi](#)
- ▶ **Effectiveness of an accredited eLearning curriculum on tobacco treatment in 16 European countries. Results from EPACTT-2 project**  
[Charis Girvalaki](#)
- ▶ **"Tomorrow I will really quit smoking": A focus group study concerning smoking and smoking cessation before and during pregnancy**  
[Leonieke J Breunis](#)
- ▶ **Effectiveness of smoking cessation training among tuberculosis physicians**  
[Varduhi Hayrumyan](#)
- ▶ **Tuberculosis patients' awareness on smoking and secondhand smoke health hazards**  
[Zhanna Sargsyan](#)
- ▶ **Education and support for health visitors in Hungary**  
[Zsuzsanna Cselkó](#)
- ▶ **GNTH standards for tobacco control in healthcare centers**  
[Anton Laura](#)

## Poster Sessions

### T3

Implementation of evidence-based interventions in daily practice: Barriers and facilitating factors

- ▶ **Implementation of MPOWER tobacco control actions by the European Cancer League Youth Ambassadors: A critical reflection**  
[Amanda Drury](#)
- ▶ **Can Israeli emergency medicine staff be encouraged to promote smoking cessation?**  
[David Biton](#)
- ▶ **The implementation of a school-based tobacco prevention program named Bullshit Free Generation: Lessons learned**  
[Eline De Decker](#)
- ▶ **Implementation of FCTC article 14 in WHO European Region. Achievements and future challenges**  
[Enkeleint A. Mechili](#)
- ▶ **Implementation of a fully financed smoking cessation for patients with chronic obstructive pulmonary disease (COPD)**  
[Franziska Gudula Loth](#)
- ▶ **The combined model of treatment for quitting smoking in North Macedonia**  
[Miljana Stojanovska](#)
- ▶ **Fathers who smoke and smoke-free homes: An exploratory study to inform future intervention development**  
[Rachel O'Donnell](#)
- ▶ **Tobacco cessation in lung cancer centers in Germany. How supportive is the implementation of the concept of the Global Network?**  
[Christa Rustler](#)
- ▶ **Finland's endgame and tobacco industry activities**  
[Satu Lipponen](#)
- ▶ **The midwife's and pregnancy counselor's role in providing quit-smoking counseling for pregnant women: Views on professionals working with high risk, disadvantaged women**  
[Sabina Ulbricht](#)

## Poster Sessions

- ▶ **Relationship between early smoking initiation and depression, suicidal thoughts, and suicide attempts in Korean adolescents**  
[EunKyo Kang](#)
- ▶ **Some do's and don'ts in implementation of evidence-based interventions in Danish municipalities**  
[Jesper Rotvig Jensen](#)
- ▶ **Network analysis of the cooperation network of academic smoking ambulances (NAKURA): Effectiveness, effect factors, predictors, differential indication in smoking cessation**  
[Florian Wirth](#)
- ▶ **Evaluation of longterm quitters: Who stays smoke free for ever?**  
[Karin Vitzthum](#)

### T4

E-cigarettes and heated tobacco products –  
the monitoring and surveillance, challenges in communication

- ▶ **Analysis of heated tobacco products advertising on social media in the Czech Republic**  
[Adam Kulhánek](#)
- ▶ **Passive exposure to aerosol of electronic cigarettes in indoor settings in 12 European countries**  
[Amalia Beladenta](#)
- ▶ **Trend in the access and use of cigarettes and electronic cigarettes in Italian adolescents: Results from the Global Youth Tobacco Surveys (GYTS), 2010–2018**  
[Giuseppe Gorini](#)
- ▶ **A content analysis of IQOS advertisements appearing in printed Israeli newspapers between December 2016 and December 2017**  
[Laura Rosen](#)
- ▶ **Patterns of multiple tobacco product use among 13-year olds in Denmark**  
[Bast Lotus](#)
- ▶ **Reasons for stopping e-cigarette use amongst smokers: Findings from the 2018 ITC New Zealand Survey**  
[Maddie White](#)

## Poster Sessions

- ▶ **Use of electronic cigarettes in Russia: Associations with advertisement and promotion, demographic factors and smoking status. Results from population representative survey EPOCH-RF**  
[Marine Gambaryan](#)
- ▶ **Perspectives and attitudes of e-cigarette users in using e-cigarettes as a tobacco smoking cessation aid**  
[Meghana Ramachandran](#)
- ▶ **Prevalence of electronic cigarettes, heated tobacco products among teenagers in Taiwan**  
[Jia-Yu Zhong](#)

### T5

#### Successes or failures in the tobacco control advocacy

- ▶ **What do tobacco control advocates in low- and middle-income countries need to counter tobacco industry policy interference?**  
[Britta Katharina Matthes](#)
- ▶ **Increasing success of tobacco control advocacy by binding forces around a conjunctive inspiring goal: The Smokefree Generation in the Netherlands**  
[Dewi Segaar](#)
- ▶ **A smoke-free university hospital: What do patients, employees and visitors think?**  
[Leonieke J Breunis](#)
- ▶ **Implementing an inner-city smoke-free zone: Field study of smoking behaviour at baseline**  
[Leonieke J Breunis](#)
- ▶ **Denormalising tobacco at a Danish music festival**  
[Maja Kring Schjoerring](#)

## Poster Sessions

### T6

#### Novel tobacco treatment interventions

- ▶ **The Smoke Free App**  
[Sophie Meingassner](#)
- ▶ **Does new smoking cessation program (5-day residential intensive treatment program) work in South Korea?**  
[Kim Yeol](#)

### T7

#### The tobacco pack: From pictorial warning to plain packaging

- ▶ **A picture is worth a thousand words: Impact of the EU Tobacco Products Directive on call volume, baseline characteristics and post-intervention cessation rates**  
[Peter Lindinger](#)
- ▶ **Impact of standardised pack laws on brand preferences and perceptions: Pre-post evaluation findings from the 2016-18 ITC New Zealand Surveys**  
[Richard Edwards](#)
- ▶ **Changes in the effectiveness of tobacco warning labels after implementation of the European Tobacco Products Directive – findings from the EUREST-PLUS ITC Europe surveys**  
[Sarah Kahnert](#)

## Poster Sessions

### T8

Strategies to reach and support /educate lower socio-economic status (SES) groups

- ▶ **Potential for smoking reduction among Danish youth: A qualitative needs assessment**  
[Dina Danielsen](#)
- ▶ **Investigating the adherence of smoking cessation mobile applications in the United Kingdom to evidence-based guidelines**  
[Nikita Rajani](#)
- ▶ **Designing a school-based smoking intervention for older adolescents and young adults at Danish alternative high schools using the Behaviour Change Wheel**  
[Susan Andersen](#)

### T9

Social inequalities and smoking / tobacco related health disparities

- ▶ **Impact of population-level tobacco control interventions on socioeconomic inequalities in smoking: A systematic review**  
[Caroline Smith](#)
- ▶ **Educational inequalities in smoking. Where does Germany stand in the European comparison? Results of the European Health Interview Survey (EHIS) wave 2**  
[Jens Hoebel](#)
- ▶ **Phasing out the sale of combustible tobacco**  
[Chris Bostic](#)
- ▶ **Socioeconomic and regional inequalities in smoking cessation in Italy, 2014–2017**  
[Giuseppe Gorini](#)
- ▶ **Association between income and education with quit attempts, use of cessation aids, and short-term success in tobacco smokers in Germany: A social gradient analysis from the population-based German Study on Tobacco Use (DEBRA study)**  
[Sabrina Kastaun](#)

## Poster Sessions

- ▶ **Safeguarding children's wellbeing through protection from tobacco smoke**  
[Katarina Östergren](#)
- ▶ **Is a tobacco-free Finland possible for all educational groups? Smoking cessation in a 11-year follow-up**  
[Otto Ruokolainen](#)
- ▶ **The social context and smoking among adolescents**  
[Stine Glenstrup Lavemøller](#)

### T10

Health education and health communication  
(e. g. mass media campaigns, health communication interventions, youth education programmes)

- ▶ **Tobacco Body – visualizing knowledge for youth**  
[Heidi Löflund-Kuusela](#)
- ▶ **Use of the latest HBSC data to provide evidence on various aspects of young people's health in North Macedonia**  
[Miljana Stojanovska](#)
- ▶ **The peer education methodology at tobacco prevention service**  
[Cristiana Fonseca](#)

### T11

The economies of tobacco control: Cost-effectiveness studies, economic benefits, earmarking of tax revenues

- ▶ **Effectiveness of tobacco taxation policy in Serbia in the period 2015–2017**  
[Djukic Mihajlo](#)
- ▶ **The burden of smoking in Switzerland: Estimation for 2015 and prognosis until 2050**  
[Renato Mattli](#)
- ▶ **Accelerating progress on effective tobacco tax policies in low-and middle-income countries**  
[Natasha Trajkova Najdovska](#)

## Poster

**1P Exposure to airborne nicotine and PM<sub>2.5</sub> in waterpipe cafés in Barcelona (Spain)**Ariadna Feliu | *Institut Català d'Oncologia*

Marcela Fu, Marta Russo, Cristina Martínez, Esteve Fernández

Introduction: Waterpipes second-hand smoke (SHS) exposure is comparable or higher than that from cigarettes. Our aim was to measure SHS exposure in a sample of waterpipe cafés in Barcelona.

Methods: Cross-sectional study in 20 waterpipe cafés and 5 outdoor control-points. Nicotine and PM<sub>2.5</sub> were simultaneously sampled for 30 min inside each venue, using a nicotine sampler's device attached to an active pump and a TSI SidePack Personal Aerosol Monitor. We assessed both environmental markers relationship with a Spearman-rank correlation coefficient and compared their median concentrations according to contextual variables with Kruskal-Wallis non-parametric test.

Results: Both markers were positively correlated ( $r_{sp}=0.609$ ;  $p\text{-value}<0.001$ ). Nicotine and PM<sub>2.5</sub> median concentrations in waterpipe cafés were 1.15 and 230.5  $\mu\text{g}/\text{m}^3$ , respectively, being significantly different to those in control-points (0.03 and 10  $\mu\text{g}/\text{m}^3$ ). No differences were found in markers' concentration for contextual variables, except for area of the venue. After stratifying, venues  $>100\text{m}^2$ , located in a touristic area, with  $>15$  lit waterpipes, with  $>8$  waterpipes/ $100\text{m}^2$  and with a  $\leq 2$  users/waterpipe ratio, showed significantly higher nicotine concentrations.

Conclusion: Regardless a tobacco control law that fully bans smoking in bars and cafés, there is SHS exposure in Barcelona's waterpipe cafés that poses serious risks to the health of non-smoker customers and workers.



Monitoring and surveillance of tobacco control progress

[◀ Back to Schedule](#)[◀ Back to Poster Sessions](#)

## Poster

**2P How does United Nations-Sustainable Development Goals tackle tobacco control?**Dilek Aslan | *Hacettepe University, Faculty of Medicine, Department of Public Health*

Objective: As tobacco induced diseases are among the leading causes of morbidity and mortality, global struggle becomes more important to overcome the burden in the 21st century. Framework Convention on Tobacco Control (FCTC) is such an international document which accelerated the global tobacco control activism with all its social, economic, scientific supportive stakeholders. The other international documents and their obligative recommendations can be helpful in tobacco control practices especially struggling with the tobacco industry. In this paper a very important international guide "Sustainable Development Goals (SDGs)" of United Nations (UN) has been analyzed with tobacco control perspective.

Method: The content of the Goals was searched to understand to what extend the Goals are linked with tobacco (control) requirements and recommendations.

Results: There are 17 SDGs and in theory all can be linked with the tobacco burden. Nevertheless, specific focus on tobacco control and linkage between the burden and the targets/goals are not strong enough to overcome the tobacco threat. As expected, tobacco control has been a major concern of Goal 3 and Target 3A. The document addresses the FCTC and defines responsibility for its implementation. The other Goals' addresses are not directly linked with the issue.

Conclusion: Although tobacco control is a theme defined in US-SDGs, more integrative approach with its horizontal and vertical linkages within the Goals and their Targets should be strengthened to overcome the tobacco burden especially addressing the tobacco industry.

Keywords: Tobacco control, Sustainable Development Goals, Global health



Monitoring and surveillance of tobacco control progress

[◀ Back to Poster Sessions](#)[◀ Back to Schedule](#)

Poster

### 3P Deaths attributable to tobacco smoking in the 21 Italian regions, 2018

Giulia Carreras | *ISPRO, Florence*

Leonardo Borzoni, Francesca Battisti, Barbara Cortini, Alessio Lachi, Lucia Giovannetti, Stefano Marchetti, Cristiano Piccinelli, Carlo Senore, Elisabetta Chellini, Giuseppe Gorini

Objectives: To estimate tobacco smoking attributable deaths (SADs) in Italian regions, 2018.

Methods: SADs were estimated using the Global Burden of Disease (GBD) methodology. In order to validate our estimates, our SADs estimated for Italy, 2016, were compared with those for Italy from GBD-2016. Then, we estimated 2018 regional population attributable fractions (PAFs) and applied them to the 2018 regional mortality estimates from the Italian National Institute of Statistics.

Results: 67,000 deaths were attributable to smoking: 16.4% of male deaths, from 20.1% in Campania to 13.5% in Trentino-Bolzano and Marche; 5.2% of female deaths, from 9.5% in Lazio to 2.4% in Calabria. Lung cancer PAF was 86% among men, from 89% in Campania to 79% in Molise; 51% among women, from 78% in Aosta to 28% in Basilicata. Ischemic heart disease PAF was 29% among men, from 32% in Campania to 26% in Trento; 26% among women, from 30% in Emilia-Romagna to 19% in Apulia.

Conclusions: There is a high variability among Italian regions due to a cigarette diffusion pattern from North to South, from men to women. Effective interventions to curb tobacco epidemic in Southern regions, where tobacco epidemic in women is not yet at its maximum, are needed.



Monitoring and surveillance of tobacco control progress

◀ Back to Schedule

◀ Back to Poster Sessions

Poster

### 4P Extending statutory smoking ban on school outdoor premises – impact on student perceptions 2008–2015

Hanna Ollila | *National Institute for Health and Welfare (THL)*

Ari Haukkala, Sakari Karvonen

Objective: In 2010, the school smoking ban in the Finnish Tobacco Control Act was changed from partial to complete ban on all school outdoor premises. We study the impact of the new legislation in student perceptions of school tobacco policies.

Methods: We use nationwide School Health Promotion (SHP) study data, comparing years 2011 (T1), 2013 (T2) and 2015 (T3) with baseline (2008/2009/2010). Participants (n=331,061) were from 433 general upper secondary schools (GUSS), and from 511 vocational institute (VocI) units. Multilevel logistic regression analyses were conducted controlling for student age and gender.

Results: The legislation change resulted in sustained higher likelihood of perceiving smoking prohibited at school [T1 OR 5.69 (95% CI 5.52–5.86); T2 3.22 (3.15–3.29); T3 3.15 (3.07–3.22)]. Perceiving school smoking restrictions closely supervised became more likely immediately after the change [T1 1.22 (1.19–1.25)], but the effect turned later opposite [T2 .91 (.90–.93); T3 .80 (.79–.82)]. Personnel smoking on school premises was associated with lower likelihood of perceiving smoking prohibited [.63 (.63-.62)] and perceiving restrictions closely supervised [.77 (.76-.79)].

Conclusion: Changes in the student perceptions reflect the new legislation, but indicate weakening of the enforcement especially in relation to supervision. Personnel smoking undermines the impact of school tobacco policies.

Funding: Juho Vainio Foundation (PhD grant)



Monitoring and surveillance of tobacco control progress

◀ Back to Poster Sessions

◀ Back to Schedule

## Poster

**5P Second-hand smoke exposure and smoke-free policies in Europe:  
Does the association differ by education or income?**

Johannes Zeiher | *Robert Koch Institute, Berlin*  
Jens Hoebel, Jonas D Finger, Benjamin Kuntz, Anne Starker

Objective: Smoke-free policies (SFP) have been evaluated as an effective measure to reduce second hand smoke (SHS) exposure. Nevertheless, preventive measures can cause intervention-generated inequality if they have greater effects among the better-off. This study analyzes how the association between SHS exposure and SFP differs by education or income.

Methods: Data of n = 155,429 non-smoking men and women aged 25–65 years from the second wave of the European Health Interview Survey (EHIS) 2014/15 was matched with data on SFP retrieved from the Tobacco Control Scale 2016. We computed clustered logistic regressions adjusted for individual age and national wealth to assess the association of SHS exposure with SFP and to assess if this association differs by education or income.

Results: Individuals living in countries with strong SFP are less likely to be exposed to SHS. Overall, men and women with a higher education and a higher income are less likely to be exposed to SHS, but the association of SFP on SHS exposure does not vary by education or income.

Conclusion: Our findings support the claim that SFP are an effective measure to reduce SHS exposure among adults in Europe, irrespective of their socioeconomic status.



Monitoring and surveillance of tobacco control progress

◀ Back to Schedule

◀ Back to Poster Sessions

## Poster

**6P Changes in public support for smoke free areas in Israel following partial  
implementation of the National Tobacco Control Plan**

Amit Bahar Ram | *Tel Aviv University*  
Laura Rosen, Michal Bitan

Introduction: In May 2011, the Israeli government passed a National Tobacco Control Plan. Increased restrictions on smoking in public places went into effect in 2012. The objective of this research was to examine changes in public support for smoke-free public places over time.

Methods: A nationally representative survey (Wave 1, N=505) of Israeli adults was conducted in 2010. Between 2013 and 2014 we attempted to re-contact those participants (N=346) who had provided consent for further contacts. The primary endpoint was a composite score based on support for 7 smoke-free public places. Wave 2 data were weighted to demographic characteristics of Wave 1.

Results: We successfully re-contacted 61.9% (N=135) of the 218 numbers which remained eligible. (Retention rate: 26.7%). Participants in Wave 2 were slightly older. There was a significant increase in public support between Wave 1 and Wave 2 (p=0.013). Considerable support was found for banning smoking in cars with young children (97.0%), railroad platforms (91.0%), smoke-free entrances to medical facilities (90.0%), and common areas of apartment buildings (88.0%). Smoke-free bars and pubs (71.0%), open areas of university campuses (69.0%), and open beaches (52.0%) were supported by more than half of respondents.

Conclusions: Support for smoke-free public places increased among those participants interviewed before and after smoke-free legislation was passed. A feedback loop, whereby support for smoke-free areas increases following passage of smoke-free legislation, may have been in operation.

Acknowledgement: We thank the Israel National Institute for Health Policy Research and the Israel Cancer Association for support of this research.



Monitoring and surveillance of tobacco control progress

◀ Back to Poster Sessions

◀ Back to Schedule

## Poster

**7P Smoking prevalence in public places and voluntary smoking bans in homes and cars before and after the implementation of the Tobacco Products Directive: Findings from the EUREST-PLUS ITC Europe Surveys**Marcela Fu | *Catalan Institute of Oncology, Barcelona*

Esteve Fernández, Sarah O Nogueira, Olena Tigova, Yolanda Castellano, Pete Driezen, Anne CK Quah, Ute Mons, Antígona C Trofor, Tibor Demjén, Yannis Tountas, Witold A Zatoński, Geoffrey T. Fong, Constantine I Vardavas

Objective: To estimate changes in the smoking prevalence in public places (work, restaurants, bars/pubs, discos) and in the voluntary smoking bans in private places (homes, cars) among the smoker population before and after the Tobacco Products Directive (TPD) implementation in Europe.

Methods: Longitudinal study (ITC Survey, within the EUREST-PLUS Project) using national representative samples of adult smokers in Germany, Greece, Hungary, Poland, Romania and Spain, interviewed in 2016 (wave 1) and 2018 (wave 2). Logistic regression models of generalised estimating equations were used to estimate the overall percentage change in the studied variables, adjusting for sociodemographics, time in the sample (participation in one or both waves) and smoking status in wave 2.

Results: Although no changes were observed in the respondents' own consumption in public places before and after the TPD implementation, there was a significant decrease in the perceived smoking prevalence in workplaces (-5.1%; 95% CI: -8.0%; -2.2%). There was a significant increase in voluntary smoking bans in cars with minors (7.2%, 95% CI: 2.47%; 11.91%) and no changes were observed in the voluntary smoking bans in homes.

Conclusion: While smoking prevalence in public places decreased only in workplaces, voluntary smoking bans in private places increased only in cars with minors among European smokers after the TPD implementation. More efforts are needed to promote public and private smoke-free places.

Source: The EUREST-PLUS project has received funding from the European Union's Horizon 2020 Research and Innovation Programme under the grant agreement No 681109 (CIV) and from the University of Waterloo (GTF). Additional support was provided to the University of Waterloo by the Canadian Institutes of Health Research (FDN-148477). GTF was supported by a Senior Investigator Grant from the Ontario Institute for Cancer Research. EF is partly supported by the Ministry of Universities and Research, Government of Catalonia (2017SGR319) and by the Instituto de Salud Carlos III, co-funded by the European Regional Development Fund, FEDER (INT16/00211 and INT17/00103), Government of Spain.

Conflicts of interest: GTF has served as an expert witness on behalf of governments in litigation involving the tobacco industry.



Monitoring and surveillance of tobacco control progress

## Poster

**8P The new Tobacco Control Implementation Scale. Evaluation of Russian tobacco control law implementation in the regions of Russian Federation**Marine Gambaryan | *National Medical Research Centre for Preventive Medicine, Moscow*  
Daniel Razbirin

Objectives: To develop a tobacco control (TC) policy implementation scale and evaluate the Russian TC law (TCL) implementation in 10 Russian Federal subjects.

Methods: Data from Russian TC policy evaluation survey EPOCHARF are analysed, based on multistage territorial sampling in 10 Russian Federal subjects in 2017–2018, stratified by smoking status: n = 11,625: 6,569 smokers, 2,377 former smokers, 2,679 never smokers. Questionnaires, covering all aspects of TCL are applied in face-to-face interviews.

A new TC Implementation scale (TCIS) is developed, based on (1) results on implementation of TCL measures (including World Bank six cost effective TC measures) in 10 Russian regions and (2) scoring system, developed by international panel of TC experts (L Joossens, M Raw, 2006)<sup>1</sup>. Implementation of TCL was compared in the 10 Russian Federal subjects.

Results: The overall TCL implementation score ranged from 93.1 (out of 100) in Chuvash Republic to 65.9 in Tyumen oblast, with average 73.9 for 10 subjects. For implementation of (1) effective Price policy, the scores ranged from 28.9 (out of 30) in Chuvash Republic to 9.6 in Tyumen oblast, with average of 17; (2) Smoke-free policies – from 21.5 (out of 22) in Belgorod obl. to 17.8 in Krasnodarskiy Kray with average of 19.6; (3) Information communication policy: from 14.3 (out of 15) in Orenburg obl. to 11 in Novosibirsk obl. with average of 12.7; (4) banning TAPS policy from 13 (out of 13) in Chuvash Republic to 9.7 in Belgorod obl. with average of 11.2; (5) Health warnings perceptions – from 8.4 (out of 10) in Krasnodarskiy Kray to 6.4 in Chuvash Republic, with average of 7.7; (6) Smoking cessation treatment – from 8.8 (out of 10) in Chuvash Republic to 3.4 in Primorskiy Kray with average of 5.2.

Conclusions: The TCIS allows comparing the Federal TCL implementation on Regional level not only on overall performance, but also on implementation of separate TC measures and take action for better law enforcement.

Reference:

1 L Joossens, M Raw The Tobacco Control Scale: a new scale to measure country activity; Tobacco Control Jun 2006, 15(3)



Monitoring and surveillance of tobacco control progress

Poster

**9P Estimating the effect of smoke free legislation on perinatal and child health: Development of a microsimulation model**

Timor Faber | Rotterdam

Márta, Radó, David Blok, Christopher Millett, Johan P Mackenbach, Aziz Sheikh, Jasper V Been, Sanjay Basu

Background: Despite the positive health effects of tobacco control, seventy-eight percent of the world’s population is still not protected by comprehensive smoke-free legislation. Substantial child health benefits from smoke-free legislation were demonstrated in England. We developed a microsimulation model calibrated on English data as a first step to providing a tool for estimating the early-life health benefits of tobacco control policies in various countries.

Methods and data: The microsimulation model followed-up a synthetic population from fetal life into childhood ( $\leq 12$  years). Outcomes of interest were selected based on previous work demonstrating benefit from smoke-free legislation: stillbirth, preterm birth, neonatal mortality, and hospital admissions for asthma, and respiratory tract infections. We calibrated the model based on data (1997–2016) and previous evaluation studies of the 2007 comprehensive smoke-free legislation in England.

Results: Our model replicates actual temporal patterns in the outcomes and provides counterfactual scenarios. Results suggest that a substantial number of disability-adjusted life years were averted due to the legislation.

Conclusion: Extending tobacco control policies across the globe could further avert child morbidity and mortality. Our model will be re-calibrated to other countries and extended to include additional tobacco control policies, thus facilitating data provision to foster policy implementation.



Monitoring and surveillance of tobacco control progress

◀ Back to Schedule

◀ Back to Poster Sessions

Poster

**10P Estimating the effect of the comprehensive smoke-free law on neonatal and infant mortality in Thailand using a synthetic control method**

Márta Radó | Rotterdam

Frank J van Lenthe, Aziz Sheikh, Jasper V Been

Background: Increasing evidence supports positive effects of smoke-free legislation on early-life health, however, such studies are almost entirely restricted to high-income countries.

Objectives: We estimated the impact of the 2010 comprehensive smoke-free law on neonatal and infant mortality in Thailand, a middle-income country. We used the synthetic control method which reduces the probability of biased estimation compared to other commonly applied methods.

Methods: The synthetic control method estimates a counterfactual scenario by constructing a synthetic country as a combination of ‘control’ countries (i. e. middle-income countries without smoke-free legislation). This synthetic control country is similar to Thailand regarding temporal patterns in the outcome and confounding variables in the pre-legislation period (i. e. 2001–2009). The policy effects for the 2010–2017 post-legislation period were derived from the difference between temporal outcome patterns of Thailand and that of the synthetic control country.

Results: We found substantial decreases in neonatal and infant mortality following the law relative to the synthetic control country. Sensitivity analyses indicate that these effects are unlikely to be attributable to other factors.

Conclusions: Implementation of comprehensive smoke-free legislation was associated with reduced neonatal and infant mortality in Thailand. Expanding such laws to middle-income countries could avert substantial numbers of early life deaths.



