TO ACHIEVE IN **2040**

TOBACCO FREE GENERATION

ABSTRACT BOOK

2023 ECTH

9TH EUROPEAN CONFERENCE ON TOBACCO OR HEALTH

MADRID APRIL 26TH-28TH

XIII CNPT Annual Congress

Auspiced by:

ECL Association of European Cancer Leagues

Hosted by:

todos contra el cáncer

asociación española contra el cáncer

Comité Nacional para la Prevención del Tabaquismo 25 años CNPT

Abstract book by:

TOBACCO PREVENTION AND CESSATION

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.

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Welcome from the Spanish Association Against Cancer & Association of European Cancer Leagues

Dear Colleagues,

We are privileged to be inviting you to attend the **9th European Conference on Tobacco or Health (ECToH) in Madrid, from 26th to 28th April 2023.**

ECToHs are organised every three years under the auspices of the Association of European Cancer League (ECL). These Conferences are recognised internationally as the main European forum for tobacco control advocates. Each ECToH is attended by the most important policy makers, scientists, researchers, advocacy officers, health professionals as well as all others strongly committed in the fight against tobacco.

Since the First ECToH in 1996 in Finland, we have made progress in combating the tobacco epidemic with the adoption and implementation of the Framework Convention on Tobacco Control, the 2014 EU Tobacco Products Directive. But we are still not there. Tobacco is the major cause of cancer and remains one of the leading causes for death and disease in Europe.

The **9th ECToH Madrid 2023** is being hosted by the Spanish Association Against Cancer and the Spanish Committee on Tobacco Prevention.

This year our goal is to generate a social movement involving the different actors that play a key role in tobacco control in order to achieve our primary goal set by the European Union (EU) which is: a 'Tobacco-Free Generation' in Europe where less than 5% of the population uses tobacco by 2040. Our hope is to generate a space where all the European initiatives on tobacco control could join efforts and work together towards the eradication of the tobacco epidemic. The 9th ECToH Madrid 2023 will mainly focus on youth and the most vulnerable groups with a special emphasis in the promotion of health equity in tobacco prevention and control.

We are certain that this Conference will give us a great opportunity to continue our work in the fight against tobacco and to strengthen the tobacco control community to achieve that goal.

Dr. Ramón Reyes
President. Spanish Association Against Cancer
Prof. Rui Medeiros
President. Association of European Cancer Leagues

Welcome from the ECToH 2023 Scientific Committee

Dear Colleagues,

There should be no doubt about the fact that tobacco smoking is the leading cause of preventable death and disease in Europe and around the world. In fact, there is irrefutable evidence that smoking is associated with many adverse health outcomes, such as cancer, as well as heart disease, stroke, respiratory disorders and many more problems.

But even though this has been scientifically proven, and even though it has been repeated thousands of times, it seems that either we do not really understand it, or if we do understand it… we are being very negligent as we do not take sufficient measures to remedy this huge problem.

Moreover, if the damage we have done to our generations is already regrettable, it is even more shameful not to correct this great mistake for future generations.

It is important to point out that, although tobacco use is classified as an individual behavior, the harmful effects of tobacco extend beyond the user to affect family, friends, colleagues, and the environment around them, entering fully into the One-Health approach that is emerging as the way forward for the well-being of the population.

The actions of the tobacco industry and its interference in tobacco prevention and control efforts further aggravate this complex public health problem. Because of these factors, tobacco use is a challenge to individual health and to the health of the entire community.

This is why we do not have in front of us just another congress, but a call to our knowledge and our noblest passion by asking ourselves what we have to do better to implement the WHO Framework Convention on Tobacco Control (FCTC), how we can help the most vulnerable groups, and how to improve our communication and face the new technological challenges, confront the perverse marketing and introduce the appropriate interventions to overcome this scourge.

The European Conference on Tobacco or Health (ECToH) to be held in Madrid from 26 to 28 April 2023… is , after the period forced by the pandemic, the first event to revitalize once and for all the fight for smoking prevention and control.

It is worth participating in the ECToH 2023 conference or supporting it by whatever means you can. For the good of future generations and for the sake of everyone's health.

Jose M Martin-Moreno, MD, PhD, DrPH
Professor of Medicine and Public Health of the University of Valencia,
Spain & Chair of the Scientific Committee, 9th ECToH Madrid 2023

CNPT WELCOME

Dear colleagues,

From the National Committee on Tobacco Prevention (CNPT) we welcome with enthusiasm and satisfaction the responsibility of co-organizing, together with the Spanish Association Against Cancer and the Association of European Cancer Leagues (ECL), the 9th European Conference on Tobacco or Health (ECToH). It is without doubt, the main European advocacy forum for tobacco prevention and control, bringing together the most important political leaders, scientists, researchers, advocates, health professionals and all those who are strongly committed to fighting the tobacco epidemic.

ECToH 2023 is a magnificent opportunity to debate, share, contrast, propose and analyze where we are today in the fight against tobacco, the main public health problem in many countries because of its large social impact in premature deaths and an unsustainable economic cost in health care. It is true that progress has been made in recent decades, but it is also true that we now find ourselves at a decisive moment. If we really want to achieve the objective set by the European Union of a 'Tobacco-Free Generation' in 2040, decreasing the prevalence of smokers below 5%, strong measures must be implemented to deal with the new challenges we are facing.

Parallel to ECToH 2023, we will also celebrate the annual Congress of the CNPT, in which we will analyze the situation of Spain in the European context with two main focuses: how to improve smoking prevention and the challenge of tobacco cessation in specific populations.

The CNPT is the organization that brings together the smoking prevention movement in Spain and it is currently composed of 46 organizations, mainly associations of health and medical professionals, as well as civil society and patients' associations.

I am convinced that both events will offer an excellent opportunity to continue the path of reducing the prevalence of tobacco use and a step forward towards achieving the goal of a planet free of smoke, tobacco, and nicotine.

Andrés Zamorano
CNPT President

EDITORIAL

The European Conference on Tobacco or Health (ECToH 2023): A Movement for Youth Activism, Healthy Air, and a Tobacco-Free Generation in Europe

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Abstract

Every three years, the European Conferences on Tobacco or Health (ECToH) brings together the most influential tobacco control experts, health professionals, researchers, policymakers, advocates, member state and international organisation representatives from all over Europe and beyond to address the serious risks to health and the environment posed by the use of tobacco. ECToHs are independently organised by a member association of the European Cancer Leagues. The 9th ECToH Madrid 2023, from 26 to 28 April, is being hosted by the Spanish Association Against Cancer and the Spanish Committee on Tobacco Prevention and will focus on three pressing issues: the still insufficient implementation of the FCTC in the Member States and what could be done to improve it; the challenges of informing the groups most vulnerable to smoking about the risks; and the emerging tobacco and related nicotine products that have aggressively penetrated the European market.

This year's Conference has a double objective: 1) to help Member States to achieve a 'Tobacco-Free Generation' in Europe, where fewer than 5% of the population uses tobacco by 2040 (a target set in the European Beating Cancer Plan (EBCP) and 2) to mobilise European civil society, especially young people, to support European countries in achieving that goal. In fact, the most distinctive feature of this event is the drive for anti-tobacco and pro-health youth activism. The 9th ECToH Madrid 2023 will create a unique window of opportunity to create momentum, enthusiasm and support for the Movement for Youth Activism, Healthy Air, and a Tobacco Free Generation in Europe.

Introduction

The conference name "Tobacco or Health" drives the key message. We cannot have both, and we must clearly choose on the side of health. There is no doubt about tobacco's disastrous impact on human health: a huge body of scientific evidence attests to it.

The urgency of the need to eradicate the use of tobacco is recognised by the WHO, the European Commission, and the European Parliament, as well as by all of the community-based and non-profit organisations participating in this Conference. Collectively and individually, we are working toward the same goal of having our young people grow up in a world where no one uses tobacco.

The positive impact this would have is enormous. Lives saved means economic savings too, in health expenditures but also in increased workforce productivity. The social impact on families and communities must also not be underestimated. Add to that the positive impact on the environment, from the harm done from plant production to post-consumption waste, and the cost-effectiveness of creating a smoke-free world is clear.

Good will and clear goals are not enough. We need government action to reduce tobacco use and help citizens to enjoy healthy lifestyles. Through governmental regulation, education, and support programmes, not only can we reduce the use of tobacco but also boost physical activity and encourage people to maintain a healthy bodyweight and eat nutritious, healthy foods. There is also a pressing need to look at new challenges in tobacco control, like the passive exposure to the aerosols in electronic cigarettes (e-cigarettes), which has not been widely studied. (Ballbe et al., 2023; Ballbe et al., 2014; Gallus et al., 2022) Cancer prevention and the creation of a culture of health is an essential mission of government. (Albreht et al., 2008; Brawley, 2017; Martin-Moreno & Lessof, 2021; Martin-Moreno et al., 2008)

The ECL: Making a difference in Cancer Control in Europe since 1980

The Association of European Cancer Leagues (ECL) is a non-profit, pan-European umbrella organisation of national and regional cancer societies located in the policy-making capital of Brussels. Since 1980, ECL has been the key platform for cancer leagues to collaborate with their international peers, across the entire spectrum of cancer control, including cancer prevention, tobacco control, access to medicines and patient support. ECL is a respected leader in advocating for cancer control issues at the EU level. ECL's work is guided by its vision for "A Europe free of cancer", with the mission "to advocate for improved cancer control and care in Europe through facilitating collaboration between cancer leagues and influencing EU and pan-European policies". Currently, ECL members include 30 national/regional cancer leagues, representing over 450 million Europeans. (https://www.cancer.eu/).

Tobacco Control

Tobacco use has been identified as the leading cause of preventable disease and death in Europe and worldwide and has been linked to a number of deadly diseases. Tobacco use is the most important risk factor for cancer, and is responsible for more than 30% of the cancer burden in Europe. ECL joins efforts with other European and international partners to advocate for tobacco control, supporting the full implementation of the WHO Framework Convention on Tobacco Control (FCTC), the Tobacco Products Directive and its monitoring, plain packaging, tax policies, tobacco-free investment and the fight against illicit trade. (Carnicer-Pont et al., 2022). Current concerns include the disparity between current tobacco warnings and the WHO FCTC guidelines (Ranney et al., 2023). Since the beginning, ECL has been at the forefront of speaking out against smoking and for tobacco control (https://www.cancer.eu/other-focus-tobacco-control/) and its work has been successfully amplified in each country at grassroots level through partner organisations such as the Spanish Association Against Cancer.

European Conference on Tobacco or Health (ECToH)

In line with its core mission, ECL has taken on the permanent responsibility of overseeing the organisation of the European Conferences on Tobacco or Health, which is independently organised by a member of the Association of European Cancer Leagues.

This important policy conference is internationally recognised as the main European forum for tobacco control advocates and is the European-equivalent of the World Conferences on Tobacco or Health (WCToH). Held every three years, with full support from the ECL Secretariat, the conferences bring together the most influential tobacco control experts, health professionals, researchers, policymakers, advocates,

member state and international organisation representatives from all over Europe and beyond. Since 1996, when the first ECToH was held in Finland, much progress has been made in combating the tobacco epidemic, such as the adoption and implementation of the Framework Convention on Tobacco Control, and the adoption of the 2014 EU Tobacco Products Directive.

The 9th ECToH Madrid 2023, hosted by the Spanish Association Against Cancer and the Spanish Committee on Tobacco Prevention, aims to generate a social movement involving key actors in tobacco control and young people across the EU to achieve our primary goal set by the European Union (EU) which is to create a 'Tobacco-Free Generation' in Europe where fewer than 5% of the population uses tobacco by 2040. The Conference offers the opportunity and collective space for all European initiatives on tobacco control to join forces and work together towards the eradication of the tobacco epidemic. The 9th ECToH Madrid 2023 will focus on three main pillars that serve as the foundation for the entire event and reflect its specific objectives. These pillars are:

1. FCTC compliance and its main barriers: Are we complying with the FCTC? What are the main barriers and how to overcome them?
2. Equity in tobacco prevention and control: Who is most harmed by FCTC non-compliance and how can this harm be reversed?
3. Challenges and current needs: Are we responding to emerging challenges and current needs? How can we do better?

The 9th ECToH Madrid 2023 will be an exciting opportunity to rally, motivate, educate, inspire and kick off a Movement for Youth Activism, Healthy Air and a Tobacco-Free Generation. Let's show up and do everything we can to protect the wellbeing of future generations and of the planet we leave to them. (https://ectoh.org/).

Table 1. List of of previous ECToHs by year and location

1996 Helsinki – 1st
1999 Canary Islands – 2nd
2002 Warsaw – 3rd
2007 Basel - 4th
2011 Amsterdam - 5th
2014 Istanbul - 6th
2017 Porto – 7th
2020 Berlin – 8th
2023 Madrid – 9th

The Health Impact of Tobacco Exposure and Smoking: Much More than Lung Cancer

Smoking is associated with an increased risk of cancer, pulmonary and cardiovascular diseases. Currently, we must consider that the advancements in tobacco control are reflected in more favorable lung cancer trends and should be pushed further. (Malvezzi et al., 2023) As per the estimates of the World Health Organization (WHO) in 2019, cancer is the first or second leading cause of death in 112 of 183 countries(Deo et al., 2022). Non-small cell lung cancer (NSCLC) is the most common cancer and one of the leading causes of death from cancer worldwide.

When considering the associations between modifiable risk factors and cancer, we include tobacco smoking, occupational exposures, infections, air pollution, alcohol, and diet and obesity as major elements, but they may contribute with different population-attributable fractions, which corresponds to the proportion of a cancer that may be prevented by controlling a given risk factor. (Collatuzzo & Boffetta, 2023) Among the risk factors for squamous cell carcinoma of the head and neck, smoking is still the most important today and there is evidence that smoker patients have a poorer prognosis than never smokers and former smokers. (Merlano et al., 2023) A list of several other tumours and non-tumoural diseases are listed as being under the influence of tobacco exposure with different population-attributable fractions. For example, even in the case of a viral-associated tumor like cervical cancer, the Smoke exposure index (SEI) was significantly different, helping to clarify the role of smoking and other cofactors in the persistence and progression of cervical lesions as co-factors of HPV. (Matos et al., 2005).

A strong link between cigarette smoke exposure and chronic obstructive pulmonary disease (COPD) has also been demonstrated for cardiovascular diseases, and recent results indicate that smoking may have relevance among ischemic stroke subtypes at the time of diagnosis (Freitas-Silva et al., 2021; Okorare et al., 2023; Taucher et al., 2022). Further data also indicates that cigarette smoking may affect intrafollicular processes, which are responsible for normal ovulation and fertilization (Vrsanska et al., 2003).

Smoking also accelerates the aging process and reduces the total life span by an average of 7 years, and healthy life years by 14. (Bernhard et al., 2007) All data from research indicates that smoking can impact the oral, nasal, oropharyngeal, lung and gut microbiome composition and function. Microbial dysbiosis or microbiome changes induced by smoking can lead to a direct impact on smoking-related diseases risk or prognosis. (Shapiro et al., 2022) All of this evidence makes it

Figure 1. Images 1.a VIP Reception 7th ECToH Porto - Vitor Veloso, President of the Portuguese League Against Cancer (left), Rui Medeiros, current ECL President (middle), HRM Queen Letizia of Spain (right). Image 1.b: VIP reception 7th ECToH, Porto- HRM Queen Letizia of Spain with the President of the Republic of Portugal and former EU Commissioner for Health Vytenis Andriukaitis (Photo credit: Geoffrey Fong)

indisputable that the health impact of tobacco exposure and smoking goes far beyond causing lung cancer.

The Social and Politic Impact of a European Conference on Tobacco or Health (ECToH)

From the very first ECToH, we have seen the benefits of gathering different perspectives from professionals and organizations on tobacco control and / or smoke-free messages. The conferences have served as a melting pot, where ideas and experiences were shared, and strong outputs emerged, including powerful messages and tools developed free from the influence of the tobacco industry or associated organisations. The social media and press coverage of the events, thanks to the national organizations, political bodies and the ECToH participants involved, helps carry our messages about the dangers of tobacco use to the public and is another important deliverable. The major goal, though is to work together and explore how we the people, as public servants, or as active members/actors in our communities, can help influence and shape political decisions for the benefit and wellbeing and welfare of our populations.

The Putative Impact of the ECToH ECL Young Professional Award: From People to People

Through this Award, the Association of European Cancer Leagues (ECL) recognises and supports young professionals who have advanced tobacco control in areas of research, advocacy, policy and practice. At the 7th ECToH, Gera Nagelhout was awarded First Prize in recognition of her. outstanding research on socioeconomic differences in smoking, and her efforts to transfer knowledge and translate tobacco control research into practice. (Nagelhout et al., 2012)(Nagelhout et al., 2012; Nagelhout et al., 2015) At the time, Gera worked as a postdoc researcher at the Department of Health Promotion and the Department of Family Medicine at Maastricht University, and her research is embedded in the research line 'Promoting Health & Personalised Care'. After receiving the ECL ECToH Young Professional Award, Gera Nagelhout went on to publish more than 60 scientific papers on tobacco and/or health, and became a Professor in Health and Wellbeing of People with a Lower Socioeconomic Position at Maastricht University and Chief Science Officer at the IVO Research Institute, with research projects focusing on health, wellbeing and addiction among people with a low socioeconomic position. (Martinelli et al., 2023; Nagelhout, Poole, Geboers, et al., 2023; Nagelhout, Poole, Metze, et al., 2023)

Figure 2. Photo:1st Prize Winner of the Young Professionals Award, 7th ECToH, Porto, Ute Mons (left) and Sakari Karjalainen, former ECL President (right) (Photo credit: ECL)

Another outstanding recipience was Laura Graen (http://www.lauragraen.de/), who was awarded First Prize at the 8th ECToH 2020 in Berlin, hosted by the German Cancer Society. Laura was especially commended on her expertise in human rights, tobacco farming and tobacco industry interference, and as the co-founder of the Unfairtobacco project (www.unfairtobacco.org) which works tirelessly to expose how the tobacco industry harms farmers, consumers and the environment. After receiving the ECToH Young Professional Award, Laura continues to be dedicated to tobacco control, and works for the DKFZ German Cancer Research Center and the WHO Collaborating Center for Tobacco Control.

ECToH 2023: A Movement for Youth Activism and Healthy Air in Europe, with the ultimate goal of achieving the goal of a smoke-free generation.

The 9th ECToH Madrid 2023 will kick-off with a Keynote Lecture entitled "The FCTC after 20 years: Does it still respond to challenges of tobacco control and public health?". Discussions will touch on a variety of topics including FCTC compliance and monitoring from different perspectives, and the role of taxes, transborder commercialization, industry interference and publicity. Participants will also share some ideas and experiences regarding tobacco control from around the world.

Questions up for discussion will include which strategy to take toward tobacco cessation, how to be mobilise resources and how to foster intersectoral collaboration. How do scientific publications on the topics of tobacco prevention and control help promote health literacy and inform citizens as well as the health community, so that messages reach the most vulnerable groups at highest risk for smoking? Creating healthy cities is not a Utopian dream, it can be a reality built upon the foundations of tobacco prevention and smoke cessation.

The social inequalities in tobacco use will be the topic of another keynote lecture that will offer a closer look at the groups most affected by tobacco use and its consequences. Consumption according to vulnerability level will also be discussed.

Given the goal of achieving a 'Tobacco-Free Generation' in Europe , it is essential that young people join the movement and lend through peer advocacy. Looking at gender differences in tobacco use may also help reach or study target groups, with the goal, again, of reaching those most likely to start and continue using tobacco products before they become addicted. Looking at the pathologic effects of tobacco smoking on people living with disease might also be of great interest

Figure 3. Photo: 1st Prize Winner of the Young Professionals Award, 8th ECToH, Berlin, Laura Graen (left), with Martin Seychell, European Commission (middle) and Sakari Karjalainen, former ECL President (right) European (Photo credit: ECL)

and shed light on different socio-cultural contexts. Let's tackle the big question one of the keynote speeches will raise: if people know that smoking kills, why do they keep smoking?

In an attempt to answer this question, we'll be looking at various factors that influence people's behavior and at different smoking habits. Newly emerging products being aggressively marketed in the EU smoking also demand attention and call for our extreme caution. There are huge knowledge gaps concerning their impact, but current evidence shows that e-cigarettes do not offer a 'safe' alternative to smoking and indeed pose other risks to both human health and the environment. What do we mean by creating smoke-free places and a Tobacco-free Generation? These questions necessitate a critical look at these new products and setting boundaries.

Participants will talk about these issues and more, including the impact of COVID-19 on tobacco use, regulation and control. Rather than just assessing current challenges, we will look for innovative solutions, think outside the box, and work to mobilise our young people to take action. The 9th ECToH Madrid 2023 aims to be visionary and put forward strategies to achieve a Tobacco-Free Generation' in Europe. Through education, mentorship, activism and collaboration, we believe we can help safeguard the health of our young people and of the planet we are leaving to them.

Conclusion

ECToH is internationally recognised as the main European forum for tobacco control advocates and is the European-equivalent of the World Conferences on Tobacco or Health (WCToH). The European Commission's Commissioner of Health and Food Safety, Stella Kyriakides, speaking at the ECL's 42nd Annual Conference for Cancer Leagues, paid tribute to the ECL and its networks for over 40 years of leadership and advocacy, and for their valuable contributions and input into EU policy making. Tobacco control and smoke cessation are in fact integral to Europe's Beating Cancer Plan, and the ECL's and its networks' voices are being heard.

ECToH 2023 represents a unique opportunity to address the issues of tobacco control and tobacco prevention globally, and is especially timely and welcome after the pandemic disrupted several other international conferences. We are grateful to all the institutions, organisations and individuals who have made this year's conference possible, and we are excited to see the ideas, energy and possibilities it will generate.

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What would be the conversion formula in order to tax e-cigarettes similar to cigarettes?

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Background

Calculating tax for tobacco products for half a century was straightforward, as cigarettes were practically the only relevant product in most European countries1. In the last five years, new tobacco and nicotine products challenged policymakers, who wished to line their tax with the primary type of cigarettes. The aim of the Ministry of Health in Israel was to equalize all tobacco/nicotine products taxation closely2. When the need for taxation of e-cigarettes arose, there was necessary to develop a conversion formula between e-cigarettes and cigarettes based on the Ministry of Health assumptions.

Methods

The Smoke-Free Israel team conducted a literature review of the different formulas developed and used worldwide for converting cigarettes for e-cigarettes and interviewed tax experts from the World Health Organization, Smoke-Free Partnership and Campaign for Tobacco-Free Kids. Following these actions and based on various assumptions concerning, i.a., the concentration of the liquid and the different product prices in the market, the team constructed the optimal conversion formula between e-cigarettes and packed cigarettes, which was accepted by decision-makers during the process of formulating the regulation both in the government and parliament.

Results

According to the accepted formula, 1 ml. e-liquid will be considered one pack of cigarettes for tax purposes. Since each subtype of the e-cigarette is different in its capacity and concentration, there was a need to conduct adjustments for calculating the tax for different e-liquids, pods, and disposable e-cigarettes.

Conclusions

Using a conversion formula based on packed cigarettes as the basic unit and a benchmark for a liquid capacity of an e-cigarette is essential for tax adjustment of all subtypes of e-cigarettes to reach an optimal tax rate between all e-cigarette subtypes and beyond.

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Smokers' strategies to reduce tobacco spending after a major tobacco tax increase: Findings from the 2020 International Tobacco Control (ITC) Netherlands Survey

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Introduction

Tobacco taxation is an effective tobacco control measure because of its impact on increasing quitting and reducing consumption. Some smokers, however, may instead use price-minimising strategies, such as purchasing less-expensive brands. This study examined whether smokers' responses to a major tobacco tax increase differed by age, income, and education. We also examined whether price played a role in quitters' decision to quit.

Material and Methods

Cross-sectional data was analysed from the 2020 International Tobacco Control (ITC) Netherlands Survey, conducted 6 months after a tax increase that increased prices by circa 13%. Responses to the tax increase by smokers (N=1790) were categorised as intended (reducing consumption to reduce spending) or unintended (using only price-minimising behaviours to reduce spending). We also examined whether price was reported by quitters as a reason for quitting (N=125). We used multinomial and logistic regression to examine whether responses varied by equity variables (e.g., income) and nicotine dependence.

Results

In response to the tax increases, 35.6% of smokers reduced consumption and 19.3% engaged only in price-minimising behaviours. 82.1% of quitters stated that price influenced their decision to quit. Low-income individuals were more likely to reduce consumption or quit due to price, but also to purchase less expensive brands. Highly dependent smokers were less likely to reduce consumption and more likely to use price-minimising behaviours.

Conclusions

Increasing taxation has a positive public health benefit: four out of five quitters said price influenced their decision to quit, and more than one-third of smokers reduced their consumption, with low-income smokers being more likely to reduce consumption or quit smoking, providing further evidence that increasing tobacco taxes can reduce health inequalities caused by smoking. Price-minimising strategies were most common among highly dependent smokers.

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How has the tobacco industry passed tax changes through to consumers in 12 Sub-Saharan African countries?

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Introduction

Tobacco taxation is the single most effective tobacco control policy that reduces affordability and consumption; however, it is only effective in reducing tobacco use when increase in taxes is translated into higher prices. Empirical evidence suggests that the tobacco industry (TI) weakens the effectiveness of taxes by employing a range of targeted pricing tactics.1-4 This study therefore aims to investigate the TI's price-based response to taxation and tax pass-through to consumers, both for cigarette packs and single-sticks, in Sub-Saharan Africa (SSA) countries. This is the first multi-country study from Africa that looks at industry's pricing strategies in 12 countries simultaneously (Botswana, Ethiopia, Lesotho, Madagascar, Malawi, Mozambique, Namibia, Nigeria, South Africa, Tanzania, Zambia, Zimbabwe) and also the first study that includes the pricing for single-sticks in Africa.

Methods

The study used the most recent African Cigarette Prices (ACP) Project datasets (2016-2020)5 for 12 SSA countries, along with taxation information from the WHO's Global Tobacco Epidemic Reports (GTR).6 The TI's pricing strategies were examined, and differentiated according to brands, producers and price segments.

Results

Tax increases on cigarettes (both packs and single-sticks) were not linearly passed on to the consumers in the 12 SSA countries examined, and the TI was found to employ differential tax shifting practices whereby taxes were either overshifted (price increased more than the tax increase) or undershifted (absorbed some of the tax increase) or a mix of both the patterns was observed.

Conclusions

This paper provides a general description of the TI pricing strategies in response to tax increases in SSA countries and provides policy recommendations that will be helpful for the particular countries examined and also other countries in similar situations for the effective implementation of targeted regional tax directives. The results suggest there remains scope for further tax increases in SSAs. Consequently, there is a critical need for key data and more country-specific analysis, independent and peer-reviewed research to buttress these findings and inform national policies.

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Cost-effectiveness of four tobacco control interventions in Mongolia

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Introduction

The aim of this study is to quantify the cost-effectiveness of four tobacco control interventions: tobacco taxation, mass media campaigns, school programs, and cessation support, and illustrate how available evaluation tools can be adapted to the local setting.

Material and Methods

The dynamic population health modeling (DYNAMO-HIA) tool was used to project the future smoking prevalence associated with the interventions and to simulate the resulting smoking-related disease burden over time. Applying the most recently available national Mongolian data as input, costs and effects of four interventions were compared to a business as usual scenario, resulting in costs per life year gained, and per disability adjusted life years (DALYs) averted.

Results

Over three years after implementation, all interventions reduce the prevalence of current smoking, with the largest reduction observed from the tobacco tax increase (5.1% points), followed by mass media campaigns (1.6% points), school programs (1.3% points) and cessation support interventions (0.6% points). School programs were a cost-saving tobacco control intervention when compared to current practice in Mongolia, while the other programs resulted in additional costs compared to business as usual. Compared to the WHO thresholds, all interventions would be considered "very cost-effective" in terms of cost per DALY averted (below US$ 4295 per DALY averted) in Mongolia.

Conclusions

Large-scale interventions such as taxation and mass media bring both a favorable cost-effectiveness and large health benefits in relation to their intervention costs. Reducing the prevalence of current smoking among the male population would be particularly worthwhile in Mongolia.

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Is Spain lagging behind, and would the new EU Tobacco Tax Directive help?

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Introduction
The last time Spain increased its cigarette excise tax was in 2016 when it approved a very small
2.5% excise tax increase. Since then, there have been no further tax increases. In addition, the tax system allows for a significant tax gap between roll-your-own (RYO) cigarettes and manufactured cigarettes, with RYO enjoying a tax rate more than 50% lower. The objective of the study is to examine the implication for current excise tax policy in Spain on public health and excise tax revenue and propose a policy solution that would not only improve public health, but also secure higher tax revenue for the government of Spain.
Material and Methods
Using an empirically validated tobacco tax model, I examine the current state of tax limbo vis-a-vis its impact on the market for manufactured and RYO cigarettes in term of the volume, value as well as the public health impact of the static tax policy. Next, the model simulates the impact of possible tax increases (motivated by the new EU Tobacco Tax Directive) over the period of 5 years and demonstrates their impact on market volumes, smoking prevalence, premature smoking-related deaths averted, tax revenue. and industry profits. The tax simulation takes advantage of existing studies on price and income elasticities of demand in Spain and accounts for substitution between RYO and manufactured cigarettes.
Results
The tax model clearly demonstrates that the current excise tax policy is detrimental to both public health and the overall economy. Increasing the tax rate and eliminating the tax advantage of RYO cigarettes, a likely feature in the new EU Tobacco Tax Directive, will significantly reduce the stubbornly high smoking prevalence in Spain, prevent thousands of premature deaths, and increase tax revenue.
Conclusions
Supporting the release of the European Commission proposal to update the EU Tobacco Tax Directive can provide a vital impetus for countries like Spain to achieving the objectives of the EU Cancer Plan that calls for a 20% tobacco use prevalence in the EU. This goal is feasible even in the presence of cross-border shopping and tax evasion.
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The not-so-bright side of recent tobacco control policies in Spain: A cautionary tale.

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Introduction
Despite remarkable advances in tobacco control policies, Spain has slid back in the Tobacco Control Scale due to its poor recent record in tax policies. This shortcoming is also reflected in the evolution of the Tobacco Tax Scorecard since 2014 (3.9 points out of 5) to the latest available score of 2018 (2.625).
The objectives of this research were to provide a detailed analysis of the causes behind this deterioration in the tobacco tax stance of Spain with a view to identifying the key measures that could reverse the situation.
Material and Methods
We analyzed data on tobacco market outcomes and on tax structure and rates for manufactured cigarettes and fine cut tobacco for the period 2014-2022 and obtained measures of affordability, retail price gaps across products, and retail price differentials with bordering countries.
Results
The average inflation-adjusted price of cigarettes and fine cut tobacco decreased by 3.5% which, coupled with the gains in real income per capita over the period, led to both these products becoming 13% more affordable. Their prices maintained a constant difference of 2 € per 20 sticks over the period. The price gaps with respect to the more expensive French market increased by 2.7 € per 20 sticks for both products.
The main factor behind these outcomes is the erosion of the inflation adjusted value of the minimum excise duties levied on these products, which decreased by 12.6%.
Conclusions
Over the last 8 years, the two main combustible tobacco products of the Spanish market have become more affordable, have not reduced their price difference, and have become much cheaper than they were with respect to their French counterparts. These are undesirable outcomes for public health which are explained mostly by the erosion of the real value of minimum excise duties.
The current European Union legislation on tobacco taxes leaves ample margin for increases in the minimum excise duties applicable to these products. These results suggest that a substantial increase is long overdue in the case of Spain. Moreover, the
revision of the European Union Tobacco Tax Directive should include automatic adjustments for inflation to minimum excise duties to avoid similar situations in the future.
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Tracing contraband tobacco from the street to the boardroom: a case study in Europe

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Introduction
Tobacco companies over-supply low-excise tax markets in the knowledge that products will be smuggled to higher-excise countries, but there has been limited research on how this process operates. This study follows a specific product from the streets of Northern England where it is consumed by the poorest and most vulnerable smokers, back to the industry boardroom where they are targeted.
Material and Methods
This study used a unique bottom-up, case study methodology, starting with qualitative interview data with smokers in deprived areas, before working up to illicit tobacco seizure data and analysis of tobacco industry documents to document how a specific tobacco company has built up its illicit market in one region of the UK.
Results
The illicit tobacco product considered has dominated the illicit market in the North East of Englandfor decades. It was the main product seen in these areas, most smokers used it and younger smokers grew up with it. Seizure data confirmed that this was the dominant brand. Industry documents showed that the company designed this product to appeal to British smokers, targeting it first at legal outlets on the Belgian coast popular with tobacco tourists, before directing most of their production to the Luxembourg market. The lack of tax harmonisation between Luxembourg and neighbouring countries appears to have helped create the conditions for organised

smuggling of this product.

Conclusions

Tobacco companies use a range of strategies to disseminate their product, including taking
advantage of differences in tax regimes. This case study shows how individual companies build up specific illegal markets alongside, or replacing legal markets. We call for 1) swifter progress towards excise tax harmonisation in Europe to address tobacco industry profiteering and 2) effective use of track & trace data to investigate and prosecute specific cases such as this one.

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The 2021 Tobacco Industry Interference Index in Indonesia: How the Industry Influences Tobacco Control Policies and Takes Advantage of the COVID-19 Situation

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Introduction

Over the years the industry also has been known to use its influence and financial power to undermine and thwart effective public health policies on tobacco control in various countries for business gain 1, 2. This effort can be done either directly or indirectly through third parties who have the same interests in the business, including in Indonesia 3. This study aims to determine the 2021 Tobacco Industry Interference (TII) index score for Indonesia and explain how the tobacco industry interfered with tobacco control policies and takes advantage of the COVID-19 situation in Indonesia.

Material and Methods

To identify the interference, we used data from a media monitoring report provided by media agency eBdesk from January 1st 2020 to March 31st 2021. All quotes were recorded and grouped into 20 questions under 7 indicators; 1) Level of Industry Participation in Policy Development, 2) Tobacco-Related Corporate Social Responsibility (CSR) Activities, 3) Benefits to the Tobacco Industry, 4) Forms of Unnecessary Interaction, 5) Transparency, 6) Conflict of Interest, and 7) Preventive Measures. The score depends on the number of incidents and/or level of strength. The maximum score for each question is 5 and the final score ranges from 20-100. The higher the score, the greater the influence of the tobacco industry.

Results

Indonesia's score for the 2021 TII index is 84. Tobacco industry interference in public policy continues as Indonesia still has no legal mechanism or effective framework to control the tobacco industry's participation in policy development. Tobacco industry-sponsored CSR activities escalated in 2020 compared to previous years. The tobacco industry took the advantage of the COVID-19 crisis by contributing a varied number of donations for pandemic responses. During this period the tobacco industry received special incentives of tax relaxation from the Ministry of Finance. There were several meetings and engagements between the tobacco industry and the Indonesian government during this period.

Conclusions

There were preferential treatments given to the tobacco industry during the COVID-19 pandemic. The tobacco industry is still considered a stakeholder and a normal business. The government must adopt a code of conduct that regulates interactions with the tobacco industry and its front group.

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Litigation against the Tobacco Industry : major impact for the EU?

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The Rotterdam court (Netherlands) has ruled that the 'rigged' cigarette is illegal and that the Dutch Food and Consumer Product Safety Authority (NVWA in Dutch) must take enforcement action. (December 2022)

This means that the NVWA will have to withdraw all current filter cigarettes from the store shelves: The tobacco industry will simply have to make new cigarettes with far fewer carcinogens that will comply with the legal maximum emissions measured with a new measuring method.

The court ruled that the sale of filter cigarettes for which it has not been established that they meet the legally prescribed maximum emission standards would be a violation of the law. The Court found that "this means that the NVWA wrongfully rejected the request to take enforcement action", according to the court, because "there are strong indications that the cigarettes sold in the Netherlands do not meet the aforementioned limit values".

The ruling may have huge impact on the tobacco market in the whole of the European Union since it is entirely based on an earlier judgement by the European Court of Justice delivered in response to preliminary questions raised by the Court in Rotterdam. In the Netherlands the Dutch Food and Consumer Product Safety Authority will now have to enforce and remove all rigged cigarettes from the store shelves.

Current emissions exceed legal limits

This case revolves around the fact that filter cigarettes are much more harmful and addictive than the tobacco industry make us believe, because smokers inhale much more tar, nicotine and carbon monoxide (TNCO) than is determined by official measurements. Cigarette filters have tiny holes through which air is drawn in during these measurements, which dilutes the toxins. Smokers cover these holes with their mouth and fingers, so that in practice they inhale much more toxic and addictive substances than legally permissible. Because cigarettes in practice emit more tar, nicotine and carbon monoxide than the legally prescribed maximums of 10, 1 and 10 mg respectively, the current cigarettes do not comply with the law.

Research from 2018 by the National Institute for Public Health and the Environment using an alternative measurement method that better approximates smoking behaviour (known as the Canadian Intense method) showed that the TNCO emissions from cigarettes are 2 to sometimes even 26 times higher than the legal maximums. That is why Youth Smoking Prevention asked the NVWA in 2018 to remove from the shops all cigarettes that are more harmful than the law allows.

The NVWA refused this, relying on the ISO measurement method prescribed by law (and now declared inadequate by the court), after which Youth Smoking Prevention, together with 14 other parties, asked the court to rule on this. In March 2020, the Rotterdam Court referred questions to the European Court of Justice for a preliminary ruling, in order to obtain clarifications from the highest European Court on the exact relationship between the prescribed measuring methods and the emission standards that are aimed at protecting public health. Both are prescribed by the Tobacco Products Directive (2014/40/EU).

On February 22, 2022, the Court of Justice of the EU delivered a judgment that, while the tobacco industry may continue to be bound by the existing ISO measurement method, the same measurement method cannot be relied on against private individuals because these 'rules' are not formally published in the European Official Journal. The Court ruled that citizens must be able to rely on cigarette emissions not exceeding the given legal standards. To determine this, a method that better approximates the smoker's actual smoking behaviour must be used.

In the Judgment the Rotterdam court applied the decision of the European Court of 22 February and found that Youth Smoking Prevention at the time had rightly objected to the NVWA's decision to base enforcement on the ISO measurement method. The NVWA now has been given six weeks to proceed with the enforcement of tobacco legislation using a more appropriate measurement method.

At this day the 4 major Tobacco Industries have appealed against the ruling.

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No government is immune from tobacco industry interference: Lessons from Canada's COVID-19 vaccine collaboration with Philip Morris

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Introduction

In October 2020, the Government of Canada announced a US$130 million collaboration with Medicago Inc. to develop a new COVID-19 vaccine. Shortly thereafter, Philip Morris International (PMI) revealed that it was a major partner in the collaboration and provided a US$40 million loan guarantee to secure its involvement. The government's collaboration with PMI represented a blatant violation of the WHO Framework Convention for Tobacco Control which prohibits tobacco industry partnerships among participating countries. The news of the collaboration was met with opposition and resistance from the global tobacco control community.

Material and Methods

In response to the PMI vaccine collaboration, ASH Canada and Corporate Accountability launched a global advocacy campaign in November 2020 urging the Canadian government to comply with the WHO tobacco control treaty and remove PMI as an investor. The advocacy campaign involved over 100 members of the Framework Convention Alliance (GATC) and included several high-profile interventions including news coverage, letter-writing, presentations, and a direct appeal to the delegates of the 2022 World Health Assembly, governments around the world and governmental regulatory agencies (i.e. FDA).

Results

In December 2022, Medicago revealed that PMI was ejected from the vaccine collaboration and its holdings in the company were purchased by the majority owner.

Conclusions

Canada is viewed as a world leader in tobacco control. If Canada is vulnerable to tobacco industry interference, then so are many countries. The WHO Framework Convention for Tobacco Control can shield participating countries from tobacco industry interference through the full implementation of Article 5.3 and its guidelines. In addition, there is an important need to implement other related articles of the treaty such as Article 19 as rapidly as possible to hold the industry accountable and deter further misconduct.

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Heated tobacco products (HTP) and cigarettes marketing in nightclubs in a major Polish city -mixed method analysis.

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Introduction

The tobacco industry's (TI) response to the global decline in tobacco consumption is the introduction of innovative products 1. Although advertising and promotion of tobacco in Poland is prohibited, tobacco companies use legal loopholes to advertise their products. In order to reach young adults, TI marketing focuses on entertainment and social venues such as nightclubs 2. This area of tobacco marketing has not been thoroughly researched in Poland.

Main objective

To investigate the prevalence and characteristics of the advertising and promotion of tobacco products in nightclubs in Gdansk, a large Polish city in northern Poland.

Material and Methods

We conducted systematic observation of nightclubs in Gdansk, which were open between July and October 2022. Two independent observers visited 30 venues and collected information using prepared form. The presence of branded bar accessories, signs with logos and other forms of advertising and promotion were checked. Where possible, pictures of visible images of tobacco marketing were photographed.

Results

It was observed that 70% of the nightclubs visited, sell tobacco products. Advertising of any types of tobacco products was present in 66.7% of establishments. Age was verified in [illegible] of the nightclubs, and half of the premises offered free admission. The most commonly sold and advertised among all tobacco products were HTP's (heated tobacco products). Modern forms of marketing were observed, such as multimedia animations and large points of sale.

Conclusions

The sale and advertising of tobacco products occurred in the majority of the nightclubs. The TI is dynamically developing and expanding its marketing with new promotional activities and products. Tobacco

advertising in social venues needs to be banned to effectively protect high-risk individuals from smoking initiation and relapse.

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TnT (Transparency and Truth): a moment of truth for Switzerland?

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Introduction

Despite substantial financial possibilities, Swiss tobacco control is poor and ranks second to last on both the Tobacco control scale Europe 2021 and on the Global Tobacco Industry Interference Index 2021. It is well known that major tobacco companies use Switzerland as their global sanctuary, have transformed the country's main economic trade organizations into unconditional allies and secured strong support from politicians.

In 2018, the Swiss Tobacco Control Fund (Fund) invited young people and tobacco control experts to propose innovative prevention measures. They proposed to develop Transparency and Truth (TnT), a measure aimed at debunking the actions of the tobacco and nicotine lobby to defend its commercial interests, and describing the mechanisms used to influence public health policy.

TnT is developed by two institutions and a task force of experts selected and managed by Oxysuisse.

