Results:
1. TC Coordination Mechanism established
2. Improved coordination for key activities such support to TC bill, WNTD
3. Reduced costs for TC implementation
4. Alignment of TC actor activities with the national TC Strategic plan
5. Organised and coordinated response to TI interference
6. Joint high level advocacy for TC policy and legislation
TC Coordination Mechanism: E.g. Uganda.

Conclusion: National TC coordination is a cost effective strategy, because it requires minimal funding and has multiple benefits including:
1. Defines sets country priorities in TC
2. Reduces costs (remove competitions and enhances complementarities)
3. Increases ownership and sustainability of TC programs
4. Strengthens TC through a “common front” vs. pro-tobacco & TI interference.

Beyond cigarettes: smokeless tobacco, ENDS (electronic nicotine delivery system) and other tobacco and non-tobacco products

PP001
PREVALENCE OF GREEN TOBACCO SICKNESS AMONG FCV TOBACCO FARMERS IN ANDHRA PRADESH, INDIA
Ravi Kumar Bala 1, Sarit Kumar Rout 2, Sakhthivel Selvaraj 1, 2, 1Indian Institute of Public Health, India; 2Public Health Foundation of India, India

Background: Growing and handling Flu Cured Virginia tobacco (FCV) presents some hazards, a condition known as green tobacco sickness (GTS) due to the moisture and nicotine content. GTS is an occupational poisoning which affects workers who cultivate, harvest and handle FCV tobacco during any stage, which is characterized largely by nausea, vomiting, headache, muscle weakness, and diarrhoea.

Objective: We studied the prevalence of GTS among FCV farmers in the state of Andhra Pradesh, India.

Method: This cross sectional study was conducted in the two districts of Kurnool and Prakasam of Andhra Pradesh, India during March 2012–August 2012. The farmers were divided into two groups, one growing FCV, the other growing non-FCV and other alternative crops. The farmers and households of both the group who were interviewed during any stage of the crop growing and handling were included in the study. We used a pretested questionnaire collecting self-reported information on symptoms of GTS. We included nine symptoms namely tiredness, vomiting, shortness of breath, itching, increased sweating, poor appetite, sleeplessness, increased salivation and body ache which are associated with GTS

Result: We included 27221 households in the study with 14521 (53.3%) belonging to FCV and 12701 (47.7%) belonging to other group. The symptoms of vomiting (52% increased perspiration (54%), sleeplessness (54%) and increased salivation (54%) was found to be strongly associated with growing FCV (p<0.001). The other symptoms of tiredness, loss of appetite and body ache though more associated with FCV household was not statistically significant (p>0.01).

Conclusion: With the global battle of controlling disease caused by tobacco chewing and smoking, it’s time we also start focusing on the effects of growing tobacco. Female smokers were significantly more likely than male smokers to say female cigarette and bidi smoking is acceptable (15 vs. 2y2−2,2,165 p=0.001; and 17 vs. 2p−0.001). Similar patterns were found between female and male mixed tobacco users. The majority of tobacco users said society disapproves of tobacco use, with more agreement that society disapproves of smoking than smokeless tobacco users (63.6% vs. 54.8%). Female smokers (48%) and mixed tobacco users (38%) were the least likely to say that society disapproves of smoking. Female smokeless (54%) and mixed tobacco users (40%) were also less likely than males (57 and 52% respectively) to agree that society disapproves of smokeless use. The belief that it is acceptable for females to use smokeless tobacco, and the belief that society approves of smoking/smokeless tobacco were associated with lower likelihood of intending to quit smoking/smokeless tobacco. Both of these relationships were slightly stronger among females than males.

Conclusion: Smokeless tobacco was more acceptable than smoking in India, particularly for females. Female tobacco users tended to view their own tobacco use behavior as more acceptable than other types of tobacco use and than their male counterparts perceived it to be. Beliefs about social acceptability of female tobacco use may be an important predictor of intentions to quit tobacco use.

PP004
WHAT WOMEN IN DELHI KNOW ABOUT QUIT SMOKING METHODS AND THEIR RECALL OF A NEW CESSATION PRODUCT
Rahul Sharma, Sanjiv Kumar Bhasin, Sandeep Agrawal, Reeti Tewari.
University College of Medical Sciences, Delhi, India

Background: Smoking of cigarettes has a strong association with gender in India, being primarily more common among the males. The home maker, that is, the lady of the house, however can have an important role as an agent for change influencing the behavior of the smokers in her circle of influence.

