Aim & Scope

Tobacco Prevention & Cessation, (Abbr: Tob. Prev. Cessation; ISSN:2459-3087) is an open access, peer-reviewed online journal that encompasses all aspects of tobacco use, prevention and cessation that can promote a tobacco free society. The aim of the journal is to foster, promote and disseminate research involving tobacco use, prevention, policy implementation at a regional, national or international level, disease development - progression related to tobacco use, tobacco use impact from the cellular to the international level and finally the treatment of tobacco attributable disease through smoking cessation.

Full Journal Title: Tobacco Prevention and Cessation
Abbreviated Title: Tob. Prev. Cessation
ISSN (electronic): 2459-3087
Scientific Society: European Network for Smoking and Tobacco Prevention (ENSP)
Publisher: European Publishing
Publisher Address: Science and Technological Park of Crete, Greece
Peer Review: Double Blind
Rejection Rate: 66%
Publication Frequency: Monthly
Publication Medium: Electronic Only
Publication website: www.tobaccopreventioncessation.com
First Year Published: 2015

Disclaimer: This journal is currently funded by the 3rd Health Programme of the European Union. Neither the European Commission nor any person acting on behalf of the European Commission is responsible for the use which might be made of the information contained herein. The views in this publication are those of the authors and do not necessarily reflect the policies of the European Commission.

This abstract book includes the abstracts revised and accepted by the ENSP-ECTC Scientific Committee. This abstract book has been produced electronically and all English articles are also available on-line as a special issue at www.tobaccopreventioncessation.com
Editorial Board

Editor-in-Chief
Florin Dumitru Mihaltan, Institute of Pneumology M. Nasta, ROMANIA

Editorial Board
Anne Buttigieg, Oral Rehabilitation and Community Care, Department of Dental Surgery, Faculty of Health Science, MALTA
Andrey Demin, Russian Public Health Association, RUSSIA
Anton Kunst, Department of Social Medicine, University of Amsterdam-The Academic Medical Center (AMC), THE NETHERLANDS
Anthony Laverty, Public Health Policy Evaluation Unit, Department of Primary Care & Public Health, Imperial College London, UNITED KINGDOM
Andriy Skipalskyi, Ukrainian Tobacco Control Center, UKRAINE
Antigona Trofor, Department of Respiratory Medicine, University of Medicine and Pharmacy “Gr. T. Popa”, Iasi, ROMANIA
Bertrand Dautzenberg, Pitié Salpêtrière Université Hospital APHP, FRANCE
Can Ozturk, Faculty of Medicine, Gazi University, TURKEY
Carlos A. Jimenez-Ruiz, Smoking Cessation Service of Community of Madrid, SPAIN
Christina Gratziou, Department of Respiratory Medicine, School of Medicine, National and Kapodistrian University of Athens, GREECE
Christina Kyriakos, School of Public Health, Imperial College London, UNITED KINGDOM
Coral Gartner, NHMRC Centre of Research Excellence on Achieving the Tobacco Endgame, School of Public Health, The University of Queensland, AUSTRALIA
Filippos Filippidis, Department of Primary Care & Public Health, School of Public Health, Imperial College London, UNITED KINGDOM
Francisco Camarelles, Comité Nacional para la Prevención del Tabaquismo (CNPT), SPAIN
Friedrich Wiebel, Medical Action Group Smoking or Health, GERMANY
Gregory Connolly, Northeastern University, Boston, UNITED STATES
Hein de Vries, Department of Health Promotion, CAPHRI Care and Public Health Research Institute, Maastricht University, THE NETHERLANDS
Javier Ayesta, Physiology & Pharmacology Department, University of Cantabria, SPAIN
Jose Martinez-Sanchez, Group of Evaluation of Health Determinants and Health Policies, Universitat Internacional de Catalunya, SPAIN
Krzysztof Przewoźniak, Department of Cancer Epidemiology and Prevention, Maria Sklodowska-Curie National Research Institute of Oncology, Warsaw, POLAND
Lekan Ayo-Yusuf, Africa Centre for Tobacco Industry Monitoring and Policy Research, Sevak Makhatho Health Sciences University, SOUTH AFRICA
Lucia Lotrean, Faculty of Medicine, Iuliu Hatieganu University of Medicine and Pharmacy, Cluj-Napoca and AerPur Romania, ROMANIA
Luke Clancy, TobaccoFree Research Institute, IRELAND
Maciej Goniewicz, Department of Health Behavior, Division of Cancer Prevention and Population Sciences, Roswell Park Cancer Institute, UNITED STATES
Manfred Neuberger, Department for Public Health, Medical University of Vienna, AUSTRIA
Marc Willemse, Department of Health Promotion, CAPHRI Care and Public Health Research Institute, Maastricht University, THE NETHERLANDS
Maria Sofia Cattaruzza, Department of Public Health and Infectious Diseases, Sapienza University of Rome and Società Italiana di Tabaccologia (SITAB), ITALY
Michal Stoklosa, International Tobacco Control Research, University of Illinois at Chicago, UNITED STATES
Narine Movsisyan International Clinical Research Center, Brno, CZECH REPUBLIC
Otto Stoyka Kiev Health Center, UKRAINE
Paraskevi Katsaounou Department of Respiratory Medicine, School of Medicine, National and Kapodistrian University of Athens, GREECE
Pete Driezen International Tobacco Control Policy Evaluation Project, Department of Psychology, University of Waterloo, CANADA
Sara Hitchman Department of Communication and Media Research, University of Zurich, SWITZERLAND
Sofia Ravara Faculty of Health Sciences, University of Beira Interior, PORTUGAL
Sonia Duffy College of Nursing, Ohio State University and Department of Veterans Affairs Ann Arbor Healthcare System, UNITED STATES
Sophia Papadakis, Faculty of Medicine, University of Ottawa Heart Institute, CANADA
Sungkyu Lee Korea Center for Tobacco Control Research and Education (KCTCRE), SOUTH KOREA
Thomas Glynn Stanford Prevention Research Centre, School of Medicine, Stanford University, UNITED STATES
Witold Zatoński Division of Cancer Epidemiology & Prevention, Cancer Center & Institute of Oncology, POLAND
Reinskje Talhout, National Institute for Public Health and Environment, THE NETHERLANDS

Journal Advisory Board
Anne Buttigieg, Oral Rehabilitation and Community Care, Department of Dental Surgery, Faculty of Health Science, MALTA
Antonella Cardone, Director, European Cancer Patient Coalition (ECPC), BELGIUM
Audureau Gérard, Président DNF-Pour un Monde Zero Tabac Vice-président Alliance Contre le tabac, FRANCE
Aurelijus Veryga, National Tobacco and Alcohol Control Coalition, LITHUANIA
Clémence Cagnat-Lardeau, Alliance Contre le Tabac, FRANCE
Constantine Vardavas School of Medicine, University of Crete, GREECE
Cornel Radu-Loghin Secretary General, European Network on Smoking and Tobacco Prevention (ENSP), BELGIUM
Cynthia Callard, Physicians for a Smoke-Free Canada, CANADA
Eduardo Bianco, Tobacco Epidemic Research Center, URUGUAY
Francisco Lozano, President, European Network on Smoking and Tobacco Prevention (ENSP), BELGIUM
Fouad M. Fouad Faculty of Health Sciences, American University of Beirut and Syrian Center for Tobacco Studies, SYRIA
George Kotarov, Bulgarian Anti-Tobacco Coalition, BULGARIA
Georgie Bakhturidze FCTC Implementation and Monitoring Center, GEORGIA
Michaela Lovse, Slovenian coalition for Public Health, Environment and Tobacco Control, SLOVENIA
Nazmi Bilir, Institute of Public Health, Hacettepe University, TURKEY
Neil Collishaw, Physicians for a Smoke-Free Canada, CANADA
Nijole Gostautaite Midttun Mental Health Initiative, LITHUANIA
Pierre Gilbert Bizel, Observatoire de la sa Santé - Province du Hainaut, BELGIUM
Roberta Savli, European Federation of Allergy and Asthma, BELGIUM
Theodor Haratau, RomTens Foundation, ROMANIA
Ulysses Dorotheo, Southeast Asia Tobacco Control Alliance (SEATCA), PHILIPPINES
Table of Contents

Evaluating health and economic impact of tobacco control law in Georgia.................................................................8
Constitutionality of local tobacco regulation: An analysis of the case of Philippine Tobacco Institute vs city of Balanga.................................................................8
An unhealthy relationship: Bulgarian young people’s attitudes to using tobacco products .........................................................8
Corporate tax revenue losses: Evidence from tobacco transnationals..............................................................................9
The tobacco industry supply chain database: Who supplies the tobacco industry ...............................................................9
Tobacco excise duties in Belgium: A small country but cheap for tobacco products ..........................................................10
Proposal from the Belgian Alliance for a smoke-free society to increase tobacco excise duties........................................10
Smoking inside is never okay: Strengths and limitations of mass media campaigns to protect children against secondhand and thirdhand smoke .................................................................................................................................10
Exposure to secondhand aerosol from electronic cigarettes at homes: A real-life study in four European countries ..........11
How proactive are smokers in Greece with their health? ......................................................................................................11
Profiling smokers in Greece in 2020 .................................................................................................................................12
Strategy for a Tobacco-Free Germany 2040 ......................................................................................................................12
The UK Tobacco Industry Interference Index 2020/2021: An assessment of the implementation of WHO FCTC Article 5.3 in the United Kingdom ..........................................................................................................................12
Results of We Can Quit2: A pilot cluster randomized controlled trial of a community-based stop-smoking intervention for women living in disadvantaged areas of Ireland ...........................................................................................................13
A process evaluation of We Can Quit: A stop-smoking program for women living in socio-disadvantaged areas in Ireland ...............................................................................................................................13
The We Can Quit2 trial knowledge exchange and dissemination plan: Future research and policy priorities from a community perspective ..........................................................................................................................14
Adolescent behavioral response to an increase of tobacco prices .........................................................................................14
Illicit cigarettes in Ethiopia ......................................................................................................................................................15
Impact of tax and price reforms on companies' price decisions in the complex cigarette tax system of Indonesia .................................................................................................................................15
The pass-through of excise to consumer prices of heated-not-burn tobacco (HTT) products and cigarettes: A cross-country evidence ........................................................................................................16
Slovenian Coalition for Public Health, Environment and Tobacco Control: 17 years of experience of smoking cessation and counselling with the support of ENSP and Slovenian Ministry of Health .................................................................16
The Danish model for smoking cessation..........................................................................................................................17
How sex, age and education determine the potential impact of mass media campaigns: Results of the International Tobacco Control (ITC) Netherlands Project ..................................................................................................................17
Trend analyses of teenage e-cigarette use in Ireland (2015–2019) show higher use for boys but more rapid increase for girls ........................................................................................................................................17
Modifying teenage e-cigarette use: Variables identified through a logistic regression analysis of e-cigarette ever use ........................................................................................................................................18
Youth access to tobacco products in Armenia ........................................................................................................................18
Public attitude towards tobacco taxation policy in Armenia ......................................................................................................19
Tobacco industry interference in Guatemala ........................................................................................................................19
Blended care for smoking cessation support in Dutch GP practices ...................................................................................19
Tobacco, human rights, and environmental due diligence ..................................................................................................20
Tobacco Industry Interference and public tobacco control policies during COVID-19 in Argentina: Global Tobacco Industry Interference Index 2021 ..................................................................................................................20
Onko application: Contents for smoking cessation .............................................................................................................21
Cigarette price increases, advertising ban, and pictorial warnings as determinants of youth smoking initiation in Poland ........................................................................................................................................21
The COVID-19 crisis: An opportunity for the tobacco industry or for tobacco control? .....................................................21
Mexico 2021 Tobacco Industry Interference INDEX ..........................................................................................................22
Confronting tobacco industry attacks against tobacco control advocates: Case studies and strategic responses. Panel presentations followed by a discussion ..........................................................................................................22
Impact of a brief tobacco cessation training program on the practices of healthcare professionals ...........................................22
Tobacco industry: How they ‘survived’ in COVID-19 pandemic period ................................................................................23
Provision of tobacco cessation support: A comparative study of five different WHO European Region countries ..........23
Questioning the sex-specific differences in the association of smoking on the survival rate of hospitalized COVID-19 patients ...................................................................................................................................23
Cigarette and e-cigarette dual users, exclusive users, and COVID-19 ..................................................................................24
Tobacco industry tactics against tobacco flavor bans in Europe with a focus on the UK and Poland .................................................................................................................................24
Menthol smokers’ behavioral responses to the European Union ban on menthol: Findings from Wave 2 of the ITC Netherlands Survey with New Cohort .........................................................................................25
The impact of Canada’s Menthol Cigarette Ban on quitting among menthol smokers and projections of impact in the European Union: Findings from the ITC Project ..................................................................................................................25
Health beliefs, smoking behaviors and attitudes towards the tobacco flavor ban among smokers of menthol, other flavored and unflavored cigarettes: Findings from the EUREST-PLUS ITC Europe Surveys ...............................................................................................26
Smokers’ support for the ban on sale of slim cigarettes ........................................................................................................27
For a tobacco-free Slovenia 2040: With support of NGOs ................................................................................................28
Evaluating health and economic impact of tobacco control law in Georgia

Georgia Bakhturidze¹, Kakha Gvinianidze², Nana Peikrishvili³
¹Framework Convention on Tobacco Control Implementation and Monitoring Center, Batumi, Georgia, ²World Health Organization Country Office, Tbilisi, Georgia
iayd@yahoo.com

Background

Georgia has taken a historical step towards a major improvement in public health when, in May 2017, the Parliament of Georgia adopted comprehensive amendments to the National Tobacco Control Law. Most of the amendments adopted at that time entered into force on 1 May 2018.

Objective

The aim of the study is to learn the possible health and economic impacts of the tobacco control legislation after 1.5 years of enforcement of new and effective tobacco control measures.

Methods

We used logical model for data collection and analysis. The model evaluates different data sources logically. We collected data from different sources before (baseline) and after one year and half of entering into force of new tobacco control regulations. Assessment of outcome is based on the combination of secondary analysis of routine health, economic, statistical, monitoring and epidemiological data as well as research commissioned to address health and economic impact.

Results

On average, the level of compliance was around 95% in 2018, 96% in 2019 and 95% in 2020. Highest level of compliance that Georgia has in hospitality sector (98% on average) and lowest in public buildings (91% on average).

The air pollution in public entities, where it was 531 μg/m³ on average, was exceeding the norm 15 times in 2017, and it decreased to 112 μg/m³ at the end of 2018 and became 98 μg/m³ in 2019 and 69 μg/m³ in 2020. Regarding medical facilities, air pollution was 219 μg/m³, which is exceeds the norm 6 times, but by the end of 2018 it already dropped to 97 μg/m³ and remained near 98 μg/m³ in 2019 and 99 μg/m³ in 2020.

Number of hospitalizations for asthma and asthma status decreased by 4.3% during the period from 1 May 2018 to 30 April 2019 in comparison with the period from 1 May 2017 to 30 April 2018 (243 vs 254 cases). In general, data from 2018 and 2019 shows a 10% decrease in new asthma cases.

According to the data of the Ministry of Health in 2018, the number of myocardial infarction cases decreased by 32% when compared with the data of 2017. In 2019, it decreased by 6% to compare registered cases with 2018.

Turnover food and beverage sector was 847.7 million Gel in 2017, while in 2018 it was 976.4 million. To compare turnover in the first half of 2018 to turnover in the second half of 2019, there was an increase by 81.6 million Gel. During 2018 number of employees (persons) in the sector was 23031 compared with 26002 during 2019 (11.5% increase).

Total number of restaurants and related business operators in 2017 was 3990 and at the end of 2018 it reached 4143, which is a 4% increase. The trend of growth maintained in 2019 as well – 5169 (20% increase).

In 2017 the number of hotels was 1586, and increased to 1717 (by 8%) in 2018. Number of facilities increased during 2019 as well by 15.6%.

The number of employees in the hospitality sector has increased by 1746 persons during 2018, in comparison with the year 2017. We have a growing trend in 2019 as well.

The turnover of the business during the first half of 2018 was 345.6 million Gel, while it increased by 124.2 million Gel (by 36%) in the second half of 2018 (when new regulations were enacted) and by 54.6 million Gel (by 16%) in the first half of 2019.

An average number of visitors in the country substantially increased during 2017–2019, suggesting that smoke free policy does not had negative impact on this indicator as well.

Conclusion

After 1.5 years of implementation of comprehensive tobacco control measures in Georgia, there was an improvement in cardiovascular and pulmonary diseases. The policy has no negative impact on economic development of the country.

DOI: 10.18332/tpc/143609

Constitutionality of local tobacco regulation: An analysis of the case of Philippine Tobacco Institute vs city of Balanga

Arvin Maceda¹
¹Far Eastern University, Manila, Philippines
maceda.arvin@gmail.com

In 2016, the City Government of Balanga in Batan passed an ordinance regulating the sale of tobacco products to all its citizens born on or after 1 January 2000, to protect the health of its citizens and maintain an environment that is conducive for the well-being, welfare, and learning of the youth of the city. This was one of the most comprehensive anti-smoking ordinances and one among the most progressive in the country. Prior to the ordinance the city has been strictly regulating tobacco and alcohol use since 2010 to protect the health of its citizen.

The said ordinance is patterned after the effective measures stipulated by the WHO Framework Convention on Tobacco Control (FCTC) to which the Philippines ratified two years after the enactment of R.A. 9211 or the Tobacco Regulation Act. After the said ordinance was approved and passed by the City Council, the Philippine Tobacco Institute, representing multinational tobacco corporations, challenged the constitutionality of the ordinance. In 2018, the Court of Appeals ruled that the Ordinance contravenes R.A. No. 9211 and therefore should be struck down as unconstitutional for being an ultra vires act.

The decision of the Court of Appeals was premised upon the superiority of a municipal law (RA 9211) over a foreign law (FCTC) wherein it ruled that the foreign law finds no application in the city of Balanga because there is an existing national legislation which is RA 9211. However, since the FCTC is a foreign treaty ratified by the Senate, it can be argued that it also becomes part of the law of the land and has equal status to Acts of Congress. Since the FCTC is a later law, the principle of lex posterior derogate priori should have prevailed.

Tob. Prev. Cessation 2021;7(Supplement):1
DOI: 10.18332/tpc/143609

An unhealthy relationship: Bulgarian young people’s attitudes to using tobacco products

Pavel Antonov¹, Emilia Nasseva¹, Yolita Pavlova¹, Masha

DOI: 10.18332/tpc/143610
2. Tax competition between countries, which erodes nominal corporate income tax rates worldwide; and
3. Illicit trade of the tobacco products manufactured by these companies that fall in the black market.

This paper combines several data sources to empirically evaluate the amount of corporate income tax revenue lost worldwide due to these three sources during 2007–2016 [to be updated with more recent data], and finds that the tax revenue forgone from the four largest TTCs alone is of the order of US$30.8 billion [to be updated with more recent data], representing more than 40% of the companies’ tax revenue remittances over the period.

**Tob. Prev. Cessation 2021;7( Supplement):4**
DOI: 10.18332/tpc/143613

**The tobacco industry supply chain database: Who supplies the tobacco industry**

Rosemary Hiscock¹, John Mehegan¹, Michael Bloomfield²
¹Tobacco Control Research Group, Department for Health, University of Bath, Bath, United Kingdom, ²Department of Social and Policy Sciences, University of Bath, Bath, United Kingdom
r.hiscock@bath.ac.uk

**Background**
Tobacco control research and advocacy has yet to capitalize on understanding the tobacco industry supply chain.

**Objective**
To build a database to expose the processes, actors and supporting industries involved in tobacco production, laying the groundwork to expand the scope of tobacco control beyond the transnational tobacco companies (TTCs).

**Methods**
Systematic search of the academic literature and tobacco industry documentation (industry magazine advertisements) were used to build a model of the tobacco industry supply chain. These findings, updated with web searches and broadened via data from the United Nations, World Health Organization and Global Burden of Disease, are sources for the Tobacco Industry Supply Chains database. The database provides country-level information on supply chain companies, tobacco growing and trade, supplemented by health and environmental implications of involvement in the tobacco industry supply chain.