Material and Methods

TnT consists in the development of thematic modules "describing the facts and setting the record straight on various issues where the tobacco industry does not act transparently and truthfully." Multi-thematic integration is encouraged, as messages can be mutually reinforced by connecting them with other topics (alcohol, sugar, environment).

The topics to be developed (e.g. "New products", "New marketing methods", "Violation of international laws and human rights treaties", etc.) are discussed, chosen by the task force and then developed by one or two partners. The modules should be eye-opening and attract public attention, while remaining factual and objective. Their contents are then translated into communication products adapted to different audiences, published on a dedicated website.

Results

This is a work in progress and currently two modules are available on the website. We welcome questions, support, or personal involvement from international experts to improve and strengthen the measure.

Conclusions

Effective tobacco control will only be possible in Switzerland when the influence of the tobacco industry on political decisions is stopped. It has to be fully and transparently exposed. TnT is the first governmental project ever aimed at doing exactly that, following FCTC's article 5.3. This is an important paradigm shift in Swiss tobacco control: the days of Switzerland's being a haven for the tobacco industry may be numbered.

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Monitoring the sale of tobacco products in the Netherlands: design of a monitor study

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Introduction

The government of the Netherlands aims to reduce the number of tobacco retailers. By doing so, she will alter how and where tobacco products will be on offer in the coming years. After banning tobacco sales through vending machines in 2022, the government is planning to ban tobacco sales via the internet (2023), in supermarkets (2024), and newsagents and petrol stations (after 2030). Ultimately, only the sale at tobacconists will be permitted. In addition, after 2025, the government will restrict the sale of electronic cigarettes to tobacconists. In this monitoring study, we will monitor the availability and price of tobacco products at different points of sale in the Netherlands.

Material and Methods

From 2022 onwards, we will annually monitor the availability and price of tobacco products in 8 randomly selected municipalities in the Netherlands. In 2022, observations (n=63) were held in supermarkets (n=28), news agents (n=17), petrol stations (n=12) and tobacconists (n=6). At each store, we assessed product availability and price of cigarettes and roll-your-own tobacco. We also assessed the availability of flavour-changing products.

Results

Data collected in this first year revealed that the variety of cigarette packages available in stores is larger than that of roll-your-own tobacco products. Also, the range of prices was broader among cigarette packages than among roll-your-own products. Flavor-changing products were widely available in tobacco retail settings in the Netherlands (in three-quarters of stores).

Conclusions

This monitor study will inform policy makers about some of the intended and unintended effects of measures to reduce the number of tobacco retail settings. It also helps gaining insight into some of the tactics used by de tobacco industry to circumvent the ban on flavored tobacco products.

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Vaping: Scientific manipulation in Spain

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Introduction

Tobacco industry is betting on vaping and heated tobacco to maintain the bottom line. They use the same tactics used with cigarettes: advertising to minors, fierce opposition to regulations and scientific manipulation. In Spain, 2,2% of adults vape regularly, but among minors the experimentation last year is 22%. The objective is to describe the industry's tactics to influence the scientific community about the supposed harm reduction of new products.

Material and Methods
Search in Pub Med using keywords. The following were reviewed: a) websites of Spanish companies or associations of e-cigs, b) industry websites and of its front groups and c) websites with information on industry tactics such as Tobacco Tactics.
Results
The factoid of a 95% lower risk of vaping comes from a 48-hour consensus of 12 people in July 2013. The meeting was funded by Euroswiss Health and Lega Antifumo of Italy, in turn funded by BAT and PMI. The report was published in a journal without peer review. Half of these people had known conflicts of interest. Papers with COIs are more than twice as likely to conclude that they are helpful in smoking cessation and that their risks are not significant. In Spain, the front organization of the Industry to support its harm reduction strategy is the "Platform for Tobacco Harm Reduction." The Platform was funded by ANESVAP (Spanish Association of Personal Vaporizer Users). It is an association integrated into INNCO (International Network of Nicotine Consumers Organization) funded by Smoke Free Word (PMI). The head of ANESVAP is also a member of the board and vice president of INNCO. People who collaborate with the industry have participated in the Global Tobacco and Nicotine Forum (GTNF), face-toface meetings between 2010 and 2019. In Spain, most of the foreign speakers who participated in the Tobacco Harm Reduction Summit Spain organized by the Platform and held on 2018 also participated in GTNF meetings.
Conclusions
The so-called "tobacco harm reduction" is a communication campaign promoted by the industry and supported by some people and organizations with a health profile that are part of its strategy of scientific manipulation.
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Public Attitudes to Implementing Financial Incentives in Stop Smoking Services in Ireland

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Introduction
Financial incentives improve stop smoking service outcomes.1 Views on acceptability influence implementation success.2 To inform implementation planning in Ireland, public attitudes to financial incentives in stop smoking services were measured.
Material and Methods
A cross-sectional telephone survey was administered to a random digit dialled sample of 1000 members of the Irish general public aged 15 years and older. The questionnaire included items on support for financial incentives under different conditions. Prevalence of support was calculated with 95% Confidence Intervals (CIs) and multiple logistic regression determined factors associated with key responses using Adjusted Odds Ratios (aORs, with 95% CIs).
Results
Almost half (47.0%, 95% CI 43.9%-50.1%) supported at least one type of financial incentive to stop smoking, with support more prevalent for shopping vouchers (43.3%, 95% confidence interval (CI) 40.3%-46.5%) than cash payments (32.1%, 95% CI 29.2%-35.0%). Support was similar for universal and income-restricted schemes. Of those who supported incentives, the majority (60.6%), believed the maximum amount given to people who prove they have stopped smoking should be under €250 (N=385, median=€100, range=€1-€7000). Versus comparative counterparts, those of lower educational attainment (aOR 1.49 95% CI 1.10-2.03, p=0.010) and tobacco/e-cigarette users (aOR 1.43 95% CI 1.02-2.03, p=0.041) were significantly more likely to support either type of incentive, as were younger respondents.
Conclusions
Public engagement will be integral to planning for successful implementation of financial incentives for smoking cessation to improve stop smoking service outcomes. Although findings suggest mixed support for financial incentives for smoking cessation among the general population, robust evidence supporting their effectiveness and higher support identified among lower socioeconomic groups and tobacco-users should be leveraged to advance implementation.
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Compliance of Point of Sales to Tobacco Control Law in Istanbul

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Aim
The aim of this study is to observe the compliance of the point of sales (POS) to the tobacco control legislation and investigate the hints of industry interference in Istanbul.
Material and Methods
This study was carried out in November 2022 using Framework Convention Alliance methodology for shadow reporting at POS in four commercially dense districts of Istanbul. Observation forms were filled and photos were taken to document the violations.
Results
Of the 199 POS visited 100 % had illegal price tags, 96% displayed products at the eye leve of children, 94,5 % had stacked various sizes of cigarette packs to create the same design implying the industry interference, 91,5 advertising on display units, 93 % had placed packs to hide pictorial warnings, 83,4 % had tobacco advertising in the shop, 84,9 % did not have notices about sales to minors, 91,5 % had shelves carrying colors or logo of a tobacco company, 80,9 % rendered physical access , 79,4% sold cigars and cigarillos by stick. 65,3 % sold products which were not licenced in Turkey such as e-cigarettes,puff bars, menthol balls.
Conclusions
Increase in POS violations compared with previous years were noted. Explicit sales of unlicenced products and overt tobacco industry advertising were proof of visible non

complience.
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The politics of pricing: the relative affordability of cigarettes in Lebanon during the 2019 financial crisis

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Introduction
Tobacco contributes to the global burden of disease1-3. Decreasing tobacco affordability and hence consumption would reduce the burden of smoking. To achieve that, cigarette price increases need to surpass the rate of economic growth. This is often done through taxation. But a similar decline in affordability can occur in financial crises when consumer incomes drop. Yet, the impact on cigarette consumption is not clear because: i. the relationship between price and affordability is not straightforward, as the affordability of food and non-food items also changes and, ii. tobacco companies use price strategies to affect affordability and maintain demand. To date, neither complexity has been fully explored. We explore both in the case of Lebanon whose economy is in crisis since 2019.

Material and Methods
Using mixed methods, we consider the price of cigarettes, food, and non-food items and overall inflation to examine affordability and concomitant changes in cigarette consumption. We also draw upon an interview with the state-owned tobacco monopoly (the Regie) to better understand the strategies it adopted.

Results
The prices of cigarettes and food and non-food items increased faster than the overall inflation rate, so they became less affordable. But the drop in cigarette affordability was relatively weaker than for food and non-food items. This can be partly attributed to the Regie's price strategy to maintain demand and ensure the viability of the sector.

Conclusions
A decline in income can have a similar effect to an increase in the price of tobacco through taxation. Changes in effective affordability depend on changes in tobacco affordability relative to changes in the affordability of other products. In the case of Lebanon, cigarette smoking prevalence decreased despite the Regie's efforts to keep tobacco relatively affordable. While the interventions of a state-owned tobacco monopoly might differ in some ways from those of a transnational tobacco company, this case still holds lessons for understanding tobacco company pricing strategies during economic crises, with important implications for public health.

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Tobacco greenwashing in environmental, social and governance disclosures

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Purpose
The purpose of this paper is to examine the ways that tobacco companies attempt to utilise environmental, social and governance reports for legitimation, notably through tobacco-sector sustainability disclosure criteria in the European Union (EU).

Introduction
This paper explores the current challenges in the elaboration of EU tobacco sector-specific non-financial reporting standards in light of the WHO FCTC, notably Articles 5.3 and 13 and the Guidelines. Environmental, Social and Governance (ESG) reporting frameworks are increasingly used to elaborate rankings featuring the most sustainable businesses. Some place tobacco companies as top-ranking sustainable companies. This allows the tobacco industry to greenwash its image and enhance its license to operate as responsible companies, while the Parties to WHO FCTC have recognised the tobacco industry's Corporate and Social Responsibility (CSR) as an inherent contradiction. Current tobacco companies' voluntary ESG reports falsely portray them as socially responsible, which violates Article 13, as well as many countries' national laws, as tobacco's so-called CSR is a form of tobacco promotion. This paper specifically focuses on the EU's current elaboration of tobacco sector-specific disclosure requirements to be made public in soon-to-be compulsory EU companies' non-financial reports.

Material and Methods
Descriptive research was carried out through companies' voluntary ESG reports, international ESG frameworks, EU legal draft texts, juxtaposed against qualitative research (data collection through interviews and document analyses).

Results
The outcome shows that current EU rules on tobacco-sectorial ESG disclosure requirements face several layers of transparency hurdles -as per their content as well as through their elaboration-, including conflicts of interest and infringements to Article 5.3 WHO FCTC.
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Conflicts of interest on the use of electronic cigarettes during pregnancy: a systematic review

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Introduction
The prevalence of electronic cigarette (ecigs) use has increased

dramatically in recent years, possibly due to the promotion by industry and the advocacy of some physicians which suggest ecigs as a "safer" alternative to tobacco during pregnancy. Evidence suggests that studies in favor of ecigs are more likely to be funded by industry and this could influence physicians' recommendations. Our aim is to describe the studies conducted on ecigs during pregnancy, with emphasis on conflicts of interest (COI).

Material and Methods

We conducted a systematic literature search in PubMed to identify original articles on pregnant or postpartum women, published between 1/1/16-21/1/23, which analyzed the use of ecigs during pregnancy. The characteristics of the studies were collected, and a descriptive synthesis of the results was made. The conclusions (in favor, against, neutral) and the COI of the studies were assessed. We also evaluated their quality.

Results

The search yielded 193 results, and 23 were selected for full-text reading. 15 original articles were included: 4 qualitative and 11 cross-sectional studies. The studies had between 2-14 authors, and were conducted in the UK (5/15), the USA (9/15) and Australia (1/15). The median quality score was 6 out of 10. Of the 15 studies, 12 had a COI section and, of these, 7/12 acknowledged potential COI (4 with the pharmaceutical industry, 1 with the ecigs industry, 1 with a consumer engagement company and 1 with a journal). Of the 15 studies, 10 received funding (1 from the pharmaceutical industry, 3 from a university, 8 from public bodies and 2 from a charitable association). Authors of 5 studies reported financial ties with the pharmaceutical industry and one with both the pharmaceutical and ecig industries. Of the studies declaring a COI with industry (5), 1 was against ecigs benefit (the COI was posterior to the study), 2 were in favor, and 2 were neutral. Of those without COI with industry (10), 3 were against a benefit, 3 were in favor and 4 remained neutral.

Conclusions

The results are unclear about the relation between the presence of COI and the conclusions, however the number of studies on ecigs during pregnancy is limited. In any case, health professionals should be aware of the existence of COI when interpreting the results of these studies, as they may be influenced by industry.

Funding

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Conflict of interest in research on heated tobacco products: a systematic review

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Introduction

Tobacco companies are investing massive amounts of money to support research on heated tobacco products (HTP).

Objective

To quantify the proportion of HTP research funded by the tobacco industry and to assess any association with how authors interpreted findings.

Material and Methods

We conducted a systematic review of the literature through 23rd February 2022 in Pubmed/Medline, Embase and the Cochrane Library to identify all publications focusing on HTPs (PROSPERO 2020: CRD42020137394). For each study, reported tobacco industry related conflict of interest (COI) was identified based on authors' affiliations, acknowledgements, funding, and COI disclosure. Two trained reviewers, blinded to information on authors, independently evaluated the conclusions of the abstracts to categorize them as providing either a favourable, neutral, or unfavourable conclusion on HTPs and tobacco harm reduction (THR).

Results

We retrieved 514 studies, of which 320 (62.3%) had tobacco-related COIs. Six studies with a declared COI were among the 196 studies assessed as against or strongly against HTPs (3.1%), with 20 among 102 neutral studies (19.6%), and 168 among 216 studies evaluated as in favour or strongly in favour (77.8%). The crude odds ratio of being supportive of HTPs was 36.6 (95% confidence interval: 21.9 to 61.3) for studies with a COI.

Conclusions

The existing body of published research on HTPs is dominated by studies conducted or supported by the tobacco industry, with evidence of bias in their conclusions. The large majority of COI-free studies oppose HTPs. There is an urgent need to fund and sustain independent research on novel tobacco products.

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Changes in tobacco imagery and smokers' depiction in Spanish top-grossing films before and after the implementation of a comprehensive tobacco control policy in Spain

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Introduction

As more restrictions on tobacco marketing communication are implemented, tobacco marketing has persisted through smoking in films. Our aims were to assess changes in tobacco imagery exposure in Spanish top-grossing films before and after banning tobacco advertising in Spain and to determine whether the depiction of smoking characters has changed over the years.

Material and Methods

A repeated cross-sectional study measured the tobacco content in the 10 Spanish top-grossing films of each of the three years before and after a complete tobacco advertising ban. We conducted a descriptive and regression analysis of changes in tobacco impressions by year.

Results

The 30 films contained 1,378 tobacco occurrences [90.2% positive for tobacco] with a median length of eight seconds onscreen. Total positive for tobacco occurrences did not significantly increase in 2010 or 2015 compared to 2005. However, we observed decreased odds of tobacco brands appearances (OR: 0.25; p<0.001) in 2010 and of implied tobacco use (OR: 0.44; p=0.002), and tobacco brands appearances (OR: 0.36; p<0.001) in 2015 compared to 2005. There was a change of pattern in the type of role smokers play from a leading role to a supporting one (p<0.001). Population reach of positive for tobacco occurrence in Spanish top-grossing films decreased from 15.9 (95%CI 15.86, 15.86) per 1000 spectators in 2005 to 0.8 (95%CI 0.82, 0.82) in 2015.

Conclusions

The implementation of complete tobacco product advertising was followed by a decrease in tobacco incidents across top-grossing Spanish films. Yet, exposure to smoking in films is still unacceptably high.

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Part I: Moving in the right direction: Tobacco packaging and labeling in the Americas

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Introduction

Article 13 of the World Health Organization Framework Convention on Tobacco Control recommends a comprehensive ban on tobacco advertising, promotion, and sponsorship (TAPS) including at the point-of-sale (POS). In Feb. 2022, Mexico amended its tobacco control law to establish a complete ban on TAPS including product display at the POS. Regulations went into effect Jan. 2023, and specify that only a list of tobacco products available and their prices may be displayed; lists cannot include logos. The objective of this study was to assess availability and marketing of conventional and emerging tobacco and nicotine products at the POS before implementation of the TAPS ban in Mexico.

Material and Methods

An observational study was conducted from Dec. 6-20, 2022, in the capital cities of Puebla and Aguascalientes, two states in Mexico. We selected 6 areas based on socioeconomic and geographic variation. We monitored 477 tobacco POS (236 in Aguascalientes, 241 in Puebla), equally distributed across the 6 areas. POS had a minimum distance of 100m between each other, and included convenience stores, pharmacies, supermarkets, specialty tobacco stores, and liquor stores. Trained data collectors used cellphones with the web program KoBo Toolbox to record the POS location, tobacco product availability, brands, advertising, promotion, and product display, among other items.

Results

Almost all POS sold conventional cigarettes (97.5%) and flavored (including menthol) cigarettes (84%). Few POS sold cigars (1.5%), little cigars (<1%), or waterpipe tobacco (<1%). Ten POS (2%) sold electronic cigarettes, one sold heated tobacco products (0.2%), and none sold oral nicotine pouches. Most POS displayed conventional tobacco products (85%) and had at least one type of tobacco advertising (60%). Few (<2%) had tobacco promotions (limited editions, discounts, or gifts with purchase). Almost half of POS displayed a list with cigarettes brands and prices (48%), and about 40% sold single sticks (packs opened and/or lighters).

Conclusions

TAPS bans, including at the POS, are essential to reducing tobacco use prevalence. Assessment of POS prior to implementation of the TAPS ban show pervasive and aggressive marketing used by the tobacco industry. A monitoring of TAPS post-implementation of the ban will be conducted to assess compliance.

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An e-book on industry tactics: preliminary results about readers' opinions and awareness

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For decades, tobacco companies have undermined tobacco control measures. The World Federation of Public Health Associations (WFPHA) Tobacco Control Group created an e-book outlining 7 key-tactics (Advertising, Front groups, Manipulating the media, Funding scientific research, Political lobbying, Electronic alternatives as "harm reduction", and Legal challenges) used by the industry to influence public and political opinion1. Objective of the study was to raise awareness on the topic. Methods: E-book key-tactics were researched, written and revised by group members from public health backgrounds. The e-book was distributed through member networks and published on the WFPHA website and social media. Readers were asked to answer questions designed in consultation with tobacco control experts using a Likert scale. Results: 251 readers (mainly university students) answered the survey from 21 countries and various health and public health disciplines. 95.2% would recommend the e-book to a colleague (46.2% 'very likely', 49% 'likely') and 87.2% stated it improved their understanding of tobacco industry tactics. Readers agreed or strongly agreed that: electronic alternatives should be regulated as strictly as cigarettes (76.9%); governments should sue tobacco companies for healthcare costs (64.9%); political donations by tobacco companies should be banned (56.2%). Readers disagreed or strongly disagreed that: retailers should be allowed to accept payments from tobacco companies to incentivise product sales (58.6%); tobacco companies do not influence politicians in their country (58.6%); there is adequate teaching about tobacco industry interference in training of healthcare professionals (53.0%). Main conclusions: Readers of the e-book said it improved their understanding of tobacco industry tactics from a wide range of backgrounds, with high rates of recommendation. E-books are an innovative way to disseminate knowledge especially among young people.

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Problems with defining tobacco products in the Polish anti-tobacco act

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Introduction

The Polish Anti-Tobacco Act defines tobacco products as products intended for consumption by consumers, consisting, even partially, of tobacco, including genetically modified tobacco. Such a definition of tobacco products, by referring to tobacco, raises doubts as to the status of new products appearing on the market. Currently, on the basis of the legal solutions in force in Poland, there is a problem with the legal classification of other products containing extracted or synthetic nicotine such as nicotine pouches.

Aim

The aim of the study was to analyze the legal regulations in force in Poland in terms of qualification of emerging new nicotine-containing products.

Material and Methods

Dogmatic and legal analysis of the provisions of the Polish Anti-Tobacco Act of 1995 and its amendments and the WHO Framework Convention on Tobacco Control (FCTC).

Results

Due to the narrow defining of the term "tobacco product" in the Polish anti-tobacco act, there are doubts as to the legal classification of nicotine products newly introduced to the market, which do not contain tobacco itself but only extracted or synthetic nicotine and are not medicinal products at the same time. Although definition of tobacco products corresponds to Art. 1 f. of the FCTC, it seems that it would be consistent with the spirit and objectives of the Convention and the current challenges of public health to extend this concept under the Polish Anti-Tobacco Act to include other nicotine products of a non-medicinal nature.

Conclusions

In view of the marketing of new forms of administering nicotine, which can be synthetic, it is necessary in the Polish Anti-Tobacco Act to depart from the name "tobacco products" and adopt the name "nicotine products". Only such a broad definition will make it possible to define without any doubt the legal status of new non-medicinal products appearing on the market, without the need to constantly amend the legislation. It should be recognized that such actions are in line with the spirit and objectives of the FCTC.

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Implementation of the Article 13 of the WHO FCTC and prevention of youth e-cigarette use

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Introduction

The tobacco industry and related entities use multiple strategies and channels to attract youth into tobacco and nicotine use. Exposure to tobacco advertising, promotion, and sponsorship (TAPS) has been linked to increased use of electronic cigarettes (e-cigarettes) among adolescents. There is limited evidence related to the impact of the TAPS measures introduced by the World Health Organization's Framework Convention on Tobacco Control (WHO FCTC). This study examined the association between the implementation of the WHO FCTC Article 13 and youth e-cigarette use.

Material and Methods

Data from the 2016 or 2018 WHO FCTC implementation reports and the 2016 or 2019 Global Youth Tobacco Survey on students aged 11-17 years from 48 countries were analyzed (n = 165,299). Multi-level logistic regression models were used to assess the associations between the implementation of TAPS measures, individual- and country-level factors, and youth current e-cigarette use.

Results

All individual-level characteristics were associated with e-cigarette use. Higher age, male gender, and higher perceived amount of pocket money were risk factors for e-cigarette use. Adolescents who saw people using tobacco in the media were more likely to use e-cigarettes (ORadj=1.29; 95% CI: 1.23–1.34). Adolescents who were taught about the dangers of tobacco use in school were less likely to use e-cigarettes (ORadj=0.82; 95% CI: 0.79–0.85). In lower-middle and low-income countries, bans on TAPS covering Internet, points of sale, product placement, and the strength of additional TAPS measures were all associated with lower odds of youth e-cigarette use.

Conclusions

Our study provides new evidence on the importance of the implementation of the WHO FCTC for prevention of e-cigarette use among youth. Further research on tobacco control interventions tailored for younger populations is warranted to ensure these interventions target new and emerging products, especially in lower-income countries.

Funding

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Innovations in Canada That May Inform the Next EU Tobacco Products Directive

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Introduction

This presentation will outline, with images, the successful Canadian experience with a series of innovative regulatory measures, often world firsts. These innovative measures and this experience could be considered for the next EU Directive.

Material and Methods

The presentation will draw on Canadian legislation, regulations, research, and advocacy.

Results

The measures adopted in Canada include the following:

Health Warnings

• Require health warnings directly on every cigarette (announced June 2022, final regulations pending)
• Require world's largest package health warnings for surface area (in cm2), due to minimum dimensions for "slide and shell" packaging
• Require health messages inside packages on slide of "slide and shell" packages, replacing inserts

Regulation of the product: flavours, dimensions, filters
• Ban menthol/cloves at ingredient level in all tobacco products
• Ban characterizing flavours in all tobacco products
• Ban superslims, slims and wide cigarettes, with diameter minimum 7.65 mm and maximum 8.0 mm
• Ban cigarettes longer than 85 mm
• Require flat end to filter thus banning recessed filters
• Require little cigar diameter of minimum 7.0 mm, maximum 8.5 mm
Plain packaging
• Require plain packaging for all tobacco products
• Require standardized "slide and shell" format, resulting in (1) increased warning size; (2) a more inconvenient package size; (3) interior health messages that are not discarded
• Ban brand names that evoke a colour or filter characteristic
• Require brand name (including brand variation) to appear on a single line
• Require drab brown inside pack
• Require little cigar diameter minimum 7.0 mm, maximum 8.5 mm
Conclusions
Canada has successfully implemented a series of innovative regulatory measures, thus demonstrating feasibility for potential inclusion in the next EU Directive.
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Consumption, opinion and knowledge about tobacco products in health professionals

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Background
In recent years, tobacco products (PT) have proliferated: Heated Tobacco (THP), Water pipes or Shisha and electronic cigarettes with/without nicotine (ENDS/ENNDS).
Health professionals must be up-to-date on the TP to promote the prevention of smoking.
Objectives:
To describe the profile of consumption, knowledge, and opinion about TP among primary care and hospital health professionals. Methods
Cross-sectional study with an anonymous and voluntary online survey addressed to health professionals in the Region of Murcia, from 11/04 to 12/18, 2022. Non-probabilistic sampling. Descriptive (percentage, mean, and standard deviation) and analytical (Chi-square and ANOVA) analyzes were performed using the SPSS-V25 program.
Results
123 surveys were obtained, 64.2% nursing and 27.6% medicine. 79.5% women, with a mean age of 46.73 (±9.98). 48% work in primary care and 32.5% in hospitals.
Consumption
- 12.2% use PT and 35.8% used them at some time (ex-consumers), without statistical differences by sex, profession, or work environment, if existy by age (F: 4.698; p=0.011).
- 9.7% conventional tobacco, 4.9% ENNDS and 2.4% ENDS, THP and Shisha.
Knowledge
- To inform patients about ENDS (16.3%), ENNDS (13%), THP (13%) and Shisha (14.6%)
- On components: 23.6% believe that ENDS do not have nicotine and 35% that thps do not
- Lower risk than conventional tobacco: 19.5% ENDS, 30.1% ENNDS, 11.5% THP; 29.3% Shisha.
Opinions
- Industry tries to sell harm reduction without demonstrating it (74%)
- PT they promote the initiation of consumption (79%), normalize their use (73.2%) and make cessation chronic (76.4%)
- Cessation: they would never use them (ENDS: 71.8%, ENNDS: 55%, THP: 73.7%)
- Risk: none additional to nicotine (7.4%)
- Training necessary (76.4%) and informative materials (78%)
Conclusions
Among healthcare professionals:
1. The prevalence of PT use is lower than in the general population.
2. They have limited and/or erroneous knowledge to inform patients.
3. They are aware of the risks they pose in tobacco control, not being in favor of its use in cessation.
4. They need more training and information materials.
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Electronic cigarettes in relation to changes in smoking habits and respiratory symptoms : a population-based cohort study

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Introduction
How e-cigarette use relates to changes in smoking habits and respiratory symptoms in the population remains controversial. The aim was to prospectively study the association between e-cigarette use and changes in smoking habits and respiratory symptoms.
Material and Methods
A prospective, population-based study of random samples of the population (age 16-69 years) was performed within The Obstructive Lung Disease in Northern Sweden (OLIN) study and West Sweden Asthma Study (WSAS). A validated postal questionnaire including identical questions was used in OLIN and WSAS at study entry in 2006-2008 and in a follow-up in 2016. In total, n=17325 participated on both occasions. Questions about respiratory symptoms and tobacco smoking were included in both surveys, while e-cigarette use was added in 2016.
Results
In 2016, 1.6% used e-cigarettes and it was significantly more common in persistent tobacco smokers (10.6%), than in those who quit smoking (2.1%), started smoking (7.8%), or had relapsed into tobacco smoking during follow-up (6.4%), p<0.001. Among current

smokers at study entry, tobacco smoking cessation was less common in e-cigarette users than e-cigarette non-users (14.2% vs. 47.6%, p<0.001) and there was no association with a reduction of number of tobacco cigarettes smoked per day. Those who were persistent smokers reported increasing respiratory symptoms, while the symptoms decreased among those who quit tobacco smoking, but there was no significant difference in respiratory symptoms between quitters with and without e-cigarette use.

Conclusions

The use of e-cigarettes does not seem to further aid smoking cessation or improve public respiratory health.

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E-cigarette toxicity and health effects - how to communicate scientific evidence to politics and the public

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Introduction

Recently, in Germany, the use of electronic nicotine delivery systems (ENDS) increased, also among adolescents, and threatens to compromise tobacco control efforts. Regulation of e-cigarettes to protect public health has to be based on scientific evidence. Therefore, political decision makers, public health advocates as well as journalists need sound, but easily understandable scientific information.

Material and Methods

Comprehensive, non-systematic review of recent studies on health effects and addictive potential of e-cigarettes. Translation of scientific evidence into easily understandable language and compilation into a report for political decision makers as well as the general public.

Results

An easily understandable and highly illustrative report on the health effects of ENDS use has been compiled. E-cigarette aerosol contains, besides nicotine, particulate matter, carcinogens, heavy metals (i.e., lead) and volatile organic compounds (VOCs). Some of the toxicants can cause inflammation, oxidative stress or DNA damage. E-cigarette aerosol might increase the risk for several diseases affecting the cardiovascular and respiratory system. The production of toxicants in e-cigarette aerosol is influenced by several factors, including e-liquid components, nicotine concentration, and device factors such as power and device materials. E-cigarette use among adolescents and young adults is particularly alarming, as nicotine exposure during adolescence can harm brain development, cause nicotine addiction and can increase the probability of smoking initiation. Furthermore, exposure to second hand aerosol from e-cigarettes might be harmful to vulnerable bystanders. Further studies are needed on the long-term effects on human health by ENDS use.

Conclusions

E-cigarettes are by no means harmless life-style products. ENDS use is addictive and may pose a health risk, especially for adolescents, pregnant women and non-smokers. The review communicates the impact of e-cigarette aerosol on human health in a way that is easily understandable for a lay audience. It gives recommendations for strengthening the regulation of e-cigarettes to prevent youth and young adults from vaping initiation and nicotine addiction. Governments are strongly recommended to include e-cigarettes in smoke-free legislation to protect vulnerable groups from the potential harm of second hand aerosol exposure.

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Perceived health effects of heated tobacco products (HTPs) among Hungarian adult exclusive HTP versus dual/poly-users

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Introduction

Independent studies assessing the perceived health effects of heated tobacco product (HTP) use are still scarce. Patterns of HTP use may impact on perceived health improvements (HIs) and adverse events (AEs) related to HTP use. The objective of this study is to explore AEs and HIs experienced by current exclusive HTP users and current dual/poly-users (concurrent users of a HTP and combustible cigarettes and/or an e-cigarette) since they started using an HTP.

Material and Methods

A cross-sectional, web-based survey was conducted among Hungarian adult current HTP users in 2020. Out of 14 AEs and changes in physiological functions listed with yes/no response options, participants (n=1138, 36.6% males) self-reported their experienced symptoms since they started using HTPs. Distribution of each listed symptom and reporting any AEs or HIs were analyzed.

Results

Exclusive HTP users (78.9%) experienced any HIs more likely than dual/poly-users (89.0% vs 63.8%, respectively, OR=4.59, 95%CI=3.28–6.42), while reporting any AEs did not differed significantly among them (64.9% vs 62.1%, respectively, OR=1.13, 95%CI=0.92–1.34). More than half of exclusive HTP users reported improvements in morning cough, breathing, smell, physical status in general, and tooth discoloration (72.5%–50.2%), while dual/poly-users significantly less likely did so. Almost half of the sample experienced sore/dry mouth and throat. Reporting AEs like cough (31.7%) or burning, scratchy feeling in the mouth, lips, and throat (26.3) were significantly more likely among dual/poly-users than exclusive HTP users (15.6% and 16.3%, respectively, p<.001). In comparison, exclusive HTP users experienced gingivitis and gum bleeding more likely than dual/poly-users (11.9% vs 5.4%, p=.004).

Conclusions

Our results highlight that some exclusive HTP users may experience more beneficial health effects of switching completely from smoking to HTP use than dual/poly-users. However, none of the use patterns is without health risks.

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Inventory of worldwide availability of flavour accessories: do-it-yourself flavour addition to increase tobacco products' attractiveness

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Introduction

Flavours increase tobacco product appeal and contribute to initiation of tobacco product use, particularly among youth. Therefore, many jurisdictions have restricted or prohibited the use of flavours in nicotine and/or tobacco products, particularly to prevent youth uptake of these products. However, the effect of flavour regulations seems to have been weakened by recent market innovations, which most likely were developed, as a response to flavour bans. An example are flavour accessories, which allow consumers to introduce flavours to (unflavoured) tobacco products. Although they seem to increase tobacco product appeal, they are often not subject to (tobacco) legislations.

Material and Methods

A uniform search protocol was developed to acquire information on the availability and marketing of flavour accessories in web shops accessible from 8markets globally, including Brazil, India, Italy, Singapore, South-Africa, Switzerland, the United Kingdom and the United States of America. Data previously collected from the Netherlands were also analysed. Characteristics of the products and web shops were noted, and flavours were categorized in a flavour wheel.

Results

Flavour accessories were available in all participating countries, with the reported types being flavour capsules, cards, filter tips and tubes for make-your-own cigarettes, drops, sprays, rolling paper, aroma markers, a flavour stone, and a powder. 121 unique flavours were reported, which were mostly fruit, sweet, alcoholic and minty flavours. Promotion of these products was often associated with (menthol) flavour bans and web shops were in many cases evaluated to be attractive to youth.

Conclusions

The wide availability and variety of flavouring accessories is concerning. They have attractive flavours and seem to be marketed to youth, and thus circumvent the regulatory aim of flavour bans. Therefore, policy makers should consider banning these products to complement existing tobacco control measures.

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Building blocks for regulating emerging products in the Netherlands

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In recent years, the Netherlands has moved towards the forefront of tobacco control in Europe. On the Tobacco Control Scale1, the Netherlands moved up from the 14th position in 2019 to the 4th position in 2021. A National Prevention Agreement2 was concluded in 2018, which has set the goal of less than 5% smokers in 2040 and included a set of tobacco control measures. Following the agreement, various tobacco control policies were implemented and new policies have been announced. Stronger regulation of emerging tobacco and nicotine products got much attention in these policies. For example, the smoking ban was extended to e-cigarettes in 2020, the advertising ban and other measures were extended to heated tobacco product devices in 2022 and a ban on nicotine pouches was introduced in the same year. From 2023, e-cigarette flavours other than tobacco are banned. In coming years, all (existing and future) nicotine containing products are brought under the scope of the tobacco control policies and e-cigarette sales will be limited to tobacconist shops. We assessed the factors contributing to these developments. Crucial building blocks have been the formation of an alliance between three health foundations and many other partner organisations, as well as the introduction of the 'Smoke-free Generation' movement. Working together to create a Smoke-free Generation, the alliance and its partners developed and carried out the collective opinion that protecting children against emerging products should prevail over harm reduction objectives. As a result, the Dutch government was able to strengthen regulations. The approach in the Netherlands can provide inspiration for countries that would also like to reinforce its policy regarding emerging products. The Dutch example shows that a unifying strategy and partnerships can lead to policy change.

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All white snus - designed to make children and adolescents nicotine dependent

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Introduction

All white snus is a product in a pouch filled with flavoured nicotine. Small amounts of tobacco may be present but most brands are marketed as "tobacco free". ´All white snus is excepted from tobacco marketing bans and the spread is often promoted by social media influencers. Marketing started in 2017 and Swedish school surveys from 2018 and onwards have shown an increase in snus use of 40 percent, mainly due to all white snus. As the nicotine content in all white snus is often higher than in other snus products, this fast uptake is of major concern.

Material and Methods

A series of short mobile phone videos (1-2 minutes) about important tobacco facts have been produced by Swedish NGOs and spread through social media. The most recent addition to the series is a video of all white snus that will be presented in English translation. Essential information and risks of use are highlighted.

Results

The video will be presented. Number of visitors and downloads during the 1st quarter of 2023 will be shown.

Conclusions

There is a rapid spread of use of all white snus among Swedish adolescents. A recent spread to other Nordic countries has been reported. As all white snus is not covered by the Tobacco Product Directive this strong nicotine product could easily spread to other EU countries. Information about all white snus is important.

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Effectiveness of a conversational chatbot in the smartphone to cease smoking in the adult population: pragmatic, controlled, randomized clinical trial in primary care

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Introduction

Given low intervention rates in smokers, we tried to assess the effectiveness of an evidence-based intervention to cease smoking via a chatbot in the smartphone compared to usual clinical practice in primary care.

Material and Methods

Pragmatic randomized clinical trial in 34 primary healthcare centers within the Madrid Health Service. Smokers over 18 years who attended on-site consultation and accepted help to quit tobacco were recruited by their doctor or nurse and randomly allocated to receive usual care (control group, CG) or an evidence-based chatbot intervention (intervention group, IG). Both arms were based on the 5A´s by the US clinical practice guideline.

Primary outcome was continuous abstinence from smoking that was biochemically validated after 6 months. The outcome analysis was blinded to allocation of subjects although participants were unblinded to group assignment. An intention-to-treat analysis, in cases of missing data, and logistic regression models were employed for assessing the primary outcomes.

Results

The trial was conducted between October 1st of 2018 and March 31st of 2019. The sample comprised 513 patients (242 in the IG and 271 in the CG), with an average age of 49.8 years (SD 10.82) and gender ratio of 59.3% women and 40.7% men. Of them, 232 patients (45.2%) completed the follow-up, 104 (42.9%) in the IG and 128 (47.2%) in the CG.

Main outcome

In the intention-to-treat analysis, the biochemically-validated abstinence rate at 6 months was higher in the IG with 26.03% (63/242) versus 18.82% (51/271) in the CG (odds ratio (OR)=1.52, 95% CI: 1.00–2.31, P=.05). After adjusting for basal CO-oxymetry and bupropion intake, no substantial changes were observed (OR=1.52, 95% CI 0.99–2.33 P= .053; pseudo R2=0.045).

In the IG, 61.16% (148/242) of users accessed the chatbot, average bot-patient interaction time was 121 minutes (CI 95% 121.1–140.0), and average number of contacts was 45.56 (SD 36.32).

Conclusions

A treatment including a chatbot for helping in tobacco cessation was more effective than usual clinical practice in primary care.

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E-cigarette usage and reasons for use among a representative sample of the general population in France

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Introduction

The use of Electronic Cigarettes (ECs) is the subject of scientific controversies, in particular, because of the lack of data on its smoking cessation effectiveness, health impact and users' trajectory. In France, the High Council of Public Health1 has called for caution in its use although it has been steadily increasing since 20162. What is the situation in 2021 in France regarding its prevalence and the reasons for using it?

Material and Methods

The Cancer Barometer (INCa and SpFrance) is a cross-sectional phone-administered survey conducted in a representative sample of the general population in France in 2021 (n=4938). ECs usage was measured on the basis of awareness, the experience of use, and current use. Participants were asked to specify their usage motivations (to reduce tobacco consumption; to stop smoking; to replace tobacco but without the intention of stopping; or other). Descriptive analyses and multinomial logistic regressions were conducted to identify socio-demographic determinants of trying EC.

Results

In this sample, 99.6% of respondents were aware of ECs, 36.9% had ever used them, 7.5% considered themselves current users, and 29.5% were former users. Women were less likely to have tried ECs (OR = 0.82 [0.68-0.98]). Participants under age 55 (notably, 15-24, OR= 21.19 [14.25-31.51]; 25-34, OR=8.51 [6.36-11.40]), unemployed persons (OR= 0.73 [0.58-0.90]), urban-based residents (OR=1.24 [1.02-1.51]), current smokers (OR=75.80 [56.35-101.95]), and daily smokers (OR=27.72 [19.80-38.82]) were more likely to have previously tried ECs. Being a current user of EC (n=308) was associated with age, being employed, the level of diploma and tobacco use status (p<0,001). Among them, the most commonly cited reasons for use were to stop combustible cigarettes (CCs, 48%), to replace CCs but without the intention of stopping (21.5%), and to reduce CCs (16.7%). In addition, 13,5% mentioned other reasons, notably for recreational purposes or to avoid certain disadvantages of smoking.

Conclusions

This study confirms the current increase in the prevalence of vaping observed in France, which is greater compared to other European countries; and some sociodemographic characteristics associated whit an EC attempt. Finally, our results show that the main reason to currently use EC is quitting smoking.

Funding

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Increasing popularity of heated tobacco products in Polish Internet: 2016-2022 – Google Trends analysis

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Introduction

Through the years, the role of marketing and digital marketing has grown in importance. It is possible to better direct marketing activities to specific target groups using appropriate tools such as statistical analyses, observing trends and adapting to them, using popular information technologies - e.g. keywords or terms (hashtags)1,2,3.

Objective

To identify trends of heated tobacco products in Polish Internet: 2016-2022.

Material and Methods

Two most popular heated tobacco products4 were selected along with related keywords. Then, data on the search for these terms in the Polish Internet in the years 2016 - 2022 was imported via Google Trends5. This tool presents the relative search volume (RSV). RSV ranges from 1–100, the value of 100 indicates the highest point of popularity (100% of popularity in the given period and location) and 0 the lowest level (<1%)6. Circumstances taking place in Poland at the time of the popularity increases of a given term were observed.

Results

Popularity of heated tobacco products has increased in Polish Internet in the last few years. In July 2020 „IQOS" has value of 100 and at the same time FDA (U.S. Food and Drug Administration) announced that this product can help adult smokers to quit smoking and reduce the impact of harmful substances on their health7. Furthermore, since the start of the GLO sales support campaign in 20218, there has been a significant increase in interest in this query, the trend has since remained above 50 RSV.

Conclusions

Decisions of significant health institutions as well as marketing activities of tobacco industry companies and the highest level of selected searches' popularity showed at the same period of time. Query data is free, publicly available, and updated on a regular basis. It is possible to propose the use of data from Google Trends in public health interventions.

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E-cigarette perceptions and use among young French people: Endgame through the prism of perceptions

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Introduction

Despite an aim to achieve a first smoke-free generation by 2030, smoking prevalence in France is still high (25.3% daily smokers), especially in young people (28.7% of 18-24 age-group)i. E-Cigarettes (ECs) have recently given rise to scientific debate, particularly given the lack of data on smoking cessation effectiveness, health impact, and user trajectories (French HCSP reportii). To denormalise tobacco in young French people, their perception of EC harmfulness is key.

