



**TOBACCO ENDGAME**

NHMRC Centre of Research Excellence

# CRE ANNUAL SYMPOSIUM

Brisbane, 31 May 2024

## Program and Abstracts



**THE UNIVERSITY  
OF QUEENSLAND**  
AUSTRALIA

## DISCLAIMER

People who are affiliated with or employed by tobacco or vaping product entities (current or in the past 5 years), tobacco or vaping product industry consultants or lobbyists were not permitted to attend or present at the 2024 Tobacco Endgame CRE Annual Symposium.

For this symposium, tobacco and vaping product entities were defined as:

- any company that manufactures/distributes combustible tobacco products or vaping products
- any company or organisation that is a wholly or partially owned subsidiary of any of the above
- any company whose intellectual property is owned fully or partially by any of the above

All presenters were required to list all funding sources for the presented work and any conflicts of interest.

## PEER-REVIEW PROCESS

The peer-review process for the Tobacco Endgame CRE Annual Symposium entailed abstract review by SRNT-Oceania/CRE members. Criteria for acceptance/rejection were based upon methodological rigor and not the funding resource or research findings.

The views expressed by symposium presenters are the authors' own and do not necessarily represent the views of the Centre of Research Excellence on Achieving the Tobacco Endgame.



# CRE ANNUAL SYMPOSIUM

## 31 MAY 2024

Hear from leading international experts about the latest tobacco endgame strategies, research and policies.

### KEYNOTE

## The Tobacco Endgame: International Perspectives on Progress and the Road Ahead



**Prof Geoffrey Fong**  
University of Waterloo

Prof Geoffrey Fong is a Professor of Psychology and Health Sciences at the University of Waterloo and a Senior Investigator at the Ontario Institute for Cancer Research in Canada. He is the Founder and Chief Principal Investigator of the International Tobacco Control Policy (ITC) Evaluation Project. Professor Fong's work bridges psychological theories and epidemiological survey techniques to advance our understanding of tobacco control policies' effects. His contributions have significant implications for public health and policy decisions worldwide.

**FIND OUT MORE:** [bit.ly/2024CREAnnualSymposium](https://bit.ly/2024CREAnnualSymposium)



UNIVERSITY OF  
QUEENSLAND,  
HERSTON CAMPUS  
AND ONLINE



8:30AM-5:00PM  
AEST





**TOBACCO ENDGAME**  
NHMRC Centre of Research Excellence

## 2024 CRE ANNUAL SYMPOSIUM

8:45am

Director's welcome: Prof Coral Gartner, The University of Queensland  
Centre of Research Excellence on Achieving the Tobacco Endgame

A message from the Honourable Shannon Fentiman MP, Minister for Health, Mental Health and Ambulance Services and Minister for Women

Prof Coral Gartner: *Tobacco Endgame CRE - Director's report*

### KEYNOTE

Prof Geoffrey Fong: *The tobacco endgame: International perspectives on progress and the road ahead*

10:30-11:00am

### Morning Tea and Poster Session

Dr Janine Nip, A/Prof Andrew Waa, Prof El-Shadan Tautolo

*Desire to quit smoking and support for smokefree legislation in Aotearoa New Zealand: Findings from the 2022 ITC New Zealand (EASE) survey*

Dr Janine Nip

*Experiences from the first six countries to implement tobacco endgame goals*

Jaeyoung Ha

*Barriers and implementation strategies of tobacco endgame: Stakeholder mapping in South Korea*

12:00-1:00pm

### Lunch and Poster Session

Samantha Howe

*Modelling tobacco endgame policies in Canada*

Eunsil Cheon

*The impact of tobacco endgame policies on smoking prevalence, population health, and costs: A systematic review of modeling studies*

Jungmi Park

*Public support for tobacco endgame policies in South Korea: Results from an online survey*

Dr Cheneal Puljević

*Perceptions of tobacco endgame policies among respondents of the 2024 Global Drug Survey*

Tegan Nuss

*Can messaging maximise impact and reduce unintended consequences of tobacco product bans?*

2:30-3:00pm

### Afternoon Tea

Stephanie Putri Hartono, Maartje Bal, Prof Brigit Toebes

*Launch of the Global Scientific Network on Law and Tobacco*

Hollie Bendotti

*A scoping review of associations between population characteristics and tobacco and vape retailer density and proximity in Australia*

Dr Joshua Trigg

*Enablers and barriers for the phasing out of retail tobacco sales: A scoping review*

Dr Heewon Kang

*Restricting supply of tobacco products to pharmacies: A scoping review*

4:05-4:15pm Closing address: Prof Coral Gartner

## ABSTRACTS

### Oral Presentations

#### DESIRE TO QUIT SMOKING AND SUPPORT FOR SMOKEFREE LEGISLATION IN AOTEAROA NEW ZEALAND: FINDINGS FROM THE 2022 ITC NEW ZEALAND (EASE) SURVEY

**Janine Nip**<sup>1</sup>, Andrew Waa<sup>1</sup>, El-Shadan Tautolo<sup>2</sup>, Richard Edwards<sup>1</sup>, James Stanley<sup>1</sup>, Jude Ball<sup>1</sup>, Jane Zhang<sup>1</sup>, Thomas Agar<sup>3</sup>, Anne CK Quah<sup>3</sup>, Geoffrey T Fong<sup>3,4</sup>. <sup>1</sup>University of Otago Wellington, Wellington, New Zealand, <sup>2</sup>Auckland University of Technology, Auckland, New Zealand. <sup>3</sup>University of Waterloo, Waterloo, ON, Canada. <sup>4</sup>Ontario Institute for Cancer Research, Toronto, ON, Canada.

