

# The 10<sup>th</sup> APACT Conference

# APACT

Ending the Tobacco Epidemic

– Protecting and Keeping Healthy Lives –

# 2013



**APACT 2013**

## Program and Abstract Book

*In collaboration with the 7th annual conference of  
the Japan Society for Tobacco Control*

**August 18 - 21, 2013**

**Makuhari Messe, Chiba, Japan**

<http://www.apact.jp/>



**The 10<sup>th</sup> APACT Conference**

Ending the Tobacco Epidemic  
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# Greeting

## Good occasion to learn from achievements of advanced countries in Tobacco Control



Japan hosted the 3<sup>rd</sup> conference of APACT in 1993 held in Omiya City, Saitama Prefecture, and 20 years have passed since then. Marked achievements in tobacco control have been obtained during this period, in particular, unanimous adoption of FCTC in the World Health Assembly in 2003 and it came into effect since 27 February 2005. All countries of the world have been trying to improve their tobacco control based on FCTC, however, its speed markedly differs from country to country. One of most advanced countries in tobacco control is Australia, and they succeeded in a plain package of cigarette.

One of the areas least developing in many member countries might be prevention of passive smoking, which was first alerted by Dr. Takeshi Hirayama of Japan in 1981, then confirmed by several studies carried out in several countries in later years. Japan is far behind in this regard, and we have to accelerate the control of passive smoking much faster than before, learning from experiences of advanced countries in tobacco control.

In this 10<sup>th</sup> APACT conference, nearly all topics of tobacco control were adopted either in plenary sessions or in symposia including scientific presentations and practical problems in tobacco control, and many interesting trials are presented in a poster session. I, myself, have been a specialist in tuberculosis. As clear evidences were found on the ill-effect of tobacco on tuberculosis, it is my concern how to integrate tobacco control into tuberculosis control program as smoking seems to be rather popular among TB patients, in particular, in developing countries.

August in Japan is one of the hottest seasons in Japan, not only hot in temperature, but also humid, but the conference hall is well air-conditioned, and hot discussions are expected during the conference.

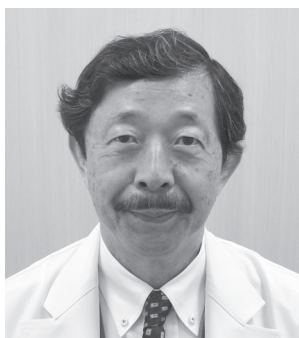
As a president of 10<sup>th</sup> APACT conference, I cordially wish you to enjoy your stay in Japan.

A handwritten signature in cursive script that reads "Tadao Shimao".

**Dr. Tadao Shimao**

**President, the 10<sup>th</sup> APACT Conference  
President, Japan NGO Council on Tobacco or Health  
Advisor, Japan Anti-Tuberculosis Association**

## Greeting



**Manabu Sakuta, M.D.**

*Vice President of APACT Japan  
Board Chairman of the JSTC,  
Professor*

Welcome to Japan.

On behalf of the Japan Society for Tobacco Control (JSTC), we welcome you to APACT 2013. This APACT is held in collaboration with the 7th annual conference of the JSTC.

JSTC is the largest society of its kind in Japan, and now has more than 3,000 members acting together to fully implement the FCTC in our country, with the help of FCA and SEATCA.

On this occasion of APACT, we would like to learn more about the ill effects of tobacco and the tobacco industry, and how to overcome them.

Let's begin by exchanging each of our experiences.

Cooperation is the key slogan that we have to pursue.



**Akira Oshima, M.D.**

*Vice President of APACT Japan  
President of Japan Medical-Dental  
Association for Tobacco Control*

Japan ratified FCTC in June, 2004 and FCTC has come into force since February 27, 2005. Since then some progress has been made in Japan, such as reimbursement of smoking cessation treatment by health insurance (April, 2006) and about 40% increase of tobacco tax/price (October, 2010). Smoking prevalence among adults as well as adolescents has been gradually declining. However, as shown in the MPOWER 2013 published on July 10, Japan has not made any steps in the area of P (Protection people from tobacco smoke), W (Warn about the dangers of tobacco, anti-tobacco mass media campaign) and E (Enforce bans in tobacco advertising, promotion and sponsorship). During the session of this APACT 2013, many speeches about achievements and ways to overcome obstacles in implementing FCTC will be presented and discussed. We are sure to find good examples of evidence-based tobacco control in Asia-Pacific region, and by learning from them we hope we will be able to make a steady and substantial progress in tobacco control toward tobacco-free Japan.

Sincerely,

## Greeting



**Hisayoshi Fujiwara,**  
**M.D. PhD**

*Chairperson of Scientific  
Committee*

It is my pleasure to welcome you to Scientific Sessions in the 10th AFACT Conference 2013 held in an exciting new venue, Makuhari, Chiba, Japan.

The AFACT meeting offers a unique opportunity to gather with colleagues from around Asia Pacific areas, consisting of 40 countries, in an exciting educational and professional environment. The scope and quality of the scientific exchange make Scientific Sessions the premier anti-smoking research and instructional meeting. Programming this year will continue to center on 15 multidisciplinary anti-smoking cores, consisting of 19 symposiums and 4 plenary lectures (oral sessions), in addition to 291 poster sessions. The 15 cores include:

- Two protections from exposure to tobacco smoke
- Four illness-specific issues
- Women and tobacco use
- Roles of nurses and other professionals
- Treatment of tobacco dependence
- Education, communication, training and public awareness
- Price and taxations
- Other forms of tobacco/substances
- Litigation/ regulation of the contents of tobacco products
- Tobacco industry and corporate social responsibility
- Packaging and labeling of tobacco products
- Issues of trade and tobacco market opening
- Protection of public health policies from commercial
- Inequities in tobacco use and tobacco control
- AFACT Youth for the future demand

We hope you have the opportunity to experience the enhancements to our meeting. Most importantly, we hope the meeting addresses the greater mission of the AFACT.



**Toru Mori, M.D.**

*Chairperson of Planning  
Committee*

The conference theme this year is “Ending the Tobacco Epidemic – Protecting and Keeping Healthy Lives –” and highlights the grave missions of all the people and parties fighting for the health of all people on earth.

In order to materialize this theme, we, the planning committee, decided to follow the full implementation of the WHO Framework of the Convention on Tobacco Control as a core of all conference sessions, so that every topic of the session is directly and essentially related to it.

Thus, the conference accommodates two opening lectures, three plenary lectures, twelve symposia, three luncheon seminars, and several satellite seminars/ symposia during four days. There will also be a venue for active participation of a wider audience in the poster sessions that also feature FCTC spirits.

We are pleased to see that the conference is warmly supported by many scientists and citizens who will join our programs, representing countries/areas throughout Asia-Pacific and around the globe, as well as various organizations fighting against tobacco. We sincerely hope that we will be able to discuss, exchange, and network with old and new colleagues from more than 40 countries/areas, strengthening our commitment to our global efforts toward a tobacco-free world.

# Organizational Framework

## Organizers (APACT Japan)



Japan Anti-Tuberculosis Association



日本禁煙学会  
Japan Society for Tobacco Control

Japan Society for Tobacco Control

日本禁煙推進医師歯科医師連盟

Japan Medical-Dental Association for Tobacco Control

たばこと健康問題 NGO 協議会

Japan NGO Council on Tobacco or Health

## Operating organizations

Honorary Presidents:

President of the Japan Medical Association  
President of the Japan Dental Association  
President of the Japan Pharmaceutical Association  
President of the Japanese Nursing Association

Honorary Vice-Presidents:

President of the Chiba Medical Association  
President of the Chiba-ken Dental Association  
President of the Chiba Pharmaceutical Association  
President of the Chiba Nursing Association

President:

Tadao Shimao

Vice-Presidents:

Manabu Sakuta  
Akira Ohshima

## Planning Committee

Committee Chairperson:

Toru Mori

Committee Vice-Chairperson:

Manabu Sakuta

Committee Members:

Masataka Kato	Takeo Uchida
Masakazu Nakamura	Kyoichi Miyazaki
Takashi Noda	Takao Hanioka
Hiroshi Yamato	Yumiko Mochizuki
Reiko Saito	Tadao Shimao
Takeko Yamashita	Bungaku Watanabe
Noriko Hiraga	Masako Shigeta
Takahiro Suzuki	Hiroyasu Muramatsu
Mikio Kawamata	

## Scientific Committee

Committee Chairperson:

Hisayoshi Fujiwara

Committee Vice-Chairperson:

Manabu Sakuta

Committee Members:

Ryohei Adachi	Kenji Amagai	Hitoshi Aoyama
Makishige Asano	Shuji Dohi	Ichiro Fukumoto
Tomoyuki Goya	Junkichi Hama	Nobuyuki Hamajima

Takashi Hanioka	Hisashi Harada	Junichi Hasegawa
Naofumi Hayabuchi	Jitsuo Higaki	Yoji Hirayama
Yoko Hirota	Tamaki Hosomi	Mami Iida
Koji Inagaki	Yoshiki Ishii	Masayuki Kaji
Ritsu Katayama	Masataka Kato	Mikio Kawamata
Fumitaka Kikkawa	Hirokatsu Kinoshita	Satoshi Kitamura
Michiyuki Matsuzaki	Kazuko Mitoku	Yumiko Mochizuki
Toru Mori	Seiji Morioka	Hiroyuki Nagase
Takashi Nakano	Yoshiko Nakata	Yuri Nakata
Takashi Noda	Kazutomo Ohashi	Takashi Ohida
Misaki Ohmori	Akira Ohshima	Koki Okamoto
Yoneatsu Osaki	Tetsunori Ozaki	Hironori Sagara
Yoshihisa Saida	Moemi Saito	Reiko Saito
Manabu Sakuta	Masahiro Sasaki	Masataka Sata
Kazunori Shimada	Eiji Shimizu	Masaki Shinjo
Naoyuki Sugano	Masayuki Takahashi	Yuji Takahashi
Osami Tokudome	Takashi Wada	Hiroshi Yamashiro
Makiko Yamamoto	Hiroshi Yamato	Takeshi Yanase
Masayuki Yokode	Chiharu Yoshii	Itsuro Yoshimi

#### International Advisors

Ted Chen	Honorary Executive Secretary of APACT
Mark Levin	University of Hawaii at Manoa
Ill Soon Kim	Korean Association of Smoking and Health
Hong Gwan Seo	Director of National Cancer Control Institute, National Cancer Center, Korea
Jiefu Huang	Chinese Association on Tobacco Control
Guihua Xu	Chinese Association on Tobacco Control
Judith Mckay	Asian Consultancy on Tobacco Control
Lisa Lau Man-man	Chairman of Hong Kong Council on Smoking and Health
W Y (Vienna) Lai	Hong Kong Council on Smoking and Health
Sea-Wain Yau	Secretary-General of the John Tung Foundation
Prakit Vethesatogki	The Action on Smoking and Health Foundation
Bungon Ritthiphakdee	Secretary-General of the Campaign against Tobacco Consumption of Thailand
Daniel Tan	Tobacco-Free Philippines Foundation
Edgardo Ulysses Dorotheo	Southeast Asia Initiative on Tobacco Tax (SITT)
Soewarta Kosen	National Institute of Health Research & Development
Yayi Suryo Prabandari	Universitas Gadjah Mada
Mary Assunta	Southeast Asia Tobacco Control Alliance (SEATCA)
Harley Stanton	President of the 9th APACT Conference
Ron Borland	Cancer Council Victoria, Australia

#### Administrative committee (secretariat):

Committee Chairperson:	Kyoichi Miyazaki	(Secretary-General)
Committee Members:	Yuji Ichikawa	(secretariat)
	Hikaru Iwase	(in charge of financial affairs)
	Hiroyuki Kimura	(Japan Walking Association)
	Yumiko Mochizuki	(National Cancer Center)
	Toru Mori	(Planning committee chairperson)



Event Committee:	Reiko Saito	(Japan Medical-Dental Association for Tobacco Control)	
	Manabu Sakuta	(Vice-President)	
	Tomoko Tsuji	(secretariat)	
	Takeo Uchida	(Director of the Uchida Hospital)	
	Takeko Yamashita	(in charge of public relations)	
PR Committee:	Takafumi Hirama	(Director of the Hirama Hospital)	
	Katsuhide Ohashi	(Director of the Ohashi Gastrointestinal Proctological Surgical Clinic)	
	Akira Hase	(Director of the Hase Clinic of Internal Medicine)	
	Hiroyasu Muramatsu	(Director of the Chuoh Naika Clinic)	
	Masaaki Yamaoka	(Director of the Sumoto City Emergency Clinic)	
APACT Youth	Hiroshi Nogami	(Smoke-Free Environment Campaign for Kids in Japan)	
	Fumisato Watanabe	(Director of the Tobacco Problems Information Center)	
Chiba Prefecture (past and current)	Sayaka Horiuchi	Motoko Kametani	Takehiro Kawase
	Kazumi Kubota	Masumi Okamoto	Haruka Sakamoto
	Naomi Sonoda	Yoko Yanagawa	
	Kazuko Okada	Kiyoshi Nakamura	
	Yoshihito Ohno	Fumiko Saito	
	Hisashi Akiyama	Kunihiko Isobe	Akira Tsujimoto

## Supporters

Ministry of Health, Labour and Welfare	Japan Medical Association
Japan Dental Association	Japan Pharmaceutical Association
Japanese Nursing Association	National Governors' Association
Chiba Prefecture	Chiba Medical Association
Chiba-ken Dental Association	Chiba Pharmaceutical Association
Chiba Nursing Association	Chiba City
Chiba City Pharmaceutical Association	Embassy of India in Japan
Embassy of Mexico in Japan	

## Secretariat

### APACT Japan secretariat

The Japan Society for Tobacco Control  
 30-5-201 Ichigaya-yakuoji-machi, Shinjuku-ku, Tokyo 162-0063, Japan  
 Phone number: 090-8442-0966 Fax number: 03-5360-6736  
 E-mail address: desk@apact.jp  
 URL: <http://www.apact.jp/>

### Secretariat of the 10th APACT Conference (APACT 2013)

c/o ICS Convention Design Inc.  
 Chiyoda Bldg., 1-5-18 Sarugakucho, Chiyoda-ku, Tokyo 101-8449, Japan  
 Phone number: 03-3219-3541 Fax number: 03-3219-3577  
 E-mail address: apact2013@ics-inc.co.jp

# Acknowledgement

We would like to thank the following organizations and companies.

The Tokyo Club (一般社団法人 東京倶楽部)



The John Tung Foundation

Japan Association Against Tobacco (全国禁煙推進協議会)

Chiba Convention Bureau and International Center

Chiba Prefecture

## Luncheon Seminar Sponsor



Novartis Pharma K.K.



Pfizer Japan Inc.



Global Smoke-free Worksite Challenge

(As of July 31, 2013)

# General Information and Social Program

## Conference Date and Venue

Date: August 18 (Sunday) -21 (Wednesday), 2013

Venue: International Conference Hall, Makuhari Messe in Chiba, Japan

## Official Language

The official language is English.

## Simultaneous Interpretations

Simultaneous interpretations (English to Japanese) will be available for Opening Lectures, all Plenary and Symposium sessions.

Japanese participants who need to have a simultaneous Interpretation receiver, please come to the Receiver Desk located in the foyer on the 2nd floor with a ticket. The receiver must be returned in the end of every day.

## Registration

Registration Desk:

The registration desk is located in the Entrance Hall (1F) and will be open during following hours:

Open Hours:	August 18 (Sunday)	15:00 – 20:00
	August 19 (Monday)	8:00 – 17:00
	August 20 (Tuesday)	8:30 – 17:00
	August 21 (Wednesday)	8:30 – 11:00

Registration fee includes:

Attendance to all scientific session, Exhibition, Opening Ceremony, Welcome Party, Lunch for two days (August 19 and 20), Coffee Breaks, Congress Bag, Program & Abstract Book and Pocket Program Book.

## Name Badges

All registered participants are requested to wear name badges in order to join Scientific Session and Social Programs. Please wear your name badges at all times during the conference period.

## **Message Board**

Any program changes or urgent announcement from the Secretariat and person-to-person messages will be posted on the Message Board located in the lobby on the 2nd floor.

Please check the board occasionally.

## **Internet Access**

Free Wi-Fi access is available in the lobby area in International Conference Hall.

SSID: MESSE

Password: none

## **Secretariat Office**

The Secretariat Office is Room 203 and opened during the following hours. For information concerning the program and miscellaneous, please inquire at the Secretariat Office.

Open Hours:	August 18 (Sunday)	15:00 – 20:00
	August 19 (Monday)	8:00 – 17:00
	August 20 (Tuesday)	8:30 – 17:00
	August 21 (Wednesday)	8:30 – 13:00

## **Lunch**

Boxed lunch will be served in the lobby on the 2nd floor on Mon., Aug. 19 and Tue., Aug. 20. Please line up in front of the lunch served area with a lunch ticket.

Luncheon seminars will be held in Room 201, 301 and 303 on Mon. Aug. 19 and Room 201, 301 and 302 (Satellite room of 301). The number of seat is limited and please be seated on a first-come-first-served. Those who wish to attend the seminar, please line up in front of the seminar room after getting a lunch box.

Participants will be free to eat lunch in Refreshment Space, located in the Convention Hall.

## **Welcome Party**

Date: August 18 (Sunday)

Time: 18:00 – 20:00

Venue: Convention Hall B, 2nd floor of International Conference Hall, Makuhari Messe

Fee: Free of charge (included in Registration Fee) \*Please attend after Registration

## **Photos**

APACT Japan has updated photo page on APACT2013 webpage.

Please check photos from "Photo" menu icon on the page;

<http://www.apact.jp/>

# Meetings, Pre and Related Conference

## Meetings

### **APACT Executive Committee Meeting**

Date & Time: August 18 (Sunday), 14:00-15:30

Venue: Room 202

### **JSTC Board Meeting**

Date & Time: August 18 (Sunday), 16:00-17:30

Venue: Room 202

## Pre-Conference

### **Japan Society for Tobacco Control 9th Seminar of the Tobacco Cessation Therapy**

(禁煙学会 第9回禁煙治療セミナー)

Date & Time: August 18 (Sunday), 13:00-15:30

Venue: Room 201

\*Japanese Only

### **Japan Society for Tobacco Control 14th Board Examination of Tobacco Control Medicine**

(禁煙学会 第14回認定試験)

Date & Time: August 18 (Sunday), 13:30-15:30

Venue: Room 301

\*Japanese Only

## Youth Conference

### **United for Tobacco Free World - What should WE do? -**

Date & Time: August 18 (Sunday), 9:00 - 17:30

Venue: Room 302

\*Simultaneous interpretations (English to Japanese) will be available

### **WHO Workshop: Making your city Smoke-free**

Date & Time: August 18 (Sunday), 9:00-16:00

Venue: Room 303

\*Simultaneous interpretations will not be available

## Related Conference

### **Action planning and Training of National TB Programme (NTP) Managers on Integrating Brief Tobacco Interventions into TB treatment Programme in Primary Care**

Date: August 18 (Sunday) - 20 (Tuesday)

Venue: Room 205

\*Invited Only

## A Lecture Open to Public

(市民公開講座)

Date & Time: August 21 (Wednesday), 14:30-16:00

Venue: International Conference Room

\*Japanese Only

# Instruction for Oral Speakers and Session Chairpersons

## 1. Session Schedule & Venue

All oral sessions will be held at International Conference Room, Room 201, 301 or 302 of the International Conference Hall, Makuhari Messe.

Please confirm your presentation date/time and room with the detailed program uploaded on the website; <http://www.apact.jp/program.html>

## 2. Check-in at the Speakers' Desk and Uploading Presentation Data

In order to ensure that the program runs smoothly, all speakers are requested to check-in at the Speakers' Desk no later than **1 hour** before your session start.

The Secretariat will provide a PC in a conference room. All speakers are requested to bring their own PC or the data on a USB memory stick for presentation. In case you must use Macintosh or special software except PowerPoint 2003, 2007, 2010 for presentation, please inform the staff at Speakers' Desk.

The Speakers' Desk will be located in front of International conference room, 2nd floor of International conference Hall in Makuhari Messe, will be open during the following hours:

August 18 (Sunday)	15:00-18:30
August 19 (Monday)	8:00-16:00
August 20 (Tuesday)	8:00-16:00
August 21 (Wednesday)	8:30-10:30

\* All presentation files will be saved and up on AFACT2013 website after the conference.

You are requested to appear in the room 10 minutes prior to the session start. Please be seated on the Next Speakers' Seats which are located in the front row in front of a podium.

## 3. Chairpersons' Seat & Speakers' Seat

You are requested to appear in the designated room **15 minutes** prior to the session start.

The Next Chairpersons' Seats are located in the front row in front of the Chairpersons' Seat.

Please meet your counterpart who will be co-chairing the session and confirm the schedule of the session. Speakers are due to appear in the room 10 minutes in advance to the session start. Please report the attendance to the room staff.

If your counterpart does not appear...Please run the session by yourself.

If presenter(s) do not appear...Please treat the presentation as withdrawal, and take a break with the time allocated to the cancelled paper. Do not shift other presentations forward.

## 4. Time Allocation

	Presentation	Discussion	Total
Plenary 1, 3, 4	25min.	*see <b>Caution</b>	25min.
Symposium	12min.	3min.	15min.

\*Plenary 2 ... PL2-01 Presentation 25min. / PL2-02, 03, 04 Presentation 12min.

### **Caution**

- **Caution for Plenary Session** is left a decision up to the Session Chair.
- Symposium Session

After a lapse of	Number of bells	Meaning
11 min.	1 bell	One minute left
12 min.	2 bells	End of presentation
15 min.	3 bells	End of discussion

Time keeping is crucial to ensure the smooth operation of the entire program.

Please kindly make sure that each presentation is done within the allocated time and chairpersons encourage active discussion during discussion time.

When chairpersons close the session, please announce about the coffee break.

## 5. Equipment for Presentation

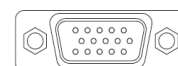
Conference rooms are provided with Windows laptop computer with LCD (Liquid Crystal Display) projector on which Microsoft PowerPoint is installed (OS: Windows7, English version; Software: Microsoft PowerPoint 2003, 2007, 2010). Speakers who bring your presentation data by a USB memory stick are required to use Windows format. All speakers are requested to visit the Speakers' Desk even if you use your own PC for presentation.

The name of the file should be labeled with session number and your name as follows:

e.g. S01\_TadaoShimao.ppt

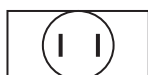
- \* Presenter View function of PowerPoint will not be available.
- \* Sound system will not be available even if you bring your own PC.
- \* Macintosh is not provided. If you must use one, please bring your own PC.
- \* Please note that the projectors are connected to computers via a D-sub 15-pin plug. If your PC does not use this type of plug, please bring the necessary adaptor with you.

D-Sub 15pins



- \* During the presentation, please be sure that your PC is connected to a power source to avoid battery accidents. Electric currency is uniformly 100 volts AC throughout Japan, but with two different cycles: 50Hz in eastern Japan including Chiba, and 60Hz in western Japan. Electric outlet sockets accept a two-leg plug.

A type (Two-leg plug)



- \* Please make sure that the power-saving features are deactivated such as cancellation of sleep mode, screen saver, password, etc.

# Instruction for Poster Presentation

## 1. Poster Boards

The Secretariat will supply you with a poster board.

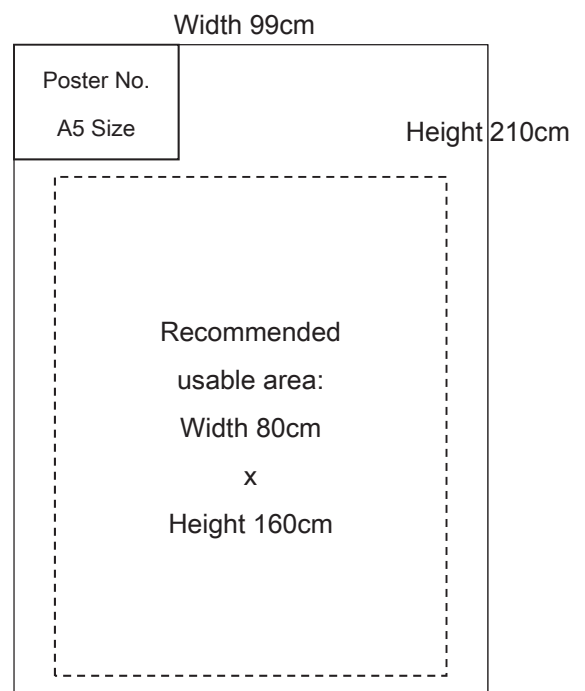
Size: Width 99cm x Height 210cm

Recommended usable area: Width 80cm x Height 160cm

Poster Number: A5 size (Provided by the Secretariat)

Posters should be displayed on the boards using pushpins that will be available at the Poster Session room.

No other adhesive method is permitted on the boards.



## 2. Room and Schedule

All posters will be displayed at the

Poster Session Room (Convention Hall).

You are responsible for setting up and removing your poster.

The Secretariat will not be responsible for the loss of the poster after removal time.

Poster Set-Up: in the morning on August 19, 2013

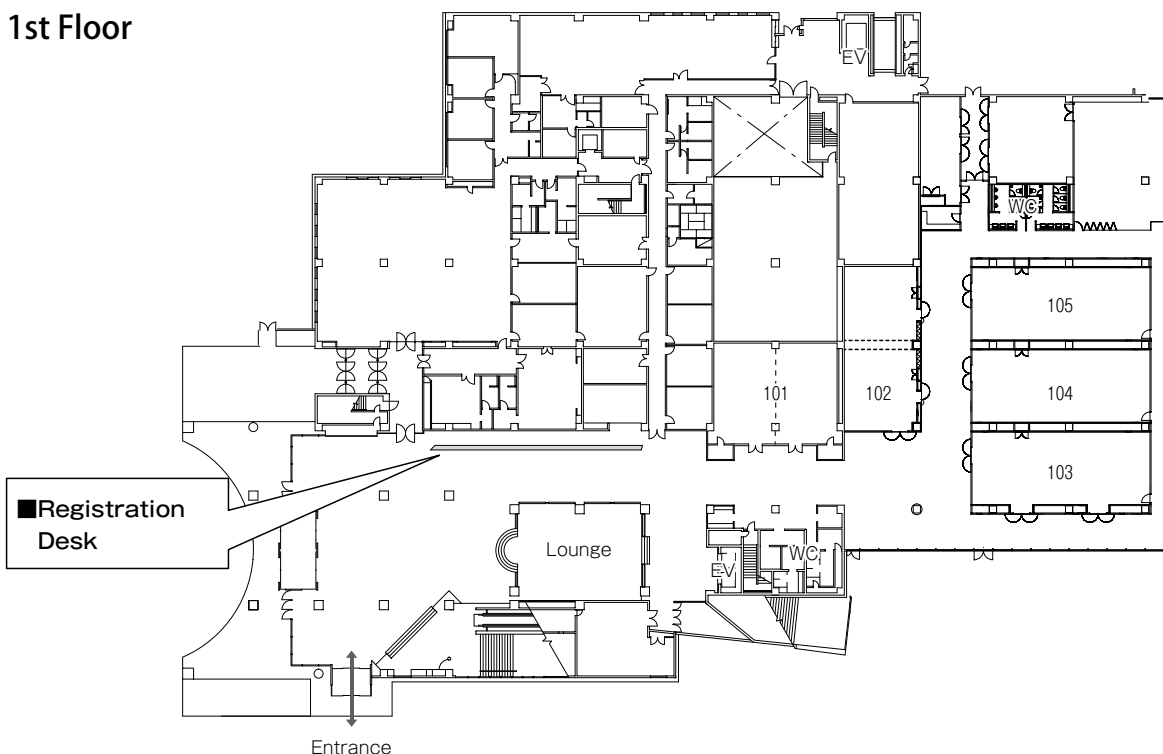
Poster Removal: from 11:30 to 12:30 on the last day, August 21.

\*There is no core-time to poster presentations.

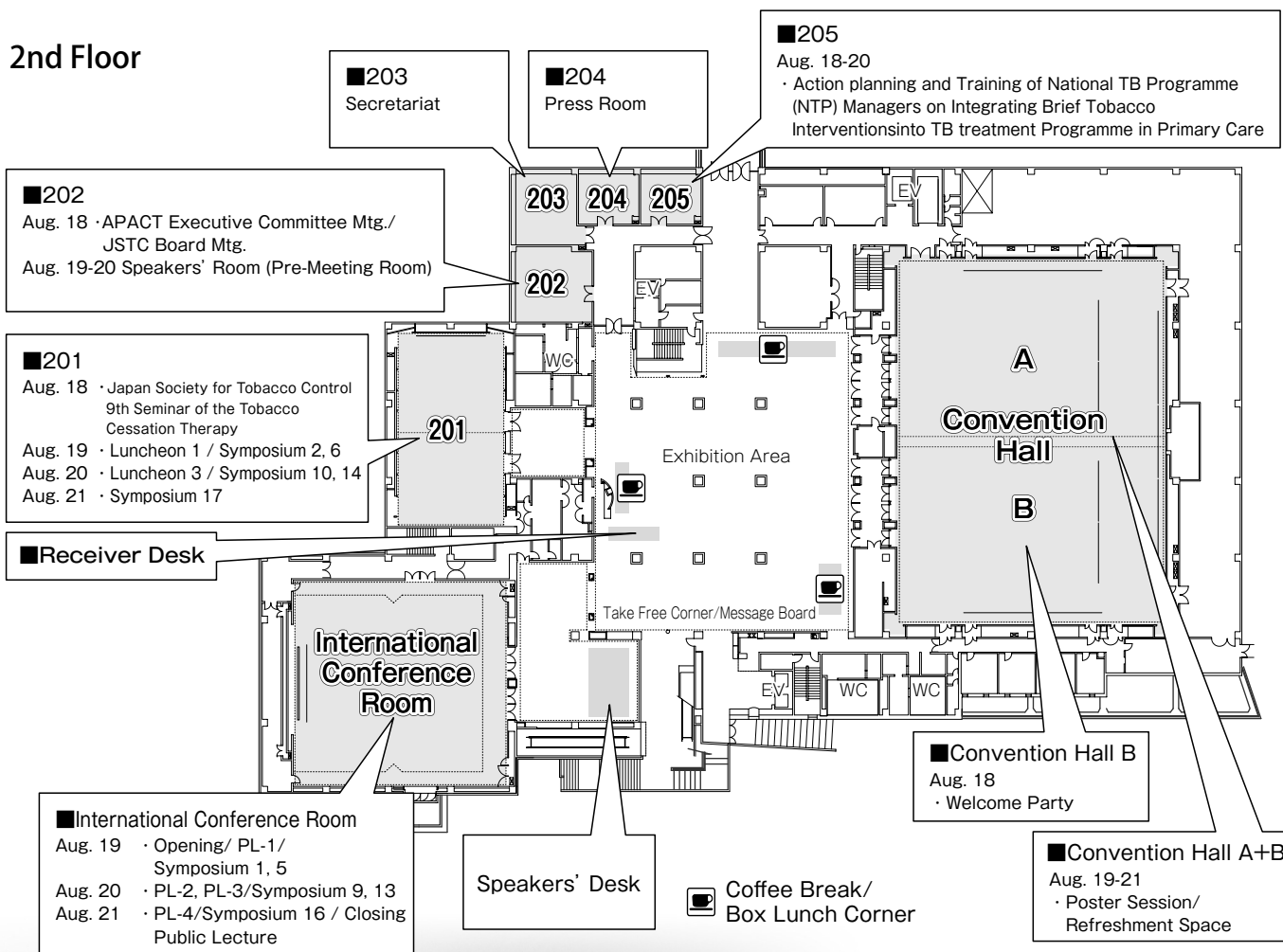


# Floor Plan

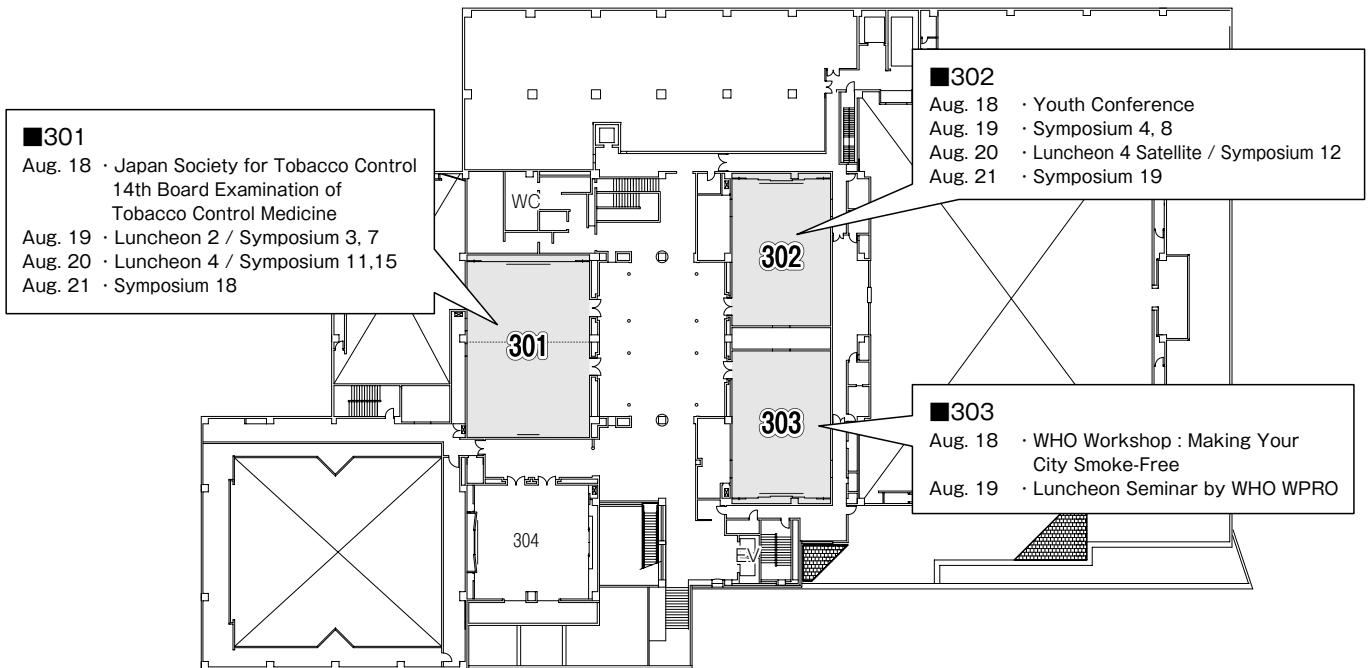
## 1st Floor



## 2nd Floor

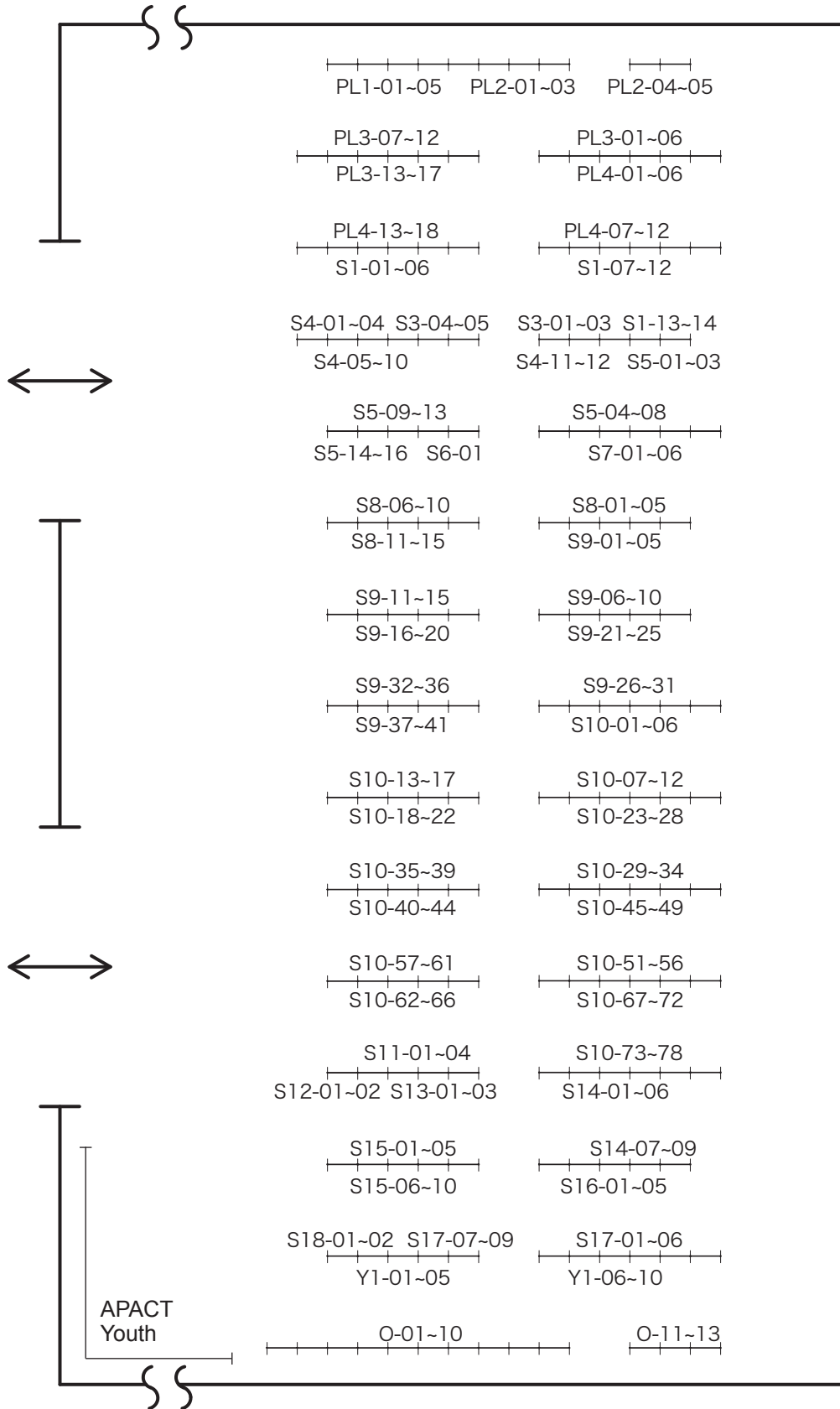


## 3rd Floor

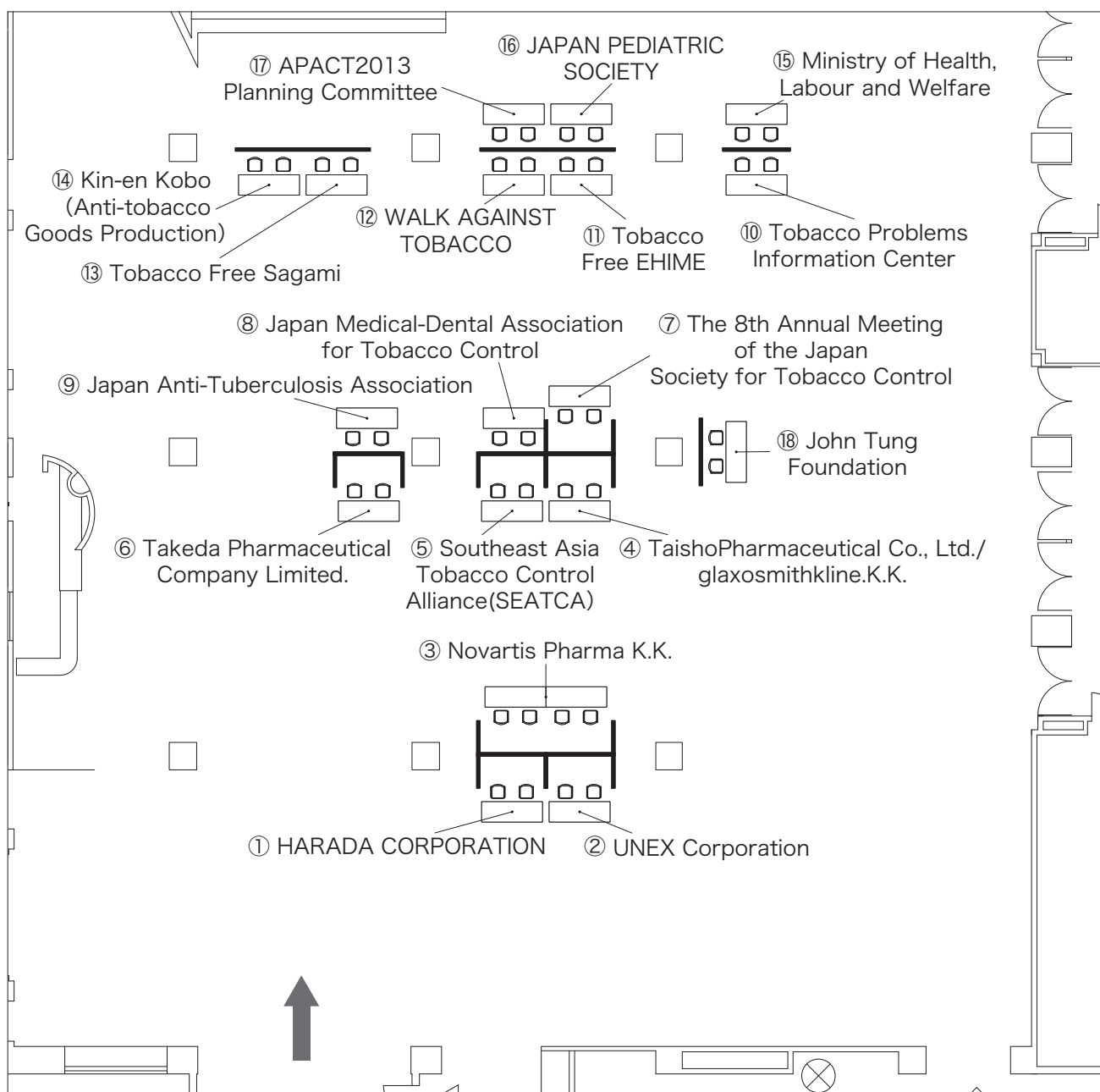


# Poster Layout

Convention Hall



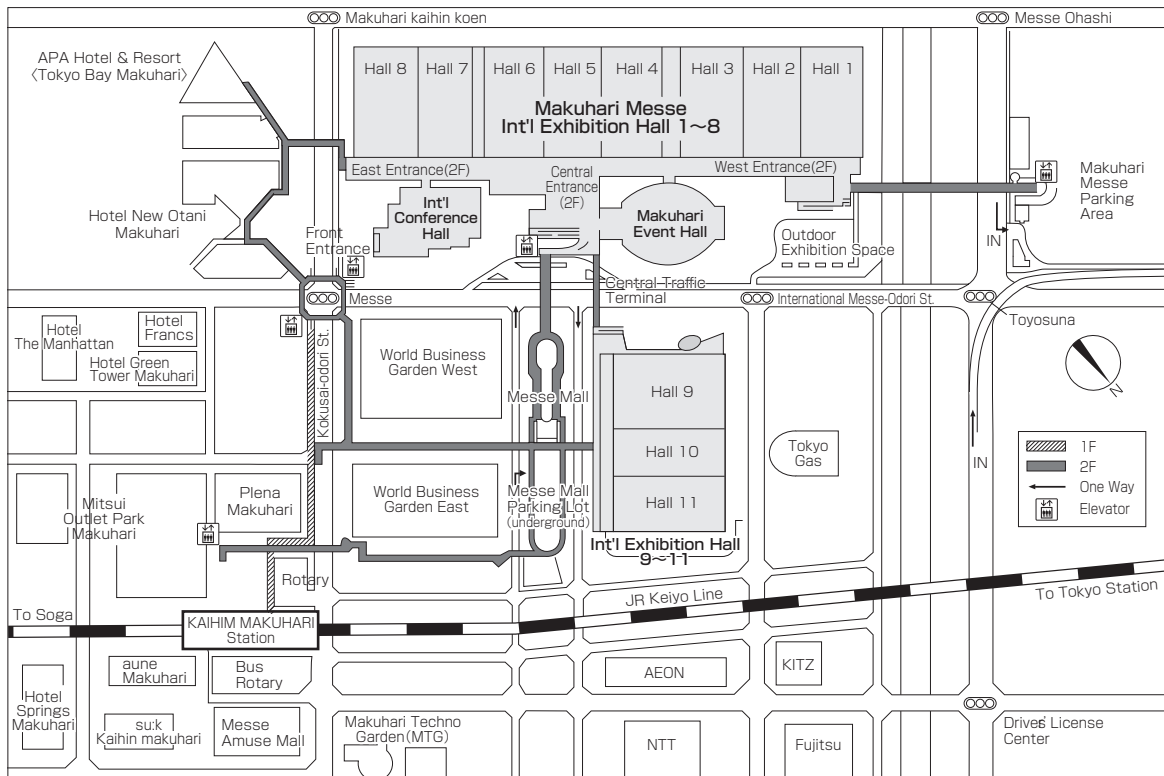
# Exhibitors



1	HARADA CORPORATION	10	Tobacco Problems Information Center
2	UNEX Corporetion	11	Tobacco Free EHIME
3	Novartis Pharma K.K.	12	WALK AGAINST TOBACCO
4	TaishoPharmaceutical Co., Ltd./glaxosmithkline.K.K.	13	Tobacco Free Sagami
5	Southeast Asia Tobacco Control Alliance	14	Kin-en Kobo (Anti-tobacco Goods Production)
6	Takeda Pharmaceutical Company Limited.	15	Ministry of Health, Labour and Welfare
7	The 8th Annual Meeting of the Japan Society for Tobacco Control	16	JAPAN PEDIATRIC SOCIETY
8	Japan Medical-Dental Association for Tobacco Control	17	AFACT2013 Planning Committee
9	Japan Anti-Tuberculosis Association	18	John Tung Foundation

# Makuhari Map

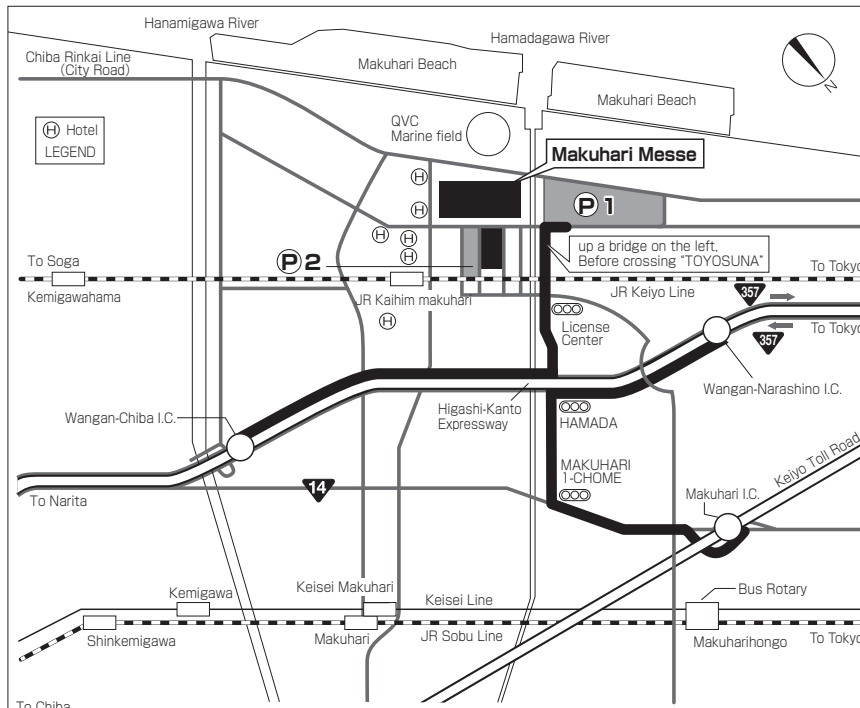
## Access to MAKUHARI MESSE



**MAKUHARI MESSE**

2011.03 3,000

## Access to MAKUHARI MESSE



### <By Car>

- Approx. 40 minutes from downtown Tokyo or Tokyo International Airport (Haneda) to Makuhari Messe via the Higashi Kanto Expressway (exit at the Wangan Narashino Interchange) or the Keiyo Toll Road (exit at the Makuhari Interchange). 5 minutes to Makuhari Messe from either exit.
- Approx. 30 minutes from Narita International Airport via the Higashi Kanto Expressway. 5 minutes to Makuhari Messe from the Wangan-Chiba Interchange exit.
- \* Limousine Bus services from both Tokyo International Airport (Haneda) and Narita International Airport are available.
- \* Messe Parking Area P 1 accommodates approx. 5,500 vehicles and 120 buses. Messe Mall Parking Area P 2 (underground) accommodates approx. 280 vehicles.

### <By Train>

- Approx. 30 minutes from Tokyo Station or 12 minutes from Soga Station to Kaihim Makuhari Station on the JR Keiyo Line. 5 minutes walk to Makuhari Messe.
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Makuhari Messe, Inc. 2-1 Nakase Mihama-ku, Chiba-city, 261-0023, Japan TEL.043-296-0001 9:00~17:30  
 URL <http://www.m-messe.co.jp/>

# Program at a Glance

August 18 [Sunday], 2013

Time Floor	Convention Hall 2F	Room 201 2F	Room 301 3F	Room 302 3F	Room 205 2F	Room 303 3F
	Registration 15:00 - 20:00					
9:00				9:00 - 17:30 <b>Youth Conference</b> (*Pre-registration is Required)	8:30 - 17:15 Action planning and Training of National TB Programme (NTP) Managers on Integrating Brief Tobacco Interventions into TB treatment Programme in Primary Care (*Invited Only)	9:00 - 16:00 <b>WHO Workshop; Making Your City Smoke-Free</b> (*Pre-registration is Required)
10:00						
11:00						
12:00						
13:00		13:00 - 15:30 禁煙学会 第9回禁煙治療セミナー Japan Society for Tobacco Control 9th Seminar of the Tobacco Cessation Therapy (*Japanese Only)	13:30 - 15:30 禁煙学会 第14回認定試験 Japan Society for Tobacco Control 14th Board Examination of Tobacco Control Medicine (*Japanese Only)			
14:00						
15:00						
16:00						
17:00						
18:00						
19:00	18:00 - 20:00 <b>Welcome Party</b>					
20:00						

## August 19 [Monday], 2013

Time Floor	International Conference Room 2F	Room 201 2F	Room 301 3F	Room 302 3F	Room 303 3F	Convention Hall 2F	Foyer 2F	Room 205 2F
Registration 8:00 - 17:00								
								8:30 - 17:15 Action planning and Training of National TB Programme (NTP) Managers on Integrating Brief Tobacco Interventions into TB treatment Programme in Primary Care (*Invited Only)
9:00	9:00 - 9:30 <b>Opening Ceremony</b>					9:00 - 17:00 <b>Poster</b>	9:00 - 17:00 <b>Exhibition</b>	
	9:30-9:40 <b>Break</b>							
	9:40 - 10:10 <b>Opening Lecture 1</b> David YEN Memorial Lecture Evolution and Perspective of AFACT <i>Chair: Sea-Wain YAU (JTF, Taipei)</i>							
10:00	10:10 - 10:35 <b>Opening Lecture 2</b> The Endgame <i>Chair: Kyoichi MIYAZAKI (Japan)</i>							
	10:35 - 11:00 <b>Coffee Break</b>							
	11:00 - 12:15 <b>Plenary Lecture 1</b> Where are we with FCTC? (1) Achievement and challenges <i>Chair: Akira OHSHIMA (Japan)</i> <i>Douglas BETTCHER (WHO)</i>							
12:00	12:15 - 12:30 <b>Break</b>							
		12:30-13:30 <b>Luncheon Seminar 1</b> Sponsored by Pfizer Japan Inc.	12:30-13:30 <b>Luncheon Seminar 2</b> Sponsored by AFACT2013		12:30 - 14:00 <b>Luncheon Seminar</b> Sponsored by WHO WPRO			
13:00								
14:00	13:30 - 15:00 <b>Symposium 1</b> <i>Protection from exposure to tobacco smoke. 1. Legislative actions by the local autonomy</i> <i>Chair: Shigefumi MATSUZAWA (Japan)</i> <i>Christine WONG (Hong Kong)</i>	13:30 - 15:00 <b>Symposium 2</b> <i>Illness-specific issues. 1. Smoking and COPD</i> <i>Chair: Hiroshi KAWANE (Japan)</i> <i>Tara BAM (IUATLD)</i>	13:30 - 15:00 <b>Symposium 3</b> <i>Illness specific issues. 2. Smoking and oral health</i> <i>Chair: Tetsunori OZAKI (Japan)</i> <i>Takashi HANIOKA (Japan)</i>	13:30 - 15:00 <b>Symposium 4</b> <i>Illness specific issues. 3. Smoking and Heart diseases</i> <i>Chair: Hisayoshi FUJIWARA (Japan)</i> <i>Tsu-Shing WANG (Taipei)</i>				
	15:00	15:00-15:30 <b>Coffee Break</b>						
16:00	15:30 - 17:00 <b>Symposium 5</b> <i>Protection from exposure to tobacco smoke. 2. Toward smoke-free workplace and public space</i> <i>Chair: Masayuki TAKAHASHI (Japan)</i> <i>Domilyn VILLARREIZ (Philippines)</i>	15:30 - 17:00 <b>Symposium 6</b> <i>Illness specific issues. 4. Smoking and Tuberculosis</i> <i>Chair: Toru MORI (Japan)</i> <i>Chi Chiu LEUNG (Hong Kong)</i>	15:30 - 17:00 <b>Symposium 7</b> <i>Women and Tobacco Use</i> <i>Chair: Reiko SAITO (Japan)</i> <i>Bungon RITTHIPAKDEE (Thailand)</i>	15:30 - 17:00 <b>Symposium 8</b> <i>Roles of nurses and other health professionals in the tobacco epidemic</i> <i>Chair: Kenji AMAGAI (Japan)</i> <i>Sophia CHAN (Hong Kong)</i>				
	17:00							

## August 20 [Tuesday], 2013

Time Floor	International Conference Room 2F	Room 201 2F	Room 301 3F	Room 302 3F	Convention Hall 2F	Foyer 2F	Room 205 2F
Registration 8:30 - 17:00							
							8:30 - 15:30 Action planning and Training of National TB Programme (NTP) Managers on Integrating Brief Tobacco Interventions into TB treatment Programme in Primary Care (*Invited Only)
9:00	9:00 - 10:15 <b>Plenary Lecture 2</b> NCD Commitment. Fighting together with other health problems Chair: Tadao SHIMAO (Japan) Prakit VETHESATOGKIT (Thailand)				9:00 - 17:00 <b>Poster</b>	9:00 - 17:00 <b>Exhibition</b>	
10:00	10:15 - 10:45 <b>Coffee Break</b>						
11:00	10:45 - 12:15 <b>Plenary Lecture 3</b> MOF Summit Price and taxations. Countries' experiences Chair: Shigefumi MATSUZAWA (Japan) Ayda Aysun YUREKLI (WHO)						
12:00	12:15 - 12:30 <b>Break</b>						
13:00		12:30 - 13:30 <b>Luncheon Seminar 3</b> Sponsored by Global Smoke Free	12:30 - 13:30 <b>Luncheon Seminar 4</b> Sponsored by Novartis	12:30 - 13:30 <b>Luncheon Seminar 4 *Satellite</b> Sponsored by Novartis			
14:00	13:30 - 15:00 <b>Symposium 9</b> <i>Treatment of tobacco dependence</i> Chair: Shuichi OTAKE (Japan) Marewa GLOVER (New Zealand)	13:30 - 15:00 <b>Symposium 10</b> <i>Education, communication, training and public awareness</i> Chair: Yoneatsu OSAKI (Japan) Zee Yoong KANG (Singapore)	13:30 - 15:00 <b>Symposium 11</b> <i>Price and taxations. General discussions</i> Chair: Hiroshi NOGAMI (Japan) Hana ROSS (USA)	13:30 - 15:00 <b>Symposium 12</b> <i>Other forms of tobacco / Substances simulating tobacco</i> Chair: Gauri DHUMAL (India) Kazunori NAKAKUKI (Japan)			
15:00	15:00-15:30 <b>Coffee Break</b>						
16:00	15:30 - 17:00 <b>Symposium 13</b> <i>Litigation/Regulation of the contents of tobacco products and of tobacco product disclosure</i> Chair: Koki OKAMOTO (Japan) Ron BORLAND (Australia)	15:30 - 17:00 <b>Symposium 14</b> <i>Tobacco industry and Corporate Social Responsibility</i> Chair: Mary Assunta KOLANDAI (Australia) Edgardo Ulysses DOROTHEO (Philippine)	15:30 - 17:00 <b>Symposium 15</b> <i>Packaging and labeling of tobacco products. Countries' experiences</i> Chair: Hiroshi KAWANE (Japan) Geoffrey FONG (Canada)				
17:00							



## August 21 [Wednesday], 2013

Time Floor	International Conference Room 2F	Room 201 2F	Room 301 3F	Room 302 3F	Convention Hall 2F	Foyer 2F
Registration 8:30 - 10:00						
9:00	<b>Plenary Lecture 4</b> Where are we with FCTC ? (2) Obstacles and ways to overcome them Chair: Makiko YAMAMOTO (Japan) Mark LEVIN (USA)				9:00 - 11:30 <b>Poster</b>	9:00 - 11:30 <b>Exhibition</b>
10:00		10:30 - 11:00 <b>Coffee Break</b>				
11:00	<b>Symposium 16</b> <i>Issues of trade and tobacco market opening and APACT: Ending the game</i> Chair: Judith MACKAY (Hong Kong) Prakrit VETHESATOGKIT (Thailand)	<b>Symposium 17</b> <i>Protection of public health policies from commercial and other vested interests of the tobacco industry / Liability</i> Chair: Ritsu KATAYAMA (Japan) Mark LEVIN (USA) Pei-kan YANG (Taipei)	<b>Symposium 18</b> <i>Inequities in tobacco use and tobacco control and its implication for tobacco control</i> Chair: Yayi Suryo PRABANDARI (Indonesia) Geoffery FONG (Canada)	<b>Symposium 19</b> <i>APACT Youth for the future demand</i> Chair: Nicole SUTTON (USA) Haruka SAKAMOTO (Japan)		
12:00	12:30 - 13:00 <b>Closing Ceremony</b>					
13:00						
14:00						
15:00	14:30 - 16:00 <b>A lecture open to the public</b> (*Japanese Only *Pre-Registration is required)					
16:00						
17:00						

# Full Program

## August 18 (Sunday)

9:00 - 17:30	<b>Youth Conference</b> <b>United for Tobacco Free World -What should WE do?-</b> Key Note Lecture 1: "Youth and tobacco advertising, promotion and sponsorship" Dr. Douglas W. BETTCHER <i>Prevention of Non-communicable Diseases (PND), World Health Organization</i> Key Note Lecture 2: "What is done and what is to be done" Dr. Yumiko MOCHIZUKI <i>Center for Cancer Control</i> Lunch Session "A popular Buddhist temple as a starting place for tobacco free initiative" Akinori KURUMA, M.D., Ph.D. <i>Priest-in-chief Koganji Temple Tokyo Japan</i> <i>Councilor of Japan Society for Tobacco Control (JSTC)</i> <i>Specialist physician for cardiology and smoking cessation</i> Poster Presentation Share good practices related to tobacco control among countries. World Café Divided into small groups and discuss challenges and countermeasures for tobacco epidemics. Keynote Remarks "Youth Activism: Empowering the Next Generation of Tobacco Control Partners!" Ms. Nicole M. SUTTON <i>REAL: Hawaii Youth Movement Exposing the Tobacco Industry, University of Hawaii - Manoa Closing</i>	Room: 302
9:00 - 16:00	<b>WHO Workshop: Making Your City Smoke-Free</b> 9:00 - 12:00 <b>Part I:</b> Introduction, Background, and Twelve Steps Welcome, workshop overview and participants self-introduction Presentation: Second-hand smoke and health Presentation: Overview of the current situation in WPRO region Presentation: Tobacco industry tactics and the WHO FCTC Article 5.3 Presentation: Smoke-free Davao City (Philippines) Questions and answers <hr/> Break quiz1 <hr/> Presentation: Twelve steps towards a smoke-free city Questions and answers Introduction to group exercises Group announcement 2 (each group to choose two out of three options for the afternoon exercise) 12:00 - 13:00 Lunch 13:00 - 14:55 <b>Part II:</b> Assessment and Strategic Planning Group exercise: Spidergram assessment / Barrier analysis / Stakeholder mapping Group reporting (at least one per option) <hr/> 14:55 - 15:10 Break <hr/> 15:10 - 15:45 <b>Part III:</b> Policy Presentation: Legislation – model ordinance Questions and answers 15:45 - 16:00 Closing and evaluation	Room: 303
8:30 - 17:15	<b>Action planning and Training of National TB Programme (NTP) Managers on Integrating Brief Tobacco Interventions into TB treatment Programme in Primary Care</b>	Room: 205
18:00 - 20:00	<b>Welcome Party</b>	Room: Convention Hall

August 18

August 19

August 20

August 21

## August 19 (Monday)

9:00 - 9:30 **Opening Ceremony** Room: International Conference Room

9:30 - 9:40 **Break**

9:40 - 10:10 **Opening Lecture 1** Room: International Conference Room  
**Dr. David Yen Memorial Lecture: Evolution and Perspective of APACT**

**Chair: Sea-Wain YAU (JTF, Taipei)**

OL1-01 Kyoichi MIYAZAKI  
*MPH, Secretary General of APACT 2013*

10:10 - 10:35 **Opening Lecture 2** Room: International Conference Room  
**The Endgame**

**Chair: Kyoichi MIYAZAKI (Japan)**

OL2-01 Judith MACKAY  
*World Lung Foundation, Bill and Melinda Gates Foundation*

10:35 - 11:00 **Break**

11:00 - 12:15 **Plenary Lecture 1** Room: International Conference Room  
**Where are we with FCTC ? (1) Achievement and challenges**

**Chairs: Akira OHSHIMA (Japan)**  
**Douglas BETTCHER (WHO)**

PL1-01 Progress in Tobacco Control: Evidence from Countries at the Forefront of Tobacco Control  
Keynote Ron BORLAND  
*The Cancer Council Victoria*

PL1-02 Where Are We with FCTC? Achievement and Challenges in Hong Kong  
Lisa LAU  
*Hong Kong Council on Smoking and Health*

PL1-03 Where are we with the FCTC? Achievements and challenges  
Prakit VATHESATOGKIT  
*Action on Smoking and Health Foundation Thailand*

12:15 - 12:30 **Break**

13:30 - 15:00 **Symposium 1** Room: International Conference Room  
**Protection from exposure to tobacco smoke. 1. Legislative actions by the local autonomy**

**Chairs: Shigefumi MATSUZAWA (Japan)**  
**Christine WONG (Hong Kong)**

S1-01 Enforcement of Smoking Ban: Hong Kong Experience  
Keynote Christine WONG  
*Hong Kong Special Administrative Region*

S1-02 Legislative Actions by the Local Autonomy  
Yu-Jin PAEK  
*Hallym University Medical College*

- S1-03** To Persuade Local Government in the Establishment of Non-smoking Regulations  
Masatoshi SEKIGUCHI  
*Smoke-Free Caravan Association*
- S1-04** Second-hand Smoke Exposure of Children in Cars in New Zealand: Repeated National Survey Data  
Benjamin HEALEY<sup>1</sup>, Richard EDWARDS<sup>1</sup>, Nick WILSON<sup>1</sup>, George THOMSON<sup>1</sup>, Janet HOEK<sup>1</sup>, Steve TAYLOR<sup>2</sup>  
*University of Otago<sup>1</sup>, AUT University<sup>2</sup>*
- S1-05** Awareness of Advertisement and Campaign of Smoke-Free Melaka Policy among People in Melaka: Findings from Evaluation of Smoke- Free Melaka Intercept Study  
Yahya BABA<sup>1</sup>, Maizurah OMAR<sup>2</sup>, Rahmat AWANG<sup>1,2</sup>, Noraryana HASSAN<sup>3</sup>, Nur Hanani JASNI<sup>2</sup>, Ahmad Shalihin Mohd SAMIN<sup>2</sup>, Anne Chiew Kin QUAH<sup>4</sup>, Pete DRIEZEN<sup>4</sup>, Mary THOMPSON<sup>4</sup>, Geoffrey T. FONG<sup>4</sup>  
*MySihat<sup>1</sup>, Clearing house for Tobacco Control<sup>2</sup>, Melaka State Health Departments<sup>3</sup>, University of Waterloo<sup>4</sup>*
- S1-06** The Changes in Smoking Related Behaviours, Second Hand Smoke and Smoking Cessation after the Smoking Ban in Izmir, Turkey  
Pakize A. TURAN<sup>1</sup>, Gul ERGOR<sup>2</sup>, Muzaffer O. TURAN<sup>3</sup>, Sinem DOGANAY<sup>2</sup>, Oğuz KILINC<sup>2</sup>  
*Afyon State Hospital<sup>1</sup>, Dokuz Eylul University<sup>2</sup>, Bolvadin State Hospital<sup>3</sup>*

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**15:00 - 15:30 Break**

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**15:30 - 17:00 Symposium 5** **Room: International Conference Room**  
**Protection from exposure to tobacco smoke. 2. Toward smoke-free workplace and public space**

**Chairs: Masayuki TAKAHASHI (Japan)**  
**Domilyn VILLARREIZ (Philippines)**

- S5-01** Current Situation of Second-hand Smoke in Japan  
**Keynote** Hiroshi YAMATO  
*University of Environmental Health*
- S5-02** Korea's Steps toward Smoke-free Workplace and Public Space  
Eun Ji KIM  
*Korean Association on Smoking or Health, Ajou University School of Medicine*
- S5-03** Multiple Chemical Sensitivity due to Passive Smoking: a Unique Japanese Syndrome?  
Michiyuki MATSUZAKI  
*Fukagawa City Hospital*
- S5-04** Smoking on the Margins: An Equity Analysis of Vancouver's Outdoor Smoke-free Policy in Parks and on Beaches  
Chizimuzo T. OKOLI<sup>1</sup>, Ann PEDERSON<sup>2</sup>, Wendy M. RICE<sup>2</sup>  
*University of Kentucky<sup>1</sup>, British Columbia Centre of Excellence for Women's Health<sup>2</sup>*
- S5-05** Smoke-free Tourism: Wave of the Future:  
Domilyn VILLARREIZ  
*Southeast Asia Tobacco Control Alliance, Framework Convention Alliance*
- S5-06** Tobacco Control in Hong Kong: a 30-year Experience  
Lisa LAU, Vienna LAI  
*Hong Kong Council on Smoking and Health*

- 12:30 - 13:30 Luncheon Seminar 1** **Room: 201**  
**Challenges of anti-smoking measures: Lessons learned from Turkey and Japan**  
**Sponsored by Pfizer Japan Inc.**  
**Chair: Satoshi KITAMURA**  
**Director of Minami-tochigi Hospital, Japanese Respiratory Foundation**  
 Speakers: Elif DAGLI  
*Health Institute Turkey National Coalition on Tobacco or Health*  
 Issues Concerning Anti-Smoking Programs in Japan  
 Yoko KOMIYAMA  
*Former Minister of Health, Labour and Welfare*  
*The Yoko Komiyama Policy Research Council*
- 13:30 - 15:00 Symposium 2** **Room: 201**  
**Illness-specific issues. 1. Smoking and COPD**  
**Chairs: Hiroshi KAWANE (Japan)**  
**Tara BAM (IUATLD)**
- S2-01** The Effects of Weight Control Perception on Quitting and Cigarette Consumption: Findings from the ITC Project  
 Keynote  
 Ce SHANG<sup>1</sup>, Frank J. CHALOUKKA<sup>1</sup>, Geoffrey T. FONG<sup>2,3</sup>, Mary THOMPSON<sup>2</sup>,  
 Mohammad SIAHPUSH<sup>4</sup>  
*University of Illinois at Chicago<sup>1</sup>, University of Waterloo<sup>2</sup>, Ontario Institute for Cancer Research<sup>3</sup>,  
 University of Nebraska Medical Center<sup>4</sup>*
- S2-02** Mortality Risks of COPD for Nonsmokers and Smokers from a Prospective Cohort Study of 390,269 Subjects in Taiwan- Assessing Involvement beyond the Lungs  
 Chi-Pang WEN, Wei-Erh CHENG, Min-Kuang TSAI, Shiuan Be WU  
*National Health Research Institutes, China Medical University Hospital*
- S2-03** Early Detection and Treatment of COPD Can Be Made by Tobacco Cessation Clinic  
 Junji MORITA<sup>1,2</sup>, Kohichi KIMURA<sup>1</sup>, Katashi SATOH<sup>3</sup>, Risa YAMAGAMI<sup>1</sup>  
*Kimura Chest Clinic<sup>1</sup>, Matsubara Hospital<sup>2</sup>, Kagawa Prefectural Health Sciences<sup>3</sup>*
- S2-04** Relationship between Respiratory Diseases of Schoolchildren and Tobacco Smoke in Hong Kong and Sri Lanka  
 S. H. LEE, W. T. HUNG  
*The Hong Kong Polytechnic University*
- S2-05** Examination about the Usefulness of Hi-checker in Smoking Outpatients  
 Naoto WATANABE<sup>1,2</sup>, Keigo SASAKI<sup>2</sup>, Kazunori ARAI<sup>1</sup>, Sohei MAKINO<sup>1</sup>  
*Tokyo Allergic and Respiratory Disease Institute<sup>1</sup>, Sasaki Hospital<sup>2</sup>*
- S2-06**  
 Hajime KUROSAWA  
*Tohoku University*
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- 15:00 - 15:30 Break**
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15:30 - 17:00	<b>Symposium 6</b> <b>Illness specific issues. 4. Smoking and Tuberculosis</b> <b>Chairs: Toru MORI (Japan)</b> <b>Chi Chiu LEUNG (Hong Kong)</b>	Room: 201
S6-01	Tobacco Cessation Interventions for Tuberculosis Patients <b>Keynote</b> Tara S BAM <sup>1</sup> , Md Akramul ISLAM <sup>2</sup> , RUBAEAH <sup>3</sup> , Rana J SINGH <sup>4</sup> , Lin YAN <sup>5</sup> <i>International Union Against Tuberculosis and Lung Disease<sup>1</sup>, BRAC Health, Nutrition &amp; Population Program<sup>2</sup>, Bogor City Health Office<sup>3</sup>, The Union South-East Asia Office<sup>4</sup>, The Union China Office<sup>5</sup></i>	
S6-02	Smoking and Tuberculosis Chi Chiu LEUNG <i>Tuberculosis and Chest Service</i>	
S6-03	Smoking Habit of Tuberculosis Patients in Japan Toru MORI, Yuko YAMAUCHI <i>Research Institute of Tuberculosis</i>	
S6-04	Helping TB Patients Quit Smoking: The Potential Impact, WHO Recommendations and Country Experience Dongbo FU <i>World Health Organization</i>	
S6-05	The Association between Smoking and Sputum Smear-positive Pulmonary Tuberculosis in Osaka City Jun KOMUKAI <sup>1</sup> , Kenji MATSUMOTO <sup>1</sup> , Shinichi KODA <sup>1</sup> , Kazuhiko TERAOKA <sup>2</sup> , Akira SHIMOUCHI <sup>3</sup> <i>Osaka City Public Health Office<sup>1</sup>, Osaka City Health Bureau<sup>2</sup>, Osaka City Nishinari Ward<sup>3</sup></i>	
12:30 - 13:30	<b>Luncheon Seminar 2</b> <b>Maximizing the Efficacy of Nicotine Replacement Therapy</b> <b>Sponsored by AFACT2013 Organizing Committee</b> Speaker: Richard D. HURT <i>Nicotine Dependence Center Mayo Clinic</i>	Room: 301
13:30 - 15:00	<b>Symposium 3</b> <b>Illness specific issues. 2. Smoking and oral health</b> <b>Chairs: Tetsunori OZAKI (Japan)</b> <b>Takashi HANIOKA (Japan)</b>	Room: 301
S3-01	Smoking and Oral Health <b>Keynote</b> Tetsunori OZAKI <i>Nihon University</i>	
S3-02	Development of Oral Lesion Screening Clinic in Hospital Dental Department Piyada PRASERTSOM <sup>1</sup> , Sutha JIENMANE-CHOTCHAI <sup>1</sup> , Siripen ARUNPRAPHAN <sup>2</sup> , Woranut WEERAPRADIST <sup>3</sup> , Somjin CHINDAVIJAK <sup>4</sup> <i>Ministry of Public Health<sup>1</sup>, Thai Dentist against Tobacco Project<sup>2</sup>, Mahidol University<sup>3</sup>, National Cancer Institute<sup>4</sup></i>	
S3-03	Novel Curriculum of Smoking Cessation for Dental Students Takashi HANIOKA <i>Fukuoka Dental College</i>	
S3-04	The Attitude Survey of Smoking Associated with Periodontal and Peri-implant Disease Ken YUKAWA, Motohiro MUNAKATA, Noriko TACHIKAWA, Shohei KASUGAI <i>Tokyo Medical and Dental University</i>	

**S3-05** Characteristic of Dental Care Received by Smokers in Japan

Miki OJIMA<sup>1</sup>, Takashi HANIOKA<sup>2</sup>  
*Osaka University<sup>1</sup>, Fukuoka Dental College<sup>2</sup>*

**S3-06** Physiological Metals in the Serum, Hair and Nails of Patients with Head and Neck Cancer

Anna M. WOZNIAK<sup>1</sup>, Maksymilian J. KULZA<sup>1</sup>, Monika A. SENCZUK-PRZYBYŁOWSKA<sup>1</sup>,  
Anita KUJAWA<sup>1</sup>, Wojciech GOLUSINSKI<sup>2</sup>, Krzysztof SZYFTER<sup>1,3</sup>, Wojciech PIEKOSZEWSKI<sup>4</sup>,  
Witold SZYFTER<sup>1</sup>, Ewa K. FLOREK<sup>1</sup>  
*Poznan University<sup>1</sup>, Greater Poland Cancer Centre<sup>2</sup>, Institute of Human Genetics<sup>3</sup>, Poznan Jagiellonian  
University<sup>4</sup>*

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**15:00 - 15:30 Break**

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**15:30 - 17:00 Symposium 7**

**Room:301**

**Women and Tobacco Use**

**Chairs: Reiko SAITO (Japan)**  
**Bungon RITTHIPHAKDEE (Thailand)**

**S7-01** Women and Tobacco Use in ASEAN: Challenges and Way Out

**Keynote** Bungon RITTHIPHAKDEE  
*SEATCA*

**S7-02** Prevention and Management of Tobacco Use and Exposure to Second-hand Smoke in Pregnancy.  
A New WHO Publication

Carmen Audera LOPEZ  
*World Health Organization*

**S7-03** Assessing the Feasibility of Plain Packaging of Tobacco Products as a Tobacco Control Measure  
in India

Monika ARORA<sup>1,2</sup>, Abha TEWARI<sup>2</sup>, Nathan GRILLS<sup>3</sup>, Juhi SONREXA<sup>3</sup>, Gaurang P. NAZAR<sup>2</sup>,  
Rob MOODIE<sup>3</sup>, K Srinath REDDY<sup>1</sup>  
*Public Health Foundation of India<sup>1</sup>, Health Related Information Dissemination Amongst Youth<sup>2</sup>, Nossal  
University of Melbourne<sup>3</sup>*

**S7-04** Women's Network for Smoke-Free Thai Communities

Chanthana VITAVASIRI, S. AROONPRAPAN, R. TORPRADIT, B. PISANSARAKIT,  
A. TARADOLRATANAKORN, Somsri PAUSAWASDI  
*Thai Health Professional Alliance Against Tobacco*

**S7-05** Awareness of Smoking and Second-hand Smoke among Japanese women

Reiko SAITO  
*Jumonji University*

**S7-06** Changes in Gender Differences on Smoking Behavior and Perception in Thailand: A Longitudinal  
Descriptive Analysis from ITC-Thailand Waves 1 - 5

Aree JAMPAKLAY<sup>1</sup>, Buppha SIRIRASSAMEE<sup>1</sup>, Charnporm HOLUMYONG<sup>1</sup>, Ron BORLAND<sup>2</sup>,  
Geoffrey T. FONG<sup>3</sup>  
*Mahidol University<sup>1</sup>, The Cancer Council Victoria<sup>2</sup>, University of Waterloo<sup>3</sup>*

13:30 - 15:00	<b>Symposium 4</b> <b>Illness specific issues. 3. Smoking and Heart diseases</b> <b>Chairs: Hisayoshi FUJIWARA (Japan)</b> <b>Tsu-Shing WANG (Taipei)</b>	Room: 302
S4-01	Smoking and Heart Diseases <b>Keynote</b> Akiyoshi OGIMOTO, Jitsuo HIGAKI <i>Ehime University</i>	
S4-02	Smoking and Heart Diseases Kazunori SHIMADA, Hiroyuki DAIDA <i>Juntendo University</i>	
S4-03	Mechanism of Cigarette Smoke Extract-Induced Reorganization of the Actin Cytoskeleton in Human Endothelial Cells Bo-Hong LIN, Tsu-Shing WANG <i>Chung Shan Medical University</i>	
S4-04	Relationship between Nicotine Dependence and Carotid Arterial Stiffness in 4,130 Chinese Male Smokers Dan XIAO <sup>1,2</sup> , Chunmei ZHANG <sup>1,2</sup> , Ruijun GUO <sup>1</sup> , Zhi'an LI <sup>3</sup> , Wenli CHEN <sup>1,2</sup> , Chen WANG <sup>2,4</sup> , Pintong HUANG <sup>5</sup> , Lin MA <sup>6</sup> <i>Beijing Chao-Yang Hospital<sup>1</sup>, World Health Organization Collaboration Center for Tobacco or Health in China<sup>2</sup>, Beijing An-Zhen Hospital<sup>3</sup>, Beijing Hospital, Ministry of Health<sup>4</sup>, The Second affiliated Hospital of Zhejiang University School of Medicine<sup>5</sup>, Hebei United University Affiliated Hospital<sup>6</sup></i>	
S4-05	The Effect of Second Hand Smoker on High Molecular Weight Adiponectin Levels in Adults Women: A Preliminary Report Siti H. MOHD HANAFFI, Harmy MOHAMAD YUSOFF, Norhayati MOHD NOOR, Aida H. GHULAM RASOOL, Hamid J. JAN MOHAMAD <i>Universiti Sains Malaysia</i>	
S4-06	Dong Jin OH <i>KongDong Sacred Heart Hospital, Hallym University</i>	
15:00 - 15:30 <b>Break</b>		
15:30 - 17:00	<b>Symposium 8</b> <b>Roles of nurses and other health professionals in the tobacco epidemic</b> <b>Chairs: Kenji AMAGAI (Japan)</b> <b>Sophia CHAN (Hong Kong)</b>	Room: 302
S8-01	Roles of Nurses and Healthcare Professionals in the Tobacco Epidemic <b>Keynote</b> Sophia CHAN <i>Under Secretary for Food and Health, The Hong Kong Special Administrative Region Government</i>	
S8-02	Roles of Nurses and Other Health Professionals in the Tobacco Epidemic: Experience of Indonesia Soewarta KOSEN <i>National Institute of Health Research &amp; Development</i>	
S8-03	Smoking Status and the Kano Test for Social Nicotine Dependence (KTSND) in Employees of a Regional Cancer Center in Japan Kenji AMAGAI <i>Ibaraki Prefectural Central Hospital</i>	



**S8-04** Epidemiological Study of Smoking among Japanese Physicians  
Maki IKEDA<sup>1</sup>, Yoshitaka KANEITA<sup>2</sup>, Osamu ITANI<sup>1</sup>, Satoshi IMAMURA<sup>3</sup>, Takashi OHIDA<sup>1</sup>  
*Nihon University<sup>1</sup>, Oita University<sup>2</sup>, Japan Medical Association<sup>3</sup>*

**S8-05** Developing a Teaching Module on Tobacco Control for Health Professionals in Malaysia  
Amer Siddiq AMER NORDIN<sup>1,2</sup>, Farizah MOHD HAIRI<sup>1</sup>, Christopher BULLEN<sup>3</sup>, Rahimah A. KADIR<sup>1,4</sup>  
*University Malaya<sup>1</sup>, University of Otago<sup>2</sup>, The University of Auckland<sup>3</sup>, Lincoln University College<sup>4</sup>*

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**12:30 - 14:00 Luncheon Seminar**  
**Sponsored by WHO WPRO**

**Room: 303**

During the past few years, there were significant achievements and events resulting from the countries' efforts in implementing the World Health Organization (WHO) Framework Convention on Tobacco Control (FCTC) in the Western Pacific Region. In this panel session, five panelists will introduce experience of countries that have made progress in their tobacco control measures and future challenges towards complete enforcement of the WHO FCTC.

**Programme**

**12:40 - 12:45** Opening remarks  
Carmen AUDERA-LOPEZ, WHO WPRO

**12:45 - 13:55** Panel Discussion  
Format: 10-minute presentations and 20 minutes for discussion  
- Plain packaging in Australia  
- Tobacco packaging in ASEAN countries  
- Tobacco taxation in the Pacific countries  
- Blue ribbon campaign in the Philippines  
- Sin tax in the Philippines"

Moderator: Anette DAVID, Health Partners LLC

Panellists: Angela PRATT, WHO China  
Bungon RITTHIPHAKDEE, SEATCA  
Florante TRINIDAD, WHO Philippines  
*(Pending confirmation from other panellists)*

**13:55 - 14:00** Closing remarks  
Carmen AUDERA-LOPEZ, WHO WPRO

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**8:30 - 17:15 Action planning and Training of National TB Programme (NTP) Managers on Integrating Brief Tobacco Interventions into TB treatment Programme in Primary Care**

**Room:205**

## August 20 (Tuesday)

9:00 - 10:15 **Plenary Lecture 2** **Room: International Conference Room**  
**NCD Commitment. Fighting together with other health problems**

**Chairs: Tadao SHIMAO (Japan)**  
**Prakit VETHESATOGKIT (Thailand)**

**PL2-01** Fighting NCDs Together with Other Health Problems

**Keynote** Douglas W. BETTCHER  
*World Health Organization*

**PL2-02**

Keizo TAKEMI  
*Home of Councilkors*

**PL2-03** Tobacco Control Measures toward 12% of Adult Smoking Rate as National Target under Health Japan 21 (The 2<sup>nd</sup> Term)

Hiroyuki NODA  
*Ministry of Health, Labour and Welfare*

**PL2-04** Smoking Prevention Strategies: Is Education Enough?

Peter LANDLESS  
*General Conference of Seventh-day Adventist, International Commission for the Prevention of Alcoholism and Drug Dependency*

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**10:15 - 10:45 Break**

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10:45 - 12:15 **Plenary Lecture 3** **Room: International Conference Room**  
**MOF Summit: Price and taxations. Countries' experiences**

**Chairs: Shigefumi MATSUZAWA (Japan)**  
**Ayda Aysun YUREKLI (WHO)**

**PL3-01** Global Excise Tax Systems and Administration

**Keynote** Ayda YUREKLI  
*World Health Organization*

**PL3-02** Tobacco Taxation in the Pacific-The Tonga Example

Siosifa Tuitupou TUÚTAFIIVA  
*Minister for Revenue, Tonga*

**PL3-03** Recent Developments in the Philippines Tobacco Taxation System

Jeremias PAUL  
*Department of Finance Philippines*

**PL3-04** Tobacco Taxation in Turkey, a Success Story

Ünal TAYYAN  
*Ministry of Finance, Republic of Turkey*

**PL3-05** Tobacco Taxation in Russia and Future Plans

Ilya TRUNIN  
*Ministry of Finance Russian Federation*

August 18

August 19

August 20

August 21

**PL3-06** Indonesia's Tobacco Taxation, the Roadmap to Simplify Its Structure  
Asteria Primanto BHAKTI  
*Center For State Revenue Policy, Fiscal Policy Agency, Ministry of Finance*

**12:15 - 12:30 Break**

**13:30 - 15:00 Symposium 9** **Room: International Conference Room**  
**Treatment of tobacco dependence**

**Chairs: Shuichi OTAKE (Japan)**  
**Marewa GLOVER (New Zealand)**

- S9-01** Treating Tobacco Dependence  
**Keynote** Richard D. HURT  
*Nicotine Dependence Center Mayo Clinic*
- S9-02** Smoking Cessation Services in Hong Kong: Combining Public Health Approach and Clinical Approach  
Christine WONG  
*Hong Kong Special Administrative Region*
- S9-03** Effectiveness of the Preoperative Smoking Cessation Treatment in Patients with Elective Surgery  
Mami IIDA<sup>1</sup>, Koji ONO<sup>1</sup>, Hiroki IIDA<sup>2</sup>, Mayumi KATO<sup>2</sup>  
*Gifu Prefectural General Medical Center<sup>1</sup>, Gifu University Graduate School of Medicine<sup>2</sup>*
- S9-04** Are You ready for Cessation? A Conceptual Framework for Building Cessation Capacity  
Annette M. DAVID<sup>1</sup>, Sophia CHAN<sup>2</sup>, Susan P. MERCADO<sup>3</sup>  
*University of Guam<sup>1</sup>, The University of Hong Kong<sup>2</sup>, World Health Organization<sup>3</sup>*
- S9-05** Emergency Department-initiated Tobacco Control: Systematic Review and Meta-analysis  
Bruce NEUNER<sup>1,2</sup>, Edith WEISS-GERLACH<sup>1</sup>, Juergen WELLMANN<sup>2</sup>, Hans-Werner HENSE<sup>2</sup>, Gwen L. RABE<sup>2</sup>, Claudia SPIES<sup>1</sup>  
*Charité-Universitaetsmedizin Berlin<sup>1</sup>, University of Muenster<sup>2</sup>*
- S9-06** Brief Smoking Cessation Intervention at Health Examination and Training for Health Professional  
Masakazu NAKAMURA  
*Osaka Center for Cancer and Cardiovascular Diseases Prevention*

**15:00 - 15:30 Break**

**15:30 - 17:00 Symposium 13** **Room: International Conference Room**  
**Litigation/Regulation of the contents of tobacco products and of tobacco product disclosure**

**Chairs: Koki OKAMOTO (Japan)**  
**Ron BORLAND (Australia)**

- S13-01** Daring to Dream: Policy-makers and Practitioners' Views of an 'Endgame' Solution to Tobacco Smoking at a Country Level  
**Keynote** Richard EDWARDS<sup>1</sup>, Jo PEACE<sup>1</sup>, Marie RUSSELL<sup>1</sup>, Heather GIFFORD<sup>2</sup>, George THOMSON<sup>1</sup>, Nick WILSON<sup>1</sup>  
*University of Otago<sup>1</sup>, Whakauae Research<sup>2</sup>*
- S13-02** Tobacco Litigation in South Korea: the Possibility of KT&G Nicotine Manipulation  
Sungkyu LEE<sup>1</sup>, Jaehyung KIM<sup>1</sup>, Il-Soon KIM<sup>2</sup>  
*University of California<sup>1</sup>, Korean Association of Smoking or Health<sup>2</sup>*
- S13-03** Pack Innovation and Product Designs Promoted in ASEAN Countries  
Yen Lian TAN<sup>1</sup>, Kin FOONG<sup>2</sup>  
*Southeast Asia Tobacco Control Alliance<sup>1</sup>, Universiti Sains Malaysia<sup>2</sup>*

**S13-04** Laws Regulating Tobacco Products in Japan  
Ritsu KATAYAMA  
*Attorney-at-law, Japan*

**S13-05** Denormalizing the Tobacco Industry One Campaign at a Time  
Miranda WANG, Yiqun WU  
*Campaign for Tobacco-Free Kids, Thinktank Research Center for Health Development, Chinese Association on Tobacco Control*

**12:30 - 13:30 Luncheon Seminar 3** **Room: 201**  
**Sponsored by Global Smoke Free**  
Moderator: Yumiko MOCHIZUKI  
Speaker: Richard D. HURT  
*Nicotine Dependence Center Mayo Clinic*

Yoko KOMIYAMA  
*Former Minister of Health, Labour and Welfare of Japan  
The Yoko Komiyama Policy Research Council*

David GRAHAM  
*International Government Affairs, Johnson & Johnson*

**13:30 - 15:00 Symposium 10** **Room: 201**  
**Education, communication, training and public awareness**  
**Chairs: Yoneatsu OSAKI (Japan)**  
**Zee Yoong KANG (Singapore)**

**S10-01** Singapore's Social Movement in Tobacco Control  
**Keynote** Zee Yong KANG  
*Health Promotion Board*

**S10-02** The Ripple Effect: Using Subnational Campaigns to Model Success for a National Effort in China  
Yu CHEN, Yvette CHANG  
*World Lung Foundation*

**S10-03** Trends in Adolescent Smoking Behavior and its Correlates in Japan  
Yoneatsu OSAKI<sup>1</sup>, Takashi OHIDA<sup>2</sup>, Hideyuki KANDA<sup>3</sup>, Yoshitaka KANEITA<sup>4</sup>, Masumi MINOWA<sup>5</sup>,  
Susumu HIGUCHI<sup>6</sup>, Yoko KONDO<sup>1</sup>  
*Tottori University<sup>1</sup>, Nihon University<sup>2</sup>, Yokohama City University Graduate School of Medicine<sup>3</sup>, Oita University<sup>4</sup>, Minowa Epidemiology Institute<sup>5</sup>, National Hospital Organization Kurihama Medical and Addiction Center<sup>6</sup>*

**S10-04** Smoking Cessation Interventions in Indonesia  
Endah D. PRATIWI  
*Center for community Empowerment, Health policy and Humanities National Institute of Health Research and Development Ministry of Health Republic of Indonesia*

**S10-05** Impact of Smoke-Free Melaka City Project on Smoking Attitudes among Adult Smokers in Melaka: Findings from Evaluation of Smoke Free Melaka Intercept Study  
Yahya BABA<sup>1</sup>, Maizurah OMAR<sup>2</sup>, Rahmat AWANG<sup>1,2</sup>, Noraryana HASSAN<sup>3</sup>, Nur Hanani JASNI<sup>2</sup>, Ahmad Shalihin Mohd SAMIN<sup>2</sup>, Anne Chiew Kin QUAH<sup>4</sup>, Pete DRIEZEN<sup>4</sup>, Mary THOMPSON<sup>4</sup>, Geoffrey T. FONG<sup>4</sup>  
*MySihat<sup>1</sup>, Clearinghouse for Tobacco Control<sup>2</sup>, Melaka State Health Departments<sup>3</sup>, University of Waterloo<sup>4</sup>*

- S10-06** Social Marketing Campaign to Support the Implementation of the Comprehensive Smoke Free Ordinance in Selected Pilot Provinces in the Philippines  
Maria Soledad ANTONIO<sup>1</sup>, Marysol BALANE<sup>1</sup>, Bill BELLEW<sup>2</sup>, Jorge ALDAY<sup>3</sup>  
*Bureau of International Health Cooperation<sup>1</sup>, International Union Against Tuberculosis and Lung Diseases<sup>2</sup>, World Lung Foundation<sup>3</sup>*

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15:00 - 15:30 **Break**

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15:30 - 17:00 **Symposium 14** **Room: 201**

**Tobacco industry and Corporate Social Responsibility**

**Chairs: Mary Assunta KOLANDAI (Australia)**  
**Edgardo Ulysses DOROTHEO (Philippine)**

- S14-01** End Tobacco Industry Corporate Giving

**Keynote** Mary Assunta KOLANDAI  
*Southeast Asia Tobacco Control Alliance (SEATCA)*

- S14-02** The CSR Conducted by Tobacco Companies in Japan

Masako SHIGETA<sup>1,2</sup>, Isao WATANABE<sup>1</sup>, Daisuke MATSUI<sup>1</sup>, Kaoru INOUE<sup>1</sup>, Nahomi MIKAMOTO<sup>1</sup>,  
Atsuko AOKI<sup>2</sup>, Takashi DOI<sup>2</sup>, Narito KURIOKA<sup>2</sup>, Tadaaki MORI<sup>2</sup>, Yuji YASUDA<sup>2</sup>  
*Kyoto Prefectural University of Medicine<sup>1</sup>, Kyoto Association for Tobacco Control<sup>2</sup>*

- S14-03** Saveourfarmer.org Website to Counter Tobacco Farming Front Groups

Jennie L. REYES, Sophapan RATANACHEA  
*Southeast Asia Tobacco Control Alliance*

- S14-04** Tracking Investments by Financial Institutions in Tobacco Companies - What Tobacco Control Advocates Need to Know and Do about It?

Pranay LAL  
*International Union Against Tuberculosis and Lung Disease*

- S14-05** South Korea: KT&G Sangsang Univ. Employs CSR for Marketing

Sungkyu LEE, Stanton A GLANTZ  
*University of California*

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12:30 - 13:30 **Luncheon Seminar 4** **Room: 301**

**Future challenges of tobacco dependence treatment from Japan experience**  
**Sponsored by Novartis**

**Chair: Akira OSHIMA**  
**(Cancer Information Service Osaka Medical Center for Cancer and Cardiovascular Diseases)**

Speaker: Masakazu NAKAMURA  
*Osaka Center for Cancer and Cardiovascular Disease Prevention*

13:30 - 15:00 **Symposium 11** **Room: 301**

**Price and taxations. General discussions**

**Chairs: Hiroshi NOGAMI (Japan)**  
**Hana ROSS (USA)**

- S11-01** De-bunking the Myths of Tobacco Taxation

**Keynote** Hana ROSS  
*American Cancer Society*

- S11-02** Application of Korea SimSmoke to Develop Tobacco Control Strategies

Sung-il CHO  
*Seoul National University Graduate School of Public Health*

- S11-03** Effectiveness of Tobacco Tax and Price Policies for Tobacco Control  
Frank J. CHALOUPKA  
*University of Illinois*
- S11-04** The Distribution of Cigarette Prices in Different Tax Structures: Findings from the International Tobacco Control Policy Evaluation (ITC) Project  
Ce SHANG<sup>1</sup>, Frank J. CHALOUPKA<sup>1</sup>, Geoffrey T. FONG<sup>2,3</sup>, Nahleen ZAHRA<sup>1</sup>  
*University of Illinois<sup>1</sup>, University of Waterloo<sup>2</sup>, Ontario Institute for Cancer Research<sup>3</sup>*
- S11-05** Industry's Response to Tax Increases: Price Subsidies Under Different Tax Systems and Consequences for Government Tax Revenues and Public Health  
Nigar NARGIS<sup>1,2</sup>, Ayda YUREKLI<sup>1</sup>  
*World Health Organization<sup>1</sup>, University of Dhaka<sup>2</sup>*
- S11-06** Coordinated Advocacy Campaign to Increase Subnational Taxes in India  
Vandana SHAH<sup>1</sup>, Sanjay SETH<sup>1</sup>, Virendra SINGH<sup>3</sup>, Satyen CHATURVEDI<sup>2</sup>, Jaspreet PAL<sup>1</sup>, Hema KHANCHANDANI<sup>1</sup>  
*Campaign for Tobacco Free Kids<sup>1</sup>, Rajasthan Voluntary Health Association<sup>2</sup>, Indian Asthma Care Society<sup>3</sup>*

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**15:00 - 15:30 Break**

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**15:30 - 17:00 Symposium 15** **Room: 301**  
**Packaging and labeling of tobacco products, Countries' experiences**

**Chairs: Hiroshi KAWANE (Japan)**  
**Geoffrey FONG (Canada)**

- S15-01** Recent Findings from the ITC Project on the Effectiveness of Health Warnings in the Asia Pacific Region:  
**Keynote** Geoffrey T. FONG  
*University of Waterloo*
- S15-02** Advancing Health Warnings Policy with Lessons Learned from Selected ASEAN Countries  
Yen Lian TAN  
*Southeast Asia Tobacco Control Alliance*
- S15-03** Pathways for the Impact of Cigarette Pack Health Warning Labels on Smokers' Quitting Behaviour: Findings from the ITC-4 Country Surveys  
Hua-Hie YONG<sup>1</sup>, Ron BORLAND<sup>1</sup>, Jim F. THRASHER<sup>2,3</sup>, Geoffrey T. FONG<sup>4,5</sup>, KM. CUMMINGS<sup>6</sup>, Mary E. THOMPSON<sup>4</sup>  
*Cancer Council Victoria<sup>1</sup>, University of South Carolina<sup>2</sup>, National Institute of Public Health<sup>3</sup>, University of Waterloo<sup>4</sup>, Ontario Institute for Cancer Research<sup>5</sup>, Medical University of South Carolina<sup>6</sup>*
- S15-04** Packaging and Labeling of Tobacco Products in Hong Kong  
Vienna LAI  
*Hong Kong Council on Smoking and Health*
- S15-05** An Evaluation of the Removal of Tobacco Retail Displays in New Zealand  
Gregor WHYTE, Phliip GENDALL, Janet HOEK  
*University of Otago*
- S15-06** The Plain Truth: Australia's World First Plain Packaging Legislation  
Kylie. J. LINDORFF  
*Cancer Council Victoria*

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- 12:30 - 13:30 Luncheon Seminar 4 \*Satellite** **Room: 302**  
**Sponsored by Novartis**
- 13:30 - 15:00 Symposium 12** **Room: 302**  
**Other forms of tobacco / Substances simulating tobacco**  
**Chairs: Gauri DHUMAL (India)**  
**Kazunori NAKAKUKI (Japan)**
- S12-01** Quit History, Intentions to Quit, and Reasons for Considering Quitting among Tobacco Users in India: Findings from the Wave 1 TCP India Survey (2010–11)  
 Keynote  
 Gauri G. DHUMAL<sup>1</sup>, Mangesh S. PEDNEKAR<sup>1</sup>, Lalit J. RAUTE<sup>1</sup>, Prakash C. GUPTA<sup>1</sup>, Genevieve SANSONE<sup>2</sup>, Anne QUAH<sup>1</sup>, Geoffrey T. FONG<sup>2,3</sup>  
*Healis Sekhsaria Institute for Public Health<sup>1</sup>, University of Waterloo<sup>2</sup>, Ontario Institute for Cancer Research<sup>3</sup>*
- S12-02** Smokeless Tobacco Products and Tobacco Imitations in Japan  
 Masaaki YAMAOKA  
*Sumoto Energicenter*
- S12-03** Areca Nut Epidemic among School Children in Mumbai, India  
 Nikita SURANI<sup>1</sup>, Ajay PILANKAR<sup>1</sup>, Devika CHADHA<sup>1</sup>, Tshering BHUTIA<sup>1</sup>, Vaibhav THAWAL<sup>2</sup>  
*Salaam Bombay Foundation<sup>1</sup>, Narotam Sekhsaria Foundation<sup>2</sup>*
- S12-04** Comparison of Characteristics of E-Cigarette Only Users and Dual Users of Both Cigarettes and E-cigarettes Among Korean Adolescents  
 Eun Young KIM<sup>1</sup>, Sun Ha JEE<sup>2</sup>, Dae Yong KANG<sup>2</sup>, Ji Eun YOON<sup>3</sup>  
*Korea University<sup>1</sup>, Yonsei University<sup>2</sup>, National Rehabilitation Center<sup>3</sup>*
- S12-05** The Current Status and Regulatory System of Electronic Cigarette in Korea  
 Cheol Min LEE  
*Seoul National University Hospital*
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- 8:30 - 15:30 Action planning and Training of National TB Programme (NTP) Managers on Integrating Brief Tobacco Interventions into TB treatment Programme in Primary Care** **Room:205**

## August 21 (Wednesday)

- 9:00 - 10:30 **Plenary Lecture 4** **Room: International Conference Room**  
**Where are we with FCTC ? (2) Obstacles and ways to overcome them**  
**Chairs: Makiko YAMAMOTO (Japan)**  
**Mark LEVIN (USA)**
- PL4-01** Philippines: Are We Winning against the Tobacco Industry?  
**Keynote** Edgardo Ulysses N. DOROTHEO  
*Southeast Asia Tobacco Control Alliance, Framework Convention Alliance*
- PL4-02** Tobacco Control in Japan. What It Is and What It Should Be.  
Manabu SAKUTA  
*Japan Society for Tobacco Control*
- PL4-03** FCTC Implementation in South Korea, Still Have a Long Way To Go  
Hong Gwan SEO  
*National Cancer Control Institute, National Cancer Center*
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- 10:30 - 11:00 **Break**
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- 11:00 - 12:30 **Symposium 16** **Room: International Conference Room**  
**Issues of trade and tobacco market opening and APACT: Ending the game**  
**Chairs: Judith MACKAY (Hong Kong)**  
**Prakit VETHESATOGKIT (Thailand)**
- S16-01** Tobacco Proposal in a 21<sup>st</sup> Century Free Trade Agreement  
**Keynote** Deborah SY  
*Havison Institute Georgetown University Law Center*
- S16-02** The Globalization of the Tobacco Industry and Implications for Tobacco Control  
Frank J. CHALOUPKA  
*University of Illinois*
- S16-03** Tobacco Trade in the ASEAN Region: Transit Points and AFTA  
Anthony D. SO, Ryan C. DENNISTON  
*Program on Global Health and Technology Access<sup>1</sup>, Duke Global Health Institute<sup>2</sup>*
- S16-04** Does Tobacco Taxation Have an Influence on Industry Consolidation?  
Anne-Marie PERUCIC, Nigar NARGIS, Ayda Aysun YUREKLI  
*World Health Organization*
- S16-05** The Economic Integration and its Threat to Tobacco Taxation: The Case of ASEAN Economic Community  
Sophapan RATANACHENA, Jennie L. REYES  
*Southeast Asia Tobacco Control Alliance*
- 12:30 - 13:00 **Closing Ceremony** **Room: International Conference Room**
- 14:30 - 16:00 **A Lecture Open to the Public** **Room: International Conference Room**



- 11:00 - 12:30 **Symposium 17** **Room: 201**  
**Protection of public health policies from commercial and other vested interests of the tobacco industry / Liability**  
**Chairs: Ritsu KATAYAMA (Japan)**  
**Mark LEVIN (USA)**  
**Pei-kan YANG (Taipei)**
- S17-01** How Does Big Tobacco Love Government Interference?  
**Keynote** Let Us Count the Ways  
 Mark LEVIN  
*Univesity of Hawaii*
- S17-02** What Hinders Implementation of the WHO FCTC Article 5.3 in South Korea ?  
 Sungkyu LEE  
*Center for Tobacco Control Research and Education, University of California*
- S17-03** Non-Compliance with FCTC Article 5.3 and Article 19 in Japan  
 Koki OKAMOTO  
*Lawyer*
- S17-04** New Zealand Smokers' and Non-Smokers' Support for End-Game Retail Policies  
 Philip GENDALL, Gregor WHYTE, Janet HOEK  
*University of Otago*
- S17-05** Tobacco Industry's Tactics to Challenge Effective Tobacco Control Activities from a View Point of Product Innovation  
 Yumiko MOCHIZUKI-KOBAYASHI  
*National Cancer Center*
- S17-06** Legal Implications of WHO/FCTC Declarations on Tobacco Disputes under WTO and BITs: How Could They Help Parties Fighting against Tobacco Industry?  
 Pei-Kan YANG  
*National Chengchi University*

- 11:00 - 12:30 **Symposium 18** **Room: 301**  
**Inequities in tobacco use and tobacco control and its implication for tobacco control**  
**Chairs: Yayi Suryo PRABANDARI (Indonesia)**  
**Geoffery FONG (Canada)**
- S18-01** Inequities in Tobacco Use and Tobacco Control and its Implication for Tobacco Control  
**Keynote** Hong-Jun CHO  
*University of Ulsan College of Medicine*
- S18-02** A Health Inequities Challenge for Tobacco Control in Indonesia: Who Smoke More in the Last Decade?  
 Yayi S PRABANDARI  
*Universitas Gadjah Mada*
- S18-03** Cigarette Consumption and Quitting Behaviour among Smokers in China: Finding from ITC China Survey  
 Jilan YANG<sup>1</sup>, David HAMMOND<sup>1</sup>, Susan HORTON<sup>1</sup>, Geoffery FONG<sup>1,2</sup>, Yuan JIANG<sup>3</sup>  
*University of Waterloo<sup>1</sup>, Ontario Institute for Cancer Research<sup>2</sup>, Chinese Center for Disease Control and Prevention<sup>3</sup>*

- S18-04** Incorporating National Tobacco Control Laws into Existing Sub-national Governance Mechanisms: A New Approach to FCTC Implementation in India  
Vandana SHAH<sup>1</sup>, Tarkeshwar Prasad SINGH<sup>2</sup>, Sanjay SETH<sup>1</sup>, Arvind SINGH<sup>2</sup>, Hema KHANCHANDANI<sup>1</sup>  
*Campaign for Tobacco Free Kids<sup>1</sup>, Cancer Awareness Society - Bihar, India<sup>2</sup>*
- S18-05** Play the Role of Non-governmental Organisations, Fight against Tobacco Industry Interference with Tobacco Control  
Guihua XU  
*Chinese Association on Tobacco Control*

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11:00 - 12:30 **Symposium 19** Room: 302

**APACT Youth for the future demand**

**Chairs: Nicole SUTTON (USA)**  
**Haruka SAKAMOTO (Japan)**

**S19-01**

**Keynote** Nicole M. SUTTON  
*REAL: Hawaii Youth Movement Exposing the Tobacco Industry, University of Hawaii*

**S19-02** Adolescent Awareness of a Tobacco Promotion in Malaysia and Thailand: Findings from the ITC SEA Project

Maizurah OMAR<sup>1</sup>, Rahmat AWANG<sup>1</sup>, Noor A. A. RANI<sup>1</sup>, Haslina HASHIM<sup>1</sup>, Halilol R. KHAN<sup>1</sup>, Sulastri SAMSUDIN<sup>1</sup>, Buppha SIRIRASSAMEE<sup>2</sup>, Anne C. K. QUAH<sup>3</sup>, Geoffrey T. FONG<sup>3,4</sup>, Ron BORLAND<sup>5</sup>  
*Universiti Sains Malaysia<sup>1</sup>, Mahidol University<sup>2</sup>, University of Waterloo<sup>3</sup>, Ontario Institute for Cancer Research<sup>4</sup>, The Cancer Council Victoria<sup>5</sup>*

**S19-03** Engaging Children for Tobacco – Free Schools

Tshering D. BHUTIA, Narayan LAD, Devika CHADHA  
*Salaam Bombay Foundation*

**S19-04** Qualitative Analysis of Factors Affecting the Difficulty Quit Smoking of Students State Islamic University Jakarta

Ahmad R. NUBAIRI, Mochamad I. NURMANSYAH, Badra AL- AUFA, Erna WATI, Waras BUDI UTOMO  
*Syarif Hidayatullah Islamic State University of Jakarta*

**S19-05** United for Tobacco Free World. “What should WE do?”

Apact YOUTH

\* Japanese Only

## 市民公開講座

# PM2.5とタバコの害について ～あなたの疑問に答えます～

入場  
無料

日時: 8月21日(水) 14:30～16:00

場所: 千葉・幕張メッセ国際会議場 2階国際会議室

アクセス: 海浜幕張駅徒歩10分 \* 駐車場なし(公共交通機関でお越しください)

定員: 300名

### プログラム:

主催者あいさつ(千葉県) (14:30～14:35)

基調講演「測ってみてわかったPM2.5とタバコの害」  
産業医科大学産業生態科学研究所 教授 大和 浩  
(14:35～15:05)

特別発言「喫煙・受動喫煙の有害性が理解されないのはなぜか」  
中央内科クリニック 院長 村松 弘康  
(15:05～15:20)

対談 (15:20～15:40)

イベント あなたの肺は何歳ですか?  
肺年齢測定体験会 先着100名(申込制)  
\* 18歳以上の方を対象にしています。

(15:40～16:00)



主催 千葉県・APACT2013(第10回アジア太平洋タバコ対策会議)

目的 タバコのない社会をめざして一健全な命を守るために一をテーマにアジア・太平洋からタバコ対策に関心のある人々がこの千葉県に集まって会議を開きます。

千葉県民としてもタバコの害、PM2.5の害について学ぶ機会をつくり、県民と健全な命を守るためにどのようなことができるかを考える場にしたいと考えて企画されています。

企画内容のお問い合わせ: APACT Japan事務局(日本禁煙学会)

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電話043-223-2660 FAX043-225-0322

E-mail: kenpro@mz.pref.chiba.lg.jp

# Poster Program

- P-PL1-01** Effective Nationwide Networking and Social Movement in Aotearoa New Zealand  
Prudence STONE<sup>1</sup>, Stephanie ERICK<sup>2</sup>, Skye KIMURA<sup>3</sup>  
*Smokefree Coalition<sup>1</sup>, Tala Pasifika<sup>2</sup>, Cancer Society of New Zealand<sup>3</sup>*
- P-PL1-02** Tobacco Industry Surveillance Network in Southeast Asia: Stepping Up Tobacco Industry Counteraction  
Worrawan JIRATHANAPIWAT  
*Southeast Asia Tobacco Control Alliance*
- P-PL1-03** Prevalence of Smoking in Students of Chulalongkorn University  
Premtip THAVEERATITHAM, Nampung KUMSUPSIRI, Pantawit ARIYAWORACHAI,  
Prapon RUJIPORN, Thongsuk MANITSORN  
*Chulalongkorn University*
- P-PL1-04** Situation and Trends of Adolescent Smoking in Thailand: Results from 5 Waves of ITC-SEA (Thailand) Surveys  
Pariya GAINROJ<sup>1</sup>, Buppha SIRIRASSAMEE<sup>1</sup>, Tawima SIRIRASSAMEE<sup>2</sup>, Ron BORLAND<sup>3</sup>,  
Geoffrey T. FONG<sup>4</sup>, David HAMMOND<sup>4</sup>  
*Mahidol University<sup>1</sup>, Srinakarinwirot University<sup>2</sup>, The Cancer Council Victoria<sup>3</sup>, University of Waterloo<sup>4</sup>*
- P-PL1-05** Monitoring Political Discourse around End-game Goals: Using a Mix of Automated and Human Textual Analysis to Enable an On-going Overview  
Benjamin HEALEY, Richard EDWARDS, Janet HOEK  
*University of Otago*
- P-PL2-01** Effects of Parental Smoking during Pregnancy on Development of Childhood Cancers  
Fumio BESSHO, Masako TANIMURA  
*Kyorin University*
- P-PL2-02** Broadening the Scope from TC to NCDs, Ideas and a Case Study  
Syed Mahbulul ALAM, Gaous PEAREE, Syeda Anonna RAHMAN, Rashedujjaman SHAMIM,  
Sharmin AKHTER  
*Work for a Better Bangladesh Trust*
- P-PL2-03** Role of Tobacco Control Resource Center Project on Public Awareness Regarding Smoking  
Phenprapa CHILAKUL<sup>1,2,3</sup>, Mondha KENGGANPANICH<sup>2</sup>  
*Action on Smoking and Health Foundation<sup>1</sup>, Mahidol University<sup>2</sup>, ThaiHealth Promotion Foundation<sup>3</sup>*
- P-PL2-04** The Effectiveness of the Motivational Interviewing Program Related to the Smoking Cessation among Health Care Providers, At Sanpasithprasong Hospital, Ubonratchathani Province Thailand  
Wanpen DOUNGMALA, Wantanee THONGNUN, Malee NIMPONGPAN, Kwanpat RAUNGSIT,  
Supathita KONGSIN, Paungthong TECHASIRIKOSOL, Kannika CHANTARUKHA,  
Jamchan POUNGCHAN  
*Sanpasithprasong Hospital*
- P-PL2-05** What is Necessary to Make Smoke-free Society in Japan?  
Kazunari SATOMURA, Toshitaka NAKAHARA, Suketaka IWANAGA, Megumi NOAMI,  
Keiko KUSAKA, Kazuyoshi HARANO  
*Kyoto University*

- P-PL3-01** The Impact of 2009 China Cigarette Tax Adjustment on Cigarette Retail Prices, Cigarette Class/ Grade Choice and Cigarette Consumption  
Jidong HUANG<sup>1</sup>, Rong ZHENG<sup>2</sup>, Frank J. CHALOUKKA<sup>1</sup>, Geoffrey FONG<sup>3,5</sup>, Qiang LI<sup>3</sup>, Yuan JIANG<sup>4</sup>  
*University of Illinois at Chicago<sup>1</sup>, University of International Business and Economics<sup>2</sup>, University of Waterloo<sup>3</sup>, Chinese Center for Disease Control and Prevention<sup>4</sup>, Ontario Institute for Cancer Research<sup>5</sup>*
- P-PL3-02** Cigarette Retail Price Variations in China: Evidence from the International Tobacco Control China Survey  
Jidong HUANG<sup>1</sup>, Rong ZHENG<sup>2</sup>, Frank J. CHALOUKKA<sup>1</sup>, Geoffrey FONG<sup>3,5</sup>, Qiang LI<sup>3</sup>, Yuan JIANG<sup>4</sup>  
*University of Illinois<sup>1</sup>, University of International Business and Economics<sup>2</sup>, University of Waterloo<sup>3</sup>, Chinese Center for Disease Control and Prevention<sup>4</sup>, Ontario Institute for Cancer Research<sup>5</sup>*
- P-PL3-03** Communication Strategy on Tobacco Tax Reforms: The Philippines' Experience  
Florante E. TRINIDAD  
*World Health Organization Office of the Representative in the Philippines*
- P-PL3-04** How Much the Appropriate Tobacco Price Would be? -Conjoint Analysis for GENERAL Public in Japan  
Ataru IGARASHI<sup>1</sup>, Rei GOTO<sup>2</sup>  
*The University of Tokyo<sup>1</sup>, Kyoto University<sup>2</sup>*
- P-PL3-05** How Much Various Anti-Tobacco Policies Would Affect Smokers' Attitudes? -Conjoint Analysis in Japan  
Ataru IGARASHI<sup>1</sup>, Rei GOTO<sup>2</sup>, Takashi FUKUDA<sup>3</sup>  
*The University of Tokyo<sup>1</sup>, Kyoto University<sup>2</sup>, National Institute of Public Health<sup>3</sup>*
- P-PL3-06** Is Employment in Bidi Manufacturing a Concern for Bidi Taxation?  
Nigar NARGIS, Ayda A YUREKLI  
*World Health Organization*
- P-PL3-07** The Impact of Cigarette Tax and Price Policy on Tobacco Industry Behavior ---Disclosing the Industry's Profit Margin in Each Segment  
Rong ZHENG<sup>1</sup>, Jidong HUANG<sup>2</sup>, Song GAO<sup>3</sup>, Frank J. CHALOUKKA<sup>2</sup>, Geoffrey T. FONG<sup>4,5</sup>, Qiang LI<sup>4,6</sup>, Yuan JIANG<sup>6</sup>  
*University of International Business and Economics<sup>1</sup>, University of Illinois at Chicago<sup>2</sup>, Central University of Finance and Economics<sup>3</sup>, University of Waterloo<sup>4</sup>, Ontario Institute for Cancer Research<sup>5</sup>, Chinese Center for Disease Control and Prevention<sup>6</sup>*
- P-PL3-08** Contribution of Sale to Minors to Tobacco Industry and Government Revenues - A Case of India  
Pranay LAL, Sonu GOEL, Deepak SHARMA  
*International Union Against Tuberculosis and Lung Disease, Postgraduate Institute of Medical Education & Research*
- P-PL3-09** Improper Tobacco Taxation Benefiting the Tobacco Industry in Bangladesh  
Taifur RAHMAN  
*Campaign for Tobacco-Free Kids*
- P-PL3-10** The Impact of Tobacco Tax Increase on Affordability Revenue and the Implication for Tax Policy in Vietnam  
Hoang Anh T. PHAM<sup>1</sup>, Hien T. LE<sup>1</sup>, Nam V. HUYNH<sup>2</sup>, Vang V. DANG<sup>2</sup>  
*HealthBridge Canada<sup>1</sup>, Ministry of Finance<sup>2</sup>*
- P-PL3-11** Increase of Income of the Sales Profit and Tax Revenues by the Price Increase (Tax-rates Raising) of the Tobacco from October, 2010  
Hiroschi NOGAMI  
*Coalition on a Smoke-free Environment for Kids in Japan*

