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Impact on teenagers and young adults of tobacco advertising through motor sports on French TV in 2005

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Introduction: The French Law forbids advertising of tobacco (Tob.) brands with exception for live broadcasting of motor sports (MS) races organized in countries where this type of advertising is legal.

Aims: Evaluate Tob. illicit French TV broadcasting in 2005, its impact on teenagers and young adults.

Methods: A society monitored MS TV broadcastings by 6 channels; the impact on 12-24 years old subjects of Dakar Rally (DR) and F1 was evaluated by a one on one questionnaire after DR (n=400) and China Grand Prix (n=405).

Results: ~ 75,000 appearances of Tob. sponsoring lasting ~ 90 hrs were observed with a value of ~ € 2x10⁸; 5 Tob.brands (Mild Seven, Marlboro, West, Lucky Strike, Gauloises) accounted for ~ 92% appearances, and 95% € value; illegal broadcasting value was ~ € 19x10⁶, 80% on vehicles, 7% sportsmen and 11.5% in the background. A high interest in DR (71%) and F1 (66%) was observed among males; it significantly increased for DR with age for boys and girls. Males interested in F1 played video games more often than the others (65% vs 55%). Levels of spontaneous and assisted recall of Tob. brands as sponsors were high among individuals interested in DR and F1, who had better recall of brand names; all individuals (n=805) made correct associations between Tob. brands and car colors.

A significantly higher % of daily smokers was observed among those interested in DR (34% vs 21%) and in F1 (30% vs 24%). None of the 42 persons failing to make an association between any Tob. brand and car color smoked.

Conclusion: This high level (duration, value) of illegal broadcasting and its impact on youths confirm the urgent need for a worldwide total absolute ban on Tob. advertising in MS.

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The effect of additional tobacco smoke exposure on respiratory functions in smoking teenagers

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Passive smoking is major health problem, because it can adversely affect pulmonary function and lung growth especially in teenagers with smoking experience.

The aim of this study was to assess the influence of additional tobacco smoke exposure at home on pulmonary function in smoking teenagers.

Materials and methods: One hundred sixty four children (32 male/132 female), aged 15 to 17 years, performed spirometry and single-breath diffusing capacity

of the lungs for carbon monoxide (T_{L,CO}). Questionnaire for assessment of the smoking habits of the children and their parents was also implemented in the study. **Results:** The group of smoking teenagers (n=70; pack/years=1.5±1.0) constituted 43% of all children. In this group 79% of the teenagers (n=55) were subjected to additional tobacco smoke at home, and in almost half of the cases (53%) both the mother and the father were smokers. Fossil fuels were used in 39 households (24% of all families). Smoking children, subjected to additional tobacco smoke were shorter than their counterparts (163.9±6.9 vs. 169.2±7.7 cm, p<0.05) and their spirometric parameters were lower than smokers alone: FEV₁ L (3.36±0.45 vs. 3.84±0.54, p<0.05), MEF50% L.s⁻¹ (4.00±0.92 vs. 4.78±0.95, p<0.05). A tendency for lower diffusing capacity (T_{L,CO}) was also apparent.

Conclusion: We found alarmingly high percentage of teenagers exposed to active and passive smoking. Adolescents who smoke and are exposed to additional tobacco smoke present with deteriorated pulmonary function and somatic and lung growth.

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Smoking and bronchitis symptoms among Irish school children: an ISAAC protocol study, 1995-2007

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Background: This study determined whether current smoking prevalence and exposure to second-hand-smoke (SHS) at homes, including prevalence in bronchitis symptoms (cough with phlegm), have changed significantly among the Irish school children since 1995.

Methods: We used the International Study of Asthma and Allergies in Childhood (ISAAC) protocol. Children aged 13-15 years were only included: 3,147 (in 1995), 2,656 (in 1998), 3,080 (in 2002-2003), and 2,979 (in 2007). ISAAC is a cross-sectional self-administered questionnaire survey. 30 representative and randomly selected schools from throughout Ireland took part in the 4 surveys.

Results: Active smoking (both everyday and occasional) prevalence, SHS exposure at homes, and bronchitis symptoms (cough with phlegm) are shown - i.e. -

Table 1

	*Active smoking (%)	*Passive smoking (%)	Bronchitis symptoms (%)
1995	20.1	48.8	10.3
1998	18.5	50.2	9.5
2003	13.3	46.3	9.8
2007	11.2	45.9	10.2

*p<0.001(12-year trend)

We saw significant reductions in both active and passive smoking prevalence since 1995 (relative declines of 45% and 6%, respectively). Girls showed greater declines (49% and 7%, respectively). No significant changes occurred in bronchitis symptoms, but 10% of the children had such symptoms.

Conclusions: The continual reduction in active smoking prevalence in children is a welcome sign of the denormalisation of smoking in Ireland. The recent decline in passive smoking at homes may in part be contributed to the nationwide comprehensive workplace smoking ban introduced in March 2004. Such observations also indirectly suggest that the workplace smoking ban did not increase smoking rates inside homes.

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Children's beliefs about health dangers of tobacco smoking

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Tobacco smoking is the major risk factor for the development of respiratory diseases, including COPD and lung cancer, and non respiratory diseases, including cardiovascular diseases and malignant tumours.

The study evaluated children awareness on health dangers of smoking among participants to a smoking prevention program. Seven hundred sixty-nine children (411 boys, 358 girls), aged 11 to 14 years were administered a questionnaire regarding the common beliefs on health dangers of smoking habit.