**Results**
We identify five major processes in tobacco production:
1. Growing tobacco
2. Primary processing the tobacco leaf;
3. Secondary processing into manufactured products;
4. Logistics - moving and distributing tobacco leaf and manufactured products; and
5. Selling the tobacco products.

Supporting industries supply machinery, chemicals (for example pesticides and flavorings), other product components (paper filters and packaging) and buildings (curing barns and warehousing).

Our database includes 195 jurisdictions; approximately half of these host at least one of the 1000 supply chain companies or subsidiaries recorded in the database.

**Conclusion**
Researchers and campaigners seeking to design effective policies preventing the expansion of this industry and the health harms it produces, need to look beyond the TTCs to identify under-
Tobacco excise duties in Belgium: A small country but cheap for tobacco products. Proposal from the Belgian Alliance for a smoke-free society to increase tobacco excise duties
Kurt Annendijck
1Kom op tegen Kanker, Brussels, Belgium
kurt.annendijck@komoptegenkanker.be

Background
Belgium is one of the cheaper countries in Western-Europe.

Objective
With the formation of the new government in view, the Alliance for a Smoke Free Society (ASF) decided to push for a raise in tobacco excise duties.

Methods
To work towards a smoke free generation, the Belgian Alliance for a Smoke Free Society pleads in its policy paper for targeted tobacco excise duties policy measures:
1. Phase out the difference in consumer price between RYO-tobacco and cigarettes to prevent consumers from switching products;
2. Decrease the consumer price gap between Belgium and France and the Netherlands;
3. Increase the specific excise duty so that tax raises cannot be countered by decreasing the net price of tobacco;
4. Increase the minimum excise duty; and
5. Link the specific excise duties to inflation.

ASF made a concrete proposal to put these principles into practice, taking into account practices in neighboring countries.

Results
The new government substantially raised excise duties on tobacco in 2021. The effects were clear: one of the brands increased its prices from €6.80 to €7.50. For the RYO tobacco 50 g of a particular brand, prices went from €9.70 to €11.00. Nonetheless, Belgium remains, together with Luxemburg, a cheap country when it comes to tobacco products. In the agreement on the Belgium–Luxemburg Economical Union there is also a chapter on common tobacco excise duties.

Conclusion
ASF succeeded in raising taxes on tobacco products. Currently, it is too soon to view the impact of this increase on smoking rates. The corona pandemic and recent French legislation also affected sales figures. Tax revenues from the first months of 2021 will however be available at the time of the conference. The government also scheduled an increase in excise duties in the following years. The ASF meanwhile continues its efforts to raise taxes within a broader antitobacco plan.

DOI: 10.18332/tpc/143614

Exposure to secondhand aerosol from electronic cigarettes at homes: A real-life study in four European countries
Beladenta Amalia1, Marcela Fu1, Esteve Fernández1
1Catalan Institute of Oncology, Bellvitge Biomedical Research Institute, L'Hopitalet de Llobregat, Barcelona, Spain
beladenta24@gmail.com

Background
In 2008, 115000 children in Flanders were daily exposed to the smoke of their parents’ cigarettes. We tried to decrease that number by means of the campaign ‘Smoking inside is never okay’ that consisted of:
1. A mass media campaign that intended to raise smoking parents’ awareness of the harmful effects of secondhand and thirdhand smoke and to encourage them to smoke outside; and
2. Tools to help intermediaries discuss the subject with smoking parents.

Objective
Evaluate the effects as well as the strengths and limitations of the campaign.

Methods
An inquiry of parents by phone to map behavioral changes and to find out which parents still smoke in the presence of children.

Results
Since 2008, the number of children that are daily exposed to the smoke of their parents’ cigarettes decreased from 115000 to 29000. This decrease is mainly due to the steadily declining number of smoking parents, but there has also been a behavioral change. The awareness of the dangers of SHS has grown and a large majority of parents have adapted their smoking habits. The number of smoking parents stays the highest in the low-income group. Furthermore, more than half of them still smoke when their children are around, and if they do so, they do it more often at home and in the homes of their family/friends.

Conclusion
‘Smoking inside is never okay’ has proven to be a successful campaign to change the behavior of smoking parents. However, mass media campaigns have their limitations. Smoking parents in lower income groups seem less perceptive to the message of the campaign. Furthermore, most of them think smokers should be left alone. To achieve a change in these parents’ smoking behavior a more personalized intervention is needed.

DOI: 10.18332/tpc/143616

Smoking inside is never okay: Strengths and limitations of mass media campaigns to protect children against secondhand and thirdhand smoke
Veerle Maes
1Kom op tegen Kanker, Brussels, Belgium
veerle.maes@komoptegenkanker.be

Background
In 2008, 115000 children in Flanders were daily exposed to the smoke of their parents’ cigarettes. We tried to decrease that number by means of the campaign ‘Smoking inside is never okay’ that consisted of:
1. A mass media campaign that intended to raise smoking parents’ awareness of the harmful effects of secondhand and thirdhand smoke and to encourage them to smoke outside; and
2. Tools to help intermediaries discuss the subject with smoking parents.

Objective
Evaluate the effects as well as the strengths and limitations of the campaign.

Methods
An inquiry of parents by phone to map behavioral changes and to find out which parents still smoke in the presence of children.

Results
Since 2008, the number of children that are daily exposed to the smoke of their parents’ cigarettes decreased from 115000 to 29000. This decrease is mainly due to the steadily declining number of smoking parents, but there has also been a behavioral change. The awareness of the dangers of SHS has grown and a large majority of parents have adapted their smoking habits. The number of smoking parents stays the highest in the low-income group. Furthermore, more than half of them still smoke when their children are around, and if they do so, they do it more often at home and in the homes of their family/friends.

Conclusion
‘Smoking inside is never okay’ has proven to be a successful campaign to change the behavior of smoking parents. However, mass media campaigns have their limitations. Smoking parents in lower income groups seem less perceptive to the message of the campaign. Furthermore, most of them think smokers should be left alone. To achieve a change in these parents’ smoking behavior a more personalized intervention is needed.

DOI: 10.18332/tpc/143616

Exposure to secondhand aerosol from electronic cigarettes at homes: A real-life study in four European countries
Beladenta Amalia1, Marcela Fu1, Esteve Fernández1
1Catalan Institute of Oncology, Bellvitge Biomedical Research Institute, L'Hopitalet de Llobregat, Barcelona, Spain
beladenta24@gmail.com

Background
In 2008, 115000 children in Flanders were daily exposed to the smoke of their parents’ cigarettes. We tried to decrease that number by means of the campaign ‘Smoking inside is never okay’ that consisted of:
1. A mass media campaign that intended to raise smoking parents’ awareness of the harmful effects of secondhand and thirdhand smoke and to encourage them to smoke outside; and
2. Tools to help intermediaries discuss the subject with smoking parents.

Objective
Evaluate the effects as well as the strengths and limitations of the campaign.

Methods
An inquiry of parents by phone to map behavioral changes and to find out which parents still smoke in the presence of children.

Results
Since 2008, the number of children that are daily exposed to the smoke of their parents’ cigarettes decreased from 115000 to 29000. This decrease is mainly due to the steadily declining number of smoking parents, but there has also been a behavioral change. The awareness of the dangers of SHS has grown and a large majority of parents have adapted their smoking habits. The number of smoking parents stays the highest in the low-income group. Furthermore, more than half of them still smoke when their children are around, and if they do so, they do it more often at home and in the homes of their family/friends.

Conclusion
‘Smoking inside is never okay’ has proven to be a successful campaign to change the behavior of smoking parents. However, mass media campaigns have their limitations. Smoking parents in lower income groups seem less perceptive to the message of the campaign. Furthermore, most of them think smokers should be left alone. To achieve a change in these parents’ smoking behavior a more personalized intervention is needed.

DOI: 10.18332/tpc/143616

Exposure to secondhand aerosol from electronic cigarettes at homes: A real-life study in four European countries
Beladenta Amalia1, Marcela Fu1, Esteve Fernández1
1Catalan Institute of Oncology, Bellvitge Biomedical Research Institute, L'Hopitalet de Llobregat, Barcelona, Spain
beladenta24@gmail.com

Background
In 2008, 115000 children in Flanders were daily exposed to the smoke of their parents’ cigarettes. We tried to decrease that number by means of the campaign ‘Smoking inside is never okay’ that consisted of:
1. A mass media campaign that intended to raise smoking parents’ awareness of the harmful effects of secondhand and thirdhand smoke and to encourage them to smoke outside; and
2. Tools to help intermediaries discuss the subject with smoking parents.

Objective
Evaluate the effects as well as the strengths and limitations of the campaign.

Methods
An inquiry of parents by phone to map behavioral changes and to find out which parents still smoke in the presence of children.

Results
Since 2008, the number of children that are daily exposed to the smoke of their parents’ cigarettes decreased from 115000 to 29000. This decrease is mainly due to the steadily declining number of smoking parents, but there has also been a behavioral change. The awareness of the dangers of SHS has grown and a large majority of parents have adapted their smoking habits. The number of smoking parents stays the highest in the low-income group. Furthermore, more than half of them still smoke when their children are around, and if they do so, they do it more often at home and in the homes of their family/friends.

Conclusion
‘Smoking inside is never okay’ has proven to be a successful campaign to change the behavior of smoking parents. However, mass media campaigns have their limitations. Smoking parents in lower income groups seem less perceptive to the message of the campaign. Furthermore, most of them think smokers should be left alone. To achieve a change in these parents’ smoking behavior a more personalized intervention is needed.

DOI: 10.18332/tpc/143616

Exposure to secondhand aerosol from electronic cigarettes at homes: A real-life study in four European countries
Beladenta Amalia1, Marcela Fu1, Esteve Fernández1
1Catalan Institute of Oncology, Bellvitge Biomedical Research Institute, L'Hopitalet de Llobregat, Barcelona, Spain
beladenta24@gmail.com

Background
In 2008, 115000 children in Flanders were daily exposed to the smoke of their parents’ cigarettes. We tried to decrease that number by means of the campaign ‘Smoking inside is never okay’ that consisted of:
1. A mass media campaign that intended to raise smoking parents’ awareness of the harmful effects of secondhand and thirdhand smoke and to encourage them to smoke outside; and
2. Tools to help intermediaries discuss the subject with smoking parents.

Objective
Evaluate the effects as well as the strengths and limitations of the campaign.

Methods
An inquiry of parents by phone to map behavioral changes and to find out which parents still smoke in the presence of children.

Results
Since 2008, the number of children that are daily exposed to the smoke of their parents’ cigarettes decreased from 115000 to 29000. This decrease is mainly due to the steadily declining number of smoking parents, but there has also been a behavioral change. The awareness of the dangers of SHS has grown and a large majority of parents have adapted their smoking habits. The number of smoking parents stays the highest in the low-income group. Furthermore, more than half of them still smoke when their children are around, and if they do so, they do it more often at home and in the homes of their family/friends.

Conclusion
‘Smoking inside is never okay’ has proven to be a successful campaign to change the behavior of smoking parents. However, mass media campaigns have their limitations. Smoking parents in lower income groups seem less perceptive to the message of the campaign. Furthermore, most of them think smokers should be left alone. To achieve a change in these parents’ smoking behavior a more personalized intervention is needed.
Methods

Indoor airborne nicotine and PM2.5 concentrations were measured as environmental markers of SHA, as well as concentrations of biomarkers, including nicotine and its metabolites, tobacco-specific nitrosamines, propanediol, glycerol, and metals in participants’ saliva and urine samples.

E-cigarette use characteristics, such as e-liquid’s nicotine concentration, e-cigarette types, place of e-cigarette use at home, and frequency of room ventilation, were also collected. A total of 29 e-cigarette users’ homes and 21 control homes were included.

Results

The results showed that the levels of seven-day airborne nicotine were quantifiable in 21 (72.4%) out of 29 e-cigarette users’ homes; overall they were low (median: 0.01 μg/m3) but significantly higher than those found in control homes (p=0.010). Concentrations of seven-day PM2.5 in e-cigarette and control homes were similar. Airborne nicotine and PM2.5 concentrations did not differ according to different e-cigarette use conditions. Non-users residing with e-cigarette users had low but significantly higher levels of nicotine, cotinine, 3'-OH-cotinine, and 1,2-propanediol in saliva, and cobalt in urine than non-users living in control homes.

Conclusion

E-cigarette use at home created bystanders’ exposure to SHA regardless of the conditions of use. We recommend the inclusion of e-cigarettes in smoke-free home rules to protect bystanders from any exposure to SHA.

Tob. Prev. Cessation 2021;7(Supplement):8
DOI: 10.18332/tpc/143617

How proactive are smokers in Greece with their health?

Melpo Kapetanstrataki1, Anna Tzortzi1,2, Vaso Evangelopoulou1, Panagiotis Behrakis1,2,3
1George D. Behrakis Research Lab, Hellenic Cancer Society, Athens, Greece, 2Institute of Public Health, The American College of Greece, Athens, Greece, 3Athens Medical Center, Athens, Greece
m.kapetanstrataki@researchlab.gr

Background

Health monitoring is essential in disease prevention. Smokers are considered a high-risk population for smoking-related morbidity and mortality; therefore, health monitoring is imperative.

Objective

Aim of our study was to assess whether smokers are more proactive with their health than non-smokers.

Methods

Data derive from the most recent Health Survey conducted by the Hellenic Statistical Authority in 2019 including 8125 participants aged ≥15 years. Dataset was weighted to become representative of the Greek population of this age group. Chi-squared tests were used to assess differences between groups. Analysis was performed in Stata 14.

Results

Smoking prevalence in Greece was estimated to be 29%, higher in males than females (36% vs 22%, p<0.001). Differences were observed regarding body-mass index (p=0.0003); a higher proportion of smokers were overweight (43% vs 37%) while a higher proportion of non-smokers were obese (17% vs 21%). Vaccination against the flu virus in the past 2 years was lower in smokers than non-smokers (22% vs 31%, p<0.001). Health monitoring by a health professional was observed in a lower proportion in smokers than non-smokers; blood pressure (p<0.001), blood cholesterol (p<0.001) and blood glucose (p<0.001) measurements were observed at lower frequency in smokers than non-smokers (54% vs 63%, 60% vs 65%, and 59% vs 65%, respectively).

Conclusion

Smoking is associated with less health monitoring in Greece. More non-smokers monitor their health measurements and biomarkers compared to smokers. Campaigns tailored to increase smokers’ awareness on health monitoring and disease prevention will aid early diagnosis and improve life expectancy.

DOI: 10.18332/tpc/143618

Profiling smokers in Greece in 2020

Melpo Kapetanstrataki1, Anna Tzortzi1,2, Vaso Evangelopoulou1, Panagiotis Behrakis1,2,3
1George D. Behrakis Research Lab, Hellenic Cancer Society, Athens, Greece, 2Institute of Public Health, The American College of Greece, Athens, Greece, 3Athens Medical Center, Athens, Greece
m.kapetanstrataki@researchlab.gr

Background

Smoking prevalence in Greece has been extensively studied in the course of the past decade, however smokers’ lifestyle characteristics are not documented. Aim of our study was to identify differences in lifestyle choices between smokers and non-smokers.

Methods

Data derive from the most recent Health Survey conducted by the Hellenic Statistical Authority in 2019 including 8125 participants aged ≥15 years. Dataset was weighted to become representative of the Greek population of this age group. Chi-squared tests were used to assess differences between groups. Analysis was performed in Stata 14.

Results

Smoking prevalence was 29%; 25% daily and 4% occasional smokers. Smoking was observed more in males (36%) than females (22%) (p<0.001) and among the ages 35–64 years (34–38% vs <32% in the other age groups, p<0.001). Median number of cigarettes smoked per day was 15 (IQR: 15–20). Lifestyle choices differed between smokers and non-smokers; alcohol use was observed more in smokers (p<0.001), and especially in male compared to female smokers (p<0.001). Weekly consumption of fruit (p<0.001), vegetables (p<0.001) and fresh fruit/vegetable juices (p<0.001) was observed more in non-smokers compared to smokers, while soft drinks were consumed more by smokers than non-smokers on a weekly basis (p<0.001). Physical exercise was observed in a low proportion in both smokers (25%) and non-smokers (26%) (p=0.87).

Conclusion

Smoking in Greece is observed more in males than females and among those aged 35–64 years. Lifestyle choices differ between smokers and non-smokers, with non-smokers leading a healthier lifestyle, while prevalence of physical exercise is low in Greece regardless of smoking status.

DOI: 10.18332/tpc/143619
Strategy for a Tobacco-Free Germany 2040
Laura Graen1, Katrin Schaller*  
1German Cancer Research Center, Heidelberg, Germany  
laura.graen@dkfz-heidelberg.de

Background
Tobacco use kills 127000 people in Germany each year. At the same time, Germany has no strategy for sustainable tobacco control and is at the bottom of the European Tobacco Control Scale that ranks the implementation of tobacco control measures in 36 European countries.

Objective
The goal of the strategy is to achieve a tobacco-free Germany by 2040. This means that from 2040 onwards, less than 5% of adults and less than 2% of children and adolescents use tobacco or related products.

Methods
The strategy is based on literature review of evidence-based tobacco control measures and is aligned with the WHO Framework Convention on Tobacco Control (FCTC) and international goals (e.g. Europe’s Beating Cancer Plan). An expert advisory group contributed to the development of the strategy.

Results
The strategy contains ten measures:
1. tobacco taxes,
2. cost-covered, cessation support,
3. plain packaging and a comprehensive ban on advertising, promotion and sponsorship for tobacco and related products,
4. availability reduction for tobacco and related products,
5. comprehensive protection from secondhand smoke,
6. prioritizing children’s rights related to tobacco control
7. public awareness campaigns,
8. investment in development cooperation/FCTC 2030,
9. protection from interference of tobacco and related industries in policymaking, and
10. regular monitoring, evaluation and adjustment of the measures.

Conclusion
The goal of achieving a society free of tobacco use and nicotine dependence requires strong commitment from policymakers to strengthen tobacco control and to protect public health interests from interference by manufacturers of tobacco and related products.

The Strategy for a Tobacco-Free Germany 2040 is supported by a broad coalition of organizations. In the run-up to the national elections in September 2021, it demands that legislators and the government adopt a tobacco control strategy with a binding timetable and implement the ten measures for a tobacco-free Germany 2040.

DOI: 10.18332/tpc/143620

The UK Tobacco Industry Interference Index 2020/2021: An assessment of the implementation of WHO FCTC Article 5.3 in the United Kingdom

Raouf Alebshehy1, Mateusz Zatoński1, Sarah Dance1, Louis Laurence1, Phil Chamberlain1  
1Tobacco Control Research Group, Department for Health, University of Bath, Bath, United Kingdom  
r.alebshehy@exposetobacco.org

Background
The Tobacco Industry Interference Index evaluates the implementation of WHO FCTC Article 5.3 in different countries using a standardized tool developed by the South East Asian Tobacco Control Alliance which enables inter-country comparisons. There are two published editions of the Index and a third edition is scheduled to be published in November 2021.

Objective
This paper reports on the findings of the Index for the UK for the period between January 2020 and March 2021.

Methods
Researchers completed a questionnaire covering different forms of tobacco industry interference in policy in the UK between January 2020 and March 2021. The questionnaire consisted of 20 questions, covering 7 areas of assessment based on implementation guidelines of Article 5.3. To complete the questionnaire, the researchers conducted a search of relevant academic literature, media websites, government websites, and the Tobacco Tactics resource. This was supplemented by an expert consultation with the UK’s leading tobacco control specialists.

Results
In the 2020/2021 Index the UK’s overall performance was consistent with the previous edition of the Index (exact score to be announced in November 2021). The government’s policies aiming at preventing industry influence remained the same in the ‘transparency’ and ‘preventive measures’ categories. A slight improvement was reported in the scoring of the categories assessing ‘industry participation in policy development’, ‘benefits to the industry’ and ‘conflict of interest’. A slight deterioration was reported in the score of the categories assessing ‘industry corporate social responsibility’ and ‘unnecessary interactions with the industry’.

