T-tests and multivariate linear regression models were conducted to compare cotinine levels between comparison groups.

Result: Males and females were equally represented, with a mean age of 45.8 yrs (SD=12.6 years). Cigarette smokers had significantly higher cotinine levels (24.77 ng/ml) than non-smokers (8.74 ng/ml, p<0.01) and passive smokers (spouses of smokers) levels were intermediated (94.06 ng/ml). Tobacco chewers had the highest cotinine levels of all groups (2779.9 ng/ml) and the significant difference persisted after adjustment for age, sex, body mass index, and physical activity (p Conclusion: This is one of the first studies evaluating cotinine levels for smokeless tobacco in 24-hour urine samples in India. These findings require replication and suggest that combating nicotine dependency in chewers may be more difficult than in other tobacco users.

OP032
ARE INDIANS SHIFTING FROM SMOKING TO SMOKELESS TOBACCO?
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Background: Smoking is the dominant form of tobacco globally. However in Asian countries like China, India and Indonesia which share the maximum burden of tobacco use, the use of smokeless forms of tobacco is common. The adverse health and economic effect of smokeless tobacco is as harmful as that of smoking. In India, 75% of the tobacco users were smokeless tobacco users (SLT). Limited information is available at the population level on smokeless tobacco as a smoking cessation aid in India.

Objective: The present study examines the tobacco transition with specific emphasis on switching over to smokeless tobacco as a smoking cessation method among adults in India.

Method: We used raw data on the nationally representative household survey Global Adult Tobacco Survey (GATS) 2009-2010 India for the present study. We studied the smoking cessation method for those who quit smoking within 1 year.

Result: Prevalence of smokeless tobacco was nearly two times higher than that of smoking in India. The exclusive smokeless tobacco use was three time high than that of smoking prevalence. Quit ratio was low among smokeless tobacco users (5%) compared to smokers (13%). SLT use was more prevalent in rural area (29%) compared to their urban counterparts (18%). Among former smokers (ever-smokers who stopped smoking within one year) 20% switched to smokeless tobacco as a smoking cessation method, for their switching to SLT than women (OR 4.81, 95% CI 4.14-5.68). Youth (15-24 years) (OR 1.59, CI 1.57-1.60) educated (OR 4.14, CI 4.11-4.17) and employed (OR 10.8, CI 10.66-10.94) adults were more likely to switching to smokeless tobacco as a smoking cessation aid.

Conclusion: The recent transition from smoking to smokeless tobacco use in India is remarkable and relevant to the global discussion for further studies and has implications for tobacco control policies in India. The low quit rate among smokeless tobacco users and a high proportion of smokers switching to smokeless tobacco predicts the future burden of SLT in India.

OP033
A SYSTEMATIC REVIEW AND META-ANALYSIS ON THE HEALTH EFFECTS OF NON-SNUSS SMOKELESS TOBACCO PRODUCTS
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Background: Previous reviews on the health effects of smokeless tobacco have included Swedish snus, which is known to less harmful than conventional products, and preparations containing betel nut which is independently carcinogenic.

Objective: This systematic review seeks to determine risk of oral squamous cell carcinoma (OSC), leukoplakia, periodontal disease, pancreatic cancer and adverse foetal outcomes in users of non-snus smokeless tobacco products (NSST).

Method: Systematic review and meta-analysis was conducted in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines. Pooled odds ratios and 95% confidence intervals were estimated by using random-effect models. We searched Medline, Embase and PsycINFO; no language restrictions were imposed. The primary outcomes were OSC, leukoplakia, periodontal disease, pancreatic cancer and adverse foetal outcomes. All forms of smokeless tobacco from different countries, except snus and the ones containing betel nut, were considered as exposures.