The study group consisted of never smokers (81.4%) and children that had attempted to smoke at least a cigarette (18.6%); among these, only 4.27% were current smokers (1 to 10 cigarettes/day).

The majority of children (86.6% of boys, 81.0% of girls, p=0.034) acknowledged the primary role of tobacco smoking as causing lung cancer, while only a small percentage of the subjects was aware of the smoking effects on heart (48.2% of boys, 35.2% of girls, p<0.001) and on brain (12.9% and 5.0%, p<0.001). The proportion of children who smoked at least one cigarette were: 17.0% and 27.6% respectively among children aware or not that smoking causes lung diseases (p<0.001); 14.2% and 22.0% respectively among children aware or not of heart smoke-related diseases (p=0.006); 20.5% and 1.4% respectively among children

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aware or not of smoking effects on brain ($p < 0.001$); 19.2% and 8.3% among those who asserted that tobacco causes dangers on other body systems ($p < 0.102$). A poor knowledge about tobacco's health effects appears to be related to smoking initiation among young students. Primary prevention programs in schools should underline the effects of smoking on respiratory and cardiovascular systems as well as on other organs.

WITHDRAWN

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Smoking cessation and prevention national programs for young people in Romania-joining NGO and governmental efforts

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Introduction: As smoking rates among Romanian young people were high (64% of schoolchildren aged 16 have ever smoked at least one cigarette and age average of smoking initiation was 13.8 yrs in 2003), several European projects targeting young people were successfully implemented in 2004-2006, under the umbrella of NGO "Aer Pur Romania".

Aim: To obtain constant smoking prevention and cessation at national level, by programs targeting young people.

Methods: Analysis of Aer Pur Romania's initiatives showed in 2004-2006: 1. *Smoke Free Class (SFC)* a school-based program, aiming schoolchildren aged 11-15 to belong a non-smoking class for four months; 2. *Adolescent Smoking Cessation (ASC)* providing cognitive-behavioural techniques for smoking cessation in youngsters 15-19 yrs old; 3. *Quit & Win for young people (Q&W)*, meaning 14-18 years age-group had to remain/become no smokers for 30 days; 4. In 2006 *I do not smoke (IDNS)* for pupils aged 13-14 focused on development of cigarette refusal skills.

Results: SFC has been a success with 999 classes included in 2006 and the European SFC draw prize won by a Romanian class. Q&W for youngest has involved 4038 adolescents in 2005, with 68.7% fynnalists. ASC was done in 2 big cities, with 231 participants with 8.2% smoking quitters and 20.5% with at least one quit attempt, while IDNS ran in 27 classes from different schools in Cluj.

Conclusions: Youngsters tobacco use prevention claims for sustained and long term tobacco control measures, but having joint governmental, non governmental and academic institutions initiatives, represents a good start to assist this age-group.

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Minimum retail price of cigarettes means smoking prevention

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According to statistics 2.3 million people in Austria are smokers. Every year estimated 12.000 – 14.000 people in Austria are dying from the consequences of smoking.

Because of Public Health reasons the Austrian Government decided to implement a minimum price on cigarettes in May 2006: The measurement was necessary because cigarette prices were going down, as a result of increasing competition of different cigarette manufacturers:

This experience should be a warning for all Public Health officials believing that tax increases on cigarettes alone might guarantee a high cigarette price therefore preventing the onset of smoking especially in young people. Tax increases are not necessarily passed on to consumers by Tobacco Industry.

Forced to reduce advertising for cigarettes due to regulation, companies might shift the money to price support measures in order to keep up market shares.

This might consequently lead to an increase of cigarette consumption.

A long term survey of our group on smoking practices proves the interdependency of price increase and decrease of cigarette consumption. A 1% increase of tobacco prices decreases tobacco consumption by 0.5%. Particularly young people are sensitive to cigarette prices. They are smoking less or even quit smoking because of high cigarette prices.

The European Union will eventually sue Austria for inhibiting the "free flow of goods" (cigarettes). This is exactly what is intended by this measurement.

We do not need a free market for dangerous goods as cigarettes.

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Water pipe and perfumed colour cigarettes: the new mode of initiation of smoking in Paris area teenagers

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Background: A dramatic decrease of tobacco consumption occurred in France in 2003-2004 when French republic president had declare the "war to tobacco" increasing 42% the price of tobacco pack, pronging the less than 19 cigarettes pack (children packs), promising the sail of cigarettes in minor to 16 year old and changing social norm of tobacco using massive advertising campaign. For French teenagers regular cigarette is become a pollutant dirty product and the daily consumption among 12-15 years decreasing from 12% to 2% during 2003-2005 period. As a consequence tobacco industry present now in France tobacco disguised as a soft/save product.

Method: A survey has been conducted among 500 teenagers in Paris school area specifically on the initiations of tobacco using new tobacco products: water pipe and perfumed & colour cigarettes.

Results: Water pipe is the most frequently tobacco product experimented in teenagers (22%). Standard cigarettes (18%) arrive in second position, colour & perfumed cigarettes (16%) in third position. The dark cigarettes (15%), roll your own cigarettes (12%) are less experimented. If 8/10 of teenagers planned to quit regular cigarettes only 1/10 of perfumed cigarettes and water pipe users plan to quit these "war to tobacco" tobacco products. They consider to often these tobaccos as soft and safe.

Conclusion: Sweaty tobacco and water pipe are becoming the first way to tobacco initiation in 12-15 years teenagers because of a misunderstanding of the toxicity of product. Physician had to alert authorities, parents and teenagers about this new standard for tobacco consumption in teenagers to decrease initiation and increase cessation.