Monitoring and surveillance of tobacco control progress

◀ Back to Poster Sessions

◀ Back to Schedule

## Poster

**11P Never-smoking adolescents' perceived accessibility of cigarettes following an increase in the tobacco age-of-sale from 16 to 18: A quasi-experimental study of the Netherlands and Belgium**

Paulien Nuyts | *Department of Public Health, Amsterdam UMC, University of Amsterdam*  
Mirte AG Kuipers, Marc C Willemsen, Vincent Lorant, Anton E Kunst

Introduction: The Netherlands increased the tobacco age-of-sale from 16 to 18 in 2014. We evaluated changes in perceived accessibility of cigarettes between 2013 and 2016 among adolescent never-smokers in the Netherlands compared with Belgium, where the age-of-sale remained 16.

Methods: Repeated cross-sectional surveys were conducted in 2013 and 2016 among 4,112 13–17-year-olds at a total of 22 schools in Amersfoort (the Netherlands) and Namur (Belgium). Multilevel Poisson regression quantified changes over time in prevalence of easy perceived access to cigarettes, and country differences were tested (year×country), by age (year×country×age).

Results: Perceived access decreased in the Netherlands (Prevalence Ratio (PR): 0.82; 95% CI: 0.72–0.93) and Belgium (PR: 0.78; 95% CI: 0.70–0.87), to a similar extent (PR year×country: 1.04; 95% CI: 0.90–1.21). The decline in the 16–17 year old group was stronger in the Netherlands, whereas the decline in 13–15 year olds was stronger in Belgium (PR year×country×age: 1.22, 95% CI: 1.05–1.41).

Conclusion: Adolescent never-smokers' perceived accessibility to cigarettes decreased between 2013 and 2016 to a similar extent in the Netherlands and Belgium, implying that we did not find clear evidence for an effect of the 2014 increase in legal tobacco age-of-sale from 16 to 18 years. Implications for an increase in legal age-of-sale to 21 ('Tobacco 21') are discussed.

Funding: This study is part of the SILNE-R project, which received funded from the European Commission (EC), Horizon2020 programme, Call PHC 6 – 2014, under Grant Agreement n° 635056.



Monitoring and surveillance of tobacco control progress

## Poster

**12P Smoking and exposure to secondhand smoke in private transportation in 12 European countries: Findings from the TackSHS Project survey**

Olena Tigova | *Catalan Institute of Oncology, Barcelona*

Yolanda Castellano, Xiaoqiu Liu, Alessandra Lugo, Marcela Fu, Ariadna Feliu, Esteve Fernández, Silvano Gallus, and the TackSHS Project Investigators

Introduction: While smoke-free regulations in public places have been introduced and reinforced in most European countries. Smoke-free regulations in private settings are more difficult to regulate; but exposure to secondhand smoke (SHS) in these settings cannot be neglected. Specifically, SHS in private transportation poses health risks to those exposed in such reduced environment. Few countries have already introduced restrictions on smoking in cars with minors. The aim of this study was to describe the prevalence of smoking and SHS exposure in private transportation in 12 European countries.

Methods: In 2016–2018, a cross-sectional face-to-face survey in 12 European countries (Bulgaria, England, France, Germany, Greece, Ireland, Italy, Latvia, Poland, Portugal, Romania, and Spain) was conducted within the TackSHS Project ([www.tackshs.eu](http://www.tackshs.eu)). Around 1,000 participants representative of the general population aged ≥15 years were interviewed in each country. The survey included questions regarding smoking behavior (for smokers) and SHS exposure (for non-smokers) in private transportation. The analyses incorporated sample weights according to the population of each country to provide valid representative prevalence estimates.

Results: Almost 28% of the smokers who travelled by car during last 6 months with minors (n=1,669) smoked in cars during the last trip (27.7%, 95% CI: 25.6–29.8). Smoking prevalence inside car was higher among men, respondents of 25–44 years of age and with secondary education. Among non-smoker respondents, 4.7% (95% CI: 4.3–5.1) reported to be exposed to SHS in a private car in the last 6 months. The median exposure lasted for 30 minutes (IQR: 10-60 minutes). SHS exposure was reported more by men, respondents of 25 years old or younger, with lower secondary education and lower socio-economic status.

Conclusion: Although SHS exposure in private cars is relatively low, high proportion of smokers recognise to smoke inside a car. Therefore, regulations protecting bystanders from SHS exposure in private transportation should be considered at national level among European countries.

Funding: This project has received funding from the European Union's Horizon 2020 research and innovation programme under grant agreement No 681040.



Monitoring and surveillance of tobacco control progress

## Poster

**13P Improvement of cessation services of tobacco-free hospitals in Taiwan:  
A review from 2016 to 2018**

Liu Yi-Hsien | Taiwan

Tsai Tz-Shiu, Jia-Yu Zhong, Liao Sue-Ming, Lu Meng-Ying, Lo Shu-Ying, Wang Ying-Wei

Objectives: Taiwan joined Global Network for Tobacco Free Healthcare Services (GNTH) in 2011 and was the first subnetwork in Asia-Pacific region. Health Promotion Administration (HPA) in Taiwan provided a pay-for-performance subsidy to improve the quality of cessation services and the maintenance of tobacco-free campus in tobacco-free hospitals in compliance with GNTH standards. This analysis was to review the progress of tobacco-free hospitals in Taiwan.

Methods: The performance of hospitals with or without a pay-for-performance subsidy from 2016 to 2018 was analyzed. The performance indicators included the average subject number of each hospital, the 7-day point prevalence abstinence rate (PPAR) at 6 month of the subjects, and the average cost for assisting a subject in keeping abstinent for 6 month.

Results: The average subject number of each hospital with pay-for-performance subsidy from HPA was much more than that of each hospital without subsidy. The 7-day PPAR at 6 month of the subjects from subsidized hospitals was higher than that of the subjects from hospitals without subsidy. The average cost of subsidized hospitals for helping a subject keep abstinent in a duration of 6 month was lower than that of hospitals without subsidy.

Conclusions: The pay-for-performance subsidy provided by HPA facilitated tobacco-free hospitals to serve more subjects. The subsidy made them have more resources to improve cessation services, enabling them to help subjects quit smoking with more practical and more effective approaches.

Keywords: Tobacco, Global Network for Tobacco Free Healthcare Services (GNTH), tobacco-free hospitals, pay-for-performance subsidy, smoking cessation services



Monitoring and surveillance of tobacco control progress

## Poster

**14P Changes in European smokers' support for tobacco control measures –  
findings from the EUREST-PLUS ITC Europe Surveys**

Sarah O Nogueira | Tobacco Control Unit - Catalan Institute of Oncology

Esteve Fernández, Marcela Fu, Olena Tigova, Yolanda Castellano, Pete Driezen, Anne CK Quah, Ute Mons, Antigona C Trofor, Tibor Demjén, Yannis Tountas, Krzysztof Przewoźniak, Witold A Zatoriski, Geoffrey T Fong, Constantine I Vardavas, on behalf of the EUREST-PLUS consortium

Objective: To estimate smokers' support for tobacco control measures (TCM) and the characteristics associated with such support.

Methods: Data from Waves 1 (2016) and 2 (2018) of the EUREST-PLUS ITC Europe Survey, a cohort of adult smokers from six European countries (n=6,037) were used to estimate the support for seven TCM, overall, and by country; and to examine the predictors of support for the TCM found to have a significant support increase. Weighted generalised estimating equation regression models were used.

Results: No evidence of changes in support for TCM in the overall sample was found. Support was highest for further regulation of tobacco products (50.5%). Almost 40% of smokers supported a total ban on cigarettes within ten years, given provided assistance for cessation. In the country-specific analysis, changes in support were found in Greece and Spain. Negative attitude towards smoking and smoking-denormalization were predictors of support for more tobacco regulation in Greece (OR = 1.46; 95% CI: 1.24–1.71). Quit intention was a predictor of support for plain packaging in Spain.

Conclusion: Over half of all smokers support stronger governmental actions to control tobacco products. Those who want to quit smoking are more supportive of policies that might help them quit.

Funding: The EUREST-PLUS project has received funding from the European Union's Horizon 2020 Research and Innovation Programme under the grant agreement No 681109 (CIV) and from the University of Waterloo (GTF). Additional support was provided to the University of Waterloo by the Canadian Institutes of Health Research (FDN-148477). GTF was supported by a Senior Investigator Grant from the Ontario Institute for Cancer Research. EF is partly supported by the Ministry of Universities and Research, Government of Catalonia (2017SGR319) and by the Instituto de Salud Carlos III, co-funded by the European Regional Development Fund, FEDER (INT16/00211 and INT17/00103), Government of Spain.

Conflicts of interest: GTF has served as an expert witness on behalf of governments in litigation involving the tobacco industry.



Monitoring and surveillance of tobacco control progress

## Poster

**15P Simulation of the impact of tobacco control policies on smoking-related cancer incidence in Germany (2020–2050)**

Thomas Gredner | *German Cancer Research Center (DKFZ), Heidelberg*  
Tobias Niedermaier, Hermann Brenner, Ute Mons

**Objective:** Germany continues to be ranked among the most inactive countries in Europe in terms of implementing evidence-based tobacco control policies. We aimed to quantify the proportion of future cancer incidence that could be prevented in Germany by implementing evidence-based tobacco control policies.

**Methods:** To estimate the proportion of preventable cancer cases under different policy intervention scenarios we calculated smoking-related cancer site-, age-, sex- and period-specific potential impact fractions for each scenario, considering latency periods between the reduction in smoking prevalence and its manifestation in declining excess cancer risks. Proportions and numbers of preventable cancer cases were calculated against a reference scenario for which a continuation of recent smoking trends was assumed.

**Results:** Over the 30-year horizon, an estimated 13.1% (men 13.9%, women 11.9%) of smoking-related cancer cases was estimated to be preventable if a combination of tobacco control policies were implemented in Germany. The most effective single intervention was found to be repeated annual 10% price increases in cigarettes over 10 years, which may prevent approximately 7.9% of cancer cases (men 8.4%, women 7.2%), followed by plain packaging (men 4.4%, women 3.8%), a comprehensive marketing ban (men 2.3%, women 2.0%), and a single 10% price increase (men 1.2%, women 1.0%).

**Conclusion:** Our study suggests that the expected cancer burden in Germany could be considerably reduced by implementing tobacco control policies as part of a primary cancer prevention strategy. Our straightforward modelling approach allows a comparison of the impact of different tobacco control measures and thereby contributes to a better understanding of the importance of tobacco control for primary cancer prevention. Such data could well be used to underpin advocacy efforts to strengthen tobacco control in Germany and beyond.



Monitoring and surveillance of tobacco control progress

## Poster

**16P Monitoring of smoke-free policy in tuberculosis facilities in Armenia**

Grigoryan Zaruhi | *Turpanjian School of Public Health, American University of Armenia, Yerevan*  
Varduhi Hayrumyan, Zhanna Sargsyan, Arusyak Harutyunyan

**Introduction:** Hundred percent smoke-free environment protects from health hazards of smoking and second-hand smoke (SHS). The Armenian national law prohibits smoking in healthcare facilities; however, enforcement of the law is insufficient. We aimed to monitor the implementation of smoke-free policy in tuberculosis (TB) facilities in Armenia.

**Methods:** We measured the real-time indoor concentrations of PM<sub>2.5</sub> particles released from burning tobacco by TSI SidePak AM520 Personal Aerosol Monitor. Thirty-five measurements lasting 30 minutes on average were conducted in 35 inpatient and outpatient TB facilities. Stata 13 and TrakPro5 were used for analysis and graphical representation of data. Log-transformed PM<sub>2.5</sub> measurements were used in the comparative analysis.

**Results:** The average concentration of PM<sub>2.5</sub> was 137 µg/m<sup>3</sup> (25 to 1340 µg/m<sup>3</sup>), which exceeded the WHO recommended indoor level (25 µg/m<sup>3</sup>, 24-hour mean) by up to 53.6 times. The acceptable average level of short-term exposure (STEL) to PM<sub>2.5</sub> exceeded in 22.86% (n=8) of visited TB facilities. The geometric mean of PM<sub>2.5</sub> concentration particles was significantly higher in facilities with at least one smoking TB physician (207 µg/m<sup>3</sup> vs. 57 µg/m<sup>3</sup> (p<0.001)) and similar in high and low patient load facilities (76 µg/m<sup>3</sup> vs. 59 µg/m<sup>3</sup> (p=0.430)).

**Conclusions:** Measurements demonstrated non-compliance with the smoke-free ban. Further interventions among healthcare providers, patients and visitors are needed to ensure 100% SHS exposure free environment in TB facilities.

**Funding:** Global Bridges Healthcare Alliance for Tobacco Dependence Treatment, hosted by Mayo Clinic and Pfizer Independent Grants for Learning and Change.



Monitoring and surveillance of tobacco control progress

Poster

### 17P Sensitization of government in Iran about tobacco industry interference after the first country report in Eastern Mediterranean Region

Heydari Gholamreza | WHO Collaborating Center for Tobacco Control, Tehran

Background: Tobacco industry interference (TII) is the biggest obstacle to comprehensive law enforcement of tobacco control and article 5.3 of FCTC is a guideline to cover it. The aim of this study was to create a national plan against TII in Iran.

Methods: This was a cross sectional study with a standard TII index questionnaire consists of 7 main groups of 20 indicators; each index is having a score of 0-5. The lower score indicate the better compliance of article 5.3 guidelines. The collected data was evaluated during April to May of 2018. The report was present to the Ministry of Health (MOH) officials and followed up.

Results: Iran earned 27 points from 100. Indicator No.19 showed that here is no national plan relating to TII. The report was evaluate on deputy health of MOH and discussed in national tobacco control committee.

Conclusion: It showed an acceptable government effort in the implementation of FCTC article 5.3. Outside the MOH, other sectors are unaware of this article and have not taken any action against tobacco industry. The government enacted to have a national plan to FCTC article 5.3 guidelines.

T1 Monitoring and surveillance of tobacco control progress

Poster

### 18P Trend of implementation of the WHO FCTC MPOWER in the Eastern Mediterranean Region based on tobacco control scales

Heydari Gholamreza | WHO Collaborating Center for Tobacco Control, Tehran  
Ghazi Zaatari , Jawad A. Al-Lawati , Fatimah El-Awa, Heba Fouad

Background: WHO MPOWER aims to help countries prioritize tobacco control measures in line with the WHO Framework Convention on Tobacco Control.

Objectives: This paper assessed the progress and challenges in implementing the 6 priority policies of MPOWER in countries of the WHO Eastern Mediterranean Region since 2011.

Methods: A checklist was developed and scores assigned based on the tobacco control scales (maximum score 37). MPOWER data for the Region in the 2015 and 2017 tobacco control reports were extracted and scored. Data from similar analyses for 2011 and 2013 were also included. Countries were ranked by scores for each indicator for 2015 and 2017 and for overall scores for 2011 to 2017.

Results: The Islamic Republic of Iran, Egypt and Pakistan had the highest scores in 2015 (33, 29 and 27 respectively) and the Islamic Republic of Iran, Pakistan and Yemen had the highest scores in 2017 (34, 31 and 27 respectively). The indicators with the highest and lowest combined score for all countries were for advertising bans and compliance with smoke-free policies: 67 and 18 respectively in 2015, and 73 and 15 respectively in 2017. Most countries (15/22) had higher total scores in 2017 than 2015: Afghanistan, Bahrain and Syrian Arab Republic had the greatest increases. The total score for the Region increased from 416 out of a maximum score of 814 in 2011 to 471 in 2017.

Conclusions: Although notable achievements have been made in the Region, many challenges to policy implementation remain and require urgent action by governments of the countries of the Region.

T1 Monitoring and surveillance of tobacco control progress

## Poster

**19P Is the gender a social determinant or predictor of smoking in adolescence?**

Miljana Stojanovska | *Mother Teresa Clinical Center, Faculty of Medicine, University Ss Cyril and Methodius, Skopje*  
Dance Gudeva Nikovska, Pavle Jovanovski

**Introduction:** Adolescence is marked by experimentation with various types of unhealthy or potentially harmful behaviours. Unprepared, insufficiently informed, and without the necessary experience of participation in their lives, adolescents often lack the healthy answers to the challenges they face. The study aim was to provide evidence on various aspects of young people's health, wellbeing and related factors and their comparison with other countries, in order to more effectively prevent their long-term impact on young people's lives.

**Methods:** The Health Behaviour in School-aged Children (HBSC) is a cross-sectional school-based survey in 42 countries, with data collected through questionnaires administered in the classroom. In the country, the study was completed on a representative sample of 4,219 students aged 11–15.

**Results:** On average, 5% of boys and 3% of girls between the ages of 11 and 15 smoke cigarettes at least once a week, 2% of girls and 3% of boys aged 11–15 in Macedonia smoke daily. Results are lower compared to other countries, with no prominent gender differences.

**Conclusion:** North Macedonia belongs to the group of countries with low prevalence of smoking at an early age, and relatively low prevalence of daily smoking, compared to adolescents in other EU countries. Macedonian adolescents are also least likely to assess their health status as bad or average and are following the trends of decrease in risky behaviours, such as smoking, drinking and binge drinking, although at a lower pace, most prominent in girls.



Monitoring and surveillance of tobacco control progress

◀ Back to Schedule

◀ Back to Poster Sessions

## Poster

**119P Health burden due to second-hand smoke exposure at home in adults in Europe in 2017: Results from the TackSHS Study**

Giulia Carreras | *Oncological network, prevention and research institute (ISPRO), Florence, Italy*  
Alessio Lachi, Alessandra Lugo, Silvano Gallus, Barbara Cortini<sup>1</sup>, Esteve Fernández, María José López, Joan B Soriano, Ángel López Nicolás, Sean Semple, Giuseppe Gorini, & TackSHS Project Investigators

**Objective:** To determine the burden of second-hand smoke (SHS) exposure at home among non-smoking adults in European Union (EU) countries within the TackSHS Project.

**Methods:** Diseases causally linked to SHS exposure include lung cancer (LC), chronic obstructive pulmonary disease (COPD), breast cancer in women (BC), diabetes, ischemic heart disease (IHD), asthma, and stroke. Population attributable fractions (PAFs) were calculated multiplying relative risks of mortality/disease from the most recent meta-analyses, with an estimate of the household SHS exposure prevalence from Eurobarometer surveys, allowing a 10-year lag-time for LC, BC, COPD, diabetes, and a 5-year lag-time for asthma, IHD, stroke. The PAFs were then applied to the observed EuroStat deaths or to the Global-Burden-of-Disease disability adjusted life years (DALYs).

**Results:** In 2017 household SHS exposure caused 30,000 deaths (0.6% of overall deaths) and 712,000 DALYs (0.5% of overall DALYs), mainly IHD (30%), COPD (27%), stroke (15%), and lung cancer (12%). In Romania, Bulgaria, Poland, Croatia, Greece this burden was two times higher than that recorded in Luxembourg, Germany, Belgium, Finland.

**Conclusion:** The burden is high in Eastern Europe and Greece. Effective interventions to promote smoke-free homes are needed.

**Funding:** TackSHS received funding from EU Horizon 2020 research and innovation programme (grant agreement 681040)



Monitoring and surveillance of tobacco control progress

◀ Back to Poster Sessions

◀ Back to Schedule

Poster

**120 P Health burden due to second-hand smoke exposure at home in children in Europe in 2017: Results from the TackSHS Study**

Giulia Carreras | Oncological network, prevention and research institute (ISPRO), Florence, Italy  
Alessio Lachi, Alessandra Lugo, Silvano Gallus, Barbara Cortini, Esteve Fernández, Maria José López, Joan B Soriano, Ángel López Nicolás, Sean Semple, Giuseppe Gorini, & TackSHS Project Investigators

Objective: To determine the burden of second-hand smoke (SHS) exposure in children in European Union (EU) Countries within the TackSHS Project.

Methods: Diseases causally linked to SHS exposure among children aged 0–14 years include low birth weight (LBW), lower respiratory infections (LRI), sudden infant death syndrome, otitis media, and asthma. The burden attributable to household SHS exposure was estimated using the comparative risk assessment methodology. Population attributable fractions (PAFs) were calculated multiplying relative risks of mortality/disease from the most recent meta-analyses, with an estimate of the 2017 prevalence of household exposure. The PAFs were then applied to the observed Eurostat deaths or to the Global-Burden-of-Disease disability adjusted life years (DALYs).

Results: In 2017 SHS exposure at home determined 344 deaths (1.5% of total deaths), and 37,000 DALYs (0.75% of total DALYs) in children, mainly LBW (270 deaths; 24,227 DALYs), and LRI (49 deaths; 4,535 DALYs). In Eastern European countries the attributable burden was 2.5 times higher than that recorded in Northern European countries.

Conclusion: The health burden due to SHS in EU children is high, particularly in Eastern Europe. Effective interventions to promote smoke-free homes are needed.

Funding: TackSHS received funding from EU Horizon 2020 research and innovation programme (grant agreement 681040)



Monitoring and surveillance of tobacco control progress

◀ Back to Schedule

◀ Back to Poster Sessions

Poster

**20 P Missed prospects: Are Nigerian oral health workers overlooking opportunities to promote interventions for tobacco smoking cessation?**

Oyapero Afolabi | Lagos State University College of Medicine, Ikeja, Lagos  
Abiola Adetokunbo

Background: Due to poor regulatory framework and easy distribution of tobacco products, initiating and continuance of tobacco use is widely prevalent and is indulged in by 1 in every 5 Nigerians. Since dentists are strategically positioned to promote tobacco abstinence and cessation, we assessed their commitment to it through their patients' dental history in one of the busiest tertiary dental clinics in Nigeria.

Methods: This retrospective and descriptive study utilized the dental records of patients (aged 12–80 years) at the oral diagnosis unit of the Lagos State University Teaching Hospital, Nigeria from 2017–2018. Descriptive statistics was used to quantify variables such as age, gender, history of tobacco use and referral to the preventive dentistry cessation clinic. Data were analyzed by  $\chi^2$  tests, t test, and regression analysis. The significant level for statistical analysis was set at 5% ( $p \leq 0.05$ ).

Results: 15,786 new patients, mean age  $49.27 \pm 12.8$  were reviewed. Only 4,104 (26%) of the patients had their tobacco use history documented; of these, 656 (16%) indicated past or current tobacco use; Only 120 (18.3%) of these were referred for cessation counseling in the preventive dentistry unit. Males (611; 93.1%) had a higher proportion of subjects with past or present tobacco use. Patients presenting with oral ulcers (OR: 1.94) and jaw tumors (OR: 2.45) were significantly more likely to be screened for tobacco use.

Conclusion: <0.01% of new patients were provided with tobacco use cessation advice and opportunities for screening were essentially unexploited implying an urgent need to incorporate tobacco cessation interventions as part of standard clerking sheets for patients.



The role of health professionals in tobacco prevention and control

◀ Back to Poster Sessions

◀ Back to Schedule

Poster

**21P Effectiveness of an accredited eLearning curriculum on tobacco treatment in 16 European countries. Results from EPACKT-2 project**

Charis Girvalaki | *Medical School, University of Crete*

Enkeleint A Mechili, Alexandra Tamas, Polina Starchenko, Francisco Rodriguez Lozano, Cornel Radu-Loghin, Constantine Vardavas, on behalf of EPACKT2 project partners

Aim: our study aimed to evaluate the effectiveness of an accredited eLearning curriculum to increase healthcare professionals' knowledge, change attitudes, normative beliefs, perceived behavioral control and intentions in delivering tobacco treatment interventions.

Methods: In the context of EPACKT-2 project, an accredited and freely available e-learning course on tobacco treatment delivery from healthcare professionals was developed in 16 European languages. From December 2018 to July 2019, 444 healthcare professionals took the courses and successfully completed all tests to receive certification. Participants completed relevant questionnaires at baseline, before and after each module and in the end.

Results: Results indicated that the courses succeeded changing the participants knowledge in all 4 modules of the program ( $p < 0.001$ ). The changes in the healthcare professionals attitudes and normative beliefs were tested with 6 and 5 statements respectively where statistically significant results were recorded. Intentions and self-efficacy were tested with 9 and 5 statements, respectively and these results indicated significant changes too.

Conclusion: Our results showed that an elearning program can be a valuable tool for healthcare professionals by offering them knowledge on behavioral counseling technics and pharmacotherapy and also by changing attitudes, normative beliefs, perceived behavioral control and intentions in delivering tobacco treatment interventions



The role of health professionals in tobacco prevention and control

Poster

**22P “Tomorrow I will really quit smoking”: A focus group study concerning smoking and smoking cessation before and during pregnancy**

Leonieke J Breunis | *Erasmus MC-Sophia Children's Hospital, Rotterdam*

Marlou LA de Kroon, Lyzette T Laureij, Eric AP Steegers, Lieke C de Jong-Potjer, Jasper V Been

Introduction: Despite known risks of morbidity and mortality, only half of all regular smokers successfully quit smoking during pregnancy. In the Netherlands, 7% of women smoke during pregnancy. In preparation for the SAFER pregnancy intervention study which aims to address this (NTR: NL7493) we organised focus groups to assess barriers and facilitators for smoking cessation during pregnancy.

Methods: Focus groups were held in 2018. Participants were recruited through healthcare providers. The first group consisted of women who smoked while pregnant ( $n=3$ ) or trying to become pregnant ( $n=2$ ), the second group consisted of women who quit smoking because of their pregnancy ( $n=2$ ) or pregnancy wish ( $n=2$ ). We performed a thematic content analysis.

Results: The women who continued to smoke experienced a major feeling of guilt towards their (unborn) child and felt ashamed of their self-reported “weakness”. They indicated that they associate smoking with sociability and relaxation whereas smoking cessation created tension and unwanted irritation towards their partner and their other children. The women who did quit smoking because of their pregnancy reported that their biggest motivation was the health of their unborn child and that they had a plan to succeed. Both groups emphasised that a healthcare provider with a negative opinion towards smoking during pregnancy resulted in less motivation to quit. All women underlined that it is only possible to quit smoking if you are highly motivated.

Conclusion: Women who smoke(d) before and during pregnancy feel guilty about their smoking behaviour but also experience benefits from smoking and disadvantages from smoking cessation. As a healthcare provider it is important to approach these women without judgement and to properly support them in quitting.



The role of health professionals in tobacco prevention and control

Poster

### 23P Effectiveness of smoking cessation training among tuberculosis physicians

Varduhi Hayrumyan | *Turpanjian School of Public Health, American University of Armenia, Yerevan*  
Grigoryan Zaruhi, Zhanna Sargsyan, Arusyak Harutyunyan

Objective: The integration of tobacco dependence treatment interventions into routine tuberculosis (TB) services has the potential for improving TB treatment outcomes, prevention of TB recurrence and death. Inadequate training and knowledge are the main barriers to addressing tobacco dependence as part of the standard care. The study aimed to measure the impact of a training program on TB physicians' performance in providing tobacco dependence treatment.