- P-PL3-12** Low Cost of Manufactured Cigarettes in Cambodia Targets the Poorest and Youngest Smokers  
Daravuth YEL<sup>1</sup>, They KHEAM<sup>2</sup>, Pramil N. SINGH<sup>3</sup>  
*World Health Organization<sup>1</sup>, Ministry of Planning<sup>2</sup>, Loma Linda University<sup>3</sup>*
- P-PL3-13** Analyzis of Tobacco Excise Policy in Indonesia : Bringing the Health Objectives Back In  
Abdillah AHSAN  
*University of Indonesia*
- P-PL3-14** Curbing Tobacco Epidemics by Tobacco Taxation in Lao PDR  
Maniphanh VONGPHOSY, Sophapan RATANACHENA, Jennie L. REYES  
*Southeast Asia Tobacco Control Alliance*
- P-PL3-15** High-priced Smuggled Cigarettes: the Case of Vietnam  
Minh T. NGUYEN<sup>1</sup>, Son T. DAO<sup>2</sup>, Nga Q. NGUYEN<sup>3</sup>  
*University of Illinois at Chicago<sup>1</sup>, Center for Economics and Community Development<sup>2</sup>, Massey University<sup>3</sup>*
- P-PL3-16** Perverse Economics of Tobacco Trade in India  
Pranay LAL  
*International Union Against Tuberculosis and Lung Disease*
- P-PL3-17** Cigarette Price and Retailer Survey in the Philippines  
Irene Patricia N. REYES, Ralph Emerson P. DEGOLLACION, Nichola L. LIBORO  
*Health Justice Philippines*
- P-PL4-01** Smoking Reduces Life Expectancy in Japanese the Same as Other Populations  
Ritsu SAKATA<sup>1</sup>, Paul MCGALE<sup>2</sup>, Eric J. GRANT<sup>1</sup>, Kotaro OZASA<sup>1</sup>, Richard PETO<sup>2</sup>, Sarah C. DARBY<sup>2</sup>  
*Radiation Effects Research Foundation<sup>1</sup>, University of Oxford<sup>2</sup>*
- P-PL4-02** FCTC COP5 Outcomes and Work towards a Successful COP6  
Edgardo Ulysses DOROTHEO  
*SEATCA Southeast Asia Initiative on Tobacco Tax, Southeast Asia Tobacco Control Alliance*
- P-PL4-03** Empowering Health Workers to Become Change Agents to Support Rural Communities to Fight Tobacco  
Deepak J. PATIL, Rajashree S. KADAM, Devika M. CHADHA  
*Salaam Bombay Foundation*
- P-PL4-04** Tobacco Smoking and Poverty in the Fertile Female Population  
Andrea Z. FOGARASI-GRENCZER<sup>1</sup>, Ildikő RĂKÖCZI<sup>2</sup>, Kristie L. FOLEY<sup>3</sup>, Péter BALĂZS<sup>1</sup>  
*Semmelweis University<sup>1</sup>, University of Debrecen<sup>2</sup>, Davidson College<sup>3</sup>*
- P-PL4-05** Looking at Policy Change at the Provincial Level in China  
Xia WAN<sup>1</sup>, Frances STILLMAN<sup>2</sup>, Xiaochang ZHANG<sup>3</sup>, Mark SPIRES<sup>2</sup>, Zhen DAI<sup>1</sup>, Stephen TAMPLIN<sup>2</sup>, Jonathan M. SAMET<sup>4</sup>, Gonghuan YANG<sup>1,3</sup>  
*Peking Union Medical College<sup>1</sup>, Johns Hopkins University<sup>2</sup>, Chinese Centers for Disease Control and Prevention<sup>3</sup>, University of Southern California<sup>4</sup>*
- P-PL4-06** Changing Tobacco Control Policy in Southeast Asia: The Power of a Regional Collaboration  
Yen L. TAN, Bungon RITTHIPAKDEE  
*Southeast Asia Tobacco Control Alliance*
- P-PL4-07** The Economic Impacts of Tobacco vis-à-vis Rice Farming and Implications on Agricultural Development Planning: A Case Study in the Philippines  
Jennie Lyn C. REYES  
*Southeast Asia Tobacco Control Alliance*

- P-PL4-08** Coordinated Legal, Political and Media Advocacy to Ban Gutka (Smokeless Tobacco) in India  
Vandana SHAH<sup>1</sup>, Pankaj CHATURVEDI<sup>2</sup>, Vijay Anand R. PALKONDA<sup>3</sup>, Sanjay SETH<sup>1</sup>, Jaspreet K. PAL<sup>1</sup>  
*Campaign for Tobacco Free Kids<sup>1</sup>, Tata Memorial Hospital<sup>2</sup>, Apollo Hospitals<sup>3</sup>*
- P-PL4-09** Crop Substitution: A Case Study of Bangladesh  
Shameem H. PATWARY  
*Dhaka International University, Supreme Court Bar Association, Humanist and Ethical Association of Bangladesh*
- P-PL4-10** The Recognition of Smoke-Free Legislation: Attitudes of the Hotel Staffs Towards Non-Smoking Environments in Chiba  
Masako TANAMURA<sup>1</sup>, Kazunori NAKAKUKI<sup>1</sup>, Yukio KATSUMI<sup>2</sup>  
*Healthcare Professionals Association against Tobacco in Chiba<sup>1</sup>, Smoke-Free kids<sup>2</sup>*
- P-PL4-11** The Direction of Tobacco Countermeasure which was Showed in the Opinion Pool of the Citizens Investigated in Matsuyama City in Japan  
Kaori HIROHASHI<sup>1</sup>, Fumiko KAIDA<sup>1</sup>, Seiji FUJIOKA<sup>2</sup>, Yoshihiro TAKAISHI<sup>1</sup>  
*Hojo Hospital<sup>1</sup>, Akari Clinic<sup>2</sup>*
- P-PL4-12** Indonesian Compliance to Framework Convention on Tobacco Control (FCTC)  
Soewarta KOSEN  
*National Institute of Health Research & Development*
- P-PL4-13** Can India Facilitate Diversification from Tobacco Dependent Employment?  
Research Findings from an All India Study on Tobacco Growers, Bidi Rollers and Tendu Leaf Pluckers  
Nayanatara S. NAYAK, Dattatreya R. REVANKAR, Narayan N. BILLAVA  
*Centre for Multi Disciplinary Development Research*
- P-PL4-14** TFAJ, Tobacco-Free Advocacy Japan, its Agenda & Activity  
Jun SONO, Masahiro KANEKO, Hajime I. SONO, Fumiro TAKEMOTO, Hiroko TODA, Shigeki TOYOTA, Hidekazu NAKAGAWA, Hiroshi MATSUOKA, Yuji KUNIMI  
*Tobacco-Free Advocacy Japan*
- P-PL4-15** Challenges to Tobacco Taxation Implementation in the Pacific  
Matthew ALLEN<sup>2</sup>, Amelia DALLEY<sup>2</sup>, James RARICK<sup>1</sup>, Mina KASHIWABARA<sup>1</sup>, Ada MOADSIRI<sup>1</sup>  
*World Health Organization<sup>1</sup>, Allen and Clarke Policy and Regulatory Specialists Ltd<sup>2</sup>*
- P-PL4-16** Strengthening Tobacco Advertising Promotion and Sponsorship Ban in Bangladesh  
Arif SIKDER  
*Environment Council Bangladesh*
- P-PL4-17** Support for Quitting Smoking to Adolescents at a Pharmacy in Japan  
Katsushi MURAYAMA  
*Murayama Pharmacy*
- P-PL4-18** Supporting Pacific Island Countries to Strengthen Their Resistance to Tobacco Industry Interference in Tobacco Control  
Judith MCCOOL<sup>1</sup>, Jeanie MCKENZIE<sup>2</sup>, Mathew ALLEN<sup>3</sup>, Annabel LYMAN<sup>4</sup>  
*University of Auckland<sup>1</sup>, Secretariat of the Pacific Communities<sup>2</sup>, Allen and Clarke<sup>3</sup>, Framework Convention Alliance<sup>4</sup>*
- P-S1-01** Secondhand Smoke Exposure in Cars and Homes is Associated with Susceptibility to Smoking in 14-15 Year Old Children: Repeated National Survey Data  
Benjamin HEALEY<sup>1</sup>, Richard EDWARDS<sup>1</sup>, Nick WILSON<sup>1</sup>, George THOMSON<sup>1</sup>, Janet HOEK<sup>1</sup>, Steve TAYLOR<sup>2</sup>  
*University of Otago<sup>1</sup>, AUT University<sup>2</sup>*

- P-S1-02** The Impact of Designated Smoking Areas in Where Outdoor Smoking is Banned: The Case of Kobe City  
Hiroshi YAMATO<sup>1</sup>, Nagisa MORI<sup>2</sup>, Rumi HORIE<sup>3</sup>, Loïc GARÇON<sup>2</sup>, Mihoko TANIGUCHI<sup>4</sup>, Francisco ARMADA<sup>2</sup>  
*University of Occupational and Environmental Health<sup>1</sup>, WHO<sup>2</sup>, The World Bank<sup>3</sup>, Kobe Pharmaceutical University<sup>4</sup>*
- P-S1-03** Smoke-free Policy Development Using Air Pollution Control as an Entry Point: A Case in Jakarta, Indonesia  
Dollaris R. SUHADI<sup>1</sup>, Tara S. BAM<sup>2</sup>, Moch. Tauchid TJAKRA AMIDJAJA<sup>3</sup>, Mara O. SIREGAR<sup>3</sup>  
*Swisscontact Indonesia Foundation<sup>1</sup>, International Union Against Tuberculosis and Lung Disease<sup>2</sup>, Special Capital Region of Jakarta Province<sup>3</sup>*
- P-S1-04** How Bloomberg Grants Programme Prioritised and Accelerated FCTC/MPOWER Implementation in India?  
Jugdeep S. RANA, Pranay G. LAL  
*International Union Against Tuberculosis and Lung Disease*
- P-S1-05** The Pattern of Rural Retailer's Behavioral Concerning Cigarette Sale to Minors in The Lower Northern Thailand  
Chakgarphan PHETPHOOM, Piyarat NIMPITAKPONG, Narongsak NOOSORN  
*Naresuan University*
- P-S1-06** Barriers for Local Governments in Japan to Control Tobacco: The Example of Hyogo  
Keiko YAMADA<sup>1,2</sup>, Nagisa MORI<sup>1</sup>, Mina KASHIWABARA<sup>1</sup>, Rumi HORIE<sup>3</sup>, Hiroshi YAMATO<sup>4</sup>, Sakiko YASUDA<sup>5</sup>, Francisco ARMADA<sup>1</sup>, Loïc GARÇON<sup>1</sup>  
*WHO<sup>1</sup>, Hyogo Prefectural Government<sup>2</sup>, The World Bank<sup>3</sup>, University of Occupational and Environmental Health<sup>4</sup>, Kyoto University<sup>5</sup>*
- P-S1-07** People's Initiatives in Making Smoke Free Public Places: Case Study of Banke & Ilam Districts of Nepal  
Shanta L. MULMI  
*Resource Centre for Primary Health Care*
- P-S1-08** En Route to the Enactment of Smoke-free Legislation in Kyoto  
Narito KURIOKA<sup>1</sup>, Yuji YASUDA<sup>1</sup>, Masako SHIGETA<sup>1</sup>, Takashi DOI<sup>1</sup>, Atsuko AOKI<sup>1</sup>, Yoko KINOSHITA<sup>1</sup>, Yoshitsugu TANAKA<sup>1</sup>, Sumiko KURIOKA<sup>2</sup>  
*Kyoto Association for Tobacco Control<sup>1</sup>, University of Occupational and Environmental Health<sup>2</sup>*
- P-S1-09** The Quality of Tobacco Free Zone Regulation in Three Provinces with Special Autonomy Status in Indonesia  
Susy K. SEBAYANG<sup>1,2</sup>, Rizanna ROSEMARY<sup>2,3</sup>, Wulan A. SEBASTIAN<sup>4</sup>, JUANITA<sup>5</sup>  
*SUMMIT Institute of Development<sup>1</sup>, International Centre for Aceh and Indian Ocean Studies<sup>2</sup>, University of Syiah Kuala<sup>3</sup>, University of Sydney<sup>4</sup>, University of Sumatera Utara<sup>5</sup>*
- P-S1-10** "Kyoto-based Tobacco-Free Caravan" Collaborated with Organizations, Universities, and Local Governments -Part2-  
Takashi DOI<sup>1,2,5</sup>, Masako SHIGETA<sup>1,2,3</sup>, Daisuke MATSUI<sup>1,3</sup>, Isao WATANABE<sup>1,3</sup>, Narito KURIOKA<sup>1,2</sup>, Yoshitsugu TANAKA<sup>1,2</sup>, Atsuko AOKI<sup>1</sup>, Yasufumi OOKITA<sup>4</sup>  
*Kyoto Association for Tobacco Control<sup>1</sup>, Kyoto Medical Association<sup>2</sup>, Kyoto Prefectural University of Medicine<sup>3</sup>, Kyoto City Board of Education<sup>4</sup>, Doi Internal Medicine Clinic<sup>5</sup>*
- P-S1-11** Health Impact Assessment of the "Smoke-free Policy" in Gwangmyeong City  
Mee-Kyung SUH<sup>1</sup>, Seoung-ryul KIM<sup>2</sup>  
*Korea Institute for Health and Social Affairs<sup>1</sup>, Suncheonhyung University<sup>2</sup>*



- P-S1-12** Current State and Future Prospect of FCTC in Taiwan  
Sea- Wain YAU  
*John Tung Foundation*
- P-S1-13** How NGOs Confront Tobacco Industry and Press Government to Effectively Enforce the Tobacco Hazards Prevention Act  
Sea- Wain YAU, Ted T. L. CHEN, Ching-Li LIN  
*John Tung Foundation*
- P-S1-14** Awareness and Support of 100% Smoke Free Indoor Area in Jakarta  
Abdillah AHSAN, Ayke S. KITING, Nurhadi WIYONO  
*University of Indonesia*
- P-S3-01** Periodontal Disease, Education and Training of Dental Professionals, and Tobacco Control  
Takashi HANIOKA  
*Fukuoka Dental College*
- P-S3-02** The Study of Oral Lesion Screening and Smoking Habit among Thais  
Piyada PRASERTSOM<sup>1</sup>, Nontinee TANGCHAROENDEE<sup>1</sup>, Siripen ARUNPRAPHAN<sup>2</sup>,  
Waranun BUAJEEB<sup>3</sup>  
*Bureau of Public Health<sup>1</sup>, Thai Dentist against Tobacco Project<sup>2</sup>, Mahidol University<sup>3</sup>*
- P-S3-03** Comparison of the Cases of Oral Cancer and Potentially Malignant Disorders (Erythroplakia and Leukoplakia) Reported in 2009 and after Launching an Oral Lesion Screening Program in Thailand in 2011  
Nontinee TANGCHAROENDEE<sup>1</sup>, Piyada PRASERTSOM<sup>1</sup>, Sompid KINTARAK<sup>2</sup>,  
Kanokporn BHALANG<sup>3</sup>, Wikul WISALSETH<sup>1</sup>  
*Department of Health Ministry of Public Health<sup>1</sup>, Songkhlanakarin University<sup>2</sup>, Faculty of Dentistry, Chulalongkorn University<sup>3</sup>*
- P-S3-04** Chemical Evaluation of 3 Different Electronic Cigarette Cartridges and Assessment of Knowledge, Attitude and Practice Regarding E-Cigarette amongst its users in Pune City, India  
Sushil A. PHANSOPKAR, Arishka DEVADIGA, Sahana HEGDE-SHETIYA, Simpy MAHULI,  
Amit MAHULI, Deepti AGARWAL  
*Dr. D. Y. Patil Dental College and Hospital*
- P-S3-05** Smoking Cessation Environment 2012, According to the 4 Fields of Dentistry in Japan  
Kazunori. NAKAKUKI, Shuichi TSUBURA, Jun KITAGAWA, Kazumasa ABE, Toshio SAITOH  
*Nakakuki Dental Clinic*
- P-S4-01** The Smoke Risk for Ischemic and Hemorrhage Stroke Mortality  
Chi-Pang WEN, Shiuai Bei WU, Min-Kuang TSAI  
*National Health Research Institutes, China Medical University Hospital*
- P-S4-02** Smoking Cessation Reduces Oxidative Stress Measured by Salivary Oxidation-reduction Potentials.  
Koji HASEGAWA<sup>1</sup>, Noa NAGAOKA<sup>1</sup>, Hiromichi WADA<sup>1</sup>, Sayaka SHIMADA<sup>1</sup>, Maki KOMIYAMA<sup>1</sup>,  
Yuko IIDA<sup>1</sup>, Hajime YAMAKAGE<sup>1</sup>, Noriko ASAHARA<sup>1</sup>, Akira SHIMATSU<sup>1</sup>, Yuko TAKAHASHI<sup>2</sup>  
*Kyoto Medical Center, National Hospital Organization<sup>1</sup>, Nara Women's University<sup>2</sup>*
- P-S4-03** Impact of the Passive Smoking on Vasospastic Angina –Analysis of the Urinary Cotinine-  
Kazuhisa NISHIMURA<sup>1</sup>, Takayuki NAGAI<sup>1</sup>, Ogimoto AKIYOSHI<sup>1</sup>, Jitsuo HIGAKI<sup>1</sup>, Haruhiko HIGASHI<sup>2</sup>  
*Ehime University graduate school of medicine<sup>1</sup>, Kitaishikai Hospital<sup>2</sup>*
- P-S4-04** The Effect of Smoking on Body Weight and Glucose Metabolism  
Chisato MURATA  
*Tokyo Saiseikai Central Hospital*

- P-S4-05** Outcomes of a Smoking Cessation Clinic in Cardiology Services, Vancouver, Canada  
Chizimuzo T. C. OKOLI<sup>1</sup>, Milan KHARA<sup>2</sup>  
*University of Kentucky<sup>1</sup>, Vancouver General Hospital<sup>2</sup>*
- P-S4-06** Heavy Metals, Toxic and Antioxidant Trace Elements in Tobacco Smoking  
Duangkamol VIROONUDOMPHOL<sup>1</sup>, Lerson SUWANTON<sup>2</sup>, Umaporn PINYOSIRIKUL<sup>2</sup>,  
Siranee SATSUE<sup>2</sup>, Talabporn HARNROONGROJ<sup>2</sup>  
*National Institute of Metrology<sup>1</sup>, Mahidol University<sup>2</sup>*
- P-S4-07** Improvement of Blood Mobility at One Year after Smoking Cessation  
Sayaka SHIMADA, Koji HASEGAWA, Hiromichi WADA, Sachiko TERASHIMA, Noriko ASAHARA,  
Hajime YAMAKAGE, Maki KOMIYAMA, Masaru AKAO, Akira SHIMATSU, Yuko TAKAHASHI  
*Sapporo Social Insurance General Hospital*
- P-S4-08** The Difference of Total Cholesterol between Male Tobacco Smokers and Male Tobacco Non-smokers 20-60 Years Old in Salemba during Year 2009-2010  
Atikah I. FATYA  
*Universitas Indonesia*
- P-S4-09** Exposure to Secondhand Smoke among Employed Male Japanese Coronary Heart Disease Patients and the Control of Smoking in Their Workplaces  
Yoko MATSUNAMI, Midori FURUSE  
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*Institute for Population and Social Research<sup>1</sup>, Srinakarinwirot University<sup>2</sup>, The Cancer Council Victoria<sup>3</sup>, University of Waterloo<sup>4</sup>*
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*Kyoto Prefectural University<sup>1</sup>, Kyoto Prefectural University of Medicine<sup>2</sup>, Kyoto Association for Tobacco Control<sup>3</sup>, REAL, Hawaii<sup>4</sup>, Hawaii University<sup>5</sup>*
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Vienna WY LAI, Lisa MM LAU  
*Hong Kong Council on Smoking and Health*
- P-O-05** SWOT Analysis on Raising Tobacco Tax in Hong Kong  
Lisa MM LAU, Vienna WY LAI  
*Hong Kong Council on Smoking and Health, HKSAR*
- P-O-06** Media Advocacy in Promoting a Smoke-free Community  
Vienna WY LAI, Lisa MM LAU  
*Hong Kong Council on Smoking and Health*

# Abstract

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## OL1-01 Dr. David Yen Memorial Lecture: Evolution and Perspective of AFACT

Kyoichi MIYAZAKI

*MPH, Secretary General of AFACT 2013*

We often look for a hero or a leader when we need help to get out of a crisis. In 1989, there was such a hero emerged to lead Asians fighting out of a serious health risk trap set by international tobacco conglomerates. Helped by US government these tobacco agents forced open tobacco markets in Japan in 1986, Taiwan in 1987 and South Korea in 1988. In that year, 1989, the target was to force open the tobacco market in Thailand. Dr. David Yen, Chairman of John Tung Foundation, saw the coming threat of tobacco epidemic in Asia rose up in time to call Asians united against the evil US international tobacco policy that aimed to increase tobacco sale in Asia. On June 12, 1989 Dr. David Yen, urged by Dr. Ted Chen and Ms. Kwan Mo Chung, organized and pay for the first ever Asia-Pacific Conference on Tobacco or Health in Taipei that was attended by 14 tobacco control experts. The event gave birth to a new international NGO organization named AFACT (Asia Pacific Association for the Control of Tobacco).

Soon after the birth, Dr. David Yen led AFACT to launch a series of media campaign and public policy debate that culminated in US Congressional hearing. To avoid further public uprisings USTA brought the Thailand case to GATT for judgment. GATT eventually pronounced that for the principal of fair trade practice Thai should open tobacco market for international tobacco sale but Thai could charge tariffs and ban cigarette advertisement that often targeting at women and youth.

In Japan, the 6th World Conference on Tobacco or Health was held in Tokyo in 1987 when the foreign tobacco was to import without a tariff. We have not realized that Japanese government had accepted tobacco trade. While Japanese government tried to support JT as if it were still monopoly, Thailand has set a law ban any form of tobacco advertisement. In 2007, Taiwan raised cigarette tax and used 10% of collection for health promotion and tobacco control. This was a great campaign organized by John Tung Foundation. Dr. David Yen often said that Asia is like a family and we have to be united in fighting against International tobacco industry to promote health for all Asians. We should move forward to protect our healthy life and environment by the spirit of Dr. David Yen, honorary President of AFACT.



Dr. David YEN

## OL2-01 The Endgame

Judith MACKAY

*World Lung Foundation, Bill and Melinda Gates Foundation*

The 'endgame' for tobacco use has been defined as a prevalence rate of 5% or below. It will first occur in the higher-income jurisdictions where the current prevalence rate is below 15% (such as Australia, Hong Kong, New Zealand and Singapore in Asia). New Zealand has committed to reach 5% prevalence by 2025, a target which would have been unthinkable even at the Millennium. One fundamental question is whether the 'endgame' can be achieved by doing "more of the same" based on proven, evidence-based strategies, or if additional new strategies are needed?

First, the acceleration of proven strategies: Tobacco control has already resulted in many remarkable changes in the last 50 years, with the abolition of most overt tobacco promotion, smoke-free public and workplace laws, large graphic warnings on cigarette packs in over 60 countries, and plain packaging initiated in Australia. WHO FCTC policies are capable of reducing tobacco use far below current levels. The Western Pacific Region is still the only WHO region where all countries have ratified the FCTC, and AFACT has a historically important role in Asian countries.

Others believe that the tobacco epidemic is unlikely to yield to today's evidence-based interventions, and question whether new and radical solutions are required, including fundamental reform of the tobacco industry – whether commercial or government monopoly. New measures suggested include administrative mechanisms to remove the profit incentive from selling tobacco products; harm reduction including reducing of the nicotine in cigarettes to non-addicting levels; supply side options; prohibition of possession of tobacco products by all individuals born in or after the year 2000; and outright abolition of commercial tobacco product manufacture and sale. The right regulatory framework has yet to be decided, and may differ from country to country.

Either way, there will need to be a much greater and immediate emphasis on price policies and cessation in all Asian countries to reduce consumption among already-users.

There are notes of caution in an endgame strategy. Tobacco use is the world's leading cause of preventable premature death and is likely to remain so for decades to come, so for many countries in Asia, the endgame scenario lies in the distant future. The industry will argue that, at worst, the proposed strategies could create large black markets, corruption, high illegal earnings, violence and/or organised crime. There may be challenges under global trade and investment laws, or under constitutional freedom issues. But every historical achievement in tobacco control was preceded by many people saying it couldn't be done, wouldn't work, or would create new problems. The benefits of envisioning an endpoint for the tobacco epidemic are far greater than the risks.

(Acknowledgement: The end of tobacco. Tobacco Control 2013;22 Supplement 1)

## PL1-01 Progress in Tobacco Control: Evidence from Countries at the Forefront of Tobacco Control

Ron BORLAND

*The Cancer Council Victoria*

Australia, like a range of other largely western countries has been seriously engaged in tobacco control for more than 25 years. This presentation provides a summary of the impacts of the main policy initiatives, primarily using data from population surveys to track changes in prevalence, and from the ITC survey and other sources to demonstrate the impacts of the interventions. The presentation will show that tax policies, mass media campaigns and strong health warnings on packs and at point of sale, and increased restrictions on tobacco promotion have all contributed in positive ways to prevention and/or cessation. Similarly, the Australian approach to cessation assistance which has focussed on mass disseminable aids and the use of pharmacotherapies has been successful. Further increased implementation of smoke-free laws in recreational venues including bars have had positive effects in protecting non-smokers and are widely accepted by smokers. However, bans on the terms "Light" and "Mild" have had minimal effects, so not all policies have had even part of their desired effects. The paper will also present early evidence on the impacts of plain packaging legislation. Even with all this activity, there is evidence that cessation rates in Australia have stalled, getting more existing smokers to quit successfully is providing difficult. The author has concluded that without radically new policies, we will not resolve the tobacco problem. The presentation provides an analysis of options for moving forward. We should move as soon as possible to ban filter venting of cigarettes and other engineering features designed to increase their appeal particularly to non-smokers. I argue that we also urgently need to evaluate the potential of new technologies to provide low harm forms of nicotine that might act as substitutes for smoking for those unable or unwilling to stop smoking. Considering options to complete abstinence from nicotine is likely to be a particularly important strategy for some of the highly disadvantaged groups where smoking rates are the highest. The presentation ends by relating this agenda for high income countries to the rest of AFACT.



## PL1-02 Where Are We with FCTC? Achievement and Challenges in Hong Kong

Lisa LAU

*Hong Kong Council on Smoking and Health*

The tobacco control measures implemented by the Hong Kong Government since the early 1980s align with the WHO Framework Convention on Tobacco Control's (FCTC) aim in reducing the demand and supply of tobacco. China signed the FCTC in 2005 and it came into effect in 2006. Its application extended to Hong Kong. The Hong Kong Government has taken a progressive and multi-pronged approach in tobacco control through legislation, law enforcement, education, promotion, promotion of smoking cessation and taxation.

The tobacco control legislation has been strengthened in Hong Kong after ratification of the FCTC. In 2007, statutory no smoking areas have been expanded to cover all indoor workplaces, restaurants and most public places helping to protect people from secondhand smoke. All forms of tobacco advertisements, promotion and sponsorships were banned in Hong Kong. Six pictorial health warnings have also been adopted on packets of tobacco products covering at least half of the cigarette packaging. The tobacco tax was also increased by 50% and 41.5% in 2009 and 2011 respectively to encourage smoking cessation and deter youngsters from picking up the habit.

With the concerted efforts of the Government and various supporting organizations, the smoking prevalence in Hong Kong has dropped significantly from 23.3% in the 1980s to 11.1% in 2010.

Although Hong Kong is now one of the regions with the lowest smoking rate, there are still over 650,000 smokers. We may encounter challenges to further reduce the smoking prevalence, especially from the tobacco industry's increasing interference in tobacco control policies. Hong Kong Council on Smoking and Health will continue to work in close partnership with the Government and various sectors of the community to strive for a smoke-free Hong Kong.

## PL1-03 Where are we with the FCTC? Achievements and challenges

Prakit VATHESATOGKIT

*Action on Smoking and Health Foundation Thailand*

The Framework Convention for Tobacco Control (FCTC) went into force in February 2005. It is the only health related international treaty aiming at assisting nations to protect current and future generations from the devastating hazards of tobacco use and exposure to tobacco smoke. Currently 176 countries have ratified the treaty. It has been hailed as the most rapidly embraced and implemented treaty in United Nation's history. The Global Progress in the Implementation of the FCTC, released at the Conference of the Parties (COP5) meeting in November 2012 showed that the pace of global progress remains sub-optimal. Of the 126 Parties submitting reports to the Convention Secretariate, the implementation on so called "best buy" interventions for tobacco control reveals that 93 of 120 Parties have national legislation protecting the public from exposure to tobacco smoke, 53 Parties have legislation requiring pictorial health warnings on tobacco packaging, 86 Parties have comprehensive bans on tobacco advertising/promotion/sponsorship, and most Parties have imposed some form of tax on tobacco products. The number of Parties which have implemented various Articles and Guidelines of FCTC, imply only the "Quantitative", and no detail on the "Qualitative" aspect of the implementation.

The report also noted four constraints and barriers to the effective implementation of the FCTC: interference by the tobacco industry in tobacco control policy development, insufficient political will, insufficient financial resources for tobacco control, and poor inter-sectorial coordination within the country. The funding for the treaty implementation itself has been a problem, with inadequate core budget from voluntary assessed contribution (VAC) by Parties and the need to rely more and more on extra budgetary contributions. However, there are a number of countries who have adopted progressive tobacco control measures in line with FCTC Guidelines, such as Australia's plain packaging provisions, Thailand's 85% graphic health warnings, Mauritius and Vietnam's ban of tobacco industry CSR activities, Singapore's ban of duty-free cigarettes, Brazil's implementation of Article 5.3, with Bhutan the only country to ban the sale and production of tobacco products.

The most challenging threat to the implementation of the FCTC is the proliferation of free-trade agreements, with investor-state agreement clauses threatening to block/intimidate Parties from implementation various obligations under the FCTC. In the global progress report, about 17 countries earmark funding for tobacco control and other health programs. There is an urgent need for Parties to overcome these kinds of internal and external barriers if progress in the implementation of the FCTC is to be made.

## PL2-01 Fighting NCDs Together with Other Health Problems

Douglas W. BETTCHER

*World Health Organization*

The UN General Assembly held a high-level meeting to elevate noncommunicable diseases (NCDs) as a priority for the international community and adopted a political declaration of commitment for a multi-sector response to NCDs in September 2011, which was only the second UN meeting of its kind devoted to global health. The Political Declaration makes a clear call for including noncommunicable diseases in health-planning processes and the development agenda of each Member State. Following the Political Declaration on NCDs, WHO Member States developed a global monitoring framework, including 25 indicators, and nine voluntary global targets for the prevention and control of NCDs to enable global tracking of progress in preventing and controlling major noncommunicable diseases - cardiovascular disease, cancer, chronic lung diseases and diabetes - and their key risk factors. A 25% relative reduction in premature mortality from noncommunicable diseases by 2025 has already been adopted by the World Health Assembly in May 2012. Tobacco control is a major contributor to achieve this mortality reduction and a target has been proposed for a 30% relative reduction in prevalence of current tobacco use in persons aged 15+ years by 2025. For the purpose of promoting global action towards achieving the global targets for the prevention and control of NCDs, WHO also developed a draft Global NCD Action Plan for the period 2013–2020, consistent with WHO's existing strategies and tools on tobacco use, harmful use of alcohol, unhealthy diet and physical inactivity. Both the global monitoring framework and the draft Global NCD Action Plan 2013-2020 will be submitted, through the Executive Board, to the Sixty-sixth World Health Assembly for consideration and possible adoption. The UN Political Declaration defines that the NCD epidemic should be addressed synergistically with numerous other health problems such as TB, HIV/AIDS, maternal and child health by all sectors of government and society. This is because:

- There is a growing double burden worldwide. An increasing number of countries face a double burden of disease as the prevalence of risk factors for chronic diseases such as diabetes, heart diseases and cancers increase and many nations still struggle to reduce maternal and child deaths caused by infectious diseases, according to the 2011 United Nations statistical health report.
- NCDs threaten the attainment of globally endorsed MDGs due to the important links between the diseases. For example, tobacco use by mothers increases the chances of low birth weight, which may lead to higher child mortality; people who smoke or have diabetes are at an increased risk of developing TB; HIV/AIDS is associated with higher rates of some types of cancer.

Therefore, countries should develop a health system to synergistically address the full range of the health threats in different areas, building on existing platforms and existing consensus. For example, to integrate NCD prevention and control, including tobacco dependence treatment into health programmes dealing with HIV/AIDS, TB, and malaria as well as child and maternal health in primary care; to add treatments that are relevant for NCDs to existing platforms for pooling the procurement and delivery of drugs in low- and middle-income countries to ensure a more predictable and affordable supply.

## **PL2-02**

Keizo TAKEMI

*Home of Councilkors*

## **PL2-03 Tobacco Control Measures Toward 12% of Adult Smoking Rate as National Target under Health Japan 21 (The 2<sup>nd</sup> Term)**

Hiroyuki NODA

*Ministry of Health, Labour and Welfare*

In Japan, 129 thousands persons were estimated to be dead by non-communicable diseases (NCDs) due to tobacco smoking annually. Whereas adult smoking rate has been rapidly reducing for a last decade, tobacco smoking remains to contribute to the largest number of deaths due to NCDs in Japan. As high blood pressure is the only risk factor contributing to excess deaths similarly to tobacco smoking, tobacco control and hypertension control are major challenges to extend healthy life expectancy in Japan.

On April 1st, 2013, we started Health Japan (the 2<sup>nd</sup> term), which includes a national target for adult tobacco smoking. We set 12% of adult smoking rate until 2022 as the national target, which was calculated as percentage of smokers after exclusion of smokers who want to quit tobacco smoking in National Health Nutrition Survey 2010. As Health Japan 21 (the 2<sup>nd</sup> term) aims finally to extend healthy life expectancy and reduce health disparity, we have to further promote tobacco control measure toward 12% of adult smoking rate as control of major risk factors.

To prevent deaths and disabilities caused by tobacco use, Ministry of Health, Labour and Welfare conducts some of tobacco control measures including risk assessment of tobacco use and tobacco constituents, public awareness, tobacco cessation, and protection from exposure of tobacco smoke. In April of 2006, we included treatment for nicotin dependency in list of national health insurance. But, annual number of users for the nicotin dependency remains only 100 thousands of patients, suggesting that we need to further promote use of treatment for smoking cessation amongst patients with nicotin dependency. For policy of support for smoking cessation, we published “Manual for Smoking Cessation (the 2<sup>nd</sup> edition) and “Standard Health Checkup and Healthcare Guidance Programs (The revised edition)”, which aim to promote smoking cessation support in health checkups and health guidance as national system for NCDs prevention and control. We also started “Tobacco Quitline” which set Tobacco Counselors who conduct tobacco cessation support and public awareness as well as coordination of human resources and infrastructure amongst community, workplace and medical institutes.

We started new challenge toward 12% of adult smoking rate under Health Japan 21 (the 2<sup>nd</sup> term) to extend healthy expectancy and shorten health disparity from 2013.

## **PL2-04 Smoking Prevention Strategies: Is Education Enough?**

Peter LANDLESS

*General Conference of Seventh-day Adventist, International Commission for the Prevention of Alcoholism and Drug Dependency*

Transnational tobacco companies continue to attempt to recruit smokers. Noncommunicable diseases have reached an all-time high and smoking contributes very significantly to these statistics. There is not only a need to help current smokers quit the habit, but also a very urgent need to prevent initiation of smoking. This paper will sketch the demographics of smoking in Japan with special emphasis on the adolescents and then focus on interventions which may be helpful in preventing young people from initiating at risk behaviors. Many initiatives have focused mainly on education and this is important; however there are additional factors which need to be implemented if smoking initiation is to be curtailed. Helping young people resist the habit of smoking may well influence healthy choices in other aspects of life thereby improving health and well-being and help to decrease NCDs.

### **PL3-01 Global Excise Tax Systems and Administration**

Ayda YUREKLI

*World Health Organization*

Price and tax increases are the most cost effective tobacco control policy that decreases tobacco use. Price increases make tobacco products less affordable, especially for low-income groups and youth, therefore, discouraging their use. In many countries, tobacco products are subject to some form of taxes. The most common form of taxes levied on tobacco products are excise taxes and value-added tax (VAT). The rates, structure and the application of excise taxes vary by country and by the type of tobacco product. This presentation will focus on global evidence on excise tax application and the problems countries usually face when implementing tax policies. The presentation will also summarize WHO's work with countries' Ministries of Finance on tobacco taxation and will present solutions possibilities already adopted by a number of countries.

### **PL3-02 Tobacco Taxation in the Pacific-The Tonga Example**

Siosifa Tuitupou TUÚTAFIIVA

*Minister for Revenue, Tonga*

The presentation will speak about taxation in Tonga and the actions the government in taking to improve its implementation.

### **PL3-03 Recent Developments in the Philippines Tobacco Taxation System**

Jeremias PAUL

*Department of Finance Philippines*

The presentation will focus on Philippines' recent change in the taxation of cigarettes, which was adopted following a long battle and which simplifies the system while increasing tax rates substantially.

**PL3-04 Tobacco Taxation in Turkey, a Success Story**

Ünal TAYYAN

*Ministry of Finance, Republic of Turkey*

The presentation will describe Turkey's experience in recent years in increasing substantially tax rates and the successful actions taken to improve tax administration and monitoring to reduce incentives for illicit trade and improve tax revenue collection.

**PL3-05 Tobacco Taxation in Russia and Future Plans**

Ilya TRUNIN

*Ministry of Finance Russian Federation*

The presentation will focus on Russia's recent measures to increase taxation on cigarettes in the next decade and the challenges faced in implementing such changes".

**PL3-06 Indonesia's Tobacco Taxation, The Roadmap to Simplify Its Structure**

Astera Primanto BHAKTI

*Center For State Revenue Policy, Fiscal Policy Agency, Ministry of Finance*

The presentation will describe Indonesia's complex tax system and will speak about the government's effective actions in recent years to simplify the system and improve tax administration.

## PL4-01 Philippines: Are We Winning against the Tobacco Industry?

Edgardo Ulysses N. DOROTHEO

*Southeast Asia Tobacco Control Alliance, Framework Convention Alliance*

Since ratifying the FCTC in 2005, the Philippines has made tobacco control progress in some ways but lagged in others. The passage of the Tobacco Regulation Act of 2003 (or Republic Act 9211) was a hard fought legal milestone for tobacco control advocates, but it falls short of even the minimum FCTC requirements in many respects. As a result of strong tobacco industry (TI) lobbying, RA 9211 allows for designated smoking areas, requires only small, text-only pack warnings, and does not impose a comprehensive ban on tobacco advertising, promotion, and sponsorships. It also includes the TI as a member of the inter-agency committee tasked with overseeing the law's implementation, a direct violation of FCTC Article 5.3. Subsequently, Philippine advocates have been working to plug these legal loopholes but have encountered TI interference at every turn: misinformation and legal intimidation of local governments implementing 100% smoke-free environments, five separate court cases filed against the Department of Health's order requiring pictorial warnings, and circumvention of the outdoor advertising ban.

Fortunately, local government autonomy has allowed for a steadily growing wave of 100% smoke-free local laws over the past few years, and the Civil Service Commission in 2010 jointly issued with the Department of Health a memorandum seeking to protect the bureaucracy from TI interference, the first of its kind in global tobacco control. More recently, the government was able to successfully pass a sin tax reform law that significantly increased tobacco taxes primarily for public health reasons and allocated sin tax revenues for health purposes and for alternative livelihoods of tobacco farmers.

Such political leadership in the face of a strong TI lobby signals hope for the Department of Health's National Tobacco Control Strategy. Full and effective FCTC-compliance will only be possible, however, when a whole-of-government approach is applied, in addition to amending RA 9211. This will mean the likes of the Department of Trade and Industry and the Department of Agriculture recognizing their roles and responsibilities in public health and choosing to protect it rather than protecting the TI's commercial interests.

## PL4-02 Tobacco Control in Japan. What It Is and What It Should Be.

Manabu SAKUTA

*Japan Society for Tobacco Control*

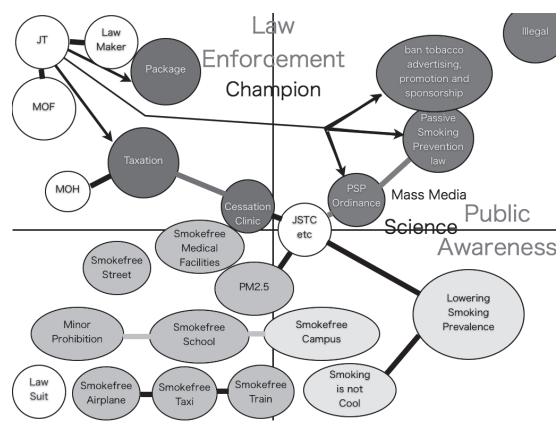
The Framework Convention on Tobacco Control has been in effect since February 2005. However this epoch making event for world tobacco control has realized almost no significant changes due to the intrusion of the tobacco industry and Ministry of Finance in Japan.

Contrary to article 8, the Government still hasn't passed a law to protect Japanese people from passive smoking. Contrary to article 11, the Ministry of Finance is still permitting old style packaging without significant health warnings and concerning article 13, no restriction on tobacco advertising is possible except a self-imposed control by the tobacco industry.

The Japan Society for Tobacco Control has made a passive smoking prevention bill and presented a petition to the Minister of Health, Labor and Welfare with four related bills.

Regardless of the fact that the Japanese Government hasn't changed their policy, Japanese people are successfully avoiding the ill effects of Tobacco. There appears in particular, a steady decline in the prevalence rate which is now around 20%. They know tobacco is bad for their health and beauty, and above all, tobacco is not cool any more. However, uneducated people are still smoking. To save their lives, we have to cooperate, and seek a Champion from amongst our politicians.

Curriculum Vitae: 1973 Graduated from Medical School, Tokyo University. MD, Ph-D. 1981 Visiting Assistant Professor, University of Minnesota. 1982 Head of Dpt. Neurology, Japanese Red Cross Medical Center. 2000 Professor of Neurology, Kyorin University. 2002 Chief Professor of Medicine I, Kyorin University. 2005 Board Chairman of the Japan Society for Tobacco Control. Fellow of the Royal Society of Medicine, London.



Tobacco Control in Japan, 2013. (---> : against)

## PL4-03 FCTC Implementation in South Korea, Still Have a Long Way To Go

Hong Gwan SEO

*National Cancer Control Institute, National Cancer Center*

The Framework Convention on Tobacco Control (FCTC) is the first international treaty to fight the consistently increasing global tobacco use. As of August, 2013, 176 countries are making efforts to save lives from tobacco. As a Party of the treaty, South Korea should also work hard to implement the FCTC for better tobacco control.

The last cigarette tax increase in South Korea was 8 years ago and there has been no increase in tax since, a tactic recognized as the most important in reducing tobacco use. So considering inflation, the real price of cigarettes in Korea has been decreasing and this led to the recent increase in smoking rates.

The price of a cigarette pack is approximately USD \$2, the lowest among 25 OECD member countries whose average price is about USD \$6.

In relation to the FCTC Article 6, we levied health promotion tax on electronic-cigarettes in 2011.(FCTC Article 6)

Regarding FCTC Article 8, most public places, such as public buildings and public transports, have been designated smoke-free. Since December of 2012, restaurants and bars larger than 150 square meters have also been designated smoke-free. This will be expanded to all restaurants and bars by 2015. Moreover, the local governments have the authority to designate smoke-free areas. (FCTC Article 8)

On Article 11, a health warning label (words rather than pictures) comprises 30% of a cigarette pack surface. 6 carcinogens from tobacco are included in the health warning label as well as the quitline number. However, a pictorial health warning is yet to be adopted. (FCTC Article 11)

Regarding Article 13, cigarette ads on TV, radio, newspaper, and Internet have been banned since 1995, while only ads in magazines were allowed. The allowed number of ads has decreased from 60 times a year to 10 in 2012. (FCTC Article 13)

Since 2005, Korea has operated smoking cessation clinics in 250 health centers where counselors provide behavioral therapy and pharmacotherapy for free. Also, in 2006, the National Cancer Center established the Quitline service. (FCTC Article 14)

We still have a long way to go. One of the most urgent issues is to counter tobacco industry, the vector of tobacco epidemic. However, South Korea has not focused on the vector and we need to establish an alliance with the government, opinion leaders, and NGOs.

## **IAPACT 2013 Youth Conference]** **Pre-conference of The 10th Asia Pacific Conference on Tobacco or Health (APACT)**

### **United for Tobacco Free World. “What should WE do?”**

This is the first APACT youth conference aiming to share fresh ideas and perspectives on tobacco control among young generation in Asia-pacific region and to engage, inspire and empower youth in tobacco control. This youth conference was formed in response to growing recognition of the critical role that youth plays in tobacco control, both as a target group and as partner. Youth conference was launched this year for the first time with a mission to bring fresh ideas from several countries in Asia and Pacific to forefront and increase awareness to tobacco control among young generation. The youth conference constitutes a source of knowledge and innovation, and provides participants an excellent resources and opportunities to make a vital contribution to the youth specific agenda in tobacco control and other important tobacco issues.

This youth conference provides knowledge and skills to participants intended to-

1. Raise awareness for tobacco epidemics especially among young generations and create global young leaders in next generations.
2. Create Asia – pacific networks among young generations in order to address tobacco issues.

Programs are as follows;

- Key Note lecture 1  
“Youth and tobacco advertising, promotion and sponsorship”  
Dr. Douglas W. Bettcher  
Director, Prevention of Non-communicable Diseases (PND), World Health Organization
- Key Note lecture 2  
“What is done and what is to be done”  
Dr. Yumiko Mochizuki  
Division Chief, Tobacco Policy research Division, Center for Cancer Control
- Luncheon Session(TBA)  
Dr. Akinori Kuruma
- Poster presentation  
Share good practices related to tobacco control among countries.
- World Café  
Divided into small groups and discuss challenges and countermeasures for tobacco epidemics.
- Keynote remarks  
“Youth Activism: Empowering the Next Generation of Tobacco Control Partners!”  
Nicole Sutton

The outcomes of this youth conference will be reported at the APACT symposium 19 on 21st.

## **IAPACT 2013 Related Conference]** **Action planning and Training of National TB Programme (NTP) Managers on Integrating Brief Tobacco Interventions into TB treatment Programme in Primary Care**

### **Workshop for action planning and training of NTP managers on integrating brief tobacco interventions into TB treatment programme in primary care**

A confirmed causal association between active or passive exposure to tobacco smoke and various outcomes of tuberculosis (TB) requires the National TB Control Programmes (NTPs) and the National Tobacco Control Programmes to join forces to tackle both the TB and the tobacco epidemic.

In many countries, prevalence of smoking is much higher among TB patients than in the general population. TB care providers are typically in regular contact with TB patients under the directly observed therapy, short-course (DOTS) for a minimum of six months. This represents a unique opportunity to deliver smoking cessation interventions to a large number of tobacco users. Therefore, joint actions must be taken within the health care system, especially at primary care level, to support every TB patient who is a smoker to quit.

This 3-day workshop has been funded by the Ministry of Health, Labour and Welfare, Japan to build the capacity of the NTPs and the National Tobacco Control Programmes in four priority Asia-Pacific countries to integrate brief tobacco interventions into DOTS programmes in primary care. The target audience will be the tobacco control focal persons and the NTP managers from the four selected countries.

The workshop will be conducted by WHO in collaboration with the National Cancer Centre in Japan and Japan Anti-Tuberculosis Association. Each country will develop a concrete one-year action plan for implementing the project at the end of the workshop with the objectives to:

- Introduce effective system changes in 2 to 5 PHC centres/DOTS centres to support the delivery of brief tobacco interventions (5As and 5Rs) as part of TB treatment;
- Train 30 to 60 TB care providers on brief tobacco interventions; and
- Support each trained TB care provider to identify and provide brief tobacco interventions to at least 10 TB patients who smoke by 31 March 2014.

## S1-01 Enforcement of Smoking Ban: Hong Kong Experience

Christine WONG

*Hong Kong Special Administrative Region*

Over the years, the Government of the Hong Kong Special Administrative Region has been taking a multi-pronged approach in its tobacco control policies, comprising legislation, enforcement, publicity, education, smoking cessation and taxation, with a view to minimising the harmful effects of tobacco on the public and the community.

The Tobacco Control Office (TCO) was established under the Department of Health in 2001 to promote a smoke-free culture. The Tobacco Control Inspectors (TCIs) of TCO are empowered to enforce smoking ban in Hong Kong.

In 2007, Hong Kong amended the legislation to extend the smoking ban to cover all indoor areas of workplaces and public places, including restaurants and bars, as well as some outdoor areas such as schools, parks and beaches. Hong Kong also introduced a fixed penalty system for smoking offences in 2009. People smoking in statutory no smoking areas are liable to a fixed penalty of HKD\$1,500 (US\$192).

TCO established a 24-hour hotline system to collect complaints from the public on smoking offence. Designated tobacco control inspectors of TCO carry out investigation on every complaint case and inspect the premises concerned. To enhance deterrent effect, TCO takes vigorous enforcement actions and initiates proactive inspections at black-spots where smoking offences/complaints are prevalent. From time to time, TCO also conducts joint inspections and enforcement actions with other law enforcement agencies.

TCO regularly evaluates its tobacco control efforts by monitoring various performance indicators. After the enactment of the amended Smoking (Public Health) Ordinance on 1 January 2007, TCO conducted a series of evaluation which revealed that over 90% of citizens supported smoke-free workplaces and restaurants while patrons in over 95% of the restaurants complied with the statutory requirements. Since the introduction of the fixed penalty system, around 7,500 to 8,000 fixed penalty notices were issued each year.

Local enforcement is one of the key factors to the success of smoking ban. With the implementation of tobacco control measures, the proportion of daily smokers among the population aged 15 and above dropped steadily from 23.3% in the early 1980s to 11.1% in 2010.

## S1-02 Legislative Actions by the Local Autonomy

Yu-Jin PAEK

*Hallym University Medical College*

In 2012, significant changes were made to Korea's *People's Health Promotion Act* to address the impact of tobacco smoking on the community. *People's Health Promotion Amendment Bill 2011* was passed by Korean Parliament on 7th July 2011. This included prohibition of smoking inside public places. This went into effect on 8 December 2012. PC game rooms and comic book stores were designated as smoke-free zones since 8 June 2013 as well. This act also included the total smoking ban in the restaurants, pubs and clubs larger than 150 m<sup>2</sup>. And by early 2015, smoking will be gradually prohibited regardless of their sizes. Smokers who do not follow this law will be fined up to 100 US dollars and the owners or managers will be also fined maximum of 5 grand. According to this act, cigarette vending machines in the expanded smoking-free areas have to be removed.

Local governments' legislative activities to protect their citizens from secondhand smoke in certain places were newly guaranteed by this law. On the local level, many local governments have taken part in the establishment of an ordinance after the implementation of the act. Eleven wide-area autonomous communities and 144 municipalities exist as of 1 January 2013 in Korea. Their legislative activities may vary according to the situations on which local governments are placed. For example, the number of smokers who have been fined due to violation of the revised law was increasing because of a stronger crackdown by some local governments. The Seoul Metropolitan Government imposed fines on 11,970 smokers who violated the new regulations, whereas only 578 smokers were fined before the introduction of the new law. Furthermore, all of the city's bus stops and taxi stands were already designated as smoke-free zones in Seoul.

Most city parks were designated to be non-smoking areas by most of local autonomous communities. Several beaches including Haeundae Beach in Pusan city were also pronounced smoke-free. Some streets and public squares were set to be declared as smoke-free zones.

Although these activities by the local autonomies were likely to be successful, there are some obstacles to overcome.

Firstly, there are difficulties with implementation because of lack of human resources to enforce the bylaw.

Secondly, there are issues involved in the law enforcement among smokers and business owners.

Lastly, organized interruption by tobacco companies to diminish the legislative activities should be closely monitored.

## S1-03 To Persuade Local Government in the Establishment of Non-smoking Regulations

Masatoshi SEKIGUCHI

*Smoke-Free Caravan Association*

In March 2009, Kanagawa Prefecture established regulations to stop second-hand smoking and in August 2011, the Smoke-Free Caravan Association was set up to spread this work across the whole country. The staff are: Honorary President Tadao Shimao, President Takafumi Hiram, Vice-President Akira Ooshima, Vice-President Manabu Sakuta, Vice-President Jun Tanaka, Vice-President Kazunori Nakakugi, Vice-President Michio Nakayama, Advisor Shigefumi Matsuzawa who was the Kanagawa Prefectural Governor at the time the regulations were established and a current member of the House of Councillors, and myself as the Chief Executive. Currently we have reached the third stage in sending requests to all Prefectural Governors and Congress Chairmen asking for the early enactment of a second-hand smoking prevention regulation. Today I would like to talk about this progress with the help of a slideshow presentation.

• Stage 1 (17th -24th September 2009: 9 Prefectures)

(Kanagawa) – Shizuoka – Aichi – Gifu – Shiga – Kyoto – Nara – Wakayama – Osaka – Hyogo

• Stage 2 (31st March – 10th April 2010: 13 Prefectures)

Saitama – Gunma – Niigata – Yamagata – Akita – Aomori – Iwate – Miyagi – Fukushima – Tochigi – Ibaraki – Chiba – Tokyo

• Stage 3 (7th – 17th April 2013: 14 Prefectures)

Yamanashi – Nagano – Toyama – Ishikawa – Fukui – Tottori – Shimane – Hiroshima – Ehime – Kochi – Tokushima – Kagawa – Okayama – Mie

There are many people gathered here today from all over the country so I would like to show you what we plan to do next.

• Stage 4 (31st August – 7th September 2013)

Hokkaido (Obihiro – Kitami – Asahikawa – Iwamizawa – Sapporo – Hokkaido Government Office – Otaru – Tomakomai)

• Stage 5 (planned Spring 2014)

Yamaguchi – Fukuoka – Saga – Nagasaki – Kumamoto – Kagoshima – Miyazaki – Oita

• Stage 6 (planned Autumn 2014)

Okinawa

## S1-04 Second-hand Smoke Exposure of Children in Cars in New Zealand: Repeated National Survey Data

Benjamin HEALEY<sup>1</sup>, Richard EDWARDS<sup>1</sup>, Nick WILSON<sup>1</sup>, George THOMSON<sup>1</sup>, Janet HOEK<sup>1</sup>, Steve TAYLOR<sup>2</sup>  
*University of Otago<sup>1</sup>, AUT University<sup>2</sup>*

**Background:** Exposure to second-hand smoke (SHS) causes adverse health outcomes for children and adolescents, and is implicated in increased risk of smoking initiation. Because private cars represent an important potential source of SHS exposure for children, many jurisdictions have banned smoking in cars in the presence of children. However, other jurisdictions, like New Zealand (NZ), have proposed but not yet implemented legislation, and have instead relied on mass media campaigns to try to reduce exposure. **Aim:** To explore trends in and patterns of in-vehicle SHS exposure among 14-15 year old children in NZ. **Methods** We analysed data from a school-based national survey of New Zealand's Year 10 students from 2006-2012 (the ASH Year 10 surveys). Participants were asked whether, in the past week, others had smoked around them in a car or van. Students who reported exposure on at least one day in the past week were classified as exposed to second-hand smoke (SHS). **Results** Response rates varied between 42% and 53%, with between 25,000 to 33,000 participants in each survey. The sample characteristics were similar to the New Year 10 population by gender, socio-economic status (SES) and ethnicity. Exposure to SHS in cars reduced between 2006 and 2012 from 31% to 22%. However, Māori (indigenous population) students had approximately twice the risk of exposure as NZ European students and students from low SES schools also had significantly higher SHS exposure. Multivariate analyses showed the strongest independent predictors of exposure were smoking by parents, siblings and friends. The crude associations of SHS exposure in cars with ethnicity and SES were removed or greatly attenuated in the multivariate analysis. The 2011 survey collected more detailed data on the frequency of exposure to SHS in the previous week. Of the children reporting any exposure, over half (56%) were exposed on three days or more and over a quarter (26%) were exposed on every day. **Conclusions** Smoking in cars remains an important source of children's exposure to SHS in NZ. The marked disparities in exposure by ethnicity and SES contribute to health inequalities in NZ, and suggest that further measures are required to protect children from SHS. More generally, the findings suggest legislation to prohibit smoking in cars with children in NZ should be urgently introduced. **Acknowledgements:** The authors thank the students who participated in all of the ASH New Zealand 'Year 10' surveys. The ASH surveys were funded by the NZ Ministry of Health.

## S1-05 Awareness of Advertisement and Campaign of Smoke-Free Melaka Policy among People in Melaka: Findings from Evaluation of Smoke-Free Melaka Intercept Study

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*My Sihat<sup>1</sup>, Clearing house for Tobacco Control<sup>2</sup>, Melaka State Health Departments<sup>3</sup>, University of Waterloo<sup>4</sup>*

**BACKGROUND:** Melaka had implemented a 100% smoke free city beginning June 2011 with the aims to protect women and children living with smokers. Awareness of the project can be influenced by means of well-designed advertisement and campaign. The advertisement and campaign were made widely visible to people through numerous medium, i.e., radio, posters/signage, billboards/digital billboards, newspaper/magazines, shop/store windows, buses, trishaws and t-shirts.

**OBJECTIVES:** To determine the level of awareness of advertisement and campaign as reported by people in Melaka with respect to demographic characteristics.

**METHODOLOGY:** Data were collected in June 2012 by using systematic intercept sampling. A total of 1039 adult within smoke-free zones were interviewed face-to-face in this study. Awareness of Smoke-free Melaka advertisement and campaign were measured by the following questions: In the last six months, have you seen or heard something about Smoke-free campaign, or/and have you noticed advertisements that talk about the dangers of smoking, or encourages quitting in any of the following places (i.e.: radio, posters/signage, billboards/digital billboards, newspaper/magazines, in shop/store windows, on side buses, on trishaws and on t-shirts). Descriptive analysis, univariate and multiple logistic regressions were applied.

**RESULTS:** The advertisement and campaign had resulted in high salience among people in Melaka. Noticing to these advertisements and campaigns were very high among smokers (93.6%), non-smokers (95.6%), resident (97.7%), temporary residents (91.4%) and visitors (86.1%). Various media channels utilized in the advertisements and campaigns were noticed by people. The most frequent channel where advertisement caught their attention was from posters/signage (92.5%) billboards/digital billboards (77.0%), windows/inside of shops (73.8%), newspapers/magazines (72.8%), buses (63.3%), radio (60.8%), t-shirts (32%) and trishaws (27.6%). Logistic regression showed that Malay people, local resident and those with higher education level reported significantly higher in noticing advertisement.

**CONCLUSION:** Smoke-free Melaka advertisement and campaign achieved high level awareness into the people of Melaka and was received positively by both smokers and non-smokers.

## S1-06 The Changes in Smoking Related Behaviours, Second Hand Smoke and Smoking Cessation after the Smoking Ban in Izmir, Turkey

Pakize A. TURAN<sup>1</sup>, Gul ERGOR<sup>2</sup>, Muzaffer O. TURAN<sup>3</sup>, Sinem DOGANAY<sup>2</sup>, Oğuz KILINC<sup>2</sup>  
*Afyon State Hospital<sup>1</sup>, Dokuz Eylul University<sup>2</sup>, Bolvadin State Hospital<sup>3</sup>*

**AIM:** The aim of the study is to determine the views, the change of second hand smoke quantity, the variation of smoking cessation, people's smoking related behaviours after the publication of law which prohibits use of tobacco products in closed public areas.

**MATERIAL-METHODS:** Questionnaire including 47 questions was performed to 600 people, which presents the overall Izmir city population.

**RESULTS:** 53.7% of participants were female and 46.3% was male; the mean age was 41.5±15.6. 232 were smoking (39%), 257 were never smoked (42%) and 111 quitted smoking (19%). Men were smoking more than women (p=0.0001). Tobacco products except cigarette were mostly used by men, people younger than the age of 35 and with high educational level. The smoke cessation percentage of women was statistically significantly higher than men (p=0.006). 70.7% of active smokers were thinking about quitting, but only 12.8% of participants who tried to quit had admitted cessation therapy; scientific methods were chosen in 53.8%. 93.9% of active smokers were using cigarette at homes. Non-smokers were exposed to second hand smoke (SHS) at homes (34.1%), vehicles (14.9%) and work places (14.4%). Participants having children younger than 18 age were using tobacco products at home with the percentage of 42.6%. 98% of all participants were aware of the law and 91.5% of them were supporting it. The law support of women (95.3%) was statistically significantly higher than men (88.5%; p=0.002). 42% of participants who succeeded in quitting had managed it after the ban; and 36.6% of active smokers started to think about quitting. The state of quitting and reducing smoking was higher in women and people with low nicotine dependence level (NDL). Restriction of areas, rise of prices and effects of SHS were the most popular reasons of reducing or quitting smoking after the law. The number of cigarettes smoking in one day was reduced by 3.19 cigarettes/day. The rate of violation of the ban was 32.3% (higher in men and people with high NDL). 96.4% of supporters of the law was finding law successful and sufficient.

**CONCLUSION:** The frequency of smoking was higher than Turkey's average in Izmir. The mean age of starting smoking was below 18. Use of tobacco products except cigarette may be an emerging problem particularly in youngsters. A big amount of participants thinks about quitting, and the law is thought to have important effect on this decision. The ban seems to have more effects in women. Second hand smoke has reduced mostly in public areas with ban, but law must be enlarged to prevent SHS at private areas such as houses, vehicles and workplaces. As a result, the ban encouraged smokers to quit and reduced SHS at public areas.



## S2-01 The Effects of Weight Control Perception on Quitting and Cigarette Consumption: Findings from the ITC Project

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University of Illinois at Chicago<sup>1</sup>, University of Waterloo<sup>2</sup>, Ontario Institute for Cancer Research<sup>3</sup>, University of Nebraska Medical Center<sup>4</sup>

Studies using the U.S data have shown that girls may initiate smoking in response to a weight gain and women may be less price responsive than men in reducing smoking. However, there is lack of research on if and how the idea of smoking as a mean of weight control might influence quitting and cigarette consumption. In particular, the idea itself, instead of an actual weight gain or a change of body image, may directly impact quitting and cigarette consumption. On the other hand, the perception of smoking as a mean of weight control may or may not be prevalent in some countries. Therefore, it is necessary to understand the above questions through empirical analysis. Using data taken from eight countries of the International Tobacco Control Policy Evaluation Project surveys, this paper provides the first empirical evidence on the explicit measure of weight control perception of smoking and its impact on quitting and cigarette consumption. We also test if the interest impact varies by countries with different opinions on the weight control effect of smoking. After accounting for individual heterogeneity in smoking behaviors, our results show that agreeing on the weight control effect of smoking is associated with more cigarette consumption. In addition, the results suggest that the impact of weight control perception on quitting and quit attempts varies by country. Nonetheless, in most countries, weight control perception is significantly associated with either less quitting or fewer quit attempts.

## S2-02 Mortality Risks of COPD for Nonsmokers and Smokers from a Prospective Cohort Study of 390,269 Subjects in Taiwan- Assessing Involvement beyond the Lungs

Chi-Pang WEN, Wei-Erh CHENG, Min-Kuang TSAI, Shuan Be WU

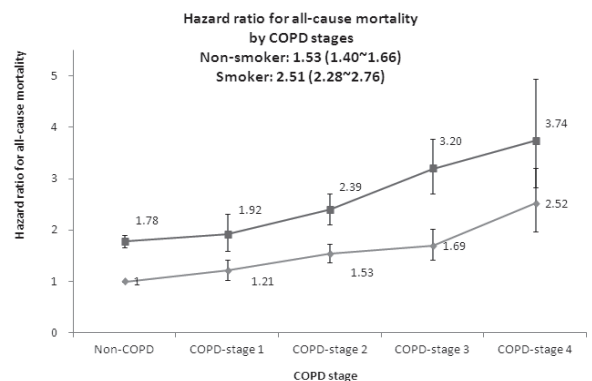
National Health Research Institutes, China Medical University Hospital

Background and aims: COPD is known to increase mortality in respiratory diseases, but is less known for its extra-pulmonary and lung cancer effect, particularly among nonsmokers. To assess the risks of COPD subjects among smokers and nonsmokers and to quantify its mortality effect beyond the lungs.

Methods: The cohort consisted of 390,269 adults, between 1994 and 2008, went through a fee-for-service, standard panel of health screening program. COPD was defined by Gold criteria. Mortality and cancer incidence were identified in an average of 8.5 years of follow-up. Cox proportionate model was used to calculate the hazard ratios (HR).

Results: More men (4.6%) than women (3.8%) and more smokers (5.3%) than nonsmokers (3.7%) had COPD, with a mean age of 50. Not only smokers (4.5-fold) but also nonsmokers (1.4-fold) had lung cancer mortality significantly increased, implying the independent effect from COPD. Other than lung cancer and respiratory diseases, COPD had increased risks for CVD (HR: 1.76; 1.46-2.13), including ischemic heart disease (HR: 1.63; 1.12-2.37) and stroke (HR: 1.80; 1.34-2.43), and kidney diseases (HR: 2.32; 1.43-3.75). The extra-pulmonary causes constituted 77% for non-smokers and 58% for smokers.

Conclusions: Three quarters of the excess deaths among nonsmoking and more than half of smoking COPD subjects died from causes beyond the lungs. They had systemic involvement with increases in stroke, heart, renal and infectious diseases, in addition to lung cancer. These extra-pulmonary risks, under-appreciated by clinicians and unaware of by the patients, are major challenges to overcome.



## S2-03 Early Detection and Treatment of COPD Can Be Made by Tobacco Cessation Clinic

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Extreme increase of COPD patients will become very serious social problem in the near future. Many investigator worry about that in 2040, Japan will have the peak of increasing curve of COPD. In order to put down this peak lower, we should try to detect COPD earlier as possible. But it is very difficult to detect early stage of COPD patient, because they usually don't have subjective symptoms.

In our tobacco cessation clinic, we have more than 100 new patients. Among these patients, from 2010 we examine spirometry against heavy smoker or over 50th. And if they revealed obstructive disorder, we have taken thin slice CT scan. More than 30 cases have been diagnosed as COPD without subjective symptom. The result of CT scan displayed by OsiriX(powerful DICOM viewer), which make image easier to understand for every patients.

We believe tobacco cessation clinic can be the gate for early detection and treatment of COPD. At the same time, every practitioners should have pay attention to every smokers who might have early COPD.

## **S2-04 Relationship between Respiratory Diseases of Schoolchildren and Tobacco Smoke in Hong Kong and Sri Lanka**

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*The Hong Kong Polytechnic University*

Public concern over health effects of the indoor environment has arisen. Interest has mainly been focused on the potential hazards of tobacco smoke. Numerous researchers have found that there is a correlation between the concentration of air pollutants and the decline of pulmonary function in children. As children are more sensitive to the air pollution effects, therefore many studies focused on the respiratory impacts on children. This study intends to compare the pulmonary function as well as the living environment of schoolchildren between Hong Kong and Sri Lanka.

The study involves selecting primary five or six students (age 11-12) from schools in Hong Kong and Sri Lanka. A respiratory health questionnaire was distributed through the schools to students; information was collected by a parent-completed questionnaire. The questionnaire is divided into 2 sections. Section A is used to obtain some indoor environment conditions such as tobacco smoke. Section B is used to ascertain lifetime prevalence of asthma, wheeze as well as the child's respiratory health during the last 12 months. Each sampled student was also required to conduct a pulmonary function test.

A total of 240 students coming from Hong Kong and 109 students coming from Sri Lanka were sampled. After collecting the questionnaires and performing the pulmonary function test, a statistical t-test and correlation were carried out. By statistical analysis, we have found that students' have smokers as family members has a significantly lower pulmonary function in mean than those without smokers at home in both Sri Lanka and Hong Kong. Furthermore, the medical histories such as bronchitis, asthma, pneumonia, etc were recorded. High correlation were recorded between respiratory diseases of schoolchildren and the number of cigarettes that being smoked per day by the smoking family member.

Keyword: Pulmonary function test; Spirometry; Indoor Environment; Respiratory health

## **S2-05 Examination about the Usefulness of Hi-checker in Smoking Outpatients**

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Aim) We investigated the detection rate of COPD by Hi-checker in the smoking patients, and examined usefulness of Hi-checker.

Subjects) Eighty-four outpatients (Mean age:48y, M:59, F:25) of smoking cessation clinic

Methods) COPD were detected by the pulmonary function test using both Hi-checker and Spirometer.

Results) FEV1/FEV6% by Hi-checker was correlated with FEV1% by Spirometer. There was also an interrelation between FEV1% and %V50 or %V25. Moreover, FEV1 and smoking period were correlated.

Twenty-eight patients were FEV1/FEV6<0.75 and 13 patients of them were FEV1%<70%. There were 11 patients with COPD and 2 patients with bronchial asthma in 13 patients with obstructive pulmonary impairment.

Nine of 11 patients with COPD were B.I.>400.

Consideration) Hi-checker was useful as screening inspection of COPD, however it was necessary for diagnosis of COPD to check the obstructive pulmonary disorder by Spirometer and the bronchial reversibility.

Moreover, it was suggested that airway obstruction advanced according to the long smoking period.

## **S2-06**

Hajime KUROSAWA

*Tohoku University*

### S3-01 Smoking and Oral Health

Tetsunori OZAKI  
Nihon University

In spite of having performed smoking through the mouth, the concern about the health of smoking and an oral area was low in dentistry, before. Not only an average citizen but the dentist and the dental hygienist of the lowness of concern were the same. Therefore, that it was behind compared with examination of a medical department cannot deny the examination about the relevance of smoking and a dental problem.

However, the report that smoking is big risk-factors, such as periodontosis, oral cancer, mouth odor halitosis, dental caries and coloring to the restoration material of a tooth, gingiva and a tooth, in the field of dentistry is increased in recent years.

The oral disease such as periodontal disease and dental caries has a high prevalence rate of a disease with lifestyles and relation, and many of other dental problems relate to these two diseases.

In the field of dentistry, there was a tendency for the research and the measure against the oral bacteria which are the main factor of periodontal disease and dental caries to have been made preponderantly. That is, as a measure against the oral diseases, it is the plaque control represented by tooth brushing and using of fluoride.

However, it has come to have a new appreciation of relation of smoking and an oral disease being larger in recent years, from examination of the influence which the various substances in tobacco smoke have on tooth, periodontal tissue, oral mucosa, etc. directly or indirectly.

In the health disturbance in the field of dentistry, periodontosis is representation quantitatively (prevalence rate in an adult is high) and oral cancer is a representative case qualitatively (not only the crisis of a life but QOL falls greatly).

In addition, although much health disturbance is mentioned, the outline of the oral disease considered in relevance with smoking is presented here.

### S3-02 Development of Oral Lesion Screening Clinic in Hospital Dental Department

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Ministry of Public Health<sup>1</sup>, Thai Dentist against Tobacco Project<sup>2</sup>, Mahidol University<sup>3</sup>, National Cancer Institute<sup>4</sup>

**Background:** The information derived from the National Cancer Institute indicated that the Age-standardized incidence rate (ASR) for the oral cancer of Thailand in 2006 were 4.8 and 3.6 per in male and females. Moreover, the Meta analysis conducted by the International Health Policy Program, Thailand revealed that smokers were facing 2.66 times higher risk from the oral cancer than nonsmokers. Early detection of the oral cancer would lead to greater chances of successful treatment and increase a 5-year survival rate.

**Purpose:** To develop the oral lesion screening system and oral cancer care in the Dental department.

**Method:** The development of the screening system was designed in 5 steps: 1). Study to assess risks to oral cancer. 2). Development of manual and guideline to screen and manage oral lesion. 3). Establishment of demonstration oral lesion screening unit 4). Knowledge management and sharing 5). Implementation in the health system. Statistical analysis was used according to characteristics of data. Level of confidence was set at 95%. Study duration was 2004-2010.

**Results:** In 2004, the risk assessment study showed that smoking behavior, drinking alcohol and betel nut chewing were the significant factors among 98 oral cancer patients of the National Cancer Institute and Lopburi Cancer Hospital ( $p < 0.05$ ). 39.5%-77.8% of the patients were smokers and alcohol drinkers. 80% chewed betel nut. The oral lesion screening manual was constructed which consists of oral health examination and interviewing forms. After that the manual was tested and intervened in 4 provinces. Results showed significant higher rate of oral precancerous lesion detection. There was 0.8% compare to 4:100,00 in normal report system. The oral lesion unit in the dental clinic of the community hospitals were set up. The project was expanded to 12 provinces 36 community hospital which objected to set the oral lesion and smoking cessation unit in the dental department.

**Conclusion:** The study showed significant benefit of oral precancerous screening system. After 3 years, the project proposed the oral cancer screening as a basic package to the office of Health Security Fund for people aged 40 and over. Nowadays oral cancer screening is a basic health benefit of Thais.

### S3-03 Novel Curriculum of Smoking Cessation for Dental Students

Takashi HANIOKA  
Fukuoka Dental College

**Background and aim.** Dental professionals have not fully embraced opportunities for tobacco intervention. The aim of my presentation is to suggest new strategy of curriculum to enhance smoking cessation intervention based on the novel findings that may useful under the universal health insurance system in Japan.

**Methods.** We reviewed literatures regarding tobacco interventions by dental professionals and recent studies regarding oral microbiology, and surveyed dentists and dental patients to clarify the possibility of our strategy.

**Results.** The literature review regarding progression of the global dental tobacco interventions identified significant barriers such as lack of reimbursement and training for implementation to dental practice and dissemination and undergraduate education. Recent findings regarding the effects of smoking cessation on oral biofilms and those of tobacco extracts on virulence factor of periodontal pathogens would break the ice to enforce dental tobacco intervention in Japan. The studies that was conducted in dental clinics revealed that tobacco intervention for prevention of progression of dental disease and improvement of the effects of dental treatments that have potential coverage of the universal health insurance system in Japan were strongly supported by dentists while intervention services for prevention of oral diseases was strongly supported by dental patients.

**Conclusion.** Education for dental students regarding tobacco intervention based on the effects on dental treatments would be promising strategy that reinforces those for oral and overall health in Japan.

### S3-04 The Attitude Survey of Smoking Associated with Periodontal and Peri-implant Disease

Ken YUKAWA, Motohiro MUNAKATA, Noriko TACHIKAWA, Shohei KASUGAI

Tokyo Medical and Dental University

#### Purpose

There are a lots study associated smoking with periodontal and peri-implant disease, however, no report published about the psychological crisis of smoking with periodontal and peri-implant disease. The aim of this study was to investigate the patient's attitude of smoking and the risk factor for periodontal and peri-implant disease.

#### Methods

Objects were 1159 new patients who visited the clinic for oral implant Tokyo Medical and Dental University Hospital from January 2012 to December 2012. The methodology was a questionnaire-survey about Kano Test for Social Nicotine Dependence (KTSND), smoking status and the knowledge of the risk factor about periodontal and peri-implant disease.

#### Result

The value of KTSND was  $9.7 \pm 4.9$ . There were 624 patients (53%) who didn't know smoking was a risk factor for periodontal disease. There were 236 patients (20%) who didn't know smoking was a risk factor for peri-implant disease. There were 144 patients (12%) who smoke and 216 patients (19%) who have given up smoking. The value of KTSND with patients smoke was  $11.8 \pm 4.0$ , with patients have given up smoking was  $9.6 \pm 4.5$  and with non-smoker was  $9.3 \pm 5.1$ . There were significant differences, between smoker and patients have given up smoking, and smoker and non-smoker.

#### Discussion and Conclusion

This study showed the patients know smoking was risk factor for peri-implant disease was only 20%. Because implant treatment recently has boiled over in Japan, the doctor who treat the implant therapy and patients who treated didn't recognized sufficiently the informed consent like the pain after operation, the necessity of maintenance and the risk factor of survival rate. Additionally the value of KTSND was relatively low; patients had high awareness of systemic effects of smoking. Therefore the patients could understand and practice tobacco prevention by explaining the sufficient informed consent of implant therapy.

### S3-05 Characteristic of Dental Care Received by Smokers in Japan

Miki OJIMA<sup>1</sup>, Takashi HANIOKA<sup>2</sup>

Osaka University<sup>1</sup>, Fukuoka Dental College<sup>2</sup>

**Objectives:** Although epidemiological studies have demonstrated that smokers more frequently have dental disease, compared with non-smokers, it is unclear whether a difference in dental care between smokers and non-smokers exists. We investigated smoking status and treated disease among dental patients throughout Japan to evaluate the characteristics of dental care received by smokers.

**Subjects and Methods:** Questionnaires were mailed to 1022 dentists who were randomly selected from members of the Japanese Dental Association. Dentists were instructed to record one treated disease or encounter with patients that was principally responsible for specific dental care on the day of the survey. Patients were classified into groups receiving gingival/periodontal treatment (GPT), caries/endodontic treatment (CET), prosthetic treatment (PRT), periodical check-up/orthodontic treatment (POT) and other encounters/treatments (OET). Distribution of the five groups was compared for smoking status. In accordance with the level of progression of treated disease, the GPT and CET were further divided into two subgroups. Logistic regression models were constructed for analysis of the GPT and CET subpopulations, adjusting for gender and/or age.

**Results:** The response rate was 73.7%. After excluding former smokers, the data of 2835 current smokers and 6850 non-smokers from 753 clinics were analysed. The overall distribution of the five groups significantly differed by smoking ( $P = 0.001$ ). The ad hoc test for each group showed significant difference in CET ( $P = 0.002$ ) and POT ( $P = 0.001$ ) by smoking, with current smokers more likely received CET than non-smokers and less likely to receive POT, though the differences were relatively small (47.1% vs. 43.6% and 1.6% vs. 2.7%, respectively). In contrast, proportions of GPT, PRT and OET was almost equivalent between non-smokers and current smokers (28.8% vs. 27.7%, 20.3% vs. 19.0%, and 4.6% vs. 4.7%, respectively). current smokers more likely received GPT for advanced stage disease in the age groups of 40-59 years and  $\geq 60$  years (OR=1.67[1.10-2.56],  $P=0.019$  and 2.25[1.62-3.11],  $P<0.001$ , respectively), and CET for advanced stage disease (OR =1.39[1.19-1.62];  $P<0.001$ ) than non-smokers.

**Conclusions:** These results indicate that current smokers receive less preventive and more intensive dental care than do non-smokers, suggesting that smoking increases dental care expenses in smokers.

### S3-06 Physiological Metals in the Serum, Hair and Nails of Patients with Head and Neck Cancer

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Poznan University<sup>1</sup>, Greater Poland Cancer Centre<sup>2</sup>, Institute of Human Genetics<sup>3</sup>, Poznan Jagiellonian University<sup>4</sup>

Head and neck cancers represent nowadays 12% of all malignant tumors. The highest number of cases is reported for East Asia, Central and Southern Europe. A strong correlation between certain risk factors and the frequency of their occurrence has been proven (tobacco smoking, drinking strong alcohol, lack of micronutrients, HPV infection).

The aim of the study was calcium, magnesium, copper, iron, zinc and manganese levels evaluation in different types of biological material in patients with tumors of the larynx, salivary glands, oral cavity and tongue. Alternative material was used (hair, nails) in relation to serum samples to assess exposure to sources of endogenous metals. The impact of tobacco smoking, strong alcohol drinking and type of diet was considered. The study group comprised 41 men, 18 women cancer patients of Otolaryngology and Laryngological Oncology Clinic of Poznan University of Medical Sciences, Poland and the Head and Neck Surgery Ward of the Greater Poland Cancer Centre, Poznan. The control group consisted of 9 men, 11 women, patients of those Hospitals. An original method of questionnaire was used for the study. Hair and nail samples have been subjected to an appropriate washing and drying procedure. Alternative materials and serum have underwent the process of digestion. The next step was quantitative analysis using ISP-MS method. In order to obtain more useful information Chemometric Analysis in a multidimensional data set was used. Significant strong correlation between tobacco smoking while alcohol drinking and between exclusively tobacco smoking and appearance of cancer was shown. A higher frequency of larynx, salivary gland, oral cavity and tongue cancer was demonstrated when there was a deficiency of fiber and grain products in a diet. There was a higher concentration of calcium, magnesium, iron and manganese in hair and nails of patients with salivary gland cancer. According to applied Chemometric Analysis of Principal Component 1 it was shown, that the variables identified in the nails – the concentration of iron, copper, manganese with magnesium and zinc are strongly correlated. In hair samples decreased correlation level between variables was shown – concentrations of calcium and magnesium as well as iron and manganese were highlighted as two groups of variables correlated.

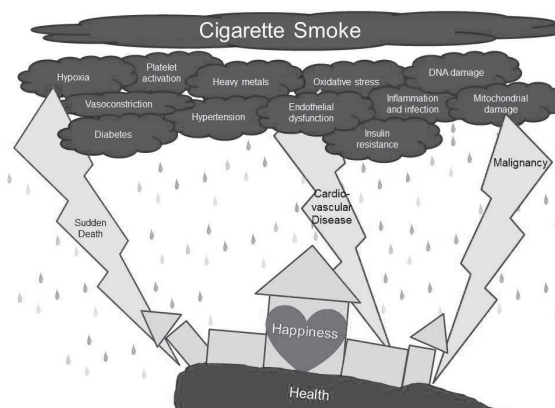
Has not been shown which alternative material – hair/nails, in relation to blood serum, is better to determine the level of physiological metals in laryngeal, salivary glands, oral cavity and tongue cancer patients. Further research is required.

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#### S4-01 Smoking and Heart Diseases

Akiyoshi OGIMOTO, Jitsuo HIGAKI  
Ehime University

Smoking causes 5 million deaths per year worldwide and is regarded as one of the major causes of premature death. If present trends continue, in 2025, the death rate due to smoking is projected to be 10 million individuals per year. Smoking has a considerable negative effect on cardiovascular disease (CVD) and all-cause mortality in Japan. Data from NIPPON DATA80 showed that the population-attributable risk fraction (PAF) of CVD mortality due to smoking was 27.5% for men and 5.0% for women, while the PAF of all-cause mortality was 15.0% for men and 4.0% for women. In fact, the life expectancy of a heavy smoker is reported to be a little more than seven years shorter than that of a never smoker. Smoking also reduces the expected lifetime in self-rated good health or without longstanding illness and increases the number of remaining life-years in poor health. Recently, exposure to second-hand smoke has been shown to increase the risk of many diseases. In particular, it is capable of precipitating acute manifestations of CVD, and it may also have a negative impact on the outcome of patients with CVD. Despite the fact that the dose of smoke delivered to active smokers is 100 times or more than that of second-hand smoke delivered passively, the relative risk of coronary heart disease for active smokers is 1.78, compared with 1.31 for nonsmokers exposed to second-hand smoke. Enthusiastic and persistent efforts should be made to encourage individuals not to smoke to prevent and treat smoking-induced complications, especially before the development of serious diseases that wear away happiness and increase medical expenditures.



#### S4-02 Smoking and Heart Diseases

Kazunori SHIMADA, Hiroyuki DAIDA  
Juntendo University

Cardiovascular disease is the leading cause of death worldwide. Smoking is one of the major risk factors contributing to morbidity and mortality of cardiovascular diseases, including coronary artery disease (CAD), stroke, and peripheral artery disease. Indeed, major epidemiological studies have demonstrated the relation between cigarette smoking and CAD mortality, and that smoking cessation reduces mortality from CAD. There are several pathogenic mechanisms proposed to explain the harmful effects of smoking on CAD, such as stimulation of the sympathetic nerve system, vasoconstriction, endothelial injury, and dyslipidemia. Smoking increases the risk of impaired glucose tolerance, the incidence of type 2 diabetes and abdominal obesity. Recent data have demonstrated that smokers have higher waist circumferences and risk factors for CAD. Smoking may lead not only cardiovascular disorders, but also metabolic risk factors. We have previously reported an association between adipocyte derived plasma protein, adiponectin, and smoking status in patients with CAD. In this study, plasma concentrations of adiponectin were associated with smoking status in patients with CAD regardless of their body mass index and insulin resistance. One possible mechanism by which smoking could lead to decreased circulating adiponectin concentrations is via an increase in the activity of the sympathetic nervous system secondary to the effects of nicotine to activate post-ganglionic sympathetic nerves. Another mechanism might be the consumption of circulating adiponectin in injured vessels damaged by smoking and/or components of smoking. Adiponectin has binding ability to collagens I, III, and V, and accumulates in the injured vascular walls. Therefore, decreased adiponectin caused by smoking may play an important role in the pathophysiology of CAD. In this Symposium, we will summarize the recent data regarding with the impact of smoking habit of the morbidity and mortality of CAD, and discuss the effects of smoking cessation on the morbidity and mortality of CAD.

#### S4-03 Mechanism of Cigarette Smoke Extract-Induced Reorganization of the Actin Cytoskeleton in Human Endothelial Cells

Bo-Hong LIN, Tsu-Shing WANG  
Chung Shan Medical University

Cigarette smoking is a major cause of cardiovascular disorders. Actin cytoskeleton is a possible key player in responding to inflammatory stimuli and also an early target of cellular oxidative stress. Laboratory previous results also show that cigarette smoke extract (CSE) induces rapid actin cytoskeleton remodeling and up-regulate ICAM-1 (intercellular adhesion molecule-1) expression in human umbilical vein endothelial cells (HUVEC). The purpose of this study is to understand the actin damages and its possible mechanism in human umbilical vein endothelial cells EA.hy926 exposed to cigarette smoke extract (CSE). The results showed that CSE caused dose- and time-dependent reorganization of actin cytoskeleton and cell shrinkage in EA.hy926 cells by staining with rhodamine phalloidin. In addition, CSE increased total protein carbonylation in a dose-dependent manner. Cells co-treated with different chemical compounds, such as reactive oxygen species scavenger (vitamin C, alpha-tocopherol, lipoic acid, glutathione, N-acetylcysteine), reactive carbonyl scavengers (aminoguanidine), calcium chelator (ethylene glycol tetraacetic acid, BAPTA-AM), transient receptor potential cation channels inhibitor (MRS 1845), and autophagy inhibitor (3-methyladenine) with CSE caused different inhibition of actin reorganization, protein carbonylation, and cell shrinkage in CSE-treated EA.hy926 cells. Among these compounds, lipoic acid, glutathione, EGTA, and MRS 1845 were found to potently inhibit the CSE-induced actin cytoskeleton reorganization and cell shrinkage. Furthermore, immunofluorescence staining analysis showed that the autophagy marker LC3 protein (microtubule-associated protein 1 light chain 3) accumulated at cell cortex in CSE-treated cells. Collectively, these findings suggest that CSE-mediated ROS generation and  $Ca^{2+}$  influx increase through TRPC channels are the key factors that may cause reorganization of actin cytoskeleton and the subsequent cell shrinkage. In addition, CSE-induced inappropriate organization of the actin cytoskeleton may dysregulate autophagy by abnormal accumulation of LC3 proteins at cell cortex.

#### S4-04 Relationship between Nicotine Dependence and Carotid Arterial Stiffness in 4,130 Chinese Male Smokers

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**Objective** This study analyses the relationship between nicotine dependence and carotid arterial stiffness in a sample of smokers from the general population.

**Methods** We conducted a study (2009-2011) of a representative sample of the general population from 46 hospitals in China (n=4,719). The analysis included 4,130 daily smokers aged more than 16 years. Nicotine dependence was measured by three ways: 1) the Fagerström Test for Nicotine Dependence (FTND); 2) the time to the first cigarette of the day; and 3) the time to the first cigarette of the day and number of cigarettes per day. Information on smoking was obtained by questionnaire and arterial stiffness was determined by B ultrasound.

**Results** Participants smoked a mean of 17.0 cigarettes per day, and the mean FTND score was 3.30 (95% confidence interval: 3.21, 3.36). Around 11% of subjects had high nicotine dependence. Carotid arterial stiffness differed significantly by nicotine dependence levels.

**Conclusion** Carotid arterial stiffness levels were associated with nicotine dependence as measured by the FTND, especially with the items on daily tobacco consumption and time to first cigarette after waking up.

**Key words:** Common Carotid artery; Nicotine dependence; Arterial stiffness; E-tracking technique

#### S4-05 The Effect of Second Hand Smoker on High Molecular Weight Adiponectin Levels in Adults Women: A Preliminary Report

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Universiti Sains Malaysia

**Introduction:** Second hand smoker (SHS) is defined as a person who frequently exposed to cigarette smoke. Epidemiology studies have evidently reported the effect of second-hand smoker on cardiovascular events. Adiponectin play an important role in regulation of insulin-sensitivity, lipid metabolism, anti-inflammatory and anti-atherogenic properties. Previous studies suggested that high molecular weight (HMW) adiponectin is better than total adiponectin as predictor of cardiovascular disease (CVD). A low adiponectin (hypoadiponectinemia) concentration was observed among active smoker but lack of data on second hand smokers.

**Objectives:** This study aim to compare serum high molecular weight adiponectin levels between second hand smokers and non second hand smokers in total 125 healthy female adults.

**Method:** A comparative cross-sectional study was carried out in May 2011 until December 2013. Subjects was identified and assigned into two groups. Second hand smoker was defined as person who exposed to cigarette smoke for more than 15 minutes in two day in a week. While, those are free from cigarette smoke used as control. Sixty six were categorised into the group of second hand smokers, while fifty nine were categorised to the group of control. Serum high molecular weight adiponectin was measured in both groups.

**Results:** Mean  $\pm$  SD age of subjects in this study was  $33.2 \pm 8.27$ . Mean serum HMW adiponectin levels ( $\mu\text{g/mL}$ ) in the second hand smokers and control was  $3.7 \pm 2.92$  and  $4.9 \pm 3.73$  respectively,  $p = 0.053$ . However, a significant reduction in serum HMW adiponectin in second hand smokers compared to controls after controlling of age, blood pressure, low density lipoprotein (LDL) and triglycerides cholesterol [ $3.7 (2.89, 4.44)$  vs.  $5.0 (4.17, 5.82)$  respectively,  $p = 0.022$ ].

**Conclusion:** High molecular weight adiponectin has potential use for early detection on cardiovascular disease risk among second hand smokers.

#### S4-06

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## S5-01 Current Situation of Second-hand Smoke in Japan

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Japanese government implemented Health Promotion Act in 2003 that requires the managers of all the facilities where many people gather to take effective measures to protect non-smokers from second-hand smoke (SHS). However, require is not mandatory and the use of smoking rooms or separation of smoking areas are thought to be effective measures. As a result, Japan has been a signatory to the WHO Framework Convention on Tobacco Control since 2004, many people are still exposed to SHS in public places and workplaces including hospitality industries. We have been measuring the exposure levels of SHS in terms of the concentration of particulate matter smaller than 2.5 micrometer in diameter (PM<sub>2.5</sub>). As shown in figure, the concentrations of SHS in the smoking section of café reach 500 ~ 800 ug/m<sup>3</sup> that are more than 20 ~ 30 times higher than the safety level shown by WHO Air quality guidelines and those levels are thought to be “Dangerous” according to the EPA Air quality index. Even non-smoking sections are also contaminated from the diffusion of tobacco smoke from smoking sections showing the concentrations that are equivalent to “Moderate” or “Unhealthy” level of EPA Air quality index. Total ban on smoking including hospitality industries as required by FCTC Article 8 has to be implemented in order to protect all the workers and customers to protect from the exposure to SHS in Japan.

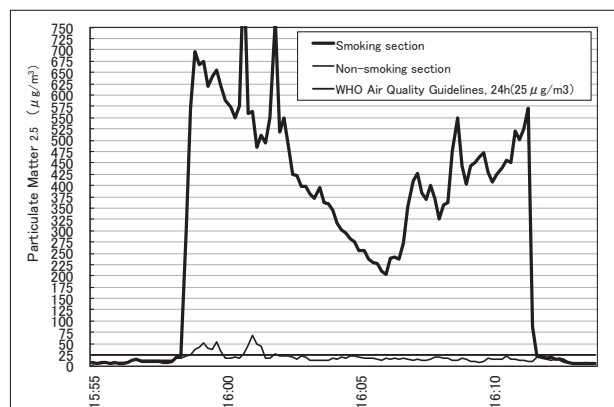


Fig. Second-hand smoke concentration in smoking section and non-smoking section in café

## S5-02 Korea's Steps toward Smoke-free Workplace and Public Space

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Since 1990's Korea government tried to reduce effects of tobacco smoking in public space enacting Health Promotion Act. In 1995 Health Promotion Act prohibited smoking in some public spaces like hospitals, hotels, big buildings including workplace, and big theaters. But those facilities were not fully designated as smoke-free facilities but some part of that facilities were designated as smoke-free area. After that schools were included smoke-free facilities.

In 2003, smoke-free areas expanded to 16 types of facilities in Korea. Public baths, big restaurants, big public building and kindergartens were newly enlisted to smoke-free facilities at that time. In case of school buildings, hospital facilities and kindergartens, whole spaces were designated as a smoke-free area. But almost people working at buildings were not protected from tobacco smoke in Korea.

Recently Korea's situation has changed because Health Promotion Act was revised and smoke-free zone has enlarged to 26 types of facilities in 2011. In this list you can see highway service stations and cars carrying children. Now people using big restaurants are not allowed to smoke there and all people in schools including school buildings and playgrounds do not smoke there, too. More over in 2015, all restaurants in Korea will be smoke-free area and whoever use restaurants do not smoke there.

Korean people still want more and Korea government is trying to step forward. Much more people want to be protected from tobacco smoke in Korea and every workplace and building has to be smoke-free area in the near future.

## S5-03 Multiple Chemical Sensitivity due to Passive Smoking: a Unique Japanese Syndrome?

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Although “multiple chemical sensitivity (MCS)” may not be approved as a definite disease entity in other countries, many Japanese people suffer MCS after passive tobacco smoke exposure at workplace. As a medical doctor, I have treated six MCS cases (4 males and 2 females, 35 years-old in average) due to passive smoking, and helped their law suits for relief and compensation.

Diagnosis of MSC followed tentative diagnosis criterion for chemical sensitivity proposed by the working group on allergic diseases funded by Department of Health and Welfare of Japan in 1997.

Before the onset of MCS, all of them have no history of active smoking, or any particular mental or allergic disorders. Their workplaces were not 100% smoke-free. Five developed MCS after chronic exposure for weeks or months, and one after a sudden high exposure in a car during work. They experienced headache, dizziness, nausea, cough, runny nose, wheals, general fatigue or palpitation soon after tobacco smoke exposure. Symptoms diminished or disappeared after going home, but relapsed visiting workplace next day. As the degree of MCS symptom was too severe to continue working there for all of them, most of them had to resign or take a long leave. To make things worse, all of them felt very bad soon after the exposure to other substance such as car exhaust, cooking smoke, perfumes, anti-odorants or third hand smoke.

All of them sued their employer (four private sector and two local government). Four won the case getting 700~100,000 dollars for compensation. But most of them had to leave the job because their health status did not recover sufficiently even after long discontinuation of passive smoking.

MCS victims due to workplace passive smoking represent the fault of Japanese government that has not implemented 100% smoke-free law.

I propose that MCS should be added to the list of disorders due to passive smoking.

## S5-04 Smoking on the Margins: An Equity Analysis of Vancouver's Outdoor Smoke-free Policy in Parks and on Beaches

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**Background:** Increasingly, jurisdictions worldwide are implementing smoking restrictions in outdoor public spaces to reduce secondhand smoke exposure, discourage youth initiation, enhance cessation, and reduce environmental hazards (i.e., fire and cigarette-related litter). However, there is little research on the policy context and health-equity impact of such policies to help guide wider implementation efforts. **Objectives:** On September 1, 2010, the Board of Parks and Recreation in Vancouver, Canada, introduced a smoke-free bylaw for the city's parks and beaches. The Smoking on the Margins project is examining the policy context and potential health-equity impact of this bylaw. **Methods:** Applying critical multiplism and equity-focused health impact assessment frameworks, mixed-methods research was used to describe the context and examine health-equity impacts of the bylaw through seven sub-projects. **Preliminary Results:** *Sub-project 1: An observation study (N=6 parks/beaches)* found significant reductions in the overall observed smoking rates in selected parks/beaches from prelaw (mean rate=20.5/1000 persons) to 12-months post-law (mean rate=4.7/1000 persons).

*Sub-Project 2: A population telephone-survey (N=500 participants)* found that 84% of Vancouver residents endorsed the bylaw; smokers were significantly less likely to do so.

*Sub-project 3: Two enforcement officer focus-group interviews (n=6 officers/focus-group)* found that enforcement practices varied on the basis of park/beach setting, usage patterns, and the likelihood of users to comply. Marginalized populations of smokers were somewhat less likely to be fined for violating the bylaw. *Sub-project 4: Key informant interviews* in the cities of Vancouver (n=8), Kelowna (n=5), and Surrey (n=4) found that health, environmental and social concerns are common to all jurisdictions considering implementing an outdoor smoke-free policy but to different degrees.

*Sub-project 5: A print-media study (N=90 articles/letters, retrieved Jan2010 to Dec2011)* found that in relation to article slant, 38.9% had positive coverage of the bylaw, 30% were neutral, 22.2% were negative. News articles were more likely to be positive, letters to be negative.

*Sub-project 6: A beach-litter study (N=48 beaches/parks)* found non-significant changes in cigarette-related litter between 2010 (mean=1018.7 cigarette-butts/filters) and 2011 (mean=919.6 cigarette-butts/filters).

*Sub-project 7: A by-law citations study (Jan2011-Dec2011)* indicates that citations were issued more frequently at beaches (n=26) than parks (n=12).

**Conclusion:** Our data suggest that though the outdoor smoke-free policy had strong support in Vancouver, it also had differential effects for park and beach users. Understanding the impact of the policy on diverse groups can minimize potential unintended consequences of outdoor smoke-free policies while providing directions and considerations to help make similar policies more equitable.

## S5-05 Smoke-free Tourism: Wave of the Future:

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Tourism is vital for many countries, and many tourist destinations are often exempted from "No Smoking" policies out of fear that the influx of tourists will diminish if smoking is banned in public places. Nevertheless, tourists should be protected from exposure to secondhand smoke, and these places should be protected from fires due to cigarette smoking and pollution by cigarette litter.

The WHO-Framework Convention on Tobacco Control (FCTC) Article 8 Guidelines encourage governments to protect all people from exposure to tobacco smoke in all indoor workplaces, indoor public places, and as appropriate other public places through strict enforcement of good smoke-free legislation. The Article 8 guidelines do not have a strict definition for public places, so most local governments allow smoking in many tourist attractions.

The Smoke-free Tourism concept recognizes the many complex interconnections between existing tourism settings and health risks. This concept also recognizes that making indoor places and public places smoke-free can attract a lot of tourists making them popular smoke-free tourist destinations. Several UNESCO World Heritage sites like Luang Prabang, Halong, Sukothai, and Malacca are smoke-free; Davao in the Philippines is one of the cities which promotes smoke-free tourism, including at its high-earning casino; and hotels, restaurants, and public parks are promoting this campaign as well.

The presentations of smoke-free tourist destinations will consider the health, social and economic impacts of smoke-free legislation aside from its impact on tourism, challenges of developing and implementing smoke-free policies, and consider how to overcome some of the barriers.

Learning Objectives:

To illustrate how tourist destinations become smoke-free and to identify important factors in that process, aiming to provide lessons learnt for policy-makers, tobacco control advocates, and all others wishing to implement or extend their local policies for smoke-free environments.

Target Audience: All

## S5-06 Tobacco Control in Hong Kong: a 30-year Experience

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**Introduction and Background:** Thirty years ago, smoking was prevalent in all indoor and outdoor areas in Hong Kong. The public was bombarded with tobacco products, tobacco advertisements and promotion as well as secondhand smoke. At that time, one in every four or five adults was a smoker.

After enactment of Smoking (Public Health) Ordinance in 1982 and subsequent amendments, the Hong Kong Government has progressively tightened its control on smoking. The multi-pronged comprehensive tobacco control strategies, including increment of tobacco tax, expansion of statutory no smoking areas, banning of tobacco promotion, introduction of effective health warning at cigarette packs and health promotion programmes, quality smoking cessation services, surveillance and monitoring on smoking patterns in Hong Kong, have proven successful.

The purpose of this paper is to review the effectiveness of these multi-pronged strategies of Hong Kong in the past 30 years with MPOWER, six effective tobacco control policy package and to look into the future directions in filling the loopholes of current smoke-free legislation. Monitor tobacco use and prevention policies: Through regular surveys of Census and Statistics Department of Hong Kong Government and research studies of academia and COSH, the smoking prevalence in Hong Kong could be closely monitored with a continuous decline since 1980s. Protect people from tobacco smoke: In order to protect people from the hazards of secondhand, the Hong Kong Government has been progressively expanding the no smoking areas. After years of advocacy actions from public health experts, tobacco control alliance and supports from the general public, the total smoking ban could be fully implemented in phrases from 2007 onwards. Warn about the dangers of tobacco: From simple health warning label to pictorial health warning labels, Hong Kong took more than twenty years to internalize the hazards of smoking on every citizens. Enforce bans on tobacco advertising, promotion and sponsorship: Tobacco promotion, advertisements and sponsorship had been progressively restricting and now are fully banned in Hong Kong after years of advocacy. However, tobacco industry still make use of brand extension and various indirect marketing tactics to promote their products. Raise taxes on tobacco: The challenges of raising tobacco tax in past 30 years, especially the raise of tobacco tax in 2009 and 2011 were reviewed and had illustrated that raising tobacco tax has always been an effective way in reducing tobacco consumption and deter youth smoking. Offer help to quit tobacco use: The Hong Kong Government has been taking a leading role in expanding quality and community-based smoking cessation services for the general public with the support of medical and health institutions, academia and charitable organizations. **Conclusion:** With tremendous determination and efforts of the Hong Kong Government and public health advocators in past 30 years, the smoking prevalence of Hong Kong has dropped from 23.3% in 1982 to the historical low level, 11.1% in 2010. However, in view of the loopholes of current smoke-free legislations, there is a long way in supporting 700,000 current smokers to quit and protecting 7 million passive smokers before a smoke-free Hong Kong could be constructed in 2022.



## S6-01 Tobacco Cessation Interventions for Tuberculosis Patients

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**Introduction:** The Union Lung Health Scientific Section established a working group in December 2009 to research a simple, cost-effective approach to smoking cessation for TB patients. This group's efforts led to the development of the ABC approach outlined in The Union guide *Smoking Cessation and Smokefree Environments for Tuberculosis Patients* published in 2010. The ABC (A=ask, B=brief advice, C=cessation support) approach was piloted in Bangladesh, China, India and Indonesia.

**Objectives:** To share the outcomes and lessons learnt from implementing The Union's Guide Smoking cessation and smokefree environments for tuberculosis patients

**Methods:** Key approaches are; establish TB services 100% tobacco-free, presents 'ABC for identifying TB patients who smoke, helping them quit, and promoting smokefree homes for patients and families. It is delivered systematically within routine programme and can be done within 5-7 minutes.

**Results:** In Bangladesh, BRAC piloted the ABC approach in 17 peri-urban DOTS centres from May 2011. Cohort results (May-August) for the 239 new sputum-smear positive TB patients showed that 80% of them successfully had quit smoking by the end of their six-month TB treatment.

In Indonesia, 10 primary health care centres offered ABC smoking cessation starting from March 2011 in Bogor city. Between March and August, 211 new TB patients were diagnosed, of whom 165 (72%) were current smokers. Of the 165 patients, 60.6% had quit smoking at the end of 6 months, and 65% had made their homes smokefree.

In India, patient enrolment was started in October – December 2010 in 2 districts Kamrup (Assam) and Vadodara (Gujarat). A total of 2879 TB patients were registered. Of them, 46.3% (1333) were any form of tobacco users and they were enrolled in the cessation intervention. At the end of 6 months, 67.5% remained quitters.

In China, patient enrolment started from March 1 to August 31st in 2010 in 2 districts Ningdu and Xingguo. Among 801 TB patients registered, 245 were current smokers. Of the 245 current smokers, 68.5% quit smoking successfully at the end of 12 months.

**Conclusion:** The results were self-reporting but it indicates that smoking cessation intervention is feasible and doable at the DOTS clinic.

**Key Words:** Smoking, Cessation, Tuberculosis

## S6-02 Smoking and Tuberculosis

Chi Chiu LEUNG

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The association between smoking and tuberculosis (TB) was investigated as early as 1918. However, the impact of tobacco smoke on TB was not fully recognized until the last decade. In a prospective community cohort of 42,655 elderly subjects in Hong Kong, the annual TB notification rates were 735, 427, and 174 per 100,000 among current smokers, ex-smokers and never-smokers respectively. A statistically significant and independent dose-response relationship was also observed among current smokers. Smoking accounted for 32.8% and 8.6% of the TB risk among males and females respectively, as well as 45% of the gender-related difference. Smoking cessation could potentially half the risk.

Smoking also increases the risk of TB infection and mortality, albeit with more heterogeneous effect sizes. More aggressive lung involvement, with cough, dyspnoea, upper zone involvement, cavity, miliary lung involvement and positive sputum culture, has been observed in smoking-related TB. Non-adherence / default and relapse are also commoner among smokers. Many of these features would point to increased infectious risk, emergence of drug resistance and / or poorer prognosis.

In another prospective cohort involving 15,486 elderly Chinese female never-smokers, passive exposure to second-hand tobacco smoke was independently associated with the development of both active TB (HR, 1.49) and culture-confirmed TB (HR, 1.70). Overall, passive smoking accounted for as much as 13.7% of active TB and for 18.5% of culture-positive TB within that cohort.

With the high prevalence of tobacco smoking in the Asia-Pacific region, especially among the males, tobacco control will decrease the number of infectious sources and protect vulnerable contacts, even in presence of multiple and / or extensive drug resistance. In a time-based, multiple risk factor modelling study, complete cessation of smoking and solid-fuel use in China would reduce the projected annual tuberculosis incidence in 2033 by 14–52% even in presence of 80% DOTS coverage. It is therefore time for ACTION, rather than lip service!

## S6-03 Smoking Habit of Tuberculosis Patients in Japan

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*Research Institute of Tuberculosis*

**Objectives:** To observe the smoking habits of tuberculosis (TB) patients in Japan and how they change in the course of treatment.

**Study Subjects & Methods:** A total of 1,366 TB patients were enrolled in the study. They were registered as TB patients in 28 public health centers in 11 prefectures in Japan, during 2010 and 2011. The patients were interviewed by public health nurses of each health center soon after registration, and their smoking habits were recorded. Patients were again questioned about their smoking habits upon completion of treatment.

**Results:** At the time of TB diagnosis, 33% of the male patients and 9% of the female patients smoked more than a cigarette a day. The prevalence of smoking of the general population to the TB patients was 26% for males and 6% for females after age adjustment, which clearly indicates that more TB patients smoke than do members of the general population. The prevalence of smoking was higher in unemployed patients on welfare assistance. It was also found that the patients with more risk factors as defined in the TB patient's treatment risk evaluation inventory had higher smoking prevalence.

Upon completion of treatment, 37% of the patients who were smoking initially quit, and 14% reduced their cigarette consumption, while 50% still continued to smoke as before. Female patients are slightly more likely to quit than males (41% vs. 36%). Aged patients had the highest percentage of people who quit smoking, followed by the younger patients; middle-aged patients had the lowest quitting percentage. Smokers who consumed more than 25 cigarettes a day had the lowest quitting rate, followed by medium smokers, and then light smokers. Based on the patient category, the quitting rate is highest for new smear-positive patients, probably due to hospital isolation for at least several weeks.

**Discussion:** Japanese TB patients' high smoking prevalence has dual meanings, first as a risk factor predisposing them to TB and second as a risk behavior socioeconomically linked to TB. Quite noticeably, a large part of the TB patients still do not quit smoking despite the painful experience of becoming a victim of smoking and the heavy economic and psychological costs due to TB treatment, including long-term hospitalization. This demonstrates that the education and support given to TB patients by clinical services and public health providers are not sufficiently effective and that there is ample room to enhance specific activities targeting smoking and TB.

## **S6-04 Helping TB Patients Quit Smoking: The Potential Impact, WHO Recommendations and Country Experience**

Dongbo FU

*World Health Organization*

The confirmed causal associations between tobacco use and TB outcomes form the basis for joint efforts to tackle the dual epidemics. Therefore, the National TB programme (NTP) and the National Tobacco Control Programme should strengthen their collaboration to achieve mutual benefits. In collaboration with the International Union Against Tuberculosis and Lung Diseases (The Union) and the WHO Stop TB! Department (STB), WHO's TFI developed policy recommendations and identified intervention models on how to integrate TB and tobacco control measures in primary health care settings as part of *the WHO/The Union Monograph on TB and Tobacco Control*.

TB care providers are typically in regular contact with TB patients under the directly observed therapy, short-course (DOTS) for a minimum of six months. This represents a unique opportunity to deliver smoking cessation interventions. WHO recommends that TB patients who are smokers should be specifically identified and offered advice and other assistance on quitting. The author will first provide an introduction to the WHO recommendations on integrating TB and tobacco control measures in primary health care, the potential impact of brief tobacco interventions in TB programs on service delivery and saving lives in Asia-Pacific countries, and an overview of WHO technical resources and tools for promoting integration of TB and tobacco control in primary health care. The author will then present some country experiences, the existing challenges and lessons learnt in integration of brief tobacco interventions into TB treatment program and the proposed next steps in advancing this TB and tobacco joint work at country level.

## **S6-05 The Association between Smoking and Sputum Smear-positive Pulmonary Tuberculosis in Osaka City**

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[Purpose] This study aimed to analyze and evaluate the association between tuberculosis (TB) and smoking in order to obtain basic information for the control of smoking.

[Methods] Of the 637 patients with sputum smear-positive pulmonary TB who were newly registered in Osaka City in 2009, 581 patients whose smoking status was identified were selected as study subjects. Data on the following were collected: patient characteristics, presence or absence of underlying conditions, patient's delay and doctor's delay in the diagnosis of TB, presence or absence of cavities, and degree of smear positivity. The patients were divided into the following three groups according to their smoking status: (1) never smokers (those who have never smoked), (2) former smokers (those who had smoked, but quit), and (3) current smokers (those who smoke currently).

[Results] (1) Patient characteristics: The subjects consisted of 413 males and 168 females, with mean ages of 65.7, 55.4, and 70.2 years for never smokers, current smokers, and former smokers, respectively. (2) Comparison with the national adult smoking rate (National health and nutrition survey 2009, Ministry of Health, Labour, and Welfare): The prevalence of current smoking patients among male patients with sputum smear-positive pulmonary TB in Osaka was 62.4-82.4% among men in their 20s to 60s, and 27.5% among men in their 70s, which is higher than the national average. For female patients, the prevalence of current smoking was 46.2% among women in their 20s and 45.5% among women in their 30s, which is clearly higher than the national average. This was also true for those aged 40 years or older. (3) Severity of TB disease and smoking status: The presence of a cavity was significantly associated with being a male patient, being a current smoker, and longer patient's delay. Sputum smear grades (2+) and (3+) were significantly correlated with being under 59 years old, being a current smoker, and longer patient's delay.

[Conclusion] The prevalence of current smokers was higher among sputum smear-positive pulmonary TB patients in Osaka than the national average. More smokers had cavitory lesions and a high degree of smear positivity, which may lead to poorer treatment outcomes, and may also expose more surrounding people to infection.

## **S7-01 Women and Tobacco Use in ASEAN: Challenges and Way Out**

Bungon RITTHIPAKDEE

*SEATCA*

While Asia's nearly 3.8 billion people accounting for over 60% of the world population, including over 1 billion each from China and India, the 10 ASEAN countries are home to almost 599 million people or about 9% of the world population. Country estimates show that almost 30% or about 127 million of the adult ASEAN population are current smokers, accounting for 10% of the world's 1.25 billion adult smokers.

Though prevalence of tobacco use among women in ASEAN is very low, there is an alarming situation where the prevalence is likely to increase significantly in the near future. The Global Youth Tobacco survey conducted in many ASEAN countries showed that more than 5% of girls in some countries have initiated smoking.

Thus girls in the region are potential target of tobacco industry. The tobacco industry has already started their aggressive marketing plan targeting girls in the region many years ago. Launching new products, new pack design, new brands are among those strategies aiming to lure more girls to start smoking.

To prevent youth both boys and girls from starting smoking, many government have actively implemented WHO FCTC. Tax and price measure is used in Brunei Darussalam, Malaysia, Singapore and Thailand but this policy has been countered by tobacco industry by launching cheap price brand. Tobacco advertising, promotion and sponsorship is banned in most countries except Indonesia, however using social media to promote tobacco products is widely seen in the region as well as cigarette pack display at point of sale. While many countries have limited budget for tobacco control program, health warnings on tobacco products have not yet been effectively used by 6 out of 10 countries to educate the public on the harms of tobacco use.

ASEAN countries should consider banning flavored cigarette and requiring plain packaging of tobacco products since tobacco industry use products and pack design to target young women in the region. It is evident that ASEAN countries need to strengthen their tobacco control measures to prevent their young population particularly girls from taking up tobacco use, otherwise the smoking prevalence in women will rise rapidly in the near future.

## S7-02 Prevention and Management of Tobacco Use and Exposure to Second-hand Smoke in Pregnancy. A New WHO Publication

Carmen Audera LOPEZ

World Health Organization

The global tobacco smoking epidemic is shifting from high-income countries to low- and middle-income countries (LMICs), where the prevalence of tobacco smoking among women is increasing. The rise in tobacco use among younger females in high-population countries is one of the most ominous potential developments of the epidemic's growth. While globally manufactured cigarettes remain the most commonly used form of smoking tobacco, the use of other forms of smoked tobacco is increasing among young women around the world. Also, many forms of smokeless tobacco are heavily consumed by women in many countries across all WHO regions.

Tobacco consumption whether smoked or smokeless forms as well as exposure to second-hand smoke (SHS) have been shown to cause adverse outcomes in pregnant women and their fetuses and newborn infants. In the Western Pacific Region it is estimated that 50% of the women are exposed to SHS mainly in their homes. There is also evidence that in some countries in the Region women consume other types of tobacco during pregnancy such as smokeless tobacco or hand rolled cigarettes.

Up to date there were no suitable, evidence-based guidelines for identifying and managing tobacco use and exposure to SHS in pregnancy in LMICs.

Recognizing this need, the World Health Organization in collaboration with the Division of Reproductive Health and the Office on Smoking and Health, Centers for Disease Control and Prevention, USA and Tobacco Control Research Branch, National Cancer Institute, USA has developed *WHO recommendations for the prevention and management of tobacco use and second-hand smoke exposure in pregnancy*. These recommendations are targeted to health care professionals involved in the care and treatment of pregnant women in health care facility and community settings as well as to public health policy makers, health care programme managers, and health facility managers.

The objective of this document is to reduce tobacco use and SHS exposure in pregnant women by providing evidence-based recommendations to health care providers and other related service providers on identification, management, and prevention of tobacco use and SHS exposure in pregnant women and, where relevant, on tobacco use cessation and advice on how to reduce SHS exposure of pregnant women to other members of their household.