Material and Methods

The 2021 Cancer Barometer is a French cross-sectional phone survey conducted on a representative sample of the general population (n=4938) including young people (15-24 years; n=727). EC use in this cohort was defined as having ever tried ECs and being or not a current user. Perceptions of the harmfulness of ECs, flavourings, and nicotine were assessed regarding (1) health, (2) cancer risks, and (3), for ECs, compared to Conventional Cigarettes (CCs). Descriptive analyses and logistic regressions were used.

Results

Most young French people aged 15-24 had tried ECs before (53.6%), more than any other age-group (OR=21.19, ref. 55-75 years [14.25-31.51]). In 2021, 8.4% of young people currently used ECs. They

perceive ECs as somewhat (44.7%) or very harmful for health (33.4%), and less harmful than CCs (52.7% less harmful, and 35.6% equally harmful). They believe EC use may lead to cancer (83.4%), more than older cohorts (OR=2.06 [1.26-3.35]). Young people perceive nicotine contained in some ECs as somewhat (40.2%) or very harmful for health (46.8%) – significantly more likely to share this opinion (OR=5.33 [2.36-12.01]). The same applies to nicotine ECs, with 87.8% perceiving them as a cancer risk, an opinion linked with age (15-24 years, OR=2.73 [1.52-4.88]). Most young people consider the flavourings included in some ECs as somewhat or quite harmful for health (65.6%) and perceive them as a potential cancer risk (68.5%).

Conclusions

This is the first nationally representative study in France and Europe with such a detailed analysis of EC perceptions in young people. This cohort has a greater overall perception of the risks of these products than older cohorts, showing encouraging progress in nicotine behaviour prevention, but also highlighting misconceptions of the links of ECs and nicotine with cancer.

Funding

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Perceptions of e-cigarettes and e-liquids flavours harmfulness in the general population: Results of a French nationally representative survey

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Introduction

France has the second-largest proportion of current electronic cigarette (EC) users in the EU (6,7%1) and a relatively high smoking prevalence (25.3% daily smokers, 2021), notably among lower-educated people (32.0%). EC appears as a potentially effective smoking cessation method2 (being less harmful than combustible cigarettes (CCs))3. Perceptions of harm are a determinant of initiation of use; this study aims to analyse these perceptions of EC and its flavours in the French population in 2021.

Material and Methods

The Cancer Barometer (INCa and SpFrance) is a cross-sectional phone-administered survey conducted on a representative sample of the general population in France in 2021 (n=4938, 15 to 85 y.o). Perceptions of the harmfulness of ECs and flavours were assessed 1/ directly on health, 2/ for cancer risks, and 3/ for EC compared to CCs harmfulness. Descriptive analyses and Binomial and multinomial logistic regressions were used.

Results

74.6% of people surveyed considered ECs to be quite or very harmful to their health: especially women (OR=1.54 [1.09-2.16]) and persons under 55 y.o. (notably, 25-34, OR=3.91 [2.30-6.66]). On the contrary, highly-educated people (Master's degree [Md], OR=0.47 [0.25-0.87]) and occasional smokers (OR=0.47 [0.25-0.88]) were less likely to share this opinion. Compared to CCs, 53% of respondents perceived it as more harmful, notably those with incomes under 1100€ (≥1800€, OR= 0.50 [0.29-0.84]), lower-educational level (Md, OR=0.34 [0.14-0.82]) and never-smokers (current users, OR=0.37 [0.18-0.75]). E-liquid flavours were perceived by 42.2% as rather, 17.7% as very and 10.1% as extremely harmful. Regarding EC use and cancer, 79.4% agreed that EC use may lead to developing cancer, especially among people under 45 y.o. (notably, 25-34, OR=3.09 [2.03-4.71]), while higher-educated people were less likely to perceive a link between EC use and cancer (Md, OR=0.60 [0.38-0.93]). Finally, 23.9% strongly and 49.8% somewhat agreed that EC flavours might lead to cancer.

Conclusions

This is the first nationally representative study in France analysing EC and flavours harmfulness perceptions of the general population. It reveals fairly negative perceptions, contrasting with popularized scientific evidence, and points towards avenues for further research.

Funding

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Motivations for using nicotine pouches – findings from interviews with Polish adults

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Introduction

Nicotine pouches (NPs) are gaining popularity. These are small, white sacs, which include nicotine in the form of salts enriched with several types of additives mainly different types of flavors. Lack of tobacco

in the NPs is an important factor that is associated with its potential lower harmfulness compared to traditional cigarettes or heated tobacco products as well as snus. Despite above characteristics there is still insufficient data on patterns of use,
motivations, as well as perceptions of this new, emerging product. The aim of the study was to broaden the knowledge on motivations for reaching out for this product.

Material and Methods

Qualitative approach was utilized. In December 2022 there were seventeen structured Individual In-depth Interviews (IDI) conducted. The sample included only adults, both male and female.

Results

The initial findings indicated that for participants the NPs were complementary product to other tobacco products. The key motivation to start using NPs elicited by interviewees were curiosity and willingness to experiment. The introduction to the product was through several channels: (a) close/personal – such as friends, (b) distant/ personal, such as hostesses at parties and (c) contextual – such as events i.e. concerts. The motivation to continue using NPs arises from the convenience of usage. In users opinions they do not produce smoke or smell when applied, thus can be used indoors without disturbing others, as well as can be easily hidden, when required. Moreover, they provide a longer and stronger effect while not affecting lungs.

Conclusions

NPs is an emerging products, which can add to the portfolio of nicotine products. Its attractiveness is attributed to its novelty to consumers and convenience of use. Thus
perceived as an alternative to other nicotine products.

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Quit interest among current Norwegian snus users: How widespread is the interest to quit, and what are the drivers?

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Introduction

In Norway snus is now the most frequently used tobacco product. Despite being considerably less harmful than cigarettes, snus use may be harmful, and there are concerns for snus use among adolescents, and maintained nicotine addiction among former smokers who use snus. Also, lack of willingness to quit nicotine products altogether weakens the push for tobacco "endgame". Little is known about the diffusion of quit interest and quit plans among snus users.

Objective

Identify quit interest among current Norwegian snus users by assessing the extent of previous quit attempts and future quit plans.

Material and Methods

Data was collected by the Norwegian Directorate of Health as part of the evaluation of the Stoptober campaign. Three time points (two in 2018, one in 2019) were pooled for the present analysis. N= 820 snus users, 710 (87%) of whom were daily users, and 129 (16%) were also smokers.

Descriptive statistics was used to identify the extent of snus cessation behaviour. Adjusted logistic regression was applied to identify associations between background variables, tobacco use status, and interest in quitting snus.

Results

58% had previously attempted to quit snus, while 53% expressed current plans to quit. 27% had never attempted to quit and had no current quit plans.

Previous quit attempts were positively associated with being male, young age, risk perception, snus use intensity and non-smoking status. Quit attempts were not associated with geographical region, education level or personal income.

Current quit plans were positively associated with young age, northern & western geographical region, risk, snus use intensity and non-smoking status. Quit plans were not associated with gender, educational level, or personal income.

Conclusions

Willingness to quit snus is stronger among the young, those that worry about the health hazards of snus, daily snus users and those that do not smoke. The lack of significant associations with educational level suggests that snus cessation patterns may differ from smoking cessation patterns which tend to have a strong social gradient.

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Media monitoring: advertising for tobacco and related products in social media

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Introduction

Social media platforms allow individuals and companies to connect and create, share and interact with content including text, videos, photos and links. Therefore, social media are often used for marketing which includes promotions via paid digital advertising or via compensated 'influencers' with large networks. Youth and young adults are particularly exposed to appeal of tobacco use in social media marketing. In the European Union, advertising for tobacco products and e-cigarettes is banned on TV, radio, print, Internet and in social media. However, it is often difficult to distinguish between advertising and user content in social media. Some platforms have voluntary self-regulation for products that are harmful to health, such as tobacco. These regulations are sometimes inadequately implemented. To our knowledge, no data on the extent, forms and content of advertising for tobacco and related products in German social media is currently available. Our project aims to close this data gap.

Material and Methods

The goal of this media monitoring is to understand and describe how advertising for new tobacco and nicotine products such as e-cigarettes and heated tobacco products is designed in German social media. For this purpose, social media such as Twitter, YouTube, Facebook and Reddit, Pinterest, Instagram and forums will be monitored. An automated social media analytical tool will be used to investigate the extent and the form of advertising. Special attention will be paid to advertising via influencers.

Results

Our project will create an overview of the extent and form and content of advertising for tobacco, related products in social media for Germany for the first time. The results will help uncover existing weaknesses in regulation and inform tobacco education efforts. Preliminary results will be presented.

Conclusions

For of tobacco and related products, the analysis of advertising in social media makes it possible to check compliance with existing

advertising restrictions. This can serve as a basis for establishing any necessary preventive measures to effectively protect adolescents and young people from advertising for harmful tobacco and related products.

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Perception and use of puff bars among French tennagers

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Introduction

•Puff bars are disposable e-cigarettes, available in a wide variety of sweet and fruity flavours (e.g., strawberry ice or marshmallow), with a packaging that is particularly attractive to young people.

•The nicotine content of the e-liquid is variable and may contain up to 20 mg/ml of nicotine. Some brands, produced outside the European Union but sold in France (especially on the Internet) may contain up to 50 mg/ml.

•In France, puff bars are sold in tobacconists, some supermarkets and on the Internet, and their price varies from €8 to €12 for 500 to 600 puffs (the equivalent of two packs of cigarettes).

•The rapid spread of the use of puffs among teenagers, especially in secondary schools, despite the ban on sales of this product to minors in France raises fears of an epidemic of nicotine dependence and a possible gateway effect from these products to tobacco and smoking.

•The ACT – Alliance Contre le Tabac and BVA an international research and consulting group have surveyed French teenagers aged 13 to 16 about their perception and use of these flavored disposable e-cigarettes.

Material and Methods

•A nationally representative sample of 400 teenagers aged 13 to 16 was interviewed for this survey.

•The survey was conducted on internet from July 4th to 20th, 2022.

•The representativeness of the sample is ensured by the quota method, applied to the following variables: gender and age of the teenager, occupation of the reference person in the household, region and category of agglomeration.

•The results were then adjusted to be representative of this population.

Results

An increasingly popular product among middle and high school students

66% have already heard about puff bars

36% know exactly what it is

13% have already used these puff bars

A worrying ease of access despite the ban on sales to minors

Among 13–16-year-olds who have already purchased tobacco or nicotine products:

9% have already bought puff bars

7% have already bought an e-cigarette and/or e-liquids

6% have already bought traditional cigarettes

The main arguments of teenagers for its use
(several answers possible)

58% original and fruity flavors

33% many people use them around me

32% friends of mine use them

21% puff bars are popular on social media

The main places of consumption
(several answers possible)

50% within the school area

29% at parties or outings with my friends

24% during an activity outside of school

Conclusions

•This survey confirms the sense of a sudden craze for these products among very young teenagers.

•The banning of these disposable e-cigarette is therefore essential from a health and environmental perspective if we do not want to see this pediatric nicotine addiction epidemic accelerate.

•The nicotine contained in these disposable e-cigarettes is a major concern, as the brain of teenagers is particularly vulnerable to it and dependence can develop within a few weeks of use.

•A bill for the banning of these devices in France has been introduced and is now endorsed by more than thirty deputies from various political parties.

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Are herb vaporizers a low-risk alternative to tobacco products? Emission of particles from dry chamomile in an herb vaporizer

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Introduction

Dry herb vaping has become quite popular especially among young users. This could be attributed mainly to the opinion that herbs are natural products and, because of that, their vapors do not contain any harmful substances. Thus, herb's vaping is suggested as a healthy alternative to tobacco products. This opinion is strengthened due to the already known pharmaceutical properties of a variety of herbs. However, the published works about the emissions during herbs vaporizing is very limited today. The objective of the current study is to examine the emissions of Particulate Matter (PM) and Black Carbon (BC) during chamomile vaping.

Material and Methods

Organic chamomile was vaporized using a temperature-controlled, electrically-driven commercial vaporizer. In average 0,085g of chamomile was used to load the device before heated until evaporation at 195, 210 and 225oC. A peristaltic pump is connected to the vaporizer to collect the emissions. Pump flow rate was set to 35ml per minute and puff interval at 30 seconds. The puff duration was 2 and 5 seconds and every session lasted for 7 puffs. PM and BC emissions were measured in real-time using a Light-Scattering Laser Photometer and an Aethalometer, respectively.

Results

During the first two puffs, a very small concentration of particles is emitted, which increased to reach a maximum at the 4th puff and

decrease at the next puffs. Particles emission per session increase with temperature and with puff duration.PM emissions can reach almost 100,000 mg/m3 at the maximum values. BC corresponds to 0.04% of PM emissions for 2 secs puff and 0.05-0.07% for 5 secs puff.

Conclusions

Chamomile used in an herb vaping device produces a non-negligible concentration of PMs. The production of PMs depends strongly on the vaping conditions. These findings highlight the necessity for future research in the field of dried herb vaping.

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A consensus statement on electronic nicotine delivery systems (ENDS)

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Introduction

Electronic nicotine delivery systems (ENDS) use has dramatically increased in Spain since 2014, especially among younsters. There has been an important marketing campaign claiming their presumed benefit as a harm reduction tool or as a strategy to quit tobacco. Influencers have promoted their use in social networks. Spanish regulation allows the use of ENDS in most public places, and some means of marketing. Therefore, the Spanish National Committee for Smoking Prevention (CNPT) developed a consensus statement to develop advocacy actions to prevent and control the use of ENDS.

Objective

To describe the elaboration of the consensus statement and its recommendations.

Material and Methods

A group of experts in tobacco from different disciplines reviewed the literature concerning:

• Health issues in ENDS users and bystanders. Impact on tobacco prevalence and tobacco initiation.
• Potential benefits in tobacco cessation or in harm reduction.
• Marketing strategies to promote their use.
• Current regulatory measures and their caveats.

Recommendations were evidence based. The statement was reviewed by the scientific societies gathered in the Spanish National Committee for Smoking Prevention.

Results

We reviewed 129 papers related to ENDS use. The statement was divided in 4 parts:

• Scale of the problem.
• Safety issues, toxicity, and health issues.
• Potential therapeutic properties.
• Regulation and control.

Recommendations and conclusions were evidence-based and in line with to FCTC (Framework Convention on Tobacco Control). The statement was published in Spanish and English in the CNPT website (https://cnpt.es/) and was sent to the Ministry of Health. Dissemination of the statement was made in the media and social networks.

Conclusions

Evidence does not support the safety profile of ENDS, nor their utility as a smoking cessation or harm reduction strategy. The statement counterbalances the misleading messages and manipulation from the vaping industry. It also promotes advocacy and the need for a stronger regulation of ENDS use. The statement supports that regulatory measures should be the same as for to tobacco control. Actions to prevent the use of ENDS are warranted.

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Harm reduction or added harm? Reviewing the danger and impact of e-cigarettes and heated tobacco products

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Introduction

Smoking is one of the leading causes of morbidity and mortality worldwide, and being gradually aware of this, the world has united to gradually control this scourge. However, in the face of this awareness, the tobacco industries have promoted new consumer products to continue selling and producing nicotine addiction. These include electronic cigarettes (e-cigs, also known as Electronic Nicotine Delivery Systems (ENDS)), heated tobacco products (HTPs) and oral nicotine products. Some types of ENDS appear to potentially help some smokers to quit in certain circumstances, but the evidence is insufficient to issue a blanket recommendation to use any type of the above ENDS or HTPs as a cessation aid for all smokers, especially given the high level of addiction that nicotine continues to generate.

Objective

To review the applicability of e-cigarettes and HTPs in our context and the existing evidence regarding the harms associated with their use, the possibility of their use as a smoking cessation method and their use for harm reduction purposes, as well as the most appropriate measures to take in this regard.

Material and Methods

Comprehensive review of national and international studies of the last 5 years on e-cigarettes and HTPs in the main scientific journals and databases. This review is in the process to be complemented by a qualitative study consisting of structured, focused interviews to field experts.

Results
Despite e-cigs and HTPs may not be comparatively as toxic as conventional cigarettes, they still have toxic and addictive components. There is evidence that compounds in these products can cause respiratory, cardiovascular, dermatological, immune and other diseases. While e-cigs and HTPs have been marketed as alternatives for smoking cessation, there is no evidence that they are an adequate alternative for smoking cessation. Accordingly, WHO does not recommend them, being more useful the use of cognitive-behavioral therapy potentially combined with the approved pharmacological treatments.
Conclusions
The use of e-cigarettes or HTPs are harmful to health. Therefore, they are not appropriate methods for smoking cessation and should not be considered as tool for harm reduction compared to available proven interventions. Stricter taxation and regulatory policies are required, and devices need to be regulated according to a consistent approach for 'tobacco,' with proper taxation, mandating the addition of health warnings for these devices, point-of-sale restrictions, and banning advertising and marketing.
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Adverse effects of vaping and electronic cigarettes

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Introduction
Electronic cigarettes and/or vapers are devices marketed to the public as a harmless and affordable substitute to combat the use of traditional cigarettes. Their easy accessibility and poor sales control is due to the fact that prior to their commercialization these products do not require rigorous tests that can guarantee the safety of their consumers. Most of the pathologies associated with the consumption of e-cigarettes are based on damage to the respiratory system (EVALI), cardiovascular system (venous and arterial system) and at the oral level (periodontitis). In addition to causing damage, it aggravates pathologies already present in patients, such as asthma or COPD.through a review of articles, the toxicity of e-cigarettes is evidenced, dispelling the myth that they are a good alternative to give up traditional cigarettes in a harmless and effective way.
Material and Methods
For the preparation of this work, a bibliographic review was carried out in PubMed. Those studies that were discarded met the following exclusion criteria: articles related to the use of e-cigarettes for smoking cessation, as well as articles in which animals were used to demonstrate the negative effects and those in which there was a clear lack of information.
Results
The total number of articles found was 9,849, of which 19 were finally chosen for the elaboration of the work. Filters and inclusion and exclusion criteria were applied, such as the time interval 2010-2022, in order to achieve a more exhaustive and concrete review of reviews about what we wish to convey. These studies talk about the problems associated with the use of e-cigarettes and vaping, as well as lung damage, such as EVALI and the oxidative and inflammatory damage they cause in our organism. They also tell us about other types of traumatic and thermal pathologies that can be caused along the respiratory and vascular system. Another very important aspect to be dealt with is the use of eliquids and flavoring that these devices use to achieve a greater affinity for people and the problems in the organism that they cause.
Conclusions
Once all the information has been synthesized, it is possible to conclude the number of negative health effects that the use of e-cigarettes entails, regardless of the type of e-liquids used or whether or not they contain nicotine. However, these devices have become very popular in a very short period of time, which means that there is a great deal of ignorance about them and very few conclusive studies on the number of pathologies caused by them. From the nursing point of view, we have concluded that educational workshops could help to change the perspective of the young public regarding its consumption. Likewise, the increase in long-term research would be a fundamental piece to extend the current information about them. Political institutions have a great impact on society, so they should implement restrictions on the sale and purchase of electronic cigarettes and/or vapers, thus reducing consumption by the population
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Are online interventions for smoking cessation effective alternatives to face-to-face interventions? A retrospective analysis

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Introduction
Since 2020, the Spanish Association Against Cancer-Madrid has offered digital resources to the population interested in quitting smoking and has implemented 12-week online combined pharmacotherapy and behavioral interventions (O-CPBI) for smoking cessation. This study explores whether the O-CPBI could be as effective as face-to-face combined pharmacotherapy and behavioral interventions (FTF-CPBI).
Material and Methods
An observational, retrospective, and longitudinal study was conducted. We included adults (≥18 years old) who attended a smoking cessation therapy at the Spanish Association Against Cancer between September 2018 and June 2021. We compared the rates of abstinence from tobacco use among subjects that attended an O-CPBI or an FTF-CPBI. Both interventions consisted of ten group sessions. The abstinence from smoking was measured at the end of therapy, and six months, and one-year after enrollment. This study is complementary to the research presented at the last congress of the National Committee for the Prevention of Smoking in Spain.
Results
Eighty-one adults attended an O-CPBI and 127 an FTF-CPBI (mean age 50.3±10 and 52.9±9.6 years old, respectively, p=0.060). The proportion of women was higher in the O-CPBI than in the FTF-CPBI (80% vs. 64%, p=0.008). Mental disorders were more frequent in the FTF-CPBI group (29% vs. 16%, p=0.032); however, in the O-CPBI group, the hospital anxiety and depression scale (HADS) scores were above the given cut-off points (13-15) more frequently (45% vs. 28%, p=0.026). Overall, subjects with a mental disorder were less abstinent. In both groups, the use of varenicline was associated with higher odds of abstinence (OR 10.9 [IC 95% 2.3-52.03] and OR 2.6 [IC 95% 1.1-6.0], respectively). Smoking cessation rates were similar among both groups at the end of therapy (79% vs. 73%, p=0.192) six

months (53% vs. 58%, p=0.32) and one year after enrollment (44% vs. 41%, p=0.66, respectively). In general, subjects with a history of cancer were less abstinent at the end of therapy (p=0.03); however, this difference was not observed in consecutive follow-ups (p=>0.05).

Conclusions

The O-CPBI is an effective alternative to FTF-CPBI for smoking cessation. However, more studies must be conducted to evaluate which populations respond best to the interventions studied.

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Supporting nurses in tobacco cessation using practical tools

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Introduction

Health promotion and illness prevention are among the most important responsibilities in nursing. Tobacco consumption is harmful and causes a number of diseases and sufferings worldwide. Tobacco cessation is one of the most cost-effective health care interventions in which nurses hold a key position. The NGO Swedish Nurses against Tobacco has in collaboration with Swedish Nursing Association encouraged nurses to raise the topic of quitting tobacco in all patient meetings. Offering advice and further support increases the chances of a smoking cessation attempts being made by patient.

Material and Methods

Since 2019, material were produced based on the Swedish national guidelines for prevention and treatment of tobacco addiction. It included tools consisting of pocket memory cards that can be tied together to make it easy to pick up when needed. The different subjects included: Tobacco cessation in practice, motivational interviewing, benefits of quitting and a validated questionnaire for exploring smoking cessation barriers. The format of the tools allows to easily update the information within the different topics.

Results

The launch of the material has led to great interests. It has been disseminated to various special target groups of specialist nurses through newsletter, seminars and conferences. It is also an available resource being used in regular trainings in the certified tobacco cessation courses and in the special cares given to patients with e.g., diabetes and COPD in Sweden.

Conclusions

A complementary and easy-to-handle material can make it easier for nurses to bring up tobacco topic in their meetings with patients. Tobacco consumption is the most preventable cause of death in the world. Nurses with the appropriate knowledge and confidence will be able to make a significant impact on this serious epidemic.

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Targeting scientific knowledge that is difficult to access, to different groups of health professionals through involvement of the target group

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Introduction

There are many myths concerning people with mental illnesses, e.g. that smoking is the least of their problems and that they do not wish to quit smoking. Both myths have proven to be wrong. In the past years new evidence has evolved, one of them being that tobacco influences the effect of psycho-pharmaceuticals. However, the knowledge within this area is not easy accessible why there is a need to develop materials targeting health professionals working with this patient group and hereby improving the help for people with mental illnesses. The basic objective has been to provide health professionals with the necessary information in order to help people with mental illnesses to quit smoking.

Material and Methods

In order to understand the health professionals needs regarding information about mental illnesses and smoking cessation, three qualitative focus groups and two individual interviews were completed. The health professionals were smoking-cessation-counselors, social educators, psychiatric nurses and psychiatric doctors – all working with people with mental illnesses. Before the interviews, the HPs had read a draft of the suggested material.

Results

The topics of the interviews were content, language, and layout. Overall, the health professionals found the written material relevant. However, the groups of health professionals had different preferences concerning the length and type of material, the language used, and the specific content targeting the different health professionals. As result of the data collected from the interviews, the original material was divided into four editions, targeting each group of health professionals.

Conclusions

It is essential to include the target groups in developing new materials to ensure the appropriate level of health literacy. Health literacy does not have a meaning in itself. It is only important in interaction with the target groups.

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Smokeless tobacco (snus) use and its correlates among men during 2000-2020 in Finland

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Introduction

In Finland, the sale of snus is prohibited but (il)legal imports are common. Smoking has decreased for decades, but the use of snus has increased among adolescents. Less is known about the trends and correlates of snus use among the adult population. This study aimed to fill this gap.

Material and Methods

Fourteen repeated cross-sectional surveys during the years 2000-2020 (including the years 2000–2005, 2008, 2010–2014, 2018, and 2020) with comparable measures were utilised. Total sample size was 181,000 and the response rate decreased from 69% in 2000 to 46% in 2020. Analyses were restricted to men aged 20–64 years (n = 24,404). The outcome was current (daily+occasional) snus use (yes/no) and main explanatory variable smoking status. Analyses included logistic regression model. Post-stratification weights were used to correct the effects of non-response.

Results

Current snus use increased from 4.4% in 2000–2005 to 10.8% in 2018 and 2020. Compared with non-smokers, occasional smokers (OR 2.75, 95% CI 1.91–3.95) had higher odds for current snus use. The statistically non-significant associations were in the same direction for daily smokers and former smokers. Interaction of smoking status and time (p<0.0001) showed elevated risk for snus use in 2018–2020 for daily, occasional, and former smokers compared with non-smokers. Current snus use risk was higher also for those with younger age, intermediate educational level, being single, and binge drinking.

Conclusions

Snus use has increased over time among adult population. Occasional smoking is a risk factor for snus use, in addition especially to younger age and binge drinking. Regulative measures to curb the use of snus should be enacted to meet the objective of a tobacco- and nicotine free society by 2030. Additionally, motivating and helping snus users to stop should be increased in health care settings. These services should be targeted especially for young men and those with binge drinking.

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What have I got to lose? I'm here anyway": a qualitative study assessing how reach and participation can be improved in workplace smoking cessation programmes

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Introduction

Effective workplace programmes for smoking cessation have the potential to reach smokers with a lower socioeconomic position, but these programmes often have low participation rates. The objective of the present study is to uncover the needs of employees regarding reach and participation when implementing a workplace programme to address smoking cessation.

Material and Methods

We carried out 19 semi-structured qualitative interviews in 2019 based on the RE-AIM Framework with (ex-)smoking employees of organisations with at least 100 employees in the Netherlands. Some of the interviewees had experience with a cessation programme and some did not. Data were analysed using the Framework method.

Results

According to the employees, the employer could promote the cessation programme more proactively, such as by approaching employees personally, to improve its reach. The main barriers for participation were having to follow the programme in the employee's own time or not being available to attend due to working night shifts or peak hours. Facilitators to reach and participation included being actively approached to participate by a colleague, receiving positive reactions from colleagues about the employee's participation in the programme, the provision of the programme on location and the integration of the programme as part of the organisation's vitality policy.

Conclusions

Our study presents recommendations to improve the reach and participation of employees in a workplace smoking cessation programme, such as using active communication strategies, training managers to stimulate smoking employees to participate and making the programme as accessible as possible by reimbursing time spent and offering the programme at the workplace or nearby. Integrating the smoking cessation programme into wider company vitality policy will also aid its continued provision.

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Motivation 2 Quit (M2Q): Tobacco Cessation on Prescription – an effective treatment?

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Introduction

To prevent the harmful effects of tobacco use and related inequalities in health, clinical guidelines for tobacco cessation have been developed. Primary healthcare (PHC) has an important role in providing tobacco cessation treatment since it has the main responsibility for health promotion in the Swedish healthcare system and most of the population has regular contact with PHC. Individuals from lower socioeconomic groups also visit PHC more often than those from higher socioeconomic groups. However, socioeconomically disadvantaged groups appear to face specific challenges in quitting their tobacco use and PHC providers have reported several barriers to work with tobacco cessation. In previous qualitative studies, Tobacco Cessation on Prescription, (TCP) is perceived as a useful tool that could facilitate a more structured and effective approach to tobacco cessation compared to current practices targeting socioeconomically disadvantaged groups in PHC. Findings also suggest that TCP may have an impact on patient and PHC provider behaviour, leading to decreased tobacco use among patients but this has previously not been evaluated. Therefore, we evaluated the effectiveness of TCP compared to standard treatment in socioeconomically disadvantaged areas in Swedish primary healthcare.

Material and Methods

A pragmatic cluster randomized controlled trial, in 18 PHC centres in socioeconomically disadvantaged areas in Stockholm. Randomization was conducted at the PHC centre level using a computergenerated random allocation sequence.

Results

Intervention group (n = 8) and control group (n = 10). At the PHC centres, 250 patients (TCP n = 188, standard treatment n = 62) were recruited. There was a statistically significant effect of TCP compared to standard treatment for the outcomes 7-day abstinence at 6 months (OR adjusted 5.4, 95% CI 1.57 to 18.93) and 3-month continued abstinence at 6 (OR adjusted 6.4, 95% CI 1.30 to 31.27) and 12 months follow-up (OR adjusted 7.8, 95% CI 1.25 to 48.82).

Conclusions

This first study evaluating the effectiveness of TCP suggests that it may be effective in achieving abstinence from tobacco use compared

to standard treatment in vulnerable populations.

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Development and evaluation of a mobile smoking cessation application for young adults: Quiddy

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Introduction

While the adult smoking rate in the Netherlands has decreased in the past years, the smoking prevalence of young adults (aged 18-24 years) remains high, with 28% in 2021. 85% of young adults wants to quit smoking. However, young adult smokers are generally not interested in using professional smoking cessation support (SCS). To provide suitable support to this group, we developed the mobile application "Quiddy". The app matches young who want to quit smoking with each other, on the basis of personal characteristics and encourages them to provide support to each other during their quit process. The aim of this project was to study the adoption and implementation of the Quiddy app.

Material and Methods

Registered users of the Quiddy app were invited to participate in a semi-structured qualitative interview through e-mail. Additional participants were recruited through social media. After participation, they received a 20 euro gift voucher. Additionally, professionals involved with the development of Quiddy were invited to participate in a semi-structured interview. The interview guide was informed by the RE-AIM framework.

Results

Interviews were conducted with 9 young adults and 7 professionals. According to the respondents, next to regularly updated social media advertisements, they felt that Quiddy should be promoted through offline marketing to reach a more diverse group of young adults. Overall, the respondents were positive about Quiddy compared to other SCS. More specifically, they valued the high accessibility, supportive messages and the possibility to adapt the intervention to their needs. Nevertheless, most users were only partly familiar with the functionalities of Quiddy. The usage of different functionalities in the app, for example the option to chat with other users, varied strongly based on individual needs.

Conclusions

Quiddy has the potential to increase smoking cessation among young adults. The study yields various important recommendations for health educators who want to develop interactive smoking cessation tools specifically for young adults. By incorporating recommendations regarding personalisation, motivation and interaction with other users, the engagement of young adults with Quiddy might further increase.

Funding

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Nation-wide real-world experiences with youth-targeted smoking and nicotine product cessation in Denmark

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Introduction

Most adolescent and young adult (youth) smokers and users of novel nicotine products wish to quit. Little is known about the implementation of cessation counseling in youth at a population level.

Material and Methods

A questionnaire was mailed to all 98 municipalities in Denmark on October 31. 'Youth' was defined as 16 to 25 years old. The participation rate was 96%. Simple descriptive statistics and logistic regression analyses were performed.

Results

Four in five municipalities had no/very low/low experience with youth, 89% found it difficult to work with youth counseling and 90% found it difficult to recruit youth to quit services. Half of the municipalities reported that they had bad experiences with youth cessation counseling; the only significant factor associated with perceived success was not using the official educational quit materials, while the significant factors associated with success with nicotine product cessation were counseling.

Conclusions

This nationwide survey showed that even in a country with very well-organized and free-of-charge cessation counseling programs very few municipalities give assistance to youth and most find it difficult to work with youth. Cessation services have been designed for adult smokers and seem to have failed to meet the needs of young smokers and users of novel nicotine products, at least in Denmark.

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Failed Incentives? Tobacco cessation during pregnancy in Germany

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Smoking is a major public health risk especially for pregnant women and their offspring. Harming effects have been observed in many physical and psychologic regards. German health care system and health promoting authorities do not offer specific treatment programs so far. Many countries have established effective initiatives to offer pecuniary or non-pecuniray vouchers to pregnant women in order to motivate them to quit smoking. The aim of this study was to analyze effects of financial benefits to stop smoking during pregnancy in different urban settings. It was relatively easy to build cooperations to counselling units and find financial partners to support this pilot study in Germany. Pregnant smokers were offered an amount of 25,-€ weekly for staying CO-validated abstinent from week 16 onwards. Our results show current obstacles to stop smoking during pregnancy based on case studies. Main reasons to drop out were smoking partners, relapse, private and occupational stress as well as being convinced smoking is not a health risk. Despite advertising campaigns and media coverage as well as primary care etc. recruiting activities remained frustrating. Pandemic restrictions made personal contact with counselling personal difficult. Tobacco control policies are still very weak in Germany which may also have a negative impact on our trial.

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Very Brief Advice (VBA) and cessation support in a COVID-setting

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Introduction

Evidence indicates that smoking adversely affects a wide range of COVID-19 outcomes such as hospitalisation and death. As quitting smoking immediately improves the lung and cardiovascular function, this might help manage the comorbid conditions and possibly produce less severe symptoms from COVID-19 infection. Quit attempts are often initiated by trigger-events that ignite a dormant motivation. Cessation counselling increases the chance of a successful quit attempt.

Material and Methods

The aim was to generate quit-attempts among visitors to COVID test- and vaccination facilities. Very Brief Advice (VBA) – a super quick and non-invasive recruitment method for smoking cessation - was implemented in a number of such facilities in Denmark in 2021. Trained staff used the VBA method to recruit citizens who wanted cessation advice and facilitated contact to the Danish National Quitline (DNQ).). A quit attempt is defined as engaging in a minimum of one counselling session with a DNQ-counsellor. DNQ-counsellors use Motivational Interviewing (MI).

Results

5.011 individuals were recruited and contacted by Quitline a counsellor by phone; 2.529 (50 %) answered the call and 1.825 (70 %) engaged in minimum one counselling session. Hence 36 % of all recruited engaged in a quit attempt as a result of the intervention. Approx half of the 1.825 signed up for further support.

Conclusions

VBA-interventions like the one described represent a trigger that can ignite dormant motivation for smoking cessation. The direct link from the trained VBA-personal to the professional MI-counselling at the DNQ increases the likelihood of a successful quit attempt. Hence this intervention shows great potential in generating quit attempts in this specific setting and in other similar settings.

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Effectiveness of an online training program in "Brief Intervention in Smoking Cessation" in reaching smoking cessation competence among health sciences undergraduates

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Introduction

Lack of smoking cessation training during the academic years negatively impact s on the quality of care offered by health care professionals. For this, the development and delivery of training programs aimed at improving the smoking cessation knowledge, skills, and attitudes of health sciences students are necessary. The aim of this study is to evaluate the effectiveness of an online training program in achieving brief intervention smoking cessation competence among health science students.

Material and Methods

Pre-test/post-test study. A total of 851 students from seven

Universities across four countries (Spain, United Kingdom, Belgium, and Portugal). completed the online training program called "Brief Intervention in Smoking Cessation". This program consisted of five theoretical modules, five videos, and three virtual simulation cases, and was implemented between January 2020 and June 2022. Smoking cessation competency was achieved if the students obtained a scored greater than 5 (out of 10) on the knowledge test and on the overall simulation score. The knowledge acquisition was assessed by ad hoc elaborated multiple-choice test, and the attitudes and abilities by a simulation algorithm, both elaborated by experts on education and/or smoking cessation.

Results

Overall, 86% of the participants reached smoking cessation competency. Students showed an increase of 3.5 points in their knowledge (mean pre-program 3.79 vs mean post-program 7.33). Furthermore, they obtained a mean score of 7.5 out of 10 for attitudes and skills.

Conclusions

This innovative online training program was demonstrated effective at increasing smoking cessation competence among European health profession students.

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Depression, anxiety and motivation associated with tobacco use in a telephone intervention to quit smoking

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Tobacco use is a global health problem that claims the lives of more than 8 million people a year. Currently there are different options to quit smoking, however, it is important to consider the variables that are associated with tobacco consumption in order to generate more efficiently. OBJECTIVE: to identify the level of association of depression, anxiety, and motivation at the end and in the follow-ups of a telephone intervention. METHOD: 11 people participated in a telephone intervention to quit smoking consisting of 5 calls where cognitive-behavioral techniques were addressed, symptoms of anxiety, depression and states of readiness to change were identified with standardized instruments; follow-up for 1 and 3 months were given after completion of the intervention. RESULTS: the results show a significant decrease in tobacco consumption, going from an initial average consumption of 5.5 cigarettes per day and in the 3-month follow-up of 1.2 cigarettes per day. Anxiety and depression symptoms also decreased throughout the intervention and at follow-up compared to baseline levels. The motivation to change was also modified in the measurements showing higher levels in the action state. No association was found between symptoms of anxiety and depression with reported tobacco use, a statistically significant association was found in the motivation stage to change in action at the one-month follow-up. DISCUSSION: these results coincide with other investigations, the symptoms of anxiety and depression as well as the motivation to quit smoking are important factors that must be considered when applying a treatment or smoking cessation intervention. It is recommended to emphasize strategies focused on emotional regulation related to depression symptoms, in addition to promoting actions to change tobacco consumption in people who arrive motivated to facilitate their adherence to the intervention.

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Social and community organization professionals' perceptions on providing smoking cessation support to people from lower socioeconomic groups: a qualitative study

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Introduction

Social and community service organizations (SCSOs) may be potential settings to support people from lower socioeconomic groups to quit smoking. However, support is not yet widely provided. The study aims to 1) identify potential activities of SCSO professionals in providing smoking cessation support and to 2) identify barriers and facilitators in providing these activities.

Material and Methods

Semi-structured interviews were conducted with 21 professionals from 9 SCSOs in Amsterdam North. Participants were employed as welfare worker, participation worker, coordinator welfare work, budget coach, and debt counselor. Data were analyzed using a thematic approach.

Results

A total of eight activities with the potential to strengthen smoking cessation support in SCSOs were identified, i.e., identifying smokers, discussing smoking and quitting smoking, counseling clients to quit smoking, referral to smoking cessations services, facilitating clients and facilitating smoking cessation services, engaging local residents and experts by experience to support smoking cessation, and implementing a smoke-free environment. Primary facilitators are knowledge of techniques to discuss smoking and quitting, clients' requests for help to quit smoking and knowledge of smoking cessation services. Primary barriers are the multi-problems of clients, as a result of which smoking cessation is not a priority, lack of knowledge of smoking cessation services and lack of attention from SCSOs and local government to smoking cessation.

Conclusions

The results show the potential of SCSO professionals in providing smoking cessation support. To exploit the potential, stakeholders at multiple levels should prioritize smoking cessation and invest in interventions targeting professionals' knowledge and skills on smoking cessation and smoking cessation services.

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30 years of experience in the smoking quit workshop

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Introduction

In 1992, the Health Education Unit, of the Preventive Medicine Service, of the Hospital Clínico San Carlos in Madrid, prepared the first descriptive study in the center, regarding the number and peculiarities of smoking workers. Observing the opportunity to carry out a psychoeducational program without pharmacology to help quit smoking.

Objectives

General objectives

• Achieve smoking cessation in the population attending the workshops.

• Educate participants to lead a healthier life.

• Propose to professionals an intervention model without a pharmacopoeia for smoking cessation.

• Disseminate the DTT in health, sociocultural and educational institutions, so that users know a treatment to stop smoking without a pharmacopoeia.

Specific objectives

• Identify the day chosen to quit smoking.

• Train attendees to deal with nicotine withdrawal syndrome.

• Provide information to prevent eating disorders, with the consequent risk of being overweight.

• Motivate for the routine practice of physical exercise, physiological breathing and relaxation.

• Address the doubts of professionals about the dynamics of DTT.

• Collaborate in events for the dissemination of DTT among health workers.

Material and Methods

The total duration of the workshop is 1 year. With a face-to-face part of 6 sessions with a duration of 90 minutes each session, a weekly frequency and with a group dynamic consists of: reducing the number of cigarettes between session 1 and 3, quitting smoking in session 3 and up to session 6 train participants in coping skills with nicotine withdrawal. Subsequently, a non-face-to-face block will be carried out through telephone follow-up scheduled at 3, 6 and 12 months from the end date of the workshop with a "final achievement" of the detoxification workshop and its completion.

The target population will be:

- People of legal age.
- Tobacco users willing to quit smoking.

Exclusion criteria:

- Minors.
- Users under monitoring and with consumption of psychotropic drugs in a systematic way.
- People with cognitive dependence or disabled for group interaction.
- Users who do not speak or understand Spanish.

Results

Participants: 1602 62% women 38% men. 87% citizens 13% professionals

Attendance: 75% at 6 sessions. 25% abandonment.

Achievement: 65% Smoke. 35% do not smoke. 12 months after the end of the workshop.

Conclusions

The psychoeducational program for smoking cessation is revealed as a priority alternative for a part of smokers. In addition, being able to quit smoking without the need for additional pharmacopoeia is the first option for some smokers. In addition, of the total number of quitters, the reduction of damage and the establishment of healthy lifestyle habits in the smoking population is a contribution to their health and better quality of life.

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Smoking Cessation Consultation - Portuguese League Against Cancer - Northern Branch

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Introduction

Smoking is considered a serious public health problem, being one of the main preventable causes of morbidity, disability, and mortality, and is the main modifiable factor causing cancer (Sousa, 2015; Rebelo, 2019). Considering that one of the missions of the Portuguese League Against Cancer – Northern Branch (LPCC- NRN) is health promotion and cancer prevention, Psycho-Oncology Unit implemented a motivational smoking cessation consultation. It´s based on motivational interviewing, which is a person-centered form of direct counseling, to stimulate behavior change through mechanisms of exploring and resolving ambivalence and enhancing readiness for change (Miller & Rollnick, 2013).

Objective

Characterize the profile of smokers who seek smoking cessation consultation at the LPCC-NRN, and how they accessed it.

Material and Methods

This is a descriptive cross-sectional study based on a sociodemographic questionnaire.

Results

54 individuals, aged between 22 and 71 years (M= 44), attended the consultation. Of these, 21 were female (39%), 33 were male (61%). Of all individuals, only 2 (4%) have cancer. 35 individuals (65%) sought consultation on their initiative (different sources of dissemination), and the rest were referred by family members, and friends (31%), health professionals (4%). A total of 236 consultations were carried out.

