date, determined by carbon monoxide levels. Secondary endpoints were point abstinence at one and six months.
Result: Both treatment conditions led to statistically significant relative risk (RR) of abstinence compared to usual care (RR 8.2 (95% CI: 3.7–18.2) for BSS+ and 7.4 (95% CI: 3.4–16.4) for BSS, respectively). The equivalence between BSS+ vs. BSS could not be established. 45.4% (275/606; 95% CI: 41.4–49.4) of participants in the BSS+ group achieved continuous abstinence compared with 41.0% (254/620; 95% CI: 37.1–45.0) in the BSS group, and 8.5% (52/615) in group receiving usual care. There was substantial heterogeneity in program effects across clusters. Limitations – Imbalances in the urban/rural proportions and smoking habits among treatment groups; inability to confirm compliance with bupropion treatment; validate longer term abstinence or the effect of smoking cessation on TB outcomes.
Conclusion: Behavioral support, with or without the addition of bupropion, is effective in promoting cessation in smokers with suspected tuberculosis.

PP041
ASSESSING SOCIAL MEDIA ACCESSED VIA MOBILE DEVICES AS A TOOL TO GENERATE SOCIAL NORMS AMONG YOUNG ADOLESCENTS

Mark H. Spires, Joanna E. Cohen, Ashley Grant. *Johns Hopkins Bloomberg School of Public Health, United States*

Objective: 1) To understand how young adults use social media (SM) via their mobile devices and how it influences their decision on which entertainment venues to visit; and 2) To investigate what possible mobile SM approaches or `concepts' may work best for changing perceptions and attitudes towards smoke free (SF) policies. This pilot study, conducted in Manila, Philippines offers an example of a systematic approach of how one can test the efficacy of using SM and online social networking to this end.
Method: In order to understand how young adults use SM via their mobile devices in Manila, an online survey was conducted with 500 residents of Metro Manila between the ages of 18 & 35. Survey results were followed up with focus group discussions to further investigate findings. Possible concepts were developed in consultation with local partners & will be tested and refined through focus group discussions.
Result: Findings from the online survey and first round of focus group discussions indicated that Facebook was the most common SM site, accessed via mobile devices several times a day by over 60% of respondents. Almost 80% of survey respondents reported using Facebook as a source of information when deciding where to go out. Respondents indicated an overall feeling of empowerment to make their community a better place to live, influence social norms, and change policies. Consequently, potential concepts were developed that utilize the Facebook platform, including: the sharing of photos taken with camera phones in SF restaurants through a dedicated public Facebook page while providing incentives to encourage further online engagement & networking; the creation of online SF zones representing SF entertainment venues generated by users utilizing the GPS capabilities of their phones; and a mobile game application that allows individuals to actively engage with their environment through their camera phone and utilize their phones' GPS capabilities to report SF violations. These concepts will be tested and refined through focus group discussions with the target population.
Conclusion: Facebook and other SM platforms have proven successful in mobilizing individuals and groups around a specific topic, and thus have served as an effective tool in facilitating change in social norms. Utilizing online surveys and following up with focus group discussions is an effective means of testing possible mobile SM approaches for influencing social norms around exposure to second hand smoke.

PP044
TOBACCO CONTROL IN PREGNANT WOMEN: GAPS AND OPPORTUNITIES IN PRACTICES OF NURSE MIDWIVES IN OUTREACH CENTRES IN INDIA

J. Purnima, P. Divya, Raj Mohan Panda. *Public Health Foundation of India, India*

Background: Tobacco Control in pregnant women: Gaps and Opportunities in Practices of Nurse Midwives in outreach centers in India
Objective: The present study explores whether Auxiliary Nurse Midwives (ANMs) adhere to the 3A's from the recommended 5A's model for tobacco cessation.
Result: Almost all ANMs (97%) reported routinely asking patients about their tobacco habits. More than two-thirds of the ANMs asked their patients about tobacco initiation (89%) and frequency of tobacco usage (81%). Majority of ANMs reported that they were aware of respiratory illnesses (79%), tuberculosis (55%), and lung cancer (75%) as conditions caused due to tobacco consumption. Low awareness was observed among the ANMs regarding tobacco as a causative agent for Cardio vascular diseases (39%). Awareness of adverse reproductive and child health effects like premature delivery, still birth and low birth weight (less than 15%) associated with tobacco use was also very low. Only about one-third of respondents (36%) assist all patients by providing information about harmful effects. Majority of ANMs provided information to patients suffering from specific diseases (64%). Cough and respiratory diseases (56%) were the conditions for which ANMs provided information on health effects of tobacco. Less than 10% of ANMs provided information on health effects of tobacco to patients seeking antenatal care.
Conclusion: Findings indicate that majority of ANMs ask patients about tobacco use but provides advice only to patients suffering from specific diseases. A context-specific capacity building package needs to be designed to equip ANMs in recommend 5A's approach in tobacco cessation.