Conclusion
The UK remains one of the global leaders in preventing tobacco industry interference in policy. However, it is concerning that there has been little progress by the national and local governments in tackling some of the persisting areas of concern, including inadequate structural mechanisms to ensure transparency, address conflicts of interest, and strengthen preventive measures.

DOI: 10.18332/tpc/143621

Results of We Can Quit2: A pilot cluster randomized controlled trial of a community-based stop-smoking intervention for women living in disadvantaged areas of Ireland
Catherine Hayes1, Stefania Castello1, Jenny Patterson2, Nicola O'Connell1, Emma Burke1, Fiona Dobbie1, Joanne Vance4, Declan Devane3, Linda Bauld1, Catherine Darker1, Nadine Dougall2  
1Public Health & Primary Care, Institute of Population Health, School of Medicine, Trinity College Dublin, Dublin, Ireland, 2School of Health and Social Care, Edinburgh Napier University, Edinburgh, United Kingdom, 3Usher Institute, College of Medicine and Veterinary Science, University of Edinburgh, Edinburgh,
A process evaluation of We Can Quit: A stop-smoking program for women living in socio-disadvantaged areas in Ireland

Catherine Hayes1, Catherine Darker1, Emma Burke1, Stefania Castello1, Karin O'Sullivan1, Nicola O'Connell1, Joanne Vance1, Caithriona Reynolds2, Aine Buggy3, Nadine Dougall4, Kirsty Loudon5, Pauline Williams6, Fiona Dobbie7, Linda Bauld7

1Public Health & Primary Care, Institute of Population Health, School of Nursing and Midwifery, College of Medicine, Nursing, and Health Sciences, National University of Ireland, Galway, Ireland hayesc9@tcd.ie

Background
Tobacco use is the leading cause of preventable death worldwide. Health consequences of tobacco smoking are higher in socioeconomically disadvantaged (SED) populations, especially among women. The We Can Quit study was a pragmatic two-arm, pilot cluster randomized controlled trial of We Can Quit (WCQ), a community-based peer-led smoking cessation intervention for women living in disadvantaged areas in Ireland.

Objective
To explore feasibility and acceptability of trial processes including randomization of districts, recruitment and data collection, in preparation for a definitive effectiveness trial.

Methods
The trial was conducted in four matched pairs of districts in Dublin and Cork. Women were randomized to receive the WCQ intervention (group behavioral support over 12-weeks delivered by lay trained Community Facilitators and optional access to combination nicotine replacement therapy, without charge) or control (face-to-face individual smoking cessation service delivered by health professionals from Ireland’s Health Service Executive, 6/7 sessions on average). The primary outcome was recruitment of eight districts and 194 women in four waves (49 women per wave). Secondary outcomes included retention (data completion) at 12 weeks and 6 months after treatment, and smoking abstinence (self-report + salivary cotinine).

Results
Eight districts were recruited. 208 women registered in the study; 125/188 eligible women (66.5%) gave consent. The expected sample of 49 women was reached in Wave 4. Data completion rates were: Intervention 36/65 (55.4%), Control 31/60 (51.7%) at 12 weeks; Intervention 31/65 (47.7%), Control 28/60 (46.7%) at 6 months. More participants with secondary or higher education completed data at 12 weeks than those with no formal or lower education. Twenty-three participants were abstinent at 12 weeks [Intervention 15/65 (23.1%), Control 8/60 (13.3%)].

Conclusion
Recruitment of women from SED districts to a community-based stop-smoking trial is feasible though challenging. Preliminary abstinence rates favored the intervention. Strategies are needed to improve retention in advance of a definitive effectiveness trial.

Conflicts of Interest
C. B. Hayes reports grants from HRB and Enterprise Ireland during the conduct of the study. C. Darker reports grants from HRB during the conduct of the study.

DOI: 10.18332/tpc/143622

Peer-modelling, a non-judgmental environment, and CFs supportive role were viewed as facilitative elements. The experience of being part of the group increased participants’ skills, self-efficacy and support to maintain smoking abstinence. Participants reported free NRT as helpful for cessation. Some participants expressed concerns about NRT side effects. Community pharmacists provided important guidance relating to NRT and additional support between group sessions. Provision of saliva samples proved challenging. Participants’ low literacy was a barrier to engagement with the program and with trial-related materials. Hypothetical scenarios of direct or indirect observational fidelity assessment for a future definitive trial (DT) were acceptable.

Conclusion
Program and trial-related processes were feasible and acceptable to intervention participants and facilitators, though low literacy was a barrier to retention. A future DT will need to comprehensively address this. The MRC framework proved useful to capture the experience of women smokers in SED areas of engaging with a community-based stop-smoking trial.

Conflicts of Interest
C. B. Hayes reports grants from HRB and Enterprise Ireland during the conduct of the study. C. Darker reports grants from HRB during the conduct of the study.

DOI: 10.18332/tpc/143623
The We Can Quit2 trial knowledge exchange and dissemination plan: Future research and policy priorities from a community perspective

Catherine Hayes, Stefania Castello, Catherine Darker, Joanne Vance, Elaine Buckley, Caithiona Reynolds, Aine Buggy, Kevin O’Hagan, Norma Cronin, Nadine Dougall, Declan Devane, Linda Bauld

1Public Health & Primary Care, Institute of Population Health, School of Medicine, Trinity College Dublin, Dublin, Ireland, 2Irish Cancer Society, Dublin, Ireland, 3Health Service Executive, Dr. Steevens’ Hospital, Dublin, Ireland, 4Public and Patient Involvement (PPI), University of Aberdeen, Aberdeen, United Kingdom, 5School of Health and Social Care, Edinburgh Napier University, Edinburgh, United Kingdom, 6HRB Trials Methodology Research Network, School of Nursing and Midwifery, College of Medicine, Nursing, and Health Sciences, National University of Ireland, Galway, Ireland, 7Usher Institute, College of Medicine and Veterinary Science, University of Edinburgh, Edinburgh, United Kingdom

hayes9@tcd.ie

Background

We Can Quit2 (WCQ2) was community-based randomized controlled trial developed to assess the feasibility and acceptability of We Can Quit (WCQ), a stop-smoking program comprising group support and free nicotine replacement therapy, designed for women living in socioeconomically disadvantaged (SED) areas in Ireland. Reengagement with stakeholders involved in trial conduct was a part of the WCQ2 Knowledge Exchange and Dissemination plan.

Objective

To discuss strategies to optimize community engagement, recruitment and retention in a future definitive trial (DT), and the policy priorities arising from the trial.

Methods

Community stakeholders involved in trial recruitment and planning, Irish Cancer Society and Health Service Executive representatives were invited to an online interactive workshop in November 2020. Key trial findings were presented. Workshop discussion (field notes) and responses to a post-event anonymous questionnaire informed a list of challenges and suggestions for a DT and policy development from a community perspective.

Results

Forty-one stakeholders attended the workshop, six completed the questionnaire. Significant time was needed for community engagement. Use of social prescribing was suggested as a recruitment tool. Low literacy was a barrier to women’s recruitment and retention. Greater adaptation of trial data and assistance to complete forms were recommended. Women’s stress and lack of support from family affected retention. An intervention boost after WCQ delivery, encouragement of women to join other healthy community programs to maintain their group and to incorporate family in the program were recommended to facilitate retention and enhance sustainability. Removal of cost and administrative barriers to access NRT and provision of stop-smoking support tailored to disadvantaged groups were identified as policy priorities.

Conclusion

The workshop provided a suitable forum to engage community and statutory stakeholders. Results outlined important strategies to enhance design of a DT assessing WCQ effectiveness. Lessons learned may be relevant for other community-based health promotion interventions.

Conflicts of Interest

C. B. Hayes reports grants from HRB and Enterprise Ireland during the conduct of the study. C. Darker reports grants from HRB during the conduct of the study.

DOI: 10.18332/tpc/143625

Adolescent behavioral response to an increase of tobacco prices

Danielle Arnold, Kirsten Visscher, Babette Everaars, Anita Suijkerbuijk, Ardine de Wit

1Gezondheidsfondsen voor Rookvrij (Health Funds for a Smokefree Netherlands), Utrecht, Netherlands, 2Rijksinstituut voor Volksgezondheid en Milieu (National Institute for Public Health and the Environment), Ministry of Health, Welfare and Sport, Bilthoven, Netherlands

danielle.arnold@gvrv.nl

Background

Tax and price policies are widely recognized to be one of the most effective means of influencing smoking prevalence. Therefore, the excise tax on tobacco in the Netherlands increased in 2020, resulting in a price increase of about €1.0 per pack of cigarettes. The government intends to increase tobacco excise taxes further in the coming years, leading to a price of €10.0 per pack of cigarettes in 2023.

Objective

This study investigated how adolescent smokers intend to change their behavior at hypothetical price increases of a pack of cigarettes, and which characteristics are associated with this intended behavior.

Methods

Among a panel of 776 Dutch smokers between 15 and 25 years, four behavioral options were investigated separately in an online survey: smoking less, quit smoking, switch to another/cheaper product, and shopping cigarettes cross-border.

Results

About half of all smoking adolescents were daily smokers; the others smoked occasionally. At a hypothetical price of €10.0 per pack, smoking less was the most intended response (67%), followed by switching to another/cheaper product (61%), quit smoking (49%), and shopping cigarettes cross-border (47%). Prior quit attempts, agreeing with the increase in excise tax, and the intention to quit smoking in the future increased the odds of changing behavior. Higher self-efficacy decreased the odds of behavioral change.

Conclusion

Despite the fact that intended behavior can deviate significantly from realized behavior, an increase in excise tax will presumably result in a significant amount of quit attempts and reduced smoking among adolescents. At the same time, these favorable outcomes might be partially offset by current smokers switching to other products and buying cigarettes cross-border.

DOI: 10.18332/tpc/143625

United States 2021 Tobacco Industry
Estelle Dauchy1, Vid Adrison2
1Campaign for Tobacco Free Kids, Washington, United States, 2Institute for Economics and Social Research Faculty, University of Indonesia
edauchy@tobaccofreekids.org

Background
Tobacco kills 8 million people a year worldwide. To combat the tobacco epidemic, the most powerful tool is public policy. However, reducing tobacco use through public policy is systematically challenged by Big Tobacco. Tobacco industry interference is a barrier to protecting public health from the dangers of tobacco.

Methods
The study was conducted on information from January to December 2020. The five most circulated new sources, the top fifteen government agencies involved in tobacco control, and the websites of the five most prevalent tobacco industries in the US were systematically searched for keywords. Instances of tobacco industry interference were gathered and sorted into each of the 20 indicators, then scored from zero (no interference) through five (high interference). The higher the score, the more tobacco industry interference in public policy.

Results
The research is ongoing and data collection has not been finalized. Final results will be presented at the conference.

Conclusion
Preventing tobacco industry interference in public policy is crucial to ending the tobacco epidemic. Recommendations to protect against industry interference include: ending special benefits for the industry, standardizing procedures and increasing transparency for interactions between the industry and government officials, prohibiting contributions from the tobacco industry to the government, its agencies, officials, and their relatives, and that the US ratify the WHO FCTC.

DOI: 10.18332/tpc/143627

Impact of tax and price reforms on companies’ price decisions in the complex cigarette tax system of Indonesia
Estelle Dauchy1, Vid Adrison2
1Campaign for Tobacco Free Kids, Washington, United States, 2Institute for Economics and Social Research Faculty, University of Indonesia
edauchy@tobaccofreekids.org

Background
The presence of an illicit cigarette trade is used as an argument by the tobacco industry in Ethiopia to halt pro-health tobacco tax policies. The National Tobacco Enterprise (NTE) recently reported that the illicit cigarette market accounts for over 44% of the total market, and over 90% in the Eastern part of Ethiopia. However, it is not clear how those estimates were obtained.

Methods
We employed a cross-sectional observational study of empty packs collected in Ethiopia from retailers and from the streets in 10 towns, representing 10 regional states, and two autonomous cities. We supplemented these data by a retailers’ survey to obtain information about the cigarette supply chain and cigarette prices.

Results
The majority (80.1%) of the 6438 empty cigarette packs collected (5368 from the streets and 1070 from retailers) belonged to locally produced brands, while the remaining 19.9% were foreign packs, including those allowed to trade in Ethiopia. Based on the pre-determined criteria used for classifying a pack as illegal, we determined that the market share of illicit cigarette packs varied considerably across the country. While as many as 97.7% and 86.6% of the packs collected in Jigjiga and Dire Dawa (both in the East), respectively, were found to be illicit, the packs obtained in the South, the Southwest, and the North were mostly legal (98.2 to 99.0% of them). Some illicit brands are more expensive than the legal domestic brands even though the legally imported foreign brands are more expensive compared to the illegal foreign brands.

Conclusion
The estimates of the size of the illicit cigarette market vary by region. In the majority of the cities surveyed the share of the illicit cigarette market was considerably lower than the estimates promoted by the tobacco industry. However, illicit cigarettes are disproportionately sold in cities near the border with Somalia. To address this alarming situation, the country needs to strengthen border control and law enforcement, especially in the East. In addition, Ethiopia needs to control the supply of cigarettes better by marking all packs for sale in Ethiopia. Currently, cigarette packs bear no indication that the proper tax was paid. Such markings can be tax stamps linked to a tracking and tracing system (T&T). A secure T&T system would reinforce the efficiency of excise taxation and reduce tax evasion.

Ethiopia should consider ratifying the WHO Protocol on Illicit Tobacco Trade, which would be an important step in joining the international community in the fight against illicit the tobacco trade.

DOI: 10.18332/tpc/143627

Illicit cigarettes in Ethiopia
Estelle Dauchy1, Hana Ross2
1Campaign for Tobacco Free Kids, Washington, United States, 2School of Economics, The University of Cape Town, Cape Town, South Africa
edauchy@tobaccofreekids.org

Background
Tobacco kills 8 million people a year worldwide. To combat the tobacco epidemic, the most powerful tool is public policy. However, reducing tobacco use through public policy is systematically challenged by Big Tobacco. Tobacco industry interference is a barrier to protecting public health from the dangers of tobacco.

Objective
The aim of this report is to assess and systematically raise awareness of tobacco industry interference in policymaking through a standardized index. This index quantifies the extent of tobacco industry interference in US policy throughout 2020 across 20 indicators of interference to assess the level of implementation of Article 5.3 of the FCTC. Annual scores allow for comparison of the United States’ implementation of the FCTC with previous indices and across countries.

Methods
The presence of an illicit cigarette trade is used as an argument by the tobacco industry in Ethiopia to halt pro-health tobacco tax policies. The National Tobacco Enterprise (NTE) recently reported that the illicit cigarette market accounts for over 44% of the total market, and over 90% in the Eastern part of Ethiopia. However, it is not clear how those estimates were obtained.

Methods
We employed a cross-sectional observational study of empty packs collected in Ethiopia from retailers and from the streets in 10 towns, representing 10 regional states, and two autonomous cities. We supplemented these data by a retailers’ survey to obtain information about the cigarette supply chain and cigarette prices.

Results
The majority (80.1%) of the 6438 empty cigarette packs collected (5368 from the streets and 1070 from retailers) belonged to locally produced brands, while the remaining 19.9% were foreign packs, including those allowed to trade in Ethiopia. Based on the pre-determined criteria used for classifying a pack as illegal, we determined that the market share of illicit cigarette packs varied considerably across the country. While as many as 97.7% and 86.6% of the packs collected in Jigjiga and Dire Dawa (both in the East), respectively, were found to be illicit, the packs obtained in the South, the Southwest, and the North were mostly legal (98.2 to 99.0% of them). Some illicit brands are more expensive than the legal domestic brands even though the legally imported foreign brands are more expensive compared to the illegal foreign brands.

Conclusion
The estimates of the size of the illicit cigarette market vary by region. In the majority of the cities surveyed the share of the illicit cigarette market was considerably lower than the estimates promoted by the tobacco industry. However, illicit cigarettes are disproportionately sold in cities near the border with Somalia. To address this alarming situation, the country needs to strengthen border control and law enforcement, especially in the East. In addition, Ethiopia needs to control the supply of cigarettes better by marking all packs for sale in Ethiopia. Currently, cigarette packs bear no indication that the proper tax was paid. Such markings can be tax stamps linked to a tracking and tracing system (T&T). A secure T&T system would reinforce the efficiency of excise taxation and reduce tax evasion.

Ethiopia should consider ratifying the WHO Protocol on Illicit Tobacco Trade, which would be an important step in joining the international community in the fight against illicit the tobacco trade.

DOI: 10.18332/tpc/143627
of other pricing policies that are typically ignored in research that essentially focus on the tax impacts. Minimum price policies, and implied tax burdens gaps between products type can have a larger impact than taxes on tobacco pricing. The results imply that a multi-tiered, multi-products tobacco tax system likely generates important distortions that likely limit the objective of the government.

DOI: 10.18332/tpc/143628

The pass-through of excise to consumer prices of heated-not-burn tobacco (HTP) products and cigarettes: A cross-country evidence
Estelle Dauchy1, Ce Shang2
1Campaign for Tobacco Free Kids, Washington, United States,
2The Ohio State University Wexner Medical Center, Columbus, United States
edauchy@tobaccofreekids.org

Background
The market of heated tobacco products (HTPs) has grown exponentially in recent years and many governments have imposed taxes on HTPs to regulate its use. Countries are debating over how HTPs should be taxed, especially whether at the same or lower rates than cigarettes, considering its potential harm reduction impact.

Objective
To evaluate the impacts of HTP taxes on behaviors and health consequences, we first need to evaluate whether such taxes effectively raise HTP prices in ways that mediate the impact on downstream outcomes. Moreover, as most HTP brands are manufactured and marketed by large cigarette manufacturers, tax policy effectiveness also depends on companies’ pricing strategies between products that are perceived as substitutes by consumers.

Methods
This study analyses the extent companies shift the burden of HTP and cigarette taxes to consumers into prices (i.e. tax pass-through to prices). We use the cross-country variation in statutory taxes along with retail prices of the most sold brand of heated tobacco units and their most sold comparable cigarette brand, in every country that sold or manufactured HTPs from 2014 to 2020. It is notable that in the majority of countries, HTPs have been taxed at lower rates than cigarettes, yet sold at similar prices, suggesting highly concentrated markets where taxes have little impact on prices of goods that are sold with extra profit margins (HTPs), simultaneously to selling similar products (cigarettes) in competitive markets and with small profit margins. We build a model where a representative company manufactures and sells two similar products, or close substitutes with similar production costs, but with different degrees of competition. One is sold in competitive markets while the other is sold in highly concentrated markets. If the products are close substitutes, they face the same demands. The model implies that taxes affect the sales of both products simultaneously. However, in certain market conditions – as describe above – the pass-through of taxes to prices is always larger for the product that bears the higher tax.

Results
We find that the direct pass-through effect of HTP taxes to prices is much smaller than that of cigarettes, which confirms the predictions of the model under current market conditions. We also find that the pass through of cigarette prices to cigarettes prices is larger than unity. The combined pass-through (direct and indirect) of taxes to prices is negative for HTPs and cigarettes, with a larger negative effect for HTPs, leading to a negative association between tax incidence gaps and price levels.

Conclusion
Overall, the results strongly suggest that the only effect of differential taxation on the two tobacco products is to increase companies’ profit margins, implying that the impact on demand is likely to be small. The results also suggest that increasing taxes on both products and taxing them equivalently could be an effective policy tool that simultaneously reaches the objectives of curbing tobacco use and raising additional tax revenue. They also confirm that companies respond to taxes by setting prices of HTPs and cigarettes jointly, with the goal of maximizing their profits.

DOI: 10.18332/tpc/143629

Slovenian Coalition for Public Health, Environment and Tobacco Control: 17 years of experience of smoking cessation and counselling with the support of ENSP and Slovenian Ministry of Health
Miha Lovščič1, Neža Polh1
1Slovenian Coalition for Public Health, Environment and Tobacco Control, Maribor, Slovenia
miha.lovse@gmail.com

Background
Tobacco products contain nicotine, which causes a rapidly developing addiction. According to the international classification of diseases, smoking is classified as an addiction with the code F17.2, and abstinence syndrome with the code F17.3. The pharmacological and behavioral processes that determine nicotine dependence are similar to the processes of dependence on other substances. Addiction in an individual is determined by the central nervous system’s susceptibility to nicotine and its metabolism in the liver. An individual’s smoking is determined by his/her personality, living environment, age at the beginning of smoking, education, employment and other demographic and socio-economic determinants.