Result: A total of 25 studies from 7 different countries were included, of which 15% of the studies claim to have implemented measures to ensure public access to information on industry activities; three quarters of both low- and high-income countries report no such measures. Conclusion: The successful implementation of Art. 5.3 is widely recognised

OPQ09
SURVEILLANCE OF OTHER TOBACCO PRODUCT USE IN THE ASIA–PACIFIC REGION: IMPLICATIONS FOR POLICY

Background: The WHO South-East Asia and Western Pacific Regions have a combined 680 million tobacco smokers, and within the South-East Asia Region alone there are an additional 250 million smokeless tobacco users. Many countries have started to implement effective tobacco demand reduction measures. However, as countries enforce smoke-free legislation, and raise tobacco taxes (focussing in most cases on manufactured cigarettes) tobacco companies have started to shift to market smokeless tobacco products and/or other forms of tobacco not affected by the increase of prices.

Objectives: To describe prevalence of use, market-size, and cost of “other tobacco products” relative to manufactured cigarettes in eight countries that have conducted the Global Adult Tobacco Survey.

Methodology: This study examines findings from Global Adult Tobacco Surveys conducted in eight countries (Bangladesh, China, India, Indonesia, Malaysia, Philippines, Thailand, and Vietnam) to determine the prevalence of a variety of other tobacco product use (defined and non-manufactured cigarettes). Recent trends in market growth of other tobacco products, along with price and taxation data, were also analysed where this information was available.

Result: While the types of other tobacco product use varies between countries, prevalence of use of these products represents a significant proportion of overall tobacco use in several of the countries studied. Analyses of available tobacco tax data has shown that several of the products looked at were taxed at significantly lower rates than manufactured cigarettes.

Conclusion: Use representative a significant portion of the tobacco-related health burden in several countries in South-East Asia. The findings of this study point to a need for improved surveillance to better identify trends in the use of other tobacco products, and for policies to reduce demand for these products.

The political landscape for the tobacco endgame
OP001
REGULATING INDUSTRY INTERFERENCE & WHO FCTC IMPLEMENTATION: ARTICLE 5.3 & THE FUTURE OF GLOBAL HEALTH
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Background: Unlike other producers of unhealthy commodities, tobacco companies are now widely viewed as vectors of disease, with whom partnership approaches are recognised as unacceptable in policy and in science and from whom voluntary initiatives are seen as inadequate. The fundamental conflict of interest between the tobacco industry and health receives unique recognition in Article 5.3 of the WHO Framework Convention on Tobacco Control (FCTC), under which states must protect the development of public health policies from tobacco industry interference. Yet the extent to which parties are committed to implementing Article 5.3 can appear questionable.

Method: We examined FCTC implementation reports from 161 countries to assess country perceptions of the extent of implementation of Article 5.3 and of tobacco industry interference as a barrier to FCTC implementation. Results: Overall, 54% of FCTC parties report having adopted and implemented programmes to protect tobacco control policies from the vested interests of the tobacco industry. This figure masks substantial variation when countries are organized by World Bank income categories; only one third of low income countries and under half of high income countries report implementing such programmes. Variation is more pronounced across WHO regions; whereas almost three quarters of countries from the Eastern Mediterranean Region claim to have implemented such measures, almost two thirds of the African Region parties claim to have implemented measures. Conclusion: Use representative a significant portion of the tobacco-related health burden in several countries in South-East Asia. The findings of this study point to a need for improved surveillance to better identify trends in the use of other tobacco products, and for policies to reduce demand for these products.

S10
International Conference on Public Health Priorities in the 21st Century: The Endgame for Tobacco
as critical to the overall success of the FCTC, and the limited evidence of active measures reported in these reports raises serious concerns. While issues of resources and capacity might explain limited progress in much of the Global South, the disappointing levels of implementation in high income countries rather suggest limited political commitment. This is echoed by the limited interpretation of Art. 5.3 that characterises some national tobacco control plans. While Art. 5.3 is increasingly seen as a model that might be applicable to other industries, this analysis shows that substantial work needs to be done within tobacco control to consolidate this approach. Increasing policy interest in harm reduction and innovative products may further hinder such progress.

