

gies requiring international cooperation such as global funding to promote alternative livelihood or to enforce the removal of tobacco subsidies. It can also fund activities of international organizations such as the WCO and the Interpol in their anti-smuggling drive.

Conclusion: There is a higher probability of reaching international consensus on the manner of raising funds if the objective and the criteria for raising additional funds are clearly defined but each state is allowed to choose from a variety of options to impose a levy. In this case, the bone of contention would be on the amount of contribution from each state so as to achieve equity. Further study on the elements that contribute to equity is required.

The availability of additional funds for global coordination activities accelerates the denormalization of the tobacco industry and promotes inter-sectoral cooperation at the country level especially in developing nations.

OP025

TOBACCO TREATMENT PROTOCOL IN TERTIARY CARE HOSPITALS – THE WAY FORWARD IN TOBACCO CONTROL IN LMICS

Rakesh Gupta¹, Namit Soni², Rajesh Parashar¹, Shahla Khan¹. ¹SK Soni Hospital & Rajasthan Cancer Foundation, India; ²SK Soni Hospital, India

Background: In India, amongst the strategic approaches for an effective tobacco control, the health system's approach to deliver tobacco treatment is lacking. One such solution is to have a tobacco-treatment protocol (TTP) in hospitals. Besides assisting country in the "O" component of MPOWER, it can also help the member countries to fulfil their commitment to the Article 14 of the FCTC (Framework Convention on Tobacco Control).

Objective: It is to assess if the model of tobacco treatment protocol can be realized in an Indian setting through a framework: (1) Concurrence from management; (2) Establishing a working group; (3) Empowerment along with communication with all to ensure their buy-in; (4) A high visibility to the campaign; (5) Close monitoring of the implementation; (6) A formal declaration after (a) evaluation of its efficacy by an external agency and (2) replication by other hospitals in the existing health system.

Method: The TTP comprised of: Screen, Ask, Advise, Treat or Refer and Follow-up: 1) The hospital reception screens patients for any tobacco use (SCREEN); 2) The screen-identified patients receive consultation, in addition to their management for the primary ailment (ASK, ADVISE, TREAT or REFER); 3) The interventions are – "minimum (~3 minutes)" or "brief (for ~10 minutes)"; Intensive (for ~30–40 minutes; for addicts or habitual users; and those less confident or have relapsed frequently in past, etc.); the last intervention is done through the in-house Tobacco Cessation Clinic (TCC); 2) Those requiring and willing are prescribed cessation medication and/or NRT; All screened patients are followed-up through the calls made on their cell phones after 6 months of their first report to the hospital.

Result: The program has completed 4 and a half months till date. Within the first quarter: 1. The enrolment of tobacco users on monthly basis averages to ~9.54% of the total patients seen in the hospital – new and follow up (468 out of 4902). About 9% of these have received doctors' consultation. In telephonic follow up, a quit success of ~40% has been observed.

Conclusion: Despite challenges and barriers at all levels, and its brief duration of actual implementation, this exercise in human behaviour modification of health workers and patients alike appears implementable; and, effective too. Its replication in the health systems should lower their tobacco burden by increasing quit rates in LMICS.

OP031

CHARACTERISTICS OF TOBACCO RETAILERS IN NEW ZEALAND

Lindsay Robertson, Louise Marsh, Crile Doscher. *University of Otago, New Zealand*

Background: New Zealand (NZ) does not require tobacco retailers to be licensed or registered, and any type of outlet is permitted to sell tobacco. Consequently, tobacco is retailed widely yet it is not known how many outlets sell tobacco or where they are located. Smokefree Enforcement Officers (SEOs), based within District Health Boards, are responsible for enforcing legislation which prohibits point-of-sale tobacco displays and promotion, and sales of tobacco to minors. To monitor retailer compliance with smoke-free legislation, SEOs are required to manually compile and maintain databases of tobacco retailers in their region.

Objective: This research aimed to describe the number and types of tobacco retail outlets in NZ, to examine how SEOs identify tobacco retailers, and to examine the distribution of outlets according to neighbourhood deprivation, proximity to secondary schools, and the extent to which tobacco is sold alongside alcohol.

Method: The names and physical addresses of known tobacco retail outlets were obtained from SEOs throughout NZ. Geographic Information System software was used to map tobacco retail outlets, neighbourhood socioeconomic deprivation and secondary schools. Descriptive statistics, simple linear regression and logistic regression were used to examine the relationship between tobacco retailers, neighbourhood deprivation and proximity of retail outlets to schools.