Tailoring tobacco control across different political, cultural and resource settings

PP006
INNOVATIVE INTERVENTION STRATEGY FOR TOBACCO CONTROL IN LOW SES COMMUNITIES IN DELHI: PROJECT ACTIVITY

Abha Tewari[1], Shalini Bassi[1], Melissa H. Stigler[2], Monika Arora[3], Cheryl Perry[2], K. Srinath Reddy[3]. [1]*HRIDAY (Health Related Information Dissemination Amongst Youth), India;* [2]*School of Public Health, University of Texas, USA;* [3]*Public Health Foundation of India, India*

Background: The tobacco epidemic is one of the biggest public health threats, especially affecting the poor in developing countries such as India. Unfortunately, very few people in India quit tobacco use. Lack of awareness of harm, ingrained cultural attitudes, and lack of support for cessation maintains tobacco use in the communities. Cessation camps offer an opportunity to tobacco users to take a quit attempt.
Objectives: To describe the innovative tobacco control intervention strategy to support for tobacco cessation among disadvantaged youth (10–19 years), residing in low socio-economic communities in Delhi.
Methods: Project ACTIVITY (Advancing Cessation of Tobacco in Vulnerable Indian Tobacco Consuming Youth) is a group randomized trial being conducted with 14 slums in Delhi, India. Seven slums were randomized to receive two year intervention, while the other seven served as comparison group. The two year intervention targeted intrapersonal and socio-environmental risk factors to prevent the onset of tobacco use and promote tobacco cessation using four intervention strategies – training workshops, community-based cessation camps, interactive activities and policy enforcement. Peer Leaders and adult community leaders were identified and trained to facilitate the intervention programme. Tobacco cessation camps were conducted monthly (1–2 days) for all age groups in each intervention community however the focus was to support young people in quitting tobacco use. Visitors were provided information on benefits of quitting through films, games and reading material.
Results: Thirty Tobacco Cessation Camps were organized in the communities wherein members of support groups mobilized community members to attend these camps; around 1500 people attended these camps. Overall response for the Tobacco Cessation Camps (TCCs) was quite motivating as most of the community members had come on their own and were quite unhappy about their tobacco use. Almost all of them were looking for help and long term support to quit tobacco use
Conclusion: Community-based cessation camps can provide good and cost-effective strategy for early identification and support services for tobacco cessation especially those that are not severe enough for warranting visit to higher level health care facility.

PP013
ASSOCIATION OF EMPLOYMENT IN SMOKEFREE WORKPLACES WITH TOBACCO USE AND RELATED BEHAVIORS IN INDIA

Gaurang P. Nazar[1], Joyn Tayu Lee[2], Monika Arora[3], Christopher Millett[2]. [1]*Public Health Foundation of India & London School of Hygiene and Tropical Medicine, India;* [2]*Imperial College London, United Kingdom;* [3]*Public Health Foundation of India, India*

Background: Smoke-free workplace policies are associated with reduced smoking, secondhand smoke (SHS) exposure and increased quitting in developed countries.
Objective: We aimed to study the association between being employed in smoke-free workplaces and tobacco use related behaviors in the Indian context.
Method: Individual level analysis was conducted using cross-sectional Global Adult Tobacco Survey 2009–2010 data from India. The study sample included 12,564 participants (≥15 years) who were employed and either working indoors or both indoors and outdoors. Multiple regression models were used to test the association between working in smoke-free workplaces and the dependent variables (prevalence of tobacco use, weekly volume of tobacco products used, belief/knowledge about harmfulness of tobacco, and attempts to quit tobacco in the past 12 months). The covariates adjusted in the regression models included age, gender, place of residence, national region, education, type of employment, socio-economic status, media exposure to anti-tobacco information and living in a smoke-free home. Data analysis was conducted using STATA v.12.0.
Result: Current cigarette smoking (AOR=0.57; 95% CI: 0.46–0.70), current bidi smoking (AOR=0.51; 95% CI: 0.39–0.66), current SLT use (AOR=0.81; 95% CI: 0.68–0.96) and current any tobacco use (AOR=0.62; 95% CI: 0.53–0.73) were significantly lower among participants employed in smoke-free workplaces (vs. those employed where smoking was allowed). The weekly volume of any SLT product used was 19% lower (p=0.005) and that of any tobacco product

used was 23% lower (p=0.00005) among tobacco users employed in smoke-free workplaces. The belief that SLT use causes serious illness (AOR=1.66; 95% CI: 1.10–2.51) was significantly higher among participants employed in smoke-free workplaces (vs. those employed where smoking was allowed). Beliefs that tobacco smoking and SHS exposure are harmful were higher among participants employed in smoke-free workplaces, although the results did not attain statistical significance. Attempts to quit smoking and SLT use in the past 12 months were not significantly associated with being employed in a smoke-free workplace.
Conclusion: Smokefree workplace policies in India are associated with lower prevalence of any type of tobacco use. The benefits of such policies extend to reduced volume of SLT products used. Enhanced implementation of 100% smoke-free policies in India could bring about significant health benefits due to reduced tobacco consumption.