## S7-03 Assessing the Feasibility of Plain Packaging of Tobacco Products as a Tobacco Control Measure in India

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**Background:** Tobacco packages are valued by the industry as a product promotion strategy among current and potential users, alike. Evidence from developed countries suggests that plain packaging may stand out as an important tobacco control measure. A *Taskforce* consisting of experts in tobacco control from the Nossal Institute for Global Health, University of Melbourne, Public Health Foundation of India and Health Related Information Dissemination Amongst Youth, collaborated to conduct a study that assessed perceptions and support among the Indian populace about plain packaging for all tobacco products as a component of a larger initiative that aimed to determine the viability of plain tobacco packaging as tobacco control measure in India.

**Methods:** This cross-sectional study included 12 focus group discussions (n=124), stakeholder analysis with 24 Government and non-government officials and an opinion poll with 346 Delhi-based participants conducted between December 2011 to May 2012. Qualitative thematic analysis was conducted using NVIVO 9. Chi-square tests were applied to test differences in perceptions about plain packaging among different socio-demographic groups using SPSS 17.0.

**Results:** Using expensive tobacco brands reflected an aspirational value. Overall, the impression was that plain packaging would heavily reduce the appeal of tobacco packs especially among the children and adolescents. It was perceived that plain packaging would make a difference as taking out a cigarette from an attractive packet was associated with a style statement for the youngsters.

Across all demographic groups currently existing tobacco packs were considered to be attractive (76%). Misleading imagery on tobacco packs was widely noticed and perceived to distract from the health warnings (83%). Plain packages for tobacco products were favoured by majority of participants (69%) and key stakeholders (92%). The majority of participants perceived that plain packaging would reduce the appeal and promotional value of the tobacco pack (>80%), prevent initiation of tobacco use among children and youth (>60%), motivate tobacco users to quit (>80%) and increase noticeability and effectiveness of pictorial health warnings on tobacco packs (>90%). The majority of participants favoured light grey colour for plain packaging.

**Conclusion:** This study provides key evidence to assist the Indian Government and other countries in the South Asia region in favour of plain packaging as a viable tobacco control measure.

## S7-04 Women's Network for Smoke-Free Thai Communities

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**Background:** In 2011, while 41.7% of Thai men smoked, only 2.1% of Thai women did. In Thai families, women ensure that their family members and environment are safe. THPAAT, therefore, sees that Thai women's skill development and network establishment would help establish and sustain smoke-free communities in Thailand. Health personnel would support academic information for such communities. **Objective:** To identify a model that Thai women's network could adopt to establish and sustain smoke-free communities. **Materials and Methods:** THPAAT appointed a committee, set criteria for community selection, set evaluation criteria for smoke-free Thai communities, selected communities, educated communities about harms of smoking, educated communities' members about tobacco control national plan, national laws, and SWOT analysis. Selected communities would appoint personnel to implement smoke-free communities for one year (March 2012 to February 2013), evaluate the progress, identify a road map for smoke-free communities, identify methods for cessation services and plans to decrease smoking in the communities. The project aims to establish a model of Thai women's network that each community could adopt in order to establish and sustain a smoke-free community. **Results:** THPAAT committee chose four rural and two urban communities. The four rural communities are Ban-Rong (northern Thailand), Ton-Han (central Thailand), Nern-Rae (eastern Thailand), and Klong-Li (northeastern Thailand). Ban-Rong, Ton-Han, Nern-Rae, and Klong-Li have 146, 144, 147, and 100 households. The smoke-free percentages of total households are 61%, 70.8%, 59.2%, and 44%; and the percentages of population of 15 years old or older who smokes are 16.2%, 9.1%, 20.2%, and 18.8%, respectively. The two urban communities are Krabi-Ta-Rua (southern Thailand) and Salaloi (northeastern Thailand), which have 725 and 507 households, respectively. In Krabi-Ta-Rua, the smoke-free percentage of total households and the percentage of population of 15 years old or older who smokes are 87% and 4.5%, respectively. All six committees participated in primary survey and SWOT analysis, and set up plans to decrease the number of smokers, to prevent new smokers, and to establish a surveillance system for smoke-free public place. After 9 months from the start of the project (December 2012), the four rural communities has set up various cessation services, such as traditional medicine or foot reflexology, along with counseling and motivation sessions. In the four rural communities, the percentage of smoke-free households increased by around 6-8%, and 15-23% of initial smokers were able to quit smoking. In the two urban communities of Krabi-Ta-Rua and Salaloi, 89% and 62.5% of smokers attended the cessation services, while 24% and 33.3% of initial smokers were able to quit smoking for more than 6 months, respectively. Salaloi has concentrated in preventing new smokers in three primary and secondary schools. The final results of the project and model of smoke free communities will be concluded in March 2013 and will be presented later. **Lessons Learned:** Key success factors of women's network for smoke-free Thai communities are: clear understanding of structure and context of the communities, suitable working groups, and rewards or positive reinforcement. Public health volunteers play an important role in implementing this project. Rural communities show that they have potential to build smoke-free communities continuously and sustainably. However, they need further follow up and education support. **Keywords:** Women's network, smoke-free Thai communities, cessation, public health volunteer.

## **S7-05 Awareness of Smoking and Second-hand Smoke among Japanese women**

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### **Introduction**

The percentage of smokers in Japan has recently decreased, though the difference in terms of percentage between men and women in Asia is rather striking. The percentage of female smokers in Japan has not diminished. Regardless of gender, the percentage of smokers is high among the younger generations, but the main issue is that they are of the childbearing and childrearing generations. With the diminution of smokers, tobacco companies are launching catchy products whose targets are women, such as flavored cigarettes, cigarettes that barely produce smoke, and cute and colorful packages with gimmicks. Furthermore, women can easily buy cigarettes at convenience stores and vending machines. At work, many companies have smoking areas, so break times increase. According to a national survey by the environment agency, 10% of young pregnant women under the age of 24 are smokers. The national regulation to protect non-smokers from second-hand smoke is not adequate and women and children are frequently exposed to such situations.

### **Research**

We conducted a survey among female college students during their first year (aged between 18 and 19) about their opinions about the prevention of second-hand smoke. We conducted the survey prior to a seminar on the effects of smoking.

### **Results**

(1) Regarding smoking areas in restaurants, many answered "I choose the non-smoking area because I do not smoke", adding though, "I sit in the smoking area if I am with someone that smokes". (2) If asked by someone sitting nearby whether they could smoke, the majority answered "I hate it, but I'd say that I don't mind". Other answers were "Fine by me", "I will say ok and leave my seat" and "I hate it", which was the least common answer.

### **Conclusion**

The situation shows us a lack of knowledge regarding the effects of second-hand smoke and that there are many girls who cannot speak their minds. In Japan, because non-smokers of both sexes normally sit in smoking areas to accompany people that smoke, the result is that many of them suffer the consequences for such situations. If smoking in restaurants was prohibited completely, this problem could be resolved. The students involved in the survey said that they sought a non-smoking partner though they would have to state, "I hate tobacco". They should also demand non-smoking as a condition for marriage.

## **S7-06 Changes in Gender Differences on Smoking Behavior and Perception in Thailand: A Longitudinal Descriptive Analysis from ITC-Thailand Waves 1 - 5**

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As the tobacco industry taps into gender differences to exploit an important market segment of women, understanding gender differences in tobacco use is important. While rates of smoking among men are about 4 times higher than women (48% VS 12% globally) and smoking rates have either reached a plateau or are in a slow decline among men, the prevalence of tobacco use among women is on a rise. It is predicted that by 2025, 20% of female population will be smokers. Moreover, the gender health consequences illustrate that women are at greater disadvantaged compared to men. The increase in female smoking, especially in developing countries, can be explained by several factors. But previous research suggests that the most important factor may be the rise in women's autonomy and changes in women's role which makes cigarettes more affordable and smoking more acceptable.

This paper aims to explore smoking behavior and perceptions towards smoking among Thai female smokers and how they have changed over time compared to males. The paper will also explore gender differences in their exposure to tobacco advertising and promotion as well as to tobacco control campaigns over time. We will employ data of adult smokers interviewed in the ITC-Thailand project surveyed annually in 5 waves, 2005 to 2010. Of the sample in the 1<sup>st</sup> wave, 8.6% or 172 among 2,000 adult smokers are women. Descriptive analysis showing smoking behavior of female smokers, their perception towards smoking, as well as their exposure to tobacco advertising and tobacco control campaigns compared to males will be conducted. Further analysis on changes over time between women and men will also be presented.

Knowledge on gender differences in tobacco use is instrumental for tobacco control targeting to protect women from smoking. In the Thai context, the proportion of women smoking is relatively low compared to western countries. Knowledge on gender differences in the context where smoking in women remains relatively less prevalent will result in a tremendous benefit in formulating preventive policy and program to save women from using tobacco.

## **S8-01 Roles of Nurses and Healthcare Professionals in the Tobacco Epidemic**

Sophia CHAN

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Tobacco kills. Smoking is harmful to the individual smoker and the community at large. In Hong Kong, tobacco is responsible for over 6 900 deaths a year. The Hong Kong SAR Government has taken a progressive and multi-pronged approach in the prevention and control of tobacco use. We first introduced our legal framework to control tobacco sale and smoking in 1982, and have since stepped up our tobacco control on all fronts progressively. Smoking is now prohibited in all indoor workplaces and public places as well as many outdoor leisure grounds. All forms of tobacco advertisements are now banned. Tobacco duty has also been raised many times and it now accounts for about 69% of cigarette price. We have been increasing resources and partnering with community organizations in providing smoking cessation services.

Through legislation, publicity, education, enforcement, smoking cessation and taxation, we aim to contain the proliferation of tobacco use and minimize the adverse effect of second-hand smoke. Thanks to our healthcare professionals, non-government organizations, researchers and relevant stakeholders, the smoking prevalence in our population has dropped significantly from 23% in the 1980s to 11% now - one of the lowest in Asia.

Healthcare professionals such as nurses play a significant role in combating the tobacco epidemic through prevention, public education, cessation services, advocacy and research. For example, nurses operate the Government's integrated smoking cessation hotline to provide education, counseling and referral services to smoking cessation clinics. The University of Hong Kong trained nursing students to act as peer counselors under a Youth Quitline to help youngsters aged 13 to 25 years quit smoking. Recently, the Provisional Hong Kong Academy of Nursing and the Hong Kong Council on Smoking and Health signed the first Nursing Charter on Tobacco Control, further signifying the commitment of our nurses in tobacco control.

We place great emphasis on training. We provide evidence-based smoking cessation training for our healthcare personnel and equip them with counseling skills and knowledge of pharmacotherapy. Other than the training provided locally by universities, the World Health Organization Collaborating Centre on Smoking Cessation and Treatment of Tobacco Dependence, the first of its kind established in Hong Kong in 2012, provides training to healthcare professionals; develops, tests and evaluates models of smoking cessation; and supports WHO's initiatives on smoking cessation. Since its establishment, over 100 healthcare personnel have been trained in smoking cessation services.

Notwithstanding the considerable progress made, we cannot afford complacency. Our healthcare professionals, nurses, non-government organizations, researchers, and the community at large will keep up the efforts on fighting against this global health epidemic.

## S8-02 Roles of Nurses and Other Health Professionals in the Tobacco Epidemic: Experience of Indonesia

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The 2011 Indonesian Global Adult Tobacco Survey (GATS) found that 36.1% of the population (67.4% males and 4.5% females) aged equal to or more than 15 years are active smokers. Current tobacco use (kretek or clove cigarette) was more prevalent in rural areas (39.1%) compared to urban areas (33.0%). The average number of cigarettes smoked per day was about 13 sticks (13 sticks for males and 8 sticks for females). Among adults aged 20-34 years, the average age at initiation of daily smoking was between 17 to 18 years. The health professionals (medical doctors, dentists, nurses, midwives, pharmacists, sanitarians, psychologists, etc.), that are widely distributed in public and private health facilities, may reach a high percentage of the population and have the opportunity to assist people change their unhealthy behaviour. They can provide advice, guidance and answers to questions related to the negative consequences of tobacco use, help patients to quit smoking and forewarn children and adolescents of the dangers of tobacco use. Besides, the health professionals may routinely inquire patients about tobacco consumption and exposure to tobacco smoke, participate in the tobacco-control activities of community or civil society, encourage policy-makers to take action as well as conduct campaigns for tobacco-free public places. At present, major health professional associations, namely Indonesian Medical Association, Indonesian Nurses Association and Indonesian Midwife Association are also active members of the National Commission on Smoking Control who leads the tobacco control activities in the country. Health researchers at The National Institute of Health Research and Development also monitor tobacco use and prevention policies periodically, collect evidence to support efforts in tobacco control and formulate laws and regulations to curb tobacco epidemic. Besides, a community based smoking cessation counselling are also being tried out in several urban and rural area of Indonesia with successful preliminary results. Hopefully, concerted tobacco control efforts by health professionals may contribute significantly to the improvement of community health status and a more systematic approach to build capacity and engage health professionals in tobacco control efforts should be continuously implemented.

KEY WORDS: health professionals, roles, tobacco epidemic, Indonesia

## S8-03 Smoking Status and the Kano Test for Social Nicotine Dependence (KTSND) in Employees of a Regional Cancer Center in Japan

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**Objectives.** We investigated the prevalence of smoking and attitudes concerning smoking among employees of a cancer hospital using the Kano Test for Social Nicotine Dependence (KTSND).

**Methods.** A self-administered questionnaire, including the KTSND as well as questions regarding smoking status, occupation and demographics were collected from 611 employees of a regional cancer center in 2008. Same questionnaire were collected from 853 employees in 2010.

**Results.** The smoking rates were as follows in the first investigation in 2008: medical doctors, 5.4% (male 5.8%, female 0.0%); nurses, 17.4% (male 50.0%, female 15.5%); other medical workers, 3.9% (male 7.7%, female 0.0%); clerical or site maintenance workers 21.9% (male 39.7%, female 12.4%). The KTSND scores (mean  $\pm$  standard deviation) of  $14.7 \pm 4.4$  for smokers were significantly higher than those of  $12.2 \pm 4.7$  for past smokers, and  $11.0 \pm 5.9$  for never-smokers. Although the KTSND scores were not different in each occupational category among never smokers, those for clerical or site workers ( $17.2 \pm 5.4$ ) were significantly higher than those for medical doctors ( $12.3 \pm 6.2$ ) or nurses ( $13.7 \pm 5.0$ ) among past or current smokers. Current smokers but also never and past smokers gave a strongly positive response to permission of smoking where ashtrays are available. The smoking rates were as follows in the 2nd investigation in 2010: medical doctors, 9.4% (male 11.0%, female 0.0%); nurses, 13.4% (male 44.4%, female 11.9%); other medical workers, 6.0% (male 13.0%, female 0.0%); clerical or site maintenance workers 17.2% (male 31.5%, female 12.3%). The KTSND scores (mean  $\pm$  standard deviation) of  $16.7 \pm 5.4$  for smokers were significantly higher than those of  $13.4 \pm 5.8$  for past smokers, and  $11.3 \pm 5.6$  for never-smokers.

**Conclusions.** The prevalence of smoking in the staff in a regional cancer center was not lower than expected. A significant difference was observed in KTSND scores according to smoking status, and the KTSND scores differed according to occupational category in the hospital. The prevalence of smoking and the consciousness about smoking in the staff did not change so much in two years. It is suggested that it is necessary to remove ashtrays and abolish smoking areas to discourage smoking in hospitals.

## S8-04 Epidemiological Study of Smoking among Japanese Physicians

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**Objective:** We attempted to clarify recent changes in the prevalence of smoking among Japanese physicians, and to verify their attitude to the patient's smoking. **Method:** This study was carried out by Japan Medical Association and Division of Public Health, Nihon University School of Medicine jointly. We conducted four self-administered questionnaire surveys on the members of the Japan Medical Association in 2000, 2004 and 2008, and 2012. In the survey in 2000, 2004 and 2008, 3000 male and 1500 female physicians were randomly selected. Six thousands male and 1500 female physicians were randomly selected in the survey in 2012. The questionnaires included personal characteristics, current smoker, supervised antismoking and lifestyle habits. The trend of the prevalence of smoking among physicians, and their attitude to patient's smoking were compared among 4 surveys.

**Results:** The total number of effective responses was 3771 in 2000, 3633 in 2004, and 3486 in 2008, 5854 in 2012. The prevalence of smoking among male physicians was 27.1% in 2000, 21.5% in 2004, 15.0% in 2008 and 12.5% in 2012. The prevalence of smoking among female physicians was 6.8%, 5.4%, 4.6% and 2.9%, in 2000, 2004, 2008, and 2012, respectively. The ratio of the physicians who answered "Patients should not smoke" was 42.8% in 2000, 49.4% in 2004, 52.4% in 2008 and 54.5% in 2012 survey, respectively in the male ( $p < 0.01$ ), and it was 42.6%, 52.2%, 59.3%, 62.0%, respectively in female physicians ( $p < 0.01$ ). And the ratio of the male physicians who answered "I'm willing to introduce specialist to patients" increased significantly.

**Conclusions:** The prevalence of smoking among Japanese physicians has shown a declining trend. Depending on those results, we can expect that anti-smoking campaign will achieve a certain result in future.

## S8-05 Developing a Teaching Module on Tobacco Control for Health Professionals in Malaysia

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**Introduction:** The Malaysia Global Adult Survey (GATS) reported 23.1% of Malaysians were current smokers and majority were men. The GATS also found that just half of the respondents reported being advised to quit during their health visits and only 14% reported thinking of quitting within the year. A conference on smoking cessation conducted by in early 2012 noted that of the 186 local participants (medical, dental and other health care providers) in attendance, a high number agreed having limited understanding on tobacco control and reported not confident in providing treatment. A subsequent survey in late 2012 amongst junior medical doctors found similar concerns on knowledge and confidence in treating smokers. These findings supported the earlier GATS report which found junior doctors “advising patients to quit only half the time”.

In light of these findings on limited knowledge and training, an exploratory study was conducted to identify interest and the possibility of developing a standard curriculum for health care providers for medical and dental schools, in Malaysia.

**Method:** A two-day workshop on developing a Tobacco Control curriculum was conducted in November 2012. Senior faculty members from 36 medical schools and 15 dental schools interested in teaching tobacco control were invited to participate. The workshop content included lectures, small group discussions and break-out sessions.

**Results:** A total of 12 participants from 6 universities comprising of both medical and dental practitioners attended the workshop. There was general agreement amongst the attendees on the need to set up this initiative. A mock curriculum was developed during the workshop from the break out group discussion.

**Discussion and Conclusion:** This initiative was a first in Malaysia for gathering both medical and dental educators from local universities to develop a standard curriculum for teaching on tobacco control. Although attendance was limited, the enthusiasm and ability to develop a mock curriculum indicated both interest and commitment amongst participants.

Despite these positives, more work is required. The curriculum needs to be improved and field tested. As medical and dental schools are independent in their teaching material and time, involvement of the Ministry of Higher Education is required to ensure that teaching time and commitment for the setting up of such a project can be done at the national level. This initiative is important if Malaysia were to meet her obligations as a member of the Framework Convention on Tobacco Control under Articles 12 and 14 of the framework.

## S9-01 Treating Tobacco Dependence

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Left untreated, tobacco dependence will kill over 60% of current smokers. It is, therefore, imperative that healthcare professionals treat tobacco dependence for the serious medical problem that it is. The cigarette is the most efficient drug delivery device ever produced. It delivers high arterial concentrations of nicotine to the central nervous system which causes upregulation of the nicotinic acetylcholine receptors. This upregulation is the primary reason that addicted smokers have so much difficulty in stopping smoking. There are genetic factors involved because not every person who experiments with cigarettes becomes a smoker, nor does every smoker become an addicted smoker. Understanding the neurobiology of tobacco dependence is important for the addicted smoker because it relieves some of the shame and guilt that they have because they have not been able to stop smoking.

For treatment, the evidence shows that motivational counseling and pharmacotherapy are treatments that work, and providing them together increases the positive treatment outcomes. There is a dose response to motivational counseling in that more frequent, longer, and more intensive counseling produces better outcomes. The same thing is true for pharmacotherapy. But beyond the dose response, combining long-acting pharmacotherapy with short-acting nicotine replacement therapy for symptom control is the preferred treatment for most patients.

In recent years, mid-level practitioners who have been specially trained and certified as Tobacco Treatment Specialists are beginning to populate medical centers throughout the world. These counselors are true experts on treating tobacco dependence and can be of great assistance to physicians and other healthcare professionals as a resource for treating patients both in the outpatient and hospital settings. More intensive treatment such as residential treatment for patients with severe dependence is warranted and is highly effective as such patients often require this level of treatment in order to initiate and sustain smoking abstinence.

Finally, why do we as a civilized society tolerate the carnage produced by cigarettes? It is time for the healthcare professionals to begin the discussion of ending cigarette use and moving toward the “endgame”. Many countries around the world are now considering ending cigarettes as a commercial product and eventually eliminating tobacco use overall. We should not have to tolerate a product that if used as recommended by the manufacturers kills over 5 million people worldwide every single year.

## S9-02 Smoking Cessation Services in Hong Kong: Combining Public Health Approach and Clinical Approach

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Smoking cessation is one of the pillars in curbing the tobacco epidemic. The Tobacco Control Office of Hong Kong has integrated public health and clinical approaches in helping smokers to quit.

On public health approach, we create a supportive environment to encourage smokers to quit by expanding statutory smoking ban and introducing pictorial health warning on tobacco products. Smoking is now banned in all indoor areas of workplaces, restaurants and public places and some outdoor areas such as parks and beaches. Designate enforcement teams are established with a view to strengthen the impact of smoking ban and to increase the motivation of smokers to quit.

On clinical approach, different clinical modes of smoking cessation services have been developed to address the diversity needs of the smokers in Hong Kong. Apart from smoking cessation clinics in hospital setting, we collaborated with community partners to establish community-based smoking cessation centres. These designated centres are supported by a professional team of doctors, nurses, social workers, clinical psychologist and counselors. They provide counselling and western medication such as nicotine replacement therapy to help smokers to quit the deadly habit. Over 7200 smokers have received the service since the programme started in mid 2009. Evaluations study has shown that 41.9% and 35.9% of service users maintained abstinence at 26 weeks and 52 weeks of follow-up.

Apart from Western Medicine, we also study the effectiveness of using acupuncture for smoking cessation. In collaboration with a local NGO and experts of acupuncture, we have developed community-based cessation service in which Chinese Medical Practitioners provide counseling and acupuncture to relieve withdrawal symptoms of the smokers. To increase accessibility of the service, a total of 18 mobile clinics were operating in over 90 spots in Hong Kong. So far, more than 4200 smokers have received the service and evaluation is underway.

With the designation of the “WHO Collaborating Centre for Smoking Cessation and Treatment of Tobacco Dependence” in Hong Kong since April 2012, we would continue to adopt both public health and clinical approaches so as to increase the effectiveness and participation of smoking cessation services.

### S9-03 Effectiveness of the Preoperative Smoking Cessation Treatment in Patients with Elective Surgery

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Smoking status affects both perioperative risk and outcome. We evaluated the smoking status of surgical patients and the factors relating to preoperative abstinence from cigarettes from preoperative interview of 1124 patients who were greater than eighteen years of age, scheduled for elective surgery in 2011 (during 6 months), and compared with the results of the same interview of 1968 patients in 2006 (during 12 months) in the university hospital. Anesthesiologists interviewed all patients using a standardized questionnaire that examined the following: medical history, smoking history, and awareness of the risks of perioperative smoking. Current smoking rate was not different between 2006 (7%) and 2011 (7%). It was more difficult to quit smoking preoperatively for female patients in 2011, and those with benign disease in both 2006 and 2011. There was no improvement in awareness of the perioperative risk of smoking between 2006 and 2011. As the importance of perioperative smoking cessation has not been sufficiently well-known for the surgical patients yet, we recognized that medical staff needs to be made aware of the importance of informing patients that preoperative abstinence from cigarettes may decrease perioperative complications.

Therefore we planned to start the preoperative smoking cessation treatment in patients with elective surgery. When an operation is decided, the explanation is given to a smoking patient from a doctor about the risks of smoking in perioperative period and the necessity for smoking cessation before an operation. At the same time, it asks that a patient gives up smoking and gets a consent and signature of a non-smoking declaration. When the patient says that smoking cessation is difficult by him/herself, we recommend a consultation on the smoking cessation clinic. In smoking cessation clinic, the patient is treated according to the usual smoking cessation program for 12 weeks in Japan. Although the period to a surgical date may not be enough and it needs to be cautious of drug selection, the introduction of smoking cessation is comparatively easy, since motivation is high enough and there is a target of a surgery.

In 18 patients who consulted smoking cessation clinic for the purpose of prohibition of smoking by the request from a surgeon in 2012 in our hospital, 100% of patients had attained prohibition of smoking for one week or more at the time of an operation. The preoperative smoking cessation treatment in patients with elective surgery is very effective.

### S9-04 Are You ready for Cessation? A Conceptual Framework for Building Cessation Capacity

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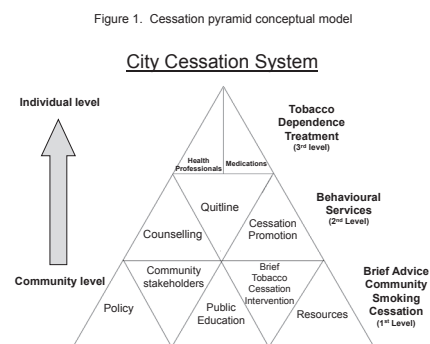
**Background:** The WHO Framework Convention on Tobacco Control (WHO FCTC) mandates countries to establish effective tobacco dependence treatment. Currently, over 85% of the world's population has no access to cessation. Majority live in developing countries, many of which are WHO FCTC Parties. As these Parties enact tobacco control policies, the pressure on tobacco users to quit will increase. Building capacity to meet the anticipated rise in cessation demand requires a systematic process. A comprehensive approach is necessary, but resource limitations require a realistic approach, especially in low and middle-income countries (LMICs).

**Objective:** We pilot tested a systematic assessment process to guide the prioritization of cessation interventions based on a country's infrastructure and resources.

**Methods:** We developed simple planning tools for cessation readiness assessment and capacity mapping, based on a theoretical model of cessation capacity as a pyramid with 3 successive levels of interventions. Twenty seven participants and faculty mentors from 14 LMICs pilot-tested the assessment process at a Training Workshop on Quitlines in Smoke-free Cities, Seoul, Republic of Korea from 17-20 July 2012. A questionnaire queried participants on: (1) demographic information, (2) ease of use; (3) effectiveness to systematically assess the cessation situation; (6) adaptability for local use; and (7) usefulness in guiding strategic thinking about cessation capacity building.

**Results:** A total of 25 completed questionnaires were received, for a response rate of 92%. The workbook exercises were highly rated for ease of use, effectiveness and adaptability by all participants.

**Conclusion:** Countries are in different stages of readiness for cessation. As WHO FCTC Parties implement tobacco control policies, demand for cessation will increase. This conceptual framework and assessment process was effective in helping tobacco control programme managers in the Asia-Pacific region to systematically determine their cessation capacity building priorities.



### S9-05 Emergency Department-initiated Tobacco Control: Systematic Review and Meta-analysis

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**INTRODUCTION:** A 2006 joint statement of US American Emergency Physicians called on emergency care providers to routinely screen emergency department (ED) patients for their smoking status and to support smokers to quit. The effectiveness of emergency department-initiated tobacco control (ETC) is unclear.

**OBJECTIVE:** Systematic review and meta-analysis of randomized controlled trials (RCTs) examining the efficacy of ETC.

**METHODS:** Following the PRISMA statement, in October 2010, 6 electronic databases were searched using predefined search terms. Outcome was the number of abstinent smokers at each follow-up. Relative risks of ETC on point prevalence abstinence were calculated separately for each study and follow-up time and, pooled at different follow-up times, by Mantel-Haenszel relative risks. The effects of ETC on combined point prevalence abstinence across all follow-up times were calculated using generalized linear mixed models.

**RESULTS:** The literature search identified 7 relevant studies with a total of 1986 participants out of 4371 records. Three were of moderate and 4 of weak quality according to the Quality Assessment Tool for Quantitative Studies. Follow-up time varied between 3 and 12 month and the rate of abstinent smokers varied between 0% and 16%. The strongest effect of ETC on point prevalence abstinence was found at one month: Relative risk (RR) = 1.47 (95% confidence interval (CI): 1.06 to 2.06), 3 studies, while the effect at 3, 6, and 12 months was RR = 1.24 (95% CI: 0.93 to 1.65), 6 studies; 1.13 (95% CI: 0.86 to 1.49), 5 studies; and 1.25 (95% CI: 0.91 to 1.72), 1 study; respectively. The benefit on combined point prevalence abstinence was RR = 1.33 (95% CI: 0.96 to 1.83), p = 0.075, 7 studies; with RR = 1.33 (95% CI: 0.92 to 1.92), p = 0.100, for the 5 studies featuring motivational interviewing combined with booster phone calls.

**CONCLUSIONS:** The main finding of this systematic review and meta-analysis of RCTs evaluating ETC was a trend towards increased combined point prevalence abstinence. Sensitivity analyses indicated that this trend was based on ETC in the form of motivational interviewing in combination with booster phone calls. More methodologically rigorous trials are needed.

## **S9-06 Brief Smoking Cessation Intervention at Health Examination and Training for Health Professional**

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In Japan, health examination is widely conducted at communities and worksites under the law. So it is a good opportunity for motivating smokers toward smoking cessation. 64% of smokers participated in health examination or cancer screening. However, only 32% of smokers received advice to quit from a health professional.

Since 2008, specific health examination and health guidance focused on metabolic syndrome and obesity started to prevent cardiovascular disease and reduce medical costs. There was a strong criticism from medical societies that it did not lead to prevent cardiovascular disease totally because more than half of the population is non-metabolic and non-obese. As a result, health guidance to smokers and hypertensive patients on the day of the health examination was reinforced from April 2013 to prevent cardiovascular disease and other NCDs more effectively.

There is strong evidence that interventions as brief as 3 minutes or less can increase cessation rates significantly at clinical setting. At health examination setting, there is growing evidence that shows the effects of brief intervention. According to our recent study, combination of physician advice and brief cessation support by public health nurses (1 to 2 minutes) to all smokers increases cessation rates irrespective of readiness for smoking cessation among smokers.

Although proactive quitline is proven to be effective and expected to act as the hub of a network of cessation resources, it is not available in Japan. It is necessary to establish quitline, especially linked with brief intervention at health examination and other routine healthcare activities.

As for the training, the Japan Medical and Dental Association for Tobacco Control has developed e-learning programs (J-STOP) to train health professional, who can then administer reimbursed smoking cessation treatment as well as proactive brief intervention and cessation supports at routine healthcare activities. The effects of the training have been examined and started to be disseminated at local prefectural level and national level. The contents of e-learning program were adopted into smoking cessation manual published by Ministry of Health, Labor and Welfare in 2013, which was developed for reinforcement of smoking cessation intervention at specific health examination and health guidance.

## **S10-01 Singapore's Social Movement in Tobacco Control**

Zee Yong KANG

*Health Promotion Board*

Singapore adopts international best practices in smoking control including legislation, taxation, mass media and face to face smoking control programmes. Between 1992 and 2010, Singapore's smoking rate fell from 18.3% to 14.3%, one of the lowest in the world. To further reduce smoking prevalence to below 10% by 2020, we need all Singaporeans to be part of a national ground-up social movement to champion for a smoke-free Singapore.

To drive this movement, Singapore embarked on a new chapter in tobacco control efforts that seeks to 'de-normalise' the smoking habit and promote smoke-free living as a social norm. HPB launched a mainstream tobacco control campaign called I Quit in 2011 to encourage smokers to make a personal pledge to quit by setting up more than 150 convenient and accessible touch points to provide a supportive network across the island. These touch points include a QuitLine, an I Quit Club on Facebook social media, smoking cessation counsellors based at neighbourhood Community Clubs and pharmacies, and smoking cessation programmes developed in partnership with schools, workplaces and community settings.

A year after the launch of I Quit, more than 30% of smokers who had pledged to quit smoking have done so successfully with the help of HPB, with the number of smokers seeking help through QuitLine increased threefold, and the number counselled at pharmacies doubled.

Singapore's unique approach to tobacco control that involves creating a national social movement by mobilising youths, businesses and the community through a network of Health Ambassadors, peer-led Youth Advolution of Health Programme and the Blue Ribbon initiative will be shared at the Conference.

## **S10-02 The Ripple Effect: Using Subnational Campaigns to Model Success for a National Effort in China**

Yu CHEN, Yvette CHANG

*World Lung Foundation*

With a smoker population of over 300 million and 1 million tobacco-related deaths every year, nowhere else is the issue of tobacco and its control more critical than in China. Mass media tobacco control campaigns can contribute to increasing knowledge about tobacco-related harms and counter the social acceptability of smoking and motivating behaviour change among smokers. Most importantly, mass media campaigns can also play a significant role in building support for tobacco control policies.

Since ratifying the FCTC in 2005, the tobacco control movement in China has grown, slowly but surely. Due to its highly-decentralized political structure, momentum at the subnational level has led much of the way, particularly in the area of public education. By the end of 2011, strong public education campaigns had been mounted in over 20 key cities and provinces across the country. Still, a strong national effort was needed as less than 25% of adults were aware of the health harms associated with tobacco use and secondhand smoke exposure.

In 2012, the **World Lung Foundation** worked with the health promotion arm of China Ministry of Health, the Chinese Center for Health Education, to design and execute China's inaugural national tobacco control mass media campaign. This presentation will look at some of the subnational campaigns that helped pave the way, and will also introduce some of the key findings from the national campaign, and explore future strategies.



### S10-03 Trends in Adolescent Smoking Behavior and its Correlates in Japan

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Nationwide surveys on cigarette smoking among high school students revealed that many students had started smoking in spite of the existence of the Act to Prohibit Minors from Smoking, enacted in 1900. We assessed trends in smoking behavior among Japanese adolescents, and analyzed attributable factors to the changes.

Nationwide cross-sectional surveys were conducted in 1996, 2000, 2004, 2008, 2010 and 2012. Junior and senior high schools were sampled randomly. Enrolled students were asked to fill up a self-reporting anonymous questionnaire on smoking behavior. Questionnaires were collected from about more than 100 thousands students in every survey through sampled junior and senior high schools throughout Japan. School principals were asked school policy on smoking restriction. Cigarette smoking prevalence (lifetime, current, and daily smoking) after 2000 was decreased in both sexes and in all school grades. A decrease in smoking prevalence in students' father and senior brother, and an increase in the proportion of students without friends were observed. The proportion of current smokers who usually bought cigarettes in stores decreased in 2004 especially for senior boys. An association was seen between schools' lower smoking rate and a smoke-free school policy in early 2000s.

After ratification of FCTC (Framework Convention on Tobacco Control) by Japanese government, some progresses in tobacco control in Japan were observed. The average cigarette retail price was raised from about 300 to 410 JPY/pack in Oct, 2010. However, we could not observe a dramatic decrease in smoking prevalence, but observed a decreased in average cigarette consumption per day. We still have many problems in tobacco control in Japan, such as insufficient health warning on package, voluntary regulation of advertisements and sales promotion by the tobacco industry, prevalence of passive smoking among adolescents in their house. Japanese students learn tobacco and health in their classroom, however, the effectiveness of health education of tobacco and health has not been studied.

Japan experienced a decrease in adolescent smoking prevalence. A decrease in smoking prevalence of father and senior brother, reducing minors' access to tobacco, an increase in the proportion of students without friends, and a school policy restricting smoking may have contributed to this decrease.

### S10-04 Smoking Cessation Interventions in Indonesia

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*Center for community Empowerment, Health policy and Humanities National Institute of Health Research and Development Ministry of Health Republic of Indonesia*

**Background:** All tobacco products are causing dependence, and can be very difficult to quit smoking or stop using other tobacco products. So it takes an effective smoking cessation program. Smoking cessation program in Indonesia has not received sufficient attention because of the focus of today's tobacco control issues prioritized environmental factors that strongly encourage people to quit smoking and prevent smoking

**Objective:** To evaluate the effectiveness of strategies that help people to stop smoking

**Methods:** In 2011, a Global Adult Tobacco Survey was conducted in Indonesia. The target population includes all people who consider Indonesia to be their usual place of residence covering 98.4% of the total population in Indonesia. The Survey used a four-stage stratified cluster sampling design. In the first stage, 50 urban primary sampling units (PSUs) and 50 rural PSUs were selected, from which a total of 8,994 households were selected. A total of 8,581 household interviews were completed and one individual was then randomly selected from each participating household. There were a total of 8,305 individual completed interviews with an overall response rate of 94.3%.

**Result:** The results of the study shows that a higher proportion of smokers reported quitting on their own/quitting without assistance (70.7%); most of them had used some methods to quit smoking on their own in the past 12 months. This is followed by another methods (13.6%) including traditional methods (herbal/medicinal plants), switching to smokeless tobacco and counseling (7.0%). The cessation method that was least used was prescription medication (0.4%).

**Conclusion:** The study found that 70.7% smokers quitting without assistance. The risk of relapse in smokers who are not assisted much larger compared to that assisted it. Through public health education regarding the harm of smoking, smokers shall be assisted to quit their habit and their immediate family members shall be empowered to assist and facilitate the smoking cessation process.

**KEY WORDS :** Smoking cessation, Intervention, Quitting without assistance

### S10-05 Impact of Smoke-Free Melaka City Project on Smoking Attitudes among Adult Smokers in Melaka: Findings from Evaluation of Smoke Free Melaka Intercept Study

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**BACKGROUND:** Melaka took effort into implementing a comprehensive smoke free cities beginning June 2011 with aims to reduce harmful secondhand smoke exposure to the non-smokers especially women and children living with smokers.

**OBJECTIVES:** To evaluate the impact of the project towards smoking attitudes within one year of implementation.

**METHODOLOGY:** A total of 1,039 adult smokers, 18 years old and above were interviewed face-to-face in June 2012 within six smoke free zones. Attitude of smoker before and after implementation were measured by similar question: "I will describe some situations and if you think you would not smoke, please tell me". Changes of attitudes reported by smokers were recorded before and after the implementation of the project in different social settings.

**RESULTS:** Implementation of the policy resulted in significantly higher number of smokers committing to not smoking in many of the situations listed below: if non-smokers are present (from 44% before the implementation of policy to 60% after the implementation), if a non-smoking family member is present (from 67% before to 77% after the implementation), if an older non-smoking person is present (from 69% before to 78% after the implementation), if a policy officer or by-law officer is present (from 83% before to 87% after the implementation), if other smokers are present (from 14% before to 27% after the implementation) and if there is visible signage reminding you that it is a smoke-free area (from 70% before to 75% after the implementation). The number of smokers not smoking in the presence of children continues to be high before (81%) and after (83%) the implementation of this policy.

**CONCLUSION:** Smokers' attitudes improved after the implementation of project by not smoking in front of children and other non-smokers in public places. This project has shown the potential in reducing exposure to secondhand smoke in public places thus protect the non-smokers.

## **S10-06 Social Marketing Campaign to Support the Implementation of the Comprehensive Smoke Free Ordinance in Selected Pilot Provinces in the Philippines**

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**Background:** The prevalence of current smokers in the Philippines is high at 27%. Tobacco Regulation Act had been enacted since 2003 but was hardly implemented at the local level.

**Objective:** The study aimed to assess the level of knowledge of the health effects based on the campaign, attitude on the campaign effects on smoking behavior and quit attempts and reported campaign effects on household discussion of smoking.

**Methodology:** Strategic communication plan was developed for each of the 12 pilot provinces and hard hitting video and materials were adapted from another country, translated in six different dialects and pre-tested in the pilot provinces. Sub-national campaign implementation was done by airing six times a day for four weeks during prime time in private and public sub-national television and radio stations, as well as, posting posters and billboards on strategic public places. Campaign evaluation was done right after the campaign implementation using household survey with a random sample of 300 inhabitants in the province of Nueva Vizcaya. The data was analyzed to determine campaign exposure and the association between campaign exposure and changes in the public's knowledge and attitudes.

**Results:** Results of the survey showed the "Cigarettes Are Eating You Alive" campaign, was seen by 58% in television and in posters or billboards while 44% heard the radio ad used in the campaign. 95% of those who saw and heard the ad agreed that it provided new information to them, 85% agreed that it made them stop and think, 63% discussed it with others while 65% tried to persuade others to quit. Among smokers who saw the ad, 95% agreed that the ad made them concerned about the effect of smoking to their health while 89% became concerned about the effects of smoking to their family's health. 61% of smokers said the ad made them more likely to quit.

**Conclusions:** The social marketing campaign in selected pilot provinces had been relatively successful in reinforcing public knowledge and attitudes that favor the smoke-free ordinance of the provinces. It had also helped in increasing awareness about the harms of smoking and making the public more concerned about the effects of smoking to their health.

## **S11-01 De-bunking the Myths of Tobacco Taxation**

Hana ROSS

*American Cancer Society*

Tobacco industry is using libertarian and economic arguments against any tobacco control effort, and particularly against tobacco tax increases, in order to divert attention away from the health consequences of tobacco use and to protect the tobacco industry profits. The industry claims that higher tobacco taxes will not bring more revenue due to tax avoidance and tax evasion.

However, the research shows that:

1. there are many factors that motivate tax avoidance and tax evasion, and tax is not the most important one.
2. tobacco tax increase will result in higher government revenues, and better public health despite the presence of illicit tobacco trade.
3. the tobacco industry itself has been implicated in tobacco smuggling

The tobacco industry also stipulates that higher tobacco taxes are unfair because they primarily burden the poor.

However, the research shows that:

1. The majority of the additional tobacco tax revenue after a tax increase comes from the rich, and
2. The poor decrease consumption more relative to the rich.

Therefore, the poor will enjoy more health benefits, and reduce the costs associated with smoking more than the rich.

Higher tobacco taxes will not harm the economy. The tobacco business is not vital for any country's economic performance. If there is no tobacco business, the money currently spent on tobacco will be spent on other goods and services, thus creating jobs and business opportunities in other sectors of the economy.

On the other hand, there are many negative consequences of tobacco business. The arable land currently devoted to tobacco cultivation could feed 10–20 million people. And tobacco trade has often a negative impact on the balance of payments.

Health is a central issue for sustainable development. Therefore tobacco control measures, and particularly tobacco tax increases are an important component of the development agenda.

## **S11-02 Application of Korea SimSmoke to Develop Tobacco Control Strategies**

Sung-il CHO

*Seoul National University Graduate School of Public Health*

**Objectives:** Korean government has set a goal to reduce male smoking from current level of 47% to 29% or below by 2020. To achieve this goal, strong and effective tobacco control is required. Developing policy strategy can benefit from prediction of the results attainable by different options. Standard statistical methods are limited in such prediction because of nonlinearity of policy effects. We utilized a simulation model, SimSmoke, adapted to Korean context to assess various policy scenarios and developed key strategies to meet tobacco control policy goals.

**Methods:** SimSmoke simulation model utilizes discrete time Markov process to predict future population and smoking prevalence. This model has been applied to many countries previously. We developed Korea SimSmoke model based on Korea National Health and Nutrition Examination Survey (KNHANES) from 1995-2005. Effects of various policy combinations on future smoking prevalence were compared. Following MPOWER framework by WHO, policy areas are categorized as protecting from smoke(P), offering help(O), warning(W), enforcing bans(E), and raising price(R).

**Results:** Application of Korea SimSmoke model suggests that 2020 goal can be achieved only by combining both price and non-price policies. A raise of \$2 in tobacco price combined with strong non-price policies is necessary. For non-price policies, maximum strengthening of P,O,W,E in combination is necessary, unless price is increased far beyond \$2.

**Conclusion:** Tobacco control policy in Korea is currently facing a great challenge with high male smoking prevalence. A significant raise in tobacco price by \$2 combined with strengthening of other non-price policies is expected to successfully reduce male smoking to meet the 2020 policy goal.

### S11-03 Effectiveness of Tobacco Tax and Price Policies for Tobacco Control

Frank J. CHALOUKKA

*University of Illinois*

Extensive economic research has documented the impact of tobacco product taxes and prices on tobacco use. This presentation will highlight the key findings from this research, drawing upon the global evidence base and highlighting findings from the IARC Handbook *Effectiveness of Tax and Price Policies for Tobacco Control*. This large and growing evidence base clearly shows that increases in tobacco product taxes and prices lead to reductions in overall tobacco use, including both the prevalence and intensity of tobacco use. In addition, tax and price increase lead adult tobacco users to quit and prevent young people from taking up tobacco use. Additionally, recent research has helped to identify best practices in tobacco taxation - those that maximize the public health impact of tobacco taxes while at the same time generating increases in tobacco tax revenues in the short to medium term. This includes research on the role of tax and price in reducing the affordability of tobacco products and on tax structure. Findings from this recent research will be discussed and 'best practices' in tobacco taxation identified. Finally, other effects of increased tobacco taxes, including their impact on revenue, tax avoidance and evasion, and employment, will be reviewed.

### S11-04 The Distribution of Cigarette Prices in Different Tax Structures: Findings from the International Tobacco Control Policy Evaluation (ITC) Project

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**Background:** The distribution of cigarette prices has been rarely studied and compared among different tax structures. Descriptive evidences on the price distribution by countries might shed some light on opportunities for tax avoidance and brand switching in different tax structures, which could reduce the effectiveness of taxation on reducing smoking.

**Objective:** This paper aims to describe the distribution of cigarette prices by countries, and compare these distributions by tax structures.

**Methods:** We employed data for 16 countries taken from the International Tobacco Control Policy Evaluation (ITC) Project to construct survey-derived cigarette prices for each country. These prices were weighted by cigarette consumption and described using a comprehensive set of descriptive statistics. We further compared these statistics for cigarette prices among different tax structures. In particular, countries that are close in region or the amount of total excise taxes yet impose different tax structures were paired and compared in mean and variance using two-sample comparison test.

**Findings:** Our investigation illustrates that compared with exclusively specific taxation, other tax structures (exclusively ad valorem, and the mixture of ad valorem and specific taxation) tend to have price distributions with larger standard deviation. And compared with uniform taxation, tiered taxation tends to have price distributions with larger standard deviation. Countries that heavily rely on ad valorem and tiered taxes tend to have wider price distribution around the median. Among mixed taxation systems, the selected countries that rely more heavily on the ad valorem component tend to have prices of larger standard deviation than countries that rely more heavily on the specific component. In countries with tiered tax systems, cigarette prices are more skewed to lower prices than those in uniform systems. The analyses presented here demonstrate that there exist more opportunities for tax avoidance and brand switching when tax structure does not largely rely on uniform or specific taxes.

### S11-05 Industry's Response to Tax Increases: Price Subsidies Under Different Tax Systems and Consequences for Government Tax Revenues and Public Health

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*World Health Organization<sup>1</sup>, University of Dhaka<sup>2</sup>*

Under globalization, the world tobacco market has been shared by five major companies, where four are the multinational tobacco companies, namely Philip Morris International, British American Tobacco, Japan Tobacco international and Imperial Tobacco. Consequently, each company has brands serving different price segment of the market from premium to economy bands. It is generally expected that the industry would shift the burden of higher tax to consumers by raising price, which in turn would reduce consumption and improve public health. Under inelastic market demand and low share of tax in price, the increase in tax results in higher tax revenue for the government, at least in the short to medium term, even after the reduction in demand. However, depending on the market share of companies by price band and also concentration of demand in price segments, industry's response to tax increases could vary. Without jeopardizing expected revenues, industry may choose to increase the price at the higher price segment and subsidize some of their most popular brand(s) in lower price segments in order to alleviate the tax impact in that segment. This is expected because consumers at the lower price segment tend to be more price-sensitive and the industry may want to keep the price level in that segment from going up in order to maintain the market size and profit generated at the levels existing prior to the tax increase. In this paper, we will examine the likelihood of price subsidies under different tax systems (*ad valorem* and specific) and their consequences for the government tax revenues and public health. For this purpose, we will apply the tax simulation model of the World Health Organization Tobacco Control Economics Unit. Our conjecture is that the price subsidy will have differential impact on the price level and demand at different price band of tobacco products. This type of pricing scheme adopted by the industry is likely to undermine the intended impact of tax and price increase on tobacco consumption that have negative consequences for both public health and tax revenues.

## S11-06 Coordinated Advocacy Campaign to Increase Subnational Taxes in India

Vandana SHAH<sup>1</sup>, Sanjay SETH<sup>1</sup>, Virendra SINGH<sup>2</sup>, Satyen CHATURVEDI<sup>2</sup>, Jaspreet PAL<sup>1</sup>, Hema KHANCHANDANI<sup>1</sup>  
*Campaign for Tobacco Free Kids<sup>1</sup>, Rajasthan Voluntary Health Association<sup>2</sup>, Indian Asthma Care Society<sup>3</sup>*

**Background:** Over the past two years, a large number of Indian states have significantly increased the VAT on cigarettes, bidis and smokeless products, which have produced a significant income. Much of this can be attributed to an aggressive and coordinate advocacy by civil society organization devising a series of strategies.

**Objectives and methods:** A series of activities were carefully planned to successfully increase tobacco taxes across multiple states. At the state level, the following activities were carried out: 1) political Mapping; 2) gaining entry and engaging policymakers; 3) developing and delivering key messaging to policymakers; 4) mobilizing key stakeholders; 5) holding policymakers accountable; 6) following up with key stakeholders. 7) using media effectively after the tax increases to prevent any backtracking under industry pressure

**Results:** As a result of extensive advocacy efforts, taxes have been increased 25 times across 18 Indian states in a span of two years. Data from some state tax commissioners also show that revenues have increased proportionately to the tax rates.

**Conclusions:** Though tobacco control is a health issue, it is important to engage key financial figures and state leaders in order to secure effective tobacco tax rates across all products.

## S12-01 Quit History, Intentions to Quit, and Reasons for Considering Quitting among Tobacco Users in India: Findings from the Wave 1 TCP India Survey (2010–11)

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*Healis Sekhsaria Institute for Public Health<sup>1</sup>, University of Waterloo<sup>2</sup>, Ontario Institute for Cancer Research<sup>3</sup>*

**Background:** GATS India 2009-10 revealed that more than one-third (35%) of adults in India use tobacco in some form: 21% use smokeless tobacco, 9% smoke, and 5% are dual users (they smoke and use smokeless tobacco), and the quit rate is very low. It is thus important to understand the factors that are related to future quitting among Indian tobacco users. Research has shown consistently that intention to quit is a strong predictor of future quitting. The present study reports the prevalence of past quit attempts, current intentions to quit, and reasons for thinking about quitting in four Indian states.

**Methods:** Data from the Wave 1, cross sectional phase of the International Tobacco Control (TCP) India Survey, a longitudinal cohort study conducted in four states: Maharashtra, Bihar, Madhya Pradesh, and West Bengal between August 2010 and October 2011 are analyzed. A total of 8051 adult tobacco users (15+ years) were randomly sampled from 8586 households: 1255 smokers, 5991 smokeless users, and 805 dual (smoke and smokeless) users. Respondents were surveyed using validated, standardized questionnaires where they were asked about current tobacco use, intention to quit, and attempt to quit tobacco products.

**Results:** 26.8% of the smokers, 24.8% of smokeless tobacco users, and 15.9% of the dual tobacco users had ever made a serious attempt to quit. Only 13.7% of smokers, 16.3% of smokeless users, and 15.0% of dual tobacco users reported having any intention to quit within the next 6 month or sometimes in a future. Tobacco users in Madhya Pradesh were least likely to intend to quit (5.2% of smokers, 6.0% of smokeless users, and 4.9% of dual users), and tobacco users in Maharashtra were most likely to intend to quit (22.2% of smokers, 21.7% of smokeless users, and 27.4% of dual users). "Personal health concerns" was the most common reason for thinking about quitting (92.4%); "setting an example for children" was the second most common reason (58.4%). 26.4% of tobacco users had visited doctors/health professionals in the last 6 months; of these, 47.1% were advised to quit, and for 67.4% of those, this advice led to thoughts of quitting.

**Conclusion:** These findings document the very low levels of quit attempts and of intentions to quit, which point to the formidable challenges facing India to reduce tobacco use. Fewer than one in four tobacco users have ever attempted to quit (compared to over 80% in many high-income countries) and fewer than one in six intend to quit (compared to over 70% in high-income countries). The reasons given for considering quitting are similar to those of other countries. These findings point to the urgent need for public information and policy action to promote quitting in India.

**Key Words:** TCP India Survey, cessation, tobacco, intentions to quit

## S12-02 Smokeless Tobacco Products and Tobacco Imitations in Japan

Masaaki YAMAOKA  
*Sumoto Energicenter*

In Japan there are some kinds of Smokeless tobacco products and Tobacco Imitations.

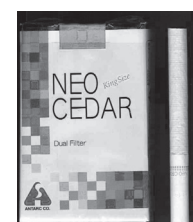
### Smokeless tobacco products.

In 1985, a smokeless tobacco product was imported and sold for the first time in Japan. In 2003, a new chewing tobacco "FIREBREAK", which was produced by Swedish Match Inc., was imported and began to sell. However, in 2009, the adverse movement by a citizen group and the opinion of specialists finally made them disappear from the market. In 2010, Japan Tobacco Inc.(JT) began to sell a new smokeless tobacco, "ZERO STYLE MINT". After that, JT has been producing new 4 smokeless tobacco products such as "ZERO STYLE BITTER" but each of them contains about twice amount of nicotine as "ZERO STYLE MINT" contains. In addition to that, in Japan, anyone can buy smokeless tobaccos such as SNUS at internet stores without his age checked.

### Tobacco Imitations.

They are similar to tobaccos but not made from tobacco leaves. These are sold to help quit smoking. "NEOCEADAR" was authorized as a cough medicine for smokers and started being sold in 1960. However, in 2001, it was reported that "NEOCEADAR" was containing nicotine and tar, and was able to be addictive.

I established an Internet website and started researching information about "NEOCEADAR" "addicts in 2001. After that I analyzed 31 addicts. The virtues of "NEOCEADAR" say people shouldn't take more than ten of them, but the average consumption of those addicts was 22.5 a day. Substantively, "NEOCEADAR" is "Tobacco". "KIN-EN-SO" was used as a medicine help people stop smoking. It is said that the proper way to use this is declaring the amount gradually day by day, however, there is no evidence that show the smoke of "KIN-EN-SO" is helpful for quitting smoking. In Japan, nicotine-including electronic cigarettes are illegal, however, are in the market so far. Dual use of smokeless tobacco product and Tobacco Imitation has harmful effect and possibility to interfere with quit smoking. Moreover, it is easy for young people to use them. In Japan, fortunately, these products aren't so popular yet, but in future, we need an attention sufficiently.



### S12-03 Areca Nut Epidemic among School Children in Mumbai, India

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**Context:** Tobacco is a known cause of cancers which claims many lives. Many states in India are now banning the sale and marketing of tobacco especially the smokeless variety, resulting in a tussle between the tobacco industry on one hand, and the government and civil society organizations on the other. Tobacco companies have been notorious for surrogate selling of their deadly products. They are now resorting to the manufacturing, marketing, and sale of areca nut which are as harmful as tobacco products, but do not contain tobacco as an ingredient. Oral malignancy and its precursors among 'areca nut' users, with adding tobacco increasing risk, claims young lives. Very few studies attempt to find the pattern of areca nut use, especially among school children and guide cessation interventions to curb the deadly product.

**Aims:** The study aims to find areca nut prevalence among school children in Mumbai.

**Settings and Design:** A pilot study was conducted in three municipal schools in Mumbai. A brief cross-sectional interviewer-administered survey was administered to the students by trained field investigators.

**Methods and Materials:** A survey of 1,683 fifth to tenth grade students studying in three municipal schools in Mumbai was conducted.

**Results:** 27.2% students consumed areca nut, 2.3% consumed tobacco, 0.8% consumed both, and 0.6% consumed paan / paan masala. "Ritik" and "Mogali" were the most popular areca nut brands used. Areca nut use was higher among males compared to females (38.1% vs 9%), and in higher grades compared to lower grades (29% vs 23.9%). 40.1% students in school A, 22.3% in school B, 24% in school C used areca nut. 5.4% students cited peer pressure as the reason for areca nut / tobacco use.

**Conclusion:** High areca nut use among children is a cause of concern. School-based oral screenings to identify "at risk" students should be conducted, followed by male focused cessation efforts through group counseling, and advocacy to curb the sale of areca nut especially to school children.

### S12-04 Comparison of Characteristics of E-Cigarette Only Users and Dual Users of Both Cigarettes and E-cigarettes Among Korean Adolescents

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**Objectives:** To compare characteristics of e-cigarette only users and dual users of both cigarettes and e-cigarettes among Korean adolescents.

**Methods:** Data from a nationally representative self-reported data, the 2011 Korean Youth Risk Behavior Web-based Survey (n=75,643) was obtained. The participants of the survey were middle and high school students in grade 7th-12th (aged 13-18 years)

**Results:** The prevalence of cigarette only smokers, e-cigarette only users, and dual users of both products were 8.6%, 1.1% and 3.3%, respectively. Sex, grade and school achievement were associated with dual use of cigarette and e-cigarettes among Korean youth. Grade, school achievement, subjective happiness and level of mother's education were significantly related to the use of e-cigarettes. The results from regressions show that: younger students (OR .73; CI .60-.89); students who had higher health concerns (OR 1.13; CI 1.02-1.27); students who had higher school achievements (OR 1.17; CI 1.08-1.26); students who had higher subjective happiness (OR 1.12; CI 1.01-1.25); and students whose mother had higher education level (OR 1.30, CI 1.11-1.53) were more likely to use e-cigarette only. Meanwhile, boys (OR 2.37; CI 2.05-2.74), students who had lower school achievements (OR .89; CI .85-.94), students who had higher perception of depressive symptom (OR 1.18; CI 1.05-1.33), students who had higher alcohol drinking (OR 1.24; CI 1.10-1.39), and students who had higher drug use (OR 2.10; CI 1.64-2.70) were more likely to use both cigarettes and e-cigarettes.

**Conclusions:** E-cigarettes are widely advertised on the Internet and magazines as a smoking cessation aid in Korea. Our findings support the argument that e-cigarette advertisement affects health behavior among Korean youth. Because students who were less likely to use conventional cigarettes were more likely to use e-cigarettes, which means Korean youth probably did not recognize e-cigarettes as harmful products. The current cigarette smokers among youth also tried to use e-cigarettes. Dual use of both cigarettes and other tobacco product can threaten public health, therefore, until there are further research on e-cigarettes' safety, health experts and the government continue to monitor e-cigarette use among youth and control the industry's marketing practice.

### S12-05 The Current Status and Regulatory System of Electronic Cigarette in Korea

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Electronic cigarettes (E-cig) developed by Hon Lik, Chinese pharmacist, intended to reduce concentrations of toxic compounds in mainstream and side stream smoke and to help smokers give up. They are battery powered devices that stimulate tobacco cigarettes by vaporizing nicotine and other chemicals into an inhalable vapor. World Health Organization named this as electronic nicotine delivery system (ENDS), and recommended that ENDS products should be regulated as combination drugs and medical devices and not as tobacco products. In spite of relatively short history of E-cig in Korea (in the market after 2008), they have been widely used especially in adolescent and smokers who want to quit). Because of the fact that ENDS might facilitate and perpetuate nicotine addiction, claims that ENDS assist smoking cessation should be prohibited, unless the efficacy of these devices, when used as intended, is scientifically proven to the satisfaction of regulatory authorities. More rigorous chemical analyses are needed, followed by extensive research involving animal studies and, finally clinical trials in humans. According to the Korean report in 2012 to analyze 121 liquid phases of E-cig being sold in Korea market by gas chromatography-spectrometry, the levels of nicotine to vary even in cartridges whose label claim to have the same amount of nicotine. Until these crucial implementation stages are completed, physicians and other healthcare professionals must inform consumers of the probable risk of the claims of manufactures of electronic cigarettes. In this presentation, I will explain the current status and the pitfall of the regulatory system of E-cig in Korea. Using data from the 2011 and 2012 Korean Youth Risk behavior Web-based Survey, I will also show how many Korean adolescents are exposed to E-cig and the socioeconomic characteristics of E-cig users.

Keyword: Electronic cigarette

### S13-01 Daring to Dream: Policy-makers and Practitioners' Views of an 'Endgame' Solution to Tobacco Smoking at a Country Level

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**Background and aim:** The New Zealand (NZ) Government has adopted the goal of making NZ smokefree by 2025. Achieving this is likely to require bold and innovative 'end-game' solutions. We explored with policy-makers and public health and health promotion practitioners their views about the vision of a smoke-free NZ and one of the possible means to achieve it - the creation of a not-for-profit tobacco product distribution agency (regulated market model).

**Methods:** We carried out 3 focus groups with policy-makers and public health experts (total participants =16). At the start of each focus group we gave a 20 minute presentation which set out the extent of the public health problem posed by tobacco in NZ, and outlined the vision of a tobacco free country by 2020 in which children would be free from exposure to tobacco and smoking prevalence is close to zero. We argued that new approaches would be needed, and that one such approach was a Tobacco-Free Commission. This was described as a semi-autonomous not for profit government agency with a public health mandate which would act as a monopoly purchaser and distributor of tobacco products. It would control the supply of tobacco and facilitate and promote measures to reduce smoking prevalence. The focus group discussions were analysed using thematic analysis.

**Results:** We successfully communicated the concept of a regulated market and a "Tobacco-free Commission" to practitioners and policy-makers, who were mostly supportive of the vision and intrigued by the regulated market model. However, they also identified a range of potential implementation problems. A key theme was the need to frame tobacco appropriately if radical endgame solutions are to be politically feasible.

**Conclusions:** The findings of somewhat guarded support contrasted with previously reported more positive responses found when this approach was communicated to and discussed with members of the public (smokers and non-smokers).

The study provides insight into possible barriers to implementation and ideas how smokefree goals and endgame solutions might be communicated to key stakeholders. The findings suggest that a credible rationale for radical action is needed to support the implementation of such solutions. This rationale should include a clear and credible vision for a tobacco-free future, and clear framing of tobacco as a hazardous and addictive product and wholly preventable cause of major public health harm.

### S13-02 Tobacco Litigation in South Korea: the Possibility of KT&G Nicotine Manipulation

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Tobacco litigation significantly affects the implementation and development of comprehensive tobacco control policies and measures. It is certain that providing valuable evidence and information to the judges of tobacco litigation and the public regarding issues in tobacco litigation is a vital public health concern.

The present study searched and analyzed the formerly confidential documents of transnational tobacco companies that had penetrated South Korea since 1988 from Legacy Tobacco Document Library (LTDL: <http://legacy.library.ucsf.edu/>) in order to investigate KT&G's nicotine manipulation through additives which has been the most important argument during the Korean tobacco litigation.

After liberalization in Korea's tobacco market, transnational tobacco companies initially went through difficulty in creating demand for their brands. To overcome this, the companies targeted a particular population, especially the young generation as a main consumer group, and developed distribution routes for their brands with cigarette vending machines. In addition, the study found that transnational tobacco companies conducted ingredient analysis of KT&G's cigarette brands which dominated most of the market share at that time in order to develop similar products as them. The result of ingredient analysis shows that KT&G's brands included ammonia, which helps deliver nicotine quickly to the brain. "Lighter" cigarettes did not contain a lower tar or nicotine as we expected, in fact, tar and nicotine in lighter cigarettes were similar with that of regular brands. Once the first tobacco litigation occurred in 1999, KT&G immediately got in contact with its competitor, Phillip Morris Asia to ask for their advice on tobacco litigation.

The findings of this study argue that there is a possibility that KT&G's tobacco brands included ammonia, one of the additives to be used for nicotine manipulation. Therefore, the current and future court for Korean tobacco litigation should carefully take into consideration the tobacco additives and tobacco industry's nicotine manipulation before making a judgment. More importantly, the study found that there has been collaboration between tobacco companies on tobacco litigation. Hence, the court and the public health experts should monitor tobacco industry's tactics and practices while tobacco litigation is in progress.

Figure 1: Chemicals in KT&G's cigarette brands

Brand	Alkaloids (%)	Nitrates (%)	Phosphates (%)	Chlorides (%)	Ammonia (%)
Eighty Eight Lights KS	2.9	1.0	0.60	1.07	0.05
Esse Super Slims	2.6	0.8	0.54	0.93	0.03
Simple Slims 100 Box	2.6	1.0	0.59	1.09	0.04
Sinabro 100 Box	2.6	1.1	0.62	1.16	0.11
Sinabro KS	2.5	1.1	0.62	1.18	0.09
Sinabro KS Box	2.4	1.1	0.63	0.97	Below Dtl
Thin KS	2.6	1.0	0.58	0.95	0.04
Thin Plus KS	2.7	1.0	0.60	1.05	Below Dtl

Source: Reasor BA. Korea Technical Review 1998-1999/312. April 2000. British American Tobacco. Bates No. 325189811-39

### S13-03 Pack Innovation and Product Designs Promoted in ASEAN Countries

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Most ASEAN countries are progressively strengthening their regulation to ban tobacco advertising, promotion and sponsorship except in Indonesia which is still in the process of imposing bans. However, the regulation does not prohibit promotion and advertising on cigarette packs and product development to entice smokers. Tobacco industry continues to capitalize on this last platform to advertise and promote their products. This paper presents tobacco companies' tactics to advertise and promote their products in seven ASEAN countries.

Routine surveillance at various points-of-sale was carried out across seven ASEAN countries: Cambodia, Indonesia, Laos, Malaysia, Philippines, Thailand and Vietnam to monitor the introduction of new promotional innovative pack and product designs. All novelty pack and new product designs from each country were purchased and scrutinized.

Tobacco industry in most of these countries has aggressively devised novel cigarette packaging and product designs targeting youth, children, women and men. Innovative packs with creative graphic designs in various colours, shapes and sizes appeal to potential purchasers regardless of age groups. Colour coding was used to sensitize consumers to the types of product design such as red colour for regular cigarette, blue for light and green for menthol.

In the absence of a ban in exotic flavoured cigarettes, tobacco industry has produced and marketed fruit flavoured cigarettes such as vanilla, strawberry, green apple, orange in Malaysia, Philippines and Lao PDR. Confectionery (chocolate, cappuccino and tea) flavoured cigarettes were sold in Indonesia and Philippines. Menthol and mint flavoured cigarettes are commonly found in most ASEAN countries. Tobacco industry in Malaysia and Indonesia introduced product designs using new filter technology that comes with mint or menthol capsule. Descriptor ban in Thailand, Singapore and Malaysia led industry to use promotional texts or terms on the pack. On contrary, a growing number of new descriptor words/terms were introduced in Indonesia, Cambodia, Lao PDR, Vietnam and the Philippines with no descriptor ban.

Tobacco industry exploits loopholes in existing legislation across the ASEAN region. Countries are encouraged to adopt plain packaging that requires a standardized cigarette packaging removing all product advertising including colors, logos and brand imagery to effectively counter tobacco industry's creative packaging designs and marketing tactics that undermines measures to reduce tobacco-caused diseases.

## S13-04 Laws Regulating Tobacco Products in Japan

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**1) Finding:** No law or regulation exists in Japan focusing its attention on the content of tobacco products from the viewpoint of protecting public health. **2) Summary:** (1) Laws and regulations regarding tobacco products in Japan at present. The only law regulating tobacco products is the "Tobacco Business Law." However the Law only provides regulation regarding the warning label (Article 39) and advertising (Article 40). There are no provisions concerning the contents of tobacco products, such as from a safety or public health perspective. Furthermore, the Minister of Finance exercises administrative authority for this law, which exists for the maintenance of stable tax revenue from a licensing system for the manufacture and distribution of tobacco -- as set forth in Article 1: "promoting the sound development of the Japanese tobacco industry, thereby securing national revenues." Again, nothing in this law concerns safety or public health by regulating tobacco products. (2) Laws and regulations in need of examination. (a) Pharmaceutical Affairs Law. The Pharmaceutical Affairs Law regulates medical pharmaceuticals. Article 2, clause 1 (3) of the law defines pharmaceuticals as "the substances (except for 'quasi-drugs (Iyakubugaihin) and cosmetics) that are aimed at affecting the structure or function of the body of a person or an animal, and which is not a piece of machinery nor a device of some sort." Tobacco instigates psychoactive effects (a perception of stress alleviation owing to the relief of nicotine withdrawal symptoms, et cetera) thanks to the medicinal action of nicotine. It is a substance aimed at affecting the cells within a person's brain. It is thus clear that tobacco falls into the above-mentioned definition of pharmaceuticals. Indeed, in the notice from the Director of the Pharmaceutical Affairs Bureau of the Ministry of Health and Welfare dated June 1, Showa 46 (1971) entitled "How to understand the list of ingredient essence (raw material) chiefly used as pharmaceuticals", nicotine is specified as "pharmaceuticals" due to it being "a strong toxic alkaloid" and "a substance containing specified ingredients equivalent to a poison or powerful drug." The Poisonous and Deleterious Substances Control Act specifies nicotine as a toxic substance. Therefore, it is clear that nicotine, as a pharmaceutical, is subject to control under the Pharmaceutical Affairs Law. It is also clear that other products (nicotine patches, nicotine gum, and electronic tobacco) containing nicotine should be subjects to control under the Pharmaceutical Affairs Law. Since the Minister of Health, Labour and Welfare has administrative authority, the possibility exists for the Act to regulate tobacco products from the viewpoint of protecting public health, in terms of production methods and in regards to the kind and quantity of an additive, et cetera. However, the national government has asserted in tobacco products liability litigation that tobacco is "a socially accepted item of personal preference" and its use is a matter of choice based upon the judgment of the user. Under this assumption, the state insists that tobacco is not pharmaceuticals as specified in the Article 2 clause 1 (3) of the Pharmaceutical Affairs Law. The courts have also determined that "As for psychoactivity, it is within the limits permitted for items of personal preference, so it is understood as not corresponding to the influence of the function of a person, as defined by Article 2 clause 1 (3) of the Pharmaceutical Affairs Law." (b) Other laws and regulations. Aside from the Pharmaceutical Affairs Law, Tobacco should also apply to the the Food Sanitation Law, as well as be considered to be included in the Act on Control of Household Products Containing Harmful Substances. However, if according to the judgment of the Japanese Government and the courts that regulation by Pharmaceutical Affairs Law is excluded for the reason that tobacco is "an item of personal preference," then tobacco is, in effect, only to be regulated by the Tobacco Business Law. **3) Discussion:** In Japan, the Tobacco Business Law, which the Ministry of Finance exercises regulatory authority over for the purpose maintaining stable tax revenue, is currently the only law that directly regulates tobacco products. According to this law, the Japanese government takes the stance that tax revenues in excess of 2 trillion yen per year take precedence over public health. Furthermore, the Japan Tobacco Inc. Law, Article 2, clause 1 requires the Minister of Finance to retain government ownership of one third of the shares of JT. Regulations on tobacco products should be enacted with the purpose of protecting public health and should be under the authority of the Minister of Health, Labour and Welfare. Under the status quo that is limited to regulations from a Finance Ministry intent on encouraging the production and sale of tobacco and the maintenance of stable tax revenue, there is little possibility for effective tobacco regulation. Since Japan has ratified the Framework Convention on Tobacco Control, This defective state of affairs need to be resolved at the earliest possible moment, not only to protect public health, but in accordance with Japan's national obligations as a party to the Framework Convention on Tobacco Control.

## S13-05 Denormalizing the Tobacco Industry One Campaign at a Time

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Building momentum for tobacco control requires simultaneous efforts to change society's positive view of the tobacco industry. From the giving of cigarettes as gifts to awarding tobacco companies for their services, the Chinese tobacco industry is well integrated into Chinese culture. Tobacco control groups, such as Thinktank Research Center for Health Development and the Chinese Association on Tobacco Control (CATC), constantly monitor the tobacco environment in order to discredit, preempt, and/or counter activities that may serve to promote the industry. In 2013, Thinktank launched a new tobacco industry accountability project to systematically counter the Chinese tobacco industry and promote tobacco control. This presentation will cover the mechanisms used by both Thinktank and CATC to change alter society's positive view of the Chinese tobacco industry. It will also describe the overall complementary strategies used by the organizations that successfully undercut the tobacco industry. The presentation will highlight the lessons learned from their campaigns to: a) remove industry sponsorship of "Black Tiger" events that covertly promoted "Black Tiger" tobacco; b) block a national scientific award to a Chinese tobacco industry scientist that would legitimize claims of a 'lower harm' cigarette technology; and c) remove industry sponsorship of primary schools that serve to promote cigarette brands to kids. Following the presentation, participants will have a broader understanding of the tobacco control environment in China and the tactics used by advocates to fight the tobacco industry.

## S14-01 End Tobacco Industry Corporate Giving

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The World Health Organisation refers to the tobacco industry's corporate responsibility (CSR) activities as an "inherent contradiction". Tobacco is unlike other products in that it is the only product that kills half its regular users prematurely. The global tobacco treaty, the WHO Framework Convention on Tobacco Control (FCTC), ratified by 177 Parties, states in its Article 13 Guidelines, Parties should ban contributions from tobacco companies to any entity for "socially responsible causes", as this is sponsorship. The Guidelines also state publicity given to "socially responsible" business practices of the tobacco industry should be banned. Most countries in the ASEAN region have banned tobacco advertising, sponsorship and promotions but not CSR activities. This presentation explores the CSR activities of the top three transnational tobacco companies (TTCs) in ASEAN region, challenges facing governments and recommendations.

**Methods:** CSR activities by the tobacco industry between 2009 and 2012 were identified using monitoring tools developed by the Southeast Asia Tobacco Control Alliance ([www.seatca.org](http://www.seatca.org)). The information was then triangulated with relevant information from tobacco industry reports on CSR activities and FCTC compliance reports of the ASEAN countries.

**Results:** CSR activities by TTCs were found in five countries with Indonesia and Philippines and registering the most number. Activities were mainly in poverty reduction and community projects, education related programmes involving schools and students, and art, culture and sports.

Philip Morris International conducted CSR activities focused on poverty reduction such as micro entrepreneurship in rural communities, scholarships to youth for education, and environmental projects. Of its 64 projects covering 5 countries, nearly half were in Indonesia. Indonesia is the only country in Asia that has not ratified the FCTC and has the weakest tobacco control measures. A commonality among these activities are "rural poor" a constituency that has high patronage among politicians. Funding government programmes focused on poverty eradication will earn TTCs political mileage. Countries receiving the most CSR, Indonesia and the Philippines, also have the weakest tobacco control regulations.

**Conclusion:** Choice of CSR activities benefits the tobacco industry's own constituency. TTCs use CSR activities to thwart or delay regulation of their industry and implementation of tobacco control. Since ASEAN countries are obliged to prohibit CSR activities by the tobacco industry, banning the publicity to CSR would be a good start.

#### S14-02 The CSR Conducted by Tobacco Companies in Japan

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**[Background]** The tobacco industry carries out plenty of activities in the name of corporate social responsibility (CSR) in Japan. Because the manufacture and sale of tobacco had been a government monopoly enterprise until 1985 and the largest tobacco company (Japan Tobacco; JT) took over the monopoly entirely. Even today Japan government owns one third of stock of JT. Moreover tobacco industries (JT, Phillip Morris; PM and British American Tobacco; BAT) have more than enough money to conduct such CSR activities.

**[Purpose]** The CSR conducted by tobacco companies in Japan includes diverse strategies which are integrated into the community. Sharing the situation should be very useful especially for people in developing countries and Japan who are generally naïve about their strategies. Therefore we compiled a list of their activities and categorized them by their objective.

**[Methods]** We collected the CSR activities conducted by JT and PM through their website and categorized according to the following criteria; [1] to dilute hostile feelings from non-smokers, [2] to prevent current smokers from quitting, [3] to improve the image of tobacco industry, [4] to affect decisions by administrators for tobacco control. Some anti-tobacco groups mounted a protest to administrators. We describe the process and the results.

**[Results]** To dilute hostile feeling from non-smokers, JT has been conducting “improve the manners of smokers” campaign. To prevent smokers from quitting, both JT and PM have been making smoking booths in public areas, especially at the station plazas. To improve their image JT has been conducting cleanup activity in all over the Japan and supporting the Volley ball World cup, local orchestra, children’s Shogi championship, tree planting, and so on. PM has been conducting anti domestic violence campaign and child abuse prevention campaign. Some anti-tobacco groups have complained to local governments, however, most of the authorities ignored the complaints or responded formally.

**[Discussion]** The CSR activities seem benevolent to societies superficially and JT showcases them in TV commercials which can influence the decision of citizens. We should highlight the true nature of the activities forcefully.

#### S14-03 Saveourfarmer.org Website to Counter Tobacco Farming Front Groups

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*Southeast Asia Tobacco Control Alliance*

Save Our Farmer ([www.saveourfarmer.org](http://www.saveourfarmer.org)) is a regional campaign of the Southeast Asia Tobacco Control Alliance (SEATCA) in response to mounting efforts of tobacco industry front groups, primarily the International Tobacco Growers Association (ITGA) to mislead the public and create fear among tobacco farmers worldwide in order to promote the interests of the tobacco industry and curtail the implementation of the WHO Framework Convention on Tobacco Control.

While tobacco consumption and production have reached alarming proportions in developing nations, claims of prosperity from tobacco cultivation by tobacco companies deliberately obscure the downsides of tobacco farming. Across Southeast Asia, the number of farmers employed in tobacco farming is small compared to overall national employment. However, tobacco companies continue to argue for tobacco farming’s creation of jobs. Revenues from tobacco may appear advantageous to both farmers and national governments but the cost entailed in farming tobacco is also high relative to other crops. Declines in tobacco farm productivity, low fetching prices for crop, indebtedness, exposure to health and environmental hazards put tobacco farmers and their families at a clear disadvantage. Governments also do not substantially earn from tobacco production – as revenues fall behind the projected amounts. Many countries are also net importers of tobacco leaf, losing millions of dollars each year in foreign exchange. In the end, only the transnational companies reap the greatest benefits from tobacco farming.

The SaveOurFarmer website is a tool to counter tobacco industry front groups. The website aims to monitor press releases and other media activities by the tobacco industry and its front groups and to counter the arguments and lies spread by the industry specifically on tobacco farming, featuring video testimonies of tobacco farmers, up-to-date researches, and country information to refute industry claims related to tobacco farming.

#### S14-04 Tracking Investments by Financial Institutions in Tobacco Companies - What Tobacco Control Advocates Need to Know and Do about It?

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*International Union Against Tuberculosis and Lung Disease*

**Background and Objective:** Roughly €3 trillion in assets and investments are managed by socially responsible investment (SRI) funds worldwide which motivate institutional investors to take a more stringent view on ethical investing. Ethical investing include not investing in tobacco industry or its stocks. Tobacco is a cross-cutting area where such investments are forbidden. Tracking investments made by governments and private financial investors in the tobacco sector can influence in mitigating the proliferation of the industry in the future.

**Methods:** This research examines investments made by the largest private banks in the world which conform to SRI standards using customised, paid for banking databases.

**Results:** The analysis finds that 42 of the top 50 global bank invest and support tobacco industry domestically and in offshore projects.

**Conclusion:** Definition of socially responsible investments within the perspective of screening tobacco investments is perceived variably by financial institutions. Also in the absence of a watchdog institution and few disincentives for truant behaviour, investors continue to invest tobacco companies. Tobacco control advocates need to monitor investments made by large banks and institutions in tobacco industry and ensure that banks which have committed to SRI codes conform to them.



## S14-05 South Korea: KT&G Sangsang Univ. Employs CSR for Marketing

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Ever since South Korea opened its tobacco market to the transnational tobacco companies' (TTCs) in 1988, KT&G (Korea Tomorrow & Global), the now-privatised state tobacco monopoly, has steadily lost market share. Korea restricts cigarette advertising and marketing, prohibiting outdoor signage, free sampling outdoors, and advertisements in TV, radio, and newspapers, while allowing cigarette promotions within cigarette retail shops and magazines and sponsorship of social, cultural, musical, athletic, and other specific events.

In 2003, KT&G created "KT&G Sangsang Univ.," The word, "Sangsang(상상)" means "imagination." Even though it is called a "Univ.," KT&G Sangsang Univ. is not a university; it appears to be part of KT&G. KT&G Sangsang Univ. reinforces KT&G's corporate social responsibility (CSR) activities. However, its primary function is to serve as a marketing activity to approach Korean college students aged 19-27 who belong to the highest smoking rate group. (The smoking rate of Korean young adults aged 20-29 year olds is 53% in men and 11.6% in women.) One of the key programmes run by KT&G Sangsang Univ. is a six or seven week marketing class highlighting KT&G's tobacco marketing strategies (e.g., building brand image, defining target groups, designing product packaging) and its particular tobacco brands as teaching exemplars (Figure 1). Upon completion students receive a formal certificate from KT&G Sangsang Univ., potentially increasing their post-college marketability. Although the current tobacco-related regulations in Korea restrict advertising of tobacco brands to cigarette retail shops and specific magazines, the marketing class of KT&G Sangsang Univ. enjoys unregulated use of company brand images.

Previous research found that tobacco industry CSR activities are used to overcome the social unacceptability of tobacco and smoking, re-build company credibility, improve employee morale, and secure access to policymakers. In addition to these functions, KT&G Sangsang Univ. has expanded the scope of CSR activities to supporting KT&G marketing, including brand promotion. Because the place of the marketing course is not a cigarette retail shop and many of the "students" in KT&G Sangsang Univ. are women, its activities appear as a loophole in Korea's tobacco control regulation.



## S15-01 Recent Findings from the ITC Project on the Effectiveness of Health Warnings in the Asia Pacific Region:

Geoffrey T. FONG  
*University of Waterloo*

Article 11 of the WHO Framework Convention on Tobacco Control (FCTC) and the Article 11 Guidelines adopted at the 3<sup>rd</sup> Conference of the Parties in 2008 call for FCTC Parties to implement large (at least 50% of the front and back of the package) pictorial health warnings. As FCTC parties begin and continue to implement these health warnings, there is an accumulation of experiences of these countries, and a growing body of evaluation studies that allow for initial conclusions to be drawn with respect to whether warnings that have been consistent with the Article 11 Guidelines have indeed led to greater effectiveness. This presentation will summarize findings from the International Tobacco Control Policy Evaluation Project (the ITC Project), with emphasis on recent comparisons across the Asia-Pacific and South Asia countries of the ITC Project—Republic of Korea, China, Australia, Thailand, Malaysia, India, and Bangladesh.

## S15-02 Advancing Health Warnings Policy with Lessons Learned from Selected ASEAN Countries

Yen Lian TAN  
*Southeast Asia Tobacco Control Alliance*

Globally, countries are acknowledging the harmful effects of tobacco consumption that caused billions of premature deaths and potential life lost to tobacco-related diseases. The growing rate of smoking prevalence and smoking-attributable mortality is alarming, particularly in most ASEAN countries.

Recognizing that pictorial health warnings (PHWs) is one of the most effective tobacco control measure for communicating and increasing awareness among smokers and the public of the harmful effects of smoking at no cost to the government, Singapore and Thailand have been lauded for being the first two ASEAN countries to restrict the use of packs as an advertising medium by requiring PHWs in 2004 and 2005 respectively. This was followed by Brunei in 2008 and Malaysia in 2009.

However, interference by tobacco industry through strong lobbying to policy makers and requesting for longer transition period are common tactics used to delay the full implementation of PHWs and these remain the greatest challenge for Vietnam and Indonesia. Thailand marked another major tobacco control milestone with the announcement to implement the world largest PHWs size of 85% which will be enforced in October 2013. This move has received strong opposition from tobacco industry, particularly Philip Morris International (PMI) which has mobilized lawyers and trade groups to apply pressure on the Thai government. In Malaysia, tobacco industry, on the other hand, exploited the loopholes in the Control of Tobacco Product (Amendment) Regulations 2008 to dilute the effects of the pictorial health warning on cigarette packs through various types of packaging design and shapes, colors coding and transparent sleeves with innovative designs.

Cambodia, Lao PDR and Philippines are trailing behind. The delay in implementing PHWs was attributed to strong tobacco industry interference. For example, Cambodia failed to meet its obligation to implement PHWs through a Sub-decree on Health Warning in 2009 which was reduced to mandatory textual health warnings after strong interference by tobacco industry. The Philippines, is yet another country that is still facing challenges by multiple court cases filed by tobacco companies to stop the Department of Health (DOH) from enforcing its administrative order requiring nine rotating pictorial health.

It is evident that the tobacco industry interference remains the biggest threat to implementation of strong tobacco control policies in most ASEAN countries, particularly that of introducing prominent and bigger PHWs.

### **S15-03 Pathways for the Impact of Cigarette Pack Health Warning Labels on Smokers' Quitting Behaviour: Findings from the ITC-4 Country Surveys**

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**Background:** Under Article 11 of the WHO's Framework Convention on Tobacco Control, ratifying countries are obligated to implement health warning labels on tobacco products to help communicate the risks of smoking to both smokers and non-smokers. To ensure its effectiveness, there is a need to understand the mechanisms underlying the impact of warning labels—that is, HOW warning labels work. Past research has shown that cognitive reactions such as thinking about the harms of smoking because of warning labels and behavioural reactions such as forgoing a cigarette because of the pack warnings are key independent predictors of subsequent quit attempts. However, to date, the mediational pathways for the impact of warning labels on quitting behaviour have not been examined. This study seeks to address this.

**Objectives:** To test and develop, using structural equation modelling (SEM), a model of the mediational pathways through which health warning labels exert their influence on smokers' subsequent quitting behaviour.

**Methods:** Data come from the International Tobacco Control Four Country Survey, a longitudinal cohort study conducted in Australia, Canada, the UK, and the US. For the purpose of this study, data collected in Wave 5 (conducted Oct 2006–Feb 2007; n=4988) on warning specific measures (label salience, thoughts about health risks, forgoing behaviour, label avoidance), general mediators (worry about health damage from smoking, quit intention), and socio-demographic measures were used as baseline predictors, with quitting data at Wave 6 as outcome.

**Results:** SEM results indicated that the mediational model tested was a good fit to the data (CFI= .986, RMSEA=.030), accounting for 23.2% of the variance in quit attempts. Controlling for age, sex, daily cigarette consumption, and country, warning label salience was positively associated with thoughts about risks of smoking stimulated by the warnings ( $\beta=.64$ ,  $p<.001$ ). Warning stimulated thoughts about smoking risks, in turn, were positively related to increased worry about smoking doing damage to health and lowering quality of life ( $\beta=.59$ ,  $p<.001$ ); increased worry in turn predicted stronger intention to quit ( $\beta=.42$ ,  $p<.001$ ). As expected, quitting intention was a strong predictor of subsequent quit attempts ( $\beta=.44$ ,  $p<.001$ ).

**Conclusions:** Health warning labels have their influence on future quitting attempts primarily through their ability to stimulate thoughts about the risks of smoking, which in turn help to raise smoking-related health concerns, which lead to stronger intentions to quit, a known key predictor of future quit attempts for smokers.

### **S15-04 Packaging and Labeling of Tobacco Products in Hong Kong**

Vienna LAI

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World Health Organization released six MPOWER measures in 2008 which are proven to be the effective ways to combat the global tobacco epidemic. These measures include “Warn about the dangers of tobacco” and “Enforce bans on tobacco advertising, promotion and sponsorship” which can be achieved through tightening control on packaging and labeling of tobacco products. Embedding pictorial and written health warning on tobacco packets is the most direct and effective admonition to smokers and to contend with the intensive promotion of tobacco companies.

Since the enactment of the Smoking (Public Health) Ordinance in 1982 in Hong Kong, the Hong Kong Government has regulated the health warnings on tobacco products and undergone several phases of changes. They were enhanced from written warnings at the early stage to today's combination of pictorial and word contents. The warning has to be positioned on the top of the packet taking up half of the front and back of packet's surface. Misleading terms such as “low-tar” and “ultra light” were prohibited.

Although all tobacco advertisements and promotion are banned by law in Hong Kong, tobacco companies still exploit loopholes to promote tobacco products indirectly, for example using specially designed packaging to attract smokers. Hence, Hong Kong Council on Smoking and Health advocates the Hong Kong Government to adopt plain packaging as introduced in Australia in December 2012. By standardizing the packaging and expanding the pictorial health warnings, it is hoped that the misconceptions about relative harmfulness of various cigarette brands can be corrected; up-take of smoking among teenagers and women can be prevented; the overall appeal of smoking can be reduced and hence further lowering smoking prevalence in Hong Kong to single digit.

### **S15-05 An Evaluation of the Removal of Tobacco Retail Displays in New Zealand**

Gregor WHYTE, Phliip GENDALL, Janet HOEK

*University of Otago*

**Background:** In July 2012, New Zealand joined Australia, Ireland and Iceland, among other countries, in requiring retailers to store all tobacco products out of public view. This policy recognises strong evidence that tobacco retail displays increase the risk of smoking experimentation among young people and impede cessation among smokers who wish to quit. However, despite being in place for more than six months, this policy has not been evaluated. We examined support for the policy and explored its perceived effects.

**Objectives:** To examine support for the removal of tobacco products from open display in stores and explore the likely effects of this policy on young people, quitters and smokers.

**Methods:** An online survey of 364 smokers (daily and non-daily) and 402 non-smokers (former and never smokers) from throughout New Zealand. Respondents indicated whether they supported or opposed the new policy and then noted whether they thought the policy would make it harder or easier to achieve specific outcomes, or whether it would make no difference. These outcomes included effects on own and others' cessation intentions, ease of quit attempts and maintenance of smokefree behaviour, and effects on youth initiation and access to tobacco. The order of the response options was reversed for half the sample (to randomise any item order effects). Analyses were undertaken using SPSS v20.

**Results:** Overall, 76% of respondents supported the removal of tobacco retail displays. Although most (58%) believed this measure would make no difference to the ease with which smokers could quit, over two thirds thought the policy would make it easier for quitters to remain smokefree. A similar proportion (63%) thought the policy would make it less likely that young people would start smoking, and more than half (56%) thought it would make it more difficult for young people to buy tobacco. Agreement that the policy simplified quitting and protected young people varied by smoking status with daily smokers significantly less likely to agree with the benefits relative to occasional, former and never smokers.

**Conclusions:** Participants supported the removal of tobacco POS displays though saw the policy as preventing youth access and initiation and supporting quitters rather than encouraging cessation.

## S15-06 The Plain Truth: Australia's World First Plain Packaging Legislation

Kylie. J. LINDORFF

*Cancer Council Victoria*

On 1 December 2012 all tobacco products for sale in Australia were required by law to be in drab dark brown packaging and be stripped of all colour, branding and logos. At the same time laws were updated to increase the size and improve the content of Australia's graphic health warnings. The legislation is consistent with Australia's obligations as a party to the WHO Framework Convention on Tobacco Control. The introduction of this world first plain packaging legislation is a monumental step forward for tobacco control globally with other countries already expressing an interest in introducing similar legislation.

Knowing the global impact a world first like this would have, plain packaging was bitterly opposed by the tobacco industry. A challenge by the tobacco industry to the legislation in Australia's High Court delivered an overwhelming 6-1 victory to the Australian Government. Challenges in the WTO and under a bi-lateral investment treaty are still to be heard.

The intention of the plain packaging legislation is to reduce the appeal of packaging, increase the impact of graphic health warnings and reduce the ability of the packaging to mislead about the harmful effects of smoking. The positive impact of the legislation was immediate with calls to the Quitline, Australia's smoking cessation telephone service, increasing and smokers commenting on the unappealing packaging and believing the taste of tobacco was much worse. These immediate outcomes are in line with the intention of the legislation.

This presentation will describe: the important steps that lead to the government implementing the legislation and the role of civil society; the tobacco industry's challenges to the measure and how the first was overcome; lessons learnt for other countries; and evaluation of the legislation that is available to date.

Relevant topics:

Q – Packaging and labelling

T - Tobacco industry intervention / Corporate Social Responsibility

## S16-01 Tobacco Proposal in a 21<sup>st</sup> Century Free Trade Agreement

Deborah SY

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**Background:** The tobacco industry and its affiliates have submitted its position to the negotiators of the Transpacific Partnership Agreement (TPP), a free trade agreement being negotiated between the US and APEC Countries. It insists on being treated just like any other product and calls for stronger intellectual property and investor-state dispute settlement provisions (to challenge packaging measures) and removal of broad discretion for health authorities in product regulation. In the meantime, the US Trade Representative (USTR), in the midst of its WTO case on Clove Cigarettes, has proposed a special provision on tobacco control in this trade agreement. As a non-FCTC party that aims to make international law provisions comply with its internal law, the US sought only to protect the FDA's authority to implement laws such as the Family Smoking Prevention Act. Another law, the spirit of EO19393 and Doggett Amendment not to promote tobacco in other countries is not reflected in this proposal. The FCTC to which the US is not a party is not recognized and yet the rest of the countries negotiating the TPP are FCTC Parties.

At its 15<sup>th</sup> Round, the United States- Australia, New Zealand, Chile, Peru, Vietnam, Singapore, Malaysia and Brunei - have been negotiating the proposed TPP agreement since March 2010. Canada and Mexico have joined the talks during this round.

**Method:** The author reviewed each provision of the relevant past FTAs and leaked texts to analyze the potential impact of the provisions being negotiated on the implementation of the FCTC and its guidelines.

**Results:** Should the tobacco industry continue with its trade litigation strategy, the TPP countries would have provided it with one of its most powerful ammunitions thus far. Many TPP provisions violate basic principles under Article 5.3 and trade the tobacco industry as a partner, and extend benefits to the tobacco industry. Stronger intellectual property rights can be provided to the tobacco industry and it will be very challenging to implement the illicit trade protocol given the restrictions under the market access chapters.

**Conclusions:** Various aspects of tobacco control and FCTC implementation must be accounted for in the process of negotiating the TPP. The first step is to treat tobacco as a unique product that is subject of an international treaty, then to recognize that the FCTC represents a minimum standard. In a special tobacco control provision in the TPP, TPP participants must aim for coherence between the future of FCTC implementation and the TPP provisions, including the possibility of carving out tobacco control measures from the TPP.

## S16-02 The Globalization of the Tobacco Industry and Implications for Tobacco Control

Frank J. CHALOUPKA

*University of Illinois*

Over the past few decades, the tobacco industry has become increasingly globalized. This has, in large part, resulted from the proliferation of bilateral, regional and global agreements that have reduced barriers to trade and investment, the privatization of government run tobacco companies, and mergers and acquisitions within the tobacco industry. This presentation will highlight the trends in globalization of the tobacco industry and the impact of globalization on tobacco use and its consequences. As the industry has become increasingly globalized, it has used trade and investment agreements to challenge strong domestic tobacco control policies. Several case studies will be presented, including: the GATT dispute between Thailand and the United States; the WTO dispute between Indonesia and the United States; Philip Morris Norway's challenge to Norway's ban on the display of tobacco products at the point-of-sale; Philip Morris Asia's challenge to Australia's plain packing policy; the WTO dispute between several countries and Australia over plain packaging; and others. The implications of rulings in cases that have been decided and the applicability of the principles that underlie these decisions for ongoing and future challenges will be discussed.

### **S16-03 Tobacco Trade in the ASEAN Region: Transit Points and AFTA**

Anthony D. SO, Ryan C. DENNISTON

*Program on Global Health and Technology Access<sup>1</sup>, Duke Global Health Institute<sup>2</sup>*

#### **Background**

The ASEAN Free Trade Area (AFTA) seeks to foster greater trade among member countries through lower trade barriers. Applied to tobacco, however, lower barriers risk public health. AFTA places tobacco on the Common Effective Preferential Tariff (CEPT) scheme, where preferential tariffs apply to products that originate within AFTA and are at least 40%, by content, sourced from within ASEAN. If successful, this agreement increases the importance of trade, particularly with other member states, to domestic public health. To what extent major transit points for tobacco trade have formed within ASEAN has not been well characterized. Do transit points coincide with places where significant trade discrepancies, suggestive of illicit trade of tobacco, exist? Finally, does the contrast in trade patterns--before and after implementation of AFTA--provide evidence for the impact of the trade agreement on the flow of tobacco?

#### **Methods**

To identify potential illicit trade transit points, this study calculates trade discrepancies, differences between imports recorded by a country and exports recorded by its trade partners, to use as a proxy for illicit trade. Trade discrepancies can be analyzed at several levels—bilateral trade, ASEAN-specific trade, and the collective trade pattern of the ASEAN bloc. To help control for volatility in year-to-year trade patterns and legitimate sources for discrepancies, tobacco is compared against other leading commodities. We developed maps to detail changes in bilateral trade and discrepancies over time.

#### **Results**

Analysis of trade discrepancies reveals several findings. First, cigarettes possess larger discrepancies at the country and bilateral levels than total trade. Second, most ASEAN countries are recipients of illicit cigarettes originating within ASEAN. Finally, as measured by both trade volume and discrepancies, several transit points shared by several ASEAN members emerge.

#### **Discussion**

Article 15 of the Framework Convention on Tobacco Control (FCTC) requires parties to collect data as part of combating illicit trade. This research offers a transparent and replicable method that may identify cases that warrant further scrutiny. Finally, the research highlights the importance of trade issues to future tobacco control efforts.

### **S16-04 Does Tobacco Taxation Have an Influence on Industry Consolidation?**

Anne-Marie PERUCIC, Nigar NARGIS, Ayda Aysun YUREKLI

*World Health Organization*

Recent years have seen increased trade globalization in the form of increased economic integration between countries sharing the same borders. As countries engage in customs unions and other forms of economic integration, interdependence between countries increases as well. One concern raised by countries that take part in such agreements is the incentive for tobacco manufacturers to relocate from one country in the economically integrated zone to another seeking for a lower tax burden when there are tax differences between countries. Such concerns have hindered countries from further increasing tobacco taxes. Tobacco taxation is the most effective and cost-effective measure to reduce tobacco use and its health burden. It is therefore very important to clarify any doubts with regards to the impact of tax differences between countries on industry relocation so that governments are not prevented from improving and increasing their tobacco taxes on a regular basis.

Based on experience from different countries (particularly in Africa), the presentation seeks to show that the main purpose of the industry's relocation from one country to another within the same economic integration zone (or customs union) was not tax avoidance but rather for the consolidation of its production in order to enjoy larger economies of scale. The examples described will show how the relocations happened and why they were independent from any tax policy. The presentation will also describe the main benefits of these moves in the context of economic integration zones (or customs unions).

The presentation will then make an analysis of the dynamics of the Asian tobacco market looking at major players (particularly countries from the Association of Southeast Asian Nations – ASEAN) and the benefits/losses they would incur from increased trade liberalization. More importantly, the presentation will explore possible consequences to those countries' tobacco markets and production as a result of increased consolidation of the industry in the context of ASEAN's efforts of heightened economic integration.

### **S16-05 The Economic Integration and its Threat to Tobacco Taxation: The Case of ASEAN Economic Community**

Sophapan RATANACHENA, Jennie L. REYES

*Southeast Asia Tobacco Control Alliance*

The ASEAN intends to create an ASEAN Community by 2015 based on three pillars: an ASEAN Political-Security Community, an ASEAN Socio-cultural Community, and an ASEAN Economic Community (AEC). The AEC shall be the goal of regional economic integration and envisages the following key characteristics: (a) a single market and production base, (b) a highly competitive economic region, (c) a region of equitable economic development, and (d) a region fully integrated into the global economy. In short, the AEC will transform ASEAN into a region with free movement of goods, services, investment, skilled labour, and freer flow of capital.

Undoubtedly, the establishment of AEC will not only lower or eliminate import tariffs of tobacco and tobacco products, it also has the potential to lower domestic tobacco tax rates, increase accessibility to tobacco products, and provide avenues for illicit trade of tobacco products, all of which will have a negative impact on public health in ASEAN countries.

The WHO Framework Convention on Tobacco Control (FCTC) recognizes that tax and price measures are an effective and important means to reduce tobacco consumption among various segments of the population, in particular young persons and the poor, who are sensitive to price changes. In addition, tobacco tax is proven to be a sustainable source of government revenue for health promotion and social development programs. In ASEAN countries, tobacco tax rates and retail prices are generally low in both absolute and relative terms, while smoking prevalence rates are increasing, largely a result of the failure of tax and price policies to keep pace with the region's economic growth, inflation rates, and purchasing power of ASEAN populations.

This paper aims to provide a policy analysis on public health and tobacco tax under the regional economic integration through the application of classic free trade theories of Adam Smith, David Ricardo and Alfred Marshall as well as the New Trade Theories currently used by developed countries to direct trade policy. Additionally, an impact analysis is presented based on regional researches on Cigarette Affordability and Tobacco Tax Increase Modeling conducted in five countries (Cambodia, Indonesia, Lao PDR, Philippines and Vietnam) under the Southeast Asia Initiative on Tobacco Tax of the Southeast Asia Tobacco Control Alliance.

In order to facilitate effective implementation of the FCTC and to protect public health throughout the region, this paper recommends that in establishing the AEC, tobacco should be excluded from all trade and cooperation agreements among ASEAN member states because it is a uniquely harmful product, and tobacco tax and price policies should be safeguarded in the promotion of free trade in the region. Ultimately, it aims to raise awareness among policymakers in ASEAN to prioritize public health in the trade cooperation of AEC.

### **S17-01 How Does Big Tobacco Love Government Interference? Let Us Count the Ways**

Mark LEVIN

*Univesity of Hawaii*

*Without a doubt, Article 5.3 is the beating heart of the FCTC. Its vitality is the central element for the success or failure of the vision expressed in Article 3, enthusiastically adopted by FCTC member states.*

The rationale for my bold statement here should be obvious. When governments and their agents are able to operate free from tobacco industry interference, most will choose to adopt the life-saving and socially beneficial policies incorporated in the remaining provisions of the Treaty. Thus, tobacco industry interference represents the single greatest impediment to our progress. Our mission demands in return that we employ Art. 5.3 to its fullest advantage.

As the first presenter in our panel session looking at tobacco industry interference, I will quickly introduce Art. 5.3 and its implementing guidelines. I will then launch a brief participatory workshop aiming to inventory ways that audience members have witnessed Big Tobacco infiltrating political society in their local surroundings.

Let's not let ourselves be fooled. Big Tobacco devastatingly insinuates itself into public policy choices in every way that it possibly can. We must take note of the obvious and hidden routes, and make ourselves ready to block them wherever we can.

### **S17-02 What Hinders Implementation of the WHO FCTC Article 5.3 in South Korea ?**

Sungkyu LEE

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Keywords: Tobacco, Tobacco control, Tobacco industry, FCTC, Article 5.3

Since 1988, the South Korean government and tobacco control advocates made efforts to reduce smoking prevalence in Korea. In turn, the male smoking prevalence decreased from 79% in 1980 to 40% in 2006. However, from 2006 the decline reversed to an upward trend, returning to 48% in 2011. The WHO Framework Convention on Tobacco Control (FCTC) Article 5.3 states that ratifying nations should be alert to any efforts by the tobacco industry to undermine or subvert tobacco control efforts. Although controlling tobacco industry based on the Article 5.3 is essential, there have been no efforts in Korea to implement Article 5.3. The study determined whether the Korean Ministry of Health (MOH) properly understood Article 5.3 and how the tobacco industry interfered in tobacco control policies.

Government official documents and reports on tobacco control were collected and reviewed. We also searched and analyzed tobacco industry internal documents available from the Legacy Tobacco Documents Library. Initially, the search term, 'Korea' was used and to narrow down the sample of documents, the study combined search terms "Ministry of Health" and "tobacco control policy" to identify how the industry attempted to interfere in tobacco control policies in Korea. There were three factors that hindered the implementation of Article 5.3 in Korea. Firstly, due to a direct conflict between two tobacco-related laws: one designed to promote the tobacco industry and the other designed to promote public health. Tobacco industry interference [in public policy making] has not been an issue of concern in tobacco control policy making. Secondly, the government has not fully understood Article 5.3. The government overlooked the tobacco industry's corporate social responsibility (CSR) activities which reduced the effectiveness of tobacco control policies, and gave a prize on two occasions to honor Philip Morris Korea's CSR activities which include helping the poor. Additionally, the MOH has increased its investment in the tobacco industry since 2009 using the National Pension Fund. Thirdly, when new tobacco control regulations were introduced, the tobacco industry actively put forward their opinion to the MOH and the MOH recognized tobacco industry as an important stakeholder on tobacco control policy, which is against the FCTC's recommendation.

The Korean government has largely overlooked the tobacco industry practices that undermine the existing tobacco control policies and attempt to block new policies. The government needs to fully understand Article 5.3 and immediately stop their support for tobacco industry's CSR activities and investment in the tobacco industry using the National Pension Fund.

### **S17-03 Non-Compliance with FCTC Article 5.3 and Article 19 in Japan**

Koki OKAMOTO

*Lawyer*

Article 5.3 to protect public health policies from the tobacco industry

JAPAN TOBACCO INC. (JT) has very strong power in Japan economically and politically. The Japan's Minister of Finance still owns 33.35% of the shares of JT. The Tobacco Business Law is incompatible with FCTC. The declared purpose of the law is "to promote the sound development of the Japanese tobacco industry, thereby securing national revenues." The provision should be abolished, but the Diet is unlikely to amend the law. There are a lot of violation and non-compliant situation against Article 5.3 in Japan. The Ministry of Finance (MOF) hardly monitors JT from the perspective of FCTC, and to make matters worse MOF publicly seems to allow JT's "freedom of speech". MOF and JT mutually exchange their personnel. The retired officers from MOF get high-class job into JT and earn expensive pay. Actually, some of the Diet members influenced by JT have harshly opposed and collapse policy of the Ministry of Health (MOH). For example, MOH several times failed to set a target for reduction percentage of the smoking prevalence. Around 2007 JT harshly opposed the start-up of the local ordinance of Kanagawa prefecture which aims to protect people from second-hand smoke indoor and to restrict indoor smoking at public places, restaurants, hotels and so on for the first time in Japan. 2009 the first indoor protection ordinance was passed after a great struggle, but after all it had been weakened by oppositionist. JT always opposes tax raise of cigarettes for fear of a decrease in the consumption. MOF every year invites JT and other foreign tobacco industries and ask for their opinion about tax. We, our NGO and anti-tobacco lawyers including me, have criticized each JT activity and MOF failure to monitor JT above, but they have ignored. We NGO have to keep criticizing and monitoring in accordance with FCTC 5.3. Article 19 Liability Anti-tobacco lawyers have sued JT several times. However we couldn't win any cases in Japanese courts. The plaintiffs were ex-smokers, that is to say victims of tobacco related diseases, ex. lung cancer, COPD, etc. Now another case is under procedure, the plaintiff of which is non-smoker who had suffered from passive smoking for 25 years. He got a larynx cancer and heart disease. I hope a good judgement for justice. While the cases against JT or MOF all failed, some of the cases against employers of workplace with second-hand smoke resulted in winning lawsuit. Still winning is not so easy. It needs a lot of judicial evidence and great effort in the proceedings. However lawsuit against employers related to passive smoking is certainly making progress. My opinion is that JT should be more liable as very big industry than civil employers. We have to make the first step of "Liability" of JT.

## S17-04 New Zealand Smokers' and Non-Smokers' Support for End-Game Retail Policies

Philip GENDALL, Gregor WHYTE, Janet HOEK

*University of Otago*

**Background:** In 2011, the New Zealand government announced the goal of becoming a smokefree nation by 2025. This means reducing the current smoking prevalence of seventeen percent to less than five percent. Tax increases, graphic health warnings and bans on smoking in public places have been introduced, and plain packaging of tobacco products is being considered. However, apart from a policy implemented in 2012 that required removal of tobacco retail displays, supply-side initiatives have received less attention from policy makers. Thus we examined support for retail interventions that would further reduce the availability and accessibility of tobacco products in New Zealand.

**Objective:** To inform “end-game” intervention strategies by estimating smokers' and non-smokers' support for policies that would further regulate tobacco retailing.

**Methods:** An online survey of 364 smokers and 402 non-smokers from throughout New Zealand. Respondents used an 11-point scale (anchored by -5, strongly oppose and +5, strongly support) to indicate their support for or opposition to five potential retail policies: reductions in the number of retail outlets; not allowing tobacco sales in outlets that sold alcohol or that were within 500 metres of a school; retailer licensing, requiring cessation products to be sold wherever tobacco was sold and phasing out sales of tobacco in New Zealand by 2025.

The response scales for each policy were collapsed into dichotomous oppose/support variables and used as the dependent variables in logistic regression analyses, with smoking status, age, gender and ethnicity as the independent variables.

**Results:** There was overall support for each of the potential policies, but this was consistently and significantly associated with respondents' smoking status. Responses to all initiatives showed a consistent trend of increasing support from daily smokers to occasional smokers to former smokers to non-smokers. Daily smokers strongly opposed reducing the number of tobacco outlets, not allowing tobacco sales in outlets that sold alcohol, and phasing out tobacco sales altogether; they also opposed licensing of stores selling tobacco. Social smokers opposed the phasing out of tobacco sales. However, all groups supported not allowing tobacco sales within 500 metres of a school and requiring cessation products to be sold wherever tobacco was sold.

**Conclusions:** The two policies with the strongest support appear the most likely to deter youth initiation and promote cessation among existing smokers and provide clear guidance to policy makers looking to strengthen supply-side measures.

## S17-05 Tobacco Industry's Tactics to Challenge Effective Tobacco Control Activities from a View Point of Product Innovation

Yumiko MOCHIZUKI-KOBAYASHI

*National Cancer Center*

Tobacco control in Japan has gradual achievements in terms of smoking prevalence, consumption and social norm due to timeless efforts to curb the tobacco epidemic at all levers. Recent policy progresses in Japan are as follows; first-ever achieved numerical goals to reduce tobacco use by the government, policy frames such as Health Japan 21 and Cancer Control Plan, local initiatives to enact smoke free ordinances and health insurance coverage for smoking cessation. However, tobacco industry is sneaking to deter

Japan Tobacco Inc. (JT) is the world third multinational tobacco company originated from a domestic state monopoly in Japan. It's partial privatization in mid-80's and acquisition of foreign tobacco companies since late 90's strengthened its power to survive under global tobacco control era, financially, politically, and technically. Here, I will discuss the most recent potential risk to tobacco control from a viewpoint of product innovation among other industry's tactics to intervene the policy and the society.

Tobacco industry has been facing serious challenges under Framework Convention on Tobacco Control (FCTC). Many countries have achieved tobacco control efforts at a required policy level by FCTC and could successfully deter tobacco epidemic among the current generation and possibly among the next generation. In those countries, social norm has changed that smoking is no more acceptable in public but on contrary so-called “smokeless” tobacco challenged these changes. Japan is not an exception although the current smokeless consumption is relatively negligible. The previous efforts by foreign tobacco industry such as American Snus in mid-80's and Swedish gum tobacco in early 2000's were both failed due to concerted actions by the Ministry of Health and tobacco control advocates against their marketing.

Recently, JT launched an innovative type of smokeless tobacco, Zero Style in 2010 when smoke-free ordinance was enacted in Kanagawa Prefecture and it expands its product profile to more attractive form, namely “Snus” under the same brand name. Disclaimers such as Light and Mild could not be used under FCTC but JT will continue to use them in Japan. In addition, FCTC does not prohibit to use “zero” as a part of brand name despite it certainly misleads the consumers that the product might be zero risks. An optimistic scenario is that cultural preference would reject oral use of tobacco and that snus market would be failed. However, we should be more prepared for a more pessimistic scenario that snus would attracts both youth and smokers as other countries are experiencing.

## S17-06 Legal Implications of WHO/FCTC Declarations on Tobacco Disputes under WTO and BITs: How Could They Help Parties Fighting against Tobacco Industry?

Pei-Kan YANG

*National Chengchi University*

Tobacco companies have made all possible legal approaches to challenge governmental regulations on tobacco products such as ban on tobacco advertising, plain packaging or health warning requirements. In addition to the constitutional claims filed at domestic courts, they frequently relied on the international trade and investment laws as the legal foundation for their claims against tobacco control measures. Several ongoing trade and investment disputes under the World Trade Organization (WTO), e.g. Australia—Tobacco Plain Packaging and International Centre for Settlement of Investment Disputes (ICSID), e.g. Phillip Morris v. Uruguay are vivid examples of such attempt made by the tobacco industry. These disputes have worried many health experts that the public health policies may be sacrificed for commercial investment or trade interests. In response, the Parties to the Framework Convention on Tobacco Control (FCTC) under the World Health Organization (WHO) have jointly adopted several Declarations, such as the Punta Del Este Declaration in COP4 and Seoul Declaration in COP5, with the purpose of assisting Parties in fighting against tobacco industry by reaffirming the commitment to the protection of public health.

This paper tries to evaluate the legal implications of these joint Declarations on the adjudication of current trade and investment disputes and argue the possible ways for helping Parties defending the case based on these Declarations. Several legal issues are worth exploring. For example, what legal value of these Declarations may be ascertained by the panel or arbitrators in adjudicating the disputes? What role of these Declarations may be played during the adjudicatory proceeding, either as an interpretative tool or an affirmative defense? This paper tries to argue that these Declarations should play a more active role as an affirmative defense available for respondent States instead of simply having the evidentiary value for treaty interpretation. This paper also examines the possible criteria for determining the applicability of these Declarations as available affirmative defenses in defending the case. The ultimate purpose of this paper is try to find ways to help Parties protecting their public health policies from legal challenges of the tobacco industry under the international trade and investment regime. Keywords: Punta Del Este Declaration, Seoul Declaration, WHO/FCFC, WTO, ICSID, Phillip Morris v. Uruguay, Australia—Tobacco Plain Packaging, International Investment Dispute, Applicable Substantive Law, Customary International Law

## S18-01 Inequities in Tobacco Use and Tobacco Control and its Implication for Tobacco Control

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Tobacco was the most important preventable cause of mortality and morbidity. Tobacco use has been more prevalent among lower socioeconomic groups in Western countries, however this trend occurs also in East Asian countries including South Korea, Japan, Taiwan and China. In some countries (e.g., South Korea) socioeconomic disparities in smoking prevalence have been widened relatively and absolutely among both genders. Because socioeconomic disparities in smoking rate were the main contributor to inequalities in smoking-related morbidity and mortality, they should be reduced as soon as possible. Socioeconomic disparities in smoking rate are originated from socioeconomic differentials of initiation and/or quitting of tobacco use. Smoking disparities depend on the differential effect of specific tobacco control policy on different socioeconomic groups. Some tobacco control policies including banning marketing, rising tobacco prices, workplace interventions, free supply of cessation aids, and telephone help lines were considered to be potentially effective to reduce tobacco disparities (Kunst A, et al, 2004). Tobacco tax increases tended to be more effective among lower income group and lower income countries than higher income groups and countries, however the effect on lower education group and occupation was not evident. National smoking cessation program in UK focusing service on more deprived area showed the potential of reducing smoking disparities, however the size of disparities reducing effect were marginal. National smoking cessation service in Korea, which did not focus on the poor, did not reduce smoking disparities, moreover tended to widen it. Effect of many tobacco control policies including mass media campaign, labeling of cigarette package, ban on tobacco marketing and smoke-free policy on the poor were not studied well. Many tobacco control policies did not show to reduce smoking disparities till now, even when they targeted lower socioeconomic groups. Because reducing socioeconomic disparities in smoking rate is one of the urgent public health issues, we need to study and implement tobacco control policies which are accessible geographically, financially, and culturally for lower socioeconomic groups.

