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Author(s)	Chen, J; Ho, SY; Wang, MP; Lam, TH
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PD-1089-21 Positive reactions to third-hand smoke exposure are associated with smoking susceptibility among young children in Hong Kong

JJ Chen,[1] SY Ho,[1] MP Wang,[2] TH Lam[1]
[1]School of Public Health, University of Hong Kong, Hong Kong, China, [2]School of Nursing, University of Hong Kong, Hong Kong, China. e-mail: chenjianjiu@gmail.com

Background: Positive reactions to the first cigarette and secondhand smoke (SHS) predict future smoking. Whether such reactions to third-hand smoke (THS) affect smoking is uncertain. We investigated the cross-sectional associations of reactions to THS with smoking susceptibility and ever smoking among Chinese children.

Methods: A school-based survey was conducted on 5365 primary 2-4 students (54.5% boys; mean age 8.6 years, SD 1.3) from 34 randomly selected schools in Hong Kong using an anonymous self-administered questionnaire. Students were asked "when you can smell cigarette from objects or people, yet no one smokes around, which of the following reactions/feelings do you have", with ten options, i.e. pleased/happy, nausea, excited, heart beat faster, relaxed, dislike the smell, like the smell, dizzy, cough/choking and eye discomfort. Information on smoking susceptibility, smoking and socio-demographic characteristics was also collected. Factor structure of student's reactions to THS was assessed using varimax rotation with summary scores calculated for each factor and categorised into different types of reactions. Logistic regression yielded adjusted odds ratios (AORs) of smoking susceptibility in never smokers, and ever smoking in relation to the types of reactions adjusting for age, sex, number of bedrooms at home (as proxy of socioeconomic status), father smoking, mother smoking, grandfather smoking, SHS exposure at home and outside home and school clustering effect.

Results: Two dimensions of reactions were identified, each of which captured four positive (pleased/happy, excited, relaxed and like the smell) or negative (nausea, dizzy, cough/choking and eye discomfort) reactions. Negative reactions (49.6%) to THS were much more prevalent than positive reactions (6.9%), while 44.4% did not report any reactions. AORs (95% CI) of smoking susceptibility and ever smoking for any positive reactions to THS exposure compared with no positive reactions were 3.68 (2.64-5.14) and 3.36 (2.18-5.17), respectively. The corresponding AORs (95% CI) for any negative reactions compared with no negative reactions were 0.56 (0.39-0.79) and 0.88 (0.66-1.16).

Conclusions: Our study found that, among young children, positive reactions to THS exposure were associated with smoking susceptibility and ever smoking, and negative reaction was associated with lower smoking susceptibility. Longitudinal studies are needed to confirm such associations.

PD-1090-21 How a standardised work plan lead to rapid expansion of smoke-free in India: experience from 60 jurisdictions

RJ Singh,[1] R Sharma[1]
[1]Department for Tobacco Control, The Union South-East Asia Office, International Union against Tuberculosis and Lung Disease (The Union), New Delhi, India.
e-mail: rsharma@theunion.org

Background and challenges to implementation: India's Cigarettes and other Tobacco Products Act (COTPA) 2003 and its rules prohibit smoking at public places, workplaces and many open places frequently visited by people. More than twenty categories of government officials have been notified and empowered to enforce smoke-free and take action against violations. Since 2008, many jurisdictions which include cities, districts and states have gone Smoke-free after effective enforcement of legislation and based on a third party compliance assessment to smoke-free provisions of the legislation. A standardised work plan was used to implement smokefree which proved very useful, easy to implement and cost effective in expanding Smoke-free across India.

Intervention or response: A standardised work plan with six objectives was used to implement smoke-free through Bloomberg Initiative grants programme with financial and technical assistance or technical assistance alone by The Union South-East Asia (The Union) office in India. The measurable objectives included creation of a politico-administrative and infrastructure framework; capacity building to enforce the law; establish an enforcement mechanism; establishing partnerships and networks; public education; and strategic policy focussed research, monitoring and evaluation.

Results and lessons learnt: Four states (Sikkim, Delhi, Mizoram and Himachal Pradesh), 17 cities, 39 districts have achieved high level of compliance to smoke-free laws and became or were declared smoke-free by respective government authorities. The smoke-free compliance assessment using a protocol jointly developed by Johns Hopkins, Campaign for Tobacco Free Kids (CTFK) and The Union was done to assess the compliance to smoke-free laws in these jurisdictions.

Conclusions and key recommendations: Despite India having enacted an anti-tobacco legislation, the enforcement of various provisions of this law including Smoke-free remains a challenge across the country. The enforcement officials and programme managers were not fully aware of the steps need to be taken to achieve Smoke-free. This standardised work plan with clear timelines helped them immensely to achieve smoke-free status of their jurisdictions in a short time and was easy to implement, cost effective, replicable and sustainable. The Union is using this framework to expand smoke-free up to sub-district and village level in India. The detailed findings will be presented at the conference.