Conclusions

Results indicate that the majority of individuals seeking consultation at the LPCC-NRN are men, who do so on their own initiative and without associated cancer disease. We concluded that consultation is preferably sought by the general population and, in a minority, of cancer patients. It's pertinent to understand why only 4% of the sample is composed by cancer patients. That may be explained by the possibility of this population benefit this kind of consultation in the healthcare units where they are treated

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Evaluation of the National Quitline Service in Armenia

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Introduction

Smoking cessation quitlines are evidence-based, cost-effective method for smoking cessation.1-4 Starting in 2021, Armenia launched a national quitline. We aimed to evaluate the quitline services from the perspective of the users to understand their quitting experience, feedback, and recommendations.

Material and Methods

We conducted a qualitative study among quitline users recruited through purposive convenience sampling and snowball techniques, ensuring the participation of both successful and unsuccessful quitters. In total, six in-depth interviews (IDIs) were conducted over the phone. Deductive thematic analysis was done using pre-defined themes named quitline service features, smoking cessation process, and recommendations.

Results

Overall, the majority of the participants expressed their satisfaction with the quitline's service features. They valued the services provided by the consultant, saying that those helped them to quit even after past unsuccessful attempts. Additionally, the anonymity of the calls strengthened the trust in the quitline and motivated them to complete the course. During the cessation process, the participants provided their positive feedback regarding the number and duration of calls, the follow-up calls, and education on behavioral tips for managing cravings. Lastly, the network of successful quitters, which served as a channel for getting aware of and joining the quitline, as per the participants, indicates the strength of the overall services. However, they also highlighted the need for more active advertisements among the general public to further promote the quitline in Armenia.

Conclusions

Targeted awareness-raising activities are needed to promote the quitline, increase its reach, and enhance its impact throughout Armenia. Continued evaluation and monitoring of the service is required involving broader stakeholders (administrators and policymakers) to get feedback and suggestions for improvement of quitline service in Armenia.

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Efficacy of a 5-session smoking cessation program in the general population

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Introduction

Tobacco is nowadays the first avoidable cause of death in developed countries, triggering respiratory, cardiovascular and oncological problems. At present there are different programs with proven efficacy for smoking cessation; at the psychological level, one of the most effective is the program designed by Becoña, which consists of 9 sessions.

The aim of this study is to test the effectiveness of a smoking cessation treatment in the general population based on the techniques of Becoña's program, but reduced to 5 sessions.

Material and Methods

The sample consisted of 32 subjects, divided into 2 groups: Group 1 with 16 people and the 9-session treatment was applied and group 2 with 16 people and the 5-session treatment was applied.

Results

Characterization of the sample: 40% women and 60% men with an average age of 51.8. The STAI, Trait (mean=22.97; SD=9.45) and State (mean=20.37; SD=10.41) and Fagestörm (mean=4.40; SD=1.58) were used, as well as self-registers for smoking behavior. Group 1 had an abstinence rate of 63.6%, while group 2 had an abstinence rate of 55.3%. No significant differences were found between the two programs (r=0.373).

Conclusions

This indicates that the treatment studied presents an effectiveness similar to that achieved by similar programs using the same behavioral techniques, with the consequent benefit of showing similar results using a shorter amount of time.

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Relationship between type of coping and success in smoking cessation

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Introduction

The Lazarus and Folkman model (1984) defines coping as a constantly changing cognitive and behavioral effort to manage specific external or internal situations that are considered to exceed the individual's resources. There are three types of coping: problem-focused coping, coping with the stressful situation through efforts to modify the problem at hand; emotion-focused, management of the maladaptive emotions that are associated with the situation; and transcendence-focused, turning to a higher self to manage the problem. In the process of smoking cessation and maintenance of abstinence, it is important to know the coping strategies used by the person to manage stress.

The aim of the present study is to assess whether the type of coping strategy determines the chances of success in smoking cessation.

Material and Methods

Descriptive correlational study with a group of smokers attending a smoking cessation course at AECC. Variables analyzed: sex, age, type of coping and abstinence rate.

Results

N=30; 42.3% women and 57.7% men with a mean age of 52.3. 6.7%

coping focused on transcendence;26.7% focused on emotions and 66.7% focused on coping. 53.3% quit smoking. No statistically significant differences were found between abstinence rate and type of coping (p= 0.262).

Conclusions

There is no one type of coping that facilitates smoking cessation. However, if the type of coping is known, it is possible to work to enhance these strategies and thus favor cessation, since people who are able to increase their problem-focused coping strategies and decrease their emotion-focused coping strategies are more successful in achieving smoking cessation than those who do not.

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It takes two to quit. Results of a smoking cessation programme for pregnant women and their partners

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Introduction

Prenatal exposure to tobacco is associated with a wide range of adverse health outcomes In children 1. At the Paediatric Environmental Health Specialty Unit (PEHSU) in Catalonia (Spain), pregnant women and their partners receive a paediatric environmental health visit ("Green Page") in which the environmental nurse screens for several environmental risk factors, including smoking. Smokers (both pregnant women and their partners) are invited to participate in a cessation programme based on a motivational interview by the environmental nurse and access to free smoking-cessation medication subsidized by the local hospital 2.

Material and Methods

Longitudinal study. Total sample; N=154 (n=77 pregnant women and n=77 partners). Data were collected using the "Green Page". Variables included smoking status, joint intervention of pregnant women and their partners or separate intervention, pharmacological treatment for smoking cessation, and follow-up time of the intervention. A descriptive analysis of education level, age, economic level, and country of origin was performed. A bivariate analysis was conducted using Pearson's chi-squared test, and statistical differences were established at a p-value of <0.05, with values presented as odds ratios.

Results

Mean age of pregnant women = 31.23 (SD 5.5). About pregnant, 48.8% dropped out of the intervention, 32.5% decreased their consumption and 18.60% quit smoking. In the case of partners, 60.37% dropped out of the intervention, 15.09% decreased their consumption and 24.52% quit smoking. The results showed a positive effect if the pregnant's partner did not smoke: in these cases, none abandoned the intervention. If both members of the couple smoked and underwent the intervention together, both quit smoking (100%).

Conclusions

Health education during pregnancy should include the partner. Offering the intervention together and free treatment to both increases the chances for the pregnant women and their partners to quit smoking.

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A cross-sectional online survey to determine the prevalence, knowledge, attitude and practice of tobacco cessation among governmental healthcare workers in Qatar

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Introduction

One effective approach of tobacco control is to encourage the role and the participation of healthcare workers in the prevention efforts against tobacco use. This study aimed to determine the prevalence of tobacco use among governmental healthcare workers in Qatar, to assess healthcare workers' knowledge, attitude and practice of tobacco cessation and to predict factors associated with above average tobacco cessation practice scores.

Material and Methods

A cross-sectional survey study was conducted among healthcare workers working in Hamad Medical Corporation and Primary Healthcare Centres in Qatar using a self-administered online questionnaire in 2019.

Setting: Hamad Medical Corporation and Primary Healthcare Centres in Qatar.

Participants: Governmental healthcare workers aged 18 years and above (n=7214).

Results

The response rate of our online survey was 20.6% (7214/35 000). Of the 7214 healthcare workers, 16.3% (n=1178) were current tobacco users. In particular, the prevalence of tobacco use among physicians was 11.0%. Fifty-two per cent of healthcare workers (n=2338) attained an average knowledge score (12–17), 71.8% (n=3094) attained positive attitude scores (8–12) and 57.1% (n=3052) attained above average practice scores (12–26). Among the different professions, physicians were having the highest mean knowledge (15.3±4.7), attitude (9.4±1.9) and practice (13.7±6.1) scores. Multivariate analysis showed that having good knowledge (adjusted OR (AOR)=2.8; p<0.0001) and training (AOR=2.4; p<0.0001) were the strongest factors associated positively with above average tobacco cessation practice scores.

Conclusions

Healthcare workers in Qatar have a relatively similar prevalence of tobacco use than earlier studies with no significant increase. Investing more in training programmes for healthcare workers are

needed to root out this negative behaviour and to increase their skills to assist users to quit.

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Physical activity practice to mitigate withdrawal syndrome in smoking cessation

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Introduction

Physical health is closely linked to mental health and has many benefits. It reduces the feeling of stress and increases the feeling of optimism, euphoria and cognitive flexibility. It helps self-regulation, so that its practice reduces the intensity of emotions such as anger, aggression, anxiety and depression. Reduces the feeling of fatigue, so that the person feels more energetic and rested, with greater work capacity.

All these characteristics make the practice of physical exercise a facilitating element in smoking cessation to counteract the effects of abstinence syndrome. For this reason, we have incorporated in our smoking cessation program a collective challenge called Camino de Santiago with which we seek to encourage through gamification the practice of regular physical exercise to test its effects on smoking cessation.

Material and Methods

In the initial interview, before starting the program, we recorded smoking history and also the level of physical activity through the RAPA questionnaire.

Throughout the duration of the program, the Discover ADIDAS runner app was used to measure the number of kilometers walked and the adherence to the challenge.

At the end of the year, we follow up on the people who have taken the course to see if they have been able to stay smoke-free.

Results

The success rate of the smoking cessation program in the rest of the teams is 60%. In the case of this program, the success rate was 65%. The number of people who remained smoke-free months after the program was very similar between those who had participated in the challenge and those who had not. However, the 70% who stated that they had not managed to quit smoking or had managed to reduce their consumption were among those who had not participated in the physical activity challenge.

Conclusions

While we cannot be certain that the improvement in the success rate of the program was due to the inclusion of the physical activity challenge, we believe that it was a useful tool for some individuals to quit smoking.

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Prevalence of tobacco use and attitudes towards quitting in students at the Burgos University

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Introduction

Tobacco is considered by scientific societies as one of the main public health problems, known as the pandemic of the 21st century, with mortality rates of 8 million deaths per year (WHO, 2021). Smoking control will therefore require a strong political and social commitment with a change in the perception of risk (Llopiz et al.,2018). Globally, three out of five young people who try tobacco will become addicted smokers in adulthood (WHO, 2008 and PAHO, 2001). In the Survey on Alcohol and Other Drugs in Spain (EDADES), carried out by the Ministry of Health with the general population aged 15-64, 69.6% of the population have used tobacco at some time in their lives, 39.0% in the last year, 37.2% in the last month and 33.1% daily in the last month. Among daily smokers, 64.2% have considered quitting smoking, and 41.9% have considered quitting and tried to quit. Regarding e-cigarettes, 12.1% of people aged 15-64 have used e-cigarettes at some point in their lives, higher than in 2020 (10.5%), and almost double the 6.8% in 2015. (EDADES, 2022).

Objective

The aim of this study is to find out the prevalence of smoking and their attitudes towards quitting in a sample of university students under 30 years of age at the University of Burgos (UBU).

Material and Methods

The university students were encouraged to participate by means of an anonymous online questionnaire, type forms, throughout the year 2022.

Results

A sample of 349 participants, consisting of 85 men, 263 women and 1 non-binary gender, with an average age of 21 years. 39% had never smoked, 28% had tried it, 17% smoked daily, 10% smoked occasionally, 3% smoked at weekends and 3% were ex-smokers. Regarding the type of product, 38% use roll-your-own tobacco, 15% cigarettes, 1% joints, 3% report using vapes, in combination with other products such as roll-your-own tobacco, cigarettes and pipes, 39% combine cigarettes, joints, roll-your-own tobacco and pipes. Eight percent combine the use of pipes or hookahs with roll-your-own tobacco, cigarettes,

joints and vapers and 12.5% use joints in combination with roll-your-own tobacco and cigarettes.Dependence levels measured by the Fagerström test show that 54% of respondents take more than 60 minutes to light up their first cigarette, 23% between 31-60m, 18% 6-30m and 4% less than 5 minutes. 74% have no problem with being in a place where smoking is not allowed, 81% do not consider the first cigarette in the morning the most important. 10% smoke more in the first few hours after waking up and 80% report not smoking when they are sick.

72% of self-identified smokers would like to quit smoking. When asked what options they consider to quit smoking, 62% consider their "willpower" to be enough, 16% consider face-to-face therapies, 6% an app, 3% drugs, 2% self-help books and 2% online therapies.

When asked if they consider e-cigarettes, vapers or smokeless tobacco as a "less bad" alternative, 30% say no, 42% consider that it can in some cases, 19% do not know and 6% say yes.

Discussion

The rates of daily smoking among young people are lower than those found in other studies such as the European Health Survey in Spain 2020 (EESE-2020), where 19.8% of the population over 15 years of age smoked. Young people between 25 and 34 years of age have the highest levels of consumption. This may be due to the lower cut-off age of 35 years and the socio-educational level of the respondents.

Forty-one per cent of the students surveyed were in the experimentation phase. This is consistent with the idea that one in 10 adolescents in the world starts using tobacco between the ages of

13 and 15 (Lando et al., 2010), increasing in frequency and quantity during the adolescent years until reaching a peak around the age of 25, when it begins to decline (Chassin et al., 2004; Gil and Ballester, 2002). This fact, together with the high perception of control over consumption and the possibilities of quitting, could suggest that programmes aimed at primary prevention of consumption should be implemented rather than directing all efforts to a therapeutic intervention on quitting.

Conclusions

Smoking is preventable, we must move towards a society that de normalises tobacco consumption in all its forms in a common effort by government authorities and civil society.

We can and must save the lives of millions of people, and the role of young people is key to ending the smoking pandemic. Universities, as tobacco-free environments, will take on special importance, both for the possibility of intervention in young people in the early stages of addiction, as well as for their educational and exemplary role.

The focus is on multi-sectoral and multidisciplinary intervention, both in the general population and in at-risk groups, such as young people. Smoke-free laws are the means to protect the health of non-smokers and encourage smokers to quit (WHO, 2022).

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Virtual reality induction of the Garcia effect for smoking cessation

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Smoking is a major health risk in the EU, and there is a need to improve tobacco cessation methods.

'Sick Of Smoking' is a novel method for tobacco cessation (TC), consisting of a unique form of aversive conditioning that uses three 5-minute virtual reality (VR) sessions to rapidly induce a powerful and long-lasting aversion to the taste and smell of cigarettes.

Nausea is induced while the participant consumes their tobacco after a period of abstinence that was as long as they can comfortably manage. This combination triggers the 'Garcia effect', a powerful and highly conserved biological mechanism that creates a taste aversion to the taste and smell of the participants tobacco product (cigarettes, snus or vapes for example).

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Tackle tobacco and nicotine in Swedish Dentistry

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Introduction

Dental care sees early the damage/injuries caused by tobacco and nicotine use. We meet the majority of the population regularly and have the utmost trust from our patients and society.

Clinically we see the findings of research, namely periodontitis (tooth loss) and oral cancer and the great suffering that they cause.

In our role in dentalcare we have the unique possibility to act and help/motivate patients to quit their use of tobacco/nicotine and to prevent children and youth from beginning.

Primary prevention: On individual level ask the question about tobacco and nicotine use, record this in patient's chart and follow up. Group information at different arenas e.g., Schools.

Secondary prevention: Tobacco/nicotine cessation.

We see a powerful increase in use of new nicotine products. The greatest challenge is the white, so-called tobacco free snus (nicotine pouches) spreading in Europe.

A good oral health is the ground for a good general health.

Material and Methods

Dissemination of knowledge at different levels.

- At the clinic, to patients and relatives
- At settings where children/youth are e.g., schools
- To the adult population
- To decision makers e.g., Politicians.

Individual contacts in treatment situations. Dissemination of short factual films (a nicotine film and a film on the importance of ruling, help children say no) in waiting rooms, social media, creating a website with other NGO www.nicotinefreefutureforchildren.org

Results

An increased knowledge about nicotine's hazardous effects. Prevent the potential spreading of white snus in Europe. Through the dissemination of knowledge to patients and society about nicotine products and not only smoking's negative effects, we can help prevent children from getting addicted to nicotine.

Conclusions

Dental care's unique possibility to be a voice in the general debate to contribute to a decreased tobacco and nicotine consumption in society.

Decreased suffering for the individual and decreased costs for society.

We are an important but unused resource in the population's healthcare and as opinion leaders.

Laws are required for the protection of children and youth against tobacco and nicotine products.

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Simulating the impact of a fee scheme to regulate tobacco sales on retailers profits: a case study from Scotland

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Introduction

Requiring fees for retailers to sell tobacco is a promising avenue for regulating the availability of tobacco products. However, there is a need to understand the financial impact of fees on retailers, including the likely effectiveness of fees in discouraging tobacco sales. This study modelled the impact of different fee schemes on retailers' profits in Scotland and examined whether these effects differed by neighbourhood characteristics.

Material and Methods

We gathered data on all tobacco transactions in four weeks of each year from 2019 to 2021 in 192 small retailers across Scotland. We estimated annual tobacco gross profits (i.e. tobacco sales price minus cost price) among retailers and the percent of profit loss

that would result from the implementation of three fee schemes: 1) universal fees (flat fee for all retailers), 2) volumetric fees (fee proportional to sales volume), and 3) urban/rural fees (distinct flat fee for urban/rural retailers). We assessed differences in percent profit loss by urban (vs rural) and area deprivation.

Results

The mean annual gross profit from tobacco among small retailers was £15,108. Retailers in the most deprived and urban areas had 67.9% and 122.8% higher profits than those in least deprived and rural areas. Universal flat fees resulted in greater percent of profit loss among retailers in the least deprived (OR: 2.7 [1.1-6.8]) and rural (OR: 5.5 [2.0-17.0]) areas as compared to the median. Urban/rural fees concluded higher percent of profit loss among retailers in least deprived areas (OR: 4.4 [1.8-11.5]). With volumetric fees, we observed no differences in retailers' percent of profits loss.

Conclusions

Introduction of retailer fees offers new opportunities to reduce the availability of tobacco products in Scotland. However, there are significant differences between fee structures. Policymakers should consider geographical differences in retailers' tobacco profits to design equitable fee structures to regulate tobacco sales.

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Using the judicial system to fight tobacco: Perspectives from the Global South

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Introduction

Recent litigation cases such as the Brazilian lawsuit against the largest tobacco corporations seeking the recovery of healthcare costs related to the treatment of tobacco-related diseases1 demonstrate that the use of the judicial system, particularly liability, keeps gaining ground in order to: shift public views in favor of tobacco control, denormalize tobacco use, promote corrective actions/remedies and deter future misconduct.

Such lawsuits are a fulfillment of the WHO Framework Convention on Tobacco Control's (FCTC) Article 19—to hold the tobacco industry legally and finally accountable for its harms.

This abstract addresses the use of the judicial system to fight tobacco that has been carried out in the Global South, by showing a concrete case study and tools that could be used to create change.

Material and Methods

From a literature and practitioner review, co-authors will share one example of Tobacco litigation in the Global South: the Brazil Case. The presentation will focus on transnational liability, the concept of diffuse damages in a public health system, and the use of the lawsuit to expose industry documents.

Results

The use of the judicial system (including Article 19 FCTC) gives a framework to make the tobacco industry pay, promoting accountability and deterrence. It can also be a tool for the implementation of other FCTC provisions, like Article 5.3.

Conclusions

The tobacco epidemic is wholly driven by an industry with more money and resources than many countries in which it operates. Governments and individuals currently bear the costs of the epidemic. It is time for that to change and to shift the cost of burden back onto the tobacco industry, forcing them to respect the rule of law and pay for the harms it causes in countries across the globe. Liability is a major tool for such a goal.

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Analysis of the direct economic impact of smoking-related diseases in Italy

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Introduction

Tobacco-related diseases have a substantial economic impact in terms of medical expenses, productivity loss, and premature death. Each year, tobacco use is estimated to be responsible for over 90,000 deaths in Italy, where the prevalence of current smokers was 24.2% in 2022. This prevalence grew over the last few years, after seven decades of decreasing trend. We aim to evaluate the annual direct economic impact attributable to tobacco smoking in Italy, using ministerial data of all the hospital discharges from 14 selected tobacco-related diseases.

Material and Methods

We analyzed data from smoking-related hospitalizations in Italy in 2018. Information was retrieved from 1.001.424 hospital discharge reports, which included the direct cost of each hospitalization. We computed the Population Attributable Fractions (PAF) for each tobacco-related disease to estimate the economic impact attributable to tobacco smoking.

Results

Of all the hospitalizations for tobacco-related diseases, one-third were found to be attributable to smoking, accounting for €1.67 billion. Among the considered diseases, those with the highest expenditure attributable to smoking were ischemic heart diseases, cerebrovascular diseases, and lung cancer, accounting for €556, €290, and €229 million, respectively.

Conclusions

Tobacco-related diseases have a substantial economic impact in Italy, accounting for 5.88% of the total cost of hospitalizations in 2018. We limited the analyses to hospitalizations, which represent less than one fourth of the total cost of the Italian National Health System. The increase of smoking prevalence in Italy is alarming, and it is therefore essential to implement effective tobacco control measures to decrease the number of hospitalizations and deaths attributable to smoking and the corresponding economic burden.

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EUREST-RISE: European Regulatory Science on Tobacco – Research and Innovation Staff Exchange

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Introduction

Smoking and other forms of tobacco consumption are considered the single most important cause of preventable morbidity and premature mortality worldwide. Within EUREST-RISE, an integrated series of research studies are proposed that will facilitate the training of researchers to examine tobacco product systems, their mechanisms and purpose, and interactions between key design characteristics and their assessment in populations of users.

Material and Methods

EUREST-RISE is a Marie Sklodowska Curie Action (MSCA under Grant Agreement (Number:101008139) currently in its first phase of implementation. Interdisciplinary knowledge transfer will be reached through the intersectoral secondment of researchers and their re-integration to their home institution, within the context of specific research objectives addressed within tasks of each WP.

Results

The expected results of EUREST-RISE aim to create a cohort of scholars with cutting-edge hands-on training on European tobacco product regulatory science by providing a unique framework of exchange on common research and innovation projects within three areas: A) knowledge exchange on the use of large data bases on responding to tobacco control challenges from the product level or the population level perspective including EU Common Entry Gate product-level data and European secondary population-based datasets B) provide training and research on the implementation of sensory and chemical analyses for the assessment of flavours in tobacco products, heated tobacco and e-cigarettes C) train researchers in advocacy activities and policy integration, facilitate training in peer to peer communication, and training on communication to media and the general public.

Conclusions

The EUREST-RISE project is expected to establish a network of excellence on European tobacco product regulatory science.

Funding

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Turkey Tiny Targets Report: Tobacco Advertisement, Sales, Product Displays, and Purchase Incentives around Primary, and Secondary Schools

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Introduction

The Turkey Tiny Targets Report prepared for the Campaign for Tobacco-Free Kids as part of the international campaign focusing on confronting predatory and often illegal tobacco marketing practices that target youth, aims at exposing these practices by contributing to a crowd-sourced knowledge base. This way, the campaign aims at engaging the broader public to become advocates and activists who are educated and activated on how to expose said practices and how to support build future campaigns backed by evidence of these instances.

Material and Methods

Between September 11th, 2019 - September 16th, 2019, Field Agents performed visual surveys of tobacco advertising, sale, displays, and purchase incentives located within a 10-minute walking distance radius of primary, and secondary schools in Istanbul, Turkey. They were equipped with a cellular-based mobile reporting form hosted on the survey and data-collection software, Kobo Toolbox, to document instances.

Results

Tiny Targets Field Agents observed and recorded the geographic coordinates of 298 points of sale (POS) around 101 schools in Istanbul, Turkey. In those 298 POS, field Agents recorded 3305 instances of 79 tobacco brands being sold or displayed, 467 instances of tobacco products for sale, 17 tobacco branded advertisements and many other breaches of tobacco control legislation such as tobacco displays in POS at a child's eye level.

Conclusions

It is necessary to pass comprehensive legislation regarding tobacco advertisements, sales, product displays, and purchase incentives around primary and secondary schools in Turkey. It is also needed to strengthen enforcement of the law in Turkey.

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Tobacco Cigarette Use and Control in Saudi Arabia from 1980 to 2020: Insights from Peri-FCTC MPOWER Implementations

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Introduction

The tobacco epidemic is one of the world's most serious public health issues, and all forms of tobacco are dangerous to health. Moreover, cigarette smoking which is the most common form of tobacco use reported to be the second cause of death worldwide. In Saudi Arabia (SA), one of the primary public health concerns is tobacco use and the harm it causes to both users and second-hand smokers. The number of cigarette smokers has fluctuated during the last decade. Several prior studies in SA reported tobacco usage status; however, they were inconsistent in showing the timeline despite aggressive national initiatives in controlling tobacco use before, during, and after

(peri) implementations of the FCTC MPOWER. Therefore, this study was designed to conduct a comprehensive review of tobacco control legal activities and the prevalence of cigarette use in the nation.

Material and Methods

We searched through all tobacco-related literature and included every study that estimated current prevalence of cigarette use between 1980 and 2020 in SA. Additionally, two online data sources were used to extract legal documents of tobacco control policy: 1) Regional Office for the Eastern Mediterranean (EMRO) at WHO and 2) Tobacco Control Laws (TCL). EMOR has tobacco control legislation from 21 Eastern Mediterranean countries while the TCL provides tobacco control documents retrieved from 193 countries.

Results

The current prevalence of cigarette use was measured among different categories which were community settings, college students, and school students. With respect to community settings, the prevalence of cigarette in 2016 was the greatest (≈50%); however, the highest prevalence was recorded for males (≈45%) in 1999 and 1987 in reference to females (≈15%). Additionally, cigarette use were predominant in 1986 among male university students (≈50%), and among female university students in 2015 (≈ 30%). The research studies for the prevalence among school students were limited to males only until 2005 when females were included. With respect to tobacco control policies, SA issued its first tobacco control law in 1983 and ratified FCTC in 2004; however, full implementation of MPOWER was in 2018 after the royal decree of anti-smoking law in 2015.

Conclusions

In SA, the studies were inconsistent and conducted in different geographical locations, hence the results on cigarette smoking were fluctuating. Therefore, a continuous national surveillance system is required to examine the timeline of tobacco use and establish a trend of use that reflects the state's actions of tobacco control policies implemented in the nation. In addition, an impact assessment of FCTC MPOWER implementations is highly needed to evaluate its enforcement and effectiveness in the nation.

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An Evaluation of the Distributional Impact of Plain Packaging for Tobacco Products Across Socioeconomic Groups in Ireland

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Introduction

Plain packaging (PP) disrupts the role of tobacco industry advertising, promotion and sponsorship in sustaining the tobacco epidemic. As socioeconomic inequalities in smoking widen, the distributional impacts of tobacco control policies require increased attention. Ireland implemented PP in 2017, with a one-year "wash-out" period. This study evaluated impacts of PP overall, and by socioeconomic group, across three well-established outcome domains: tobacco product appeal; health warnings effectiveness; and perceptions of the harmful effects of smoking.

Material and Methods

An uncontrolled before-and-after study used consecutive representative cross-sectional population surveys (2018-2019) to measure 13 PP outcome changes across three domains pre- (2018) versus post-implementation (2019). Multiple logistic regression derived Adjusted Odds Ratios (aOR) with 95% Confidence Intervals (CI) to compare outcomes post- versus pre-implementation controlling for age, gender, education level, and heaviness of smoking. A stratified analysis examined PP outcomes by education level.

Results

Overall, significant expected policy impacts were observed across 6 of 13 outcome measures, e.g. PP implementation was associated with reduced pack appeal (aOR 2.34 (CI 1.99, 2.76), p<0.0001), and greater attribution of motivation to quit to health warnings (aOR 1.38 (CI 1.03, 1.84), p<0.03). Compared to more educated groups, people in less educated groups reported fewer significant expected policy impacts (4/13 vs 6/13 outcomes respectively); differences in effect were observed between groups across 5 outcomes. For example, versus more educated groups, people in less educated groups reported reduced pack appeal (aOR 1.44 (CI 1.09, 1.89) p=0.011 vs aOR 1.13 (CI 0.93, 1.37) p= 0.2049) but did not report greater attribution of motivation to quit to health warnings (0.81 (CI 0.44, 1.50), p=0.504 vs 1.66 (CI 1.19, 2.31), p=0.0031).

Conclusions

These findings in Ireland join international studies to further consolidate evidence of PP effectiveness at overall population level. However, it highlights the extending evaluation to better understand the potential contribution of differential PP impacts to the complex challenge of widening socioeconomic inequalities in smoking.

This work has never been previously published. It was presented orally at the Faculty of Public Health Medicine in Ireland Scientific Meeting in 2022.

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Part II: Moving in the right direction: Tobacco packaging and labeling in the Americas

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Introduction

The World Health Organization (WHO) Framework Convention on Tobacco Control (FCTC) Article 11 recommends provisions on packaging and labeling for tobacco products, including health warning labels (HWLs), constituents and emissions information, removal of misleading information, and plain packaging to reduce tobacco consumption. The objective of this study was to assess the adoption of tobacco products packaging and labeling policies based on the FCTC's Article 11 guidelines in the WHO Region of the Americas (AMRO).

Material and Methods

We reviewed data on the regulatory environment of tobacco packaging and labeling in AMRO. Data was extracted from Tobacco Control Laws (www.tobaccocontrollaws.org), a database developed and maintained by legal advisors at the International Legal Consortium

from the Campaign for Tobacco-Free Kids in collaboration with in-country lawyers, wherever possible. We analyzed four sub-policy areas for smoked and smokeless tobacco products: 1) HWLs (e.g., size), 2) constituents and emissions (e.g., message content), 3) misleading information (e.g., brand descriptors), and 4) other requirements (e.g., standardized/plain packaging).

Results

Of 35 countries in AMRO, 31 have tobacco packaging and labeling laws. Twenty-six countries require pictorial HWLs, 24 require warnings printed on at least 50% of the front and back of the packs, and 24 rotate a single or multiple (from 2 to 16) warnings within a specified period (from 5 up to 24 months). Only 21 countries require descriptive messages on toxic constituents and emissions information. Twenty-seven countries ban brand descriptors with references to implied harm reduction (e.g., "light"), 24 ban figures, colors, and other signs, but only 13 prohibit emission yields printed on the packs. Only Canada and Uruguay have adopted standardized tobacco packaging while Uruguay also requires a single presentation (one brand variant) per brand family.

Conclusions

Many countries in AMRO have made good progress in adopting multiple, rotating, large pictorial HWLs and banning misleading brand descriptors. However, there needs to be greater attention on other tobacco packaging and labeling provisions with a focus on implementing standardized tobacco packaging.

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Tobacco outlets in vicinity of Dutch secondary schools

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Introduction

Tobacco outlet density is positively associated with tobacco use. Tobacco outlets around schools put adolescents at risk for smoking behaviour. This study describes tobacco outlet density around secondary schools in four Dutch cities (Amsterdam, Eindhoven, Haarlem, and Zwolle) and differences therein between schools providing different educational tracks.

Material and Methods

Data on tobacco outlet locations and characteristics were collected during a systematic retail audit. Locations and educational tracks of all 105 schools were retrieved from their websites. Using Geographic Information System software, the absolute number of tobacco outlets within a 500m radius around schools (density) was calculated. Results were stratified per 1) type of outlet: supermarkets, small outlets, and specialist shops, 2) city, and 3) schools' educational track.

Results

72% of all schools had at least one tobacco outlet within 500m. On average, tobacco outlet density was 3.31 (SD:3.90), mainly including small outlets (1.65) and supermarkets (1.10). Density differed between schools providing solely vocational (2.39), vocational-mixed (3.16), and academic (4.64) tracks, and between cities: Amsterdam (4.57), Haarlem (2.09), Zwolle (1.58), and Eindhoven (0.53). In Amsterdam and Haarlem, density was highest around academic schools (5.75 vs. 5.00), and lowest around solely vocational schools (3.30 vs. 0.67). In Zwolle and Eindhoven, density was lowest around academic schools, and highest around respectively vocational-mixed (1.75) and solely vocational schools (0.86).

Conclusions

Tobacco outlet density around secondary schools is not consistently higher among low schools offering educational tracks. Studies are needed to assess whether this also holds for other European countries.

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Challenges and successes in the sustainment of community-level smoking cessation interventions for residents with a low socioeconomic position

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Introduction

When health promotion interventions are implemented, the gains are often short-lived, as interventions are seldom successfully sustained. The current study aims to explore how and under what conditions community-level smoking cessation interventions for people with a lower socioeconomic position can be sustained, drawing upon interventions delivered in Dutch neighbourhoods with a predominantly low socioeconomic position.

Material and Methods

We conducted 15 semi-structured interviews with key stakeholders from three community-level smoking cessation interventions implemented at least three years prior. The topic guide was developed based on the Determinants of Innovation framework and transcripts were analysed thematically.

Results

We identified several factors that promote the sustainment of smoking cessation community-level interventions: 1) structural, long-term funding through the commitment of health insurers and policy makers; 2) continued stakeholder enthusiasm and involvement; 3) training and time for professionals to discuss smoking cessation, thereby also increasing the visibility of the intervention for professionals and residents; 4) integrating the intervention with existing initiatives and adapting it to be compatible with current working practices of executive staff; and 5) planning for sustainment as a team from the offset.

Conclusions

The current study highlights challenges and successes in intervention sustainment for people with a lower socioeconomic position. Lack of structural funding was one of the most challenging aspects for intervention sustainment in which health insurers and policy makers can play an important role. Planning for sustainment from the offset would enable intervention coordinators to consider the abovementioned factors early on. This need not be done alone but can best be discussed within a team of stakeholders. We will present our findings with examples from practice.

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Use of menthol cigarette accessories among youth smokers after the menthol cigarette ban in England, 2021: Implications for health equity

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Introduction

Menthol accessories (i.e., separate flavourings in the form of cards, capsules, filters, etc. used to mentholate cigarettes) are a regulatory loophole of menthol cigarette bans implemented in the United Kingdom and European Union. This study examined prevalence and sociodemographic correlates of menthol accessory use among youth smokers in England after the May 2020 menthol cigarette ban.

Material and Methods

Cross-sectional weighted data from the 2021 (August/September) ITC Youth Survey were limited to past 30-day smokers aged 16-19 in England (N=715). A logistic regression model estimated menthol accessory use (reporting usual cigarette brand was menthol AND used any menthol accessories within the past 30 days), adjusting for sex, age, race/ethnicity, perceived family income adequacy, and perceived addiction to cigarettes, with results presented as adjusted odds ratios (aORs) with 95% CIs.

Results

Among youth who smoked in the past 30 days, 24.2% (95%CI: 20.5-28.3%) reported that their usual cigarette brand was menthol and were using menthol accessories. The most common type of menthol accessories reported were menthol filters with roll-your-own tobacco (16.5%, 13.4-20.2%). Other types of menthol accessories reported were menthol flavour cards (7.7%, 5.6-10.5%), menthol crush balls (6.1%, 4.2-8.7%), and liquid menthol drops (5.4%, 3.6-7.9%). The likelihood of using menthol accessories was significantly greater among those who identified as Black (49.5%, aOR=3.90, p<0.001) and multiracial/other (32.9%, aOR=2.23, p=0.023) compared to White (20.6%, 16.8-24.9%).

Conclusions

Use of menthol cigarette accessories among youth who smoke was prevalent after the menthol cigarette ban in England, with disproportionately higher use among those who identified as Black and multiracial/other. More comprehensive menthol bans that also restrict accessories are likely be more effective in reducing flavoured tobacco use among young people and in advancing health equity.

Funding

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Sociodemographic inequalities in cigarette, smokeless tobacco, waterpipe tobacco, and electronic cigarette use among adolescents in 114 countries: a cross-sectional analysis

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Introduction

The majority of tobacco and nicotine users start using them in adolescence. In order to keep equity considerations at the forefront of tobacco control, it is crucial to assess whether inequalities in prevalence of tobacco and nicotine use exist among adolescents globally.

Material and Methods

We analysed Global Youth Tobacco Survey (GYTS) data from 538,644 school-based adolescents (79.3% aged 13-15 years) in 114 countries (2013-2019). Data were collected on current (past-30 day) use of cigarettes, smokeless tobacco, waterpipe tobacco and electronic cigarettes. We used weighted Poisson regression models adjusted for sex, pocket money and age to assess differences in prevalence of current use between boys and girls and between students with high vs. low pocket money.

Results

Although there was substantial regional variation, in most countries boys were statistically significantly more likely to report current use of all assessed products (ranging from 50.0% of countries for waterpipe tobacco to 73.3% of countries for electronic cigarettes). Inequalities by sex were less pronounced in Europe compared to other regions. Inequalities by pocket money were less consistent; students with more pocket money were more likely to report current use of cigarettes (vs. those with less pocket money) in 61.8% of the countries, but more likely to report current use of smokeless tobacco in only 18.3% of countries.

Conclusions

We found that, globally, boys and adolescents with more pocket money are generally more likely to use a range of tobacco and nicotine products. However, these patterns are not universal and local variations should be taken into consideration to design effective and equitable tobacco control policies.

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Sociodemographic disparities in tobacco point of sale density in Spain

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Introduction

Our objective was to explore the density of tobacco points of sale (PoS) in Spain, a State monopoly, and the sociodemographic disparities in such density across municipalities.

Material and Methods

We obtained the list of tobacco PoS for 2021 and the latest sociodemographic data for municipalities from official open

databases. We calculated the tobacco PoS density at the national level and for each municipality by dividing the number of PoS in the jurisdiction by population size. We used logistic regression to compute the association between tobacco PoS density and area-level income and population size at the municipal level.

Results

The density of tobacco PoS was 2.8 per 1,000 inhabitants. Tobacco PoS density was inversely related to income, except for the most populated municipalities. The odds of having a tobacco PoS density above the national median were 1.9 (95% CI 1.7-2.1) times higher in municipalities with a mean household net income below the national median.

Conclusions

In Spain, tobacco PoS density is higher than in most countries where information is available. The government of Spain should consider progressively reducing the density of tobacco PoS, prioritizing the most deprived areas to counter health inequalities. It is time for the government to use the tobacco PoS state monopoly to support its tobacco control policies instead of maximizing its profitability. A moratorium on granting new licenses for tobacco PoS would best serve this purpose as a contribution to an endgame strategy.

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Tobacco use and mental health in Northern Ireland - shaping a policy response using local data and analysis of policy documents across the UK and Ireland

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Introduction

This project was conducted by the Institute of Public Health for the Department of Health as part of a review of the Ten Year Tobacco Control Strategy for Northern Ireland (2012-2022). It aims to better understand the relationship between mental ill-health and tobacco use in Northern Ireland and configure a policy response.

Material and Methods

This project included two workstreams. Workstream one (WS1) was a secondary analysis of the Health Survey Northern Ireland to assess the relationship between smoking status and mental ill-health. The second workstream (WS2) included documentary analysis of current official tobacco control policy documents/strategies in the UK and Ireland using the READ approach. Content was extracted to pre-selected questions, an assessment of commonalities and differences in the evolution of policy on tobacco and mental health was presented and key insights were reported.

Results

WS1 found that twice as many people who smoke have a possible psychiatric disorder and four times as many people who smoke have probable clinical depression compared to those who never smoked. High proportions of people who smoke and have probable mental ill-health have tried to quit and expressed a desire to quit.

WS2 resulted in 12 key insights including: knowledge gaps exist regarding smoking and chronic/life limiting mental illness, specific psychiatric diagnosis, and mental ill-health in children; more recent policy documents afford higher levels of recognition to mental health and frame responses at both the population and health service level; engagement with mental health service users within policy and programme development is growing but not universally or consistently applied; no policy set a specific target to reduce smoking prevalence among people with mental ill-health; a focus on training of mental health service providers in delivering stop smoking support is evident across all jurisdictions.

Conclusions

This project found that although all policies recognise the relationship between mental health and smoking there are inconsistences in how it is both defined and understood. The most consistent action within the policies was training of mental health service providers in delivering stop smoking support but there are emerging examples of innovation in need of further evaluation.

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The prospective reciprocal associations between smoking and depressive symptoms over three decades: A Random Intercept Cross-lagged Panel Model

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Introduction

Research suggests that smoking is positively associated with depressive symptoms at different stages of life. However, the prospective association between smoking and depressive symptoms as well as the direction of this relationship in the transition from adolescence to adulthood remains unclear. Consequently, this study aimed to analyse the prospective reciprocal associations between smoking and depressive symptoms across this transitional period.

Material and Methods

A Norwegian population-based sample of 2936 participants (54.16% women) were assessed in 1992 (T1; early-mid adolescence; Mage = 14.84 years; cigarettes per day [M = 10.49, SD = 6.44]), 1994 (T2; late adolescence); 1999 (T3; emerging adulthood); 2005 (T4; adulthood); and 2020 (T5; mid adulthood). Responses were analysed using a prospective random intercept cross-lagged panel model (RI-CLPM). Smoking frequency and depressive symptoms (Hopkin Symptoms Checklist, 6 items) were assessed. Multigroup analyses were run by gender and socioeconomic status.

Results

The RI-CLPM overall model showed an adequate fit (Comparative Fit Index [CFI] = 0.99, Tucker-Lewis Index [TLI] = 0.98, and Root Mean Square Error of Approximation [RMSEA] = 0.03). Greater depression in T1 predicted higher smoking status in T2 ($\beta = 0.10$, $p < .001$). Conversely, adolescent smoking at T1 predicted later adolescent depressive symptoms at T2 ($\beta = 0.09$, $p < .001$). No other significant cross-lagged effects emerged. Satorra-Bentler Scaled Chi-square tests showed that the model did not differ by gender ($\Delta\chi2(21) = 26.39$, $p = .192$) nor by SES ($\Delta\chi2(21) = 29.05$, $p = .113$).

Conclusions

The present study provides preliminary evidence for a reciprocal pattern in the relationship between cigarette smoking and depressive symptoms throughout adolescence. Cigarette smoking prevention efforts should focus on both depressive symptoms and cigarette smoking during the whole period of adolescence.

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Title Within-Person Prospective Associations between Cigarette Smoking and Disordered Eating: A 28-Year Prospective Study using Random Intercept Cross-Lagged Panel Model

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Introduction

Research indicates a positive association between cigarette smoking and disordered eating. However, much remains unknown about the impact of confounding, the order of cause and effect, and gender and socioeconomic status (SES) differences in the relationship. Thus, this study followed a large, population-based, mixed-gender sample from adolescence to midlife, applying a random intercept cross-lagged panel model (RI-CLPM) approach to examine the bidirectional prospective associations between smoking and disordered eating while ruling out the effect of unmeasured time-invariant confounders.

