

primary responsibility for treating tobacco dependence and is further reiterated in the Article 14 of WHO FCTC that cessation support and medication improve the likelihood of that a smoker will quit successfully. But such services are currently not widely accessible and if present then people are unaware of such facilities. Tobacco use is associated with many oral diseases and affects dental treatment outcomes. Dental Professionals can be effective in treating tobacco use and dependence, the identification; documentation and treatment of tobacco users needs to become a routine practice in every dental institution and clinic. But the curriculum for the undergraduate program in 297 dental schools in India regulated by the Dental Council of India has included some components, but has no concrete structural components like content, duration of training, method of evaluation and outcomes.

Objective: To develop a comprehensive tobacco cessation training module in dental curriculum in India and present recommendations for future integration.

Method: This module will be implemented through a dedicated Tobacco Cessation Clinic and would involve training, patient care, health promotion and research. The tobacco use prevention and cessation in dental curriculum would be delivered through lectures, clinical training and field program for a specific duration. The program would involve a pre and post training evaluation of outcomes like knowledge and skills through structured close ended questionnaire and case based method during the 3rd year and later during the 4th year and compulsory one year rotary internship.

Conclusion: The concept of an integrated approach intends to enhance the knowledge and skills of future dental professionals and allow them to render cessation services with confidence and reduce the burden of disease due to tobacco use. Moreover Dental Institutions across India have a wonderful opportunity to adopt and conceptualize this practical and efficient approach which can be cost effective and utilizes less time without modifying the curriculum.

PP007

BRIEF ADVICE AS SMOKING CESSATION SERVICE TO IMPROVE TOBACCO CONTROL COMPLIANCE

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Background: Current smoking among the adult population in Metropolitan Manila, Philippines is at 28%, based on the December, 2012 survey of the region. Majority of these smokers belong to the low economic classes D and E, with unstable financial status. With enforcement of the tobacco regulation law since July 1, 2011, prohibiting smoking in confined public transportation terminals, most of these violators dismiss the settlement of their anti-smoking violations. Worst, 76% of the current smokers now choose to smoke in their homes, exposing 57% of the population to second hand smoke.

Brief advice on smoking cessation was offered to increase settlement of anti-smoking violations and intensify information on the benefits of quitting tobacco use.

Objective: To increase compliance to the tobacco control law and promote public awareness on the benefits of quitting tobacco use through an intensified and expanded provision of smoking cessation service to communities of Metropolitan Manila.

Method: Smoking cessation service through brief advice was provided to apprehended violators of the anti-smoking law using both a fixed kiosk and a mobile bus. These were deployed at selected public transportation terminals and local communities on a rotating basis since June 18, 2012. Apprehended smokers electing to settle violations through the smoking cessation program are presented with an audio visual presentation on the benefits of quitting smoking and are given brief advice by peer counselors. Number of smokers given brief advice is obtained. Random interviews are conducted for qualitative information.

Result: Half of smokers choose to avail of smoking cessation service on site. This doubled the settlement rate for anti-smoking violations. Smokers are made aware of his addiction and the harmful effects of SHS to his family.

Conclusion: Tobacco control enforcement requires compassion and responsibility. The smoker must understand his condition. Making cessation service readily available, accessible and easy for smokers may eventually lead them to make the right decision.

PP011

SALE OF TOBACCO PRODUCTS NEAR SCHOOLS: AN ECONOMIC PERSPECTIVE FROM KIOSK OWNERS

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Aim: To assess the economics of selling tobacco products around schools in kiosks violating Section-6(b) of the Indian Tobacco Control Act (COTPA) which prohibits the sale of tobacco products within 100 yards of all educational institution which will restrict exposure of youth to tobacco products and crucial to tobacco free generation an objective for endgame.

Objectives: 1) To assess the profit and loss associated with selling tobacco products within 100 yards of schools. 2) To study the impact of economics of tobacco selling near schools in leading to tobacco endgame in India.

Methodology: To address the objectives data was analyzed from the baseline survey of a multi-sectoral tobacco control intervention study STEPS in two states of Gujarat and Andhra Pradesh, India. Total expenditure per week of

kiosk owners was measured by summing up average stock purchased per week, Amount spent on transportation, electricity, rent (if kiosk is rented) and salary of employees per week. Overall profit was calculated by subtracting average stock sold per week from average total expenditure per week. Profit from selling tobacco product was calculated as difference of average stock of tobacco products purchased per week and average stock of tobacco products sold per week.