Recommendations of European Commission (State of Health in the EU 2019) recommend adoption of models of good practice of smoking cessation among countries.

Objective
Our objective is to help lower the number of smokers in Slovenia, increase the number of people who quit smoking, lower morbidity, help to improve the health of Slovenia and help to achieve the objectives of Tobacco-free Slovenia 2040 strategy and its 2030 objectives.

Methods
Slovenian Coalition for Public Health, Environment and Tobacco Control is working on models of good practice and innovative approaches in the field of smoking cessation and counselling for primary school children, secondary school children, companies employees and especially for high-risk smoking population (pregnant women, etc.). Our organization is cooperating with public healthcare institutions in this field.

The European Network for Smoking Prevention’s Accredited Curriculum on Tobacco Treatment is estimated to be the
The Dutch model for smoking cessation
Hanne Vibjerg

1Danish Health Authority, Copenhagen, Denmark
havi@sst.dk

Background
A focus area in Denmark is to reduce social inequality in health and it is evident that smoking has a significant negative role. There is a focus on initiatives that reduce barriers for receiving professional cessation counseling and cessation medication.

Objective
The aim is to increase the number of people, who smoke, participating in professional cessation counseling by increasing referrals, proactive recruitment and awareness of cessation offers and by making cessation medications more available.

Methods
National grants enables Danish municipalities to work targeted with the mentioned aims. A national and local focus on proactive recruitment. The Danish Health Authority has had the effect of the completed grants evaluated.

Results
The target group were more likely to complete a course compared with other participants. Regarding a grant, targeting socially vulnerable 74% of the target group were smoke-free by the completion of the course, for participants who did not receive subsidized cessation medicine it was 66%. After six months, the percentage of smoke-free participants was 48 and 42%, respectively.

Conclusion
Subsidized cessation medicine has a positive and statistic significant effect on the likelihood of the participant staying smoke-free six months after the cessation course, even when cost is only partially covered. Receiving subsidized cessation medicine can help local cessation services in recruiting, but it can also have a stigmatizing effect if only for the socially vulnerable.

DOI: 10.18332/tpc/143631

How sex, age and education determine the potential impact of mass media campaigns: Results of the International Tobacco Control (ITC) Netherlands Project
Nikita Poole1,2, Floor van den Brand2, Marc Willemse2,3, Cloë Geboers2,3, Hein Vries2, Gera Nagelhout1,2, Geoffrey Fong1,5
1Instituut voor Onderzoek naar Leefwijzen & Verslaving—(Institute for Lifestyle & Addiction Research), Rotterdam, Netherlands, 2Maastricht University, Maastricht, Netherlands, 3The Netherlands Expertise Centre for Tobacco Control, Trimbos Institute, Utrecht, Netherlands, 4University of Waterloo, Waterloo, Canada, 5Ontario Institute for Cancer Research, Toronto, Canada
poole@ivo.nl

Background
Media campaigns are an important part of a comprehensive tobacco control strategy, but they may not work equally well for everyone. Indeed, little is known about the link between media campaigns and smoking cessation for different subgroups, despite the well-documented differences in smoking prevalence and cessation based on characteristics such as sex, age and education.

Objective
This study investigated the relationship between exposure to media campaigns and outcome measures associated with smoking cessation, specifically focusing on whether this relationship differs based on an individual’s sex, age or education.

Methods
We use survey waves from the period 2008–2017 of an ongoing cohort study – the International Tobacco Control (ITC) Netherlands Project – to measure the impact of four national campaigns: 1 every smoker there’s a quitter (n=1447), 2 you can really quit smoking with the right help (n=1567), 3 Stoptober (n=1371) and 4 Towards a Smoke-free Generation (n=1258). First, we examined whether exposure to the campaigns differed for respondents based on sex, age and education. Using Generalized Estimating Equations, we then examined the relationship between exposure to these campaigns and psychosocial mediators for smoking cessation (attitude about quitting, self-efficacy, subjective norms, quit intentions) and quit attempts, also examining whether these relationships are further determined by sex, age and education.

Results
Of all four campaigns, average exposure to Stoptober was highest. Initial results also suggest that campaign exposure tended to be greatest amongst those who were female, low educated, and 40+ years. The full and final results will be presented at the conference.

Conclusion
Exposure to Dutch campaigns was not equal across population subgroups and so tailored campaigns may be necessary to sufficiently reach those in the other groups. The findings of this study will provide insight into whether campaigns can reduce or increase the gap in smoking prevalence.

DOI: 10.18332/tpc/143632

Trend analyses of teenage e-cigarette use in Ireland (2015–2019) show higher use for boys but more rapid increase for girls
Joan Hanafin1, Salome Sunday1, Luke Clancy1
1TobaccoFree Research Institute Ireland (TFRI), Dublin, Ireland
jhanafin@tri.ie

Background
E-cigarette ever use and current use among teenagers has been increasing worldwide, including in Ireland. Boys are widely observed to have higher prevalence compared with girls.

Objective
We set out to identify trends in e-cigarette ever use and current use between 2015 and 2019, particularly in relation to gender differences.
Methods

Data drawn from two Irish waves of the European School Survey Project on Alcohol and other Drugs (ESPAD) yielded a total valid sample of 3421 16-year-olds from a stratified random sample of schools (n=50), comprising 1472 students (born in 1999) in 2015, and 1494 students (born in 2003) in 2019. Trends in e-cigarette ever and current use were examined using a multivariable logistic regression model using e-cigarette ever (Table 1) and current (Table 2) use as the dependent variable, for all and by gender.

Results

E-cigarette ever use increased from 23% to 39% and current use from 10% to 18% (2015 vs 2019, respectively). The rate of increase is significantly greater for girls AOR 2.67 (95% CI: 2.02–3.54) vs 2.04 (95% CI: 1.55–2.68). Smoking and e-cigarette use are linked and never smokers becoming e-cigarette ever users has risen from 33% to 67%. Peer smoking is also significantly associated with e-cigarette ever and current use, and the association is particularly strong for boys if ‘Most/All friends smoke’ AOR=5.90 (95% CI: 3.31–10.52) vs 3.50 (95% CI: 1.79–6.84) for girls. Less parental monitoring is associated with greater e-cigarette use, more so for boys AOR=5.50 (95% CI: 2.85–10.61) vs 5.31 (95% CI: 3.01–9.37) for girls.

Conclusion

Boys are currently at greater risk of e-cigarette use but girls are increasingly at risk. Peer influences and less parental monitoring are significant risk factors for use, operating differently for girls and boys, and providing potential mechanisms for interventions to prevent an increasing risk of nicotine addiction.

DOI: 10.18332/tpc/143633

Modifying teenage e-cigarette use: Variables identified through a logistic regression analysis of e-cigarette ever use

Joan Hanafin¹, Salome Sunday¹, Luke Clancy¹
¹TobaccoFree Research Institute Ireland (TFRI), Dublin, Ireland
jhanafin@tri.ie

Background

Teenage e-cigarette ever use has risen significantly in recent years in Ireland similar to trends elsewhere in Europe, the US and Asia-Pacific region, leading to concerns about e-cigarettes promoting experimentation, and progression to current smoking.

Objective

We set out to establish a profile of young ever e-cigarette users by examining individual, peer, and familial associations with ever e-cigarette use among those aged 15–17 years.

Methods

A stratified random sample of 50 schools was surveyed in 2019, with 3495 students aged 15, 16 and 17 years. Bivariate and multivariable logistic regression analyses were performed using Stata version 16.

Results

Prevalence for ever use of e-cigarettes among those aged 15–17 years in Ireland is 37%. Ever tried cigarettes had an adjusted odds ratio (AOR) of over 4 for ever e-cigarettes use (AOR=4.15; 95% CI: 1.29–13.41, p<0.05), ever cannabis use (AOR=2.21; 95% CI: 1.11–4.41, p<0.05), and ever inhalants use (AOR=2.51; 95% CI: 1.07–5.88, p<0.05). Children with university educated mothers had higher odds of trying e-cigarettes (AOR=3.46; 95% CI: 1.40–8.54), p<0.05), and fathers not significantly (AOR=2.10; 95% CI: 0.97–4.55, p=0.058). Reading books for enjoyment (AOR=0.32; 95% CI: 0.16–0.64, p=0.001), a household having rules relating to smoking in the house (AOR=0.53; 95% CI: 0.30–0.94, p<0.05), and perceiving moderate risk in using e-cigarettes (AOR=0.20; 95% CI: 0.07–0.67, p<0.05) were associated with lower AOR.

E-cigarette ever use, adjusted for covariates, was not significantly associated with gender, age, perceived familial wealth, household composition, academic attainment, sports or hobbies, age of smoking initiation, truancy, peer risk activities/peer support, and familial regulation/satisfaction.

Conclusion

The marked increase in Irish teenagers’ e-cigarette ever use is part of a pattern of teenage polysubstance use. Several modifiable social determinants were identified including, perceiving risk in e-cigarette use, and living in a household with rules related to smoking. Raising awareness among higher educated parents of the risk of e-cigarette use by teenagers, may be of benefit.

DOI: 10.18332/tpc/143634

Youth access to tobacco products in Armenia

Zhanna Sargsyan¹, Vardui Hayrumyan¹, Arusyak Harutyunyan¹, Arevik Torosyan¹, Lilit Grigoryan¹, Vardui Petrosyan¹, Alexander Bazarchyan¹, Michelle Kegler¹, Carla Berg¹
¹Turpanjian School of Public Health, American University of Armenia, Yerevan, Armenia
zhargsyan@aua.am

Background

Armenia is a middle-income country with adult male smoking prevalence of 51.5% and youth smoking prevalence among those aged 11, 13 and 15 years of 1.3%, 3.5% and 4.4%, respectively. Sales of tobacco products to minors (<18 years) has been banned since 2005 by the national tobacco law in Armenia, with provisions including compliance checks and penalizing the retailers.

Objective

The study aimed to investigate youth access to tobacco products and to explore adult behavior of sending a minor to buy cigarettes.

Methods

In 2018, we conducted an interviewer-administered population survey among adults in randomly selected households in 14 communities in Armenia. The study instrument included questions on demographics, smoking characteristics, and past-month witnessing an underage sale or per-item sale of cigarettes and/or adults requesting minors to purchase cigarettes.

Results

Of 705 participants, 29.8% were male and 20.4% were smokers (63.8% of males, 2.0% of females). In total, 65.3% of participants reported that they had seen a minor purchasing cigarettes in the past month. Regarding adults promoting minors purchasing cigarettes, 12.8% of participants reported that they had sent a minor to buy cigarettes for themselves (the participant) or for family members; twice as many smoker versus non-smoker participants reported doing so (21.5% vs 10.6%, p<0.001). Nearly one-fifth of participants (16.8%) had witnessed per-item sale of cigarettes.

Conclusion

Despite the existing law restricting the sale of tobacco products to children and youth, minors still purchase tobacco products
Public attitude towards tobacco taxation policy in Armenia

Varduhi Hayrumyan1, Zhanna Sargsyan1, Arusyak Harutyunyan1, Arevik Torosyan1, Liit Grigoryan1, Varduhi Petrosyan1, Alexander Bazarchyan1, Michelle Kegler1, Carla Berg1

1Turpanjian School of Public Health, American University of Armenia, Yerevan, Armenia
vhayrumyan@aua.am

Background
As recommended in Article 6 of the World Health Organization Framework Convention on Tobacco Control, price and tax measures are important means to effectively reduce tobacco consumption and encourage tobacco users to quit. This is particularly relevant in low- and middle-income countries.

Objective
The study aimed to investigate the public attitude towards tobacco taxation in Armenia.

Methods
In 2018, we conducted an interviewer-administered population survey in 14 communities in Armenia. We utilized random sampling strategy to identify households; then applied the KISH method to select an adult respondent in each household. The study instrument included questions on smoking characteristics and attitude towards tobacco taxation in Armenia.

Results
Overall, 705 participants completed the survey, and 20.4% were smokers. In total, 38.5% believed that cigarette tax in Armenia was too high, with more smokers than non-smokers indicating this (46.7% vs 36.4%, p=0.009). Two-fifth (40.4%) were strongly against future tax increase; nearly twice as many smokers as non-smokers opposed the tax increase (66.4% vs 33.5, p<0.001). One-third (33.9%) indicated that tobacco products in Armenia are not affordable (38.7% vs 32.6%, p=0.034, smokers vs non-smokers, respectively). Over one-third (36.7%) believed that increasing cigarette prices would not prevent youth from starting to smoke. The majority (62.5%) did not consider price as a factor influencing smoking rates, and half thought that price does not influence smoking behavior (47.5%). However, 34.3% reported that smokers would switch to less expensive cigarettes if prices increased. Most respondents (65.2%) strongly agreed that cigarette taxes should be used to pay for smoking-related healthcare costs.

Conclusion
Though the tobacco tax in Armenia is below the recommended level, targeted interventions are needed to overcome negative attitudes of the public and particularly smokers while implementing tobacco price and tax recommendations. Directing cigarette taxes towards covering smoking-related healthcare costs could be one strategy to bolster support for such policies.

DOI: 10.18332/tpc/143635

Tobacco industry interference in Guatemala
Sophia Mus1, Pablo Pinetta1, Jessica Urbina1, Joaquin Barnoya1

1Unidad de Cirugia Cardiovascular de Guatemala-UNICAR (Cardiovascular Surgery Unit of Guatemala), Guatemala, Guatemala
sophielenamus@gmail.com

Background
Guatemala is an upper-middle-income country with weak tobacco control. In 2018 a law proposal was introduced to Congress to include pictorial health warnings (PHW), restrict advertising and ban tobacco industry contributions.

Objective
We sought to evaluate tobacco industry interference in the drafting, approval, and implementation of tobacco control policies in Guatemala.

Methods
Using the Tobacco Industry Interference Index (TII) from the Southeast Asia Tobacco Control Alliance (SEATCA) we assessed tobacco industry interference. Three researchers compiled information publicly available between 2020–2021 using online search engines and governmental agencies, and local news sources.

Results
Guatemala’s government has no mechanisms to regulate the interaction with the industry, nor requires disclosure or prohibits contributions of any type. In 2018, San Carlos University proposed Law 5461 ‘Law for Tobacco Control and its Products’ to Congress and was assigned to the Health Commission. The proposal was discussed 6 times between April to August 2019 by the Commission and has not been discussed since then. During this period the industry edited the proposal and was given time frames to do so. In addition, after the COVID-19 lockdown, tobacco front groups made contributions estimated in US$ 2 million (diagnostic tests and medical supplies). Moreover, Tabacalera Centro Americana, a Philip Morris subsidiary, supports The Mesa de Competitividad de Alta Verapaz (MancoVerapaz), a project that seeks to economically develop the Northern area of Guatemala. MancoVerapaz has invested to this date US$ 90 million.

Conclusion
Law proposal 5461 has not been approved by Congress in Guatemala due in part to tobacco industry interference. Furthermore, the Guatemalan government (including Ministries) and Congress currently receive contributions from the industry. This close relationship is, in part, due to the lack of regulations and specific policies to control tobacco industry interference in Guatemala.

DOI: 10.18332/tpc/143637

Blended care for smoking cessation support in Dutch GP practices
Sigrid Troelstra1, Tessel Frankort1, Eefje Willemsen1, Marc Willemsen1

1The Netherlands Expertise Centre for Tobacco Control, Trimbos Institute, Utrecht, Netherlands
stroelstra@trimbos.nl

Background
In Guatemala due in part to tobacco industry interference. Furthermore, the Guatemalan government (including Ministries) and Congress currently receive contributions from the industry. This close relationship is, in part, due to the lack of regulations and specific policies to control tobacco industry interference in Guatemala.

DOI: 10.18332/tpc/143636
Blended care, the use of eHealth applications combined with behavioural smoking cessation support (SCS), has multiple advantages. It could potentially be more effective and better suited to the wishes and needs of patients and professionals compared to behavioral SCS alone. However, little is known about the provision of blended care for SCS in Dutch GP (general practitioner) practices, as well as the factors influencing implementation.

**Objective**

To investigate the provision of blended care for SCS in Dutch GP practices and to identify facilitators and barriers regarding the implementation of blended care for SCS.

**Methods**

Two complimentary methods were used. An online survey was conducted among a representative group of Dutch GP practice professionals (n=137; 22% response) and semi-structured interviews were conducted with 18 GP practice professionals who provided blended care for SCS. The interviews were guided by attributes of Rogers' Diffusion of Innovations theory: relative advantage, complexity, compatibility, trialability, and observability.

**Results**

Based on the survey, we found that 38% of the professionals recommended eHealth applications for SCS and 21% reported to provide blended care for SCS. Reasons for not advising eHealth applications were a lack of knowledge and a preference for the current SCS offered. Based on the interviews, multiple facilitators for the adoption of blended care were identified, such as improvement of quitters' motivation, user-friendliness, and trialability of eHealth. The main barrier for professionals to start using blended care was the time investment necessary for adoption due to a lack of clear and reliable information provision and education about blended care.

**Conclusion**

Blended care seems a promising SCS method, but the adoption rate in Dutch GP practices is limited. Based on the findings, implications for improving blended care for SCS in Europe will be discussed.

**Tobacco Industry Interference and public tobacco control policies during COVID-19 in Argentina: Global Tobacco Industry Interference Index 2021**

Berenice Cerra1, Florencia Leiva1, Mónica Pires1, Marita Pizarro1

1Fundación Interamericana del Corazón (FIC), Buenos Aires, Argentina

berenice.cerra@ficargentina.org

**Background**

Argentina has one of the highest tobacco consumption rates in Latin America. Since 2011, the National Tobacco Control Law (NTCL) has proven to be insufficient to limit tobacco industry (TI) interference. Compound this situation is the lack of ratification of the Framework Convention on Tobacco Control (FCTC) and thus the lack of protection of tobacco control policies from IT commercial interests. The Global TI Interference Index provides information on how the Argentine government acts in relation to the TI interference.

**Methods**

The questionnaire developed by the Southeast Asia Tobacco Control Alliance based on the provisions of Art.5.3 of the FCTC was used and a scoring system was applied to perform the assessment. The study is based on Argentinian tobacco control regulation and publicly available information for the period 2020 and the first quarter of 2021.

**Results**

Compared to the Global Index published in 2020, Argentina has worsened in many ways in terms of transparency since the COVID-19 pandemic. This investigation proved that government officials and the TI had met in different opportunities, and various State agencies have participated together with non-governmental organizations sponsored by the TI. Furthermore, the TI interference detected has affected the design, planning and implementation of tobacco control policies throughout the country.

**Conclusion**

Through this research, it becomes clear that there is a need to modify the NTCL in order to completely ban all forms of tobacco products marketing. Moreover, Argentina should ratify the FCTC to guarantee the protection of the right to health. Finally, the government should develop a Code of Conduct which includes clear and binding guidelines; thus, restricting interactions between public officials and the TI.
Onko application: Contents for smoking cessation

Svetlana Ristic¹, Sanja Kocic², Biljana Bajic³, Aleksandra Arnaut⁴, Katarina Tausanovic⁵
¹Institute for Oncology and Radiology of Serbia, Belgrade, Serbia, ²Department of Social Medicine, Faculty of Medical Sciences, University of Kragujevac, Kragujevac, Serbia, ³Institute of Public Health of Montenegro, Podgorica, Montenegro, ⁴Department of Stomatology, Faculty of Medical Sciences, University of Kragujevac, Kragujevac, Serbia, ⁵Center for Endocrine Surgery, Clinical Center of Serbia, Belgrade, Serbia

Background
Onko Application is a continuation of the project of the Institute for Oncology and Radiology of Serbia – ‘Knowledge Against Cancer’ (2015, 2017) encompassing the educational material for cancer patients (22 brochures) which contains information and answers to frequent patients’ questions. It is sponsored by the Ministry of Health of Serbia. The educational material, which also includes smoking cessation content, is adapted for mobile-phone use via an application. The app was published on Google Play Store in June 2019 and on the App Store in February 2020. The application is free and in the Serbian language.