Material and Methods

A population-based sample of 2936 participants from Norway (54.16% female) were assessed across five time points during early adolescence (T1; year 1992; Mage = 14.84 years; Cigarettes per day [M = 10.49, SD = 6.44]), late adolescence (T2; year 1994); emerging adulthood (T3; year 1999); adulthood (T4; year 2005); and later adulthood (T5; year 2020) applying RI-CLPMs. Multigroup analyses were used to examine differences by gender and SES.

Results

The RI-CLPM model presented an excellent fit (Comparative Fit Index [CFI] = 0.99, Tucker-Lewis Index [TLI] = 0.99, and Root Mean Square Error of Approximation [RMSEA] = 0.02). The model differed by gender ($\Delta\chi2(21) = 39.687$, p =.008) but not by SES ($\Delta\chi2(21) = 31.33$, p = 0.06). Among women, high levels of disordered eating at T1 and T2 predicted more cigarette smoking at T2 and T3, respectively. Among men, disordered eating at T3 predicted less smoking at T4. No other significant cross-lagged effects emerged.

Conclusions

The present study provides preliminary evidence for unidirectionality from disordered eating to cigarette smoking. These results suggest that successful interventions to reduce disordered eating may prevent or reduce smoking, regardless of SES, and especially by targeting female adolescents.

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Leaving nobody behind? Widening socio-economic inequalities in smoking as Ireland moves towards being tobacco-free

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Introduction

Despite progress, smoking remains the leading preventable cause of disease in Ireland. Recent studies show a two-fold difference in standardized mortality across socio-economic groups in Ireland and international studies suggest at least half this gap is attributable to smoking. Ireland has committed to a tobacco-free goal and an assessment of this challenge across society is urgently required. This study measures differences in smoking prevalence across socio-economic groups in Ireland to inform priorities for equitable tobacco-endgame planning.

Material and Methods

Secondary analysis of Healthy Ireland Surveys 2015 to 2021 was conducted. Trends in crude smoking prevalence were measured by socio-economic group. Logistic regression compared the odds of smoking in lower socioeconomic groups relative to higher socioeconomic groups across the period, adjusted for differences in age and gender across groups.

Results

The gap in crude smoking prevalence across socioeconomic groups was 12.5% in 2015; the gap increased to 20.1% in 2021. After adjustment for age and gender, in 2015, compared to those in the higher socioeconomic groups, those in lower socioeconomic groups were 2.1 times more likely to currently smoke (aOR 2.1, 95% CI 1.9–2.5, P<0.0001); in 2021, compared to the higher socioeconomic group, those in lower socio-economic groups were 3.7 times more likely to currently smoke (aOR 3.7, 95% CI 3.0–4.4, P<0.0001). A significant reduction in adjusted odds of smoking across the period was observed only for those in higher managerial, administrative and professional occupations; no difference was observed for those in other occupational groups.

Conclusions

People in lower socio-economic groups risk being left behind as Ireland moves to become smoke-free. Tailored and targeted stop-smoking support, reduced inequalities in exposure to tobacco retail, and higher tobacco taxation are urgently needed.

See The State of Tobacco Control in Ireland (2022) https://www.hse.ie/eng/about/who/tobaccocontrol/news/state-of-tobacco-control-report-2022.pdf

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Differences in self rated health and health complaints between adolescent smokers and non-smokers in Serbia

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Introduction

Previous research showed association of psychosocial and behavioural factors with self-rated health and health complaints among adolescents. In Serbia, there is high prevalence of smoking among both adolescents and adults. The aim of this analysis was to obtain national specific results on this topic that should additionally support advocacy for stronger implementation of tobacco control in Serbia.

Material and Methods

This is a secondary analysis of data obtained through collaborative cross-sectional study Health Behaviour in School-aged Children Survey (HBSC) implemented in Serbia in 2018 by the Institute of Public Health of Serbia "Dr Milan Jovanovic Batut" on nationally representative sample of students 11,13 and 15 years old. In order to observe differences between smokers and non-smokers in self rated health, life satisfaction and health complaints data obtained from 15 year old secondary school students in Serbia were used. In total, data obtained from 1605 students in this age group were included in analysis. A p-value of 5% or lower was considered to be statistically significant.

Results
In total, 19.6% of 15 years old students in Serbia smoke. There is statistically significant difference in self rated health with higher percentage of non-smokers who rated their health as excellent (62.0%) compared to smokers (40.2%). More smokers in comparison to non-smokers reported having various health complaints almost every day such as headache (11.9% vs. 6.2%), feeling low (11.6% vs. 5.1%), feeling nervous (41.7% vs. 21.3%) and having difficulties in sleeping (18.6% vs 8.2%). There was also statistically significant difference in life satisfaction with mean value 7.2 among smokers and 8.0 among non-smokers on the scale 1-10 (with 1 being the lowest and 10 the highest life satisfaction).
Conclusions
Results show high percentage of various health complaints among adolescent smokers, including those related to mental health. Results also emphasize the need for targeted and more intensive interventions specifically designed for adolescents needs.
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Youth and the Use of Nicotine Products

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Introduction
From 2010 to 2021 the use of smokeless products went from around 2% to 11.4% among youth in Denmark. The latter years also including nicotine pouches. The increase is seen with both boys and girls and across demographics and background. Many - especially minors - start using nicotine products, even though they have never smoked cigarettes. Denmark is also seeing a rise in the use of single-use vapes among minors.
Material and Methods
The presentation is based on data from the Danish Youth Survey called §RØG – a study of tobacco, behavior, and regulations which is carried out by the National Institute of Public Health.
It is a nationwide survey which follows the development of young people's tobacco and nicotine consumption as well as evaluates the effect of legislative initiatives.
It is also based on two reports from 2022 published by the Danish Health Authority. The purpose of the reports was to learn more about how young people perceive smokeless nicotine products and the parent's knowledge and attitude towards use among youth - respectively.
Results
Danish monitoring shows us that it is important to constantly check, if we are asking the right questions and reporting correctly on the data. For instance, we know from §RØG that young people in Denmark do not use the term "nicotine pouches", but use the term "snus" or other slang for all smokeless oral products regardless of the content. Approx. 80% of the youth reporting using snus, also reported a nicotine pouch brand as their main brand.
The reports with youth and parents showed that the knowledge level for nicotine products are low. The young people do not regard them as harmful and the parents did not know much about the products at all.
One of the outcomes has been that the Danish Health Authority report on all smokeless tobacco and nicotine products as "smokeless nicotine products" instead of per product type. It was also decided to carry out an awareness campaign targeting teenage parents. The campaign was launched in December 2022.
Conclusions
If we want report correctly in data, we have to know what the users are calling the products.
If we want parents to play an active role in tobacco and nicotine prevention we have to make sure that they know about the products, the prevalence and the harm that these products can cause.
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Sex differences in cardiovascular events associated with smoking: An opportunity for early intervention in women. Results from the Camargo (Spain) cohort study

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Introduction
Cardiovascular disease is the leading cause of mortality worldwide, showing a strong causal association with tobacco use. The aim of this study was to ascertain the influence of cardiovascular risk factors (CVRF), paying special attention to tobacco use, on cardiovascular events, in the general adult population of Cantabria (Spain) and to assess differences by sex
Material and Methods
A descriptive cross-sectional study nested in a population-based cohort, including men >50 years and postmenopausal women. Cardiovascular risk, cardiovascular events, tobacco consumption and clinical variables related to CVRF were analysed using bivariate analysis. Two multiple regression models were estimated for both sexes with cardiovascular event being the dependent variable.
Results
We analysed 403 patients (mean age 62,8±10,9 years; 46,2% men). More men than women had ever been smokers (74,2% vs. 34,6%; p=0,0001), and smoking was associated with the consumption of alcohol in men and with coffee in women. Cardiovascular risk was higher in men (5,4% vs. 2,4%; p=0,0001). Global prevalence of cardiovascular event was 10,2%, higher in men (15,1% vs. 6,0%; p=0,008). In multivariate analysis, cardiovascular event was independently associated with smoking in men [adjusted OR=4,58 (95%CI 1,01-20,65); p=0,04], age, hypertension and dyslipidaemia. In women hypertension was the only significant variable after adjusting for confounders.
Conclusions
The fact that the cardiovascular toxicity attributable to smoking is more delayed in women than in men offers a window of opportunity for early intervention in women. Additionally, since smoking patterns in younger women are similar to those in men, these preventive interventions are more compelling in premenopausal women in order to decrease their cardiovascular risk.
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Smoking and snus use in youth: risk factors and socio-economic profile

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Introduction

In the 21st century, snus users and smokers has had quite different social profiles in Norway, with smoking much more than snus use being associated with lower social economic strata. It is not known if the social profiles of young users mirror that of adults, but research has pointed at ideas in the youth population about popularity and normality of snus use that are not found for smoking. Daily smoking has gone down to ca 3% among Norwegian youth over the last 20 years, while daily snus use has increased to ca 18%. The objective of this study was to investigate the relevance of social economic status and other risk factors for snus use and smoking among people in their late teens.

Material and Methods

Based on data from the 5. wave of the longitudinal MyLife school survey, collected in 2021 (N = 1830, age 16.8-20.6 years, 64% girls), logistic regressions was performed with snus use and smoking at w5 as dependent, and early alcohol and tobacco use, personal characteristics, and parents' education as independent variables.

Results

Social economic status (parents' education) was negatively associated with both snus use and smoking. Dual use and snus use were more common in the lower social economic group. Sensation seeking and depression increased the risk for snus use and smoking. Fear of missing out increased the risk for smoking. Higher age increased the risk for snus use.

Conclusions

The results did not support a difference in the social economic background of young people using snus or smoking but suggested a lower social economic profile of dual users.

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Tobacco in Outpatient Mental Health Services: identification of unmet needs

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Introduction

People with mental health disorders have a disproportionately higher prevalence of tobacco consumption compared to the general population, resulting in an increased mortality caused by tobacco-related disorders. However, tobacco has usually been a neglected, non-priority topic in mental health services. Our aim was to describe tobacco control policies and strategies implemented so far in outpatient mental health services in Catalonia and identify unmet needs.

Material and Methods

Cross-sectional study conducted in 2022. An electronic questionnaire was sent to all the heads of outpatient mental health services in Catalonia (n=203). The questionnaire included 28 items covering four dimensions: intervention; staff training and commitment; control of smoke-free spaces; and tobacco policy communication. While data collection is still in progress, up to the present date 74.4% of responses have been obtained (n=151).

Results

Staff training and commitment dimensions showed that 67.8% of service heads promoted tobacco control policies, 77.6% supported tobacco cessation interventions and 71.5% claimed that their staff knew how to assist smokers to quit. However, only 48.6% of services included tobacco cessation in their healthcare portfolio, 65.5% registered tobacco consumption
systematically in their records, and 54.2% offered help to quit smoking in their care plans. These percentages were lower in child and adolescent centers, where only 26.8% of these centres included tobacco cessation in their healthcare plans, 34.1% offered help to their young patients to quit smoking, and 28.2% provided interventions to prevent tobacco consumption initiation.

Conclusions

Interventions to systematically identify smokers and offer them effective help to quit are still far from being consistently implemented and are not aligned with mental health care plans. While specific effective interventions are available, a considerable gap remains in facing tobacco use among this population. Efforts and resources need to be directed especially towards the younger population with mental disorders, which is currently receiving even less support than adults.

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Are Black and Latino Adolescents Being Asked if They Use Electronic Cigarettes and Advised Not to Use Them? Results from a Community-Based Survey

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Introduction

Healthcare visits provide an opportunity to address electronic cigarette use (vaping) among adolescents. This study was designed to explore if African American/Black and Hispanic/Latino adolescents are being asked if they use electronic cigarettes and advised not to use them.

Material and Methods

Adolescents with no vaping history, self-identifying as African American/Black and/or Hispanic/Latino, and able to read and speak English and/or Spanish were recruited through partner schools and

community-based organizations. Participants completed a survey reporting sociodemographic characteristics, and if they were asked if they use electronic cigarettes and/or were advised not to use them by healthcare providers.

Results

Twelve percent of African American/Black and 5% of Hispanic/Latino participants reported not seeing a healthcare provider in the year prior to enrollment. Of the participants who reported visiting a healthcare provider, 50.8% reported being asked and advised about vaping. One quarter (28.4%) of participants were neither asked nor advised regarding vaping. Compared to English-speaking participants, Spanish-speaking participants were significantly less likely to be asked (45.2% vs 63.9%, p=0.009) and advised (40.3% vs 66.9%, p<0.001) about e-cigarette use. Moreover, compared to African American/Black participants, Hispanic/Latino participants were significantly less likely to be advised about e-cigarette use (52.9% vs 68.6%, p=0.018). Furthermore, compared to male participants, female participants were significantly less likely to be advised about vaping (51.3% vs 68.2%, p=0.003).

Conclusions

Hispanic/Latino, Spanish-speaking, and female adolescents were significantly less likely to self-report being asked or advised about e-cigarette use than Black/African American, Englishspeaking, and male adolescents. Improving provider attention to nicotine and tobacco use screening for all populations will be an important practice improvement goal for further research.

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Association of smoking cessation behaviour and socioeconomic gradient variables

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Introduction

Smoking cessation is defined as a process by which a smoker stops using tobacco with or without support and through one or several attempts, until definitive cessation. Smoking cessation behaviour (SCB) is therefore constituted by the number of attempts and/or relapses that an individual makes with the intention of quitting for good and the intention to quit, factors which also constitute an indicator of either future attempts and/or their ultimate success, abstinence over a year.

Our aim was to examine the relationship between SCB, social class and other socio-demographic variables.

Material and Methods

Retrospective descriptive study in smoking patients seen in a specialised tobacco unit in 2008, 2015 and 2019. The dependent variable was smoking cessation at one year. Independent variables were age, sex, CSO-SEE12 occupational social class in 3 categories (Class I Directors and managers and university professionals, Class II Intermediate occupations and self-employed workers and Class III Manual workers), the occupation in the case of not being an active worker and the number of previous cessation attempts. Project was approved by the research ethics committee. A descriptive and inferential analysis was performed to determine the relationship between occupational social class and smoking cessation and the number of previous quit attempts against sex and year analysed (Chi-square) and with age (Mann-Whitney U), using SPSS v 15.0 statistical package.

Results

1070 patients were included. The mean number of attempts for the total sample was 2.34 (SD: 1.89) with a median of 2.00 (IQR: 2); no differences were found in the number of attempts between the three time periods studied (p = 0.110). No differences by gender were identified (p= 0.830). Although a trend of fewer attempts was detected as socio-economic status decreased: high (2.5) medium (2.3) and low (2.2) (p= 0.736). We did observe significant differences (p<0.001) in the number of previous attempts by those who achieved abstinence at one year (mean 2.51) compared to those who did not (mean 2.12)

Conclusions

In our study the number of attempts prior to definitive cessation was not directly related to social and occupational class. It is noted however that the number of prior attempts is somewhat predictive of potential successful cessation, abstinence at one year.

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Smoking habits of final-year Galician medical students: 38 years of follow-up

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Introduction

Tobacco consumption by health professionals influences their attitude on the smoking habits of their patients. Students in the final year of their medical degree will have to assume, a few months after graduation, professional duties such as smoker management. Therefore, it is important to assess their smoking habits and their attitudes towards tobacco.

Material and Methods

From 1985 until 2022, we carried out a cross-sectional study every academic year about the smoking consumption of final-year medical students, as well as about their tobacco beliefs and attitudes. For gathering the information, a self-administered questionnaire was distributed to all students enrolled in the final course of Medicine at the University of Santiago de Compostela. To analyse the trends, we used a joinpoint regression that permits the identification of points of change in the series and estimates the Annual Percent Change (APC) of each period.

Results

Daily smoker prevalence dramatically dropped from 1985 to 2022: from 61.1% to 8.8% among male, and from 53.8% to 8.6% among female. The male students' regression has detected 1 join point in 1991 that splits the follow-up time in two periods (APC= -12.25% and -3.33% before and after respectively). Among female students the joinpoint appears later, in 1994 (APC= -8.55% and -4.11% respectively). Tobacco consumption among daily smokers declined during the period too: from 19.7 c/d to 7.4 c/d among male and from 16.1 c/d to 6.3 c/d among female. Among male students regression didn't find any joinpoint, with a continuous APC (-1.98%). Among

female one joinpoint was detected in 2009 with a deep drop in the last period (APC= - 1.43% and -4.46% before and after respectively).

Conclusions

A very important drop of the smoking prevalence among last year medical students occurred between 1985 and nowadays. The drop was similar in both sexes. The same trend happened with the number of cigarettes consumed per day.

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Does Secondhand Smoke Affect Mental Health?

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Introduction

Secondhand smoke is a well-established cause of physical disorders such as lung cancer, respiratory disease and heart disease. In the past decade, studies have also started linking secondhand smoke exposure to various mental health disorders. However, relatively little attention is paid to this research in the promotion of smokefree policies or mental wellbeing. We review the current evidence on secondhand smoke and mental health outcomes, and discuss its potential policy implications.

Material and Methods

Systematic literature review of studies examining the link between secondhand smoke and mental health. After screening 213 articles, we gathered and analysed data from 82 articles which met our final inclusion criteria.

Results

Secondhand smoke exposure is associated with Attention Deficit Hyperactivity Disorder, depressive and anxiety disorders, suicide, stress, sleeping disorders, cognitive and behavioural issues in children, and dementia in older adults. Associations were generally more consistent and showing dose-response effects for Attention Deficit Hyperactivity Disorder, depression, anxiety and dementia, with higher odds reported in people exposed to secondhand smoke at high levels, frequently, or in the home environment. Most studies were cross-sectional albeit in large, nationally representative samples from various countries with a smaller number of longitudinal studies. More research investment is needed in this area to determine whether secondhand smoke exposure directly causes adverse mental health outcomes via biological mechanisms, or is more a sign of living in an environment that contributes to poor mental health.

Conclusions

More emphasis on the link between secondhand smoke exposure and adverse mental health outcomes could help to promote smokefree environments as part of a broader effort to promote mental wellbeing, especially in the home environment.

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How municipalities contribute to making outdoor sports clubs smoke-free

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Introduction

Local governments may play a key role in ensuring outdoor sports clubs to become smoke-free. This study aims to assess the experiences of Dutch municipalities, by investigating their motives, challenges and strategies.

Material and Methods

We conducted online semi-structured interviews with policymakers of 19 municipalities in the Netherlands. The included municipalities varied in terms of region, population size, and degree of urbanization. Data were analyzed using content analysis.

Results

Municipalities stimulated sports clubs to become smoke-free by providing information and support, and using financial incentives. Motives of municipalities vary from facilitating a healthy living environment for youth, responding to denormalization of smoking, and collaborating with national preventive policies. Policy makers face several challenges, including reduced capacity and funds, a reluctance to intervene with sport clubs, and uncertain, variable support from within the municipal organization. These challenges are dealt with by using strategies such as embedding smoke-free sports in a broader preventive policy, setting a good example as municipality itself, and working together with other stakeholders in the municipality.

Conclusions

Dutch municipalities are motivated to undertake a stimulating and advisory role with regards to smoke-free outdoor sports clubs. Challenges may be faced by forming a partnership with other stakeholders as part of broader preventive policies.

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Reducing the number and types of tobacco retail outlets in the Netherlands: a comprehensive policy evaluation

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Introduction

The Netherlands plans to reduce the number and types of tobacco retail outlets in the coming years and will be the first country to ban the sales of tobacco in supermarkets. Online sales of tobacco will be banned in 2023, tobacco sales in supermarkets will be banned in 2024, and tobacco sales will be limited to specialty shops in 2032 (and possibly sooner).

Material and Methods

We have made predictions of changes in tobacco retail outlets, employment, and smoking prevalence after implementation of the policies by examining international experiences with similar legislation, performing interviews with stakeholders in the Netherlands, and performing economic modelling. Furthermore, we have started a comprehensive policy evaluation study to examine the actual implementation and impact of these policies. We present the findings of our study into the predicted effects of the policies, what

we advised the Dutch government based on these findings, how the government now intends to implement the policies, and our research plans to comprehensively evaluate the actual implementation and impact of these policies.

Results

There is growing support from Dutch stakeholders and society to limit tobacco sales to specialty shops. This policy option also has the largest expected effect on smoking prevalence, while effects on employment seem limited. To prevent an increase in the number of tobacco specialty shops (e.g. right next to a supermarket), it is important to implement a licensing system.

Conclusions

Despite our recommendations to implement a licensing system, the Dutch government has opted to implement only a registration system. Therefore, it remains to be seen whether the policies that limit the types of tobacco retail outlets will actually lead to a reduction in the number of outlets. We have started a comprehensive policy evaluation to examine this. We believe that the methods of our evaluation can be used as a model for other comprehensive public policy evaluations.

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Smoking rules at home among Spanish adult smokers in 2021: Findings from the ITC

EUREST-PLUS Spain Survey
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Introduction

The home is the primary source of secondhand tobacco smoke (SHS) exposure for children and adult non-smokers. Voluntary smoking rules in a household affect the amount of SHS exposure of household members at home and ultimately impact their health. The objectives of this study were: 1) to evaluate the prevalence and 2) to identify the determinants of having smoking ban at home among Spanish adult smokers in 2021.

Material and Methods

Data were drawn from the 2021 International Tobacco Control (ITC) Spain Survey, a nationally representative sample of adult smokers aged ≥18 years (n=1,006). Data were collected between June and August 2021 either in-person or via telephone. Study measures included demographics, household structure, smoking characteristics (nicotine dependence, number of cigarettes per day, etc.), beliefs regarding SHS harm, and smoking rules in the household (complete, partial or no ban). Proportions, 95% confidence intervals (CI), and prevalence ratios (PR) of having a smoke-free home among smokers were computed by means of generalised linear models adjusted for sex, age, and educational status.

Results

The prevalence of smokers' homes with complete smoking bans was 31.6% (95%CI: 27.8-35.2) and of homes with partial bans was 42.3% (38.5-46.2). Among smokers, the following characteristics were significantly associated with smoke-free rules: being 55 years or older vs. being 18-24 years old (PR=1.76; 1.15-2.70), having a medium educational level vs. a lower one (1.29; 1.08-1.54), living with minors vs. not (1.60; 1.31-1.96), being a non-daily smoker (1.63; 1.23-2.16) or a recent quitter (1.67; 1.44-1.95) vs. daily smoker, having low vs. high nicotine dependence (2.21; 1.17-4.19), and agreeing that SHS is harmful to non-smokers vs. other than agree (0.52; 0.37-0.73).

Conclusions

The prevalence of smoke-free homes among Spanish smokers is low. There is an association between adopting smoke-free rules and older age, educational level, living with minors, low nicotine dependence, and smokers' knowledge of the harmful health effects of SHS.

Funding

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Evaluation of the compliance with the smoke-free ban in dining areas of Yerevan, Armenia

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Introduction

Armenia has an alarmingly high smoking rate among men (53.4%); the level of exposure to second-hand smoke (SHS) in public places is also high.1,2 The comprehensive smoke-free ban in indoor and outdoor dining areas was enacted in March 2022. We aimed to evaluate the level of compliance with the ban at six months of its implementation.

Material and Methods

We utilized mixed-methods approach with qualitative observations and quantitative air quality monitoring of PM2.5 particles in selected dining areas of the capital city. We visited 24 indoor and outdoor areas in 19 hospitality venues from eight districts (total 11) of Yerevan. The observations were done using standardized forms and the measurements of the real-time PM2.5 particles were done using TSI SidePak AM520 following the standard protocol. We used Stata13 and TrakPro5 for the analysis and graphical representation of collected data.

Results

Active smoking was observed in the half of the visited venues, of which 16.7% (n=2) were indoor and 83.3% (n=10) were outdoor areas. In 41.7% (n=5) of outdoor facilities, ashtrays and cigarette butts were observed. The "No smoking" signs were posted in 29.2% (n=7) while the penalty signs only in 8.3% (n=2) of all visited venues. The conventional cigarettes were the most common tobacco products used in 45.8% of visited venues (n=11), followed by electronic cigarettes in 16.7% (n=4, indoor), waterpipe in 8.3% (n=2, indoor and outdoor), and heated tobacco products in 4.2% (n=1, outdoor) of visited venues. The average concentration of PM2.5 was 60.4µg/m3 (ranging from 28.7µg/m3 to 173.2µg/m3) which was significantly higher the recommended level by almost 2.5 times. In areas where a waterpipe was used, the average PM2.5 level reached 1,620µg/m3.

Conclusions

The study demonstrates insufficient level of compliance with the ban with worse practices in the outdoor areas. Stronger enforcement mechanisms as well as awareness-raising efforts are needed to support the implementation of the ban.

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Step by step towards a smoke-free province: The case of Ciudad Real, Spain

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Introduction

Tobacco is the main risk factor for cancer, being related to up to 1 in 3 cases. In order to achieve a "Tobacco Free Generation" by 2040, we need to target our younger population and promote healthy lifestyles where tobacco has no place. To achieve this goal, it is essential to reduce exposure to environmental tobacco smoke among the youth. It is in this context that the Smoke-Free Places project arises.

Although the project is designed for implementation at local level, the team at the provincial headquarters of Ciudad Real aims to increase the impact of the project through an advocacy strategy at provincial level to increase the cost-effectiveness of the project.

Material and Methods

With the objective of implementing this project in as many localities of the province as possible, the involvement of the political agenda was considered key and fundamental as a promotional and fundamental vehicle to achieve the maximum possible reach.

It was decided to present the project to the Education and Sports councils, which were considered the most suitable because they share the same health objectives and target population (in this specific case, child protection).

Once the alliance with the public bodies was established, we asked different associations and clubs in each locality to join the initiative in order to strengthen the positioning of the project.

Results

Over the last year we have achieved that more than 215,000 people have stopped being exposed to environmental tobacco smoke in up to 61 different places. Eight municipalities have already joined this initiative and 10 more are on the way.

Thus, the number of smoke-free spaces freed in Ciudad Real is almost a third of all the smoke-free spaces freed by the Spanish Association Against Cancer and the Smoke-free places project.

We believe that the success of the initiative in Ciudad Real is directly related to the institutional support of the provincial government.

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Correlates of smoke- and aerosol-free households are different among Hungarian cohabiting couples

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Introduction

Smoke- and aerosol-free households are key elements of anti-tobacco socialization. They are essential to reduce secondhand exposure from cigarette smoke and from aerosol of e-cigarettes and heated tobacco products. This study aimed to explore the association between indoor smoke- and aerosol-free household rules, tobacco use and/or electronic nicotine or tobacco delivery systems (ENTDS; e-cigarette and/or heated tobacco product) use, and sociodemographic variables among Hungarian couples.

Material and Methods

A cross-sectional online survey was conducted among Hungarian adults in November, 2022. Respondents were asked about their own and their partner tobacco use habits (single user: one member-, dual user: both members of the couples use tobacco/nicotine product). Self-reported indoor smoking and/or ENDTS use ban, and sociodemographic variables were involved. Using couples as the unit of analysis, Z-test, Cohen's h, cross tabulation statistics with 95% confidence interval, and binomial LASSO regression were applied.

Results

Couples reported indoor smoking ban with significantly higher rate than indoor ENDTS use ban (80.1% vs 75.1%, respectively, p=0.03, h=0.12). Indoor smoking ban was reported by 73.1% of single-smoker couples and 44.4% of dual-smoker couples (p<0,001, h=0.6). In contrast, 34.3% of single-ENTDS user couples and 19.2% of dual-ENTDS user couples reported indoor ENDTS use ban (p=0,01, h=0.3). Tobacco use was negatively associated with smoke-free and aerosol-free households. Better financial status, higher education and number of minors living in the household were positively associated with indoor smoking ban, although none of these sociodemographic variables were associated with ENDTS use ban.

Conclusions

Our results highlight the importance of communicating the potential health harms of all range of tobacco and nicotine products. Smoke- and aerosol-free policies shall be promoted to all tobacco users to protect the health of non-users, especially minors.

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Smoking in an Inpatient Psychiatric Unit in Ireland with a "Tobacco Free Campus" policy: the prevalence, the associated factors, the social consequences and what can be done to address this

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Introduction

Smoking is highly prevalent in patients with mental health disorders and although most literature describes it's impact on physical health, there is little to address the social consequences associated with nicotine

addiction. In 2022, Ireland's Health Service Executive (HSE) published clinical guidelines, regarding smoking cessation in secondary mental health service users, in response to this ongoing issue.

Material and Methods

We performed a cross-sectional analysis of all patients admitted to the inpatient psychiatric unit on a single date. The patients were interviewed using a standardised format. Case records and medication charts were also examined. We analysed this data using Microsoft Excel, which allowed us to assess any changes in smoking behaviour and how this was managed, if at all.

Results

Of the 51 inpatients, 78% (n=40) had an Axis 1 diagnosis according to the DSM-4, 72% (n=37) were unemployed and 67% (n=34) were receiving Social Welfare. 57% (n=29) of inpatients were current smokers. 63% (n=25) of smokers had an Axis 1 diagnosis, 51% (n=19) were unemployed and 53% (n=18) were receiving Social Welfare. Since admission, 52% (n=15) of smokers have been smoking more, and 48% (n=14) have been spending more money on tobacco. 7% of smokers (n=2) started smoking on the unit. 50% (n=9) of smokers receiving Social Welfare were smoking more, with the majority of them on long-term disability allowance (n=7). 10% (n=3) of smokers were prescribed NRT, with only 1 patient taking NRT. 90% (n=26) of smokers did not have smoking addressed in their care plan. 38% (n=11) had a fully completed smoking history in the nursing admission, while only 14% (n=4) had one in the medical admission.

Conclusions

Despite the Tobacco Free Campus policy, smoking continues to be highly prevalent in an inpatient psychiatric setting. A large proportion increased their smoking on admission, and their expenditure on tobacco. We also now have inpatient health services where a number of patients have started to smoke since admission, despite policies in place. More needs to be done to address this issue, including early identification of smokers, prescribing NRT when appropriate, and thus empowering patients to make positive choices for their physical health and financial wellbeing.

This poster has been accepted to be presented in the European Psychiatric Association Congress in March 2023.

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Smoke-Free Spaces: Updating the Comprehensive Tobacco Plan for Andalusia

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Introduction

The main objective of this work is to define the key objectives and actions of the smoke-free spaces strategic line of the Updated Comprehensive Tobacco Action Plan for Andalusia (PITA).

Material and Methods

A coordinating team was established to define the main pillars of the Comprehensive Plan for smoke-free spaces in Andalusia. The team included professionals from the General Directorate of Public Health and Pharmaceutical Regulation, the current PITA Team, and the The Andalusian School of Public Health. The methodology employed in the document was executed in a three-phase approach: 1) in-person meetings with working groups, 2) online analysis and improvement of previous documents, 3) integration of different parts of the document by the coordinating group.

Results

See table 1.

Table 1. List of Objectives and Actions

Objective	Action
Objective 1: Achieve the inclusion of all healthcare centers of the Andalusian Public Health System (SSPA) and community pharmacies in the Andalusian Network of Health Services and Smoke-Free Spaces (RASSELH).	Action 1: Include the level of accreditation achieved in RASSELH as a necessary quality criterion for accreditation levels in the standards of the Andalusian Health Quality Agency.
Objective 2: Monitor compliance with current regulations regarding Environmental Tobacco Smoke.	Action 1: Audit the interior and exterior of smoke-free public spaces. Action 2: Manage non-compliance in tobacco matters by developing a sanctions procedure for citizens or professionals who do not comply with current regulations. Action 3: Exterior and interior signage of buildings and spaces within the SSPA. Action 4: Include in the employment contracts of healthcare centers of the SSPA and subcontractors, regarding the obligation to comply with the standard of smoke-free healthcare spaces. Action 5:Conduct inspections on tobacco matters in different sectors (hospitality, health and non-health establishments, ...) Action 6:Consensus on the procedure of sanctions by the Territorial Delegations of Equality, Health and Social Policies
Objective 3: Reduce exposure to secondhand smoke in private places (homes, vehicles, ...)	Action 1:Sensitization campaigns from public communication media
Objective 4: Promote policies for smoke-free environments for tobacco products (both traditional and new) and aerosols generated by Nicotine-able to deliver devices	Action 1:Promote the inclusion of civil society organizations in the fight against tobacco in the RASSELH Action 2: Carry out the "smoke-free beaches and swimming pools" campaign for all municipalities in Andalusia
NOTICE: The results of this work have been included in the document titled "Update of the Andalusia Comprehensive Tobacco Plan" . From Frebuary 2023 It can be accessed from (spanish): https://www.juntadeandalucia.es/sites/default/files/inline-files/2023/01/PITA_2022-25.pdf	

Conclusions

This work provided a comprehensive strategic line for smoke-free spaces in Andalusia. The plan included key objectives and actions in order to protect the Andalusian population from environmental tobacco smoke.

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Nursing students' perception towards smoke-free regulations in hospitals and university campuses: a cross-sectional multicenter study

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Introduction

Outdoor smoke-free regulations reduce exposure to secondhand smoke (SHS) and help to denormalize tobacco use. As future key agents in health promotion, nursing students' attitudes should agree with tobacco-control policies. Our objective was to assess nursing students' exposure to SHS in nursing schools, to explore their perception towards compliance with the existing smoke-free regulations in acute hospitals, and to describe their support for banning smoking in indoor and outdoor areas of hospital and university campuses.

Material and Methods

Cross-sectional multicenter study conducted in 2015-2016 in all 15 university nursing schools in Catalonia, Spain. A questionnaire gathered information about SHS exposure, awareness of the smoke-free regulation in acute hospitals, and support for smoke-free policies in hospitals and university campuses. We performed descriptive analyses and calculated adjusted prevalence ratios (aPR) and their 95% confidence intervals (CI).

Results

From 4381 respondents, 99.1% had seen people smoking in outdoor areas of their university campuses, and 75.2% were exposed to SHS on the campus (6.0% indoors and 69.2% outdoors). Near 60% were aware of the smoking regulation in force in acute hospitals. Support for indoor smoke-free regulation in hospitals was widespread (98.7%), while it was lower (64.8%) for outdoor areas. About 33% supported regulating outdoor healthcare university campuses to make them smoke-free, being higher among those in the third year of training as compared to the first-year students (aPR: 1.41; 95% CI: 1.24-1.62), among never smokers (41.4%; aPR: 2.84; 95% CI: 2.21-3.64) compared to smokers, and among those who were aware of the regulation (38.4%; 95% CI: 1.37-1.75).

Conclusions

SHS exposure on university campuses is high. Nursing students express low support for strengthening outdoor smoking bans on hospital and university campuses. Measures aiming to increase their support should be implemented.

Funding

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Support for smoke-free regulation in private and public places: Findings from the 2021 ITC EUREST-PLUS Spain Survey

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Introduction

Knowing smokers' opinions about smoking regulations is vital to assess their acceptance and ensure compliance. We explored smokers' opinions and support for smoking bans in enclosed and public open settings, some not covered by the current Spanish legislation.

Material and Methods

The 2021 International Tobacco Control EUREST-PLUS Spain Survey used a nationally representative sample of 1006 smokers aged ≥18 years. A detailed questionnaire was administered in person or by telephone. We explored smokers' opinions and support by socio-demographics and smoking characteristics. We fitted Poisson regression models with robust variance adjusted for age and sex to identify associated factors.

Results

Most smokers think that smoking should not be allowed in schoolyards of primary (98.0%) and secondary schools (97.4%) and in cars with preschool children (98.2%), children aged <16 (96.2%) or non-smokers (83.2%); the percentage was lower for beaches (15.7%) and outdoor terraces of bars/pubs (15.2%) and restaurants (18.4%). Factors strongly associated with thinking that smoking should not be allowed on outdoor terraces were not having partner/friends who smoke compared to having a smoking partner and not considering themselves addicted to cigarettes. This last factor was also associated with thinking that smoking should not be allowed at beaches, entrances to public buildings, and open stadiums. Support for further complete smoke-free bans in open areas was moderate (<60%). High nicotine-dependence (assessed with the Heavy Smoking Index) was significantly associated with supporting a complete ban at entrances of public buildings and in markets/malls, whereas not having partner/friends who smoked were significantly associated with not supporting a complete ban at swimming pools.

Conclusions

Smokers were mostly in favour of smoking regulations in places with minors, but they had heterogeneous opinions about the regulations in other settings.

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Association between pro-tobacco and anti-tobacco media and messaging exposure and support for smoke-free policy among adults in Armenia and Georgia

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Introduction
Despite high smoking rates, Armenia and Georgia adopted national comprehensive smoke-free laws in 2022 and 2018, respectively. This study examined participant knowledge regarding whether the law covered alternative tobacco products (ATPs) and support for the law to include ATPs and to expand to other locations (e.g., parks/beaches, multi-unit housing). We also examined potential correlates, including exposure to cigarette, e-cigarette, and heated tobacco product (HTP) ads; news opposing smoke-free policy; and ads/news stories or community-based activity promoting smoke-free air.
Material and Methods
We analyzed 2022 survey data from 1,468 adults (avg. age=42.92, 51.4% female, 31.6% past 30-day smokers) in 28 communities in Armenia and Georgia. We conducted multivariable regressions examining the 3 outcomes, including the correlates of interest and controlling for country, age, sex, and smoking status.
Results
Overall, 79.2% of participants knew the law covered ATPs. Average support (on a scale of 1=strongly oppose to 4=strongly support) for the law to include ATPs was 3.43 (SD=0.90) and for the law to expand to other locations was 3.00 (SD=0.82). In regression models, correlates of knowledge the law covered ATPs included more exposure to media and community-based action supporting smoke-free air (Nagelkerke R2=.096). Correlates of support for the law to include ATPs were less exposure to news opposing smoke-free policy and HTP ads, and more exposure to media and community-based action supporting smoke-free air (Adjusted R2=.256). Correlates of support for the law to expand to other locations included less HTP ad exposure and more exposure to community-based action supporting smoke-free air (Adjusted R2=.387).
Conclusions
Media and community-based action have the potential to promote knowledge and support for smoke-free policy. HTP ads may have unique attributes that undermine smoke-free policy, and thus warrant examination of their contents and consumer targets.
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Is the "Smoke-Free Zones" Programme known by Gipuzkoan population?

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Introduction
The aim of this study was to measure whether the population of Gipuzkoa differentiates between the places where smoking is not allowed and the zones where is recommended not to smoke, the prohibition is contemplated in the article 40 of the Law 01/2016, of 7 April, on Comprehensive Care for Addictions and Drug Addictions, and the recomended zones are descrived in the "Smoke-Free Zones" programme of the Basque Government. For this purpose a battery of questions was provided to students of 3 educational centres. Additionally, a survey was conducted in the street in order to reach a more plural sample.
Objective
The objective of the study was to quantify the knowledge of the "Smoke-Free zones" programme among the general population of Gipuzkoa and among pupils at three schools in Gipuzkoa (n= 267).
Material and Methods
A questionnaire consisting of 5 questions with open/closed answers was carried out in the educational centres, and the general population of Gipuzkoa was provided with a survey of 4 questions.
Results
2% of the consulted population of Gipuzkoa (general population and students) differentiates places where smoking is prohibited according to the Law 01/2016 from the "Smoke-Free Zones".
Conclusions
People do not differentiate the zones described on "Smoke-Free Zones" programme and they confuse them with the zones defined in the Law 01/2016. The proposals for new smoke-free zones would be better identified if they were an extension of the Law 01/2016.
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"Moving Away Tobacco": an intervention to extend smoke-free spaces beyond hospital campus

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Introduction
The Catalan Institute of Oncology (ICO) implemented the intervention "Moving Away Tobacco" to extend smoke-free spaces beyond the entrances of hospitals in 2021. The objectives were 1) to implement and evaluate the impact of the intervention in the ICO Campus, and

2) to reinforce the tobacco control role of ICO staff.

Material and Methods

ICO Campus hosts several health and research institutions. The intervention consisted of 1) before implementation: institutional commitment, action plan definition, signposting of entrances beyond the Campus, communication campaign and baseline assessment of compliance indicators; 2) implementation: kick-off (May 31st, 2021) with media coverage; and 3) evaluation of the compliance: two post-implementation assessments of indicators in the extended areas, such as butts on the grounds, number and characteristics of people smoking in the main entrances, and a survey to assess staff's opinion about the intervention.

Results

We obtained a high level of commitment from the institutions during the design process. Entrances were signposted explaining the extension of the smokefree area (≥ 5m). The follow-up assessments (Oct 2021 & May 2022) showed an improvement of indicators. The presence of tobacco butts on the ground entrances decreased by 58.0% and by 50.0%, number of staff smoking decreased by 97.2% and by 88.9%, and number of patients/visitors smoking decreased by 73% in both assessments. The satisfaction of staff was very high and 98% supported the intervention.

Conclusions

This intervention goes beyond the current legislation by promoting smoke-free spaces beyond the hospital premises. Managers and staff supports the intervention, and compliance with the smoke-free spaces slightly attenuates over time. Continuous turnover of patients and visitors has been identified as the main barrier. Strengthening enforcement by improvement of communication and signalling is warranted, together with continuous monitoring of indicators.

Funding

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Impact of the Spanish tobacco control legislation in mental health: a decade of progress in Catalonia

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Introduction

Tobacco has usually been a neglected topic in the field of mental health, despite the high mortality it causes in this population. The aim of this study was to describe tobacco control strategies in hospital wards and mental health day centers in Catalonia, regardless its affiliation to the Catalan Network of Smoke-free Hospitals (XCHsF), to identify areas of improvement and to compare the results with those obtained a decade ago.

Material and Methods

Repeated cross-sectional study with the same methodology in 2009 and 2020. An electronic questionnaire of 24 items covering 4 dimensions (intervention; staff training and commitment; control of smoke-free spaces; tobacco policy communication) was sent to all heads of mental health units in Catalonia. We obtained 186 (96.9%) responses in 2009 and 208 (98.1%) responses in 2020.

Results

The number of mental health care centers that joined the XCHsF has increased (43% vs 76.4%; $p<0.05$) between 2009 and 2020, same as the mental health professionals that are members of the Smoke-free Project Committee (37.9% vs 86.6%; $p<0.05$). An improvement is observed in the dimensions "intervention" (always/often intervene in tobacco use from 34.7% to 72.6%; $p<0.05$) and "control of smoke-free spaces" (no indoor smoking spaces from 59.5% to 84.7%; $p<0.05$). The child/youth units have not increased their score in any dimension. 84.3% of heads agree that funding drugs to stop smoking would encourage patients to try quitting and the majority believe that the Tobacco Legislation (Law 42/2010) has helped to improve tobacco control and intervention in their unit.