Methods: Two-day training was conducted for 91 TB physicians throughout Armenia. Non-experimental pre-post design was used to evaluate the change in physicians' performance at baseline and 12-months follow-up. Nonparametric Wilcoxon and paired t-test were performed to compare the paired data.

Results: Overall, 79 TB physicians completed both baseline and follow-up surveys. At follow-up, TB-physicians' performance was significantly improved in terms of four components of 5"A's" model: Ask (73.42% vs. 89.87%, p=0.022), Advise (93.67% vs. 93.67%, p=0.408), Assess (58.2% vs. 77.22%, p=0.003), Assist (44.30% vs. 77.22%, p<0.001), Arrange (2.53% vs. 18.99%, p<0.001). The mean self-reported practice score (max= 15) was significantly higher at follow-up (5.85 vs. 9.00, p<0.001).

Conclusion: Training of TB physicians is an important measure to tackle the deadly pairing of TB and smoking and can prominently improve compliance with the recommended evidence-based smoking cessation 5"A's" approach.

Funding: Global Bridges Healthcare Alliance for Tobacco Dependence Treatment, hosted by Mayo Clinic and Pfizer Independent Grants for Learning and Change.



The role of health professionals in tobacco prevention and control

Poster

### 24P Tuberculosis patients' awareness on smoking and secondhand smoke health hazards

Zhanna Sargsyan | *Turpanjian School of Public Health, American University of Armenia, Yerevan*  
Arusyak Harutyunyan, Varduhi Hayrumyan, Grigoryan Zaruhi

Objective: The aim of this study was to examine tuberculosis (TB) patients' knowledge regarding health effects of smoking and secondhand smoke (SHS), in Armenia.

Methods: A phone survey was conducted with TB patients upon completion of their treatment (Jan-July 2018). The survey instrument included questions regarding health hazards of smoking and SHS, including TB and tobacco interactions. Independent T-test and linear regression analysis were performed.

Results: Overall, 163 patients (74.24% men) completed the survey. The mean age of the respondents was 45.90 (SD=14.92) and 58.28% were smokers (77.69% among men). The mean knowledge score was 6.18/10.00 (SD=2.43) and it was higher among non-smokers (never smokers/former smokers at the beginning of the treatment) (6.56 vs 5.90, p=0.090). Multiple linear regression analysis revealed higher knowledge score among smokers who received smoking related information from healthcare professional (coefficient= 1.47, p=0.04). About one-quarter (25.26% (n=24)) of smokers quit by the end of the treatment but there was no difference between quitters' and smokers' knowledge (5.45 vs. 6.05, p=0.307).

Conclusion: TB patients' knowledge was determined by their smoking status and information provided by TB physicians. The implementation of evidence-based tobacco control measures into routine TB care is recommended to address high burden of smoking among TB patients.

Funding: Global Bridges Healthcare Alliance for Tobacco Dependence Treatment, hosted by Mayo Clinic and Pfizer Independent Grants for Learning and Change.



The role of health professionals in tobacco prevention and control

## Poster

**25P Education and support for health visitors in Hungary**Zsuzsanna Cselkó | *National Koranyi Institute of Pulmonology, Budapest*

Pataki E, Fényes M, Várfalvi M, Rákóczi I, Vecsernyés E, Forgó A, Csányi P

**Introduction:** During the last few years Hungary has strengthened its comprehensive tobacco control effort, and the anti-smoking measures have decreased the prevalence of smoking (2009: 31% to 2014: 28%). The smoking prevalence rate is similar among healthcare professionals. The National Korányi Institute of Pulmonology has been a collaborating institution in the partnership with the Eastern Europe Nurses Centre of Excellence in Tobacco Control – Developing Nurse Champions for Tobacco Dependence Treatment” (EE-COE) project since 2015. The Hungarian team’s newest focus is getting health visitors involved in cessation counselling, since they have perhaps the easiest access to the population, including children, youth, expecting mothers and through them, the entire family. The health visitors’ network is a unique institutional organisation of maternity and infant protection in Hungary which serves health maintenance and health promotion of families.

**Methods:** A pilot training was designed to be held in Szabolcs-Szatmár-Bereg county. Our project had two-days worth of intensive workshop that was followed by a training period and a supervisory day when health visitors shared counselling experiences. The aim was to build on existing knowledge of health visitors and provide them with practical skills to aid communication, raise motivation, disseminate relaxation and relapse prevention techniques to smokers.

**Results:** Attendees to the supervision (n= 15) reported improvement on the practice of brief intervention (one month vs. baseline): Ask: 26.4 (2.98,234.81), Advise: 8.8 (0.99,77.19), Assess: 19.1 (2.17,167.68), Refer to quitline: 17.6 (3.15,98.78), Counselling at least 1–2 smokers during the previous week: 2.7 (0.72,10.27), Perception on the need for health visitors to be involved in tobacco control: 1.6 (0.43,5.6).

**Conclusion:** The EE-COE project in Hungary has increasingly turned the attention to healthcare professionals’ smoking cessation education.

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The role of health professionals in tobacco prevention and control

## Poster

**26P GNTH standards for tobacco control in healthcare centers**Anton Laura | *Global Network for Tobacco Free Healthcare Services*

Susann Koalick, Rudi Gasser, Claudia Kurat, Shu-Ying Lo, Gry Kjevick, Miriam Gunning

**Objectives & Methods:** The Global Network for Tobacco Free Healthcare Services (GNTH), <https://www.tobaccofreehealthcare.org>, since its foundation in 1999, provides healthcare services with a systematic and comprehensive approach to tobacco free policies and management in accordance with the Framework Convention on Tobacco Control (WHO/FCTC). With the aim of creating guidelines to integrate comprehensive action on tobacco control and provide evidenced based care to all tobacco users at healthcare members, the GNTH developed 10 Standards that have been revised and updated. GNTH Standards were initiated in 2003 by 6 countries (France, Ireland, Sweden, Catalonia, Denmark and Germany) as part of an EU-Funded project. These guidelines were reviewed and updated over the last 16 years by an international panel of experts to update to the current reality. The GNTH concept takes the actual eight evidence-based Standards with detailed implementation criteria and the Self-Audit tool (a self-administered questionnaire) to help guide healthcare services in achieving implementation and monitoring progress. National and regional networks achieve their progress using the Standards as a core support for implementing GNTH concept. The high-level implementation of all GNTH Standards is recognized within the certificate GNTH GOLD Forum Process.

**Results & Conclusion:** In 2006, 273 hospitals in 12 networks within nine countries were evaluated by means of the Self-Audit tool and was found that the implementation of GNTH concept over time improves the introduction of tobacco control policies at healthcare centres. These findings were replicated in various small research studies in other countries. Networking at healthcare services during these years has resulted in the GNTH concept being translated into 15 languages (2018) and effectively implemented in a variety of health systems in 20 countries across four continents.



The role of health professionals in tobacco prevention and control

## Poster

**27P Implementation of MPOWER tobacco control actions by the European Cancer League Youth Ambassadors: A critical reflection**Amanda Drury | *Trinity College Dublin, Dublin*

Patrícia Pinto, Ariadna Feliu Josa, Oksana Totovytska, Miljana Stojanovska, Amanda Drury

Introduction: Tobacco use is the single most preventable cause of death and disease. Nevertheless, 28% of adults in Europe continue to smoke (WHO, 2015). The WHO MPOWER guidelines are designed to facilitate implementation and management of tobacco control activities. Since 2012, the European Cancer Leagues (ECL) Youth Ambassadors (YAs) have lead actions raising awareness of cancer prevention strategies, including tobacco control in Europe. This paper evaluates the implementation of multidisciplinary tobacco control actions by ECL YAs, informed by MPOWER guidelines.

Methods: We present a critical reflection and analysis of recent actions by ECL Youth Ambassadors for the European Code Against Cancer (ECAC), informed by the Gibbs Reflective Cycle (1988).

Results: Health, research, policy and advocacy professionals contribute to the successful implementation of the MPOWER guidelines. Educational programmes, smoking cessation interventions, clinical interventions and public health campaigns lead by the ECL YA have helped increase the number of people who are influenced by at least one MPOWER guideline for tobacco control.

Conclusion: The ECL YA Programme provides a platform for motivated young professionals to promote the tobacco control objective of the ECAC, using MPOWER guidelines. The impact of the ECL YA Programme may be leveraged further by developing local/regional YA networks.

Keywords: Tobacco Control, Cancer Prevention, MPOWER, European Cancer Leagues, Youth Ambassadors

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T3

Implementation of evidence-based interventions in daily practice: Barriers and facilitating factors

## Poster

**28P Can Israeli emergency medicine staff be encouraged to promote smoking cessation?**David Biton | *Division of Internal Medicine, Department of Emergency Medicine, Chaim Sheba Medical Center, Tel Hashomer, Sackler Faculty of Medicine, Tel-Aviv University, Tel Aviv*

Michael Kogan, Avi Epstein, Avinoah Irony

Background: Tobacco use as a whole, and specifically cigarette smoking, are the world's leading preventable cause of morbidity and mortality<sup>1</sup>. Due to the unique medical circumstances of arrival to an Emergency Medicine point of care, it allows a great opportunity for a smoking cessation intervention<sup>2,3</sup>, even though it might be considered impractical<sup>4</sup>.

Objective: We sought to encourage Emergency Medicine professionals to promote smoking cessation in patients with smoking related morbidity and consequential referrals to the Emergency Room (ER) in an Israeli Tertiary Hospital.

Methods: We encouraged physicians and nurses to participate in a randomized controlled trial, where they would educate patients regarding smoking harms, and later assign them to one of three possible smoking cessation methods: Independent ("Cold Turkey"), enlistment to a smoking cessation program, and prescribing a Nicotine Replacement Therapy (NRT). Interest in participation and reasons for refusal were electronically documented.

Results: Among ER physicians and nurses, interest in participation was as low as 10%, with most refusing due to the conceived lack of time and impracticality. Motivation for participation was mostly driven by academic research positions and management directive.

Conclusion: Recruitment of medical staff in an Emergency Medicine setting for primary prevention of smoking and Tobacco use is complicated and may require use of incentives.

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T3

Implementation of evidence-based interventions in daily practice: Barriers and facilitating factors

Poster

**29P The implementation of a school-based tobacco prevention program named Bullshit Free Generation: Lessons learned**

Elaine De Decker | *Flamish Institute Healthy Living, Brussels*  
Katrijn Vandamme

Objective: To evaluate the implementation of a school-based tobacco prevention program known as Bullshit Free Generation.

Methods: Bullshit Free Generation is a tobacco prevention program in Flanders that aims to prevent students from starting to smoke by challenging the school, the teachers and the students to work on tobacco prevention throughout the students' educational career (age 12–18). In 29 schools a pilot with a mix-method-design was conducted to evaluate the implementation of this program. An online pre-post survey was filled out by the school director and post surveys by the teaching staff and students. Focusgroup interviews were conducted in a selection of the pilot schools.

Results: 25 of 29 pilot schools implemented the Bullshit Free Generation program. The main reason for the school not to implement the program is poor support of the board. The support of the school staff is an important facilitator. 10.373 students participated in the program. Tobacco prevention was implemented in more than 30 different subjects. A total of 804 hours were spent teaching about tobacco. Good practices from other teachers are the main reason for teachers to talk about tobacco. Teachers and students are enthusiastic about the project. Students described the project as interesting, important, fun... with an average satisfaction score of 70%. The score was lower when the student smoked. 80% of the schools have the intention to do this program again next year. The main reasons for future participation of schools is their interest in raising awareness about tobacco, the positive attitude towards the project and the success with the students.

Conclusion: The interest of the school in raising awareness about tobacco, the overall experience with the project and the feedback from students are key components in the implementation of Bullshit Free Generation. Barriers for the implementation are the lack of support by the school board and teachers.

Reference:

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T3

Implementation of evidence-based interventions in daily practice: Barriers and facilitating factors

Poster

**30P Implementation of FCTC article 14 in WHO European Region. Achievements and future challenges**

Enkeleint A. Mechili | *University of Vlora*  
Charis Girvalaki, Alexandra Tamas, Polina Starchenko, Francisco Rodriguez Lozano, Cornel Radu-Loghin, Constantine Vardavas

Introduction: Tobacco use cost billions of euros to European countries jeopardizing sustainability of healthcare systems. Main objective of this study is to evaluate implementation of WHO-FCTC article 14 in the wider European area.

Methods: The 2017 WHO reports on the Global Tobacco Epidemic of the European Region countries were reviewed. Countries were divided (a cluster was created based on geographical reasons) in five different categories (North-Western, Eastern, Central-Europe, South-East and Mediterranean and Western Asia countries).

Results: Data from 53 countries were reviewed. Differences were recorded between regions as well as between countries within the same region. North Western countries had the best performance. All of them have a toll-free telephone quit line while NRT/Bupropion/Varenicline are available and in most of the cases covered partially by national/federal health insurance or national health services. Lower level of implementation was observed at Western Asian countries with most of them providing smoking cessation support only in some facilities. Good implementation (availability of pharmacotherapy and smoking cessation support) was observed at central European countries followed by South-East and Mediterranean and moderate implementation by Eastern countries.

Conclusions: More efforts and synergies are needed by health policy makers, stakeholders, civil society and NGOs in implementation of FCTC-Article 14.

T3

Implementation of evidence-based interventions in daily practice: Barriers and facilitating factors

Poster

### 31P Implementation of a fully financed smoking cessation for patients with chronic obstructive pulmonary disease (COPD)

Franziska Gudula Loth | TU Chemnitz  
Stephan Mühlig, Jakob Bickhardt, Thomas Heindl

Objective: Smoking tobacco is a main risk factor for developing chronic obstructive pulmonary disease (COPD). In Germany a comprehensive range of smoking cessation therapies according to guidelines does not exist. This is mainly due to the current legislation. We developed a disease-specific smoking cessation program based on the guidelines and investigated the feasibility as well as the acceptance among patients and physicians.

Methods: The trial was integrated in the regular care setting and consisted of two interventions with varying intensity for smoking patients with an impending or already manifest COPD. 524 Patients received a fully financed smoking cessation therapy by resident specialist practices. 257 patients received a brief medical consultation with the advice to quit smoking. In this group, costs for pharmaceutical treatments were not covered. Primary outcome was the abstinence 12 months after treatment, verified by medical examinations and breath gas analysis.

Results: Half of the patients of the maximal intervention were smoke-free (intention-to-treat: 38%). In comparison, 8% of the patients of the other group quit smoking after 12 months (intention-to-treat: 6%).

Conclusion: The positive results support the request that structured smoking cessation should be part of regular medical care and be reimbursed.

T3 Implementation of evidence-based interventions in daily practice: Barriers and facilitating factors

Poster

### 32P The combined model of treatment for quitting smoking in North Macedonia

Miljana Stojanovska | Mother Teresa Clinical Center, Faculty of Medicine, University Ss Cyril and Methodius, Skopje  
Katarina Stavrikj

Introduction: It is well known that tobacco harms the health and is responsible for more than 4,000 deaths in North Macedonia every year. Nevertheless, the percentage of tobacco use is very high in the country and ensures that tobacco's death toll will grow every year. The Combined Model of Treatment for quitting smoking is implemented to educate general practitioners and medical students how to give very brief advice (VBA) to quit smoking and the need of tobacco dependence treatment. This model is initiated by the Center of Family Medicine.

Methods: Analysis of the collected data for the successful model implementation experience so far.

Results: 25 educators were trained as a part of the IPCRG's Teach the Teacher Programme. 225 general practitioners and 30 medical students were trained. Evaluation demonstrates positive response and confidence to treat tobacco dependence using VBA. Average 70% of smokers in general practice received VBA but very small number of patients (< 1%) are willing to quit smoking. Observing and reflection from the practice is giving better view of the current situation.

Conclusion: This model provides a platform where doctors and medical students could learn to help the population easily to quit smoking. Educational programmes, smoking cessation interventions, clinical interventions will help to reduce the number of tobacco deaths.

Key words: tobacco control, combined model, quitting smoking, tobacco dependence treatment

T3 Implementation of evidence-based interventions in daily practice: Barriers and facilitating factors

Poster

### 33P Fathers who smoke and smoke-free homes: An exploratory study to inform future intervention development

Rachel O'Donnell | *Institute for Social Marketing, University of Stirling*  
Peter McCulloch

Introduction: Enabling parents to create a smoke-free home (SFH) is one of the key ways that children's exposure to second-hand smoke (SHS) can be reduced (Marsh et al, 2016). Children living in socio-economic disadvantage are more likely to be exposed to SHS at home than those living in affluent areas (Pisinger et al, 2012, Kuntz & Lampert, 2016, Gartner & Hall, 2013, Scottish Government, 2016). There is no consensus on the features that make interventions to create smoke-free homes (SFHs) effective (Behbod et al, 2018). Previous interventions have largely targeted mothers who smoke, or women who live in a home with a partner who smokes. Research has highlighted the barriers/facilitators they face when attempting to create a SFH, including a lack of agency in changing male smoking behaviours (Passey et al, 2016). Addressing the current gender imbalance inherent in SFHs research could enhance our understanding of which interventions work for whom, and why. This research aims to identify the barriers/facilitators that fathers' experience in creating/maintaining a SFH, to inform future intervention development.

Methods: Twenty fathers living in disadvantaged areas of Scotland were recruited from Dads' community groups and through Facebook advertising. Fathers were eligible to take part if they were a current smoker, caring for a child/children aged 16 or under at least fortnightly at home. Semi-structured interviews focused on fathers' perceived roles in creating/maintaining a SFH, the factors that influenced their ability to do so, and preferred methods of engagement for SFHs intervention delivery. Interviews were transcribed and analysed thematically to develop an overall interpretation of the data.

Results: Barriers to a SFH included themes such as social pressure, stress, lack of family support and the men's powerlessness to change their partner's home smoking behaviour. Facilitators included an emphasis on their masculine role as protector for their child, feeling in control of the home, involving children in the creation of home smoking rules, and strategies to control cravings to smoke.

Conclusion: Fathers have a central role to play in the creation/maintenance of a smoke-free family home. Research is needed to develop household-level rather than mother-led SFHs interventions, as effectively engaging fathers in the creation/maintenance of a SFH could benefit the entire family, and improve gender equity as well as health inequalities.

T3

Implementation of evidence-based interventions in daily practice: Barriers and facilitating factors

◀ Back to Schedule

◀ Back to Poster Sessions

Poster

### 34P Tobacco cessation in lung cancer centers in Germany. How supportive is the implementation of the concept of the Global Network?

Christa Rustler | *German Network for Tobacco Free Healthcare Services, Berlin*  
Christian Grah, Edith Weiß-Gerlach

Background: Germany holds the last place in tobacco control according to a ranking of the European Cancer Leagues. Treatment results of lung cancer are influenced by treatment of tobacco use. Nevertheless, the consistent implementation of tobacco cessation services in lung cancer centers is still very different. The German Network for Tobacco free Healthcare Services (DNRfK) provides support in the process to implement tobacco control.

Method: A survey of all 66 lung cancer centers, certified by the German Cancer Society (DKG) should clarify whether membership or the certification process of the German Network DNRfK affects the quality of smoking cessation in lung cancer centers. The criteria of the two certification processes (DKG and DNRfK) were combined. 44 lung cancer centers responded (67%).

Results: The preliminary results show that the most important reason for the lack of cessation services is seen in lack of funding and short time of hospitalization. Those lung cancer centers, who use in addition the concept of the DNRfK, show better structures for smoking cessation. This is evident in particular in the commitment of management and staff, the implementation and co-operation in providing of tobacco cessation and cessation services for employees.

Conclusions: Clinics that implement the concept of the Global Network for Tobacco Free Healthcare Services in Germany by the DNRfK provide improved structures and processes. A multimodal service for smoking cessation and support on how to build up and maintain a structural quality favors a patient-oriented and high-quality care in lung cancer centers. In summary, there is a clear need to catch up in the implementation of tobacco cessation in lung cancer centers.

T3

Implementation of evidence-based interventions in daily practice: Barriers and facilitating factors

◀ Back to Poster Sessions

◀ Back to Schedule

Poster

35P Finland's endgame and tobacco industry activities

Satu Lipponen | Cancer Society of Finland, Helsinki  
Mervi Hara

Introduction: Finland's goal is ending the use of tobacco products and other nicotine-containing products by 2030. There is a roadmap towards the endgame goal and a strong collaboration network of Tobacco and Nicotine Free Finland.

Methods: We analysed the central methods tobacco industry is using in the country with low smoking prevalence, strong public and political support for tobacco control and endgame.

Results: Apart from the fact that the endgame strategy is widely acknowledged and put forward, tobacco industry tries to re-create its position as an important player in the society. Harm reduction, corporate social responsibility, environmental perspectives and lobbying stakeholders are examples of these strategies.

Conclusion: To protect tobacco policy, monitoring tobacco industry is necessary. Framework Convention on Tobacco Control article 5.3. guidelines should be set and implemented in each country in accordance their national law regardless of the state of the tobacco epidemic.



Implementation of evidence-based interventions in daily practice: Barriers and facilitating factors

Poster

36P The midwife's and pregnancy counselor's role in providing quit-smoking counseling for pregnant women: Views on professionals working with high risk, disadvantaged women

Sabina Ulbricht | University Medicine Greifswald, Institute of Social Medicine and Prevention, Greifswald

Objectives: To assess attitudes, knowledge, current practice of quit-smoking counseling (QSC), and smoking status among midwives and staff in pregnancy counseling centers (counselors), in the course of a QSC training program. This was with a view to involving them in a QSC program, targeting women during pregnancy.

Methods: A self-administered survey of midwives (n=148) and counselors (n=33) was conducted before starting the training. The questionnaire included items on attitudes, knowledge and provision of QSC for women during pregnancy, and own smoking status.

Results: The average age of midwives/counselors was 44/49 years. The average importance of midwives/counselors to offer all smoking pregnant women QSC was 8.5/3.3 on scale of 1 to 10 (1=not at all important, 10=very important). Data also indicated that 14.8% of the midwives and 66,7% of counselors asked rarely or never for smoking status. The data indicated a smoking prevalence of 11.5% among midwives and 27,7% among counselors.

Conclusions: There is a high probability for both professional groups to reach smoking women during pregnancy. Smoking is seen as health risk factor that midwives reported they addressed more routinely, compared to counselors. Both groups should be supported in learning and using strategies in QSC.



Implementation of evidence-based interventions in daily practice: Barriers and facilitating factors

Poster

### 37P Relationship between early smoking initiation and depression, suicidal thoughts, and suicide attempts in Korean adolescents

EunKyo Kang | *Seoul National University Hospital, Seoul*

Objective: Many previous studies report a positive relationship between smoking and depression in adolescents. However, there are limited researches on the relationship between smoking initiation age and depression. This study aimed to investigate the association between smoking initiation age and depression, suicidal thoughts, and suicide attempts in high school students.

Methods: The Korean Youth Risk Behavior Web-based Survey (KYRBS), conducted in 2014–2018, was used for analysis. Multiple logistic regression analysis was used to identify the relationship between smoking initiation age and depression, suicidal thoughts, and suicide attempts. Models were adjusted for age, sex, academic performance, household income and self-reported health status.

Results: Smoking initiation age and depression were highly related. The adjusted odds ratio (aOR) of depression in students who started smoking in elementary school was 1.29 times (95% confidence interval [CI], 1.09 to 1.52) higher than students who started smoking in high school. And aOR of thinking suicide in students who started smoking in elementary school was 1.51 times (95% CI, 1.25 to 1.84) higher than students who started smoking in high school. Early initiation of smoking was associated with suicide attempts (aOR, 2.46; 95% CI, 1.87 to 3.25).

Conclusion: Early initiation of smoking is an important factor related to depression, suicidal thoughts and suicide attempts in adolescents. In order to reduce depression and suicide attempts, it is necessary to educate the youth early about smoking prevention.



Implementation of evidence-based interventions in daily practice: Barriers and facilitating factors

Poster

### 38P Some do's and don'ts in implementation of evidence-based interventions in Danish municipalities

Jesper Rotvig Jensen | *Association of European Cancer Leagues, Odense*

Introduction: The purpose of this contribution is to show how partnerships between Danish municipalities and organizations can support smoking prevention among children and adolescents. The Danish Cancer Society and TrygFonden are the initiators of the Smoke Free Future partnership which is driven by the ambition, that only 5% of Danish adults and none of the children and adolescents will smoke in 2030. 83% and 89% respectively of Danish youth in the 14–19 age group supports this ambition.<sup>1</sup>

Methods: A lot of work has been done to commit the Danish municipalities and organizations to the Smoke free future partnership. Local units in the Danish Cancer Society have e.g. arranged meetings and dialogues with local politicians and key employees in different organizations. These meetings have included presentations of evidence-based arguments in relation to tobacco prevention with the goal of recruiting yet another partner and commit even more people to the ambition.

Results: 183 partners in Smoke Free Future in Denmark

Conclusion: Multiple stakeholders finds the partnership interesting and relevant. Both adolescents, municipalities and many different organizations are engaged in Smoke Free Future in Denmark.

Reference:

1 Smoke Free futures youngsters research from 2017: [https://www.cancer.dk/dyn/resources/File/file/8/7438/1550743470/roegfri\\_ungeundersogelse\\_2017\\_final-compressed.pdf?\\_ga=2.254635405.440895908.1562672671-1892094793.1523107563](https://www.cancer.dk/dyn/resources/File/file/8/7438/1550743470/roegfri_ungeundersogelse_2017_final-compressed.pdf?_ga=2.254635405.440895908.1562672671-1892094793.1523107563)



Implementation of evidence-based interventions in daily practice: Barriers and facilitating factors

Poster

**39P Network analysis of the cooperation network of academic smoking ambulances (NAKURA): Effectiveness, effect factors, predictors, differential indication in smoking cessation**

Florian Wirth | Chemnitz  
Franziska Gudula Loth, Stephan Mühlig

Quitting smoking is the most efficient way to prevent a manifestation of tobacco-associated diseases or substantially change their course and prognosis. However, only 3–6% of smokers who want to quit smoking by themselves are able to remain abstinent for 12 months. If smokers do utilize professional smoking cessation programs, 30–40% remain abstinent for 12 months. Although there are several highly effective evidence-based programs available in Germany, only a minority of smokers make use of these programs.

Supported by “Deutsche Krebshilfe” / “German Cancer Aid”, the NAKURA project aims at joining forces of academic/ research-based smoking ambulances across Germany in order to form a network that engages in both researching and providing smoking cessation therapies. Therefore, we will use pooled datasets to systematically explore the quality of structure, processes and outcomes in order to improve the long-term quality of supply. We will conduct a pilot-survey for these smoking ambulances on their means of access, utilization of services, acquisition strategies for participants and specific interventions for high-risk patients in autumn 2019. The initial findings of this survey will be presented.