Objective
The goal of ‘Knowledge Against Cancer’ was to prepare brochures that are science-based, easily understandable, and which provide answers to numerous questions of patients, their families, and the general population about cancer, its treatment, and smoking cessation support.

Methods
Analysis of reports on app downloads and usage statistics of the Onko Applications.

Results
The application currently has about 1300 active users (2000 downloads since the publication), 406 of which are registered users (both sexes, average age of 44 years). The Smoking Cessation Brochure in Oncology Patients has 639 views and has received the top mark on a 1–5 scale. Survey completion is enabled only to registered users, and the survey has been completed by 3.5% of registered users, all of whom are female and predominantly highly educated. The results of the survey have shown that The Smoking Cessation Brochure is useful, its content is appropriate, the text is clear, and that it provides answers to practical questions.

Conclusion
The creation of this application enables greater access to information in the field of cancer prevention, treatment, and smoking cessation support, thus improving the quality of services provided to oncology patients and affecting the decision towards smoking cessation and inclusion in clinical treatment.

DOI: 10.18332/tpc/143640

The COVID-19 crisis: An opportunity for the tobacco industry or for tobacco control?

Natalia Parra¹, Olga Knorre¹, Lilia Olefir², Ramona Brad³, Arevik Torosyan⁴, Joshua Abrams¹
¹Campaign for Tobacco-Free Kids, Washington, United States, ²Cancer in Russia, Moscow, Russia, ³2035 Healthy Romania Generation Association, Romania, ⁴National Institute of Health, Ministry of Health, Yerevan, Armenia

Background
The Tobacco Industry (TI) has used the COVID-19 crisis as an opportunity to build opposition to tobacco control policy proposals and weaken or delay the implementation of existing Tobacco Control (TC) protections. Examples of TI success can be found in Armenia, Russia, and Turkey, where the TI managed to delay the implementation of approved TC protections, gain exceptions for the regulation of nontraditional products, and lower tobacco taxes. Examples to the contrary can be found in Ukraine, Romania, and Kazakhstan, where tobacco control advocates responded with agility to successfully protect TC policy gains, call out the TI and its tactics to great effect, and win the approval of a comprehensive tobacco control bill.

Objective
Identify the factors which enabled the success or failure of these two competing agendas within each country and tease out insights, commonalities, and lessons learned that can help strengthen and
Confronting tobacco industry attacks against tobacco control advocates: Case studies and strategic responses. Panel presentations followed by a discussion

Claudio Tanca¹, Uliana Bakh², George Bakhturidze³, Jamila Sadykova⁴, Salauat Astana
¹Campaign for Tobacco-Free Kids, Washington, United States,
²PROI Association, Sarajevo, Bosnia and Herzegovina,
³Georgian Health Promotion and Education Foundation, Tbilisi, Georgia,
⁴National Coalition For smokefree Kazakhstan, Kazakhstan
cctanca@tobaccofreekids.org

For years, multinational tobacco companies have positioned themselves as part of the solution to the global tobacco epidemic by promoting so-called reduced-risk products, promoting conflicted science, and branding themselves as concerned with health and other positive values. The latest tactic has focused on directly attacking tobacco control organizations and their funders. Over the last year, industry front groups and allies have mounted an aggressive campaign to oppose proven tobacco control policies and advocacy organizations. The Campaign for Tobacco-Free Kids and international partners have observed similarities among these tactics, including: messages claiming tobacco control is a sinister agenda pushed by ‘foreign’ funders and key organizations; accusing the global tobacco control community of ignoring evidence about the effectiveness of ‘new’ tobacco and nicotine products as an aid to quitting traditional cigarettes; and spokespeople directly linked to tobacco companies showing up repeatedly in the attacks. These efforts appear to fit a global pattern to discredit tobacco control organizations and individual champions and weaken the international tobacco control community.

Around the world, tobacco control advocates are not only succeeding in limiting the damage from these attacks, they are successfully moving the tobacco control agenda forward by employing strategic responses. The seminar’s objective is to illustrate strategies to monitor and strategically respond to these attacks. A panel of tobacco control advocates from Romania, Kazakhstan, and Ukraine will present their experiences with these attacks and how they dealt with them. Participants will also share their experiences and recommendations.

DOI: 10.18332/tpc/143645

Impact of a brief tobacco cessation training program on the practices of healthcare professionals

No relevant information provided.

Conclusion
The electoral legislation is not adequately protected against conflict of interest, through complete information of contributions by the tobacco industry to candidates or political parties. This is especially relevant in 2021 when the Chamber of Deputies will be renewed.

Funding
The research was done with the support of the Smoke-Free Southeast Asia Foundation and the Global Center for Good Governance in Tobacco Control.

DOI: 10.18332/tpc/143644

Mexico 2021 Tobacco Industry Interference

INDEX

Erick Ochoa¹
¹Salud Justa, Mexico
erickantonioochoa@yahoo.com.mx

Background
The Mexico TIII provides an overview of how the FCTC Article 5.3 Guidelines are implemented in Mexico, linked to the protection of tobacco control policies from tobacco industry interference.

Objective
This research focuses on how the tobacco industry interferes in designing and implementing public health policies in Mexico.

Methods
The index is conducted through a questionnaire. The indicators/questions are taken directly from Article 5.3 of the WHO FCTC and adapted to Mexico’s situation. This questionnaire is intended to quantify the intensity, frequency, or severity, of a given interference scenario occurrence.

Results
Although there are important advances in the country, such as the approval in the Chamber of Deputies of the reform to the General Law for Tobacco Control in Mexico after 13 years, the level of industry participation has increased in the development of policies with clear examples of direct interference of representatives or allies of the tobacco industry in the Chamber of Deputies during the parliamentary process. In addition, more reform initiatives favor industry interests, with lax regulations towards electronic nicotine delivery systems and heated tobacco products. Also, Since September 2020 neither of the Chambers has updated their lists of lobbyists.

CSR activities during the pandemic have also increased, mostly due to direct donations from the tobacco industry to governments. Codentify, a coding system developed by Philip Morris International is used by the Tax Administration Service for cigarette authentication. Besides, the company continues to be an ally of the social program ‘Jóvenes Construyendo el Futuro’.
Joseph Grech1
1College of Arts, Science and Technology and Health Promotion and Disease Prevention Directorate, Malta
joseph.grech@mcast.edu.mt

Background
In 2018 and June 2019, the program addressed tobacco use and tobacco cessation with emphasis on the 5As algorithm.

Results
Sixty-three participants submitted their follow-up questionnaire (47.4% response rate). Participants were significantly more likely to ‘assist’, ‘arrange’, recommend the use of the telephone quitline for smoking cessation, refer patients to tobacco cessation resources in the community, provide recommendations for smoking cessation medications, and review barriers to quitting at follow-up. The increase in the delivery of tobacco cessation practices varied by profession; doctors, followed by allied health professionals (professionals complementary to medicine) were more likely to report a significant increase in the delivery of brief tobacco cessation interventions.

Conclusion
This study has shown that health professionals who attend a brief tobacco cessation training program are more likely to comprehensively address tobacco use, as is recommended in international tobacco cessation guidelines. Furthermore, this study highlights the potential role allied health professionals, or professionals complementary to medicine can play in tobacco control through the provision of brief tobacco cessation interventions in their clinical practice, calling for more training initiatives for such professionals.

DOI: 10.18332/tpc/143646

Tobacco industry: How they ’survived’ in COVID–19 pandemic period
Florin Mihaltan1
1Romanian Society of Pneumology, Bucharest, Romania
mihaltan@starnets.ro

COVID-19 and smoking are another story written by this pandemic evolution in 2020. This virus has attracted the attention of the whole world and since its appearance has generated many discussions between experts, authorities, general public. In this context, tobacco industry intervened through numerous scientific and non-scientific statements. 2021 brought hope to the world, but the challenges and successes of 2020 should not be immediately forgotten. More than 3 million deaths by COVID-19 and over 8 million by tobacco are the actual challenging problems of the world. I am discussing in my presentation what are the maneuvers of the tobacco industry, how they tried to convince people that they are a corporate that is socially responsible and what their real intention are worldwide but also in Romania.

DOI: 10.18332/tpc/143647

Provision of tobacco cessation support: A comparative study of five different WHO European Region countries
Enkeleid Mechili1,2, Charis Girvalaki1, Ohad Ashur1, Efrat Aflalo1, Jorgjia Bucaj1, Inis Hoxhaj1, Athina Patelarou1, Evridiki Patelarou2
1Department of Healthcare, Faculty of Public Health, University of Vlora, Vlora, Albania, 2Clinic of Social and Family Medicine, Medical School, University of Crete, Heraklion, Greece

Background
The WHO Framework Convention on Tobacco Control (WHO FCTC) was adopted in 2003 and since then almost all countries worldwide have signed and ratified it. Despite this, the level of implementation of the WHO-FCTC differs between regions and countries. In order to have successful tobacco control policies, offering help to quit is of paramount importance.

Objective
This study aimed to compare and analyze tobacco cessation support measures in five different WHO European Region countries.

Methods
Data were received from the 2019 WHO reports on the Global Tobacco Epidemic of the European Region countries. Five WHO European Region countries (Albania, Austria, Israel, Greece, and Sweden) were selected for the analysis. Countries were selected based on their geographical location. Three of them are part of the European Union. Additionally, four are high income, while Albania is considered a middle-income country.

Results
Sweden records the best performance on the provision of tobacco cessation services while Albania, the worst. Among the selected countries, only Sweden had fully implemented the EMPOWER policy measures for cessation support programs, while all the other countries recorded a moderate level of implementation. Austria, Israel, and Sweden have a toll-free telephone quitline/help line with a person available to discuss live cessation with callers. NRTs are legally sold in all countries except Albania. However, Sweden was the only country where NRTs are partially covered by national/federal health insurance or the national health service. Bupropion and varenicline are not available in Albania while only in Israel and Sweden the cost is partially covered by health insurance/national services. Smoking cessation support differs between countries as well as differences exist in cost coverage.

Conclusion
Progress has been made in the implementation of tobacco cessation policies in different countries but there is still room for improvement. The provision of a comprehensive tobacco cessation support should include both pharmacological and non-pharmacological approaches. The cost of these services should be covered by the health insurances and/or the national health systems. Albania should intensify the efforts in improving the level of implementation of cessation policies in comparison to the other countries.

DOI: 10.18332/tpc/143648

Questioning the sex-specific differences in the association of smoking on the survival rate of
hospitalized COVID-19 patients
Athar Khalil1, Radhika Dhingra2, Jida Al-Mulki3, Mahmoud Hassoun4, Neil Alexis4
1American University of Beirut, Beirut, Lebanon, 2Department of Environmental Sciences and Engineering, Gillings School of Public Health, The University of North Carolina at Chapel Hill, North Carolina, United States, 3Department of Pulmonary and Intensive Care Unit, Rafik Hariri University Hospital, Beirut, Lebanon, 4Center for Environmental Medicine Asthma and Lung Biology, The University of North Carolina at Chapel Hill, North Carolina, United States
aak67@mail.aub.edu

Background
In the absence of a universally accepted association between smoking and COVID-19 health outcomes, we investigated this relationship in a representative cohort from one of the world's highest tobacco consuming regions. This is the first report from the Middle East and North Africa that tackles specifically the association of smoking and COVID-19 mortality while demonstrating a novel sex-discrepancy in the survival rates among patients.

Methods
Clinical data for 743 hospitalized COVID-19 patients were retrospectively collected from the leading center for COVID-19 testing and treatment in Lebanon. Logistic regression, Kaplan-Meier survival curves and Cox proportional hazards model adjusted for age and stratified by sex were used to assess the association between the current cigarette smoking status of patients and COVID-19 outcomes.

Results
In addition to the high smoking prevalence among our hospitalized COVID-19 patients (42.3%), enrolled smokers tended to have higher reported ICU admissions (28.3% vs 16.6%, p<0.001), longer length of stay in the hospital (12.0 ± 7.8 vs 10.8 days, p<0.001) and higher death incidences compared to non-smokers (60.5% vs 39.5%, p<0.001). Smokers had an elevated odds ratio for death (OR=2.3, p<0.001) and for ICU admission (OR=2.0, p<0.001) which remained significant in a multivariate regression model. Once adjusted for age and stratified by sex, our data revealed that current smoking status reduces the survival rate in male patients (HR=1.9; 95% CI: 1.029–3.616, p= 0.041) but it does not affect survival outcomes among hospitalized female patients (HR=0.79; 95% CI: 0.374–1.689, p= 0.551).

Conclusion
A high smoking prevalence was detected in our hospitalized COVID-19 cohort combined with worse prognosis and higher mortality rate in smoking patients. Our study was the first to highlight potential sex-specific consequences for smoking on COVID-19 outcomes that might further explain the higher vulnerability of death from this disease among men.

DOI: 10.18332/tpc/143649

Cigarette and e-cigarette dual users, exclusive users, and COVID-19
Daniel Chen1, Christina Kyriakos1
1Imperial College London, London, United Kingdom
thc17@ic.ac.uk

Background
The relationships between current cigarette and electronic cigarette (e-cigarette) dual use, exclusive use, and COVID-19, are still unclear.

Objective
This study aims to assess the association between different tobacco use patterns and coronavirus disease 2019 (COVID-19) symptoms, testing, self-reported infection and social distancing behaviors in the United Kingdom (UK).

Methods
Data come from the first wave of the Centre for Longitudinal Studies (CLS) COVID-19 survey, comprising four birth cohorts (N = 13077, aged 20–63 years) surveyed between 2 and 31 May 2020, during the COVID-19 pandemic. Sociodemographic characteristics and COVID-19-related measures (symptoms, testing, diagnosis and social distancing behaviors) were compared across different product user groups (non-users, exclusive cigarette users, exclusive e-cigarette users, and dual users). Multivariable logistic regression models were used to explore associations between COVID-19-related outcomes and different smoking patterns.

Results
Across all four cohorts, 12.6% and 4.9% of the respondents were current exclusive cigarette and e-cigarette users, respectively, with approximately 3% of the respondents being dual users. Significant differences in prevalence were observed between different tobacco use patterns and COVID-19 symptoms (p=0.02), self-reported infection (p=0.04) and social distancing behaviors (p<0.001). Current cigarette and e-cigarette dual use was associated with 2.15--fold higher odds for reporting COVID-19 infection (AOR=2.15; 95% CI: 1.15–4.05). Compliance of social distancing behaviors were the lowest for current dual users (AOR=0.58; 95% CI: 0.41–0.83) and exclusive cigarette users (AOR=0.72; 95% CI: 0.63–0.92).

Conclusion
Findings highlight dual users’ higher prevalence of having COVID-19 symptoms, infection and incompliance of social distancing. Self-reported infection was associated with dual product use; dual and exclusive cigarette users were linked to poor adherence to social distancing behaviors. Smoking cessation support among these populations should be reinforced as preventive measures to tackle the pandemic.

DOI: 10.18332/tpc/143650

Tobacco industry tactics against tobacco flavor bans in Europe with a focus on the UK and Poland
Rosemary Hiscock1, Mateusz Zatonski2, Karin Silver1
1Tobacco Control Research Group, Department for Health, University of Bath, Bath, United Kingdom, 2Health Promotion Foundation, Warsaw, Poland
r.hiscock@exposetobacco.org

Pre-Conference Event - 10 June 2021: ENSP Scientific Webinar ‘Effects and Challenges in Enforcing Ban on Flavored Tobacco Products’.

Adding menthol flavor to cigarettes masks the negative sensations of smoking, raising smoking uptake and reducing quitting. Thus, it is not surprising that the tobacco industry and associates have attempted to prevent, delay and circumvent menthol and flavor
Menthol smokers’ behavioral responses to the European Union ban on menthol: Findings from Wave 2 of the ITC Netherlands Survey with New Cohort

Christina Kyriakos¹, Pete Driezen², Janet Chung-Hall², Anne Quah³, Geoffrey Fong¹,³, Marc Willemsen⁴, Filippos Filippidis¹
¹Imperial College London, London, United Kingdom, ²University of Waterloo, Waterloo, Canada, ³Ontario Institute for Cancer Research, Toronto, Canada, ⁴Maastricht University, Maastricht, the Netherlands
c.kyriakos20@imperial.ac.uk

Pre-Conference Event- 10 June 2021: ENSP Scientific Webinar “Effects and Challenges in Enforcing Ban on Flavoured Tobacco Products”.

Background
Menthol cigarettes threaten tobacco control efforts by increasing the palatability and attractiveness of smoking, which can facilitate initiation and sustain use. In May 2020, menthol was banned as a characterizing flavor in cigarettes and roll-your-own tobacco in the European Union (EU).

Objective
The objective of this study was to examine behavioral responses to the EU menthol ban among adults in the Netherlands who reported smoking menthol cigarettes prior to the ban.

Methods
Cross-sectional data came from the International Tobacco Control Policy Evaluation Project (ITC) Netherlands with New Cohort Wave 2 Survey conducted from September to November 2020 among a nationally representative sample of adult smokers and recent quitters (N=1,926) in the Netherlands. Respondents completed the survey using computer assisted web interviews (CAWI). Descriptive and bivariate analyses were conducted in STATA using weighted data.

Results
14.2% (n=291) of respondents reported that they smoked menthol cigarettes before the menthol ban. After the ban, 10.2% of pre-ban menthol smokers quit smoking entirely and 20.8% reduced the amount they smoked. Three-quarters smoked non-menthol cigarettes (75.8%). Other product replacement behaviors included: smoking roll-your-own tobacco cigarettes with menthol filters (20.9%), using other menthol tobacco products such as cigars (9.5%), and using e-cigarettes (15.9%). One-third of respondents reported that they found a way to get menthol cigarettes (33.2%), while 18.9% reported that they did something else.

Conclusion
Findings suggest that the EU menthol ban increased quitting and reduced consumption among pre-ban menthol smokers in the Netherlands four to six months after its implementation. However, a majority of menthol smokers responded to the ban by using non-menthol cigarettes and one-third found a way to get menthol cigarettes. Results highlight the need for strategies to increase cessation support and ensure policy compliance.

Conflicts of Interest
G. T. Fong reports that he has been an expert witness/consultant for governments defending their country’s policies/regulations in litigation.

Funding
C. N. Kyriakos is funded by the Imperial College London President’s PhD Scholarships. Additional support is provided to G. T. Fong by the Ontario Institute for Cancer Research and the Canadian Cancer Society O. Harold Warwick Prize. The ITC Netherlands Project has received funding support from: Longfonds (Lung Foundation Netherlands), Hartstichting (Netherlands Heart Foundation), KWF Kankerbestrijding (Dutch Cancer Society), Trombosestichting Nederland (Thrombosis Foundation), Diabetesfonds (Diabetes Fund), and the Canadian Institutes for Health Research Foundation Grant (FDN-148477).

DOI: 10.18332/tpc/143651

The impact of Canada’s menthol cigarette ban on quitting among menthol smokers and projections of impact in the European Union: Findings from the ITC Project

Geoffrey Fong¹,², Janet Chung-Hall¹, Lorraine Craig¹, Gang Meng¹, Anne Quah¹, Eunice Indome¹, Filippos Filippidis³, Christina Kyriakos³
¹University of Waterloo, Waterloo, Canada, ²Ontario Institute for Cancer Research, Toronto, Canada, ³Imperial College London, London, United Kingdom
goefrey.fong@uwatloo.ca


Background
Menthol in cigarettes has been long-recognized as an additive that reduces harshness and enhances appeal, which results in greater uptake by youth and lower rates of quitting by adult smokers. Despite the extensive evidence supporting banning menthol in cigarettes, only in recent years have countries done so. Canada was one of the first countries to ban menthol cigarettes in 2015–2017. The ITC Project recently published a pre-post evaluation of the impact of the menthol ban across provinces covering 83% of the Canadian population. The ITC evaluation study found that the Canadian menthol ban increased quit attempts (+9.7%) and quitting (+7.5%) among menthol smokers compared to non-menthol smokers, and reduced relapse among menthol smokers who had quit before the ban (-7.5%). Importantly, there was no
significant increase in illicit purchasing. The EU banned menthol cigarettes in May 2020.