## S18-02 A Health Inequities Challenge for Tobacco Control in Indonesia: Who Smoke More in the Last Decade?

Yayi S PRABANDARI

Universitas Gadjah Mada

**Background:** As the only country in the Asia Pacific that has not ratified FCTC, Indonesia has minimal tobacco control policy. A new tobacco regulation just approved by the Indonesian president in December 2012, but the execution will be done in 18 months afterward. In accordance with the limited tobacco control interventions and policies, the prevalence of smoker in Indonesia remains steady for the last ten years. This situation is alarming since Indonesia will implement a national insurance in 2014.

**Objective:** to study the health inequities among smoker across gender, educational and socio-economic background

**Method:** This paper used the Indonesian National house hold health report 2001 and 2004, Basic health research 2007 and 2010 to study the health inequities descriptively.

**Results:** Smoker was found more on male, poor and low educated people in the 2001 and 2004 National house hold health survey. Moreover, people who have not had health insurance were found more among smoker. This pattern slightly similar compared to the basic health research 2007 and 2009. Smoker was found more among man, less educated and poor people. Those who smoked were found more in rural area. Although woman less smoked than man, the prevalence of female smoker has increased in 2007 and 2010 basic health survey compared to the national house hold health survey 2001 and 2004.

**Conclusion:** This study reveals that there was an inequities access of health insurance among smoker in the 2001-2004 national house hold health survey. Health inequities also found more on smoker across gender, educational and economic background in both types of surveys. Wide and comprehensive tobacco control intervention was needed.

**Keywords:** health inequities, tobacco use, tobacco control

## S18-03 Cigarette Consumption and Quitting Behaviour among Smokers in China: Finding from ITC China Survey

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**Background:** Associations between cigarette consumption level and smoking cessation-related behaviour, including intention to quit, receiving doctor advice, and stop smoking medication use have been well documented in western countries. However, as the country home to one third of worldwide smokers with 52% of smoking prevalence among which more than half are heavy smokers (cigarette per day  $\geq 20$ ), China has limited research evidence on association of cigarette consumption level with quitting behaviour.

**Objectives:** This study examined the extent to which daily cigarette consumption among smokers (light, medium and heavy smokers) were associated to quitting and receiving doctors' advice, and smoking cessation medication use.

**Methods:** The ITC China survey is a prospective cohort face to face study conducted in six selected cities in China. Smokers in Wave 2 were asked their average daily cigarette consumption, whether they had plans to quit smoking, if they received quitting advice during their doctor visit during the past 12 months, and if they used smoking cessation aid. Smokers in Wave 2 who were re-contacted in Wave 3 were asked if they had quit. Longitudinal analyses were conducted using Wave 2 (November 2007 to January 2008) and Wave 3 (May to October 2009).

**Findings:** in China, the annual quit rates among light smokers (daily cigarette consumption  $\leq 10$ ), medium (11 < daily cigarette consumption < 19) and heavy smokers (daily cigarette consumption  $\geq 20$ ) were 10.2%, 4.7% and 3.68%, respectively. Light smokers in China were significantly more likely intend to quit smoking (medium vs. light:  $p < 0.001$ ; heavy vs. light:  $p = 0.001$ ) and successfully quit smoking (medium vs. light:  $p < 0.001$ ; heavy vs. light:  $p = 0.0012$ ), but there was no significant difference on quit intention ( $p = 0.0541$ ) as well as successfully quitting ( $p = 0.6158$ ) between medium and heavy smokers. Significantly more light smokers in China reported received doctor's quitting advice (20.7%), relative to medium smokers (17.5%) and heavy smokers (12.5%). There was approximately 3% smokers reporting use medication during quitting, however, there was no significant difference on smoking medication use in heavy, medium and light smokers (heavy vs. medium  $p = 0.8395$ ; medium vs. light  $p = 0.7076$ ; heavy vs. light  $p = 0.9175$ ).

**Conclusions:** Light smokers in China are significantly different than medium and heavy smokers in quitting smoking, while there is not much difference on quitting between medium and heavy smokers. The evidence is important for planning effective smoking cessation intervention at population level.

## S18-04 Incorporating National Tobacco Control Laws into Existing Sub-national Governance Mechanisms: A New Approach to FCTC Implementation in India

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*Campaign for Tobacco Free Kids<sup>1</sup>, Cancer Awareness Society - Bihar, India<sup>2</sup>*

**Background:** The Indian Cigarettes and Other Tobacco Products Act (COTPA) was enacted in 2003, but as is the case in many middle/low-income countries passage of tobacco control laws doesn't necessarily translate into effective implementation or enforcement. To first prioritize tobacco control implementation, sub-national NGO's sensitized key decision makers so that appropriate local orders were passed to activate COTPA implementation and to create oversight from above. Secondly, the local advocates devised a sub-national strategy where different departments of the state governments (i.e., health, education and police) were trained on incorporating COTPA implementation within the scope of their existing duties. These agencies were then held accountable for reporting COTPA violations within their existing monthly reporting systems. This model is being tested out in five focus states across India.

**Objectives and methods:** 1) Briefly describe COTPA provisions that need to be implemented by the sub-nationals; 2) Explain the rationale for activating education and police sectors in addition to health; 3) Describe the reporting model and implementation steps taken; 4) Highlight key stakeholders; 5) Identify challenges and successes; 6) Updates (one year later) and way forward.

**Results:** The first phase of this newly devised system has been deployed during 2012. As of December 2012, four focus states have activated their police and education reporting mechanisms. Initial reports show significant rates of compliance in the education sector reports. Since allocation of national and sub-national resources for tobacco control implementation remain low, such incorporation into existing governance systems will be critical for long-term sustainability.

**Conclusions:** Though tobacco control is a health issue, it is important to engage multiple government agencies to make enforcement effective and sustainable. While the health sector has a very central role in informing about the harms of tobacco use, the reality is that as a government agency, it has limitations in implementing and enforcing tobacco control laws. Thus the roles of police etc are important in building an effective enforcement system.

## S18-05 Play the Role of Non-governmental Organisations, Fight against Tobacco Industry Interference with Tobacco Control

Guihua XU

*Chinese Association on Tobacco Control*

In 2005, China's National People's Congress Standing Committee approved "World Health Organization Framework Convention on Tobacco Control (WHO FCTC)" which came into effect on January 9, 2006 in China. Since then, China has officially began its comprehensive tobacco control performance. In the past 6 years, tobacco control has been struggling to move forward along with the continuous deepening of the performance. China Tobacco Control Association, as China's tobacco control NGO, has been following the Convention over a long period of time, and sticks to MPOWER strategy, mercilessly exposing and resisting tobacco company funding for schools and charity, sponsorship of cultural and sports events and activities and other donation from tobacco companies; tobacco products promotional behaviour; disguised tobacco advertising in films and television dramas; cigarette packaging, and the "low tar" development of the tobacco industry, etc., constantly promotes tobacco control efforts from the perspective of the civil society in China and carries out efforts to build a comprehensive smoke-free society.

## S19-01

Nicole M. SUTTON

*REAL: Hawaii Youth Movement Exposing the Tobacco Industry, University of Hawaii*

### AREAS OF EXPERTISE

Monitoring of tobacco industry activities  
Youth tobacco prevention & social marketing  
Development of counter-marketing initiatives  
Developing youth adult partnerships

Youth empowerment & advocacy  
LGBTQI tobacco control issues  
Community mobilization  
Guerrilla activism

### EDUCATION

*Bachelor of Arts, 1999*  
The University of Tampa  
Tampa, Florida

Major: *Sociology*  
Minor: *Women's Studies*

### EMPLOYMENT

*Project Director*  
*Assistant Coordinator*  
*Research Associate*

2003 - Current  
2002 - 2003  
2000 - 2002

REAL: Hawaii Youth Movement Exposing the Tobacco Industry

School of Nursing and Dental Hygiene  
University of Hawaii  
Honolulu, Hawaii

- Oversee all aspects of a youth-led, tobacco control advocacy campaign with more than 6,000 youth members
- Closely mentor annual statewide team of 20 youth leaders (*have mentored a total of 263 young leaders for tobacco control*)
- Facilitate youth planning process for campaigns and community mobilization
- Recruit, train and manage 6 regional adult coordinators and 5 support staff
- Coordinate youth action for all events, media outreach, trainings, and legislative hearings
- Prepare funding proposals and reports
- Maintain community partnerships and collaborations
- Serve on various committees and workgroups for tobacco control at local, state, national, and global levels
- Present at 3 - 4 conferences and workshops each year
- Assist in building project evaluation
- Provide technical assistance and training to other groups at local, state, national and international levels

### PUBLICATIONS

Sutton NM, Suzuki TM, Della D., Albright C., O'Riordan DL. Involving Hawaii's youth as partners in global health initiatives to impact change at the local level. *Hawaii Medical Journal, Vol 66, Sept 2007*  
Glanz K., Sutton NM, Jacob Arriola, KR. Operation Storefront, Hawaii: tobacco advertising and promotion in Hawaii stores. *Journal of Health Communication, 11:699-707, 2006*  
O'Riordan DL, Sutton NM, Haro-Arvizu P. A community-based approach to tobacco prevention: Hawaii's youth taking on the tobacco industry. *Hawaii Medical Journal, Vol 64, Nov 2005*



### S19-02 Adolescent Awareness of a Tobacco Promotion in Malaysia and Thailand: Findings from the ITC SEA Project

Maizurah OMAR<sup>1</sup>, Rahmat AWANG<sup>1</sup>, Noor A. A. RANI<sup>1</sup>, Haslina HASHIM<sup>1</sup>, Halilol R. KHAN<sup>1</sup>, Sulastris SAMSUDIN<sup>1</sup>, Buppha SIRIRASSAMEE<sup>2</sup>, Anne C. K. QUAH<sup>3</sup>, Geoffrey T. FONG<sup>3,4</sup>, Ron BORLAND<sup>5</sup>

*Universiti Sains Malaysia<sup>1</sup>, Mahidol University<sup>2</sup>, University of Waterloo<sup>3</sup>, Ontario Institute for Cancer Research<sup>4</sup>, The Cancer Council Victoria<sup>5</sup>*

**INTRODUCTION:** Malaysia and Thailand ratified the WHO Framework Convention on Tobacco Control (FCTC) in September 2005 and November 2004 respectively. At present, Malaysia has not fully compliance with Article 13 as cigarette packs are displayed and promoting tobacco products inside stores at point-of-sales. Thailand, has implemented comprehensive ban on tobacco advertising, promotion, and sponsorship.

**METHODOLOGY:** Data were collected in four consecutive waves from 2005 to 2009 as part of a longitudinal cohort study using stratified multistage-cluster sampling design. A total 1011 and 1000 of adolescents in Malaysia and Thailand were recruited (Wave 1) from January to March 2005, a total of 807 and 967 of adolescents respectively in Wave 2 (March to Sept 2008), 762 and 1096 respectively in Wave 3 (March to Sept 2008), and finally, a total of 881 and 956 of adolescents respectively were recruited respectively in Wave 4 (July to Dec 2009)..

**RESULT:** Overall, more than 33.2% (Malaysia) and 48.3% (Thailand) of adolescents in baseline (2004) were reported to have noticed things that are designed to encourage smoking or think about smoking. The media channels mostly noticed were posters (72.1%), television (68.4%), billboards (61.0%), in shops (60.2%), and newspapers (55.1%) while in Thailand, were mostly in shops (28.9%), in disco/karaoke lounges (18.5%), around street vendor (17.0%), and television (12.0%). The percentages in Thailand were lower than Malaysia. However, noticing of tobacco advertisement in both countries showed a declining trend with a significant drop in 2008. Noticing cigarette packs displayed inside stores at point-of-sales by adolescents in both countries showed an increasing trend from 72% in 2007 to 83% in 2009 and from 47% in 2007 to 50% in 2009 respectively. More than 70% of adolescents in Malaysia and Thailand were reported to have noticed actors smoking either on television, videos, or movies throughout the four waves and the trend is increasing each year.

**CONCLUSION:** Tobacco advertisement and promotion continue to be present and noticed by adolescents in both Malaysia and Thailand especially through point-of-sales in Malaysia and electronic media.

#### **ACKNOWLEDGMENT**

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### S19-03 Engaging Children for Tobacco – Free Schools

Tshering D. BHUTIA, Narayan LAD, Devika CHADHA

*Salaam Bombay Foundation*

**Background and Objectives:** The Indian government, in 2003 passed the “Cigarettes and Other Tobacco Products Act” (COTPA), Section 6 of which prohibits sale of tobacco products to children below 18 years of age and for any tobacco shop to be located within 100 yards of any educational institution. However, shops selling tobacco are found at every nook and corner thereby exposing children to attractive and affordable tobacco products, increasing the likelihood of children purchasing and using tobacco. Salaam Bombay Foundation (SBF) with help of trained children conducted an observation to assess and address enforcement and violation of section 6 of COTPA.

**Methods:** Children from 58 schools made list of 63 tobacco shops around their school premises, and discussed the issue within their “Children Health Assembly” (group of selected leaders from each school), where they made a demand charter for Municipal Education Committee Chairman. The results of the observation were shared with key members of Municipal Corporation of Greater Mumbai (MCGM) - Commissioner, Superintendent of Shops and Establishments, and Health Executive Officer. Subsequently, SBF conducted follow-ups with appropriate government authorities to advocate for the effective enforcement of the law.

**Results:** Children’s observations revealed presence of tobacco vendors within 100 yards of 82% of observed schools, and not displaying any health warning boards. Children explained existing law to vendors and asked them to stop selling tobacco to children below 18 years of age and wrote letter to officials at Food and Drug Administration. Official letters were sent to municipal wards and educational institutions for enforcement of Section 6. As a result of SBF’s advocacy to incorporate Section 6 of COTPA in “Shops and Establishment” license, MCGM in April 2012, made compliance of Section 6 a part of licensing conditions of all licensed trades, including pan shops. If traders / shops were found violating provisions of the Section, stringent action would be taken - giving warning letter followed by revoking license. Post Section 6 incorporation in “Shops and Establishment” license, fresh list of vendors within 100 yards of schools was submitted to 24 wards, leading to action on 540 illegal and 51 legal shops violating law. License Department assured continuance of further action.

**Conclusion:** Despite government rules, vendors openly sold tobacco products within 100 yards of educational institutions. However, SBF’s innovative advocacy engaging children yielded fruitful results.

### S19-04 Qualitative Analysis of Factors Affecting the Difficulty Quit Smoking of Students State Islamic University Jakarta

Ahmad R. NUBAIRI, Mochamad I. NURMANSYAH, Badra AL- AUFA, Erna WATI, Waras BUDI UTOMO

*Syarif Hidayatullah Islamic State University of Jakarta*

Day by day, the total of smokers has increased in many countries in the world, either in the developed country or in the developing countries. In 2008, the number of smoker Indonesia takes on third place in the world after China and India. Some disease caused by smoking as hypertension, stroke and cancer; however it doesn’t make smokers to stop smoking. In reality, several times the smokers try to stop smoking but they often failed. The purpose of the research is to find out the factors that influence the difficulty for State Islamic University Syarif Hidayatullah Jakarta students to stop smoking. This research is qualitative descriptive with phenomenology approach. The type of the data is the primary data. The collecting data is conducted by depth interview with 12 informants. The data analyzing is descriptive-narrative. The data reported that smokers start smoking since elementary school, junior and senior high school. The result of the research show that personal factor, addiction factor, social influenced factor, peers factor, easy access getting cigarette factor, and the role models of smokers factor influence UIN Jakarta student to stop smoking. Motivation to stop smoking backed up by self intention, social environment without smokers, health and economy factor. Effort to stop smoking can be conducted by reducing portion smoking, avoiding smokers environment, exercising, and shifting smoking desire with other activities. Obstacle factor to stop smoking come from personal intention, smoking addict, social environment influence, easy access getting cigarette, and the role models of smokers. Recommended suggestion is necessary for establishing both education and health promotion about dangerous smoking. In addition, making regulation for no smoking area.

**Key Word:** *difficult to stop, smoking behavior, student*

## S19-05 United for Tobacco Free World. “What should WE do?”

Apact YOUTH

On 18<sup>th</sup> August, as APACT pre-program, there was the first APACT youth conference aiming to share fresh ideas and perspectives on tobacco control among young generation in Asia-Pacific region and to engage, inspire and empower youth in tobacco control. This youth conference was formed in response to growing recognition of the critical role that youth plays in tobacco control, both as a target group and as partner. Youth conference was launched this year for the first time with a mission to bring fresh ideas from several countries in Asia and Pacific to forefront and increase awareness to tobacco control among young generation. The youth conference constitutes a source of knowledge and innovation, and provides participants an excellent resources and opportunities to make a vital contribution to the youth specific agenda in tobacco control and other important tobacco issues.

This youth conference provides knowledge and skills to participants intended to-

1. Raise awareness for tobacco epidemics especially among young generations and create global young leaders in next generations.
2. Create Asia – pacific networks among young generations in order to address tobacco issues.

Programs are as follows;

- Key Note lecture 1  
“Youth and tobacco advertising, promotion and sponsorship”  
Dr. Douglas W. Bettcher  
Director, Prevention of Non-communicable Diseases (PND), World Health Organization
- Key Note lecture 2  
“What is done and what is to be done”  
Dr. Yumiko Mochizuki  
Division Chief, Tobacco Policy research Division, Center for Cancer Control
- Luncheon Session(TBA)  
Dr. Akinori Kuruma
- Poster presentation  
Share good practices related to tobacco control among countries.
- World Café  
Divided into small groups and discuss challenges and countermeasures for tobacco epidemics.
- Keynote remarks  
“Youth Activism: Empowering the Next Generation of Tobacco Control Partners!”  
Nicole Sutton  
At this session, delegates of this youth conference will present what they discussed and outcomes of this youth conference.

### Luncheon Seminar 1

Elif DAGLI

*Health Institute, Turkey  
Scientific Chair Turkish Thoracic Society*

Tobacco use has killed more than armed conflicts, genocides, natural disasters, infectious disease epidemics, traffic accidents. If we can not be very effective in controlling the use of this man-made lethal, yet still legal product, there will be one billion deaths in this century. In spite of the fact that recipe for effective tobacco control is simple and do-able, not many governments has taken full action.

Turkey, a tobacco producing country with long-standing tobacco monopoly, became a successful tobacco control leader. In 1988 smoking rates were 63% among males and 24% among females. After market liberalization the tobacco consumption had increased by 50% in 10 years. Between 1964 and 2004 lung cancer hospital increased 40 fold. Tobacco was doing more harm than good to Turkish economy and public health. It was time for action. Following Turkey’s formal adoption of WHO Framework Convention on Tobacco or Health (FCTC) in 2004, the country made great progress in legislating and implementing comprehensive Smoke-free, health warnings, taxation, advertising ban policies, and became a role model for a large number of countries.

FCTC and **MPOWER** strategies were the guidelines for action:

Monitoring of tobacco use was carried out by Global Adult Tobacco Survey regularly.

Protecting people from tobacco smoke was achieved by smoke-free legislation

Offering help was performed by integrating smoking cessation into primary care services and training physicians.

Warning about the health hazards was realized through pictorial warnings that covered 65 % of the cigarette packs as well as anti-tobacco tv spots .

Enhancing advertising bans that were already part of legislation since 1996 , was possible by expansion to point of sales and promotion and sponsorship issues.

Raising taxes on cigarettes up to 82% was reached by gradual increase in a few years

As a result of tobacco consumption went down by 12 %, and emergency hospital admissions of tobacco-related diseases by 20% between 2009 and 2010 and tax revenues increased.

This was made possible by rapid and bold steps taken by the Government, and financial and technical support received by the tobacco control coalition of civil society.



### Luncheon Seminar 1 Issues Concerning Anti-Smoking Programs in Japan

Yoko KOMIYAMA

*Former Minister of Health, Labour and Welfare  
The Yoko Komiyama Policy Research Council*

In 2002, I launched the bipartisan Anti-Tobacco Promotion League to advance, Anti-Tobacco Promotion in Japan. In the same year, the Health Promotion Act, which helped to expand a ban on smoking in public places, was enacted in Japan. The WHO Framework Convention on Tobacco Control (FCTC) was adopted in May 2003, and alongside members of the League, I worked to ratify it in Japan the following year.

The vested interests that promote smoking, tobacco farmers, tobacco companies, and retail stores, have great influence in Japanese politics, as evidenced by the fall in League membership as elections approach. As a consequence, anti-smoking measures will not make headway unless scholars, researchers, and NGOs who wish to promote such measures, exert a greater force in politics.

After the Democratic Party of Japan took power, a raft of new anti-tobacco measures were introduced. Previously, the price of tobacco in Japan had been about half that of other industrialized nations. For the first time, the government raised the tax on tobacco by 5 yen per cigarette, although this, unfortunately, was as far as we got. As Minister of Health, Labour and Welfare, I incorporated, for the first time, various numerical targets for smoking cessation in the Cancer Control Act and in Health Japan 21, which is a ten-year campaign to promote healthy behaviours.

Unfortunately, during my tenure, I was unable to pass bills that would have revised the Industrial Safety and Health Law to cover secondhand smoke in workplaces. I believe that it is crucial to make the dangers and ill effects of secondhand smoking more widely known. This is an issue that must be addressed in Japan.



## Luncheon Seminar 2 Maximizing the Efficacy of Nicotine Replacement Therapy

Richard D. HURT

*Nicotine Dependence Center Mayo Clinic*

The cigarette is the most efficient nicotine delivery system ever produced, and the arterial concentrations of nicotine achieved from cigarettes cannot be reproduced by any current medicinal nicotine product. Thus, we as healthcare professionals will have to be creative in the use of nicotine replacement therapy in order to achieve maximal success. It has been shown that single dose nicotine patch therapy delivers doses of nicotine that are considerably less than produced by cigarettes. In fact when using serum cotinine as a marker of nicotine intake, a single dose nicotine patch will achieve about 50% of the cotinine concentrations from cigarettes. The arterial and venous concentrations of nicotine from a single nicotine patch are basically identical, at around 17 ng/mL, unlike that from a cigarette where the arterial spikes are extraordinarily high reaching concentrations of 80-90 ng/mL. Thus, most smokers will be under replaced using single dose nicotine patch therapy.



Cigarettes smoked per day can be used as a surrogate for serum cotinine concentrations to determine the initial nicotine patch dose. Smokers smoking 10-230 cigarettes per day a nicotine patch dose of 14-21 mg may suffice while for smokers smoking 21-40 cigarettes per day the dose range will be from 21-42 mg/day and for smokers smoking more than 40 cigarettes per day the starting dose should be at least two 21 mg patches, if not more. Using the patch as a base medication which will deliver nicotine over a 24-hour period of time, we then supplement that with a short-acting nicotine replacement product (nicotine gum, lozenges, nasal spray, inhaler) for withdrawal symptom control. This combination is necessary in most patients. Depending on the patient's response, more creative uses of nicotine replacement therapy will be required in order to achieve withdrawal symptom relief and sustained smoking abstinence. Further, short courses of nicotine replacement therapy are not as effective as longer courses. When asked by the patient how long they need to use this medication, the answer should be: "As long as it takes!" This takes into account the neurobiological changes that occur with cigarette smoking, which take time (months) to reverse. It should be pointed out that the nicotinic acetylcholinergic receptors are left with an "indelible memory" of the rewards from smoking; therefore, urges to smoke (cravings) can go on for an extended period of time. Sustained smoking abstinence is achieved and solidified after the patient is able to go through relapse situations comfortably and confidently. During this presentation, cases will be presented to illustrate the "art of treatment" for patients with tobacco dependence.

## Luncheon Seminar 3 Smoke-Free Workplaces Save Lives

Richard D. HURT

*Nicotine Dependence Center Mayo Clinic*

In 2011, the Global Smoke-Free Worksites Challenge was presented as a commitment at the Clinton Global Initiative in New York City and was selected for a plenary presentation before all 1000 CGI members. The aim of the Challenge is to have companies and governments recognize the hazards of secondhand smoke and the benefits of making their workplaces smoke-free. There are now nine partners working in synchrony to encourage and assist others to implement smoke-free workplace policies.

In June 1987, after a year of planning, Mayo Clinic became one of the first large medical centers in the world to implement a comprehensive smoke-free policy. The directive came from the Board of Governors in 1986, and the implementation went smoothly because of the top-down directive as well as the extensive communications provided for the 12 months leading up to the implementation. Two and one-half years after the campus wide smoke-free policy was put into place, the smoking prevalence among Mayo employees decreased significantly.



It is estimated that globally over 600,000 non-smokers are killed each year by secondhand smoke. Causes of death from secondhand smoke range from Sudden Infant Death Syndrome in infants to lung cancer in adults. The biggest secondhand smoke killer is myocardial infarction. As little as 5 minutes of secondhand smoke exposure causes endothelial dysfunction and continued exposure causes increases in platelet adhesiveness, both are factors in the initiation of myocardial infarction. Smoke-free workplace laws have demonstrated a decrease in the incidence of acute myocardial infarction of over 30%. Thus, smoke-free workplace policies and laws can be implemented in corporations or in cities and countries resulting in tens of thousands of lives saved every year.

## Luncheon Seminar 3 (The Adoption of) Numerical Targets in Japanese Tobacco Control Policy and How Japan's Ministry of Health Work Site Became Smoke Free

Yoko KOMIYAMA

*Former Minister of Health, Labour and Welfare of Japan  
The Yoko Komiyama Policy Research Council*

Former Minister of Health, Labour and Welfare of Japan, Ms. Yoko Komiyama, will tell the story of how the Japanese government overcame many challenges to strengthen its tobacco control policy, including raising the tobacco tax in 2010, and adopting numerical targets in 2012 to reduce smoking rates by 40 percent. She will also explain how she was able to make Japan's Ministry of Health work site completely smoke free indoors by removing all indoor smoking rooms. As for the future, Ms. Komiyama will share plans for Japan's parliament to revise the Industrial Health & Safety Law in early 2014 to require employers to take steps to protect employees from the harmful effects of second-hand smoke.



### Luncheon Seminar 3

### J&J's Smoke-Free Policy and How Public and Private Organizations Cooperate to Make Their Worksites Tobacco-Free

David GRAHAM

*International Government Affairs, Johnson & Johnson*

Mr. Graham will share J&J experiences in implementing effective smoke-free and tobacco-free policies. As a leading partner of Global Smoke-free Worksite Challenge, he will talk how public and private cooperate to work toward making their worksites completely tobacco-free and assist other employers in going smoke free. He will also present the result of national survey of exposure to second-hand smoke in workplaces in Japan.



### Luncheon Seminar 4

### Future Challenges of Tobacco Dependence Treatment from Japan Experience

Masakazu NAKAMURA

*Osaka Center for Cancer and Cardiovascular Diseases Prevention*

Tobacco use remains the most important worldwide cause of preventable death and disabilities. Nicotine is the cause of addictive tobacco use, which causes serious health damages. In Japan, over 50 % of smokers say they want to quit and approximately 28 % make a quit attempt each year. Unfortunately, over 80 % of quit attempts are unaided, resulting in point prevalence abstinence rate at the following survey (average 6 months follow-up) of only 8 %. This illustrates the powerful force of tobacco addiction. Tobacco addiction is best considered a chronic disease with repeated interventions over time before achieving permanent abstinence.

It is important to implement tobacco dependence treatment measures synergistically with other tobacco control measures. The promotion of tobacco cessation and treatment of tobacco dependence are key components of a comprehensive, integrated tobacco control program in FCTC. Support for tobacco users in their cessation efforts and successful treatment of their tobacco dependence will reinforce other tobacco control policies.

There is clear scientific evidence that tobacco dependence treatment is effective and cost-effective. Pharmacotherapy for tobacco dependence treatment is safe and effective and significantly increases the chance for long-term smoking abstinence compared with quit attempts unaided by pharmacotherapy.

In Japan, smoking cessation treatment service in outpatients has been started under health insurance coverage since 2006. The service consists of five treatment sessions with counseling and pharmacotherapies over 12 week duration. The continuous abstinence rates at the randomly selected registered institutions in 2006 and 2008 were 32.6% and 29.7% respectively at 9 months after the end of treatment. The service is also proven to prevent relapse by half compared with on their own. Despite of the presence of effective service, the utilization is still small.

To promote smoking cessation, it is essential to: (1) increase demand for cessation treatment by promoting tobacco control including media campaigns, higher tobacco price and smoke-free environments, (2) improve the access to cessation services by increasing the number of registered medical institutions, (3) facilitate the utilization through brief interventions at routine healthcare activities and proactive quitline services as the hub of a network of cessation resources, (4) disseminate effective treatment options to increase the likelihood of success, including combination therapy, harm reduction approach based on the UK NICE guideline (June 2013) and development of innovative pharmacotherapies, (5) establish effective health professional training system.

In this presentation, future challenges of tobacco dependence treatment based on Japanese experiences and recent international movements will be provided.





## **P-PL1-01 Effective Nationwide Networking and Social Movement in Aotearoa New Zealand**

Prudence STONE<sup>1</sup>, Stephanie ERICK<sup>2</sup>, Skye KIMURA<sup>3</sup>  
*Smokefree Coalition<sup>1</sup>, Tala Pasifika<sup>2</sup>, Cancer Society of New Zealand<sup>3</sup>*

Aotearoa New Zealand has a bold goal to become Smokefree by 2025 and a Roadmap to getting there. A parliamentary Inquiry in 2010 on the impact of tobacco use upon Maori resulted in a government commitment to making Aotearoa New Zealand Smokefree by 2025. Now the sector is responding with busier networks regionally and nationally, collaborating on more activities, while contributing to one widely consulted national strategy, aligned to three clear objectives. These objectives are successful quitting, supply and demand reduction, and community engagement.

This presentation will provide New Zealand's latest examples of effective nationwide networking and social movement to achieve its next steps. At a national level, Aotearoa New Zealand has a strong coalition of organisations known as the Smokefree Coalition. These organisations take the lead in mobilising the public's support toward the objectives, providing evidence and rationale for every measure or "next step" upon the nation's Roadmap, via their vast net of communications media and workforce champions. Member organisations are clustered around priority populations, such as Maori and Pacific communities, where inequity caused by tobacco use exists.

The Cancer Society of New Zealand provides an example of a lead agency mobilising public support nationwide that achieves legislative change. Most recently, The Cancer's Society was successful in enough social movement to drive the removal of tobacco products from retail display. Currently, the Cancer Society applies the same mobilisation methods to continue the social movement's momentum, with a view to supporting government's regulation of tobacco packaging. Tala Pasifika provides an example of a lead agency engaging the vast diversity of Pacific communities within Aotearoa New Zealand, to increase demand for cessation services and protect children's exposure to tobacco. In 2013 a national leadership service for Maori will mobilise New Zealand's iwi communities and organisations, and there also exists an active Asian Health Network in New Zealand also. Collaboration of activities amongst all of these organisations enables a vision for this national network to become an Oceanic one, so that the Roadmap to a Smokefree 2025 in Aotearoa New Zealand carries on as a journey for the entire South Pacific region.

## **P-PL1-02 Tobacco Industry Surveillance Network in Southeast Asia: Stepping Up Tobacco Industry Counteraction**

Worrawan JIRATHANAPIWAT  
*Southeast Asia Tobacco Control Alliance*

SEATCA has been implementing the SEATCA Industry Surveillance (SIS) initiative since 2009 in Cambodia, Indonesia, Lao PDR, Malaysia, Philippines, Thailand and Vietnam. The objective is to build and strengthen a network on tobacco industry (TI) monitoring, alerting and countering (MAC) industry activities based on FCTC Article 5.3 (Industry Interference) and 13 (TAPS). SIS employs a concrete and practical approach to support countries to increase MAC of TI:

- 1) A simplified online mechanism to monitor TI enables all countries (Focal Points and lawyers) to share information on industry interference and TAPS through a password-protected website. Strategic information provides developing counteraction at country and regional level.
- 2) Countries identify priority issues i.e. TAPS, Point-of-sale, CSR, and TI denormalization and implement a national strategy on TI monitoring and counteraction. Short publications on issues monitored and a regional Newsletter are distributed regularly to partners to track TI tactics, advance tobacco control policy in the region and apply lessons learned in their respective countries.
- 3) Focal points and lawyers meet at regional SIS workshops to share and update their local situation. Lawyers utilize these workshops to better understand how TI interferes with policy development and circumvents tobacco control law and identify ways to counteract industry interference.

These MAC activities have had an impact at the country level. The Cambodian focal point countered arguments posed by TI in non-compliance of the Ad ban decree. In Indonesia the Focal Point conducted a national workshop on CSR, the first of its kind, to challenge industry-related activities and handed over a Declaration to the authorities. In Malaysia online promotions of tobacco products were discussed by the authorities based on evidence provided by the Focal Point. Thai advocates conducted strong counter activities during public hearings on new legislation to ban TI related CSR activities which the industry tried to undermine. Philippines advocates mounted strong opposition against an industry trade event, the Protobex, and in Vietnam, lawyers provided strong legal arguments to support new legislation on tobacco control.

MAC enables good collaboration between countries and SEATCA. Through monitoring and countering TI interference, the tobacco control movement in Southeast Asia as a whole has been further strengthened. This is crucial to repulse the aggressive challenges from TI which sees Southeast Asia as its big growth market.

## **P-PL1-03 Prevalence of Smoking in Students of Chulalongkorn University**

Premtip THAVEERATITHAM, Nampung KUMSUPSIRI, Pantawit ARIYAWORACHAI, Prapon RUJIPORN, Thongsuk MANITSORN  
*Chulalongkorn University*

Cigarette smoking causes many health problems for both first-hand smokers and second-hand smokers. The data from 1991-2006 showed that the smoking rate in young people aged between 19 and 24 years which was the age range for undergraduate students had increased. The objectives of the present study were to survey the number of smoking students in the Chulalongkorn University and to evaluate the knowledge of the students about the harmful effects of cigarette.

The survey was conducted by a questionnaire via convenience sampling. The researchers handed to and waited for the completed questionnaire from 2,011 students which approximated 9% of the total students of each of the 19 faculties. The results indicated that the prevalence of current smokers was 2.6%. The faculty that showed the highest prevalence of 10% was the Faculty of Architecture. Forty-four percent of the students started smoking in the age range of 15-18 years while 40% of students started smoking in the age range of 19-21 years. In most cases, the motivation for starting smoking was curiosity (46%). Most students smoked while they were at pub (64%), university (48%), and house (42%). Thirty-seven percent of students had the knowledge about the harmful effects of smoking from classroom study. The percentages of the students who knew that cigarette smoking affected on respiratory, neurological, and cardiopulmonary systems were 98%, 62% and 60%, respectively.

All data indicate that the university students, especially those who are not in the field of health sciences, are at high risk of involving with cigarette smoking. The contributing factors are from the family, the university, and the students themselves. Therefore, all parties from university, faculty, and family need to inspect, teach, and produce activities as well as provide consultation in order to persuade students to decrease and quit smoking. Additionally, they should prevent new and ex-smoking students from involving with smoking in the future.

Key words : smoking, university, student

#### **P-PL1-04 Situation and Trends of Adolescent Smoking in Thailand: Results from 5 Waves of ITC-SEA (Thailand) Surveys**

Pariya GAINROJ<sup>1</sup>, Buppha SIRIRASSAMEE<sup>1</sup>, Tawima SIRIRASSAMEE<sup>2</sup>, Ron BORLAND<sup>3</sup>, Geoffrey T. FONG<sup>4</sup>, David HAMMOND<sup>4</sup>  
*Mahidol University<sup>1</sup>, Srinakarinwirot University<sup>2</sup>, The Cancer Council Victoria<sup>3</sup>, University of Waterloo<sup>4</sup>*

**Background:** Smoking increases with age, especially during the teenage years. Thai researchers have started under taken a longitudinal study. It is interesting to surveillance of adolescent smoking behavior found to be interesting and significant

**Objective:** To explore the situation and trends of adolescent smoking in Thailand

**Methods:** Five cross-sectional surveys of Thai adolescent smokers aged 13-17 years old, using stratified multistage sampling over 5 regions of Thailand: Bangkok, North, Northeast, Central and South. The sample was designed to be national representative and regional level which covered both rural and urban areas in Thailand. The surveys involved 1,000, 962, 1,096, 958 and 961 adolescent at Wave 1, 2, 3, 4 and 5 respectively. The surveys were conducted in 2005, 2006, 2008, 2009 and 2011 respectively. The self-administered questionnaires were employed. Data was analyzed and compared using descriptive statistics

**Results:** Smoking prevalence among adolescents is 11.3 percent at wave 1 survey. This found to be increased in all the follow up wave surveys (15.0, 18.3, 21.5 and 22.4 percent at wave 2, 3, 4 and 5 respectively). The average age of first smoking the whole cigarette was 13.8 years at wave 1 survey. It also found to be increased in all the following waves (14.5, 14.7, 15.2 and 15.3 percent at wave 2, 3, 4 and 5 respectively). 27 percent of adolescent smokers smoke cigarette every day at wave 1 survey. This is dramatically increased in all the follow up wave surveys (44.0, 52.2, 59.7 and 73.5 percent at wave 2, 3, 4 and 5 respectively). More than 90 percent smoke factory cigarette in all 5 survey waves. Only few smokes hand rolled cigarette. Most of adolescent smokes average 2-5 cigarettes per day. This is found in all 5 waves. 45 percent of adolescent smokers reported at wave 1 survey that they sometimes/often smoke cigarette with their parents. This also found increased in all the follow up waves (57.1, 60.7, 55.9 and 73.4 percent at wave 2, 3, 4 and 5 respectively).

**Conclusion:** Adolescent smoking in Thailand trend to be increased. The proportion of adolescent smoke everyday also increased in all follow up waves. The factory cigarettes are mainly consumed. Anti smoking campaigns especially aimed at young adolescent should be implemented to prevent new smoker and counseling service for adolescents who want to quite smoking should be provided.

#### **P-PL1-05 Monitoring Political Discourse around End-game Goals: Using a Mix of Automated and Human Textual Analysis to Enable an On-going Overview**

Benjamin HEALEY, Richard EDWARDS, Janet HOEK  
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**Background:** In March 2011 the New Zealand government adopted a goal of making New Zealand an essentially smoke-free nation by 2025. Achieving a goal such as this will require the introduction of a range of policy measures that the tobacco industry and its allies will strongly contest. For this reason, end game goals depend not only on robust evidence but also on broad political support and, ultimately, inclusion in public discourse. As a result, mechanisms to monitor political discourse are required to track uptake and dissemination of endgame goals. In-depth human analysis of political documents is time and cost intensive. Hence, we explored using a mix of automated and focused human textual analysis of press releases and speeches to identify trends in goal mentions over time.

**Objectives:** To pilot a process for rapidly analysing large numbers of political documents, with the aim of monitoring references to a national tobacco end-game goal within national political discourse.

**Methods:** We analysed over 11,000 press releases and speeches by New Zealand members of parliament from April 2010 to July 2012. Two sources were used; together, these provide reasonable coverage of such documents from New Zealand's political parties. Computer algorithms were developed to detect mentions of the 2025 goal, assign authorship to documents, and capture metadata such as the date of release. Human coding was used for a small proportion of documents where automated assignment was flagged as ambiguous.

**Results:** Mentions of the goal and other tobacco issues rose around the time of the goal's adoption by government. These reduced both in number and as a proportion of all discussions during an election period that followed, but rose again afterward. One politician accounted for the majority (over 70%) of specific goal mentions and a substantial portion of other tobacco-related mentions during the period analysed.

**Conclusions:** Although exploratory, the results indicate that this methodology provides a useful on-going overview of political discourse relating to tobacco end-game goals. It revealed that political discussion of the 2025 goal in New Zealand is currently heavily dependent on one politician, and highlights a need for the tobacco control community to stimulate and maintain political discussion during election periods. Additional sources will be required to expand coverage of political discourse beyond releases or speeches captured by the pilot repositories used.

#### **P-PL2-01 Effects of Parental Smoking during Pregnancy on Development of Childhood Cancers**

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*Kyorin University*

**Background:** There are several studies concerning the effects of parental smoking on occurrence of childhood cancers. There is considerable contradiction among the results of those studies.

**Purpose:** This study performed to determine the effects of parental smoking on occurrence of childhood cancers, by using a large volume of data accumulated in the Japan Children's Cancer Registry (JCCR).

**Materials and Methods:** The data of 32,044 cases diagnosed and registered to JCCR in 1969-2006 was used. Registration form in the periods of 1978-1984 includes mother's smoking during pregnancy and the revised form in the periods of 1985-2006 includes mother's smoking during pregnancy and smoking habits of parents. We calculated odds ratios of presence of mother's smoking during pregnancy or smoking habits of parents to absence such events.

**Results:** Odds ratios are 2.5 for reticuloendothelial cancers excluding leukemia and malignant lymphoma in years of 1978-1984 and 2.29 for endocrine tumors in years of 1995-2006 in case of maternal smoking during pregnancy. For children born to mothers with smoking habits, odds ratios are 1.16 for leukemia and 1.48 for soft tissue tumors. For children whose father had smoking habits, odds ratios were 1.32 for bone tumors and 0.78, 0.74 and 0.73 for central nervous tumors, eye tumors and benign teratoma, respectively.

**Discussion:** One of reasons of contradictions seen in literatures may be relatively small numbers of subjects in such studies. Our study was conducted by using large numbers of subjects and showed increased occurrence of some kinds of childhood cancers when mothers smoked during pregnancy and had smoking habits. However, it was surprised that paternal smoking habits was linked to less occurrence of childhood cancers. This finding contradicted many studies which had showed that childhood cancers might be rather linked to paternal than maternal smoking. Further studies needs to clarify effects of tobacco smoking of parents and childhood cancers.

## P-PL2-02 Broadening the Scope from TC to NCDs, Ideas and a Case Study

Syed Mahbul ALAM, Gaus PEAREE, Syeda Anonna RAHMAN, Rashedujjaman SHAMIM, Sharmin AKHTER  
*Work for a Better Bangladesh Trust*

The issue of non-communicable diseases (NCDs) is currently generating much attention internationally. The question arises how much tobacco control activists can contribute to NCD control and how to avoid the pitfalls of losing the tobacco control momentum in the face of the new interest in NCDs.

The major risk factors for NCDs involve lifestyles, including healthy eating and exercise. Governments can effectively reduce risky behaviour through policy changes. But many organizations are reluctant to work on policy issues and to take on major corporations that profit from unhealthy behaviours. Thus it makes sense for those with experience in tobacco control to contribute their expertise to NCDs, to illustrate how advocacy can stimulate policy changes despite opposition by powerful interests, for instance improving travel opportunities by foot and bicycle and making healthy foods more available than unhealthy ones. Since tobacco use is a main NCD risk factor, there is no reason why tobacco control should be lost. By broadening our expertise, we may be able to contribute more and gain more voice than by remaining within tobacco control alone.

In addition to its work on tobacco control, WBB Trust (Work for a Better Bangladesh) has worked on liveable cities, including promoting walking and cycling, with technical and financial assistance provided by HealthBridge. It made sense to apply expertise developed in tobacco control to NCDs. Initially staff were reluctant as NCDs were a new, big topic but quickly realized the similarities in approach (fighting big industry, changing policies to create a healthier environment). WBB sent almost 3,000 letters to local government officers asking them not to serve soft drinks or fast food at events. We integrated NCD issues into our national workshop on tobacco control and organized local workshops on NCDs. Many local NGOs were interested in broadening their scope and already had the appropriate skill set and population-based approach to the issue. The expanded agenda expands the power and ability of local NGOs to use their influence with government. Also by making changes within local NGOs (getting them not to serve unhealthy foods), we are creating a ripple effect throughout the country. Utilizing our tobacco control work as a model, the network provides an easy way to collect industry monitoring information (on fast food, soft drinks) from throughout the country.

## P-PL2-03 Role of Tobacco Control Resource Center Project on Public Awareness Regarding Smoking

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The ThaiHealth Promotion Foundation provided critical assistance in establishing ASH Thailand's Tobacco Control Resource Center in 2005. The Center was created to serve as the focal point for producing media and other materials to support the rapid expansion of various tobacco control networks in Thailand. In doing so, the Tobacco Control Resource Center enables tobacco control networks to use and distribute materials to support their advocacy works as well as their other activities. The goal of this center is to create social awareness among the general public as well as provide updates on current social trends, specific dimensions and audiences such as producing media in local languages to reduce the communication gap. The Center produces various materials to facilitate the wider audience easily access. A variety of media tools such as posters, pamphlets, stickers, media kits, advocacy kits, multimedia, animation and also a website ([www.smokefreezone.co.th](http://www.smokefreezone.co.th)) were created as a tool for partners to easily reach a larger audience through free online media. Moreover, it also encourage the audience to play a role in producing the media in order to keep the content fresh and interesting. The center has continued developing on producing media for taking apart in raising the knowledge and awareness on smoking among Thai people. **Objective:** To assess the accessibility of ASH Thailand's Tobacco Control Resource Center among the users and the influence of its media on public awareness regarding smoking. **Method:** Data were collected from the database of ASH Thailand's Tobacco Control Resource Center between 2009 and 2010 and from all users during January to June, 2012, by mail questionnaire, and then processed and analyzed by descriptive statistic. **Results:** Through the years, the Center's efforts have been assessed and summarized to include: In 2009 the Center provided assistance to individuals and organizations 3,400 times, with 2,225 requests coming directly from tobacco control networks. In 2010, the Center increased that number to 3,650 times, with 2,425 requests coming directly from tobacco control networks. The most frequent use was by schools and education personnel at 69.2%. Second highest use was by personnel from various organizations at 65.6%, while the general public followed at 48.7%, and local communities at 20.8%. Up to 93.5% of those who received material agreed that the Center had helped create awareness among the public, while 66% believed that it provides the public with a better understanding of tobacco-related laws as well as their basic rights. Some 49% said they experienced less second hand smoke, and 83% had participated in smoke-free or quit smoking activities. **Conclusions:** The Tobacco Control Resource Center has played an important role in providing support as well as simplifying the establishment and growth of tobacco control networks in Thailand. The Center also continues to extend support effectively to personnel working in the field of tobacco control.

## P-PL2-04 The Effectiveness of the Motivational Interviewing Program Related to the Smoking Cessation among Health Care Providers, At Sanpasitthiprasong Hospital, Ubonratchathani Province Thailand

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**Objective:** To evaluate the effectiveness of the Motivational interviewing program related to the smoking cessation among health care providers working at Sanpasitthiprasong Hospital. The total number of 35 active smokers voluntarily enrolled into the study.

**Materials and Methods:** It is a quasi-experimental design. The first step was called "treatment period" which participants had to go through an individual counseling from one to three times. A second step was called "Follow Through period" which would be followed 4 times within 6 month. In case, the participants could not be reached, the telephone contact was allowed. A research tool included Motivation Interview Program, Smoking history, VCD, brochure, figures related to cigarette dangers. All data was analyzed via percentage, Mean, S.D.

**Results:** There were totally 33 out of 35 smoking participants in the program. There were 19 smokers effectively quit smoking from 1 week to 6 month periods (57.6%). Noticeably, there was an improvement among smokers in *Stage of Change* status from "determination" to "action" levels after the implementation of the first intervention and follow through in 1 to 4 weeks. Noticeably, there were only 14 smokers (42.4%) could be able to cut off cigarettes. The Stage of change status at week 1 to 3 moved from "contemplation" to "determination."

**Conclusion:** Overall, the Motivational Interviewing Program could be an effective tool to help smokers giving up smoking (57.6%). The quitters had only mild to moderate nicotine addiction levels compared to those failed to quit smoking with severe levels of nicotine addiction. Among unsuccessful smokers, they should particularly receive an adjunctive treatment including, medications to help them quit smoking effectively.

**Keywords:** Motivational Interviewing, Smoking Cessation, Sanpasitthiprasong Hospital, Ubon Ratchathani.

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## P-PL2-05 What is Necessary to Make Smoke-free Society in Japan?

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In Japan, smoking rates are gradually decreasing for these fifty years. After the Framework Convention on Tobacco Control came into effect, several measures were put into effect in Japan. Also in Healthy Japan 21, which is health promotion framework in Japan, quitting smoking is one of the main targets of it. However the rates of smoking are not reduced drastically in recent years. To clarify the reason of this, several facts were gathered.

(Methods) Several facts which have a relation of smoking were gathered from newspapers, magazines, internet and so forth.

(Results)

1. Prices of cigarettes were raised about 33% in 2010. Before this time, percentage of the price increase was under 5%. The price of popular cigarettes is 6 US\$. Some smokers changed the brand to cheaper ones which are 3 US\$ after the price increase. To reduce smoking rates, these cheaper ones should be stopped selling.
  2. Warning on tobacco packages is scientific but too difficult to understand. What is written on packages is recognized as an advertisement and exaggerated expression such as "Tobacco kills" will not be allowed
  3. There are several anti-smoking groups, but their cooperation is not so popular.
  4. There are several scientific societies for anti-smoking, but their cooperation is not so popular. There is a standard manual for quitting smoking made by four scientific societies, but it is based on medication and lacks other health educational methods.
  5. Over 50% persons who want to stop smoking by medication is given Varenicline, but evaluation of its side effects is not yet clear.
- (Discussion) Even now, Ministry of Finance has over 50% of stocks of Japan Tobacco, which is the only enterprise of tobacco in Japan. And about 65% of tobacco price is the tax. Cooperation of the government is limited except department of health. Considering present situation of anti-smoking, cooperation of groups and/or scientific societies is necessary and important. Each groups or societies have specialties. Approving of their specialties and leading to smoke-free society are needed.
- (Conclusion) To make smoke-free society, anti-smoking groups and societies should cooperate.

## P-PL3-01 The Impact of 2009 China Cigarette Tax Adjustment on Cigarette Retail Prices, Cigarette Class/Grade Choice and Cigarette Consumption

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In May 2009, the Chinese central government increased its cigarette excise tax rate at the producer level. In addition, it imposed an additional 5% ad valorem cigarette excise tax at the wholesale segment. While the main purpose of this tax increase was generating tax revenue, it was the first time that China adjusted its cigarette tax policies since it ratified FCTC in 2006.

The goal of this study is to investigate how the price and consumption levels of different class/grade cigarettes change after the 2009 cigarette tax increase in China. Multivariate analyses were conducted using the International Tobacco Control China Survey data (the ITC China Survey). The ITC China Survey is a longitudinal survey of adult smokers in seven cities in China: Beijing, Changsha, Guangzhou, Kunming, Shenyang, Shanghai, and Yinchuan. In each city, 800 smokers were surveyed in each wave. The first three waves of the ITC China survey data were used in this analysis: wave 1 (conducted between April to August 2006), wave 2 (October 2007 to January 2008) and wave 3 (May to October 2009). Various aspects of smokers' self-reported cigarette prices and consumption levels were analyzed. We found that the 2009 cigarette tax adjustment reduced wholesalers' profit margins. However, the reduction in profit margins was more pronounced among cheaper cigarettes. As a result, it provided incentives for cigarette manufacturers in China to favor the production of more expensive cigarettes. While statistically significant changes were not detected in the average retail prices within each class after the tax increase, we found that the share of smokers who reported smoked cheaper cigarettes dropped after the 2009 tax adjustment, and the overall average self-reported cigarette prices increased after the 2009 tax increase. In addition, the cigarette consumption decreased among those who reported smoked more expensive cigarettes after the tax increase. However, the cigarette consumption increased among those who reported smoked cheaper cigarettes after the tax increase. The overall change in cigarette consumption was not statistically significant. Future tobacco tax policies in China should take into account their influences on both the demand and the supply side of cigarette consumption, with the goal of increasing tobacco product retail price levels and reduce overall tobacco use.

**Relevant Sessions:** PL3 Tobacco Price and Taxation

## P-PL3-02 Cigarette Retail Price Variations in China: Evidence from the International Tobacco Control China Survey

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Cigarettes are sold in a variety of retail outlets in China. Depending on the types of retail outlets, retail level taxes on cigarettes are levied at different levels, which could in turn influence cigarette retail prices. The goal of this study is to examine whether there are differences in cigarette prices across different retail outlets in China and discuss the factors that contribute to these differences, if any, and implications on smoking behavior in China. Self-reported cigarette retail prices were examined in five type of retail outlets (convenience stores and gas stations, supermarkets, tobacco shops, street vendors, and other types of retail outlets) employing multivariate analyses using the International Tobacco Control China Survey data (the ITC China Survey). The ITC China Survey is a longitudinal survey of adult smokers in seven cities in China: Beijing, Changsha, Guangzhou, Kunming, Shenyang, Shanghai, and Yinchuan. In each city, 800 smokers were surveyed in each wave. The first three waves of the ITC China survey data were used in this analysis: wave 1 (conducted between April to August 2006), wave 2 (October 2007 to January 2008) and wave 3 (May to October 2009). Survey waves, cities, and the quantity of purchase (pack vs. carton) were control for when examining the differences across different retail outlets. Close to 50% of survey respondents reported purchasing their last pack of cigarettes from convenience stores and gas station, followed by tobacco shops (21.3%) and supermarkets (21%). About 7% reported purchasing from street vendors. Multivariate analyses reveal that cigarette retail prices differ significantly across different retail outlets in China, with the highest prices observed in other type of retail stores, followed by supermarkets, tobacco shops, and convenience stores and gas stations. Cigarettes purchased from street vendors were the cheapest. The low price cigarettes from street vendor may reflect the low quality of cigarettes, and it also may be due to avoidance of retail level taxes. Equalizing retail level cigarette taxes across different retail outlets may reduce the price differentials across different retail outlets. The results of this study have implications for China's future cigarette tax structure adjustments.

**Relevant Sessions:** PL3 Tobacco Price and Taxation

### **P-PL3-03 Communication Strategy on Tobacco Tax Reforms: The Philippines' Experience**

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The Philippines has one of the lowest priced tobacco products in the world. In addition to being cheap, cigarette prices are classified according to four tiers; low-priced, medium-priced, high-priced and premium-priced. After years of intensive lobbying for tobacco tax reforms, the legislature passed in December 2012 a much-needed bill that will remove the Philippines eventually from selling the cheapest brands of cigarettes in the world. From four tiers, tax structure will be reduced to two tiers in 2013 (the first year of implementation) and finally to single unitary in 2017. Cigarette prices increased significantly on average by 19% over 2013-2020 and indexed to inflation to meet the target objectives on reduction of tobacco-related diseases and death and on generation of revenues to fund the priority program on universal health coverage of Filipinos.

What messages worked to convince the legislators to pass the tobacco tax reforms?

In the entire campaign, there were concerted efforts from both government and non-government organizations to frame "sin tax" as "anti-cancer tax." The battle cry became: "Sin tax is anti-cancer tax." Media practitioners alluded "sin tax bill" as "anti-cancer bill." The following 8 key messages were proven effective in the Philippine setting:

1. Sin tax is anti-cancer tax.
2. Senators must put health above other considerations.
3. Every hour, one person dies from lung cancer in the Philippines.
4. Every cigarette contains 70 known carcinogens.
5. Second-hand smoke kills.
6. Tobacco causes other diseases that kill Filipinos.
7. Taxes will reduce tobacco use among the youth and children and will prevent early death among Filipinos, especially the poor.
8. Higher taxes will protect the health of children and youth.

Primers were specially prepared for pro-health citizens, nurses, civil society, hospital chiefs, local chief executives, midwives, medical associations and regional Dept of Health directors containing these 8 key messages and were widely disseminated using radio, print and social media.

It is hoped that with the new law, the prevalence of adult smoking will decrease from 28.3% to 23.3% representing 2.4 million fewer adult smokers.

Given the new law which covers both alcohol and tobacco products, the projected revenues are 33.96 billion pesos in 2013, 42.86 billion in 2014, 50.63 billion in 2015, 56.86 billion in 2016 and 64.1 billion in 2017 with a total of 248 billion pesos in 5 years. Revenues from tobacco products is projected at 23.4 billion in 2013, 29.6 billion in 2014, 33.4 billion in 2015, 37 billion in 2016 and 41 billion in 2017.

The tobacco industry voiced strong opposition in every step of the way but in the end, health prevailed.

### **P-PL3-04 How Much the Appropriate Tobacco Price Would be? -Conjoint Analysis for GENERAL Public in Japan**

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**BACKGROUNDS:** In Japan, government gradually raising Tobacco tax. Most recent tax raising was implemented in OCT2010. Tobacco price raising, or tobacco tax raising will affect both the smoking rate and tobacco tax revenue. Although there were several research for price elasticity of tobacco by which we can forecast both factors, there is virtually no research for identifying ideal smoking rate and tobacco tax revenue amount.

**OBJECTIVES:** To conduct conjoint analysis to determine how the general public value various aspects around tobacco and to seek "ideal" tobacco price in which people's preference is maximized.

**METHODS:** Through pilot studies, we identified four factors, i.e., smoking rate of whole population (-60%, -40%, -20%, -10%, unchanged. current rate: 19.5%), anti-smoking policy for youths (strengthened / unchanged), Total tobacco tax revenue (-20%, -10%, unchanged, +20%, +40%), purpose of tax raising (no restriction / exclusively spent for anti-tobacco policy). We chose 25 hypothetical situation from  $5 \times 2 \times 5 \times 2 = 100$  patterns with orthogonal planning method. 1,077 participants, including both smokers and non-smokers, were responded via web survey system. We adopted panel-logit model to estimate coefficients for each factor.

**RESULTS:** All 4 factors significantly influenced peoples' preferences. Coefficients for each factor were as follows; smoking rate of whole population: -1.138 (favourable for decreasing), anti-smoking policy for youths: 1.178 (favourable for strengthening), tobacco tax revenue: 1.568 (favourable for increasing) and purpose of tax raising: -0.547 (favourable for no restriction), respectively.

By applying the price elasticity of tobacco, we can predict both whole smoking rate and whole tax revenue for given unit price of tobacco. Therefore, we can calculate implicit people's preference for specific tobacco price with our regression model. Given the situation that price elasticity for whole tobacco demands was varied -0.3, -0.4 and -0.5, "ideal" tobacco prices for general public, in which peoples' preference was maximized were JPY1,000, JPY850 and JPY750, respectively.

**CONCLUSIONS:** Judging from peoples' preference, there would be some room for additional tobacco-tax raising in Japan.

### **P-PL3-05 How Much Various Anti-Tobacco Policies Would Affect Smokers' Attitudes? -Conjoint Analysis in Japan**

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*The University of Tokyo<sup>1</sup>, Kyoto University<sup>2</sup>, National Institute of Public Health<sup>3</sup>*

**BACKGROUNDS:** Implementing anti-tobacco public policies, as well as tax raising, can affect smokers' willingness to quit smoking. However, unlike tax raising, among which various analyses for price elasticities were already available, there were few analyses to measure the effect of various anti-tobacco policies, other than tax raising.

**OBJECTIVES:** To conduct conjoint analysis to estimate how much various anti-tobacco policies would affect smokers' attitudes.

**METHODS:** We identified five factors, i.e., Tobacco prices (JPY400 (unchanged), JPY500, JPY600), Fine for smoking in public places (none / JPY2,000), Health insurance coverage for smoking cessation therapies (exclusive for highly nicotine-dependent smoker (current situation), expand to all smokers including youth and hospitalized smoker with co-payment, expand to all smokers without co-payment), Accessibility for smoking cessation therapy (only for authorised hospitals and clinics / available in every hospital, clinic and pharmacy), and Warning messages on tobacco packages (current situation / enlarged). We chose 26 hypothetical situation from  $3 \times 2 \times 3 \times 2 \times 2 = 72$  patterns with orthogonal planning method. 982 smokers in "Smokers' Cohort", established in Osaka, were enrolled in the mail survey. We adopted panel-logit model to estimate coefficients for each factor.

**RESULTS:** All 5 factors significantly influenced smokers' willingness to quit smoking. Coefficients for each factor were as follows; Price raising: 0.03 (favourable for raising), Fine implementation: 1.66 (favourable for implementing), Health insurance coverage: 0.54 (favourable for expansion), Accessibility: 0.47 (favourable for expansion), Warning message (0.32), respectively.

On condition that price raising would be implemented without any other policy, even the price would be raised to JPY500 and 600, only 3.6% and 40.0% of smokers would quit smoking, respectively. However, if it would be done with other policy, smokers were thought to be more likely to quit it. For example, if price raising would be done with Fine, the proportion would be 16.4% for JPY500 and 77.8% for JPY600.

**CONCLUSIONS:** Various anti-tobacco policies other than price raising can reinforce smokers' attitude to quit smoking. Tobacco price raising should be done with other policies, to lower the smoking rate.

### **P-PL3-06 Is Employment in Bidi Manufacturing a Concern for Bidi Taxation?**

Nigar NARGIS, Ayda A YUREKLI  
*World Health Organization*

Bidi is a popular smoked tobacco product in Bangladesh and India. In both countries, bidi is way cheaper and is taxed at a much lower rate than cigarettes. Raising the tax on bidi and making its price comparable to that of cigarettes are, therefore, felt as natural steps towards harmonization of tobacco taxation across tobacco products. Because of the high labor-intensity of bidi rolling, bidi manufacturers often raise the concern that raising tax on bidi would cut down bidi consumption and production resulting in loss of employment and income of those employed in bidi industry. The bidi industry uses this argument to earn political support against increase in bidi tax. This hurdle on raising the tax on bidi has resulted in the fall in the real price of bidi which is expected to encourage bidi smoking and impose greater burden on public health.

In order to assess the possible impact of higher bidi tax on the employment in bidi industry, WHO has collaborated with the National Board of Revenue of the Government of Bangladesh to undertake a study on bidi workers in Bangladesh. Based on data available from this study, this paper estimates the full-time equivalent employment in bidi industry and compares it to the total manufacturing employment in the country.

The second step is to estimate the output elasticity of employment that shows how much employment loss will occur following a given percentage reduction in bidi production attributable to reduction in bidi smoking from a given tax and price increase. With price elasticity of demand for bidi available from secondary source, the paper estimates the reduction in bidi smoking from the tax and price increase and translates it into reduction in bidi production. This also helps estimate the impact on government revenue from bidi taxation.

Finally, the paper explores the alternative livelihood options of displaced bidi workers. The paper suggests that the revenue generated from higher tax on bidi can be earmarked to generate economically viable employment and income in order to rehabilitate these workers following Article 17 Guidelines of WHO Framework Convention on Tobacco Control. This way the adverse socio-economic consequence for bidi workers from raising bidi tax can be avoided while discouraging bidi consumption and earning better health outcome from reduced tobacco consumption.

### **P-PL3-07 The Impact of Cigarette Tax and Price Policy on Tobacco Industry Behavior ---Disclosing the Industry's Profit Margin in Each Segment**

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World experience has demonstrated that the most effective single measure to reduce tobacco use is tobacco taxation and price policy. However, the effectiveness of a cigarette tax on tobacco use in China is limited because the increased tax can't be shifted to the retail price given the cigarette pricing mechanism that exists under China's tobacco monopoly system and excise tax-inclusive tax base design. Although the cigarette excise tax adjustment in 2009 hasn't had much impact on cigarette prices for given cigarette brands and specifications, it has had a large impact on the tobacco industry's behavior and has changed the cigarette supply structure dramatically, raising the average retail price of cigarettes and overall tax share. This study is going to combine ITC China survey data and STMA industry inner data including cigarettes annual allocation plan data and financial data to examine the profit margin of tobacco industry in each sector, so that to estimate the maximum level of excise tax rate for tobacco industry to offset the increased tax with profits. The disclosing of the industry's profit margin helps policy maker to set up target of increasing cigarettes excise tax rate to ensure the effect of tax policy on cigarettes retail price under the current tobacco monopoly system. This study will also analyze tobacco industry behavior upon the tax policy change. We found significant transformations upon tax change on the supply side such as the consolidation of cigarette brands, and change with the market share of different priced level cigarettes. The results of this study helps policy maker to take into account of the influences of tobacco tax policy on both the demand and the supply side of cigarette consumption, with the goal of increasing cigarettes retail price and reduce overall tobacco use in China.

#### **Relevant Sessions:**

S11 Tobacco Price and Taxation (1)

S12 Tobacco Price and Taxation (2) Country experiences

### **P-PL3-08 Contribution of Sale to Minors to Tobacco Industry and Government Revenues - A Case of India**

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In 2010, the Global Adult Tobacco Survey for India revealed that nearly 40 percent of current smokers and 42 percent of current chewers were initiated into tobacco use before they were of the legal age of 18 years old. There is strong evidence to suggest that those who initiate earlier have lower probability of quitting the use of tobacco during their lifetime. The tobacco industry is aware of the importance of recruiting underage consumers and it makes every attempt to sell and solicit tobacco products to them. How much business revenue does the tobacco industry earn from sales to minors? How much does the government gain in terms of taxes? We estimate the number of underage users and the contribution they make to the sale and tax revenue to the industry and the government from consuming cigarette, bidi and chewing tobacco products.

Methods: We rely on using data from the nationally representative data from the Global Youth Tobacco Survey (GYTS) in 2006 and GATS (2008). We use the mean units of tobacco products (cigarette and bidi sticks, chewing tobacco products) consumed annually in underage group ( $\geq 15$  to 18 years). We use industry data for volumes and value (in Indian rupees), and Government of India data for tax revenues to derive revenues earned by industry and government from tobacco use by minors in 2011.

Results: Overall 19% of all revenue to tobacco industry (chewing 27%, bidis 22%, 9% cigarettes) and 11% of governments' tax revenues comes from sale to minors.

Conclusion: A significant number of minor become lifelong users and impose an unacceptable cost in terms of morbidity and morbidity from tobacco use. Industry's assurance, and legislation and enforcement measures by the government currently may be ineffective in reducing new recruitment of underage tobacco users. Stricter enforcement of sale to minor rules and compliance checks are needed to reduce this. The (Union and state) government needs to put in place added measures to counter the perverse revenues in makes from underage sales.

### P-PL3-09 Improper Tobacco Taxation Benefiting the Tobacco Industry in Bangladesh

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Bangladesh has one of the most complicated tobacco tax systems in the world that enables the tobacco industry to play around it keeping the tobacco prices extremely low. The various types of tobacco products in the country add further complications to the system. Apart from cigarettes, other tobacco products include hand-rolled cigarettes (called 'bidi') and smokeless tobacco products e.g. chewing tobacco and powdered tobacco. All these tobacco products are extremely cheap due to absence of proper taxation.

Taxes on cigarettes are not unified for all brands in Bangladesh. Cigarettes are divided by price tiers into four categories and different tax rates are applicable on different price tiers. In recent years, the government has been increasing the value of the price tiers every year instead of increasing the tax rates across the board. This increase in price tiers gives the tobacco industry opportunities for earning additional profits every year while the government is losing precious revenues that they could earn if tax rates were increased instead of the price tiers. This approach of taxing tobacco contributes to widening the existing price gaps between the most expensive and cheapest brands allowing further scopes for smokers to switch downwards. Thus, the benefits of the current approach of tobacco taxation in Bangladesh are going to the cigarette manufacturers.

While cigarette taxation is facing such difficulties, taxing *bidi* (the local hand-rolled cigarettes) face a lot of political challenges as the *bidi* producers have been able to mobilize sufficient political support using the argument of employment of poor people in the *bidi* factories. Thus, *bidi* is subject to the lowest tax rates among all tobacco products in Bangladesh. The actual tax burden is even less due to the improper base price. Instead of retail price, *bidi* is taxed on ex-factory price, which reduces the tax burden to almost half of the official rates. Although smokeless tobacco products are subject to higher tax rates than *bidi*, the system of tax collection is too weak to generate any real impact of increasing the tax rates on these products.

The proposed paper will highlight these systemic problems in the tobacco tax structure in Bangladesh and show how these loopholes are ultimately benefiting the tobacco industry. The paper will present an estimation of the amounts of profits that are drained to tobacco companies through adjusting price tiers of cigarettes instead of increasing tax rates.

### P-PL3-10 The Impact of Tobacco Tax Increase on Affordability Revenue and the Implication for Tax Policy in Vietnam

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HealthBridge Canada<sup>1</sup>, Ministry of Finance<sup>2</sup>

**Background:** The growing prevalence of tobacco use is a large contributor to the increasing burden on public health and its economy. Tobacco tax measures that raise cigarette prices through increases in excise tax are an effective intervention tool to reduce cigarette affordability and enhance fiscal and public health gains for the country.

**Objective:** To explore the changes in the affordability of tobacco between 1998 and 2009 and the impacts of tax increases on that affordability and government revenue

**Method:** The Relative Income Price (RIP) measure and the "minimum wage" method were used to examine tobacco affordability; Van Walbeek's simulation model was used to analyse the fiscal and public health impacts of tobacco tax increases;

**Result:** Between 1998 and 2009, nominal cigarette prices increased for the most expensive brand, 555 (from VND 11,000 to 21,000), most popular brand, VINATABA (from VND 6,200 to 12,000) and cheapest brand, Thang Long (from VND1,400 to VND 2,800). In the same period, there was a 4-fold growth in real per capita Gross Domestic Product (GDP), as well as an increase in personal incomes and purchasing power in Vietnam. Thus despite the two-fold nominal price increases for all brand categories, their real prices have generally remained unchanged with a downtrend over the same period, indicating the growing affordability of cigarettes. Since 2008, the excise tax rate for cigarettes and cigars has been set at 65% of the pre-tax, ex-factory price. On average, total taxes on cigarettes in Vietnam account for almost 45% of the retail sale price. If the excise tax rate is increased by 5% to 50%, resulting in an average retail price increase of 30.4%, there would only be a marginal price increase from VND 5,250 to VND 6,846. Thus cigarette prices are still relatively low, suggesting that the excise tax rate should be regularly raised to a higher percentage in order to reduce cigarette affordability. This level of increase however would lead to an immediate revenue increase by 5.2% to 46.9% (VND 14,150 billion)

**Conclusion:** Cigarettes became progressively more affordable in Viet Nam between 1998 and 2009. Current taxes on tobacco are not functioning to decrease smoking prevalence in the country. A progressive increase in the excise tax would result in a significant increase of government's tobacco tax revenue over the years and will save the lives of people

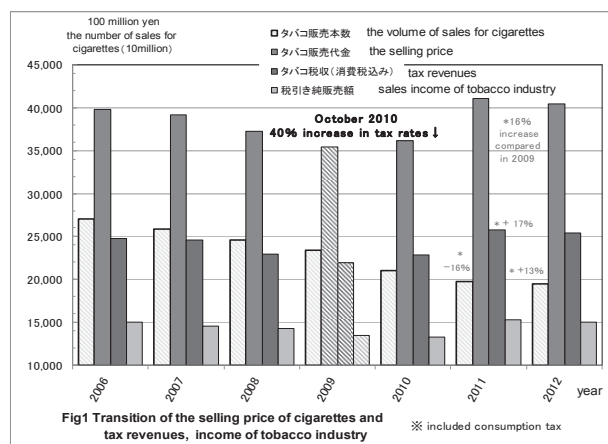
### P-PL3-11 Increase of Income of the Sales Profit and Tax Revenues by the Price Increase (Tax-rates Raising) of the Tobacco from October, 2010

Hiroshi NOGAMI

Coalition on a Smoke-free Environment for Kids in Japan

**Purpose:** In Japan, the male smoking rate and the number of tobacco sales are continuing decreasing for latest ten years. The tobacco sales volume (including the tax) is also decreasing gradually. Unless the rates of a cigarette tax and the price are raised rapidly, the tax revenues and a sales total (profit of the tobacco industry) will decrease rapidly. Since about 36% of price increase (about 110 yen per box) of cigarette was raised for the first time in four years from October, 2010, transition of the volume of tobacco sales, a price, a profit, and tax revenues were analyzed and considered.

**Result:** By the price increase (tax rate raised) of the tobacco in October 2010, a selling volume, cigarette tax revenues and tax omission sales increased in 2011 and 2012 compared with 2009 (in the previous year of 2010). In 2011, the number cigarettes of sales decreased 16%. On the other hand, the selling volume and the cigarette tax revenues increased 16-17% (increasing total tax revenues of 816 billion yen in three years from 2010 to 2012), and the tax omission sales (including profit) increased 13% (increasing total profit of 317 billion yen in three years). Tobacco industry did not say the increase in a sales return by tobacco price increase, and had denied that tax revenues increased. Because the income of the cigarette tax is increasing, they should change the sweeping measures of tobacco, and convert the radical measures of change of employment, crop rotation, etc. (email muen@silver.ocn.ne.jp)



### **P-PL3-12 Low Cost of Manufactured Cigarettes in Cambodia Targets the Poorest and Youngest Smokers**

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The National Adult Survey of Tobacco Use in Cambodia (NATSC 2011) was completed by the National Institute of Statistics, Ministry of Planning during 2010-2011 and interviewed 15,615 adults over 15. Data analyzed by WHO Cambodia found the extremely low price of manufactured cigarettes, averaging only 0.20 USD (95% CI [0.19 to 0.23]) per pack, the lowest in the Western Pacific Region. The price out competes the hand-rolled cigarettes (0.07 USD for a bundle), so that 85.7% of cigarettes last purchased by smokers was a manufactured pack. This pricing had great impact on the poorest and youngest smokers. Of the 99.1 million USD annual expenditure on manufactured cigarettes, 41.9% was spent by adults earning 2 USD per day or less. They spent about 6 USD per month (10% or more of their income) on tobacco, equivalent to the price for 7-8 kilograms of rice, highlighting the contribution of smoking to poverty and undernutrition. This low price may also contribute to the recent increase in smoking among youth. NATSC 2011 indicated that 1 out of 5 of the youngest smokers (age 15 to 19) started to smoke daily before age fifteen, indicating that manufactured cigarettes was affordable even to those under 15.

The results suggest that the price of manufactured cigarettes needs to be raised to decrease the devastating health and economic consequences among the most vulnerable populations. Since NATSC 2011 findings indicated that compliance with tax stamps has been achieved for 95% of the packs, taxation remains an effective method to increase the price.

The data was from analysis of a recent survey that had nationwide representativeness, and timely publicizing of the data may have beneficial impact on the taxation policy in Cambodia.

### **P-PL3-13 Analyzis of Tobacco Excise Policy in Indonesia : Bringing the Health Objectives Back In**

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Background : Smoking prevalence in Indonesia is increasing recently. Smoking prevalence among adults in Indonesia jumped from 27% in 1995 to 34.7% in 2010. For the same period the smoking prevalence for men increased from 53% to 66% while for women increased from 1.7% to 4.2%. Tobacco tax is considered to be the most effective instrument to control its consumption.

Objectives : To describe tobacco excise tax system in Indonesia and to asses the effectiveness of tobacco excise policy in term of tobacco control

Method : policy analysis of the ministry of finance regulation about the tobacco excise tariff in 2009-2012.

Result : According to law No. 39 year 2007 about excise the objectives of excise policy is to control its consumption. This law also stated that the maximum excise tariff is 57% of the retail price which is lower than recommended by WHO, 2/3 (67%) of retail price. During the 2009-2012 period, average tobacco excise tariff has increased from 38% in 2009 to be 54% in 2012. The tiers of excise tariffs also reduced from 25 tiers in 2009 to be 20 tiers in 2012. Tobacco excise system in Indonesia has failed to increase the cheapest price of cigarette from 2008-2012. Tobacco excise system in Indonesia is complicated that create wide gap between the cheapest and the most expensive price cigarette.

Conclusions : Tobacco excise in Indonesia must be increased substantially to control its consumption. In addition, tobacco excise system in Indonesia must be simplified to maximizes the health benefit of increasing tobacco excise.

### **P-PL3-14 Curbing Tobacco Epidemics by Tobacco Taxation in Lao PDR**

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Lao PDR ratified the FCTC in 2006, followed by the passage of the Tobacco Control Law in 2009. Despite implementing a smoking ban in work places and public places (FCTC Article 8) and tobacco excise taxes to reduce tobacco consumption, smoking prevalence rates among youth (13-15 years old) steadily increased from 2003-2011, from 11.2 % to 14.3% among boys, and 0.7%-1.1% among girls<sup>1</sup>. Similarly, health care costs are on the rise, with the total in-patient health care costs amounting to USD 3,341,577 in 2007, representing 0.8% of Lao PDR's GDP and 22% of Lao PDR's health expenditure<sup>2</sup>. If compared with the country's tax revenues, health care costs are equivalent to 68.1% of the total revenues<sup>3</sup>. Unless stronger tobacco control measures are put in place, the government will continue to bear the increasing cost of smoking-related health care in Lao PDR. Recognizing tobacco taxation as an effective tool for reducing consumption, this paper describes Lao PDR's tobacco tax structure and collaborative efforts between civil society and the government towards raising taxes and establishing a Tobacco Control Fund. A 25-year Investment License Agreement (ILA) between the national government and the tobacco industry signed in 2001 has been a major obstacle in increasing tobacco excise taxes. The ILA gave a five-year profit tax holiday (2002-2006) and limits the ad valorem excise tax rates to 15%-30% (depending on the production costs declared by tobacco companies), which are much lower than the ceiling rate of 55% required under Lao PDR's Tax Law of 2005. Linked to this, tobacco companies have been declaring low production cost values for more than 10 years already, preventing the government from collecting the appropriate tax revenues and promoting cigarette consumption with cheaper cigarette prices. After sufficient analysis, the government chose alternative methods to improve the tax structure and gain additional revenues in spite of the limitations of the ILA. To compensate for the losses due to the ILA, the government issued decrees in 2010 to collect value-added tax (VAT, set at 10% of the product retail price) and an additional specific excise tax of LAK 100/pack, in addition to the limited ad valorem excise rates stipulated in the ILA. A Sub-decree on financing a Tobacco Control Fund is currently pending at the Prime Minister's Office, which would collect a proposed 2% profit tax from tobacco companies. If approved, an estimated USD 150,000.00 can be collected that will go to the Tobacco Control Fund. Dedicating tobacco tax revenues for public health purposes, which needs a collaborative effort among the Ministry of Health, Ministry of Finance, and civil society, will support tobacco control and health promotion activities to prevent initiation of new smokers and save more lives from tobacco-related diseases and is expected to save the government from further health-related economic losses.

<sup>1</sup> Global Youth Tobacco Survey (GYTS), Lao PDR, WHO, <sup>2</sup> Lao PDR Health Survey 2003, <sup>3</sup> Vang. C., Ross. H., Senchanthixay. M., Southammavong. T. (2009). Tobacco-Related Socio-Economic Cost of Stroke, Lung Cancer and COPD in Laos;

### P-PL3-15 High-priced Smuggled Cigarettes: the Case of Vietnam

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**Background:** Total tax currently makes up 42% of cigarette prices in Vietnam, which stands in the middle of the regional countries and well below 65%, the level recommended by the World Bank. Cigarette smuggling is one of main obstacles to raising cigarette excise tax since the last tax increase in 2008. The main argument is that higher taxation will lead to higher prices of legal cigarette taxes and therefore their lower competitiveness compared to lower-priced smuggled cigarettes. All previous data on cigarette smuggling in Vietnam came from the tobacco industry. **Methods:** Data used in this research were from the Survey on Cigarette Consumption in 12 provinces of Vietnam, accounting for 32 percent of the country population, in 2012. This is the first survey on smuggled cigarettes with no financial sources from the tobacco industry in Vietnam. Descriptive statistics analysis were carried out to examine the patterns of smuggled cigarette consumption. The formula to estimate the excise tax rate that will equate the average prices of smuggled cigarettes and legal cigarettes was constructed based on the current tax structure in Vietnam. **Result:** Smuggled cigarettes made up 20.78% of total market share of the 12 surveyed provinces. The average price of smuggled cigarettes was 0.74 USD, approximately 46% higher than the average price of legal cigarettes. The average number of sticks bought in the last purchase by smuggled cigarette smokers (31.2) was 30% lower than that of legal cigarette smokers (44.8). Middle and higher income people made up higher percentages in smuggled cigarette smokers than in legal cigarette smokers (67.96% vs. 56.65%). Among the 10 signals for identifying that the pack in the last purchase was smuggled, “being more expensive than legal cigarettes” was the fourth top signal selected by smuggled cigarette smokers. Not a single person in the smuggled cigarette smokers indicated that “being cheaper than legal cigarettes” was the reason he believed that his pack was smuggled. Given that the average price of smuggled cigarettes was approximately 46% higher than that legal cigarettes, the excise tax rate can be raised from the current rate of 65% to 148% of the factory price without leading to higher average price of legal cigarettes compared to the smuggled one. **Conclusion:** The data consistently indicated that smuggled cigarettes were considerably more expensive than legal cigarettes and were consumed by higher income people. Doubling the current excise tax rate will not make legal cigarette average price more expensive than that of smuggled cigarettes, therefore it will not likely to attract more cigarette smuggling into Vietnam. **Acknowledgement:** This project received support from the NIH Fogarty International Center (Grant Number R01TW007924), awarded to Duke University's Program on Global Health and Technology Access in collaboration with the Southeast Asian Tobacco Control Alliance and the American Cancer Society. The content is solely the responsibility of the authors and does not necessarily.

### P-PL3-16 Perverse Economics of Tobacco Trade in India

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**Background:** Tobacco and tobacco products are extremely affordable and widely accessible to all in India. As in much of South Asia, the entire lifecycle of tobacco products is subsidised – with low minimum wages for workers, heavy subsidies on input materials, and tax waivers for manufacturers. Such incentives keep production costs of tobacco products low, making them highly affordable to its users and profitable to its manufacturers. Tobacco lifecycle is promoted by the Government with a stated intent of improving employment and livelihood opportunities in marginalised communities. However, its economic incentives are perverse as these policies permit tobacco manufacturers to extract a large and (currently) un-estimated price that violates human rights, keeps wages of workers, degrades the environment, and limits options for better livelihoods of vulnerable communities. These factors driving the lifecycle of tobacco and facilitating its production also limit the effectiveness of demand-side strategies to combat the prevalence of tobacco use. Increasing taxes, in particular, fails to induce any perceptible changes on retail prices of tobacco products. As input and manufacturing costs are kept artificially low, even significant tax increases do not translate into corresponding price increases and cuts to manufacturers' profits are nil or negligible. At the same time, governments are often reluctant to increase taxes drastically as it appears unethical to benefit from sin taxes.

**Objective:** To identify and measure the size of inherent subsidies in making tobacco products in India

**Methods:** Analysis of each step within the tobacco life cycle is considered and the subsidies involved are identified and measured.

**Result:** We argue that taxation will become more effective and efficient if corrections are made across the supply side of the product lifecycle to realise the full cost of the product.

### P-PL3-17 Cigarette Price and Retailer Survey in the Philippines

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Health Justice Philippines

The objectives of the survey are:

1. To develop a sound methodology for gathering baseline data on cigarette prices and retailers, such as *sari-sari* stores and “jump boys”.
2. To determine price differences between the same cigarette brands in different areas in the Philippines.
3. To study the characteristics of retail establishments selling cigarettes and the types of incentives provided by tobacco companies.

The key findings are:

1. Marlboro (international brand) and Fortune (local brand) both produced and sold by Philip Morris Fortune Tobacco Corporation, Inc. (PMFTCI) are the two leading brands.
2. Cigarettes are sold per stick at 50 centavos to PhP5 (0.01 to 0.12 USD). Price per pack of 20 sticks ranges from PhP7 to PhP79 (0.17 to 1.88 USD).
3. Average price differences show significant variation in average price per stick of international brands according to area (rural and urban) and province (National Capital Region [NCR], Laguna, and Mindoro), while there is none for local brands. Average prices per pack of international brands vary only in terms of area but not by province, while local brands differ significantly according to both area and province.
4. The local production of international brands coupled with tobacco companies' strategy of offering for sale cigarettes in packs of 5s or 10s have made international brands more affordable.
5. Retail margin for both international and local brands is higher in urban areas. Between international and local brands, retail margin is higher for international brands.
6. Tobacco companies take advantage of the allowed advertisement for point-of-sale establishments.
7. Tobacco companies also provide trade incentives in the form of free signboards, functional objects, gift rebates, trade and point-of-sale allowances, price incentives and volume rebates.

The key recommendations are:

1. Conduct price survey in other areas to determine extent of differences.
2. Monitor the impact of PMFTCI monopoly on cigarette prices, retail, and consumption.
3. Push for comprehensive ban in tobacco advertising, promotions, and sponsorship, as well as prohibit repackaging into smaller packs.
4. Strictly implement the ban on sale to minors.
5. Investigate changes in tobacco companies' supply chain and distribution networks and their impact on cigarette prices, retail, and consumption.

### P-PL4-01 Smoking Reduces Life Expectancy in Japanese the Same as Other Populations

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Results from previous studies have suggested that the effects of smoking on mortality among the Japanese are smaller than western countries. The reasons for the smaller risk estimates have been unclear. We investigated the impact of smoking on mortality and life expectancy in a large Japanese cohort and believe we have solved part of the paradox. We published the results in *The British Medical Journal*<sup>1)</sup>.

The Life Span Study is a long-term (>60 years) prospective study of atomic bomb survivors. Smoking status was collected on multiple occasions via interviews or mail surveys between 1963-92. A total of 67,973 subjects reported their smoking status at least once. The risk of smoking for all-cause mortality was analyzed from one year after the first ascertainment of smoking status until 1 January 2008. Each time new smoking information was obtained via a subsequent survey, the person was reclassified and contributed to the person-years at risk in the updated category one year later. Age-standardized death rates by sex, attained age, calendar year and smoking status were calculated using Poisson regression.

The average length of follow-up in the study was 23 years. Fifty-four percent of subjects reported their smoking status more than once. Smokers born in later decades tended to smoke more cigarettes per day than those born earlier, and started smoking at younger ages. Among smokers born during 1920-45 and who started smoking before age 20, the overall mortality was more than double that of never smokers in both sexes (rate ratios: males 2.21 [95% confidence interval 1.97 to 2.48], females 2.61 [1.98 to 3.44]) and life expectancy was reduced by about a decade (8 years for males, 10 years for females). The strengths of this study include a considerably longer average follow-up period compared with previous major Japanese cohort studies of smoking, and smoking status was ascertained more than once for many individuals. These strengths reduced misclassification errors and provided a fuller accounting of a person's smoking history. Results indicated that those who start smoking in early adult life and continue smoking lose about a decade of life. These findings are similar to risks observed in western countries and imply that smoking is not less dangerous among the Japanese as has been previously suggested. Other findings indicate that those who stopped smoking before age 35 avoided all of the excess risk among continuing smokers, while those who stopped before age 45 avoided most.

<sup>1)</sup> Sakata R, McGale P, Grant EJ, Ozasa K, Peto R, Darby SC. *BMJ* 2012;345(e7093)

### P-PL4-02 FCTC COP5 Outcomes and Work towards a Successful COP6

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*SEATCA Southeast Asia Initiative on Tobacco Tax, Southeast Asia Tobacco Control Alliance*

In November 2012, the Conference of the Parties (COP) to the WHO Framework Convention on Tobacco Control (FCTC) held its fifth session in Seoul, Republic of Korea. Each session of the COP sets the tone for global, as well as national, tobacco control for the years to come. Apart from adopting numerous important decisions to strengthen the fight against tobacco epidemic, COP5 highlighted the need to secure a "whole of government" commitment for implementation of the FCTC. The contributions of the civil society in supporting tobacco control efforts proved vital yet again.

However, COP5 outcomes will be only as strong as their follow-up. Governments need to implement newly adopted guidelines and guiding principles, fulfil their treaty obligations such as reporting, and sustain their work on further treaty instruments. Civil society has an important role to play during this process – by supporting the governments directly in their tobacco control efforts, serving as a watchdog to monitor whether countries comply with the FCTC provisions, or providing input to FCTC's inter-sessional work, such as participating at in FCTC working groups.

This presentation will provide an overview of the COP5 outcomes, paying attention to the key decisions adopted in 2012 and highlighting opportunities for civil society to engage in monitoring and strengthening tobacco control at country and global level.

In particular, the presentation will:

- outline the content of the newly adopted guidelines and guiding principles that governments need to implement in their national tobacco control efforts relating to taxation and product regulation (Article 6, Article 9 and 10)
- describe ongoing work on treaty provisions and opportunities for governments and civil society to participate in the FCTC inter-sessional process – Article 6, Article 9 and 10, Article 17 and 18, Article 19
- review obligations under the Convention which all governments need to fulfill in the inter-sessional period – reporting, payment of contributions

The presentation will also provide information on additional topics expected to be discussed during COP6, which is expected to take place either in 2014 or 2015.

### P-PL4-03 Empowering Health Workers to Become Change Agents to Support Rural Communities to Fight Tobacco

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*Salaam Bombay Foundation*

**Background and Objectives:** In 2007-2008, Salaam Bombay Foundation (SBF) conducted need assessment in nine villages of Chandrapur district, Maharashtra, which revealed 45% villagers used any form of tobacco and some bought them on credit with loans of up to USD 40-45. Assessment also revealed that villagers looked upon health workers in their communities, referred to as 'tai', who are considered as elder sisters giving proper health advice. Since these workers are part of the community, they are uniquely positioned to disseminate tobacco control awareness within the community. Therefore, SBF strategized a tobacco control program to be implemented by 'tai's' in ten villages with objectives of intervening with schools, villages, local government authorities, and local NGO's.

**Methods:** SBF conducted a four-day comprehensive training for 24 'tai's', who were briefed on various SBF run school programs, various aspects of Indian Tobacco Control Law (COTPA 2003) and advocacy on 'tobacco control'. Use of folk media to disseminate anti-tobacco messages was also introduced to them. Culturally relevant 'information, education and communication' (IEC) materials such as flipcharts, information booklets, CDs and posters were also provided to these workers. 'Tai's' implemented the SBF tobacco control program in ten villages of Chandrapur district and conducted sessions on tobacco awareness providing motivation to quit to tobacco users through the medium of songs, rallies, drama, puppet shows and street plays. Program monitoring is done quarterly by SBF and review meetings conducted with health workers, presidents of villages and village councilors. Feedback from villagers is also gathered.

**Results:** SBF addressed tobacco control issues among 15,324 inhabitants in 20 villages and 1,633 children in 11 schools through 24 trained health workers, known as 'tai's', who successfully conducted tobacco control sessions. Ignorant villagers especially village education committee members started showing keen interest in tobacco eradication. President of a village council himself quit tobacco and got involved in making the village tobacco-free. Post program evaluation after a year of implementation showed 90% villagers were aware of ill-effects of tobacco and were keeping tobacco away from their children.

**Conclusion:** Villagers were convinced by and confided in Tai's as they belong to the community. Street plays, songs, drama, puppet shows were effective to spread tobacco control messages to rural people. SBF plans to expand this programme to 60 villages in Chandrapur district in the coming year, and conduct trainings for health workers on new amendments and developments in tobacco control law and activities in India.

#### P-PL4-04 Tobacco Smoking and Poverty in the Fertile Female Population

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**Background:** Women's smoking in Hungary (33.9%) exceeds the European average (26.06%) and it is astonishingly high in the fertile female population (30.8%). Low socioeconomic status (SES) and the stress of poverty impose an additional burden on smoking women during the pregnancy and contribute to the high prevalence of low birth weight (8.4%) and preterm birth (9.0%) in this country.

**Methods:** Our research in the most underdeveloped region of Hungary, targeted smoking habits prior pregnancy of a population living under the poverty level (n=8,573) among women (n=12,176) who delivered live born babies between 2009-2011. Logistic regression at p<0.01 level was used to demonstrate the factors contributing to smoking in this population.

**Results:** 8,573 women represent 70.5% of the whole sample. They were living under the poverty level and 54.2% were smoking (regularly/every day=43.2%, occasionally 11.0%). The average age of smoking initiation was 16.5 years (SD=3.21) in the regularly smoking sample. 59.0% were living in extreme poverty. Factors unfavourable for pre-pregnancy smoking: lowest (basic) education versus highest (OR=4.16, 95%CI=2.89-6.00), housing without amenities versus partial amenities (OR=1.41, 95%CI=1.06-1.88), underweight versus normal weight (OR=1.34, 95%CI=1.13-1.58), living without versus with grandparents (OR=1.60, 95%CI=1.24-2.07) or a single room rented flat (OR=1.89, 95%CI=1.47-2.45). Employment versus being unemployed is also a negative factor (OR=1.45, 95%CI=1.20-1.76) as is a smoking versus non-smoking husband (OR=4.43, 95%CI=3.85-5.10). Being married is protective if compared with non-contractual cohabitation (OR 0.46 95%CI 0.28-0.75).

**Conclusion:** Prevention programs are needed to address the most at-risk, impoverished women prior to and during pregnancy. The programs should target not only women, but also their partners and community-level determinants.

**Key-words:** poverty, fertility age, regular smoking

#### P-PL4-05 Looking at Policy Change at the Provincial Level in China

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**Objective:** To compare progress toward implementation of five key tobacco control policies in seven Chinese provinces (Shanghai, Tianjin, Heilongjiang, Henan, Guangdong, Zhejiang and Jiangxi) supported by Fogarty in 2001 to the overall national progress. The policies were based on MPOWER and included: protection from second-hand smoke (SHS); offering help to quit; health warnings regarding tobacco use; enforcement of bans on tobacco advertising, promotion, and sponsorship (TAPS); and increasing tobacco taxes and prices.

**Methods:** The Global Adult Tobacco Survey questionnaire (GATS-China) provided national-level data. A modified version was used in the seven provinces; 2000 families were selected by 4-stage stratified cluster sampling and surveyed. The sample was stratified by age, gender and urban-rural status based on Chinese census data from 2010. The survey contained 10 indicators to assess key policy areas.

**Results:** Provinces were located in the East, Northeast, South and the central areas of China, representing a broad range of the population. Two indicators (smokers attempting to quit with cessation aids and warnings about tobacco use) were better in the provinces than at the national level. Nationally, only 9.2% of smokers attempted to quit using cessation aids compared to rates ranging from 52.1% to 72.5% in the study provinces. Nationally, 59.8% of respondents noticed information on the dangers of smoking while the rates in the provinces ranged from 64.7% to 92.1%. However, protection from SHS exposure was much lower in a number of the provinces than the national level, and only Shanghai had lower levels. Heilongjiang, Jiangxi and Henan were found to have the highest levels of SHS exposure at indoor working places (71.3%, 80.0%, and 75.1%, respectively) than nationally (63.3%). No differences were found concerning TAPS comparing province and national levels. Expenditures for 100 packs of cigarettes as a percentage of 2009 per capita GDP were lower than the national average in Tianjin, Shanghai and Guangdong.

**Conclusions:** China, by implementing the modified GATS at the provincial-level was able to determine how policy implementation was progressing in these locations with Fogarty program intervention as compared to the nation as a whole. The findings show that provinces differ on their progress toward implementation and on some policy issues provinces are making progress while others are not. It is encouraging to find that use of cessation aids and warnings about the dangers of tobacco are making progress in some of the provinces; however, much work is still needed on SHS protection.

#### P-PL4-06 Changing Tobacco Control Policy in Southeast Asia: The Power of a Regional Collaboration

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*Southeast Asia Tobacco Control Alliance*

This paper highlights the power of national and regional partnerships in advancing tobacco control policy advocacy within Southeast Asian countries. Emphasis is also given to strategies used and successes of these regional efforts. The need to work and act collectively to curb the tobacco epidemic in Southeast Asia resulted in the establishment of a regional anti-smoking movement, the Southeast Asia Tobacco Control Alliance (SEATCA), in 2001. SEATCA forms progressive and strategic partnerships with various government and non-government organizations, universities, and the World Health Organization (WHO) in most ASEAN countries to advance the full implementation of the Framework Convention on Tobacco Control (FCTC) across the region. SEATCA acts as a catalyst to initiate and advance tobacco control policy. To enhance local capacity, partners are engaged in various focused activities such as regional and country consultations, meetings, workshops, study visits and on-going capacity building. Advocacy, training, mentoring, fellowships, research and media monitoring are also part of the capacity building efforts. Stakeholders are empowered and encouraged to contribute ideas, take initiatives, articulate their challenges and work hand-in-hand with SEATCA to identify policy needs. Building awareness and knowledge on tobacco control among key-decision makers are crucial to obtain commitment and understanding that will lead to policy reform. These relationships are dependent on building trust among and within partner countries, which in turn, helps strengthen cooperative, sharing and responsive relationships. There is significant progress over the past five years in developing and implementing of stronger tobacco control measures in most ASEAN countries. Recent examples include:

- establishment of the Tobacco Control Fund (TCF) in Lao PDR in January 2013, which imposes a 2% tax on tobacco industry profits besides a specific increase of 200 Lao Kip (LAK) per cigarette pack;
- passage of tobacco control law and regulation in 2012 that requires pictorial health warnings to be printed on cigarette packages in Vietnam and Indonesia;
- enactment of Sin Tax Law in the Philippines in December 2012; and
- Cambodia's 'free-for-all tobacco-advertising paradise' image ended with a subdecree to ban tobacco product advertising in February 2011

These positive changes are supported by the strong regional collaborations between ASEAN country partners, reinforced by common goals, trust and the sharing resources.



## **P-PL4-07 The Economic Impacts of Tobacco vis-à-vis Rice Farming and Implications on Agricultural Development Planning: A Case Study in the Philippines**

Jennie Lyn C. REYES

*Southeast Asia Tobacco Control Alliance*

The study aims to examine the economic impacts of tobacco vis-à-vis rice farming and identify what its continued production entails for farming households and local government units (LGU) in the Philippines. It will review related legislations, policies and programs to understand the legal framework that governs agriculture in general, and tobacco farming in particular. In addition, the paper will also look into the contribution of the tobacco excise revenues (embodied in Republic Act 7171) to see whether it benefits the tobacco farming communities as recipients, especially the farming households in Candon City, Ilocos Sur as the case study.

This paper will compare the profitability of tobacco vis-à-vis rice by subjecting the household incomes derived from these crops to cost and returns analysis. Furthermore, the study will also measure the household-level food security by using the subsistence level carrying capacity analysis. Finally, the study will examine the trends in tobacco leaf production that seems to be in a relative decline characterized by decreasing productivity of farms where tobacco are planted; the change in the land uses of these agricultural lands; and/ or the shifting of farmers from planting tobacco to other crops.

The paper will conclude whether tobacco farming as an agricultural activity has positive economic impacts. While it is not consumed for food, it is a contributor to household income and employment generation; thus, the paper will explore whether income from tobacco farming can contribute in the attainment of household food security, as an objective in agricultural development planning. In comparing the net income from farming rice and tobacco, the paper would establish if tobacco-farming households are on the same footing as rice farmers in these terms, as the average cost of production in farming tobacco is significantly high. In addition, the paper will also conclude whether Republic Act 7171 (tobacco excise fund allotted to tobacco farmers) has directly benefitted tobacco farmers and their communities, if at all; since one of its inherent weaknesses is its failure to include the tobacco farmers themselves in the actual management of the fund. RA 7171 also comes in direct conflict with Articles 17 and 18 of the FCTC, as well as provisions of Republic Act 9211 (Tobacco Control Act), that call for alternative livelihood programs for tobacco farmers in compliance with these laws.

## **P-PL4-08 Coordinated Legal, Political and Media Advocacy to Ban Gutka (Smokeless Tobacco) in India**

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*Campaign for Tobacco Free Kids<sup>1</sup>, Tata Memorial Hospital<sup>2</sup>, Apollo Hospitals<sup>3</sup>*

**Background:** India has one of the highest rates of smokeless tobacco use in the world. Among 275 million Indian adult tobacco users in India, 75% consume smokeless tobacco products. One third of all males use smokeless tobacco products; khaini is the most commonly used form, followed by gutka and betel quid with tobacco. Among female tobacco users, 91% use smokeless products; betel quid with tobacco is the most common, followed by gutka and khaini. The epidemic rise of oral cancer cases in recent times as a result of gutka use across all socio-economic groups has become a cause of great concern to public health officials in the country. A Supreme Court decision banning the use of plastics in gutka packaging in December 2010 provided an opportunity for tobacco control activists to develop a comprehensive strategy for banning gutka itself. On August 5<sup>th</sup>, 2011 central rules were finally issued under the Food Safety and Standards Act(FSSA) banning the use of nicotine in food products. So by virtue of this notification under FSSA, gutka was banned by the central government. State and national advocates began to use this rule to lobby states to pass state orders banning gutka and begin immediate implementation

**Objectives and methods:** A series of advocacy efforts were carefully planned to successfully get states to ban gutka. These included: 1) political advocacy with state chief ministers using gutka victims through the Voices of Tobacco Victims(VOTV) campaigns; 2) The legislative assemblies in many states were sensitized using victims on the harms of gutka 3) Sustained media campaign including extensive electronic media coverage. 4) Defensive and offensive legal action in the Supreme Court and High Courts to get states to ban gutka and to defend ban orders from industry attack

**Results:** To date, 19 states and 4 union territories have passed ban orders and have begun to implement these bans. Implementation remains a challenge but significant losses in gutka industry show that the bans have had an impact on sales. One major challenge is that industry is also marketing alternative products which consumers are substituting for gutka. Industry has also pushed back in a significant way through media and behind the scenes lobbying but civil society's close coordination with government in this campaign has helped defend the bans till date.

**Conclusions:** Concerted legal, media and political advocacy can result in significant gains in regulation, including ban of harmful tobacco products like gutka. Close coordination between civil society and central and state governments was key to this unprecedented victory. But significant challenges remain related to industry push back, product substitution and illicit trade which will need to be addressed creatively.

## **P-PL4-09 Crop Substitution: A Case Study of Bangladesh**

Shameem H. PATWARY

*Dhaka International University, Supreme Court Bar Association, Humanist and Ethical Association of Bangladesh*

I as Co-coordinator of Tobacco Control and research cell of DIU conducted a field research on crop substitution awareness. The Anti - Tobacco Act, 2006 prescribe that the Government will encourage for substitute crop production within 5 years. But since passing the Act, 2006 tobacco cultivation is increasing day by day in particular the entire hill side is now under tobacco cultivation zone. The survey report shows that 80-90% farmers are not aware of impact of tobacco or it's cultivation, 80-90% farmers took advance loan for tobacco cultivation signed bond for 3-5 years for cultivating tobacco. The research paper was submitted to different authority and we arranged a round table discussion where I presented the outcome of the research and suggested possible leeway's to overcome the situation. After the discussion we accumulate the opinions and submitted it to concern ministers for their kind perusal and also make it published to different national Dailies.

## P-PL4-10 The Recognition of Smoke-Free Legislation: Attitudes of the Hotel Staffs Towards Non-Smoking Environments in Chiba

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Healthcare Professionals Association against Tobacco in Chiba<sup>1</sup>, Smoke-Free kids<sup>2</sup>

**Background:** In 2002 the Japanese government introduced its first legislation, Promoting Health Acts, to prevent exposure to second-hand smoke in public areas. In 2010, the Japan Ministry of Health, Labour and Welfare announced in detail its prevention efforts, which included a prohibition of smoking in hotel facilities. However, most of hotels in Japan still permit smoking.

**Methods:** Questionnaires were mailed to 50 hotels in Chiba prefecture. 46 were returned completed, 3 were declined, and 1 was marked with no response. The hotels that completed the questionnaires were classified into 4 categories according to districts as follows: Narita 12, Makuhari 6, Maihama 6, and others 22.

For each hotel, we analyzed the smoking environment at the hotel facilities, recognition degree of hotel representative regarding some regulations, and the importance of non-smoking environments as rated by hotel customers. We totaled scores to evaluate and rank hotels on their strict obedience of smoking legislation at their facilities.

**Results:** Hotels in Narita and Maihama scored higher than other districts on the ratio of non smoking rooms to total rooms.

Hotel staff's degree of recognition concerning the Promoting Health Acts and the FCTC (Framework Convention on Tobacco Control) stayed at 60% and 11% respectively across all hotels investigated. Hotel staffs in Maihama were highest regarding the recognition of Promoting Health Acts. Regarding the needs of hotel customers, many questionnaire participants wished for an increase in non-smoking rooms and for there not to be tobacco odor in guest rooms.

High ranked hotels we chose by our own evaluation were concentrated in Narita and Maihama. Moreover, foreign-financed hotels tend to be more highly ranked hotels than Japanese financed hotels. There were only 3 hotels that prohibited smoking completely in bars.

**Conclusion:** There were regional variations in Chiba prefecture on the effort made to create non-smoking environments. Narita, near Tokyo International Airport, used more by foreigners, and Maihama, near Tokyo Disney Land, used more by families, were the 2 districts with the highest ratio of non smoking rooms. Many hotels from these districts were chosen as high ranked hotels. We must inform hotels about international and domestic regulations, especially FCTC on account of many hotels in all districts of Chiba not being familiar with FCTC.

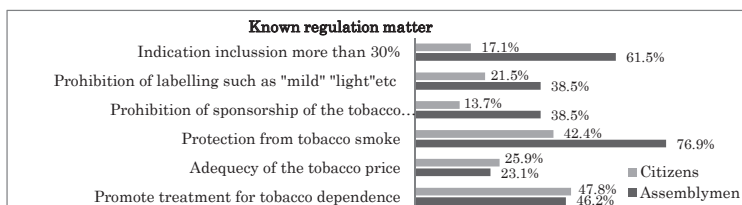
## P-PL4-11 The Direction of Tobacco Countermeasure which was Showed in the Opinion Pool of the Citizens Investigated in Matsuyama City in Japan

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Hojo Hospital<sup>1</sup>, Akari Clinic<sup>2</sup>

**Beginning:** Since Japan ratified FTCT, seven years have passed, but tobacco countermeasure has made slow progress in Japan. Under this circumstances, we investigated recognition of FCTC and evaluation of tobacco control policy, in Matsuyama City, the local city, in Japan. In this time, we would like to express our opinion about the results of the opinion pool of the citizens of Matsuyama City. **Method:** We made self registering inquiries to 44 assemblymen of Matsuyama, and 230 citizens of Matsuyama. **Results:** Withdrawal proportion from the assemblymen of Matsuyama was 29.5%, and from the citizens was 89.1%. Only 5 assemblymen of Matsuyama and 27 citizens knew about FCTC, and a large majority concluded insufficient policy. Such as "prohibition of passive smoking at the public space" or "driving forward smoking cessation therapy" were not enough to be mentioned as rather valid countermeasure such as the raise of the tobacco price or penal regulations. Secondly, a large majority recognized about ill effect of smoking, and hope for the right information and education. There were only 2 members of Matsuyama assembly having opinion of promoting FCTC. And even, there was an opinion that tobacco tax is precious source of revenue.

**Consideration:** Japanese government is reducing the cost of social security and driving forward the preventive medicine, the other hands, expecting the revenue from tobacco tax. We suppose there is a national political contradiction on this point. This contradiction is leading to the obstacle that Japan government was not made international treaty FCTC well-known. That is why assemblymen of Matsuyama had low interest in tobacco countermeasure. There is not a little already known regulations of FCTC if not knowing FCTC and it is easy to providing for penal regulations. It is necessary to be taken measures reflected public opinion about information dispatch or education. The result was suggested that common knowledge of right information greatly influenced the development of tobacco control policies.



## P-PL4-12 Indonesian Compliance to Framework Convention on Tobacco Control (FCTC)

Soewarta KOSEN

National Institute of Health Research & Development

The FCTC was developed in response to the globalization of tobacco epidemic. On 21 May 2003, the 56th World Health Assembly unanimously adopted the FCTC. Indonesian delegates contributed actively in the working group during preparation. However, due to internal politics and tobacco industry pressures, Indonesia becomes the only country in Asia-Pacific that did not sign the Convention. The government regulation No. 19/2003 on tobacco control was issued to be in-line with FCTC. Similarities of the regulation with FCTC include protection from exposure to tobacco smoke in working places, public places and public transport. The regulation still permits tobacco advertisement and promotion in electronic media, printed media and billboard. The latest Indonesian Health Law (No. 36/2009), considered tobacco as an addictive substance. Since then, efforts to propose more strict regulation for tobacco products based on the newest health law were initiated, faced strong opposition; not only from the tobacco industry, but also from tobacco and clove farmers, tobacco workers and retailers. Following the enactment of the latest Health Law on 2009, the Ministry of Health, NGOs and academic communities proposed the new regulation to replace the Regulation No. 19/2003. The new Regulation is directed to protect health of the community and regulates: cigarettes and other tobacco products, responsibility of the Central and Local Government to supervise access to tobacco and to diversify tobacco products, to implement smoke free area, to apply pictorial warning, to protect minors, to encourage community participation on tobacco control and to do monitoring and supervision of the regulation. It took almost three years before the government finally agreed to the new regulation last December 2012. At present the Ministry of Health initiated efforts to do accession to FCTC, to make Indonesia becomes the party of FCTC. Hopefully this effort will be successful in the near future.

### **P-PL4-13 Can India Facilitate Diversification from Tobacco Dependent Employment? Research Findings from an All India Study on Tobacco Growers, Bidi Rollers and Tendu Leaf Pluckers**

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**Background:** India is a member of FCTC and is committed to bring down consumption and production of tobacco in the country through array of measures. In addition to demand side measures there is also a need for supply side intervention. But, such kind of intervention requires data on socio-economic status of population engaged in related activities, economic feasibility of alternative livelihoods, availability of infrastructure, identification of factors that could enable shifting, and about willingness of the targeted population to shift from tobacco related activities. Unless such information is made available it is difficult to develop a comprehensive rehabilitative plan. Articles 17 and 18 of FCTC lay stress on existing data gap and call the tobacco growing countries to update their information base on such matters.

**Objective:** The objective of the study is to identify feasible alternative crops and livelihoods to tobacco cultivation and related activities and develop a comprehensive intervention strategy to facilitate decision making in this regard.

**Research questions:**

- i) Are there any economically viable alternatives to tobacco crop, bidi rolling and tendu leaf plucking in India in the background of different socio-economic, cultural and agro-climatic factors?
- ii) Whether the stakeholders are willing to shift from tobacco dependent vocations and if so what are the challenges in facilitating shifting.

**Methods:** The required database for the study is gathered from 12 states having large population of tobacco growers, bidi rollers and tendu leaf pluckers in different agro climatic regions of the country. The data is collected through two main sources. The quantitative information is gathered from primary survey of 6000 farm households, 1000 *bidi* rolling and 500 *tendu* leaf collecting households selected by following a five stage stratified sampling method. And the qualitative information is gathered from one to one discussion meetings with association of stakeholders in different states and involves consultation with different government departments.

**Note:** The data is being analysed and the findings will be available to public in August, 2013. We expect the proposed study to guide supply side tobacco control strategy in India in the coming years.

**Acknowledgement:** Study sponsored by IDRC, Canada

### **P-PL4-14 TFAJ, Tobacco-Free Advocacy Japan, its Agenda & Activity**

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*Tobacco-Free Advocacy Japan*

TFAJ, Tobacco-Free Advocacy Japan was founded on 2011 to promote tobacco-free environment in Japan on grass root basis by advocating to change the social norm with regard to tobacco and was certified as a NPO corporate body on 2012.

According to the statistics of Japan, 130 to 200 thousand smokers die of tobacco related diseases, and 6,800 to several ten thousand non-smokers die of second-hand smoking, every year.

Tobacco is deeply related to almost all disease, premature death, violence, abuse, poverty and unhappiness. When we look squarely at these realities, the only radical solution is but to eradicate tobacco and realize tobacco-free society. TFAJ declared this policy as an agenda on its Japanese HP. <http://tobaccofree-adv.main.jp/>

In spite of the obligation as a party to enact comprehensive tobacco control law by 2010 and to implement FCTC faithfully, Japan has no tobacco control law yet unfortunately, but some local ordinances, which are all misleading to designated smoking space instead of smoke-free environment in public places. JT, Japan Tobacco, welcomes these local ordinances and allures air conditioning & carpentry industries to join this business chance.

We regret that these misleading local ordinances might cause further delay of making smoke-free environment indoors without exception, which is recommended by WHO as the global standard.

The first scientific meeting of TFAJ was held in Kobe on September 2012 with 193 delegates. Dr. Jeffrey Wigand, the famous model of the movie "Insider" and an adviser to TFAJ, also joined the meeting, gave an impressive lecture, and inspired us. The second meeting will be held in Tokyo on September 2013.

TFAJ welcomes international advices and cooperation, please contact us to the following address.

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### **P-PL4-15 Challenges to Tobacco Taxation Implementation in the Pacific**

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Despite tobacco prices being high relative to many other countries, tobacco use rates are quite high in the Pacific. In addition, although there are some promising policy, legislation and taxation initiatives, a lack of regulation on the way tobacco products are allowed to be marketed and sold, and in some case a lack of enforcement of existing regulations, is likely to be an underlying cause for high tobacco use rates in the Pacific.

Increasing taxation is recognised as being the most cost-effective way to encourage tobacco users to quit. However, Pacific Island countries face unique challenges to implementing taxation and regulations targeted at tobacco. This paper focuses on the role that locally-grown tobacco products play in a government's ability to effectively implement tobacco taxes and tobacco control law.

Locally-grown or 'non-manufactured' tobacco is generally grown on small family plots with a large number of independent growers. Further, it is often sold through traditional means, avoiding fixed retail outlets and formal regulation processes. This means that significant resources are required to regulate the large number of sellers and to capture sales data, for both the collection of taxes, and for the implementation of wider tobacco control regulations.

In some countries the cheaper sales price of locally-grown tobacco has already caused an increase in its use. As Pacific Island governments are encouraged to raise taxes on tobacco, it is likely that locally-grown products will undermine the positive impacts of tobacco taxation, unless they are effectively regulated.

The authors will present tobacco use prevalence in the Federated States of Micronesia, Fiji, Papua New Guinea, the Solomon Islands, Samoa and Tonga, looking in particular, where data exists, at the use of locally-grown tobacco products. The paper will:

- describe the scope of locally-grown tobacco products currently available in the countries and the extent to which these products fall outside of existing regulatory measures on tobacco;
- describe the current challenges governments face in terms of regulating these products; and
- present the implications for future changes to regulatory measures which could prevent the proliferation of these products and thus bolster taxation and wider tobacco control efforts.

## **P-PL4-16 Strengthening Tobacco Advertising Promotion and Sponsorship Ban in Bangladesh**

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*Environment Council Bangladesh*

Bangladesh is a South Asian country with 149,772,364 people in a 147,570 square km area, where the average population density is about 964 inhabitants per square kilometer (BBS, 2011). Approximately 43 percent of adults (age 15+) in Bangladesh use tobacco. Tobacco smoking/chewing adversely affects people's personal, social and economic life. In Bangladesh, more than 57,000 people die each year from tobacco-related diseases. About 1.2 million cases of illnesses are attributed to tobacco (Global Adult Tobacco Study, 2009).

Environment Council Bangladesh (EC Bangladesh), a non-profit and non-political voluntary organization, has been working strengthening TAPS Ban through a project titled 'Advocating for and supporting a comprehensive Tobacco Advertising, Promotion and Sponsorship ban in Bangladesh' in association with Campaign for Tobacco Free Kids USA, since November 2012.

The major purpose of the project is to reduce direct and indirect tobacco advertising, promotion, and sponsorship (TAPS) by tobacco companies in Bangladesh through advocating for FCTC compliant amendments to the current provision on TAPS, and in the implementing regulations to follow. The project also seeks to develop a framework for effective implementation, and enforcement of the TAPS law through the engagement of relevant stakeholders, and mapping of the implementation/enforcement process taking into consideration lessons learnt from the implementation of the 2005 law.

The existing tobacco control law in Bangladesh, enacted in 2005. Some improvement of that law in order to comply fully with the Framework Convention on Tobacco Control (FCTC) has been amended, which is going to finalize by the Jatiya Sangsad (National Parliament). Simultaneously the tobacco industries have been trying to prevent further improvement in the law that creates a barrier on the promotional activities they are doing through the loopholes of the law. This project advocates for policy improvement and ensure proper finalization of TAPS ban law through the engagement of relevant stakeholders.

## **P-PL4-17 Support for Quitting Smoking to Adolescents at a Pharmacy in Japan**

Katsushi MURAYAMA

*Murayama Pharmacy*

She was caught lighting up in her high school and consulted a physician with the staff of a rehabilitation institution.