Results: Out of 579 kiosk owners 370 provided the information for all the variables mentioned above. So, final sample for this analysis is 370. 64.5% of the respondents reported profit from selling tobacco products. Among these profit gainers mean proportion of income by selling tobacco products was 27.6% (SD=152.1%) of total income per week. 25% kiosk owners reported to have up to 20.3% profit from selling tobacco products, another 25% reported more than 20.3% but less than 35.5% profit.

Conclusion: Our results show violation of COTPA 6(b) and have shown profits associated with selling tobacco products near schools. However, this profit is marginal and tobacco sellers can be transitioned into selling non-tobacco products. Hence, in order to move towards tobacco endgame objectives of tobacco free future generation youth in educational institutions need to be protected from exposure to tobacco by prohibiting sale within 100 yards of educational institutions and this law should be effectively enforced.

PP012

THE INFLUENCE OF FORMER TOBACCO EXPOSITION IN A COGNITIVE STIMULATION AND REHABILITATION PROGRAM, BASED IN COMPUTERS AND INTERNET

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Aim: Cognitive stimulation and rehabilitation, can reduce cognitive decline and also revert Mild Cognitive Impairment and delay dementia. Many factors indirectly influence the cognitive ability of the elderly, such as chronic diseases and lifestyle habits. It's important to evaluate if tobacco exposure can affect the performance of cognitive stimulation and rehabilitation to develop new cognitive stimulation and rehabilitation methodologies.

Objective: To evaluate the influence of tobacco exposure in a program of cognitive stimulation and rehabilitation mediated by computers and internet.

Methods: Open cohort, controlled and non randomized (quasi experimental), study. Data collected between 2008 and 2012, in two cities of Santa Catarina (Tubarão and Palhoça). Information about chronic morbidities, sociodemographic profile, lifestyle (tobacco exposure), medications, functional status (initial and final), Mini-Mental Status Examination (initial and final) were collected among participants of a 12 week cognitive stimulation and rehabilitation program based in computers and internet use with participants aged 50 or older from the community with memory complaints, non demented. We studied clinical, sociodemographic profile and lifestyle variables. The outcome was the variation of the Mini-Mental State Examination (MMSE) before and after cognitive rehabilitation in participants aged 50 years or older. Final model obtained by multivariate linear regression after univariate and bivariate analysis. This study was approved by Brazilian National Health Council (ethics in research).

Results: 194 participants, female 166 (85.6%), age 64.67±6.85 years, 8.32±4.66 years of schooling, never smokers 134 (69.1%), former smokers 50 (25.7%), still smoking 10 (5.15%). Former smokers had 0.70±2.03 x never smokers 1.63±2.44 in MMSE variation (p=0.011). Initial MMSE (p=0.000) and years of study (p=0.025) were significant and independent variables in relation to a lower variation of the MMSE after cognitive rehabilitation, analysis controlled by age, years of schooling, marital status, social status, gender, diabetes, hypertension, hypothyroidism, dyslipidemia, stroke, myocardial infarct, peripheral arterial insufficiency, BMI, sedentarism, depression, number of continuous medications, use of benzodiazepines, functional capacity and time between initial and final interview.

Conclusion: Former smokers had a worse performance compared to those who have never smoked in a cognitive stimulation and rehabilitation program, reinforcing the need for preventive education and basic health care's prevention.

PP018

ADOLESCENT SMOKING CESSATION INTERVENTION IN RUSSIA: PROJECT EX PILOT PROGRAM

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Background: Up to one third of Russian youth have tried a cigarette by 10 years of age; 27% and 19% of 15 year old males and females, respectively, are current smokers; and up to 27% of high school youth are daily smokers depending on region sample and average age. With only few studies on tobacco use cessation programming among teens in Russia having been published, more research is needed.

Objective: This study evaluates the performance of the Project EX tobacco use cessation program in Russian summer camps: immediate and six-month effects.