Conclusions

Smoking control and interventions have increased in the last decade in mental health units in Catalonia after the Spanish Law 42/2010. Efforts must be done especially in the children/youth mental services. Continued monitoring areas for improvement, promoting interventions and training health professionals are warranted.

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How to ask about exposure to environmental tobacco smoke in Spain

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Introduction

Epidemiological studies that use surveys in the field of exposure to environmental tobacco smoke (ETS) are common because they have a reasonable cost and obtain detailed and retrospective information. Although, it should be noted that there is no agreement about which questions should be included.

The aim of the study was to analyze how exposure to ETS is ascertained in studies that assessed exposure to ETS in childhood, in adulthood and in Health Surveys carried out in Spain or in its Autonomous Communities (AC).

Material and Methods

A PubMed search was conducted for original articles in English

and Spanish published between 01/01/2012 and 31/12/2021. The variables analyzed were the scenarios of exposure to ETS, the verification of exposure, the intensity of exposure and present the wording of questions. The search was completed with a manual review of the wording the questionnaires included in the European Health Surveys (EES), National Health Survey (ENSE) and in surveys developed in the AC of Spain.

Results

A total of 64 studies were identified, 13 studying exposure to ETS in childhood and 51 in the adult population. In childhood, wording of questions was described in 5 out of 13 studies, being the only scenario ascertained by all home. The verification of exposure was evaluated unevenly, being more frequent questions oriented to cohabitation with smokers. In the adult population, the most evaluated scenario was home followed by work or place of studies; 15 of 51 studies included the question wording, 19 of 51 studies also evaluate exposure to ETS through biological markers, 18 through cotinine. The ENSEs carried out in 2006, 2011-2012 and 2017 as well as the EES of 2009, 2014 and 2020 included questions oriented to ascertain the prevalence of exposure to ETS. In the last year 9 AC asked about exposure to ETS. The most individually valued scenario was home followed by work or place of studies and closed places. The questions varied among the different surveys. Ascertaining exposure to ETS through questionnaires is study-dependent. This emphasizes the need for a standard set of valid and comparable questions to include in epidemiological studies.

Funding

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Attributable mortality to secondhand smoke exposire in Spain.

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Introduction

Exposure to secondhand smoke (SHS) is associated with an increase in mortality and morbidity. The aim of this work is to estimate the impact of the exposure to SHS on mortality in Spain in the population aged 35 and over in the year 2020.

Material and Methods

Attributable mortality (AM) to SHS was estimated using a prevalence-dependent method. Prevalence of exposure was derived from a national representative crosssectional study and relative risks from metanalyses. AM estimations were accompanied by 95% confidence intervals (95%CI), which were calculated using a naive bootstrap procedure. AM, globally and by tobacco consumption, was estimated by sex, age group and cause of death. A sensitivity analysis was performed.

Results

In Spain, in 2020, 747 (95% CI 676-825) deaths in the population aged 35 and over were attributed to exposure to SHS, 279 (95%CI 256-306) due to lung cancer and 468 (95% CI 417-523) due to ischemic heart disease. 75.1% of the AM occurred in men, 561 deaths (95% CI 494-634). 60.9% of deaths attributed to SHS exposure occurred in non-smokers. Including Chronic Obstructive Pulmonary Disease and stroke in the estimation rose the mortality burden to 2,242 deaths.

Conclusions

Exposure to SHS is an important cause of death in Spain, associated with 1.5% of all deaths from lung cancer and ischemic heart disease in the population aged 35 and over. Most of the AM to SHS occurs in non-smokers. These data reinforce the need for health authorities to commit to reducing the exposure to SHS in any type of context and location.

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The University of the Balearic Islands (UIB), a Smoke-Free Space

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Introduction

According to data from the Cancer Observatory of the Spanish Association Against Cancer (AECC), in 2021, lung cancer caused 533 deaths in the Balearic Islands. The number of people who smoke daily in the Balearic Islands is 210.736. The Smoke-Free Space project was aimed to increase the entry barriers to consumption and delay the start, by establishing smoke-free spaces. The project began in 2021 together with the AECC of the Balearic Islands, in line with the objectives of the Spanish Network of Health Promoting Universities (REUPS). In addition, the General Directorate of Public Health and Consumption of the Health counselling participates.

Material and Methods

A working group of experts has been created to achieve a smoke-free campus progressively. For that, a survey has been designed to assess the current consumption situation. Also, it has been installed signs to facilitate the identification of smoke-free spaces, and a course of smoking cessation and information campaigns have been realized.

Results

The survey carried out reveals that 69,78% would like the campus to be a smoke-free space. In line with the project, 76 stickers have been placed in the transit areas, 100 posters at the entrances of the buildings and the terraces of the bars indicating the current regulations, as well as stickers on the tables. In addition, 700 flyers have been distributed on campus during the campaigns. Currently, vertical signs and friendly cards are being designed to invite people not to smoke in transit spaces. In addition, a second smoking cessation course is being organized.

Conclusions

The Balearic Islands maintain the ban on smoking on bar terraces after the state ban derived from the Covid-19 pandemic. At the UIB, we see it as fundamental to advance in the measures that have proven to be effective, such as the creation of smoke-free spaces and providing resources to people who wish to quit smoking.

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Smoke-Free Spaces: An anti-smoking initiative with a focus on health concerns

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Introduction

Secondhand tobacco smoke is responsible for more than one million yearly deaths worldwide. Reducing spaces in which the population is exposed to this agent is a key-element in smoking control. In this context, the Spanish Association against Cancer is developing the Smoke-Free Spaces project (SFS).

SFS aims to achieve a regulatory change that forbids any type of smoking in specific targeted areas. This project seeks to implement structural changes with a small number of resources and infrastructure. This anti-smoking intervention is easy to implement in populations with lower socioeconomic status. Reaching this population is key since they have fewer resources to avoid smoking and are also most vulnerable to it. Our objective is to demonstrate the feasibility of this project in small, low-income municipalities

Material and Methods

We selected 15 municipalities in Almeria, with different characteristics that makes them vulnerable: 8 where rural and with less than 1600 inhabitants. 10 had a low average income (-10300€). 5 are poorly communicated. 8 suffer from a demographic regression.

We implemented our project based on its original steps, mostly supported by advocacy work with the city council.

Results

9 municipalities have committed to a regulatory change that has allowed the creation of 21 smoke-free spaces. 5 additional municipalities have accepted the challenge and we continue to work with them. Only 1 declined to implement this project.

Among the 9 municipalities that have already implemented the new smoke-free areas: 67% are rural, 56% have less than 1600 inhabitants, 44% have an average low income, 44% are poorly communicated, and 33% suffer from a demographic regression.

Conclusions

Results showed that the versatility of the Smoke-free Spaces project allows for its implementation in disadvantaged and vulnerable areas, favoring an equitable approach. Also, the intervention has proven to be effective in very diverse scenarios and regarding different issues. Smoke-free legislation at the municipal level is an important process that can significantly accelerate a population's smoke protection while national-level legislation is developed.

Results showed a clear impact in terms of regulatory change, especially in small cities, and open up lines of future research to assess the scope of these changes.

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Smoke-free spaces as a promoter of healthy companies: the intervention of Spanish association against cancer

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Introduction

Healthy companies are based on dynamic relationships between productivity, health, and well-being. The Spanish Association Against Cancer is developing the Smoke-Free Spaces in Companies (SFS) project to complement the current anti-tobacco strategy that aims to transform companies into healthy organizations.

The objective was to implement an intervention in an agricultural company using SFS as the framework to promote the company's transformation into a healthy environment based on a proactive approach that seeks to improve the workers' quality of life.

Material and Methods

A 15-month sequential change was proposed, including the following steps:

- Assessment of tobacco use among workers
- Sensitization and awareness campaign
- Informative actions
- Creation of smoke-free outdoor areas with designated smoking areas

Providing tools for those who want to quit (smoking cessation programs)

- Complementary actions: promotion of physical activity and mindfulness workshops..
- Total restriction of tobacco consumption within the company (included in the company regulations), provide information to employees and collaborators (suppliers, customers and visitors), and display signs throughout the premises.
- Raise awareness about the environmental damage of cigarette butts.

Results

The 4 company headquarters (Almería, El Ejido, Murcia and Valencia) have been transformed into Smoke-free Spaces, impacting over 400 people.

The implementation of the anti-smoking intervention has served as a gateway for the implementation of other types of health promotion interventions. For example, the RZ just move club in one company attracted the participation of 88 employees, increasing physical activity not only inside but also outside the company, by sharing the healthy activities with their relatives.

Conclusions

The sequential protocol with a long execution period has helped employees accept the change successfully.

Being able to count on facilitative alternatives for cessation of habits together with the restrictive measures has led some employees to quit smoking, with a small number of employees who continue to smoke.

The complementary actions proposed have led to the creation of a club where physical activity is promoted with such success that its action has even spread outside the company, involving family members.

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Use of a Living Lab approach to implement a smoke-free campus policy

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Introduction

While universities have increasingly become tobacco-/smoke-free, to our knowledge, 100% policy adherence has yet to be achieved. Innovative approaches to encourage adherence and its assessment are needed. This paper describes actions undertaken, framed within a Living Lab (LL) approach, to implement smoke-free campus policies in an Irish city-centre university (approximately 22,000 students and staff). A specific objective was to assess adherence and compliance to a pilot smoke-free zones policy (June 2016-March 2018), and to a campus-wide smoke-free policy (March 2019-February 2020).

Material and Methods

A participatory action research approach was undertaken. Data on directly observed smoking was collected by student 'smoke-free ambassadors'. Adherence was defined as the average reduction in number of observed smokers per check from baseline (May 2016), calculated by dividing the total number of observed smokers by the number of checks of campus on any given day. Compliance was defined as the proportion of smokers who adhered when requested to comply with the policy and was calculated by analysis of the responses from smokers to smoke-free ambassadors' requests.

Results

2,909 smokers were observed from June 2016-February 2020. The average number of smokers per check decreased from 5.7 to 4.5 (79%). Overall compliance was 90% (2,610/2909). Additional activities within the LL framework included development of a broader health promotion programme; identification of a pattern of 'social smoking'; and promoting increased awareness of the environmental harms of tobacco.

Conclusions

Specific actions directed towards the goal of a smoke-free campus framed within the characteristics of a LL achieved fewer observed smokers. Successful smoke-free policy implementation requires ongoing data collection and evaluation. A LL approach is recommended.

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Creation of Smoke-free spaces with citizen participation. A practical experience led by the Spanish cancer league in Olleria, Valencia, Spain.

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Introduction

Current consumption data show that more health promotion measures are needed to promote the creation of healthy environments free of tobacco smoke and aerosols arising from Electronic Nicotine Delivery Systems (ENDS), including legislative tools to support the work of denormalisation and change of social perception.
The Spanish Association Against Cancer works to create spaces free from exposure to harmful traditional and/or electronic tobacco smoke in public and collective places.

Objective

The aim of the Smoke-free Spaces project is to create new smoke-free spaces with the commitment of institutions and through municipal regulations. Specifically, in the implementation of the project in the town of l'Olleria, the aim was to create two spaces, one urban and one natural, with the participation of citizens.

Material and Methods

The project started with an initial phase consisting of the presentation of the project to local agents: city council, health centre (CS) and
2
associations, followed by the articulation of an interdisciplinary work team and the implementation of the questionnaire design in paper and online format and citizen consultation. This is followed by supervision and support for the actions, analysis of the results of the participatory process, publication of the selected spaces and presentation of the results of the survey and proposal to the plenary session of the City Council and subsequent implementation, which includes an impact assessment phase.

Results

A total of 775 responses were received, of which 679 met the quality criteria set by the Task Force. The vast majority voted to free all the spaces proposed in the questionnaire. In the end, the most emblematic urban park in the municipality (Parc Pare Beat Ferreres) and a large natural area of more than 84,000m2 (L'Heretat del Salido) were chosen. The participation was mainly female (64%) and the age range with the highest representation was 36 to 45 years old. Of those surveyed, 42% had never smoked, 23% were ex-smokers, 13% were daily smokers, 6% were occasional smokers and 15% had tried it but did not smoke. Only 23 people voted that they did not want to free up any of the proposed urban spaces, and 39 people did not agree with any of the natural spaces.

Conclusions

c is a project that benefits the health of all people by generating a positive environmental, social and political impact. This initiative contributes to promoting a healthy lifestyle, de-normalises tobacco consumption in our society and protects the population, mainly children and young people, from environmental tobacco smoke.
Although the creation of new smoke-free spaces is usually a strategy that generates some resistance, mainly from the institutions, creating a transdisciplinary work team and opting for a participatory process can be useful strategies to overcome the initial barriers. In addition,

the participatory methodology favours dialogue and promotes the empowerment of the community in making decisions that affect their health.

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Prevalence of smoking exposure in cars and homes during and after pregnancy in Finland

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Introduction

Smoking is prohibited in cars if children under the age of 15 are present in Finland. Passive smoking exposure is also harmful to the developing fetus, and it increases the risk for complications during pregnancy. This study investigated the prevalence of smoking exposure of pregnant women and their newborns in cars and homes.

Material and Methods

This study is part of The Central Satakunta Maternity and Child Health Clinic (KESALATU) Study which is a prospective cohort study in primary health care of the Satakunta region of Southwest Finland. 217 pregnant women were recruited during their first maternity clinic visit between 09/2016 and 12/2019. The participants filled in self-report questionnaires including detailed questions about their background and use of tobacco and other nicotine products. Smoking indoors and in cars were asked at 12 weeks of gestation and 6 weeks after the delivery with the following questions: "Is there smoking indoors in your home?" and "Is there smoking in the car while you are riding?".

Results

During the first trimester of pregnancy, 32/217 (14.8%) pregnant women and 60/217 (29.8%) partners were active smokers. No one reported smoking indoors at home during or after pregnancy. 7 (3.2%) reported that there were smoking in their car, of which 6 were smokers themselves. Only 1 pregnant non-smoker was exposed to smoking in the car.

At 6 weeks after the delivery, 15/168 (8.9%) women and 41/164 (25.0%) partners were active smokers. Only 1 woman, a smoker, reported that there was smoking in their car after the delivery. The others who had reported smoking in the car during pregnancy (2 dropouts) reported that there was no smoking in their cars even 3/4 of them were smokers.

Conclusions

No one was exposed to smoking indoors at home. Fortunately, very few pregnant women were exposed to smoking in the car, and majority of them were also smokers. After the delivery, only one reported smoking in the car, although the prevalence of parental smoking remained high.

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Maternal smoking during pregnancy negatively affects brain volumes proportional to intracranial volume in adolescents born very preterm

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Introduction

Maternal smoking during pregnancy has been shown to associate with smaller frontal lobe and cerebellar volumes in brain magnetic resonance imaging (MRI) at term age in very preterm infants. The aim of this study was to examine the effect of maternal smoking during pregnancy on volumetric brain MRI findings at 13 years.

Material and Methods

Included adolescents were born very preterm (gestational age <32 weeks and/or birth weight ≤1500 grams) between April 2004 and December 2006 at the Turku University Hospital, Finland. Information on maternal smoking status (yes or no) during pregnancy was collected from medical records and maternal questionnaires before discharge. Adolescents underwent volumetric brain MRI at 13 years of age. Image postprocessing was performed with Freesurfer. Regional volumes, cortical thickness, surface area, and curvature were computed from 33 cortical regions of interest. We normalized quantified absolute volumes for head size by dividing volumes with corresponding intracranial volumes. False Discovery Rate (FDR) correction for multiple comparisons across regions was used.

Results

9/44 (21%) adolescents had been exposed to maternal smoking during pregnancy. No significant differences in absolute volumes were observed between the groups ($p>0.05$). Regarding volumes proportional to intracranial volume, the adolescents in the exposed group exhibited smaller gray matter volumes in the inferotemporal (FDR corrected $p= 0.022$) and parahippocampal ($p=0.018$) regions compared to the unexposed group. The surface area in the exposed group was also smaller in the parahippocampal ($p=0.046$) and postcentral ($p=0.046$) regions compared to the unexposed group. No significant differences were found for either curvature or cortical thickness between the groups.

Conclusions

Maternal smoking exposure during pregnancy may have long-term effects on brain volumes up to 13 years in adolescents born very preterm. Our findings emphasize the importance of smoking-free pregnancy.

On behalf of the PIPARI Study Group.

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Impact of point-of-sale tobacco control policy on tobacco product visibility in the retail environment in four cities in the Netherlands

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Introduction

Visibility of tobacco products at retail tobacco outlets has been

associated with increased susceptibility to smoking. To address this, the Netherlands has recently enacted point-of-sale policies severely restricting tobacco visibility in the retail environment, including advertisements, product displays, and tobacco vending machines. This study assessed the impact of these policies on tobacco visibility at retail outlets.

Material and Methods

We conducted a multi-wave observational audit of all tobacco outlets in four Dutch cities (Amsterdam, Haarlem, Eindhoven and Zwolle) between 2019 and 2022 (before and after policy implementation), assessing visibility of tobacco as well as compliance with the regulations specific to the outlet type (tobacco/vape specialist shops were exempted). We described compliance and changes in visibility by location, visibility type and outlet type.

Results

The proportion of non-exempt tobacco outlets with any tobacco advertising or product visibility declined from 73% to 27% after policy implementation (i.e., 73% of tobacco outlets were compliant). Compliance was low in small shops (53%) and high in petrol stations (88%) and supermarkets (94.3%). Tobacco products were the biggest source of tobacco visibility after implementation, which were still visible in 78% of non-exempt outlets with any tobacco visibility after policy implementation. Finally, we found that 93% of tobacco vending machines were removed. Maps showed that non-compliance is concentrated in Amsterdam's city center and more evenly distributed in other cities.

Conclusions

Tobacco product and advertising visibility declined substantially after the implementation of bans on product and advertising visibility in the retail environment. Enforcement is needed especially in small outlets.

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European Citizens' Initiative "Call to achieve a tobacco-free environment and the first European Tobacco-Free Generation by 2030"

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Introduction

Given the need for the European Union to advance in legislative measures to end the tobacco pandemic definitively and having the END GAME as a clear objective in the short/medium term, the Spanish NGO Nofumadores created, with the invaluable support of ENSP, of which it is a member , a group of organizers, citizens members of the European network, who presented to the European Commission in June 2022 the European citizens' initiative called CALL TO ACHIEVE A TOBACCO-FREE ENVIRONMENT AND THE FIRST EUROPEAN TOBACCO-FREE GENERATION BY 2030. The European Commission decided to accept and register the initiative on August 24th.

Objective

Is already well known that tobacco pandemic is the first avoidable cause of death. In addition to this cigarettes butts on beaches causes environmental damage to the ocean and its wildlife; in forests causes fires and contaminate soil and water. To protect the new generations from falling into tobacco addiction and to act forcefully against the environmental dangers caused by cigarette butts is necessary to:

1. Promote the first tobacco-free European generation, ending the sale of tobacco and nicotine products to citizens born after year 2010.
2. Create an European Net of tobacco-free and butts-free beaches and riverbanks, making this spaces more healthy and environmentally sustainable.
3. Establish an European Net of tobacco-free and butts-free National Parks making them more healthy and reducing contamination and risk of fires.
4. Extend outdoor smoke and vapor free spaces, especially those frequented by minors (parks, swimming pools, sports events and centers, shows and restaurants terraces).
5. Eliminate tobacco advertising and presence in audiovisual productions, social media, specially addressing covert advertising through influencers and product placement.
6. Finance R&D projects for diseases caused by tobacco use to improve their prognosis and make them curable.

Material and Methods

Ongoing collection of 1 million signatures from European Citizens from at least 7 different countries of the EU. The signatures are collected on line through the European Commission Central online collection system (European Citizens' Initiative (europa.eu)) until January 16th, 2024 (12 months since the beginning of collection starting date).

Results

Minimum 1.000.000 signatures collected before the deadline.
New European Union regulations/directive to address the six points of the initiative.

Conclusions

The European Citizens' Initiative is a unique way for you to help shape the EU by calling on the European Commission to propose new laws. The group of organizers decided to use this tool not only to advance with new legislation at European Union level, but also to put Tobacco Control in the agenda of all Politic Parties the year before the European Parliament elections.
This is a strategic action at the European Union level, being 2023 a very important year regarding the revision of main EU tobacco control legislation (Tobacco Taxation Directive, Tobacco Products Directive, the EU Council's 2009 Recommendation on smoke-free environments and more)
You, as EU citizen can also support the initiative! Sign and share now! https://tfe.ensp.network/
NOTES:
Any of the authors have any conflict of interest or have received any kind of find from the Tobacco Industry.
The initiative has been presented through press release and press conferences to the media.

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Cigarettes and pollution of the environment

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Introduction

From the 1950s, the use of cigarettes with filter increased significantly. These filters are made of cellulose acetate, which is a plastic. Cellulose acetate breaks up into microplastics when it ends up in the environment. On top of that, many toxins are left behind on this plastic filter after smoking. A large proportion of smoked

cigarettes (the cigarette butt) is thrown on the ground and forms an important source of litter.

Material and Methods

We did a literature review on the effects of discarded cigarette butts on the environment.

Results

behaviour and abilities of water organisms, which are even deadly. The effect of cigarette butts on land animals is something smaller, except when they drink from water that has been polluted by cigarette butts. E.g., mice drinking such water may be less effective in fleeing from predators. Cigarette butts in farmland cause a slower crop growth. Nicotine seeping away from discarded cigarette butts may also end up in herbs and vegetables intended for consumption.

Conclusions

On July 3, 2021, the European 'SUP' (Single Use Plastics) directive entered into force. This directive should limit the single use of plastic, leading to less plastic pollution of the environment, including that of cigarette filters. From 2023, tobacco companies will be responsible for the cleaning up of plastic pollution from cigarette butts, which is a result of the so called Extended Producer Responsibility. Tobacco manufacturers become responsible for contributing to reducing the litter of those tobacco products in the environment by covering costs of government measures, as well as the costs for public collection systems for the waste of those products, and the placement and exploitation thereof. A Dutch study found that a significant (70%) reduction of cigarette butts in the environment can only be reached with a prohibition on filters, which is only feasible in an EU context.

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Small-area models to assess the geographic distribution of second-hand smoke exposure by sex and age in Spain

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Introduction

It is estimated that tobacco causes more than 8 million deaths each year, of whom about 1.2 million occur due to exposure to second-hand smoke (SHS) 1. Complete and accurate data on SHS exposure at a regional level would enable health authorities to plan context-dependent control interventions. However, due to limitations associated with sample size, national health surveys (NHS) do not allow for reliable prevalence estimates by sex and age group at a subnational level. Small-area estimation (SAE) methods could be a valid alternative to have meaningful prevalence at a subnational level 2-6. The aim of this study is to apply a SAEmodel-based methodology to obtain reliable estimations of SHS exposure by sex and age group in the Autonomous Regions of Spain.

Material and Methods

The units of analysis were 180 areas defined on the basis of Spain's territorial division into Autonomous Regions, as well as sex and age group (15-34, 35-54, 55-64, 65-74, 75 years and over). In each area, we estimated the prevalence of exposed (Ex) and non-exposed (NEx) to SHS in 2017, as well as their coefficients of variation (CV), applying a weighted ratio estimator (direct estimator) and a multinomial logistic model with random area effects 7. The data source used for the SAE model was the Spanish NHS 2017.

Results

The range of Ex prevalence was 1-35% in men and 2-36% in women. The group aged 15-34 years was the most exposed to SHS, with an associated prevalence of 23%. When SHS exposure was estimated using the small-area model, the precision of direct estimates greatly improved; the CV of Ex and NEx decreased by an average of 92%.

Conclusions

This study proposes a methodology to obtain reliable estimates of SHS exposure in groups not covered in the design of a population health survey. The model applied is a good alternative to improve the precision of estimates at a detailed level, at a much lower cost than that involved in conducting large-scale surveys. Having such estimates directly after completion of a health survey would help characterize the prevalence of any risk factor with greater precision. This work has not been presented in any other conference or disseminated.

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Electronic waste from e-cigarettes with and without nicotine. Are we moving in the right direction?

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Introduction

We are facing a new type of waste from electronic cigarettes (e-cigs). With or without nicotine models, they are biohazard and electronic waste (e-waste). As of February 2023, more than 17,000 devices capable of nicotine release are legally marketable in Spain. This list is updated monthly. Many of them are fully disposable generating worrying volumes of e-waste. They should be treated as toxic waste because they are sources of contamination by batteries and metals such as aluminum, barium, cadmium, chromium, copper, iron, lead, nickel, silver, tin and zinc. Copper is a potentially cytotoxic metal. Other potentially toxic additional materials are nozzles, rubber stoppers and plastic capsules. This type of waste is capable of producing aggressive leachates that exceed US regulatory thresholds for hazardous waste designation by up to 10 times. We do not have complete records to know the volume of sales of such devices and how they are discarded. Our aim is to describe the elements that make up e-cigs even without nicotine, for a better understanding of its disposal.

Material and Methods

We bought various disposable e-cigs with and without nicotine at online and physical stores in Barcelona, Spain. Then disassemble them and classify and weigh their compounds.

Results

In all of them we found a large amount of waste. The commercial presentation is a cardboard box with striking colors and motifs. Inside we find an airtight plastic envelope that contains the device and silicone covers that close the air inlet and the suction nozzle. Its capacities range from 600 to 10,000 puffs. The basic structure of the device is a metal or plastic body, and its ends have plastic plugs, which functioned as a mouthpiece and air inlet. All studied devices have a 3.7V battery. with capacities from 500-550 mA/h. or more (in devices with a greater number of puffs, the battery can be recharged before completely disposing of the device). A plastic reservoir filled with 2ml. to 20ml. of liquid. In most of the devices, it is observed that the inhaled airflow comes into direct contact with the battery body and then reaches a resistive wire that, forming a spiral, heats up to vaporize the liquid content inside the reservoir. Another component present in all cases is a switch that controls the power supply to the coil. It is located near the air inlet, and is activated spontaneously by the user's inspiration.

Conclusions

The disassembly of each unit studied required a lot of time. It can be very complex to separate and properly process its different components on a large scale. Although there is a Spanish regulation for the disposal of e-waste, in our opinion, the high volume of devices does not allow controlling the environmental risk, so we believe that it could be more beneficial to definitively prohibit their sale. We are very concerned about the "nicotine-free" devices. Most, if not all, are marketed with child-appealing colors, motifs, and flavors. In our opinion, even without addictive compounds, they could become a "normalizing" mechanism for future vaping and smoking. Especially in young people, it could facilitate acceptance behaviors of e-cigs with nicotine and even combustion cigarettes.

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Effect of glycerin concentration on levels of toxicants emissions from water-pipe tobacco smoking (WTS)

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Introduction

Glycerin, flavorings and sweeteners collectively constitute up to 70% of water-pipe tobacco smoking (WTS) mixtures. The combustion of such ingredients produces smoke particulates that are known toxins and carcinogens including nicotine, nitrosamines and carbonyl compounds. The type and quantity of toxic emissions generated in the vapor exhaled are highly dependable on the formulation of the smoked mixture. Glycerin combustion produces known toxic and carcinogenic emissions including acetaldehyde, benzaldehyde, acrolein, and acetone. Recent evidence concerning e-cigarette indicate that increasing glycerol concentrations liquid lead to significant increase in toxicant emissions. However, the literature is lacking evidence regarding glycerin addition effects in WTS mixtures. According to WHO, there are no currently approved international upper limits regulations on WTS mixture ingredients. Therefore, the objective of this study aims to assess toxicant emission levels in response to increasing glycerin concentration in WTS mixtures.

Material and Methods

Laboratory experimental study. The experiment measures levels of toxic compounds in emission (smoke) resulting from WTS using tobacco mixture samples with varying glycerin concentrations and fixed other main ingredients. Tobacco samples were prepared by two leading brands in the market and an equivalent generic lab-made (prepared with same tobacco mixture main ingredients).

Results

Of all toxicant emissions observed, acrolein emission was associated with glycerin addition in WTS mixture indicated by lab-made samples throughout all glycerin concentrations (10%, 20%, 40% and 60%), and brand samples with glycerin concentrations 10% to 20%. In contrast to lab-made samples, brand samples showed no increase in acrolein emissions corresponding to the increase in glycerin concentrations from 20% to 60%.

Conclusions

According to two water-pipe tobacco brand products, increased glycerin concentration from 20% to 60% does not yield increasing levels of acrolein emission, while lab-made tobacco sample shows significant correlation between glycerin addition and increased acrolein emission. Regulatory recommendations for water-pipe smoking products require further investigations regarding potential confounders in acrolein emissions and health effects of glycerin concentrations with corresponding toxicant emissions.

MAIN MESSAGES

- Combustion of ingredients in tobacco mixtures used in water-pipe smoking (WTS) and e-cigarettes produces toxins in exhaled smoke (e.g. carbonyl compounds), of which the type and amount are highly dependable on tobacco mixture formula. Glycerin in

tobacco mixture contribute to enhanced taste, vapor and smoking experience quality, however, its' combustion produces toxicants such as acrolein.
- According to WHO, there are no approved international upper limits regulations on WTS mixture ingredients.
- This study assessed toxicant emission levels corresponding to increasing glycerin concentration in WTS mixtures.
- Acrolein emission was significantly associated with glycerin addition. Two popular market products revealed that increased glycerin concentration from 20% to 60% did not yield increasing levels of acrolein emission.
- In contrast, equivalent generic lab-made product (prepared with same basic compounds as market products) showed significant directly proportionate correlation between acrolein emission and glycerin concentration in tobacco mixtures.The contrast in findings between brand products and generic lab-made equivalent may point to unexplored differences in manufacturing and/or add-on ingredients potentially affecting exhaled/inhaled toxicants.
- Regulatory recommendations for WTS products require further investigations regarding potential confounders such as brand tobacco supplementary additives and its effects on emitted/trapped toxins.

STUDY SIGNIFICANCE AND IMPLICATIONS

This study explores the effect of glycerin addition to tobacco mixtures on toxic emissions in smoke. Potential increase in toxic emissions indicates higher toxicity of glycerin, in which case may direct further research to health effects of high glycerin levels in tobacco and subsequent regulatory recommendations for tobacco policy makers. Our findings suggest that regulatory recommendations for WTS products require further investigations regarding potential confounders such as brand tobacco supplementary additives and its effects on emitted toxins. In summary, this study's insights may aid the research field concerning the development of tobacco manufacturing regulations and policies towards potential harm reduction.

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The delivery of Ask-Advise-Connect in Dutch general practice during the COVID-19 pandemic: results of a pre-post implementation study

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Introduction

The Ask-Advise-Connect (AAC) approach can help primary care providers to increase the number of smokers that attempt to quit smoking and enrol into cessation counselling. The aim of this study was to investigate the influence of an implementation strategy on the delivery of AAC for smoking cessation within Dutch general practice during the COVID-19 pandemic.

Material and Methods

A nine-month pre-post study was conducted between late 2020 and early 2022, and included 106 Dutch primary care providers. During the first three months participants delivered smoking cessation care as usual; the implementation strategy came into effect after three months and consisted of two meetings in which participants were educated about AAC, made agreements on the implementation of AAC and reflected on these agreements. The changes in the proportions of 'Ask' and 'Advise' over time were modelled using linear mixed effects models. A descriptive analysis was conducted with regard to referrals to cessation counselling.

Results

Participants provided consultations to 29,112 patients (both smokers and non-smokers). The proportion of patients that were asked about smoking ('Ask') significantly decreased in the first three months (pre-intervention), but slightly increased again after the implementation strategy came into effect (post-intervention). No significant change over time was found with regard to the proportion of patients advised to quit ('Advise'). Descriptive statistics suggested that more participants proactively (vs. passively) referred patients to cessation counselling ('Connect') post-intervention.

Conclusions

The findings indicate that a comprehensive implementation strategy can support primary care providers in offering smoking cessation care to patients, even under stressful COVID-19 conditions. Additional implementation efforts are needed to increase the proportion of patients that receive a quit advice.

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The role of novel nicotine-containing products on SARS-CoV-2 infection and COVID-19 progression

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Introduction

Because of the alleged protective effect of nicotine on SARS-CoV-2 infection driven by the relatively low smoking prevalence among COVID-19 patients, some researchers, often linked with the tobacco industry, speculated that e-cigarettes (e-cigs) containing nicotine could lower the risk of SARS-CoV-2 infection.

Material and Methods

We conducted a systematic literature review (updated to June 2022) on all the studies providing data on the link between e-cig and heated tobacco product (HTP) use, and COVID-19 incidence and progression, using the main scientific databases (i.e., PubMed/MEDLINE and Web of Science).

Results

Starting from 422 non-duplicate publications, we found 14 original publications, including 10 on SARS-CoV-2 infection, 4 on hospitalization, 3 on severity and 1 on mortality. Ten studies provided data on the risk of SARS-CoV-2 infection for current/ever e-cig users vs. never/non-users: none of them found a significant decreased risk of SARS-CoV-2 infection among e-cig users, while four studies found a significant increased risk for (exclusive or dual) e-cig users. Three studies showed that e-cig users had more frequent and persistent COVID-19 symptoms. A recent large cohort study did not find any relationship between e-cig use and COVID-19 progression. A couple of cross-sectional studies investigated the association between HTP use and COVID-19 incidence, finding no significant association.

Conclusions

The growing evidence on the role of e-cig on COVID-19 incidence, shows that, if any, e-cig use is associated with an increased risk of SARS-CoV-2 infection when compared to non-use. E-cig use might increase the risk of severe forms of COVID-19, but the studies on this topic are few and conflicting. No significant association was found in the few studies on the association between HTP use and COVID-19.

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COVID-19 deaths among tobacco-dependent cancers patients in Poland in 2020

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Introduction

In 2020 in Poland, as a result of the COVID-19 pandemic, 41.5 thousand deaths were registered including 18% (7.3 thousand) among cancer patients (C00-C96). More than a third of deaths due to COVID-19 occurred among tobacco-related cancer patients1. The study aimed to analyze the number of deaths due to COVID-19 among tobacco-dependent cancer patients.

Material and Methods

Information regarding cancer comes from the National Cancer Registry1. Information on the cause of death in 2020 came from the National Death Database2. Tobacco-related cancers were selected from a list published by the International Agency for Research on Cancer (IARC)3.

Results

In 2020, 7,276 cancer patients died of COVID-19. Among them, 42% concerned patients with tobacco-related cancers, and more than twice as many deaths were registered among men (2029 men and 1032 women). Approximately 27% of deaths related to COVID-19 infection in tobacco-related cancers patients group occurred among patients with colorectal cancer (28% in men and 27% in women), 27% in patients with urinary tract cancer (31% in men and 18% in women), 19% in patients with lung cancer (20% in men and 18% in women), and 5% of patients with cancer of the oral cavity and throat

Conclusions

Patients with tobacco-related cancers had a higher risk of dying from COVID-19 than patients with other types of cancer.

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Tobacco use among Croatian schoolchildren two years after the begging of COVID-19 pandemic

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Introduction

The aim was to analyze the association between tobacco smoking and the impact of COVID-19 on mental health, in Croatian schoolchildren aged 11, 13 and 15.

Material and Methods

The data of the Health Behaviour in School-aged Children (HBSC) research conducted in Croatia in spring of 2022. The sample included 2411 boys and 2589 girls. Pearson Chi-Square was used.

Results

In the last 30 days, 2,6% of boys and 1,1% of girls aged 11 reported smoking at least once (p=0,018). 7,3% of boys and 8,1% of girls aged 13 (p=0,544), alongside 24,3% of boys and 27,7% of girls aged 15 (p=0,122), reported the same. Negative COVID-19 impact on mental health was reported by 20,8% of boys aged 11, 17,9% of boys aged 13, and 19,7% of boys aged 15 (p>0,05). Negative COVID-19 impact on mental health was reported by 18,5% of girls aged 11, 35% of girls aged 13, and 39,2% of girls aged 15 (p<0,001). Among 11-year-olds, 6.6% of boys with negative COVID-19 impact on mental health smoked in the last 30 days, alongside 1.6% of boys with neutral/positive COVID-19 impact (p=0,001). The same goes for 2,0% of girls with negative and 0.7% of girls with neutral/positive COVID-19 impact on mental health (p=0,171). Among 13-year-old boys, 9,9% with negative and 6,2% with neutral/positive COVID-19 impact on mental health smoked in the last 30 days (p=0.119). In the same age group, 12,7% of girls with negative and 5,5% of girls with neutral/positive COVID-19 impact on mental health smoked in the last 30 days (p<0,001). 32.4% of boys with negative and 22.3% of boys with neutral/positive COVID-19 impact on mental health, aged 15, smoked in the last 30 days (p=0.015). Meanwhile, 38.1% of girls with negative and 20,4% of girls with neutral/positive COVID-19 impact on public health, aged 15, also reported smoking at least once in the last 30 days (p<0,001).

Conclusions

There was an increase in tobacco use in 2022, in comparison to 2018. While 11-year-old boys smoke more frequently than girls, the difference disappears with age, with 15-year-old girls notably smoking tobacco almost more frequently than boys (not significantly different). Cigarette smoking is associated with perceived negative COVID impact on mental health in boys aged 11 and 15, and girls aged 13 and 15.

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Long COVID and smoking: magnitude of the problem in an outpatient respiratory unit

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Introduction

Up to 16% of patients continue to have symptoms one year after overcoming acute COVID-19. It is estimated there are 400,000 to

800,000 Long COVID patients in Spain. Although the relationship between COVID-19 and smoking was initially highly controversial, the evidence that smoking is a risk factor for infection, increased severity, and mortality in COVID-19 is now overwhelming. However, the role of current- and former-smoking in patients with Long COVID is unknown. Our main objective is to determine the prevalence of current- and former smokers, and the effect of associated variables, in patients with Long COVID.

Material and Methods

Cross-sectional study of patients with Long COVID enrolled for a prospective follow-up. All were identified in the post-COVID Outpatient Consultation of the Respiratory Department of Hospital de La Princesa, in Madrid, Spain. Smoking status was assessed via standardised questionnaires. Socio-demographic variables, comorbidities, and laboratory biomarkers at baseline, plus treatments and COVID-related use of health services, were also assessed.

Results

Out of 473 patients with Long COVID, 28 (5.9%) were active smokers and 121 (25.6%) were ex-smokers. Compared with never-smokers, Long COVID patients who were current-smokers were younger (62.2 y) and more frequently male (64.3%) (both $p<0.001$), but with no significant differences in body mass index. Current-smokers had more COPD (32.1%), malnourishment (14.3%), rheumatism (7.1%), and solid tumours (7.1%) compared to never-smokers (all $p<0.05$); they also had higher D-dimer 4.9±15.6 ($p=0.012$), and C-Reactive Protein 15.4±9.1 ($p=0.005$), and a variable use of health services during hospitalization, but with no differences in drugs received.

Conclusions

Smoking is frequent in Long COVID patients, 5.9% active smokers and 25.6% ex-smokers in our series, and it is associated with largely negative consequences in the acute and long-term care of these patients.

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Creating a global tobacco control treaty surveillance platform

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Introduction

Over 180 countries have been reporting their progress on the implementation of the WHO Framework Convention on Tobacco Control since 2008. However these important datasets have not been consolidated, assembled and organized in an online, functional, user-friendly manner that can be readily accessed by all tobacco control stakeholders. The absence of a consolidated online data surveillance platform has constrained treaty monitoring, reporting and implementation.

Material and Methods

To address this challenge, ASH Canada and the Institute for Global Tobacco Control at Johns Hopkins Bloomberg School of Public Health created a robust, interactive online treaty monitoring platform (www.globaltobaccocontrol.org/progresshub). The contents, capabilities, features and functions of the platform were determined in consultation with an advisory committee consisting of 15 international experts and based on the availability and contents of reporting datasets and the capabilities and limitations of the chosen data analytics software application (Tableau).

Results

The Global Tobacco Control Progress Hub contains over 300 tobacco control indicators from over 180 countries spanning up to 12 years of reporting and representing over 400,000 datapoints. The Progress Hub includes four dashboards that allow for various data groupings, breakdowns and comparisons by country, WHO region, national personal income level and human development index gradients. The platform also includes national scoring, ranking and longitudinal results for each reporting country and the ability to compile national FCTC shadow reports.

Conclusions

The Global Progress Hub provides a new window on the world of FCTC implementation by providing tobacco control stakeholders with online access to the major treaty implementation datasets. This innovative open data platform allows for enhanced monitoring surveillance, reporting and implementation of the treaty.

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Future tobacco policy - abandoning our youths´ future health?

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Introduction

Cigarette consumption has clearly decreased in youth over the past decades in Sweden. This trend has rendered the tobacco industry to find new means to promote their nicotine products such as the oral snuff as well as the, so called tobacco-free, white snuff. They have particularly succeeded in reaching females with oral snuff, where there was an almost threefold increase in Swedish female teenage group between 2018 and 2022. Trying to keep up the pace of the tobacco industry is a challenging task and one vital arena is the political. This study focused to find out the opinions and perspectives of the representatives of the Swedish political arena, particularly representatives for the political youth unions, as this group is likely to become future members of parliament.

Material and Methods

Leading representatives from youth associations of parties represented in parliament were interviewed. The 30 minutes semistructural interviews were run through videocalls in early spring 2022. Audio recordings were made and transcribed. Questions included the view of Swedish tobacco policy today, attitudes to tobacco, own nicotine use, as well as contacts with the tobacco industry. They were also asked to take position on tobacco prevention measures, such as advertising-free tobacco packaging, display ban at points of sale, ban on tobacco flavoring and tobacco-free schools.

Results

A general difference between the members of parliament with a more serious view on smoking cigarettes, whereas youth politicians were more focused on white snuff. In addition several of the youth politicians themselves used white snuff. Seven out of eight possible respondents of the political youth associations were interviewed. All had been contacted by the tobacco industry. It was noticed that the chairman of the Center Party's Youth Association who did not respond participated in a paid trip to the Philip Morris research and development center in Switzerland. When it comes to being positive to proceed with new tobacco prevention measures as well as to harsher regulations on snuff and electronic cigarettes, it showed that the red-green youth associations were in majority. At the same time, they

also problematized the tobacco industry's marketing towards young people. The right-wings and Sweden Democratic youth associations opposed all proposals for new tobacco prevention measures. Several disliked the expanded smoke-free environments introduced in 2019 and wanted in different ways promote the consumption of snuff.

