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Stop smoking prevention in the BOLD study Louisa Gnatiue, Bernet Kato, Peter Burney. Respiratory Epidemiology and Public Health, Imperial College London, London, United Kingdom

Background: Tobacco smoking is a risk factor for COPD. Stop smoking strategies are associated with slower lung function decline. We used the BOLD data to describe the use of stop smoking prevention across 20 sites.

Methods: Reported use of stop smoking advice and medicines was assessed among population based samples of smokers aged 40+ with and without Chronic Airways Obstruction (CAO) (FEV1/FVC<Lower Limits of Normal).

Results: Smoking prevalence ranged from 8.5% in Mumbai, India to 69.5% in Cape Town, S. Africa. The rate of stop smoking prevention use ranged from 0% in Mumbai and Pune, India to 24.7% in Lexington, USA. It was higher in current smokers that in ex-smokers (13.3% vs 6.3%, p<0.0001), in those with CAO than in those without CAO (15.3% vs 7.7%, p<0.0001) and in high income countries (HIC) than in low and middle income countries (LMIC) (11.6% vs 1.9%, p<0.0001).

The use of stop smoking prevention was more likely in women, younger, more educated people (OR=1.36; 95%CI 1.18-1.56), those with low lung function (OR=3.93; 95%CI 1.58-9.75), comorbidities (OR=1.41; 95%CI 1.04-1.91), symptoms (OR= 1.71; 95%CI 1.21-2.42) and increased with each 10pack-years smoked (OR=3.47; 95%CI2.61- 4.61). Overall positive effects did vary across sites except for the effect of gender and education but these differences do not explain the difference in use between LMIC and HICs.

Ecological analyses suggest little positive effect of high usage of stop smoking prevention.

Conclusion: Use of stop smoking prevention is associated with chronic respiratory disease and pack-years smoked, is higher in current smokers than in ex-smokers and in HICs than in LMICs. Understanding factors influencing use and optimising use in current-smokers and LMICs are important.

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Smoking rate in 12-15 years old Parisian school is sensitive to political decisions

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The first cancer plan was launched with force, funded and followed with a strong commitment by the head of state. The second cancer plan included only limited measures against smoking and was accompanied by the cessation of funding and lack of control

Methods: The cross-sectional survey conducted annually PST on 2% of students per class randomly and distributed and collected with the help of the Rector of the Academy of Paris gives an image of smoking among college students, we compare the rate of smoking daily among college students (12-15 years) the 2 years preceding each of the plans (2000-2001 and 2006-2007) in the second and third years of each of the two plans (2010-2011 and 2004 -2005).

Results: Half the leading cancer plan has helped lower smoking rate of 12.0% to 5.8% (13.6% to 5.7% in girls and 10.3% to 5.9% in boys) to 52% of relative decline. For the entire foreground is the relative decline of 73% with a rate of smoking at the end of plan by 3.2%.



The first phase of second cancer plan has had the opposite effect with a rise in smoking rates by 3.7% to 4.5% for females and 2.6 to 3%, 8% for boys is a relative rise 29% and smoking rates by 4.1%.

Conclusions: A few years apart national tobacco policies can make the best and the worst. Abandoning teenagers recently at their smoking policies hamper the future of a generation, and cutting back the significant benefits of the first cancer plan.

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Do smokers in Europe think all cigarettes are equally harmful?

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Despite the ban on misleading descriptors such as light or mild cigarettes in Europe, there are still widespread misperceptions of the relative harmfulness of different brands of cigarettes among smokers. This study examined the extent to which smokers in three European countries believed that some cigarette brands are less harmful and why, using data from the International Tobacco Control (ITC) Europe surveys. Cross-sectional analyses were completed among nationally representative samples of 4,956 current smokers (aged \geq 18) from Germany (n = 1,515), France (n = 1,735) and the United Kingdom (n = 1,706) conducted between September 2006 and November 2007. Logistic regression models examined whether outcomes, including beliefs that some cigarettes could be less harmful than others, varied by socio-demographic and country of residence. Around a quarter of smokers in the UK and France, and a third in Germany believed some cigarettes are less harmful than others. Overall, of smokers who falsely believed that some cigarettes are less harmful, 86.3% thought that tar/nicotine yields, 48.7% taste, and 40.4% terms on packs such as 'smooth' or 'ultra' indicated less harmful brands. About a fifth of smokers across all countries chose their brand based on health reasons, and a similar proportion gave tar yields as a reason for choosing brands. Our research suggests that the current European Tobacco Products Directive is inadequate in eliminating misperceptions about the relative risk of brand descriptors on cigarettes. There is therefore an urgent need to protect smokers in Europe from these misperceptions via stronger measures such as plain packaging regulations.