Funded by “Deutsche Krebshilfe” / “German Cancer Aid”.



Implementation of evidence-based interventions in daily practice: Barriers and facilitating factors

Poster

**40P Evaluation of longterm quitters: Who stays smoke free for ever?**

Karin Vitzthum | Vivantes – Netzwerk für Gesundheit GmbH  
Alicia Drazetic, Anne Markstein, Maggie Rohde, Wulf Pankow, Stefanie Mache

Objective: Smoking cessation is one of the most powerful health promotion tools in the western world. Behavioural group therapies are regarded as very promising interventions in this field. Quit rates are usually evaluated after 6–12 months and lie between 30–45%. So far there is no scientific data on potential protective indicators to remain successfully smoke free after this period. Therefore the aim of this study was to detect the current smoking status of former participants in an urban German surrounding. We investigated reasons for relapses, quitting strategies and psychosocial parameters.

Methods: 135 former patients (mean age 56 years; 37 pack/years, Fagerström=5, 58,5% male, 41,5% female; 70% physical comorbidities; 33% psychiatric diagnoses) (2011–2016) were invited in 2019 to participate in a mailed survey including (WHO5, SF36/12, Self-efficacy scale) and were asked about their current smoking status, personal history of smoking, individual experiences with stopping after the one-year abstinence date.

Results: 54 persons replied (RR 41%); 29 (54%) of which are currently smoke free, 25 relapsed intermittent or permanently, 9 experimented with e-cigarettes and 2 became dual users; Daily hassles, physical and mental issues were the main reasons to relapse

Conclusion: The one-year abstinence rate might not be as reliable as thought so far; even long term “sober” nicotine addicts remain at risk to relapse.



Implementation of evidence-based interventions in daily practice: Barriers and facilitating factors

## Poster

**41P Analysis of heated tobacco products advertising on social media in the Czech Republic**

Adam Kulháněk | *Department of Addictology, 1st Faculty of Medicine Charles University and General University Hospital, Prague*  
Denisa Hejlová

Introduction: Novel tobacco products such as e-cigarettes and heated tobacco products (HTP) has been slowly changing tobacco use patterns and trends. Tobacco industry tries to reframe market and tone of voice related to promotion of tobacco use. In the Czech Republic, heated tobacco products have started to be massively promoted from 2018. We aimed to assess strategies and forms of heated tobacco advertising on social media in Czech language.

Methods: Based on multidisciplinary cooperation of addiction treatment specialists and marketing experts we performed a mix-method study examining strategies of promotion and communication of heated tobacco products (IQOS and glo) on social media in Czech. Critical discourse analysis, quantitative and qualitative print media (N=200) and social media analysis (N=201) were used.

Results: Heated tobacco products are presented as a as key personal object, visually portrayed in the center of the pictures or in hands (instead of mobile phone). They are represented as part of healthy lifestyle, close to healthy food, fit figures, sport attitude and relaxed exclusive setting. Iqos and glo related Instagram and Facebook posts present aspirational or luxury and "cool" lifestyle accenting design, fashion and innovations represented by important celebrities and influencers. Influencer marketing is a new approach broadly used by tobacco companies to attract young people. We identified that none of analyzed content (47 Instagram accounts of celebrities and influencers) was declared as advertising by the rules of social media or code of ethics. Tobacco companies used also young influencers under 25 years old (contrary to the advertisement code of ethics).

Conclusion: According to the comparison of our findings with the Czech legislation, tobacco companies misuse grey zone of advertising in social media and unclear legislation of HTPs as new category. Tobacco control measures should flexibly respond to the changes in tobacco advertising to protect young people and non-smokers especially.

Keywords: heated tobacco products, tobacco control, advertisement, marketing, legislation

Grant support: This research was funded by project OPVVV no. CZ.02.2.69/0.0/0.0/16\_018/0002489 and the institutional support program Progres no. Q06/LF1, and by the Center for Tobacco Use Prevention and Research, funded by the Ministry of Health of the Czech Republic.

T4

E-cigarettes and heated tobacco products – the monitoring and surveillance, challenges in communication

## Poster

**42P Passive exposure to aerosol of electronic cigarettes in indoor settings in 12 European countries**

Amalia Beladenta | *Tobacco Control Unit, Catalan Institute of Oncology-Bellvitge Biomedical Research Institute, WHO Collaborating Centre for Tobacco Control, Barcelona*  
Xiaoqiu Liu, Alessandra Lugo, Marcela Fu, Anna Odone, Piet van den Brandt, Esteve Fernández, Silvano Gallus

Objective: To investigate the prevalence, intensity, and determinants of daily SHA exposure in various indoor settings in 12 European countries.

Methods: A cross-sectional study from the TackSHS survey (2017–2018) consisting representative sample of the population aged  $\geq 15$  years in 12 European countries. We described the prevalence and intensity of exposure to SHA in several indoor settings among 11,604 e-cigarette non-users. Sociodemographic characteristics associated with SHA exposure were explored using logistic regression.

Results: Overall, 16.0% of e-cigarette non-users were exposed to SHA in any indoor setting, ranging from 4.3% in Spain to 29.6% in England. The median duration of SHA exposure among e-cigarette non-users was 43 minutes/day. "Other indoor settings" (e.g. bar, restaurant) was the place where most of e-cigarette non-users have been exposed (8.3%), followed by workplace (6.4%), home (5.8%), public transportation (3.5%), and private transportation (2.7%). SHA exposure was more likely to occur in men, younger age groups, e-cigarette past users, current smokers, those perceiving SHA harmless, and lived in countries with a higher e-cigarette use prevalence.

Conclusions: This study found variability of SHA exposure across and within European countries. Governments should consider extending their tobacco smoke-free legislation to e-cigarettes to protect bystanders, particularly vulnerable populations such as young people.

T4

E-cigarettes and heated tobacco products – the monitoring and surveillance, challenges in communication

## Poster

**43P Trend in the access and use of cigarettes and electronic cigarettes in Italian adolescents: Results from the Global Youth Tobacco Surveys (GYTS), 2010–2018**Giuseppe Gorini | *ISPRO, Florence*

Silvano Gallus, Giulia Carreras, Barbara De Mei, Maria Masocco, Lorena Charrier, Lorenzo Spizzichino, Valentina Minardi, Susanna Lana, Alessio Lachi, Barbara Cortini, Luisa Mastrobattista, Rosilde Di Pirchio, Francesco Barone-Adesi, Roberta Pacifici

Objective: To study trend of youth access and use of cigarettes and electronic cigarettes in Italy in the last decade.

Methods: Prevalence of smoking and electronic cigarette use and access to cigarettes and electronic cigarettes among 13–15-year-old students were studied using the 2010, 2014, and 2018 Global Youth Tobacco Surveys (GYTS; N=1,587; N=1,428; N=1,518, respectively) conducted in Italy.

Results: Prevalence of current smokers and electronic-cigarette users combined, accounting for dual users, increased from 20.7% in 2010 to 27.9% in 2018. Although smokers slightly decreased from 20.7% in 2010 to 19.8% in 2018, electronic cigarette users substantially increased from 0% in 2010, to 7.4% in 2014, and to 17.5% in 2018. Current exclusive users of electronic cigarettes recorded an almost 3-fold significantly increase in the 2014–2018 period: from 2.9% to 8.2%. In 2018, 42% of ever users tried nicotine-free electronic cigarettes, and only 5% of current users were frequent vapers ( $\geq 20$  days in the past month). About 65% of current smokers and 76% of current electronic cigarette users easily accessed to cigarettes or electronic cigarettes in 2018.

Conclusion: In Italy the significant increase of electronic cigarette access and use among adolescents occurred before Juul was marketed in 2019.

T4

E-cigarettes and heated tobacco products – the monitoring and surveillance, challenges in communication

◀ Back to Schedule

◀ Back to Poster Sessions

## Poster

**44P A content analysis of IQOS advertisements appearing in printed Israeli newspapers between December 2016 and December 2017**Laura Rosen | *Tel Aviv University*

Ariella Davis, Shira Kislev, Eimi Lev

Introduction: Alternative tobacco and nicotine products are being actively marketed in many countries. IQOS, a heated tobacco product developed by Philip Morris International (PMI), was introduced into Israel in December 2016. At that time, IQOS was not regulated as a tobacco product (though that subsequently changed). PMI advertised IQOS in many platforms, including the print press, digital and social media. The primary objective of this project was to perform a content analysis of the Hebrew and English IQOS advertisements in printed Israeli newspapers between December 2016 and December 2017.

Methods: Using output from Yifat Communications which included all IQOS advertisements placed in Israeli printed newspapers from December 2016 through December 2017, a quantitative content analysis of printed newspaper advertisements was performed. This included: 1 – obtaining results from a systematic search of the database to build the research corpus for analysis; 2 – entering all text and images into a database created for this purpose; 3 – performing a quantitative content analysis to determine categories and topics addressed in messages and images. All steps were conducted by 2 researchers and the results compared, with differences resolved by discussion.

Results: IQOS newspapers advertising commenced in Israel in April 2017. The preferred times of publication of the advertisements were weekends, July, August, September as well as December 2017. Nineteen IQOS advertisement prototypes were found and analyzed, 15 of which had frequency and placement of the advertisements. The publications preferred were the 4 largest printed newspapers in Israel: Yediot Ahronot, Maariv, Yisrael HaYom, HaAretz. Four topics were found to be repeated across the IQOS prototypes of advertisement: comparisons to regular cigarettes, change and/or experience of transitioning to something novel and new, display of elegance and prestige, and mention of geographical location such as a physical address or name of a city.

Conclusion: This analysis of IQOS advertising in Israel can help forewarn other countries about possible content of advertisements, and allow steps to be taken to protect public health.

T4

E-cigarettes and heated tobacco products – the monitoring and surveillance, challenges in communication

◀ Back to Poster Sessions

◀ Back to Schedule

## Poster

**45P Patterns of multiple tobacco product use among 13-year olds in Denmark**Bast Lotus | Copenhagen

Stine Lauemøller, Lisbeth Lund, Dina Danielsen, Susan Andersen

Background: Most smokers light their first cigarette during their teenage years. Smoking prevention is therefore mostly at matter of preventing teenagers from starting to smoke. As in most of Europe, youth smoking prevalences in Denmark has been decreasing over the past decades. Unfortunately, we face stagnation in this trend among the youngest part of the population and an increase among the 16 to 24-year-olds. Further, there has been a rise in the use of other tobacco related products. And in the dual or multiple use. In order to stop this trend we have to prevent them from starting to smoke, one step is a better understanding of smoking patterns in the smoking initiation period. Therefore, the aim of this study was to examine smoking patterns and accessibility of cigarettes among young teenagers in Denmark.

Methods: We used baseline data from the smoking preventive intervention study X:IT, which is a multi-component school-based program for schools. Baseline data was collected in autumn 2017 in 46 schools from all over the country. In participating classes there were 2,307 students, of whom 86% answered a questionnaire. We assessed ever smoking, current smoking, e-cigarette and snuff use, number of cigarettes smoked, quit attempts and availability of cigarettes.

Results: Of 1923 students (mean age 13 years) 108 (5.6%) had tried smoking a cigarette and 42 (2.2%) were current smokers. 7.5% had tried e-cigarettes, 3.3% had tried both e-cigarettes and ordinary cigarettes, and 9.8% had tried at least one type of cigarette. 1.8% had tried using snuff.

Two thirds of ever smokers said that getting cigarettes is easy. Most ever smokers got cigarettes from their friends, some got them from parents and siblings, one third had taken cigarettes from their parents, while one fifth had purchased cigarettes from a store.

Conclusion: Although the legal age for buying cigarettes in stores in Denmark is 18 years, a significant proportion of young teenagers still have easy access to cigarettes and other tobacco products. There is an urgent need to address this trend of multiple tobacco use among teenagers as young as 13 years old.



E-cigarettes and heated tobacco products – the monitoring and surveillance, challenges in communication

## Poster

**46P Reasons for stopping e-cigarette use amongst smokers: Findings from the 2018 ITC New Zealand Survey**Maddie White | University of Otago, Wellington

White M, Edwards R, Stanley J, Hoek J, Waa AM, Kaai SC, Ouimet J, Quah ACK, Fong GT

Introduction: E-cigarettes (ECs) have the potential to help smokers quit or switch to less harmful products. However, not all smokers that have used ECs persist with vaping. This study explored reasons for stopping EC use amongst a cohort of smokers who continued to smoke.

Methods: Data came from Wave 2 of the 2018 International Tobacco Control (ITC) New Zealand Survey (n=726 smokers). We investigated reasons for stopping EC use amongst smokers who reported any EC use in the past 12 months or dual use at Wave 1 (n = 138).

Results: The most common reasons reported for stopping EC use included: they were not satisfying (63.5%), did not help with cravings (50.7%), concerns about harmfulness (44.9%) and device safety (45.4%), and deciding that ECs would not help quit smoking (57.6%) or to quit unaided (63.1%). We also consider nicotine and non-nicotine EC users separately.

Conclusion: Smokers' reasons for not continuing EC use provide insight into how smoking to vaping transitions might be better supported to increase successful quitting of smoked tobacco. Raising awareness about the relative harmfulness of ECs and smoked tobacco products could reduce misperceptions, while better advice on device and e-liquid suitability and safety may increase satisfaction and encourage persistence.

Funding: ITC New Zealand Project was supported by grants from the New Zealand Health Research Council (GA215F 15/072) and the New Zealand Ministry of Health. Additional support was provided to the University of Waterloo by a foundation grant from the Canadian Institutes of Health Research (FDN-148477). GTF was supported by a Senior Investigator Grant from the Ontario Institute for Cancer Research.

Disclosures/Conflict of Interest: GTF has served as an expert witness on behalf of governments in litigation involving the tobacco industry.



E-cigarettes and heated tobacco products – the monitoring and surveillance, challenges in communication

## Poster

**47P Use of electronic cigarettes in Russia: Associations with advertisement and promotion, demographic factors and smoking status. Results from population representative survey EPOCHA-RF**

Marine Gambaryan | *National Medical Research Centre for Preventive Medicine, Moscow*  
Anna Kalinina, Marina Popovich, Michael Starovoytov, Oxana Drapkina, Sergey Boytsov

Objectives: to investigate the prevalence of Electronic cigarettes (EC) use related to exposure to advertisement and promotion (AP) of those, demographic factors and smoking status in population of Russia.

Methods: Cross-sectional data of adult population representative sample from Russian Tobacco Control Policy Evaluation Survey are analysed, based on multistage territorial sampling in 10 Russian Federal subjects in 2017–2018, stratified by smoking status: n= 11,625: 6,569 smokers, 2,377 former smokers, 2,679 never smokers. Ever use of EC, electronic heated tobacco systems (EHTS) and current use of EC are analysed in relation with demographic factors and exposure to AP of EC. Logistic regression models are employed; odds ratios(OR) adjusted by socio-demographic factors and smoking status.

Results: 9.3% of population: 11% men and 7% women were ever EC users ( $p < .001$ ), 3.3%: 4.2% men and 2.2% women ( $p < .001$ ) EHTS users. 2.5%: 3.2% men and 1.6% women ( $p < .001$ ) were current EC users. The prevalence of EC/EHTS ever and current use was much higher among youngest age group 18–24: 23.5%, 7% and 6.8% respectively vs. the average ( $p < .001$ ).

Higher likelihood of EC/EHTS ever and current use was strongly associated with (1) age: highest in age 18–24: OR 7.37, 2.21, 4.37; (2) smoking status – highest OR in smokers: OR 7.2, 7.27, 5.4 vs. former smokers OR 4.85, 5.79, 3.44 and never smokers ( $p < .001$ ).

Chances to be EC ever/current users were significantly higher in case of exposure to AP of EC (1) on Internet: OR 2.17 and 2.77; (2) in social networks: OR 1.64 and 1.9; (3) on TV: OR 1.77 and 3.74 respectively, and (4) in shops, selling EC: OR 1.82. Chances to be EHTS ever users were significantly higher when exposed to EC AP (1) on TV: OR 3.67, (2) in shops, selling tobacco products: OR 4.69, (3) at sport events: OR 3.04, (4) in bars and pubs: OR 2.19 and (5) at temporary shopping facilities: OR 2.11.

Conclusion: The use of EC, largely prevalent among the young, is strongly related to AP of these products. Legal ban on AP of all forms of EC is required.

T4

E-cigarettes and heated tobacco products – the monitoring and surveillance, challenges in communication

## Poster

**48P Perspectives and attitudes of e-cigarette users in using e-cigarettes as a tobacco smoking cessation aid**

Meghana Ramachandran | *Dublin Business School*  
Garry Prentice

Introduction: Electronic Nicotine Delivery System (ENDS) or E-cigarettes is a well-liked device especially among tobacco cigarette smokers as they are believed to have the potential to be a good cessation aid. Research studies on the use of e-cigarettes as a cessation aid is scant and inconsistent.

Aim: The present study aims to understand the user's perspectives and attitudes in using e-cigarettes as a tobacco smoking cessation aid. The researcher mainly purports to conduct an in-depth exploratory study that could give out pre-existing or new insights to the concept under study.

Method: This research was a qualitative study as it intended to explore in-depth perceptions and attitudes of vapers. For this purpose, five semi-structured interviews of current and former e-cigarette and tobacco smokers were conducted in Dublin, Ireland.

Results: Although being a small sample, thematic analysis of the data was pervasive enough to result in five themes namely; (1) e-cigarettes are good for image preservation, (2) learning about e-cigarettes, (3) need for regulation and restricted promotion, (4) no alternative is the best alternative and (5) advice for future users.

Conclusion: There was a consistent understanding and a similarity in the way users perceived especially in stating that e-cigarettes can be indeed helpful especially to heavy smokers, however they are not a healthy enough to consider as an alternative. Moreover, with its long-term effects still unknown, recommending e-cigarettes as good smoking cessation aid in inappropriate.

Key words: E-cigarettes, cessation aid, tobacco smoking, perceptions.

T4

E-cigarettes and heated tobacco products – the monitoring and surveillance, challenges in communication

## Poster

**49P Prevalence of electronic cigarettes, heated tobacco products among teenagers in Taiwan**

Jia-Yu Zhong | *Taiwan*  
Yan-Zi Pan, Ming-Ing Lu, Shu-Ying Lo, Ying-Wei Wang

Background: In recent years, e-cigarettes and Heated Tobacco Products are emerging. Young group are more susceptible to the flavors and modern designs of e-cigarettes and HTPs. Both of e-cigarettes and HTPs contain nicotine. The adolescent brain is particularly sensitive to the effects of nicotine. This study aims to examine the prevalence of e-cigarettes use and HTPs use among adolescents.

Methods: Data were drawn from the 2018 Taiwan Global youth tobacco survey (Taiwan GYTS) conducted under a school-based and cross-sectional study. A total of 44,905 students in grades 7–12 were analyzed.

Results: The prevalence of e-cigarettes use by junior and senior high school students was 1.9% and 3.4% in 2018 respectively. The HTPs use among junior and senior high school students was 2.0% and 2.7% in 2018. 37.0% of junior high school students and 20.9% of senior high school students who have never used traditional cigarettes have tried e-cigarettes, and 45.7% of junior high school students and 25.8% of senior high school students who have never used traditional cigarettes have used HTPs.

Conclusions: Although cigarettes use by adolescents has declined substantially over the past few years, the rise of e-cigarettes and HTPs poses a serious health risk for children and teenagers. Taiwan's governments have cooperated with each other to comprehensively block hazards from e-cigarettes and HTPs by border seizure and inspection, source tracking, channel inspection, monitoring and management, education broadcasting and cessation guidance, etc. The goal is to protect children and teenagers against these dangers and to create a smoke-free environment for the next generation.

Keywords: nicotine, Electronic Cigarettes, Heated Tobacco Products, Taiwan Global youth tobacco survey

T4

E-cigarettes and heated tobacco products – the monitoring and surveillance, challenges in communication

[◀ Back to Schedule](#)
[◀ Back to Poster Sessions](#)

## Poster

**50P What do tobacco control advocates in low- and middle-income countries need to counter tobacco industry policy interference?**

Britta Katharina Matthes | *University of Bath*  
Lindsay Robertson, Mateusz Zatoński, Anna Gilmore

Introduction: Addressing tobacco industry interference (TII) is a challenge facing tobacco control (TC) advocates worldwide, and those in low- and middle-income countries (LMICs) often are particularly constrained in terms of resources and capacity. We aimed to identify what advocates from LMICs perceive to be needed for effectively countering TII.

Method: We conducted in-depth interviews with LMIC-based advocates who had attempted to counter TII in the context of a law or regulation. We explored participants' experiences of TII, the information and support they had used or needed, their training experiences, and any perceived unmet needs. We used qualitative description to analyse interview transcripts.

Results: Common needs included: i) data, particularly regional- or national-level data on tobacco economics, farming and illicit trade; ii) capacity and skills around investigative techniques and adapting global knowledge to their specific context; iii) materials to support the delivery of training on TII, and iv) funding beyond short-term projects.

Conclusion: Interviewees were very knowledgeable of TII globally and within their own context, yet identified gaps in terms of linking global resources to local action and rigorously exposing TII. Our findings will feed into the development of tools/ training/ webinars to support LMIC tobacco control advocates in countering TII.

T5

Successes or failures in the tobacco control advocacy

[◀ Back to Poster Sessions](#)
[◀ Back to Schedule](#)

Poster

**51P Increasing success of tobacco control advocacy by binding forces around a conjunctive inspiring goal: The Smokefree Generation in the Netherlands**

Dewi Segaar | Dutch Smokefree Alliance, Utrecht  
Laura Houtenbos, Sanne Heijndijk

Introduction: Up to five years ago Dutch society was strongly polarized on tobacco control, suffering political headwind. We wanted to build societal support for tobacco control to create fertile soil for sustainable, effective policy.

Methods: Parties active in tobacco control developed a common strategy. A conjunctive and positive inspiring goal was found in the Smokefree Generation (SFG). A stepwise roadmap made it possible for everyone to take easily accessible steps that contributed to one strategy. Coalition partners were sought and found among a broad range of influential sectors such as sports, local governments, health professionals and companies.

Results: This approach has a snowball effect and created a much more positive political climate for taking effective measures.

In October 2017, the government unequivocally announced support for the goal of creating a SFG in its Coalition Agreement. A year later, the National Prevention Agreement (NPA) was published. The NPA contains a comprehensive set of FCTC-measures to realise a SFG by 2040, like major tax increases, a point-of-sale display ban, plain packaging as well as improved access to smoking cessation support.

Conclusion: The positive reframing of tobacco control created fertile soil for tobacco control advocacy. A WHO 'World No Tobacco Award' winning strategy (<https://www.who.int/tobacco/wntd/awards-2019/en/>).



Successes or failures in the tobacco control advocacy

Poster

**52P A smoke-free university hospital: What do patients, employees and visitors think?**

Leonieke J Breunis | Erasmus MC-Sophia Children's Hospital, Rotterdam  
Nienke Boderie, Maud Versteyleen, Nazmi Dereci, Marlou LA de Kroon, Jasper V Been

Introduction: From 2 September 2019 the area surrounding the Erasmus MC, including the Sophia Children's Hospital, and a nearby high school and University of Applied Sciences will become smoke-free. Smoking will no longer be allowed around the buildings and on the street between them. This will constitute the second inner-city smoke-free area in the Netherlands and fits current policy reform to support working towards a smoke-free generation.

Methods: A questionnaire was carried out among adult patients, paediatric patients and their parents, employees, students and visitors of the Erasmus MC, to explore their opinions on the upcoming smoke-free area. Determinants of these opinions were analysed using ordinal logistic regression.

Results: In total, 745 people filled out the questionnaires. 71% (n=117) of adult patients, 82% (n=63) of parents, 67% (n=155) of employees, 66% (n=87) of visitors and 88% (n=28) of students of the Erasmus MC were (very) positive about the new smoke-free policy. Current smokers (OR=0.14, CI[0.07-0.26]) and people with little awareness of the negative health impact of second-hand smoke (OR=0.31, CI[0.19-0.47]) were less likely to be (very) positive about the new smoke-free policy. The paediatric patients underlined the exemplary role of health care providers, 92% (n=82) of them felt that nobody should be allowed to smoke near the hospital.

Conclusion: Implementation of smoke-free grounds surrounding the Netherlands' largest (university) hospital is supported by the vast majority of patients, visitors, employees and students, and particularly so by paediatric patients. This supports the planned national adoption of a smoke-free hospital policy in the Netherlands by 2025.



Successes or failures in the tobacco control advocacy

## Poster

**53P Implementing an inner-city smoke-free zone: Field study of smoking behaviour at baseline**

Leonieke J Breunis | *Erasmus MC-Sophia Children's Hospital, Rotterdam*  
Nazmi Dereci, Marlou LA de Kroon, Jasper V Been

**Introduction:** Starting from September 2019, the city of Rotterdam will implement a smoke-free zone encompassing the Erasmus MC (EMC), the Rotterdam University of Applied Sciences (RUAS), the Erasmiaans high school (EHS), and a public road and pedestrian area. Currently, although smoking is formally only permitted in designated areas, the everyday experience is that many people smoke outside these areas. As part of a formal evaluation of the implementation of the smoke-free policy, we performed a baseline assessment of current smoking patterns within the planned smoke-free zone.

**Methods:** This was an observational field study in winter 2018/19 in Rotterdam, the Netherlands. We counted every smoker in fifteen locations on EMC grounds for thirty days, and in five locations on EHS/RUAS grounds for seven days. From these observations, the daily number of smokers was estimated for each location. In addition, weather conditions, smokers' characteristics, and their compliance with the current policy were noted.

**Results:** On hospital grounds 2,218 smokers were counted during the working hours in weekdays. On school grounds, 1,315 smokers were observed. The largest numbers of smokers were observed nearby the EMC main entrance (n=711) and in the partially enclosed EMC parking space (n=534). Of smokers near the EMC, 30% were identified as EMC employees and 5% as patients. Near the EHS/RUAS, 69% of smokers were students and 12% were employees. Across the entire area, 70% of smokers smoked outside of a location where smoking was permitted. Only 0.7% of these smokers were addressed and asked to smoke elsewhere.

**Conclusion:** This study shows that there are many smokers on EMC grounds and school grounds daily, exposing employees, patients and students to potential harmful effects of second-hand smoke. The planned smoke-free zone aims to contribute to denormalise smoking in hospital and school grounds. We plan to evaluate the smoke-free zone through follow-up measurements in 2020.