OP007
LITIGATION, A KEY TO TOBACCO FREE WORLD: A REVIEW OF JUDICIAL PRONOUNCEMENTS FROM INDIA
Deepthi Singh, Amit Yadav. Public Health Foundation of India

Background: Law an instrument of social transformation helps in creating public awareness strengthens public policies and redresses injuries. The legislature realized the hazardous effects of tobacco use which has resulted in drafting of the pertinent tobacco control laws. The judiciary has complemented these legitimate goals of public health pronouncing tobacco control initiatives as imperative to realization of fundamental right to life. The Supreme Court of India in 2001 itself banned smoking in public places throughout the country and since then has upheld several tobacco control provisions under its domestic laws. Recently health rights judgments from Australia, Latin America, Colombia, South Africa, Argentina, Brazil & Canada strengthened tobacco control enforceability and these judicial precedents have provided strength to the much awaited goal of the endgame for tobacco.

Objective: This paper will present a review of the judicial pronouncements in enforcing right to health as a concomitant part of the Indian constitution with special reference to tobacco control litigations in India

Method: Review of primary sources such as Indian Tobacco Control Laws, the Constitution of India and key tobacco control litigations from India and other countries have been undertaken.

Result: The Courts in India have played a significant role in realization of the right to health by recognizing it as a part of the fundamental right to life and issued suitable directions to the state authorities for the fulfillment of their duties. Similarly, for the effectiveness of tobacco control in India, judiciary has come up with path breaking judgments from enforcing the ban on smoking in public places to imposing a ban on sale of gutkha (smokeless) products across the country and have paved the way for achieving the goal of a tobacco free society.

Conclusion: This paper identifies series of judgments passed in public interest and role of judiciary in progressive realization of the right to health. The judiciary has played a vital role in enforcing tobacco control laws in India by creating a promising scenario for successful implementation of stronger and effective tobacco control measures.

OP017
FCTC ARTICLE 5.3 & GOOD GOVERNANCE/ANTI-CORRUPTION MEASURES: HOW TO ACCELERATE ARTICLE 5.3 IMPLEMENTATION
John Stewart, Cloe Franko. Corporate Accountability International, United States

Background: Big Tobacco’s future hinges on its ability to interfere in public health laws. The world’s first public health and corporate accountability treaty, the Framework Convention on Tobacco Control (FCTC), includes a critical provision, Article 5.3, which states the tobacco industry has an irreconcilable conflict of interest with public health. Article 5.3 is already paying dividends for public health. However, its incorporation into national legislation has been slower than other FCTC articles, in part because Article 5.3 is a good governance measure that limits corporate interference in policymaking.

The tobacco control movement has spent decades devising a good governance framework for tobacco products to regulate the industry and protect public health policies from commercial interests.

The tobacco industry has a long history of corrupt conduct. Corruption in the context of tobacco control ranges the gamut of tobacco industry interference tactics fueling fraudulent conduct by those in power.

Objective:
1. Encourage policymakers and advocates to accelerate implementation of Article 5.3 into national legislation.
2. Make the case that Article 5.3 and its guidelines can be considered anti-corruption measures and that this comparison can be a powerful tool for advocacy and public education.
3. Share successful case studies and ideas for how to mobilize the anti-corruption and transparency community.

Method: Survey of policymakers, tobacco control, transparency and anti-corruption organizations, research of case studies of tobacco industry interference that have undermined anti-corruption laws to challenge the industry and policymakers that have violated Article 5.3 and research of existing anti-corruption law and how it compares to Article 5.3 and its guidelines.

Result: Because the tobacco industry has a history of fomenting corrupt practices among policymakers, insulating public policymaking from tobacco industry interference and increasing transparency is, in actually, an anti-corruption measure. This is precisely what Article 5.3 aims to do. Article 5.3 and its guidelines can be incorporated into existing anti-corruption measures like codes of conduct and enforcement mechanisms.

Conclusion: National anti-corruption laws present an opportunity to strengthen the implementation and enforcement of Article 5.3 provisions. Anti-corruption laws apply broadly to government officials across agencies to further public health policy.