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Tobacco control attitudes of Portuguese physicians: Are they role models?

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Background: In 2008, Portugal implemented a partial, poorly-enforced smoking ban. In 2009, the authors carried out a survey to evaluate among Portuguese physicians: smoke-free policy (SFP) attitudes and beliefs.

Methods: Questionnaire-based cross-sectional study, conducted during two main medical conferences, using a convenience-sample methodology. Sample: n=607: 62.7% female; median age 34 years; 57.6% GPs; 33.1% hospital-specialists; 9.3% young graduates; response rate >62%. Chi-squared and MacNemar tests, and Multilogistic regression (MLR) were performed.

Results: Of the participants, 54% believed that SFP would reduce tobacco consumption and disease burden, and 36.7% believed that SFP would help smokers to quit. 97% reported that SHS was harmful and 34.6% believed that SHS could be eliminated by ventilation systems. The majority (≥98%) agreed with indoor smoke-free workplaces, schools and healthcare and, to a significant lesser extent (p<0.001), with smoke-free hospitality venues ($\geq 85\%$), and smoke-free private settings (≥ 78.5%), and even less with healthcare and schools outdoors bans (≥75.8%). MLR showed that age, specialty, graduate training in smoking prevention, and smoking behaviour influenced TC attitudes.

Conclusions: Agreement to SFP was high, but significant lower for indoor leisure and private settings, and even lower for outdoors bans. Few physicians were aware of the public health benefits of SFP. These findings suggest that Portuguese physicians' TC attitudes and knowledge do not correlate with their status as "role models". This may contribute to the current lack of comprehensive TC policies in Portugal, and undermine social norm change. Physicians' training in TC must become a priority.

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Counselling of Dutch physicians to prevent second-hand smoke exposure in children: A cross-sectional study

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Introduction: Worldwide children are still exposed to second-hand smoking (SHS), especially at home. Physicians could effectively help prevent SHS in children by increasing parental awareness.

Aim: This study evaluated the practices of Dutch physicians regarding parental counselling to prevent SHS in children. We hypothesized that physicians insufficiently discuss SHS in children with parents due to lack of time and fear of damaging the doctor-patient relationship.

Methods: All paediatricians (n=96), doctors of child and youth health care (n=82), and general practitioners (n=542) of the South Limburg area in the Netherlands were invited to complete an internet questionnaire. They were queried about their: gender, work experience, personal smoking habits, practices and education regarding SHS in children.

Results: The total response rate was 33.5% (n=241). Only 10.8% of the physicians discussed SHS in children always and 53.5% occasionally. The practice of addressing SHS in children did not differ between the specialities. Counselling was more likely when children presented with asthmatic complaints or with increased risk of respiratory diseases, in respectively 82.7% and 65.8% of the physicians. Lack of time was the most applicable barrier for 13.5% of the physicians. Only 23.6%

of the physicians had education about counselling regarding SHS in children. Of those without education, 49.2% wants to be educated.

Conclusion: Dutch physicians insufficiently discuss second-hand smoking in children and lack of time was the most frequent barrier. Child healthcare practices should make more efforts to increase parental awareness and actively contribute to the decrease of SHS in children.

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Gain in survival due to smoking cessation in the Italian population

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Introduction and aim: Smoking is the largest preventable cause of health impairment. An important and challenging task for health professionals is to communicate the health benefits associated with smoking cessation. A simple and effective way could be to compute, for each individual smoker, the number of life years which he/she may gain by quitting smoking. Aim of the study was to estimate gain in life years associated with smoking cessation by using Italian data.