Successes or failures in the tobacco control advocacy

## Poster

**54P Denormalising tobacco at a Danish music festival**

Maja Kring Schjoerring | *National Institute of Public Health*

**Introduction:** Music festivals and similar arenas are used worldwide by the tobacco industry to promote tobacco to youth and to shape brand image and generate brand recognition<sup>1,2</sup>. The industry uses subtle tobacco promotion: "below-the-line promotion", such as handing out free cigarette samples or engaging in tobacco sponsorships<sup>3,4</sup>. It is a wellknown and efficient strategy for the industry to encourage smoking uptake by youths. Strøm is a Danish electronic music festival which each year attracts more than 10,000 people mainly aged 15–30 years old. Until recently like many other music festivals Strøm received cigarettes from tobacco companies free of charge for resale to the audience. In this setting festival artists, staff and audience frequently were depicted smoking in social media posts and promotional material.

**Methods:** In 2014 Strøm initiated a partnership with The Danish Cancer Society and the Municipality of Copenhagen. The aim of the partnership was to end the promotion of tobacco at the festival and to start denormalising tobacco in the Danish music scene. One intervention aimed at reducing the visibility of tobacco by not accepting tobacco for resale at the festival and by development of a non-smoking code for promotional material, social media and by employees at the festival.

**Results:** Tobacco is no longer sold at the festival. The intervention increased the awareness among the festival employees of how their visible smoking may influence adolescents and they were increasingly conscious of not smoking in the context of the festival.

**Conclusion:** We found that it was feasible to run a music festival without the direct and indirect tobacco promotion. This awareness can be used to disseminate the no-tobacco intervention to other music festivals and cultural settings. The inside knowledge of the tobacco industry tactics can be an eye-opener in youth campaigns and help build support among the public and policy makers for a comprehensive advertising ban.

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Successes or failures in the tobacco control advocacy

## Poster

**55P The Smoke Free App**

Sophie Meingassner | *Rauchfrei Telefon, St. Pölten*  
Alexandra Beroggio

It is easier to get smoke free with professional help than all by yourself. With professional help success can be more than doubled.

Beside therapeutical treatment programmes from quitlines to intensive programs, various self help materials and SMS support, applications for smartphones are a new and promising way to motivate to quit and to offer support for smokers and ex-smokers. Digital technology can be used to support smokers in their process of becoming smokefree. Especially target groups, who do not want or cannot attend face to face cessation programmes, can be addressed. The „Rauchfrei App“ was first developed in 2014 by psychologists of the austrian quitline „Rauchfrei Telefon“ and is part of the broad offer of the Austrian quitline. In 2019 the app was adapted in terms of content, usability and graphics, in order to address a broader range of people, e.g. younger smokers, who are as a target group especially hard to reach with traditional cessation programs.

The smartphone app is cost free available for german speaking users of Android and iPhones.

The app offers well grounded support to get smoke free. The programme is developed on evidence based therapy programs and on the tobacco cessation experience of the quitline team. Experiences and evaluations of existing applications for tobacco cessation were taken into consideration. Feedback from the app users was integrated, new technologies were used for the update. The application emphasises the entire process of behaviour change, taking into account the different stages of behaviour change (Prochaska and diClemente) for the preparation, the implementation and the maintenance of tobacco abstinence as well as relapse prevention.

## Distinctive features:

- embedded in the support offer of the quitline (counselling, website, selfhelp materials)
- can be used as stand alone tool as well as accompanying tool for further cessation treatment
- developed by cessation experts
- conducts the process of behaviour change, flexible use with two dashboards (preparation vs. smokefree)
- individual customizing on the dashboard with multiple tools within the app (smoking protocol, checklist, motivation scale, motivation flash, fitness tips...)
- accompanying push notifications (text messages via app) for specific target groups (young people, pregnant smokers, ex-smokers)

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Novel tobacco treatment interventions

## Poster

**56P Does new smoking cessation program (5-day residential intensive treatment program) work in South Korea?**

Kim Yeol | *Korean National Cancer Center, Goyang*  
Seo Hong Gwan

Background: South Korea has been expanding various public smoking cessation services after raising tobacco tax by 80% from 2015. The Korean Ministry of Health and Welfare has designated 18 regional smoking cessation support centers nationwide. The centers enhance networking between smoking cessation service infra in the region and perform mobile smoking cessation counselling service for adolescent out of school and disabled. Also the centers operate 5-day residential intensive treatment program (5-RITP) for heavy smokers without cost.

The study aims to investigate quit smoking rates (QSR) of 5-RITP at Northern Gyeonggi Smoking Cessation Support Center in 2016–2018 .

Methods: Eligible Participants for 5-RITP are current smokers who have over 20-pack year smoking history and who failed to quit smoking at least 2 times but still have intention to quit. Also patients who continue smoking after treatment of smoking related diseases such like lung cancer or ischemic heart disease took part in this program. 5-RITP provides pharmacotherapy for nicotine dependence, intensive counselling with cognitive behavioral therapy, and education on harm of smoking, benefit of cessation, immorality of tobacco company, dealing methods for smoking craving, effective diet and exercise during quitting smoking. The participants received follow-up care at 2, 4, 8, 12 and 16 weeks by visiting a smoking cessation clinic or telephone counselling. QSR (4 weeks & 6 months) were measured based on self-report and analyzed by sex and age.

Results: A total number of participants 5-RITP was 836 for three years. Males were 1,504 (90.0%) and females were 168 (10.0%) respectively. Proportion of participants aged 60 or over were 55.6%. Average QSR was 91.3% at 4 weeks and 54.9% after 6 months after 5-RITP. According to sex, QRS between male (91.5%) and female (89.3%) were very similar at 4 weeks. Also QRS at 6 months reported no significant difference between male (54.8%) and female (56.0%) . With respect to QRS by age, the rates at 4 weeks showed similar results each year by age. However, QRS of participants aged 60 or over was higher than younger age groups at 6 months.

Conclusion: South Korea's new smoking cessation program (5-RITP) yielded fruitful results in helping heavily addicted smokers to quit smoking.



Novel tobacco treatment interventions

Poster

**57P A picture is worth a thousand words: Impact of the EU Tobacco Products Directive on call volume, baseline characteristics and post-intervention cessation rates**

Peter Lindinger | *Scientific Action Group on Smoking Cessation (WAT e. V.), Frankfurt*  
Matthias Nuebling, Michaela Goecke, Kathrin Duhme

Objective: Treatment reach of quitlines can be improved by pictorial warnings and on-pack quitline information. The EU Tobacco Products Directive requires cigarette packages to carry combined health warnings consisting of pictures, text warnings and cessation information. Little research exists on the effect of these warnings on calls, baseline characteristics and post-intervention cessation rates.

Methods: The German Quitline offers free inbound and proactive call back counselling. Data are collected during the initial call and after three and 12 months. We compared overall call volume, baseline characteristics and abstinence rates before and after the implementation of EU Directive.

Results: We observed a huge increase in overall call volume between the first and third quarter of 2016. Participants calling after the implementation of EU directive smoked more cigarettes per day and showed higher dependence scores while the proportion of relapse prevention calls had decreased. Overall cessation rate for this group was significantly lower. Looking at callers intending to quit only a small, not significant difference remained.

Conclusion: Pictorial warnings and on-pack quitline information massively increased calls. The huge increase in call volume provided a challenge on one side and a great opportunity to improve treatment reach on the other side.

Funding: Federal Center for Health Education (BZgA)



The tobacco pack: From pictorial warning to plain packaging

Poster

**58P Impact of standardised pack laws on brand preferences and perceptions: Pre-post evaluation findings from the 2016-18 ITC New Zealand Surveys**

Richard Edwards | *Wellington*  
Maddie White, James Stanley, Janet Hoek, Susan Kaai, Janine Ouimet, Kaai SC, Anne Quah, Geoff Fong

Introduction: From Mar–Jun 2018 New Zealand (NZ) implemented standardised cigarette packs and enhanced (larger, new images, more prominent Quitline number) pictorial health warnings (PHWs). We examined the impact of the new packs on NZ smokers.

Methods: Data came from Wave 1 (W1, Aug 2016–Apr 2017; n=910 smokers) and Wave 2 (W2, Jul–Dec 2018; n=726 smokers), and 305 smokers participating in both waves of the International Tobacco Control (ITC) NZ Survey. We excluded participants not using standardised packs at W2 and assessed changes in indicators likely to be impacted by standardised packaging using longitudinal (reported here) and repeat cross-sectional analyses.

Results: Amongst respondents stating a preferred brand (W1: 88.8% vs. W2: 81.8%), there were declines in reporting branding was the first thing they noticed about their pack (48.1% vs. 18.4%), or believing prestige differs greatly between brands (28.0% vs 18.3%). At wave 2 more people disliked the look of their pack (50.3% vs. 77.7%) and thought their cigarettes were low quality (11.1% vs. 17.1%).

Conclusion: The findings suggest standardised packaging and enhanced PHWs reduce pack appeal, brand salience, and the experience of smoking. Further data on smoking initiation and quitting are required to fully assess the impact of NZ's new packs.

Funding: ITC New Zealand Project was supported by grants from the New Zealand Health Research Council (GA215F 15/072) and the New Zealand Ministry of Health. Additional support was provided to the University of Waterloo by a foundation grant from the Canadian Institutes of Health Research (FDN-148477).



The tobacco pack: From pictorial warning to plain packaging

## Poster

**59P Changes in the effectiveness of tobacco warning labels after implementation of the European Tobacco Products Directive – findings from the EUREST-PLUS ITC Europe surveys**Sarah Kahnert | *German Cancer Research Center (DKFZ), Heidelberg*

Pete Driezen, Tibor Demjén, Esteve Fernández, Yannis Tountas, Antigona C Trofor, Krzysztof Przewoźniak, Geoffrey T Fong, Constantine I Vardavas, Ute Mans

Objective: Tobacco product packaging is a key part of marketing efforts to make tobacco use appealing. In contrast, large, prominent health warnings are known to be effective in informing about the risks of smoking and motivating smokers to quit. In the European Union, since May 2016, the Tobacco Products Directive 2014/40/EU (TPD2), requires tobacco product packages to carry combined textual and pictorial health warnings. The objective of this study was to examine changes in the effectiveness of tobacco warning labels (WL) after implementation of the TPD2 as well as to explore determinants of WL effectiveness.

Methods: Data from Wave 1 (pre-TPD2) and Wave 2 (post-TPD2) of the ITC 6 European Country (ITC 6E) Survey, comprising approximately 6,000 adult smokers per wave from Germany, Greece, Hungary, Poland, Romania and Spain, were used. Self-reported perceived effectiveness of the WL was examined by means of smokers' ratings on warning salience, thoughts of harm and quitting, and forgoing of cigarettes. To examine changes in effectiveness of WL over time Generalized Estimating Equations (GEE) models were computed.

Results: The effectiveness of the EU-standardized WL varied by country and tended to reflect the extent of their change of appearance. WL tended to be more effective among women and less dependent smokers and effectiveness tended to be greater in Poland and in Romania. In Wave 2, for most indicators and in most countries the ratings were higher than in wave 1. Especially salience of warning labels increased significantly between waves in the pooled sample (OR=1.18; 95%-CI: 1.03 to 1.35).

Conclusion: In terms of the indicators applied in this study, combined textual and pictorial health warnings in accordance with TPD2 tended to be more effective than plain text warnings and pictorial warnings placed only on the back of the packaging, although clear trends and statistical significance were not consistently observed in all countries.

Funding: The EUREST-PLUS project has received funding from the European Union's Horizon 2020 Research and Innovation Programme under the grant agreement No 681109 (CIV) and from the University of Waterloo (GTF). Additional support was provided to the University of Waterloo by the Canadian Institutes of Health Research (FDN-148477).

Conflicts of interest: GTF has served as an expert witness on behalf of governments in litigation involving the tobacco industry.

T7

The tobacco pack: From pictorial warning to plain packaging

◀ Back to Schedule

◀ Back to Poster Sessions

## Poster

**60P Potential for smoking reduction among Danish youth: A qualitative needs assessment**Dina Danielsen | *Copenhagen*

Ditte Heering Holt, Lotus Sofie Bast, Gitte Sofie Jacobsen, Susan Andersen

Background: Most people begin smoking during youth and persons who start smoking at a young age are at higher risk of developing nicotine dependence, which makes it more difficult to quit. A major challenge is to reduce the smoking prevalence among youth in environments with high smoking rates. Socioeconomically disadvantaged young people are more likely to smoke. One such identified high-risk youth group in Denmark is students at vocational school, where daily smoking rates are almost 40%. Based on the PRECEDE model this study aimed to explore barriers to institute a smoking prevention - and cessation intervention in the vocational school setting.

Methods: Participant observations were conducted during 16 days in four vocational schools in the capital area of Denmark. Six individual semi-structured interviews were made with teachers, managers and one student advisor as well as 20 focus group discussions with students. Interviews and focus groups were audio-taped, transcribed and analyzed according to Malterud's systematic text condensation.

Results: The predisposing factors imply that smoking is an integral part of many students' everyday life and family relations, it has become a habit and addiction and it soothes stress and negative feelings. The enabling factors include school smoking culture and lack of legislation. The reinforcing factors include a general perception among youth that vocational schools – and professions are associated with smoking. Furthermore, the level of visibility of smoking is quite high, smoking is used to establish social relationships and teachers even encourage smoking in some instances.

Conclusion: Vocational students in Denmark experience several barriers to smoking reduction and cessation. Individual perceptions, the attitudes of the school staff and the school culture and norms were identified as important priority areas for future smoking prevention and cessation interventions at high-risk school settings such as vocational schools.

T8

Strategies to reach and support /educate lower socio-economic status (SES) groups

◀ Back to Poster Sessions

◀ Back to Schedule

## Poster

**61P Investigating the adherence of smoking cessation mobile applications in the United Kingdom to evidence-based guidelines**

Nikita Rajani | *Imperial College London*  
Dominik Weth, Nikolaos Mastellos, Filippos Filippidis

Background: Mobile phone-based interventions are found to have a positive impact on cessation outcomes and provide a low-cost method to reach a large number of people. Studies show that mobile apps can have a greater positive impact on lower socioeconomic status (SES) groups than higher (SES) groups. However, little is known about the adherence of mobile apps to smoking cessation guidelines. This review aims to systematically assess the adherence of smoking cessation apps to evidence-based guidelines.

Methods: The United Kingdom Android and iOS markets were searched in February 2018 to identify smoking cessation apps. After screening, 125 Android and 15 iOS apps were tested independently by two reviewers for adherence to the National Institute of Care and Excellence (NICE) Smoking Cessation Guidelines for Self-Help Materials and the Five A Guidelines for Smoking Cessation. Descriptive statistics were used to examine adherence to cessation guidelines.

Results: A majority of apps across both platforms have low adherence to the Five A Guidelines (65.7%) and NICE Smoking Cessation Guidelines for Self-Help Materials (63.6%). Only 15% of mobile apps provide information about the benefits of nicotine replacement therapy (NRT), and even fewer provide information on types of NRT products (7.1%) or how to use them (2.1%). In addition, only a minority of apps arrange follow-up appointments or provide additional support to help smokers quit.

Conclusion: We found that most mobile apps do not follow existing smoking cessation treatment guidelines. Smokers seeking to quit, tobacco control policy makers and software developers need to work together to develop apps that are in line with the latest clinical guidelines and strategies to maximise effectiveness. Evidence-based mobile apps for smoking cessation may attenuate health disparities in the prevalence of smoking and smoking cessation, particularly at a time when the proportion of smokers using assistance to quit is declining.



Strategies to reach and support /educate lower socio-economic status (SES) groups

## Poster

**62P Designing a school-based smoking intervention for older adolescents and young adults at Danish alternative high schools using the Behaviour Change Wheel**

Susan Andersen | *National Institute of Public Health, Copenhagen*  
Dina Danielsen, Gitte Sofie Jakobsen, Ditte Heering Holt, Rikke Krølner

Background: Daily smoking rates at Danish alternative high schools are about 40%, contributing significant to the high smoking rates in young people. We aimed to develop a school-based intervention to reduce smoking at alternative high schools in Denmark.

Methods: The Behaviour change Wheel (BCW), incorporating the COM-B model (capability, opportunity and motivation), provided a theoretical framework for the development of the Focus intervention. We identified intervention components through the recommended stages of the BCW, and based on the following sources of evidence: (i) literature reviews, (ii) a qualitative need assessment study of smoking at alternative high schools and (iii) pilot test of potential intervention components. The Template for Intervention Description and Replication (TIDieR) checklist was used to specify details of the intervention including the who, what, how and where of proposed intervention delivery.

Results: Targets identified for reducing smoking at alternative high schools included the following: psychological capability (knowledge, behaviour regulation) by delivering a theatre show and education sessions, and testing carbon monoxide; physical capability by offering behavioural support to students in reducing smoking; physical opportunity (environmental context and resources) by promoting a school tobacco policy that do not allow students, teachers and visitors to smoke during the school day, staff is trained in short conversations about smoking and is offering or referring to quit services; social opportunity (social influences) by less school acceptability of smoking and presenting social alternatives to smoking in school breaks; and motivation (social role and identity, beliefs, emotions/optimism, environmental context and resources, reinforcement) by emphasising awareness and choice of not smoking, practice smoke-free school days, encouraging staff to have a non-judgmental attitude and a class competition.

Conclusions: We have developed and refined a multicomponent school-based intervention to reduce smoking in alternative high schools among youth and young adults with high smoking prevalence, which we now evaluate in a randomised controlled trial.



Strategies to reach and support /educate lower socio-economic status (SES) groups

Poster

**63P Impact of population-level tobacco control interventions on socioeconomic inequalities in smoking: A systematic review**

Caroline Smith | University of Edinburgh  
Sarah Hill, Amanda Amos

Introduction: Reducing socioeconomic inequalities in smoking is a tobacco control priority but considerable uncertainty remains about which interventions and policies are most effective. We present the findings of a systematic review of the international evidence on the equity impact of tobacco control interventions and policies (eg tax, mass media, cessation support, smokefree) published between 2013 and 2018.

Methods: Systematic review and narrative synthesis. Ten bibliographic databases were searched for studies of any design which evaluated a population-level tobacco control intervention or policy by socioeconomic status. Online editions of four key journals were hand-searched for in-press articles. Eligible studies could report any smoking-related outcome among adults.

Results: 20,205 references were identified, 73 met the full inclusion criteria. Price/taxation measures had the most consistent equity positive impact. Other intervention types showed mixed effects. There was evidence that intervention equity impact may evolve over time as the intervention becomes more established and its effects cascade to lower socioeconomic groups.

Conclusion: Studies which have assessed the socioeconomic impact of tobacco control interventions have increased in the past five years, however, they continue to reveal inconsistent and complex equity effects. Sustained and concerted tobacco control interventions may hold the key to reducing inequalities in smoking.

📌 T9  
Social inequalities and smoking / tobacco related health disparities

⏪ Back to Schedule

⏪ Back to Poster Sessions

Poster

**64P Educational inequalities in smoking. Where does Germany stand in the European comparison? Results of the European Health Interview Survey (EHIS) wave 2**

Jens Hoebel | Robert Koch Institute  
Jonas Finger, Benjamin Kuntz, Johannes Zeiher, Anne Starker

Objective: In Germany and other European Union (EU) member states considerable social inequalities in morbidity and mortality exist. In this context, smoking has been identified as major contributing factor. As smoking prevalence in Germany and the EU member states has declined significantly in recent years, we analysed the current extent of educational inequalities.

Methods: The analyses are based on Data from 213,902 participants aged between 25 and 69 years from the European Health Interview Survey wave 2. Besides prevalence rates, absolute and relative educational inequalities in smoking were determined using the Slope Index of Inequality and the Relative Index of Inequality. For all EU member states and Germany figures are compared to the EU average.

Results: The prevalence of smoking differed widely across the EU member states. In Germany as well as in the EU average current smoking is more prevalent in the low education group than in the higher education groups. For women, the absolute and relative educational inequalities are larger in Germany than in the EU average; for men, they are very close to the EU average.

Conclusion: In Germany, as in most EU member states strong educational inequalities in smoking among adults still exist. Thus, inequality-sensitive measures in tobacco control and prevention are needed to improve health opportunities of all population groups.

📌 T9  
Social inequalities and smoking / tobacco related health disparities

⏪ Back to Poster Sessions

⏪ Back to Schedule

## Poster

**65P Phasing out the sale of combustible tobacco***Chris Bostic | Action on Smoking and Health*

No one wants their child to smoke. Ever. And for good reason – cigarettes, if used as intended, will kill more than half of the people who use it. Combustible tobacco use costs the world 1–2% of GDP and kills more than 8 million people every year. Cigarettes are a burden on society like no other commercial product. So why do we put up with it? Maybe we don't have to. When the world first became aware that smoking causes disease, a smoke-free world was inconceivable. Thanks to dramatic changes in the global response to the tobacco epidemic and policies such as raising the price of cigarettes, marketing restrictions and smoke-free air laws, that world – a world in which combustible tobacco is no longer sold as a legitimate commercial product – is within reach. This presentation will examine the arguments in favor of phasing out the sale of cigarettes and other combustible forms of tobacco and the policy options available, the potential impact on health and health disparities, and legal considerations. As a result of this session, participants will have a greater understanding of the policy options available to phase out the sale of cigarettes and the legal and political considerations for advocates and policy makers to address.

T9  
Social inequalities and smoking / tobacco related health disparities

Back to Schedule

Back to Poster Sessions

## Poster

**66P Socioeconomic and regional inequalities in smoking cessation in Italy, 2014–2017***Giuseppe Gorini | ISPRO, Florence*

Giulia Carreras, Valentina Minardi, Maria Masocco, Silvano Gallus, Fabrizio Faggiano, Daniela Galeone, Lorenzo Spizzichino, Barbara De Mei, Claudia Mortali, Luisa Mastrobattista, Rosilde Di Pirchio, Francesco Barone-Adesi, Roberta Pacifi

Objective: to study regional differences of successful abstinence in relation to socioeconomic status and smoking cessation method in a representative sample of the Italian population.

Methods: In 2014–2017, smoking and socio-demographic characteristics of 35,157 smokers aged 18–69 years; of 13,130 smokers who made  $\geq 1$  quit attempt in the previous year, and of 1,176 successful quitters for  $\geq 6$  months, were retrieved from PASSI, the ongoing Italian behavioural risk factor surveillance system.

Results: About 35% of smokers made  $\geq 1$  quit attempt in the last year. About 10% of attempters were abstinent for  $\geq 6$  months: from 6% in Campania and Abruzzo to 17% in the Bolzano province. Attempters with many economic difficulties had the lowest likelihood to be abstinent (7%), with no differences by region, education level, quitting method. Attempters with no economic difficulties recorded the highest cessation rates (12%). Among them, those from Northern Italy, Tuscany, Marche, Lazio, and Apulia; those with high education level, or using traditional quitting methods compared to those using electronic cigarettes or unaided, were more likely to record abstinence.

Conclusion: Effective interventions to promote smoking cessation in smokers from Southern Italy and in those with lower socio-economic status are needed.

T9  
Social inequalities and smoking / tobacco related health disparities

Back to Poster Sessions

Back to Schedule

## Poster

**67P Association between income and education with quit attempts, use of cessation aids, and short-term success in tobacco smokers in Germany: A social gradient analysis from the population-based German Study on Tobacco Use (DEBRA study)**

Sabrina Kastaun | *Institute of General Practice, Addiction Research and Clinical Epidemiology Unit, Medical Faculty of the Heinrich-Heine-University Düsseldorf*  
Jamie Brown, Daniel Kotz

Objectives: It remains unclear why higher smoking rates persist in lower compared with higher socioeconomic status (SES) groups. We assessed associations between indicators of SES and smoking cessation among smokers in Germany.

Methods: We analysed data of 11,516 last-year smokers from the German Study on Tobacco Use (DEBRA study, 29.7% of the total sample aged  $\geq 14$  years, 06/2016-07/2019). Associations between two indicators of SES (income/education) and (1) past-year quit attempts; (2) use of evidence-based cessation medication/behavioural support; and (3) short-term self-reported abstinence were analysed using multivariable logistic regression, including age, sex, level of tobacco addiction, income respectively education and, for analysis 3, time since quit attempt started and use of any evidence-based support.

Results: Of all last-year smokers, 17.8% had tried to quit, of whom 15.0% had successfully stopped. Higher income (OR 0.82, 95% CI=0.77–0.88 per 1000€) and low vs. high education (OR 0.84, 95% CI=0.73–0.96) were associated with lower odds of quit attempts. In smokers with quit attempts, income but not education was associated with higher odds of using medication (OR 1.33, 95% CI=1.09–1.62 per 1000€). Neither income nor education was associated with using behavioural support or short-term success.

Conclusion: Low- vs. high-educated smokers try to quit less, whereas low- vs. high-income smokers attempt to quit more frequently. However, these quit attempts in low-income smokers are less often supported with cessation medication, which is still not reimbursed in Germany.

Funding source: Ministry for Culture and Science, Germany



T9 Social inequalities and smoking / tobacco related health disparities

## Poster

**68P Safeguarding children's wellbeing through protection from tobacco smoke**

Katarina Östergren | *Department of Sustainable Regional Development and Public Health, Sörmland County Council*  
Per Hillblom, Charlotte Nylander, Katarina Gustafson

Background: The protection of children from exposure to tobacco smoke is strongly embedded in the World Health Organization (WHO) Framework Convention on Tobacco Control<sup>1</sup> and The UN Convention on the Rights of the Child. National statistics from Sweden show that Region Sörmland has an overrepresentation of children exposed to second-hand smoke<sup>2</sup>. In order to improve the situation, foresighted politicians in Region Sörmland decided to allocate funding to minimize the exposure to second-hand smoke among children.

Methods: "Safeguarding children's wellbeing through protection from tobacco smoke" is an information material for healthcare professionals in their interactions with parents, expecting parents and any other adult tobacco smokers who visit healthcare facilities in order to give each child the right conditions to grow up in a healthy environment. The campaign also aimed at the general population to raise awareness of the harmful effects of tobacco use and second-hand smoke exposure. "Safeguarding children's wellbeing through protection from tobacco smoke" was produced by the Department of Sustainable Regional Development and Public Health and the Department of Communication in collaboration with a focus group deriving from Child Health Care and Maternal Health Care. The information material was produced with the ambition to deliver its message in an inclusive and positive manner. The material consists of: An animated movie with nonverbal communication, questions for discussion, information sheets in different languages, and posters.

Results: The information material is used in various operations within the public sector in the Sörmland region. Since its release in January 2019, the movie has received a great deal of attention in social media and has aroused interest in both Sweden and other parts of Europe. Moreover, the film has been published by the WHO<sup>1</sup> in social media and screened on several international film festivals.

Conclusions: Region Sörmland have developed a communication and visualisation material aiming at reducing second-hand smoke among children. The choice of making a non-verbal film successfully allowed this material to spread beyond the borders of Sörmland.