We were told by the partnering medical institution that she needed short-term medical attention by using OTC, because her treatment was not covered by insurance. Since she was medically-supervised, we determined to give medicine to her.

She came to our dispensary after she was advised to quit smoking by her doctor. We also provided advice about the ill effects of smoking, in the form of questions and answers. We also explained the medicinal effect, dose regimen and side effects of nicotine patch 20.

Five days later, she was prescribed a steroid external medicine for treatment of itching at the site of the patch application. At that point, she still had the desire for smoking and felt a strong urge to smoke when she saw that other people were smoking.

Eight days later, we reduced the dose from nicotine patch 20 to 10 according to the order from her doctor, since it could lessen the cravings for a cigarette.

Thirteen days later, we were advised by her doctor to terminate medical treatment for her when she had used up all prescribed medication, because she had become free of the desire for smoking.

I noticed her perceptions had changed a lot when she came to our pharmacy at the end of the treatment period. Also she had begun to carry out antismoking activities in her school such as warning a teacher not to smoke.

This is such a case where we could lead a patient to quit smoking completely in a short time, in collaboration with school, rehabilitation institution, medical provider and dispensing pharmacy.

While we had no idea how to deal with this case because we had never supported people underage to quit smoking before, we thought it would be best to contact her as long as possible. Therefore, we advised her to stop at our pharmacy on her way to and from school to report her state of stopping smoking, even after treatment was completed.

After that, she visited us several times until her graduation, and talked to us with a smile, stating, "I have not smoked a cigarette."

She got a job at the supermarket in Ehime prefecture after graduating from high school.

We are presently checking if she has been stopping smoking.

## **P-PL4-18 Supporting Pacific Island Countries to Strengthen Their Resistance to Tobacco Industry Interference in Tobacco Control**

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Background: Tobacco industry interference in tobacco control is a contributory factor for slow or delayed introduction of effective tobacco control policy with Pacific Island Countries particularly those that are under-equipped to respond due to limited resources for developing and enforcing policy and regulatory frameworks.

Aims: i) To undertake a preliminary assessment of Pacific country experience of tobacco industry interference; ii) To develop a practical, directly relevant toolkit to assist Pacific countries to effectively resist tobacco industry interference.

Results: The preliminary assessment of 11 of the 14 PICs signed to the WHO FCTC, identified a low awareness of tobacco industry interference (range from no interference noted to up to six events). All countries were enthusiastic to learn more about the importance of Article 5.3 to strengthen tobacco control.

Two countries were selected on the basis of higher reported incidents of tobacco industry interference to receive specialist technical support. This support included in-country meetings with government, tobacco control and civil society to develop a practical legislative response to tobacco industry interference.

Conclusion: This project assisted two countries to effectively resist tobacco industry interference through a systematic process (toolbox) including: assessing knowledge, awareness and compliance with FCTC Article 5.3, developing guidance and identifying changes to administrative procedures/legislation and putting into practice a 'code of conduct' or appropriate legislation.

### **P-S1-01 Secondhand Smoke Exposure in Cars and Homes is Associated with Susceptibility to Smoking in 14-15 Year Old Children: Repeated National Survey Data**

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*University of Otago<sup>1</sup>, AUT University<sup>2</sup>*

**Background:** Exposure to secondhand smoke (SHS) causes adverse health outcomes for children and adolescents, and is implicated in increased risk of smoking initiation. Important potential sources of children's exposure to SHS include smoking in homes and in private cars

**Aim:** To explore the association between exposure to SHS in cars and homes and smoking susceptibility and smoking among 14-15 year old children.

**Methods:** We analysed data from a school-based national survey of New Zealand's (NZ) Year 10 students from 2006-2012 (the ASH Year 10 surveys). Participants were asked whether, in the past week, others had smoked around them in a car or van or in the home. Students who reported exposure on at least one day in the past week were classified as exposed to SHS. We ran separate multivariate logistic regression analyses in which we classified all students as (i) current regular smokers (smoking at least one cigarette per week) and non-regular smokers, and (ii) ever smokers (regular, occasional and ex-smokers) and never smokers; and (iii) in which all never smoking students were classified as susceptible and non-susceptible to smoking. All models were adjusted for age, sex, ethnicity, socio-economic status, and parental, sibling and friend smoking.

**Results:** In 2011 a total of 26,645 students participated in the survey (response rate 45%). Exposure to SHS in cars (adjusted odds ratio [aOR] = 1.4) and in homes (aOR = 1.5) were statistically significantly associated with susceptibility to smoking. Both variables were stronger risk factors than parental smoking status (which was not significant), but less important than friend smoking status. Each of the surveys between 2006 and 2010 showed similar patterns. Other analyses to be presented will explore the association of reported SHS exposure with regular smoking, ever smoking and ever smoking and susceptibility to smoking combined.

**Conclusions:** Exposure to SHS in cars and homes are important potential risk factors for smoking initiation in children in NZ. Proposed approaches to reduce this exposure include legislation to prohibit smoking in cars and mass media campaigns to encourage parents to make homes Smokefree. These findings suggest that such policies not only protecting the health of children by minimising their exposure to SHS but may also reduce smoking initiation.

**Acknowledgements:** The authors thank the students who participated in all of the ASH New Zealand 'Year 10' surveys. The ASH surveys were funded by the NZ Ministry of Health.

### **P-S1-02 The Impact of Designated Smoking Areas in Where Outdoor Smoking is Banned: The Case of Kobe City**

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In line with indoor smoking bans, an increasing number of cities worldwide have enacted regulations banning smoking in outdoor areas. Despite Japan being a signatory to the Framework Convention of Tobacco Control (FCTC) since 2004, progress in translating the recommendation into national policy is limited. Globally, many of the outdoor smoking bans cover outdoor dining areas, beaches, public parks, school and playgrounds etc. In Japan, streets adjacent to shopping areas have been the focus of outdoor smoking bans. However, such bans remain very limited in scope and more importantly in their health aim. Most of the bans allow outdoor designated smoking areas (DSAs) within the no-smoking streets, thus explicitly limiting the protection from SHS. Although there is overwhelming evidence about the failure on designated smoking rooms (DSRs) in preventing exposure to SHS, only few studies addressed DSAs. Our objective was to look at the impact of DSAs on air quality in the areas of Kobe City where the municipal ordinance banning street smoking is in force as a part of a bigger study looking at the compliance of the ordinance. Two different DSAs were selected, located near the main train station in Kobe. Air quality measurements were conducted twice by using a SIDEPAK™ AM510 Personal Aerosol Monitor in August 2012. Three types of measurements were performed: 1) line-up measurement 2) vertical and horizontal measurement and 3) circle measurement. A total of four investigators lined up or made a circle with a monitor in hand and each measurement lasted for 15 minutes. In the line-up measurement, the PM monitor at the closest point (4m away from the ashtray) detected more than 150 µm/m<sup>3</sup> of PM<sub>2.5</sub>, and gradually flowed to the farthest point (25m away from the ashtray). In the vertical and horizontal measurement, high concentration of PM<sub>2.5</sub> was detected at 4m, 18m, and 25m with approximately 80-110 µm/m<sup>3</sup>. In the circle measurement, a similar concentration of PM<sub>2.5</sub> was detected at all of the testing points (mean concentration of 94 µg/m<sup>3</sup>). The study indicates that DSAs are sources of SHS in zones where a street smoking ban is in force, since SHS spreads widely, both vertically and horizontally. Street smoking bans that permit DSAs strongly limit the protection from SHS. Therefore, DSAs should be avoided to accomplish effective protection against SHS in the area where street smoking bans are into effect.

### **P-S1-03 Smoke-free Policy Development Using Air Pollution Control as an Entry Point: A Case in Jakarta, Indonesia**

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**Objective:** to examine how the provincial government of Jakarta developed its smoke-free environments policy from the air pollution control local ordinance, further contributing to the national smoke-free policy formulation.

**Methods:** Interviews with key informants who were involved in advocacy, drafting, or adoption of air pollution control local ordinance and its subsequent implementing regulations including amendments necessary to achieve 100% smoke-free environments were conducted. A diary, relevant documents and press articles issued during a period from 2005 to present were investigated. Two public opinion polls were carried out in 2009 and 2011 to determine public perception towards secondhand smoke. A secondhand smoke monitoring study was also conducted to support the arguments for smoke-free policy.

**Results:** Air Pollution Control local ordinance was passed in 2005. The ordinance also regulates indoor air pollution by restricting smoking in public places. An environmental NGOs coalition, the provincial government, and environmental caucus in the parliament actively advocated the agenda. The No-smoking area provision in air pollution control legislation came as a surprise to the tobacco industry. In 2009, the Jakarta government began to revisit its regulatory framework following exposure to best practices in smoke-free policy. In 2010, an amendment to the regulation was discreetly made, backed up by the positive results of public opinion polls and secondhand smoke monitoring study in 2009. The instrumental change was removal of indoor smoking rooms. Such policy formulation was later on adopted by the national government. The Jakarta government survived two litigation cases following the enactment of the smoke-free regulation. It continued to strengthen its policy by issuing an implementation decree in 2012, which provides comprehensive guidelines for an effective on-the-ground implementation and enforcement.

**Conclusions:** Building public knowledge and belief in the extent of the risks of secondhand smoke is critical. Continued public support and mentoring during policy development process can ensure that government takes action in a prompt manner and that the regulation will be enforceable. Enabled government institutions, improved staff knowledge and local scientific evidence are also key to winning the litigation. Tobacco control issue can be addressed through an environmental protection agenda in the presence of strong leadership in the sector.

## P-S1-04 How Bloomberg Grants Programme Prioritised and Accelerated FCTC/MPOWER Implementation in India?

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**Description:** A global initiative to reduce tobacco use in low- and middle-income countries was launched in 2006 with funding support from Mr. Michael R. Bloomberg. A competitively awarded grants program is an important part of the Initiative. The grants program supports projects to develop and deliver high-impact evidence-based tobacco control interventions based on MPOWER and FCTC. The grants program is managed by the International Union Against Tuberculosis and Lung Disease (The Union) and the Campaign for Tobacco-Free Kids. Since the launch of the initiative, 27 grants have been awarded in India to both governments and civil society to effectively implement MPOWER priority interventions in tobacco control in India. 16 grants have already been completed with 11 grants currently active in the country. This paper looks at the key progress and achievements under the initiative in India through the BI grants programme.

**Methodology:** All 27 grants both completed and currently active were evaluated for their population outreach; measures achieved towards capacity building; documented successes from advocacy; MPOWER policy development and implementation; coalition and networks built; inter-sectoral involvement; policy focussed strategic research and monitoring and prioritising tobacco control in the country.

**Conclusion:** The Bloomberg Grants programme has contributed significantly to prioritising tobacco control in India. Civil society, local government and the National Tobacco Control Programme have benefited from the Initiative resulting in implementation of the MPOWER policy package including increasing protection from second hand smoke to millions in the country, increasing awareness of the harmful effects of tobacco use through coordinated media campaigns and health warnings on tobacco products and supporting development and implementation of FCTC in the country.

**Target Audience:** Health care professionals and stakeholders in Tobacco, Cancer and NCD prevention and control programmes

**Key Words:** Bloomberg Initiative, tobacco control, grants programme, MPOWER policy

## P-S1-05 The Pattern of Rural Retailer's Behavioral Concerning Cigarette Sale to Minors in The Lower Northern Thailand

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Thailand has more than 570,000 tobacco retailers. This is the most accessible cigarette source of young smokers. The objective of this qualitative study was to investigate the pattern of retailer's behavior toward the sale of tobacco to minors in a community in the lower northern Thailand. The key informants were obtained from 11 merchants whom were experienced with sold tobacco to minors and lived in a rural community. Data collected using in-depth interviews and non-participation observations. Interview transcripts were analyzed, and the result revealed as following.

Although, all 11 tobacco retailers have perceptions about the law banning the sale tobacco to minors as well (Age less than 18 years old), they still sell cigarette to young people. Every day, minors whose regular customers will buy cigarettes about 1-5 times per store. Most of them specific bought the individual menthol cigarettes (approximately 1-3 cigarettes per time). During the time of the most cigarette distribution for minor is after school until the early hours (17:00 pm. to 20:00 pm). The pattern of rural retailer's behavioral concerning tobacco sale to minor is divided into 3 types: young people who are strangers, young people who live in the community and new customer and young people who live in the community and old customer.

Therefore, retailer's behavior toward the sale of cigarettes to minor is still the challenging issue. This finding can be used to improve the tobacco control policy in Thailand regarding the timing of the sale of cigarettes which impacts directly to limit youth accessibility to tobacco.

**Keywords:** patterns of retailer's behavior, tobacco sale behavior, timing of the sale of cigarettes

## P-S1-06 Barriers for Local Governments in Japan to Control Tobacco: The Example of Hyogo

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Since Japan has not fully implemented the WHO FCTC, smoking in public places is still widely permitted. As has been observed in other countries, subnational initiatives have aimed at tobacco control in Japan. Kanagawa adopted a regulation in 2009 that partially restricts smoking in public areas; Hyogo is only the second prefecture out of a total of 47 in Japan to pass an ordinance to prevent exposure to second-hand smoke (SHS) in 2012. Through the analysis of the Hyogo initiative, we identify key elements that both facilitate and interfere with tobacco control at local and national levels in Japan.

The study employed an explanatory case study approach. We documented and analysed the process of adoption of the local legislation, with an emphasis on the proceedings of a committee appointed to prepare a policy proposal. Meeting minutes and other grey literature such as government records were collected and analysed; an opportunistic website search, and input from two members of the committee complemented the information.

In 2010, a letter from the Minister of Health, Labour and Welfare encouraged prefectures and municipalities to implement measures to prevent exposure to SHS, although it recognized "smoking separation" as a valid measure. Partly in response to this, and following a common process for local legislation, the government of Hyogo constituted a committee to solicit external input on a legislation to prevent SHS exposure. The committee included representatives from several sectors and met nine times during 2010-2011. The tobacco companies were given an opportunity to participate in the committee meetings as guest speakers. Although the committee agreed on the need to protect people from SHS, the scope of the regulation was a common source of dispute. Allowing designated smoking rooms (DSRs), and dividing public spaces into different levels of regulation were the most contested issues. Finally some agreement was reached towards a progressive yet partial regulation. Nevertheless, the regulation which passed the assembly was weaker than the committee proposal and included wide exemptions especially for hospitality business establishments, in contravention of the WHO FCTC. The analysis of the Hyogo initiative shed light on three factors that challenge tobacco control at the local level in Japan. First, the Japanese government facilitates provisions that include DSRs. Second, the tobacco industry is allowed to actively interfere with the policy making process. Last, advocacy by civil society for a stronger regulation is weaker than that observed in other country contexts.

## P-S1-07 People's Initiatives in Making Smoke Free Public Places: Case Study of Banke & Ilam Districts of Nepal

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**Purpose:** To present how civil society and government can collectively make a change through collective efforts.

### Method and Materials:

Banke district is an example of the efforts made by district police office to make smoke free public places. The office in cooperation with Health Rights and Tobacco Control District Network have initiated massive campaign in the district and arrested more than one thousand smokers who were released after strong warning. Smoke free campaign also conducted for 4500 petty shops, 214 hotels, 188 mobile shops, 79 betel leaf (Pan) shops, 50 tea stalls and 30 schools in the last 8 months. The legal provision of Smoke Free public places has strictly implemented. A special "Mobile Police Squad" with motor cycle are being used to do immediate action.

This District Police Office has shown to the other district that if there is a political will and determination, the resource is not a problem. These efforts are widely acclaimed not only by Nepalese Media but also from Indian Media. (*Newspaper clippings & Photographs will be presented.*)

The Ilam district, which is close to Darjeeling of India has been trying to make the city as "Smoke Free". Smoking is not allowed even in the street, you cannot light the cigarette in any shop where you buy. Encouraged with this the city is also now free from Polythene Bag. Green City Strategic Plan has been developed by the Municipality. Sign board of "Tobacco Free Zone" in residential area is in progress.

**Result :** Police in Banke and Municipality in Ilam District have shown that "Smoke Free Public Place is possible if collective action with NGO like Health Rights & Tobacco Control District Network is undertaken.

**Conclusion :** To replicate these efforts in other districts of Nepal.

## P-S1-08 En Route to the Enactment of Smoke-free Legislation in Kyoto

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**Aim:** We will describe recent efforts to enact smoke-free legislation in Kyoto.

**Action and Results:** Kyoto Association for Tobacco Control (KATC) began calling for the enactment of smoke-free legislation in Kyoto after the establishment of such legislation in Kanagawa in March 2009. At that time we were invited to join the local governmental committee on secondhand smoke.

Subsequently, in December 2009, KATC coordinated with local Medical, Dental, Pharmaceutical, Nurses, and Hospital Associations and requested the Governor of Kyoto Prefecture develop smoke-free legislation. In February 2010 our committee also urged to the Governor to prepare the legislation with all due speed.

We began outreach efforts to influential lawmakers in the prefectural and municipal assemblies, and in August 2010 we hosted an educational forum called "The Zero Secondhand Smoke in Kyoto Project" which many assembly members attended.

Furthermore, we also began a petition drive in support of the legislative effort. In six months we collected over 35,000 signatures and received 600 messages of support from all over the world via the internet.

Armed with our collection of signatures, we approached lawmakers for their endorsement, which at last led to an official request for the Governor's administration to draft a proposal for legislation, a key step in the formal introduction of such legislation into the assembly. Though he agreed to propose legislation restricting secondhand smoke, to date the administration has only arrived at a charter of non-binding goals.

Meanwhile we are conducting a related campaign to collect restaurants' signatures to call for the enactment of this legislation.

In May 2012, a Tobacco-Free Symposium was held under the joint sponsorship of medical groups, the local government, and KATC. The success of the symposium reinforced our firm belief that the power of Kyoto citizens and of the scientific community will lead to a tobacco-free future for Kyoto.

**Conclusion:** We are hoping to collaborate with other groups to enact smoke-free legislation in various districts in Japan and to achieve our vision of national smoke-free legislation in the near future. We believe promoting evidence-based tobacco-free environmental policy will save the lives of many Japanese people, and especially save our future, Japanese children.

## P-S1-09 The Quality of Tobacco Free Zone Regulation in Three Provinces with Special Autonomy Status in Indonesia

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**BACKGROUND:** Approximately 35% of Indonesian smokes, with smoking prevalence of 66% among men. The national government of Indonesia recently launched a new tobacco regulation that forces local governments of districts or cities to make local government regulation (Perda) on Tobacco Free Zone (TFZ) where smoking, producing, selling, advertising and/or promoting tobacco products are prohibited. Prior to this regulation, 11% of districts/cities in Indonesia have made attempts to protect their people from tobacco harms by establishing some forms of regulation on TFZ. Identifying common pitfalls in the current regulations will help local governments and tobacco control advocates revise and guide the process of creating TFZ regulations in nearly 500 districts/cities in Indonesia. **METHOD:** We selected legal products on TFZ in three provinces: Nangroe Aceh Darussalam (NAD), Jakarta and Yogyakarta, which have special autonomy status that allows more experience in creating and implementing autonomous regulation compared to other provinces. We compare available regulations with the standard Perda proposed by Indonesian Tobacco Control Steering Committee (TCSC). These provinces do not have Perda specific for TFZ. Therefore, Perda on air pollution control and lower level regulations on TFZ were assessed. These included Perda on air pollution control and Governor's decree on TFZ for Jakarta, Governor's instruction on TFZ and Mayor of Banda Aceh's decree on TFZ for Aceh and Perda on air pollution control, Governor's decree on TFZ, Regent of Gunungkidul's and Sleman's decree on TFZ for Yogyakarta. **RESULTS:** Among major discrepancies found were (1) Jakarta and Yogyakarta control the act of smoking only instead of prohibiting smoking, production, promotion and advertisement in TFZ as mandated by national regulation and TCSC standard; (2) Jakarta assigns outdoor smoking zone, while Yogyakarta allows indoor smoking zone except in Sleman; (3) Penalties and sanctions are very weak, ranging from reprimand to administrative sanction. No fines were applied; (4) Individual violators are not held responsible in all provinces and only in Jakarta responsibilities of TFZ managers are better detailed. We assigned scores to key components above and other components including number of regulations, implementation details and assignment of monitoring bodies. Among the three provinces, Jakarta scored the best with 70% due to its detailed assignment of responsibility and monitoring bodies and NAD was last with 37%. **CONCLUSION:** Current local government regulations in autonomous provinces are lagging from gold standard and tobacco control advocates need to focus on the above components to ensure stronger regulation in other district/cities.

## **P-S1-10 “Kyoto-based Tobacco-Free Caravan” Collaborated with Organizations, Universities, and Local Governments -Part2-**

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[Objective]

A community-based approach is important and effective for tobacco control; however there have been few systematic movements in Japan. Our organization (Kyoto Association for Tobacco Control: KATC) has been working with local governments, universities and organizations such as Kyoto Medical Association, Kyoto Dental Association, Kyoto Pharmaceutical Association and Kyoto Nurses Association to foster a program in public schools. We will evaluate the effectiveness of the “Tobacco-Free Caravan” program following the previous meeting, reflecting on the process of its development

[Subjects and Methods]

We review the process of how the program spread. The program includes a lecture and workshops. The lecture consists of five parts; the damage to body, nicotine dependence, how to quit, passive smoking and the social background of tobacco. Throughout keyword is " Don't be duped ". During the workshops, a quiz was performed. Items in the workshops are chemical models, disease models, foreign tobacco-packs and posters. Students perform the role play to answer "I do not smoke, because...". They draw the illustrations and create a piece of humorous poem

[Results]

In 2001, KATC and a community health center launched the program at two schools. The number of participating schools increased to nine by 2006, as universities collaborated to allow their students to participate in the program. In 2007, the Kyoto Medical Association (KMA) started to provide funds for the program and we implemented the program smoothly at 19 schools. The programs were appreciated by teachers and students. Currently the Kyoto City Board of Education commenced support and 56 junior high schools implement the program, and KMA supported the other 27 high schools

[Conclusions]

“Tobacco-Free caravan in Kyoto” has been progressing steadily as cooperative activity.

## **P-S1-11 Health Impact Assessment of the "Smoke-free Policy" in Gwangmyeong City**

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This research by the Korea Institute for Health and Social Affairs is an health impact assessment of the 2011 “smoke-free area” policy of Gwangmyeong City. Constructing the “smoke-free” environment for all citizens is now a collective endeavor joined by the national government, local governments at all levels, and communities and citizens themselves. Gwangmyeong City has decided to prioritize the “smoke-free” policy in its commitment to the promotion of healthy environments and life styles. In this regard, the city purports to pursue the “smoke-free” policy in a most systematic and scientific way by employing the health impact assessment (HIA) procedure. The Korea Institute for Health and Social Affairs has been asked to analyze the basic conditions for the HIA procedure in the context of Gwangmyeong City and prepare the specific measures for implementing it. The assessment procedure consists of (1) the preparation of the project plan and the preliminary meeting, (2) the composing of the project steering committee, (3) screening – that is, the health impact assessment (HIA) of the “smoke-free area” policy, (4) scoping – that is, the determining of the HIA procedures and methods in terms of (a) analysis of the basic data of Gwangmyeong City, (b) analysis of secondary data, (c) survey of residents, and (d) workshop with concerned experts and interested parties. The HIA-based policy suggestions will include: (a) total prohibition of smoking in the Gwangmyeong City Hall complex, (b) smoke-free monitoring and regulation of public buildings and facilities (c) smoke-free monitoring and regulation of restaurants, (c) smoke-free monitoring and regulation of bus stops and terminals, and (d) preparation of the long-term road map of the smoke-free policy of Gwangmyeong City. It is expected that the “smoke-free” initiative of Gwangmyeong City will not only benefit the city’s residents and visitors in terms of smoke-free life, but also set a path-breaking standard to be followed by other localities, thereby benefiting the entire nation.

## **P-S1-12 Current State and Future Prospect of FCTC in Taiwan**

Sea- Wain YAU

*John Tung Foundation*

Taiwan has implemented a new policy that ban smoking in most indoor public places and workplaces. The policy also required 35% health warning to display on cigarette packaging, prohibition on tobacco advertising promotion as well.

However, compare to other countries, we still need to amend our policy, especially the smoking rate is still high, which is 8 % in junior high school and 15 % in senior high school. In order to protect citizens’ health, reduce tobacco consumption, and prevent youth smoking. The John Tung Foundation combined with other 215 Non-Governmental Organizations to press government to amend tobacco control policy. Nevertheless, the amendment suspended because of the election in Taiwan at January, 2012.

The John Tung Foundation plans to invite Taiwan International Medical Alliance, Homemakers United Foundation, Consumers’ foundation, and Formosa Cancer Foundation, Taiwan Medical Alliance for the Control of Tobacco to set up new goals that improve the tobacco control policy for 2013.

We present 4 major goals:

1. Government should prohibit smoking in all public places, and penalize owners who do not follow the policy.
2. Health warnings on cigarette packaging should increase to 80%, and implement plain packaging.
3. Government should prohibit all tobacco advertising promotion and raise penalty once tobacco companies break the policy.
4. Government should increase tobacco tax for NT 30 dollars and abolish tax-free tobacco.

Meanwhile, we should invite more NGO that support tobacco control policy and expose tobacco companies’ lies and advertise negative impact of smoking on health instead of against them directly.



### P-S1-13 How NGOs Confront Tobacco Industry and Press Government to Effectively Enforce the Tobacco Hazards Prevention Act

Sea- Wain YAU, Ted T. L. CHEN, Ching-Li LIN

John Tung Foundation

John Tung Foundation (hereinafter referred to as JTF), the very first non-profit tobacco control organization across the Chinese-speaking world, has been devoted tremendous efforts on policy advocating, media promotion, tobacco control education, smoking cessation and international cooperation. JTF had organized more than 200 non-governmental organizations to *advocate the much-needed amendments of the Tobacco Hazards Prevention Act, endeavored to establish a "100% smoke-free indoor public places and workplaces"*.

With 30-year experience in tobacco control, JTF has developed 6 marketing strategies: (1) inviting celebrities to speak up for the organization or events, and persuade the mass media provide free air time; (2) establishing international connections and conducting exchanges on the tobacco control knowledge and experience; (3) seeking supports from private enterprise, government authorities and academia for promoting tobacco control policies; (4) collecting and the latest world tobacco control information; (5) establishing and maintaining the official website (<http://www.e-quit.org>) and hosting Quit & Win Campaign; and (6) providing access for general public to file complaints on second-hand smoke or other violations on tobacco control regulation.

As a non-governmental organization, it may be safe to say that JTF has been working successfully on tobacco control issues through various marketing strategies for almost 30 years. One of JTF's major goals at the present stage is to closely cooperate with countries involved in Asia Pacific Association for the Control of Tobacco and Cross Strait Tobacco Control Conference to jointly fight against tobacco hazards.

### P-S1-14 Awareness and Support of 100% Smoke Free Indoor Area in Jakarta

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University of Indonesia

#### Background

The government of Jakarta has initiative to control cigarette consumption by issuing local regulation no. 2/2005. It regulates air pollution and specifically states smoking prohibition in several public areas but still have a dedicated smoking room. To support 100% Smoke Free Jakarta, Governor Decree no 75/2005 was revised with Governor Decree no. 88/2010. The essential changes in the new Governor Decree is that special smoking area in closed public area is abolished.

#### Objective

To measure knowledge, attitude, behavior and support from public on 100% smoke free area regulation in Jakarta.

#### Method

Data was collected using face-to-face interview in the 7 public areas and the total respondent interviewed was 840 people in the 210 location visited around Jakarta.

#### Result

Almost all respondent said that they are not comfortable being in a room with full of cigarette smoke (94%), even smokers themselves (90%) felt inconvenient. 91 percent respondent agree that smoking in-door should be prohibit, even smoker said that it is not allowable (85%). Less than half (47%) of respondent is willing to report violation of no smoking area to the competent authorities. Only 39% smokers respondents are ready to report the violence of regulation, while non smokers have 54% and ex-smokers have 45%. Though smoking has been ban in restaurant, 89% respondent said that they will visit restaurant that prohibits its customers to smoke inside. Even 82% smokers respondents also admit that they are going to visit the restaurants.

### P-S3-01 Periodontal Disease, Education and Training of Dental Professionals, and Tobacco Control

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Fukuoka Dental College

**Background and aim.** Dental professionals have not fully embraced opportunities for tobacco intervention. The aim of my presentation is to suggest new strategy to enhance smoking cessation intervention based on the novel findings regarding biological plausibility for the smoking-associated periodontal disease under the universal health insurance system in Japan.

**Methods.** My presentation consists of four elements: First, I outlined my research career. Second, we reviewed literatures regarding tobacco interventions by dental professionals. Third, I conducted another review of recent studies regarding oral microbiology. Finally, we surveyed dentists and dental patients to clarify the possibility of our strategy.

**Results.** A new strategy for dental tobacco intervention could be remembered by outlining my researches for; the effects of smoking on periodontal microcirculation, effects of second-hand smoke on gingival melanin pigmentation in children and early childhood caries, epidemiology regarding smoking and dental caries, periodontal disease, and tooth loss, interventions regarding motivating and helping dental patients to quit smoking, and smoking behavior and attitudes towards smoking cessation intervention of dental students and dentists. The literature review regarding progression of the global dental tobacco interventions in the United States and the European countries including the United Kingdom identified significant barriers such as lack of reimbursement and training for implementation to dental practice and dissemination and undergraduate education. Another review of studies regarding the effects of smoking cessation on oral biofilms and those of tobacco extracts on virulence factor of periodontal pathogens would break the ice to enforce dental tobacco intervention in Japan. The studies that was conducted in dental clinics revealed that tobacco intervention for prevention of progression of dental disease and improvement of the effects of dental treatments that have potential coverage of the universal health insurance system in Japan were strongly supported by dentists while intervention services for prevention of oral diseases was strongly supported by dental patients.

**Conclusion.** Dental tobacco intervention based on the effects on dental treatments would be promising strategy that reinforces those for oral and overall health in Japan.

### **P-S3-02 The Study of Oral Lesion Screening and Smoking Habit among Thais**

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**Background:** Oral cancer is one of life threatening disease. Most of oral cancers patients are detected at the late stage. For years that the 5 years survival rate of oral cancer has not been improved. Smoking habits is known as a significant factors not only lung cancer but also oral cancer. The early detection of oral precancerous lesion is the most effective strategy to prevent oral cancer and increase a 5-year survival rate. This study was performed to assess the incidence of oral lesion, smoking habit and related factors.

**Methods:** The study project conducted in 12 provinces during 2010 – 2011. Interviewing form was used to interview patients aged 18 years old and over who received health services at the Dental department. The purpose of this interview was to find a risk patient group on those who smoked, drank alcohol, ate betel nut or had family history of cancer. After finding a risk patient group, dentists provided them a lesion screening and also advised them to avoid risk behaviors of the oral cancer. If the screening detected the oral cancer lesions, patients would be transferred for further treatment and monitoring.

**Results:** Data was collected from 8,861 patients. 46% was male and 54% was female. The age average was 53 years old 25.6% was smoker. The mean smoking period was 20 years. There was 7.3% of patient reported that they smoked immediately when waked up. 18% was alcohol drinker and 7.9% chewing betel nut. Oral lesions were found in 504 patients (5.7%). 67 out of oral lesion patients(13.3%) had precancerous lesion. Smoking, alcohol drinking, betel nut chewing and family history were significant associated with oral lesion occurrence. ( $p < 0.05$ ) When compare oral lesion rate between smoker and non-smoker. We found that the prevalence of oral lesion in smokers was 2.3 times higher than non-smokers.(9.5% in smokers and 4.4% in non-smokers; OR = 2.3 95% CI= 1.92,2.77)

**Conclusion :** Campaigns should be performed to make a trend, encourage a risk group to have knowledge and to receive service of oral tissue screening, and advice for cigarette cessation as well as public quitting smoking places.

### **P-S3-03 Comparison of the Cases of Oral Cancer and Potentially Malignant Disorders (Erythroplakia and Leukoplakia) Reported in 2009 and after Launching an Oral Lesion Screening Program in Thailand in 2011**

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The early detection of oral cancer can increase a patient's 5-year survival rate. All dentists can detect potentially premalignant or precancerous lesions during routine dental examinations without special tests. Based on this, the Thaidentistagainsttobacco group, comprising the Bureau of Dental Health, Ministry of Public Health, Thai Health Promotion Foundation, and the Dental Association of Thailand, launched a potentially premalignant disorder oral screening program by dentists in 2011 at the general and community hospitals in the 76 provinces in Thailand. The objective of this program was to encourage dentists to perform oral lesion screening on their patients, especially in groups at high risk for oral cancer; individuals with a habit of smoking, alcohol drinking, betel nut chewing or with a familial history of cancer. This screening program provided training courses for dentists in some provinces and supported all provinces with packages of oral cancer screening handbooks, handbooks on how to help patients stop smoking using the 3A/5A technique, self-oral cancer screening posters and leaflets. The data from the Ministry of Public Health's International Classification of Disease 10th Edition (ICD-10) indicated that in 2009, prior to the program, 1,369 cases of oral cancer, 77 cases of leukoplakia (one case identified as tobacco associated leukoplakia ) and 3 cases of erythroplakia were reported from the general and community hospitals in all 76 provinces. In 2011, after starting the program, 1089 cases of oral cancer, 928 cases of leukoplakia (12 cases identified as tobacco associated leukoplakia) and 59 cases of erythroplakia were reported. Thus, Dentists in general and community hospitals detected significantly more cases of leukoplakia and erythroplakia after the program. Encouraging dentists to examine the oral cavity and search for precancerous lesions and help their patients to stop smoking should help patients in groups at risk for oral cancer and identify patients with early stage oral cancer.

### **P-S3-04 Chemical Evaluation of 3 Different Electronic Cigarette Cartridges and Assessment of Knowledge, Attitude and Practice Regarding E-Cigarette amongst its users in Pune City, India**

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**INTRODUCTION:** An electronic cigarette (e-cigarette) is commonly used as an alternative for the smoked tobacco and is being promoted as a nicotine replacement therapy (NRT) by the companies. There are no regulations regarding the manufacturing and sale of e-cigarettes and also the chemical composition is not known. Hence there is a need to know the contents and the harmful effects if any of them and hence to conclude whether or not to promote the use of e-cigarettes as a NRT. **OBJECTIVES:** 1) Chemical analysis of 3 different e-cigarette cartridges for detection of nicotine, glycerol, di-ethylene glycol. 2) Assessment of knowledge, attitude and practice regarding e-cigarette amongst its users in Pune city. **MATERIAL AND METHODS:** Three e-cigarettes: Sample (A) – locally marketed unbranded e-cigarette (nicotine free), sample (B) – Indian branded e-cigarette (nicotine free) sample (C) – western branded e-cigarette (nicotine) were analysed using GAS CHROMATOGRAPHY AND MASS SPECTROMETRY TEST. A 6 month KAP Study also was conducted amongst e-cigarette users in Pune city using a 23 item close-ended questionnaire. Snow-ball (networking) sampling was used. **RESULTS:** The GC-MS TEST showed presence of nicotine in local e-cigarette sample (A) and the branded e-cigarette sample (B) which are marketed as nicotine-free. Also traces of compounds like pyridines, butanone and decanoic acid were found. The KAP study showed that overall knowledge was good amongst the e-cigarette user in Pune city and the attitude and practice which they showed towards e-cigarette was contradicting. **CONCLUSION:** The chemical analysis of the brands A & B showed presence of nicotine when they are marketed as nicotine free products while the sample C followed product specification as being nicotine containing e-cigarettes. More than half of the e-cigarette users knew about the ill-effects of nicotine and all of them were willing to quit smoking and join a tobacco cessation programme but similar attitude was not reflected towards use of e-cigarettes as half of them did not want to quit e-cigarette smoking nor did they want it to be banned in India.

### P-S3-05 Smoking Cessation Environment 2012, According to the 4 Fields of Dentistry in Japan

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**Objectives:** SKMK is a study group in order to enlighten smoking cessation for fields of dentistry in Japan. We investigate actual conditions of the smoking cessation environment with annual questionnaires against some dental parties. In this presentation, we announced the surveillance data about 4 fields of dentistry in 2012.

**Subject and Methods:** The data collection was performed by mailing to an official spokesman or official secretariats of from group A to group D. Group A was Japanese 29 dental colleges, group B was 72 dental in Japan, group C was 47 dental associations of each prefecture, group D was Japanese 50 companies for dentistry, respectively. Each questions were about no smoking areas as follows: (1) all sites of area, (2) meeting or assembly room, (3) lobby or waiting room, (4) dining or coffee space.

**Results:** The results of from group A to group D showed as follows, (1) A: 11(37%), B: 36(87.8%), C: 16(33%), D: 9(23.0%), (2) A: 29(100%), B: 36(87.8%), C: 44(92%), D: 37 (94.8%), (3) A: 29(100%), B: 30(73.2%), C: 37(77%), D: 16(57.1%), (4) A: 28(96%), B: 31(75.6%), C: 33(69%), D: 22(73.3%).

**Conclusions:** The smoking cessation environment of group A was the most progressive in the 4 fields of Japan. However, there were not any groups that smoking cessation was done in the site of all area. Further questionnaire study is needed, and we wish to contribute to the improvement in smoking cessation of all Japanese dentistry.

### P-S4-01 The Smoke Risk for Ischemic and Hemorrhage Stroke Mortality

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**Background and objectives:** In Asia, the major cause of cardiovascular disease is stroke while in Western countries is heart disease. Smoking, beyond hypertension, is the most important cause of stroke; however, most smokers are unaware of the risks. The present study was conducted to determine the attributable mortality risk of ischemic and hemorrhage stroke among smokers.

**Methods:** A cohort, consisting of 412,387 adults, aged 20 and older, participating in medical screening program run by a private firm since 1996, was followed up to 2008. A total of 836 deaths were identified as stroke, with 488 as ischemic stroke, and 348 as hemorrhage stroke. Participants went through a series of medical tests on blood, urine, body measurements, functional tests, and questionnaire. COX proportionate hazards model was used to calculate the mortality risks. **Results:** The smoking rate in the cohort was 23.3% (96,159 subjects). Controlling gender, age, education, systolic blood pressure, fasting blood glucose, BMI, cholesterol, drinking, and physical inactivity, the hazard ratios for stroke mortality was 1.73 in current smokers (95% confidence interval 1.42-2.11), with 73% increased risk than non-smokers. Among smokers, the attributable mortality risk of smoke was 49.2% for ischemic stroke, and 30.0% for hemorrhage stroke. Compare to current smokers, ex-smokers had significant lower risk for CVD (HR=0.77) and stroke (HR=0.80).

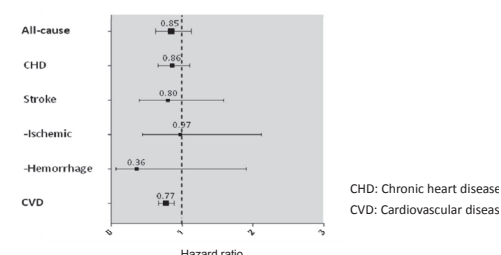
**Conclusions:** Smokers who died from stroke had 40% attributable mortality risk due to smoking. Among different stroke types, the ischemic stroke death was more related to smoking than hemorrhage stroke. The study found that quitting smoking significantly reduced stroke mortality risk. We strongly suggest smokers to quit. **Keywords:** Smoking, Stroke, Cohort study

Table. Hazard ratios for selected causes of mortality, by smoking status

Outcome	ICD-9	Total cohort (N=412,387)			Non-smoker (N=290,801)			Ex-smoker (N=25,427)			Current Smoker (N=96,159)		
		Total	Deaths	HR	Total	Deaths	HR	95%CI	Total	Deaths	HR	95%CI	
All causes	001-999	10455	5524	1.00	1461	1.35	(1.26, 1.44) *		3470	1.62	(1.53, 1.71)		
CVD	390-459	2023	1065	1.00	317	1.34	(1.15, 1.55) *		641	1.61	(1.42, 1.83)		
CHD	410-414	570	273	1.00	105	1.56	(1.19, 2.05) *		192	1.71	(1.35, 2.17)		
Stroke	430-438	836	442	1.00	124	1.35	(1.07, 1.71) *		270	1.73	(1.42, 2.11)		
Ischemic	430-432	488	234	1.00	87	1.60	(1.19, 2.15) *		167	1.97	(1.52, 2.55)		
Hemorrhage	433-438	348	208	1.00	37	0.98	(0.65, 1.47)		103	1.43	(1.05, 1.95)		

Hazard ratios were adjusted by sex, age, education, systolic blood pressure, glucose, BMI, cholesterol, etc

Figure. Ex-smokers had lower hazard ratios for cardiovascular mortality than current smokers. (Reference group: current smokers)



### P-S4-02 Smoking Cessation Reduces Oxidative Stress Measured by Salivary Oxidation-reduction Potentials.

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**Background:** Oxidative stress by cigarette smoking is associated with ruptures of atherosclerotic plaques and leads to the onset of cardiovascular events, such as myocardial infarction and cerebral infarction. As measurement of salivary oxidation-reduction potentials is very simple, it might be useful as a tool to evaluate the extent of oxidative stress in smokers.

**Purpose:** We measured the salivary oxidation-reduction potentials in smokers and evaluated time course changes in the oxidation-reduction potentials by smoking cessation.

**Method:** Ten smoking patients (male/female: 7/3, 53.3 years old of average age), who consulted our smoking cessation clinics and achieved smoking cessation were recruited. In these patients, we evaluated time course changes of the oxidation-reduction potential values during anti-smoking medical treatment. The salivary oxidation-reduction potential values were measured by using the oxidation-reduction measuring device called "ARA ! GENKI." We judged +40 mV or more of the potential values as an oxidative state, and less than +40 mV as a reductive state.

**Result:** At the time of the first consultation to our smoking cessation clinic, the potential value of these smokers exhibited the strong oxidation of +73.1±29.4 mV. By smoking abstinence, the oxidation-reduction potential value demonstrated the significant trend of decreases (p=0.003). Especially at the time of the 5th consultation (after 12 weeks of anti-smoking medical treatment starts), the potential value was +35.9±24.8 mV, showing a relatively reductive state. The potential value at the time of the 5th consultation was significantly (p<0.05) lower compared with the values at the first and 3rd consultations.

**Conclusion:** It was demonstrated, by measurement of the salivary oxidation-reduction potentials, that smokers are in a strong oxidative state and that such an oxidation is reduced by smoking cessation. Thus, measurement of salivary oxidation-reduction potentials might be simple and useful tool to evaluate the extent of oxidative stress by smoking.

### P-S4-03 Impact of the Passive Smoking on Vasospastic Angina –Analysis of the Urinary Cotinine-

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**【Background】** Cardiac disease was the second cause of death in Japan, and consisted of 30% of all death. Coronary artery disease (CAD) is one of the most important diseases in cardiac disease. Active cigarette smoking is a well established major preventable risk factor for coronary artery disease. Previous studies have reported that passive smoking is also associated with increased risk of CAD by measurement of serum cotinine concentration. Prevalence of vasospastic angina (VSA) was more frequent in Japan compared with the foreign countries. However, the relationship between urinary cotinine value, which indicates passive exposure to tobacco smoke, and VSA had not been reported.

**【Aim】** We aimed to evaluate the relationship between urinary cotinine and VSA.

**【Method】** We enrolled 22 patients (mean age: 61±10yrs, 9 men) who were suspected of VSA. All patients were performed coronary angiogram and acetylcholine (ACh) provocation test. Urinary cotinine was measured at administration.

**【Results】** Fourteen patients of all were diagnosis as VSA by ACh provocation test. Urinary cotinine value was significantly higher in smoker compared with non-smoker (1.16±0.23 vs 0.063±0.17 ng/ml,  $P < 0.0001$ ). However, urinary cotinine value in VSA group was not significantly higher compared with non-VSA group (0.281±0.48 vs 0.235±0.47 ng/ml). We divided into 2 groups according to the urinary cotinine value: H group (n=7); urinary cotinine value > 0.11 ng/ml, L group (n=15); it ≤ 0.11 ng/ml. Prevalence of VSA was 80% in H group, and 50% in L group.

**【Conclusion】** Passive smoking may induce vasospastic angina from the view points of urinary cotinine. Passive smoking prohibition has not been drawn up yet in Japan. We should prohibit passive smoking in Japanese public place for public health, in especially prevention for cardiac disease.

### P-S4-04 The Effect of Smoking on Body Weight and Glucose Metabolism

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<Purpose> The typical images we have of smokers are those of skinny patients, and oftentimes the cessation of smoking leads to an increase in weight, a signal some people would take as the onset of diabetes and other disturbing changes. It is considered that the risk of smoking outweighs that of weight increase due to smoking cessation, and we tried to study this.

<Subjects> To examine the effects of smoking and the cessation of smoking on body weight, glucose metabolism and liver function, we selected non-diabetic patients. With diabetic patients the periodic treatments of the disease may affect their lifestyles including diet or exercises, which would lead to the change in body weight or other factors related to metabolism. We selected 913 male without diabetes or impaired glucose tolerance from the group having a periodic checkups.

<Result> Compared to the group of non-smokers (N-S) (n=469) in the group of smokers and ex-smokers (S) (n=444), Body Mass Index (N-S 23.7±2.9, S 23.9±2.7,  $p=0.83$ ), HOMA-R (N-S 1.70±1.1, S 1.76±1.0,  $p=0.39$ ) were relatively high, although they were not significant. Waist/Hip ratio (N-S 0.90±0.48, S 0.91±0.05,  $p=0.04$ ),  $\gamma$ -GTP (IU/l) (N-S 49.1±46.6, S 60.4±104.2,  $p=0.03$ ), triglyceride (mg/dl) (N-S 119.4±80.7, S 135.9±89.9,  $p=0.0036$ ), uric acid (mg/dl) (N-S 6.0±1.2, S 6.2±1.2,  $p=0.017$ ) were significantly high. HbA1c (%) (5.6±0.3, 5.6±0.3,  $p=0.22$ ) were similar in both groups.

<Conclusions> It is suggested that smoking cessation neither worsens nor improves body weight, insulin resistance, or blood glucose level.

On the other hand, according to the value of  $\gamma$ -GTP, triglyceride, uric acid, and Waist/Hip ratio, smoking habit is expected to be related to eating habits such as high calorie intake or drinking habits. Lifestyles do not change greatly after smoking cessation which may cause weight gain.

The limit of this research is due to the insufficient information about ex-smokers. It lacks the data such as Brinkman index, duration from quitting, how the patients quit smoking, and other details of medical interventions.

Further investigation is also needed to analyze if a close intervention in lifestyle improves metabolic factors or not.

### P-S4-05 Outcomes of a Smoking Cessation Clinic in Cardiology Services, Vancouver, Canada

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**BACKGROUND:** Adults who have experienced cardiac events have a high burden of smoking and are likely to continue post cardiac event. Research in this population suggests that smoking cessation services offered to this population can reduce the re-occurrence of cardiac events by assisting patients in cessation. However, few cardiology clinics offer smoking cessation services and few cardiologists refer patients to such services. The Smoking Cessation Clinic (SCC) provides evidence-based smoking cessation treatment within Cardiology services in Vancouver General Hospital in Vancouver, Canada. The aim of this study was to evaluate the SCC program in terms of its program engagement and smoking cessation/reduction outcomes.

**METHODS:** This observational study employed a retrospective chart review to examine pilot smoking cessation/reduction outcomes among individuals (N=115) attending the SCC within a two-year period. Within the two-year pilot review period, 81.7% (94/115) of participants engaged in the treatment. Information collected from participant charts included demographics (gender, age, source of income) tobacco use (number of cigarettes smoked per day, age at smoking initiation) and cessation (evidence based modalities used to quit in the past, length of time abstinent at last quit attempt) history, motivation to quit (confidence and importance of quitting, stage of change), nicotine dependence (based on Fagerstrom Test for Nicotine Dependence), psychiatric and medical comorbidities, and expired carbon monoxide level (exp CO level). The main outcome was smoking cessation based on 7-day point prevalence of abstinence (verified by CO < 8 parts per million and/or self-report) at the end of treatment. A secondary aim was smoking reduction defined as reduction to 50% or less of baseline cigarette consumption.

**RESULTS:** Among engagers, 36.2% (34/94) successfully achieved smoking cessation and 41.7% (25/60) of those who did not achieve cessation reduced their consumption. Significant multivariate predictors of program engagement included older age (OR=1.0, 95% CI=1.0-1.1), greater importance of quitting (OR=1.3, 95% CI=1.1-1.6), and a greater number of medical comorbidities (OR=1.7, 95% CI=1.0-3.0). Significant multivariate predictors of successfully achieving cessation included being male (OR=3, 95% CI=1.0-13.6) and spending a longer duration (in weeks) in the program (OR=1.1, 95% CI=.71-1.1).

**CONCLUSIONS:** Despite the inherent limitations of this retrospective analysis, the modest smoking cessation and reduction outcomes from this pilot study suggest that providing individualized, evidence-based tobacco treatment services is well received by patients in cardiology services. Such smoking cessation interventions can aid in reducing the high burden of tobacco use and related disease among individuals with cardiac co-morbidities.

#### **P-S4-06 Heavy Metals, Toxic and Antioxidant Trace Elements in Tobacco Smoking**

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Smoking is not only associated with decreased concentrations of several antioxidant vitamins and trace elements but also increased morbidity and mortality risk of diseases. Those due to heavy metal, other toxic and antioxidant trace elements in tobacco smoke are not sufficiently emphasized. Tobacco smoking influences the concentrations of several elements in some organs. We sought to determine the relationship between the known effects of some trace elements and other biochemically important elements (Cd, Cr, Cu, Hg, Pb, Se and Zn) which are linked with smoking. Cigarette smoking may be a substantial source of intake of these hazardous elements not only to the smokers but also, through passive smoking, to nonsmokers. Studies were carried out on 150 smokers (50 industrial cigarette smokers, 50 passive smokers and 50 local tobacco smokers) compared with 50 nonsmoking controls. Levels of whole blood lead (Pb) and cadmium (Cd) were significantly higher in smokers than in controls. Whereas chromium (Cr), selenium (Se), and zinc (Zn) levels were significantly lower among smokers than controls. No significant differences of mercury (Hg) and Copper (Cu) were found between both groups. For dietary intake assessment, smokers consumed significantly less energy from carbohydrate, fat compared to controls, while energy derived from protein did not differ between groups. Moreover, smokers consumed less dietary fiber and vitamins compared with controls. Increasing whole blood toxic trace elements in healthy smokers may be explained by low antioxidant trace elements and vitamins that lead to develop oxidative stress and diseases and increased turnover or breakdown of vitamins and micronutrients. Therefore public health should not only aim for smoking cessation, but also concern about diet in terms of vitamin and trace element content.

**KEY WORDS:** smoking; heavy metal; toxic and antioxidant trace elements

#### **P-S4-07 Improvement of Blood Mobility at One Year after Smoking Cessation**

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**Background,** Blood fluidity reflects the blood viscosity and the state of microthrombus formation. Decrease in blood fluidity leads to cardiovascular events, such as myocardial and cerebral infarction. While poor blood fluidity in smoking patients generally improves at 3 months after smoking cessation, the fluidity gets worse in patients who gain excessive weight after the cessation.

**Purpose,** We examined blood mobility at one year after smoking cessation in selected patients whose blood mobility got worse at 3 months after smoking abstinence.

**Method,** We selected 21 patients (men 15, female 6) who achieved smoking abstinence, and whose blood fluidity got worse at 3 months after the start of smoking cessation therapy. Blood fluidity was evaluated by measuring the blood passage time (BPT) in 100 $\mu$ L of blood using mobility measuring device MCFAN HR300.

**Result,** In these selected patients, we measured BPT at 1 year after the start of the smoking cessation therapy. We performed multiple comparisons of BPTs and found that BPT significantly ( $p < 0.01$ ) decreases at 1 year compared with 3 months (before, 61.3 seconds, and 3 months, 74.0 seconds, and 1 year, 52.1 seconds).

**Conclusion,** In patients whose blood fluidity get worse at 3 months after smoking cessation, such worsening is eliminated at 1 year after the cessation. Further studies are necessary regarding what kind of factors are participating in the improvement of blood mobility at one year after smoking cessation.

#### **P-S4-08 The Difference of Total Cholesterol between Male Tobacco Smokers and Male Tobacco Non-smokers 20-60 Years Old in Salemba during Year 2009-2010**

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*Universitas Indonesia*

Smoking may be an aetiology of some diseases, such as cardiovascular diseases (CVD), cancer, respiratory diseases, pregnancy disorders, ulcer pepticum, osteoporosis, and many others. Several researches confirmed that smoking may disturb the metabolism of fat, including total cholesterol concentration. Even though the exact mechanism is still not fully known, it may be caused by nicotine. This research was designed to know the difference of total cholesterol between two groups, male tobacco smokers and male non-smokers 20 – 60 years old in Salemba during 2009 – 2010. The data of 34 male smokers and 34 male non-smokers with consecutive sampling was taken from questionnaires and total cholesterol check by finger prick test. It was found that the average value of non-smokers group's total cholesterol was 187.1 (95% CI 176.21;198.15) mg/dL, while the average value of tobacco smokers group's total cholesterol concentration was 196.1 (95% CI 183.83;208.23) mg/dL. Therefore, there was no meaningful difference between tobacco smokers' and non-smokers' total cholesterol concentration ( $p = 0.1276$ ). This result was different from previous researches, may be caused by the use of low-nicotine tobacco. Moreover, there are several external variables which can contribute to the level of total cholesterol of a subject, such as diet, lifestyle, drugs, and types of cigarettes filter. Thus, it is recommended to make a further research about the relationship between smoking tobacco and the level of total cholesterol, low-density lipoprotein (LDL) cholesterol, and high-density lipoprotein (HDL) cholesterol.

**Keywords:** Cigarette tobacco, total cholesterol, nicotine.

#### **P-S4-09 Exposure to Secondhand Smoke among Employed Male Japanese Coronary Heart Disease Patients and the Control of Smoking in Their Workplaces**

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**Aim:** In Japan, an increasing number of people past middle age with coronary heart disease are returning to work after treatment as percutaneous coronary intervention technology progresses. To prevent recurrence of coronary heart disease, it is essential for employees to avoid not only smoking but to be protected from secondhand tobacco smoke. There is thus a need to ban smoking in workplaces. However, many Japanese workplaces are likely to permit smoking for the foreseeable future. This survey was designed to obtain information on exposure to secondhand smoke among employed coronary heart disease patients.

**Method:** We conducted a survey in the form of a self-administered questionnaire for patients with coronary heart disease who had been re-hospitalized at Yamagata Prefectural Central Hospital for cardiac catheterization from June 2009 to September 2010. Eighty-three male patients, both in and out of employment, responded. This study was implemented with the approval of the Ethics Committee of Yamagata University School of Medicine and Yamagata Prefectural Central Hospital.

**Results:** Patients averaged  $61.5 \pm 9.8$  years old; 43 patients (51.8%) had a full-time job, and 31 (37.3%) were self-employed or engaged in agriculture. Seven patients (8.4%) had never smoked; 23 (27.7%) had been ex-smokers before being diagnosed, 45 (54.2%) were new ex-smokers who gave up after being diagnosed, and 8 (9.6%) had remained smokers. Only 25 patients (30.1%) had avoided exposure to secondhand smoke. The workplaces of 17 patients (20.5%) had imposed a total ban on smoking in closed environments, those of 16 (19.3%) had designated smoking rooms, those of 17 (20.5%) had designated smoking areas, and 30 (36.1%) workplaces had no plans to limit smoking.

A comparison between smokers and new ex-smokers showed that a high 62.2% of the latter had returned to full-time work, and that a very high 88.9% of the latter had had a history of myocardial infarction. No statistically significant differences were seen between type of smoking control at workplaces.

**Conclusion:** Both the patients' awareness of the danger of second-hand smoke and the preventive measures taken by workplaces are insufficient. Patients with a history of coronary heart disease are particularly vulnerable to smoking and secondhand smoke. It is thus important to promote a total ban on smoking inside public spaces and workplaces to protect all patients who return to work.

#### **P-S4-10 The Relationship of Smoking Dependence with Blood Pressure, Physical Activity and Body Fatness among Healthy Male Smokers**

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**Introduction:** Cigarette smoking has been reported to cause acute blood pressure elevation and its synergistic effect with sedentary lifestyle contributes to the development of chronic diseases especially cardiovascular disease. However, it is important to assess the association between chronic smoking with blood pressure, physical activity and body fatness parameters mainly to understand the long term effect of smoking on health.

**Objective:** To determine the relationship of smoking dependence with blood pressure and body fatness among healthy male smokers.

**Methodology:** This cross sectional study was conducted in Universiti Sains Malaysia, Health Campus, Kelantan. Hundred and seven subjects were recruited randomly among 20-50 years male smokers. Eligible participants were asked to fill up the Fagerstrom Test for Nicotine Dependence (FTND) Questionnaire which evaluates level of smoking dependency and International Physical Activity Questionnaire (IPAQ) to measure the physical activity level. Blood pressure and body fatness parameters (weight, height, Body Mass Index (BMI), body fat percentage, visceral fat, basal metabolic rate (BMR), waist-hip measurement) were measured accordingly.

**Results:** The mean age and BMI for the subject was 37.00 (9.42) years and 24.59 (4.33) kg/m<sup>2</sup>, respectively. There was a significant inverse correlation between Fagerstrom score and systolic blood pressure ( $r=-0.216$ ,  $P \leq 0.05$ ) while there was no significant correlation with diastolic blood pressure (DBP), physical activity level and all body fatness parameters.

**Conclusion:** The inverse correlation between smoking dependency and systolic blood pressure were perhaps caused by the long term adaptive behavior of smokers, high physical activity and low body mass index.

#### **P-S4-11 Smoking and Passive Smoking Result in Atheroma Generation in Japanese Women Without Risk Factors**

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**Purpose:** Japanese Atherosclerosis Society (JAS) Guideline 2012 proposes treatment of hyperlipidemia depending upon presence of risk factors and then risk chart which utilized NIPPONDATA80, a national wide cohort study. However, smoking is not included in the risk factors and risk chart, which decides whom to treat. Since the JAS Guideline promotes to check intima media thickness (IMT) of carotid artery to assess presence of atherosclerosis, we have been checking IMT of all patients who visit our clinic for health check-up or secondary assessment of hyperlipidemia. In the present study we evaluated the presence of thickened IMT or atheroma in women along with the JAS Guideline criteria and checked the contribution of smoking and passive smoking on the generation of atherosclerosis.

**Methods:** Four hundred and ninety nine female subjects aged to 50 to 74 years who visited Hokko Memorial Clinic and whose IMT were checked were enrolled. Subjects were divided along with the JAS Guideline depending upon existence of diseases/risk factors, firstly ischemic heart disease (IHD), secondly diabetes mellitus, chronic kidney disease, non-cardiac cerebral infarction and peripheral artery disease, thirdly low HDL-cholesterol (C), familial history of IHD in first degree relatives and impaired glucose tolerance, and finally blood pressure (systolic blood pressure 140 mmHg and more, or less than 140 mmHg) and LDL-C (140 mg/dL and more, or less than 140 mg/dL). Then, contribution of smoking/passive smoking on the presence of IMT thickening (1.1 mm or more) and atheroma generation (1.1 mm or more) was assessed.

**Results:** All subjects with IHD had IMT thickening or atheroma. Secondly and thirdly selected subjects had IMT thickening or atheroma by high percentage (~80%). Finally, subjects with hypertension and high LDL-C, and with hypertension alone had IMT thickening or atheroma by high percentage (~80%).

In contrast subjects with high LDL alone had IMT thickening or atheroma only by around 40%. In subjects without hypertension and high LDL-C 22% (7/32) had IMT thickening or atheroma and they were all smokers and passive smokers. In subjects with LDL-C 180 mg/dL and more only 29% (9/31) had IMT thickening or atheroma, but all smokers/passive smokers (3/3) had it.

**Conclusion:** Smoking and passive smoking proved to contribute to generate and progress atherosclerosis in Japanese Women without risk factors, or with only high LDL-C which otherwise scarcely result in atherosclerosis.

## **P-S4-12 Change of Central Blood Pressure Before and After Varenicline Therapy**

Nobuhisa YAMADA  
*Yamada-Kikuchi Clinic*

It is already told that central arterial systolic blood pressure (CSBP) falls after quit smoking. (2010 Japanese Society of Hypertension Takeshi Takami)  
Using the HEM-9000A manufactured by Omron Method Tonometori non-invasive in our Clinic, we observed a change Augmentation Index of (AI) and central arterial pressure at the end and before the start of treatment non smoking with varenicline.  
I obtain the views we report some results.

## **P-S5-01 The Poster Contest of Non-smoking Promotion, and the Spread Enterprise of Picture-slide Shows on the Internet**

Hiroshi NOGAMI  
*Coalition on a Smoke-free Environment for Kids in Japan*

Every year for twenty-three years from 1988, we have been campaigning a smoke-free environment for kids. Our national campaign had two objectives, the creation of smoke-free environments where children live and play, and role modelling on exemplars. Other aims of our campaign are smoking prevention for the young generation and to change the atmosphere to be tolerant of smoking.

We posted up anti-smoking posters for the campaign utilizing the awarded children's pictures, at schools, hospitals, and public places. The poster, mark, paper-slide picture(or picture-book) and catchword contest on theme of a smoke-free environment for kids was held to arouse public opinion and to be effective in non-smoking education. About thousands or more works were submitted in each campaign.

We published the twenty paper-slide pictures and picture-books of winning prize. In order to advance these pictures on the internet, the digital edit of these drawings were carried out by powerpoint, and published on the internet.

We will exhibit these anti-smoking campaign posters and marks, and show these digital paper-slide pictures and picture-books in an exhibition hall.

(email [muen@silver.ocn.ne.jp](mailto:muen@silver.ocn.ne.jp))

The anti-smoking campaigning posters and marks :

<http://notobacco.jp/kids/keihatuposter/keihatuposter.htm>

<http://notobacco.jp/kids/mark/markframe.html>

The digital paper-slide picture and picture-book show :

<http://notobacco.jp/muenppt/digitalppt.htm>

## **P-S5-02 Awareness of Street Smoking Ban Regulation in Kobe City: Results of Interviews from a Pedestrian Survey**

Loïc GARÇON<sup>1</sup>, Hiroshi YAMATO<sup>2</sup>, Mihoko TANIGUCHI<sup>2</sup>, Kana SASAKI<sup>2</sup>, Aki ONISHI<sup>2</sup>, Ayaka HAMAMOTO<sup>3</sup>, Nagisa MORI<sup>1</sup>, Rumi HORIE<sup>4</sup>,  
Mina KASHIWABARA<sup>1</sup>, Noriaki EMOTO<sup>3</sup>

*WHO<sup>1</sup>, University of Occupational and Environmental Health<sup>2</sup>, Kobe Pharmaceutical University<sup>3</sup>, The World Bank<sup>4</sup>*

Although Japan has been a signatory to the WHO Framework Convention on Tobacco Control since 2004, comprehensive measures still need to be implemented at national level to protect against second-hand smoke. Meanwhile, some local government initiatives are addressing the tobacco control. Kobe city is one of the 112 (as of 2009) cities in Japan that implemented an ordinance prohibiting smoking on selected streets. These ordinances on restriction of street smoking are mostly implemented for environmental beautification purposes. As part of a broader study to assess the effectiveness of the Kobe ordinance, a survey was conducted for four weeks between August and September of 2012 through interviews of pedestrians in selected streets where the smoking ban was implemented. One of the objectives was to determine the level of awareness of the Kobe ordinance among the interviewees. A total of 761 people were approached and 410 responded to the interview. Out of the respondents 49% acknowledged the existence of the ordinance. Significant differences were observed in the level of awareness of the ordinance among current smokers (59%), past smokers (55%) and nonsmokers (38%). Information about noticing infringing smokers was also collected among these three groups. Significant differences were also observed among current smokers noticing infringing smokers (48%), past smokers (28%) and non-smokers (24%). The results suggested a positive relation between awareness of the ordinance and recognition of ordinance violations. We suggest that, in order to increase the effectiveness of the Kobe ordinance, a dissemination strategy needs to be implemented taking into account the different levels of perception of smokers, nonsmokers and past smokers. In addition, the awareness level shown by smokers suggests that street smoking bans might contribute to decrease social acceptability of smoking. It would provide an opportunity to introduce cessation programmes and their health benefits to smokers.

### P-S5-03 Assessing the Compliance of the Ordinance Banning Smoking on Selected Streets in Kobe City, Hyogo, Japan

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*WHO<sup>1</sup>, Kobe Pharmaceutical University<sup>2</sup>, The World Bank<sup>3</sup>, Hyogo Prefectural Government<sup>4</sup>*

Despite being a signatory country of WHO Framework Convention on Tobacco Control (FCTC) since 2004, Japan has not yet implemented effective measures to protect people against second-hand smoke (SHS). Meanwhile, municipal regulations to restrict outdoor smoking on streets are increasingly common. More than 100 cities have implemented street smoking ban ordinances; however, the ordinances were introduced mostly for the purpose of preventing littering and brush-by burns, without addressing health concerns. Kobe city is one of the cities that introduced such ordinance. The objective of this study was to assess the compliance of the municipal street smoking ban ordinance in Kobe city. Two areas were chosen to compare between banned area (BA) and non-banned area (NBA). The survey was conducted for 26 days during August and September of 2012. Three different types of assessments were made both in the morning and in the afternoon, and the following information was collected: 1) numbers of pedestrians and smokers 2) number of cigarette butts and 3) concentration level of PM2.5. Characteristics of smokers such as location and time of smoking and littering behavior were also obtained through direct observation. The prevalence of smokers was higher in the NBA (0.8% of the pedestrians were smoking) than in the BA (0.2%). The mean number of cigarette butts found per collection period of 1.5 hours was 1.5 in the BA and 5.9 in the NBA. A higher proportion of smokers were observed in the afternoon (BA: 74.5% and NBA: 64.9% of all smokers observed), most of them were male (BA: 82.4% and NBA: 89.7%), most of them were appeared to be in their 20s-30s, majority were smoking alone (BA: 75.5% and NBA: 82%), nearly one in four smokers discarded cigarette butts on streets, and more smokers were smoking standing still in the BA (61.8%) than in NBA (42.8%). PM measurements showed no difference between the two areas. Difference between the two areas is evident from the prevalence of smokers and butts counting rather than PM measurement. Continuous enforcement and monitoring are suggested. Smoking prevalence among pedestrians or butts counting seems to be advisable measures for the city to conduct periodic monitoring. Education campaign particularly targeting male smokers in their 20s-30s is recommended. Taking advantage of the high compliance, expansion of the BA is also suggested.

### P-S5-04 Home and Workplace Smoking Bans and Support for Public Smoke-free Policy among Adult Smokers in Thailand: Findings from the International Tobacco Control Thailand Survey

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**Introduction:** Thailand had implemented the smoke-free policy in all indoor public places that has covered at least 90% of population. However, the studies of supports on smoke free public places and smoking bans at home and workplace are quite limited in Thailand. Thus, this study aimed to examine the prevalence of home and workplace bans and support on smoke-free public places among adult smokers.

**Materials and Methods:** Data were drawn from the International Tobacco Control-Thailand survey. Five waves of survey, a cohort study conducted from 2005 to 2011 were included in the analysis which included approximately 2,000 adult smokers in each wave of survey.

**Results:** The prevalence of complete home smoking bans and indoor workplace bans were 34.4% and 56.0%, respectively, in 2011. The prevalence of complete indoor workplace bans has continuously increased during 2005-2011 while that of home smoking bans significantly increased up to 2008. Considering smokers' demographic characteristics, there have been the disparities in the prevalence of complete home smoking bans. Prevalence was low among rural residents, smokers who resided in the southern region, young adult smokers, low educated smokers, and smokers with middle income households. Having air-conditions associated to the smoke-free home and workplace policy. Homes and workplaces with air-conditioners tended to have higher prevalence of complete bans on smoking.

The support on smoke-free public places among smokers drastically increased during 2005-2011. The proportion of support for complete smoking bans in non air-conditioned restaurants jumped from very low (11.5%) to very high (78.9%). The similar trends also emerged for air-conditioned nightclubs and outdoor warship places. Frequency of visits associated to smokers' support for complete smoking bans in non air-conditioned restaurant and air-conditioned nightclubs. The frequent visits tended to lower smokers' support for complete smoking bans.

**Conclusions:** The prevalence of complete home smoking bans and indoor workplace bans have tended to rise as well as smokers' support on the smoke-free public places. However, disparities were existed among adult smokers. Targeted campaigns among the low prevalence groups are needed to effectively protect both smokers and non-smokers.

### P-S5-05 Taipei City Citizens' Approval Ratings for Building a Smoke-free Environment and Factors Influencing the Ratings

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*Taipei City Government*

**Introduction:** According to studies, smoking cigarettes and second-hand smoke account for more than 30% of cancers. Tobacco Hazards Prevention Act does not include bans in public spaces; therefore, to protect the health of citizens, Taipei City Government actively promotes a smoke-free environment and establishes outdoor designated smoking areas. This research aims to investigate how supportive and satisfied Taipei City citizens are concerning the promotion of a smoke-free environment. The results will be used as a reference in planning future policies.

**Method:** Taipei City Government has established 45 outdoor smoke-free areas and 42 outdoor designated smoking areas. Stratified random sampling was conducted on citizens over 18 years old via telephone surveys from September 15<sup>th</sup>, 2012 to September 29<sup>th</sup>, 2012. 2,878 valid samples were analyzed using chi-square variable test, and Bonferroni post hoc test was conducted.

**Result:** 96.4% of the citizens answered "very supportive" or "supportive" for smoke-free policies and 85.7% answered "very supportive" or "supportive" for outdoor designated smoking areas. 82% said "very satisfied" or "satisfied" for policies for building a smoke-free environment. According to the chi-square test, there was a statistically significant correlation between smoking and gender and the approval rating for smoke-free policies. Academic degree and approval rating for smoke-free policies also showed a statistically significant correlation. The results of the Bonferroni post hoc test indicated that female approval rating is higher than male approval rating, and that citizens whose academic degrees are elementary school are significantly more satisfied than those who hold college degrees.

**Conclusion:** Most citizens are supportive and satisfied with Taipei City Government's promotion of a smoke-free environment. Also, gender and academic degree are two important factors that affect the ratings. Therefore, it is recommended to put gender and academic degree into consideration when promoting smoke-free policies.

**Key Words:** Smoke-Free Environment, Approval Rating, Tobacco Hazards Prevention



## P-S5-06 Pilot Program of Creating 100% Smoke-free Schools in Beijing, Zhengzhou and Kaifeng of China

Ni JINGHUA

*Chinese Association on Tobacco Control*

In 2010, Ministries of education and health of China jointly issued the Smoke-free Standard for Elementary, Middle and Vocational Schools, the Standard for Colleges, encouraging national schools to create 100% smoke-free environment accordingly. In order to explore successful experience, CATC has initiated a pilot program in 30 schools in Beijing, Zhengzhou and Kaifeng, which includes 6 elementary schools, 6 junior middle schools, 6 high schools, 6 vocational schools and 6 colleges. (Zhengzhou and Kaifeng are two cities of Henan province, representing less-developed inland cities, in contrast to Beijing, one of the wealthiest and most-developed cities). By conducting tobacco control advocacy and intervention activities, all the schools have set up tobacco control system and 27 out of 30 have already met with the national standards after evaluation. Particularly for vocational schools, through a year intervention, students smoking rate has dropped from 16.3% to 10.3% ( $P < 0.001$ ). During the program period, various tobacco control activities designed by schools innovatively on and out of campus have played positive influence, not only on students and teachers, but also on their families and the communities. The best practices has developed models for other schools and can be effectively expanded to rest of country. Also, it provides support for the coming national smoke-free legislation in public places.

**Keywords:** smoke-free schools, tobacco control advocacy, students

## P-S5-07 Analysis of Smoking Status and Motivation for Smoking Cessation before and after Establishment of a Tobacco-free Campus at a University Hospital

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### Objectives

We examined the changes in smoking behavior and motivations for smoking cessation before and after establishment of a tobacco-free campus.

### Methods

Surveys were conducted among staff at the Toho University Medical Center Omori Hospital. Included in this study were 1,340 subjects in 2010 and 1,071 subjects in 2012 who responded to the survey.

### Results

The percentage of staff who smoked (smoking rate: 2010 23.1% vs 2012 18.3%,  $p=0.005$ ) and number of cigarettes smoked per day (2010 >10 45.8%, 10-20 45.2%, 20 < 9.0% vs 2012 >10 56.2%, 10-20 40.3%, 20 < 3.5%,  $p=0.012$ ) decreased significantly in the two years. As for interest in smoking cessation, 25% of the smokers were ready to quit. Regarding motivation for smoking cessation, the percentages were high for the following categories: 'tobacco price increase' (13.6%), 'recommended by family' (12.6%), and 'tobacco-free campus' (12.1%). In particular, the motivation of 'tobacco-free campus' was indicated significantly more often by the staff who quit smoking within the two years ( $p < 0.01$ ).

### Discussion

Our results suggest that the decline in smoking rate and the changes in smoking behavior are influenced by a tobacco-free campus, an increase in the tobacco tax and a change in the perception of smoking in the family.

### Conclusions

Although establishment of a tobacco-free campus had a significant effect in reducing the smoking rate among the staff, further measures should be taken to reduce the number of current smokers.

## P-S5-08 Smoking Restriction and Amount of Daily Cigarette Consumption among Adult Smoker: Findings from Waves 1-5 of ITC-SEA (Thailand)

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**Background:** A smoke-free home policy could reduce daily cigarette consumption, support the successful quitting, and obstruct smoking initiation. Smoke-free workplaces also help encourage smokers to quit or reduce their consumption, reducing total cigarette consumption per employee. Therefore, the complete or partial bans of smoking at home and workplace may affect the amount of daily cigarette consumption among adult smokers.

**Objectives:** 1. To follow up the smoking restriction at home and workplace over period of 5 years.

2. To explore the association between home smoking restriction and amount of daily cigarette consumption in adult smoker in Thailand from Waves 1 - 5.

3. To explore the association between workplace smoking restriction and amount of daily cigarette consumption in adult smoker in Thailand from Waves 1 - 5.

**Methods:** This study is part of 5 waves of the International Tobacco Control Policy Evaluation Surveys Southeast Asia (Thailand) (ITC-SEA) Project, undertaken during 2005 - 2011. Respondents consisted of 2,000, 2,070, 2,468, 2,279 and 2,175 of samples aged between 18 - 90 years old from Waves 1 - 5. Participants were recruited using stratified multistage sampling from 5 regions of Thailand. The sample was designed to be representative at the regional level which covered both rural and urban areas in Thailand. The sample were interviewed in face - to - face interviewed. Descriptive statistics and Chi - square test were used for data analysis.

**Results:** In Wave 1, 12% of sample reported that they lived in the home where smoking is not allowed everywhere. The proportion dramatically increased at all the follow up surveys. For smoking restriction in the workplace, at wave 1, 45% of the sample reported working in the workplace where smoking is not allowed. The proportion slightly increased at the all follow up surveys. For all 5 rounds, the Chi - square test indicates a significant association between home smoking restriction and daily cigarette consumption. Nevertheless, across the 5 survey waves, there is no evidence that workplace smoking restriction is related with daily cigarette consumption.

**Conclusions:** Smoke free home and smoke free work place are expanded in Thailand. There is an association between home restriction and daily cigarette consumption. Campaigns on smoke free home should be strongly supported and strengthened to reduce daily cigarette consumption and protect Thai people from second - hand smoking.

## P-S5-09 Initiatives Following the Prohibition of Smoking in a Hospital and its Grounds

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*Sapporo Social Insurance General Hospital*

**Purpose:** Our hospital was the first in Japan to institute the complete prohibition of smoking on site from New Year's Day in 2000, and has subsequently carried out various promotions about tobacco control. These measures are reported on in this paper.

**Methods:** Preparation began in July, 1994. In December 1999, one month before the complete ban on smoking commenced, various initiatives were carried out, such as the display of anti-smoking posters from all over the world, the setting-up of a non-smoking consultation corner, showing a non-smoking video, and the distribution of non-smoking pamphlets. The complete prohibition of smoking on site came into effect from New Year's Day on 2000. We have looked into subsequent measures taken.

**Results:** The activities of the Non-smoking Promotion Committee have continued and every year within the week of the World No Tobacco Day, anti-smoking posters from all over the world are displayed and lecture meetings, etc. are held. Every two years, during this period a questionnaire about the prohibition of smoking is carried out for outpatients and staff and the decline in the smoking rate and a change in thinking about the prohibition of smoking has been confirmed. Collection of cigarette butts and instruction about non-smoking has been performed by a non-smoking instruction patrol that goes on rounds three times a day. The largest recorded number of cigarette butts per month was more than 3000. Many non-smoking consultations have been performed during daily nursing consultations, which the chief nurses take turns holding, and this is also having an effect. Moreover, from March 2006 all taxis waiting for passengers at this hospital must be non-smoking cars. Non-smoking taxis spread throughout Sapporo from July, 2008 to more than 6000 (about 100 in 2006) vehicles.

**Conclusion:** It is thought that educational activities aimed at the people using the area and at hospital staff were important in order to promote the prohibition of smoking in hospitals and their grounds. The prohibition of smoking in hospitals and their grounds has spread throughout Japan, contributing to the improvement of tobacco control in society in general.

## P-S5-10 Perceptions and Misperceptions of a Smokefree Goal: Challenges for Communications

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*University of Otago*

**Background:** As an increasing number of countries set tobacco "endgame" goals that specify a date by which they wish to be essentially smokefree, attention has turned to how those in the tobacco control sector communicate this objective, and what the public believe it to mean. Because public support will promote adoption of the policies required to achieve smokefree societies, we examined New Zealand smokers' and non-smokers' perceptions of the 2025 goal (where smoking prevalence will fall below five percent), and the implications for smokefree communications.

**Objectives:** To explore New Zealand smokers' and non-smokers' interpretation of the government's smokefree 2025 goal, announced in March 2011.

**Methods:** An online survey of 364 smokers and 402 non-smokers was undertaken to examine reactions to recent and potential tobacco retail policies. At the conclusion of the survey, respondents were invited to make any additional comments on tobacco control they wished to note. Of the 766 respondents, 315 (157 smokers (43%) and 158 non-smokers (39%)) took this opportunity. We analysed the resulting 44 pages of transcript using a thematic analysis approach.

**Results:** Many of the smokers and non-smokers who commented interpreted the smokefree 2025 goal as a forthcoming ban on smoking, a misunderstanding that shaped the concerns they went on to raise. Smokers, in particular, asserted on their right to use tobacco, questioned implications for tourism, and raised "slippery slope" concerns. In addition, they regarded the government's focus on tobacco rather than alcohol as hypocritical, and suggested its reliance on tobacco excise taxes undermined its commitment to the goal. Several also noted concerns over illicit trade. Although non-smokers showed stronger support for a smokefree society, they shared smokers' concerns over the government's role in dictating behaviour and illicit trade. Some also recognised the difficulty heavily addicted smokers would face in becoming smokefree and, like smokers, questioned the hardship the goal might impose.

**Conclusions:** While based on a non-random sample, the comments made suggest widespread misunderstanding of the Smokefree 2025 goal as a coercive objective that will force smokers to quit against their will. This confusion reflects tobacco industry arguments, compromises debate, and limits support for the goal. We suggest communications strategies should clarify the outcome sought and directly address claims promulgated by the tobacco industry regarding illicit trade and expanding bureaucracy.

## P-S5-11 Result of Investigation about Smoke-Free Environment of Institutions in Chiba Prefecture, Japan and Consideration to Achieve Smoke-Free Environment

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*Tobacco Mondai wo Kangaeru Kai*

**Background)** Chiba prefecture in Japan doesn't have any regulations that regulate smoking in public places like Kanagawa prefecture, although each municipality takes measures to prevent passive smoking. One of our main objectives is to investigate the environments of public institutions in every municipality in Chiba prefecture and enlighten them. Apart from investigations, we are also involved in a wide range of activities that includes education in schools and enlightenment for citizens. Overall, we conduct the report about the achievement rate of smokefree environments in institutions in Chiba prefecture, and analyze what is needed to maximize the achievement of smokefree environments.

**Result of the investigation)** We have investigated council's cloakrooms in 2012, government buildings in 2011, and schools in 2010. In the assemblies, City councilors could smoke in their cloakrooms in 14 out of 54 municipalities. Main government buildings were not smokefree, and officials could smoke in the buildings in 19 out of 54. Public institutions (excluding main government buildings) were not smokefree in 33 out of 54. There were no regulations regarding smoking in school buildings in 23 out of 54.

**Our activities)** In the past 6 years we have conducted about 200 presentations in schools at the request of Chiba prefecture or other municipalities. We also conducted questionnaire investigations of schools in 2011, and of restaurants in 2009 about their smoking environments.

**Consideration)** From the results of the investigations, it is clear that efficient countermeasures are not taken in many institutions despite the dangerous health hazards from passive smoking. In 2012, Chiba prefecture held a convention and created the report for the prevention of passive smoking.

Upon receiving this report, several municipalities decided to make their public institutions smokefree. However, one local restaurant district create its own rules which permit people to smoke in restaurants.

One problem is that many citizens do not have accurate knowledge, and this report lacks an aggressively administrative approach and entrusts each municipality or facility to create specific countermeasures that without efficient ordinance, there is the danger of spreading insufficient countermeasures in various regions. To curb passive smoking in public spaces, the establishment of smokefree ordinance is needed in Chiba prefecture.

## P-S5-12 Singapore's Blue Ribbon Smoke-free Movement in the Hotel Industry

Janelle CHIA, Chris CHEAH, Annie LING

*Health Promotion Board*

### Background

Singapore has one of the lowest smoking prevalence in the Asia-Pacific region at 14.3% in 2010. However, 16.1% of Singapore residents in the workforce smoke, with the hotel industry having one of the higher smoking prevalence among the industries, making it a natural opportunistic setting to focus smoking control efforts. The Blue Ribbon Movement is part of the larger initiative by the World Health Organisation (WHO) Western Pacific Region Office (WPRO) to promote a smoke-free environment. Singapore is the first country in the region to adopt this Movement, a voluntary ground-up smoke-free advocacy project on a nationwide scale. Singapore's Blue Ribbon Movement was launched in March 2012 and has since been introduced to food centres, parks and other community spaces with the aim to 'de-normalise' smoking through voluntary smoke-free environments. The hotel industry is the first to launch the Blue Ribbon Movement in a workplace setting. Although not required by law, Blue Ribbon Hotels have voluntarily created smoke-free spaces and environment, including 100% smoke-free rooms, and are committed to implementing smoke-free policies and programmes to expand the smoke-free environment for all stakeholders.

### Findings

Initial assessment from a local study with the Singapore National Employers Federation (SNEF) on hotel operators in Singapore has shown that 21.7% of employees in the hotel industry are daily smokers. Many hotels have varying levels of adoption of smoke-free initiatives across hotels, with many still at the early stages. However, 87.5% of hotels surveyed felt that they will benefit from being 100% smoke-free, these benefits translate to beyond the health and well-being of employees, to include their stakeholders, patrons, customers, vendors and contractors. Through the partnership of Singapore Health Promotion Board and trade associations such as SNEF, the Blue Ribbon Hotels Movement was launched as a pilot among 7 hotels to enable them to leverage on the Singapore Workplace Health Promotion Grant to implement suitable smoke-free policies and customized smoking control programmes and environment for all.

### Conclusion

Efforts to reduce smoking prevalence in the workplace should not be solely about addressing smoking among employees. The Blue Ribbon Hotels movement demonstrates a more inclusive and progressive approach to expand the smoke-free environment to every stakeholder within their influence through the implementation and enforcement of comprehensive smoke-free policies and programmes.

## P-S5-13 Evaluation of Smoking Recognition among Health Officers of Japanese Companies by Using the Kano Test for Social Nicotine Dependence (KTSND)

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**Aim.** Article 25 of the Japanese Health Promotion Law was enforced in 2003. It says that persons in charge of management at facilities used by large numbers of people shall endeavor to take the necessary measures to protect users of these facilities from exposure to passive smoking. Workplaces were then divided into smoking and non-smoking areas, and a ban on smoking indoors in workplaces at last, in theory, came into force. However, unlike Western countries, Japan has few plans completely ban smoking in public places and workplaces. To determine why this is so, we evaluated recognition of smoking and social nicotine dependence among health officers in Japanese companies.

**Methods.** We gave questionnaires (the Kano Test for Social Nicotine Dependence (KTSND), which has 10 questions with a total score of 30) to participants at a study session run for company health supervisors and sponsored by the Yamagata Labor Standards Association. We distributed the questionnaires at the start of the study session and again at the end. The statistical significance between the start and end results was determined by using Wilcoxon's matched-pairs test.

**Results.** The questionnaires were distributed to 135 participants; 106 were returned (response rate: 78.5%) and 103 were usable (valid response rate: 76.3%). The average age of the respondents was 46.2 years; 44 (42.7%) of them were male and 59 (57.3%) were female. Fifty-five respondents (53.4%) had never smoked, whereas 35 (34.0%) were ex-smokers and 13 (12.6%) were smokers. Twelve of the respondents (11.7%) were medical workers, and 17 (16.5%) had previously attended stop-smoking training sessions. The KTSND decreased after training, regardless of smoking status. Although the KTSND average of non-smokers (including both ex-smokers and those who had never smoked) was lower than that of the smokers, the difference was not significant.

**Conclusion.** The rate of smoking (12.6%) among health officers working in Japanese companies was lower than the rate in the general Japanese population (20.1%). However, KTSND high scorers (i.e., those who tolerated smoking) and social nicotine dependence were present among non-smokers. The KTSND scores were higher before training than after. To promote smoke-free company workplaces, education of health officers through the dissemination of information needs to be increased.

## P-S5-14 Assessing Tobacco Smoke Situation around Smokers and Second Handed Smokers in Hospital Staffs

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*Thai Nurses Network on Tobacco Control<sup>1</sup>, Mahidol University<sup>2</sup>, Ministry of National Resources and Environment<sup>3</sup>*

To explore dust and chemical amount in hospital smoke during 8 office hours. Prospective survey was applied to recruit 52 volunteers who work as full time staff in 6 hospitals after informs consent. Purposive sampling was used to recruit 8-9 volunteers from each hospital of Ministry of Public Health, or university hospital. After complete demographic questionnaire regarding personal history, smoking history or second handed smoke experience and frequency, knowledge and awareness questionnaire regarding smoking harmfulness and impact on second handed smoke colleagues. Then they were test for vital sign, breath CO and urine cotinine test at pretest and repeated during posttest at 8 hours before went home. Then each volunteer allow to applied air pump with fine filter and/or Charcoal tube during smoking period for 8 office hours. All paper filter and Charcoal tubes were keep in ice cool box for stabilization of Volatile Organic Compounds and weighted for less than PM<sub>10</sub> dust amount by high accuracy measure at Automobile Emission Laboratory, Pollution Control Department, Ministry of National Resources and Environment. Then all samples were analyzed for PAH and BETEX at Public Health Reference Laboratory, Disease Control Department, and Ministry of Public Health based on AGCIH standard.

Results showed that all samples were contaminated with small amount of cigarette smoking dust (less than PM<sub>10</sub>). For PAH, sample were exposed less than 0.001 ug./sample and exposed with some form of volatile organic compounds includes Benzene, Toluene, Ethyl benzene and Xylene. All volatile organic compounds were known as environmental carcinogen and accumulate in smoker body. For very small amount of Polycyclic Aromatic Hydrocarbon (PAH) exposition, it did not mean safe enough for long term exposure among hospital staff and colleagues. Conclusion: There is no safety level for exposure to cigarette smoking. Both smoker and secondhand smoke staff in hospital should be raise awareness regarding harmfulness in cigarette smoking.

Smoking in hospital area should be comprehensive ban and strong enforcement as smoke free role model of other public communities. So all level of hospital staffs should be educated and advocated by comprehensive coordination and empowering them to be a part of smoke free idol. In addition, to achieve 100% smoke free hospital, it is essential to provide comprehensive cessation program to smoker staff.

**Keywords:** Second hand smoke, direct smoker, tobacco smoke, hospital environment

**Acknowledgement:** Thai Health Promotion Foundation, and Thai Nurses Network on Tobacco Control under patronage of Princess Mother.

### P-S5-15 Space Separation Is Ineffective to Prevent Passive Smoking

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*Biwako Seikei Sport College*

**BACKGROUND:** Passive smoking can be prevented only by smoke free policy indoor. However, space separation policy (separation between smoking area and non-smoking area) exists in many Japanese restaurants, coffee shop and Karaoke bar/box. We aimed explore if space separation policy is effective in preventing passive smoking.

**METHODS:** We picked up 40 shops in Katata district of Otsu, Shiga. After permission from owner, we measured PM2.5 particle concentration by Sidepack AM. Shops were consisted of 22 smoke shops, 6 space separation shops, and 12 non-smoking shops. Measuring points were set around the center of the area. Measured value was determined after stabilization of values.

**RESULTS:** PM2.5 concentration are shown in a Table below.

Smoking policy	Area	PM2.5 ( $\mu\text{g}/\text{m}^3$ )	
Smoking permitted	Smoking	518.7**	Very dangerous
No smoking shop	Indoor	4.4	safe
No smoking shop	Outside smoking	181.7*	Very dangerous
Separate	Smoking area	365.6**	Very dangerous
Separate	No smoking area	113.6*	Dangerous

Table PM2.5 concentration in various shops. \*  $p < 0.05$ , \*\*  $p < 0.01$  vs No smoking shop indoor.

Maximum value of 814.8 was obtained in smoking permitted KARAOKE bar, followed by a family restaurant of 691. In a smoking permitted YAKINIKU restaurant, PM 2.5 value was 406.7.

**CONCLUSION:** The results of this study clearly demonstrated ineffectiveness of space separation policy in prevention of passive smoking.

### P-S5-16 Analysis of Dynamics in Smoking Status in Japanese Workers

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Although the smoking prevalence of Japanese people has dropped to less than twenty percent in 2010, it is still at a higher level than that of the United States and European countries.

Analysis of dynamics in smoking status is necessary to discuss a way to lower the smoking prevalence. The smoking statuses used were from the medical interview forms in the periodical occupational health checks implemented by the Kinki health administration center (KKC) from 2006 to 2011. We analyzed how the smoking statuses of patients changed in the next year.

The rate of non-smokers who started smoking in the next year is relatively high in teenagers (male: approximately 10% in 16-18y/o and over 15% in 19y/o; female: approximately 3% in 16-18y/o and over 4% in 19 y/o), but low in adults (male: approximately 2% in 20-24 y/o and less than 0.5% in over 25 y/o; female: approximately 0.8% in 20-24 y/o and less than 0.2% in over 25 y/o). The rate of smokers who quit smoking in the next year is less correlated with age (male: approximately 5-10%; female: approximately 5-15%). The rate of former smokers who returned to smoking in the next year is high (approximately 60% in male and 40% in female) in teenagers and gradually decreases with advancing age (over 60y/o: approximately 3% in male and 5% in female). The population of smokers increased in teenagers (male: approximately 10% in 16-18y/o and 15% in 19y/o; female: 2% in 16-18y/o and 5% in 19y/o), were almost the same in 20-24y/o, and decreased in 25y/o and over (approximately -2.5% in male and -0.5% in female).

These data suggest that most smokers in the workplace started smoking at 20y/o and under, particularly when they had just turned 20, and could start smoking legally. In contrast, smokers who started tobacco smoking at 21 and over are relatively few in number. Thus the education for teenagers about the ill effects of tobacco should be strengthened in order to avoid their beginning to smoke and to decrease smoking prevalence drastically.

### P-S6-01 Association between Smoking and Tuberculosis Infection

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**Objective:** Clinicians and public health workers working to fight TB may not see a role for themselves in tobacco control because the association between tobacco and TB has not been widely accepted in Japan. Although the association between smoking and TB has been internationally reported, there are few reports about the influence of smoking on the risk of developing TB infection. The purpose of this study is to examine the association between smoking and TB infection.

**Methods:** Tuberculosis contact survey was carried out at public health centers and the subjects were referred to Daiichi dispensary from July 1, 2011 to June 30, 2012. Among the subjects aged 20 years or over, 408 current smokers with QFT(QuantIFERON-TB Gold In -Tube)positive were selected as TB infected and 260 with QFT negative were selected as controls. Information on smoking status was collected from TB infected and controls using a self-reported questionnaire. Current smoking rate of general population was collected from National Nutritional Survey in 2009.

**Results:** TB infected with QFT positive showed higher rate of current smoking than the controls with QFT negative.( $P < 0.05$ ). Current smoking rate of the TB infected with QFT positive of men and women in each age group were compared with general population. There was tendency of higher smoking rate in the TB infected with QFT positive except for 20<sup>th</sup> to 30<sup>th</sup> age group of men.

**Conclusion:** Despite the limitations due to various biases such as selection bias, information bias or confounding factors, this study showed probable positive association between tobacco smoking and tuberculosis infection. Although further studies should be conducted to investigate this association, clinicians can confidently advice smoking patients that quitting smoking is important to prevent TB infection in TB control.

### P-S7-01 Smoking Habits among Pregnant Women in Hungary

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**Background:** Hungary is among the worst countries in the European Union for smoking prevalence, ranking 25<sup>th</sup> out of 27 countries. 38% of the population smokes. Smoking is an important issue related to the pregnancy and the foetal development; both first and second-hand smoking are related to low birth weight babies.

**Methods:** We conducted an epidemiological study on the relationship between tobacco use, maternal and child health in the least developed four north-eastern counties in Hungary and in a district of the capital Budapest between 2009 and 2011. During this period, there were 17,343 live births in these regions, of which 13,057 mothers completed our in-person survey (75.4%). The purpose of this analysis was to evaluate pregnancy-related changes and women's tobacco use attitudes. SPSS was used for all analyses.

**Results:** 41.56% (n=5,062) of women were smoking prior to pregnancy. When they learned they were pregnant 19.5% (n=981) continued smoking at the same rate as before pregnancy (1<sup>st</sup> group), 43.8% (n=2,222) continued smoking, but reduced the daily number of cigarettes (2<sup>nd</sup> group), and 36.7% (n=1,859) quit (3<sup>rd</sup> group). Birth weight and length of pregnancy were significantly different in the three groups (Kruskal-Wallis nonparametric test, p<0.001). When comparing the length of pregnancy, the difference was small in mean values (3-4 days) but considerable in the birth weight; there was 460 gram difference between the 1<sup>st</sup> and the 3<sup>rd</sup> groups. This is a 14% difference between groups when comparing average birth weight (3,211 gram). Those who continued smoking used 2 cigarettes more than women who quit (10.55; 8.09). The difference was significant between the two groups (Mann-Whitney probe, p<.001). Recidivism is considerable after the delivery. 21.9% (n=407) of women who quit returned to smoking already in the first week.

**Conclusions:** High rates of prenatal tobacco use warrants committed resources to public health programs focused on pregnant women. Strategies that have worked in other settings, such as in-person assistance and small group trainings by the A5 method (ask, advise, assess, assist, arrange follow up) provided by the Maternity and Child Health Service, supported by the recent strong clean indoor air laws enacted in Hungary could have a positive impact to change the attitudes in this heavily smoking population.

### P-S7-02 Health Risks of Second-Hand Smoke on Women in Sukhothai Province, Thailand

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Tobacco smoking has been a custom and addiction primarily of men, the home is the predominant location for smoking. Many women are exposed to tobacco smoke in their daily lives from their husband. Second-hand smoke causes many of the same diseases as direct smoking. So this research was a cross-sectional survey research aimed to examine the relationships between women their husband smoke and non smoke, symptom and incidence of diseases. 468 participants were random by using multistage random sampling. Data was collected between 1 September 2012 to 31 October 2012. The interview/questionnaires were used as a tool for data collection and then analyzed by percentage, mean, standard deviation, chi-square and odds ratios (OR), confidence intervals (CI).

The result showed that the average of age 47.12 years old, average duration of marriage 25.19 years, primary education (59.20%), casual laborers (46.30%). Concerning the relationship between second-hand smoke and health problems, it was found that women their husband smoke were likely to suffer from diminished sense of taste and smell than those who non-smoke 1.62 times (OR=1.62, 95% CI=1.02-2.57), women their husband smoke were likely to suffer from nose and eye irritation than those who non smoke 1.78 times (OR=1.78, 95% CI=1.06-2.98), women their husband smoke were likely to suffer from chronic coughs than those who non-smoke 2.17 times (OR=2.17, 95% CI=1.47-3.21), women their husband smoke were likely to suffer from high blood pressure than those who non-smoke 3.43 times (OR=3.43, 95% CI=2.30-5.11), women their husband smoke were likely to suffer from frequent colds than those who non-smoke 1.94 times (OR=1.94, 95% CI=1.31-2.88), women their husband smoke were likely to suffer from bad breath than those who non-smoke 1.87 times (OR=1.87, 95% CI=1.19-2.92). From this research results should focus on counseling

and education of health effect from second-hand smoke in the home and develop tobacco-free family campaigns at the community.

**Key word:** health risks, second-hand smoke, women

### P-S7-03 The Risk Factor of Smoking on Birth Outcomes

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Birth outcomes are very important to the future health of children. The purpose of this study is to identify the relevance of maternal smoking and birth outcomes using Korea Infants Mortality Data. This study shows that maternal smoking seems to be associated with birth outcomes such as birth weights and gestational age. According to results, maternal smoking appears to be a risk factor for birth outcomes.

### P-S7-04 Effects of Age at Smoking Initiation of Pregnant Women on Subsequent Smoking Habits

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Objective: The age at which pregnant women started smoking may affect subsequent smoking habits. We therefore investigated the age at smoking initiation of pregnant women and smoking habits during pregnancy in order to elucidate the effects of age at smoking initiation on subsequent smoking habits.

Methods: An anonymous self-report questionnaire survey on smoking habits was administered to 4788 women who provided consent from among 5993 pregnant women who gave birth at hospital A between January 1, 2008 and August 31, 2012. Survey contents included: age at smoking initiation; smoking habits during pregnancy; number of cigarettes smoked; smoking location at home; smoking in the car while riding with a non-smoker; Kano Test for Social Nicotine Dependence (KTSND); Fagerstrom Test for Nicotine Dependence (FTND); experience of quitting smoking; desire to quit smoking; and smoking habits of husbands, family members, and parents. Pregnant women with a history of smoking were classified by age at smoking initiation into the £15-years group (started smoking at age £15 years) and the <sup>3</sup>16-years group (started smoking at age <sup>3</sup>16 years) for comparison of smoking habits.

Results: The response rate was 90.9% (4351/4788); 1,730 pregnant women had a history of smoking. A total of 1,479 of these women indicated their age at smoking initiation (£15-years group, n=411; <sup>3</sup>16-years group, n=1,068). Compared to the <sup>3</sup>16-years group, the £15-years group had a higher rate of smoking during pregnancy, a higher number of cigarettes smoked, a higher rate of smoking in the car while riding with a non-smoker, and a higher rate of having husbands or parents who smoked. No statistically significant intergroup differences were observed for smoking location, KTSND, FTND, experience of quitting smoking, or desire to quit smoking.

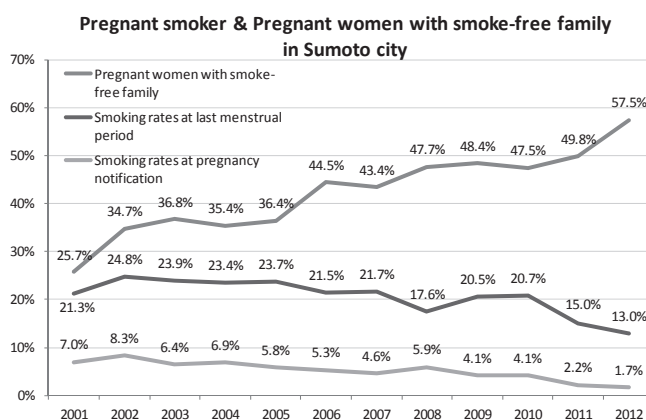
Discussion: Nicotine dependence was not related to age at smoking initiation or subsequent smoking habits. These findings suggest that smoking habits are negatively influenced by those of smokers' parents—in other words, the presence of cigarette smoke in the environment in which the pregnant women were raised during infancy. Smoking among pregnant women causes passive smoking by the fetus, and smoking by parents not only results in passive smoking by children but may also raise the risk of children starting to smoke from an early age. Thorough implementation of measures to help pregnant women quit smoking is necessary to break the generational cycle of smoking initiation.

Key words: pregnant women, pregnancy, smoking habits, age at smoking initiation

### P-S7-05 Decrease of Pregnant Smokers and Changing of Exposure to Environmental Tobacco Smoke in Pregnant Women

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Background. This study was aimed at investigating the changes in circumstances and the consciousness on the part of pregnant smokers and in their exposure to the environmental tobacco smoke (ETS). Methods. The subjects in this study were 4,504 pregnant women during April 2001 to December 2012, ranging from 16 to 44 years in age. Results. Smoking rates at last menstrual period decreased from 21.3% (2001) to 13.0% (2012), and Smoking rates at pregnancy notification decreased from 7.0% (2001) to 1.7% (2012). Pregnant women with smoke-free family increased from 25.7% (2001) to 57.5% (2012) (See the figure). Methods for ETS control in home are changing in the same period. "Smoking only outside" increased from 17.0% to 36.1%, while "smoking anywhere" decreased from 31.4% to 9.0%. "Using a ventilation fan" was 28.7%, "using an air purifier" was 3.3%, although none of these measures substantially reduce exposure. The number of people who recognize about the risk of pregnant smoking is consistently increasing. In period from 2001 to 2012, "mental retardation" increased 1.3 times as much, "infertility" increased 2.1 times, and "erectile dysfunction" increased 3.3 times. Conclusion. The percentage of pregnant smokers is steadily decreasing in parallel with the steady increase in the percentage of pregnant women with smoke-free family. There should be a further improvement in circumstances surrounding pregnant women who are subject to ETS.



### P-S7-06 Effects of Maternal Smoking to the Smoking Intention and to The Attachment Formation of Minors in Japan

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Women's smoking has been reported to influence children, such as a premature delivery, incomplete development, developmental diseases, etc. A questionnaire was carried out for twelfth grade students for the purpose of finding out whether a mother's smoking affects her child's attachment formation or not and whether future smoking is promoted to children by the surrounding smoking or not. Although 89.0% of students did not show interest in tobacco, student whose mothers smoke showed concern to all the items related to tobacco. A student who has mother, a friend or a sibling who smokes predicted that he or she will probably smoke in the future rather than a student who does not satisfy the previous conditions. Children of smoking mothers felt that they wanted their mothers to care about them 2.5 times in the childhood term compared with children of mothers who do not smoke. There was no relation with the smoking of fathers. For women who want to have a child now and in the future, smoking has greatly become not only a health issue but also a possibility of affecting the child's attachment formation in child rearing and because of that it is an important issue.

Table: An association between neighboring smokers and interest to a tobacco

	Non smokers	Circumference smokers		
		Mother	Siblings	Friends
The interest to a tobacco				
There is it	6 (6.1)	6 (20.7)	5 (15.2)	8 (16.3)
There is not it	92 (93.9)*	23 (79.3)†	28 (84.8)	41 (83.7)
I will smoke in the future				
I think that I will smoke	5 (5.1)	6 (20.7)	6 (18.2)	10 (20.4)
I think that I will not smoke	93 (94.9)*	23 (79.3)†	27 (81.8)	39 (79.6)**
I will smoke once in future in life				
I think that I will smoke	19 (19.4)	13 (46.4)	15 (46.9)	20 (40.8)
I think that I will not smoke	79 (80.6)*	15 (53.6)*	17 (53.1)**	29 (59.2)**
What thought to want you to mind a little more in childhood				
There is it	12(12.4)	9(31.0)*a	11(33.3)**b	9(18.4)
There is not it	85(87.6)	20(69.0)	22(66.7)	40(81.6)

Number (%), Chi-square test, Fisher's test

\*\* p < 0.01, \* p < 0.05, † p < 0.1

a: odds ratio 2.52, confidence interval 1.06- 5.99

b: odds ratio 2.94, confidence interval 1.30- 6.64

### P-S8-01 Outreach Activities for Tobacco-Free Carried Out by Nursing Students

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[Background and Purpose] Nurses have to be a role model in tobacco control, however, the smoking prevalence among nurses was higher than among the general population. Considering the situation as weakness of tobacco-control in Japan, Kyoto Association for Tobacco Control (KATC) and Kyoto Prefectural University of Medicine encouraged the participation of nursing students into the school-based outreach activities. A substantial number of nursing students participated in the activities. We review the activities in chronological order and evaluate the benefits and feasibility.

[Methods and Result] Nursing students started participating in the school-based outreach activities so called "Tobacco Free Caravan in Kyoto" in 2005. At first some students who were interested in the activities participated voluntarily using their free time. A nursing school attached to Kyoto First Red Cross Hospital joined into the activities as a part of practical training since 2010.

Since 2007 nursing students have performed the role of presenter and central character. The number of nursing students involved was 8 person (4 schools, 17 times) in 2005, 10(6, 21) in 2006, 6 (13, 23) in 2007, 15(21, 45) in 2008, 8 (17, 23) in 2009, 18 (44, 79) in 2010, 48(36, 91) in 2011 and 33(32, 57) in 2012.

The high school students tended to concentrate to the lectures when the nursing students spoke. At workshops they entered into casual conversation to nursing students more immediately than to professions. The nursing students acquired basic understanding of health damage from tobacco.

From 2009 to 2011, nursing students were entrusted with organizing the Tobacco-Free Caravan on the World No Tobacco Day in a shopping mall close to Kyoto Station. Nursing students were organizing committee to recruit staff and to prepare the event with medical students. On the day of the event we (5 nursing students in 2009, 11 in 2010 and 20 in 2011) set up the site and worked as presenters and performers. The events attracted large crowds (500~1000 people) and the guests really enjoyed a tobacco quiz and prizes. Over 100 smokers participated in measurement of CO every year and over 20 smokers expressed their determination to quit smoking.

[Discussion and Conclusion] Nursing students are expected to take a position on leaders and activists in outreach activities for tobacco-free. These activities are considered effective to both promote tobacco-free in community and to educate nursing students. However the number of nursing students involved remains restrained because of rigidity of the curriculum. Participation in these activities should be part of core curriculum.

### P-S8-02 Effect on Doctor's Knowledge, Attitude, and Practice of Tobacco Control of Creating Smoke-free Hospital in 60 Hospitals in Beijing, Shanghai and Guangzhou of China

Na ZHAO

*Chinese Association on Tobacco Control*

**Objective** Through creating smoke-free hospital activities, to know the current smoking status of doctors, understand their tobacco control knowledge, attitude and practice, and evaluate the effect.

**Methods** 60 hospitals in Beijing, Shanghai and Guangzhou were selected to develop creating smoke-free hospital activities, and to carry out tobacco control interventions in whole doctors, before and after tobacco control intervention, 19580 doctors and 20772 doctors from 60 hospitals were surveyed with questionnaire on their smoking status, tobacco control knowledge, attitude, and practice, and to know the changes.

**Results** Through a year tobacco control intervention, the doctors' smoking rate decrease from 10.7% to 6.8%, and the difference was statistically significant ( $P < 0.001$ ), the rate of often ask patients' smoking status increased from 55.0% to 68.9%; The knowledge about tobacco's hazard and smoking and related disease was increased significantly in different decent.

**Conclusion** Through a year's tobacco control intervention, the intervention effect is significant; the doctors' smoking rate decreased significantly, the awareness of tobacco control knowledge increased; the hospitals' smoke-free environment was improved.

**Keywords:** doctors, smoking, tobacco control

### P-S8-03 The Tobacco Control Team in a Core Hospital and Citizens Join Forces to Take Up the Challenge Against Tobacco in Omihachiman, Japan

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[Background] The relationship between tobacco and illnesses has not spread to many people especially in rural communities. Omihachiman has a population of 80,000 and half of whom live in rural areas.

[Purpose] Aiming to reduce the number of smokers and tobacco-related disease in the community, we established the tobacco control team at the hospital in 2004 and have been promoting tobacco free activities both inside and outside the hospital. We have been always conscious to involve local citizens. We reviewed the activities and evaluated the effectiveness.

[Methods] In the hospital we conducted various activities as follow; (1) smoking cessation clinic for both patients and citizens (2) smoking cessation advice for in-patients (3) alternating display of high impact posters (4) holding regular seminars on World No Tobacco Day (5) education about tobacco for newly-hired staffs (6) making smoking history (active and passive) required in clinical chart (7) establishing smoke-free policy for meetings and parties. We also have been providing leadership in community-based activities such as (1) organizing a stand about tobacco at the city health festival with the medical association (2) tobacco-free lectures in schools with the community children center (3) tobacco-free seminars in workplaces, local municipal offices and community centers (4) promoting "stop the second hand smoke for children" message in association with doctors, dentists and pharmacologists.

[Result] The team consists of 16 health professionals and secretaries and could work proactively and cooperatively. The smoking cessation clinic has been working consistently with 40 patients per year, involving a number of doctors and nurses of whom 9 staffs have become specialist for smoking cessation. A smoking prevalence among hospital staffs was remarkably low at 8.9% in 2012. The outreach activities increased in number year by year (16 times in 2011).

[Conclusion] Hospital based tobacco control conducted by the team was working effectively and had an influence on community based tobacco control. We should take advantage of our acquired skills to promote a smoke-free city.

#### **P-S8-04 Changes in Behavior and Perception Regarding Smoking among Japanese Nursing Students from 2003 to 2009~**

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**Objective:** We determined the changes in smoking status, knowledge of smoking-related diseases, and attitudes to smoking among nursing students over 6 years. **Methods:** Subjects were a total of 6,703 nursing students in Kyoto, Japan. Data were gathered by means of a self-administered anonymous questionnaire survey which was conducted by Kyoto Nursing Association in 2003, 2006, and 2009. The questionnaire included questions about the smoking status, knowledge of, and attitudes to smoking. Percentage calculation, chi-square, and ANOVA were used in the assessment of the data.

**Results:** The prevalence of current smokers decreased from 13 to 8% and the prevalence of never-smokers increased from 64 to 71% over the 6 years. The prevalence differed by age group. Among those in their thirties, the prevalence of current smokers was the highest (27% in 2003, 32% in 2006, 18% in 2009) and, among teenagers the percentage of current smokers was the lowest (7% in 2003, 4% in 2006, 2% in 2009). Knowledge of smoking-related diseases changed little during the period, and the current and former smokers had better knowledge than the non-smokers. Knowledge was not related to smoking behavior. Only about half of the non-smokers and about a quarter of the smokers thought that smoking was not desirable for health professionals and this was almost constant throughout the years. Around 90% of the non-smokers thought that smoking was not desirable for their own health, but two thirds of the smokers thought so. Nearly 90% of the non-smokers and about three quarters of the smokers thought that smoking was not desirable for children, fetuses, and embryos. These tendencies changed little during the 6 years.

**Conclusion:** Despite the smoking prevalence showing a decline, knowledge of smoking-related diseases did not change significantly. Attitudes to smoking were still rather acceptable for smoking even among non-smokers. More comprehensive anti-tobacco education must be promoted for nursing students.

#### **P-S8-05 The Impact of Brief Smoking Cessation Counselling in a Tertiary Acute Care Hospital**

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*National University Hospital*

**Background:** On average, Intensive Counselling for smoking cessation takes 30-45 minutes, which is thrice the time needed for Brief Counselling. Additionally, medications to assist in smoking cessation are costly or may be contraindicated in hospitalized patients. The outcome of Brief Counselling alone, without the use of pharmacological adjuncts, has not been well-explored.

**Objective:** To determine the effect of Brief Counselling alone on six-month smoking cessation rates among inpatients in a 1032-bed tertiary acute care hospital (National University Hospital, Singapore).

**Methods:** From April 2011 to Apr 2012, medical inpatients who were current smokers at the time of admission, and who declined Intensive Counselling, were studied. Specialist nurses reinforced the benefits of smoking cessation and explored coping strategies. Outcomes were measured by telephonic self-reported smoking cessation rates at six months after a set quit date. Successful cessation was defined as fewer than three relapses within the six months, with fewer than three sticks of cigarettes smoked per relapse. Multivariable logistic regression was performed using the six-month cessation success as the dependent variable. Independent variables were age, gender, Fagerstrom score, annual income (<USD 10K vs. > USD 10K) and marital status (married vs. no partner).

**Results:** Two hundred and forty-four smokers (216 males, age 58±13 years) with various medical conditions (65.2% cardiac, 29.1% respiratory, 5.4% neurological, 1.7% others) underwent Brief Counselling. Average Fagerstrom score was 3.9 (SD 2.5, median 4, interquartile range 2-6). Excluding 31 smokers who were lost to follow-up, 35.2% (75 subjects) reported successful cessation at six months. On logistic regression analysis, a higher Fagerstrom score was associated with a significantly decreased odds of successful cessation at six months (OR 0.85 for every one point increase, 95% CI 0.77-0.94, p = 0.006), married status was associated with an increased odds of success (OR 2.22, 95% CI 1.13-4.38, p = 0.021), annual income <USD 10K was associated with a decreased odds of success (OR 0.44, 95% CI 0.22-0.85, p = 0.014), while age and gender were not significantly associated with success (p>0.3 for both).

**Conclusions:** Brief Counselling by specialist nurses for smoking cessation among hospitalized patients, without using pharmacological adjuncts, can be reasonably successful. Quit rates may be affected by Fagerstrom score, marital status, and annual income.

#### **P-S8-06 Tobacco Counselling Practices by Primary Care Providers: Perspectives of Patients**

Rajmohan PANDA, Divya PERSAI

*Public Health Foundation of India*

**Background:** Inter-personal counselling by health care providers is one of the best practices in tobacco control. However, very few studies assessed counselling practices of Primary Care Providers (PCPs) from the perspectives of patient especially in developing county such as India. Present study aims to assess the perspectives of patient on counselling practices of PCPs working in primary health care facilities in two high tobacco burdened states of India.

**Methods:** A cross-sectional study was conducted in the forms of exit interviews among 1559 tobacco users visiting primary health care facilities in the state of Gujarat and Andhra Pradesh in the year 2012. Respondents were selected by random sampling and information on counselling practices and intention to quit tobacco use after getting counselled was obtained by semi-structured questionnaire. Chi-square test was employed to test the association between different variables.

**Results:** Overall, 43% respondents indicated that they were never asked about tobacco consumption habit. Relatively more female (50%) were 'never asked' about tobacco use as compared to male (41%). More than half of the respondents (57%), who were asked about their tobacco consumption habits, indicated that they were never been counselled on ways of quitting. A majority of patients (82%) received information on harmful health effects of tobacco followed by benefits of quitting (80%). Disappointingly, information on willingness ways to quitting was given only to half of the patients. Information sharing on medications for quitting and follow-up activities was undertaken merely by 12% and 10% of PCPs respectively. Significant difference was observed in tobacco history taking and counselling practices of PCPs in the two states (p<0.05). Although almost all the patients mentioned that they are planning to reduce and quit tobacco use after getting counselled by the PCPs yet, only one-third (30%) mentioned that they decided a quit date.

**Conclusions:** Tobacco use screening was practiced by about half of the primary care providers but information given was limited only to harmful health effects and benefits of quitting. There is a need for intensive and comprehensive capacity building in tobacco cessation to motivate patients to quit tobacco use in primary health care settings in India. This is important as primary care providers are role model and patient are likely to hear their advice especially when they relate tobacco consumption to disease morbidity and mortality.