Objective: To study the knowledge of the women about various methods available to aid quitting smoking and their recognition of a newly launched over the counter nicotine gum “Nicorette”

Method: 1,206 home makers in the age group of 18–60 years in one part of Delhi i.e. East Delhi were interviewed using a pre tested, semi-open ended questionnaire. The residential colonies and urban slum area were selected to represent women across the socio-economic spectrum.

Result: The respondents included 43.9% graduates and 10.4% illiterates. Eighteen (1.5%) of the women admitted being smokers themselves while 303 (25.2%) had at least one smoker in the immediate family. The most common response mentioned as a method for quitting smoking was “Self-control” (42.2%), followed by “doctor” (25.9%) and “de-addiction clinic” (14.9%). “Chewing gum” was mentioned by 14.6% women. Thirty six of the 1206 women (3.0%) could recognize the symbol of the newly launched nicotine gum brand, 113 (9.4%) mentioned “Nicorette” by name as an aid for quitting smoking even though 281 (21.6%) said they knew about “Nicorette” after being asked by name. The significant correlates of both being able to recognize the symbol and being able to name Nicorette as a method for quitting smoking, were higher education level, higher use of television and newspaper, having a smoker in the family and the locality of the respondent. While 493 (40.7%) perceived that a smoker can give up smoking only by going to a doctor, 601 (49.8%) disagreed.

Conclusion: The role of the women as agents of change for the smokers in their domain of influence, should not be overlooked. We identified key knowledge gaps among the women regarding available methods for quitting smoking and about a newly launched readily available cessation product, which need redressal for their role to become more effective.

PP005
TOBACCO AND NON-TOBACCO ABUSE AMONG SCHOOL CHILDREN IN THE TWO CITIES OF UTTAR PRADESH, INDIA
Raj Narain, Sarita Sardana, Sanjay Gupta, Ashok Sehgal, Ravi Mehrotra.
Institute of Cytology & Preventive Oncology (Indian Council of Medical Research), India

Background: Addiction to tobacco and harmful non-tobacco products by youth is assuming alarming proportion in our country. It has adverse health consequences and needs urgent intervention.

Objective: A cross-sectional study was undertaken to determine the prevalence and age at initiation of tobacco and non-tobacco use among school children.

Method: Data was collected from students of class 7 to 12 (ages: 11–18 years) in the year 2005, studying in the cities of Noida and Ghaziabad, through cluster and random sampling using a self-administered anonymous pretested questionaire. The sample size calculated was 7224, assuming the prevalence of tobacco use as 6.0%, a relative precision of 10% and confidence interval of 95%. Differences in proportions and mean age of initiation were tested using Pearson’s Chi-Square test and Student’s t-test respectively. Tobacco use included smoking of cigarettes, beedis, hookah, chillum, ganja etc. and chewing of Gutka, Khaini and Zarda. While Non-tobacco comprised of betel quid and pan masala.

Result: A total of 7224/8500 (84.9%) students responded. “Exclusive tobacco use” was found in 368 cases, “Exclusive non-tobacco chewing” and “Both habits” were found in 3.0%, 10.7% and 3.6% students. There was no significant gender difference in the prevalence of “exclusive tobacco use” and “exclusive non-tobacco use”. Interestingly, girls were found to initiate tobacco and non-tobacco habits earlier than boys. (tobacco: girls 12.1 years vs. boys 12.4 years; non-tobacco: girls 8.2 vs. boys 8.5 years). A significantly higher proportion of boys (p<0.05) were “tobacco and non-tobacco abusers” as compared to girls. Tobacco and non-tobacco users were found more among the boys and girls in the age group of 15–18 years. The highest prevalence of tobacco was found among the boys in the age group of 15–18 years. The highest prevalence of non-tobacco use was found among the girls in the age group of 13–15 years.

Conclusion: Tobacco and non-tobacco abuse is an alarming problem among school children in the two cities of Uttar Pradesh, India. The role of the women as agents of change for the smokers in their domain of influence, should not be overlooked. We identified key knowledge gaps among the women regarding available methods for quitting smoking and about a newly launched readily available cessation product, which need redressal for their role to become more effective.