**Objective**
To use the effect size of the Canadian menthol ban on increased quitting (+7.5%) to estimate the possible impact of the EU’s menthol ban.

**Methods**
The number of menthol smokers in each of the 28 EU Member States was obtained from the Eurobarometer 2017 Survey and multiplied by 7.5% to obtain the expected additional quitters due to the EU menthol ban.

**Results**
From the 2017 Eurobarometer Survey, 7.7% of the 109 million smokers (8.4 million) were menthol smokers. If the impact of the EU menthol ban was equal to Canada’s menthol ban, there would be additional 627661 quitters (95% CI: 550248–714945).

The greatest number of additional quitters would be in the UK (123686), Poland (97469), France (73112), and Germany (67957).

**Conclusion**
These projected estimates highlight the enormous potential of population-wide policies to significantly reduce smoking. The ITC Project is positioned to evaluate the actual impact of the EU menthol cigarette ban in Spain, The Netherlands, and England.

**Conflicts of Interest**
G. T. Fong reports that he has been an expert witness/consultant for governments defending their country’s policies/regulations in litigation.

**Funding**
C. N. Kyriakos is funded by the Imperial College London President’s PhD Scholarships. Additional support is provided to G. T. Fong by the Ontario Institute for Cancer Research and the Canadian Cancer Society O. Harold Warwick Prize. The ITC Netherlands Project has received funding support from: Longfonds (Lung Foundation Netherlands), Hartstichting (Netherlands Heart Foundation), KWF Kankerbestrijding (Dutch Cancer Society), Trombosestichting Nederland (Thrombosis Foundation), Diabetesfonds (Diabetes Fund), and the Canadian Institutes for Health Research Foundation Grant (FDN-148477).

**Tob. Prev. Cessation 2021;7(Supplement):44**
DOI: 10.18332/tpc/143653

**Health beliefs, smoking behaviors and attitudes towards the tobacco flavor ban among smokers of menthol, other flavored and unflavored cigarettes: Findings from the EUREST-PLUS ITC Europe Surveys**

Krzysztof Przewoźniak1,2, Mateusz Zatoński3,4, Aleksandra Herbcie5,6, Witold Zatoński4, Kinga Janik-Koncéwicz1,4, Ute Mons1, Geoffrey Fong6,9, Anne Quah6,9, Pete Driezen6,9, Tibor Demjén10, Yannis Tountas11, Antigona Trofer12,13, Esteve Fernández14,15,16, Ann McNeill15,17, Marc Willemsen18, Karin Hummel19, Christina Kyriakos19,20, Constantine Vardavas21,20, EUREST-PLUS consortium

1 Health Promotion Foundation, Warsaw, Poland, 2 National Institute of Oncology, Warsaw, Poland, 3 Tobacco Control Research Group, University of Bath, Bath, United Kingdom, 4 President Stanisław Wojciechowski State University of Applied Sciences, Kalisz, Poland, 5 UK Centre for Tobacco and Alcohol Studies, London, United Kingdom, 6 University College London, London, United Kingdom, 7 German Cancer Research Center, Heidelberg, Germany, 8 University of Waterloo, Waterloo, Canada, 9 Ontario Institute for Cancer Research, Toronto, Canada, 10 Smoking or Health Hungarian Foundation, Budapest, Hungary, 11 University of Athens, Athens, Greece, 12 University of Medicine and Pharmacy, Iasi, Romania, 13 Aer Pur Romania, Bucharest, Romania, 14 Catalan Institute of Oncology, L’Hospiatala de Llobregat, Spain, 15 Bellvitge Biomedical Research Institute, L’Hospiatala de Llobregat, Spain, 16 University of Barcelona, Barcelona, Spain, 17 King’s College London, London, United Kingdom, 18 Maastricht University, Maastricht, the Netherlands, 19 Imperial College London, London, United Kingdom, 20 European Network for Smoking and Tobacco Prevention, Brussels, Belgium, 21 University of Crete, Heraklion, Greece

krzysztof.przewozniak@wp.pl

Pre-Conference Event - 10 June 2021: ENSP Scientific Webinar ‘Effects and Challenges in Enforcing Ban on Flavored Tobacco Products’.

**Background**
Since May 2017, the tobacco flavor ban came into force in the European Union as an effect of the 2014 EU Tobacco Product Directive (TPD), however menthol cigarettes could be sold until May 2020. The tobacco control measure was aimed to change health beliefs and smoking behaviors of millions of menthol cigarette smokers.

**Objective**
To assess patterns and changes in health beliefs, smoking behaviors and attitudes towards the tobacco flavor ban among smokers of menthol, other flavored and unflavored cigarettes.

**Methods**
Social and behavioral patterns of smoking behaviors and cessation as well as health beliefs and attitudes towards the tobacco flavor ban were analyzed on the basis of cross-sectional dataset from the 2016 EUREST-PLUS ITC Europe Surveys (Wave 1) that have been conducted on a total sample of 10760 adult current smokers from eight European Union Member States (Germany, Greece, Hungary, Poland, Romania, Spain, England, and the Netherlands). The analysis of changes in health beliefs, prevalence of cigarette smoking by tobacco flavor and cessation behaviors following the implementation was based on longitudinal data from Wave 1 (2016; pre-TPD) and Wave 2 (2018; post-TPD) of the EUREST-PLUS ITC Europe Surveys from above eight EU countries (N=19691). All analyses were conducted among smokers of menthol and other flavored cigarettes (or combined group) when compared with smokers of unflavored cigarettes. Cross-sectional data were analyzed in SPSS Complex Samples Package using univariate, bivariate and multivariate regression models adjusted for few selected confounding factors. Longitudinal analyses of health beliefs, smoking and cessation behaviors were based on descriptive statistics and used the SAS-callable SUDAAN (Version 11.0.1).

**Results**
When compared to smokers of unflavored cigarettes (Wave 1), menthol cigarette smokers were less likely to smoke daily and less addicted from tobacco when analyzed by the Heavy Smoking Index. Results of Wave 1 also show that health smokers of flavored cigarettes were also more likely to believe than unflavored cigarette smokers that menthol cigarettes are less harmful (32%
Smokers’ support for the ban on sale of slim cigarettes

Enkeleint Mechili1,2,3, Krzysztof Przewoźniak4,5,6, Pete Driezen3,7, Christina Kyriakos8, Charis Girvalaki2,3, Ute Mons10,11, Anne Quah12, Esteve Fernández13,14,15,16, Antigona Trofar17,18, Tibor Demjén19, Paraskevi Katsaounou20, Witold Zatoński5,21, Geoffrey Fong12,22,23, Constantine Vardavas2,5, EUREST-PLUS Consortium 1Department of Health Care, Faculty of Health, University of Vlora, Vlora, Albania, 2European Network for Smoking and Tobacco Prevention, Brussels, Belgium, 3School of Medicine, University of Crete, Heraklion, Greece, 4Maria Sklodowska-Curie National Research Institute of Oncology, Warsaw, Poland, 5Health Promotion Foundation, Nadarzyn, Poland, 6Collegium Civitas, Warsaw, Poland, 7Department of Psychology, University of Waterloo, Waterloo, Ontario, Canada, 8School of Public Health and Health Systems, University of Waterloo, Waterloo, Ontario, Canada, 9Department of Primary Care and Public Health, School of Public Health, Imperial College London, London, United Kingdom, 10Cancer Prevention Unit and WHO Collaborating Centre for Tobacco Control, German Cancer Research Center, Heidelberg, Germany, 11Heart Center, Faculty of Medicine and University Hospital Cologne, University of Cologne, Cologne, Germany, 12Department of Psychology, University of Waterloo, Waterloo, Canada, 13Tobacco Control Unit, Catalan Institute of Oncology, L’Hospitalet de Llobregat, Catalonia, Spain, 14Tobacco Control Research Group, Bellvitge Biomedical Research Institute, L’Hospitalet de Llobregat, Catalonia, Spain, 15School of Medicine and Health Sciences, Universitat de Barcelona, L’Hospitalet de Llobregat, Catalonia, Spain, 16Consortium for Biomedical Research in Respiratory Diseases, CIBER of Respiratory Diseases - CIBERES, Instituto de Salud Carlos III, Madrid, Spain, 17University of Medicine and Pharmacy ‘Grigore T. Popa’ Iasi, Iasi, Romania, 18AerPur Romania, Bucharest, Romania, 19Smoking or Health Hungarian Foundation, Budapest, Hungary, 20First ICU Evangelismos Hospital of Athens, National and Kapodistrian University of Athens, Athens, Greece, 21European Observatory of Health Inequalities, President Stanislaw Wojciechowski State University of Applied Sciences, Kalisz, Poland, 22School of Public Health and Health Systems, University of Waterloo, Waterloo, Canada, 23Ontario Institute for Cancer Research, Toronto, Canada mechili@univlora.edu.al

Background

Tobacco use kills around 0.7 million people annually in the European Union (EU). Within these countries, a big number of smokers consumes cigarettes with specific characteristics (i.e. slim or flavored cigarettes). Inclusion of the slim cigarettes ban during the last revision of the EU Tobacco Products Directive (TPD) was broadly discussed but, unfortunately, was not finally included in the law.

Objective

This study aims to examine smokers’ support in six EU countries for the ban on sale of slim cigarettes.

Methods

The ITC Netherlands Surveys were supported by the Dutch Cancer Foundation (KWF) (UM 2014-7210).

DOI: 10.18332/tpc/143654

Smokers’ support for the ban on sale of slim cigarettes

Enkeleint Mechili1,2,3, Krzysztof Przewoźniak4,5,6, Pete Driezen3,7, Christina Kyriakos8, Charis Girvalaki2,3, Ute Mons10,11, Anne Quah12, Esteve Fernández13,14,15,16, Antigona Trofar17,18, Tibor Demjén19, Paraskevi Katsaounou20, Witold Zatoński5,21, Geoffrey Fong12,22,23, Constantine Vardavas2,5, EUREST-PLUS Consortium 1Department of Health Care, Faculty of Health, University of Vlora, Vlora, Albania, 2European Network for Smoking and Tobacco Prevention, Brussels, Belgium, 3School of Medicine, University of Crete, Heraklion, Greece, 4Maria Sklodowska-Curie National Research Institute of Oncology, Warsaw, Poland, 5Health Promotion Foundation, Nadarzyn, Poland, 6Collegium Civitas, Warsaw, Poland, 7Department of Psychology, University of Waterloo, Waterloo, Ontario, Canada, 8School of Public Health and Health Systems, University of Waterloo, Waterloo, Ontario, Canada, 9Department of Primary Care and Public Health, School of Public Health, Imperial College London, London, United Kingdom, 10Cancer Prevention Unit and WHO Collaborating Centre for Tobacco Control, German Cancer Research Center, Heidelberg, Germany, 11Heart Center, Faculty of Medicine and University Hospital Cologne, University of Cologne, Cologne, Germany, 12Department of Psychology, University of Waterloo, Waterloo, Canada, 13Tobacco Control Unit, Catalan Institute of Oncology, L’Hospitalet de Llobregat, Catalonia, Spain, 14Tobacco Control Research Group, Bellvitge Biomedical Research Institute, L’Hospitalet de Llobregat, Catalonia, Spain, 15School of Medicine and Health Sciences, Universitat de Barcelona, L’Hospitalet de Llobregat, Catalonia, Spain, 16Consortium for Biomedical Research in Respiratory Diseases, CIBER of Respiratory Diseases - CIBERES, Instituto de Salud Carlos III, Madrid, Spain, 17University of Medicine and Pharmacy ‘Grigore T. Popa’ Iasi, Iasi, Romania, 18AerPur Romania, Bucharest, Romania, 19Smoking or Health Hungarian Foundation, Budapest, Hungary, 20First ICU Evangelismos Hospital of Athens, National and Kapodistrian University of Athens, Athens, Greece, 21European Observatory of Health Inequalities, President Stanislaw Wojciechowski State University of Applied Sciences, Kalisz, Poland, 22School of Public Health and Health Systems, University of Waterloo, Waterloo, Canada, 23Ontario Institute for Cancer Research, Toronto, Canada mechili@univlora.edu.al

Background

Tobacco use kills around 0.7 million people annually in the European Union (EU). Within these countries, a big number of smokers consumes cigarettes with specific characteristics (i.e. slim or flavored cigarettes). Inclusion of the slim cigarettes ban during the last revision of the EU Tobacco Products Directive (TPD) was broadly discussed but, unfortunately, was not finally included in the law.

Objective

This study aims to examine smokers’ support in six EU countries for the ban on sale of slim cigarettes.

Methods

The ITC Netherlands Surveys were supported by the Dutch Cancer Foundation (KWF) (UM 2014-7210).

DOI: 10.18332/tpc/143654
The research analysis includes cross-sectional data on attitudes of adult smokers (n=5592) from the second wave of the EUREST-PLUS ITC Europe Surveys (ITC 6E). The survey wave was conducted in 2018 in Germany, Greece, Hungary, Poland, Romania and Spain. Descriptive statistics and logistic regression analysis (with the use of SAS-callable SUDAAN Version 11.0.3) were used for estimating the smokers’ support for the slims ban by sociodemographic characteristics, smoking behaviors and beliefs on slim cigarettes harm and for examining specific factors associated with the support.

Results
Support for a slims ban substantially varied across analyzed countries, being the lowest in Greece (18.0%; 95% CI: 13.7–23.3) and the highest in Romania (33.8%; 95% CI: 29.2–38.8). Female smokers and all smokers with a moderate income, daily and menthol smokers, those not planning to quit smoking as well as smokers believing that slims are less harmful than regular cigarettes, were less likely to support the slims ban.

Conclusion
This study reports that support for the ban on sale of slim cigarettes is at a low level in analyzed countries. It can result both from characteristics of smoking behaviors, including cessation plans, and from misperceptions of smokers on the harmlessness of slim cigarettes. There is an urgent need for additional research on the slim cigarettes harm and for population-based and target-tailored public awareness campaigns addressed to slim cigarette smokers.

DOI: 10.18332/tpc/143655

For a tobacco-free Slovenia 2040: With support of NGOs
Mihaela Lovše1
1Slovenian Coalition for Public Health, Environment and Tobacco Control, Maribor, Slovenia
misa lovse at tobak zveza si

Slovenia wants to reduce the number of chronic non-communicable diseases by a third by 2025, and to become a tobacco-free country by 2040. That means that by that time, less than 5% of adults will smoke, and pregnant women and young people will generally refuse to smoke.

The strategy was placed for public discussion in the summer of 2019 and is currently waiting for approval in Slovenian National Assembly.

In Slovenia, about one in four adults still smokes. Individuals usually start smoking as children, adolescents or, less frequently, as young adults under the age of 25 years. It is rare to start smoking after the age of 25 years.

Source: Strategy FOR A TOBACCO-FREE SLOVENIA 2021-2040, summer 2019
https://www.gov si/drzavni organi ministrstva ministrstvo za zdravje

The strategy optimistically predicts that Slovenia will be a tobacco-free society by 2040 - meaning that by that time, less than 5% of the population over the age of 15 will use tobacco products.

By 2030, the number of smokers is expected to fall from 24.2% (2014) to 15% of the adult population, and the share of those who are daily smokers is expected to fall from just under 19% (2014) to 12% over the same period.

The strategy also aims to more than halve the number of 11-year-olds who have ever tried smoking by 2030 (from 2.2% in 2018 to less than 1% in 2030), and to halve the number of 13-year-olds who use tobacco (from 10.4% in 2014 to less than 5% in 2030).

https://www.gov si/assets/ministrstva/MZ/DOKUMENTI/Javne objave/Javne razprave Strategija za zmansjevanje posledic rabe tobaka Za Slovenijo brez tobaka 20192030 predlog za javno razpravo.docx

In August 2019, the Slovenian Ministry of Health appointed Coordination Group for Tobacco and Related Products. The group consists of 16 delegates, including 2 from non-governmental organizations, one of which is the Slovenian Coalition for Public Health, Environment and Tobacco Control.

DOI: 10.18332/tpc/143656

5 years’ experience of the Quitline in Hungary: Where do we go next?
Erika Pataki1, E. Tóth1, D. Darwish1, Zs. Cselkó1, K. Bogos1
1National Koranyi Institute of Tuberculosis and Pulmonology, Budapest, Hungary
erikapataki777@gmail.com

Background
Quitting smoking greatly reduces the risk of developing smoking-related diseases. During the last ten years, Hungary has strengthened its comprehensive tobacco control effort, and the anti-smoking measures have decreased the prevalence of smoking (2009: 31.4% to 2019: 27.3%). The Quitline was established in 2012, and since 2015 the National Koranyi Institute of Pulmonology National Methodology Centre for Smoking Cessation Support championed this service.

Objective
To assess the effectiveness of the Quitline and identify strategies for further development of the original World Health Organization (WHO) program along individual preferences.

Results
During 2015–2020, the Quitline conducted 12159 calls with around 4000 clients with whom a counseling process took place, and an additional 803 relatives who were interested in aiding smokers’ cessation. Nearly half of the Centre’s clients registered by telephone, and the rest were referred as patients. Common counseling topics were the improvement and maintenance of motivation and an overview of personal reasons (47%), overall reduction of smoking (35%), and problem solving and planning to cope with highly stressful situations (27%). In 2020, both the interest to quit and quit success rate declined significantly. Quit rate declined to 6.3% from 17.9% (the average of previous years).

Conclusion
The Quitline allows to contact hard-to-reach groups of people and can provide tailored support in their fight to quit smoking. The significant decrease in quit rate in 2020 may be due to pandemic anxiety and maladaptive stress management. We are adapting to new circumstances to improve the help and motivation we can offer.

DOI: 10.18332/tpc/143657

Illicit trade of cigarettes and HTPs in Ukraine
Pavlo Ivorskyi1, Estelle Dauchy1
1Kyiv School of Economics, Kiev, Ukraine, 2Campaign for Tobacco
Tobacco Prevention & Cessation | Abstract Book

Revision of policies on tobacco and other nicotine-containing products, smoking cessation in the Russian Federation and the Eurasian Economic Union

Andrey Demin1,2, Irina Demina3, Arseniy Demin4, Andrey Demin5

1Institute for Leadership and Health Management, I. M. Sechenov First Moscow State Medical University, Moscow, Russia, 2Russian Public Health Association, Moscow, Russia, 3Pedagogical College N.18 in Mitino, Moscow, Russia, 4Treatment and Rehabilitation Center Ministry of Health of Russia Federal State Autonomous Institution, Moscow, Russia, 5Heel Rus, Heel Medicines in Russia, Moscow, Russia

surrr@mail.ru

Background

The tobacco and other nicotine-containing products’ (TNCP) market and legal regulation, and State guarantees on smoking cessation, undergo changes in the Russian Federation and the supranational Eurasian Economic Union (EAEU).

Objective

To review recent amendments in regulation of TNCP and smoking cessation, to provide recommendations for public health protection.

Methods

Review of recent amendments of legislation of the Russian Federation and the EAEU, including the Law ‘On protection of health of citizens from impact of ambient tobacco smoke and the consequences of consumption of tobacco’, the EAEU Technical regulation on tobacco products; the ‘Concept for the implementation of the State policy to counteract the consumption of tobacco and other nicotine-containing products in the Russian Federation for the period up to 2035 and the future perspective’, Tax Code; the Code of Administrative Offences, the Law on Advertising, other legal documents of the Federal and regional governments and ministries, and available comments.

Results

There is heterogeneity in taxation between the studied Balkan countries. While cigarette taxation rates reached WHO best practices in all but two countries, improvement of tobacco taxation in order to reduce affordability of cigarettes should be a priority for these countries where smoking prevalence remains high.