Method: Project EX, an eight-session clinic-based tobacco use cessation program for adolescents, was tested in an experimental pilot trial (n=164) in Russian summer camps. Evaluation included pretest, immediate posttest and a

six-month telephone follow-up. Implementation and data collection occurred across the five recreational camps during the summer of 2011. Design was a randomized pilot: each camp rotation was between 21 to 30 days in length and hosted both an EX Program Condition group and standard care Control group during different weeks of the summer. In two camps, the program group rotation weeks were implemented prior to the control group. The condition that occurred first was based on the flip of a coin.

Result: At immediate posttest, Project EX significantly reduced future smoking expectation (46% reduction in EX Condition versus 8% in Control, $p < 0.0001$), decreased intention to not quit smoking (-5.2% in EX vs. $+1.4\%$ in Control, $p < 0.05$), and increased motivation to quit smoking (0.72 vs. -0.04 , $p < 0.0001$). At six-month follow-up, program participants had a higher intent-to-treat quit rate during the last 30 days (7.5% vs. 0.1% , $p < 0.05$). For participants who remained monthly smokers at six-month follow-up, Project EX reduced their level of nicotine dependence (-0.53 vs. $+0.15$, $p < 0.001$).

Conclusion: Results of the Project EX implementation trial are promising for motivation enhancement and increasing smoking quit rates among Russian youth. There have been no evidence-based approaches previously evaluated in Russian settings for adolescent smoking cessation. Project EX demonstrates that a cessation program which includes sessions on motivation enhancement (e.g., talk shows), stress-coping strategies including mindfulness (e.g., yoga), discusses consequences of smoking to self and others in a game format, and utilizes summer recreational camp counselors as smoking cessation facilitators can be used as an effective tobacco use intervention for youth in Russia.

PP020

SELF REPORTED PRACTICES AND ATTITUDES OF COMMUNITY HEALTH WORKERS IN TOBACCO CONTROL

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Background: The 1978 Alma Ata declaration highlighted the critical role played by Community Health Workers (CHWs) to link communities to the health system. The flagship program of Government of India proposed introduction of CHWs namely Accredited Social Health Activist (ASHA). As a link between community and health system ASHA is in a unique position to generate awareness on tobacco-related issues.

Objective: The study captured perceptions and practices of ASHAs regarding tobacco control and address the following questions:

What is the current level of information provided by ASHA's to patients on harmful health effects of tobacco?

What is the attitude of ASHA towards counseling practices in tobacco control?

To what extent is training of ASHAs in tobacco control related to the information given by them on health effects of tobacco?

Method: The study was conducted among 512 ASHAs in six intervention districts each in Gujarat and Andhra Pradesh from January to March 2011. The study settings i.e. health facilities and villages were selected through systematic random sampling. The study respondents were selected through convenient random sampling. A semi-structured questionnaire was administered to the respondents. In addition to socio-demographic characteristics the questionnaire captured knowledge of ASHAs about different tobacco-related diseases, information provided on tobacco-related diseases and their attitude towards counseling in tobacco control. The project received ethical approval from the PHFI institutional ethics committee. Bi-variate analysis and binary logistic regression was applied to test the association between variables of interest using SPSS version 17.

Result: The medical conditions which ASHAs linked to tobacco usage were respiratory problems (75%), lung cancer (66%), tuberculosis (63%), and oral disease (42%). Only one-third (36%) of ASHAs reported informing all patients about the harmful health effects of tobacco, whereas more than half of them reported providing information only to patients suffering from specific illness. ASHAs who reported having received training in tobacco control were about two times more likely to give information on effects of tobacco on respiratory diseases and adverse reproductive outcomes.

Conclusion: Study findings reflect suboptimal engagement of ASHAs in providing information pertaining to specific tobacco-related diseases. There is an urgent need to sensitize and train ASHAs in appropriate tobacco control practices.

PP021

NETWORKING AND COALITION BUILDINGS, CHALLENGES AND OPPORTUNITIES: A CASE STUDY

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Background: To highlight the role of coalition building in supporting the TC programs and lessons learned from a case study from the Middle East region. In addition to point out the role of the UME in supporting the establishment of the two National Coalitions on Tobacco Control in Egypt and Lebanon by variety of NGOs in collaboration with The MOHP-Egypt and TC, program in Lebanon.

Objective: Coalitions and Networks in Tobacco control, what works and what are the opportunities and challenges, how to overcome the challenges?