Result: A total of 5,008 tobacco outlets were identified, giving a density of 1 outlet per 617 people or 1 outlet per 165 smokers. One-half of secondary schools had a tobacco retail outlet within a 500 m walking distance. Tobacco retail outlets were more densely located in areas of higher socioeconomic

deprivation. A third of all tobacco outlets had a licence to sell alcohol and 13% of tobacco retailers were on-licensed premises (e.g. bars), where alcohol is purchased for consumption.

Conclusion: This study indicates the widespread retail availability of tobacco in New Zealand, and the ease of access to tobacco retail outlets by secondary school students and people living in lower socioeconomic neighbourhoods. Our research highlights the need to investigate policies to decrease the retail availability of tobacco in New Zealand, and mandate registration to enhance enforcement of smoke-free legislation. This will help achieve the government's goal of becoming a smoke-free nation by 2025.

Tailoring tobacco control across different political, cultural and resource settings

OP003

ASSOCIATION BETWEEN BEING EMPLOYED IN A SMOKEFREE WORKPLACE AND LIVING IN A SMOKEFREE HOME IN LMICS

Gaurang P. Nazar¹, John Tayu Lee², Monika Arora³, Neil Pearce⁴, Christopher Millett². ¹Public Health Foundation of India & London School of Hygiene and Tropical Medicine, India; ²Imperial College London, United Kingdom; ³Public Health Foundation of India, India; ⁴London School of Hygiene and Tropical Medicine, United Kingdom

Background: Smoke-free policies are known to be associated substantial health and economic benefits. Early arguments that smoke-free workplace policies would lead to shifting of smoking into the home have not been seen to hold true in high income countries.

Objective: We aimed to assess the impact of smoke-free workplace policy on living in smoke-free homes in low- and middle-income country (LMIC) settings.

Method: Country-specific individual level analysis was conducted using cross-sectional Global Adult Tobacco Survey data from fifteen LMICs (2008–2011). These LMICs included India, Bangladesh, Thailand, China, Philippines, Viet Nam, Brazil, Mexico, Uruguay, Poland, Romania, Russian Federation, Turkey, Ukraine and Egypt. For each country, our study population was GATS participants (≥15 years of age) working indoors but not in their homes. The number of study participants ranged from 1,174 in Romania to 12,561 in India. Adjusted odds ratios (AORs) and 95% CIs of living in smoke-free homes were estimated for participants employed in smoke-free workplaces vs. those employed in workplaces where smoking occurred, using multivariate logistic regression models. The covariates adjusted in the regression models included age, gender, place of residence, region (where available), education, occupation, current smoking, current smokeless tobacco use and number of household members.

Result: The percentage of participants employed in a smoke-free workplace reporting living in a smoke-free home was higher than among those employed in a workplace where smoking occurred in all 15 countries. The percentage of participants living in a smoke-free home and employed in a smoke-free workplace varied from 20% in China to 75% in Mexico. Overall, the percentage of participants living in smoke-free homes was higher in urban settings, among females, non smokers and highly educated participants, with exceptions in certain LMICs. AORs of living in smoke-free homes among participants employed in smoke-free workplaces (vs. those not employed in smoke-free workplaces) ranged from 1.12 [95% CI 0.79–1.58] in Uruguay to 2.29 [95% CI 1.37–3.83] in China. The point estimate was greater than two for China, Philippines and India. The association was insignificant in Uruguay and Mexico.

Conclusion: Despite country-specific differences, observed consistent association implies, enhanced implementation and enforcement of 100% smoke-free policies in LMICs is likely to bring about substantial additional health benefits by smoke-free norm spreading.

OP014

CHEAPER BY THE CARTON: EXAMINING PACIFIC PEOPLES USAGE AND SUPPLY OF DUTY-FREE TOBACCO

El-Shadan Tautolo¹, Richard Edwards², Heather Gifford³. ¹AUT University, New Zealand; ²University of Otago, New Zealand; ³Whakauae Research for Maori Health & Development, New Zealand

Background: New Zealand is building a comprehensive tobacco control programme that includes working towards the goal of a smoke-free nation by the year 2025. In relation to this vision, the recent (2010–2012) and proposed (2013–2016) tax increases have resulted in a greater focus on the issue of duty free cigarettes. Given the frequent travel between NZ and Pacific Island countries the movement of Pacific peoples, which is now occurring at higher levels than at any time in the past, the risk that duty free tobacco sales pose towards undermining tobacco control interventions such as tax increases among Pacific Island communities is particularly high.