DOI: 10.18332/tpc/143659

Trends in cigarette affordability and taxation in nine Balkan countries

Enkeleint Mechili1,2, Charis Girvalaki3,4, Constantine Vardavas3,4, Christina Kyriakos5, Ines Dika6, Filippos Filippidis7

1Department of Healthcare, Faculty of Health, University of Vlora, Vlora, Albania, 2Clinic of Social and Family Medicine, Medical School, University of Crete, Heraklion, Greece, 3Medical School, University of Crete, Heraklion, Greece, 4European Network for Smoking and Tobacco Prevention, Brussels, Belgium, 5Department of Primary Care and Public Health, School of Public Health, Imperial College London, London, United Kingdom, 6Department of Finance, Faculty of Economy, University of Tirana, Tirana, Albania, 7Department of Primary Care and Public Health, School of Public Health, Imperial College, London, United Kingdom

mechili@univlora.edu.al

Background

Smoking prevalence is high in many Balkan countries (Serbia=40.9%; Greece=39.6%; Bulgaria 39.5%, Bosnia and Herzegovina=38.7%; Croatia 36.5%, etc.). Tobacco taxation plays an important role in both decreasing tobacco consumption and increasing quitting rates, especially among youth. The World Health Organization (WHO) considers a total tax of 75% of the retail price to be best practice.

Objective

This work aimed to examine trends in cigarette prices, affordability, and taxation from 2008 to 2018 in nine Balkan countries.

Methods

Data from the latest (2019) available WHO report on the global tobacco epidemic for nine Balkan countries (Albania, Bosnia and Herzegovina-BiH, Bulgaria, Croatia, Greece, Montenegro, Romania, Serbia, and North Macedonia) were examined. Prices of a 20-pack of cigarettes of the most sold brand were in US$. Affordability was measured as percentage of GDP per capita required to purchase 100 packs. Total tax is presented as a percentage of the total retail price of a pack.

Results

Cigarettes were most affordable in North Macedonia (2.55%) and Croatia (2.69%) and least affordable in BiH (5.85%). Except for Romania, Bulgaria, and North Macedonia (no change), in all other countries, cigarettes were less affordable in 2018 compared to 2008. The price of a 20 cigarettes pack of the cheapest cigarette brand ranged from 1.43 US$ in North Macedonia to 4.63 US$ in Greece. Similar discrepancies were found in the most sold brand of cigarettes (1.50 dollars in North Macedonia and 5.40 dollars in Greece). From 2008 to 2018, total tax increased from below to above 75% in BiH, Croatia, Greece, Montenegro, North Macedonia, and Serbia, while remained above 75% in Bulgaria. Total tax increased in Albania (50% to 67%) but slightly decreased in Romania (72% to 69%).

Conclusion

There is heterogeneity in taxation between the studied Balkan countries. While cigarette taxation rates reached WHO best practices in all but two countries, improvement of tobacco taxation in order to reduce affordability of cigarettes should be a priority for these countries where smoking prevalence remains high.

DOI: 10.18332/tpc/143658

Free Kids, Washington, United States
piavorskyi@kse.org.ua

This study investigates the volume of illicit tobacco trade in Ukraine and focuses on traditional cigarettes and heated tobacco products. Traditionally, Ukraine is the leading source for illicit cigarettes trafficked into the European Union (EU) market. In 2018, the illicit outflow from Ukraine to the EU was estimated at more than 4 billion cigarettes. In 2017, the Parliament of Ukraine approved the so-called ‘7-year plan’ which affected excise taxation by the one-time increasing of the specific excise tax rate for cigarettes in 2018, followed by a gradual 20% increase every year from 2019 to 2025. Moreover, starting from 1 January 2021, the excise tax system for tobacco products included new taxation categories for heated tobacco units (HTU). These reforms have shifted the public discussion on the illicit trade from outflows to the EU to counterfeit, so-called ‘duty-free’ production and inflows from the countries which have lower tobacco taxes. To evaluate the share of illicit tobacco trade, the survey of tobacco consumers was conducted in April 2021. Preliminary results show that the illicit market of manufactured cigarettes is 15.4% of sales, while in the case of heated tobacco products it is approximately 3.5%.

DOI: 10.18332/tpc/143659
The Government of the Russian Federation has officially adopted a single approach to regulation of TNCP. However, recent amendments of legislation and legal initiatives of supranational EAEU suggest that tobacco industry continues its efforts to secure special regulatory regime for novel products, based on false statements on risk reduction. For example, heated tobacco is currently regulated legally as nicotine-containing product, but not as tobacco in Russia. State guarantees on tobacco cessation, awaiting implementation since adoption in 2013, have been revised as well.

**Conclusion**
To protect public health, it is important to promote a large-scale smoking cessation program, funded by the state, to reduce the number of TNCP dependent individuals. Direct foreign investment, tax privileges to TNCP industry should be eliminated. Public health, healthcare and consumer protection professionals should stop cooperating with tobacco industry supported organizations. EAEU should consider joining WHO FCTC to benefit health and prevent tobacco industry interference.

**Tob. Prev. Cessation 2021;7( Supplement):51**
DOI: 10.18332/tpc/143660

**Raising awareness is not overrated**

Mary Abba 1
1Medical University of Gdańsk, Gdańsk, Poland
maiaene.abba@gmail.com

**Background**
E-cigarettes are commonly presented as socially acceptable, safer alternatives for smoking and devices for smoking cessation, however the long-term effects of the products are still unknown. Several attempts at educating the public about the concerns of these devices have over the course of time been deemed futile and redundant.

**Objective**
This study examines the effectiveness of awareness programs in a small group of adolescent students.

**Methods**
This study collected the response of a group of teenage students to information about the use of e-cigarettes. The students were given a two-part questionnaire and were required to fill it in before and after an 8-minute seminar on e-cigarettes.

**Results**
Before the seminar, 15.38%, 57.69% and 26.9% chose open, not open, and maybe (in openness to smoking), respectively, 38.46%, 34.6% and 26.9% chose safer, same and not safer, respectively, and 19.23% and 65.38% chose yes and no for cessation or not, respectively. After the seminar, 7.69% and 92.3% chose open and close, respectively, and 7.69% and 92.3% chose safer and not safer, respectively. They all at each point had the option to include other answers.

**Conclusion**
As predicted, there was higher percentage of students who believed e-cigarettes are safer alternatives. This drastically changed after the seminar and the change in interest in e-cigarettes post seminar is quite notable. The intentional small number of students in this survey emphasizes the need for continuous awareness programs especially for such young age groups.

**Tob. Prev. Cessation 2021;7( Supplement):52**
DOI: 10.18332/tpc/143661

**Symposium: Tobacco industry interference in Europe**

Laura Graen 1
1Freelance tobacco control and human rights expert
graen@lauragraen.de

**Background**
The tobacco industry uses various tactics to prevent and delay regulation. The Tobacco Industry Interference Index is a report on how countries are implementing the WHO Framework Convention on Tobacco Control (FCTC) Article 5.3 guidelines. Art. 5.3 and its guidelines provide governments with ways to protect their policymaking against tobacco industry interference.

**Objective**
The objective of the Index is to expose tobacco industry interference in policymaking in countries and to give recommendations on how governments can improve their safeguards against the industry.

**Methods**
In-country researchers fill in a questionnaire with 20 questions based on Art. 5.3 Guidelines. A scoring system is applied to make an assessment.

**Results**
Country reports are used for public awareness raising and advocacy within each country. A European report presents case stories from countries. The scores of each country are compared with other countries to develop a ranking.

**Conclusion**
Progress of the implementation of Art. 5.3 varies widely around the globe and in Europe. More awareness raising and exchange about best practice is necessary.

**Symposia Presentations**

1. European Regional Report: Overview and examples from the European region (speaker: Laura Graen);
2. The EU Tobacco Industry Interference Index (speaker: Irina Kubinschi);
3. One of the worst ranked countries in Europe (speaker: tba); and
4. One of the best ranked countries in Europe (speaker: tba).

DOI: 10.18332/tpc/143662

**Do the subsequent waves of the pandemic scare Polish smokers the same?**

Irena Przepiorka 1, Magdalena Cedzynska 1, Marta Manczuk 1, Paweł Kocz Kodaj 1
1Maria Skłodowska-Curie National Research Institute of Oncology, Warsaw, Poland
irena.przepiorka@pib-nio.pl

**Background**
According to the data from research, published during the epidemic, smokers are at higher risk of developing severe disease and death due to COVID-19. Data suggested as well bigger interest of smokers in quitting smoking due to this information.

**Objective**
To analyze whether the sustained pandemic keeps a motivation in smokers to quit attempts.

**Methods**
Data were collected by counsellors from the Polish Quitline. Callers answered questions on how the pandemic influenced their decision about quitting. Data were collected from April 2020.
to April 2021 and have been divided into three sections reflecting the three waves of pandemic: 15 April to 30 May 2020 – 453 questionnaires; 15 September 2020 to 17 January 2021 – 612 questionnaires; 19 March to 14 April 2021 – 160 questionnaires. The data were analyzed using Microsoft Excel 2010.

Results
During the first wave of the pandemic, over 48% of surveyed callers declared that their decision to quit smoking was influenced by the threat of coronavirus. Almost 6% admitted that they had not planned to quit smoking earlier, and 42.5% of the respondents said that the epidemic situation accelerated their decision. During the second wave, we have noticed a slight decrease in motivation driven by COVID-19. In that time the threat of COVID-19 prompted 42.5% of respondents to quit smoking. Just over 40.5% had already planned to quit smoking, and only less than 2% had made the decision because they were afraid of the coronavirus.

During the third wave we have observed that the epidemic threat had an impact on the decision to quit smoking in 30% of respondents. All of them declared that the epidemic only accelerated their decision.

Conclusion
The results of the survey showing that at the beginning of the pandemic, smokers realized that smoking increased their risks. The willingness to quit, influenced by fear of SARS-CoV-2, was declared by people who had already planned quitting and smokers who had not considered quitting before; this positive effect decreasing with successive waves of the epidemic. The fear of COVID-19 did not affect unmotivated smokers and was less likely to accelerate the decision to quit in those who wished to quit. The beginning of the pandemic and the related threat was an important moment in which the tendency to change health behavior, including quitting smoking, increased. It seems that there has been a habituation effect over time. If we want to maintain a high motivation to quit smoking, we need to diversify and strengthen messages and methods of reaching smokers.

Changes in smoking behavior due to the COVID-19 pandemic in Spain
Josep Suelves1,2, Beni Gomez-Zuniga2, Manuel Armayones2
1Comité Nacional para la Prevención del Tabaquismo (CNPT), Madrid, Spain, 2Universitat Oberta de Catalunya, Barcelona, Spain
jsmsuelves@gmail.com

Background
Confinement and other measures to address the COVID-19 pandemic have affected health-related behaviors, such as smoking, through the three mechanisms postulated by the COM-B model of behavior change: capability, opportunity, and motivation to smoke or to quit.

Objective
To review the main published data on the impact of the COVID-19 pandemic on smoking behavior in Spain.

Methods
We summarize data from studies conducted in Spain analyzing the impact of COVID-19 on tobacco use – selected in the framework of an ongoing systematic review or published in reports available on the internet.

Results
Three articles based on convenience sample surveys show heterogeneous results about the percentages of smokers who increased, decreased or quit smoking during the pandemic. From a random sample of telephone users, the OEDA-COVID survey showed that 2.6% of respondents quit tobacco use and 1.2% started smoking during confinement. Among those who were already smokers, 5.7% increased their use and 8.1% reduced or completely quit.

Health support for smoking cessation was significantly decreased in Spain as a result of the pandemic, with a 60% reduction in sales of varenicline and bupropion in November 2020 compared to February 2020.

According to official statistics, cigarette and cigar sales during 2020 in Spain accounted for 92% and 95% of the previous year’s sales, respectively. In contrast, sales of rolling tobacco and pipe tobacco were 104% and 144%, respectively.

Conclusion
The COVID-19 pandemic may have affected tobacco use in Spain through different mechanisms, such as changes in the perceived risk of smoking, the emergence of barriers to accessing effective help to quit. As a result, many smokers may have changed their smoking patterns, and it is possible that those who reduced their tobacco use outnumbered those who increased their use. There is an urgent need to re-establish help for smokers to quit.

Health or money, that’s the dilemma: Opinions on increasing the taxation of tobacco products in a sample of university students from humanities and science faculties
Francesco Mondera1, Martina Antinozzi1, Maria Donato1, Caterina Ferrari1, Maria-Sofia Cattaruzza1
1Sapienza Università di Roma, Rome, Italy
francesco.mondera@uniroma1.it

Background
On the occasion of WNTD (World No Tobacco Day) 2021, the team of UNITAB (Unit of Tobaccology of Sapienza University of Rome) ran a survey among university students to determine their smoking habits and the grade of agreement to an increase in tobacco taxation.

Methods
The survey is based on the structure of previous questionnaires that were used for WNTD 2014 and 2019, in order to compare the results. A google form was distributed among students. Analysis was focused on the question: ‘Would you agree with a 1€ tax increase on every cigarette/tobacco pack with a prevention purpose?’ . We also asked for possible motivations for the answer, divided then into three categories (ethics, economics, and health).

Results
We received 157 answers to the tax increase question, with 101 motivations given. 69.4% of the sample agreed with the proposal (57% among smokers/former smokers and 81% among non-smokers). The motivations given in order of importance were: economical (52.6% among the respondents), followed by ethical issues (32% of the sample) and health-related motivations (14%).
Conclusion
Data seem to show some grade of awareness of public health issues related to tobacco taxation among young people. However, this agreement rate appears to be in contrast to previous data collected in 2014 and 2019 campaigns, this could be due to the increased risk perception related to the COVID-19 pandemic or to the renewed importance of the health sector because of the pandemic emergency. The fact that the majority of students agreed with an increase in the tobacco tax proposal could be a good starting point to enforce public health intervention on this topic; however, it’s important to underline that the economical motivation was the most common one, which could suggest that future sensibilization campaigns should concentrate more on the economic implications of smoking.

DOI: 10.18332/tpc/143665

Mobile apps and artificial intelligence (AI) based tools for analysis, prediction and prevention of tobacco and alcohol relapse: A review of past and current market
Krzysztof Przewoźniak1,2, Mateusz Żelazny3, Jan Chodkiewicz4, Maria Skłodowska-Curie National Research Institute of Oncology, Warsaw, Poland, 3Collegium Civitas, Warsaw, Poland, 4Foundation “Smart Health - Health in D” (SHF), Warsaw, Poland, 5Affinity Research, Gdańsk, Poland, 6University of Łódź, Łódź, Poland

Background
Substance addictions, for example from tobacco and alcohol, are very common at population level, generate the risk of massive mental and somatic problems and are difficult to be effectively treated. Addicts are not commonly and often asked, assessed, advised, assisted and followed up in addiction’s diagnostics and treatment. A big problem in effective prevention and treatment of tobacco and alcohol addictions is very high risk of relapse and lack of effective tools that can continuously and objectively analyze, predict and prevent it. The progress of new technologies, including mobile apps and AI-based tools seem to close this gap on therapeutic tools market and may help therapists and patients in effective struggle with addiction relapse.

Objective
To review the most common and comprehensive mobile applications, including tools based on AI algorithms, aimed to strengthen treatment of tobacco and alcohol dependence through analyzing, predicting and preventing addiction relapse.

Methods
Brief narrative review of scientific articles and research, development and commercial reports on the role of mobile applications in treatment of tobacco and alcohol dependence that have been published since 2000, with special focus on those using AI-algorithms for predicting addiction relapse. The search was made on Google Scholar, WorldWideScience, Medline, PubMed and on the Directory of the Open Access Journals as well as on websites of major international health organizations, mobile apps producers and pro-health start-ups.

Results
New technologies meet and create new market, social, mental and health needs. Tobacco and alcohol industry accommodates its marketing strategy to new challenges. Past, current and potential tobacco and alcohol consumers are massively exposed to Internet and social media marketing and to the offer of alternative products (for example, vaping tobacco or alcohol), and new generations do not know how to effectively function without smartphone or access to social media. On the other side, mobile applications give a response to these needs and create an opportunity to combine all anti-tobacco or anti-alcohol interventions in one tool:
1. permanently collect, store and analyze broad spectrum of various data on tobacco and alcohol use and cessation habits;
2. screen tobacco and alcohol users due to the strength of addiction, cessation’s intention and stage, the potential risk of tobacco or alcohol related disease, characteristics and progress in addiction treatment, etc.;
3. prevent tobacco and alcohol use, dependence and relapse through rising awareness on their harm, cost and access to educational and treatment tools and services as well as through short and long-time prediction of addiction relapse; and
4. make tobacco and alcohol treatment faster, more comprehensive, ergonomic and effective.

Unfortunately, there are still not many mobile apps that are dedicated for tobacco or alcohol consumers and only very few that use AI-algorithms for analysis, prediction and prevention of addiction relapse. Nevertheless, those based on digital therapeutic system equipped with machine learning or automated natural dialogue language seem to offer very high (over 70–80%) efficacy of relapse prediction and be characterized by high values in sensitivity and specificity tests.

Conclusion
1. Mobile applications seem to be promising tools for strengthening prevention and treatment of tobacco and alcohol dependence;
2. They offer various functions that may substantially improve traditional treatment and make them much more effective and ergonomic;
3. Mobile apps may increase a proportion of tobacco and alcohol dependent patients who decide to be treated from substance abuse in cessation clinics;
4. With these tools, we may have a permanent access to bigger number of patients and broader spectrum of predictors what may have an impact on progress in research on prevention and treatment of tobacco and alcohol dependence;
5. AI-algorithms and new analytical methods may help in sufficient prediction of tobacco and alcohol relapse and creation of chatbots (as virtual assistants) that could support therapists in their diagnostic and treatment activities; and
6. There is a urgent need for conducting further research and development projects and clinical trials that precisely report on safety and effectiveness of mobile apps based on AI-algorithms and chatbots in tobacco and alcohol treatment.

DOI: 10.18332/tpc/143666

Tobacco cessation help in the dental healthcare setting of Turkey
Arzu Beklen1,2, Burak Yildirim3, Mehmet Mimaroglu1, Muhammet Yavuz1
1Eskisehir Osmangazi University, Eskişehir, Turkey
arzubeklen@ogu.edu.tr
Background
Assisting patients with smoking cessation must be one of the most important primary care tasks of dentists. The benefits of discontinuing smoking behavior are well established both on oral health and systemic health.

Objective
We analyzed if dental patients received enough support during their previous dental visits.

Methods
An in-person cross-sectional survey was completed at the Department of Periodontology, Eskisehir Osmangazi University, Turkey, from March 2019 to September 2019 by patients (N=226). The survey analyzed patients’ oral health, patient’s smoking habit, previous attempts to quit smoking, and expectations from dentists regarding smoking cessation.

Results
68% of patients tried to quit previously, 38% of the patients were current smokers, 8% were former smokers. Smoking caused a negative effect on the periodontium, increasing the risk for incidence and progression of periodontitis. Patients’ knowledge of the negative effects of smoking was high and most the patients expected to receive information from their dentists regarding cessation. However, the dentists asked about patients’ smoking habits but did not help them to quit during dental visits.

Conclusion
Increased awareness of the roles of dentists in smoking cessation and prevention activities is needed in the dental healthcare system of Turkey.

DOI: 10.18332/tpc/143667

The challenges in the deployment of a legal ban on tobacco advertisement on the example of Poland
Paweł Koczkodaj1, Elwira Gliwska2,3, Agata Ciuba4, Paloma Cuchi5, Armando Peruga6,7,8
1Maria Skłodowska-Curie National Research Institute of Oncology, Warsaw, Poland, 2Cancer Epidemiology and Primary Prevention Department, Maria Skłodowska-Curie National Research Institute of Oncology, Warsaw, Poland, 3Food, Technology and Nutrition, Faculty of Human Nutrition Sciences, Department of Food Market and Consumer Research, Warsaw University of Life Sciences, Warsaw, Poland, 4Department of Social Medicine and Public Health, Medical University of Warsaw, Warsaw, Poland, 5World Health Organization, Country Office for Poland, Warsaw, Poland, 6World Health Organization, Country Office for Poland, Warsaw, Poland, 7Biomolecular Research Institute of the Spanish National Research Council (IDIBELL), Barcelona, Spain, 8Center of Centers for Biomedical Research on Respiratory Diseases (CIBERES), Madrid, Spain, 9Center for Epidemiology and Health Policies, Clínica Alemana School of Medicine, Universidad del Desarrollo, Santiago, Chile
pawel.koczkodaj@pib-nio.pl

Background
In order to counteract addiction to the use of tobacco and related products and protect public health against its consequences, Polish law prohibits the advertisement and promotion of tobacco products, electronic cigarettes, refill containers, and props, as well as objects presenting these products, including at points of sale (POS).