### P-S8-07 Advices of Quitting Smoking Are Necessary on Health Check-up.

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[Backgrounds] In Japan, metabolic syndrome attracts attention recently as one of the biggest illness causing ischemic heart disease (IHD) and stroke. Therefore Ministry of Welfare and Labor introduced specific health checkup and specific counseling guidance system focused on metabolic syndrome (SHC&SCG) in 2008. But in this system, smokers who are not obese and who already received medication are excluded from specific counseling guidance.

[Objective]

(1) To clarify the proportion of exceptions from SCG

(2) To investigate the efficacy of the advice.

(3) To compare their health behaviors between smokers and nonsmokers.

[Subjects] The subjects were 2,943 men (58.1±9.7 years old), who participated in SCG on both 2008 and 2010.

[Methods] The subjects were categorized into the four groups according to the following criteria;

A: Already diagnosed with hypertension, hyperlipemia or diabetes, B: Metabolic syndrome (Obese with metabolic risk factors > 2), C: Metabolic syndrome suspected (Obese with metabolic risk factor), D: Not obese. We investigate smoking prevalence and quitting rate among 4 groups. We analyzed differences of behaviors between smokers and nonsmokers by  $\chi^2$  test.

[Results] Subjects consisted Group A; 850 (28.9%), Group B; 615 (20.9%), Group C; 891 (30.3%) and Group D; 584 (19.8%). Number of smokers (smoking prevalence) in each group are 115 (13.5%), 164 (26.7%), 187 (21.0%) and 116 (19.9%). Number of quitters (quitting rate) on 2010-SHC were 29 (25.2%), 46 (28.0%), 40 (21.4%) and 22 (19.0%). Smokers skipped breakfast more than non-smokers and practice exercise less than nonsmokers.

[Discussion] Due to national standard on SHC&SGC, 36% of smokers cannot receive counseling guidance. Advices on health check-up were very effective regardless with or without metabolic syndrome. Smoking aggravates eating behavior and physical activity related to metabolic syndrome.

[Conclusion] Advices of quitting smoking are necessary on health check-up even if targeting metabolic syndrome.

### P-S8-08 Smoking Prevalence and Factors among Nursing Students in Kyoto, Japan

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[Background] The smoking prevalence among nurses was higher than nationwide according to the surveys conducted by the Japanese Nursing Association in 2001 and 2006. It is an extremely serious problem for public health because they have to be a role model in tobacco control in addition to the risks to their own health. Furthermore there are few large-scale studies which have analyzed the smoking prevalence and factors associated with smoking among the nursing students in Japan. [Objective] To determine the smoking prevalence among female nursing students and to investigate the factors associated with smoking, we have performed this study. [Methods] The subjects are 2,636 female nursing students (26.2±6.7 years old) who filled in self-administered anonymous questionnaires conducted by the Kyoto Nursing Association in 2009. After recognizing big differences in smoking prevalence between generations, we assumed 8 factors. A: type of school (university, nursing school, nursing school thorough assistant course=alternative nursing schools), B: current school year, C: whether they entered schools directly or not, D: health conditions, E: the number of family members, F: smoking status of family members, G: smoking status of female friends, H: smoking status of male friends. Then we analyzed the age-adjusted smoking prevalence by these 8 factors using  $\chi^2$  test. [Results] The overall current smoking prevalence was 28.4 (10.8%). The smoking prevalence in their age groups was 3.1% (18~19 y.o.), 9.7% (20~23 y.o.), 24.5% (24~27 y.o.), 24.7% (28~31 y.o.), 22.0% (32~35 y.o.), 20.4% (over 36 y.o.) respectively. The age-adjusted smoking prevalence was A: 6.0%, 9.2%, 21.1% (university, nursing school, alternative nursing school), B: 11.8%, 9.5%, 10.4% (1, 2, 3+ school year), C: 4.6%, 11.0% (directly, not directly), D: 8.9%, 11.0%, 17.4%, 19.1% (very good, good, not good, bad in health condition), E: 9.8%, 11.7%, 11.1%, 10.9% (1, 2~3, 4~6, over 7 family members), F: 14.9%, 6.6% (family members smoke, don't smoke), G: 13.1%, 0.3% (female friends smoke, don't smoke), H: 12.6%, 3.0% (male friends smoke, don't smoke). Factors excluding B and E had significant differences. [Discussion] These results suggest that the smoking prevalence might be affected by economic condition, academic ability, and smoking status around them. Smokers were found to be grouped in certain demographics which are hard to reach through conventional educational means. Therefore the interventions should be both comprehensive and tailor-made such as improvement of environment around school, education corresponding age and support smokers to quit using behavior therapy. [Conclusions] Elder nursing students definitely smoked more than younger students. After age-adjusting, the smoking prevalence was associated with the type of school, whether they entered schools directly, health condition, whether they have family members who smoke and whether they have friends who smoke.

### P-S8-09 Smoking Cessation Services among Thai Community Health Nurses

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Since most of Thai smokers live in the rural community, smoking cessation services provided by community nurses are needed. The objective of this study was to examine smoking cessation activities of Thai community health nurses and its related factors. The sample was 416 nurses working at primary care units and community hospitals in all regions of Thailand selected by stratified random sampling method. Association between personal factors, situational factors, and smoking cessation activities were examined. A self-administered questionnaire was mailed to the 522 sample of community health nurses for data collection, 416 responded (79.7%). Data were analyzed using descriptive statistic, Pearson's product moment correlation coefficient, and stepwise multiple regression analysis. Results showed that most of subjects had the smoking cessation activities at a moderate level (75.2%). The activities mostly performed by nurses was asking for smoking history of clients, while the activity lowest performed was arranging for follow-up after providing cessation activities. Tobacco control training, achievement, and availability of tool/equipment could altogether predict 21.6% of variance in smoking cessation activities of nurses ( $p < 0.01$ ).

It is suggested that community nurses should be trained for smoking cessation techniques and tool as well as equipment related to smoking cessation should be available in community health sectors to assure effective cessation services. Work achievement in tobacco control at community level should also be recognized. Findings from this study could be used to further improve smoking cessation activities of Thai community health nurses.

### **P-S8-10 The Effectiveness of a Clinical Nurse Coordinator in Managing a Smoking Cessation Clinic in a Private International Hospital**

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Background: Smoking Cessation is hospital quality of care standards set by Joint Commission on Accreditation of Healthcare Organizations (JCAHO). Tobacco smoking remains the leading cause of death. Morbidity and mortality are reduced by smoking cessation. Multidisciplinary team collaboration help smokers to stop smoking in hospital.

Purpose: studying effectiveness of a clinical nurse coordinator (smoking cessation) manage in smoking cessation clinic

Study Setting: Bumrungrad International Hospital in Bangkok

Method: During the study, a total of 352 patients who attended at least 1 intensive counseling by a clinical nurse coordinator from January 2009 – September 2011 were subjects. The patients had referrals from physicians, clinical nurse coordinators for each specific disease (diabetes mellitus, stroke, heart disease, hypertension, CKD) and registered nurses in both inpatient and outpatient settings, as well as walk in clients. Clinical nurse coordinators who manage the clinic were trained in smoking cessation and developed a motivation program for smoking cessation. If patients need pharmacotherapy (NRT, Bupropion and Varenicline), patients were referred to a physician for a prescription. The clinical nurse coordinator evaluated the outcomes for this study, which included an abstinence rate up to 1 year, a self-reported smoking status and checking carbon monoxide levels. Subject lost to follow up were assumed to be smoking.

Result: Subjects reduced smoking by 22 % and stopped smoking by 38 %. Subjects who used pharmacotherapy did not report statically significant higher abstinence rates than without (42% and 58 % respectively) at 1 year ( $P < 0.05$ ). Reasons to quit smoking included: concerns for health (42%), disease (46%) and family request (12%).

Conclusion: As one of the most accessible health care professional and clinical nurse coordinator help patient to stop smoking by provide education on the harmful effect of tobacco use, intensive counseling and provide tobacco cessation service.

### **P-S8-11 Thai Nurses and Tobacco Control : Sharing Experiences**

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The Nurses Network on Tobacco Control of Thailand, The Nurses Association of Thailand has received budget supports from Thai Health Promotion Foundation since 2005 to continuously aim to promote nurses' awareness of their roles on tobacco control by develop nurse leaders in promoting tobacco free hospitals, helping smokers quit smoking, developing tobacco free communities, enforcing tobacco free in nursing school, and integrating tobacco control to baccalaureate nursing education. This presentation aimed to sharing experience in the process of knowledge management in tobacco control for nurses.

**Method:** Committee of the Nurse Network on Tobacco Control of Thailand organized the conference for sharing success story of tobacco control in each year. Nurses, nursing faculty members, and nursing students who received grants from the Nurses Network run projects of tobacco control, and attended the conference in order to present the outcomes. Activities of the conference were composed of: oral presentation of the progress of tobacco control; panel discussion among groups of conducting tobacco control in hospitals, communities, and schools of nursing; exhibitions and poster presentations; giving certificates to nurses who had outstanding projects in tobacco control. In addition, the database of nurses who have been members of the Nurse Network on Tobacco Control of Thailand was developed.

#### **Outcomes**

1. Having and distributing two booklets of learning experiences: nurses and tobacco control provide examples of the practice of tobacco control in hospital, community, and school of nursing.
2. Multi-media for tobacco control campaigns were produced by faculty members, nursing student , and nurses
3. Ten thousand nurses and fifteen thousand nursing students become a member of the network.
4. Twenty-five nursing research of tobacco control were published in the Thai Journal of Nursing.

In sum, organizing the nursing conference for sharing learning experiences to help smokers quit smoking and promote family and society free from tobacco use has created body of knowledge and practice guideline to help expand work of tobacco control, to promoting family and society free from tobacco use, and to strengthen nurses' role.

### **P-S8-12 Health Systems Model for the Promotion of Smoke-Free Homes**

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A model that would support the Department of Health to promote smoke-free homes was developed by the Philippine League of Government and Private Midwives with the following objectives:

1. To enhance the knowledge and adequate understanding of men and women on the harmful effects of tobacco and second-hand smoke;
2. To empower wives to persuade husbands to quit and/or smoke outside the home;
3. To build collaboration that establish structures and partners to influence smokers to quit; and
4. To ensure that smoke-free homes become a norm in the community.

Training modules to capacitate the Barangay Health Workers in educating family household members in making their homes 100% smoke-free were developed. Barangay health workers are the target of the training since they are frontline health service providers in the country. Contents of the modules are:

1. Smoking and second-hand smoke
2. Smoke-free home environment
3. Barangay health workers as trainers
4. Communication skills
5. Presentation skills
6. Managing a training program
7. Integration

Methodology includes lectures, participative discussion, simulation/role play and workshops.

Evaluation done of the training conducted yielded favorable results. The training equipped the participants primarily with tools that will give them confidence in providing brief advise to smokers to stop smoking or to smoke outside the homes.

### P-S8-13 Roles of Thai Nurses in Tobacco Control

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The objective of this study was to examine factors influencing tobacco control activities of nurses in Thailand. The sample was 654 nurses working at all level of health care facilities in Thailand selected by stratified random sampling method. The instrument used in this study was the self-administered questionnaire consisted of personal factors, motivation, work environment, organizational factors and tobacco control activities. Instrument was examined by experts to assure its content validity and reliability values were between 0.81-0.90. A questionnaire was mailed to the 893 sample of registered nurses for data collection, 654 responded (72.3%). Data were analyzed using descriptive statistic, Pearson's Product Moment Correlation Coefficient, and Stepwise Multiple Regression analysis.

Results showed that most of sample had the tobacco control at a moderate level (74.5%). Motivation, organizational factors, tobacco control training, and type of workplace could altogether predict 41.0 % of variance in the tobacco control activities of Thai nurses ( $p < 0.01$ ).

It is suggested that administrators especially in tertiary care should motivate nurses to work as well as encourage the development of skills and knowledge related to tobacco control. Findings from this study could be used to further improve tobacco control activities of Thai nurses.

### P-S8-14 A Comparison Study on Physician Survey 2003 and 2010 in Yogyakarta, Indonesia: Do the Primary Health Care Doctors Assess and Advice more on Smoking Habit?

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**Background:** Along with the opening of smoking cessation clinic in Yogyakarta in the year 2003 in all lung clinics, several training on brief intervention on smoking cessation have been carried out. Subsequently, more training were delivered toward Primary Health Care (PHC) doctors after the Yogyakarta Health Office has opened smoking cessation clinic at primary health care in 2009.

**Objective:** To assess the comparison between the prevalence of PHC doctors who ask patients about smoking habit and advice their patients to stop smoking in Yogyakarta municipality in the year of 2003 and 2010.

**Method:** We used two cross sectional studies conducted in the year 2003 and 2010. The total number of doctors who participated in this study was 224 physicians in 2003 survey taken from total population and 57 physicians in 2010, selected by cluster random sampling. Data was collected by self-administered questionnaire

**Results:** The percentage PHC doctors who most always and always ask about smoking habits in 2010 survey was higher (42.1 % & 15.8%) than PHC doctors in 2003 (32.9% & 9.8%) respectively. All PHC doctors in 2010 gave advice to the patients to stop smoking, while there was remain 15.9% PHC doctors in 2003 did not deliver stop smoking advice toward their patients. Half of PHC doctors reported that they have had capacity to help patients stop smoking in 2010 survey, while only 10% of PHC doctors in 2003 survey said so.

**Conclusion:** This study reveals that the majority of PHC doctors have delivered advice to their patient. Continuing medical education on the update of the effect of cigarette smoking on health and enhancing skills to help patients quit smoking is needed.

**Keywords:** physician, patient assessment and advice, PHC

### P-S8-15 National Survey on Smoke – Free Primary Care Centers in Thailand

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The aims were to explore smoke-free status in primary care centers, described smoking status among health care workers, health volunteers and people in communities. In addition, needs assessment of primary care staff for implementing and enforcing tobacco free community. By applying self-reported questionnaire and cross sectional survey design. All 278 primary care centers were simple random sampling from 1,001 primary care hospitals. Data were processed and analyzed by mean, standard deviation, frequency and percentage. The results revealed that majority of information came from North Eastern primary care centers and follow by the central and northern region. Majority of staff in primary care center were public health staff 31.64% and nurse 18.77 %. Majority of regular smoker were physical therapist 76.92%, public health workers 11.90% and public health staff 2.71%. Community networks included health promotion and health volunteers. Among these staff, they were smoker from 3.43 to 0.27%, respectively. Basic smoking prevalence among primary care staff was shown only 11.6% and about 30.33 % in community member. Tobacco control policies were implemented and enforced at average level (mean 2.73;SD 2.09) However lower than average was assigned responsible staff to take tobacco control into action (mean 1.87; SD 1.84) More than half of primary care director were smoke free model (mean 3.80; SD 1.25). For code of health professional practice on tobacco control support, majority of staffs were achieved at high level (mean 4.38; SD 1.16). For tobacco control action last year majority of center prohibited for tobacco sale and enforced for public smoke free workplace 100%. For human resources development on tobacco control, they needed only general or basic course training 55.9%. Cessation and counseling skill training for staff were done only 45.4-45.5%. Based on 5As cessation framework they were possible implemented only ask (A1) and advise (A2) 68.6, 64.6 %, respectively. Cessation assisting was applied only 68.9%. Less than half (42.15%) were arrange follow up and try to integrate with home visit by health volunteers 41.86%. Recommendation human resource development course ware on tobacco control and cessation are urgently implementation.

**Key words:** Primary care hospital, smoke – free environment, national survey

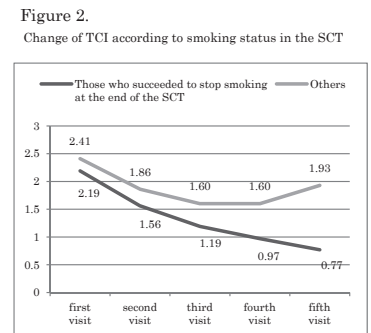
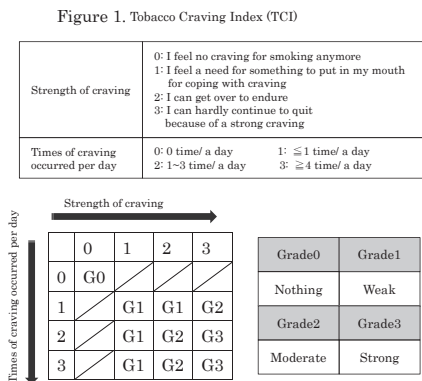
\* Granting supported by Thai Health Professional Alliance against Tobacco and Thai Health Promotion Foundation

## P-S9-01 A "Tobacco Craving Index" is a Useful Indicator to Predict Success of Smoking Cessation in Settings of Smoking Cessation Therapy

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To clarify association between craving against smoking and success of smoking cessation in patients who received smoking cessation therapy (SCT) in Japan, we provided "Tobacco Craving Index (TCI)". The TCI consists of the following two axis; one is a strength of craving (0: I feel no craving for smoking anymore, 1: I feel a need for something to put in my mouth for coping with craving, 2: I can get over to endure, 3: I can hardly continue to quit because of a strong craving), second is the times of craving occurred per day (0: 0 time/ a day, 1:  $\leq 1$  time/ a day, 2: 1~3 time/ a day, 3:  $\geq 4$  time/ a day). The scoring of the TCI is presented in the Figure 1. We obtained this score from 1,011 patients who received SCT in 6 hospitals between 2008 and 2011. Those who succeeded to stop smoking at the end of the SCT (at least 4 weeks of continuous cessation) showed significant decrease of mean TCI score, whereas less decrease was evident in patients who failed to stop smoking (Figure 2). In multivariate logistic regression analysis, TCI through the SCT showed significantly associated with success of stop smoking at the end of SCT. These finding demonstrates that TCI is a useful indicator to predict smoking cessation therapy in Japan.



## P-S9-02 Factors Associated with Weight Gain in Japanese Smokers Who Received Smoking Cessation Therapy

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To identify factors associated with risk of weight gain after quitting, we observed weight change in smokers who received Japanese smoking cessation therapy (SCT) between the first visit of SCT and 12 months after termination of SCT in 6 Japanese hospitals. Among 447 participants who received at least 4 times in five sessions of SCT, 283 replied follow-up for 3, 6, 12 months after the termination of SCT to obtain body weight and smoking status using mail-based self-reported questionnaire. Average change of body weight from baseline to the termination of SCT was 1.38kg (SD: 2.57) in males and 1.22kg (SD: 2.09) in females. Figure 1 shows the change of body weight from baseline through 2nd and 5th in the SCT, and 3, 6, 12 months after the termination of SCT. We subsequently performed a step-wise logistic regression analysis with weight gain of +3.5kg at 12 months after the end of SCT. Age 50 and over (0.38, 95%CI: 0.19-0.76) and varenicline use (0.30, 95%CI: 0.11-0.78) were significantly associated with low risk of weight gain (Table 1). Present illness (presence: 3.33, 95%CI: 1.10-10.00), High FTND score ( $\geq 7$ ) at baseline (2.07, 95%CI: 1.09-3.92) and success of quit smoking at 12 months after the end of SCT (4.57, 95%CI: 1.94-10.08) were significantly associated with high risk of weight gain (Table 1). Farther studies are needed to validate these associations and elucidate the other factors for the risk assessment of weight gain in smoking intervention among Asian population.

Figure 1. Change of body weight between baseline and 12 months after the termination of smoking cessation therapy among study subjects. (n=283)

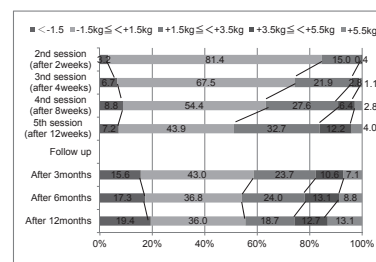


Table 1. Factors associated with increasing body weight of +3.5kg and over from baseline to 12 months after termination of smoking cessation therapy.

	Odds Ratio	p-value	[95% CI]
Age			
<50	1.00		
$\ge 50$	0.38	0.006	[0.19-0.76]
Present illness			
Absence	1.00		
Presence	3.33	0.032	[1.10-10.00]
FTND			
< 7	1.00		
$\ge 7$	2.07	0.026	[1.09-3.92]
Prescription			
Nicotine patch	1.00		
Varenicline	0.30	0.014	[0.11-0.78]
Smoking status			
Smokers	1.00		
Quitters	4.57	0.001	[1.94-10.08]

Stepwise logistic regression analysis  
Explanatory variables: sex, age ( $\ge 50/ < 50$ ), present illness (no disease/ have a something disease), BMI ( $< 25/ \ge 25$ ), FTND score ( $< 7/ \ge 7$ ), the number of cigarette smoking per day ( $< 30/ \ge 30$ ), prescription (Varenicline/ Nicotine patch), nausea (+/-), craving (negative/ positive), smoking status at the 12 months after the last session (smokers/ quitters)

## P-S9-03 WERO: An Innovative Group Stop Smoking Competition Designed to Reduce High Smoking Prevalence among Ethnic Minority and Low Socioeconomic Populations: Main Results

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**Background:** New Zealand is aiming to be smokefree by 2025 (5% or less smoking). Current smoking prevalence is 18% but smoking prevalence for Māori (the indigenous people) and Pacific Island people is high (41% and 26%) and is an important source of health inequalities. Tobacco control strategies to prompt quitting across all ethnic groups are urgently needed. We designed a 3 month group stop smoking contest. Key features were: 1) group focus; 2) use of existing cessation services; 3) use of an incentive (\$5000 prize for the winning teams' nominated community group); 4) interactive technology (www.wero.me and mobile app publicly displays who is in front, and provides access to expert support from WERO staff); 5) inter-group competition; 6) 'serious gaming' - a free iPad/iPhone game *Stub It Out* as a distraction tool and health education resource.

**Research Methodology:** A pretest-posttest design was used. Fifteen teams of current daily smokers (N=148) were recruited from community health workers' networks over a 6 week period. Smoking status at baseline and 3 months was biochemically verified using expired carbon monoxide. Self-reported smoking status was asked at 6 months.

**Results:** Forty-six% of Pacific Island, 44% of rural Māori, and 20% of urban Māori participants were verified smokefree at 3 months - an overall quit rate of 36%. Six month posttest results will be presented for the first time at ARACT 2013.

**Discussion:** WERO was effective at prompting quit attempts with underserved populations and provided an innovative vehicle for existing health and cessation services. WERO can be scaled up and repeated multiple times per year to increase the reach, effectiveness and population impact of cessation. Thus, WERO has the potential to trigger mass quitting accelerating New Zealand towards its Smokefree 2025 goal.

WERO is supported through funding from the Reducing Tobacco-related Harm Research Partnership co-funded by the Health Research Council of New Zealand and the Ministry of Health of New Zealand (HRC grant 11/818)

**Topics:** M Cessation / Quitline / Treatment of tobacco dependence

L Education, communication, training and public awareness

**Keywords:** Group Cessation, Minority Groups, Incentives

### **P-S9-04 A Trial of Smoking Cessation Support for Youth Smokers in School Setting**

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[Background] Smoking among youth is the biggest health problem because of damage to their health both now and in future. However, smoking among youth (<20y.o.) is treated as an offense in most cases in Japan due to The Minor No Smoking Law. Thereby the health problems of smoking have been almost ignored in school health activities and youth smokers rarely themselves admit to smoking. Consequently youth smokers do not receive information about smoking cessation and appropriate support in school setting. [Objective](1) To communicate to youth smokers in open and non-patronizing way(2)To collect information about their smoking status and identify their characteristics (3) To give brief advice about quitting in a way that suits youth (4) To estimate the effects of the support 1 year later [Material and Methods] Kyoto Association for Tobacco Control (KATC) has been conducting tobacco-free workshops at 73 schools (47 junior high schools (JHS), 22 senior high schools (SHS) and 4 part-time high schools (PHS)) for 11,769 students during the 2011 school year. There were 160 students who voluntarily admitted to smoking (in JHSs; 23, in SHSs; 112 and PHSs; 25). The KATC staff listened to them frankly and responded youth smokers' real feeling. Then the staff measured CO by smokelyzer and gave advice for smoking cessation briefly and distributed small lucky charms and leaflets. In holiday season, we sent a card with special candy and hand-made goods to individual students through school nurses. One year after the workshops, we asked their smoking status to the school nurses.[Result]It was felt that we could communicate with youth smokers in a positive and constructive way. Most of interviewee talked about their troubling situation and wish to quit. The smokers consisted of 137 boys (85.6%) and 23 girls. The median of starting age was 12.5 and there was no difference between boys and girls. The mean of the number of cigarettes smoked was 5.5 for JHS students, 9.9 for boys in SHS, 7.7 for girls in SHS, 15.1 for boys in PSH and 9.3 for girls in PHS. The CO levels detected in the breath were over 4ppm in 60% and 10 ppm in 10% of smokers. CO correlated the number of cigarettes smoked. The school nurses could contact twenty students in SHSs and 11 students in PHS. Nine students (40%) in SHS and 4 students (34%) in PHS quit smoking.[Discussion] Smoking among high school students tend to be hidden from view in Japan. We could communicate with them smoothly because we previewed the tobacco issue to school teachers and school nurses as nicotine dependence. Through the trial, we recognized that many youth smokers wished to quit smoking and their health was harmed seriously. We consider this non-confrontational approach to be as one of the best opportunities to contact youth smokers and offer support for smoking cessation. [Conclusion] Communication with youth smokers and smoking cessation support in a school setting is both necessary and possible. Smoking among youth should not be considered as an offense but as an illness.

### **P-S9-05 Absence of Pre-operative Smoking Cessation is the Maximum Risk Factor of the Postoperative Complications Occurrence**

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【Background / purpose】 Smoking is a risk factor of the post-operative complications, and it is a well-known fact that incidence of complications decreases by preoperative smoking cessation. However, pre-operative non-smoking instruction is not performed enough for all patients. Kai et al reported in 2008 that only 26% of surgeons and 6% of anesthesiologists performed pre-operative non-smoking instruction. This study was aimed to clarify the risk factors about surgical complications in smokers, in order to spread pre-operative non-smoking instruction to more surgeons.

【Method】 All of 201 cases who had a colorectal surgery with elective laparotomy between June 2010 and September 2012 were examined retrospectively. At first, we divided patients into two groups in having post-operative complications or not, to clarify risk factors of post-operative complications. Their factors were statistically studied with regard to each of the items, age, gender, target organ, preoperative comorbidity, ASA physical status, %VC, FEV<sub>1.0%</sub>, anesthesia time, operation time, amount of bleeding, and smoking history. Then, we divided smokers into two groups in having post-operative complications or not, and compared the similar items that added pre-operative smoking cessation, to clarify risk factors about post-operative complications for the smoker.

【Results】 In the object, 100 patients had smoking history (49.7%) and 101 patients had no smoking history (50.3%). The postoperative complications occurred in 71 cases (35.3% of all patients). Patients with smoking history were 51 of 71 cases (71.8%). In the group having post-operative complications, smoking history recognized significant difference (p<0.01). The group having smoking history without pre-operative smoking cessation, showed significantly increased postoperative complications (p=0.016, Odd ratio=2.67).

【Conclusion】 In this study, smoking was shown to be a risk factor of the postoperative complications. And the risk factor of the postoperative complications for a smoker is absence of preoperative smoking cessation. It is important for surgeons to understand that pre-operative smoking cessation reduce post-operative complications. This means that it leads to improvement of safety in peri-operative period.

### **P-S9-06 J-STOP (Japan Smoking Cessation Training Outreach Project): The Outline and Evaluation**

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Although in Japan tobacco control implementation lagged behind many countries, smoking cessation treatment, as an exception, has been covered by health insurance since 2006. Now, smoking cessation treatment is being provided in about 14,000 medical institutions (25.5% of hospitals and 11.7% of clinics). Two sample surveys show that about 30% of smokers had continued cessation at the follow-up 9 months after the end of 12 weeks' treatment. Smoking cessation counseling will also be fully incorporated into general health checkups covered by health insurance in April, 2013.

Japan Medical-Dental Association for Tobacco Control started J-STOP (Japan Smoking cessation Training Outreach Project) in 2008 to standardize the quality of smoking cessation treatment and to increase the number of registered medical facilities by providing a training program for physicians and co-medicals. The training program is based on e-learning system and consists of three versions, i.e., full and basic versions for smoking cessation treatment and a version for smoking cessation counseling. After a pilot implementation, nation-wide implementation started in 2010. About 2,000 health professionals participated in the J-STOP e-learning course between 2010 and 2011.

Effectiveness of the three versions of the training on the trainees' knowledge, attitudes, self-efficacy, and behaviors concerning smoking cessation were assessed by comparing the score before and after the training using a structured self-administered questionnaire. The results show that the training program improved the trainees' knowledge, attitudes, self-efficacy, and behaviors concerning smoking cessation. The details will be presented.

## P-S9-07 Factors Associated with Smoking Cessation among Bangladeshi Adults: Findings from ITC Bangladesh Survey

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Boston University School of Medicine<sup>1</sup>, Guangxi Medical University<sup>2</sup>, University of Waterloo<sup>3</sup>, University of Dhaka<sup>4</sup>, Ontario Institute for Cancer Research<sup>5</sup>

**Objective:** To examine the factors associated with smoking cessation behavior (that is, quit attempts and smoking cessation) among a representative sample of Bangladeshi adults.

**Methods:** Data from Wave 1 (2009) and Wave 2 (2010) of the International Tobacco Control (ITC) Survey in Bangladesh, a face-to-face survey of adult smokers, were analysed. Households were sampled using a stratified multistage design and interviewed using a structured questionnaire. Respondents included in the study are 1802 adult daily smokers (cigarette only or dual use of cigarette and bidi) in the Wave 1 survey who completed the Wave 2 follow up.

**Results:** Of the smokers (N=1802), 98% were male, 18% were illiterate, 78% were married and 39% were aged 40 or above; 93% were cigarette smokers and 7% were dual users (cigarette and bidi). Overall, 25.8% of the baseline smokers made quit attempts (that is, daily smokers who made at least one quit attempt that lasted for at least 24 hours) during the 11 to 12 months between Waves 1 and 2. Only 4.4% quit successfully (that is, daily smokers who had stopped smoking for at least 6 months at the time of the Wave 2 survey). A higher proportion of men (74.3%) who were daily smokers in Wave 1 did not try to quit by Wave 2 compared to women (50.7%) ( $\chi^2=4.24$ ,  $df=2$ ,  $p<0.005$ ). A significantly greater proportion of older (aged 40 or above) smokers tried to quit and quit successfully (63% versus 27%,  $\chi^2=33.2$ ,  $df=8$ ,  $p<0.0001$ ). A smaller proportion of students (57%) did not try to quit smoking compared to other occupational groups (above 70%) ( $\chi^2=25.1$ ,  $df=12$ ,  $p=0.015$ ). Quitting smoking was not associated with the type of cigarette smoked (exclusive versus dual users) and number of cigarette smoked daily.

**Conclusion:** Among Bangladeshi smokers, different factors were associated with making a quit attempt or being successful in their quit attempt. Population-based smoking cessation programs should take these factors into consideration in the design of smoking cessation interventions. At the same time, measures are necessary to encourage more daily smokers to take quit attempts.

## P-S9-08 The Way to Find “Hidden” Smokers’ Wish

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**Background:** Essentially, cigarette smoking may be considered a disease known as nicotine dependence. However, some Japanese believe otherwise, despite this notion being a universal truth. Many of them assume that they may successfully quit smoking on their own, although in reality, smoking cessation is difficult to achieve without medical intervention. Ningen-Dock is an excellent health examination system that is widely used in Japan. We attempted to identify the smokers who are interested in quitting smoking despite the Ningen-Dock checkup.

**Object:** A total of 2,319 current smokers (male 1796, female 523), who undertook the Ningen-Dock health check program from April 1, 2011 to March 31, 2012, were included in the study.

**Methods:** We used a smoking questionnaire that can be read by our optical character reader (OCR) system. Adopting Nakamura’s stage model, we requested patients to choose their level of willingness to quit smoking. Additionally, we provided options about the factors that influence their willingness to use medication for smoking cessation. The options about medication included (1) will never use, (2) will use if rewarded, (3) will use if medication is free, (4) will use if medication is cheaper than tobacco, and (5) will use even if expensive. All data were analyzed using the Spearman analysis with SPSS.

**Results:** The majority of the smokers who were interested in quitting smoking were significantly likely to immediately chose option 5 (will use even if expensive). Answers to the questions showed positive correlations with Nakamura’s stage-model. Surprisingly, those who were not interested in quitting smoking also chose option 5 among others.

**Discussion:** We make two conclusions from the study. First, smokers who are interested in quitting smoking are willing to receive medical intervention. Second, smokers who are not interested in quitting smoking are also willing to receive medical intervention, but with low probability. It is therefore possible to identify smokers who are interested in quitting smoking despite non-declaration in the Ningen-Dock checkup.

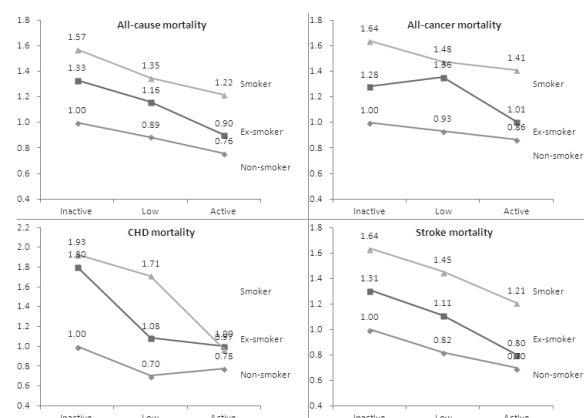
## P-S9-09 Exercise Helps Smokers to Quit Smoking, to Remain Smoke-free and to Reduce the Risk of Death

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**Background and aims:** Much of the attention on tobacco harm reduction has been on modifying the product, but the extent of modifying physical activity of smokers in reducing the harm is less known. The objectives of this study are to find out whether becoming physically active could reduce the smoking hazards,

and if so, the extent of benefits in each of the smoking related diseases. **Methods:** In this prospective cohort study, 429,244 individuals (47.9% men) went through standard medical screening program(s) from 1996 to 2008, with an average follow up of 8.05 (SD: 4.21) years. The exercise volume of each individual, expressed in MET·hour/week, was placed into inactive (<3.75), low-active (3.75-7.49), or active ( $\geq 7.50$ ) category. Hazard ratios (HR) for cardio-vascular disease (CVD) mortality, adjusted for 10 confounders, were calculated. **Results:** Smokers were found to exercise less (22.9%) than ex-smokers (37.4%) and non-smokers (24.2%). When compared to inactive smokers, low-active or active smokers had significantly lower CVD mortality risk, 0.85 (0.68~1.06) and 0.66 (0.54-0.79) respectively. If smokers quit, their all-cause mortality risks further decreased to 0.53 (0.43-0.66) for active ex-smokers. For ischemic heart disease and stroke mortality, physical activity and quit smoking can also significantly lower the mortality risk. **Conclusions:** Physical activity reduced mortality risks of smokers for CVD, including ischemic heart disease and stroke, by 34%, by 48% and by 27%, respectively, in contrast to quitting smoking by ex-smokers, 47%, 49% and 51%. In addition, increasing exercise made smokers more likely to quit, resulting in ex-smokers, with a major reduction in mortality.



## P-S9-10 Enhancing Dental Tobacco Intervention under the Universal Health Insurance System in Japan

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**Background and aim.** Dentists are ideally placed to promote quitting by explaining the impact of tobacco use on oral health. Consequently, smoking-related fatal diseases can be prevented in addition to dental diseases. However, dental tobacco intervention practices were limited or restricted, and dental professionals have not fully embraced opportunities for tobacco intervention. In Japan, the universal health insurance system does not cover such preventive service as dental tobacco interventions. To enhance dental tobacco interventions, we analyzed records from three previous studies conducted in dental clinics on the bases of dental tobacco intervention for prevention of progression of dental diseases and improvement of the effects of dental treatments that have potential coverage of the universal health insurance system.

**Methods.** The three previous studies were conducted in 35, 739, and 106 dental clinics in Japan in 2004 (Study I), 2008 (Study II), and 2010 (Study III), respectively. The study protocols were approved by the Ethics Committee of Fukuoka Dental College. In the Study I, patients were briefly provided feedback involving the presentation of oral health effects personally relevant to smoking utilizing a color chart consisting of graphics with messages about prevention and dental treatments, and the stages of behavior change were recorded. In the Study II, two kind of color charts with the orientations of prevention and dental treatments were provided randomly to dentists. In the Study III, dentists and dental patients were asked about dental tobacco interventions regarding prevention and dental treatments.

**Results.** The topic of the effects of smoking cessation, including those on dental treatments, and premature tooth loss, including those on prosthetic treatments, had high potential for motivating force for both personal and public aspects (Study I). More dentists who used treatment-oriented color chart intended to continue the intervention than the counterparts (Study II). More dental patients were receptive to the intervention for prevention than dental treatments, while more dentists were interested in the intervention for dental treatments than prevention (Study III).

**Conclusions.** Together with the previous reports of lack of reimbursement as a significant barrier, these results indicate importance of the effects of dental tobacco interventions on the progression of dental diseases and dental treatments in Japan.

## P-S9-11 Capacity Building in Smoking Cessation – Singapore’s Experience

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**Background:** Singapore has one of the lowest smoking prevalences in the Asia Pacific region at 14.3% in 2010. To further denormalise tobacco use, the Health Promotion Board (HPB) has adopted a whole-of-government approach to provide a conducive environment for smokers to quit smoking. HPB actively engages the 3Ps (Public, Private, People sectors) to create and impact multiple touchpoints in various community, workplace and healthcare settings.

As more smokers are encouraged to quit smoking, it is important to ensure that cessation services are easily accessible. Therefore, beyond policies and programme interventions, HPB is focusing on capacity building to train service providers in smoking cessation.

**Intervention and Findings:** Beyond HPB’s QuitLine (a toll-free number staffed by trained nurses who administer phone counselling to smokers) and the existing network of healthcare professionals providing smoking cessation services in the community, there is a need to continuously expand this pool due to the increase in demand for cessation services as a result of aggressive public education and interventions. As such, HPB introduced a training and certification process in 2005 for health care professionals to be certified as Quit Consultants. To date, 450 have gone through the training, and 58% have attained Certificate for Quit Smoking Consultants (CQSC) certification.

In addition, volunteers known as Health Ambassadors (HA) have also been equipped with the knowledge and skills to help smokers through a structured training process since 2012. Selected HAs have been trained as Quit Buddies to work with smokers via QuitLine, or be trained further to become Quit Consultants under the CQSC certification process. To date, 70 HAs have enrolled in the training, and will be assessed before they are attached with QuitLine. They will join the network of support in the community to give advice to smokers and link them up with existing smoking cessation services.

**Results:** The efforts of the Quit consultants and HAs, in tandem with other smoking cessation programmes have seen a threefold increase in the number of smokers seeking help, from 1,725 in 2010 to 4,869 in 2012, and a corresponding 30% quit rate through HPB’s QuitLine, community pharmacies and healthcare partners. HPB aims to build up a robust cessation network in the community to increase the accessibility of smoking cessation services as an important step towards denormalising smoking in Singapore.

## P-S9-12 Readiness to Quit Smoking among People Living with HIV/AIDS (PLWHA) in the Kathmandu Valley, Nepal: Knowledge of Tobacco-related Health Risks is not Enough

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**Background:** Tobacco smoking is highly prevalent (41-66%) and uniquely harmful among people living with HIV/AIDS (PLWHA). PLWHA who smoke are more vulnerable to opportunistic infection and less responsive to antiretroviral therapy. We thus sought to assess HIV-specific knowledge about smoking, and its association with readiness to quit among HIV-positive smokers in the Kathmandu Valley of Nepal, one of South Asia’s least developed countries.

**Methods:** In this cross-sectional study, we surveyed a community-based sample of 151 adult PLWHA who were current smokers residing in the Kathmandu Valley, Nepal. Participants were recruited through purposive, convenience sampling techniques and interviewed using a structured, pre-tested Nepali language questionnaire. Data were analyzed using multiple logistic regression to examine associations between agreement with smoking-related knowledge statements and readiness to quit smoking (stage of behavior change).

**Results:** Of 151 current smokers, 34% were thinking seriously of quitting within the next 6 months (contemplation or preparation stage of change). Overall, 74% understood that quitting smoking was still beneficial even after smoking “a pack of cigarettes a day for more than 20 years”; 85% correctly linked smoking with elevated risk of heart attack; 94% correctly linked smoking with elevated risk of lung cancer; 83% recognized smoking as an immediate and “serious health concern for HIV-positive people”; and 81% recognized that smoking is “more dangerous for HIV-positive individuals than it is to people without HIV”. However, none of these measures of smoking-related knowledge showed a significant association with quitting readiness.

**Conclusions:** In this group of HIV-positive smokers residing in Nepal’s Kathmandu Valley, levels of knowledge on HIV-specific smoking-related harms and the benefits of smoking cessation were high and unrelated to quitting readiness. This context suggests that future efforts to combat smoking among PLWHA should focus on promoting cessation through proven behavioral and pharmacological approaches, rather than didactic education on harms.

### P-S9-13 Varenicline Versus Transdermal Nicotine Patch : A 3-year Follow up in Smoking Cessation Clinic in Taiwan

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*John Tung Foundation*

#### *Rationale*

A network meta-analysis of randomized trials and real-world comparative studies strongly suggest that varenicline is more effective in aiding smoking cessation than single form nicotine replacement therapy. Modeling the health benefits attributable to this difference relies on extrapolation to lifetime cessation but to date follow-up has only extended to 12 months. Longer term follow-up data are helpful in checking these assumptions.

#### *Objectives*

This study aimed to compare the sustained abstinence rates of smokers using varenicline versus nicotine patch in their quit attempt up to 36 months.

#### *Method*

A total of 587 smokers were recruited via the Department of Family Medicine outpatient department at Kaohsiung Veteran General Hospital between Feb 2006 and Aug 2009. Participants received counseling from a physician and chose either varenicline (N=296) or the nicotine patch (N=291) for smoking cessation. Both varenicline and nicotine patch users could receive their medications for maximum 8 weeks prescription and 8 clinic visits in 90 days. Participants were followed-up by telephone at 3, 6, 12 and 36 months from first visit. The primary outcome was self-reported sustained abstinence.

#### *Results*

Multiple regression of 36-month sustained abstinence on to medication choice adjusting for other baseline variables showed a significant advantage for varenicline, OR= 2.88 (95% CI 1.64-5.05). The relapse rate from 3 months to 36 months was non-significantly higher in the NRT group than the varenicline group.

#### *Conclusion*

Varenicline appears to yield higher abstinence rate out to 3 years than nicotine patch in a smokers clinic where smokers can choose their medication option.

### P-S9-14 Current Smoking Rate in Patients with Psychiatric Disorders in Japan: Questionnaire Survey

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**Background:** Patients with psychiatric disorders (PD) are two to three times more likely to smoke than patients without PD. The association between smoking and PD has been known for many years. Support for smoking cessation among patients with PD is provided in advanced nations, but there is little support for smoking cessation among patients with PD in Japan, and few studies have investigated the smoking rate in Japan. The aim of the present study is to determine the smoking rate and smoking habits among Japanese patients with PD.

**Methods:** The subjects included outpatients who visited the outpatient psychiatric clinic at the University of Occupational and Environmental Health hospital between January 5th and March 31st of 2011. The questionnaire consists of questions about the sociodemographic background and smoking habits of the patients.

**Results:** We administered the questionnaire to 1,279 outpatients during the period of the study, and 1,242 responses were returned, for a survey response rate of 97.1%. We analyzed 733 subjects, the overall smoking rate was 25.1%. The smoking rate among the patients with schizophrenia and depression was 17.3% and 23.9% respectively. Among the current smokers, 43.4% had experienced smoking cessation, and of the current smokers, only 26.1% were not interested in smoking cessation. Of the current smokers, 37.5% spent between 10,000 and 20,000 Japanese yen per month (US\$128 and US\$257) on cigarettes.

**Conclusions:** The smoking rate among the Japanese PD patients was not high in this study, and further large nationwide studies are needed in Japan.

### P-S9-15 Outcome of Smoking Cessation Therapy for Nicotine Dependents with Psychiatric Disorders in Japan

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**Object:** The smoking rate is high and the success of smoking cessation is low among psychiatric patients. In this study, we present the outcome of smoking cessation for nicotine dependent patients with psychiatric disorders.

**Method:** The subjects were 56 outpatients (male, 20; female, 36; mean age, 41.1 ± 11.7 years) who visited our smoking cessation clinic and were treated for smoking cessation under the terms of the health insurance system. The kinds of diagnoses were: affective disorder, 28; schizophrenia, 11; alcohol dependency, 5; personality disorder, 2; and others, 10. We compared age, amount of smoking per day, age at first smoking, BI, number of experiences of smoking cessation, the Tobacco Dependence Screener Scale, the Fagerström Test for Nicotine Dependence, the Kano Test for Social Nicotine Dependence, and success or not at the end of 12 weeks treatment.

**Results:** The smoking cessation rate was 37.5%. The only significant difference was CO level at 12 weeks (successful: 1.8 ± 1.6 ppm; unsuccessful: 12.8 ± 12.4 ppm, p = 0.002). The CO levels at 4 weeks were below 7 ppm among the successful patients. There was no significant difference in smoking rate between the smoking cessation drugs (nicotine patch, 31.6%; varenicline, 40.5%; p=0.512).

**Discussion:** There were many patients who had stopped the treatment before the end, so more frequent treatment for psychiatric patients is important.

**Conclusion:** Patients with psychiatric disorders can stop smoking, and we would like to investigate long-term outcomes in the future.



## P-S9-16 Evaluation of One-year Outcome of Smoking Cessation among Patients who Successfully Finished a 12-week Smoking Cessation Program

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**Background:** In order to evaluate psychological nicotine dependence among smokers, we have been using the “Kano Test for Social Nicotine Dependence (KTSND)” which has 10 questions with a total score of 30. In addition, we started to use the “Release from Tobacco (RT)” index at the end of smoking cessation clinic. RT index consists of only 2 questions, 1) Do you still want to smoke? 2) Do you still envy smokers? RT positive means those who don't want to smoke anymore and don't envy smokers, and RT negative means those who still want to smoke and/or envy smokers. The purpose of this study is to find factors that can predict the abstinence of smoking.

**Methods:** Ninety-six patients successfully finished a 12-week smoking cessation program between August 2008 and March 2011. At the beginning of the program, they answered smoking history (pack-year), Tobacco Dependence Screener (TDS), Fagerström Test for Nicotine Dependence (FTND), and KTSND. Then they also answered KTSND and RT index at the end of the 12-week program. We asked them about the one-year outcome of smoking cessation by postal documents or through telephone interviews, and 89 patients replied. Among them, 59 patients (66.3%) continued the abstinence of smoking and 30 (33.7%) turned to relapse smoking. We compared these two groups (Abstinence group vs. Relapse group) with regard to the factors of abstinence.

**Results:** There was no significant difference in gender, pack-year, TDS, FTND, KTSND (1<sup>st</sup> and 12<sup>th</sup> week), medication (nicotine patch or varenicline), and prevalence of underlying diseases between the two groups. However patients in older age ( $55.7 \pm 13.2$  vs.  $50.0 \pm 13.4$ ,  $p < 0.05$ ), fewer comorbid psychiatric diseases (7.3% vs. 42.9%,  $p < 0.01$ ), and positive for RT (69.5% vs. 33.3%,  $p < 0.01$ ) tended to continue abstinence.

**Conclusion:** From the results, one third of the patients who successfully finished 12-week smoking cessation program relapsed smoking within one year. Although the relapsing rate is not high compared with previous reports, evaluation by RT index is very simple and an easy way to assess the patient's psychological aspects of smoking cessation.

## P-S9-17 New Zealand's Tobacco Control Research Tūranga: Accelerating Progress towards Smokefree New Zealand by 2025

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University of Auckland

**Background:** New Zealand's goal is to reduce tobacco smoking prevalence to less than 5% by 2025. With 650,000 smokers and widening ethnic and socioeconomic disparities in prevalence, innovative interventions are urgently needed. Smoking prevalence among the indigenous Māori is 41% and NZ resident Pacific Island people 26%. In 2010, the NZ Ministry of Health and Health Research Council established the Tobacco Control Research Tūranga (Māori for 'platform') to identify strategies to halve smoking prevalence by 2020. Representing a radical shift in how research funding has traditionally been allocated, the Tūranga was given full discretion to spend \$5 million/4yrs as their programme unfolded. **Method:** 23 leading researchers over 9 institutions plus 29 collaborators formed the Tūranga. Four initial projects were supported by the funding committee. The Tūranga then established a Scholarship Fund and an Emerging Issues Fund, open to any student/researcher in NZ. Annually a priorities exercise is conducted to identify breakthrough projects which are developed into a purchasing plan reviewed by national advisors and key stakeholders. **Results:** Several projects have been completed or are underway and are grouped into five broad themes. *Tobacco Control Policy:* 1) analysis of international trade and investment agreements that could scuttle NZ's endgame strategies; 2) modelling of a 'sinking lid' (quota management) system for phasing out the import and sale of tobacco products. *Nicotine Studies:* 1) a short-term randomised control trial determining if a price differential based on nicotine content reduces cigarette consumption. *Māori and Pacific Tobacco Control:* 1) a group stop smoking competition to encourage mass quitting among priority populations with high smoking prevalence; 2) cessation support delivered via NZ Samoan radio. *Smoking in pregnancy:* 1) a feasibility study testing the efficacy of retail voucher and product incentives to help pregnant Māori women stop smoking. **Discussion:** Research has an important if not crucial role in progressing endgame strategies to eradicate smoking related death and illness. Dedicated, yet flexible, funding enables the Tūranga to respond quickly to inform policymakers and the tobacco control sector about breakthrough strategies. In a constrained funding environment, a logical programme of research with wide sector involvement and support could reduce duplication and increase the focus on pragmatic information needs and effective intervention design. The new funding model could, if successful, provide a more cost-effective way for Government's to manage tobacco control research funding.

**Topics:** M Cessation / Quitline / Treatment of tobacco dependence

L Education, communication, training and public awareness

**Keywords:** Research, Research Funding, Banning tobacco

## P-S9-18 Smoking Cessation Outcomes among Individuals with a History of Psychotic Disorders as Compared to Those Without

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**Background:** Psychotic disorders (e.g., Schizophrenia, schizoaffective disorder) are associated with a higher smoking prevalence (relative to other psychiatric disorders) and smoking attributable mortality. Until recently, little has been done to address the disproportionate smoking in this population. The objectives of our study are to: 1) describe the characteristics of smokers with a history of psychiatric disorders (i.e., none, psychotic, and depressive/anxiety) and 2) examine smoking cessation/reduction outcomes by history of psychiatric disorders.

**Methods:** Retrospective analyses were conducted from charts of 982 participants accessing a tailored, evidence-based, tobacco treatment program within mental health and addictions services in Vancouver, Canada. Demographics, tobacco use and cessation attempt history, nicotine dependence, importance and confidence in quitting smoking, expired carbon monoxide (expCO) level, history of polysubstance use, and total visits to the program were obtained. Main outcomes were: a) 7-day prevalence of smoking abstinence verified by expCO and b) a 50% reduction in baseline cigarette consumption verified by expCO (for those who did not achieve abstinence).

**Results:** As compared to individuals with no psychiatric disorder, those with psychotic disorders were more likely to have initiated smoking later, report lower importance and confidence in quitting, smoke a greater number of cigarettes per day, and be more nicotine dependent. Among program completers ( $n=543$ ), 35.7% of individuals with a psychotic disorder achieved smoking cessation (as compared to no psychiatric disorder =45.6% vs. depressive/anxiety disorder=39.6%,  $p=.350$ ). Similarly, 59.3% of individuals with a psychotic disorder achieved smoking reduction (as compared to no psychiatric disorder=74.1% vs. vs. depressive/anxiety=67.3%,  $p=.370$ ) among those who did not achieve abstinence at the end of treatment ( $n=244$ ). In multivariate analysis, significant predictors of successful smoking cessation were: a) having a greater number of visits to the program among individuals without a psychiatric disorders, b) having a lower baseline expCO level among individuals with psychotic disorder, and c) a greater number of visits to the program and a greater length of abstinence at the last quit attempt among individuals with depressive/anxiety disorders.

**Conclusion:** Individuals with a history of psychotic disorders are able to achieve smoking cessation when provided evidence-based treatment. However, tailored approaches specific to the needs of individuals with psychotic disorders may be warranted to enhance cessation outcomes. Hence, future studies may be required to further understand how to tailor treatment outcomes and modify existing treatment approaches to optimize outcomes among individuals with a history of psychotic disorders and other psychiatric disorders.

### **P-S9-19 Efficacy of Foot Reflexology on Tobacco Cessation in Smart Quit Clinics; Multicenter.,Thailand**

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The efficacy of foot reflexology in smoking cessation was evaluated by using a double-blind, randomized controlled trial. Sixty eight smokers enrolled in 4 Smart Quit clinics were recruited and allocated by using block-of-4 technique. The study was done during 1<sup>st</sup> June 2012 - 31<sup>st</sup> December 2012. Study objectives and research methods were explained to both experimental and control groups. Acupressure was performed by well-trained therapists at 20 specific acupoints for the experimental group and other 20 specific acupoints for the control group. Each session takes approximately 20 minutes, and up to 15 sessions were done. The urge to smoke and the patient's feeling after treatments were assessed by questionnaire. Successfulness of the smoking cessation was assessed by using the Fagerstrom test for Nicotine Dependence and piCO<sup>2</sup> Smokerlyzer.

In experimental group, taste change was reported in 73.53% after the first foot reflexology session had finished and 79.41% at the end of the study. In control group show 29.41% taste change after the first foot reflexology session and 41.17% at the end. This result was statistically significant as analyzed by Pearson Chi-Square Test ( $P < 0.05$ ). Furthermore, 61.8% of the patients in the experimental group and 11.8% of the patients in control group were successful in smoking cessation ( $P < 0.05$ ). In addition, It was revealed that the efficacy of foot reflexology in smoking cessation was not associated with causes of addiction, initial Fagerstrom Nicotine Dependence score nor duration of addiction.

In conclusion, foot reflexology could be a cost-effective and novel option for smoking cessation in Smart Quit clinics. However, a larger population and modification of study design; for example, continuously monitor its effects and comparison of this technique with established therapies should be done in future studies.

Keywords : Foot Reflexology - Smoking cessation

### **P-S9-20 Web-Based Diet Management Program for Smoking Cessation: Content and Web Development**

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Smoking cessation aims to encourage and help tobacco users to stop using tobacco and to avoid subsequent relapse. To achieve the aims, a range of techniques including motivation, advice and guidance, counseling, telephone, internet support and appropriate pharmaceutical aids was offered in the smoking cessation. However, post cessation weight gain may become the problem in achieving successful abstinence especially among weight-concerned smokers. Increase food intake and decreased metabolism after quitting smoking explained this post-cessation weight gain.

The internet has the potential to deliver behavior change since usage of number of internet users increasing with time. To achieve success in smoking cessation programs, interventions must be accessible, efficacious, cost-effective and transportable. Therefore, the internet is seen to be an effective way to deliver such intervention not only for smoking cessation program but also applicable to the diet management program. This is because the internet based material is an attractive intervention tool, low cost per user and can be accessed anywhere at any time. Besides that, it has the potential to reach audiences who might not otherwise seek support, because of limited health care provision or possible stigmatization.

Person who quit smoking often complain of weight gain after they quit smoking. Pharmacotherapies used in the smoking cessation such as nicotine replacement therapy, varenicline and bupropion could delay the weight gain. However, their benefits in weight gain are limited because not all quitters will use the drugs treatment during smoking cessation since it only applicable to quitters who previously smoke more than 10 cigarettes per day. Furthermore, once the drug regimens are completed, the weight will be increases to what would have been reached if no medication had been used. Therefore, non-pharmacological intervention especially diet management should be applied to help with the weight gain problem. Diet management program through website provide many other components such as meal planner, calculation of food calories and others which may not be covered by other delivery methods of diet management. Currently, there is lack of dietary program which can be used in smoking cessation. Thus, this study is exploring the development of website on diet management for smokers who quit on smoking.

### **P-S9-21 Cessation Support via Mobile Phone Text Messaging: Results from a Pilot Program in Suzhou, China**

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Cigarette smoking is ranked as the world's leading cause of disease and death in the world, and China is home to over 300 million smokers. It's estimated that China's death toll from tobacco-related diseases will exceed 2 million per year by 2020 if current smoking rates continue.

While the 2010 China GATS results showed that only 16% of current smokers are planning or thinking about quitting in the next 12 months, the recent media attention to harms of tobacco use and secondhand smoke and broad increases in smoke-free policies will likely lead to increases in smokers' desire to quit. However, the logistics and potential costs of providing cessation services within China are daunting.

Mobile phone technology has shown positive results in helping smokers to quit in other countries. Given China's wide-spread use of mobile phones, the technology has the potential to provide low-cost, in vivo support to smokers seeking cessation assistance. To assess usability and possible benefit, in summer 2012 Suzhou offered a text-based cessation program to 665 smokers participating in their annual cessation competition. The messages were based on the QuitNow TXT program developed by the US National Cancer Institute, and included motivational and behavioral change content. They were revised to reflect cultural norms and translated into Chinese. Smokers enrolled in the text-based program received one text message per day, three days per week, for a total of ninety-two unique messages. At the end of the contest, 38% of the smokers who received the text messages reported complete abstinence. Quit success was associated with lower indicators of nicotine dependence. High user satisfaction with the text program was reported.

Although preliminary, these results suggest that text-based cessation interventions hold substantial promise in China.

### **P-S9-22 Smoking Cessation Treatment Outcomes in Men and Women in Taiwan: Implications for Interpreting Gender Differences in Smoking Cessation with Nicotine Patch**

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#### **Objective**

Some clinical trials found lower smoking cessation rates in women than in men. It has been suggested that this may be due to self-selection rather than any universal gender differences because population data and data from smoking cessation services in countries with similar smoking prevalence among genders typically report only a marginal or no difference in quitting smoking in men and women. Data from smokers attempting to quit in countries with a large gender difference in the prevalence of smoking could help to clarify this issue. We analysed data from a smoking cessation clinic in Taiwan, a country where 47% of men but only 4% of women smoke.

#### **Methods**

The study sample included 1,179 smokers (1031 men and 148 women) seeking help at a Taiwanese smokers clinic between 2002 and 2009. Treatment included nicotine transdermal patches and up to 8 support sessions. A range of baseline variables was collected together with self-reported smoking status at 3 and 6 months.

#### **Results**

Abstinence rates were significantly lower in women than in men at both 3 months (26.4% vs. 37.1%,  $p=0.011$ ) and at 6 months (20.9% vs. 33.8%,  $p=0.002$ ). Men and women differed in a number of baseline variables. In a multiple regression including all baseline variables, gender, age, cigarettes per day and whether the patient tried to stop smoking previously were significant predictors of abstinence at 3 month, and gender, cigarettes per day, and stopping smoking previously predicted abstinence at 6 months.

#### **Conclusions**

Among smokers seeking treatment in Taiwan, there is a significant gender difference in smoking cessation outcomes. The finding suggests that the lower success rates in women reported in this study could be revealed the result of gender differences to nicotine patch in smoking cessation clinic.

### **P-S9-23 Effects of Acupressure on Chinese Traditional Acupoints on Smoking Cessation**

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**Objective:** The aim of this study was to examine the effects of acupressure on smoking cessation by using magnetic beads at ear points

**Design:** Randomized Controlled Trials (RCTs)

**Participants:** 90 voluntary smokers (4 females), who were smoking addiction and expressed their desire to cease smoking, aged between 18 and 60 years old, participated in the study. Participants had good consciousness and did not have mental health problems.

**Methods:** Participants were randomized using computer program into 3 groups: control (who received only behavioral counseling), experimental (who received auricular acupressure in Shen men and Lung points with behavioral counseling) and placebo groups (who received sham acupressure in Lie que; LU 7 point at forearm and Tai chong; LV 3 point at dorsum of foot with behavioral counseling). Participants were asked to press magnetic beads when they felt the craving and recorded their number of smoked cigarette in each day in a diary provided. Participants received treatment once a week for 4 consecutive weeks. Nicotine dependence and nicotine withdrawal symptoms were collected every week. Maximum inspiratory pressure (MIP) and maximum expiratory pressure (MEP) were measured at baseline and 4<sup>th</sup> week.

**Results:** The results showed that average number of smoked cigarettes per day in all three groups at the end of the study was significantly decreased compared to before commencement of the study. No significant difference in number of smoked cigarettes per day among three groups. MIP and MEP in the experimental group at the end of the study were significantly increased compared to before commencement of the study.

**Conclusions:** Auricular acupressure had no effect on smoking reduction but increased MIP and MEP after 4 weeks of auricular acupressure in Shen men and Lung points. In addition, behavioral counseling may help smoking reduction.

**Key words:** Auricular acupressure, smoking reduction, acupressure

### **P-S9-24 Smoking Cessation Guide Books in Meiji Era Japan (1868-1912)**

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The purpose of this study was to assess smoking cessation methods in the Meiji era in Japan. We investigated Japanese books published between 1868 and 1912 through the National Diet Library (Digital Library from the Meiji Era) to find descriptions of smoking cessation. There are 5 books which contained smoking cessation in their titles and quit-smoking methods were shown in 3 out of 5 books. The titles of the books are "Kinshu kinen tebiki-so" (A guide to stopping drinking and smoking), "Kinen no jikken" (Personal experience of quitting smoking) and "Jikken kinen-ho" (Experienced quit-smoking methods), respectively. After examining these 3 books, the contents of each description were summarized. The first one, which was published in 1902, indicated the importance of morals and willpower. The other two were both published in 1910 and described similar methods how to quit smoking. The necessity of motivation or a motivational event was emphasized. The common smoking cessation methods are the "cold turkey" method (stopping completely all at once) and the gradual reduction method (cutting down gradually). Using a mouth wash of silver nitrate solution that changes the taste of tobacco was also recommended as a medicinal treatment. One of the books mentioned that hypnosis is very beneficial to assist in quitting smoking. The use of a peppermint pipe was also suggested as a means of decreasing cravings for smoking tobacco. It is interesting that smoking cessation guide books over 100 years ago had some descriptions of quit-smoking methods which hold good even in our day.

## P-S9-25 Socio-economic Status of Patients in Cessation Outpatient Department of General Hospitals

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### Background

Although more than 100,000 people die because of smoking every year in Japan, cessation program in health insurance treatment had been started in 2006 and Varenicline had been introduced into Japan in 2008. On the other hand it is said that smoking is strongly related to socio economic status. However there was no deep analysis concerning effects of the cessation program especially in general hospitals in Japan.

### Objective

This research aims to make it clear the effect of cessation program in health insurance treatment and the background of smokers.

### Methods

We did the follow-back study reviewing the charts of 348 patients in cessation outpatient department of 4 general hospitals through chi-square test and logistic regression.

### Results

79.3% of 241 men (56.7+/-14.1 years of age) and 62.6% of 107 women (48.8+/-13.7 years of age) patients have succeeded at the end of 3 months program. Statistical significant differences in univariate analysis of men were seen in Supplemental Security Income, OR 0.29 [95%CI 0.11-0.78], suffering cardiovascular disease, OR 0.47 [95%CI 0.23-0.93], suffering mental diseases, OR 0.40 [95%CI 0.18-0.89], CO of expired gas, OR 0.39 [95%CI 0.20-0.76], heavy smoker, OR 0.48 [95%CI 0.23-0.99], living alone, OR 0.25 [95%CI 0.10-0.60], confidence for success, OR 2.73 [95%CI 1.20-6.23], Varenicline use, OR 2.28 [95%CI 1.16-4.49], having supporter, OR 1.96 [95%CI 1.30-3.72]. Those of women were only in Varenicline use, OR 3.53 [95%CI 1.40-8.91].

Multivariate analysis showed suffering mental diseases, CO of expired gas, Varenicline use, and having other smokers in house had statistical significant differences. (OR= Odds Ratio, 95%CI= 95% confidence interval)

### Discussion

Socio-economic statuses were related to success rate especially in men, while Varenicline use were effective to cessation.

## P-S9-26 Smoking Cessation of Mentally-Disabled Persons: An Application of Transtheoretical Model

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**PURPOSE:** To elucidate the factors influencing on the stages of change on smoking cessation of mentally-disabled persons, according to the transtheoretical model.

**SUBJECTS:** One hundred and eight persons using 4 psychiatric day-care facilities and 9 psychiatric workshop facilities in Hokkaido, Japan.

**METHODS:** An anonymous self-reported questionnaire survey was carried out from June to November, 2005. This questionnaire contained 4 constructs of the transtheoretical model; i.e., stages of change, processes of change, decisional balance, and self-efficacy. The odds ratios (OR) were estimated by logistic regression analysis when compared contemplation (C) group with precontemplation (PC) group as 1, or when compared preparation (P) group with C group as 1.

**RESULTS:** Among 10 items of processes of change, 2 items of experiential processes showed OR=2.15 (Easy method for quitting), and OR=1.74 (Voice of patients suffering from throat cancer or lung cancer) by comparing C vs PC. Only 1 item (I reward myself when I don't smoke) of behavioral process showed OR=2.05 by comparing P vs C. Among 6 items of decisional balance, 1 item (Smoking helps me concentrate and do better work) of Pros showed OR=0.65 by comparing C vs PC. One item (I'm embarrassed that I have to smoke) of Cons showed OR=1.72 by comparing P vs C. On the other hand, 1 item (People think I'm foolish for ignoring warnings about cigarette smoking) of Cons showed OR=1.67 by comparing C vs PC, and OR=0.57 by comparing P vs C. Among 6 items of confidence, 3 items showed OR=2.58 (With friends at a party), OR=0.50 (Over coffee while talking and relaxing), and OR=4.25 (When I realize I haven't smoked for a while) by comparing C vs PC. However, no significant OR was shown by comparing P vs C. Among 9 items of temptation, 4 items showed OR=2.47 (When things are not going my way and I am frustrated), OR=0.35 (When I am very angry about something), OR=0.52 (When I realize I haven't smoked for a while), and OR=0.53 (When I feel I need a lift) by comparing C vs PC. Two items showed OR=2.10 (With my spouse or close friend who is smoking), and OR=0.56 (With friends at a party) by comparing P vs C.

**CONCLUSION:** This study suggested that different influences of the factors belonging to the constructs of transtheoretical model at each stage of change on smoking cessation of mentally-disable persons.

## P-S9-27 The Effectiveness of Outpatient and Inpatient Smoking Cessation Programmes at Khoo Teck Puat Hospital: Is There Any Difference?

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A total of 52 outpatients were counselled in the clinic setting from October 2010 to September 2012 whereas the inpatient program started on February 2011 and a total of 444 patients were counselled during the 20 months period. In this prospective analysis, we investigate the differences in quit rates between these two programs.

Socio-demographic data, existing co-morbidities, stages of change (as defined by the Transtheoretical Model) and the number of sticks smoked were documented at the first intensive counseling session with a trained counselor. Each intensive counseling session lasted 30 to 45 minutes. Phone follow up was done at 3, 6, 9 and 12 months from the first encounter, to determine if the patient had quit or was still smoking.

Students' t-tests and one-way ANOVA were used to compare between subgroups for normally distributed continuous data and chi-square statistics for categorical data.

35 out of 52 outpatients who were seen between October 2010 to October 2011 were contacted. 224 out of 444 inpatients who were seen from February 2011 till October 2011 were contacted. Majority of patients were male (94.3% and 92.0%) and Chinese (51.4%). More than half, 54.3% of outpatients were in the action stage whereas 53.1% of inpatients were observed to be in the contemplation stage. The quit rates at are shown in the table below:

	Outpatient Quit rates (%) n = 52	Inpatient Quit rates (%) N= 444
3 months	17.3	7.4
6 months	13.5	7.2
9 months	15.4	6.8
12 months	19.2	6.8

Quit rate (point prevalence) =  $\frac{\text{Number of patients who quit smoking at time contacted}}{n}$

The quit rates observed in the outpatient group were higher than the inpatient group in general. However, such a direct comparison of quit rates between programmes may not give an accurate reflection to the effectiveness of each programme due to the different sample sizes. Outpatients walk in for counseling whereas inpatients, who are already warded, are offered counseling before discharge. Hence, there is greater accessibility to smoking cessation counseling for inpatients, resulting in a larger group of patients being counseled.

Although there is greater accessibility to counselling, majority of inpatient smokers were in the contemplation stage of change whereas majority of outpatient smokers were in the action stage. Hence, the readiness to change plays an important role in each smoker's motivation to quit. This motivation would eventually translate to higher long term abstinence rates.

### P-S9-28 Factors Affecting Motivation to Tobacco Cessation: Experiences from India

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**Background:** The reported willingness of tobacco users to quit tobacco use holds promise for tobacco cessation. We assessed the factors motivating quitting tobacco use among tobacco users.

**Methods:** A cross-sectional study among 1559 tobacco users visiting selected public health facilities in 12 districts of Gujarat and Andhra Pradesh in the year 2012. Respondents were selected by simple random sampling. Semi-structured questionnaire was used to capture socio-demographic and tobacco use information and motivation to cessation (quit). Multivariable logistic regression analysis was used to obtain the Odds Ratios (ORs) of socio-demographic variables as determinants for the outcome of motivation to quit tobacco use.

**Results:** Only one-third (26%) of the respondents plan to quit tobacco use in six months. Smokeless tobacco users (51%) were more motivated to quit tobacco use as compared to smokers (37%). Less than half of the tobacco users (43%) belonging to low socio-economic status were motivated to quit tobacco use.

Respondents belonging to younger age group (less than 45 yrs) were 1.4 times more motivated to quit tobacco (51%) use as compared to those belonging to older age-group (OR-1.4, CI-1.2-1.8,  $p$  value<0.05). Significant difference was noticed in motivation to quit in tobacco users between the state of Gujarat and Andhra Pradesh.

Educated respondents (51%) were motivated to quit (33%) as compared illiterates (33%). We noticed significant difference in motivation to quit among educated and illiterate respondents between the two states ( $p$ -0.01). Concern about the personal health (95%) was the major factor identified for motivation. About half of tobacco users mentioned society and family disapproval, price of tobacco products, smoking restriction, and advertisements on harmful effects as other factors motivating quitting tobacco. Interestingly, tobacco users belonging to low socio-economic status regarded harmful health effects (84%) as the major motivating factor in comparison to price of tobacco products (47%).

**Conclusions:** The study suggests that education, age, and socio-economic status play an important role in determining the motivation to quit tobacco use in Indian context. Over half of the tobacco users were not intending to quit tobacco in the near future thus supporting the need for cessation strategies aimed at increasing motivation among tobacco users. Future tobacco prevention efforts aimed at tobacco users with low socio-economic status should focus on benefits of quitting and use economic cost figures to help them realize the economic burden of tobacco.

### P-S9-29 The Importance of the Consultation Times to Make High Success Ratio of Smoking Cessation from the Analysis of Patient'S Background, to Make Better Clinical Pathway

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[PURPOSE]: To determine the difference of patient background between success group (the group that could keep smoking cessation more than 6 months) and failure group (the group that could not keep smoking cessation 6 months), who were treated smoking cessation clinic, to make better clinical pathway.

[SUBJECT] The patient who was treated in smoking cessation clinic since April, 2006 to March, 2012. In total 221 patients (160male and 61female).

[METHOD] We investigated of the tendency of the sex, score of Tobacco Dependence Screener (TDS), Brinkman index, underlying disease, difference of the drug therapy and the number of consultation times between failure group and success group, and surveyed about our smoking cessation rate by telephone.

[RESULT] [Whole patient background] The number of male ( $n=160$ , age  $52\pm 14$ ) was higher than the number of female ( $n=61$ , age  $46\pm 12$ ) ( $P < 0.01$ ), but their average age was not significant. TDS of the male ( $7.7\pm 1.4$ ) and that of female ( $7.8\pm 1.4$ ) is not significant, but Brinkman index of the male ( $762.8\pm 400.5$ ) was higher than that of female ( $466.8\pm 211.1$ ) ( $P < 0.01$ ). [Telephone survey] According to the result of the telephone survey about smoking cessation rate, the percentage of replies was 68% (150 patients). Six months smoking cessation rate was 68% (102/150), one year smoking cessation rate was 54% (81/150). There was no significant difference between success group and failure group from the point of their age, TDS, Brinkman index, underlying disease, difference of the smoking cessation drug. But the number of consultation times was higher in the success group ( $3.8\pm 1.2$ ) than that of the failure group ( $2.7\pm 1.6$ ) ( $p < 0.01$ ).

There was positive correlation between the success ratio and total number of visiting times to smoking cessation clinic. In only one visiting group the success ratio was extremely low (19%). On the other hand, twice group 62%, thrice group 77%, four times group 76%, and full time (five times) group was 81%.

[CONCLUSION] The consultation time is a major factor related to the success ratio in smoking cessation clinic. So, medical staff must positively concern to the patient, who is going to interrupt the smoking cessation clinic.

### P-S9-30 The Influence of Strict Implementation of Safety Warning of Varenicline Concerning about Driving Motor Vehicle on a Tobacco Cessation Clinic in Japan

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**Purpose:** We conducted prospective observational study to clarify the influence of strict implementation of safety warning of varenicline concerning about driving motor vehicle on a tobacco cessation clinic in Japan. Japanese medical insurance system supports the smoking cessation program. In the program, nicotine patch (NP) or varenicline (VC) is available for cessation therapy. The ministry of health, labour and welfare in Japan stated that the warning which said the patients should not operate motor vehicle including driving personal car even for a short time while taking varenicline must be strictly implemented in October 2011.

**Method:** Retrospective observational study before the directive and prospective after that. Setting is a single tobacco cessation clinic in the tertiary hospital which locates in urban area. Main outcome is the change of the rate of VC after the directive. Second outcome is the change of the abstinence rates of total patients and NP or VC therapy each.

**Results:** We prescribed NP for 26 cases and VC for 63 from January, 2010 to September 2011. After the directive, NP for 43 and VC for 64 were prescribed during 12 months. The usage of VC was restricted from 70.8% to 59.8%, although the changes are statistically insignificant. The abstinence rates in the patients who completed the program are 53.8% in NP group and 61.9% in VC group before the directive, as compared with 55.8% and 68.8%, respectively after the directive.

**Conclusion:** As patients allowed attending the program only once during 12 months, we think the rather strict restriction leads to deprive the opportunity to receive appropriate treatment from nicotine dependent patients.

### **P-S9-31 Inpatient Smoking Cessation Program: Effect of Intensive Counseling Combined with Telephone Follow-up in South Korea**

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#### **Background**

Cigarette smoking is a most preventable risk factor worldwide and in South Korea. Hospitalization can be a good teachable opportunity for patient to quit smoking. We introduced the smoking cessation program for hospitalized patient with intensive counseling and telephone follow-up after discharge and analyzed the cessation rate and its predictors.

#### **Methods**

From September 2011 to October 2012 100 patients hospitalized in departments of neurology, cardiology, and pulmonology were consulted to smoking cessation clinic at Asan Medical Center. Demographic characteristics of the patients were collected from the electronic medical records. Smoking related variables and nicotine dependency were evaluated with questionnaires. Intensive counseling of 30 minutes was provided by the third year family medicine resident. Telephone follow-up was given by the nurses with the schedule of 1,2,4 weeks and 3 months after initial counseling. We reported the 3 month follow-up data after discharge.

#### **Results**

The 3 month-smoking cessation rate was 42% respectively. Demographic characters such as age, education, diagnosis of admission, duration of hospitalization, numbers of counseling, out-patient visit, and smoking histories such as age of smoking initiation, duration of smoking, daily tobacco consumption (Fagerstrom score), previous quit attempt, pharmacotherapy were adjusted in multivariate analysis. There were no apparent predictors of successful smoking cessation. However, duration of hospitalization (average 9.31 days in cessation success group and 6.69 days in cessation failure group) and total numbers of counseling (average 3.60 counsellings in cessation success group and 1.43 counsellings in cessation failure group) tended to have higher smoking cessation rate. As a result, we might assume more severe disease or regular and continuous encouragement by counselor is related with successful cessation.

#### **Conclusions**

We achieved relatively higher (42%) 3 month-smoking cessation rate with good acceptability for the patients with small additional input.

### **P-S9-32 Motivational Interviewing to Enhance Nicotine Patch Treatment for Smoking Cessation among Homeless Smokers: A Randomized Controlled Trial**

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**AIMS:** To assess the effects of adding motivational interviewing (MI) counseling to nicotine patch for smoking cessation among homeless smokers

**DESIGN:** Two-group randomized controlled trial with 26-week follow-up

**PARTICIPANTS AND SETTING:** 430 homeless smokers from emergency shelters and transitional housing units in Minneapolis/St. Paul, Minnesota, USA.

**INTERVENTION AND MEASUREMENTS:** All participants received 8-week treatment of 21mg nicotine patch. In addition, participants in the intervention group received six individual sessions of MI counseling which aimed to increase adherence to nicotine patch and to motivate cessation. Participants in the Standard Care control group received one session of brief advice to quit smoking. Primary outcome was seven-day abstinence from cigarette smoking at 26 weeks as validated by exhaled carbon monoxide and salivary cotinine.

**FINDINGS:** Using intention-to-treat analysis, verified seven-day abstinence rate at week 26 for the intervention group was non-significantly higher than for the control group (9.3% vs. 5.6%,  $p=0.15$ ). Among participants that did not quit smoking, reduction in number of cigarettes from baseline to week 26 was equally high in both study groups ( $-13.7 \pm 11.9$  for MI vs.  $-13.5 \pm 16.2$  for Standard Care).

**CONCLUSIONS:** Adding motivational interviewing counseling to nicotine patch did not significantly increase smoking rate at 26-week follow-up for homeless smokers.

### **P-S9-33 Smoking Cessation with Psychiatric Outpatients at a Private Psychiatric Hospital in Japan**

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**INTRODUCTION:** Comorbidity of mental illness is a risk factor that makes it difficult to quit smoking compared with the general population, and more likely to interrupt treatment. For about 70% of patients attending our smoking cessation clinic have mental illness, we began to make a phone call when the patient does not visit, and after 6 and 12 months from the first clinic visit to prevent treatment interruption since January 2010. We evaluated the safety and efficacy of standardized smoking cessation program in outpatients with mental illness.

**METHODS:** The sample consisted of 425 patients who attended the smoking cessation program at a private psychiatric hospital in Japan between February 2007 and December 2012. All patients were scored  $\geq 200$  on Brinkmann index and  $\geq 5$  on Tobacco Dependence Screener. Patients were seen by a physician and nurses for up to 5 sessions in 12 weeks. Medication use was guided by patient preference (271 opted for varenicline and 149 for the nicotine patch, 5 without drugs). Abstinence was defined as no smoking more than 4 weeks on the day of the final session, verified by carbon monoxide level. Patients with mental illness were obtained with the permission of the family psychiatrist to receive treatment for quit smoking in advance.

**RESULTS:** Gender of the subjects was 61.4% male. Their mean age was 46.3 years. 76.2% of them had received psychiatric treatment during the period of smoking cessation program.

The overall rate of completion of treatment was 51.5%, there was no statistically significant difference according to whether or not receiving psychiatric treatment.

It was 74% patients had been able to maintain abstinence for 4 weeks at the time of 5th examination, but who were receiving psychiatric treatment had a significantly lower abstinence rate(70.7%).

Varenicline users had a significantly higher abstinence rate than those using nicotine patch at 12 weeks (80.1% vs. 66.7%). But varenicline users had more incidences of adverse events, and 3.5% of them changed to nicotine patch. Abstinence rates of mental illness patients were 75.8% varenicline-treated and 61.5% nicotine patch-treated, 100% without drugs.

**CONCLUSION:** There is a certain effect in standardized smoking cessation program for outpatients with mental illness.

### P-S9-34 Predictors for Successful Smoking Cessation and Its Maintenance

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#### Background and Aim:

Ultimate goal for smoking cessation is lifetime maintenance of smoking abstinence. In a Japanese clinical trial, 65.4% of the subjects taking varenicline achieved smoking cessation at week 12, while it fell down to 34.6% at week 52. It is thus important to develop some tools to prevent smoking relapse and to sustain a smoke-free lifestyle for a long time. The aim of this study is to clarify the factors that affect the probability of successful smoking cessation and its maintenance.

#### Method:

We conducted a single-centered retrospective cohort study in the smoking cessation unit of Hyogo Prefectural Nishinomiya Hospital. The subjects were consecutive outpatients who started the standard cessation program (five visits during three months) from April 2008 to October 2012. The information about smoking status was collected at the end of the program and at the end of 2012 by telephone inquiry. Multivariate logistic regression analyses using stepwise method were performed to examine the factors that affect sustained smoking cessation at the two different time points, respectively.

#### Result:

In total, 143 subjects (96 males, 56.9 years old on the average) were included in the analyses. Either varenicline or nicotine patch was prescribed to the study participants (103 and 39, respectively). At the end of the program, 69% (98/142) of the subjects achieved smoking cessation. Only 69% (53/89) of those who had succeeded sustained a smoke-free lifestyle at the end of 2012. Multivariate logistic regression analysis with stepwise method for successful cessation at the end of the program by using age, sex, Brinkman Index (BI), Tobacco Dependence Screener (TDS), blood CO level, and self-confidence score at baseline as independent variables revealed that older age ( $P=0.007$ ) and lower BI ( $P=0.03$ ) were significantly associated with better outcome. However, for successful maintenance of smoke-free lifestyle at the end of 2012, we did not find any statistically significant association between these covariates.

#### Conclusion:

Older age and lighter history of smoking were independently associated with higher probability of successful smoking cessation through the cessation program in a short run. Yet, a key to successful maintenance of smoking abstinence in a long run is unclear. Further research is needed.

### P-S9-35 Evaluation of Social Nicotine Dependence Using the Kano Test for Social Nicotine Dependence (KTSND-K) Questionnaire in Patients with Lung Cancer

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**Background:** Smoking is one of the most important leading causes of lung cancer. Smoking is recognized as nicotine dependence, which consists of physical and psychosocial dependence. To evaluate social nicotine dependence, the Kano Test for Social Nicotine Dependence (KTSND) working group developed a questionnaire. However, there was no data obtained relating to lung cancer cases from the questionnaire given. We examined the social nicotine dependence among lung cancer patients.

**Method:** We applied Korean version of KTSND questionnaire (KTSND-K) to 120 patients with lung cancer, and analyzed a complete data from all of them. Among 120 patients, 100 data were obtained from patients just after their initial diagnosis of lung cancer, and 20 data were from patients before their diagnosis of lung cancer and after their first cancer treatment, respectively.

**Result:** The mean age of the respondents was  $65.8 \pm 11.6$ . Among them, males were 67.8%. Current smokers, ex-smokers, and never-smokers were 24%, 47%, and 29% respectively. The average KTSND-K score of 100 patients after their initial diagnosis of lung cancer was  $12.2 \pm 4.7$ . According to smoking status, the total KTSND-K scores of current smokers were significantly higher than those of ex-smokers, and of never-smokers ( $13.8 \pm 5.4$  versus  $12.0 \pm 5.5$ , and  $10.5 \pm 5.5$ ,  $p < 0.001$ ). The total KTSND-K scores of males were higher than those of females, suggesting that males have a propensity for being socially nicotine dependent much more than females ( $12.7 \pm 5.7$  and  $11.0 \pm 5.4$ , respectively,  $p < 0.05$ ). According to the status of the diagnosis and treatment, the total KTSND-K scores of 20 patients before diagnosis were significantly higher than those after their initial treatment ( $18.7 \pm 4.7$  and  $7.9 \pm 4.4$ , respectively,  $p < 0.001$ ). The mean changes of KTSND-K scores of current smokers and ex-smokers after their cancer treatment were significantly larger than those of never-smokers ( $12.5 \pm 3.4$  and  $13.0 \pm 4.5$ , versus  $6.5 \pm 3.5$ ,  $p < 0.001$ ).

**Conclusion:** Our study suggested that the KTSND-K questionnaire could be a useful method to evaluate psychosocial aspects of smoking to patients with lung cancer and that it would be useful for lung cancer prevention program.

### P-S9-36 Psychometric Testing of the Chinese Version of the Cigarette Withdrawal Scale in Taiwanese Male Smokers

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**Purpose:** This paper reports a study estimating the psychometric properties of the Chinese version of the Cigarette Withdrawal Scale (CWS).

**Design:** Two phases were conducted between June 2007 and June 2009. First, the underlying factor structure using exploratory factor analysis (EFA), criterion validity, and reliability of the Chinese version of the CWS were tested. Reliability was conducted to assessment the internal consistency and stability of the instrument. The alpha coefficients for the scale and subscales were computed. Stability was evaluated with 2-week test-retest coefficients using an average measure intra-class correlations coefficient (ICC). Second, the factor model proposed by previous empirical research was validated using confirmatory factor analysis (CFA). A total sample size included in final analyses was 497. Participants were volunteers recruited from community in southern Taiwan. The inclusion criteria for participants were being a male over the age of 18 years, currently smoking at least weekly or daily in the past year, and having smoked 100 or more cigarettes in their lifetime and had deprived of nicotine experience.

**Results:** the CWS was found to be internally consistent. The results of EFA showed that there are six factors, including Depression-anxiety (4 items), craving (4 items), irritability-impatience (4 items), difficulty concentrating (3 items), appetite-weight gain (3 items), and insomnia (3 items). Six factors that account for 80.3% of the variance emerged from the exploratory factor analysis. Most item subscale and the full scale are significantly associated with the FTND ( $r = .25-.50$ ,  $p < .05$ ), except the subscale of appetite-weight gain ( $r = 0.12$ ,  $p = .09$ ). Cronbach's alpha of six subscales and the full scale were respectively calculated at 0.92, 0.87, 0.87, 0.89, 0.91, 0.86, and .93, with retest coefficients of 0.74, 0.64, 0.77, 0.73, 0.68, 0.21, and .84. The results of the CFA analyses indicated that the CWS was a six-correlated factor based on the fit index (NFI .97, NNFI .98, CFI=.98, RMSEA .07, and SRMR .04). All of these indices demonstrated that the proposed model was a good fit for the data.

**Conclusion:** Field testing revealed the CWS to be a reliable and valid Chinese-language instrument to assess cigarette withdrawal symptoms. The results help health professionals to focus on smoking cessation interventions tailored to the patterns and severity of withdrawal symptoms.

**Keywords:** cigarette withdrawal, validity, reliability

### **P-S9-37 Lessons Learned about Smoking and Relapse Following the Christchurch Earthquakes**

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The magnitude 7.1 Canterbury earthquake in September 2010 and associated aftershocks caused untold damage, drastically changed residents' living, working, social conditions and took the lives of 185 people. A local study (currently seeking publication) has shown that the prevalence of smoking increased following both the September 2010 and the February 22 2011 quakes, mainly attributable to ex-smokers relapsing. Tobacco consumption in those currently smoking increased. This presentation outlines the need for disaster planning to include initiatives to ensure access to Nicotine Replacement Therapy (NRT) to people making quit attempts following a disaster and to ensure that relevant public health messages around smoking are promoted and distributed.

### **P-S9-38 Psychological Characteristics in Patients during Treatment of Tobacco Dependence**

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**【purpose】** We investigated the present status of tobacco dependence and the mood states in patients during treatment of tobacco dependence for the purpose of psychological support.

**【method】** Healthy volunteers 'aged 25-70 were enrolled in this study. Inpatients and patients with cancer and allergy were excluded. The mood states, the tobacco dependence score (TDS), urinary cotinine concentration, expiratory CO concentration, brinckman index were compared between smoking cessation patients(N=7) and smokers(N=18). The abbreviated profile of mood states (A-POMS) used in this study is a revision of an earlier version of the profile of mood states. It contains 30 items rated on a 5-point scale from 0(not at all) to 4(extremely). Subscale include 5 negative mood factor (tension-anxiety, depression-dejection, anger-hostility, fatigue and confusion-bewilderment) and positive mood factors (vigor-activity). The mood state was assessed before and after the treatment in both groups. The study protocol was approved by the institutional review board in University faculty of medicine.

The patient received standard program of treatment of tobacco for 12 weeks, while the smokers were just observed with no treatment.

**【Result】** The average age was significantly higher in smoking cessation patients than that in smokers.

Cessation medications are oral valencine (N=6) and patch of nicotine (N=1).

There were no significant differences A-POMS points and TDS points in the both groups at the base line.

Smoking cessation patients felt much more difficulty in quitting of smoking and stronger withdrawal symptoms than those in smokers.

Brinckman index and expiratory CO concentration were significantly higher in smoking cessation patients than those in smokers. The depression- dejection state in smoking cessation patients tended to reduce at the end of observation and it was improved.

**【Conclusions】** Counseling in treatment of tobacco dependence may be effective procedure in prevention of depression-dejection during smoking cessation.

### **P-S9-39 Patterns of Posting Behaviour in an Online Cessation Community**

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**Background:** Recent evidence suggests that smokers who have social support when they make a quit attempt are more likely to become and remain smokefree. Some smokers access this support from their families and friends, while others find it in online cessation communities, which have evolved rapidly in recent years. Although the use of these communities is typically organic, analysis of community members' posting behaviours may suggest interventions that could further increase engagement and thereby improve the chance quitters will successfully become or remain smokefree.

**Objectives:** To analyse patterns in the posting behaviour of quitters using the New Zealand Quit blog site and identify potential interventions that could reduce relapse.

**Methods:** We extracted over 125,000 blog posts and comments from the Quitline online community from January 2010 through to October 2012. Data captured included anonymous user identifiers, post (or comment) date, and the links between posts and comments. This enabled a range of site usage and behavioural analyses to be performed, including activity by day-of-week, user posting frequency, individual posting initiation and fall-off, and between-user interaction mapping.

**Results:** Day-of-week analyses show postings peak from Monday to Thursday, but decline sharply from Friday to Sunday. Smokers may start the week intending to quit and cease posting towards the end of the week, when increased social interactions lead them to relapse. Analysis of individual bloggers' behaviour supports this interpretation; of those who first posted in Q1 2011 or 2012, most (60%) made posts on only one or two days; only 10% posted on more than 20 days. However, those who post on five or more days during their first week of joining the community are considerably more likely to continue posting and, by implication, to have stayed smokefree. Posting frequency and interaction analyses also show that a small number of highly active 'super users' drive a substantial amount of the support interaction in the community.

**Conclusions:** These analyses suggest opportunities to target both support and reactivation direct messages. Supporting quitters by posting smokefree tips near the end of the week may reduce relapse; re-engaging quitters who post infrequently during their first week may promote greater engagement and more successful quit attempts, and re-activating members who cease posting may stimulate more frequent and, ultimately, more successful quit attempts. There may also be opportunities to better direct the support activities of 'power users' toward these aims.



## P-S9-40 Socio-economic Status of Patients in Cessation Outpatient Department of General Hospitals

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### Background

Although more than 100,000 people die because of smoking every year in Japan, cessation program in health insurance treatment had been started in 2006 and Varenicline had been introduced into Japan in 2008. On the other hand it is said that smoking is strongly related to socio economic status. However there was no deep analysis concerning effects of the cessation program especially in general hospitals in Japan.

### Objective

This research aims to make it clear the effect of cessation program in health insurance treatment and the background of smokers.

### Methods

We did the follow-back study reviewing the charts of 348 patients in cessation outpatient department of 4 general hospitals through chi-square test and logistic regression.

### Results

79.3% of 241 men (56.7+/-14.1 years of age) and 62.6% of 107 women (48.8+/-13.7 years of age) patients have succeeded at the end of 3 months program. Statistical significances in univariate analysis of men were seen in Supplemental Security Income, OR 0.29 [95%CI 0.11-0.78], suffering cardiovascular disease, OR 0.47 [95%CI 0.23-0.93], suffering mental diseases, OR 0.40 [95%CI 0.18-0.89], CO of expired gas, OR 0.39 [95%CI 0.20-0.76], heavy smoker, OR 0.48 [95%CI 0.23-0.99], living alone, OR 0.25 [95%CI 0.10-0.60], confidence for success, OR 2.73 [95%CI 1.20-6.23], Varenicline use, OR 2.28 [95%CI 1.16-4.49], having supporter, OR 1.96 [95%CI 1.30-3.72]. Those of women were only in Varenicline use, OR 3.53 [95%CI 1.40-8.91]. Multivariate analysis showed suffering mental diseases, CO of expired gas, Varenicline use, and having other smokers in house had statistical significances.

(OR= Odds Ratio, 95%CI= 95% confidence interval)

### Discussion

Socio-economic statuses were related to success rate especially in men, while Varenicline use were effective to cessation

## P-S9-41 Paradise Lost: A Hypothetical Theory of Nicotine Dependence

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Reset Behavior Research Group

In addition, the neural reward circuit and cognitive distortion play an important role; however, their relationship has not been addressed yet. We reviewed recent findings about nicotine dependence and propose a novel hypothesis in this article. Previous research using fMRI shows that while the activation of the reward circuit (ventral striatum) to tobacco-related reward appears in nicotine dependence, responses to rewards other than tobacco (ex. food and money) are reduced. Moreover, this change is observed at the very early stage of smoking, such as cases when the lifetime smoking experience is less than ten years. We thus propose the following hypothesis, called the Paradise Lost theory. Given addicts' lower response of ventral striatum to non-tobacco rewards, the addiction disables smokers from sensing the pleasures of ordinary life (the Paradise Lost state). However, since smokers do not notice this, they produce the overestimation to tobacco (cognitive distortion) such that they do not engage in any other pastime other than smoking, or that quitting smoking brings distress and unhappiness. The cognitive distortion makes it difficult for smokers to start to quit smoking, and even causes relapses after quitting smoking. This theory furthers our understanding of addiction and improves our approach to the prevention and treatment of addiction.

## P-S10-01 Is Urinary Cotinine Level of Children Useful to Predict Whether Their Parents will Quit Smoking in Future?

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**Background:** Since 2007, we have started the passive smoking screening program and previously reported the definite efficacy of this screening. One of these efficacies was that measurement of cotinine concentration in children might motivate their parents to quit smoking. The purpose of this study was to evaluate whether quit smoking of parents can be predicted by the level of cotinine in their children.

**Methods:** One thousand four hundred and one elementary school children were enrolled into this study. The age was ranged from 9 to 10 years-old with male to female ratio of 1.2/1.0. In all children, urinary cotinine concentration was measured by using enzyme-linked immunosorbent assay and questionnaire survey regarding smoking status of parents was performed. After 5 years follow-up, same questionnaire survey regarding smoking status of their parents was re-evaluated. Statistical analysis was used by ANOVA and X<sup>2</sup> test and p value <0.05 was defined as significant.

**Results:** The initial smoking prevalence of father and mother was 54% and 20%: both parents smoked in 15%, only mother in 5%, only father in 39% and both parents don't smoke in 41%, respectively. After 5 years follow-up, 61.1% of fathers who had smoked remained to be smoking, 14.5% smoked in moderation, 4.1% of those quit smoking temporarily, 17.5% quit smoking. Similarly, 45.3% of mothers who had smoked remained to be smoking, 29.5% smoked in moderation, 4.5% of those quit smoking temporarily, 16.9% quit smoking. Ninety percent of fathers and 91.9% of mothers who quit smoking had not any therapeutic support and only 5-6% of those had visited to outpatient clinic of smoking cessation or received nicotine replacement therapy. In relationship between urinary cotinine level of children and parental smoking status, mean level of urinary cotinine was elevated in children whose parents remained smoke (mother:10.8ng/ml, father:5.1ng/ml) > smoke in moderation (mother:9.8 ng/ml, father:5.6 ng/ml) > quit smoking temporarily (mother:4.3 ng/ml, father:2.0 ng/ml) > quit smoking (mother:2.6 ng/ml, father:2.2 ng/ml) in order, which were statistically significant (p<0.001). These results revealed that prevalence of quit smoking during 5 years was significantly low in parents whose children had high level of urinary cotinine concentration.

**Conclusion:** It is possible that parents whose children had low level of cotinine concentration may consider negative effects of second hand smoke to their children and had already had a motivation for quit smoking from the first. In addition, the relationship between CYP2A6 gene and parental smoking cessation should be discussed.

## P-S10-02 An Analysis on the Smoking Related Psychological Factors and Socioeconomic Status in 1006 Smokers

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**Objective** To study the smoking related psychological factors and the socioeconomic status among Chinese smokers. **Methods** A survey with Russell's Questionnaire on the Reasons of Smoking (RRSQ) was conducted anonymously among 1 006 smokers and the data, including the histories of smoking, knowledge of tobacco control and psychological reasons of smoking was analyzed. **Results** High scores of the psychological reasons of smoking were found in the social needs (5.91, 95%CI: 5.73-6.09), sedation (5.76, 95%CI: 5.58-5.94), seeking indulgence (5.33, 95%CI: 5.15-5.52) and stimulation (5.15, 95%CI: 4.95-5.34). Male smokers had higher scores than female smokers on social needs (5.98 and 4.77,  $P<0.001$ ) and seeking indulgence, (5.26 and 5.13,  $P<0.01$ ). Significant differences on social needs in smokers were found across the occupations, with higher scores in the category of medical science than the others ( $F=2.43, P=0.025$ ). The scores of social needs and seeking indulgence of the married group (6.14 and 5.38) were higher than the unmarried group (5.39 and 4.93) significantly. Four social-psychological factors, including social needs, seeking indulgence, stimulation, and sedation were positively associated with the daily amount of smoking and negative associated with the knowledge of the health risks of smoking. **Conclusions** The major social-psychological reasons related to smoking were the social needs, sedation, seeking indulgence and stimulation in the smokers found in our study. Gender, occupation, marital status, history of tobacco use and knowledge on tobacco control were important factors influencing smoking.

## P-S10-03 "Towards a Tobacco-free Companies Healthy and Happy Living for All Workshops Through Corporate Social Responsibility"

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VChangeU

**Background:** Looking after the wellbeing of the employees is an essential and indispensable part of any organization. An organization is responsible for the development of the community at large and the environment surrounding it. By encouraging employees to focus on key health behaviours such as increasing physical activity, improving eating habits, reducing stress, and ceasing tobacco and alcohol use. **Methods:** Conducted "Healthy and Happy Living for All" workshop under CSR activity for GSECL - "Gujarat State Electricity Corporation Limited" covering Three Power Plants. Delivered 17 Sessions on Tobacco & Alcohol Awareness for the Employees, Family members, Students and Villagers. Created awareness about the harms of Smoking, Chewing Tobacco on Health and environment. De-addiction of Tobacco among target groups through Support and Solutions to quit the habit. Awareness through Creative videos & posters along with effective presentation in regional language has helped in achieving a better outcome. **Results:** Out of 1800 employees who attended the sessions, we could see instant response from more than 100 employees who have quit their addictions on the same day and many other have decided to give away their addictions at the earliest. In house medical staff has decided to support the addicts in quitting. CSR and HR teams have decided to conduct the Tobacco Free Workshops in regular intervals for their employees. Team Leads and Supervisors have decided to lead the movement in making Tobacco free Work Force in their departments. Family members who attended the workshop have decided to keep their homes Tobacco Free for protecting the other family members from Second Hand and Third Hand Smoking. The Heads of the Power Plant have released notices and circulars to all employees and the Shop Owners to ban the sale of Tobacco products and Prohibition of smoking in public places in their power plants. **Conclusion:** The great success of these workshops attributed to sign a yearlong MOU with the company and has opened up new doors in covering many other companies with similar workshops for making their companies Tobacco Free.



## P-S10-04 Reported Exposures to Anti-smoking Messages and Their Impact on Chinese Smokers' Subsequent Quit Attempts

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**Objective:** This study aimed to examine Chinese smokers' exposure to anti-smoking messages in a range of channels and to determine if exposure was associated with subsequent quit attempts. **Methods:** A prospective cohort design was employed. Participants were 6,509 adult smokers who completed at least one of the first three waves (2006-2009) of the International Tobacco Control (ITC) China Survey, sampled from six Chinese cities. The main measures were reported exposure to anti-smoking messages in a range of channels and smokers' subsequent quit attempts. Generalized Estimating Equations (GEE) modelling was used to combine respondents from all three waves while accounting for inherent within-person correlation. **Results:** The overall exposure levels to anti-smoking messages were low and varied between cities and from one channel to another. Television was the medium with the greatest overall exposure (over 50% in almost all the cities across all three waves). After controlling for a range of covariates, higher level of combined exposure were positively related to higher subsequent quit attempts (adjusted odd ratio=1.03, 95% CI 1.02~1.05,  $p<.001$ ; also see Fig.1); among the individual channels exposures in newspapers and on posters were significant in their own right. **Conclusions:** The findings suggest that anti-smoking warning messages have the potential to stimulate Chinese smokers to make quit attempts, but they also indicate that the levels and strength of warning messages in China needs to be increased. China should consider adopting proven international practices, including mandating pictorial health warnings on cigarette packages, adopting prominent point-of-sale warnings, and carrying out strong and ongoing mass media campaigns.

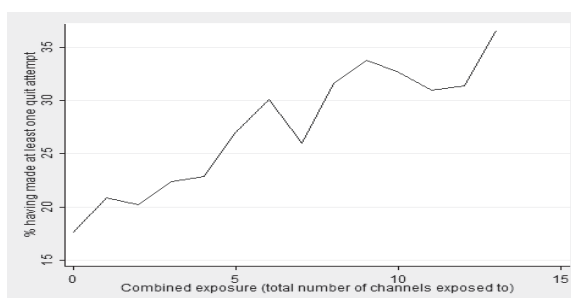


Fig.1 Relationship between combined level of exposure to anti-smoking messages and quit attempts

## P-S10-05 Teacher Tool Kit for Smoke Free School : Produce of Knowledge Management of Teachers Network, Thailand

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In 2005, ASH Thailand, began working with Smoke Free School network. The network has been consisted of teachers whose came from many high schools with a common goal of enforcing smoke-free policy in secondary schools in Thailand. Its role and mission is in-line with the government policy intended by the Notification 17, MOPH. Their work is to educate students about the harm of smoking and to instill the no-smoking value., At the moment, there are approximately 2,000 teachers that are involved in the network

Objective

To develop and provide support the appropriate tool kit for teachers to implement smoke free school effectively.

Method

Teacher Tool kit for Smoke free School has been developed by mobilizing participation among teachers of Teachers Network and processed into 7 steps as these follows. Step 1 is collecting the teachers need and desire and then made a precise of common goal is to produce an effective tool for building the learning process for tobacco control in school Step 2 is reviewing and assessing the existing media of ASH regarding pros and cons by teacher representatives. Step 3 is media selection and discussion about how to adjust for more appropriated and then assigns subgroup to adjust and in order to keep up with the trend and social development in the timely manner. Step 4 is sharing and learning from each other 14 stories; each story will contain 14 books as well as Power Point presentation. Step 5 is distribution of the tool kit for trial in 6 pilot schools in the first round and 100 pilot schools in the second round. step 6 is monitoring and evaluation step 7 of reflecting the results of monitoring and evaluation.

Conclusion

Teacher Tool Kit is production of knowledge management and learning and developing process of ASH Thailand and Teachers network for providing more effective tools for implementing and organizing smoke-free school. It is built through the lesson learned of teachers and schools so that it can truly benefit by incorporate this tool kit into their routine works such as in classroom, extra curriculum activities as well as the school activities.

## P-S10-06 Beliefs about “High Grade” Cigarettes among Smokers in Seven Cities in China: Findings from the ITC China Survey

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**BACKGROUND:** Cigarettes in China are divided into five grades, where higher grade cigarettes are more expensive. Chinese Tobacco Companies promote high grades of cigarettes as “high quality” and “less harmful”. This study aims to examine Chinese smokers’ beliefs about high grade cigarettes.

**METHODS:** The International Tobacco Control Policy Evaluation (ITC) China Survey is a longitudinal survey of smokers and non-smokers in seven cities. Data for this study come from Wave 3 of the ITC China Survey, which was conducted between May and October 2009. We computed the percentages of smokers who believed that high-grade cigarettes are of higher quality and less harmful. Complex samples logistic regression was conducted to examine whether smokers who hold the misperception that high-grade cigarettes are less harmful are also more likely to: 1) purchase more expensive cigarettes, and 2) believe that the cigarette brand they are smoking is less harmful.

**RESULTS:** The percentage of smokers who believed that high-grade cigarettes are of higher quality ranged from 59.9% in Yinchuan to 72.9% in Changsha; the percentage of smokers who believed that high-grade cigarettes are less harmful ranged from 43.1% in Beijing to 63.5% in Kunming. Smokers who believed that high-grade cigarettes are less harmful were more likely to purchase the most expensive cigarettes (i.e., the highest price tertile) (OR=1.19, 95% C.I. 1.01-1.39). Smokers who wrongly believed that high-grade = less harmful and who purchased cigarettes of the highest price tertile were also more likely to believe that the cigarette brand they are smoking was less harmful (OR=3.80, 95% C.I. 3.03-4.78).

**CONCLUSIONS:** More than half of Chinese smokers wrongly believed that high grade cigarettes were less harmful. Such misconceptions may drive smokers to purchase high-grade cigarettes, which may result in beliefs that the cigarette brand they are smoking was less harmful. Health education campaigns are urgently needed to remove the misconception about high-grade cigarettes in China.

**Key Words:** high-grade cigarette, belief, China

**Relevant Sessions:** Education, communication, training and public awareness

## P-S10-07 Self-Exempting Beliefs about Smoking in Predicting the Plan and the Success of Quitting in the Next Wave: Findings from the ITC Korea Survey

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**Introduction:** Self-exempting beliefs, which minimize or discount the harms of smoking, are also widely found among the smokers. Four types of beliefs have been identified in other studies, i.e. *Bulleproof* belief is the stereotype of self-exemption in that ‘the problem does not apply to me’; *Skeptic* belief discounts the harms of smoking, *Jungle* belief normalizes the dangers of smoking because of the ubiquity of risks, and *Worth-it* belief means the smoker believes it is worth to continue to smoke despite its harm. Although these self-exempting beliefs could have association with the quit intention, the association has not clearly been shown. This study is conducted to evaluate whether the self-exempting beliefs are associated with quit intentions and, in addition, whether these beliefs could predict smoking cessation in Korea.

**Methods:** 1,659 adult (≥18 years) smokers from the Wave 2 data of International Tobacco Control (ITC) Korea Survey were employed for this analysis to measure self-exempting beliefs. *Skeptic* belief is measured by “Medical evidence that smoking is harmful is exaggerated”, *Jungle* belief by “Smoking is no riskier than lots of other things that people do” and *Worth-it* belief by “You’ve got to die of something, so why not enjoy yourself and smoke” or “Smoking is an important part of your life.” Only 3 out of 4 beliefs were measured for this study. Intention to quit measure is also included in the analysis. The successful quit was assessed among 1026 respondents followed up in Wave 3. We evaluated the association between self-exempting beliefs and intention or successful quit using multivariate logistic regression.

**Results:** The *Worth-it* belief among risk-minimizing belief was associated with quit intention after controlling covariate (O.R. 0.56, 95% CI 0.40-0.80, P 0.001). This belief also had the capacity to predict the successful smoking cessation in the next wave (O.R. 0.54 95% CI 0.29-0.99, P 0.049). Other *Worth-it* belief (“Smoking is an important part of your life”) has shown to be associated with only quit intention (O.R. 0.60, 95% CI 0.43-0.84, P 0.003). The *Skeptic* and *Jungle* beliefs did not show any association with intention or success to quit. Other factors influencing intention to quit were perceived by health concerns and concern of important person about their smoking.

**Conclusions:** Korean smokers with *Worth-it* beliefs showed less intention to quit and less success rate in quitting smoking. More creative approach should be considered to help the smokers with *Worth-it* belief to successfully quit smoking.

## P-S10-08 Spread of Tobacco Free Campus in Japanese Universities

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**BACKGROUND:** Anti-smoking of educational facilities in Japan has spread since 2003 except for college or universities. Thus, we explored anti-smoking policies and actions of 86 Universities in Japan, where students become legally smoking allowed age of 20 y.o.

**METHODS:** We sent questionnaire to 200 Universities and received results by facsimile in August-November 2012.

**RESULTS:** Tobacco free campus (TFC) means smoking is not allowed inside campus and tobacco is not sold. TFC were 33% of total universities, higher in small size universities (43% vs 11% in large size campus), public universities (47% vs 25% in private universities), medicine and health related sciences (67% vs 14% in sports and PE faculty, 0% in art faculty), and universities in Hyogo prefecture (69% where local anti-tobacco law was enacted). Interestingly, 10% facilities is planning TFC in near future, 7% in future, 8% no plan, and 43% considered tobacco free but have left smoking area. Most universities with TFC clearly express no-smoking policies by poster, brochures, homepage etc. However, only 7% universities have punishment policies. Regular patrol of smoking students by faculty staff is performed in 44% universities. Only 54% universities have assigned a committee about anti-smoking problems. Lectures about tobacco or quit smoking is present only 7% of universities. Students can be treated for quit smoking in 20% inside campus and 15% have reference system for outside quit smoking clinic. Although, TFC are increasing year by year., most universities replied some difficulty in controlling smoking students and faculty members after establishment of no-smoking policy.

**CONCLUSION:** It is clear that passive smoking can be prevented only by TFC. Clarified problems were less tobacco related lectures, less publicity activities, less punishment law (universities and/or local government), less specific committee, less quit smoking therapy. Stronger policies and actions will promote spread of TFC in Japanese universities.

## P-S10-09 "Manga"-based Quitting Smoking Campaign in Health Insurance Society A

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**【Background/Purpose】** Many quitting smoking campaigns use webpages or brochures to appeal hazardous effects of smoking or methods to support quitting smoking. These media, however, tend to only draw the notice of non-smokers or those who smoke but are highly interested in quitting smoking. It might cause these campaigns hard to be spread far and wide. Therefore, we have been trying to promote quitting smoking campaign by using a more familiar information tool, "Manga".

**【Methods】** We created an original "Manga" by introducing some elements of Reset Smoking<sup>1</sup>, a psychological approach through triggering a chain reaction of awareness based on the Paradise Lost theory on addiction. Reset smoking is expected to have a positive effect not only to support smoking cessation but also to prevent ex-smokers from re-smoking. The "Manga" was posted on the Society A's webpages and also distributed at a health counseling desk or on other occasions in the form of a booklet.

**【Result】** The "Manga" was posted on the webpages in April 2010 and achieved about 9300 accesses for the first year. The number of the booklet distributed for a year since August 2010 amounts to about 2000. Feedback from readers includes:

- From smokers: "The "Manga" was so interesting that it made my view changed completely. I'll try to start quitting smoking." Some smoking readers indeed quit smoking after reading the "Manga".
- From ex-smokers: "It seems to have changed my mind that I can keep on quitting smoking."
- From non-smokers: "My niece in elementary school read the "Manga" and was willing to introduce it to her father. "I realized that it was important to avoid misunderstanding on smoking and encourage people to quit smoking."

**【Conclusion】** By using a "Manga" that illustrates friendly characters and familiar situations, the campaign was able to encourage a broad range including people who were not interested in quitting smoking. This "Manga" worked out not only for smokers to motivate smoking cessation and for ex-smokers to prevent from re-smoking, but also for non-smokers to understand the health risk caused by smoking and to promote quit smoking for others.

1) Isomura T. (2012) How to Reset Your Smoking. Kindle publishing

## P-S10-10 Effectiveness of Clinical Pathway for Tobacco Cessation Program

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**Purpose:** We have been practicing tobacco cessation education program since Aug 2004. Patients participating in the program have been increasing from 86 persons in 2009 to 138 patients in 2011. Because of the social background to facilitate tobacco cessation the number of patients is supposed to increase year by year. Our education program is directed by a fellow doctor of the Japan Society for Tobacco Control and consists of a fellow nurse of the Japan Society for Tobacco Control, two board certified member nurses of the Japan Society for Tobacco Control and two trained nurses for tobacco cessation program who are actively performing patients' education and two pharmacists who give suggestions to patients concerning drug usage and adverse reactions. In order to cope with an increase in participating patients who want to quit smoking, to standardize patients' education and to perform program more smoothly we made a clinical pathway for tobacco cessation program and started using it from July 2012. In the present study we tried to evaluate its clinical effectiveness.

**Methods:** Firstly, evaluation questionnaire sheets of clinical pathway were given to nurses and pharmacists who are engaged in the tobacco cessation education program and their degree of agreement for the clinical pathway was assessed. Secondly, success rate of smoking cessation was compared and assessed between before and after the start of the clinical pathway.

**Results:** All members of tobacco cessation program agreed that standardization of the program was achieved by applying the clinical pathway. Many members felt that the clinical pathway made united patients' education possible, efficacy of patients' education was raised and mistakes during patients' education were decreased. Annual year success rate of smoking cessation increased from 69.5% to 84.2% before and after the start of application of the clinical pathway, respectively.

**Conclusion:** To apply clinical pathway for tobacco cessation education program proved to be clinically effective by making performance of patients' education more smoothly with less mistakes.

## P-S10-11 Association between Smoking Behavior, the Smoking Status of Their Parents and Friends and Own Self-denial Image among University Students in Tokyo, Japan

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**Introduction:** About 60% of high school students going on to college and junior college in Japan. Smoking behavior is typically established during university. The purpose of this study was to obtain suggestion about the association between smoking behavior among university students and the smoking status of their parents and friends as well as their own self-denial image.

**Methods:** Results from an anonymous, self-administered questionnaire survey in 1649 third-year university students (799 men, 850 women) in areas around Tokyo, in April 2006 and 2009 were statistically analyzed using logistic regression. We assessed smoking status of their parents and friends as well as the students' own self-denial image. Independent variables were "never or ever smoker" and "not current or current smoker," separated by sex.

**Results:** The prevalence of smoking was 32.0% (n = 256) in men and 6.7% (n = 57) in women. In men, the adjusted odds ratio (AOR) for "never- vs. ex-smoker" was 3.43 (95% CI = 1.95 - 6.03) among individuals with any smoking friends, 2.57 (1.80 - 3.67) among individuals with 10 or more smoking friends, and 1.40 (1.02-1.91) among individuals of high self-denial image. The AOR for "not current vs. current smoker" was 2.77 (1.39 - 5.54) among individuals with any smoking friends, with 10 or more smoking friends, and 2.68 (1.88 - 3.82) among individuals with 10 or more smoking friends. In women, AOR for "never- vs. ex-smoker" was 3.75 (2.23 - 6.32) among individuals with any smoking friends, 2.80 (1.71 - 4.58) among individuals with a smoking mother and 1.88 (1.16 - 3.06) among individual with 10 or more smoking friends. The AOR for "not current vs. current smoker" was 5.73 (1.98 - 16.63) among individuals with any smoking friends, and 2.90 (1.53 - 5.49) among individuals with 10 or more smoking friends.

**Discussion and Conclusions:** These findings suggest that smoking behavior of their friends influence smoking behavior among university students. In addition, if their mother was smoker, female students were more likely to have experienced smoking. In men, a self-denial image influenced smoking behavior of them. Therefore, when offering support to young smokers, it may be necessary to consider the psychosocial factors.

## P-S10-12 Japanese Smoking Problems Which Became Clear from Interviews with Participants of the APACT 2010 Held in Sydney

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Although the smoking rate in Japan has been falling thanks to measures against smoking and the ratification of the FCTC every year, it is still a high smoking rate among advanced nations. The interview questionnaire about the smoking problem in Japan was performed among the participants of the APACT 2010. Twenty one percent of the participants knew about the smoking rate in Japan. However, seventy eight point five percent of the participants answered that Japan had an image of a very high smoking rate. The participants mentioned the following five items as the reasons for the high smoking rate in Japan: 1) The government produces tobacco. 2) The government does not provide people with the exact information about tobacco. 3) Tobacco is cheap. 4) Tobacco companies produce a misleading image of tobacco. 5) The government does not provide the youth with effective nonsmoking programs. Furthermore, it was proposed by a participant that the smoking preventive program to the youth was important as effective solution which can lower the smoking rate in Japan.