Method: Analysis of Strengths, weaknesses, Opportunities and Threats of the

National Tobacco Control Program in Egypt and Lebanon was conducted by The UME which identified the scarce financial resources as well as the extreme lack of manpower within the MOH in both countries to effectively implement and monitor tobacco control policies in Egypt.

The UME was able to identify the potential members of the proposed coalition and get them to agree on working together on TC and a unified strategic plans. The Union middle East followed up and worked with them on developing their capacities and exchanging experiences to support TC in the 2 countries.

Networking and meetings with each other as well as other coalitions and partners in the region to exchange experiences and increase the outcome of the work. The Union facilitated regular meetings between the and ministries to strategize for TC.

Result: Two coalitions are now developed and acting in different areas of TC to support the ministries in their respective countries in fulfilling with TC requirements. The two coalitions included new members with diverse spheres and geographical distribution to increase the outreach and outcome of the work. In addition, they formulated their strategic plans for the next period with work plan based on the gaps in and the needs of the national tobacco control program in Egypt. The coalitions are working on monitoring the Tobacco Industry as well as identifying new areas of work TC as exploring and advocating for NCDs.

Conclusion: Recognizing the important role the coalition can play in adding a momentum to the national tobacco control efforts, The Union Middle East office in collaboration with The Tobacco Control Department Ministry of Health and Population in Egypt and Tobacco control program in Lebanon have facilitated networking and planning by NGOs to establish and build National Tobacco Control Coalitions. The NGOs members of the coalition is collaborating with the MOHP in both countries in implementing tobacco control policies as they have the needed human resources, wide geographical outreach as well as the experience to work at the grass

PP024

YOUTH FOR HEALTH: TOWARDS A TOBACCO FREE WORLD

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Introduction: Tobacco use is a major cause of preventable death and disease. It kills nearly 6 million people worldwide annually, out of which more than 1 million die in India. In India, nearly 5500 youth start using tobacco daily with the average age of initiating tobacco use is below 15 years. India has the largest youth population in the world with over 47% people under the age of 20. To utilize this youthful human resource, it is crucial to engage youth and empower them to campaign for health issues and create a healthy society, free from disease and illness. A national initiative towards curbing tobacco use is of utmost importance where youth discuss and deliberate on the need for effective measures and advocacy strategies to achieve the public health goal of a tobacco-free world. Therefore, with a vision to engage youth in concerted advocacy to strengthen the existing systems and demand for a country free from tobacco, a global campaign named as "Youth for Health" (Y4H) was launched.

Objectives: Empower youth advocates to actively engage in policy discussions demanding for a tobacco free nation. Effectively utilize all channels of media for mobilizing and empowering youth to take action

Methods: Multi-pronged strategies incorporated, including: *Youth Awareness*; launch of a health campaign highlighting the importance tobacco control (TC), formation of health clubs in schools, *Youth Advocacy*; e-connecting youth through Y4Hto discuss TC by posting messages, online petitions, polls, signing pledges to regulate depiction of tobacco use in films, signature campaigns with various stakeholders and engaging policy makers, media sensitization, monitoring tobacco use in films through an in-theater review mechanism *Community Engagement*; community mobilization, rallies in schools and communities.

Results: A stupendous response received from youth, parents, teachers and community members. Y4H network today spreads across 35 countries and connects over 225,000 members globally. Student led advocacy was instrumental in regulating the depiction of tobacco use in Indian films. Widespread media attention and engaging multiple stakeholders has facilitated multi-pronged intervention to fight the menace of tobacco.

Conclusion: Inculcating leadership and ownership skills amongst youth qualifies as a strong weapon in the fight against tobacco. Active engagement of youth in taking up policy matters related to TC can be a key towards tobacco endgame.

PP026

PREVALENCE OF ORAL PRE-CANCEROUS LESIONS IN PATIENTS WITH TOBACCO USERS

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Background: There is a high prevalence rate of oral cancer in India due to use of varied form of tobacco product both smokeless and smoking form. The occurrence of oral pre-cancerous lesions depends not only on different mode of consumption but frequency and duration of tobacco habits. The "severity of tobacco consumption" can also be an alarming factor in conversion of oral pre-cancer into frank oral cancer. This conversion can be prevented by early detection of these lesions and by proper and right intervention. However, there is lack of awareness regarding pre-cancerous lesions in the community.