PP014
SECOND HAND SMOKE EXPOSURE AND SUPPORT FOR SMOKE-FREE WORKPLACES AMONG HOTEL WORKERS IN NIGERIA

Oluwakemi Ololade Odukoya, Adekemi Sekoni. *Community Health and Primary Care, College of Medicine, University of Lagos, Nigeria*

Background: Second hand smoke (SHS) exposure is a health hazard and there is no safe level of exposure to tobacco smoke. Hotel workers in Nigeria may be at increased risk of exposure to SHS as Nigeria has not yet passed a law promoting smoke-free workplaces despite several efforts to do so.
Objective: This study sought to assess the knowledge, SHS exposure and attitudes towards smoke free policies among hotel workers in an urban local government area (LGA) in Lagos Nigeria.
Method: A cross sectional study design was employed using pre-tested interviewer administered questionnaires from 263 consenting hotel workers in 27 randomly selected hotels in the LGA.
Result: More than half of the respondents were female (60.8%). Mean age was 28.2±6.3 years. Majority (75.3%) spend more than 12 hours a day in the workplace. A considerable proportion (65.8%) of the respondents had never taken any form of tobacco in their lifetime. Most of them (91.3%) had heard of second hand smoke, 74.8% of which felt it was harmful to their own health. More than 80% were aware that SHS is linked to cancers, heart disease and asthma. Almost all (98.3%) had been exposed to SHS in the workplace, 84.7% of whom are exposed on most days of the week. Despite the relatively high awareness of the dangers of SHS, less than half (38% &44.1%) thought that smoking should be banned in restaurants/clubs and public places respectively. Nevertheless, many of them (84.4%) would prefer to work in a smoke-free environment.
Conclusion: These workers are regularly exposed to SHS in the workplace and most of them prefer to work in smoke-free environs. Despite this, their support for smoke free policies is relatively low. Policies to protect this group of workers must be put in place and programs to enhance their support for these policies should be considered.

PP019
IMPLEMENTING EFFECTIVE INTERVENTIONS FOR ADVANCING TOBACCO USE PREVENTION AND CESSATION: CREATING TOBACCO-FREE GENERATIONS AMONG LOW SOCIO-ECONOMIC COMMUNITIES IN DELHI, INDIA

Shalini Bassi[1], Abha Tewari[1], Melissa H. Stigler[2], Monika Arora[3], Cheryl L. Perry[2], K. Srinath Reddy[3]. *[1]HRIDAY (Health Related Information Dissemination Amongst Youth), India; [2]School of Public Health, University of Texas, USA; [3]Public Health Foundation of India, India*

Background: Tobacco use is the biggest threat to youth's health in India where 5500 youth initiate tobacco use every day. Current prevalence of any type of tobacco use (13–15 year, school-going youth) is 14.6%. In India, 60–80% of youth/adolescents live in low resource settings. Easy availability and accessibility of tobacco products in these settings is a cause of high prevalence especially among youth.
Objective: To highlight the role of youth-led and community-based advocacy initiatives for strengthening the enforcement of key provisions of India's tobacco control law (COTPA): (a) promoting smoke-free environments and (b) prohibiting youth (<18 years old) access to tobacco products.
Intervention: Project ACTIVITY (Advancing Cessation of Tobacco In Vulnerable Indian Tobacco consuming Youth), a group randomized trial, involved 14 communities (7 intervention (I) and 7 control(C)). Multi-component intervention was developed and implemented to reduce tobacco use among youth (10–19 years) and included strategies: peer-led interactive activities; outreach programmes; tobacco cessation camps; m-health (SMS campaign); and enforcement of key provisions of COTPA through formation of support groups including youth peer leaders and adult community leaders. Advocacy campaigns were launched through community mapping (*to explore where, when and by whom tobacco is used*); surveys with tobacco retailers (*to identify familiarity with COTPA and barriers to adhering to the provision*); individual/group discussions (*to understand the norms and motivations for tobacco use*). Intervention strategies were developed to sensitize vendors to refrain from selling tobacco products to and by minors; display of statutory warning boards prohibiting youth access to tobacco products; identify and declare community areas as tobacco free.
Results: 54 support groups (n=456) were formed and members interacted with tobacco retailers (n=274) to sensitize them about prohibition on sale of tobacco products to and by minors. Boards prescribed under COTPA were distributed to tobacco retailers (n=424) and 16 places in these 7 communities were declared "Tobacco Free Areas". Current tobacco use decreased more in the intervention than control group. Intervention was successful in significantly increasing youth's knowledge about the harmful effects of tobacco use (slope: I=0.32; C=0.02, p=0.004) and their knowledge about tobacco control policies (slope: I=2.08; C=1.35, p<0.001).
Conclusion: Community-based interventions that engage youth and community members and utilize them as change agents are feasible, efficacious and sustainable for tobacco control. Such interventions can be effective in promoting tobacco free generations and moving towards the tobacco endgame, particularly in a resource deficient country like India – and even with disadvantaged populations living in slum communities there.