## References:

- 1 World Health Organization, Framework Convention on Tobacco Control <https://www.who.int/fctc/mediacentre/news/2019/childrens-wellbeing-through-protection-from-tobacco-smoke/en/> Accessed 190829
- 2 Barnhälsovårdens årsrapport 2017 <https://samverkan.regionsormland.se/siteassets/halsoval/barnhalsovardens/arsrapporter/barnhalsovardens-arsrapport-2017.pdf> Accessed 190829



T9 Social inequalities and smoking / tobacco related health disparities

## Poster

**69P Is a tobacco-free Finland possible for all educational groups?  
Smoking cessation in a 11-year follow-up**

Otto Ruokolainen | *National Institute for Health and Welfare, Helsinki*  
Tommi Härkänen, Jouni Lahti, Ari Haukkala, Ossi Rahkonen

Introduction: Smoking is more prevalent among the less educated than the high educated. If the objective of a tobacco-free Finland is to be reached, these differences need to be eradicated. We examined the association between smoking cessation and socioeconomic position during an 11 year-follow-up.

Methods: A longitudinal, population-based study Health 2000/2011 Survey was used. 8,028 subjects aged 30 years and over participated in 2000 and 73% of the baseline subjects participated in 2011. Smoking status was self-reported.

Results: At the baseline, 22% of population smoked daily, 28% of these had quit smoking in 2011. In the multiple adjusted logistic regression model, smoking cessation was more probable among the highest educated compared with those with least education although not statistically significantly (OR 1.40, 95% CI 0.77–2.54). The interaction term between education and sex was not statistically significant.

Conclusion: These preliminary results suggest that if Finland aims to reach the objective of a tobacco-free society by 2030, all educational groups should be supported in quitting smoking. Still, enhanced support for quitting smoking for the less educated could be recommended. Further analyses will utilize several register-based variables such as mortality to tobacco-related disease.

T9

Social inequalities and smoking / tobacco related health disparities

[Back to Schedule](#)[Back to Poster Sessions](#)

## Poster

**70P The social context and smoking among adolescents**

Stine Glenstrup Lauemøller | *National Institut of Public Health, University of Southern Denmark, Copenhagen*  
Lotus Sofie Bast, Dina Danielsen, Anette Andersen, Tine Tjørnhøj-Thomsen

Aim: To examine smoking-specific norms and practices to understand the meaning of social context for smoking among young adolescent.

Methods: This paper draws from an ethnographic study of smoking-specific norms and practices. We conducted eight focus group interviews with a total of 44 adolescents and 28 days of field observations among grade 8 students (14-year-olds) at two Danish schools.

Results: In general smoking was not well accepted, however social gatherings involving consumption of alcohol was mentioned as a context where adolescent smoking was a normal practice. The adolescents explained the connection between alcohol and smoking by the loss of control, which they experienced consumption of alcohol resulted in. The loss of control led to a feeling of diminished responsibility of their actions and hence smoking behavior. This contributes to constructing smoking as an accepted practice in the context of alcohol.

Conclusion: Future interventions and tobacco control initiatives targeting young adolescents should consider reducing the symbolic value of smoking and further to limit the connection between special social gatherings where alcohol is present, and the practice of smoking.

Funding: Danish Cancer Society

Keywords: Smoking, Youth Culture, Adolescence, Alcohol, Qualitative

T9

Social inequalities and smoking / tobacco related health disparities

[Back to Poster Sessions](#)[Back to Schedule](#)

## Poster

**71P Tobacco Body – visualizing knowledge for youth**

Heidi Löflund-Kuusela | *Cancer Society of Finland*  
Tanja Gluschkoff

Introduction: Although smoking among youth in Finland has declined, the use of snus (snuff) has increased. The Tobacco Body Website, first launched in 2012 by the Cancer Society of Finland, visualized how smoking affects the body and collected millions of visitors. The site needed to be re-designed, as mobile use had become a mainstream way to use Internet among youth, technology had improved, and snus usage has increased.

Methods: Feedback from users of the old website was collected via an online questionnaire and analyzed before creating a process plan. Throughout the process, the target group was involved to evaluate the reform. Tobacco specialists ensured reliability of the contents.

Results: The new Tobacco Body, published in Finnish, Swedish, Russian and Danish, was launched in March 2019. It visualizes in a realistic, interactive way the effects of using both cigarettes and snus all over the body. The tone of voice has been updated by using the benefit perspective for not smoking or using snus. Game elements are used as an educational approach.

Conclusion: The younger generations are digital natives. They need new structures for learning in health education as well. Studying user perspectives is key to successful health education.

## T10

Health education and health communication  
(e.g. mass media campaigns, health communication interventions, youth education programmes)

◀ Back to Schedule

◀ Back to Poster Sessions

## Poster

**72P Use of the latest HBSC data to provide evidence on various aspects of young people's health in North Macedonia**

Miljana Stojanovska | *Mother Teresa Clinical Center, Skopje*  
Pavle Jovanovski

Introduction: Adolescence is marked by experimentation with various types of unhealthy or potentially harmful behaviours. Unprepared, insufficiently informed, and without the necessary experience of participation in their lives, children often lack of healthy answers to the challenges they face. The aim is to provide evidence on various aspects of young people's health, wellbeing and related factors comparing with other countries, in order to more effectively prevent their long-term impact on young people's lives.

Methods: The Health Behaviour in School-aged Children is a school-based survey with data collected through questionnaires administered in the classroom. Most contributions are in short report format. In this way, the reader can easily get an overview of prevalence changes across the country for selected outcomes.

Results: On average, 5% of boys and 3% of girls between the ages of 11 and 15 smoke cigarettes at least once a week, 2% of girls and 3% of boys aged 11 to 15 in Macedonia smoke daily.

Conclusion: Macedonia belongs to the group of countries with low prevalence of smoking at an early stage, ie relatively low prevalence of daily smoking. In the latest research cycle, HBSC 2014, Macedonian averages are around international, for both genders.

Keywords: young people health, wellbeing, HBSC, prevalence of smoking

## Sources:

- <https://hbscmacedonia.files.wordpress.com/2014/10/kolku-zdravo-i-ednakvo-ziveat-mladite-za-web.pdf>
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## T10

Health education and health communication  
(e.g. mass media campaigns, health communication interventions, youth education programmes)

◀ Back to Poster Sessions

◀ Back to Schedule

## Poster

**73P The peer education methodology at tobacco prevention service**

Cristiana Fonseca | *Portuguesa League Against Cancer, Porto*  
Patrícia Pinto

The Young Health Promoters is a project with about 20 years, invigorated by the Portuguese League Against Cancer – Northern Branch. Its target group is young people between 13 and 18 years old, with whom we work through peer education methodology aiming to motivate them to promote health in their own contexts. Over three years of the project, the Young Health Promoters group of each school explored the most relevant health problems at their school contexts and tried to find a solution for them. Very often the most common health problem found was the tobacco use by their peers.

Indeed, the onset of consumption mainly occurs in adolescence, which really calls for interventions at school contexts in spite of the existence of restrictive laws and tobacco ban in Portugal since 2008. Data from the IV Portuguese Survey on the Use of Psychoactive Substances (GMH, 2017)<sup>1</sup>, indicate that the average age of onset of consumption reported by the population aged 15–24 is at 16 years. That's why we still believe it's important to develop tobacco prevention and cessation programmes in schools, even if teachers prefer to work with other subjects.

Also, concerning to smoking among young people, National Health Survey (NIS, 2014)<sup>2</sup> registered 15.1% of young people smoking in a daily base.

Due to the relevance of this problem and the strengths of peer education methodology, recognized by research, in the scope of this abstract, we will analyze the projects designed, developed and evaluated by Young Health Promoters in the past three years (2016 to 2019), through the SWOC analysis. In fact, we will examine the strengths, the weaknesses, and the opportunities of the projects and we will focus on challenges. Our main goal is to identify good practices to be generalized to other schools in the future.

## References:

- 1 General Manager for Health (2017). National Program for the Prevention and Control of Tobacco. Accessed 06-04-2019. Available at: file:///C:/Users/pp/Desktop/DGS\_PNPCT\_V7.pdf
- 2 National Institute of Statistics (2014). National Health Survey 2014, Lisbon, INE.

## T10

Health education and health communication  
(e.g. mass media campaigns, health communication interventions, youth education programmes)

◀ Back to Schedule

◀ Back to Poster Sessions

## Poster

**74P Effectiveness of tobacco taxation policy in Serbia in the period 2015–2017**

Djukic Mihajlo | *Institute of economic sciences, Belgrade*  
Olivera Jovanovic, Jovan Zubovic, Marko Vladislavljevic

Gradual excise increase policy applied in Serbia led to a slight increase in the cigarette prices that has been followed by a modest decrease in consumption. The aim of this research is to assess the effectiveness of current tobacco taxation policy in Serbia from two aspects – the consumption and the fiscal revenues. Considering the recorded changes in household income and cigarette prices, we have calculated the expected change in fiscal revenues and cigarettes consumption in 2016 and 2017. To do that, we used cigarettes price and income elasticity estimated for Serbia by a group of authors (see Vladislavljevic, et al. 2018). Then, we compared the results with the official data in 2015 and 2016 respectively. Results show that consumption of cigarettes has recorded a slightly higher decline than it could be expected by the estimated price elasticity. Consumption in 2016 fell by 3.5%, while the expected decline calculated based on nominal increases in cigarette prices of 3.2% and the income by 2.8%, amounted to 0.03%. Similarly, the actual decline in 2017 amounted to 4.8%, slightly higher when compared to the forecasted decline of around 2.4%. The stronger decrease in consumption could be caused by consumers shifting to alternative tobacco products – cut tobacco and e-cigarettes, consumption of which has not yet been officially reported. Therefore, the gap between calculated cigarette excise revenues and the actual revenues from all tobacco products has been increasing over the observed period. Results indicate that it is necessary to continue research and determine cross-price elasticities for different tobacco products, which could be useful input for New tobacco control policies.

## T11

The economies of tobacco control: Cost-effectiveness studies, economic benefits, earmarking of tax revenues

◀ Back to Poster Sessions

◀ Back to Schedule

## Poster

**75P The burden of smoking in Switzerland: Estimation for 2015 and prognosis until 2050**Renato Mattli | *Zurich University of Applied Sciences*

Renato Farcher, Marcel Dettling, Maria-Eleni Syleouni, Simon Wieser

Objective: To estimate the burden of smoking in Switzerland for 2015 and predict smoking-related deaths until 2050.

Methods: Smoking attributable fractions (SAFs) are calculated based on the prevalence of smoking from the Swiss Health Survey and risk ratios extracted from literature. The burden of smoking is then estimated by applying these SAFs to total deaths, disability adjusted life years (DALYs), direct medical costs and productivity losses in the population. Deaths stem from the Swiss Death Statistics, DALYs from the Global Burden of Disease Study and disease costs from a recent study on the costs of non-communicable diseases in Switzerland. The smoking-related deaths are forecasted based on data from 1995 to 2015 using time-series analysis.

Results: In 2015, smoking caused 9,535 deaths (14.1% of all deaths) and 208,999 DALYs (10.2% of all DALYs). Direct medical costs of smoking were estimated at CHF 3 billion (CHF 363 per capita), 3.9% of all health-related spending, and productivity losses at CHF 2 billion (CHF 242 per capita). Our model predicts an increase in smoking-related deaths in women and a decrease in men until 2050.

Conclusion: Smoking causes a substantial burden for the Swiss society. Therefore, reducing smoking prevalence is an urgent public health priority.

## T11

The economies of tobacco control: Cost-effectiveness studies, economic benefits, earmarking of tax revenues

[Back to Schedule](#)[Back to Poster Sessions](#)

## Poster

**76P Accelerating progress on effective tobacco tax policies in low-and middle-income countries**Natasha Trajkova Najdovska

Objective: Small country of North Macedonia has found itself in the leading positions for most of the smoking tobacco indicators. However, although in such a negative spot, the economic research on tobacco consumption has been very rare and mainly descriptive. Hence, the main objective in this research is to econometrically analyse socio-economic determinants of smoking prevalence and smoking intensity in North Macedonia. It is a pioneering effort to detangle the main socio-economic factors behind the high numbers of smokers and high number of cigarettes smoked within the country.

Methods: Two part demand model is applied in this research to estimate the elasticity of cigarettes demand. The first part – Deaton's logit model estimating the prevalence of smoking, while the second part - Generalized linear model estimating the intensity of smoking determined by various factors (variables), such as: cigarettes prices, income, age, gender, household size, education, and region. The data used are obtained from the Household Budget Surveys (HBS) conducted by the Statistical Office and the sample size involves approximately 11,165 observations in total for four-year period.

Results: The results suggest that although the average cigarettes prices show rising path for the whole analysed period the average consumption of cigarettes, measured by the prevalence rate is relatively stabilizes at 39.5%; or if measured by the numbers of cigarettes packs smoked, it is around 28.2 packs per month. These numbers are among the highest in the World. While socio-economic factors are observed, the two main ones: the increase in income is positively related to the cigarettes consumption, while the cigarettes' prices have no statistically significant impact, suggesting that average prices of cigarettes do not affect the consumption.

Conclusion: This research indirectly suggest that other socio-economic factors that influence smoking rather than their price can have higher importance for the policy makers in NMK. Hence, indirect policy suggestions could be rather related to introducing law regulating smoking in public places or banning cigarettes advertising. In addition, more soft measures within education policy could be more efficient. Finally, this research emphasized the need for longer data series for better understanding of the smoking in North Macedonia.

## T11

The economies of tobacco control: Cost-effectiveness studies, economic benefits, earmarking of tax revenues

[Back to Poster Sessions](#)[Back to Schedule](#)

## Oral Presentation

**770 The impact of enhanced pictorial health warnings: Pre-post evaluation findings from the 2016-18 ITC New Zealand Surveys**

Richard Edwards | *Newtown, Wellington*

Maddie White, James Stanley, Janet Hoek, Susan Kaai, Janine Ouimet, Kaai SC, Anne Quah, Geoff Fong

Introduction: From Mar-Jun 2018 New Zealand (NZ) implemented standardised cigarette packs and enhanced (larger, new images, more prominent Quitline number) pictorial health warnings (PHWs). We examined the impact of these new packs on smokers' beliefs and behaviours.

Methods: Methods: Data came from Wave 1 (W1, Aug 2016–Apr 2017; n=910 smokers) and Wave 2 (W2, Jul–Dec 2018; n=726 smokers), and 305 smokers who participated in both waves of the International Tobacco Control (ITC) NZ Survey. We excluded participants not using standardised packs at W2 and assessed changes in indicators of PHW impact and Quitline awareness using longitudinal (reported here) and repeat cross-sectional analyses.

Results: We observed increases in the proportion of smokers reporting noticing warnings (W1: 50.1%; W2: 58.9%), reading warnings closely (18.8% vs. 23.8%), avoiding warnings (14.7% vs. 22.5%), thinking about health risks due to PHWs (30.0% vs. 38.8%), and identifying the Quitline number (62.3% vs. 74.4%). However, the proportion of smokers reporting covering up warnings, or that warnings made them more likely to quit or forego a cigarette, did not increase.

Conclusion: The new packs had mostly positive impacts on warning salience and visibility. Further data on smoking initiation and quitting are required to fully assess their impact.

Funding: ITC New Zealand Project was supported by grants from the New Zealand Health Research Council (GA215F 15/072) and the New Zealand Ministry of Health. Additional support was provided to the University of Waterloo by a foundation grant from the Canadian Institutes of Health Research (FDN-148477).

**Workshop 1**

The tobacco pack: From pictorial warning to plain packaging

## Oral Presentation

**780 Plain packaging on e-cigarettes in Israel: Behind the scenes**

Shira Kislev | *The National Initiative to Eradicate Smoking – Smoke Free Israel*

Introduction: Following a governmental decision supporting a National Tobacco Control Plan in 2011, the Israel Ministry of Health initiated an amendment to the Restriction on Advertising of Tobacco Law, for approval by the Israeli Parliament (Knesset). The attempt was deterred by tobacco industry interference during 2013. A new political opportunity emerged in 2017, with conditional support of the majority ruling coalition. The main conditions were the exclusion of the printed press from the advertising restrictions, and omission of graphic warnings on tobacco packs. The amendment was approved at the Parliament in December 2018 and is part of the Israeli law book since 8.1.2019.

Objective: Promoting and strengthening the ban on advertising of smoking products using public policy tools.

Methods: Conducting scenario analysis for decision making and risk assessment, in each phase before, during, and after the amendment passed in Parliament.

Results: The Israeli tobacco control advocates had to face the reality of what could be achieved, and what could jeopardize the amendment's approval. Advocates had to compromise on some issues, in order to gain enough parliamentary votes for a majority. This presentation will elaborate on some of these dilemmas, and discuss the actions chosen to reach the best result possible under conditions of realpolitik.

Conclusion: There is a need to make compromises to achieve achievements, but on the other hand the struggle is long and what has not been achieved at this stage - can be achieved in the future or in other ways.

**Workshop 1**

The tobacco pack: From pictorial warning to plain packaging

## Oral Presentation

### 790 Monitoring and exposing tobacco industry third parties: A case study of the Philip Morris International-funded Foundation for a Smoke-Free World

Tess Legg | University of Bath  
Phil Chamberlain, Silvy Peeters, Anna B Gilmore

**Introduction:** The Foundation for a Smoke-Free World ('the Foundation') purports to be an independent, scientific organisation aiming to accelerate an end to smoking, yet receives intense criticism for being solely funded by tobacco corporation Philip Morris International (PMI). Monitoring of the Foundation since its inception has enabled insights into its scientific and public relations activities.

**Methods:** We established a monitoring system comprising web alerts, systematic website observation, and retrieval of academic literature written by the Foundation/its affiliates. We conducted content analysis of documents, including the Foundation's first full tax return, which provided evidence on its use of funds.

**Results :** The Foundation remains fully funded by PMI; has spent more on public relations than on science; and has contracted organisations with previous tobacco industry connections. Of its six 'Centres of Excellence' for tobacco harm reduction research, two have recent direct financial links to PMI. Despite its efforts, the Foundation has faced multiple difficulties, including cancellation of events and key staff losses.

**Conclusion:** Our analysis supports the growing consensus that the Foundation should not be seen as an independent scientific organisation, but as a potentially failing, industry-funded third party, created by PMI in attempts to further its political and financial aims.

#### Workshop 2

E-cigarettes, heated tobacco products and waterpipes – the monitoring and surveillance, challenges in communication

◀ Back to Schedule

◀ Back to Program

## Oral Presentation

### 800 Advancing tobacco control in Germany through children's rights

Laura Graen  
Sonja von Eichborn

**Introduction:** Germany has not implemented key tobacco control policies and politicians often portray tobacco as an individual lifestyle „choice“ rather than an issue that needs government regulation. By framing tobacco control as a human rights and children's rights issue and using human rights reporting mechanisms, we put pressure on the German government to implement effective regulatory measures.

**Methods:** In 2018, Unfairtobacco started to build the German Network for Children's Rights and Tobacco Control, bringing actors from different backgrounds together that had no links to each other before: organizations and academics in the areas of public health, human/children's rights and development.

**Results:** Network members have so far published joint press releases, briefing papers and a factsheet titled „Children have a right to a tobacco-free world“ (co-signed by 16 organizations). In November 2019 follows a 32 pages brochure. Additionally, we are engaging in the reporting process to the UN Convention on the Rights of the Child. We prepare a joint civil society report and video clips made by children to be submitted to the UN Committee on the Rights of the Child in early 2020. A delegate of the network and children's representatives will participate in a hearing before the Committee in Geneva. We hope that the Committee demands concrete action on tobacco control from the German government.

**Conclusion:** Because human rights treaties have enforcement mechanisms that are lacking in the FCTC, the children's rights angle advances tobacco control advocacy in Germany. With this presentation, we aim to share our experience and thereby build the capacity of European colleagues on how to use human rights arguments and reporting processes to advance tobacco control in their countries. This presentation is part of the panel proposal titled „A Human Rights Based Approach to Ending the Tobacco Epidemic“, submitted by Kelsey Romeo-Stuppy of Action on Smoking and Health (US).

#### Workshop 3

Human rights and tobacco

◀ Back to Program

◀ Back to Schedule

Oral Presentation

**810 The “top down” approach to a human rights-based approach to ending the tobacco epidemic**

Laurent Huber  
Chris Bostic, Kelsey Romeo Stuppy

Introduction: There is a robust global human rights system centered on a series of legally-binding treaties with strong oversight mechanisms. This system can be accessed by the tobacco control community to substantially strengthen efforts to end the tobacco epidemic. Human rights bodies (HRBs) have substantial influence over national laws and practices. By convincing HRBs that tobacco issues should be included in their basic portfolio of work, the tobacco control community brings additional powerful voices to its mission. Since most governments include officials tasked with implementing and monitoring human rights, these voices are added at the national as well as the global level.

Methods: This session will explore the various human rights treaties and treaty bodies, describe their governance and processes, and educate participants on points of entry. In addition to formal treaties, we will examine opportunities in the Human Rights Council framework and the Universal Periodic Review process, as well as outreach to UN Human Rights Council Special Rapporteurs and other intergovernmental officials.

Results: Substantial progress has already been made utilizing the “top down” approach, but many global opportunities remain. Participants will learn specifically how they can contribute to a campaign to integrate tobacco in the global human rights agenda.

Conclusion: Until recently the global human rights agenda had seldom addressed tobacco. Thanks to recent campaigns around the UN Human Rights Council and other human rights treaties tobacco is slowly being integrated in the global human rights agenda which in turn will help elevate tobacco control at national, regional and global levels.

Workshop 3  
Human rights and tobacco

Back to Schedule

Back to Program

Oral Presentation

**820 Using human rights treaties reporting processes to end the tobacco epidemic**

Kelsey Romeo Stuppy  
Chris Bostic, Laurent Huber

Introduction: Unlike the FCTC, most human rights treaties have rigorous monitoring schemes in place. Governments are required to report to treaty bodies on progress and challenges to implementing human rights, and human rights commissions respond to reports and make recommendations to governments. Civil society is enabled and encouraged to submit their own reports alongside governments. While some within the tobacco control community have engaged in these periodic reporting procedures, this tool has been vastly underutilized.

Methods: Presenter will explain and discuss how national civil society organizations can submit their own reports focusing on tobacco issues to human rights bodies. Technical assistance, templates available and other resources will be highlighted. Presenter will also explain how to engage directly with governments during the drafting of official country reports to ensure that they include tobacco issues. Not only does this help guarantee that tobacco will be addressed during the review process, it creates a strong link between tobacco control NGOs and government officials involved in human rights. This brings another “chair to the table” in national discussions on the implementation of tobacco regulations. One study showed that when civil society and/or government reports to human rights bodies include mentions of tobacco, human rights commissions are four times more likely to discuss tobacco in their responses. An important side effect is the education of global human rights professionals on the impact of tobacco on human rights, directly contributing to the success of the “top down” global governance approach, also discussed in this seminar.

Results: Participants will learn how to use the reporting processes associated with human rights treaties to advance tobacco control

Conclusion: The reporting mechanisms associated with human rights treaties have been underutilized by the tobacco control community. This session will help reverse this trend by building the capacity of European NGOs to use the reporting process around human rights treaties to advance national tobacco control.

Workshop 3  
Human rights and tobacco

Back to Program

Back to Schedule

## Oral Presentation

**830 30 years of experience in communication tobacco control in Portugal – lessons learned**

*Cristiana Fonseca | Departamento de Educação para a Saúde, Liga Portuguesa Contra o Cancro – NRN, Portugal*

The Portuguese League Against Cancer was created in 1941 and through its 79 years of existence one of the main target was improving health literacy, raising awareness about risk factors and cancer, namely tobacco. In spite of the fact of being a national wide institution, the Portuguese League Against Cancer has 5 regional branches which are autonomous in what concerns activities and projects, and that's why in the North of the country was created an unique Health Education Department, in 1989. Since then, for the last 30 years, we have developed several projects, mainly in educational contexts, but also with the community and we have tried differentiated strategies and communication channels targeting cancer prevention, with special relevance to tobacco. In this communication I'll do a review of these 30 years and I'll do also a qualitative analysis concerning lessons learned and considerations for the future.

**Workshop 7**

Health education and health communication  
(e.g. mass media campaigns, health communication interventions, youth education programmes)

◀ Back to Schedule

◀ Back to Program

## Oral Presentation

**840 Tobacco free nursing with health competence: The program "astra plus"**

*Christa Rustler | German Network for Tobacco Free Healthservices, Berlin  
Katrin Schulze, Anneke Bühler, Mathias Bonse-Rohmann, Andrea Reusch*

Background: Nurses play an important role in reduction of tobacco use among the general population (Schultz, 2003, p.571) as nurses' advice is effective in supporting patients to quit (Rice, Stead, 2013). Unfortunately, in Germany smoking prevalence rates range from 31% in health care nurses to 42% in elderly care nurses (Stat. Bundesamt, 2014a). About every second nursing student uses tobacco at the beginning of their vocational career (Hirsch et al., 2010; Vitzthum et al., 2012). Given the fact that own smoking behavior impedes cessation support by nurses (Vitzthum et al., 2012; Sarna et al., 2014) any intervention which leads to less smoking nurses will improve nurse and public health. As there is a shortage of nurses and cigarette breaks are often seen as an accepted way to take a break, also context factors in addition to healthy behavior changes need to be considered (Buehler et al., 2017).

Methods: A intervention to prevent and reduce tobacco consumption among nursing students was developed with the IFT Munich, universities of Esslingen, Hannover and Würzburg and German Network Tobacco Free Healthcare Services. The result is a modular program including workplace health promotion, lifestyle changes, stress prevention and tobacco cessation courses as part of the nursing education.

Results: Evaluation results show that 50% of the students participated in smoking cessation courses. Smoking prevalence decreased from 52% to 48% while the motivation to quit smoking increased from 25% to 37%. Limited results are seen in confidence for healthy breaks, to manage stress in daily practice and in certainty to resist an offered cigarette.

Discussion: The program appears to be an intervention that can successfully be implemented in nursing schools. The results provide arguments for a norm shaping campaign within the nursing professions and also to ensuring both settings of nursing education are targeted.

Funding: Federal Ministry of Health, DAK-Gesundheit.