Conclusions

Tomorrows possible members of parliament does not give high priority to the tobacco issue, admitting at the same time that they do not have much knowledge. A combination that makes the representatives for the political youth unions an easier prey for tobacco lobbyists. Tomorrows tobacco policies risks being marginalized. The hope rests with the politicians of the future who stand up for public health issues on a broad basis.

This study has been published as a report by Tobaksfakta "Slaget om framtidens tobakspolitik" (The battle of the future tobacco policy) in aug 2022 (Slaget-om-framtidens-tobakspolitik_TF2022.pdf (tobaksfakta.se), Swedish text)

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A mobile application to help young people stop using tobacco products

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Introduction

Although the use of tobacco products has generally decreased in Finland, day-to-day use of the products is still common, especially among young people studying at vocational institutions. The Erovirasto mobile application has been developed so that young people using the products can receive low-threshold support for quitting.

Material and Methods

The Finnish-language Erovirasto mobile application was released in 2021. The application includes a 30-day program for those wishing to quit. This comprises day-to-day support and encouragement using media such as fact sheets, tests, and videos. The application's content comes from theories of behavior change, national recommendations on tobacco use cessation and expert knowledge.

The application has been evaluated by eight young users of tobacco or snuff. This test group used the application for 30 days as an aid as they tried to give up smoking or snuff-use. The evaluation included an online diary, interviews and a final questionnaire. In addition, the application itself collects user data and feedback.

Results

The young people who participated in the evaluation (n=8) felt that the application supports motivation and offers practical tips to support quitting. 63% of the young people (n=5) stopped smoking or using snuff with the help of the application.

By December 2022, approximately 5,000 users had downloaded the application. Based on feedback collected over the period October-December 2022 (n=34), 82% felt that the application was useful in quitting and 94% reported that they had been successful in quitting.

Conclusions

The mobile application offers young people easily accessible, low-threshold support for quitting smoking and snuff use. Based on the feedback received, developmental activities were carried out on the application, and a Swedish version was also published in 2022. The application will be developed further in line with identified needs.

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"Child Labour in New Packaging" - How A Non Smoking Generation Reaches Young People in Sweden with Global Knowledge

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Tobacco counteracts all of the UN's seventeen global sustainability goals, and child labour is common in tobacco farming, which has been known for a long time. The tobacco industry has an enormous environmental impact. Deforestation and poisoned soils are examples of how tobacco cultivation affects the environment. Despite these facts, knowledge about this among the Swedish population is low, and school education about tobacco needs to be improved. Nine out of ten tobacco users in Sweden start in their teens or earlier. Therefore, tobacco prevention projects are vital to support children and young people to remain tobacco-free. The school is particularly critical since this is where children and young people spend much of their time.

Since 2013, we have been running a project called "Tobacco Children" with the support of the Swedish Development Cooperation Agency. The project mainly consists of a lecture tour to increase awareness and knowledge of the tobacco industry's far-reaching global consequences, such as child labour, poverty, inequality and environmental destruction. The learning from the lecture creates engagement and motivation to strengthen the choice to refrain from tobacco consumption. The lecture is called "Child Labour in new packaging" and gives Sweden's young people insight into the tobacco industry's global tactics. The primary topics the project deals with are poverty, child labour, equality, environmental impact and Agenda 2030. There is a considerable lack of knowledge regarding the harmful effects of the tobacco industry on reaching global goals for sustainable development. As the title implies, the lecture also aims to raise awareness about the novel tobacco products' health risks and their impact on sustainable development. It's important to stress that all new nicotine products are produced from the same tobacco leaves as conventional cigarettes. There´s also an emerging problem with the waste from many novel products like puff bars or vape-to-go products that contain not only plastics and toxic nicotine but also electronic parts and batteries.

Our project has been a successful communication and information project to reach young people and the general public with new knowledge about global injustices and sustainability issues. The project's primary purpose is to spread knowledge and engage young people about how tobacco production in low- and middle-income countries hinders sustainable global development. With this knowledge, the aim is to give young people more arguments to say no to tobacco. Contrary to what many believe, tobacco consumption (cigarettes, e-cigarettes and snus) in Sweden is high among young people. We are one of the few Swedish civil society stakeholders that sheds light on this huge issue, despite the extent of the problem. With increased knowledge and engagement - children, young people and the general public can make active and aware choices not to support an industry that hinders fair and sustainable development.

During the fall of 2021, approximately 97% of students surveyed stated that the lecture contained
arguments for abstaining from tobacco. It shows that our project makes a difference. 94.4% responded that they gained increased knowledge about how the tobacco industry affects global sustainable development and 95.4% that the lecture was thought-provoking. These figures show that there needs to be more societal awareness

about the global effects of tobacco in tobacco prevention.
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Storytelling as a strategy to explore perceptions of the youth about smoking: a qualitative approach

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Introduction

The aim of the study was to explore the smoking perceptions and beliefs among the youth between 10 to 18 years old by analyzing 3 8 stories written by students from 16 different schools in the activity "Creative Writing" held by Portuguese League Against Cancer-Northern Branch.

Material and Methods

We performed a qualitative study where the stories written by the youth were systematically analyzed to identify key themes spontaneously mentioned by the participants. We also conducted 2 online focus groups with teachers, to identify their insights and its content was also explored by Thematic Analysis (TA).

Results

According to TA, 47% (N = 18) of the stories identifies tobacco risk factors (e.g., cancer and lung diseases) and 24% (N = 9) adopted an historical approach of tobacco assuming a social and cultural perspective (e.g., comparing smoking restrictions over the years). Also, 58% (N = 22) of the stories contained misconceptions about tobacco use (e.g., all smokers have cancer and die). Analyzing online focus groups, we found that teachers believe that their students have lots of misconceptions and that the younger students have higher negative attitudes towards smoking then later adolescents. Besides, we found that the strategies that are being implemented may not be the most efficient as they are not being translated into realistic knowledge about smoking which can jeopardize tobacco prevention.

Conclusions

The TA allowed us to understand that these youth have lots of misconceptions. Also, many topics were not explored in stories as expected (e.g. different types of smoking products,other tobacco's hanns, etc.). Despite almost half o the stories identified risk factors, they only mention the basics (e.g., cancer). The storie never reflected the importance of soft skills as self-esteem, self-confidence and decision making strategies (e.g., saying no) to smoking prevention, as academics about smoking advocates. All of this can be related to the lack of (effective) tobacco control interventions. But by knowing the actual perceptions of the students towards this topic, by developin collaborative work with the teachers, by being supported by health literacy strategies, b taking into consideration the developmental stage of the youth, future interventions ca be improved.

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#TobaccoFreeAdventCalendar: Development, Implementation and Process Evaluation of a multinational project initiated and created by youth

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Introduction

Digital media offers a broad new landscape of interesting channels for communication in health, especially among youth. ENSPNext (European Network for Smoking and Tobacco Prevention Youth Group) developed and implemented a digital communication campaign "Tobacco Free Advent Calendar 2022" (TFAC) to share information on the harm of tobacco on health and environment, and encourage youth to engage in tobacco control and quit smoking.

Material and Methods

During 24 days, the Calendar featured thematic posts. Initially hidden behind a "closed door", the posts became available one by one, as days passed. They encountered reliable information and interactive materials such as quizzes, surveys and games meant to develop content to be shared on social media. Other tools used were embedded videos and Call-to-Action buttons directing visitors to trusted external resources. Available in 5 languages(English, Romanian, Spanish, Italian and Armenian), the calendar was mainly disseminated via social media and ENSP Newsletter. We measured public engagement over a 31-day period since its release date.

Results

Over 31 days, all calendar versions were accessed in total 3459 times, doors were opened 1567 times, and Call-to-Action Buttons were clicked 97 times. We noticed significant variations in daily engagement with mainly decreasing tendencies. Engagement activities scored a low participation, considering little to no engagement with interactive content. In addition, there were differences in engagement patterns across the countries potentially due to diverse dissemination efforts and the cultural variables.

Conclusions

TFAC is a good example of youth engagement and multinational collaboration of young leaders in tobacco control. Despite a high engagement rate at launch, maintaining visitors' attention over the whole period was challenging. Thus, additional measures should be identified and implemented to address the issue.

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An innovative campaign with gaming influencers and content creators (#RIProken) proves to be a successful formula to prevent youngsters from smoking

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Introduction

In recent decades, the number of young people that smoke has decreased in Flanders. Nevertheless, still 5,5% of the 12-18 year olds smokes regularly. This number is significantly higher (16,3%) among youngsters in vocational education. Efforts to prevent adolescents from smoking remain essential. However, these youngsters are hard to reach with traditional awareness campaigns. That is the reason why we develop campaigns that run on their most popular (social)

media platforms. In order to do so, we did qualitative research on the (social) media consumption of youngsters in vocational education, developed a creative concept, tested this concept in the target group and launched two consecutive campaigns.

Material and Methods

1) launching of the #RIProken campaign 2021 (roken=smoking); 2) evaluation, adjustment and launching of the second edition (2022); 3) evaluation of the campaign by the target group.

Results

During the #RIProken campaign, Flemish gaming influencers and content creators disseminated messages on the negative consequences of smoking using their own creativity and social media channels. Evaluation revealed that the 2021 campaign was well perceived and reached 16% of the target group. Aiming for a higher impact in 2022, we opted for a different and more accurate selection of influencers, introduced several extra features such as a #RIProken Parkour run in the popular Fortnite game and introduced #RIProken at GameForce, a popular gaming event. Our evaluation showed that the second edition reached twice as many youngsters in the target group. More importantly, 66% of the target group reported that these type of campaigns can convince youngsters not to start smoking.

Conclusions

Gaming and gaming influencers are a proven medium to reach and convince youngsters to stay away from smoking. To increase the impact evaluation, adjustment and most likely also repetition of the campaign are key.

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The Healthy Schools Stop Smoking and Vaping Service provides 'Catch Your Breath' – a school-based smoking and vaping programme for young people in Cambridgeshire and Peterborough, England

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Introduction

The 'Catch Your Breath' offer was developed in response to feedback from schools on how to positively support young people aged 11 – 18 who are known to be smokers/vapers. It is being delivered free of charge into secondary schools in conjunction with the Healthy Schools Service.

Objective

The aim is to provide a referral pathway for any young person who either wishes to quit smoking or vaping or would benefit from some dedicated advice and information on the potential risks of these behaviours as well as the associated regulations.

Material and Methods

Educational sessions that focus on prevention, with universal delivery to students via a 90-minute interactive workshop, both targeted cessation interventions as well as prevention assemblies delivered to students. The ultimate goal was for there to be a co-ordinated whole school approach taken by both the secondary schools and their feeder primaries to discourage smoking and vaping behaviour.

Results

Teachers now feel confident to present an evidence based programme to their students around prevention of smoking and vaping. A referral pathways has been developed to refer students who require individual support for smoking or vaping.

Conclusions

This approach is going to be potentially rolled out more widely in England due to demand and success.

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Prevalence and subjective perspectives on smoking among a sample of parents of secondary education students

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Introduction

To ascertain the prevalence of tobacco use among parents of secondary school students and their opinions regarding the factors that influence the start of tobacco use, which substance is more harmful than cannabis or tobacco, their beliefs about the effects of e-cigarettes and their influence on the start of traditional tobacco use in their children.

Material and Methods

Cross-sectional epidemiologic study, in which the information was primarily gathered through a self-administered survey of a sample of 304 parents from the "Joan Fuster" secondary school in Sueca (Valencia).

Results

The average age of the parents surveyed and who responded was 45.3 years, 72.36% of them being female. 36.51% declared themselves non-smokers, 27.30% ex-smokers, 9.8% occasional smokers (not daily smokers), and 26.31% daily smokers.

Regarding the belief about the factors that influence the onset of smoking in their children, the most influential factor in the onset of smoking in their children is that their friends do it, with 90.13% of parents, followed by alcohol consumption (82.56%), and that the parents are smokers (72.3%), while the lack of sports practice was prioritised as a problem by 60.19%.

With regard to which substance they consider most harmful, 14.8% believed cannabis, 11.51% tobacco and 73.68% both equally.

71.05% did consider e-cigarettes to be harmful, 7.56% did not and 21.38% did not know.

And 69.73% of parents do believe that e-cigarettes can influence their

children to start smoking traditional tobacco.

Conclusions

The majority of parents surveyed were non-smokers, although there is a very high prevalence of ex-smokers. The majority of respondents believe that the most important factor for their children to start smoking is that their friends have a smoking habit, but they underestimate the fact that they themselves are or may have been smokers. Tobacco use is perceived as less harmful than cannabis use, and a lack of knowledge about the dangers of tobacco use also emerges. With regard to e-cigarettes, they do show a relatively high level of knowledge about the harms of e-cigarettes, although a significant percentage say that they are still unsure about this aspect.

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Design of an intervention to improve smoking cessation assistance from health professionals

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Introduction

Adult's prevalence of daily smoking is about 25% in France and is marked by significant
social inequalities. More than a quarter of smokers attempt to quit each year, most of them doing it without any assistance. Brief advice and support from health care professionals increase quit rates, but are not systematically carried out. We present the design and first elements of evaluation of an intervention aimed at increasing the involvement of general practitioners (GPs) in screening and providing smoking cessation support, with a focus on low socioeconomic status (SES) patients.

Material and Methods

Smoking cessation barriers and opportunities in low SES smokers and health professionals
were identified thanks to interviews of experts from several French institutions, as well as a brief literature review of academic papers, reports and previous studies conducted by Santé publique France (SpF). From an initial list of solutions, an intervention was selected and co-creation workshops with experts from SpF were set up. A qualitative pretest is underway to assess acceptability and perceptions of the intervention by smokers and GPs and the feasibility of its implementation, as well as to collect suggestions for improvement before further larger-scale evaluation.

Results

The selected intervention consists of the distribution of an information sheet for patients and GPs and a patient questionnaire before consultation where they can indicate their smoking status, desire to quit and wish to discuss this with their GPs. The barriers that the intervention is designed to address are: 1) fear of asking GPs for support, low perceived self-efficacy in quitting, and negative opinion regarding support's perceived effectiveness (for low SES smokers); 2) underestimation of the impact of support for smoking cessation and of the patient's desire to quit smoking, and fear of upsetting patients (for GPs).

Conclusions

Results of the qualitative pretest will be shared during the conference.

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XXIII Smoke-free Week: Knowledge and attitudes of the general Spanish population in relation to tobacco consumption, exposure to secondhand smoke and its regulatory policies

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Introduction

Find out about public opinion on exposure to secondhand smoke (SHS) and on the regulatory measures for tobacco consumption and smoke-free spaces in Spain.

Material and Methods

Opinion survey through voluntary completion.

Results

6,302 surveys were collected. 83.7% were non-smokers (48.7% never smoked, 35% were ex-smokers) and 16.3% were smokers (9.9% daily and 6.4% occasionally). By gender, 15.2% of women and 19% of men were smokers.

We detected a high perception of exposure to SHS (84.2%), mainly on the terraces of bars and restaurants (73%) and during recreational activities in outdoor spaces (45.8%). This perception varies according to tobacco consumption: non-smokers and ex-smokers perceive this exposure more (80.6% and 71.8%, respectively) than smokers (52.7%). It also occurs in recreational activities in outdoor spaces: 55% of non-smokers and 40.9% of ex-smokers report exposure to SHS compared to 28.8% of smokers.

Regarding the regulations governing tobacco consumption on the bar terraces, 63.4% of non-smokers and 58.8% of ex-smokers consider that it is frequently violated. In this sense, 72% of respondents would support not smoking on bar terraces and up to 28.8% would extend this restriction to at least 8 meters around them.

Most of the respondents (85,5%) support the need to expand smoke-free legislation beyond bar terraces: to outdoor public places (56,8% of respondents), to beaches (54%), to private cars (43,6%) and even on the street (24,2%).

When we ask about what measures would be recommended to reduce tobacco consumption among the population, 81.5% would intensify educational measures such as school programs and awareness campaigns in the media, 59.2% would eliminate surreptitious advertising in cinema, television, influencers, etc., 56.8% would regulate advertising and smoke-free spaces to new devices such as e-cigs, heated tobacco devices and hookahs, 47.3% would increase the price of tobacco and 41.7% would finance treatments. Only 14.4% would recommend plain packaging as a regulatory measure.

Conclusions

There is still high exposure to secondhand smoke in the Spanish population. Currently, the extension of the smoke-free spaces policies in Spain would be strongly supported by the majority of the

general population.

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Long-term effects of tabacco smoking on lung cancer mortality in Poland based on a geographical term

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Introduction

Smoking is one of the main factors that increase the risk of lung cancer1. It is assessed that about 90% of lung cancer cases are related to tobacco smoking2. In 2018 about 25 500 lung cancer cases could be avoided if no one smoked3. The latent period for lung cancer is estimated at 10 to 30 years4. The aim of the study was the analysis the relationship between the number of smoked cigarettes per person and lung cancer mortality in various Poland regions.

Material and Methods

Maps at the county level were prepared on the basis of the average crude rate for mortality in Poland in the years 1980-1984, 1990-1994, and 2014-2018. For each map (within sex), the scale remained the same. The data in the map of smoking frequency come from the period 1985-1988 and was presented according to the administrative division at that period.

Results

Among men, a particular mortality peak of deaths occurred in the years 1990-1994. Among women, it can be seen that the mortality rate increases in the following decades. Both sexes have a different range of values – mortality among women is about three times lower. The highest mortality in both sexes could be observed in North-Western Poland. It indicates a strong relationship between areas with the highest number of smoked cigarettes per person in 1985-1988 and mortality in the next observed periods. The same regions have the highest amount of smoked cigarettes and the highest mortality.

Conclusions

The harmfulness of smoking is visible after 10-15 years. Therefore, it is necessary to promote educational campaigns that would influence the incidence of lung cancer in the coming decades especially among women.

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Adjustment of the Danish model smoking cessation to target people with mental illnesses

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Introduction

The Danish model for smoking cessation is recommendable and has a high success rate, but there are groups that are not accommodated by the current offer, eg. people with mental illnesses. The smoking prevalence are higher among people with mental illnesses than in the rest of the population, but this group have the same wish to quit, and new evidence shows, that tobacco influences the effect of psycho-pharmaceuticals. How can we include this groups in the Danish model for smoking cessation and can we recommend smoking cessation medication for people using psycho-pharmaceuticals?

Material and Methods

A national grant enabled Danish municipalities to work targeted with people with mental illnesses in their smoking cessation programs. The Danish Health Authority has had the University of Copenhagen conduct a literature review about smoking and smoking cessation among people with mental illnesses.

Results

Based on the literature review The Danish Health Authority developed guides to health professionals and smoking cessation counselors about smoking among people with mental illnesses. On the basis of the national grant the selected municipalities have achieved experiences of great value in adapting smoking cessation programs to people with mental illnesses and groups with other difficulties.

Conclusions

The smoking cessation services must be adapted to a greater extent. There is more often a need for individual cessation courses, longer courses, flexibility in terms of meeting place, meeting time, etc., and there is a need for more interdisciplinary work, especially if the person in smoking cessation use psycho-pharmaceuticals.

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Denormalization of tobacco in a Primary Health Center

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Introduction

Health professionals are a model. To advance in the denormalization of tobacco smoking among them it is necessary to work on attitudes. Objectives: Decrease the prevalence of professionals who smoke with the involvement of colleagues and describe the attitudes of professionals in relation to the smoking habit.

Material and Methods

Sample and study population coincide in all the professionals of a Primary Care Center located in a socioeconomically rich neighborhood

of the city of Barcelona during the 2nd semester of 2022. The project invites all active smokers to quit smoking for 6 months. Those who succeed opt for an award. To achieve this, a group dishabituation workshop is held, and a WhatsApp group is created to provide timely and immediate support. The entire team is asked to promote a tobacco-free workplace and rest environment. A tobacco-free rooftop leisure space is created. The project is evaluated through a personal interview with each professional.

Results

13 of the 114 professionals (62% of smokers) undertake to quit smoking. 69% manage not to smoke for more than 29 days. 23% remain smoke-free during 6 months. 84% of all professionals consider that the smoking habit is not a personal issue. 77% recognize the exemplary role of the healthcare professional. 77% rate the project positively and claim to have encouraged some colleagues. 38% consider that the presence of smoking health professionals in front of the health center does not bother them and 33% do not like it, but do not say anything.

Conclusions

The prevalence of tobacco smoking among health professionals decreases from 20 to 17%. Participation and abstinence rates are higher than similar projects. The team is involved in supporting smokers, and they perceive it. The discrepancy between the professionals' opinion on the smoking habit and the normalization of this habit in the vicinity of the health center opens a point of intervention for future projects.

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Can You Do Without Risk Reduction In The Fight Against Smoking?

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Tobacco smoking cessation is a complicated objective since smokers are difficult to reach and most cessation attempts fail even when following the instructions from the guidelines . The reduction of risk is a clinical strategy widely used in drug addiction , but still faces obstacles in nicotine addiction.

In the face of this failure and of the thousands of resulting deaths, the UK Health Ministry has introduced e-cigarette smoking as a public health measure in support of smokers who are unable to quit. The choice of digital device smoking by a smoker represents a change and a greater care being given to one's own health. If supported with objectivity and transparency in the area of a doctor-patient relationship based on trust, in addition to strengthening a therapeutic "partnership", it could broaden the horizon to further progress towards the goal of quitting which remains the main objective.

Most recently, a Cochrane review featuring a stringent selection of 78 completed studies with 22,052 participants, of which 40 were randomized trials, concluded that there is high-certainty evidence that nicotine-enhanced e-cigarettes increase quit rates compared to dispensed nicotine. Pharmacological while there is definite evidence of moderate certainty that the use of nicotine-free e-cigarettes still increases quit rates. The size of the measured effect still remains to be clarified. The data also demonstrate that in the two-year follow-up (the longest period measured) the consumption of e-cigarettes turned out to be substantially free of adverse events and there was no evidence of serious harm from nicotine taken via electronic device

Quitting smoking is as fundamental a goal as not starting to smoke. But if you smoke and you can't stop, you need to clearly indicate a policy to help heavy smokers because not taking action leads to a chronicisation of mortality. It's time to get out of useless controversies, demagogic positions or to give credit to experimental works that often propose models that are very distant from clinical reality.

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Outcome expectations associated with cigarette consumption patterns in a proactive telephone intervention

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In scientific literature, it is stated that the outcome expectations are the beliefs of the consequences of smoking and are associated with the maintenance of tobacco consumption. This research aimed to evaluate the prediction level of tobacco consumption expectations regarding the consumption pattern in people who received a telephone intervention to quit smoking. 21 people interested in quitting smoking participated (11 men and 10 women) with an average age of 33.29 (13.46) years to which it was applied the Consequences of Consumption and the Retrospective Baseline (LIBARE), subsequently received the cognitive behavioral proactive telephone intervention and the consequences of consumption questionnaire was reapplied and a monthly follow-up, at three and six months after the end of the intervention.

The analysis of Spearman correlation showed that the expectation of the initial negative social impression is associated with the final consumption pattern ($r=0.436$, $p=0.048$), initial social facilitation with the consumption pattern, and 1-month follow-up ($r=0.466$, $p=0.018$). The analysis of simple linear regression, performed with the associated variables, showed that the consequence of initial social facilitation achieved to predict the consumption pattern in the follow-up up to one month ($F(1)=9.162$, $p=0.007$), with a percentage of variance explained of 32.5%. In this case, the higher the score in the consequence of social facilitation, the greater the probability that the consumption pattern rises in this evaluation ($B=0.065$, 95%IC from 0.020 to 0.110). Therefore, it is indispensable to include a factor in the interventions for smoking quitting where the positive beliefs that are held regarding the consequences of tobacco consumption are worked on.

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Impact of Smoking Habits on the Environmental Awareness and Behavior of Citizens

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Introduction

Citizens' environmental awareness and behavior are linked to various factors (e.g., demographics), but also personal preferences and choices (e.g., smoking habits), while environmental awareness of citizens is considered to lead to environmental behavior. This paper investigates the correlation of citizens' smoking habits with their environmental awareness and behavior in four key environmental

issues: air pollution, water pollution, climate change and waste management.

Material and Methods

A specific questionnaire is constructed. The sample contains 1410 valid responses from all regions of Greece. The sample is representative concerning sex, age distribution, region of residence and other socio-demographic parameters. The analysis concerns the comparison of environmental awareness and behavior between smokers and non-smokers.

Results

Non-smokers report to know better than smokers about the causes of air and water pollution and are more concerned about the effects of air and water pollution on human health. On contrary, smokers, especially conventional cigarette smokers, are less likely to use public transport. Also, non-smokers are more likely to avoid using products with hazardous chemicals and more likely to be informed about the air quality in their city. In addition, smokers appear less informed about the causes of climate change and its effects, as well as about which human activities contribute to the greenhouse effect and climate change. Furthermore, non-smokers often use environmentally friendly products, tend to pay attention to eco-labels when buying goods, and often apply daily habits to save water and electricity. Finally, non-smokers are more aware of the environmental impact of waste, recycle their waste more often and avoid throwing waste (e.g., plastic bottles, cigarette butts) in public spaces.

Conclusions

Users of smoking products are found to be less informed about environmental issues than non-users and less concerned about environmental problems, while they less often apply good practices for the benefit and protection of the environment.

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Using the COM-B model to identify barriers and facilitators in smoking behaviour to support both Stop Smoking Practitioners and Service Users at Everyone Health, England

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Introduction

The COM-B model of behaviour is a simple and easy framework that can be translated effectively for many purposes, including in the delivery of public health interventions, such as stop smoking services.

Objective

Training and a tool to support the implementation of the COM-B model in intervention delivery was developed, to increase and improve application of the model and service user outcomes.

Material and Methods

Everyone Health include training on the COM-B model as part of their mandatory training for all practitioners across all services. In addition, a workshop to translate the theory into practice was developed, including a tool for practitioners to use to identify barriers and facilitators for service users when planning behaviour change and achievement of their goals.

Results

Everyone Health's Stop Smoking Practitioners feel better equipped to support service users to identify barriers and facilitators to achieve their behaviour change goals. Provisional evaluation shows that by providing Stop Smoking Practitioners with simple and effective tools to implement the COM-B model has increased their confidence and competence in using the model and has improved service user outcomes.

Conclusions

The COM-B model can be easily translated to stop smoking delivery and can improve outcomes for service users and Stop Smoking Practitioner confidence in delivery.

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Involving medical students and medical doctors in tobacco control before and during the Covid-19 pandemic: examples from one medical faculty in Romania

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Background

This study focuses on involving medical students and medical doctors from Faculty of Medicine fromIuliu Hatieganu University of Medicine and Pharmacy (UMP) of Cluj-Napoca, Romania in tobacco controlbefore and during the Covid-19 pandemic, giving a special attention to national and internationalcooperation with several academic, governmental and non-governmental organizations.

Methods

This is a narrative review based on data from literature, short information available online as well asinformation regarding training, research activities and projects, health promotion programs collected bythe authors during their activity in this field.

Results

The study is covering several areas. First, it identify data regarding knowledge, attitudes and behavior ofmedical students regarding smoking, electronic cigarettes and tobacco products use as well as the rolemedical profession should play in tobacco control, looking to possible influences of the Covid-19pandemic . Second it pays attention to information and training received by medical students in the fieldof tobacco control during their medical studies. Third, it presents several research and health promotionprojects developed by medical undergraduate and PhD students (e.g. graduation thesis, doctoral thesis,participation in different projects) as well as medical doctors from the UMP. Examples include severalprojects funded by national and European agencies with a strong interdisciplinary and intersectorialapproach such as projects for prevention of smoking and use of electronic cigarettes among youth(including the use of blended learning to educate adolescents during Covid-19 pandemic with regard tothis), projects for smoking cessation using information and communication technology, assessment andcounseling for smoking cessation as part of screening activities for cardio-vascular risk factors, projectswhich try to understand the influences of different factors, including smoking, on Covid-19 patients.

Main conclusions

The study is mapping the context, challenges as well opportunities faced by one medical faculty withregard to involvement of its students and medical staff in tobacco control, underlining the lessonslearned and making recommendations for future activities in this field.

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Cannabis & Tobacco: A harmful Alliance

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Introduction

The government in Germany is planning to legalize cannabis, which calls for a close look at the health risks of cannabis use. Cannabis is the most commonly used illicit drug in Germany. In 2021, around 4.5 million people (8.8 percent of the population) have used cannabis in the past year. In the same year, half of 18- to 25-year-olds had ever used cannabis. In Europe, hashish or marijuana is usually smoked and most of the user smoke cannabis mixed with tobacco, exposing them to the health risks of both substances. The aim of the project is to publish information for advocacy communication and provide an overview of current knowledge and gaps in the existing research, to inform and support legislative institutions in their decision making or in the formulation of legislation.

Material and Methods

A comprehensive non-systematic review of literature to get a survey of scholarly sources about smoking cannabis in combination with tobacco. Sources were scientific online platforms like e.g. PubMed, PNAS, JAMA Network.

Results

Tobacco and cannabis are often used in combination, so the side effects of each substance are difficult to assign. But many of the compounds formed during the inhalation of smoke are carcinogenic and harmful to the lungs and cardiovascular system whether cannabis or tobacco is consumed. The inhalation technique of cannabis is more intensive, because the volume of the puffs is larger, inhalation is deeper and pulmonary retention time is longer. If both substances are combined, the users are exposed to the same health risks as with tobacco smoking. The combined use of nicotine and cannabis can lead to nicotine dependence and difficulties in quitting both substances. In addition, tobacco smokers may be more likely develop dependence symptoms for cannabis.

Conclusions

Using cannabis and tobacco in a mixed form increases the risk of addiction, makes it more difficult to reduce both substances and shows all the known risk factors of tobacco use. Therefore, the public should be informed about these health risks and be strongly advised against smoking cannabis.

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Characterization of tobacco use among people who start a substance use treatment for alcohol and/or cannabis: ACT_ACT study

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Introduction

While the prevalence of tobacco use is fairly significant among people in treatment for substance abuse, its pattern has not been well described in Spain. The objective of this work is to characterize the pattern of tobacco use among people who start treatment for alcohol and/or cannabis use disorder in Substance Abuse Programs (SAP).

Material and Methods

We conducted a cross-sectional analysis of the baseline ACT_ATAC study. This is a follow-up study carried out among people who started a therapeutic process for alcohol and/or cannabis use in 12 SAPs in Catalonia. Recruitment was carried out between November 2020 and December 2022. All the participants (N=126) were adults, smokers, enrolled in a therapeutical treatment for alcohol and/or cannabis use disorder, and had a telephone to be followed up.

Results

126 individuals agreed to participate (67% men and 33% women). 63% of participants were alcohol users, 33% were cannabis users and 4% were dual users. People with alcohol use were on average 13 years older than those with cannabis use (49y vs. 36 y; p<0.01). 96% of the sample had used tobacco in the last 7 days prior to the interview. 67% of participants had a moderate-high nicotine dependence and the average motivation to quit was 6.4 out of 10. By type of substance, 59% of participants with an alcohol use used manufactured cigarettes while for cannabis users 39% did (p=0.053); and 34% of alcohol users consumed roll-your-own cigarettes (RYO) versus 43% of cannabis users (p=0.398). All cannabis smokers reported that they mixed cannabis with tobacco and most of them had more tobacco than cannabis in the joint.

Conclusions

People with substance use disorder is more likely to consume RYO use than general population. It is necessary to develop specific motivational and therapeutic strategies to encourage smoking cessation in people undergoing treatment for other substances due to their moderate-high dependence and moderate motivation. The ACT-ATAC Project is registered with Clinicaltrials.gov [NCT04841655].

Funding

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Interventions for tobacco, alcohol, and cannabis cessation in pregnancy: considerations for design and implementation

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Introduction

During pregnancy only half of women quit tobacco smoking despite the recommendations and strategies implemented. The consumption of cannabis and binge drinking seems to be rising in the last years. The objective of this study was to explore the perception of the main actors regarding the development and implementation of an enhanced intervention for tobacco, alcohol and cannabis cessation in Spain.

Material and Methods

A qualitative study was conducted using a phenomenological approach. The target population was: 1) policy and decision makers 2) health professionals involved in cessation and, 3) pregnant women-couples using tobacco, alcohol or cannabis. The information was collected in 2022, through 2 focus groups and 8 in-depth interviews. Data were collected until discourse saturation was reached and accurately transcribed. Exploratory analysis and inductive open coding were performed, codes were grouped into categories and subcategories were identified.

Results

Eight policy and decision makers, 9 health professionals and 8 pregnant women/couples took part. The analysis identified 5 categories and 20 subcategories Among the categories identified are the preferences of participants regarding interventions, the information provided or the acceptable cessation goals were identified. Decision makers & health professionals agreed on a brief motivational intervention and pregnant women preferred interventions combined with counseling, leaflets or social support. Women were against digital interventions and shocking messages. They also considered that at least the first intervention should be face-toface and the information provided should focus on the real risks that consumption implies for mother and partner.

Conclusions

The key considerations identified regarding the preferences and expectations of the participants on smoking, alcohol and cannabis interventions should be taken into consideration whilst acknowledging that some of these considerations might be context-dependent.

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The consumption of cannabis in addition to tobacco or on its own among participants of Castilla y León indicated prevention programs

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Introduction

Data from 2020 ESTUDES survey shows that 15,4% of Castilla y León (CyL) 14–18-year-olds had used cannabis the previous month (83.4% with tobacco).

Indicated family prevention programs (IFPP) are an evidence-based effective intervention for drug consumption. These are aimed at 12-21-year-old youth with problematic use of alcohol, cannabis, or other illegal drugs. Tobacco is excluded if it is an isolated consumption but included when consumed along other drugs (such as cannabis). We refer to its use as TSDC (Tobacco as Secondary Drug Consumption).

Basic goals

1. To analyze the characteristics of cases of cannabis with TSDC consumers or without TSDC among CyL IFPP users.
2. To study if there are significant differences between the two groups and between men and women.

Material and Methods

Cases assisted by CyL IFPP from 2017 to 2021 were analyzed.

The following variables from the IFPP registration form were analyzed: sex, assessment age, onset of problematic consumption age and risk factors.

Qualitative variables were described using percentages. Quantitative variables were described using the mean value and the standard deviation (SD).

The Chi-square test and T-student were used for evaluating the differences, $p<0.05$ was the reference. SPSS® Statistics 19 software was used for data analysis.

Results

The total number of cases in IFPP was 1862 (77.6% male), with a mean age of assessment of 16.3 years (1.7 SD).

1711 cases (78.8% male) used cannabis (with other drugs or on its own). The mean age of assessment in IFPP was 16.4 years (1.6 SD) and of problematic use onset 15.0 (1.5 SD).

Of these, 68.7% presented TSDC (78.1% men), while 31.3% did not use TSDC (higher proportion of men, 80.4%).

TSDC consumers lived more with family (87.6% vs 83.2%;), in child protection centers (7.7% vs 5.0%) and less in judicial internment centers (1.7% vs 8.6%). Family adjustment was higher in the group with TSDC (22.9% vs 16.4%).

School adjustment was better in those without TSDC (30.4% vs 36.9%). Legal problems occurred more often in that same group (29.1% vs 23.0%).

All these differences were significant.

Conclusions

- Cannabis with TSDC users have more stable housing situations and better family adjustment than those without tobacco. In TSDC school adaptation is worse.
- The group of cannabis users without tobacco has a more complex profile (riskier housing situation and more legal problems) than those with TSDC.

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Associations between marijuana and tobacco use among Croatian pupils in 2022 Health Behaviour in School-aged Children (HBSC) survey

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Introduction

Marijuana is mostly used illegal drug among pupils.The interconnection of cigarette smoking and marijuana smoking in population of Croatian pupils in 2022 will be presented.

Material and Methods

The data of HBSC research conducted in 2022 among pupils in Croatia.The sample included 705 boys in the age of 15 and 840 girls in the age of 15. Person Chi-Square was used.

Results

12,1% of boys and 12,9% of girls tried marijuana at least once in lifetime (p=0,585). 2,5% of boys and 0,7% of girls smoked marijuana already at age 11 or younger, 1,6% of boys and 0,7% of girls at age 12, 1,7% of boy and 2,3% of girls at age 13, 2,8% boys and 3,9% girls at age 14, 3,4% boys and 5,3% at age 15. 2,4% of boys and 0,7% of girls smoked marijuana already at age 11 (p=0,002). In the last 30 days 24,3 % of boys and 27,7% girls smoked cigarettes at least once (p=0,122). Among boys who never tried marijuana, 16,8% smoked cigarettes at least once in last 30 days, while among boys who tried marijuana, 77,5% smoked cigarettes at least once in last 30 days (p<0,001). Among girls who never tried marijuana, 19,3% smoked cigarettes at least once in last 30 days, while among girls who tried marijuana, 87,7% smoked cigarettes at least once in last 30 days (p<0,001). Among boys who never smoked marijuana, even 82,8% never smoked cigarettes; among boys who smoked marijuana at age 11 or younger, only 25,0% never smoked cigarettes; among boys who smoked marijuana at age 12-15, 16,7-33,3% never smoked cigarettes (p<0,001). Among girls who never smoked marijuana, even 80,6% never smoked cigarettes; among girls who smoked marijuana at age 11 or younger, only 33,3% never smoked cigarettes; among girls who smoked marijuana at age 12-15, 6,7-21,1% never smoked cigarettes (p<0,001).

Conclusions

For the first time since 2002 (first time in 6 survey waives) in 2022 girls smoke marijuana almost more frequently than boys (not statistically significant). Cigarette smoking is associated with life time marijuana smoking and early onset of marijuana smoking (boys start smoking marijuana earlier).

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Interventions for dual users of tobacco and marijuana: A literature review

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Introduction

In the last few years, the number of people that consume tobacco and marijuana has increased, this increase is associated with mental health problems, cognitive and chronic preventable degenerative diseases (cancer, COPD, heart diseases, airway diseases).

Objective

A scoping review was conducted to identify evidence related to efficacy assessment, acceptance, and feasibility of the interventions addressed to dual users of tobacco and marijuana.

Material and Methods

A literature search was conducted in the Scopus, PubMed, MEDLINE, and PsycINFO databases. Fourteen articles were included that evaluated the efficacy, acceptance, or feasibility of an intervention for dual users of tobacco and marijuana.

Results

1) Different studies evaluate treatments aimed at dual users, which can be divided into the simultaneous or sequential application of treatments to leave a substance (tobacco or marijuana): in this regard, studies that applied multicomponent programs with cognitive behavioral techniques such as relapse prevention, contingency management, psychoeducation, self-control training, and motivational interviewing were identified, 2) It is noted that in the studies carried out, positive results related to feasibility and acceptance were obtained, however, abstinence rates are low in both tobacco and marijuana, mainly in the treatments applied simultaneously and sequentially. In some studies, consumption was reduced and attempts to quit smoking increased, lastly, it was given greater importance to complete treatment only for the use of marijuana but not tobacco.

Conclusions

It is concluded that it's indispensable to design and evaluate the feasibility, acceptance, and efficacy of an intervention aimed to dual users of tobacco and marijuana.

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Links between Smoking, E-cigarette and Cannabis use, and Gambling in Ireland: What are the odds?

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Introduction

Links between teenage gambling and tobacco and cannabis use have been reported for more than 25 years1. Less is known about e-cigarette use and gambling. In Ireland, data about teenage smoking, cannabis use and gambling have been available for some time but analyses are lacking2. E-cigarettes have been marketed and sold in Ireland for about a decade but, as in other jurisdictions, little is known about e-cigarette use and gambling. This study fills this gap by examining the links between smoking, e-cigarette and cannabis use, and gambling in Ireland.

Material and Methods

We use data from the 2019 European School Survey Project on Alcohol and other Drugs (ESPAD), a nationally representative, cross-sectional survey of 1,940 15-16-year-old students. Tobacco, e-cigarette, and cannabis use were measured by asking participants if they had used these substances in the previous 12 months (responses re-coded as yes or no). Gambling prevalence was measured by asking participants, if they gambled money in the previous 12 months, to report which games they had played: playing on slot machines, playing cards or dice, playing the lottery, or betting on sports or animal races (responses re-coded as yes or no). Frequencies and regression analyses were carried out using Stata v16.1.

Results

As shown in Table 1, prevalence of all 4 behaviours among 15-16 year olds in Ireland was high. Of the 4 behaviours, e-cigarette use in the previous year had the highest prevalence (37.2%, n=723), followed by gambling (22.9%, n=447), cannabis use (19.1%, n=370) and smoking (14.4%, n=281). Smoking (OR 1.84), e-cigarette use (OR 1.79), and cannabis use (OR 1.67) were all significant predictors of past-year gambling.

Conclusions

This study confirms, for Irish teenagers, previously reported links between smoking, cannabis use, and gambling. It also shows that teenager e-cigarette use, which has a high prevalence in Ireland, has a similar relationship with, and comparable odds for, teenager gambling.

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Analysis of grant proposals from municipal health services for local tobacco control policies in the Netherlands

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Introduction

Although local governments have an important role in protecting present and future generations from tobacco use in the Netherlands, a relatively small body of literature is concerned with local tobacco control (TC) policies. Also, most studies focus on what happens after a policy on a socially relevant problem has been formulated and adopted, how the policies are enforced, and how effective they are. This study investigates the content of municipal health service (MHS) policy plans in the Netherlands.

Material and Methods

We analysed grant proposals of MHSes by using the first two stages of the rational policy cycle, a four-stages policy model about the decisions made by policy makers during the policy process (Bekker et al., 2004; Jansen, 2007). The first two stages are: (1) identifying and placing a problem on the policy agenda (2) policy formulation including plans about policy implementation and evaluation.

Results

Regarding the first stage, there are three topics in the subsidy proposals which include information about: (1) relevance of the topic and supporting the smoke-free generation, (2) putting TC on the municipal policy agenda, (3) supporting specific target groups or themes within TC. Regarding the second phase, the MHSes have three aims: creating smoke-free (child) environments, developing and improving access to smoking cessation care (SCC) and participate in campaigns. With regard to the implementation and evaluation plans, MHSes differ in their intended roles and MHSes provide little structured information about this.