PP027
INTRODUCING A FULLY INTEGRATED TOBACCO CURRICULUM & TOBACCO CESSATION SKILLS IN MEDICAL COLLEGES

Thankachi Yamini Ganesh Kumar[1], Thankappan R. Kavumpurath[1], Mark Nichter[2]. *[1]Sree Chitra Tirunal Institute for Medical Sciences and Technology, India; [2]Arizona University, Texas, United States*

Background: Doctors need to play an active role in tobacco cessation to reduce morbidity and mortality. Little attention is paid in medical schools to the negative effect of tobacco on organ systems, disease processes or medicine effectiveness. Baseline surveys in 5 Indian medical schools under Project Quit Tobacco International (QTI) found that faculty and students were interested in receiving more education on tobacco related illness and cessation counseling as part of doctor's professional role. A tobacco curriculum developed by QTI has been introduced in 5 Medical schools in Kerala and Karnataka. The curriculum is flexible and introduced across the nine semesters of medical education. It also provides hands-on training on tobacco cessation to faculty and students
Objective: The main objectives of the curriculum are to educate medical students on the impact of tobacco on all organ system and disease processes, and to provide skills on brief tobacco cessation interventions. Attendees for this paper will learn how to access Project QTI educational modules and training videos on the web
Method: Curriculum mapping was conducted to identify where in the nine semesters different tobacco related subjects could be introduced. Tobacco modules were developed which provide information on tobacco epidemiology, tobacco and particular diseases and brief cessation skills. Each module has power point presentations with speaker notes, fact sheets for bedside teaching, sample examination questions and case scenarios illustrating cessation counseling of patients. Clinical videos to model cessation skills have been developed as teaching aids. Modules were piloted tested and revised. Faculty from all schools received training on module implementation and cessation skills, and took a basic cessation skills competency exam. Medical students underwent training in brief intervention skills for tobacco cessation. After completing 5 BI logs, they were evaluated through an OSCE examination
Results: Most faculty and students found the contents of the mini lectures to be very relevant. The speaker notes and references allow the faculty to lecture with confidence. The clinical videos were very informative and practical in giving guidance in how to help patients quit with specific information and support.
Conclusion: Inclusion of tobacco topics in the medical curriculum and training in brief interventions for tobacco cessation is necessary. Tobacco curriculum and cessation training developed can be implemented in other medical schools.

PP028
COMMUNITY-BASED ACTION AGAINST TOBACCO IN KYRGYZSTAN

Anara Kalieva[1], Patrick Sandstrom[2], Mervi Hara[3], Gulmira Aitmurzayeva[4], Nurlan Brimkulov[5]. *[1]Republican Health Promotion Centre, Kyrgyzstan; [2]Finnish Lung Health Association, Finland; [3]Finland's ASH, Finland; [4]Republican Health Promotion Centre, Kyrgyzstan; [5]Kyrgyz Medical Academy, Kyrgyzstan*

Background: This project combine a public health and health system's approach in tobacco control by implementing intensified community-based actions in Kyrgyzstan.
Objective: Through activation and training of Village Health Committees (VHC), primary health care, teachers and students in schools, mass media as well as local authorities and politicians the project reach better understanding among adults and children of the health hazards of active and passive smoking, increase the number of smokers who make a quit attempt, as well as change social norms regarding tobacco use.
Method: The project has been monitored using both quantitative and qualitative methods including a baseline study in the beginning of the project (2011) and a follow-up study during the third project year (2013). In 2015 an evaluation of the long term impact of the project in the Chui Oblast is planned.
Result: The pilot phase of the project was conducted during 2011–2013 in Chui Oblast.
In 2011 34% of the population in Chui Oblast regarded smoking as very harmful to health whereas in 2013 the result was 49%. The awareness of impact of passive