**Workshop 6**

The role of health professionals in tobacco prevention and control

◀ Back to Program

◀ Back to Schedule

## Oral Presentation

**850 The Rauchfrei Ticket – the direct wire from primary care to tobacco cessation**

Sophie Meingassner | Rauchfrei Telefon, St.Pölten  
Alexandra Beroggio

To stop smoking is an important step for prevention and therapy. Even though many smokers are unhappy with their smoking behaviour, not all of them decide to stop smoking or seek professional help for support. There are evidence based effective offers in tobacco cessation, which in some cases are underused, given the high prevalence of smokers. The short and explicit advice in primary health care can motivate to stop. Even more effective is the given advice, when accompanied by a concrete offer for tobacco cessation, which can be used right away. The "Rauchfrei Ticket" of the Austrian quitline "Rauchfrei Telefon" is a way for health professionals in primary care to connect smokers and new ex-smokers with offers of professional tobacco cessation and relapse prevention.

The link to professional treatment of tobacco addiction via health professionals helps smokers to initiate the process of quitting. To stop smoking or to use professional help is often not taken into consideration, since for many smokers the idea of quitting is associated with anxiety and loss. Smokers therefore avoid to stop and/or seek help for it. There lies the chance for health professionals to close the gap between dissonant smokers and professional cessation services.

The Rauchfrei Ticket offers the possibility to register smokers and ex-smokers directly at the quitline (via fax, online, mail, ...). All smokers, no matter if they show huge or little motivation to stop can be registered via Rauchfrei Ticket. The quitline team contacts the enrolled person promptly. In 2018 80% of the registered people could be reached. The range of interventions by the quitline depends on the situation and smoking behaviour of the smoker: short information, transfer to regional cessation offers, mailing of self help materials up to proactive phone counselling can be used as support for the individual person.

For smokers and ex-smokers the offer is easy to accept, since the effort is low: just take on a phone call by the quitline. This minimal effort makes smokers more open to receive support, or just have a first counselling on their smoking behaviour and possibilities to change it.

For health professionals the offer is appealing, since they can directly link smokers to professional tobacco cessation, which – in most cases- is not right away available in primary care. The Austrian quitline offers the Rauchfrei Ticket for institutions and professionals in all fields of health care.

Vidrine, J.I. et al., Ask- Advice- Connect. A New Approach to Smoking Treatment Delivery in Health Care Settings. *Jama Intern Med.* published online February 25, 2013.

Workshop 6  
The role of health professionals in tobacco prevention and control

◀ Back to Schedule

◀ Back to Program

## Oral Presentation

**860 Supporting tobacco free campus implementation in Ireland**

Miriam Gunning | Health Service Executive, Navan  
Edward Murphy, Aishling Sheridan, Martina Blake

Introduction: Healthcare settings play an important role in tobacco control, as per the WHO Framework Convention on Tobacco Control (FCTC). In Ireland, Tobacco Free Campus policy (TFCP) was adopted by the Health Service Executive (HSE) in 2012. The policy is in line with the Global Network of Tobacco Free Health (GNTH) Services Model. In 2018, the HSE announced a bursary to support implementation of TFCP.

Methods: Applicants completed the GNTH self-audit questionnaire in January & July 2019 and detailed actions progressed in that time, as well as examples of 'Innovation', 'Sustainability' and 'Compliance Building'. Adjudicators scored the applications and noted 'strengths' from the applications for shared-learning.

Results: In total, there were 21 applicants from hospital settings (n=13) and mental health settings (n=8); those with the highest scores received the bursary. An event is planned for September 2019, where the successful sites will be rewarded, and highlights from the adjudicators' reports will be shared and showcased on the day.

Conclusion: Innovation, at both local and national level is required to provide continued support to TFCP implementation, amid competing demands.

Workshop 6  
The role of health professionals in tobacco prevention and control

◀ Back to Program

◀ Back to Schedule

## Oral Presentation

### 870 But why smoke? – Smoking prevention using SoMe and influencers

Nina Krogh Larsen | Danish Health Authority, Copenhagen

**Introduction:** Smoking among youth is an increasing concern in Denmark, as 17% of 15-year olds smoke and 28,5% of 16–24-year olds smoke. Social media is the preferred media among teenagers. The illusive nature of the media requires new communication tactics to catch and sustain the attention of the audience long enough to deliver the message.

**Methods:** A 4-year campaign to prevent smoking initiation among the 14–19-year-olds was launched in 2018. The campaign used almost only influencers on SoMe platforms and the communication strategy was to go un-noticed by all but the target group to invite them to start a dialog un-tainted by adults about “But why smoke?”. The message was communicated using humor and irony.

**Results:** Approx. 94% of the target group saw at least one campaign element, approx. 5% interacted online and 39% talked to friends about the campaign elements off-line. 87% understood that it is a smoking prevention campaign.

**Conclusion:** “But why smoke?” has succeeded in reaching and engaging teenagers in dialog about smoking through use of social media and influencers. The evaluations show that the intention to smoke has decreased among the target group. Special attention is paid to the xx percentage who have difficulties de-coding the campaign message.

#### Workshop 7

Health education and health communication  
(e.g. mass media campaigns, health communication interventions, youth education programmes)

◀ Back to Schedule

◀ Back to Program

## Oral Presentation

### 880 Profiteering from deadly products: Implications of introducing standardised tobacco packaging and a minimum excise tax in the UK for tobacco industry profitability

J Robert Branston | University of Bath, School of Management  
Rosemary Hiscock, Nicole H Augustin, Anna B Gilmore

**Aim:** UK tobacco sales have been declining for many years, but the tobacco industry (TI) has previously been able to increase its revenue and profits through its pricing. Standardised packaging for factory made (FM) and roll-your-own (RYO) tobacco was fully implemented in the UK in May 2017, alongside a Minimum Excise Tax (MET) for FM products and yearly real increases in tobacco duty. The aim of this paper is to explore whether changes in revenue/profit dynamics, and hence a change in industry incentives, was associated with these policy changes.

**Methods:** Published TI financial accounts/annual reports, commercial retailing literature, and commercial electronic point of sale (EPOS) data on tobacco sales and prices (May 2015 to April 2018) covering 91% of the UK market were studied. Individual company revenues, profitability, and overall trends were identified.

**Results:** Sales data suggests that since 2017 the TI has for the first time experienced consistently declining tobacco revenue, although this varies by company. The extent to which this decline is apparent in TI publications is explored.

**Conclusions:** These concurrently introduced policies seem to have been associated with a change in the UK tobacco market given declining TI revenue and profits. Other countries should take note.

#### Workshop 8

The economy of tobacco control:  
Tobacco taxation, cost-effectiveness studies, economic benefits, earmarking of tax revenues

◀ Back to Program

◀ Back to Schedule

## Oral Presentation

**890 Higher taxes - lower smoking: Empirical estimation of the prevalence and intensity of smoking in the context of a high smoking prevalence country**

Aida Gjika | *University of Tirana & Development Solutions Associates Albania*  
Edvin Zhllima, Klodjan Rama, Imami Drini

This paper estimates the smoking prevalence and intensity elasticity as well as factors affecting the demand of cigarettes by analysing pooled (cross-sectional) data from the Albanian Household Budget Survey (HBS) for the period 2014 to 2017. The survey is nationally representative (a cumulative sample of 28,748 households) and it covers both urban and rural areas across the 12 prefectures of Albania. The empirical results suggest that the decision to smoke is negatively correlated with price as shown by the significant prevalence elasticity. Similarly, price appears to be a significant determinant of the intensity of smoking, while a 10% increase in the price of cigarettes would decrease the quantity consumed by 7.8%. The results confirm that fiscal policy - increased excise level which results into increased tobacco prices - appears to be an effective policy instrument in reducing smoking in Albania. A particular attention needs nevertheless to be paid on households' socio-economic characteristics and regional differences, when designing policy instruments for tobacco control. The empirical findings suggest that households with non-tertiary education, being self-employed, having an unpaid job or employed in farming and living in the south of Albania have high prevalence of smoking. Also, total expenditure appears to be a significant determinant of tobacco demand in Albania, while indicating that tobacco is a necessity good (elasticity of demand related to household expenditures is 0.28).

 Workshop 8

The economy of tobacco control:  
Tobacco taxation, cost-effectiveness studies, economic benefits, earmarking of tax revenues

 Back to Schedule

 Back to Program

## Oral Presentation

**900 Tobacco taxation and smoking behavior in Montenegro**

Ana Mugoša | *Faculty of Economics, University of Montenegro, Podgorica*  
Mirjana Čizmović, Tanja Laković, Milenko Popović

Objective: The main aim of the research is to provide the first estimates of the effects of tobacco taxation policy and pricing on smoking behavior in Montenegro.

Methods: The study applies Two-part method to estimate the impact of price changes on tobacco consumption, using the Household Budget Survey (HBS) data in the period of 2006–2017. Two-part method allows separate estimation of consumption intensity and smoking participation probability, as well as the estimation of total demand price and income elasticity. Moreover, the price and income elasticity can be estimated by income groups.

Results: The results indicate negative price elasticity of demand for cigarettes. Accordingly, the price increase by 10% would decrease the probability of smoking participation by 6.36% and the number of packs consumed by 3.93%. Combining these two results we generate total demand price elasticity of  $-1.029$ . The estimated value of total expenditure elasticity is positive in both cases. As expected, greater price sensitivity is found among lower socio-economic groups.

Conclusion: These results demonstrate that cigarettes price increases would have a negative impact on smoking behavior and consumption in Montenegro, by decreasing the number of smokers and the quantity of cigarettes consumed.

Source of Data: Statistical Office of Montenegro – Monstat

 Workshop 8

The economy of tobacco control:  
Tobacco taxation, cost-effectiveness studies, economic benefits, earmarking of tax revenues

 Back to Program

 Back to Schedule

## Oral Presentation

**910 Demand for cigarettes in Kosovo: Prevalence and conditional elasticity**

Besnik Prekazi | Democracy Plus, Prishtina  
Erëza Pula

Background: According to the World Bank rankings, Kosovo is considered as a LMIC and the data show that Kosovo households have high expenditure on cigarettes; a typical feature of LMI countries. This analysis aim is to estimate price elasticity of quantity demand for cigarettes on extensive and intensive margin, in Kosovo. To conduct this analysis, data from Kosovo Household Budget Survey for the years from 2007–2017 are used.

Method: The two-part model is employed in this analysis and it estimates elasticities on participation in cigarette smoking (any consumption) and average monthly smoking (conditional on  $y_i > 0$ ). This model, in its first part employs either a logit or probit specification to estimate the decision to smoke. Whilst in the second part, ordinary least square (OLS) is utilized to estimate the amount smoked by smokers.

Results: The estimation indicates a negative price elasticity of cigarette at  $-0.184$ , for the first part of the model, prevalence of cigarette smoking. Whereas, in the second part, level of consumption, the estimated price elasticity is at  $-0.230$ .

Conclusions: The estimate shows that, with all other factors unchanged, if cigarette prices in Kosovo increase by 10%, prevalence would decrease by 1.84, while the amount consumed would decrease at 2.3%.

**Workshop 8**

The economy of tobacco control:  
Tobacco taxation, cost-effectiveness studies, economic benefits, earmarking of tax revenues

◀ Back to Schedule

◀ Back to Program

## Oral Presentation

**920 Price and income elasticity estimates of cigarette demand in Bosnia and Herzegovina using two-part model**

Dragan Gligoric | University of Banja Luka, Banja Luka  
Andjela Pepic, Ljubisa Micic, Dragana Preradovic

The state excise tax policy is one of the main tools for reducing demand for cigarettes because cigarette prices are under a direct impact of this policy. The specific excise on cigarettes has been introduced in Bosnia and Herzegovina (B&H) in 2009 and has increased every year thus being the main driver of cigarette prices growth. In this paper we estimate price and income elasticity of demand for cigarettes in B&H using two-part model and apply it on micro data obtained from the Household Budget Surveys (HBS) in 2011 and 2015. Our sample contain 14,298 households, of which 8,439 are smoking households. The results show that the total price and income elasticity of smoking is very high. The increase in cigarettes price for 1% led to decrease in cigarettes consumption for 1.4786%. Roughly, about 50% of negative effect of price growth on the overall demand comes from decrease propensity of smoking and 50% from decrease in quantity of consumption. Also, increase in income for 1% led to increase in cigarettes consumption for about 1%. We can conclude that continuous increase of specific excise can be efficient measure for reducing demand for cigarettes in B&H.

**Workshop 8**

The economy of tobacco control:  
Tobacco taxation, cost-effectiveness studies, economic benefits, earmarking of tax revenues

◀ Back to Program

◀ Back to Schedule

## Oral Presentation

**930 Exploring social media activity around COP8: Who are the voices and what messages are they promoting?**

Karen Evans-Reeves | University of Bath

Ayush Joshi, Lindsay Robertson, Tess Legg, Karin Silver, Georgina Wellock

Introduction: Attempts by the tobacco industry to interfere at the Conference of the Parties for the Framework Convention on Tobacco Control are well documented. However, to date no studies have explored the social media activity of tobacco companies and their associates during the COP.

Method: #COP8 was used to query the Twitter API between 1st–9th October 2018. Using a combination of machine learning classification, clustering and human coding, posts will be categorised by sentiment towards tobacco control, and topic (e.g. tobacco control policy area). Network analysis will be used to visualise interactions and detect communities. Using investigative methods Twitter accounts will be categorised by their financial link with the tobacco industry.

Results: We captured 9,089 Tweets using #COP8. Analysis will reveal the networks of organisations, individuals interacting with each other, influential entities and cliques of users, as well as the proportion of tweets which are pro or anti-tobacco control policies. For those Tweeting negatively about tobacco control, investigative methods will reveal the proportion linked to the tobacco industry.

Conclusion: This research will enable those working in tobacco control at the next COP to anticipate the social media activity of the tobacco industry and its associates and prepare appropriate counter campaigns.

**Workshop 9**

Monitoring and surveillance of tobacco control progress

## Oral Presentation

**940 The Tobacco Industry Interference Index: Key findings and policy recommendations from the United Kingdom**

Mateusz Zatoriski | University of Bath

Mary Assunta Kolandai, Lindsay Robertson, Anna B Gilmore

Introduction: The Tobacco Industry Interference (TII) Index has been conceptualized by the Southeast Asia Tobacco Control Alliance (SEATCA) to evaluate the implementation of FCTC Article 5.3. In 2019 the first Global TII Index has been created. This paper reports on key findings of the UK Index and resulting policy recommendations.

Methods: The UK Index was based on a questionnaire developed by SEATCA. It consists of 20 questions, with a scoring range of 1 to 5, covering different forms of tobacco industry (TI) interference. Lower scores indicate better compliance with Article 5.3. In order to complete the questionnaire, an expert consultation was conducted with UK's leading tobacco control specialists. This was supplemented by a scoping review of academic literature, media websites, government websites, and the Tobacco Tactics resource.

Results: The UK has achieved a score of 25 – the lowest score among 33 countries surveyed. Strengths of the UK system include the exclusion of TI from government bodies that set public health policy and from FCTC COP delegations; the obligation of the government to publish information on all meetings with TI; and guidelines stipulating that its diplomats must not engage on behalf of TI. Nevertheless weaknesses remain, including the fact that the above obligations are not all fully implemented; the lack of legislation prohibiting TI from donating to political parties, candidates, or campaigns; the absence of an effective lobbying register; and the ongoing involvement of parliamentary consultative bodies, individual politicians and political parties with TI and affiliated organisations.

Conclusion: The Index suggests that the UK has relatively low levels of TI interference. Consistent with this is the fact that the UK is consistently ranked as having the most robust tobacco control policies in Europe. Nonetheless, the survey revealed significant gaps in Article 5.3 compliance, and the need for a range of policy changes. Among them are a ban on tobacco-related CSR activities, the introduction of guidelines for public officials governing their dealings with the TI, and the creation of a legally binding lobbying transparency register.

**Workshop 9**

Monitoring and surveillance of tobacco control progress

## Oral Presentation

**950 Investigating the impact of England's smoke-free car regulation on changes in tobacco smoke exposure and respiratory disease in children: A quasi-experimental study**

Timor Faber | *Erasmus MC – Sophia Children's Hospital, Rotterdam*  
Mehrdad A Mizani, Aziz Sheikh, Johan P Mackenbach, Irwin K Reiss, Jasper V Been

Objective: Comprehensive tobacco control policies can help protect children from tobacco smoke exposure (TSE) and associated adverse respiratory health consequences. We investigated the impact of England's 2015 smoke-free car regulation on changes in TSE and respiratory health in children.

Methods: We used repeated cross-sectional data from the Health Survey for England (2008–2017) of children  $\leq 15$  years of age. We conducted interrupted time-series analyses to assess changes in self-reported TSE, salivary cotinine levels, and respiratory conditions, including asthma.

Results: Although self-reported TSE and salivary cotinine levels generally decreased over the study period, there were no additional decreases following the regulation (TSE in cars: aOR 0.77, 95% CI 0.51–1.17). Similarly, there was no change in self-reported respiratory health, including asthma (aOR 0.81, 95% CI 0.62–1.05). Despite the new regulation, one in 20 children still reported regular TSE in cars, and one in three had detectable salivary cotinine concentrations.

Conclusion: We found no demonstrable association between the implementation of England's smoke-free car regulation and changes in children's TSE or respiratory health. There is an urgent need to develop more effective approaches to protect children from tobacco smoke in various places, including in cars.

## Workshop 10

Implementation of evidence-based interventions in daily practice: Barriers and facilitating factors

 Back to Schedule

 Back to Program

## Oral Presentation

**960 Factors associated with receipt of the 5 A's Model of Brief Intervention for Smoking Cessation among hospitalized patients**

Cristina Martínez | *Barcelona*  
Ariadna Feliu, Yolanda Castellano, Marcela Fu, Paz Fernández, Sandra Cabrera, Montse Puig-Llobet, Jordi Galimany, Joseph Guydish, Esteve Fernández, and ETHIF Research Group

Introduction: To assess patient and hospital characteristics associated with self-reported receipt of the 5A's (Ask, Advice, Assess, Assist, and Arrange) of smoking cessation intervention among hospital inpatients.

Methods: Multicenter cross-sectional study in 13 hospitals of Barcelona province in 2014–2015. A total of 1,047 adult hospital patients were randomly selected. The questionnaire explored participant's receipt of the 5 A's smoking cessation intervention. We recoded the fulfillment of the 5A's as A0: no intervention; A1: Ask; A2: Ask and Advice; A3: A2 and Assess; A4: A3 and Assist; and A5: A4 and Arrange a follow-up. We adjusted multilevel robust Poisson regression models to estimate the prevalence ratio (PR) of the association between each A implementation level and patients' sociodemographic characteristics.

Results: Overall 60.4% of all patients reported to have been asked about their smoking status (A1). Among smokers, 46.5% were also advised (A2) and 26.6% assessed (A3). Middle-aged smokers (aPR=3.63; 95% CI: 1.69 to 7.79) with respiratory disease (aPR=2.19; 95% CI: 1.11 to 4.34) were most likely to have their smoking status assessed. Only 4.6% of the smokers received a full smoking cessation intervention (A5) during hospitalization. The cessation intervention was more frequently performed by doctors.

Conclusions: Less than half of smokers received advice to quit during hospitalization and only 4.6% received all the components of the 5A's model. Hospitals should implement more targeted and focused efforts to support patients in quitting smoking.

## Workshop 10

Implementation of evidence-based interventions in daily practice: Barriers and facilitating factors

 Back to Program

 Back to Schedule

## Oral Presentation

**970 Building on a taxonomy of tobacco industry tactics and arguments:  
Bringing in the voices of advocates in LMICs***Britta Matthes | University of Bath**Lindsay Robertson, Mateusz Zatoński, Tom Hird, Anna Gilmore*

**Introduction:** Transnational tobacco companies (TNCs) repeatedly use the same tactics and arguments to oppose tobacco control policies, though many published examples are historical and come from high-income countries (HICs). We aimed to identify contemporary examples of TNC interference from low- and middle-income countries (LMICs).

**Method:** We conducted in-depth qualitative interviews with LMIC-based advocates and used interview transcripts as the primary data source. We used a taxonomy of TNC political activity developed in earlier research as a coding framework to analyse TNC tactics and arguments.

**Results:** Participants' accounts suggested TNC tactics, while tailored to a specific LMIC context, were largely consistent with those previously reported. Tactics comprised the use of front groups, information production, dissemination of confounding information via the media, securing access to decision-makers and to the decision-making process, threatening or taking legal action against the government, and involvement in illicit trade. TNCs used certain unique arguments within LMICs, including tobacco's purported importance to development and farmers' livelihoods, and low enforcement capacity.

**Conclusion:** Comparing TNC political activity in LMICs and HICs may assist advocates to pre-empt tobacco industry policy interference in LMICs. This research will inform the development of tools that could support the work of LMIC advocates.

## Workshop 10

Implementation of evidence-based interventions in daily practice: Barriers and facilitating factors

[Back to Schedule](#)[Back to Program](#)

## Oral Presentation

**980 Novel smoke free policies and human rights: Balancing the unbalanced?***Brigit Toebes | Faculty of Law, University of Groningen*

Around the world, domestic, regional and local governments have progressively introduced a wide range of smoke-free policies. More recently, novel policies address playgrounds, school yards, sports clubs, private cars, and other domestic settings including (semi) private properties. In a multidisciplinary research project with Been et al funded by the Dutch Lung Foundation, our legal research group in Groningen is analyzing the legitimacy, adoption and effective implementation of such policies. In this presentation we will present initial findings from this legal research. We will present a pertinent selection of novel smoke-free policies from around the world and subsequently discuss their nature and scope, as well as our initial findings on their enforcement. Subsequently, we will discuss the human rights implications of such policies. The introduction of novel smoke-free policies requires a balancing of the interests of all participants in society, for which human rights law offers an authoritative framework. It allows for a balancing of the right to health against rights to physical integrity and freedom of movement, paying due attention to the vulnerable in society, including persons with low socio-economic status and children. Initial conclusions will be drawn on the feasibility of novel smoke-free policies, in light of human rights.

Source: Novel smoke-free policies to protect children as part of a tobacco endgame: assessing international and local experiences to generate transferable lessons for the Netherlands, full proposal to Lung Fund, submitted by Jasper Been, Brigit Toebes and Martine Bouma, 10 March 2019

## Workshop 10

Implementation of evidence-based interventions in daily practice: Barriers and facilitating factors

[Back to Program](#)[Back to Schedule](#)

Oral Presentation

**990 Effectiveness of mandatory smoking cessation Intervention in a population-based lung cancer screening**

Kim Yeol | Korean National Cancer Center, Goyang  
Lee Jea Ho, Lee Eunju

Background: Recent large scale studies supports the effectiveness of lung cancer screening program using low-dose computer tomography targeted high-risk population to reduce lung cancer mortality. It has been recognized that one of the key factors contributing a successful lung screening program is its combination with smoking cessation intervention. This study investigate the effectiveness of smoking cessation intervention in a population-based lung cancer screening trial.

Method: Korean Lung Cancer Screening Project (K-LUCAS) is a single arm multicenter prospective trial. In K-LUCAS, all currently smoking participants were provided with mandatory smoking cessation counselling. Smoking status of 5,144 currently smoking participants in K-LUCAS were surveyed by telephone 6 months after participation. There were some variations in the intervention; the department of which counselling is provided within; publically or privately operated smoking clinics; and whether or not counselling is provided simultaneously with screening results. The impact of such variations on smoking cessation is also reported.

Result: Participant’s motivation to quit smoking increased by 9.4% on average after participating in lung cancer screening. The smoking cessation rate was 24.7% and over 80% of quitters said that participation in lung cancer screening motivated them to quit smoking. The smoking cessation counselling was more effective when the smoking clinics are operated with low cost supported by national health insurance services than when operated privately by hospital and when counselling was provided simultaneously with screening results counselling than when provided separately with screening results counselling. The screening results itself also affected smoking cessation. The probability of quitting smoking for participants with positive screening results were significantly higher than participants with negative results.

Conclusion: Smoking cessation intervention combined with lung cancer screening program encourages smoking cessation for screening participants. Our results the highlights the importance of incorporating smoking cessation intervention in lung cancer screening program which would further enhance the effectiveness of lung cancer screening.

Workshop 10  
Implementation of evidence-based interventions in daily practice: Barriers and facilitating factors

Back to Schedule

Back to Program

Oral Presentation

**1000 A burning platform for tobacco control- and a blooming national partnership**

Astrid Knudsen | Danish Cancer Society  
Susanne Bjærge, Niels Them Kjær

Introduction: The foundation TrygFonden and the Danish Cancer Society has initiated the endgame partnership Smokefree Future with the aim of max 5 percent smokers and no children smoking in 2030. The goal was to turn around the alarming development in Denmark, as youth smoking is rising and tobacco control has come to a halt for the past decade.

Methods: The partnership initiated a national capacity assessment to advance the implementation of FCTC and provide key recommendations for Danish tobacco control. The main communication theme of the partnership was protection of children and adolescents. A broad list of partners were invited.

Results: The partnership currently includes 183 partners and has achieved growing support and a call to political action from e. g. civil society, organizations, the business community, municipalities and researchers. This has lead national decision makers to support increasing tobacco prices, POS-ban, plain packaging and smoke free school time.

Conclusion: The FCTC based approach and the communication strategy with focus on children has together with the broad partnership been effective in creating support and political will to act on tobacco control.

Workshop 11  
Successes or failures in the tobacco control advocacy

Back to Program

Back to Schedule

## Oral Presentation

### 1010 Keep an eye on the back door for sneaky products

Guðlaug B Guðjónsdóttir | Icelandic Cancer Society, The Capital Area Cancer Society in Iceland

Thanks to early start of tobacco control in Iceland and many years of powerful tobacco control which relates to tobacco smoking, we have very low frequency of smoking not least among children and young people. But for many years now, very little has been done to counteract other tobacco and nicotine consumption in Iceland although Iceland is a part of the Framework Convention agreement. The tobacco industry has had a free rein to focus on marketing in Iceland under the veil of „harm reduction“. Surveys show that consumption of e-cigarettes and oral tobacco has increased greatly, especially in young people.

The Icelandic state has to face big legal and moral questions. Why allow the production of nose tobacco as a „legal“ product when it's known that it's used for the most part as oral tobacco that is illegal.

Regrettably those who control the e-cigarette market have been able to do almost anything to sell their products because lack of legislation (until spring 2019).

It's very important to put pressure on authorities and demand coherent legislation and strategy to prevent that more and especially young people become dependent on nicotine products.

Workshop 11  
Successes or failures in the tobacco control advocacy

Back to Schedule

Back to Program

## Oral Presentation

### 1020 Affordability and cross border purchase: The Achilles' heel of FCTC implementation

Kristin Byrkje | Norwegian Cancer Society, Oslo  
Nonguebzanga Maxime Compaore

Objective: Norwegians purchase approx. 40 per of the tobacco products abroad. This poses a big challenge to FCTC implementation and achievement of a tobacco-free Norway. Our objective is to generate debate and hopefully more research in order to identify policy options for the enhancement of tobacco control in the Nordic Countries.