OP035
TOBACCO INDUSTRY DIVERSIFICATION IN AFRICA: STRATEGIES, ACTIVITIES AND IMPLICATIONS
Mohamed Ould Sidi Mohamed, Kellen Nyamurung, Possy Mugyenyi. WHO – Center for Tobacco Control (CTCA), Uganda

Background: Center for Tobacco Control (CTCA) has prepared this study on tobacco industry (TI) as a partner, source of revenue and role of judiciary in progressive realization of the right to health. The judiciary has played a vital role in enforcing tobacco control laws in India by creating a promising scenario for successful implementation of stronger and effective tobacco control measures.

Objective: The objectives of this presentation are to:
1. Identify the tobacco industry interference in AFRO region
2. Determine tobacco industries marketing strategies in Africa
3. Determine the range and target of industry activities and tactics
4. Identify corporate social responsibilities activities
5. Identify tobacco industries front groups

Method: The study used data from 12 countries using a semi-structured questionnaire based on the WHO-FCTC Article 5.3 and guidelines. Specifically the data collection tool focused on interference on legislation, tobacco production, market share, and new tactics of the TI including TAPS, CSR, philanthropy, alliances and front groups. The data collection took place from September 2012 to March 2013 and analysis focused on twelve countries and in the Africa region. Data collection was done by Ministry of Health and Civil Society Organizations in respective countries. The country data that participated in the study include: Benin, Burkina Faso, Cameroon, Chad, Côte d’Ivoire, Ghana, Niger, Senegal, Angola, Kenya, Mauritania and Uganda.

Results:
- Market share: three major trans-national tobacco companies operating in these countries are British American Tobacco (BAT), Imperial Tobacco and Philip Morris. BAT has a strong presence in Angola, Burkina Faso, Ghana, Kenya, Senegal, and Uganda; while Imperial Tobacco has a strong presence in Côte d’Ivoire, Burkina Faso and Chad, while Philip Morris International is in Senegal.
- Tactics and activities: the analysis shows a gradual move from use of giant billboard to subtle but aggressive point of sale brand. The findings also show that the TI is targeting children and the youth in their marketing.
- Implementation of Article 5.3: Some countries view the TI as a partner, source of a partner, source of revenue.

OP038
ENDGAME FOR MENTHOL AND SLIM CIGARETTES IN EUROPE? POLAND – THE LAST HURDLE
Mateusz Zygmunt Zatonski. Health Promotion Foundation, Poland

Background: In internal tobacco industry documents, menthol and “slim” cigarettes appear as key products for enticing teenagers into smoking, and in January, Finland, or Poland account for over 1/3 of the tobacco market share. In December 2012 the EU Commission proposed to update the Tobacco Products Directive, including a ban on the sale of flavoured and “slim” cigarettes (FaScs) in the EU. While the majority of EU countries support this proposal, the Polish Ministry of Agriculture, urged by Polish tobacco growers and many MPs, has called the government to block the update.

Objective: 1) Identify the key stakeholders among the Polish and EU bodies involved in the discussion over the sale of FaScs since December 2012. 2) Classify their position, and assess their relative impact on the eventual outcome of the debate.

Method: Qualitative analysis and synthesis of primary and secondary sources released by the EU during the update’s formulation, and of sources documenting the attitudes towards this proposal, e.g. EU Commission update proposal and impact assessment, Eurobarometer survey on Europeans attitudes towards tobacco (May 2012), Euromonitor tobacco in Poland report (September 2012), and documents analysing the impact of the update on Poland released by tobacco companies, the pro-tobacco lobby, the anti-tobacco lobby, Polish governmental agencies, and the reception of the update in the Polish parliament and media.

Result: Eight principal stakeholders were identified that could be grouped as: public opinion (Polish citizens, media), lobbyists (pro-tobacco and pro-health groups), political bodies (EU Commission, Polish Health Ministry, Polish Agri-