OP037 CASE STUDY: VOICE OF TOBACCO VICTIMS SUCCESS WITH INDIAN DENTAL ASSOCIATION
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Background: Voice of Tobacco Victims (VoTV) is a campaign lead by patients and their families who share their heart wrenching stories with the policy makers. The doctor who has treated the patient is also part of the platform, one to realise the victim and second to provide clinical support for the statement made by the victims. In the VoTV, doctors are often referred as patrons. The victims not only present their story and the impact tobacco had on their lives, they also advocate for adoption of and implementation of effective tobacco control policy. To curb this menace it is necessary to organise such key stakeholders so as to have strong lobby while doing advocacy with policy makers or key stakeholders.

Objective: The objectives were to involve the professional body like Indian Dental Association to be a part of the campaign and make its presence felt. Method: VoTV networked and got associated with the Indian Dental Association. The professional association are representatives nationally with branches at state and local level all over India. Liaising with such body proved to be vital to garner support for lobbying with policy makers for effective tobacco control at local, state and national level

Result: Indian Dental Association of Uttarpradesh and Assam filed a Public Interest Litigation for the Gutka Ban in the respective state. Furthermore it also came in the same party in the Ankur Gutka case. IDA through its state branch participated in the VoTV chapter of Bihar. IDA at national level launched a campaign addressing the prime minister to ban packaged and flavoured smokeless tobacco product. In Maharashtra, results shared with the high court on the prevalence of oral submucous fibrosis were taken into account while fighting for gutka and pan masala ban.

Conclusion: Involving key stakeholders like dentist through IDA is vital for advocacy campaign. The professional body represent the society and their voice put a lot of pressure on policy makers where there is lax in implementation of policy.

Beyond cigarettes: smokeless tobacco, ENDS (electronic nicotine delivery system)

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OP005 PERCEPTIONS OF TEXT AND PICTORIAL HEALTH WARNINGS FOR SMOKELESS TOBACCO (SLT) PACKAGES IN INDIA AND BANGLADESH
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Background: India and Bangladesh have more smokeless tobacco (SLT) users than the rest of the world combined. Health warnings on packages are among the strongest means to communicating the health effects of tobacco use, which remains a priority for tobacco control policy. India was the first country in the world to implement pictorial warnings for SLT packages; no warnings are required on products in Bangladesh. There is little evidence on the efficacy of warnings in India, and very limited research in general to guide regulators in low and middle-income countries on selecting content.

Objective: This study sought to 1) develop the evidence base for more effective health warnings for SLT packages in India and Bangladesh, and 2) assess patterns of use and perceptions of risk about SLT.

Method: An experimental study was conducted in India (n=1,002) and Bangladesh (n=1,081), with adult SLT users, and youth users and non-users. Respondents were randomly assigned to view 5 SLT health warnings for 5 different health effects according to one of four experimental conditions: 1) text-only warning, 2) pictorial warning with symbolic imagery, 3) pictorial warning with a graphic health effect, or 4) pictorial warning with a personal testimonial.

Result: Awareness of health warnings on packs was higher in India than in Bangladesh. A majority (89%) of adult and youth SLT users in India and Bangladesh reported daily use. SLT users in India reported greater quit intentions than users in Bangladesh (p<0.001). Respondents were more likely to report “less harm” (54%) as the primary reason for selecting their “usual product”. Indian respondents were more likely to believe that SLT was more harmful than cigarettes (66.5%) or bidis (70.2%), compared to Bangladeshi respondents (50.2%, p<0.001; 50.4%, p<0.001). Text-only warnings were rated as less effective than all of the pictorial warnings (p<0.001 for all). Among pictorial warnings, graphic health effects were rated as most effective, followed by personal testimonial, and symbolic imagery (p<0.001 for all contrasts). More than three-quarters of respondents in India reported that SLT packs should have more health information, and 80% in Bangladesh believe that packs should have health warnings.

Conclusion: False health beliefs about smokeless tobacco are common in India and Bangladesh. There is strong evidence for the efficacy of graphic pictorial health warnings and strong support among users for their implementation.