Conclusions

The first two phases of the policy cycle provide insight into the policy choices of the MHSes, in which mainly children and vulnerable groups are mentioned. Plans for actual policy implementation are thinly formulated. Possible explanations for this include differences in the municipal context, grant requirements, and the unclear division of roles in SCC.

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Nicotine Free Generation 2030

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Introduction

Tobacco industry (TI) continuously launches new methods for nicotine delivery. E-cigarettes and nicotine pouches are advertised as tobacco-free but contain strongly addictive nicotine, are marketed with hundreds of tastes and attractive packaging leading children to believe they are safe to use. Young nicotine addiction in Sweden is increasing alarmingly and is growing in EU. Nicotine, as highly addictive and detrimental to health, fulfills WHO's criteria for being classified as a narcotic drug (ND). It should be, also because: -Research shows harmful effects on fetuses, on teenage brain, cardiovascular system -Nicotine addiction drives one billion people worldwide to smoke cigarettes causing six million deaths a year -New products create addiction to a higher extent, TI looks for ways to introduce them into more countries -Nicotine opens for abuse of other addictive drugs Our aim is to initiate the process that will make an impact on coming generations' health: classifying nicotine as a

ND.

Material and Methods

The Swedish process for the classification of substances as NDs and as psychotropic substances (PS) relies on international definitions, criteria and decisions of UN and WHO, whereabout we investigate required processes.

Results

After -Notification to the Secretary General of the UN from a party to the 1961 UN Single Convention on NDs, or to the 1971 Convention on PSs, or -Information brought to WHO's attention that a substance is a serious risk to public health WHO's Expert Committee on Drug Dependence (ECDD) assesses NDs or PSs based on set criteria, may then advise and recommend the UN's Commission on Narcotic Drugs which will decide to place classified NDs and PSs under international control.

Conclusions

The tobacco prevention community is urgently required to mobilize leaders of parties of the Conventions to notify the UN's Secretary General or the ECDD on the necessity of assessing nicotine before its addiction reaches pandemic proportions.

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Sociodemographic Evaluation of Tobacco Users in Turkey

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Aim

Tobacco products are known as addictive substances that are frequently used in the world and negatively affect public health. The most frequently consumed tobacco products are cigarettes, rolled tobacco products, pipes, cigars, hookah tobacco products, snuff and chewing tobacco. About 1.3 billion people worldwide smoke cigarettes. Every year 5 million people die due to smoking related diseases all around the world. It is considered that the number will reach more than 8 million by 2030 (1).

The prevalence of smoking is reported as 21.2% in developed countries, 13.9% in transitional countries, and 7.2% in developing countries (3). According to the World Health Organization, 50% of men and 16% of women have smoking habits. In Turkey, it is stated that 14.8 million people (27.1%) use tobacco and tobacco products, and the frequency of tobacco use is 41.5% in men and 13.1% in women (2). When the relationship between tobacco use and sociodemographic characteristics was examined, it was reported that men were more addicted to nicotine than women, the applicants were between the ages of 35-44 and had a low education level (3,4). Considering the diseases and consequences, tobacco use is an important public health problem. Smoking characteristics vary according to gender, age group and other demographic characteristics. In order to increase the effectiveness of tobacco control programs, it is important to conduct studies describing the frequency of tobacco use and its components. For this purpose, our study aimed to examine the Green Crescent Counseling Center (YEDAM) tobacco counseling practices and to examine the sociodemographic characteristics of the people who applied to YEDAM to receive counseling for tobacco use.

Method

YEDAM is a counseling center that provides free psychosocial support for individuals aged 12 and over with tobacco, substance, alcohol use disorders, gambling and internet disorders. People who call YEDAM call center are referred to the nearest center and their first sessions are planned. At the end of the evaluation session, risks and needs are determined and a session plan is developed with the client. Each center has psychologists, social workers, and secretary services. A client meets with both a psychologist and a social worker. In addition to these, clients participate in activities such as workshops, new life activities, group work in counseling centers. In line with the needs, people are directed to health institutions for medical support. The sociodemographic and clinical characteristics of each client are scanned in detail and recorded in a soft system (YEDAMSOFT).

Green Crescent Counseling Center (YEDAM) tobacco use disorder counseling services have been organized since 2019. Tobacco use disorder counseling sessions are offered face-to-face, online, and by phone. The first session where risks and requirements are identified is the evaluation session. In the following sessions, information about situations that trigger smoking and coping with cravings, difficulties experienced after quitting, gains and relapses after quitting smoking are included. Phone calls are made with clients who have quit smoking for 1 year. Tobacco counseling sessions were given over the phone during the COVID-19 process.

Tobacco Use Evaluation Form and Fagerström Nicotine Dependence Test (FTND) are filled with the client in the first session. Tobacco Use Evaluation Form consists of 39 questions that include individuals' sociodemographic information and tobacco use characteristics. The Fagerström Test for Nicotine Dependence (FTND) is a 6-item scale used to determine a measure of people's physical dependence on nicotine (5).

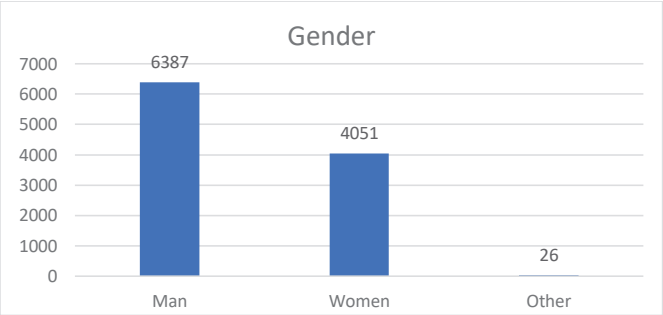
Within the scope of Green Crescent Counseling Center (YEDAM) counseling, 35.439 tobacco addiction service sessions were held with 11.817 clients as of November 2022. In the following sessions, phone calls were conducted with 4281 clients.

This study was conducted in line with the sociodemographic information obtained from the first interviews of the people who applied YEDAM to stop tobacco use .

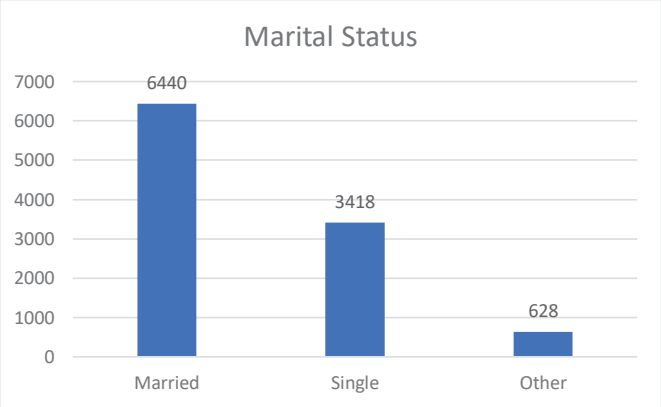
Results

In this study, in which the sociodemographic characteristics of Green Crescent Counseling Center (YEDAM)'s applications for tobacco addiction counseling services were examined, the responses of 10.464 people to the Tobacco Use Evaluation Form included in the structured evaluation were evaluated.

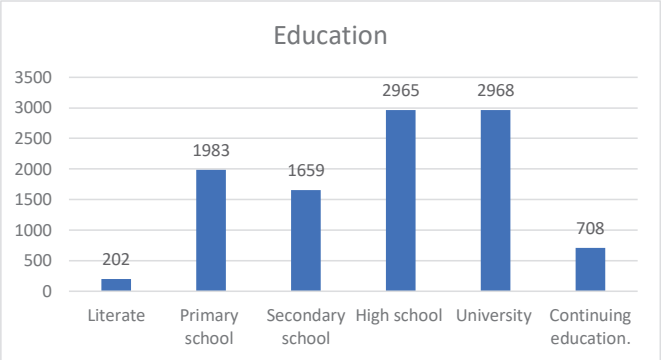
The total number of participants who filled out the questionnaires between 2022-2019 is 10.464. The mean age of the sample was 41.52±13.41 (range 13-82). 61% of the clients are male and 38.7% are female.



When the marital status of the participants in the research is examined; 61.4% (n=6440) were married and 32.6% (n=32.6) were single.



Considering the education of the people who applied to the counseling center, 1.9% (n=202) were literate; primary school graduates 18.9% (n=1983); secondary school graduate 15.8% (n=1659); high school graduate 27.7% (n=2965); 28.3% (n=2968) university graduates and 6.8% (n=708) continuing education.



Conclusion

This study is significant in revealing factors influencing smoking cessation and contiuning quit status in smokers who applied Green Crescent Counseling Center (YEDAM) for smoking cessation. The result from this study indicates a gender difference in tobacco prevalence with higher usage among males, especially high educated and married.

Determination of sociodemographic evaluation influencing lasting smoking cessation rates may allow identify subjects who have risk of failure continue quit status and more importantly to individualize treatment strategies and follow-up.

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Is the public ready for a tobacco-free Ireland? A national survey of public knowledge and attitudes towards tobacco endgame

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Introduction

Tobacco-Free Ireland (TFI) policy sets an ambitious tobacco endgame goal of reducing smoking prevalence to less than 5% by 2025.1 However, Irish public opinion on tobacco endgame, a key potential policy lever,2 is largely uncharted. This study aimed to measure public knowledge and attitudes to tobacco endgame to inform, support and influence tobacco policy planning.

Material and Methods

A cross-sectional, telephone-administered survey of 1,000 randomly dialled adults was conducted. Literature review and stakeholder engagement informed survey development. Prevalence of awareness, perceived achievability, and support for the TFI goal and tobacco endgame measures was calculated and compared across tobacco/e-cigarette use status. Logistic regression identified factors independently associated with TFI goal support.

Results

Although TFI goal awareness was low (34.0%), support was high (74.6%), albeit most (60.2%) believed it achievable beyond the current 2025 target. Goal support was higher among non-tobacco/e-cigarette users (adjusted Odds Ratio (aOR) 2.68, 95% Confidence Interval (CI) 1.83-3.90), females (aOR 1.55, 95% CI 1.13-2.14) and those of higher social class (aOR 1.48, 95% CI 1.03-2.12). Of the 22 potential tobacco endgame measures assessed, product-focused measures were popular while views on user-focused measures were mixed: e.g. 86.1% supported nicotine content reduction while 40.3% supported user licensing. Phasing-out tobacco sales was highly-supported (82.8%); however, for most, this was contingent on support for currently-addicted tobacco users.

Conclusions

Despite low awareness, this study identified strong public support for tobacco endgame, which the public viewed as achievable. Increased supports for currently-addicted tobacco users and engagement with groups with lower support will be important for policy planning and communication. Findings should re-invigorate national and international policy planning to translate endgame ambition into action.

Previous communication of the work: High-level and summarised content of the study has been published as a policy brief and shared by the Health Service Executive Tobacco Free Ireland Programme with key national stakeholders; in addition, the lead author has presented the findings orally at the European Public Health Meeting in 2022 (abstract based on the conference proceedings were published here: Cosgrave, E., Blake, M., Murphy, E., Sheridan, A., Doyle, F., & Kavanagh, P. (2022). Is Ireland ready for tobacco endgame? A national survey of knowledge and attitudes to tobacco endgame: Ellen Cosgrave. The European Journal of Public Health, 32(Suppl 3), ckac129.034. https://doi.org/10.1093/eurpub/ckac129.034). However, in light of the high degree of relevance of the content of this research study to the scope of the ECTOH conference, and the potential relevance of findings from this nationally representative study to other European

nations the author believes presentation of the study to the expert audience attending the ECTOH conference would be a worthwhile contribution to the conference.

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Characteristics associated with the onset of tobacco use in adolescents. Assessment of a sample of secondary school students in Valencia, Spain

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Introduction

This study aims to characterize the variables associated with smoking initiation in adolescents, including family dimensions and personal variables of academic performance and individual and group behaviours.

Material and Methods

Cross-sectional epidemiologic study, in which the information was primarily gathered through a self-administered survey of a sample of 306 students from the "Joan Fuster" secondary school in Sueca (Valencia). Variable addressed included tobacco consumption, frequency of consumption, age at onset, sex, age, frequency of alcohol consumption, being or not a grade repeater, and whether the parents were smokers or smoked in front of the adolescents.

Results

A total of 306 students between 12 and 17 years of age participated, with an average age of 13.44 years. A total of 50.65% were girls. In terms of academic background, 30.4% were grade repeaters. A total of 69.9% declared themselves non-smokers, 18.3% ex-smokers and 11.8% smokers, 58.3% of whom were girls. The mean age of onset of consumption was 12.65 years. Factors significantly associated with smoking were: Grade repeaters were more likely to smoke than non-repeaters (OR = 3.402, 95%CI [1.7, 6.5], p < 0.001). In turn, students who drank alcohol daily, sporadically or if they partied were more likely to smoke than those who did not drink alcohol (OR = 183.63, 95%CI [13.0, 4689.7], p < 0.001), (OR = 5.687, 95%CI [2.8, 11.7], p < 0.001), (OR = 9.412, 95%CI [4.4, 20.2], p < 0.001), respectively. Additionally, students whose parents did not smoke in front of their children or are non-smokers were less likely to smoke (OR = 0.195, 95%CI [0.053, 0.61], p = 0.008), (OR = 0.348, 95%CI [0.169, 0.704], p = 0.004), respectively. As for gender, being male was less likely to be a smoker (OR=0.542, 95%CI [0.298-0.976], p=0.043.

Conclusions

Tobacco use in adolescents is a vitally important public health problem, with an age of onset that is too precocious. In our population, most of the students surveyed were non-smokers, and among smokers, the majority were girls. The age of onset was below 13 years of age. Female students, students with parents who smoke or who smoke in front of them, alcohol consumers and repeaters are more likely to be smokers in the future. These results offer practical hints to be taken into account in intervention programmes for tobacco prevention and control in this adolescent population.

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Responses and potential solutions to intimidation in tobacco control: A qualitative exploration

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Introduction

Tobacco control bears risks for those involved. Individual cases of attacks on governments, publicly funded programmes, and prominent advocates, researchers and whistleblowers are documented. Yet, not much attention has been paid to the prevalence and impact of intimidation in tobacco control more widely. Our previous interview- and survey-based study 1 established intimidation as a key challenge and identified the need to better understand responses and potential solutions.

Material and Methods

We conducted a focus group and semi-structured interviews with tobacco control advocates and researchers. Data were analysed qualitatively.

Results

Twenty-nine individuals from 22 countries participated in the study. Almost all of them reported that they or colleagues had been intimidated in the context of their tobacco control activity. Reported forms of intimidation ranged from attacks/humiliation on traditional and social media, complaints to employers, messages via social media, email, mail, phone or in person, including legal threats, to being "watched".

Responses included passive measures, most commonly, ignoring attacks, defensive measures such as abandoning or adapting a piece of work, and offensive ones, for example, exposing attacks or filing complaints. The type and level of support received from colleagues and employers as well as one's own knowledge, skills and experiences were perceived as crucial in shaping the response.

Several measures were suggested to enhance the current situation: Better prepare individuals through awareness raising and specific training (e.g., on cybersecurity and legal matters). Support those in need through a peer-support network and access to legal advice.

Conclusions

Intimidation is widespread in tobacco control and can hinder public health progress. This study suggests solutions to address intimidation that would require commitment from and collaboration amongst different actors including governments, international organisations, funders, media, and civil society.

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Changing epidemiology and trends in incidence of smoking-related cancers in England, 1971-2020

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Introduction

Tobacco smoking is causally associated with 15 different types of cancer and is the single most preventable cause of morbidity and mortality in the world. The prevalence of smoking in most European countries has steadily declined over the past six decades – for example, in the UK, it declined from about 60% in males and 45% in females in the 1960s to 15.3% and 13.7%, respectively in 2020. We conducted a retrospective population-based cohort study to examine whether there has been a stabilisation or decline in the incidence of smoking-related cancers in England over the past five decades.

Material and Methods

Aggregate data for patients diagnosed with eight smoking-related cancers (lip, oral cavity, and pharynx, larynx, lung, oesophagus, kidney and bladder) in England during 1971-2020 were obtained from GLOBOCAN and NHS Digital. Data on smoking prevalence and denominator population were obtained from the Office for National Statistics (ONS). Average annual incidence rates (AAIR) were calculated by two age categories (0-49, 50+ years) and all ages combined during the 10 five-year time periods (1971-75 to 2016-20). The percentage change in incidence was calculated as change in the AAIR from the first (1971-75) to the last time period (2016-20).

Results

During the 50-year study period, a total of 2,983,239 smoking-related cancers were registered in England. Overall, the incidence rates of laryngeal, lung and bladder cancer stabilized over this period – the largest decline in the incidence of laryngeal (-30%), lung (-63%) and bladder (-64%) cancer was observed in young males (aged 0-49). In contrast, the incidence rates of cancer of the lip, oral cavity and pharynx (combined) increased by 145% (from 5.8/100,000 in 1971-75 to 14.2/100,000 in 2016-20), oesophagus by 116% (from 6.3/100,000 in 1971-75 to 13.6/100,000 in 2016-20), and kidney by 355% (from 3.8/100,000 in 1971-75 to 17.3/100,000 in 2016-20).

Conclusions

These findings confirm that public health interventions and tobacco control legislation have substantially reduced the burden of smoking-related cancers (i.e. larynx, lung and bladder). As for the increasing burden of other cancers (lip, oral cavity and pharynx, oesophagus and kidney) further research is needed to quantify the attributable risk from lifestyle/environmental factors other than smoking.

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Mapping tobacco control use through the Eurobarometer surveys: Available smoking-related indicators over time

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Introduction

Eurobarometer (EB) surveys are widely used as comparable and representative data across European Union Member States for monitoring tobacco and nicotine use and control measures. However, given the current rise of tobacco and nicotine new products, describing tobacco consumption patterns has become more complex. This study aimed to identify available tobacco- and nicotine-related indicators by systematically mapping the questions used in the EB over time.

Material and Methods

We obtained all the EB surveys (questionnaires and reports) from the official website since its inception. We extracted and compared tobacco-related and sociodemographic questions and responses employed across the years. Finally, we mapped the consistency of the indicators (frequency, variables, and wording) from the different EB editions (2002, 2005, 2006, 2008, 2009, 2012, 2014, 2017, and 2020).

Results

We observed multiple variations both in the available tobacco-related indicators and the wording of the questions across time. These variations included the definition of tobacco/smoking use, frequency of use, tobacco product types, duration of use, number of cigarettes per day, number of quit smoking attempts, initial age of smoking, time since quitting, and second-hand smoke exposure. Past and current smoking prevalence, number of pack-years, and quit ratio can also be derived from this information. While current smoking prevalence (referring to combustible tobacco) was consistently possible to estimate in every survey, other indicators were inconsistent from year to year.

Conclusions

Comparisons of smoking burden over time from the EB surveys are challenging. Thus, comparisons and interpretations should consider potential discrepancies. In addition, due to introducing new tobacco products into the market, re-evaluating the EB questionnaire should find the right balance between comparability with past surveys and the ability to best capture relevant information about new products.

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Specchio Riflesso. A multimodal intervention for primary prevention of smoking in preadolescence

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Introduction

Smoking is very common among adolescents; nowadays young people start smoking very early, before turning 15 years old. Effective primary prevention interventions are needed to contrast tobacco use in young age. For these reasons, the Italian League Against Cancer Milan-MB (LILT) has developed Specchio Riflesso (SR), an innovative intervention based on social theatre methodology – as opposed to traditional sit-desk interventions – to promote body engagement as an active health learning tool. The aim was to promote preadolescents' self-reflection on their identity and their role within a group and facilitate their critical reflection towards tobacco smoking. Aim of this contribution was to evaluate its effectiveness.

Material and Methods

One hundred and ninety-one students were involved in SR, consisting of two sessions in the first class and two sessions in the second class of the secondary school. Positive and negative emotions and attitudes toward smoking, and self-efficacy to resist peer pressure and to express opinions have been assessed trough questionnaires. A group of 324 preadolescents not involved in SR has been compared to the experimental group undergoing intervention.

Results

Results attest the efficacy of SR to diminish the attractiveness of cigarettes, by counteracting the formation of positive emotions and attitudes toward smoking and promoting higher assertiveness and self-efficacy to express opinions.

Conclusions

To sum up, SR is an effective intervention to prevent tobacco use in secondary school.

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Evaluation of Smoke Free Start Initiative

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Introduction

Smoking in pregnancy is a leading public health challenge. National and international studies highlight the urgent need to improve stop smoking care in pregnancy. This care gap was highlighted in the National Maternity Strategy (2016–2026) and an evidence-based care pathway was established in new National Stop Smoking Guidelines (2022). A pilot implementation of the new care pathway was undertaken in two Irish maternity hospitals.

Interventions included: local implementation teams; dedicated trained and certified stop smoking midwives; implementation of QUITManager (an electronic stop smoking care record); Making Every Contact Count training for midwives; routine breath carbon monoxide tests (BCOT) with opt-out referral to stop smoking care for women who smoke. COVID-19 meant that routine BCOT was paused for infection control reasons.

Material and Methods

This is a mixed methods evaluation, where both quantitative and qualitative data were used; the quantitative data provided service activity and outcome data from QUITManager and the qualitative data provided insights to the experiences of pregnant women who used the services and the health professionals who provided the services, through semi-structured telephone interviews.

Results

In total, 691 women were referred to specialist Stop Smoking Midwives; 2.8% and 7.0% of births in each pilot site. Referrals were accepted by 81.6% of women, 23.4% set a quit date and 18.2% were quit at 4 weeks (intention to treat analysis), with 14.5% of women delivering a smoke-free baby. The qualitative research highlighted the importance of a non-judgemental approach in both recruitment to the programme and engagement with women in the programme.

Conclusions

The new pathway was generally positively received by women and midwives; however, the importance of communication, and the contrast for women between fear of judgement up-front versus experience of sensitive and non-judgmental support were key themes relevant to wide-spread implementation. Proof-of-concept and lessons learned will inform and support national roll-out, including BCOT to improve referrals.

See Sláintecare Smoke Free Start: An Evaluation (2022) https://www.hse.ie/eng/about/who/tobaccocontrol/research/smoke-free-start-evaluation.pdf

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Smoking-attributable life and working years lost in Serbia

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Introduction

In Serbia, smoking prevalence and exposure to tobacco use are high without signs of significant decline for years. Despite its high burden, tobacco use in Serbia is still not recognized in a sufficient manner as a problem in the society. In order to provide country specific evidence aimed at changing social norms of the general population as well as decision makers and to provide their support for effective tobacco control policy, study on social and economic consequences of tobacco use was conducted.

Material and Methods

For calculating smoking-attributable life and working years lost data were obtained through Study on economic and social impact of tobacco use in Serbia, supported by the WHO Regional Office for Europe and implemented by the Institute of Public Health of Serbia. Study was implemented in 2018. using the method proposed by the Centres for Disease Control and Prevention (CDC) - Smoking-Attributable Mortality, Morbidity, and Economic Costs (SAMMEC) which includes 15 diseases related to smoking. Health survey conducted in Serbia in 2013 was source of data on prevalence of current and past smoking status, while life expectancy and mortality data for 2016 were obtained from the Serbian National Statistical Office.

Results

In total, 202532 years of life and 32319 working years were lost due to smoking in Serbia. On average, smokers die 16 years earlier than non-smokers with average number of life years lost 15.2 for males and 16.9 for females. Working years lost by those who died between the age of 35-64 was 7.3 for males and 3.7 for females.

Conclusions

Results provide additional evidence base for high burden of tobacco in Serbia and call for urgent implementation of all FCTC tobacco control measures. Smoking-attributable life and working years lost should be communicated from public health and economic perspective and should be tackled not only by health but also other sectors.

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Smokefree ticket-Project - referring primary care patients to the German Quitline: Implantation strategies and Progress after 3 years

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Introduction

Referrals from hospitals or general practitioners provide an efficient evidence-based method to connect patients to Quitlines. In a pilot project in 2019 a concept was developed to implement the "smoke-free ticket". The nationwide implementation has been supported by the Federal Center for Health Education (BZgA) since 2020. The "smoke-free ticket" bundles several advantages. For patients who smoke, telephone counseling is a free and low-threshold support service. Referring facilities support existing regulations for a smoke-free hospital environment. When intensive on-site tobacco cessation or aftercare cannot be offered Quitline services is helpful.

Material and Methods

64 acute care hospitals, rehabilitation clinics and general practices have signed up to the project. The aim is a sustainable implementation of screening, brief intervention and referral to Quitlines. The concept includes implementation support like training of multiplicators and referral of patients interested in quitting or maintaining abstinence from tobacco.

Results

During the first 3 years of implementation 53 sites have implemented the program and more than 5.000 patients have been referred. About 60% of the total sample were registered, reached and counseled. 30-day point prevalence abstinence rate after 3 months was 53%. This high rate is probably partly explained by the combined intervention (approach in the participating clinics plus counseling at the telephone counseling service). Another factor is the proportion of participants who were already smoke-free (36.6%). When patients were enrolled to remain smoke-free, they had very good odds of remaining smoke-free after three months (78%).

Conclusions

The smoke-free ticket-Project was successful established, supports sustainable implementation and increases abstinence. Next steps are web-based referrals, provision of tools to improve screening and brief intervention and to include settings like dentists and occupational health.

Funding

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Implementation of EU Tobacco Product Directive rules in non-EU Eastern European Countries: an accelerant or barrier to stricter tobacco control norms

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Introduction

The European Union (EU) Tobacco Products Directive (TPD) was adopted in 2014, and at that time represented best practice in some policy areas. Best practice in tobacco control has since progressed and the TPD is in urgent need of reform. Given the regional influence of the EU, and the need for countries seeking to join to align their domestic legislation with EU law, many non-EU Eastern European countries have emulated TPD rules when adopting tobacco control laws.

Objective

To compare the tobacco control laws of EU candidate and potential candidate countries with the TPD rules and with global best practice to assess whether the TPD has acted as an accelerant of tobacco control norms, or a barrier to implementing stricter rules.

Material and Methods

To compare the tobacco control laws of EU candidate and potential candidate countries with the TPD rules and with global best practice to assess whether the TPD has acted as an accelerant of tobacco control norms, or a barrier to implementing stricter rules.

Results

(1) Analysis and comparison of laws in four policy areas (health warnings, other packaging rules, flavorings and e-cigarette regulation) in: the TPD rules, national legislation and draft laws of studied countries, WHO Framework Convention on Tobacco Control obligations and recommendations, and global best practice; and (2) standardized interviews with tobacco control focal points from studied countries.

Conclusions

As expected for EU candidate countries, TPD rules heavily influenced the tobacco control laws in all studied countries. For at least some of those countries, where there was political will to adopt best practice, the TPD acted as a limiting factor, meaning that less strict rules were implemented. For other countries, the TPD norms set a policy baseline which otherwise may not have been reached.

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The tobacco epidemic in Spain: 1987-2020

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Introduction

Tobacco is one of the most widely consumed drugs worldwide. The aim was to describe the tobacco epidemic through different indicators related to tobacco use in Spain.

Material and Methods

Prevalence of tobacco use in adult population (≥15/16 years) was obtained from the National Health Survey (ENSE) and the European Health Survey in Spain (EESE) from 1987-2020 (1,2). Prevalence of tobacco use in young people (14-18 years) came from the Survey on Drug Use in Secondary Education in Spain (ESTUDES) from 1994-2021 (3). Smoking-attributable mortality (SAM) in the population aged ≥35 years was obtained from studies for 6 different years between 1992-2017 (4–10).

Results

The prevalence of tobacco use in adults has decreased 16.2

percentage points overall, 29.2 in men and 4.4 in women from 1987 (ENSE) to 2020 (EESE). For the study period, the highest smoking prevalence was concentrated in the 25-44 age group and in the upper secondary education. Among students aged 14-18 years, the highest prevalence of daily, last 30 days and lifetime tobacco use was observed in women between 1994-2021. During this period, among the 14-18 age group, daily use decreased from 17.8% to 8.8% in men and from 25.4% to 16.0% in women; last-30-day use from 26.0% to 21.2% in men and from 36.3% to 26.7% in women; and lifetime use from 56.0% to 35.1% in men and from 65.1% to 41.5% in women. The highest SAM was obtained in 2012 with almost 60,500 deaths. The highest SAM figures were in men and in the ≥75 age group. In two studies that provided estimates of SAM according to educational level, people with the lowest education had the highest SAM figures in 2016 (26,061 and 26,718 deaths).

Conclusions

The prevalence of tobacco use has decreased in both adults and young people in the last decades. Among the youngest, smoking prevalence is higher in women. SAM increased from the earliest estimates until 2012. Despite the decline in tobacco prevalence and SAM figures, the burden of smoking remains high in Spain.

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Building capacity of health promoters on cancer primary and secondary prevention: a pilot evaluation of the Cancer Prevention Europe multilingual online program

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Introduction

Four million new cancer cases are diagnosed annually in Europe; of which, 40% could be prevented. The European Code Against Cancer (ECAC) informs on actions to take to reduce cancer risk, including not to smoke neither use any form of tobacco, make homes smoke free and support smoke-free policies in the workplace. Yet public's awareness is low. We aimed to assess the effectiveness of the Cancer Prevention Europe (CPE) multilingual learning program to empower health promoters to give advice on evidence-based cancer prevention measures to communities.

Material and Methods

The program consisting of two sets of free online self-learning modules. The first includes a module for each of the ECAC recommendations, and a module on the ECAC methodology. The second presents the latest evidence and tackles myths and controversies related to these topics; including novel tobacco products, e-cigarettes, and the success of tobacco control policies. A comprehensive evaluation on the first set of modules following the Kirkpatrick's model was designed to assess: trainees' satisfaction with the training; learning outcomes; behavioral change and improvement; and acquisition and use of competences. Data is collected in 2-time points: immediately after completion; and 4-months after.

Results

Twenty-two learners conducted the evaluation; but only six completed it. Learners were mostly females (14/22), aged 20-39 years old (16/22), working in universities (7/22) and hospitals (5/22). Half of learners did not have previous training on cancer prevention. Most of them were satisfied with the structure, length, and content of the modules. Tobacco and screening were considered the most relevant topics for their work. Learners reported having gained new knowledge about how to explain primary (18/22) and secondary (16/22) prevention measures to others and planning to apply it to their daily practice (16/22). At follow-up, learners unanimously reported an increased confidence to raise awareness about the ECAC, explain scientific evidence underlying these recommendations, and advocate for cancer prevention.

Conclusions

The CPE learning succeeds to increase health promoters' knowledge and confidence to offer cancer prevention counselling to the community, including on tobacco identified as the most relevant topic for learners' work.

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Implementing a tobacco dependency inpatient programme in Staffordshire's Hospitals (England)

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Introduction
The NHS is under pressure regarding hospital admissions and treatment of smoking related illnesses. The NHS Long Term Plan includes mandating identification and an opt-out community referral process upon discharge for smoking cessation.
Objective
Staffordshire Hospitals commissioned Everyone Health as the local community provider to implement an inpatient identification and support service in 2022, which is now fully embedded.
Material and Methods
Staffordshire Hospitals commissioned Everyone Health as the local community provider to implement an inpatient identification and support service in 2022, which is now fully embedded.
Results
Smokers are identified by medical staff and referred to Everyone Health Stop Smoking Practitioners to visit whilst they are an inpatient. Whilst an inpatient, they are given the opportunity to have NRT to support them while they are unwell and unable to smoke. They are discharged with a two week supply of NRT and a referral is made to community services upon discharge, where their care is continued.
Conclusions
An increase has been seen in referrals and we hope to see the impact on hospital admissions due to smoking related illnesses in the future.
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Targeting patients suffering with Long Term Conditions who smoke on their General Practitioner's Quality Outcomes Framework (QoF) list, in England

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Introduction
All General Practitioners hold a register of smokers within their practice. The have incentivised targets to collect their patients' smoking status and offer stop smoking support or health based education if they decline the offer of support.
Objective
Assist GPs to reach their QoF targets for smoking denominators and also to increase referrals into community Smoking Cessation services.
Material and Methods
Stop Smoking Practitioners help to achieve these targets by either making telephone calls to patients on their QoF register whilst in-house at the GP surgery who update smoking status and offer community smoking cessation services to the patients. Alternatively, supplying practices with seasonal/condition relevant text templates to send out in bulk to patients on their QoF registers.
Results
Provisional results show that via the SMS template referral service, 59% of self-referrals had been reached by this method in North East London. In addition, GP surgeries are able to achieve their QoF point targets as the SMS would constitute as an offer of support.
Conclusions
Everyone Health have rolled this approach out to our wider services due to the success of increasing referrals and building good relationships and reputation with local GP services.
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Women, smoking and vulnerability factors

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Introduction
The number of women tobacco users in 2018 was 244 million. By 2025, there should be 32 million fewer women using tobacco, mainly in low- and middle-income countries. European women are the slowest to reduce tobacco use in the world (WHO, 2019).
Smoking is one of today's major global public health problems and the leading cause of preventable death. In Spain, the national health survey shows a progressive and significant decline in tobacco consumption in men since the 1990s, but much slower in women where consumption increased until 2001 and has subsequently experienced a very slight decline (Higes & Ramos, 2013). According to the 2020 European Health Survey in Spain, 16.4 % of women and 23.3 % of men smoke daily. The highest percentage in men corresponds to the age group 25-34 years, and in women to the age group 45-54 years.
It seems of particular importance to pay attention to gender differences in perceptions of smoking, motivations for quitting, the role of mental health and weight control. Among the reasons for quitting smoking for women, physical and psychological health reasons were more frequent, while health problems were more common in men. Women have a stronger relationship between risk, pre-treatment motivation and treatment outcome (McKee et al.,2005), confirming the importance of motivation in the success of treatment for women.
Another factor favouring smoking cessation in women is that women are more likely than men to seek help, self-help, or treatment to quit smoking (Zhu, et al., 2005).
Regarding the link between mental health and tobacco use, there is evidence that stress, depression, trauma, and negative emotions in general are closely linked to female smoking, a trend that may be exacerbated among the most disadvantaged social groups (Hemsing et al., 2015).
Objective
The main objective of this study is to identify female determinants of tobacco use in terms of patterns of initiation, progression, and cessation.
Material and Methods
A sample of 98 women with an average age of 47 years, attending multicomponent treatment in the form of group therapy, combined (medical-psychological), in the smoking cessation unit of the Spanish Association Against Cancer in Burgos in 2019. Treatment consisting of 13 intervention sessions: an initial psychological assessment, seven psychological intervention sessions, two medical sessions and three follow-ups.
Results
The study variables were:
Age: 12% are under 35 years old, 46% are under 50 years old and 42% are between 51 and 73 years old. Education level: 43% have basic education, 25% have intermediate vocational education and 32% have university education.
Marital status: 54% are married/partnered, 26% are single, 14% are divorced or separated and 6% are widowed. Number of children: 33% have no children, 19% have one child, 38% have two children, 9% have three children and 1% have four or more children. Smoking environment: 24% report living with a smoker. Support: 52% report feeling supported to quit.
Consumption rates: 9% smoke less than ten cigarettes a day, 78% smoke between ten and twenty, 12.2% smoke more than twenty

cigarettes a day. 55% smoke blond tobacco.
Age of onset: 45% reported having started smoking between 12 and 15 years of age, 42% between 16 and 19 years of age and 13% between 20 and 23 years of age. Level of addiction as measured by the Fagerström test: 18% had less than 4 (low dependence), 52% between 4 and 6 (moderate dependence) and 29% had rates higher than 7 (high or very high level of dependence),
Pharmacological treatment for smoking: 20% treated with Bupropion, 20% with nicotine replacement therapy, 42% with varenicline and 17% with no treatment. Comorbid psychiatric pathology: 23% report being currently under psychiatric or psychological treatment. Cannabis: 2.5% reported dual use with cannabis. Regarding expectations of success: 11.6% less than 5, 20.9% between 6 and 8 and 44.8% between 9 and 10. Current stress: 27% do not consider themselves to be going through a difficult or stressful time compared to 73% who do.
The following variables are significant with abstinence six months after starting treatment: marital status, perceived current stress, level of education, current psychiatric treatment and levels of addiction.
The following variables are not significant with abstinence at six months: age, children, age of onset, number of cigarettes, tobacco consumption, years of smoking, type of pharmacological treatment, perception of support, having a smoker at home and initial expectations of success.

Conclusions

Smoking treatment needs to be redesigned and adapted to take into account the structural and intermediate determinants of social inequalities in health.
In order to analyze smoking from a gender perspective, it is necessary to have data that allow not only to describe gender differences, but also to analyze the determinants in order to apply them to prevention and treatment programmes aimed at specific or vulnerable groups, such as women of low socio-economic status, women with psychiatric pathology, pregnant women or younger women.

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Effectiveness of group interventions supported by Apps to quit smoking, promoted by nurses

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Introduction

Nurses have an essential role in smoking cessation. The Murcia Society of Family and Community Nursing (SEAPREMUR) launched a research project (GRUPALTAB-SEAPREMUR) to analyze the effectiveness of various group interventions to quit smoking, based on health education techniques and whith the App S'Acabó designed by the Spanish Society of Tobacco Specialists (SEDET). Nurses were trained in the protocol used in the interventions.

Objective

To compare the effectiveness of group interventions to quit smoking in the short and long term. Analyze the utility of the App to encourage smoking cessation.

Material and Methods

Multicenter randomized clinical trial conducted in Primary Care Center (PCC) in the Region of Murcia from 2018 to 2020 in two phases (P). Inclusion criteria: Being over 18 years old, wanting to quit smoking, speaking Spanish, having Internet access. Exclusion: Polydrug use, pregnant women or psychiatric pathology. The sample size was calculated and randomly assigned to the type of intervention.
Interventions: Workshop of 2 to 4 hours inly session vs Course of 4 sessions of 2 hours duration for 1 month.
The smoking abstinence at three months and one year (prevalence and OR; 95%CI) is calculated with SPSSV21, comparing the population that uses or not the App.

Results

In 2018, the study (P1) started in 8 PPC 228 participants: 54.2% women. They were followed-up for one year: 83 (46.1%). In 2019, the second phase (P2) was carried out in 16 PCC, with a shorter workshop (2:30h) and the same course (296 participants; 59.2% women) Global abstinence at 3 months (P1: 23.8%; P2: 20.9%) and at 12 months (P1: 31.7%). No significant statistical differences were observed in smoking cessation by sex, social class, or type of intervention, although abstinence was lower in the workshop:
- P1 Workshop vs Course. OR at 3 months: 0.89 (95%CI: 0.38-2.08) OR at 12 months: 0.83 (95%CI: 0.32-2.57).
- P2 Workshop vs Course. OR at 3 months: 0.61 (95%CI: 0.29-1.29).
Use of App (P1: 42.1%; P2: 42.6%). An increase in quit attempts was observed in those who used the App compared to those who did not (P1 at 12 months: (37.7% vs 14.3%; p=0.047); P2 at 3 months: (54.5% vs 45.5%, p=0.01).

Conclusions

1. Group smoking cessation interventions conducted by nurses are effective.
2. No significant differences were observed by type of group intervention.
3. The use of the App promotes quit attempts.

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Tobacco 21 policies in Europe: a distant future or the next vital step to achieve a tobacco-free generation?

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Introduction

As smoking prevalence remains high in Europe (18.4%)1 with only 4 % of smokers starting older than at the age of 252, many countries are examining tobacco endgame policies which aim to rapidly reduce smoking prevalence to minimal levels. One such policy is raising the tobacco age-of-sale from 18 to 21 years of age, commonly referred to as "Tobacco 21". The European Respiratory Society (ERS) assessed data on Tobacco 21 + implementation to provide evidence-based conclusions and recommendations to medical and tobacco control community as well as to policy makers.

Material and Methods
Authors analysed both modelling studies3 on predicted benefits of Tobacco 21 policy and real-world data measuring effects of already implemented Tobacco 21 laws4,5,6.
Results
Evidence demonstrates that raising the age-of-sale of tobacco products to 21 years has resulted in decreased youth tobacco prevalence and delayed smoking initiation. In addition, Tobacco 21 has strong public support and there is now mounting evidence for policy makers across Europe to implement this measure into law7,8,9.
Conclusions
As more countries press forward with the tobacco endgame agenda, Tobacco 21 is likely to be an important milestone in the journey towards a tobacco-free generation. ERS strongly recommends that governments introduce Tobacco 21 policies.
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Advocacy measures for tobacco control developed by faecap nurses

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Introduction
FAECAP brings together 14 Spanish Family and Community Nursing Associations. Its goal is to promote health and prevent diseases. For this reason, it promotes actions to tobacco control, as it is one of the main health problems. It has a Smoking Group, it is a member of the CNPT (National Committee for the Prevention of Smoking).
Objective
Describe the advocacy actions for tobacco control carried out in Spain from 2020 to 2022
Material and Methods
The FAECAP smoking group collaborates with other institutions to promote the Tobacco Control Framework Agreement and the WHO MPOWER strategy: training, cessation assistance, community interventions, advocacy, etc.
Results
After the meeting held with the Minister of Health in February 2020, the following has been carried out:
- Document on "Tobacco de-escalation phases" together with Red ENT
- Nursing intervention courses to quit smoking (virtual)
- Consensus document on devices capable of delivering nicotine with the CNPT
- Participation in forums to quit smoking of the Fundación más que Ideas
- EVICT project (Evidence cannabis tobacco): training activities for professionals and students, information materials, webinars...
- Manifestos to urge the Spanish government to declare smoke-free hotel establishments, together with nofumadores.org, CNPT, ICO and QXNS!
- Letters to the President of the Government and of the Autonomous Communities and to the European Commission requesting smoke-free spaces and to stop subsidizing tobacco production
- Participation in the elaboration of the ENDGAME of tobacco in Spain, promoted by Nofumadores.org
- Support for national and international manifestos to curb the interference of the tobacco industry and promote smoke-free spaces
- Contribute considerations to the draft of the Comprehensive Plan on Tobacco
- Awareness actions on social networks and at the community level
- Informational/educational activities and materials aimed at the population and the educational community
Conclusions
Family and community nurses are a fundamental part of the tobacco control movement in Spain and the approach to smoking in multidisciplinary teams.
Collaboration between health associations and civil society strengthens advocacy actions.
It is necessary to continue promoting advocacy measures to promote tobacco control in our country, in an intersectoral manner.
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