Table: Free comments for the solution of the Japanese smoking problem

1. Although Japan has only one culture and is a Buddhist country, it has not controlled the tobacco problem.
2. Young smokers start smoking by imitating the surroundings. Social pressure is verified.
3. The smoking rate of Australia is 15%. We have many media campaigns against smoking.
4. Biggest Tobacco Company, low regulation tax rates, slim and pink color packages are the cause of high smoking rate of Japan.
5. Japan is an advanced industrialized country and shows a very high smoking rate. Government has to start programs for cessating smoking.
6. Although Japanese people are wise, the high smoking rate is a problem for the government policy.
7. Since the government sells tobacco, the smoking rate is high.
8. Perfect and exact information from the government, schools and homes need to be provided.
9. Tobacco industry is targeting the young generation.
10. A governmental smoking preventive program for young people is required.
11. When I went to Japan, many Japanese were smoking tobacco in public places.
12. The support system to prohibition of smoking of the government is indispensable.
13. Tobacco companies produce a misleading image of tobacco.

## P-S10-13 What Messages Do Young Adult Smokers Believe will be Effective in Cessation Advertising?

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*ASPIRE2025*

**Background:** Despite New Zealand's overall smoking prevalence of 17%, smoking rates peak at 30% among young adult women and men, and have not declined. Increasing cessation among young adults is going to be very important if NZ is to achieve the goal of smoking rates falling below 5% by 2025. Mass media campaigns may prompt and support quit attempts, but young adults have found the predominantly health-themed messages less relevant and motivating and research is urgently required to identify themes that would resonate more strongly with them.

**Objectives:** To understand the language used and concerns expressed by young adults to develop more effective quit messaging themes, and explore reactions to these new themes.

**Methods:** Two phases of qualitative research were undertaken. In-depth interviews with 16 adults aged 18-31 years explored tobacco's role in their lives, the benefits and disadvantages of smoking and their views on existing cessation campaigns. The data were analysed thematically, and the results used by a to create a set of 11 new cessation messages. Following a brief, a graphic designer created draft print advertisements that we tested in three focus groups with seven adults aged 19-29 years. Those data were also analysed thematically.

**Results:** Young adults use smoking to structure their time and social interactions, and manage their moods. Most believed smoking was a temporary phase in their lives, and that they would one day become smokefree. Metaphors of choice and control underpinned their confidence they would quit and was reflected in their desire to decide when and how they would become smokefree. As a result, they responded well to messages that respected their desire to control their quitting journey. Other themes also highlighted participants' need to assert control and included concerns over smoking's social unattractiveness, which they could not control, effects on children, who did not choose exposure to tobacco, and industry manipulation, which undermined their independence and freedom.

**Conclusions:** Communicating young adults' ability to assert control over smoking, the ease with which they can access support, and the benefit of regaining control over their lives, appears likely to be more effective than didactic instructions to 'quit now'.

## P-S10-14 Tobacco Control-Why & How

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Currently, there are an estimated 1.4 billion smokers in the world. If present consumption patterns continue, the number of deaths will increase to 10 million by the year 2020, 70% of which will occur in developing countries, and India is of them. **Objectives:** In India, tobacco kills approx. 800,000 people every year. India has the highest rate of oral cancer in the world due to Tobacco consumption. The objective is to make people fully aware of the Health Hazards of Tobacco and to help them in quitting tobacco. **Underlying values and principles:** WHO has estimated that 91 per cent of oral cancers in South-East Asia are directly attributable to the use of tobacco and this is the leading cause of oral cavity and lung cancer in India. **Knowledge base/ Evidence base:** Tobacco is the leading cause of Oral, Lung and other cancers and also many other Cardiac, respiratory diseases. It has a very bad effect on women, pregnant ladies and children also. The second hand smoke hazards are an established fact. In India, Tobacco is consumed in large quantity in different forms-cigarette, bidi, hookah and in SPIT tobacco (Pan, Gutka etc) form too. There are plenty of tools to help smokers quit their habit—websites, groups, email reminders, SMS support are being increasingly used. Pharmacotherapy- like Nicotine Gums, Patches, nasal sprays and drugs like Bupropion & Varenicline are being increasingly used. But the cold turkey method has still has the highest number of unaided quitters. **Methods:** The health hazards of Tobacco are to be discussed in detail in presentation. All Doctors & paramedical staff & social workers should learn the “5A” of Smoking Cessation & tobacco control-

1. ASK every pt. about smoking.
2. ADVISE all patients & friends to quit tobacco
3. ASSESS their willingness to quit
4. ASSIST smokers with treatments and referrals &
5. ARRANGE follow ups.

They should inculcate the habit of using the “5A” in their regular, day to day. **Results and Conclusions:** It is estimated that while roughly 70% of smokers say they want to quit, 44% try to quit each year, most quit attempts are unaided & only 3-7% remain quit after one year. Increasing awareness about the health hazards of Tobacco & aids for quitting will definitely decrease tobacco consumption and more and more smokers will quit in due course of time.

## P-S10-15 How to Build and Operate a High Traffic Website -Using the JTF Official Website - E-Quit Chinese as an Example

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*John Tung Foundation*

The “E-Quit Chinese”, which is a tobacco control advocacy website, was created by John Tung Foundation (hereinafter referred to as JTF). From the latter half of 2007 to 2012, 26 million people had visited the website. It is one of the most well-known tobacco control websites in Chinese world. The following strategies are used to maintain high web traffic:

### 1. Marketing Strategies:

The “E-Quit Chinese” constructed at the latter half of 2007 and revised in 2011. It contains both traditional Chinese and simplified Chinese versions in which new information is updated frequently in order to and to attract more attention from the public.

JTF invites celebrities to support tobacco control, and sets up a column on the website for that purpose. With the celebrities' influence on the public, we could draw more attention and reach our target group much easier; the “E-Quit Chinese” also cooperates with other blogs and websites, and creates fans page on Facebook. Furthermore, through holding press conference and tobacco control activities, we could expand our target group and better realizing our goals.

### 2. Target Group:

The “E-Quit Chinese” offers information on how to cease smoking successfully, and for those who intend to help others to quit, the website also recommend many effective ways in doing so.

The “E-Quit Chinese” offers the latest international news as well, including health warnings on cigarette packaging and tobacco control policies. Those information may become a reference for some health promotion activities; as a result, has attracted health workers to frequently browsing the website.

With well-planned activities, sufficient useful information, and continuous expansion on the target groups, the web traffic of E-Quit Chinese has been largely increased and information of tobacco control effectively distributed.

## P-S10-16 What Effects of Smoking Ban in Indoor Public Places has on Smokers' Perception, Their Attitude of Smoking around Children and Implementation of Smoke-Free in Their Homes and Private Vehicles?: Findings from Intercept Study of Smoke-Free Melaka City (SFMC) Policy

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**BACKGROUND:** Globally, exposure to secondhand smoke is responsible for 600,000 deaths in 2011. Unfortunately, 75% of these deaths were affecting women and children. Article 8 of the World Health Organization Framework Convention on Tobacco Control (WHO FCTC) specifically focused on protecting people especially the non-smokers from exposure to tobacco smoke in all indoor workplaces and public places as well as all public transports. In Malaysia, Melaka has implemented a 100% smoke-free city since 15th June 2011 with aims to protect the non-smokers especially women and children living with smokers.

**OBJECTIVE:** To examine the effects of Smoke-Free Melaka City (SFMC) Policy on perception, attitudes of smoking around children and implementation of smoke-free homes and private vehicles. **METHODOLOGY:** Data were collected in June 2012 using systematic intercept sampling. A total of 1039 adults within smoke-free zones were recruited through a face- to-face interview of which 601 were smokers. Smokers' perception and attitudes about the policy and awareness of smoke-free advertisements or information that talks about dangers of smoking and encouraged quitting were assessed. Descriptive analysis, univariate and multiple logistic regressions were applied by using SPSS version 18. Odd ratio and 95% CI were computed for each corresponding variable.

**RESULTS:** Awareness of Smoke-Free Melaka City (SFMC) advertisements and information was significantly associated to perception that smoking ban was a good thing (OR= 1.21; 95% CI 1.11, 1.31, p<0.01). This perception was significantly associated with attitude would not smoke when children are present (OR= 1.80; 95% CI 1.04, 3.11, p=0.035). This positive attitude was significantly associated with implementation of total smoke-free homes (OR= 3.64; 95% CI 2.17, 6.15, p<0.001) and private vehicles (OR= 1.81; 95% CI 1.11, 2.95, p=0.017). Awareness of SFMC advertisement and information was also directly associated with implementation of total smoke-free homes (OR= 1.09; 95% CI 1.01, 1.18, p<0.022) and private vehicles (OR= 1.19; 95% CI 1.09, 1.30, p<0.01).

**CONCLUSION:** Awareness of Smoke-free advertisements and information has both direct and causal effects on perception, attitude and implementation of smoke-free homes and private vehicles among smokers in Melaka. Thus, implementation of smoking ban in public places has potential to reduce exposure to secondhand smoke among children in public places and who living with smokers.

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### P-S10-17 Location of Smoking at Home, Asthma Control and Lung Function in School Children

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**Background:** Tobacco cessation in family members is essential in management of pediatric asthma but is often difficult to achieve. It is unclear whether stopping indoor smoking in family members can be recommended for patients with pediatric asthma.

**Method:** We evaluated school children with asthma who visited our hospital between December 2011 and January 2012 and collected data on presence of smokers in family members and location of smoking (indoor or only outdoor). Urinary cotinine was measured by ELISA. The primary outcome was acute exacerbations during the last one year and lung function after inhalation of bronchodilator.

**Results:** A total of 93 patients were evaluated. The proportion of patients with a low urinary cotinine level (below 4 ng /mg creatinine: 20th percentile in participants) was 100% in patients without smoking family members (n = 35), 90% in patients with outdoor-smoking family members (n = 22), and 44% in patients with indoor-smoking family members (n = 36). The rates in regular use of inhaled corticosteroids and leukotriene receptor antagonists were similar among three groups. The proportion of patients who had no acute exacerbation during the last year were 82%, 85%, and 58%, and the average peak expiratory flow rate after inhalation of bronchodilator were 102%, 100%, and 92%, respectively. Only the values in patients with indoor-smoking family members were significantly lower than other groups of patients. Similar results were found on maximal midexpiratory flow and flow at 50% remaining vital capacity after inhalation of bronchodilator.

**Conclusions:** Outdoor smoking in family members, unlike indoor smoking, seems not to be associated with poor asthma control and decreased lung function in school children with asthma. Our results may substantiate the recommendation that smoking family members of patients with pediatric asthma should smoke outdoor for better outcomes.

### P-S10-18 A Study on Effectiveness of School Tobacco Control Program in Myanmar

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*Ministry of Health*

**Objective:** The study aims to reassess the health, knowledge and practice of students, (5<sup>th</sup>, 6<sup>th</sup> and 7<sup>th</sup> Graders) after the introduction of School Tobacco Control program. This study includes data on prevalence of cigarette, cheroots, other tobacco and betel quid with tobacco use as well as information on five determinants of tobacco use: access, exposure to secondhand smoke (SHS), cessation, media and advertising, and school curriculum.

**Methods:** A school-based survey (n=2669, 5<sup>th</sup>, 6<sup>th</sup> and 7<sup>th</sup> Graders) was conducted in (4) basic education middle and high schools of Nay Pyi Taw, Myanmar in 2011, using a pre-tested modified questionnaires based on the Global Youth Tobacco Survey questionnaires developed by CDC, USA. The class response rate was 100.0% and the student response rate was 95.02% and overall response rate was 95.02%. A total of 2669 students participated in this study.

**Results:** About 5.5% of students were currently smoking at the time of survey, the majority of which smoked cigarettes and cheroots. 5.2% were using smokeless tobacco, mainly in the form of betel quid with tobacco. Overall, 33.3% of students reported that people smoked in their presence on one or more days during the past seven days. 31.8% of current tobacco users who bought any form of tobacco in a store were *not* refused purchase because of their age. 27.7% smokers reported that they have the desire to quit. Nearly 90% of the students reported to be taught dangers of smoking and effects of using tobacco during this school year. 91.9% of students had seen or heard anti-smoking messages from television and radio whereas 67.2% students had seen any advertisements for cigarettes on billboards during the past month.

**Conclusion:** The study has shown that prevalence of tobacco use among the 5<sup>th</sup>, 6<sup>th</sup> and 7<sup>th</sup> graders of Myanmar students was lower than the prevalence of tobacco use among 8<sup>th</sup>, 9<sup>th</sup> and 10<sup>th</sup> graders (2007 Myanmar GYTS results). Exposure to second-hand smoke still remains high both at home and in public places.

Myanmar School Tobacco Control program should strengthen all schools to be 100% tobacco-free. School policy on tobacco control should be adopted and implemented as a joint effort between the Ministry of Health and the Ministry of Education. Strengthening of existing legislation on smoke-free environments is strongly recommended to reduce hazards of exposure to second-hand smoke.

### P-S10-19 Usefulness of a Brief Street Campaign to Promote Smoking Cessation by Using Premiums and Videos

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(Background)

- Japan lags greatly behind other countries in adopting policies that promote smoking-cessation. One of the reasons for this may be that many non-smokers do not recognize the dangers of passive smoking.
- Teaching the dangers of passive smoking to both smokers and non-smokers is believed to be extremely important.

(Purposes)

- Shape public opinion in favor of policies that promote smoking cessation by informing both smokers and non-smokers.
- Create opportunities to educate and inform even those people who would not participate in lectures for smoking cessation.

(Method) People who answered a questionnaire were given opportunities to take part in a lottery to win prizes. Using this approach, we persuaded subjects to agree to take part in a questionnaire and view some videos that provide a 5-minute explanation of the hazards of smoking and passive smoking. After receiving the explanation, participants were asked to choose their degree of understanding. They were also asked if they thought about quitting smoking (or thought about encouraging making someone quit smoking).

(Results)

- We succeeded in educating 165 persons about the dangers of smoking and passive smoking by using premiums and videos.
- About 90% of them understood the dangers and the hazards of smoking and passive smoking by the brief campaign.
- Compared with one-hour lectures, the brief campaign was less effective in motivating people to quit smoking (or thought about encouraging making someone quit smoking).

(Conclusion)

- We were able to provide opportunities to educate and inform those people who would never take part in lectures for smoking cessation.
- Compared with one-hour lectures, the brief campaign was less effective in motivating people to quit smoking, but was still effective to inform and educate them about the hazards of smoking and passive smoking.

## P-S10-20 Trend of Tobacco Use & Cessation Training among Third-year Medical Students in Thailand Using Data from the Global Health Professions Student Surveys (GHPSS)

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**Background:** Physicians have been considered to play a pivotal role in helping their patients to abstain from tobacco use. However, reports consistently showed that only 1/3 of Thai physicians assisted their patients to quit smoking, despite of several campaigns. Medical students are, therefore, another critical link in tobacco control. This study is to determine changes in the prevalence of tobacco use among 3<sup>rd</sup> year medical students in Thailand and their training in cessation based on Global Health Professions Student Surveys (GHPSS) in 2011 compared with 2006.

**Methods:** Two rounds of GHPSS were conducted among 3<sup>rd</sup>-year medical students nationwide in 2006 and late 2011. Prevalence of current cigarette smoking and use of other tobacco products, along with cessation training were recorded & compared.

**Results:** From August to December 2011, total of 2,249 third-year students from 18 medical schools nationwide were given GHPSS questionnaires during their regular classes. 1,837 students (81.7%) participated the survey. 43.3% were male. When compared to the 2006 survey, overall prevalence of tobacco use rose significantly. 355 of them (19.3%) reported to have ever used any tobacco products, which is significantly increased from 15.7% in 2006 ( $p=0.02$ ). Although current cigarette smoking remains unchanged (2.6%), the use of other tobacco products appeared to dramatically rise (2.1% in 2011 vs 1.0% in 2006;  $p=0.03$ ). There was significant improvement in cessation training in 2011. More than 1/3 of students (36.9%) reported having received training during their classes, which increased significantly from 20.9% in 2006 ( $p<0.001$ ). No changes in teaching students to take their patients' tobacco use status as part of medical history (75.4% vs 77.2%;  $p=0.27$ ). Most students had already known about nicotine replacement therapies (83.3% vs 82.9;  $p=0.78$ ). Most importantly, increased number of students had learned about using antidepressants to support tobacco cessation (60.7% vs 49.3%;  $p<0.001$ ).

**Conclusions:** Although cigarette smoking prevalence appeared unchanged, other tobacco products besides cigarette became more popular among Thai third-year medical students. More actions from all responsible individuals are urgently needed to control this rise. In addition, there is an imperative need to further improve cessation training for medical students in Thailand.

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## P-S10-21 Impact of Major Floods on Smoking Behavior and Nicotine Dependence

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**Background:** In 2011, Thailand experienced the most devastating floods in our history. While floods cost more than 1.4 trillion baht lost, tobacco industries gained higher sales in Thailand during the crisis. It is, therefore, unclear what impact major floods would have on the smoking behavior and nicotine dependence among victims.

**Methods:** Smokers living in NakonNayok province were interviewed using a 51-item questionnaire, including demographic data, severity of floods, Fagerstrom Test for Nicotine Dependence (FTND), smoking behavior, and major depression score. The interviews took place from April till July 2012.

**Results:** Of 2,304 participants, 1,212 were flood victims. Half of them suffered from flood levels between 50 cm and 100 cm, causing moderate to severe damage from the floods. Victim group had significantly higher major depression score than the non-victim group (2.39 vs 1.55;  $p<0.001$ ). Although only 15.8% smoked >20 cigarette per day, 3/4 of them smoked their first cigarette within 30 minutes after awakening. When compared to non-victim group, their mean FTND score was higher (4.18 vs 3.89;  $p<0.001$ ). After floods, their FTND score rose significantly to 4.68 ( $p<0.001$ ). Most smokers changed their behavior by reducing the daily number of cigarettes, and smoking the first cigarette earlier after awakening (table 1).

**Table 1.** Odds ratios showing the impact of flood on nicotine dependence & each item of FTND score

Individual item of FTND	Changes of FTND score among victims	Victim Group (n=1,212)	Non-victim group (n=1,092)	Adjusted OR* (95%CI)
Number of daily cigarette smoked	Remained low or decreased	1005 (89.50%)	1019 (93.70%)	1
	Remained high or increased	118 (10.50%)	68 (6.30%)	1.9 (1.38-2.62)
Time to smoke 1 <sup>st</sup> cigarette after awakening	Remained low or decreased	307 (27.90%)	415 (38.10%)	1
	Remained high or increased	795 (72.10%)	674 (61.90%)	1.49 (1.24-1.80)
Difficult to refrain from smoking	Remained low or decreased	810 (73.90%)	892 (82.10%)	1
	Remained high or increased	286 (26.10%)	195 (17.90%)	1.49 (1.20-1.84)
Smoking during the first hour more frequently	Remained low or decreased	797 (76.40%)	959 (88.10%)	1
	Remained high or increased	246 (23.60%)	129 (11.90%)	2.09 (1.64-2.66)
Hate to give up the first cigarette	Remained low or decreased	435 (43.30%)	274 (25.20%)	1
	Remained high or increased	569 (56.70%)	814 (74.80%)	0.47 (0.39-0.57)
Smoking even being sick	Remained low or decreased	980 (91.00%)	1028 (94.40%)	1
	Remained high or increased	97 (9.00%)	61 (5.60%)	1.38 (0.97-1.96)

\* Adjusted for age, sex, education, depression score

**Conclusions:** Although floods significantly raised FTND score among victims, they influenced each item of FTND score differently. Most of them changed their behavior by reducing the number of daily cigarette, and shortening time to smoke their first cigarette.

**Funding:** This study was funded by project grants from Thai Health Professional Alliance Against Tobacco (ThaiPAT) & Thai Health Promotion Foundation

## P-S10-22 Building Tobacco Control Capacity at the Village Level in India

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Salaam Bombay Foundation

**Background and Objectives:** India's Global Adult Tobacco Survey reveals that while cigarette smoking prevalence is higher in urban areas, that of all other tobacco products is higher in rural parts. Second-hand smoke (SHS) exposure at home is higher in rural areas (58%) compared to urban areas (39%). Salaam Bombay Foundation (SBF) in collaboration with Ambuja Cement Foundation (ACF) as its local partner, designed a program for villages of Chandrapur district in Maharashtra, with an objective of initiating tobacco control activities through a self-sustaining, replicable, capacity building program targeting teachers, village health functionaries (VHF), local government, youth and local NGOs to work towards tobacco-free schools and villages.

**Methods and Descriptions:** Need assessment in nine villages revealed 38.5% villagers used any form of tobacco. Some bought tobacco products on credit with loans of up to USD 40-45. Trainings were conducted for health workers and teachers. Four-day training was done for 24 health workers (tai's), who work under ACF at community level and conduct sessions with families. An elder sister, who gives advice and whom one looks up to, is often called 'tai' in rural Maharashtra. A similar but separate workshop was conducted for 18 teachers from seven local government schools. The criteria for 'tobacco-free schools' and 'tobacco-free villages' were included in the trainings. Manuals, booklets and flipcharts on tobacco control issues were developed for teachers and health workers. CDs and posters were developed for visual dissemination of anti-tobacco messages.

**Results:** The program reached 15,324 people within 20 villages and 1,633 children in 11 schools. Health workers gained confidence in tobacco control to work as trainers. Three schools became tobacco-free. One of the villages also became tobacco-free through proactive initiative of village council president. In another village, the president took initiative for creating tobacco-free schools by writing a letter to "Tanta Mukti Samiti" (committee for peace). Recently ACF merged this program within their health project and replicating it in 60 villages. Pre-program evaluation in one of the villages in 2007 revealed that 72.5% villagers used tobacco. One year post-program evaluation revealed that 5% quit and 45% attempted to quit tobacco. In another village, pre-program evaluation in 2007 showed that 41% villagers used tobacco. One year post-program evaluation revealed that 6.6% villagers quit and 33.3% attempted to quit.

**Conclusion:** A comprehensive rural tobacco control program designed keeping the local culture in mind and involving all stakeholders promises sustainability, program effectiveness and acceptability.



### P-S10-23 Smoking in the Seas: Tackling Smoking Prevalence among Navy Recruits

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Health Promotion Board

The prevalence of smoking among Singapore residents aged 18 – 69 years rose from 12.6% to 14.3% between 2004 and 2010. A significant contributory factor to the rise was the prevalence of smoking among males aged 18 to 29 year olds (25.3%). Singapore male citizens aged 18 to 23 years must serve the nation for 2 years as part of the National Service programme, in the military, police or civil defence forces. Given the high prevalence of smoking among young male adults, this is a potential demographic target for HPB to focus its tobacco control efforts. Literature also confirms that relative to non-smokers, servicemen who smoke are more likely to miss duty days because of illness, are less productive, sustain more injuries during training and perform worse on physical fitness tests, in turn, affecting their overall combat effectiveness. Hence, promoting a tobacco-free lifestyle among servicemen will assist the uniformed groups in grooming officers who would be fitter and operationally ready to protect the nation. The Singapore Health Promotion Board partnered the Republic of Singapore Navy to customise an in-camp smoking intervention programme for its smoker recruits aged 18 to 23 years old. The programme sought to encourage smoker recruits to contemplate quitting smoking and included hands-on coping and motivational strategies to encourage recruits to quit smoking. A pre-workshop questionnaire was administered to 23 recruits on the first day of enlistment, of which 10 were found to be smokers. 40% of them had tried quitting in the last 12 months. 62.5% of the smoker recruits surveyed cited “poor stress management” as the reason for not being able to quit smoking. All 10 recruits indicated that they were not interested in receiving assistance to quit smoking. All 10 smoker recruits were channelled to attend a 6-week smoking intervention workshop, each session lasting 1.5 hours. Despite being unmotivated to quit smoking at the beginning, 90% of the participants indicated that they had cut down on the number of cigarettes smoked by the end of the 6-week programme and that they were more motivated to quit smoking. Medical Officers would also be trained to provide support and opportunistic smoking cessation advice, in addition to dispensing Nicotine Replacement products, at opportune moments such as during check-ups, when recruits report sick, etc. This pilot lends credence to introducing a comprehensive tobacco control programme comprising intensive smoking cessation workshops and opportunistic support by officers in Singapore’s National Service.

#### Two topics which best express the contents of the abstract

- Specific population (youth, male)
- Cessation

### P-S10-24 Parental Advisory Program: The Effort to Reduce Smoking Behavior at Home

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The major contributor to the occurrence of chronic diseases and poorness in Indonesia is smoking behavior. The impact of smoking is not only the smoker but also the people who do not smoke exposed to secondhand smoke are also affected. Meanwhile, the prevalence and consumption of cigarettes in Indonesia have meaningfully increased. Assessment of Demographic Institute Faculty of Economics, University of Indonesia said that the poorest households expending to buy cigarettes reached 57%. Based on data of basic medical research (*Riskesdas*) 2010, it was known that prevalence of smoking in Indonesia reached 34.7% with the highest number occurred in the age group 25-64 years. Various factors influencing the attitude of a person’s behavior, including the attitude of family members. The family is the smallest part of the community. This paper aims to help solving the problem of smoking behavior in Indonesia through the empowerment of the parental roles. The draft Program suggested to reduce smoking behavior is formation of **Parental Advisory Program**. The program consists of **Knowledge Improvement Program** through explaining the dangers of smoking and secondhand smoke for family members; **Skill Improvement Program** through creating the transparent communication and building the good values between family members; and **Reducing Smoking Behavior Program** through being anti-smoking parenting model, making the policy of no-smoking home, pay fines for smokers in the family, and teaching the ability to refuse a friend’s invitation for smoking. This program can be designed by Ministry of Health. Knowledge Improvement Program must be implemented by community health centers and families who are implementing the program will be awarded by health department. The offered Formation of Parental Advisory Program is expected to be a consideration for health agencies in order to encourage and support all parents to contribute on problem solving of smoking behavior as a form of efforts to increase the degree of public health status at the local area.

**Keywords :** *Smoking, Reduce, Parental Advisory Program*

### P-S10-25 Smoking-Related Cognition, Secondhand Smoke Exposure, the Awareness of Smoking and the Effects of Anti-Smoking Education for Fifth and Sixth Grade Elementary School Children

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**Objectives:** Exposure to household secondhand smoke (SHS) at home causes serious health risks to children. The purpose of this study was to assess smoking-related cognition, SHS exposure, the awareness of smoking and the effect of anti-smoking education for elementary school children in Aichi prefecture. **Methods:** We have conducted a questionnaire survey, which included the Kano Test for Social Nicotine Dependence for youth (KTSND-youth) to children. In this cross-sectional school-based study, a total of 1,437 fifth and sixth grade elementary school children (aged 11-12, 700 boys, 737 girls) in 11 elementary schools from 2008 to 2012 completed the questionnaire. The KTSND-youth was reevaluated following anti-smoking education. **Results:** The prevalence of self-reported exposure to SHS at home, children who wanted to smoke, those who had experienced smoking, those who knew of the harmful effect of smoking or SHS, those who knew about nicotine dependence, and those who knew of the harmful effect on exercise and a decline in learning ability was 60%, 3%, 2%, 98%, 88%, 89%, and 71%, respectively. The score of KTSND-youth significantly decreased from  $5.1 \pm 4.2$  to  $3.2 \pm 3.4$  after did the anti-smoking education ( $P < 0.01$ ). In addition, boys demonstrated higher KTSND-youth scores than did girls (boys  $5.4 \pm 4.4$ ; girls  $4.8 \pm 3.9$ ,  $P < 0.05$ ). The score of KTSND-youth for children exposed to SHS at home were higher than those not exposed to SHS at home (SHS  $5.4 \pm 4.3$ ; no-SHS  $3.5 \pm 3.6$ ,  $P < 0.01$ ). **Conclusions:** This study showed that anti-smoking education helped to decrease the KTSND-youth score and the prediction of initiation in future smoking significantly. Anti-smoking education from elementary school age and support of smoking cessation for family members might be important for decreasing social nicotine dependence among junior high school students, resulting in the prevention of students from making smoking transitions. This study was supported in part by a Grant-in-Aid for Scientific Research from the Japanese Ministry of Education, Science, Sports and Culture (No. 23593079) and the 2012 Funds of Aichi Health Promotion Foundation.

## **P-S10-26 The Association Between Second-hand Smoke Exposure, Knowledge and Willingness to Perform Smoke-free Rights of Non-smokers in Guangzhou**

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This study was supported by the Bloomberg Initiatives (No.China-3-02).

**Objective** On 1 September 2010, the Guangzhou Tobacco Control Regulations (the Regulations) was implemented. The citizens were endowed the smoke-free rights in public places which prohibited smoking by the Regulations. This study explores the association between second-hand smoke (SHS) exposure, knowledge, awareness of smoke-free rights and willingness to perform the rights of non-smokers in Guangzhou, Guangdong Province.

**Methods:** A cross-sectional survey was conducted in Guangzhou using a stratified multi-stage cluster sample design. Five thousand one hundred thirty-five citizens aged 15 years or above were administered a face-to-face interview that obtained information about smoking, SHS exposure, SHS-related knowledge (7 items), awareness of smoke-free rights, willingness to perform the rights in 2011. SHS exposure refers to non-smokers' inhalation of smoke from the exhalation of smokers at least 1 day ( $\geq 15$ min) per week. A total of 4,239 non-smokers were included in the data analysis. Chi-square tests were used to compare the SHS exposure and related factors. Correspondence analysis was used to examine the association between SHS exposure and willingness to perform the rights.

**Results:** Among the 4239 respondents, 1425 (48.98%) were male, the mean (SD) age was 41.92(17.02) years. The self-reported SHS exposure rate was 46.99%. The prevalence of SHS exposure was 48.95% for man, 45.98% for woman ( $P>0.05$ ). The median score of SHS-related knowledge was 6 (total score was 7). There was no statistically association between SHS exposure and knowledge ( $P>0.05$ ). SHS exposure was significantly associated with awareness of rights, and willingness to perform rights. Correspondence analysis showed that awareness of and willingness to perform rights was related with no SHS exposure; awareness of, but unwillingness to implement rights was associated with low exposure (1~3 days/week); unawareness of the rights was related with high exposure (4~7 days/week).

**Conclusion:** Propaganda should focus not only on SHS-related knowledge, but also on the Regulations. Interventions to promote awareness of and willingness to perform the smoke-free rights in public places may reduce or avoid the SHS exposure.

**Key words:** SHS exposure; Tobacco control; Smoke-free rights; Correspondence analysis

## **P-S10-27 Smoke, Smoking and Cessation: The Views of Children with Respiratory Illness**

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**Aim:** to explore the attitudes of Māori and Pacific children with respiratory illness towards second hand smoke (SHS), smoking and parental smoking cessation.

**Method:** Twenty-seven Māori and 13 Pacific children (aged 6-11) in New Zealand were interviewed (7 individually, 34 in focus groups). They were asked: their attitudes towards smoking; how SHS affects them; their fears and concerns about smoking for themselves and their parents; how to reduce their exposure to smoking; and their experiences asking parents to quit smoking. The interviews were transcribed, entered into NVivo and analysed using a deductive approach.

**Results:** The children said SHS made them feel "bad", "unhappy", "angry", "uncomfortable", "annoyed" and "really sick", making them want to get away from the smoke. They were aware of the negative consequences for themselves and others: "I think that it's bad to smoke", and "it is not right to smoke and I don't like it". They knew about some harmful effects of smoking: "it [smoking] is dangerous" and that "you could die from it". Many children had fears for people around them who smoked.

Families reportedly had rules restricting smoking around children: "You're not allowed smoke in the car where babies are". Most children reported that adults complied with those rules: "they just go to the back and don't smoke around us", and "they never smoke around me". However, a number of children reported that people still smoked around them.

The children had experienced people around them quitting. The most common reason perceived for people quitting was concern for children. Other reasons included money, TV ads and workplace policies. There was an awareness of how difficult it is to quit smoking.

Whilst some children thought family members supported others to quit, others said there was no one to help. A lot of the children thought they could ask parents to quit with a few suggesting they could "act like I'm sick" thus playing on the concern of parents.

## **P-S10-28 Outreach Activities for Tobacco-Free Carried out by Medical Students**

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[Background and Purpose] Youth and young adults are the most important group for a target in tobacco-free activities and for participants of the activities. There are many youth advocacy programs in Western countries such as Kick Butts Day but in Japan regular youth activities have not been conducted. Considering the situation as weakness of tobacco-control in Japan, Kyoto Association for Tobacco Control (KATC) and Kyoto Prefectural University of Medicine encouraged the participation of medical students who learn the causal association between smoking and illness and communication methods. A substantial number of medical students participated in the activities. We review the activities in chronological order and evaluate the benefits and feasibility.

[Methods and Result] Medical students started participating in the school-based outreach activities so called "Tobacco Free Caravan in Kyoto" in 2004. At first medical students attended the workshops for the practical education of social medicine. Some students who were interested in the activities participated voluntarily using their free time in 2005. Gradually medical students devised ways of communicating effectively with quiz, educational material and presentation slides. Since 2007 medical students have performed the role of presenter and central character. The number of medical students involved was 4 person (4 schools, 10 times) in 2004, 7(9, 15) in 2005, 10(7, 14) in 2006, 9 (23, 45) in 2007, 21(31, 74) in 2008, 21 (29, 65) in 2009, 27 (56, 140) in 2010, 22(33, 75) in 2011 and 23(47, 77) in 2012. The high school students tended to be more interested in the contents presented by medical students than professions. The medical students acquired basic understanding health promotion and basic communication skills. From 2009 to 2011, medical students were entrusted with organizing the Tobacco-Free Caravan on the World No Tobacco Day in a shopping mall close to Kyoto Station. Medical students were organizing committee to recruit staff and to prepare the event with nursing students. On the day of the event we (15 medical students in 2009, 13 in 2010 and 11 in 2011) set up the site and worked as presenters and performers. The events attracted large crowds (500~1000 people) and the guests really enjoyed a tobacco quiz and prizes. Over 100 smokers participated in measurement of CO every year and over 20 smokers expressed their determination to quit smoking.

[Discussion and Conclusion] Medical students are expected to take a position on leaders and activists in outreach activities for tobacco-free. These activities are considered effective to both promote tobacco-free in community and to educate medical students. However the number of medical students involved remains restrained because of rigidity of the curriculum. Participation in these activities should be part of core curriculum.

## P-S10-29 The Relationship between Tobacco-Control Status and Smoking Behavior Among Students at 81 National Universities in Japan

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**Object:** The aim of this study is to clarify the relationship between what status tobacco control measures is in 81 natural universities and smoking behavior among university students in order to promote a tobacco-free policy.

**Method:** We referred to their official websites to search for the keywords of tobacco -free campus, smoke-free, and tobacco control until 2013.

**Results:** The survey found that only 21.0% (17 universities) had implemented entirely tobacco-free policy, 50.6% (41 universities) had implemented indoor tobacco-free policy (smoking areas are set on campus), and 19.8% (16 universities) had implemented partially tobacco-free policy (some indoor areas are smoke-free). 30 out of 40 universities that have university hospital have implemented entirely tobacco-free policy. Additionally, this survey showed that universities or colleges that include medical and/or educational department(s) tend to provide entirely tobacco-free relatively.

**Discussion:** Twenty percent of universities have made campus entirely tobacco-free. Those with medical department or university hospital, and/or education department have implemented entirely tobacco-free campus earlier. However, non-medical and/or non-educational departments tended to remain only indoor smoke-free policy.

**Conclusion:** The study indicated that many universities had addressed tobacco issue. However, the level of control varies due to differences of educational aims and social responsibility. Every campus at universities and colleges should adopt a tobacco-free policy to protect students and staffs from exposure to secondhand smoke. Realizing tobacco-free campus, we should promote tobacco-free measures in responsible for students' health and educational initiatives.

## P-S10-30 Challenges in and Measures against Workplace Smoking in Yamagata Prefecture's Administrative Offices

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**Background:** Since prevention of passive smoking was established in law in 2003, in the Health Promotion Act, Article 25, the importance of providing smoke-free workplaces has increased. Although more inside work environments are becoming smoke-free, there are many practical difficulties implementing the policy in all work environments, including outside areas.

**Purpose:** This investigation aimed to clarify the current state and problems of smoke-free workplaces in administrative offices in some areas in Yamagata Prefecture in order to develop a way to promote smoke-free work environments in government offices.

**Method:** A questionnaire was distributed to all employees working at administrative offices in two towns and one city in Yamagata Prefecture(N=784). The questionnaire survey was administered between March 2011 and February 2012 through local government agencies by Nanyou&Higashi Okitama Medical Association and completed questionnaires were received from 736 respondents. The survey was supported by a Yamagata Prefecture Medical Association health research project. The questionnaire asked about sex, age, occupation, smoking status, and attitude toward a smoke-free building, and it also contained the Kano Test for Social Nicotine Dependence (KTSND).

**Result:** Men accounted for 67% of the respondents and the most common occupation was general clerical staff (69%). Concerning smoking status, 49% were never smokers, 23% past smokers, and 22% current smokers (who smoke every day). As for support for a smoke-free workplace, 38% felt that an outside smoking area should be preserved, 20% thought it should be a smoke-free workplace, 21% were hopeful it would become a smoke-free workplace, and 20% did not mind. Many who thought that an outside smoking area should be preserved were passive toward a smoke-free workplace and had high KTSND scores, regardless of smoking status.

**Conclusion:** The results suggest that among both smokers and non-smokers were those who were passive toward a smoke-free workplace and who lacked awareness of smoking and passive smoking. These are among the reasons why the smoke-free project has not proceeded in these locations. Assistance is required to provide employees specific information to improve their recognition of the need for a smoke-free project.

## P-S10-31 School-level and County-level Factors Associated with Smoking among Middle School Students

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**Objective:** To identify school-level and county-level factors associated with smoking behavior among middle school students.

**Methods:** We used the 2010 Global Youth Tobacco Survey data from Taiwan, conducted among middle schools, with 15,999 students in 183 schools from 20 administrative areas (city or county). School-level variables were generated by aggregating individual data. City/county level variables were obtained from other surveys. Multilevel logistic regression was used to estimate the risk of smoking within 30 days; odds ratio presented in the following table. (\* = statistical significance)

**Results:** After controlling for individual factors such as grade, parent smoking, positive attitude toward smoking, school factors including the prevalence of parent smoking, and the proportion of current smokers who had smoked in school, were positively associated with smoking. Among the area variables, percentage of parent living together was negatively associated with smoking, while parent education level and average income was not significantly associated with current smoking.

**Conclusion:** The school parent smoking rate was a significant factor, and strict school regulation was associated with less smoking. Social coherence of the larger environment, represented by the percentage of parents living together in the county level, seemed to be associated with less adolescent smoking.

**Table:** Factors associated with smoking within 30 days.

**Table:** Factors associated with smoking within 30 days.

	Boys (n = 8153)	Girls (n = 7846)
<b>Personal</b>		
9 <sup>th</sup> grade vs. 8 <sup>th</sup> grade	0.68*	0.77*
8 <sup>th</sup> grade vs. 7 <sup>th</sup> grade	0.86*	1.26*
Positive attitude to smoking	3.40*	2.71*
Parent smoking	2.18*	2.87*
<b>School</b>		
Parent smoking rate (every 10%)	1.29*	1.26*
% Smokers ever smoked in school (high vs. low)	1.37*	1.27
<b>City/County</b>		
Average disposable income (every 10,000 NT)	0.997	0.994
% Parent education above college (every 10%)	1.01	1.02
Parents living together (low vs. middle & high)	1.31*	1.25

### P-S10-32 Four Years of National Tobacco Control Programme in India: a Critical Review

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*Tobacco control*

**Background:** India launched its National Tobacco control programme (NTCP) in 2007-08 in 9 states (18 districts) and 12 states (24 districts) in 2008-09 with the objectives to create public awareness about the harms of tobacco use and institutionalise enforcement through effective implementation of national legislation. The present study was conducted with the objectives to review the programme critically and identify the challenges.

**Methodology:** Secondary data analysis and interviews of NTCP staff on semi-structured questionnaire was done in 2010 and 2011.

**Result:** Mass media campaigns, capacity building, GATS India survey and establishment of toll free helpline number were few of key activities done at national level. All states except one has established state tobacco control cell and steering committees at state and district steering committees. Enforcement mechanism established in 17 states (80%). 29 out of 42 districts have tobacco cessation facilities in district hospitals. Few objectives are yet to achieve, the product testing labs could not be established. Huge capacity building needs. NTCP is still a vertical program.

#### **Challenges**

Competitive inter-ministerial interests, large workforce employed in tobacco sector and plethora of tobacco products keep posing challenges to NTCP.

**Conclusion:** Despite all constraints, NTCP has resulted considerable rise in public awareness about harms due to tobacco use. Key stakeholders have been sensitized to take the issue further.

### P-S10-33 Ensuring Tobacco Control Law Implementation through GO-NGO Capacity Building

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*International Union Against Tuberculosis and Lung Disease*

**Background:** Exposure to secondhand smoke (SHS) is a risk for contracting diseases. Protecting people from SHS is possible only through effective implementation of tobacco control. But tobacco Control law implementation is a big challenge in Bangladesh for various reasons. It is documented that lack of coordination, collaboration and common understanding among Government & Non-governmental organization (NGO) at local to national level hinders enforcement of Tobacco Control law. Activation of task forces for tobacco control law implementation, monitoring law violation scenario, remove illegal advertisements and ensure smoke-free through mobile courts is often challenging. So bringing both parties in a single platform is inevitable for creating a smokefree country.

**Methodology:** Capacity building of government and non-government organizations is a strong tool for successful monitoring of law violation and its implementation. The Union (International Union Against Tuberculosis and Lung Disease) and its grantee organizations offer different capacity building trainings for government and non-governmental organizations on tobacco control, particularly in law implementation.

**Results:** The Union organized several capacity building workshops & trainings for senior government officials and NGOs professionals on various issues related to tobacco control. 106 participants attended 05 courses in last one year. NGOs also organize trainings for taskforce committee members, other local government personnel, media professionals and owners of public places and public transports. These capacity building workshops helped to build GO-NGOs relationship and able to come to common understanding on current challenges of TC law implementation. These workshops also increased organizational strength on project & financial management. Those also assisted participants to share their experiences and enriched themselves on tobacco control issues.

**Conclusion:** Developed working relationship among Government and NGOs, support the tobacco control programme especially in activating task forces for tobacco control, monitoring law violations, removing illegal advertisements and ensuring smoke-free through mobile courts which has proven to be an effective mechanism in Bangladesh. This Government-NGO collaboration can be a model for other aspects of tobacco control as well as other development programme.

### P-S10-34 Kameoka City, Kyoto, Japan Takes Up the Challenge for Making Smoke-free City with Strategies and Persistence

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**[Background]** In spite of the great effectiveness of health, tobacco control policy in Japan has been painfully behind the world both nationally and locally. Kameoka city has a population of 100,000 and 20% of whom are over 65 years old. The smoking prevalence was relatively high (62% among male in 1998).

**[Purpose]** KNHC and Kameoka city joined forces to establish the first basic guideline concerning tobacco control in 2003 and has been working on the issues of both active and passive smoking involvement local citizens. We reviewed the process and evaluated its effectiveness.

**[Methods]** Kameoka city has been implementing various projects since 2003. At first, the focus was educational setting. School-based workshops for high school students started in 2003 as the first trial in Japan. Public schools implemented a smoke-free policy in 2003 as requested by the Association of doctors, dentists and pharmacologists, ahead of the other cities in Kyoto. In the health promotion committees of Nantan district and Kameoka city, the tobacco problem has been discussed as a priority every year respectively. Seminars and opportunities for support for quitting have been held extensively at community-based events since 2006. In 2011 Kameoka city established a new operation sheet and started various projects for smoke-free city by using novelties (Kamemaru badge and strap), a summer seminar for kids (Tobacco sleuth), and a system of commendation for smoke-free indoors. Kameoka city has been monitoring smoking prevalence of young adults using data of 3 year child health check-up.

**[Results]** All public schools have been following a smoke-free policy both indoor and outdoor. Two hundred and twenty schools, offices and shops were commended as smoke-free indoors. About sixties of those decided smoke-free under the encouragement of the system. Smoking prevalence has decreased from 46.9% to 34.2% among fathers and from 15.6% to 7.9% among mothers.

**[Conclusion]** Community based tobacco control was working practically in Kameoka city. Our activities caused a marked decrease of smoking prevalence. We are determined to continue constant efforts to make smoke free city.

### **P-S10-35 Implementation of Tobacco Control for Rural Communities by Primary-Care Units or Health Promotion Hospitals of Sub-district Level in Thailand**

Chanthana VITAVASIRI, S. PAUSAWADI

*Committee and President of Thai Health Professional Alliance Against Tobacco*

THPAAT provided education and training program on tobacco control for healthcare personnel in primary care units. The objective is to study outcome of the program that lead to the implementation in rural communities. **Material and Method:** The project was developed into 3 steps. Step I: Between Jun 2009–Jan 2012, THPAAT organized education and training for personnel of primary care units about tobacco toxicity, cessation, counseling technique, Thai National Tobacco Control Policy and Surveillance system. Step II: Action on Tobacco control in the rural communities. Step III: Evaluation of tobacco control in rural communities. **Result:** During the three-year period, THPAAT project provided tobacco control education and training course for 1,726 health personnel from 808 primary care units in 9 provinces. Of all those who attended, 82.8% gained more knowledge. After the training course, the personnel of primary care units created their own tobacco control activities in rural communities. The evaluation on Jan–May 2012, THPAAT conducted two studies. The first one was “The National Survey on Smoke-free Primary Care Hospitals in Thailand”. The study was descriptive with 1,001 primary care unit samples. 278 hospitals returned the questionnaires. It was found that personnel of primary care units were nurses in 50.4%, had attended basic and advance tobacco control course in 50.9% and 45.5%. The tobacco control activities in rural communities were searching for smokers in 36.3% and providing cessation service: Ask, Advice, counsel and follow up in 68.6%, 64.0%, 68.9% and 42.1% respectively. It was recommended that implementation of tobacco control in rural area required more human resource development. The second study was “Role of Thai Nurses in Tobacco Control”. It was descriptive, with stratified random sampling 893 nurses. 654 nurses responded the questionnaires. The result showed that Thai nurses had activities in tobacco control in low level. Nurses in primary care units performed cessation service mostly by asking, but with least following up. It was concluded that Thai nurses need more development of skills and knowledge of tobacco control. **Conclusion:** Tobacco control education and training course of personnel in primary care units will affect proactive tobacco control in rural communities but the implementation is still not covered nationwide. THPAAT should extend the training courses to all 76 provinces.

### **P-S10-36 Predictors of Smoking Behavior among Female Students of High Schools and Vocational Education Colleges in North-Eastern Thailand**

Ratchanee VEERASUKSAWATT, Nuanjan PRAKENREE, Wanpen DUAGMALA, Wantanee THONGNUN, Parichat JAISUPAP, Poughthong TRYCHASIRIKOSOL

*Sanpasithiprasong Hospital*

**Objective:** The study aimed to evaluate predictors of smoking behavior among female students of high schools and vocational education colleges in North-Eastern Region of Thailand.

**Materials and Method:** It is a cross-sectional survey research. The sample size was calculated by estimating proportion of smoking female students and randomizing by multistage random sampling. The self-administered questionnaires developed by the researchers containing the context of Ajzen's theory of planned behavior, attitude, subjective norms, and perceived behavioral control. The validity was tested by three experts and the reliability test was performed with the Cronbach value of 0.73. Percentage, and regression entry method were used in data analysis. There were 2,900 questionnaires.

**Results :** It revealed that overall prevalence of cigarette smoking was 8.1 percents. The majority was vocational college students. The most common predictor of smoking among female students was perceived behavioral control, followed by negative attitude toward smoking respectively. Whereas, subjective norm was rarely used as the predictor in the study.

**Conclusion :** It was suggested that adolescents were a high risk group for cigarette smoking who should be closely monitored. Anti-smoking campaigns should be started at the earlier age to adjust the attitudes toward smoking behavior, promote living skill, develop self-confidence and self-control to avoid risk behavior of cigarette smoking. The adolescents who were at risk should be encouraged to use their leisure time appropriately, and participate in anti-smoking campaign activities.

**Key words :** Predictors of smoking behavior High Schools Female Students  
Vocation College

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### **P-S10-37 Study of the Smoking Preventive Education in the Teacher Training**

Hiroko ISODA

*Sonoda women's University*

Yogo teacher is a health advocate school. Yogo teacher is Japan's unique style, they have been brought up to protect the health of the child as a health promoting school. They were been brought up to protect the health of children in their own styles and Japan. Teachers will need to provide a healthy and safe environment for children, smoking prevention education is particularly important among them. In order to practice the smoking prevention education in schools, while still a student Yogo teacher training institutions, it is necessary to understand the principles of smoking prevention education.

Research subject is the 36 first-year students are enrolled in the course of fiscal 2012, the Department aims to Yogo teacher. We have cooperation with the investigation in July 2012 about participation in research. Investigation and survey method was self-describing through distribution of questionnaires. In this study, two were smokers (5.5%). In order to understand the current status of students seeking a Yogo teacher, we conducted a preliminary investigation smoking status as a student. That students who have already started smoking in college freshman have more than one person, we have found in this study. It Guess the students who have been educated non smoking before college, but was more than 90%, you're smoking Nevertheless, the effect of education non smoking have been carried out in the school education of the current low be. I think university education in the future, there is a need to develop a new smoking prevention programs

### **P-S10-38 Changes in Perceptions on the Effectiveness of Tobacco Control Policies among Adolescents: A Prospective Study**

Melinda PENZES, Robert URBAN, Peter BALAZS, Kristie Long FOLEY

*Simmelweis University*

**Introduction:** Since the early 1990s, the government has adopted many important anti-tobacco policies, but tobacco smoking still has an important negative impact on health status of the Hungarian population. The latest anti-tobacco legislation (effective since January 1, 2012) prohibited smoking in all confined public places. This study evaluates changes in the adolescents' perceptions on the possible effectiveness of tobacco control policies to reduce general smoking prevalence and assess the short-term consequences of the new legislation.

**Methods:** Baseline and follow-up surveys were conducted in 2010 and 2012 among students in six Hungarian metropolitan cities. At baseline, randomly selected 6th and 9th graders participated (n=2,208; 54.9% girls) while at follow-up, 8th and 11th graders completed the survey from the same schools (n=1,987; 54.0% girls). Possible effectiveness of nine tobacco control policies as suggested by the WHO FCTC were rated by participants. Smoking status of respondents, parental smoking and awareness of harmful health effects due to secondhand smoke were also measured.

**Results:** The past 30 days prevalence of smoking increased significantly ( $p<0.001$ ) from baseline (25.3%) to follow-up (30.0%). According to the adolescents, price increases, stricter regulation of tobacco products' sales and non-smoking role models (e.g., parents) were believed to have the greatest positive impact on smoking prevalence. Additionally, perceptions on the effectiveness of all three mentioned strategies were significantly strengthened at follow-up. Smoking students did not perceive that the most tobacco control policies would reduce tobacco use. However, at follow-up, while controlled for gender, grade and parental smoking, smokers indicated by significantly greater odds that school-based tobacco prevention programs (OR: 1.66,  $p=0.001$ ) and promoting smoking cessation options (OR: 1.35,  $p=0.015$ ) would reduce successfully the number of smoking people. Significantly more participants ( $p<0.001$ ) were aware of the harmful health effect of secondhand smoke at the time of the newly introduced anti-tobacco legislation (83.9%) compared to baseline (75.8%), although higher odds of awareness were shown among non-smokers compared to smokers (OR: 2.35,  $p<0.001$ ). Parental smoking of respondents was decreased from 48.6% to 45.9% from baseline to follow-up ( $p=0.018$ ).

**Conclusions:** Understanding adolescents' opinion about tobacco control policies is important because they are at greater risk of smoking initiation. Therefore emphasizing the benefits of tobacco control policies must be considered when implementing anti-tobacco programs for adolescents.

### **P-S10-39 "Tobacco Free Teacher, Tobacco Free Society" – Empowering Teachers in Rural India to Raise Awareness and Advocate for Enforcement of Tobacco Control Law**

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*Salaam Bombay Foundation*

**Background and Objectives:** India's Global Adult Tobacco Survey revealed tobacco use to be higher in rural areas. 52% and 24% rural males and females use tobacco compared to 38% and 12% urban males and females. Second-hand smoke (SHS) exposure at home is 58% in rural areas and 39% in urban areas. Tobacco consumption is socially acceptable and rooted in local rural culture. Children and adolescents are the most vulnerable victims. Salaam Bombay Foundation (SBF) decided to work in across rural Maharashtra to address high tobacco use, through the medium of teachers who are looked upon as role models. The strategy was to sensitize teachers and convert them into change agents and implement 'tobacco-free teachers, tobacco-free society' concept. Program objectives were to create awareness about tobacco ill-effects, equip teachers to conduct sessions with school children, and help enforce laws preventing access of tobacco to children.

**Methods:** SBF met Director of State Education and District Education Officers in Maharashtra state to explain program needs and request access to their existing master trainers, who provide training to teachers employed with state government schools on various subjects. Three-day state workshop was organized for selected master trainers, briefing them about SBF school programs and on issues in 'tobacco control', including Indian Tobacco Control Law - COTPA 2003. Guidance was provided on ground level teacher training and monitoring program implementation. Each district was represented by five to six master trainers. Trained master trainers acted as SBF contact point for each district and conducted one-day block level teachers training in their respective districts. 45 - 50 teachers from each block were trained. Block level trained teachers implemented the program in their schools and villages in presence of master trainers, through street plays, songs, drawing, slogan and essay writing competitions, and rallies. Manuals on tobacco control issues were developed for various training levels. Booklets, flipcharts, CDs and posters were developed for visual dissemination of anti-tobacco messages.

**Results:** SBF trained 132 master trainers, who trained 20,607 teachers from 19 districts. Monitoring of 61 schools showed that teachers implemented the program effectively and efficiently. 'No-tobacco' signage was cited at school premises and there was increase in tobacco awareness as analyzed through evaluation forms. Four schools became tobacco-free.

**Conclusion:** Utilizing existing resources and empowering teachers is an excellent way to spread tobacco awareness not only among students and their families but also across communities, extending to involve local authorities.

### **P-S10-40 Expanding the Tobacco Control Health Network: A Hospital, School, and Police Station Project**

Krongjit VATHESATOGKIT

*Thai Health Promotion Foundation*

In Thailand, the hospital is the focal point in terms of providing quitting services and educating patients and their relatives about the harms of smoking. Police officers also play an important role in enforcing smoking laws and providing students with knowledge about the consequences of smoking and using drugs. Simultaneously, teachers play a critical role in providing learning opportunities for their students about the dangers of smoking. In this framework, by linking these 3 parties together through a strong working structure, they can become an integral part of the Health Professional and Non-Health Professional networks already working on tobacco control. Recognizing this opportunity to strengthen the network, ASH Thailand began working closely with local authorities in 3 districts from 3 regions in Thailand.

As a result, hospitals, schools, and police stations in these 3 districts have adopted smoke-free policies and set up surveillance teams to enforce smoke-free regulations in hospitals and police stations. Within a year (2010-2011), the hospital helped organize quit smoking programs in 11 schools resulting in 180 of 336 students to quit smoking (53.57%).

The follow up study found that the program helped strengthen the network in the 3 districts, and provided support for key personnel in local areas to become functioning focal points. In total, the program was able to work closely with 54 schools and 6,036 students from grades 3 to 12. Among these students, 61.8% indicated that they enjoyed receiving "edutainment" from the program, and 44.2% indicated that they would like to quit smoking after participating in the program. Also, 61.7% said that they are now more confident to not take up smoking, and 60.5% vow to help other people quit smoking.

The next step for the program is to continue to extend the project to cover community leaders and volunteers, who play a very significant role in smoke-free home/village projects. They are also very important focal points for the surveillance team working to protect all localities from tobacco industry tactics.

### P-S10-41 Community Tobacco Cessation in Mumbai

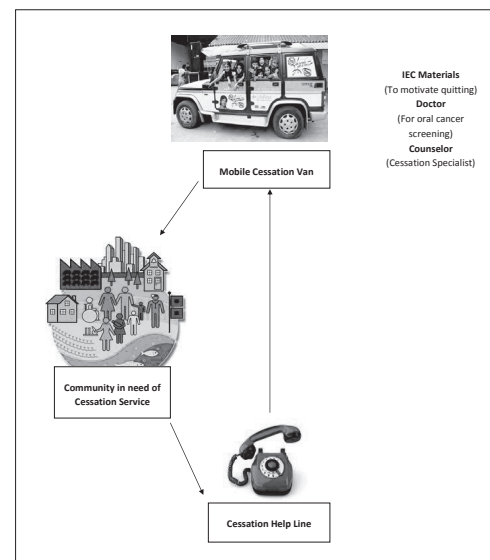
Ajay PILANKAR, Devika CHADHA, Tshering BHUTIA  
Salaam Bombay Foundation

**Context:** The tobacco habit is difficult to break especially for those heavily addicted to the substance. Many users are unaware of the availability of professional help for tobacco cessation. The socially disadvantaged neither have the means nor the money to use these cessation services. Salaam Bombay Foundation, therefore came up with a unique concept of taking the cessation service at the doorstep of the addicted tobacco user through a “mobile community-based cessation help” service.

**Methods:** A “mobile community-based cessation help” service named “Life First” was launched by SBF as a means of community based cessation model. This service consists of three components - a cessation van having IEC (Information, Education, Communication) materials to motivate quitting, a help line number where callers can request for the “mobile cessation help” service to come at their door step in communities where tobacco users want to quit, and collaborating with primary and urban health centers to carry out cessation activities. When callers request for the cessation service to be made available to the community, the cessation van along with a qualified cessation specialist and a doctor to screen tobacco related oral cancers would go into the community.

**Results:** Within a week of the appearance of the news report about “Life First”, SBF received more than 100 calls from across the country. The individual beneficiaries will be tracked for quit attempts and the community will be monitored as a whole for successful cessation.

**Conclusion:** This community-based model of tobacco cessation holds promise in making tobacco cessation service available to the ones who need them the most without any hidden costs to the beneficiary.



Community-Based Tobacco Cessation Model

### P-S10-42 Using Indian Festivals to Advocate for Tobacco Control: Innovative Ways to Reach Out to Communities and Stakeholders

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Salaam Bombay Foundation

**Background:** Festivals and occasions viz. - “Raksha Bandhan” (sister ties thread on brother’s wrist signifying brother’s commitment to protection), “Ganpati Festival” (displaying Lord Ganesha’s idols at marquee - ‘pandals’ attracting devotees), “Dussehra” (destroying “Ravan” symbolizing new beginnings of good over evil) provide opportunities to create awareness on social issues.

**Methods:** During “Raksha Bandhan” girls tied “rakhis” (threads) on tobacco vendors’ wrists, requesting not to sell tobacco to minors. Preparing for “Ganesh Festival”, meetings with festival committee members were followed by letter to pandals requesting refusing tobacco advertisement. Anti-tobacco banners and devotional songs were distributed to pandals, urging devotees to throw tobacco in boxes at entrances before seeking blessings. During “Dussehra”, same concept involved destruction of effigy of “Ravan” symbolizing evil (tobacco). Children’s rallies spreading anti-tobacco messages were conducted on Independence and Republic Day, with themes - “Quit Tobacco Movement” and “Proud to be Tobacco Free”.

**Results:** During “Raksha Bandhan”, of 250 vendors approached by 700 students, 63 shops were found keeping their promise of not selling tobacco to minors. Advocacy at Ganpati pandals over past three years resulted in pandals going “tobacco-free” - refusing advertisements and making devotees leave tobacco outside worship area. Mumbai Municipal Corporation issued circular banning tobacco linked advertising in pandals, From 81 pandals (2008), the program extended to more than 200 pandals and 1000 young tobacco control advocates. Children performed through song, dance, and drama at 176 pandals across Mumbai (2010). “New Year” activity started (2009-2010) as individual school activity at 13 locations, took an organized format in 2011, spreading to 1632 children from 76 schools.

**Conclusion:** Festival linked advocacy helps reach large populations including event organizers, law enforcers, and policy makers, generating awareness, and tobacco control law implementation.

### P-S10-43 Changes of Tobacco Use Behaviors in Thai Dental Students in 5 years

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Ministry of Public Health<sup>1</sup>, Chulalongkorn University<sup>2</sup>

Health professions students have been found to play an important role in cessation and prevention of tobacco use in their patients. Thailand has developed the tobacco surveillance system in dental students using the Global Health Professional Student Survey (GHPSS) which has previously been conducted in Thailand in 2006 and recently in 2011. This study aims at assessing any changes of tobacco use in third year Thai dental students, their experiences of exposure to secondhand smoke (SHS), their schools’ antismoking policy and enforcement, and their learning experiences on smoking cessation. Comparison from the 2 surveys show that within 5 years prevalence of cigarettes smoking are slightly decreased both for ever smoked cigarette (17.0 % to 13.9 %) and currently use from 3.9 % to 2.5%. The remarkable upward changes are found in prevalence of the use of any form of tobacco other than cigarettes in lifetime experiences from 3.3% to 16.8%. These changes are found in both sexes; in men from 9.4% to 25.9 % and in women from 0.4 % to 12.5 % respectively. Moreover, the prevalence of currently use any tobacco products other than cigarettes increases from 0.3 % to 2.3%. The percents changes are found in men from 0.8 to 2.8 and in women from none to 2.1%. Students reported they exposed to SHS at home changes from 27.4 % to 32.4 %, while their exposure to SHS in public places decreases from 62.5 % to 49.8 %. Respondents reported their schools have official policy banning smoking in college buildings and clinics increase from 44.8 % to 68 % but the policy enforcement is slightly decreased from 88.9 % to 84.1%. Their perception of being role model for smoking cessation is nearly the same at 98 %, and the need for cessation techniques increases from 80.9% to 91.9%. Percentages of dental students reporting that they have learned cessation approaches to use with their patients increase from 14.1% to 32.7%. Some positive changes in dental students are more likely contributed by the activities of the Thai Dentist Against Tobacco Network that try to incorporate the health impact of tobacco and smoking cessation lesson into the dental curriculum, and involve the first two years of dental students in antismoking campaign since 2002.

The studies are supported by the Tobacco Control Research and Knowledge Management Center (TRC) Thailand.

Key words: Thailand GHPSS, Tobacco use, Dental student

#### P-S10-44 Survey of Pharmacists about Tobacco

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[Purpose] The smoking rate in Japan is 21.7% in fiscal year 2011 (according to JT). The rate is higher than those of the other developed nations (20% or less). Japan Pharmaceutical Association started the anti-smoking campaign in 2003, issuing 6 declarations, one of which reads "all the pharmacists should completely quit smoking". I researched if the pharmacists really stopped smoking through questionnaire survey.

[Method] The time period for the questionnaire was from October 25, 2012 to November 30, 2012. The questionnaire on tobacco habits was conducted to the personnel working in ninety hospitals and twenty-four pharmacies in Hokkaido, Japan. The questionnaires were left with the respondents to be picked up at a later date. The respondents answered the questionnaires unsigned. 110 men (37.8%) and 181 women (62.2%) answered to the questionnaires. Of the 291 respondents, 145 (49.8%) were hospital pharmacists, 93 (32.0%) were pharmacists working in community pharmacies, and 53 (18.2%) were clerks. The response rate was 98.6%.

[Results and Consideration] The smoking rate of the pharmacists in Japan (Hokkaido) was 14.4% (13.8% for hospital pharmacists, 11.8% for pharmacists working in community pharmacies, and 20.8% for clerks). Ex-smoker ratio was high with 17.5%, which suggests that, since the declaration in 2003, the awareness of the importance of no-smoking among medical professionals was raised. However, currently, the smoking rate for pharmacists is not zero. Looking at age groups, pharmacists in their 20s were highest in both no-smoking rate (37.9%) and anti-smoking education rate (42.9%). In the United States, no-smoking programs are carried out in schools in order to help young people refrain from smoking or quit. In Japan, pharmacists in their 20s, who were educated in school not to smoke, were highest in no-smoking rate, which suggests that anti-smoking education in Japanese schools contributed to the lowest rate of smoking for the young Japanese pharmacists in their 20s. Henceforth, it will be one of the important tasks for pharmacists to visit kindergartens and elementary schools to educate younger children about the health benefits of no-smoking life. In addition, Japanese pharmacists should keep up with the international movement toward completely smoking-free society.

#### P-S10-45 Smoke Free Campus on Active Participation of Student Forum- SHUBASH at Southwestern Part of the Bangladesh

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*The Union South East Asia*

**Background:** AID has been implementing a project; strengthen implementation of the tobacco control law in Khulna Division particularly provisions of making public places and transports since September 2009 to till. To implement the project AID realized that voluntarism of University Student made pivotal role because student is the main targeted consumer of the tobacco company and in future student will be played major role for law compliances when they are at services in different public places and Govt. offices as authority.

**Challenges:** Most of the student and university authority were not aware about tobacco control law. As per survey report, 40% University male and 10% female students were the smoker and promotional activities prevailed by the tobacco industry, involved student to their Corporate Social Responsibility activities, lacked of compliance of the smoke free law at the university area. Political instability of the university campus and vacation, examinations reduce the presence of the students.

**Intervention:** One to one advocacy with students; teachers and authority, law sharing meeting with students and teacher, mass awareness on performed cultural show, student committee formation and quarterly meeting, world no tobacco day observation, sticker campaign, training on harmfulness-tactics of tobacco industry, advocacy with the university authority, formed anti tobacco student forum on other university colleges.

**Results:** Campaign among the 1,20,000 students and 6000 employees, 420 students transports and common students places of Islamic University, K.C. College of Jhenaidah, M.M. University College, Jessore, Jessore Science and Technology University, Khulna University, Kushtia Govt. University College and Magura University College declared as smoke-free, anti tobacco student forum formed in University, all kinds of direct and indirect advertisement banned in university, student forum against tobacco formed at others university and colleges.

**Conclusions:** Need more student awareness and participation, indirect promotional activities should monitor by the university authority, measures against tobacco industry's Corporate Social Responsibility at university.

This experience would be waved to other universities which would be led by others students.

#### P-S10-46 Prevalence and Determinant of Illicit Cigarette Consumption in East and Central Java Province, Indonesia<sup>1</sup>

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*University of Indonesia<sup>1</sup>, University of North Carolina<sup>2</sup>, University Sains Malaysia<sup>3</sup>*

**Background:** There are two types of illicit trade cigarettes: smuggling and illicit domestic cigarettes. While smuggled cigarettes are a leading issue in other countries, illicit domestic cigarettes are considered the major concern for Indonesia.

**Objective:** The objective of this study is to assess prevalence and determinants of illicit cigarette consumption in East and Central Java province, Indonesia.

**Method:** The survey was conducted on November, 2010 till January 2011. The total number of respondents in East and Central Java Province was 2,394. In each selected province, male and female smokers aged 15 years and above was selected.

These respondents were selected using a Multistage Random Sampling method.

The interviewers collected empty pack from respondent to be identified by the researchers whether the pack was illicit or not.

**Result:** This study found that there are 4.85 percent illicit cigarette was consumed by respondents in Central and East Java. Compared by region, illicit cigarette consumed in Central Java was 2.3 percent and in East Java was 7.2 percent.

Those that smoke illicit cigarette are found more in East Java, older generation (65 year or above), live in rural area, have low education (below elementary), and low income. The illicit cigarette price is very cheap that is Rp1,500 – Rp 3,000 (US\$ 0.17-US\$ 0.33) per pack.

**Conclusion:** The illicit cigarette was mostly consumed by low income and low educated people. The existence of illicit cigarette that especially produced by small scale industries has provided more choice for the smokers so that they are easily to switch to illicit cigarette if the legal cigarette price hikes.

<sup>1</sup>This project received support from the NIH Fogarty International Center (Grant Number R01TW007924), awarded to Duke University's Program on Global Health and Technology Access in collaboration with the Southeast Asian Tobacco Control Alliance and the American Cancer Society. The content is solely the responsibility of the authors and does not necessarily represent the official views of the Fogarty International Center or the National Institutes of Health.



### **P-S10-47 Exposure to Secondhand Smoke and Its Relationship with Academic Performances and Cognitive Abilities among Primary School Children in Serdang**

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**Introduction:** Majority of children are involuntarily exposed to tobacco smoke mainly by adults, in the places where children live, work and play. There has been evidence of a relationship between poor cognitive performances and Secondhand Smoke (SHS) exposure among exposed children. Exposure to SHS has often been objectively measured via biomarkers such as salivary cotinine. **Objective:** This cross-sectional study was conducted at one of the primary school in Serdang, Malaysia. The overall aim of this study was to determine the association between exposure to SHS with academic and cognitive performance among primary school children. **Methodology:** All of the students in year 5 of primary school in Serdang were invited to take part in this study by distributed the consent form. 68 of the students agreed to participate from 127. Parental-administered questionnaire was used to obtain background information and smoking exposure estimations. Saliva collected from children was used to determine the levels of cotinine measured via Salimetrics Cotinine ELISA kit. Latest examination results of the participating children was obtained from the school, while cognitive ability was measured using Wechsler Nonverbal Scale of Ability (WNV) test. Ethical approval was obtained from the *Universiti Putra Malaysia* Ethics Review Board. **Results:** This study found that 39.7% of respondents lived with a father that smoke and 27.7% of them had a salivary cotinine level exceeding 0.1 ng/ml. There was a significant association between children's SHS daily exposure and salivary cotinine concentration ( $p < 0.05$ ). No significant relationship was found between SHS exposure and academic performance and cognitive ability ( $p > 0.05$ ), however, there were clear patterns of higher SHS exposure and poorer academic performance and cognitive ability. **Conclusion:** This study was preliminary study which contributed a baseline data on exposure to SHS and academic performance as well as cognitive ability among schoolchildren in Malaysia. There was no association between SHS exposure and academic performance and cognitive ability. This study suggests a further research on exposure to SHS and academic performance using retrospective study design.

**Keywords:** Secondhand Smoke, Salivary cotinine, Enzyme- Immunoassay, Schoolchildren, Parental-reported, Cognitive, Academic performance

### **P-S10-48 Quit and Win 2012**

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Quit and Win is one of few smoking cessation programs run in Cambodia. It was the third time that the Quit and Win Campaign 2012 was carried out in the country with financial support from Taiwan Bureau of Health Promotion.

1,288 pairs, smokers and non-smokers as supporters, registered in the campaign, almost 20% increased compared to the Quit and Win 2010. Almost half of them were farmers, followed by small/household business dealers (taxi drivers, mechanics), laborers, office workers, armed forces, teachers, students, retired-persons, and Buddhist monks. 3% of them were women and 2% was under 18 years old.

Half of them were long term smokers who smoked more than 10 years, while one quarter smoked between 5-10 years and another quarter smoked less than five years. More than 75% of them were heavy smokers by smoked more than 10 tobacco sticks per day and smoked the first cigarette within 30 minutes after waking up in the morning.

Half of them learned the campaign by radio and television advertisement, followed by posters, leaflets and advertising on three wheel vehicles.

Because most people who registered were from rural areas where internet access was very limited, more than 99% of them registered through phone calls.

National ID number for both smokers and supporters were required when registering.

Smokers who registered in the campaign were well informed to abstinence from smoking for one month period.

5% of the registered was randomly selected through computer lottery program for one month follow up interviews through phone-calls, and 64% was the success rate.

The selected candidates were interviewed and tested CO before entitling the winners. The winners were awarded motorcycle, television and hand-phones.

The Quit and Win Campaign did not only alert public about the danger of smoking and help smokers to quit, but it also contributed to the implementation of the FCTC's Article 12 and 14.

### **P-S10-49 Perception of Second Hand Smoker and Support Toward Smoke Free Area Among Public in Kota Bharu, Kelantan**

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*School of Medical<sup>1</sup> Sciences, Malaysia<sup>2</sup>*

**Introduction:** Second Hand Smoke (SHS) kills more than 600,000 people worldwide every year. It has been known to aggravate asthma in childhood, increase risk of lung cancer, lung infections and cardiovascular disease. Creating Smoke Free City was found to be an effective strategies to reduce tobacco related morbidity.

**Objectives:** The purpose of this study is to determine the perception of public on Second Hand Smoke and it's ill effect and their support toward smoke free area in Kota Bharu, Kelantan, Malaysia.

**Method:** The survey was conducted in 8 most visited location in Kota Bharu city centre including bus stations, shopping complexes, wet markets and recreational area. People aged 14 and above were given self administered questionnaire.

**Results:** Four hundred and sixty five respondents were enrolled and majority of them were muslim (99.8%). About 64 % of them were female. About 29.2 % of them were expose to SHS. Most of them know the danger of SHS toward health. Public place (91.6 %), Restaurant (87.4%), public transport (67.1%) and their own house (62.7 %) were the places where they commonly expose to cigarette smoke. More than 90 % of them support the legislation to protect non smoker. Majority of them (more than 90 %) support toward smoke free area including workplace, restaurant, cinema and other public area.

**Conclusion:** Majority of public in Kota Bharu City centre are aware about the danger of SHS and most of them support any measures to protect non smoker including legislation and creating smoke free area.

## P-S10-51 What is Needed to Achieve New Zealand's Smokefree Nation Goal: Results from a Forecasting Model

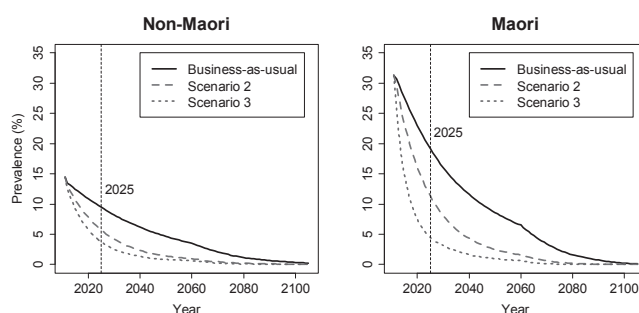
Takayoshi IKEDA<sup>1</sup>, Linda COBIAC<sup>1,2</sup>, Nhung NGHIEM<sup>1</sup>, Kristie CARTER<sup>1</sup>, Nick WILSON<sup>1</sup>, Tony BLAKELY<sup>1</sup>  
*University of Otago<sup>1</sup>, University of Queensland<sup>2</sup>*

Modelling is increasingly being used to guide decision-making around achieving long-term tobacco control goals and also for comparing the likely cost effectiveness of specific tobacco control interventions.

We adapted a dynamic forecasting tobacco model for Australia (Gartner et al., 2009) to the New Zealand (NZ) setting using detailed census and health survey data including the most recent health survey. Model enhancements included: consideration of ethnic heterogeneity; and NZ-specific relative risks (from NZ Census Mortality Study).

The baseline model was evaluated and results feed into the forecast model which projects smoking prevalence to 2060. Key parameters calculated are for smoking initiation and long-term cessation with uncertainty estimates. A business-as-usual scenario with current trends resulted in a smoking prevalence of 11% and 9% for non-Māori males and females, and 30% and 37% for by 2025. By halving initiation rates every decade and lowering cessation rates to 10% and 20%, prevalence dropped under 5% for non-Maori and Maori by 2025, respectively. The results are fairly compatible with similar work from Australia, Finland and one former NZ study.

Reaching NZ's 2025 smokefree goal does not appear likely based on current trends and hence new interventions would need to be introduced to achieve it for Non-Maori and Maori populations. Policy makers will need to: (i) further enhance use of established interventions (eg, tax); and/or (ii) adopt new overarching tobacco control strategies (eg, supply controls). This model can also be adapted to study the cost-effectiveness of these established and new tobacco control interventions.



## P-S10-52 Tobacco Control Basic Training in Taiwan—the Health Care Professionals Trainees' Knowledge, Attitudes and Barriers

Pei Wen TIEN

*Taiwan Nurses Association*

Smoking has been known as an important factor which impacts on people's health in Taiwan, including cancer, lung disease, and cardiovascular disease. Health care professionals such as nurses, social workers, and psychologists, etc. are in an excellent situation to deal with smoking cessation and could be competent to promote smoking cessation. Therefore, Taiwan Nurses Association provided the tobacco control education training in 2010. The basic training aims to reinforce the TC education that college education lacked. Another main purpose of this training project is to focus on the concepts "2A+R (Ask, Advice, Refer) much more practical in daily life. In 2010, There were 759 people participated the basic education training, 752 trainees joined the posttest, 681 of them passed the test; the trainees including nurses, social workers and psychologists, etc. We used cross-sectional survey design and the modified questionnaires (a) "Oncology Nurses and Tobacco Control" Chinese version (originally developed by Dr. Sarna) (b) "Tobacco Control Policies Questionnaire" (developed by Dr. Lai) to survey the health care professionals trainees (N=686 from original 759 subjects, response rate: 90.38%).

### Results :

Knowledge: Correct rate of the pre-test and the post-test:

- o Those who participated the test made progress in tobacco control knowledge.

Attitude:

Majority of health care professionals do not smoke and have very positive attitude toward tobacco control. 90.4% of them agree with that health care professionals should be a good model, and 58.5% of them considered that provide the information of damaged causes by tobacco is important. Yet, these health care professionals are lack of TC activities applied.

Barriers of helping patients to stop using tobacco-- from trainees's perspective:

Most of basic trainees perceived many barriers to involve tobacco control and smoking cessation. Patients are not motivated/interested to smoking cessation ranked as first barrier. Lack of skill comes in second barrier. Lack of knowledge, time and confidence are important barriers factor as well.

### Conclusion and Suggestions:

1. Need for tobacco control education programs (school and in-side training).
2. Suggest to make 2A+R method outreach to clinical and community.

## P-S10-53 Quit & Win Campaign 2012 Promotional Strategy—Social Smoking Cessation Carnival Atmosphere Encouraged Over 30,000 Participants to Quit Smoking

Shu-Li CHEN, Ching-Li LIN, Ying-Chun CHEN, Tzu-I LU, Jen-Huan HU

*John Tung Foundation*

Taiwan has launched the International Quit & Win campaign since 2002, and continues to do so every other year. The campaign has successfully aroused the participation of government, enterprises, hospitals, schools, media, NGOs and countless individuals. In 2012, with 31,067 groups of participants registered in the 6<sup>th</sup> campaign, this biannual smoking cessation event broke the record on the number of participants.

With a variety of promotional strategies, Quit & Win 2012 invited celebrities to be involved in the Campaign as volunteers and spokespersons. Ms. Ariel Lin (林依晨), the winner of the 43<sup>rd</sup> Golden Bell Award in the Best Leading Actress, volunteered to be the spokesperson of the campaign, with her fellow young star Mr. David Hsu (許豪恩). During the registration period, John Tung Foundation (hereinafter referred to as JTF) organized promoting activities, press releases, often with celebrity involvement. The TV stations, radio stations, newspapers, and magazines all helped putting on the promoting materials for Quit and Win free of charge. JTF also cooperated with governmental health authority and medical facilities to distribute the registration forms and the promotional materials. The cooperation with the Ministry of Justice also attracted the inmates, which is a large group with high smoking rates, to register the Quit & Win campaign and try to cease smoking.

JTF had conducted telephone interviews after registrations were filed, to check if personal information is correct, verify the qualification, encourage participants to quit smoking, offer them correct smoking cessation concepts, and refer them to smoking cessation services if so desired. After confirming the information, the registrants were considered eligible for later drawing of the prizes if they could successfully refrained from smoking during the campaign period.

Also, all the prize winners and their families would celebrate the moment at a press conference, together with the participation of supporting government officials and celebrities. All in all, in Taiwan, Quit & Win has been a cheerful and interesting smoking cessation campaign for the public in general. However, due to the lack of resources, the 2012 Quit & Win might become the first time that JTF will not be able to continue tracking the participants and thereby conduct the afterwards survey and analysis.

## P-S10-54 Using Intervention Mapping to Describe the Development of the Malaysian Advisor's Smoking Cessation Website

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Universiti Malaya

Previously, we had conducted an evaluation study for the Advisor's website for Smoking Cessation Program among pharmacists who did not have any prior experience of the smoking cessation program. However, there is insufficient description about the Advisor's website. Hence, the aim of this paper is to describe the design and the development of the Advisor's website for Smoking Cessation Program using the Intervention Mapping protocol. The website is delivered through the World Wide Web "Internet" and it incorporates multiple levels with supportive element named "Helpline". It is applying the buddy system to make use of the advantages of social support on increasing the motivation and commitment to quit provided by smoker's family members, friends or peers. The theoretical foundation for the program based on the self-regulation theories, trans-theoretical model, cognitive behavioral therapy, coping skills training and motivational interviewing. The different sessions in the program are arranged according to relapse sensitive scheduling and stages of change of trans-theoretical model. The behavior change is brought gradually and in case of slips or relapse there will be a recycling back before progressing again. Coping skills are also included in the website to provide the quitters with wide range of relapse causal elements like cravings, emotional (depression, stress) and situational factors (drinking coffee or alcohol, hanging out with smokers). Both behavioral and cognitive coping strategies are applied for the coping skills. The Advisor's website for Smoking Cessation program provides the stepwise guidelines for counselors and healthcare providers to lead the smokers during his quit attempt and help the quitters to maintain abstinence as long as possible. Furthermore, the dynamic features of the website enable data entry and retrieval. Intervention mapping protocol is used in describing the program since behavior change interventions still represent mysterious objects to most healthcare providers and academics so intervention mapping used to simplify these interventions and help in providing a full description of the development of both these interventions and their building blocks.

## P-S10-55 Present Status and Problems of Non Smoking Activities in Rural Areas --- Through the Activities of the Board of Studies Smoking Yamagata

Shuichi OTAKE

Yamagata Smokefree NPO corporation

Through the activities of promoting non smoking so far in Yamagata Prefecture, consider the issues and problems. Yamagata Smokefree NPO corporation began working as a principal medical personnel since 2000. I have in mind the characteristics of the activities of Yamagata

1)Gather local resources: NPO was supported by the Prefecture Medical Association, Dental Association, the Board of Pharmacists, and Nurses Association, the school activities, local government, health center, board of education, business, education committee. NPO has gained financial support from organizations and local government grants to NPO.

2)Human resources in the region excavation: We conduct regular training sessions twice a year. In order to increase the physician of smokefree outpatient, we supported the meeting of medical study group. Such as budget of ¥ 400 000 per year, health care organizations are engaged in publicity events on a regular basis. We are doing a workshop continued to recruit volunteers for general Smoking prevention education. Young pharmacists have become the center of Smoking prevention education.

3)Information dissemination in the country: Smoking prevention education audience has come to 70 000 people. I've been doing a brochure issued by sharing and teaching material slides, digital materials. Materials have been widely deployed in the Internet.



< Smoking prevention education pamphlet created by the NPO>

Now, our problem is Powerful block of tobacco businesses, the thinness of involvement in politics. How do I prevent the interference of the tobacco industry, has become a big challenge. Increase the appeal to politicians, I want to continue to increase strict public opinion against smoking. NPO member is constantly changing. Continue ongoing activities, to increase the young membership, efficient operation has become an issue.

## P-S10-56 How to Make the Masses do Effective Tobacco-free Actions

Takahiro SUZUKI<sup>1</sup>, Atsuko KAWAI<sup>2</sup>

Office worker<sup>1</sup>, Kotokukai Total Health Clinic<sup>2</sup>

Today, not only medical professionals, but also masses of non-professional people, who do not have much knowledge or special skills, try to make actions for tobacco-free society. However, it is still difficult for them to make their ideal outcomes because most of them do not have enough fund and influential voices to civil society. Therefore, we examined what kind of activities can make use of non-professional individuals' advantages and are effective to facilitate their activities.

As a result, we found that activities toward to group or organizations, such as action to a local-government or public institutions, reforming administration's way of thinking based on passive smoking trials, and strengthen protection for children against passive smoking. On the other hand, activities toward individuals, such as enlightenment individuals, consulting for quitting smoking, and forming parties, are seemed difficult to make positive outputs.

From these results, it becomes clear that even laymen can make good performances if the activities match with their abilities and skills. Then, when they can cooperate with medical professionals, it will be able to make up for each other's weaknesses, and it leads the groups become bigger. Bigger parties make ideal tobacco-free society come true. Therefore, medical professionals, who work and organize associations toward tobacco-free, should offer more opportunities and make frank and comfortable environment for those who does not have enough skills and knowledge.

## **P-S10-57 Tobacco Free \* Japan TV - an Innovative Platform to Drive Tobacco Free Policies in Japan**

Yumiko MOCHIZUKI  
National Cancer Center

**Background and Purposes:** Since FCTC, there arose a dozens of national and local NGO activities on tobacco control which are a major driving force to curb the epidemic in Japan. But at the same time, due to lack of a shared platform in the society to concentrate their whole energies to win the game, tobacco industry is still swimming freely in Japan to manipulate the social norm and to penetrate into the policy making process with massive efforts through the media. We produced "Tobacco Free \* Japan TV" as an innovative platform to function as a KNOT between global movements and local movements to link various tobacco control communities and individuals with visualize their relationships using TV-type of programs to join and facilitate the communication by SNS.

**Methods:** We produced the Tobacco Free Women TV (TFWTV) project (<http://www.ustream.tv/channel/tobaccofreewomentv>) as a prototype of Tobacco Free \* Japan from March 2012 to February 2013 to stimulate the local initiatives with provision of different types of program contents inviting various experts and representatives from different organizations. Using this experience and social reactions, we upgraded this project to Tobacco Free \* Japan TV ([www.tobaccofree.jp](http://www.tobaccofree.jp)) in order to facilitate the mutual communication among advocacy groups and to strengthen their advocacy power linking with their local movements to global movements.

**Results:** As of February 13, TFWTV produced more than 70 various live shows and gained about 10,000 total views and 2400 unique viewers to watch our shows. In order to introduce the local activities, we developed more than 20 message videos of individuals from each area and 5 promotional video messages of each organisations. To facilitate the local live station, we conducted two workshops how to launch a local channel. As a result, more than three local organization became interested in running their own programs. Introducing this approach, we empowered the conventional symposium or annual meetings of existing organizations (Japan Cancer Association, UICC Japan Committee, Japan Medical Dental Association against Tobacco) to maximize their dissemination power with interactive ways. Marking FCTC Day (February 27), we will grade up TFWTV to Tobacco Free \* Japan TV to gather key NGO organizations by providing the shared platform and integrating the common vision in order to make Tobacco Free Japan for our future generation.

## **P-S10-58 Effects of a Cigarette Smoking Prevention Program among Junior High School Pupils in North-East Thailand: A Pilot Survey**

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*Ubon Ratchathani University<sup>1</sup>, University of Phayao<sup>2</sup>, Sapatithiprasong Hospital<sup>3</sup>, Pratumthayakom School<sup>4</sup>, Sripratumthayakarn School<sup>5</sup>*

**Objective:** The study aimed to evaluate the implementation of a smoking prevention program via a questionnaire paper. Both knowledge and attitudes toward smoking behavior and smoking cessation were also investigated.

**Materials and Methods:** An experimental study was conducted from October 2011 to July 2012. Two hundred and twenty-six school students from Mathayom 1 to 6 participated into the study and they were divided into either a study group (n99) or a control group (n127). Participants in the study group underwent 2 days of a smoking prevention program and the control group was not subjected to this program. Both groups completed a questionnaire containing questions related to the knowledge of the dangers of cigarette, attitudes toward smoking behavior, and smoking cessation at 3 different stages, pre-program, immediate post-program, and one month post-program. All data was analyzed via statistical methods.

**Results:** Participants in study group were smokers and non-smokers, aged between 13 and 15, studied in Mathayom 1 to 6. It was reported that 75 percent of smokers had tried to quit smoking at least once but the majority had failed. For those who quit smoking successfully, 83.6% sought advice from their families. Regarding knowledge related to the dangers of cigarettes, the study group had significantly higher scores than the control group at the three different stages (pre-program, immediate post-program, and one month post-program  $p=0.001$ ,  $0.001$ , and  $0.024$  respectively). The attitudes toward smoking cessation behavior between the groups were significantly different at the three different stages ( $p=0.03$ ,  $0.01$ , and  $0.001$  respectively). The influential factor significantly related to decision-making related to quitting cigarettes was advice, especially from friends and families ( $p<0.05$ ).

**Conclusion:** School students aged between 13 to 15 years of age studying in Mathayom 3 (grade 9) represented the majority of smokers. The study found the smoking cessation prevention program was able to improve knowledge of the dangers of cigarettes. After the completion of the program, the effect of factors on their lives such as medical conditions, social norms, and friends and families made smokers realize the importance of quitting smoking.

**Keywords:** Cigarette smoking prevention program; Smoking cessation behavior; Smoking cessation

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## **P-S10-59 School Tour for "Smoke Free Homes Campaign" Project**

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The 2011 Thailand Global Adult Tobacco Survey (GATS) shows that 36 % of Thais, 15 years and above, are exposed to second-hand smoke in their homes. To address this problem, ASH Thailand launched a campaign to urge Thai smokers not to smoke in their homes. The project is titled, "School Tour for Smoke Free Homes Campaign."

### **Objective:**

- To involve kids aged 3-9 years old to ask their parents to quit smoking.
- To involve parents to be non – smoking role models.
- To campaign for smoke-free homes through school activities

### **Method:**

Ten schools were enlisted to join the project with a target of including 200 students and 100 parents from each school. Students are involved in campaign activities such as puppet story telling; demonstrations on how cigarette smoke reaches the lungs; the bad smell of second - hand smoke, parents' modeling game and a bingo game, and a student and parent contest to design smoke - free home signage.

### **Evaluation:**

Students are included to discover what they have learned, which activities they like the most; how they told smokers not to smoke in the home, and how they told smokers they encountered that smoking is not good for anyone's health.

## P-S10-60 Tobacco Control Advocacy with the Indian Film Fraternity

Blesson THOMAS, Tshering BHUTIA, Devika CHADHA

*Salaam Bombay Foundation*

**Context:** Tobacco consumption among children is a growing problem, with many young lives lost as a result of oral cancer caused by use of tobacco, which is completely preventable. In India, movie stars often enjoy a demi-god status, and expectedly whatever they portray has a profound influence on the thoughts and actions, especially those of the youth. The Ministry of Health and Family Welfare notified the rules for Cigarettes and other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) [second amendment rules] 2011, to be implemented from 14<sup>th</sup> November, 2011. The rules were notified after consultation and taking into account the views of Ministry of Information and Broadcasting to make it more practical and implementable; however, it was met with a lot of criticism from the film industry including noted film-makers.

**Methods:** In 2011, two sensitization workshops and a number of one to one meetings were conducted by Salaam Bombay Foundation with regional officers and other key members of the Central Bureau of Film Certification (CBFC). The World Health Organization and the Ministry of Health and Family Welfare were also a part of the advocacy campaign.

**Results:** The Ministry of Information and Broadcasting in August 2012, issued a notification to the CBFC requesting it to ensure that a static anti-smoking message be displayed for the duration of the smoking scene in the film, and a 20 second anti-smoking message as approved by Ministry of Health with voiceover of one of the actors who is seen smoking in the film to be displayed at the beginning and in middle (after interval) of the film. This notification has also been displayed on the website of the CBFC.

**Conclusion:** Although it was difficult to get the support of the film-makers for anti-smoking messages in Indian films, the advocacy efforts of Salaam Bombay Foundation involving the Ministry of Information and Broadcasting has added to the efforts of the tobacco control advocates in implementing anti-smoking messages in Indian films.

## P-S10-61 SMART Journal for Tobacco Control Project

Suksan SELANON

*Action on Smoking and Health Foundation*

Since 1999, Action on Smoking or Health (ASH) Thailand has produced the monthly SMART journal. The SMART journal reports current tobacco control related information, provides analysis of hot issues, promotes new ideas, and tobacco control campaign ideas. Every month, 10,000 copies of the journal are distributed free of charge to all target groups including the media, public health professionals, government officers as well as students and teachers in education institutions.

### Concept

1. Disseminate and propagate tobacco control news, current events and activities to the media, our partner, the general public and networks in the country and neighboring countries of Cambodia, Laos and, Vietnam
2. Disclose the tobacco industry tactics and denormalize tobacco industry
3. Publicize the tobacco control program activities of the Action on Smoking and Health Foundation (ASH Thailand) and partners
4. Serves as a resource and support in helping our networks to plan for effective tobacco control campaign
5. Serve as tools among the tobacco control advocates in sharing and exchanging information and experiences

### Impacts

1. The SMART members and networks get regular innovative ideas to develop tobacco control campaign strategies continually
2. The SMART journal becomes a platform for, tobacco control community in Thailand to exchange ideas, and experiences.
3. Information is regularly synthesized and used in other local magazines, newspapers, radio and even as part of school lessons
4. Expanding national networks and campaigns through Smart Journal
5. It becomes a gateway for dissemination of tobacco control information from around the world

## P-S10-62 Survey of Care Workers about Tobacco

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*Hokkaido Pharmaceutical University<sup>1</sup>, Jozankei Hospital<sup>2</sup>*

[Purpose] In "Kenko Nihon 21 (Healthy Japan 21)", a project by Ministry of Health, Labour and Welfare to encourage Japanese nation to be healthier in 21st century, it is written that "healthcare providers should try to quit smoking on their own". Both Nihon Ishi Kai (Japan Medical Association) and Nihon Yakuzaishi Kai (Japan Pharmaceutical Association) issued a declaration of no-smoking for doctors and pharmacists, and have been active in their anti-smoking campaigns. In order to research on smoking habits of other healthcare providers, especially care workers, a questionnaire survey was done to care workers and clerical staff. [Method] The time period for the questionnaire was from October 25, 2012 to November 30, 2012. The questionnaire on tobacco habits was conducted to the personnel working in ten nursing homes in Hokkaido, Japan. The questionnaires were left with the respondents to be picked up at a later date. The respondents answered the questionnaires unsigned. 48 men (35.9%) and 89 women (65.0%) answered to the questionnaires. Of the 137 respondents, 119 (86.9%) were care workers, and 18 (13.1%) were clerks. The response rate was 72.1%.

[Results and Consideration] The smoking rate for healthcare providers working in nursing homes in Hokkaido, Japan was 41.6% (42.0% for care workers and 38.9% for clerks). The rate was much higher than that for doctors, which was 9.0% in 2011, according to Care Net, Ltd.. In addition, 67.9% of care workers had never been received anti-smoking education, which means that efforts toward no-smoking for care workers have been insufficient. Henceforth, doctors, pharmacists and pharmaceutical companies all should work together to actively educate care workers about health hazards caused by tobacco and raise their awareness against smoking. By continuously monitoring the smoking habits of healthcare providers, no-smoking education for them will be promoted and their awareness will be raised.

### **P-S10-63 Adolescent's Knowledge and Opinion on Cigarette Smoking : Findings from - ITC – SEA (Thailand) Survey**

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*Srinakharinwirot University<sup>1</sup>, Institute for Population and Social Research<sup>2</sup>, The Cancer Council Victoria<sup>3</sup>, University of Waterloo<sup>4</sup>*

**Objective :** To determine the knowledge and opinion on cigarette smoking among Thai adolescents.

**Methods :** A cross sectional, population-based, national survey was conducted among 958 Thai adolescents aged 13-21 years old, in 2011. Participants were recruited using stratified multistage sampling from 5 regions of Thailand. Participants were asked to complete self-administered questionnaires. Data were analyzed using descriptive statistics and Chi-Square tests.

**Results :** More than 90% of participants know that smoking cause lung cancer in non-smoker, chronic obstructive pulmonary disease, mouth cancer and premature aging. Approximately 70% of participants know that smoking cause stroke, heart failure and impotence. Only half of participants know that smoking cause gangrene. There was no significant difference between knowledge about harmful of smoking on health between adolescent smokers and non-smokers. Almost half of participants agreed that smoking is disgusting. However, 35% of participants thought that smoking makes young people look more mature and 21% reported that most of the popular people their age smoke. Approximately 5% of participants agreed that smoking is a sign of being modern and helps to control weight. For Thai adolescents, it is more acceptable for young men to smoke compared to young female. Overall, adolescent smokers have a better attitude about smoking than non-smokers.

**Conclusions :** Anti-smoking campaigns are strongly recommended to create negative attitude on smoking especially among young adolescent to prevent them from smoking

### **P-S10-64 Survey of Knowledge and Attitudes toward Cigarette Consumption among Young Primary School Pupils, Ubon Ratchathani**

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#### **BACKGROUND**

Smoking at early age is more likely to greater dependency and result in greater difficulty to quit as an adult. The National Statistical Office of Thailand reported an average age of smoker is between 15 and 18, however, there is no current data regarding to Thai smokers and also to student in primary school level (under age of 13), which is more increasingly concerned to the nation. Without data representing the current situation of cigarette smoking among school pupils, it is fearful that Thailand may face up a rise of new early-aged smokers and other problems including, health, social-environment, and crimes in the future.

#### **METHODS**

The study was a quasi-experimental, controlled group, pre/post-test design was included in this study. Totally, 155 participants were included into study, of which 65 are studies group and other 90 are control group. All participants filled out a questionnaire paper prior to a study (pre-test). Only study group underwent tobacco control campaign activities for 30 minutes. Then, both groups filled out a questionnaire paper again (post-test). All data were evaluated via descriptive and analytical statistics.

#### **RESULTS**

Mean knowledge scores of pre-test is significantly higher than post-test scores in study group ( $p < 0.001$ ). When compared between study and control group, it was revealed posttest score of study group is significantly higher than control group ( $p = 0.011$ ). Nevertheless, mean scores of attitude between study and control group are not significantly different ( $p = 0.081$ ). Noticeably, there are nine school pupils currently smoke. They also indicated their fathers are currently smoking. The most important factors influencing to smoke included, friends, parents, and self-image with percentage of 28.57%, 28.57%, and 21.42%, respectively)

#### **CONCLUSION**

Young school participants had good knowledge and attitudes toward tobacco consumption. Nevertheless, some influencing factors to cigarette smoking such as parents, friends needs to be minimized. Further investigations of the current situation of tobacco consumption among school pupils, good prevention education, and smoking cessation programs are advisedly recommended to prevent young pupils from cigarettes.

### **P-S10-65 Psychological and Social Determinant of Smoker; Street Children at Depok City, Indonesia**

Mochamad A. RUSLI ALDI, Tania KHAERUNNISA  
*University of Indonesia*

Indonesia is one of the highest prevalence of smoking country in the world (WHO, 2011). Indonesia is also the highest smoker population among South East Asia's country (ASEAN Tobacco Control Report, 2007). Teenager in Indonesia consists of 30% of the total population. Among the teenagers in Indonesia, there are groups of street children, most of them are uneducated and they do not have a family. Street children live in wandering life without any rules and limitations. This condition increases their behavioural vulnerability especially their smoking behavior. It relates to the data from Community Service Research Unit of Jakarta Institute of Statistics which shows that 69,15% street children have smoking habit as a dominant number from the others bad behaviors. It is very difficult for government to give interventions. Until now there has been no research, programs and policies related to smoking behaviour of street children. In addition, street children are also faced with various health risks and hazards such as drugs and HIV/AIDS which have high correlation with psychological and social factors. Street children decide to buy cigarettes even though they are in low economical condition. Based on Philip Kotler theory shows that consumer buying behaviour is influenced by cultural, social, personal, and psychological factors. Researchers want to see their smoking pattern habit and the reasons of their smoking behaviour based on psychological and social determinant. This study is a qualitative study with in-depth interview method that combines with literature study. This study is going to be conducted at Depok City – West Java District - Indonesia. Our respondents are street children who are included into teenager years (age 12 – 24 years old: WHO). From this research, researchers expect to find ways of intervention properly in reducing the rate of smoking behaviour among street children by knowing their psychological and social reasons.

*Keyword: smoking behaviour, street children, social, psychological*

**Conference Topic:** N. Specific population (Child, AIDS, psychiatric patient, etc)

L. Education, communication, training and public awareness

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## P-S10-66 Awareness Survey of Individuals Who Actually Quit Smoking

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*Semen's Insurance Health Care and Reserch Center*

Purpose: To study methods of providing smoking cessation assistance to smokers, we surveyed individuals who actually quit smoking. Method: We surveyed individuals visiting our Center between July 17, 2012 and December 11, 2012 for outpatient routine physical examinations, who had quit smoking within the past year and were still not using tobacco. We asked them what prompted smoking cessation, and the method(s) used. Results: The 124 subjects (98 men and 26 women) had a mean age of 47.2 years. Their Brinkman index until smoking cessation was 446.7 on average, and an average 5.5 months had elapsed since smoking cessation. Q1. Frequency of quitting smoking First attempt: 44% 2<sup>nd</sup> or 3<sup>rd</sup> attempt: 37% 4<sup>th</sup> or 5<sup>th</sup> attempt: 11% Q2. Triggers to quit smoking 1. Illness or health deterioration: 28% 2. Consideration of future health: 16% 3. Cigarette price went up: 15% Q3. Method of quitting smoking 1. Uneventfully, by myself: 52% 2. With determination and patience: 27% 3. Visited a smoking cessation outpatient clinic: 15% Q4. Advantages of smoking cessation 1. Saving cigarette costs: 38% 2. Health has improved: 35% 3. Food tastes better: 35% 4. No longer looking for places to smoke: 24% Q5. Disadvantages of smoking cessation 1. None: 50% 2. Weight gain: 34% 3. Difficulty communicating with other smokers: 10% Q6. Degree of confidence in being able to maintain smoking cessation: 74%, on average Discussion: Many subjects cited personal health problems, such as illness, as triggers for quitting smoking. Over half of subjects were able to stop smoking uneventfully on their own, indicating the importance of making smokers acknowledge the value of quitting smoking. To do this, since some subjects (though—only 10%) were directly prompted by recommendations received during routine physical examinations and health guidance, we felt it necessary to recommend quitting smoking to all current smokers. Many smokers gave up smoking with determination and patience, such that we believed it necessary to provide information on smoking cessation at outpatient clinics and OTC drugs to those with the desire and will to quit smoking. We also felt the need to continue approaching those who have quit smoking, not only by praising their efforts in achieving smoking cessation, but also by providing adequate advice on post-smoking weight gain, as well as on nicotine withdrawal symptoms such as irritability, to assure the prevention of smoking relapse.

## P-S10-67 Using Social Media to Monitor and Counter the Tobacco Industry (TI): The ASEAN Experience

Mary Jocelyn F. ALAMPAY

*Southeast Asia Tobacco Control Alliance*

### **OBJECTIVE: To share best practices from Southeast Asia on the use of social media to counter the TI**

In recent years, social media tools and strategies for tobacco control advocacy have been emerging in the ASEAN. Whether for monitoring, surveillance, or public advocacy, groups are harnessing the power and innovations of social networking platforms such as Facebook and Twitter to counter the well-oiled campaigns of Big Tobacco. The Tobacco Industry itself recognizes the power of social media. Specifically, it is using the new media space to circumvent laws on tobacco advertising and promotion. Tobacco control advocates, of course, have access to these same tools, platforms, and emerging best practices in social media. In Southeast Asia, social media is used on two fronts: to monitor the activities and campaigns of TI, and then to more effectively counter the same. Worth highlighting, for example: In the Philippines, civil society used Facebook, Twitter and Youtube to educate and enlist the public on tobacco industry interference, and in a months-long campaign to reform the country's Sin Tax Law and ultimately raise the prices of tobacco products.

★In Thailand, TI's CSR campaigns were exposed and countered using well-crafted videos that were posted on YouTube and made to go viral using Facebook.

★Facebook pages have been set up to specifically monitor and document TI campaigns that flout advertising and promotion bans throughout the ASEAN. These same pages encourage the public to monitor and report examples of how new forms of marketing are being hatched by the industry.

★Tobacco control advocates in Malaysia and the Philippines used Twitter to direct-message policy makers and legislators.

★In Indonesia, Twitter and Facebook were used in a shame-campaign targeting western musical artists that accepted TI sponsorship of their concerts in Jakarta. SEATCA has actively sought and encouraged best practices in using social media. Limited budgets for information, education, and media have long been a given for civil society organizations. Social media allows collective nimbleness and magnifies the potentials of what limited resources advocacy groups have at their disposal. A discussion on the collected learnings and examples so far would greatly benefit any larger conversation on tobacco control.

Acknowledgements:

The SEATCA Regional Media Officers Network and the SEATCA Industry Surveillance focal persons provided inputs to this document.

## P-S10-68 The Current State of Smoking Cessation Support Provided by Smoking Cessation Treatment Nursing Staff, Their Sense of Humor and Communication Skills, and the Relevance of Humor and Communication in Job Satisfaction and Success

Naoko YANO

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The current state of smoking cessation support provided by smoking cessation treatment nursing staff, their sense of humor and communication skills, and the relevance of humor and communication in job satisfaction and success in smoking cessation treatments.

Objectives: Fulltime nurses are necessary in smoking cessation treatments that are covered by insurance. However, at many treatment facilities, only doctors are providing treatments, and the role of the nursing staff is not clear. Therefore, an investigation was conducted regarding the current state of care and support provided by nursing staff in smoking cessation treatment programs, their humor and communication skills, and how humor and communication skills are related to job satisfaction as well as the rate of success in cessation treatments.

Methods: Between April and May of 2012, 84 female nurses who work for Japan Society for Tobacco Control (JSTC) outpatient treatment programs were targeted for a survey. The R 2.15.0 package was used to analyze the survey, and each scale was analyzed for correlation and multiple regression analysis. The relevance of personal factors and scales were analyzed in the rate of success.

Results: An analysis of the correlation coefficient showed that humor was relevant with each scale. Multiple regression analysis showed that personal attributes of the nurses, such as their years of continuous employment, academic credentials, the lack of smokers in their family, and being able to work where they desired, were relevant to communication competency and also led to job satisfaction. Humor was relevant to communication competency, as well as dedication and job satisfaction in cessation support. The option of making reservations for treatment appointments significantly increased the rate of cessation success.

Conclusion: Sense of humor is greatly relevant to communication and job satisfaction for nurses working in outpatient smoking cessation programs.

Key Words: smoking cessation, nurse communication Sense of humor

## **P-S10-69 A Team Approach for Raising the Quit Smoking Rate at a Primary Care Clinic in Japan**

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*Kato Clinic*

“Every day is World No Tobacco Day!” is the motto of Kato Clinic. There are many flags with non-smoking signs on the wall and the song “Please quit smoking...” is playing all the year round at the lobby.

The members of our staff are a medical doctor (president), 6 nurses and 4 medical clerks. (One doctor, three nurses and one medical clerk are smoking cessation specialists certified by the Japan Society for Tobacco Control)

All staff including the medical clerks always ask about the clients’ smoking status and requests for smoking cessation therapy are dealt with appropriately, dependant on their stage of behavioral change.

We hold information in common by reporting on smoking cessation support at the morning assembly and using clinical pathways.

We make an effort to become skilful at counseling to improve the quit smoking rate.

We try to prevent dropout by careful and respectful explanations including information about the potential adverse effects of smoking cessation drugs.

To maintain higher quit smoking rates we confirm a client’s non-smoking status by a phone call or E-mail every month after completion of smoking cessation therapy.

As a result of these kinds of methods the quit smoking rate at the completion of smoking cessation therapy (3 months after starting to quit smoking) was around 80%. The quit smoking rate one year after beginning to quit smoking was maintained at around 60%.

These kinds of methods make dropout patients retry to quit smoking. The number of retry patients is increasing gradually. The rate of motivations to retry to quit smoking by supporting phone calls or E-mail was 62%.

The rate of quit smoking (one year after starting to quit smoking) for retry patients who dropped out by social habits (i.e. drinking) was 62%. They could cope with the drinking atmosphere this time. On the other side, drop-outs caused by so-called “stress” were 14%. They couldn’t correct their cognitive bias.

Nicotine dependency is a chronic disease that can easily relapse. So we intend to devote all our energies to stop relapse by our team approach.

## **P-S10-70 Stop Smoking through Fasting in Ramadan: The Unassisted Smoking Cessation Approach to Reducing Smoking Rates (The Case of Banda Aceh-Indonesia)**

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Indonesia ranks as the third largest consumer of cigarettes in the world. More than 65 percent of the adult male population are active smokers. The Muslim-majority province of Aceh also has a high smoking prevalence among youth and adult males (Basic Health Research, 2010), placing Indonesia, particularly Aceh at high risk for tobacco-related health issues. Poor tobacco regulation has been argued to contribute to the normalization of smoking behavior in Indonesia. Assisted smoking cessation programs are likely to be ineffective due to the social acceptability of smoking as “normative behavior” (Nichter, 2006). Further, the cost-effectiveness of assisted smoking cessation interventions is less relevant to low and middle income countries, such as Indonesia, where Nicotine Replacement Therapy (NRT) is more expensive than the price of cigarettes (Chapman et al 2010: 5). Klingemann et al suggest that self-change is one way to cut the line of tobacco addiction (2009: 1510-1511), and Islam, as the religious practice of the majority of the population in Indonesia, has a legal framework that puts a high priority on self-change behavior, including with regards to health issues. One Islamic practice – fasting – is believed to act as a medium for self-change. During the holy month of Ramadan, a high emphasis is placed on self-control, with Muslims expected to abstain from eating, drinking, and smoking, from dawn to dusk. The International Quit Tobacco Project in Indonesia through its formative research has also identified a need to explore the issue of fasting in Ramadan as a cultural setting for smokers in Indonesia to quit (Nichter 2006: 115). This paper argues that a smoking reduction approach through the fasting practice of Ramadan is highly applicable to Aceh, whose special autonomy status within the Republic of Indonesia allows for the implementation of Islamic Law (Syari’ah). A preliminary study conducted in Banda Aceh examining 70 smokers’ efforts to quit during Ramadan revealed that 85 percent of smokers aged 15-20 consumed less than one pack of cigarettes per day during the fasting month, compared to two to three packs outside of Ramadan. Most smokers who want to quit smoking admit that fasting can help them to reduce cigarette consumption. It is argued that unassisted smoking cessation, in particular through fasting, can contribute to smoking cessation efforts in Aceh Province. Therefore, the government of Aceh should develop an intensive anti-smoking campaign during Ramadan in order to help smokers to eventually quit their smoking behavior.

## **P-S10-71 Buddhist Monk Doctor Blows the Whistle on Marketing a "Cigarette-like Incense Stick" Which Violates FCTC Art.16.1(c)**

Akinori KURUMA

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【Background】 Tobacco seems to be at least partly a “favorite” stuff rather than an addictive poison in Japan, since cigarette packages are often found as offerings for deceased smokers at altars in Buddhist temples and at graves in cemeteries.

【Report】 In July 2010, a maker of Buddhist family altars and a candle company started manufacturing and selling a unique type of incense stick, called “Tobacco Incense Stick (TIS)”. TIS were a newly marketed, thick and short cylindrical incense stick wrapped with white-bond paper, resulting in a strong resemblance to a regular cigarette. 20 pieces of TISs were packed in a paper box mimicking a popular domestic cigarette brand “Seven Stars”. The companies claimed that 1) TIS is useful as a “cool” offering at altars or graves for memorial services to deceased smokers. 2) TIS makes it possible to express sympathy to deceased smokers without causing any second-hand smoking. Furthermore it was found that the companies had applied for trademark rights for TIS, probably in concert with a tobacco company. After purchasing and identifying the TISs, I emailed, faxed, sent certified mail to the companies and talked over the telephone in protest against the marketing of TISs, because 1) tobacco is NOT an offering for deceased smokers but an addictive life-threatening poison. So TIS, mimicry of cigarettes, is not an offering either as it were “a Buddha’s meal having devil’s costume on”. And 2) TIS is violating the Framework Convention on Tobacco Control (FCTC) Art.16.1.(c). A week later Executives of the companies notified that they had stopped producing TISs. The story was over without appealing to the legal system.

【Discussion】 The above-mentioned story seems to be associated with a trend that smoking is still allowed in Japanese Buddhism, and that Buddhist monks smoke. But what Buddhist monks should learn from this story is that they are requested to not only be a non-smoker, but also teach believers that neither tobacco nor its imitation becomes an offering for deceased smokers who were killed/affected by using tobacco products themselves.

【Conclusion】 It is long way to go before Buddhist monks play an important role in doing advocacy work for a tobacco-free society in this country, but they have a responsibility to do so.



## P-S10-72 Overview of the Tobacco Control Coverage' Communication Model in China

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**Objective:** This study reviews the mass media coverage of tobacco control in order to formulate the strategies of mass media campaign.

**Methods:** Based on the collecting and coding of 110 awarded news works of *the China Mass Media Tobacco Control Communications Initiative Program*, we conducted content analysis by analyzing the variables including the content and structure of coverage.

**Results:** The major sources of tobacco control coverage are Chinese government, public opinion leaders and TC institutes, and the proportion of the sum of *Public opinion leaders and Experts of the public health field* (36.7%) supersedes the proportion of *Government administrations* (27.9%). Local and urban press (44%) is the major release channel of tobacco control topics. The issue distribution presented by the awarded news works has a proper richness. The coverage focus mainly on institutes and public space (32%), appeal targets are abstract statements. The prime persuasion methods in awarded news works are visualization (40%) and fear appeal (28.6%).

**Conclusion:** A personified expression pattern is emerging in tobacco control coverage. In the future, media coverage of tobacco control should target a more precise communication audience, and generate more contents, more expression styles and persuasion techniques.

## P-S10-73 Smoke Free Tribal Districts: Results of a Sub National Compliance Survey in Himachal Pradesh, India

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*The Union South East Asia<sup>1</sup>, IGMC Shimla<sup>2</sup>, HPVHA Shimla<sup>3</sup>*

**BACKGROUND:** Article 8 of FCTC and Section 4 of COTPA prohibits smoking in public places in India. State of Himachal Pradesh (population 7 million, Area 55000 km<sup>2</sup>) presents a good model for tobacco control in India. Present study was conducted in November 2012 to assess the compliance with the smoke free rules in two tribal districts (Lahul Spiti and Kinnaur) and assess the respective districts preparedness for smoke free declaration.

**DESIGN/METHODS:** An unobtrusive cross-sectional survey was done in 287 public places in district Kinnaur and 163 public places in Lahul Spiti. All sampled public places was evaluated for five core criteria i.e. presence of signage, absence of active smoking, smoking aids, tobacco odour & smoking ash and cigarettes butts & bidi ends. The bench mark of 80% compliance was kept for the smokefree declaration.

**RESULTS:** In both district headquarters, compliance to signage was observed in more than 80% public places. Both districts demonstrated more than 80% compliance in other four core indicators as well. Hospitality venues, bus & taxi stands and markets were the common places of violation. In both district institutional mechanism of law enforcement is in place. The enforcement squads and other authorised person impose fines to the defaulters. There is high level of awareness among the public about the law.

**CONCLUSIONS AND RECOMMENDATIONS:** Both districts has compliance of more than 80% in all the five core indicators, institutional mechanism is already set up in both district. Hence district can be declared smoke free by the authorities. However, smoke free status has to be monitored carefully to sustain it. Besides, this survey also identified the areas/potential points of violations in each jurisdiction which requires urgent attention from enforcement agencies.

## P-S10-74 Effectively of Health Warnings on Tobacco Product Packaging to Reduce amount of Smoker-Students in Depok, West Java

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### **Background:**

Junior and senior high school students (adolescence) are people that susceptible with using cigarettes, moreover, adolescence is a labile age. In province area, West Java (includes Depok) placed on grade 12<sup>th</sup> as province with amount of smoker reach 37,7% (Basic Health Research 2010/Riskesdas 2010). Based on Basic Health Research 2010 (Riskesdas 2010), percentage of junior and senior high school age that begin to smoke in West Java (includes Depok) is 10,1% for 10-14 years and 45% for 15-19 years. Knowing that percentage of smoker-students in West Java is high enough, that phenomenon indicates if students aren't understand too much about the danger of cigarette like mouth cancer, lungs cancer, impotence, and heart disease. That matter can gives negative effect for the quality of the next generation in Indonesia, especially West Java, if in the amount of smoker-students increase continually.