Method: Present results of comparisons between the Nordic Countries (Norway, Sweden, Denmark, Finland and Iceland). Is there room for price increase/convergence?

Results: Tobacco products are relatively more expensive in Norway than in the neighboring countries. Differences in prices of cigarettes and other tobacco products between neighboring countries undermine tobacco control policies.

Conclusion: To tackle this challenge achieving price convergence across the Nordic countries appears to be necessary. Monitoring is very important.

Source: Ipsos, Norwegian Institute of Public Health

Workshop 11  
Successes or failures in the tobacco control advocacy

Back to Program

Back to Schedule

## Oral Presentation

**1030 Advocacy strategies to counter tobacco industry policy interference:  
A scoping review of the evidence**Tom Hird | [University of Bath](#)

Britta Matthes, Lindsay Robertson, Anna Gilmore

Introduction: Tobacco industry interference (TII) remains a significant barrier to implementing evidence-based tobacco control (TC) measures. To date, there have been no published reviews or evidence syntheses on advocacy strategies to counter TII.

Method: We conducted a scoping review of published peer-reviewed literature that describes advocates' activities to counter TI opposition to a proposed tobacco control policy, or to counter TI attempts to undermine policy implementation. We coded the TII and advocates' responses using a taxonomy of TI tactics developed in earlier research.

Results: Twenty articles met the inclusion criteria; evidence described mainly national-level activities (n = 13); nine articles were from low- and middle-income countries. The primary advocacy strategies used were: coalition-building; direct lobbying; providing evidence, technical advice and expert testimony to government actors; measuring and demonstrating public support; exposing TI behaviour and rapidly countering TI arguments. Facilitating factors included: funding/ support from international organisations, and capitalising on policy opportunities (e.g. new political leaders).

Conclusions: This review identifies the most commonly used strategies by TC advocates to counter TI policy interference according to the peer-reviewed literature. Whilst it is unfeasible to attribute successful policy adoption or implementation to advocates' activities, our synthesis can help inform future efforts to counter TII.

## Workshop 11

Successes or failures in the tobacco control advocacy

◀ Back to Schedule

◀ Back to Program

## Oral Presentation

**1040 Smoke-Free School Hours in vocational schools as a strategy to reduce  
smoking among lower socio-economic status groups in Denmark – preliminary  
findings from a prospective intervention.**Anneke Vang Hjort | [Steno Diabetes Center Copenhagen, Copenhagen](#)

Charlotte Demant Klinker, Lene Winther Ringgaard, Charlotta Holm Pisinger

Objective: A large proportion of students enrolled in vocational education smoke and come from low socioeconomic status (SES) homes. The school tobacco policy of Smoke-Free School Hours (SFSH) entails that students, staff and visitors are not allowed to smoke during school hours – nor inside or outside school premises. The aim of this study was to investigate if SFSH is an effective intervention to reduce smoking in Danish vocational schools.

Methods: A prospective design was applied across three intervention schools (n = 629), with baseline before the establishment of SFSH (T1) and with follow-up after six months (T2). Data was collected using electronic surveys during school hours. The primary outcome was self-reported smoking during school hours (Y/N) and the secondary outcome measures were changes in smoking status and total cigarette consumption per day. Effectiveness of the SFSH intervention was assessed using descriptive techniques and regression analysis.

Results: Data collection has been completed at one school (T1, n = 209 (24% female, mean age 23); T2, n = 124 (20% female, mean age 22). At T1 the daily smoking prevalence was 31,6% (compared to 16% in the general Danish population in comparable age-groups) and 26,2% at T2, with an average daily cigarette consumption of 17 cigarettes at T1 and 14 cigarettes at T2. At T1 85% of all smokers reported to smoke during the school day; this had dropped to 76% at T2.

Conclusion: This study will contribute with new knowledge on the effectiveness of a comprehensive school tobacco policy to target low SES groups in Denmark. Preliminary findings from the first intervention school indicate that SFSH may have been effective, however as follow-up data on the last two schools are not finalized before December 2019, the full results, presented at the conference, will give us a clearer picture of the effect.

## Workshop 12

Social inequalities and smoking, tobacco related health disparities

◀ Back to Program

◀ Back to Schedule

## Oral Presentation

### 1050 Cigarettes price elasticity in Serbia: Comparison of low-, middle-, and high-income households

Marko Vladislavjević | *Belgrade*  
Jovan Zubović, Olivera Jovanović, Mihaljo Đukić

Serbia is a middle-income country with high tobacco consumption, resulting from low prices of cigarettes and their slow increase pace. At the same time, Serbia has the highest at-the-risk-of-poverty rate in Europe, at 25.7%. Policies of more rapid excise and price increase have been criticized for their regressive impact on the poorest, however neglecting the changes in the consumption patterns that occur after the prices increase. In this paper, we investigate how increases in cigarettes prices affect different income groups in Serbia, by using the Household Budget Survey data for the years 2006–2017. We estimate both smoking prevalence and smoking intensity price elasticity for low, middle, and high-income households. Results suggest that low-income households have the highest negative price elasticity. We further show that, in the long-run, when facing increasing prices, low-income households decrease their total tobacco expenditure. This result which coupled with the lowering of the tobacco-related medical expenditures, clearly suggests that excise increase policies do not have an adverse effect on the position of the low-income households. On the opposite: increasing the prices, via lower consumption of cigarettes has two positive effects: it lowers their cigarettes and medical expenditure and has positive effects on their health.

Workshop 12  
Social inequalities and smoking, tobacco related health disparities

Back to Schedule

Back to Program

## Oral Presentation

### 1060 Efforts and successes in twenty years of tobacco control in the UK

Alison Cox | *Cancer Research UK*

In 1998 the UK Government published its first comprehensive tobacco control plan “Smoking Kills”. In the following 22 years the UK has seen smoking rates fall from 27% to under 15%. This has been achieved under both Labour and Conservative governments through the introduction of tobacco control regulations consistent with the key measures of the Framework Convention on Tobacco Control. For this reason the UK has regularly topped the Tobacco Control Scale Europe. The UK is also investing in tobacco control in low and middle-income countries. This presentation will review the key facilitators and barriers to this progress and look at current plans to achieve a Smokefree 2030 ambition.

Interface Symposium  
Status of tobacco control in Europe

Back to Program

Back to Schedule

## Oral Presentation

**1070 The UK perspective on e-cigarettes and new tobacco products**

Leonie Brose | King's College London

Great Britain has comprehensive regulations for vaping (e-cigarettes) and closely monitors use. This presentation will give a brief summary of the current regulatory framework for smoking and vaping, the successful use of e-cigarettes for smoking cessation and their use among adults and youth against a backdrop of very stringent tobacco control policies and low and declining smoking rates. The presentation will briefly touch on heated tobacco products.

**Interface Symposium**

New tobacco products and their consequences on health

◀ Back to Schedule

◀ Back to Program

## Oral Presentation

**1080 Tobacco taxation: Win win win policy for public health, domestic resource mobilization, and equity**

Patricio V Marquez

The common claims used by interest groups to oppose tobacco tax increases are not supported nor borne out by accumulated country evidence. Recent work by the World Bank Group and other institutions, has expanded the global evidence base to confront these claims as they have become widely-held “myths” often accepted uncritically by government officials and stakeholders, as well as the general public. The evidence is clear in showing that to swiftly cut smoking rates, which would contribute to the achievement of the health and poverty targets set forth by the UN Sustainable Development Goals by 2030, bold increases in tobacco excise tax rates are by far the most powerful tool. The health benefits of tobacco taxes far exceed the increase in tax liability, and they accrue disproportionately among lower-income households who tend to be more responsive to price hikes. The positive impact of higher tobacco taxes and prices go beyond direct health gains and indirect benefits such as reduced health care expenditures and higher productivity. Increasing tobacco taxes can also enlarge a country’s tax base to augment domestic resource mobilization to fund priority investments and programs, including the expansion of universal health coverage. The progressive nature of this policy is therefore further enhanced when one takes into account the use of the additional revenue raised by the tobacco tax that can help fund programs that benefit the poor. Contrary to common claims that higher taxes lead to increased smuggling and use of counterfeit tobacco, non-price factors such as governance status, weak regulatory framework, and the availability of informal distribution networks appear to be far more important factors. Policymakers considering tobacco tax hikes are also often concerned about negative impacts on employment, but the evidence from countries shows that tobacco manufacturing represents only a small share of economy-wide employment, most tobacco farmers and manufacturing workers rely only partially on tobacco income, tobacco cultivation is not profitable for most farmers, and producing tobacco has high opportunity costs. Economic simulations suggest that raising cigarette taxes reduces gross employment in the tobacco manufacturing by a small amount. Importantly, however, these estimates do not consider the creation of jobs in other sectors due to the shift in consumers’ spending away from tobacco (the net effect). The take-away message for policy makers and other stakeholders around the world, should be unambiguously clear: as country evidence globally shows, there is no mystery about how to get people to stop smoking: hiking taxes on a regular basis, adjusting for inflation and per capita income growth will increase prices, reduce affordability, lower demand and use, and generate public health, fiscal, and equity benefits.

**Opening Ceremony**

◀ Back to Program

◀ Back to Schedule

## Oral Presentation

**1090 Tobacco and new nicotine products – Scottish perspective**Sheila Duffy | Ash Scotland

This presentation will provide insight into the past, present and future of tobacco and new nicotine product regulation in Scotland. It will highlight challenges relating to regulation, as well as potential future directions. The presentation will lay out the substantial gains Scotland has made over the past fifteen years in regulating the affordability, availability and accessibility of tobacco products, as well as the leading role it has played in this respect within the UK. It will then discuss the upcoming implementation of legislation prohibiting smoking outside hospital buildings and the production and supply of flavoured cigarettes, as well as an anticipated consultation on domestic e-cigarette advertising. The presentation will conclude by turning to the question of future opportunities to support the creation of national and local level conditions for an ongoing reduction in smoking, and the achievement of our target of a generation free from tobacco by 2034.

## References:

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## Plenary 4

New nicotine and tobacco products

◀ Back to Schedule

◀ Back to Program

## Oral Presentation

**1100 Effects of the implementation of plain packaging**Gerard Hastings | Institute for Social Marketing & Health, University of Stirling, Scotland  
Allison Ford, Crawford Moodie, Kathryn Angus, Martine Stead, Anne Marie MacKintosh

It is 40 years since the first studies emerged showing that tobacco marketing encourages the onset and continuance of smoking. The early studies focused on mass media advertising, but the multifaceted nature of marketing led researchers to investigate all the different forms of promotion as well as other elements of the marketing mix. NCI Monograph 19<sup>1</sup> provides a comprehensive guide to all the forms tobacco marketing takes. The key policy lessons to emerge from this work were that regulation has to be both watertight and comprehensive.

The pack, may be because it is the silent salesman<sup>2</sup>, was one of the last marketing tools to come under scrutiny. A systematic review<sup>3</sup> of the evidence conducted nearly a decade ago led by Stirling University showed that a move to plain packs had the potential to boost public health in three ways: by emphasising the health warning, reducing industry's ability to use deceptive design features and making the product seem less appealing. As a result, the UK mandated standardised packaging for tobacco products and, after a 12-month transition period, the policy was fully implemented by May 2017. This presentation will discuss the results of a second systematic review conducted by the Stirling team after implementation examining what happened in practice. It will draw conclusions about the implications the findings have for future tobacco control policy.

## References:

- 1 NCI (2008). Monograph 19: The Role of the Media in Promoting and Reducing Tobacco Use <https://cancercontrol.cancer.gov/brp/tcrb/monographs/19/index.html>
- 2 Pilditch, J. (1961), The silent salesman: how to develop packaging that sells, Business Publications.
- 3 Moodie C et al (2012) Plain Tobacco Packaging: A Systematic Review, Institute for Social Marketing, Stirling University.

## Plenary 2

Scientific evidence for effectiveness of tobacco control policies – smoke-free legislation, advertising bans, point of sale bans, and plain packaging

◀ Back to Program

◀ Back to Schedule

## Oral Presentation

**1110 Tobacco control, social inequalities and smoking**

Amanda Amos | [University of Edinburgh](#)  
Caroline Smith, Sarah Hill

Reducing socioeconomic inequalities in smoking is a tobacco control priority but there is considerable uncertainty about which interventions and policies are most effective. This presentation aims to: (1) provide a brief overview of inequalities in smoking in Europe; (2) summarise current evidence on the equity impacts of population tobacco control policies and interventions; (3) consider the implications for research assessing the equity impact of tobacco control interventions within a complex and evolving policy context.

We will present the findings of a recently completed systematic review of the international evidence on the equity impact of tobacco control interventions and policies (ie tax, mass media, cessation support, smokefree, sales and marketing restrictions) published between 2013 and 2018. While there has been a substantial growth in research evaluating the impact of tobacco control interventions by socioeconomic status, most new studies show mixed or unclear results. Findings for price/tax increases and targeted cessation support continue to indicate an equity-positive impact, but limitations in the evidence base make further assessment difficult. The comparability of study findings is limited by diverse study designs and outcome measures, and also substantial differences in the strength, implementation and context of tobacco control policies.

We conclude that researchers need to adopt more sophisticated, nuanced approaches to evaluating the impact of tobacco control – including frameworks that take account of variations in context, the interaction of specific tobacco control interventions with existing systems and processes, and the mechanisms by which interventions produce their effects.

 Workshop 12

Social inequalities and smoking, tobacco related health disparities

 Back to Schedule

 Back to Program

## Oral Presentation

**1120 Overview of the MPOWER program: Monitoring of the tobacco epidemic and tobacco control progress worldwide**

Kerstin Schotte | [No Tobacco Unit, Department of Health Promotion, WHO Headquarters](#)  
Alison Commar, Hebe Gouda, Marine Perraudin, Simone St Claire

Around the world, there are over one billion current tobacco users and every year, over 7 million people die from tobacco use and 1.2 million non-smokers die as a result of exposure to second-hand smoke. In an effort to reduce the global burden of tobacco-related death and illness, WHO introduced the MPOWER package in 2007, a set of measures intended to assist in the country-level implementation of effective interventions to reduce the demand for tobacco, contained in the WHO Framework Convention on Tobacco Control. These measures include monitoring tobacco use and prevention policies, protecting people from tobacco smoke, offering help to quit, warning about the dangers of tobacco, enforcing bans on tobacco advertising, promotion and sponsorship, and raising taxes on tobacco. In collaboration with global partners, WHO provides specialized technical assistance for the implementation of the MPOWER measures in countries where the burden of tobacco-related illness and death is heaviest. To date, about 5 billion people – 65% of the world's population – are covered by at least one comprehensive tobacco control measure, which has quadrupled since 2007 when only 1 billion people and 15% of the world's population were covered. Assuming current efforts in tobacco control are maintained in all countries, the prevalence of current tobacco users is projected to decline to around one fifth of the global population by 2025, from one third of the population in 2000.

## References:

- WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013-2020. Geneva: World Health Organization; 2013.
- WHO Global Report on Trends in Prevalence of Tobacco Use 2000-2025, third edition. Geneva: World Health Organization; 2019.
- WHO Report on the Global Tobacco Epidemic, 2019. Geneva: World Health Organization; 2019.

 Workshop 9

Monitoring and surveillance of tobacco control progress

 Back to Program

 Back to Schedule

## Oral Presentation

**113 0 The future for the WHO FCTC in Europe and the global perspective**Francis Thompson | Framework Convention Alliance

In the area of regulations to protect consumer health and safety, the European Union is widely recognised as a superpower – indeed, arguably as the leading source of global rules. In tobacco control, the EU and its member states play a central role in multilateral negotiations for the implementation and further development of the WHO Framework Convention on Tobacco Control (FCTC).

Given rapid changes in the global tobacco control landscape, as well as in geopolitics, Europe needs to be more conscious of its responsibility to help the rest of the world curb the tobacco epidemic and more creative in how it provides leadership. The 9<sup>th</sup> session of the FCTC Conference of the Parties, scheduled for November in The Hague, provides a key opportunity to exercise this leadership – and an important platform for European advocates to hold their governments to account for their global role.

 **Plenary 1**

The European Tobacco Control Scale and the implementation of the WHO FCTC in the European Union

 [Back to Schedule](#)
 [Back to Program](#)

## Oral Presentation

**114 0 The effectiveness of tobacco control in Ireland**Fenton Howell | Department of Health, Ireland

Ireland has a long history of engagement in evidence-based tobacco control. National health policy documents which resulted in legislation on smoke-free areas, advertising bans, point-of-sale bans and plain packaging along with consistent price rises and encouragement and support for smokers to quit has played a part in reducing smoking prevalence. Population current smoking prevalence (15 yrs+) in 2019 was 17%, down from 43% in 1972. In addition, current smoking prevalence for children (10–17yrs) in 2018 is 5%, down from 20% in 1998.

An analysis of the impacts of various policies implemented from 1998–2010 resulted in a 22% relative reduction in smoking prevalence: 50% reduction due to price policy, 25% due to smoke-free legislation and 16% due to advertising restrictions culminating in 1716 fewer smoking attributable deaths<sup>1</sup>.

Smoke-free legislation has also had a positive effect on the health of bar staff and other workers exposed to SHS in the past. It is estimated that 3,726 smoking attributable deaths were avoided in the 3.75 years after the introduction of the ban in 2004. The point-of-sale ban reduced the visibility of direct tobacco advertising and recall of seeing tobacco products in retail outlets. The introduction of standardised packaging for all tobacco products has widespread support. It has decreased the attraction of cigarette packs to the smoker and has helped make health warnings more visible.

Ireland will continue to pursue evidence-based tobacco control policies in order to reduce smoking prevalence to less than 5%.

## Reference:

<sup>1</sup> The effect of tobacco control policies on smoking prevalence and smoking-attributable deaths in Ireland using the IrelandSS simulation model. Currie LM, Blackman K, Clancy L, Levy DT. *Tob Control*. 2013 May;22(e1):e25-32. doi: 10.1136/tobaccocontrol-2011-050248

 **Plenary 2**

Scientific evidence for effectiveness of tobacco control policies – smoke-free legislation, advertising bans, point of sale bans, and plain packaging

 [Back to Program](#)
 [Back to Schedule](#)

## Oral Presentation

**115 O Strategy for a smoke-free and nicotine-free future in Finland**

Sakari Karjalainen | Cancer Society of Finland  
Eeva Ollila, Satu Lipponen

Finland has pursued systematic tobacco policies since 1970s with incremental continuous changes towards reducing smoking and towards increasing smoke-free environments. In 2010, Finland became the first country in the world to legislate the end of tobacco use. The Tobacco Act was renewed in 2016 with the amendments from the Tobacco Products Directive (TPD). Then, at the same time the endgame goal was moved to 2030 and the scope of the endgame was expanded to cover all nicotine-containing products that are toxic and addictive. Finland now aims to be tobacco and nicotine free by 2030, meaning that less than five per cent of the adult population will use tobacco or other nicotine products on a daily basis.

Smoking has decreased steadily. In 2018 the prevalence in the age group 20–64 was in males (15%) and females (13%). Smoking is still the most significant cause of health disparities between population groups. Among young people, (age group 14–20) the prevalence was in boys 7% and in girls 6% in 2019. Snus is forbidden in the EU market, except for Sweden. However, use of snus is posing a challenge in Finland. Under the Tobacco Act of 2016 (TA 2016) travelers are allowed 1,000 grams for personal use. Electronic cigarettes become regulated under the TA2016 with some measures exceeding those of the TPD, such as ban on flavours other than that of tobacco and on marketing. While the use of electronic cigarettes has remained relatively low, the use of snus especially among young males has increased markedly.

To achieve the goals of ending tobacco and nicotine product use, the Ministry of Social Affairs and Health (MSAH) established an Action Plan in 2014 and is in the process of establishing another one in 2020. These action plans have included measures to prevent initiation of tobacco and nicotine products. (e.g. increasing regularly excise duty on tobacco, restricting visibility and availability of products), promote cessation (e.g., training of healthcare providers) and protect against exposure to secondhand smoke (e.g., more smoke-free municipalities). The working group appointed by MSAH proposed 44 recommendations for development of tobacco and nicotine free policy (2018). Each government should until 2030 investigate and assess the realisation of the objective of the Tobacco Act and propose necessary future actions. The working group also proposed that plain or standardised packaging should be implemented and travel imports for all tobacco products should be lowered; only 100 grams of snus should be allowed for personal use.

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- Ministry of Social Affairs and Health. Roadmap to a tobacco-free Finland: action plan on tobacco control. Helsinki, Finland, 2014.
- Ministry of Social Affairs and Health. Development of tobacco and nicotine policy. Proposals for action by the working group, 2018. (English) Available: <http://julkaisut.valtioneuvosto.fi/handle/10024/161214> [Accessed Feb 11, 2020].

Interface Symposium  
Status of tobacco control in Europe

◀ Back to Schedule

◀ Back to Program

## Oral Presentation

**116 O Communicating heated tobacco products in Italy**

Alessandra Lugo | Laboratory of Lifestyle Epidemiology, Istituto di Ricerche Farmacologiche Mario Negri IRCCS, Milan, Italy  
Silvano Gallus

In December 2014, Philip Morris International (PMI) launched in Italy and Japan the first heated tobacco product (HTP), named IQOS. Italy, likely due to a favourable political environment for PMI, represented therefore the pilot country for this new product for the European market. Today, IQOS and other HTPs, including glo by British American Tobacco (BAT), are available in Italy and in the market of most high-income countries.

The official sales of IQOS (and glo) substantially increased over the last few years. Today HTPs represent the third most sold tobacco product in Italy, exceeding 5% of the total market share. In 2019, approximately 600,000 adults reported to use (either occasionally or regularly) HTPs in Italy. Adults aged 45–64 years and with a higher level of education were more frequently HTP users. Moreover, the prevalence of HTP use was higher among current smokers, but not limited to them. In fact, we observed that among approximately 800,000 Italian adults having tried IQOS in 2017–2018, more than 30% were never cigarette smokers. Among 1,500,000 Italian adults having an intention to try it, more than 40% were non-smokers (i.e., never or ex-smokers since more than one year).

Possibly due to the strong lobbying of the tobacco industry, these products enjoy several fiscal and legislative benefits. In particular, the excise tax of HTPs in Italy is one fourth that of conventional cigarettes, and these tobacco products are exempted from smoking bans in public places and workplaces, advertising bans and pictorial health warnings on the packs.

The tobacco industry interference in Italy is strong also at a scientific level. In a country where even the Italian Red Cross accepts €500,000 of funding from PMI, disregarding the recommendations of the International Federation of Red Cross, it is not considered a shame to receive funding from the tobacco industry. Thus, several scientific associations invited PMI, in face of financial support, to their annual national congresses, thus providing to the tobacco industry the opportunity to raise a voice in the scientific debate. Mario Negri Institute, in collaboration with the Italian Society of Tobaccology (SITAB) and the Italian ally for a Tobacco Endgame (tobaccoendgame.it), reacted to such involvement of the tobacco companies, preparing a statement aimed at reaffirming the importance of research independent from the tobacco industry. Signatories pledged not to accept direct or indirect financial support from the tobacco industry. Such statement has been signed by many Italian scientific societies and institutions, but unfortunately not all those invited.

In April 2018, PMI required the Italian Ministry of Health (MoH) to acknowledge the reduced toxicity and the reduced risk of HTPs compared to combusted products, under the same conditions of use. Such marketing claims have been rejected by a commission of 15 experts of the Italian National Institute of Health, and consequently by the MoH. Under these circumstances, the huge benefits HTPs have in Italy should be urgently revised.

Plenary 3  
Tobacco industry interference and new challenges in communication (tobacco industry and harm reduction)

◀ Back to Program

◀ Back to Schedule

## Oral Presentation

**117 0 Illicit trade of tobacco products in the EU – current situation and perspectives for the future**

Georg Roebing | European Commission/OLAF, Head of Unit, Customs and Tobacco Fraud Policy; AFIS

The objective of this intervention is to update on current developments with the illicit tobacco market in the EU, and to give an overview of some of the key components of the EU's response to this phenomenon.

## References:

- [https://ec.europa.eu/anti-fraud/sites/antifraud/files/docs/body/communication\\_en.pdf](https://ec.europa.eu/anti-fraud/sites/antifraud/files/docs/body/communication_en.pdf)
- [https://ec.europa.eu/anti-fraud/sites/antifraud/files/tobacco\\_implementation\\_report\\_12052017\\_en.pdf](https://ec.europa.eu/anti-fraud/sites/antifraud/files/tobacco_implementation_report_12052017_en.pdf)
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## Plenary 5

The Protocol to eliminate illicit trade of tobacco products – the implementation

## Oral Presentation

**118 0 Attempts of the tobacco industry to undermine the protocol**

Allen Gallagher | Tobacco Control Research Group, Department for Health, University of Bath, United Kingdom  
Anna Gilmore, Mr Andrew Rowell, Mr Benoit Gomis

Article 8 of the Illicit Trade Protocol requires a global track and trace system to reduce tobacco smuggling. Given the tobacco industry's historical involvement in tobacco smuggling, the Article stipulates that tobacco tracking and tracing "shall not be performed by or delegated to the tobacco industry". This presentation focusses on the rationale for and nature of the tobacco industry's efforts to influence the Illicit Trade Protocol & the global track and trace system envisioned within it.

By compiling recent data on the illicit market, this presentation provides an overview of the growing evidence suggesting that transnational tobacco companies continue to facilitate the illicit tobacco trade and thus have a vested interest in undermining effective policy measures aimed at addressing it. Evidence from research projects featuring analysis of leaked tobacco industry documents and publicly available data; investigation of front groups and trademark and patent ownership is also discussed to provide insight into the tobacco industry's strategies for influencing the Illicit Trade Protocol. These include attempts to influence tobacco tracking and tracing implementation via the industry's promotion of its own inefficient and ineffective system, Codentify. The tobacco industry's attempts at regulatory capture through an expensive public relations campaign involving tobacco companies funding conferences, training, research, and international police and anti-corruption organisations are also addressed.

The findings from the presentation lead to the conclusion that the tobacco industry, while presenting itself as part of the solution to illicit tobacco trade, continues in fact to be part of the problem. The industry has been attempting to influence the Illicit Trade Protocol since its negotiation phase and now seeks to control tobacco tracking and tracing in order to avoid scrutiny and minimise excise tax payments while also attempting to ingratiate itself with authorities tasked with addressing illicit tobacco trade. Governments should be wary of these efforts and suggestions for countering the tobacco industry's efforts to undermine the Illicit Trade Protocol are provided.

## References:

- <https://tobaccocontrol.bmj.com/content/28/2/127>
- <https://tobaccocontrol.bmj.com/content/28/2/121>

## Plenary 5

The Protocol to eliminate illicit trade of tobacco products – the implementation