Objective: This qualitative research study involved focus group interviews with Pacific smokers and non-smokers regarding the buying and smoking/distributing of duty free cigarettes, whether it is being used as a strategy to circumvent tax increases in the price of cigarettes, and how this behaviour is viewed (positively or negatively) within the Pacific community. The latter is important given evidence that smuggling or distribution of cigarettes is often viewed positively within high prevalence disadvantaged communities.

Method: Data collection for this project was performed using six focus groups with Pacific smokers and non-smokers. The interviews were semi-structured and transcripts were analysed to extract key themes and information regarding the purchase and practices involving duty-free tobacco and Pacific people in NZ.

Result: The findings suggest tobacco tax increases are being undermined as a public health measure by duty free sales in Pacific communities in NZ, and the curtailment of duty free sales should be implemented to help achieve a smoke-free NZ. Moreover, the findings highlight the emergence and proliferation of duty-free tobacco purchases being incorporated within traditional gift-giving practices within Pacific Communities, and the complexities and issues this may have in attempting to curtail the sale and purchase of duty-free tobacco in NZ and other Pacific countries.

Conclusion: This research sought to understand more about the impact of NZ duty free laws on Pacific smokers and in particular the importance of buying and consumption of cheap duty free tobacco. The research has helped close the huge knowledge gap regarding culturally specific and culturally appropriate information regarding Pacific health and the impact of tobacco-related harm, and suggested that curbing duty free sales will be an important component of achieving a tobacco free endgame for Pacific communities in New Zealand.

OP026

ANTI-SMOKING MESSAGES AS BEHAVIORAL CUES TO ACTION IN A MIDDLE-INCOME COUNTRY

Ethel Alderete, National Council of Scientific and Technologic Research (CONICET), Argentina

Background: Anti-smoking campaigns have been effective in reducing smoking in high income countries, consistently reaching large audiences by using significant budgetary allotments, often financed by tobacco industry settlements. In low and middle income countries resources to design and disseminate anti-smoking messages are scarce. The model of effects is that evidence about health effects of smoking changes beliefs, thus affecting attitudes and driving interest in behavior change. Smokers need to have seen the campaign and remember it; they must appraise the information presented as believable and personally relevant; and it must make them think about taking action. Action may include, thinking about quitting or taking steps towards quitting, providing quitting advice, and protecting oneself or others from exposure to cigarette smoke.

Objective: We assessed exposure to anti-smoking messages and individual's smoking-related behavioral changes.

Method: We conducted a population survey in a city of a tobacco producing region of Argentina. We developed a quota sampling strategy to obtain a random sample of respondents (18–59 years) from high, middle and low-income households (N=983).

Result: Messages reach the public through mass media; signs and posters in institutions and public places; and a standard written warning in cigarette packs. Exposure to any type of message was widespread (97.3%); 70.5% recalled only the Standard Brief Messages (SBM): “smoking is bad for your health”, or “smoking causes lung cancer”, only 29.5% recalled Comprehensive Health Consequences Messages (CHCM) (e.g. other cancers, cardiovascular disease, effects on the mother and child, second hand smoke effects). On behalf of message exposure, a higher percentage of men reported thinking about quitting (39.7% vs. 22.3%) or seeking quitting advice (27.6% vs. 19.7%), while a higher percentage of women reported thinking about the damage caused to others (92% vs. 84.4%) or trying to be less exposed to tobacco smoke (85.7% vs. 76.8%). Although smoking rates were similar across the 3 SES groups, a larger percentage of high SES respondents reported seeking quitting advice (35.6% vs. 22.1% vs. 18.3%). Regarding the usefulness of different types of messages (SBM vs. CHCM), a higher percentage of those who recalled CHCM sought quitting advice (31.9% vs. 17.4%). The proportion of respondents who avoided smoking in the workplace, talked to family or friends, or to a physician about quitting, was also higher among those who recalled CHCM ($p=0.014, 0.032, 0.000$).

Conclusion: Anti-smoking messages can be a useful component of comprehensive tobacco control strategies. Updated information about the diverse health effects of smoking can increase the effectiveness of campaigns. To address inequities, messages should also target subpopulation groups (e.g. low SES, women) with tailored information.

OP034

BREAKING THROUGH THE SMOKESCREEN: A QUALITATIVE STUDY OF TOBACCO CONTROL IN THE INDIAN ARMED FORCES

Ashok Kumar Jindal, Ayon Gupta. Government of India

Background: The Indian Armed Forces akin to militaries the world over, have a legacy of a pro-tobacco culture. Anecdotal evidence however suggests that the prevalence rates of tobacco use are declining as service personnel become more aware of the deleterious effects of tobacco. There is a paucity of studies on tobacco control in the Indian Armed Forces context.

