primary responsibility for treating tobacco dependence and is further reiter-
ated 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
smoking 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 Cess-
ation 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 opportu-
nity 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 ENFORCEMENT

Marlo Lagahit, Jasmin Paraiso Lagahit, Lourdes Risa Santos
Yapchiongco. Metropolitan Manila Development Authority (MMDA), Philippines

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 intensi-
fied and expanded provision of smoking cessation service to communities of
Metropolitan Manila.

Method: Smoking cessation service through brief advice was provided to ap-
prehended 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 through brief advice, and 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 responsibil-
ity. The smoker must understand his condition. Making cessation service readily
available, accessible and easy for smokers may eventually lead them to make the
good decision.

PP011 SALE OF TOBACCO PRODUCTS NEAR SCHOOLS: AN ECONOMIC PERSPECTIVE
FROM KIOSK OWNERS

Ankur Singh, Vinay Gupta, Monika Arora. Public Health Foundation of India

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 institu-
tion 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 control enforcement on school and other educational institutions 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 sell-
ing 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%
(Se=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
marketed and tobacco sellers can be transitioned into selling non-tobacco prod-
ucts. 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

André Junqueira Xavier, Henrique Dircksen Melo, Ankur Singh, Eleonora d’ Orsi.
Public Health Foundation of India

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, sociodemog-
graphic profile, lifestyle (tobacco exposure), medications, functional status
(initial and final), Mini-Mental Status Examination (initial and final) were col-
lected 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 Status Examination (MMSE) before and after cogni-
tive 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±4.46
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, gender, diagnosis, chronic diseases (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, rein-
forcing the need for preventive education and basic health care’s prevention.