Objective
To identify if the law banning the advertisement and promotion of tobacco and related products in POS is followed near the school settings.

Methods
A cross-sectional study based on an author-delivered questionnaire was carried out in 3 districts of Warsaw, Poland, in the area of high schools. The study focused on the availability and visibility of objects that may suggest advertising and promotion of tobacco products and electronic cigarettes.

Results
The analysis concerned 123 POS of which 112 were available to observe. The outdoor tobacco products advertisement was not found in the study, however, some form of advertisement or promotion inside the stores was observed in 83% of visited POS, and in 79.5% the law was not respected. The proportion of open POS that advertised indoors cigarettes, HTPs, or e-cigarettes was 22%, 20%, and 45% of which 36%, 50%, and 67.3% advertised flavored cigarettes, HTPs, or e-cigarettes. The most frequent form of tobacco advertisement in POS was branded objects such as change and counter mats visible in 6 out of 10 POS against binding prohibition.

Conclusion
According to the proven high exposure of Polish youth on tobacco advertisement and promotion in POS, to decrease tobacco consumption in this vulnerable group, to increasing control over the enforcement of law in terms of advertisement and exposure of tobacco products should be considered.

DOI: 10.18332/tpc/143668

Quitting tobacco awareness social media campaign: Health promotion interventions should be focused on young females
Martina Antinozzi1, Maria Donato1, Caterina Ferrari1, Francesco Mondera1, Maria–Sofia Cattaruzza1
1Sapienza Università di Roma, Rome, Italy
martina.antinozzi@uniroma1.it

Background
‘Commit to quit’ is the theme of the WHO World No Tobacco Day (WNTD) 2021. On this day, the Tobaccology Unit of Sapienza University of Rome, Italy (UNITAB) organized an awareness campaign for quitting tobacco smoking, in collaboration with the students’ association ‘Sapienza in Movimento’.

Objective
Main aims were: to increase the number of students interested in quitting tobacco smoking, giving them the chance to be helped for free by UNITAB and to inform students through social media on the dangers of tobacco and new tobacco products (HTPs and e-cigarettes) and on how Big Tobacco targets young people to gain new clients.

Methods
Instagram short videos, infographics on tobacco side effects and online quitting support services by WHO were shared. Contents were developed around the idea of ‘did you know...?’, using catchphrases to deliver little known information. We created a Google form survey to collect smoking habits of the sample.
Results
We collected 157 answers to the questionnaire: 56.7% of the respondents were female. Half of the sample (49%) is a smoker/former smoker: 54.5% female, 45.5% male. The increase in female smokers could be a result of marketing strategy by Big Tobacco, using products (such as HTPs) more appealing in terms of fashion characteristics (pink colors or diamond parts). This assumption is reinforced by the results of HTPs use in the female sample, 59.1% versus 31.9% in males.

Conclusion
These preliminary data show that women are becoming more influenced by the tobacco epidemic, turning upside down the classic duo man-smoker.

Our goal for the future is to collect more information about this growing trend, to raise awareness on the dangers of smoking and to contrast the Big Tobacco attempt of getting new clients targeting youngsters and particularly women on social media.

Tob. Prev. Cessation 2021;7( Supplement ):60
DOI: 10.18332/tpc/143669

Create a profile to intervene and help, studying the demographic characteristics of smokers within a university population
Caterina Ferrari1, Martina Antinozzi1, Maria Donato1, Francesco Mondera1, Maria-Sofia Cattaruzza1
1Sapienza Università di Roma, Rome, Italy
caterina.ferrari@uniroma1.it

Background
The 31st of May is World No Tobacco Day, the UNITAB (Unit of Tobaccology) of Sapienza University of Rome organizes health promotion initiatives every year to inform students on the dangers of smoking and to help them to quit. This year, a survey was run among students to gather information on smoking habits.

Objective
Data were analyzed to determine the demographic profile of students who smoke in order to better define the young to target for future smoking cessation campaigns. Quitting attempts were also investigated, to better understand the characteristics of those who tried to change their smoking habits, considering that these students of the sample might be more sensible to quitting interventions.

Methods
A Google Form questionnaire was shared on Social Media during the week of the 31 May, collecting 157 answers. We asked each participant for demographic data, course of study, age of smoking initiation, and number of quitting attempts.

Results
The smoking initiation age was divided into 3 groups: 14.4% of the sample reported to have started at an age <15 years; 48.6% 15–17 years, and 36.8% at age ≥18 years.
Concerning the relationship between course of study attended and smoking status, 70.3% of humanities students reported to be smokers/former smokers versus only 45% of science students. At least one serious quitting attempt was reported by 74% of the smokers sample, with a mean of 2.38 ± 1.31 tries.

Conclusion
It was possible to define a smoker profile more sensitive to the smoking cessation topic. All this information is important to have a precise target in the quitting interview held by our UNITAB team, after getting in touch with the students who ask for our help to quit smoking.

DOI: 10.18332/tpc/143670

Use of Heated Tobacco Products (HTP) among university students: Misconceptions and motivations to start smoking
Maria Donato1, Martina Antinozzi1, Caterina Ferrari1, Francesco Mondera1, Maria-Sofia Cattaruzza1
1Sapienza Università di Roma, Rome, Italy
mariaassunta.donato@uniroma1.it

Background
The WHO promoted the World No Tobacco Day on 31 May: on that date, the Unit of Tobaccology (UNITAB) of Sapienza University of Rome carried out a sensibilization campaign on social media.

Objective
One of the main aims of the campaign was to inform students about the Heated Tobacco Products (HTP) misconceptions, that is the underestimated dangers of their usage as well as the Tobacco Industry’s strategies to make them more appealing to young people. Our aim was to estimate the HTP use among students, and the reasons of its consumption.

Methods
We administered a questionnaire to the students who logged into UNITAB Instagram account. Questions were related to the kind of the device smoked, the reasons why they started to use HTP as well as the duration of their habit.

Results
We gathered answers from 157 subjects: among these, 49% were smokers or former smokers, mostly of roll-your-own or normal cigarettes, while only 11% reported the use of e-cigarettes and 25% claimed to use HTP. As for the reasons they started to use HTP, 37% reported it could reduce the health damage, 26% for curiosity and 18.5% to reduce the number of smoked cigarettes. It is interesting to note that only 7.4% tried HTP to quit smoking.

Conclusion
Data suggested that the use of HTP is mostly supported by the false beliefs of the minor impact on the health status. However, from a public health perspective, it is important to spread the message that these products are not any healthier than normal cigarettes. Moreover, considering that curiosity led more than 25% of the present students to smoke HTP, future campaigns should target youth to fight the marketing strategies of Big Tobacco.

DOI: 10.18332/tpc/143671

The case for requiring warnings directly on individual cigarettes
Rob Cunningham1
1Canadian Cancer Society, Ottawa, Canada
rcunning@cancer.ca

This presentation will provide the rationale to require a health warning directly on cigarettes.

With on-cigarette warnings, smokers would be exposed to health messages all year, every day, and every time they smoke. The measure would decrease smoking at no cost to the government. On-cigarette warnings would denormalize the product, make
cigarettes less attractive, prompt discussion, and help combat contraband by providing a legitimating marking for a particular country.

Many youth experiment with smoking by ‘borrowing’ a cigarette from a friend/sibling. Social smokers may borrow a cigarette. Children see cigarette butts in ashtrays at home. Smokers may bring a single cigarette without packaging when going outside to smoke. A warning on a cigarette is unavoidable, including when smokers have a cigarette in hand when smoking for 5 minutes. In many countries, especially in low- and middle-income countries, cigarettes are often available for sale individually, without packaging. These are all excellent communication opportunities.

The content of an on-cigarette warning could include a variety of rotated health messages, pictograms, and messages such as a toll-free quitline number, ‘Quit smoking save money’, or a message about litter. On-cigarette warnings complement package warnings.

Extensive and continually increasing research from many countries provides compelling evidence of the effectiveness of the measure. Tobacco companies have long used branding and designs on the cigarette itself for promotional purposes - if tobacco companies can use the cigarette to promote smoking, health departments should be able to use the cigarette to discourage smoking.

On-cigarette warnings are included in FCTC Article 11 guidelines on packaging and labelling. No country has yet required the measure, though Canada has had a public consultation, and a bill has been introduced in the UK Parliament. Singapore has required a tax marking directly on cigarettes. Health warnings directly on cigarettes are inevitable and should be considered worldwide.

DOI: 10.18332/tpc/143672

Patterns of e-cigarette, conventional cigarettes and dual use among Spanish adolescents: A national study
Gema Aonso-Diego
University of Oviedo, Oviedo, Spain
aonsogema@uniovi.es

Background
In recent years, studies have highlighted the upward trend in e-cigarettes use among adolescents, as well as the ability to e-cigarette use to lead to subsequent conventional cigarette use.

Objective
The study aim was two-fold:
1. To examine the progression from e-cigarettes use to conventional cigarette use.
2. To analyze the differences between dual users and only cigarette users, in a Spanish adolescent population.

Methods
Data were obtained from the ESTUDES, a representative survey of addictive behaviors of Spanish adolescents aged 14-18, which comprise 38,010 adolescents (Mage=15.69; SD=1.188; 51.4% females).

Results
Lifetime e-cigarette use increased the likelihood of subsequently conventional cigarette use by 1.58 times (95% CI: 1.48-1.68), and the odds of conventional cigarette use in the last month by 1.517 times (95% CI: 1.403-1.641). Further, dual users (i.e. e-cigarette and conventional cigarette use) compared to only cigarette smokers show greater severity in tobacco patterns, evidenced by a higher percentage of daily smokers (25.51% vs 12.14%), an earlier age of smoking onset (13.75 vs 14.67), a greater number of cigarettes per day (5.96 vs 4.97), and a lower risk perception of e-cigarettes (12.18% vs 18.66%) and cigarettes (91.30% vs 94.02%) (p<0.001).

Conclusion
These findings call for the need to conduct several changes in Spanish regulatory law, such as the regulation of advertising, marketing, taxes, and consumption permits, alongside the prohibition of sale to adolescents and the presence of flavors.

Tob. Prev. Cessation 2021;7(Supplement):64
DOI: 10.18332/tpc/143673

Knowledge, attitudes, and training in tobacco control among dental students in a public dental school in Catalonia
Marco Cornejo1,2, Cristina Martinez1, Esteve Fernández1
1WHO Collaborating Centre for Tobacco Control, Catalan Institute of Oncology, Barcelona, Spain
2Institute for Research in Dental Sciences, Faculty of Dentistry, University of Chile, Santiago, Chile
mcornejo@odontologia.uchile.cl

Background
Dental students are part of the future health labor force, and hence it is important to know their knowledge, attitudes and training in tobacco control to reduce tobacco-related health conditions.

Objective
To assess dental students' knowledge, attitudes, and perception on training in tobacco control, including tobacco dependence and treatment.

Methods
We conducted a cross-sectional study at a public dental school in Catalonia, 2020-2021. We employed a self-administered questionnaire in which questions consisted of true or false statements about clinical students' knowledge about tobacco-related issues. We assessed their attitudes towards smoking with a 5-point Likert scale categorized in two statements. We asked whether they received training in several tobacco-related topics. We estimated frequencies and percentages and calculated logistic regressions models adjusting for independent variables: sex, dental school year and smoking status.

Results
162 (82.2%) dental students participated (75.9% women). In all, 26.7% were smokers (32.4% of men and 25% of women). Few respondents (34.5%) knew the test to assess smokers' nicotine dependence, and only 50.0% knew which are the effective smoking cessation therapies. Most participants (97.4%) had been taught about health risks of smoking, 52.9% about the reasons why people smoke and only 25.6% on how to provide smoking cessation aid. Almost 100% knew the association between tobacco use and oral cancer and periimplantitis. But only 75% knew the association between tobacco and tooth decay prevalence. In general, the students did not report differences in the training received. A significant difference was observed by sex in the training received on the risk of smoking (male: AOR=0.08; 95% CI: 0.01-0.54), in training related to passive/active smoking by sex (male: AOR=0.27; 95% CI: 0.09-0.81), tobacco consumption (never
smoked: AOR=4.76; 95% CI: 1.41–16.07) and grade (5th grade: AOR=3.65; 95% CI: 1.15–11.62); and by grade relates to training in pharmacological treatments to quit smoking besides NRT (5th grade: AOR=2.43; 95% CI: 1.08–6.04).

**Conclusion**

Dental students report lack of sufficient knowledge and training to assess and treat tobacco dependence. There are knowledge issues and clinical competences that should be deepened in their training as health professionals.

DOI: 10.18332/tpc/143674*

**Changes in electronic cigarette use and label awareness among smokers before and after the European Tobacco Products Directive implementation in six European countries:** Finds from the EUREST-PLUS ITC Europe Surveys

Katerina Nikitara1, Charis Girvalaki1,2, Christina Kyriakos1,2, Pete Driezen1, Filippos Filippidis1,2, Sarah Kahrnert3, Sasa Hitchman4, Ute Mons5, Estevé Fernández1,3,11,13, Antigona Trofro1,11, Krzysztof Przewoźnik1,11,13, Tibor Damjen1,2, Paraskevi Katsaounou1,5,19, Witold Zatonśki1,11,20, Geofffrey Fong3,21, Constantine Vardavas1,2, EURERST-PLUS Consortium

1European Network for Smoking and Tobacco Prevention, Brussels, Belgium, 2School of Medicine, University of Crete, Heraklion, Greece, 3Department of Psychology and School of Public Health and Health Systems, University of Waterloo, Waterloo, Ontario, Canada, 4Department of Primary Care and Public Health, Imperial College London, London, United Kingdom, 5Center for Health Services Research, School of Medicine, National and Kapodistrian University of Athens, Athens, Greece, 6German Cancer Research Center (DKFZ), Cancer Prevention Unit and WHO Collaborating Centre for Tobacco Control, Heidelberg, Germany, 7Medical Faculty, Heidelberg University, Heidelberg, Germany, 8Department of Addictions, King’s College London, London, United Kingdom, 9Tobacco Control Unit, Catalan Institute of Oncology (IC0), L’Hospital de Lllobregat (Barcelona), Catalonia, Spain, 10Tobacco Control Research Group, Bellvitge Biomedical Research Institute (IDIBELL), L’Hospitala de Lllobregat, Catalonia, Spain, 11School of Medicine and Health Sciences, Bellvitge Campus, Universitat de Barcelona, L’Hospital de Lllobregat, Catalonia, Spain, 12Consortium for Biomedical Research in Respiratory Diseases (CIBER) of Respiratory Diseases (CIBERES), Madrid, Spain, 13University of Medicine and Pharmacy ‘Grigore T. Popa’ Iasi, Iasi, Romania, 14AerPur Romania, Bucharest, Romania, 15Health Promotion Foundation, Warsaw, Poland, 16Maria Sklodowska-Curie National Research Institute of Oncology, Warsaw, Poland, 17Collegium Civitas, Warsaw, Poland, 18Smoking or Health Hungarian Foundation, Budapest, Hungary, 19First ICU Evangelismos Hospital Athens, National and Kapodistrian University of Athens, Athens, Greece, 20European Observatory of Health Inequalities, President Stanislaw Wojciechowski State University of Applied Sciences, Kalisz, Poland, 21Ontario Institute for Cancer Research, Toronto, Ontario, Canada

**Background**

Article 20 of the European Tobacco Product Directive (TPD), which went into effect in May 2016, regulates electronic cigarettes (e-cigarettes) in the European Union (EU).

**Objective**

The aim of this study was to evaluate changes in e-cigarette use, design attributes of the products used and awareness of e-cigarette labelling and packaging among smokers from six EU Member States (MS) before and after TPD implementation.

**Methods**

Data come from Wave 1 (2016, pre-TPD) and Wave 2 (2018, post-TPD) of the ITC Six European Country Survey among a sample of smokers and recent quitters who use e-cigarettes from six EU MS. Weighted logistic generalized estimating equations regression models were estimated to test the change in binary outcomes between Waves 1 and 2 using SAS-callable SUDAAN.

**Results**

In 2018, current daily/weekly e-cigarette use among adult smokers was just over 2%, but this varied from the highest in Greece (4%) to lowest in Poland (1.2%). From Waves 1 to 2, there was a significant increase in respondents reporting noticing and reading health and product safety information on leaflets inside e-cigarette packaging (8.39–11.62%, p<0.001). There were no significant changes between waves of respondents reporting noticing or reading warning labels on e-cigarette packages/vials.

**Conclusion**

E-cigarette use among smokers in these six EU countries is low. Although reported noticing and reading leaflets included in the packaging of e-cigarettes increased significantly from before to after the TPD, there was no significant change in reported noticing and reading of warning labels. Findings indicate the importance of continued monitoring of TPD provisions around e-cigarettes.

DOI: 10.18332/tpc/143675*

**Confronting tobacco industry attacks against tobacco control advocates: Case studies and strategic responses; panel presentations followed by a discussion**

Claudio Tanca1, Uliana Bakh1, George Bakhuridze2

1Campaign for Tobacco-Free Kids, 2Public Relations Organisation International, 3Framework Convention on Tobacco Control Implementation and Monitoring Center in Georgia

For years, multinational tobacco companies have positioned themselves as part of the solution to the global tobacco epidemic by promoting so-called reduced-risk products, promoting conflicted science, and branding themselves as concerned with health and other positive values. The latest tactic has focused on directly attacking tobacco control organizations and its funders. Over the last year, industry front groups and allies have mounted an aggressive campaign to oppose proven tobacco control policies and advocacy organizations. The Campaign for Tobacco-Free Kids and international partners have observed similarities among these tactics, including: messages claiming tobacco control is a sinister agenda pushed by “foreign” funders and key organizations; accusing the global tobacco control community of ignoring evidence about the effectiveness of “new” tobacco and nicotine products as an aid to quitting traditional cigarettes; and spokespeople directly linked to tobacco companies showing up repeatedly in the attacks. These efforts appear to fit a global pattern to discredit tobacco control organizations and individual champions and weaken the
international tobacco control community.

Around the world, tobacco control advocates are not only succeeding in limiting the damage from these attacks, they are successfully moving the tobacco control agenda forward by employing strategic responses!

The seminar’s objective (if in person) webinar (if online) is to illustrate strategies to monitor and strategically respond to these attacks. A panel of tobacco control advocates from Romania, Kazakhstan, and Ukraine will present their experiences with these attacks and how they dealt with them. Participants will also share their experiences and recommendations.

DOI: 10.18332/tpc/144703

The importance of school intervention programmes in promoting health literacy and healthy lifestyles
Angeliki Bakou1, Victoria Vivilaki1
1Department of Midwifery, University of West Attica, Athens, Greece
Vvivilaki@uniwa.gr

Adolescent school education is a crucial part of societal development, not only for a country’s economy but primarily as a critical determinant of population health. Within this context, health literacy plays a vital role as it empowers adolescents to increase control over their health and seek further information and take responsible actions. Hence, health literacy is the self-perceived ability of an individual to access the needed information, understand the information, appraise and apply the knowledge into informed decision making. Indeed, adolescence is a developmental phase in planning health behaviours that will carry into later life. Amongst these health behaviours, tobacco use is a crucial determinant of future health status both due to its detrimental impact on human health and the fact that most adult smokers experiment with cigarettes and establish nicotine addiction during adolescence. Moreover, reproductive health literacy is also essential, especially among females, in which adolescent perceptions may influence reproductive health decisions and menstrual hygiene practices. Within Greece, due to youth experimentation with tobacco and the lack of information on effective reproductive health interventions in school settings, there is a need to assess the current status quo and subsequently design acceptable awareness creation and advocacy programs.

Tob. Prev. Cessation 2021;7(Supplement):68
DOI: 10.18332/tpc/144721