Objective: To examine the factors affecting tobacco use by service personnel and recommend policy initiatives for tobacco cessation and control in the Armed Forces

Method: Analysis of Health Policy documents and practices of all three services;

Focused Group Discussions with current and former smokers and Key Informant Interviews

Result: No standalone tobacco control policy exists in the Armed Forces but remedial actions for tobacco control are being taken within the broader framework of overall health directives. Tobacco control legislation of the GoI is being implemented in letter and spirit leading to a drop in the prevalence of tobacco use. Peer pressure, length of sentry duties, increased consumption with alcohol and easy availability of tobacco products were cited by study participants as the major factors associated with tobacco use. Awareness of harmful health effects of tobacco, pictorial warnings on tobacco packaging, knowing of someone in the social circle with cancer and unnecessary expenditure on tobacco products were cited as the main reasons to quit by former smokers.

Major policy initiatives suggested to reduce tobacco use are: 1) Designated smoking areas. 2) Smoking ban within Armed Forces workplaces (including vehicles, aircraft, naval vessels). 3) Complete ban on smoking during Basic Military Training 4) Discouraging the availability of tobacco products at Officers Messes, service institutions, during regimental functions. 5) Peer counselors and 6) Access to smoking cessation programs.

Conclusion: Due to the unique characteristic of being a population that has to follow orders in the form of regulations and instructions, the military is an ideal group for effective tobacco control policy interventions which will have substantial impact on reducing tobacco use and safeguarding health.

OP036

PERCEPTIONS OF WOMEN AND TOBACCO CONTROL ADVOCATES ABOUT GENDER ISSUES IN ARGENTINA

Ethel Alderete¹, Andrea Caceres², Silvina Ramos³. ¹National Council of Scientific and Technologic Research (CONICET), Argentina; ²New England Organization Project, Cambridge, MA, United States; ³Universidad Nacional de Buenos Aires, Argentina

Background: Argentina has a high rate of female smoking (22%). Gender sensitive tobacco control policies are lacking, as is locally relevant gender sensitive research.

Objective: A study on the Development of Gender Sensitive Tobacco Control in Argentina included the examination of gender perspectives.

Method: We used the Intersectoral Feminist Framework and conducted qualitative interviews (N=17) with tobacco control and women's (gender rights, immigrants, sex workers, lesbian) advocates.

Result: To examine gender perspectives we asked “What is your understanding of gender issues?” Women's advocates provided elaborate conceptualizations: “Gender has been emptied of content; it should have a feminist perspective. The feminism that we propose is a struggle to eliminate, reduce inequalities, so sexual differences are not operationalized as social inequalities, to end the subjection and unfairness of the conditions of life of women.” “We the women, have a way of looking at the world that often collides with the authorized discourses, authorized by the law, by theology, by science, by politics.” Tobacco control advocates provided narrower responses with comments about the relevance of a gendered approach. “How women construct the issues of health, to conduct an analysis based on a gender perspective.” “It is a concept that I associate with women. But I lean more towards tobacco issues because I never focused on women organizations.” To examine differences in priority setting we asked “What are the main concerns of women?” The following is a summary of women's advocates perspectives: “Access to a life free from violence; sexual and reproductive rights, free sexuality; overcoming social and political inequalities; equality in terms of employment, occupation and use of free time.” Tobacco control advocates tapped superficially into economic aspects and their analysis leaned towards health issues. “In the labor market there have been few changes. There is a participation [of women], but there is no access to decision making; the salaries continue to be less than for men.” “First [they worry about] making ends meet, their work, then they care about their health.” “Among most women I know taking care of their health is not their main concern. Cholesterol, sugar, and exercise that are not their agenda.” “Aesthetics, this is one issue that mobilizes women. There is a group more of the naturist type. There is another group worried about aesthetics, like being fat.”

Conclusion: Significant gaps exist between advocacy movements involved with prominent public health issues. We identified potentially unifying themes (e.g. women's death toll due to femicide, tobacco consumption, and illegal abortion) and key players who could advocate for a common action agenda. Tobacco control strategies need adjournments to be inclusive of all population groups. Incorporation of gender perspectives is a high priority.

Multi-sectoral coordination at national and global levels

OP004

CROSS-COMPARISON OF TAX POLICIES AND PRICES IN WEST AFRICA: LESSONS FOR WAEMU & ECOWAS POLICYMAKERS

Abdoulaye Diagne, Valere Nketcha Nana. Consortium pour la Recherche Economique et Sociale, Senegal

Background: As far as tobacco taxation is concerned, the situation in West