### **Methods :**

This study using descriptive method by experiments to peer group of student in junior and senior high school around Depok city, West Java Indonesia. For supporting descriptive methods combined with literature study to the similiar research.

### **Results :**

This research support by several thesis about student's perception to health warnings in cigarrete package which are divided into two part positive and negative perception. Student who has positive perception will receive the message and on the contrary student in negative perception will deny the health warnings.

### **Conclusion:**

Knowing that the amount of smoker-students in West Java is high enough, then, we need to take research to decrease the amount of smoker-students in junior and senior high school in West Java, especially in Depok. Because of that, we will take research with some junior and senior high school students in Depok as sample. We will put health warnings on tobacco product. If that research effective, it can applied in province area moreover national because Indonesia government haven't make policy about labeling tobacco product with health warnings.

**Keywords:** cigarette, health warnings, smoker-students

## **P-S10-75 Practical Tips for Maintaining a Strong Alliance**

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Establishing an alliance is relatively easy; maintaining it over many years is far more difficult. It is also important to consider how to evaluate success. For instance, the Bangladesh Anti-Tobacco Alliance (BATA) has had the same coordinator since its founding in 1999, which some would say proves it is not sustainable, but the alliance remains healthy, in terms of the number of groups involved and active. The alliance is regularly able to mobilize 200 or more groups for campaigns and events. BATA regularly organizes letter campaigns (including to MPs for tax increases), celebrates WNTD and since 2011 the National No Tobacco Day, and engages in law monitoring and advocacy (including face-to-face meetings with government officials). Having an alliance greatly expands access to policymakers because someone in the alliance (often a local NGO) typically has a good relationship with key people.

As to some of the secrets of BATA's success, these include that the coordinator is highly accessible. WBB Trust provides strong secretarial support. The alliance is not project-based and does not receive funding; the work comes from the heart. It involves resource sharing and a strong spirit of volunteerism. The alliance fosters ownership by members, for instance by printing materials in names of different local organizations. The Secretariat serves as a drop-in center with staff always available to meet members without a prior appointment. WBB stays open late, allowing many people to come by after work. WBB also engages in practical mentoring: how to write a letter, create a banner, make a press release, do financial and narrative reporting, etc. WBB also creates opportunities for member organizations to participate in other trainings as well; provides support in applying for conferences/scholarships; and offers logistic support. Specific qualities of Secretariat staff include a friendly approach, flexibility, focusing on the positive and what all can contribute; and promoting sharing, encouragement, and respect. BATA does not expect the same level of involvement from all organizations; rather it accepts what each can contribute. BATA also seeks to maintain dialogues to overcome problems. This involves allowing people to leave as well as inviting them to enter, and strengthening the alliance by making it more decentralized. Although it is challenging to maintain an alliance, the payoff is huge in terms of greater strength for the work, creativity, energy, and even fun.

## **P-S10-76 How to Enlighten Both Smokers and Non-Smokers Who Have No Interest in Tobacco Problems - Through Our Experience to Manage One of The Largest Local World No Tobacco Day Events in Japan -**

Masataka KATO, Katsuhide OHASHI, Katsushi MURAYAMA, Akemi NOMURA, Yoko MIYAKE, Natsumi NAKAGAWA, Mai TANAKA, Harumi MURAYAMA, Yoshiko WATANABE

*Tobacco Free Ehime*

Both smokers and non-smokers who have no interest in tobacco problems tend to stay away from World No Tobacco Day events. We often experience that only smoking cessation activists take part in these kinds of events.

Niihama Medical Association sponsors a World No Tobacco Day event in Niihama, Ehime annually. We have used neither "Tobacco" nor "smoking cessation" slogans for public information since 2009. Since 2010 we have offered popular comedians who belong to Yoshimoto Creative Agency (The most famous comedy company in Japan) to appear on stage together with us to appeal against tobacco problems. Niihama City Office, Dental Association, Pharmaceutical Association and TFE have cosponsored this event since 2011.

The highlight of this event is a live comedy show to tell the truth about tobacco. It must have been very unusual and shocking for audiences that popular comedians talked each other about tobacco problems such as FCTC, pictorial warnings, tobacco tax and etc.

We also hold exhibitions, free consultation for health problems, free medical checks (exhaled CO monitoring, respiratory function test, bone mineral check); face painting and games for children and so on at the lobby. Seven times the size of foreign tobacco packages printed pictorial warnings were used for games. So children could understand the big difference in tobacco policy between advanced countries and Japan.

We make our own leaflets and colorful heart-shaped balloons with heart-shaped non-smoking signs highlighting tobacco problems. We distribute them with non-smoking sign candies.

640 people came together at our event in spite of a direct hit of typhoon in 2011. 700 people gathered no matter how many regional sports day meetings were held in almost all areas of the city in 2012.

We would like to sophisticate how we manage this World No Tobacco Day event so more people can gather and understand the risks of tobacco.

## **P-S10-77 Play the Role of Non-governmental Organizations, Fight against Tobacco Industry Interference with Tobacco Control**

Guihua XU, Chao SUO

*Chinese Association on Tobacco Control*

In 2005, China's National People's Congress Standing Committee approved "World Health Organization Framework Convention on Tobacco Control (WHO FCTC)" which came into effect on January 9, 2006 in China. Since then, China has officially began its comprehensive tobacco control performance. In the past 6 years, tobacco control has been struggling to move forward along with the continuous deepening of the performance. China Tobacco Control Association, as China's tobacco control NGO, has been following the Convention over a long period of time, and sticks to MPOWER strategy, mercilessly exposing and resisting tobacco company funding for schools and charity, sponsorship of cultural and sports events and activities and other donation from tobacco companies; tobacco products promotional behaviour; disguised tobacco advertising in films and television dramas; cigarette packaging, and the "low tar" development of the tobacco industry, etc., constantly promotes tobacco control efforts from the perspective of the civil society in China and carries out efforts to build a comprehensive smoke-free society.

**Keywords:** Tobacco Control Smoke-free environment Tobacco industry interference

## P-S10-78 Non Aired Mass Media Tobacco Control Methods

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Role of Mass Media Communication in Tobacco Control is well established. TV advertisements, scrolls, radio slots are undeniably the best, however TV ads production & airing in prime time is a very costly affair. Many a times they are not in local language and are poorly understood by lay public.

Our society has been using other different methods of communication to enlighten public about the health hazards of Tobacco & quitting methods. We plan to discuss in detail and show photos of these methods of mass communication:-

1. Hoardings: It is one of the cheapest as well as repeated viewing source of information dissemination
2. Posters-Displayed in short distance-eye level readable spot-the pictures/reading materials convey good message. Even release of posters by ministers/celebrity gives a good coverage in print media & draws attention of public towards health hazards & law.  
Our posters have been presented in International & National conferences & have won international awards also.
3. Pamphlets distribution in large public gatherings/religious fairs etc. The health dept. have distributed pamphlets to all patients attending govt.hospital OPD, so that till the time they wait for their turn to see the doctor –they read the pamphlets and in the hospital they are in the best of their mind set to leave tobacco.
4. Glow Sign Boards
5. Rally's
6. Print media-earned.
7. Symposiums/Lectures/Quiz etc.

And some other modes of communication will be discussed/displayed.

## P-S11-01 The Impact of Tax Structure on Cigarette Prices: Findings from the ITC Project

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**Key Words:** tax structure, tax avoidance, cigarette prices and price gaps

**Background:** Recent studies have shown that more opportunities exist for tax avoidance and brand switching when tax structure departs from a uniform specific tax. However, the impacts of tax structure on the distribution of cigarette prices and price gaps between higher- and lower- priced cigarettes have never been empirically estimated in the previous literature. Our study, to the best of our knowledge, provides the first empirical evidence on such impacts.

**Objective:** This paper aims to estimate the impacts of tax structure on the price distribution measured by prices at a variety of percentiles and price gaps between higher- and lower- priced cigarettes.

**Methods:** We used survey data from the International Tobacco Control Policy Evaluation (ITC) Project in 17 countries to conduct the analysis. Cigarette prices are derived using the purchase information and aggregated to price and price gap measures for each country in a given year. The tax structures studied in this paper include specific uniform, specific tiered, mixed uniform, mixed tiered and *ad valorem* tax structures. Their impacts on price gaps are estimated after adjusting for GDP per capita and year trends. We also estimate how price gaps are influenced by the share of specific component among total excises and how prices at various percentiles are associated with the amount of specific and *ad valorem* excises respectively.

**Findings:** Our investigation illustrates that, compared with specific uniform tax structure, specific tiered, mixed uniform, mixed tiered and *ad valorem* tax structures are associated with greater price gaps. And an increase in the percentage of specific component among total excise taxes would decrease price gaps. Moreover, an increase in the specific excises is associated with a higher increase in prices than an increase in the *ad valorem* excises. The results suggest that a uniform and specific tax structure is preferred in raising average cigarette prices and decreasing price gaps, which will lead to fewer opportunities for tax avoidance and more effectiveness of excise taxes as a mean of reducing cigarette use.

## P-S11-02 Factors Associated with Expected Tobacco Price Increase Needed for Quit Attempt: Findings from the ITC Korea Survey

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**Objectives:** Tobacco tax policy aims at reducing demand for tobacco consumption, and it is important to predict the effect of tax increase to develop policy strategies. We used data from the Waves 2 and 3 of the ITC Korea Survey, to assess the expected cigarette price increase which would make smokers attempt to quit. We also explored the factors associated with the required price increase.

**Methods:** In Wave 2 (2008), data for analysis included 1,224 smokers, excluding those who would never quit (n=461). Distributions of expected price were examined, and multiple regression analysis on log-transformed price was conducted to identify associated factors. Cross-sectional analysis on pooled data of Waves 2 and 3 as well as longitudinal analysis for changes between two waves will be performed. Interactions between individual characteristics and non-tax policy-related variables will be explored.

**Results:** The expected price per pack that would make smokers attempt to quit was 6,816KRW on average, given the current price of 2,500KRW per pack. The distribution of the expected price was highly skewed, with a prolonged tail toward the higher price. Higher expected price was associated with male gender, younger age, living with a partner, higher household income, higher education, more cigarettes consumed per day (CPD), and higher scores of HSI (heaviness of smoking index). The effects of CPD and HSI were smaller for older smokers aged 60 or over, compared to younger smokers.

**Conclusions:** Considering the large amount of increase required for quit attempt on average, tax policy needs to be combined with other policies to be effective, particularly for heavy smokers with high nicotine dependence. Strategies for non-tax policies may need to be adapted for different subgroups depending on their responsiveness to tax policy.

### **P-S11-03 Analysis of Correlation Between Smokers' Income and Their Budget Allocation of Buying Cigarettes**

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The prevalence of smoking in Indonesia is increasing overtime. Based on the latest research by World Health Organization and American Cancer Society, 70 percent from total male in Indonesia are smokers. Cigarette itself has a strong correlation with poverty. By the year 2006, the production of cigarettes reached 225 billion sticks and the largest consumer are the poor people. Based on Central Statistic Unit data on 2001, budget for cigarettes in people with high income was only 7,5 percent from total income. In contrast, budget for cigarettes in poor people was 9,1 percent from total monthly income. There is also a trend in poor people to sacrifice their daily needs, foods, and nutrition needs only for buying cigarettes. Based on data from Indonesian Forum on Parliaments for Population and Development, 2 from 3 father in Indonesia are smokers and they spend their monthly budget for buying cigarettes stick by stick. From 19 millions poor families in Indonesia, 12 millions of them have a smoker as their head of household. This is caused by the prize of cigarette which is very cheap in Indonesia and reachable by them. They often buy it stick by stick, not a box of cigarette because they think it is cheaper. For example, if they smoke ten sticks each day with the prize of each stick is Rp 500,-, they will spend Rp 23 trillion for cigarette and it is equivalent with the prize of 3,4 billion kilograms of rice. It is ironic because they spend money to poison themselves. Based on some medical researches, cigarette contains 4,000 chemical compounds with 250 of those compounds are dangerous substances, and 50 of those substances are carcinogenic ones. Based on those problems, this study aims to analyze correlation between allocation of monthly budget with the income each month. This study combines literatur review from Ministry of Health Indonesia and in-depth interview with some respondents. From this study, researches found that most of smoker are people with low income and they are willing to sacrifice their daily needs to buy cigarettes.

**Keyword:** Cigarettes, low income, Poor people, Smoker

### **P-S11-04 Pesticide Use in Thailand's Burley Production: Health Costs Should be Realized**

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The main purpose of research is to estimate the health costs derived from the chemical pesticide use of the burley and rice production. The research area is Srisumrong District, Sukhothai Province as the crucial cultivated area in Thailand. An accidental random sampling procedure is used to select and survey 130 households (i.e. 80 burley growers in Tubpeung Subdistrict and 50 farmers Banrai Subdistrict) from the research area. The survey is carried out using a standard questionnaire with structured questions. The main results reveal that the insecticide has been in the type of highly hazardous regarding the criteria of World Health Organization (WHO), the approximately 58.75% of the sample burley growers use. Unsurprisingly, since the high utilization rate of insecticide, pesticide and herbicide in the burley production, the estimated health cost is about 369.19 Baht per Rai. Further, with respect to a statistically significance difference, it is higher than the health cost of the rice production. The policy recommendations are as follows: (i) in each year Thailand Tobacco Monopoly should officially publish the toxicity of chemicals and pesticides for making decisions of the burley grower. (ii) The agricultural officer should consider on enhancing the land productivity. This is because it is not only for total revenue increase. At the same time, it comes with the health costs increase. (iii) The biopesticide should be applied for the tobacco farming. (iv) The rice is one of the alternative crops. Nonetheless, the volatility of price continues to be a major factor in the reduction of burley planted area in the long run.

**Key words:** Pesticide Use, Health cost, and Burley production

### **P-S12-01 Electronic Cigarettes Using Status and Relating Factors among Korean Adult Smokers: Findings from the International Tobacco Control (ITC) Korea Survey**

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**Objectives:** Electronic cigarettes (e-cigarettes) have been recently introduced and increasing in usage. E-cigarettes are advertised as a device that helps smoking cessation in Korea. However, information on the usage and harmfulness of them is limited. The aim of this study is to investigate the current usage and attitude of e-cigarettes in Korean adult smokers and to analyze the association factors by using 2010 ITC Korea survey data.

**Methods:** The study was performed by telephone survey using random-digit dialing (RDD) methods during from October to December in 2010. The study participants are adult smokers aged 18 years or older who have smoked more than 100 cigarettes in their lifetimes and who have smoked at least once in the past 30 days. For analyzing the association factors with e-cigarettes, we used the variables such as not only smoker's characteristics but also participants' attitudes to smoking in the multivariate logistic regression model.

**Results:** The number of participating smokers is 1560. Among them, 79.8% of participants had ever heard of e-cigarettes. They heard about e-cigarettes through Television or radio (43%), friends or relatives (33%), internet (8%) and newspapers and magazines (7%). Among smokers who have heard of e-cigarettes, 76.0% thought e-cigarettes are less harmful than regular cigarettes, and 16.1% have ever used e-cigarettes. Among smokers who have never tried e-cigarettes, 36.6% were interested in trying e-cigarettes. Most of e-cigarettes users bought them not from formal stores but from friends or relatives, somebody selling cigarettes illegally and internet privately. From the results of multivariate logistic regression analysis, the higher level educated smokers had less experience or plan to use e-cigarettes than the lower level educated smokers. However the smokers who had plan to quit smoking within 6 months and who worried much about smoking harmfulness had used e-cigarettes or had a plan to use e-cigarettes.

**Conclusion:** Many of smokers who worry about smoking harmfulness and have plan to quit smoking. However, they think e-cigarettes are less harmful than regular cigarettes and have willing of using e-cigarettes. Further studies will be needed on the harmfulness of e-cigarettes and on whether e-cigarettes can help to quit smoking or make more addiction to smoke.

## P-S12-02 The Potential of Tobacco (*Nicotiana Tabacum*) Extract and Methyl Eugenol as Green Organic Insecticide

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The use of synthetic pesticide to prevent the farm product quality reduction has been increasing due to pest and plant disease. However, organic pesticide has the essential role to exterminate pest without contaminating the environment and plant. This research was conducted to study the potential of nicotine and methyl eugenol mixture towards the organic insecticide. Nicotine was extracted from the waste tobacco stem and leaves with maseration method using methanol and ethanol 70% solvent. Identification of Nicotine was conducted using IR and GC-MS. Nicotine and methyl eugenol were mixed for 10 minute to get homogeneous mixture. Laboratory bioassay trials were conducted to evaluate the organic pesticide "attract and kill" system against Carambola fruit fly, *Bactrocera carambolae*. The organic pesticide with composition of nicotine and methyl eugenol (3:1) and (1:3) showed the highest fruit flies mortality in 24 hours and differ in mode of action in comparison with organophosphate insecticide. The result clearly showed that nicotine has a promising potential as an environmentally benign insecticide.

**Keywords:** insecticide, nicotine, methyl eugenol, tobacco

## P-S13-01 Opinions of the Public and Tobacco Industry about the Ban on Sale of Gutkha and Paan Masala in India

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**Context:** Gutkha - which is a tobacco product containing areca nut, and paan masala – a non tobacco product containing areca nut are very popular products in India. 14 Indian states have banned sale of above two products under "Food Safety and Standards Act, India (FSSAI)". As per the Act, food products should not contain any substance which may be injurious to health, and that tobacco and nicotine shall not be used as ingredients in any food products. Gutkha and paan masala are considered as "food items" under the Act and contain harmful substances, hence cannot be sold to public.

**Methods:** Immediately after the ban on sale of gutkha and paan masala came into effect, a public opinion survey was conducted during one of the festivals in India in September 2011, where large numbers of people were expected to gather. The survey questionnaire was an interviewer-administered one having basic questions on demographics, and opinions about the ban and its after effects. The Indian smokeless tobacco industry responded on the said ban by way of a huge advertorial in leading national newspapers. The advertorial was also analyzed for its content that has potential to mislead the public.

**Results:** Survey results revealed that 95% of the respondents were aware of the ban, of which almost everyone felt that the ban was justified. 59% persons felt that the ban was justified because gutkha and paan masala are harmful for health. However, 84.8% respondents also warned that users of gutkha and / or paan masala will switch to other tobacco products as a result of the ban. The Smokeless Tobacco Association, the Central Areca nut and Cocoa Marketing and Processing Co-operative Ltd., and All India Kattha Factories Association issued a huge advertisement in national newspapers questioning the ban, declaring it as unfair, and challenging its inclusion under the food laws of the country.

**Conclusion:** There is overwhelming public support for banning sale of gutkha and paan masala products, of which areca nut is an essential ingredient and known to be a cause of oral cancer. However, there has been an upsurge of other non-tobacco products such as various brands of areca nut that are being packaged and labeled in a manner very similar to the banned products. Also, the smokeless tobacco and areca nut industry are intervening into government policies and laws with a view to mislead public and shift support in their favor.

## P-S13-02 Retailer's Behavior toward the Sale of Tobacco in a Community near a University in the Lower Northern Thailand

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Many empirical evidences had confirmed that Thailand's new smokers (Aged 15-24 years old) are increasing. Most accessible tobacco source is retailer near their community. The objective of this cross-sectional survey was to investigate tobacco retailer's sale behavior in a community near a university in the lower northern Thailand. The samples were selected by convenient sampling (n=62). Data was collected by the research assistants (Aged over 20 years old) who had been participated in the project workshop. Data collection novel methods included non-participant observation for recording types and location of tobacco products. Retailer's behavior as well as protocol of attempted to purchase cigarettes of retailers were recorded. The data was analyzed by using descriptive statistic, percentage.

Results showed that most of the retailers in the commercial area distributed tobacco products to the student residences. The store types were grocery (45.2%), mini-mart or convenience stores (40.3%) and Pubs / Bars (14.5%). Mostly, these retailers failed to ask about the consumers' age or requested for ID card (95.2%). Moreover, they sold individual cigarette (small pack) or no pictures /text about health warnings on cigarette packages to these young consumers (82.3%). Approximately, 38.7% showed cigarette packages at point of sale or at visible shelf over the counter or outside the store.

In sum, retailers' behavior toward tobacco sale in a community near a university in the lower northern Thailand was still the challenge issue. To improve the health promotion strategies concerning tobacco retailer's sale, a betting health interventions needed to be designed. Ignoring retailer's behavior which impacted directly to the successful new smoker reduction, limiting youth access to tobacco could be failed to accomplish.

**Keywords:** retailer behavior, tobacco sale behavior, tobacco sale in a community

### P-S13-03 Hypothesis: The Tobacco Plant (*Nicotiana Tabacum*) Will Be Pathogen of Infectious Disease

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[Hypothesis] The tobacco plant (*Nicotiana tabacum*) will be a pathogen of an infectious disease. The plant infects human brains, affects human intelligence and causes defects in human behavior.

[Purpose] We human-beings will make tobacco selling illegal all over the world and will make tobacco pandemic finished by spreading the concept consisted of the above hypothesis and by controlling the vector tobacco industry with getting the consensus of international society.

[Method] I applied the tobacco plant to the definition of infectious disease and confirmed three main factors of infectious disease.

[Result] The definition of infectious diseases could not be limited to microorganisms but could be spread to all living things. For example, a tapeworm was defined as an infectious disease as well. The concept of the "infection" could not be limited solely to "internal multiplication" of a pathogen but could also include "external multiplication" like *Staphylococcus aureus*. The phenomenon of infection was not limited only to inflammation but also to non-inflammation actions as like Bovine spongiform encephalopathy. So the tobacco plant (*Nicotiana tabacum*) could be included in these broadened definitions as well. The first factor "the source of infection" was *Nicotiana tabacum* itself. The second factor "environment condition" was consisted of the combination of behavior infection through mirror neurons and vector infection by tobacco industry. The third factor "host sensitivity" was said that younger people were more susceptible to infection than older.

[Discussion] While HIV/AIDS confuses the human-immune-system, the tobacco plant confuses the human-thinking-system. The tobacco plant has deeply infected the human brain, controlled human intelligence, and distorted human behavior. So we have not recognized it as infectious disease for a long time. All countries (except Bhutan) have not resisted making tobacco illegal by implementing laws in many categories due to the brain infection. By spreading the concept consisted of the above hypothesis, we will get the consensus of international society and control tobacco industry. We will make tobacco selling illegal all over the world and will make tobacco pandemic finished. To control tobacco industry, we should expel the executives of tobacco industries and make other people control the industries, using the power of the United Nations. We should regain the "captives held by *Nicotiana tabacum* involving tobacco industry workers."

### P-S14-01 An Experience with Direct Marketing Strategy Using Mobile Phone by a Tobacco Industry in Japan

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[Background] Tobacco companies target youth using various marketing strategies. Ten years ago, we collected many entry forms for draw and prize campaign by Tobacco Companies, but recently there were very few entry forms.

[Purpose] Draw and prize campaigns by Tobacco companies seem to go under the radar. So we try to reveal their marketing strategy using mobile phone by masquerading as a smoker.

[Material and Methods] We responded to a promotion "Get one accent to your style with these items" of Virginia Slim Accent by Phillip Morris as a smoker and collected text messages and free tobacco packs from the company.

[Result] We inputted the QR code offered by Phillip Morris and sent personal information on 5/31/2011. Upon completion of the questionnaire we could enter a draw for fashionable items such as a bag. After entering we began to receive text messages including further advertising with attractive photos and games informing us of the different promotions, as follow; 7/13/2011(Massage Cushion for 1 pack), 9/26(Portable TV for 5 pack) and 10/3(Digital Camera for 5pack) 10/11(original earphone for 1pack), 10/17(coffee maker for 5 pack)and 10/24. All of these offered a ¥ 1000 gift card as a 2<sup>nd</sup> prize.

Following the messages we received three pack of tobaccos on 11/18, 12/2 and 12/3 which invited us to enter another draw and prize campaign "Refresh your winter" for fashionable accessories. We also received messages with photos to promote the campaign on 1/16/2012, 2/10 and 2/13.

Six months later, we suddenly received a pack of tobacco "Marlboro Iceblast" on 7/9/2012. At last we received three pack of tobacco on 10/9, 10/10 and 10/11 with entry forms. The first prize of the campaign "Pearl Magic for you" was a tour to a Polynesian island and second prizes were a pearl necklace and earrings.

[Conclusion] The marketing strategies of the tobacco company are extremely shrewd and all-reaching. The campaign was long-running and we received a total number of 7 packs of tobacco during a year. Researchers and advocates should immediately expose the insidious nature of such promotions.

### P-S14-02 Advertisement Ban Enforcement in Cambodia: Survey in Three Provinces

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**Introduction:** Cambodia ratified the FCTC in November 2005. To fulfill its obligation on banning tobacco advertising, promotion and sponsorship (TAPS), the Prime Minister issued a sub-decree to ban most forms of TAPS with a grace period of 6 months (till August 2011). Following a year of dissemination activities through provincial level workshops, radio programs and on-site awareness activities, TIMA and CMH conducted a survey in 3 provinces to monitor the enforcement of the sub-decree. **Methods:** The survey was conducted during October and November 2012; it targeted local law enforcers and points of sale (POS) owners/managers using 2 self-developed questionnaires and a POS observation form. Three provinces (Takeo, Kampong Cham and Phnom Penh) were selected based on intensity of intervention programs, tobacco industry activities, and feasibility concerns. Three to five districts in each province were sampled randomly along the main roads. In each district, chiefs of community offices and heads of district-level departments were interviewed. POS were sampled based on 5 business types (street vendor, grocery store, convenience store, restaurant and supermarket) and owners/managers were interviewed. On-site observation was recorded during the interview. **Results** 1. 148 shop managers and 66 government officials were interviewed; no one rejected. 2. Large cigarette billboards were not observed, but newly produced A4-sized posters and cigarette display shelves with promotional information and brand names were prevalent in POS, especially in Kampong Cham, a major tobacco growing province heavily invested by BAT. 3. 143 out of 148 shops had some kind of promotional activities, including single sales, free gifts, discount items, and coupons. 4. Most government officials were aware of the ad-ban sub-decree, mostly through TV (28%) and radio (22%) programs and dissemination workshops (21%), less from governmental channels (official meetings 19%; official letters 8%). While the awareness seemed to be high, only few could recall any specific provision of the sub-decree. **Discussion** Enactment of the TAPS-ban sub-decree resulted in the removal of outdoor billboards and banners. However, new forms of advertisement and promotion emerged, partly by twisted interpretation and manipulation by the industry of the somewhat ambiguous wording in the sub-regulation of the said sub-decree. Inaction of both the local government officials and POS managers/owners toward the sub-decree may be attributed to central authorities' insufficient political will. Another factor may be the absence of standard enforcement protocol for local officials. Further training on law enforcement is needed while awareness-raising activities should be continued. **Acknowledgement** The authors want to thank Taiwan's Bureau of Health Promotion, Department of Health for its financial support to make TIMA's projects in Cambodia possible since 2003.

### P-S14-03 Mouth Freshener Serves Surrogate for Tobacco Products Advertisements in India?

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**Background:** Article 13 of FCTC and Indian anti-tobacco legislation prohibits advertisement of tobacco products. Tobacco industry is carrying out aggressive advertisement of the non-tobacco products having same brand name and packaging design to tobacco products.

**Objective:**

To assess whether advertisements in Indian print media were for the intended products or serve as a surrogate for tobacco products.

**Design/Methods:** Three Indian vernacular newspapers in Himachal Pradesh- an Indian State were observed between 1<sup>st</sup> January to 31<sup>st</sup> March 2012, simultaneously a cross sectional survey using a pre-tested checklist was also done across 720 tobacco shops in 12 district headquarters. These newspapers were screened again between 1<sup>st</sup> October to 31<sup>st</sup> December 2012 followed by a survey across 388 shops in one of the district headquarter.

**Results:** In first phase, total 27 display advertisements (seven brands) of mouth freshener (also called pan masala- a non-tobacco product containing arecanut) were seen. The advertised brand of mouth freshener was not available in any shop whereas gutkha (processed tobacco with lime) of same brand name and package design was being sold in 446 (72%) shops. In second phase, total 18 advertisements (four brands) of mouth fresheners were noticed. Field survey revealed that total 322 (82%) shops have mouth fresheners which included the advertised products as well. However, total 73 (19%) and 209 (54%) shops were also selling gutkha and zarda (raw tobacco product) of same brand name and package design.

**Conclusions and recommendations:** The mouth fresheners advertisements serve surrogate for tobacco products through the print media in India. There is an immediate need for enforcement of complete ban on such advertisements

### P-S14-04 KASH Surveys Seoul Retail Tobacco Advertising Trends

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A surveillance analyzed tobacco advertising in Seoul retail outlets. The surveillance was conducted around 1 month and monitored about 1,600 points of sales in Seoul, 2012. Retailers included convenience stores, grocery stores and street tobacco stores. The purpose of this survey was to investigate whether the stores has violated Korea Health Promotion Law.

Finding included the following:

30.5% of stores surveyed exposed their tobacco advertising to outside of the store.

38.8% of stores surveyed exposed their tobacco display to outside of the store.

46.0% of convenience stores surveyed and 26.1% of grocery stores surveyed exposed tobacco advertisement to outside of the store.

54.3% of convenience stores surveyed and 33.8% of grocery stores surveyed exposed tobacco display to outside of the store.

The average number of interior tobacco ads per store was around 7

According to the Korea Health Promotion Law, all point of sales must not expose their tobacco advertisement and tobacco display to outside of the store. However over 30 percent of stores surveyed violated law in this study. Government should monitor local tobacco advertising and strengthen tobacco advertising regulation.

### P-S14-05 Delegitimizing Tobacco Industry Sponsorship of Primary Schools in China

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“Genius comes from hard work, Tobacco helps you to be successful.” This slogan is plastered at the entrance of one of over a hundred primary schools sponsored by the Chinese tobacco industry. Through a campaign called “Project Hope,” Chinese tobacco companies fund schools and then name them after their company or cigarette brand. In 2008, Chinese advocates began taking steps to have tobacco company names and brands removed from these schools. For example, the Thinktank Research Center for Health Development documented tobacco industry-sponsored Hope Schools across China, and, in 2010, the Chinese Association on Tobacco Control conducted a survey which found that children at these schools held a favorable view towards the cigarette brand sponsoring their school. In 2012, the Provinces of Jiangxi and Sichuan took action to remove the tobacco industry’s name and logo from Hope Schools. From research to media advocacy to legal action, this presentation provides an overview of the key advocacy strategies that led to the successful removal of tobacco company names in two provinces and the continuing efforts in 2013.



“天才出于勤奋，烟草助你成才”-四川烟草希望小学  
“Genius comes from hard work  
Tobacco helps you to be successful” - Sichuan Tobacco Hope Elementary School

## **P-S14-06 Curbing Surrogate Tobacco Advertisements at Public Transport Systems and during Festivals in Mumbai**

Tshering BHUTIA, Devika CHADHA, Narayan LAD, Rajashree KADAM

*Salaam Bombay Foundation*

**Background and Objectives:** Until recently, advertisements of “pan masala” products bearing same name and packaging as “gutkha” products were observed at public transport systems in Mumbai. Unlike gutkha, pan masala does not contain tobacco, thereby being perceived as “harmless alternative” to gutkha. Taking advantage of this perception, Indian smokeless tobacco industry increased pan masala advertisements over the years. While direct tobacco advertisements were banned, those of pan masala continued, suggesting their non-tobacco nature. Salaam Bombay Foundation (SBF) conducted a study to understand product association, that is whether general public perceived advertised pan masala brands with names similar to gutkha products as being non-tobacco or tobacco products.

**Methods:** A survey was conducted in Mumbai in May 2011, among 3000 respondents (1500 children aged 12 to 18 years and 1500 adults aged 19 to 50 years). Respondents were shown flash cards of advertised pan masala brands – “Goa 1000”, “RMD” and “Rajshree”. Based on these results, a demand charter was submitted by SBF children to appropriate government authorities for action. In July 2011, an evaluation was done to assess status of displayed outdoor advertisements of pan masala products with names and packaging similar to gutkha products on buses and bus stops.

**Results:** All three brands – “Goa 1000”, “RMD” and “Rajshree” were identified as gutkha instead of pan masala by respondents. 82% children and 84% adults identified the flash card of pan masala brand “Goa 1000” as gutkha. SBF children conducted advocacy meeting with Superintendent of Bombay Municipal Corporation (BMC). As a result, BMC issued official letter to all vendors to restrict display of surrogate advertisements for tobacco products. Within a month, all pan masala advertisements, promoting corresponding tobacco products were removed.

**Conclusion:** Tobacco industry finds ways to market its products to public. Development of an evidence base against the industry provides a platform to strengthen advocacy efforts with relevant stakeholders, adoption of policies and their effective enforcement.

## **P-S14-07 Denormalization of CSR Tobacco Industry in Thailand**

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As a result of Thailand’s banning of all forms of tobacco advertising promotion and sponsorship, the tobacco industries have engaged in many so call corporate social responsibility activities such as school student projects, community projects, environmental issue etc.

Non of these CSR activities address the health and economic impact of smokers and family, which should be the primary recipient of corporate social responsibility activities. Local sampling of public opinion among students and community reveal positive attitude toward tobacco industries CSR activity. A proposal to ban tobacco industry CSR by law has received opposition from some communities as well as some decision maker.

To counter these trends, Action on Smoking and Health, Thailand initiated a project title “Denormalization of Tobacco Industry CSR Activity”

### **Objective**

1. To publicise the real purpose of tobacco industry’s CSR activities.
2. To advocate for the restriction or ban of CSR activities by tobacco industry in accordance with FCTC Article 5.3 and Article 13 guidelines.

### **Activities**

1. Establish a working group for the denormalization of tobacco industry’s CSR.
2. Prepare factsheet, campaign materials.
3. Organizing forum to educate the media/public.
4. Organizing Youth Forum on countering tobacco industry CSR.
5. Distribution of campaign materials to education institute.
6. Produce New Media on tobacco industry CSR.
7. Advocate to include ban of tobacco industry CSR in the draft tobacco control law.

### **Expected Outcome**

1. Public awareness of the real purposes of tobacco industry CSR increase.
2. A growing network of individual /organization disapprove or reject tobacco industry CSR.
3. Policy makers approve the law on banning tobacco industry CSR.

## **P-S14-08 Institutional Defects in the System of Evaluation and Monitoring of Tobacco Products in China**

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The agency responsible for the monitoring and evaluation of the safety of tobacco products in China is directly affiliated with the Zhengzhou Tobacco Research Institute, which is owned by the China Tobacco Corporation. This setup of self-monitoring virtually eliminates transparency and objectivity from the process and is an obvious conflict of interest and in violation of the FCTC. The evaluation methods used by the agency are also obsolete. Chemical analysis of tobacco smoke constituents under the outdated ISO method and limited toxicological assessment are the sole measures against which the safety of products are evaluated. Health claims for certain “novel” products, mostly low-tar and herbal cigarettes, are also based upon such standards. The tobacco industry takes advantage of these loopholes in the evaluation system to promote the “less harm, low tar” campaign and makes profit from selling so-called “healthier” cigarettes. The research achievements of a tobacco industry researcher who was recently elected to the Chinese Academy of Engineering are also largely based on the faulty evaluation standards of the agency. One needs to be aware, on the other hand, that the institutional defects of the monitoring and evaluation system roots back to the tobacco monopoly, which has a double identify of a national tobacco company and the government agency overseeing it. This paper, taking the “US FDA Draft Guidance of Modified Risk Tobacco Product Applications for Industry” as reference, analyzes the gaps in the monitoring and evaluation of tobacco products under the current system and offers recommendations for reform.



## P-S14-09 David versus Goliath: Denormalizing CSR activities of the Tobacco Industry in the Philippines

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*HealthJustice*

**Background:** The Philippines is targeted by the tobacco industry for its so-called CSR activities. In 2010, the government issued a policy implementing Article 5.3 of the FCTC, including a prohibition against unnecessary interactions with and receipt of gifts, donations, or sponsorships from the tobacco industry. However, the tobacco industry is able find ways to circumvent the policy. As the country moves towards implementation of stricter policies in tobacco control, it also needs to address the new challenges subverting the implementation of Article 5.3. **Methods:** This research reviews the strategies in denormalizing tobacco industry's so-called CSR activities. It also analyzes the emerging norms in corporate accountability to strengthen tobacco industry liability in conducting CSR activities in light of the United Nations Guiding Principles (UNGP) on Business and Human Rights. **Results:** Policies implementing Article 5.3 of the FCTC were instrumental in reducing donations and partnerships between the tobacco industry and the government. Shortly after these were issued, national and local officials reported termination of partnerships with the industry and rejection of donations. Undaunted, the industry was quick to adapt by courting its donations to civil society organizations (CSOs). In 2011, Philip Morris Fortune Tobacco Corporation doubled the amount it spent on CSR activities compared to the previous year. Hence, while there have been less partnerships with the government, the policies hardly made a dent in terms of reducing the publicity of the tobacco industry CSR activities. Advocacy campaign targeting CSOs is promising and a substantial number already made a stand to reject donations from the tobacco industry. But, there are reputable organizations that still continue their partnership with the tobacco industry due to lack of funding for their programs. Reframing the FCTC within the context emerging norms on the corporation's responsibility to respect human rights and applying the UNGP provides additional basis to subject strategies of the tobacco industry in greater scrutiny. There is a need to look into instances where tobacco industry uses its donations as an entry point to lobby to the government or conducts below-the-line tactics in circumventing ban on tobacco advertising by publicizing its CSR activities. **Conclusion:** While policies implementing Article 5.3 have been successful in prohibiting unnecessary interactions with the tobacco industry and prohibiting CSR donations to government agencies. The limited scope creates a loophole and an opportunity for the industry to use private organizations to continue conducting and publicizing its so-called CSR activities. These new challenges need to be addressed. The government and civil society organizations must be more aggressive in its campaign to denormalize tobacco industry tactics and push for a ban on CSR activities by the tobacco industry.

## P-S15-01 Perceptions of Health Warning Labels for Smokeless Tobacco Packages in India and Bangladesh

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**Background:** Increasingly, the global burden of tobacco use is borne by low-and-middle income countries (LMICs), such as India and Bangladesh. India and Bangladesh have more smokeless tobacco users than the rest of the world combined. Health warnings on product packaging are among the most cost-effective policy interventions; however, there is little research to guide regulators in LMICs on selecting content, particularly for smokeless tobacco. The current study was among the first to examine perceived effectiveness of health warnings for smokeless tobacco in India and Bangladesh.

**Methods:** An experimental study was conducted in India ( $n=1,002$ ) and Bangladesh ( $n=1,081$ ), with adult (19 years and older) smokeless tobacco users, and youth (16 to 18 years) users and non-users. Respondents were randomly assigned to view smokeless tobacco health warnings according to one of four experimental conditions: 1) text-only, 2) pictorial warning with symbolic imagery, 3) pictorial warning with a graphic health effect, or 4) pictorial warning with a personal testimonial. Each respondent viewed five warnings within that condition for the following health effects: 1) oral cancer, 2) mouth disease, 3) heart disease, 4) addiction, and 5) death, and rated each warning on a scale of 1 to 10 for perceived effectiveness. A linear regression model was run, controlling for country, smokeless tobacco use, and sex.

**Findings:** Text-only warnings were rated as less effective than all of the pictorial styles: symbolic imagery, graphic health effects, and personal testimonials ( $\beta=.36, p<.001, \beta=2.39, p<.001, \beta=1.88, p<.001$ ). Graphic health effects and personal testimonials were given higher ratings compared to warnings with symbolic imagery ( $\beta=2.03, p<.001, \beta=1.52, p<.001$ ). Graphic health effects were given higher ratings than personal testimonials, ( $\beta=.50, p<.001$ ). Adults gave higher ratings than youth ( $\beta=.32, p=.002$ ), and females gave higher ratings than males ( $\beta=.16, p=.02$ ). No significant differences were observed between countries or between smokeless tobacco users and non-users (among youth). Findings will also be presented on the effectiveness of different health effects.

**Conclusions:** Pictorial smokeless tobacco warnings are more effective than text-only, and graphic health effects may have the greatest impact overall, consistent with research from high-income countries on cigarette warnings.

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## P-S15-02 Plain Packaging on Intention not to Smoke among Thai Youths

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**Introduction:** Experts consider packaging to be one of five key components of successful marketing, along with product, price, place, and promotion. Plain packaging will reduce deception on the package, while increasing the power of health warnings.

**Objectives:** of this study are to evaluate youths' perception on health warnings between plain and regular packaging on self confidence regarding not smoking.

**Method:** Descriptive research design with multistage stratified random sampling was employed. A total of 1,239 self-administered questionnaires were collected from randomly selected students, between the age of 15-24, and residing in 4 provinces, representing each geographical region of Thailand, and Bangkok metropolitan.

**Results:** Results indicated that the group of those who never smoke (including those already quit smoking) strongly agreed that plain packaging would potentially motivated their confidence not to smoke in the future. Results from logistic regression analysis indicated that non-smoking group had a higher level of perceived susceptible health risk 3.53 times of confidence on not smoking, comparing to the current smokers group (OR = 3.53; 95% CI = 2.18-5.70;  $p<.001$ ). On perceiving severity of diseases due to cigarette smoking, non-smoking group had a higher level of intention not to smoke with 2.86 times compared to current smokers group (OR = 2.86; 95% CI = 1.92-4.26;  $p<.001$ ).

**Conclusions/Recommendations:** Plain packaging has significant influences on non-smokers not to smoke, and can positively motivate current smoking youths to quit or reduce smoking.

**Keywords:** Plain packaging, Tobacco control, youths, smoking

**Acknowledgement:** Funding for this research was fully supported by Tobacco Control Research and Knowledge Management Center (TRC) and Thai Health Promotion Foundation (ThaiHealth).

### P-S15-03 The Effectiveness of Health Warnings in China: Longitudinal Findings from the ITC China Survey

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The 176 nations that have ratified the WHO Framework Convention on Tobacco Control (FCTC) are obligated to implement strong, prominent health warnings on tobacco packaging. According to the Article 11 Guidelines, adopted in November 2008 by the Conference of the Parties, these warnings should be at least 50% of the top of the front and back of the pack, include pictorial images, be graphically distinct from the package design, include a range of specific diseases arising from the tobacco product, provide information about cessation, and information about the harmful effects of tobacco smoke pollution (also known as secondhand smoke). None of these features were incorporated into China's October 2008 revision of their text-only warnings. A policy analysis of China's warnings leads to the conclusion that these warnings should show limited increases in effectiveness. The present paper is to our knowledge the first population-based evaluation of the effectiveness of China's health warnings as measured among smokers themselves. We analyzed three waves of the ITC China Survey, a longitudinal cohort of a representative sample of 800 smokers and 200 non-smokers in each of 7 cities in China—Beijing, Shanghai, Guangzhou, Shenyang, Changsha, Yinchuan, and Kunming (added at Wave 3), conducted in 2006, 2007–08, and 2009. The ITC China Survey is a part of the larger ITC Project, which is conducting similar longitudinal cohort surveys in a total of 22 countries. Findings over time showed that the Chinese health warnings introduced in 2008 (between Wave 2 and Wave 3) led to increases in some of the key indicators of warning effectiveness (including noticing of warnings, thinking about the health risks of smoking, motivation to quit, forgoing a cigarette because of the warnings, and other indicators that the ITC Project has validated across countries). However, the magnitude of effect was much lower than that found in other countries that have implemented warnings consistent with the Article 11 Guidelines (e.g., Thailand, Malaysia, Mauritius, Australia). The findings for implementation of health warnings in China are consistent with findings in other policy domains in China: that the FCTC implementation in China is characterized by slow and small incremental changes, far from the strong impact shown in other countries that have implemented policies indicated in the FCTC Guidelines.

### P-S15-04 Challenge in the Implementation of 75% Pack Warning: An Example of Tobacco Industry Interference

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**Purpose** : The purpose of this paper is to analyze how the Industry Interference can make further delay in the implementation of Tobacco Control and Regulation Law.

**Method** : A thorough study has been made in the procedural delay in implementing the article 9 of the Tobacco Control and Regulation Law. This law along with all the articles have to be implemented within November 2011. But a total of 11 different tobacco industries and distributors filed separate court cases in the Supreme Court challenging the legal provision of 75% health warning.

The Supreme Court hearing is in process. Because of the dissolution of Constituent Assembly (Parliament) in May 2012, the appointment of Supreme Court Judge could not be completed. The Supreme Court at present has only 6 judges which is less than 40% of its total requirement. This has further delayed the judicial procedure. The Industry Interference is the main challenge.

The National Pressure Group against Tobacco and Health Rights and Tobacco District Network are coming to the street for timely court decision.

The Health Journalist Group has also been mobilized to provide the information to general public clarifying the confusion created by the tobacco industry for their personal benefit. The lobby from the tobacco industries are clearly visible.

**Result** : The most progressive article of the law of Asia which asks for 75% of the total area of tobacco packets for pictorial health warning could not be implemented. Delay in Justice is No Justice.

**Conclusion** : This incident shows that there is a need for more strong solidarity of Anti-tobacco advocacy organizations to challenge the Industry Interference and make court decision in favour of the public health.

### P-S15-05 Wear-outs Effects on the Malaysian Pictorial Health Warnings: Findings from the International Tobacco Control Policy Evaluation (ITC) Malaysia Project

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**Introduction**: Consistent with WHO FCTC, the Malaysian government introduced six pictorial health warnings for cigarettes in January 2009. The health warning designs (i.e. mouth cancer, throat cancer, lung cancer, premature birth, miscarriage and gangrene) must cover 40% and 60% respectively on the front and back of each pack. However since its introduction, these warnings have not been changed. Past studies have shown that replacing pictorial health warnings every two years is associated with increase effectiveness. **Objective**: Objective of this study is to examine the wear-out effects of the Malaysian pictorial health warnings in terms of 'noticing', 'thoughts about perceived health risks of smoking', 'emotional feelings', and 'quit intention' among Malaysian adult males from 2009 to 2012. **Methodology**: Data were obtained from the fourth and fifth waves of a cohort study using stratified multistage-cluster sampling, conducted in 2009 and 2012 respectively. A total of 2,049 adult smokers were recruited (Wave 4) from July to Dec 2009 and 2,020 adult smokers in Wave 5 (Mei 2011 to January 2012). Wear-out effects relating to 'exposure to pictorial health warnings', 'reading/looking closely', 'thinking about perceived health risks of smoking', 'label made you feel', and 'label made you more likely to quit smoking' were observed. **Result**: There was slight increment in the 'noticing of health warnings' from 2009 (65.8%) to 2012 (67.6%). However, other effect measures were seen to be declining after 2 years and these were 'reading or looking closely' (54.4% to 42.7%), 'thinking about health risk of smoking' (61.2% to 48.8%), and 'likely to quit smoking' (53.8% to 41.7%). When introduced in 2009, approximately 70% of smokers said Malaysian pictorial health warnings were realistic and lead them to feel alarmed, unpleasant and also worried, but in 2012, the effects on feelings have dropped to below 55%. **Conclusion**: The effects of Malaysian pictorial health warnings on cigarettes packs are wearing out among adult smokers in terms of 'noticing', 'thinking of health risks', 'feelings', and 'intention to quit'. Thus, there is urgent need to replace these in order to improve effectiveness.

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## P-S15-06 Prevalence and Predictors of Misperceptions About “Light” and “Low-Tar” Cigarettes: Findings from the ITC Korea Survey

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**BACKGROUND:** “Light” and “low-tar” cigarettes have been promoted as alternatives to “full flavour” or “regular” products, and marketed in ways that have led consumers to wrongly believe that they are less harmful. Whereas many smokers in Western countries perceive “light” and “low tar” (hereafter referred to as “LLT”) cigarettes as less harmful, few studies have investigated whether similar perceptions exist in non-Western countries, where LLT brands are prevalent. This study focuses on perceptions about LLT cigarettes in the Republic of Korea, a country that has not banned such descriptors as called for under Article 11 of the WHO Framework Convention on Tobacco Control (FCTC). **AIM:** To assess the prevalence of misperceptions among Korean smokers that LLT brands are less harmful than regular brands. **METHODS:** We analysed data from Wave 3 of the ITC Korea Survey, a representative national sample of 1753 smokers conducted during October–December 2010. In addition to questions assessing beliefs about LLTs, there were additional questions that were used as predictors of those beliefs: a) demographics, b) health knowledge, c) health concerns, and d) quitting behavior. **RESULTS:** 25.0% of smokers believed that light cigarettes are less harmful compared to regular brands, and 30.1% of smokers believed that those who smoke light cigarettes take in less tar. 39.5% of smokers believed that light cigarettes are smoother on the throat and chest. In a weighted logistic regression, the strongest predictors of the belief that LLT cigarettes are less harmful were: the belief that smokers of light cigarettes take in less tar than smokers of regular cigarettes ( $p<0.001$ , OR=8.41, 95% CI: 4.05–17.47) and that light cigarettes feel smoother on the respiratory system ( $p<0.001$ , OR=7.74, 95% CI: 3.79–15.79). More educated smokers (more than high school) were more likely than less educated smokers to believe that light cigarettes are less harmful ( $p<0.001$ , OR=8.20, 95% CI: 3.24–20.74). None of the other predictors, including concern for health, health knowledge, or level of self-reported addiction were significant predictors. **CONCLUSIONS:** Despite research evidence that LLT cigarettes are no less harmful than regular brands, Korean smokers continue to believe that these cigarettes are less harmful, and at levels that are higher than in Western Countries (approximately 15–20%). These results indicate that the Republic of Korea should ban not only labels such as “light” and “low-tar”, but also other methods that the industry has used to wrongly communicate to consumers that certain brands are less harmful—such as the use of lighter colors, tar numbers and other such methods. Ultimately, plain packaging is likely the most effective strategy to minimize these deceptive practices. Finally, the fact that beliefs about smoothness were so strongly tied to beliefs about harmfulness suggests that there may also be a need to remove cigarette design features that reduce harshness, such as menthol and other flavorings.

## P-S15-07 Inter-Rater Reliability Study of Pack Identification to Determine Illicit Cigarettes in 3 ASEAN Countries

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### Background

Illicit tobacco trade is a growing concern among policy makers as it contributes to enormous losses of government revenue. Obtaining reliable estimates of illicit tobacco trade would support implementation of WHO FCTC Article 15. There are various methods to measure illicit tobacco trade. One such method is to collect cigarette packs from smokers and identify features on the pack that defines it as locally illicit or not. The reliability and validity of this approach is vital in obtaining an accurate estimate of extent of illicit cigarette consumption. This paper presents results of an inter-rater reliability study of this method.

### Methods

A cross-sectional study of smokers recruited from households was conducted in Thailand, Indonesia and Vietnam to determine the magnitude of illicit cigarette consumption. A representative sample of over 2000 smokers was chosen from selected study areas within each country. Over 95% of respondents in all countries provided an empty cigarette pack of the last purchase. A tool was designed to identify illicit features of each pack such as absence of genuine tax stamp and local health warnings.

An inter-rater reliability study was conducted in each country to evaluate if the coding scheme devised to identify cigarette packs as locally illicit or not is unambiguous, and capable of producing a consistently reliable coding. All (100%) illicit packs and a random sample of 10% of the non-illicit packs identified during the field surveys were verified by new coders. Two measures of inter-rater reliability were used: percent agreement and kappa.

### Results

Percent agreement in coding of all stamp and pack features within each country are between 85 and 100%. Kappa coefficient is over 0.90 for almost all stamp and pack features. The primary predictor of illicit cigarette packs in all 3 countries is the absence of a government excise tax stamp on the cigarette packs.

### Conclusion

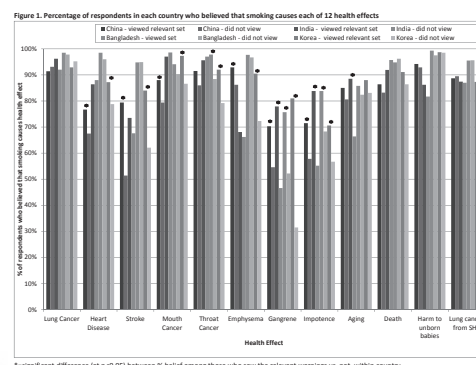
Inter-rater analyses show the coding of stamp and pack characteristics in the 3 countries was highly reliable and consistent. The coding scheme devised to identify cigarette packs as locally illicit or not is unambiguous, and capable of producing a consistently reliable coding.

## P-S15-08 Influence of Health Warnings on Beliefs about the Health Effects of Cigarette Smoking, in the Context of an Experimental Study in Four Asian Countries

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**Background:** Cigarette package health warnings are a potentially important means of communicating the health risks of smoking. Many countries, including China, Bangladesh, and Korea, have text-only warnings that contain general information (e.g., “smoking is harmful”), while others, such as India, have implemented pictorial warnings. This analysis examines beliefs about the health effects of smoking among adults and youth in four countries - China, India, Bangladesh, and South Korea - and whether viewing health warnings in an experimental study influences such beliefs.

**Methods:** Survey data were collected from  $n=1070$  respondents in China (504 adult male smokers, 566 male and female youth age 16–18),  $n=1012$  in India (503 adults, 509 youth),  $n=1018$  in Bangladesh (513 adults, 506 youth), and  $n=1362$  in Korea (621 adults, 741 youth). A web-based survey was conducted in Korea, with computer-assisted face-to-face interviews in all other countries. Respondents were randomized to view and rate pictorial health warnings for 2 (of 15) different health effects, after which they reported beliefs about whether smoking caused 12 health effects (yes/no/don’t know/refused). Differences in health beliefs between those who had and had not viewed health warnings relevant to each health effect were tested using Chi square analysis. **Results:** Knowledge of some health effects was high (e.g., >90% of respondents in all countries believed smoking caused lung cancer), but was much lower for others, such as gangrene, impotence, and stroke. Youth and adults reported similar levels of beliefs in India and Bangladesh, whereas greater differences between youth and adults were observed in China and Korea. A significantly greater proportion of respondents who viewed relevant health warnings (vs. not) believed that smoking caused that particular health effect, for 6 health effects in China (heart disease, stroke, mouth cancer, emphysema, gangrene, impotence), 7 in Korea (heart disease, stroke, mouth cancer, throat cancer, emphysema, gangrene, impotence), and 3 in each of India (gangrene, impotence, aging) and Bangladesh (gangrene, impotence, throat cancer). Viewing relevant warnings had the greatest influence for health effects that were least known. Around three-quarters of respondents in each of China, Bangladesh, and Korea said that cigarette packages should have more health information than they do now, compared to approximately half of respondents in India (which currently has pictorial warnings). **Conclusions:** Pictorial health warning labels that convey the risk of specific health effects from smoking can increase beliefs and knowledge about the negative health consequences of smoking, particularly for health effects that are lesser-known.



### P-S15-09 Fear Arousal towards Pictorial Health Warning on Cigarette Plain Packaging among Thai Adolescents

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**Background and objectives:** Since, Cigarette Plain Packaging (CPP) was expected to limit brand image of cigarette pack, this study aims to examine the perception of teenagers on the design, color (green, brown, white and black), words, and health warning picture (HWP) of the new plain cigarette package, which tries to promote the fear feeling of smoking.

**Methodology:** Mixed method research with two phases demonstrating sequential design approach with multistage stratified random sampling was conducted in Bangkok Metropolitan and other four provinces representing each region of Thailand. The 1,236 respondents, both college and high school students, were selected and complete self-administered questionnaires to assess the HWL on the new CPP and the linkage to their perception towards cigarette consumption. According to the respondents, there were 805 respondents who never smoke, 225 respondents who quit smoking, and 225 respondents who are current smokers.

**Results:** All three groups of respondents insisted that the HWP on new CPP can lessen the demand for cigarette use. According to the HWP on new CPP, it was reported that the most frightening HWP to the respondents were oral cancer, lung cancer, and laryngeal cancer, respectively. Furthermore, the most fearful HWP on new CPP was revealed to be in black color. In addition, Among those who never smoke; fear arousal scale was statistically significantly higher than that of other two groups ( $P < 0.001$ ). Significantly factors predicting fear arousal of non-smokers were HWP on CPP that motivated them not to buy cigarette, and color of CPP that teens selected.  $R^2$  changed = 76.2%. while as smoker and quitted smokers; factors predicting fear arousal were perception toward HWP on new CPP, interpreting dangerous effect that obtained information from HWP, wasteful smoking opinion, and color of packaging.  $R^2$  changed = 21.5%.

**Conclusions/Recommendations:** The HWP on new CPP can raise fear arousal feeling among teenagers, potentially leading non-smokers to not smoke in the future, as well as, helping current smokers to reduce or even quit smoking.

**Keywords:** Cigarette plain packaging, Fear arousal, Color and pictorial health warning label.

**Acknowledgement:** Funding for this research was fully supported by Tobacco Control Research and Knowledge Management Center (TRC) and Thai Health Promotion Foundation (Thai Health).

### P-S15-10 Images of Cartoon Characters and Celebrities on Areca Nut Packs to Lure Children

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**Context:** Attractive areca nut packaging lures young customers causing pre-cancerous conditions claiming many young lives.

**Aims:** Understand packaging and labeling of areca nut brands and their similarities with those of other products. **Materials and Methods:** Packaging of areca nut brands used commonly by children in Mumbai was analyzed for brand name, visual imagery, and product information. They were also compared to packaging of gutkha and paan masala, which are banned in many Indian states. **Results:** Two of three areca nut packaging had bright, eye-catching, and attractive background colors (yellow, red, and blue). One of these two brands was known as “Mogali” – a popular Indian cartoon character. This brand not only used name of character, but also picture and color scheme of the cartoon series. Second brand was named “Ritik”, after a popular Indian movie actor - “Hrithik Roshan”, who shot to fame with his dancing and acting skills. One of the packaging of “Ritik” brand of areca nut showed picture of young boy dressed similar to what actor “Hrithik” did in his first movie, which was successful and catapulted the actor to fame. Third packaging (“Milan” supari) unlike previous two packaging was not colorful and openly stated areca nut as “proprietary food product”. A feature common to all areca nut packaging was they were marketed as providing pleasant flavor (“Mogali” – Kesar Scented, “Ritik” - Mint Supari and Kesar Scent Supari, and “Milan” - “Classic Sugandhi Supari” which means classic scented flavored areca nut). The pouches were also compared to other popular products viz. gutkha and paan masala, noting distinct similarities. Both areca nut and, gutkha and paan masala pouches were colorful and attractive. Areca nut brands used cartoon characters and movie personalities to attract attention similar to what gutkha packets did through their use of names and pictures of movie stars and popular holiday destinations in India symbolizing a feeling of relaxation which gutkha consumption could simulate (“Munna Bhai” gutkha, “Goa” gutkha, “Shimla” gutkha). Areca nut and paan masala packaging were similar in that they projected to provide sweet and delicious flavor to its consumer. An observation that needs special mention is that areca nut products seem to be targeted towards children by introducing cartoon character and child dressed as movie actor. **Conclusion:** Even though gutkha and paan masala are banned in many Indian states, other equally harmful products are packaged, labeled, and marketed similar to banned products, targeting children

### P-S16-01 TPPA and Tobacco Control: Three Major Threats for ASEAN Countries

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**Background:** Eight countries of the APEC are negotiating a so-called 21<sup>st</sup> century free trade agreement (FTA) with the United States. Six of the eight countries, Australia, New Zealand, Vietnam, Singapore, Malaysia and Brunei, are located in the Asia Pacific while the other two, Chile and Peru, are located in Latin America. In the latest, fifteenth round in December 2012, two countries from North America, Canada and Mexico have joined the negotiations. From the start of its negotiations in March 2010, the TPP is being designed to attract more participants from the APEC. As initially proposed, the Trans-Pacific Partnership Agreement (TPPA) would give the same trade benefits and legal protections to tobacco products, services and investment that it gives to any other sector. Tobacco, however, is the only legally available consumer product that kills people when used as directed. **Method:** This paper demonstrates how specific provisions in these chapters would create obstacles to the FCTC parties’ commitment to accelerate implementation of the FCTC and illustrates the potential impact by drawing examples from existing tobacco control measures in a few ASEAN countries. **Results:** Based on available drafts and recent treaty practices, this report summarizes three major threats that specific TPPA chapters pose to tobacco control, namely, investments, regulatory coherence, and services. The investment chapter permits foreign investors to bring claims against governments before international tribunals based on regulatory measures that decrease the profitability of their investments. These investment rules provide foreign investors — including tobacco companies — with both substantive and procedural rights that threaten tobacco regulations. Trade in services affects almost every sector of the economy, including the advertising, distribution and sale of cigarettes. Although some parties to the TPPA have already made commitments to adhere to trade rules that limit regulation of services, the TPPA is expected to significantly expand the scope of commitments for all of the negotiating countries. The draft Regulatory Coherence Chapter of the TPPA creates two coordinating bodies to provide industry stakeholders with access to decision-making. This would contradict obligations under the Framework Convention on Tobacco Control (FCTC) for countries to protect their regulatory process from influence by the tobacco industry. Similarly, the RC Chapter promotes cost/benefit analysis that aims to minimize regulations and evaluate the “distributional impact” on stakeholder industries. This also contradicts an FCTC obligation to not balance the “irreconcilable conflict between the tobacco industry’s interests and public health.” Finally, the RC Chapter’s method for Regulatory Impact Assessment (RIA) could produce evidence that investors and governments could use in a different context to challenge tobacco control measures. **Conclusion:** The development and implementation of existing tobacco control measures in certain ASEAN countries would be adversely affected by the TPPA provisions. Trade negotiators should consider the various means of excluding tobacco control measures from the coverage of the TPPA.

## **P-S16-02 International Trade Law, Plain Packaging and Tobacco Industry Political Activity: The Trans-Pacific Partnership Agreement**

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The tobacco industry has a long history of using international trade agreements to force open new markets in low and middle income countries. Recent evidence suggests that major tobacco companies are increasingly turning to trade and investment agreements to challenge measures aimed at reducing tobacco use. Current industry efforts in this area centre on policies designed to reduce the effects of pack branding on consumer demand (such as generic packaging and large pictorial warnings) and take three broad forms: support for national governments' complaints to the World Trade Organisation (WTO); direct legal action against national governments using Investor-State Dispute Resolution (ISDR) under trade and investment agreements; and lobbying national governments to shape the terms of new trade treaties so as to extend the coverage of ISDR and limit governments' capacity to introduce legislation promoting health.

This paper focuses on the last of these and specifically on Philip Morris International's (PMI) efforts to influence the Trans-Pacific Partnership Agreement (TPPA), a major trade and investment agreement which may eventually cover 40 per cent of the world's population. In particular, it focuses on how these efforts might enhance the power of tobacco companies to challenge the introduction of plain packaging and other innovative tobacco control measures. Specifically, the paper discusses the implications for public health regulation of Philip Morris International's interest in using the TPPA to: shape the bureaucratic structures and decision-making processes of business regulation at the national level; introduce a higher standard of protection for trademarks and patents than is currently provided under the Agreement on Trade Related Aspects of Intellectual Property Rights (TRIPS); and expand the coverage of Investor-State Dispute Resolution (ISDR) which empowers corporations to litigate directly against governments where they are deemed to be in breach of investment agreements. The large number of countries involved in the TPPA underlines the risk it presents to the development of tobacco regulation globally.

## **P-S16-03 Illicit Cigarette and Potential Revenue Loss in Indonesia**

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*University of Indonesia*

**Background :** There are two types of illicit cigarette in Indonesia: smuggled cigarettes and illegal domestically produced and marketed cigarettes. Unlike in many countries in Europe where concern is focused on smuggled cigarettes, the policy makers in Indonesia are more concerned about illegal domestic cigarette production. This situation exists because 90% of smokers smoke *kretek*, a tobacco and clove cigarette produced mostly in Indonesia. This research will not only focus on smuggled cigarettes but also on illegal domestic cigarettes as defined by the Indonesian Excise and Custom Office.

**Objectives :** To determine the magnitude and consequences of the illegal cigarette domestic production and trade in Indonesia.

**Method :** We calculate the discrepancy between, domestic consumption less domestic legal production, and exports minus imports of cigarettes. If there is no illicit trade there should be no discrepancy between the two values.

**Result :** for 2002-2004, we estimate that there was massive increased production of illegal domestic cigarettes, together with possibly some net smuggling in. This amounted to 22-25 billion sticks per year, or 11-13% of total cigarette consumption. We estimate that the loss of government revenue from these illicit cigarettes ranged between Rp 2.7 Trillion and Rp 3.5 trillion (US\$ 327-409 million) for 2002-2004, or between 9% and 13% of total tobacco excise revenue. In order to reduce the smuggling and illegal cigarettes production, the government should increase resources to enforce the Act No. 39 Year 2007 about the excise system in Indonesia, especially related to illicit cigarette production.

## **P-S16-04 Estimating the Scope of Illicit Tobacco Trade: Southeast Asia Case Study**

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### **Objectives**

To contrast two different low-cost, quantitative methods recommended by the World Bank to estimate the magnitude of illicit cigarette trade, and to assess their applicability for a low-income country setting.

### **Methods**

Researchers from seven Southeast Asian countries (Cambodia, Indonesia, Laos, Malaysia, Philippines, Thailand, and Vietnam) applied two methods to estimate the size of illicit cigarette trade. The first method compares mirrored records of cigarette exports and imports between trade partners. The second method compares estimates of population-level cigarette consumption to official tax-paid sales data. The researchers adapted these methods to fit the quality and availability of data, as well as differences in record keeping across countries.

### **Results**

Given the weaknesses of the methods, the availability and the quality of the data, and inconsistent results, no valid conclusions about the magnitude of cigarette tax avoidance and evasion could be drawn.

### **Conclusions**

The estimates of the size of the illicit cigarette market are highly volatile and sensitive to baseline assumptions. Although using secondary data to estimate illicit tobacco trade, as described in the World Bank Toolkit, is relatively affordable, additional data collection or alternative methods are necessary to provide more reliable estimates of cigarette tax avoidance/evasion.

### **ACKNOWLEDGEMENTS:**

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## **P-S16-05 Strategies for Moving to the Elimination of Smoking**

Ron BORLAND

*The Cancer Council Victoria*

This paper sketches out options and related frameworks to facilitate the elimination, as far as possible, of the harms associated with tobacco use. This challenge can usefully be considered as a two stage process: first, the effective elimination of smoking cigarettes and other high-harm forms of tobacco use, and second, tackling the residual problem associated with addictive use of low-harm nicotine products. This framework has the capacity to reunite the harm-reduction and abolitionist wings of the tobacco control movement. Theory suggests that the first task will be easier if there are alternative nicotine delivery systems available to substitute for the high-harm forms. The more attractive to smokers the low harm forms the better, but the greater the risk of attracting non-smokers to use. This could be done with or without concurrent attempt to reduce the appeal of current cigarettes, but the less attractive the cigarettes, the more likely the transition will be effective. The biggest challenges associated with achieving such goals are doing so while keeping any illicit market under control. Co-ordination of these possibilities requires a regulatory apparatus. Depending on the rate at which the shift to low-harm potential products occurs, regulation will be easier to pursue if control of tobacco marketing is removed from interests motivated to slow or undermine the process. Further, depending on the consensus on the extent of the residual harm, it may also be desirable to constrain the low-harm market to not-for-profit marketing. Product regulation should be easier and more rapid if the marketers of products are not in intrinsically antagonistic relationships with regulators. This approach is contrasted with the main alternative of a regulatory apparatus like the US FDA which can work but involves the inevitable antagonistic relationships that are already becoming apparent.

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## **P-S17-01 Smoke-free Sports to Advocate for a Nationwide Smoke-free Legislation**

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*Cambodia Movement for Health<sup>1</sup>, Taiwan International Medical Alliance<sup>2</sup>*

Indoor smoking is banned at educational facilities, health facilities, Buddhist temples, and some government workplaces. But smoking at restaurants, hotels, public transportation means and other crowded public places is still allowed. Developing a binding nationwide legislation in order to ban smoking in all workplaces and public places is on the process. Advocacy needed to get the smoke-free legislation passed.

The first nationwide smoke-free sports were hosted by the Department of Physical Education and Sport (DPS) in 2012. The overall objectives of the event were to inform athlete, people engage in sports and general public that sports and smoking cannot mix. Prior to the event, the smoke-free theme was promoted via letters informing entities and individuals who were interested in joining the sports, as well as through the press conference. 25 teams of football, 20 teams of volleyball, 13 teams of basketball, and 43 athletic teams joint the event, and the it was managed by approximately 400 managers, trainers and members of organizing committees. The teams for the first volleyball match were CO tested to show to youth that good players do not smoke. Approximately 10,000 audiences were at the event. Banners carrying smoke-free sports and “No-Smoking” signs were at all sport venues for the 15 days competition to alert people about the smoke-free event and to ban smoking in these places. Organizing team members enforced the ban. The event was on at least 27 news of television, 27 radio news features, 25 newspaper articles and 20 webpage.

The after event follow up shown that there was much less cigarette butts found in the campuses compared to the previous years events. Majority people including athletes, sporting entities and audiences supported the initiative and encouraged the DPS to have sport events smoke-free next year.

We hope that the smoke-free theme in sports becomes norm and next sport events will be smoke-free. The event also shown strong support from sport sector toward the smoke-free legislation passage.

## **P-S17-02 Tobacco Industry Opposed Total Ban of Tobacco Advertising, Promotion and Sponsorship**

Kong MOM

*Cambodia Movement for Health*

Tobacco industry, particularly BAT Cambodia started to fight total ban of tobacco advertising, promotion and sponsorship (TAPS), when Cambodia established, in early 2010, the Working Group (WG) to draft a Sub-Decree on TAP Ban to meet the obligations under the FCTC's Article 13.

BAT Cambodia opposed a complete total advertising ban, and called for regulation restricting mass media tobacco advertising. Mr. Kun Lim, BAT's spokesman was quoted by the Phnom Penh Post dated April 2, 2010. To get its so called restriction instead of total ban, tobacco industry put a lot of efforts to weaken the draft sub-decree on TAPS ban by lobbying several government institutes and individuals to give tobacco companies some spaces free of ban, including points of sale. BAT praised those government officials for their commitment to listen and to ensure that no burdens were placed on businesses. But because the WG comprised of strong local advocates, the pro-tobacco industry members could not do much and the draft sub-decree was comprehensive.

In addition, on the way it was submitted to the Council of Ministers for approval, tobacco industry, through its pro-tobacco industry members, inserted a weaker version attempting to replace the comprehensive one. The local tobacco control advocates were vigilant and immediately were able to get support from higher policy makers to successfully withdraw the weaker version. The weaker version reflected clearly what tobacco industry fought for, that was not a comprehensive ban, but just restriction on advertising, including no ban on promotion and points of sale.

Finally, the comprehensive sub-decree was successfully approved by the government in February 2011, banning all forms of TAPS including at points of sale. Tobacco industry did not end their efforts, they misinterpreted the sub-decree by changing their direct advertising billboards to indirect one, and continuing advertising at points of sale.

The letters of warning of the Ministry of Health forced tobacco companies to remove the indirect advertising billboards. The Phnom Penh Municipality confiscated TAPS materials, including posters, umbrellas, and cigarette selling stands, at points of sale.

BAT sent its group of lawyers to misled key people in-charge of tobacco control and media.

Efforts to enforce TAPS ban have been continued and tobacco industry are trying their best to look for loopholes to manipulate the sub-decree.

### **P-S17-03 Current Situation of Smoking Environment and Measures against Passive Smoking in Golf Courses in the Kyushu District**

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[Introduction] : Golf is one of sports popular also as lifelong sports in Japan, while it can be said to be a rare sport of which players have been nearly allowed to smoke and drink liquor during play. The objective of this study was to investigate actual situation relating to cigarette in golf courses in the Kyushu district and to obtain basic resources on the smoking environment and the measures against passive smoking in golf courses in Japan. [Methods] : In this study, a survey was performed in 254 golf courses in Kyushu district in Japan. The survey was performed from June 1 to July 31, 2012 by mailing questionnaires. Responses were obtained from 61 golf clubs with a recovery rate of 24.0%. [Results and Discussion] : As places where smoking was allowed in the course or in a round, in the results, "tee"(88.5%), "inside of golf cart"(77.0%), "inside and neighborhood of teahouse and restroom"(62.3%), "any place in the course"(19.7) and "others"(8.2%) were mentioned in order of decreasing prevalence. Responses as "others" with free description included those stating that "ban on smoking is not laid." Answers to a question about smoking in the clubhouse were "total ban on smoking"(21.3%), "smoking rooms (rooms with partitions preventing diffusion of smoke to outside) are provided"(3.3%), "smoking areas are provided within doors"(49.2%), "smoking areas are provided in outdoor locations"(26.5%), "smoking is totally available"(23.0%), and "others"(3.3%). Answers to a question as to whether they thought that regulation with regard to the smoking environment in the golf course would make an adverse influence such as decrease in the number of the visitors on the business relating to the golf course were "definitely think so"(11.5%), "think so"(16.4%), "no opinion"(23.0%), "don't think so"(24.6%), and "don't think so at all"(21.3%). Answers to a question as to what elements are required in the future in order for the golf course industry to promote measures with regard to smoking were "ordinance or legal regulation prohibiting passive smoking"(13.6%), "provision by media of information concerning smoking and ban on smoking"(26.1%), "provision of information from the state, NPO, etc."(1.8%), "subsidies from the state"(5.4%), "needs from customers for ban on smoking"(18.9%), "employees' understanding"(1.8%), "ban on smoking throughout Japan"(3.6%), "ban on smoking throughout the world"(2.7), "trend in the industry and the trade"(26.1%), and "others"(0.0). We hope to still continue the investigation so that we can make some sort of proposals or suggestions relating to smoking to the golf courses and golfers in Japan.

### **P-S17-04 A Survey of Tobacco Advertisements in Magazines Published during 2009 in Japan**

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*Kyoto Prefectural University of Medicine<sup>1</sup>, Kyoto Tachibana University<sup>2</sup>, Kyoto Association for Tobacco Control<sup>3</sup>*

[Backgrounds] Japan does not have any laws banning tobacco advertisements. The tobacco industries have refrained voluntarily from producing direct tobacco advertisements on TV since 1998 and in magazines for children since 2002. But they have been advertising tobacco in popular and major magazines regularly. The earnings from these advertisements have editorial potential to bias their stance on tobacco issues.

[Objective] In order to review of tobacco advertisements in Japan, we aimed to collect all direct advertisements of tobacco in magazines and described them multilaterally.

[Methods] We investigated tobacco direct advertisements in magazines which were purchased by a public library in 2009 and estimated earnings of publishers. We also analyzed the strategies to promote tobacco sales by analyzing their slogans and assortment of the prizes for customers.

[Results] All of the magazines targeting young men (3/3) and half of general interests' magazines (11/20) had tobacco advertisements. There were no advertisements in magazines targeting women. The advertising pages were 284, and the campaigns were 155 (Japan Tobacco; 70, Phillip Morris; 56, and BAT; 29). One third of the campaigns offered very expensive prizes, such as cars (Jaguar), a trip to Milano, and so on. Estimation of total earnings of publishers was 459 million Yen. The biggest publisher "Bungeishunju-sha" which publishes Japanese leaders' opinions earned the most at 131 million Yen. Most slogans targeted young people. "Menthol", "light", "smooth", "one mg" and "new" were often used. There were 4 advertisements for young women even in magazines for men.

[Conclusion] Tobacco industries tactically promoted marketing for young people. And tobacco industries pay big money for these advertisements. The stance of mass media might be influenced by the advertisement expenditure. To better distribute of scientific information about tobacco to the general public, these structures should be monitored sufficiently and eliminated as soon as possible.

### **P-S17-06 Whose Influence Counts: Tobacco Industry or Tobacco Control Groups? Tobacco Industry Interference in Bangladesh**

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*Campaign for Tobacco-Free Kids<sup>1</sup>, PROGGA<sup>2</sup>*

The interference of tobacco industry in tobacco control policy formulation is common across the world. However, the nature and tactics of interference differ across contexts. In Bangladesh, tobacco industry's tactics in policy interference have their own characteristics although the overall strategies have been the same as elsewhere in the world. The tobacco industry in Bangladesh has been particularly aggressive in influencing the two major policy areas that they are most concerned with: (one) comprehensive tobacco control legislation and (two) tobacco taxation.

Bangladesh is one of the earliest Parties to the Framework Convention on Tobacco Control (FCTC) although the first tobacco control law that the country enacted fell short of FCTC requirements in a number of ways. Consequently, the tobacco control groups have been advocating and lobbying for a more FCTC-compliant law and have been able to move the process to a great extent. When the process of amending the tobacco control law made notable progress and was at a mature stage, the tobacco industry jumped in with their various tactics of influencing the law making process.

Similarly, the tobacco industry has always been investing a lot in the Ministry of Finance and the National Board of Revenue (NBR) to make sure that effective taxation is not adopted in the national budget of the country. Thus, every year before the budget, the industry comes up with wide range of tactics to influence the budget and retain the taxation in their favor.

The tactics that the tobacco industry use here include everything that they are known for across the world. But their interference here is very much context specific as reflected in numerous examples of their activities that they have been doing in recent time. Clever use of corporate social responsibilities (CSR) have always been one of their core strategies. The industry has been using CSR in Bangladesh not only to promote their products, but more importantly to create sympathy among policy makers for preventing effective tobacco control policies.

The paper will tell the recent stories of tobacco industry interference in Bangladesh to undermine strong tobacco control policies that the tobacco control groups have been fighting for. The fight between the tobacco control groups and the tobacco industry for and against strong tobacco control legislation and tax will constitute the central theme of the paper.

## P-S17-07 A Study on Types and Constituents of Tobacco Products Used in Myanmar

Aung TUN, Su Mon MYAT, Thuya AUNG, Phyu The HAN, Tun MYINT

Ministry of Health

**Objectives** -The study aims to collect information on types and constituents of tobacco products used in Myanmar

**Methods** -The study conducted during November 2011 by the School health project and National Tobacco Control Program of the Department of Health, Ministry of Health with the support of World Health Organization. (20) trained surveyors from 14 State/Region School health Teams conducted data collection in their States and Regions. Due to lack of facilities, laboratory analysis of tobacco products was not conducted although certain elements of a few tobacco products had been analyzed.

**Results - (a)Cigarettes:** Cigarettes commonly used in all parts of the country are mainly of domestic products such as Red Ruby, Premium Gold, Blue Diamond, V and Duya. Marlboro, 555, Mild Seven and London are still popular multinational brands.

**(b)Cheroots:** Cheroots are the most commonly used smoking tobacco products in Myanmar. Popular brands differed among States and Regions. Popular brands of Cheroots include Jothain, 44444Kyene and Shwe Hnin Si.

**©Cigars and Pipes-** Now, Cigars and Pipes are not popular in all parts of the country. It was practiced only among older men.

### (d)Smokeless Tobacco Products

**(1) Betal preparation with tobacco-** It is being practiced widely in all parts of the country. Varieties of tobacco added into the betal preparation include

(1.1)Myanmar Hsay (Myanmar Tobacco) (1.2)Hsey Paung or Hnut Hsey (Tobacco leaves and stem treated with alcohol and honey)

(1.3)Hsey Hmwe includes **Popular brands of treated tobacco imported from India (eg-Signal,45,92 and Parijet)** and **Popular Domestic brands of treated tobacco (eg. Bayinma, Top and Shwe Bamar)**

**(2) Raw Tobacco** -Chewing of Raw tobacco is practiced in rural areas, especially in hilly tribes.

**Conclusion** - This study depicts updated information relating to types and constituents of tobacco products used in Myanmar for better understanding of the nature of tobacco use in Myanmar for effective implementation of comprehensive tobacco control programs. More in-depth studies should be carried out including laboratory analysis, physiological investigations on lung and cardiac functions, cohort studies and case-control studies to find out the health effects of using these products.

### Popular Cigarettes



Betal preparation with tobacco

## P-S17-08 Activities with Non-governmental Efforts in Korea Tobacco Control Policy

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Korean Association on Smoking or Health

Since first introduction of tobacco into Korea around 1600, many Koreans smoked tobacco. In 1988, Korea opened its market to foreign tobacco companies. At that time, adult male smoking rate was nearly 80% and people could smoke any places in Korea. But the smoking prevalence has rapidly decreased to 48.3% in 2010 and smoke free places increased 26 places including public facilities, educational facilities, medical organizations, public transportations and large restaurants. According to newly revised Health Promotion Law, all restaurants are designated as a smoke-free place from 2015. This astonishing results from the efforts of Korean government as well as non-government organizations like KASH, Korean Association on Smoking or Health. This report discusses the role of the Korean government, NGOs as well as the KASH whose mission was to improve public health and contribute to the nation's development by reducing the health hazards of smoking through conducting nationwide anti-smoking campaign. KASH has the longest history among civic organizations specializing in anti-smoking movements. KASH has been the driver of anti-smoking campaigns, the provider of information on smoking and the proposer of anti-smoking policies.

## P-S17-09 Tobacco Control Policy of Chinese TV Drama and the Research on Exposure to Tobacco Lens

Chao SUO

Chinese Association on Tobacco Control

**Objective:** To understand the situation with tobacco in popular domestic TV drama, explore ways to improve tobacco control policies in order to effectively reduce the number of tobacco shots and the time length of them. **Methods:** According to the movie box ranking and drama's ratings announced on the network in the year, select 40 films and 30 television series with high ranking, rating and great public influence for the survey. Develop a unified definition for smoking scenes, purchase unified timers, gather the statistics of occurrences of tobacco, duration, and place. **Results:** "The screenplay (outline) for the record, effective implementation of Films Provisions " has been implemented effectively, the implementation of "the SARFT drama Management Division strict control of smoking scenes in the drama" and "the General Office of the SARFT for strict control of the film, implementation of the smoking lens of the notice" in the drama is not so obvious. **Conclusion:** TV drama management department should clearly define the tobacco control policy the number of tobacco lens in the TV drama and the highest standards of the time length; enhance the guidance and educational function of the movies and television, promote the idea that smoking is harmful to health, strengthen the tobacco control awareness of the film and television workers, and create a healthy working atmosphere and environment.

**Keywords:** tobacco scenes ; film and television ; tobacco control policy



### **P-S18-01 The Relationship between Public Assistance and Smoking in a Psychiatric Clinic**

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Key words : public assistance, psychiatric patient, smoking, nicotine dependence

Objective

At the first author's psychiatric clinic, we have surveyed the relationship between public assistance and smoking. From our findings we propose that the social problem of smoking is related to public assistance.

Methods

We have surveyed whether a patient is a smoker or non-smoker, and whether he or she is getting public assistance or not. The sample is taken from the first author's outpatient clinic (54 men and 84 women in Musashino Hospital, Tokyo between November 2009 and February 2010. We have examined the relationship between smoking and receiving public assistance by a  $\chi^2$ -test. We compared psychotic disease with the rates of smoking and the rates of receiving public assistance.

Results

Patients who are receiving public assistance have higher rates of smoking by percentage than those who don't receive public assistance. The rate of smoking patients who are receiving public assistance is 73.1%. The rate of smoking patients who don't receive public assistance is 16.1%. There is a relationship between smoking and receiving public assistance ( $p < 0.001$ ).

Discussion

The source of public assistance money is tax revenue. Public assistance is made possible by Article 25 of the Constitution of Japan which states "All people have the right to be at least healthy and living a cultural life. Public assistance must be used as a last resort for poor persons who are in serious need". In reality, public assistance is used for smokers. We think there should be a review of public assistance.

Conclusions

We should help the poor and socially disadvantaged people quit smoking, not give them public assistance to continue smoking.

### **P-S18-02 Smoking Prevalence and Behaviours amongst a Longitudinal Cohort of Pacific Islands Fathers in New Zealand**

El-Shadan TAUTOLO

*AUT University*

*Background:* Pacific men's health, and particularly the health of Pacific fathers, is a significant health priority which in recent years has become a largely neglected yet important area for health researchers and policy makers in New Zealand to consider. Moreover, it is being increasingly recognised that fathers can have a significant impact on the development and well-being of their children; both positively and negatively.

This research study examines the smoking prevalence and behaviours amongst a longitudinal cohort of Pacific Island fathers resident in New Zealand. The findings are helpful in providing some insight into the smoking practices of these fathers, and how these behaviours may support and affect the development of their children.

*Methods:* Participants were fathers of Pacific ethnicity enrolled in the Pacific Islands Families (PIF) Study, a longitudinal study following 1398 Pacific families since the year 2000. An investigation of data collected from approximately 800 fathers at the 11-year measurement point of the PIF study examined variables measuring general health status, health-seeking behaviours, and potentially harmful behaviours such as smoking status and alcohol consumption.

*Results:* The majority of fathers within the study reported good overall health status and behaviour. However, approximately 40% of fathers classified themselves as current smokers, and of the 61% of fathers that classified themselves as current alcohol drinkers, over 1/3 consumed more than ten alcoholic drinks during a typical drinking occasion. Nevertheless, of those fathers that were smokers, 80% indicated that they were interested in quitting, and 75% reported that the NZ tobacco tax increases between 2010-2012 had caused them to reduce their smoking.

*Conclusions:* Although most fathers in this study possess positive health attributes, values, and behaviours, a concerning number of fathers exhibited poor health status and harmful patterns of smoking and alcohol consumption. Strategies targeted at alleviating some of these issues are vital to supporting the positive development of these fathers, and consequently their children and families.

### **P-Y1-01 The Result of the Smoking Prevention Education in a University**

Mieko TANAKA

*Hokkaido Pharmaceutical University*

[Purpose] In order to propagate the idea of "pharmacists who do not smoke," education for promoting no-smoking as well as an anti-smoking campaign targeted at students of Hokkaido Pharmaceutical University School of Pharmacy has been underway since 2003. We will report on the transition of the smoking rate from 2003 to 2012 and the contents of our activities.

[Method] Questionnaire surveys were conducted to students of Hokkaido Pharmaceutical University, (which has adopted 6-year education system since 2006). The students answered the questionnaires unsigned. They were asked about "smoking habits" and "lifestyle".

[Results and Consideration]: Hokkaido Pharmaceutical University have established "anti-smoking task force" in 2003. Its activities include no-smoking education and a wide range of anti-smoking promotional campaigns, such as putting up anti-smoking posters made by Japan Pharmaceutical Association and enlarged copies of the newest articles on tobacco on the university bulletin board and setting up a no-smoking support room. When we started smoking prevention education, there were not a few of smoking staff, who were critical of the activities of the task force or could not try to quit smoking. However, the smoking rate of personnel of Hokkaido Pharmaceutical University has steadily fallen from 17.5% in 2003 to 2.4% in 2012, which clearly shows the effectiveness of "smoking prevention education". Looking at each grade, every year, as the students are higher in their grades, the smoking rate gets higher. However, since the 6-year education system started, the smoking rate for students of fifth and sixth grades, who get long-term on-site training in hospitals and community pharmacies, tends to drop. One of the reasons for this is that hospitals and pharmacies are completely no-smoking facilities. In addition, the higher awareness as a professional healthcare provider that the students acquire during their long on-site training must be one of the factors.

The rate of conversion from smokers to no-smokers has risen greatly from 19.4% in 2003 to 67.6% in 2012, which clearly shows the effectiveness of the anti-smoking education which we have been providing over ten years. However, it is necessary to provide health education as well while we continue to promote educational activities at early stage after students enter the university.

## P-Y1-02 Smoking Awareness in the Higher Grades of Elementary School and Effectiveness of a Smoking Prevention Class -Comparison Immediately after and One Year after the Class-

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The University of Shiga Prefecture<sup>1</sup>, Omihachinan Community Medical Center<sup>2</sup>

Purpose:

The purpose of this study was to clarify the smoking awareness of children in the higher grades of elementary school and to compare the effect of a smoking prevention class at the time of its completion and after one year.

Methods:

The subjects were 80 fifth-grade students in a public elementary school in one prefecture of Japan in 2012 who took a smoking prevention class. A survey was conducted with a self-completed questionnaire before, immediately after, and one year after the smoking prevention class. The questionnaire consisted of items on gender, whether or not the respondent has a smoker in the family, and the Kano Test for Social Nicotine Dependence (KTSND; elementary school version), which judges psychological dependence on smoking. A one-way analysis of variance with repetitive measures was conducted using differences in KTSND score with respect to the effectiveness of the class. Differences were statistically significant at a significance level of  $p < 0.05$ . This study was approved by the ethical review boards of Hospital A and University A.

Results:

Questionnaires were collected from 71 of the 80 students (valid response rate, 88.7%), of whom 43.7% were boys and 56.3% were girls. The percentage of those with a smoker around them was 53.5%. The total KTSND score was 6.24 ( $\pm 4.803$ ) before the class, 3.59 ( $\pm 3.635$ ) immediately after the class, and 5.99 ( $\pm 4.027$ ) one year after the class. Comparison revealed that the total score was significantly lower immediately after the class than before ( $p < 0.001$ ), but no significant difference was seen in total scores before and one year after the class.

Discussion:

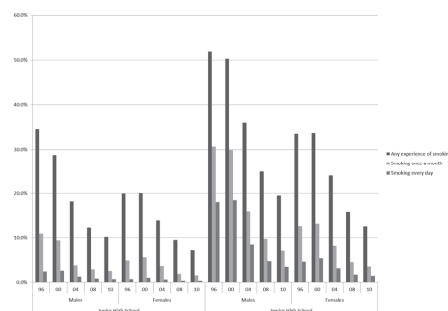
The smoking prevention class in this study led to significantly lower total KTSND score immediately after the class, and an effect is thought to have been achieved. After one year, however, the total score was about the same as that before the class, suggesting the need for continuous, repeated learning, similar to the findings of previous studies.

## P-Y1-03 Smoking Habits among Japanese Adolescents: A Nationwide Representative Survey (1996 - 2010)

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**Objective:** The main objective of this study was to clarify smoking habits among Japanese adolescents. **Methods:** We previously conducted four cross-sectional nationwide surveys (1996, 2000, 2004, and 2008) of smoking habits among Japanese adolescents. The 2010 study was the fifth such survey. For that study, among the 10,785 junior high schools and 4,991 senior high schools registered in Japan in September 2010, 131 junior high schools (selection rate: 1.2%) and 113 senior high schools (selection rate: 2.3%) were sampled. We used a stratified, single-stage cluster sampling method in which we divided Japan into regional blocks and randomly selected schools from each block. The investigation employed a self-completed questionnaire that was distributed to all students at each candidate school. **Results:** In the 2010 study, a total of 99,416 adolescents responded. The overall response rate was 63.7%, and 98,411 questionnaires were subjected to analysis. This revealed the following results: Any experience of smoking: Junior high school males, 10.2%; Senior high school males, 19.5%; Junior high school females, 7.2%; Senior high school females, 12.5%. Smoking once a month: Junior high school males, 2.5%; Senior high school males, 7.1%; Junior high school females, 1.5%; Senior high school females, 3.5%. Smoking every day: Junior high school males, 0.7%; Senior high school males, 3.5%; Junior high school females, 0.3%; Senior high school females, 1.4%. When the transition of smoking habits between 1996 and 2010 was examined, a year-by-year decrease in the prevalence of smoking was observed. **Conclusion:** The prevalence of smoking among Japanese adolescents has been decreasing in the last few years, suggesting that smoking control measures aimed at the young have been working effectively in Japan. It will be necessary to continue this investigation, and to closely monitor the changes in the prevalence of smoking among adolescents.



## P-Y1-04 Survey of High School Teachers about Tobacco

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[Purpose] According to JT, in fiscal year 2011, the smoking rate of Japan is 21.7%, which is highest in the developed nations. One of the reasons for this is because the "no-smoking" education for young people in Japan has not been enough. In order to research on the young people's smoking habits, a questionnaire survey on tobacco was conducted to high school teachers who are supposed to educate students not to smoke.

[Method] The time period for the questionnaire was from October 25, 2012 to November 30, 2012. The questionnaire was conducted to the personnel working in seven high schools in Hokkaido, Japan. The questionnaires were left with the respondents to be picked up at a later date. The respondents answered the questionnaires unsigned. 231 men (73.6%) and 83 women (26.4%) answered to the questionnaires. Of the 314 respondents, 279 (88.9%) were teachers and 35 (11.1%) were clerks. The response rate was 96.6%.

[Results and Consideration] 23.2% of the personnel in the 7 high schools (Hokkaido, Japan) were smokers. (The rate was 22.6% for teachers and 28.6% for clerks). This number is higher than the smoking rate of 21.7% of general Japanese people in 2011. The fact that the smoking rate for teachers is not zero means that smoking teachers tell students not to smoke and teach them about health hazard caused by smoking, which is not convincing. The higher smoking rate of teachers can influence the smoking rate of students. This means that it is urgent for teachers to attend non-smoking seminars and other non-smoking campaigns. It is also important to standardize the contents of anti-smoking education all over Japan in order to raise the general awareness for anti-smoking higher than it is today. In addition, Japan should keep up with the global non-smoking movement so that we will enjoy a healthier nation.

## P-Y1-05 Gender and Smoking among Adolescents in Thailand: Findings from Wave 5 ITC-SEA (Thailand) Surveys

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**Background :** Smoking among male and female smokers are more or less the same and sometimes female smokes more than male in some countries especially in Europe and America. It is interesting to know if gender makes any differences in terms of smoking among male and female adolescents in Thailand.

**Objective :** 1. To explore the smoking prevalence among male and female adolescents in Thailand over period of 5 years.

2. To analyze the differences between male and female adolescents in terms of belief, knowledge and opinion on smoking.

**Methods :** A part of 5 waves of the International Tobacco Control Policy Evaluation Surveys Southeast Asia (Thailand) (ITC-SEA) Project, undertaken during 2005 - 2011. Respondents consisted of 1,000, 962, 1,096, 958 and 961 adolescents at Wave 1, 2, 3, 4 and 5 respectively, aged between 13 – 22 years old. Participants were recruited using stratified multistage sampling from 5 regions of Thailand. The sample was designed to be national representative and regional level which covered both rural and urban areas in Thailand. Respondents were asked to complete self-administered questionnaire. Descriptive statistics was employed to explore the smoking prevalence among male and female adolescents in Thailand over period of 5 years. The wave 5 survey data was analyzed to study the differences between male and female adolescents in terms of belief, knowledge and opinion on smoking.

**Results :** Smoking prevalence was very low among female adolescents (1.5%) while male adolescents 10 times higher (20.3%) at wave 1. This difference exists in all the 5 waves. The reasons for initiate smoking were similar for both male and female adolescents (more than 80% mentioned “Curiosity”). The reasons for choosing the brand were also similar (taste and price). Female adolescents consider cigarette smoking is disgusting (63%) while only 39% of male adolescents think so. Both male and female adolescents less accepts for women to smoke than for men to smoke. Female adolescents have better knowledge of harmful of cigarette smoking than male adolescents do. 66 % of female adolescents consider cigarette smoking as “Very bad” while only 38% of male adolescents do.

**Conclusions :** Gender makes some differences with regards to smoking among Thai adolescents. Male adolescents smoke much higher than female adolescents do. Although, there are some similarities in terms of reason for initiate smoking and choosing brand but female adolescents have more negative ideas about smoking than male adolescent do.

## P-Y1-06 Tobacco Free Students and Youth

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*VChangeU*

**Background:** Students and young people are our top priority, students have always been at the forefront of social change they are not just the tomorrow's future they must be the leaders of today. They have the energy, passion, ideas, and courage to deliver the action play if we script it. **Methods:** We at VChangeU help young people by educating them what tobacco and alcohol really are, how occasional tobacco and alcohol consumption can lead to regular use and then to addiction that can wreak havoc with health and well-being of entire family. Through school-based education programs and public information programs on tobacco, alcohol and drugs we would like to keep the young generation away from these activities for lifetime. Awareness through Animated and Documentary videos along with creative posters for effective impact. **Results:** Data collected from students and Staff of different Schools & Colleges. The majority of Students and Staff are not having awareness on Tobacco Smoke Pollution. Educated 6400 Students and staff on Tobacco impact on Health, Environment by toxic cigarette butt waste and Deforestation in the Tobacco-Growing. Gathered more than 3000 student volunteers and 2000 young volunteers from different walks

through multiple awareness camps and events. Our website on Tobacco control receives an average of 1000 hits every day. Created 100+ Social networking pages on Tobacco Awareness to target the youth. **Conclusion:** Knowledge about tobacco's harmfulness has somewhat increased but is not sufficient, especially on Tobacco Smoke Pollution, Toxic Cigarette Butt Waste and Cutting of tress and tree leaves for packaging of tobacco products which are equally affecting the Environment apart from Health hazards Tobacco causes. Tobacco awareness campaigns should be included in schools, colleges and other education institutes for effective control on tobacco usage among youth. Since the youth who are addicted to tobacco may never be able to beat this addiction, leaving them to battle the health consequences they will face in the future. Need to educate, support, and mobilize a generation of young leaders to fight against Big Tobacco to create enduring change and unleash their potential as Change Makers and Change Agents of tomorrow.



## P-Y1-07 A Trial of Tobacco-Free Lecture and Workshops for High School Students with Disabilities

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**Background:** According to a large scale survey carried out in 1996 and 2008, the prevalence of smoking among high school students sharply decreased from 30.7 % to 8.6 % for males, from 12.6 % to 4.6 % for females in Japan. However, it considered only students who attended regular high schools. Because smoking habits are considered as a symbol of health disparity, smoking tends to remain higher among marginalized and disadvantaged people. In spite of this, there have been few investigations and interventions for disadvantaged youth in Japan.

**Objective:** (1) To conduct tobacco-free lecture and workshops at the high school for the visually impaired, hearing-impaired and intellectually-impaired

(2) To survey visually-impaired and intellectual-impaired students on their attitudes toward smoking

**Subjects:** During 2009 to 2012, we conducted tobacco-free workshops for 287 students at 6 high schools for the visually impaired, hearing-impaired and intellectually-impaired 8 times. There were 82 students (Males; 47 and Females; 35) at 3 schools (2 for intellectually-impaired and 1 for visually impaired) which agreed to participate in the survey.

**Methods:** The students completed the questionnaires before the workshops. The 2- hour workshop included a lecture and hands-on sections. The lecture consisted of four parts; damage to body, nicotine dependence, the social context of tobacco and how to refuse an offer of tobacco. Items in the hands-on section included disease models, foreign tobacco-packs, quit smoking information services. Students took part in role plays on how to refuse tobacco.

**Results:** The students concentrated during the lecture. There was joyful laughter at humorous video and other topics. The role-plays also had students' positive participation, and cheers and applause erupted when students succeeded in refusing a smoking invitation. The incidence of smoking experience among students was 10.9%, while the smoking prevalence among their families was 57.3%.

**Discussion:** The incidence of smoking experience among students was only 10.9%, but the incidence of smoking among people with disability might be hidden in many cases. The awareness that smoking is not good for health was wide spread among students with disabilities already. However, the smoking prevalence in their families is extremely high and it is likely someone would recommend smoking to them in the future. Therefore research into how to help students refuse smoking is required. The community should identify disparities in smoking prevalence among specific population groups and target these groups with specifically designed education and support programs.

## **P-Y1-08 Exploring the Socio-economic Gradients in Tobacco Use among Adolescents Living in New Delhi and the Psychosocial Factors Affecting This Gradient**

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Tobacco consumption represents an emerging, significant, and growing threat to youth health in India. Every day, an estimated 5500 young people in India try tobacco for the first time (Patel 1999). This situation is further complicated by the many forms in which tobacco is consumed in India. A few studies from India point to the fact that tobacco is consumed most by people who are socially and economically marginalized. Adolescence is a very crucial phase for health, as individuals during this period gain independence in making personal and dietary choices. In addition, behaviours are established and habits are formed during adolescence which remains with an individual throughout life. This study aimed to explore the socioeconomic gradients in tobacco use of adolescents 12-15 years of age and examine the role of neighborhood social capital and social support in explaining the gradient in tobacco use among adolescents who are residents in the city of New Delhi. The research was conducted as a cross-sectional study among 1400 adolescents 12-15 years of age belonging to three different groups according to their area of residence in the city of New Delhi. These three groups were; adolescents from urban slums, from resettlement colonies (settlements which have recently been regularized by the Government and were previously slums; marginally better off economically in comparison to slums) and from middle/upper middle class homes. Adolescents were randomly picked from slums and resettlement colonies through multi stage random sampling. Data was collected through an interviewer administered questionnaire, derived from World Health Organization's, Health Behaviour in School Children (HBSC) questionnaire and the Social Support Scale for Adolescents (SSAS) questionnaire. 185 (13.3%) adolescents reported ever use of tobacco in either smoked or smokeless forms. There was a clear significant gradient in tobacco use, with the adolescents from middle/upper middle class homes reporting the least and adolescents from urban slums reporting the maximum prevalence of tobacco use ( $p < 0.0001$ ). Psychosocial factors like social capital and social support attenuated the gradient but did not eliminated it completely, showing that area of residence is a very important structural determinant of tobacco use. There is a clear need to target the upstream determinants of tobacco use in order to work towards cessation in adolescents. Future policies aiming to improve the living conditions of adolescents and status of relative deprivation will play a crucial role in reducing disparities in tobacco use and cessation among adolescents.

## **P-Y1-09 College-based Smoking Cessation Intervention for Youths: A Pilot randomized Controlled Study**

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Youth smoking is one of the biggest public health concerns in the world (WHO, 2011). However, research and practice on smoking cessation has been predominantly focused on adults and those targeting youths are limited, and therefore available evidence for youth smoking cessation intervention is also limited (Fiore et al., 2008).

In this study, a college-based smoking cessation program was developed based upon the cognitive-behavioral relapse prevention model (Marlatt & Donovan, 2006) and its effectiveness was evaluated on the pilot basis. The participants are 13 college students. They were randomly assigned either to the intervention group ( $n=8$ , mean age = 20.9) or the control group ( $n=5$ , mean age = 22.2) by means of the computer generated random numbers. The intervention group received the program in a group once a week for 5 weeks. The control group was provided with the psycho-educational smoking cessation materials. The program consists of 5 sessions and the topics covered: (1) identification of smoking triggers, (2) coping skills training, (3) handling of peer pressure, (4) emotional management, (5) alternative activities, (6) coping with craving, etc.

The FTND score was measured before the treatment and no significant difference was found between the groups ( $t(11)=.361$ , n.s.). Nobody was dropped out of the program and the mean participation rate was 87.5%. At the 3-month follow-up period, only one out of 8 participants of the treatment group continued abstinence and none of the control group participants stopped smoking. No significant difference was observed ( $\chi^2(1) = 0.678$ , n.s.). In terms of other outcome measures, although the treatment group showed more maximum abstinence dates and less mean nicotine consumption, they did not reach the significant level ( $t(10)=1.74$ ;  $t(10)=1.67$ ).

The results did not suggest the effectiveness of the program and it is obvious that more research is necessary to draw the definitive and meaningful conclusions. However, it is encouraging that some promising results were obtained and the program dropout rate was low and this means that the program was attractive to the college students.

## **P-Y1-10 Japanese Youth Participated in a Tobacco-free Event in Hawaii and Learned the Concept and the Background**

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**[Background]** In Kyoto, youth carried out some tobacco-free activities. For these activities, we researched youth activities on the Internet and learned lots from Kick Butts Day (KBD) Events which are held all over the US.

**[Objective]** (1) To participate in a tobacco-free activity which was one of the biggest youth events held continuously and widely in the US (2) To learn about organization and practical methods of KBD events and to compare them with our activities (3) To create a network between the youth in Hawaii and Japan

**[Methods]** In AFACT 2010, one of the directors of Kyoto Association for Tobacco Control (KATC) contacted the director of REAL; a youth team which started in 2000 around Hawaii and continue to work actively building a program for youth, by youth. Then the director and four university students (1; graduate student, 1 medical student, 1 nursing student and 1 psychology student) participated in a KBD Event held by REAL in Honolulu on 14th Feb, 2011.

**[Results]** At first we learned the history of tobacco control policies in Hawaii from the professor of Hawaii University. An indoor smoke-free policy was established in 2006 after much controversy in Hawaii. The policy is working well and no economic impact has been observed. The day before the event we joined a group which was preparing resources and presentations at the REAL Headquarters. The slogan in 2011 was "Share the Love" and the main goal was reducing tobacco industries influence in Hawaii storefronts. Our recently slogan "Share the facts about tobacco" was somewhat similar but the Hawaiian program attached more importance to sales methodology than KATC. On the day we met a lot of members and visitors (11 ~19 year old students from all over Hawaii). The introduction and slideshow were very appealing and fun. In the afternoon all of us approached senators with a message from the youth and marched around city hall. At last Hawaiian youth appealed for a stricter tobacco-control policy with a dance and performance and some senators responded positively. After the projects, we and REAL members communicate using Facebook and e-mail.

**[Discussion]** There is more sufficient awareness of health impacts of smoking among people in Hawaii than Japan. Since the awareness of the fact around tobacco is widespread, the focus of the REAL activities has moved to combatting promotion of tobacco. What the two groups had in common was a sense of energy, excitement and a big influence on the community. We believe that youth activities are very important in tobacco control.

## P-O-04 Development of Stage-matched Smoke-free Preventive Educational Model for Children and Youth in Hong Kong

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Hong Kong Council on Smoking and Health

**Background and Objectives:** According to the recent surveys in Hong Kong, over 60% of daily cigarette smokers started their weekly smoking habit in adolescence (age 10 – 19) (table 1) with different reasons. To prevent youngsters from starting their first cigarettes, COSH has developed a stage-matched preventive educational model for children and youth Hong Kong before their transition to adulthood. **Theoretical Background:** Erikson's stage theory (Erikson, 1993) stated that each people would come across various challenges from biological and sociocultural needs during the development from infancy to late adulthood. Therefore, when COSH developed a series of smoke-free educational programmes, the developmental challenges and needs of children and youth in the first few stages were addressed before their transition to adulthood. **Health Talks for Pre-schoolers:** COSH has designed tailor-made health talk programmes for pre-schoolers at their stage of facing the challenge of initiative versus guilt. These health talks can educate the children on the hazards of smoking and secondhand smoke thus the children can understand the negative effects of smoking and motivate them to become a smoke-free ambassador for their family members. **Education Theatre for Primary School children:** During the stage of forming moral values, understanding cause and effect as well as learning to share and cooperate with peers, COSH developed interactive theatre programme touring around primary schools as an intervention of youth smoking in the territory. Through an entertaining performance, the students can understand the importance of rejecting first cigarettes, their right in living in and constructing a smoke-free environment. **Development of smoke-free programmes by teenagers:** Teenagers unavoidably face identity crisis along their adolescence and face role confusion. In this stage, they are more aware of peer support and recognition. Therefore, COSH provides them various platforms, such as "Secondary School Video Competition" and "Smoke-free youth ambassador leadership training programme" to introduce smoke-free programmes in an innovative spirit for their peers. **Active participation of young adults in tobacco control:** It is important to nurture young adults as successors in tobacco control, at the stage of a clear personal identity as they are the future of our society. COSH designed relevant programmes to engaging them in supporting smoke-free education and tobacco control. Many youth leaders had joined us as facilitators, counselors and advocates for youth leadership training programmes, recruitment of smokers at cessation contests and collection of signatures for raising tobacco tax respectively. **Conclusion:** To reduce the smoking prevalence in Hong Kong, it is necessary to encourage the current smokers to quit as soon as possible and to prevent people from starting the smoking habit. Our prevention programmes not only facilitate children and youth to stay away from cigarette smoking, their participation had motivated many current smokers to quit smoking. COSH will design further effective prevention programmes and territory-wide campaigns so as to strengthen the role of youth to construct a smoke-free Hong Kong.

Reference: Erikson, Erik H. (1993). *Childhood and Society*. New York, NY: W. W. Norton & Company

Table 1 : Age of Starting Weekly Smoking

Age Groups of Starting Weekly Smoking	Males 2009	Males 2010	Females 2009	Females 2010
<10	1.3%	1.2%	§	§
10-19	65.3%	67.9%	59.3%	61.9%
20-29	30.8%	28.8%	33.6%	30.8%
>30	2.6%	2.1%	6.4%	7.1%

Source : 2010 Thematic Household Survey Report No. 48, HKSAR Government

## P-O-05 SWOT Analysis on Raising Tobacco Tax in Hong Kong

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Hong Kong Council on Smoking and Health

**Introduction:** Hong Kong Council on Smoking and Health (COSH) has been advocating for raising tobacco tax with tobacco control organizations and experts for years and successfully strived for public support for raising tobacco tax for 50% and 41.5% in 2009 and 2011 respectively. After these two recent increments, the tobacco tax of Hong Kong is contributing around 68% of the retail price which is just reaching the minimum level of World Bank (67%) but still lower than the minimum level suggested by World Health Organization (70%). Having consolidated recent experience in advocating for tobacco tax, the paper aims to analyse the strengths, weaknesses, opportunities and threats of Hong Kong to formulate strategic actions on raising tobacco tax in the near future. **SWOT Analysis:** 1. Strengths : Majority of Hong Kong population (over 80%) is non-smokers who have been expecting for a smoke-free Hong Kong by supporting expansion of no smoking areas and raise tax for smoking cessation. 2. Weakness : Tobacco industry and retailers, especially the newspaper retailers and hawkers always questioned the effectiveness of the tax measures in reducing smokers but only inducing more smuggling activities on illicit cigarettes. Meanwhile, smokers expressed that the Government exploiting the rights of grassroot smokers in "enjoying" legal tobacco products. 3. Opportunities : While 176 countries had signed the Framework Convention on Tobacco Control, more and more Asian pacific countries have raised tobacco tax as an essential tobacco control measures in recent years which could generate effective ripple effects to adopt taxation policy in strengthening tobacco control. 4. Threats : Compared with the neighbouring cities and countries, the retail price of cigarettes in Hong Kong is undoubtedly slightly higher thus contributes to a lower smoking prevalence in Hong Kong. In addition, the free trade port of Hong Kong would attract active smuggling activities on tobacco and many other products. **Discussion and Conclusion:** As tobacco is responsible for 7000 deaths and more than HKD5 Billion community cost in Hong Kong every year, stringent tobacco control measures must be taken continuously. The number of calls to quit line surged after raising tobacco tax in 2009 and 2011 and drop of youth smoking rate after 2009 clearly illustrated the effectiveness of taxation policy on smoking cessation and prevention of youth smoking. Learning from overseas experiences, the appropriate response to smuggling activities is to crack down on criminal activities while tobacco tax can reduce the cigarette consumption. Furthermore, tobacco tax revenue can channel more resources for public education, cessation services and strengthen enforcement on illicit trade. In order to expand the community advocacy network for further increment on tobacco tax and implementation of effective tobacco control measures in Hong Kong, COSH will join hand in hand with more strategic partners and unite the general public through various platforms so as to construct a smoke-free Hong Kong in the near future.

## P-O-06 Media Advocacy in Promoting a Smoke-free Community

Vienna WY LAI, Lisa MM LAU

Hong Kong Council on Smoking and Health

### Introduction

Since the establishment of Hong Kong Council on Smoking and Health (COSH) in 1987, COSH has been concerning about the tobacco control progress in Hong Kong and sparing no effort in "Education and Publicity", "Information and Research" and "Policy Advocacy" to build a smoke-free Hong Kong.

In the past 25 years, COSH has produced a lot of popular Announcement of Public Interests (APIs) with the aims to educate the public and raise their awareness on the hazards of cigarette smoking and secondhand smoke, to tie-up the progress of tobacco control, to advocate for public support on smoke-free legislations and promote smoking cessation. Through the mass media, the smoke-free messages could be effectively disseminated to the general public.

The aim of this paper to review the changing strategies of COSH in producing APIs to meet different stages of public education, policy advocacy and reflect the health consequences of cigarette smoking with new evidence from scientific researches.

### Analysis

#### Year 1990s - 2000

Since many smokers underestimated the impacts of cigarette smoking, COSH adopted scary tactics to arouse the public awareness on the health impacts on smoking.

To combat the impacts of tobacco advertisements and promotion campaigns on youth smoking, COSH also made use of APIs to encourage youth not to be misled by the image of cigarette smoking from tobacco industry.

#### Year 2000 – 2006

While COSH was advocating for smoke-free legislation in early 2000s, COSH tried to adopt innovative approach to raise the public awareness on secondhand smoke so as to gain support from the non-smokers on smoke-free legislations.

Based on a scientific research, "Secondhand smoke increase stroke deaths by 50% in non-smokers" conducted by The University of Hong Kong. With an estimate of 1,324 deaths per year in non-smokers from various fatal diseases are associated with secondhand smoke exposure at home or work, COSH use a humorous approach to raise public awareness on the health hazards of secondhand smoke.

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# 第8回 The 8th Annual Conference of the Japan Society for Tobacco Control 日本禁煙学会学術総会

2014年

11月15日±16日日

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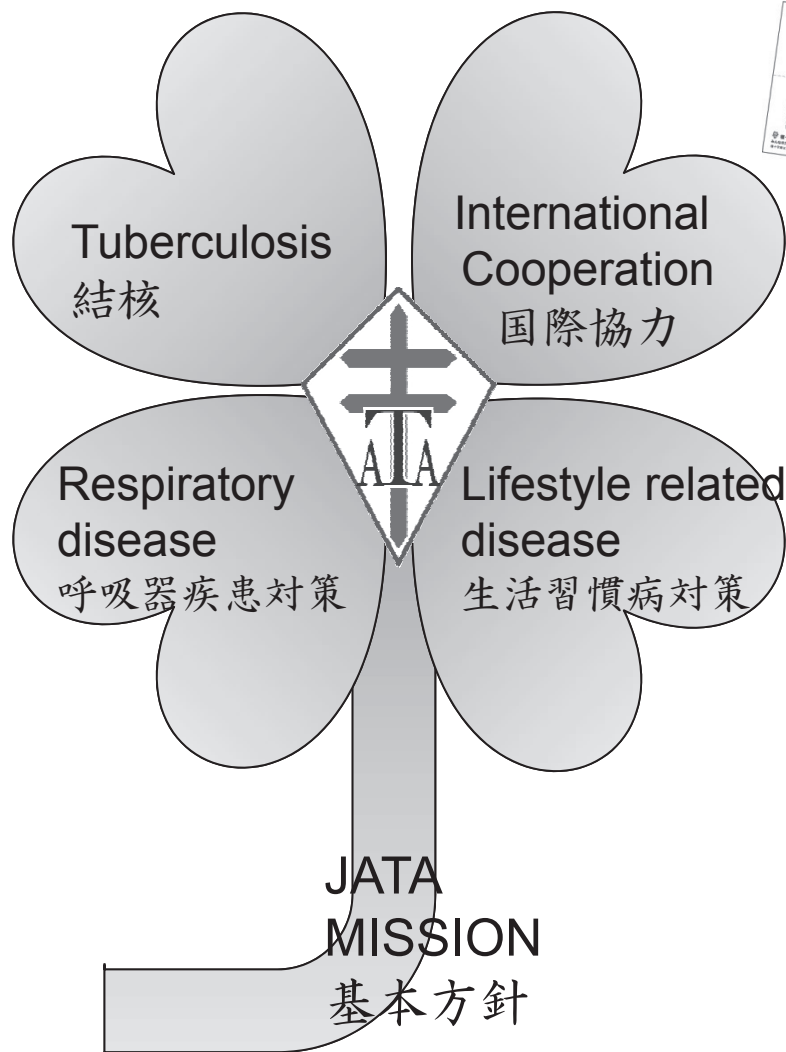
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