Methods: We computed mortality tables [1] based on Italian data, specific for current and former smokers. Subsequently, the survival curves of former and current smokers were compared to estimate the number of life years gained with quitting smoking at various ages [2], by gender and number of cig. smoked per day. **Results:** As an example, based on the implemented statistical model, men and women smoking 10-19 cig. per day and quitting at age 30, 40, 50, or 60 years, gained about 7, 7, 6, or 5, and 5, 5, 4, or 3 years of life, respectively. The gain in life years was higher for men and women smoking more cig. per day (9 years for > 20 cig.) and lower for light smokers (2 years for 1-9 cig.) and related to age of quitting. **Conclusions:** Cessation at any age provides meaningful life gain, especially for leavy smokers. The novelty of this study is to provide estimates of life years gain for Italian smokers who quit according to the number of cig. smoked per day.

[1] Woloshin S, et al. The risk of death by age, sex, and smoking status in the United States: putting health risks in context. J Natl Cancer Inst 2008; 100: 845-853. [2] Doll R, et al. Mortality in relation to smoking: 40 years' observations on male British doctors. BMJ 1994; 309: 901-911.

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Factors influencing dropout of a smoking cessation consultation in patients treated with varenicline

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Introduction: Smoking cessation clinics have high dropout rates. Reasons are often not clear.

Aim: To determine factors influencing dropout of smoking cessation clinics in patients treated with varenicline.

Methods: Retrospective cohort of patients started on varenicline. Comparative analysis of patients who dropped out (group 1) or not (group 2) our clinic at 4, 12, 24 and 52 weeks according to demographics, attempts to quit smoking, previous diseases, motivation (Richmond) and dependence (Fagerstrom) assessed on first consultation.

Results: We included 120 patients (70% male), mean age 46.6 ± 10.3 y.o., mean 31.3 ± 21.3 P.Y. smoking. Motivation: 8.4 ± 1.2 ; Dependence: and 4.8 ± 2.2 . Forty-six patients (38.3%) had respiratory, 29 (24.2%) cardiovascular and 7 (5.8%) controlled psychiatric disease. Varenicline was taken on average 8.3 ± 3.8 weeks. Dropout rates were 8.3%, 20.1%, 30.8% and 40.6% at 4, 12, 24 and 52 weeks. At week 4 dropout was observed in older age (p = 0.018) and individuals with no respiratory disease (p=0.043). There was negative relation between motivation and dropout at week 12 (p=0.05) and between dependence and dropout risk at 24 and 52 weeks (p=0.041). Adherence to varenicline therapy lowered dropout risk at 24 and 52 weeks (p=0.001) and p=0.001).

Conclusion: Younger individuals with no respiratory disease, less dependent and less motivated tend to dropout more. At week 24 and 52 those who continue smoking and do not adhere to varenicline quit more. Our results may help to identify individuals most likely to abandon programs and improve strategies to address them.

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Smoking influence in management of patients followed in an asthma unit Ezequiel Ortega Sáenz de Tejada, Jose Luis Velasco Garrido, Nuria Maria Reina Marfil, María Victoria Hidalgo Sanjuán. Pulmonology, Virgen de la Victoria University Hospital, Malaga, Spain

Target: We wanted to know the smoking influence in our asthmatic population and how tobacco can affect their asthma evolution and control.

Results: 5 patients (3.5%) were in intermittent asthma, 18 (12.8%) mild persistent, 69 (48.9%) moderate persistent and finally 49 (34.8%) severe persistent. About control we observed 32 patients (22.7%) were well-controlled, 51(36.2%) were partially-controlled and 58 (41.1%) were not-controlled. The smoking history showed 18 patients (12.8%) were active smokers, 25 (17.7%) ex-smokers and 98 (69.5%) non-smokers. If we analyze the smokers ones, 9 (50%) were moderate-persistent asthmatics, 8 (44.4%) severe-persistent and only 1 patient (5.5%) was mild-persistent. Ex-smokers: 10 of them (40%) were severe-persistent, 9 (36%) moderate-persistent and 5 (20%) mild-persistent. About control of asthma, 11 smokers (61.1%) and 12 ex-smokers (48%) were not-controlled. 7 smokers (16%) were well-controlled. Finally, 39 patients (27.7%) visited emergency units in the last year. 14 of them were smokers (35%) and 11 ex-smokers (28%). In the same way, 14 of total smokers (77%) needed emergency units care. So 11 ex-smokers (25%).

Conclusions: Tobacco can affect the asthma management. Smokers and exsmokers have worse control of asthma than non-smoker people, and they use to have more severe asthma too.