Background: Smoking prevalence among Māori and Pacific people in Aotearoa New Zealand is much higher than for non-Māori-non-Pacific (NMNP). In 2023, the New Zealand Parliament passed legislation to equitably reduce smoking prevalence, including mandating very low nicotine cigarettes (VLNCs), substantially reducing retailer numbers, and creating a smokefree generation by banning the sale of cigarettes to people born after 2008. However, the legislation was repealed this year after a change of government. This study investigates desire to quit smoking and support for the legislation among people who smoke, using data from the 2022 International Tobacco Control New Zealand (EASE) Survey. Methods: 1040 participants who smoked were included (698 smoked daily, 342 less than daily). 415 participants identified as Māori and 219 as Pacific. Data were weighted to represent the national profile of people who smoke. Results: 84% of participants wanted to quit smoking. 15% of participants ‘strongly supported’ and 33% ‘supported’ introducing VLNCs, 20% said ‘don’t know’. Support for retailer reduction was 16% ‘strongly supported’, 24% ‘supported’, and 6% ‘don’t know’. Support for a smokefree generation was 30% ‘strongly supported’, 29% ‘supported’, 9% ‘don’t know’. Desire to quit smoking and support for the measures were similar among Māori, Pacific, and NMNP participants. However, the proportion of Pacific people who ‘strongly support’ retailer reduction was higher than NMNP (28% vs 14%). Conclusions: Desire to quit smoking among people who smoke in Aotearoa New Zealand is high. Substantial support for the smokefree measures brings into question the government decision to repeal the legislation.

#### EXPERIENCES FROM THE FIRST SIX COUNTRIES TO IMPLEMENT TOBACCO ENDGAME GOALS

**Janine Nip**<sup>1</sup>, Robert Schwartz<sup>2</sup>, Rob Cunningham<sup>3</sup>, Mervi Hara<sup>4</sup>, Luke Clancy<sup>5</sup>, David Evans<sup>6</sup>, Fenton Howell<sup>7</sup>, Sheila Duffy<sup>8</sup>, Hans Gilljam<sup>9</sup>, Richard Edwards<sup>1</sup>. <sup>1</sup>University of Otago, Wellington, New Zealand. <sup>2</sup>ON Tobacco Research Unit, Toronto, ON, Canada. <sup>3</sup>Canadian Cancer Society, Ottawa, ON, Canada. <sup>4</sup>ASH Finland, Helsinki, Finland. <sup>5</sup>Tobacco Free Research Institute Ireland, Dublin, Ireland. <sup>6</sup>Health Service Executive, Dublin, Ireland. <sup>7</sup>Department of Health, Drogheda, Ireland. <sup>8</sup>ASH Scotland, Edinburgh, United Kingdom. <sup>9</sup>Karolinska Institutet, Stockholm, Sweden.

Background: ‘Endgame’ goals aim to reduce tobacco use to very low levels by a defined date. Between 2010 and 2018, endgame goals were introduced in Aotearoa New Zealand (NZ), Finland, Ireland, Scotland, Sweden, and Canada. The INSPIRED project describes and critically reviews endgame goal progress in these countries. Methods: Data collection templates were completed by tobacco control experts from each country. Key measures included smoking prevalence, nature of the endgame goal, introduction of MPOWER measures, implementation of endgame interventions (intensive measures to rapidly reduce smoking) and progress. Results: Smoking prevalence in the INSPIRED countries ranges from 8.3% (NZ, 2022/23) to 18% (Ireland, 2022). The endgame goals all aimed to reduce

smoking prevalence to  $\leq 5\%$  by target dates from 2025-2035. Reductions in nicotine use were included in Finland's endgame goal. Progress in reducing smoking prevalence has varied and inequities remain in each country. All countries implemented one or more interventions beyond MPOWER measures, such as health warnings on individual cigarettes (Canada) and standardised packaging (all except Sweden). It is debatable as to whether any countries have implemented endgame interventions. NZ passed legislation for endgame measures in 2023 (greatly reduced tobacco retailer numbers, mandated denicotinisation, and a smokefree generation). However, a subsequent change in government has seen the measures set to be repealed. Conclusions: Endgame goals can encourage the development and implementation of tobacco control strategies and policies, highlighting the benefit of more widespread adoption. For INSPIRED countries to equitably meet their endgame goals, further interventions are required, likely including endgame interventions.

### **BARRIERS AND IMPLEMENTATION STRATEGIES OF TOBACCO ENDGAME: STAKEHOLDER MAPPING IN SOUTH KOREA**

**Jaeyoung Ha**<sup>1</sup>, Heewon Kang<sup>2,3</sup>, Eunsil Cheon<sup>1</sup>, Jungmi Park<sup>1</sup>, Hae-ryoung Chun<sup>1</sup>, Sung-il Cho<sup>1,2</sup>.  
<sup>1</sup>Department of Public Health Sciences, Seoul National University Graduate School of Public. <sup>2</sup>Institute of Health and Environment, Seoul National University, Seoul, Republic of Korea. <sup>3</sup>The NHMRC Centre of Research Excellence on Achieving the Tobacco Endgame, School of Public Health, The University of Queensland, Brisbane, Queensland, Australia.

**Introduction:** Understanding the political and social dynamics that sustain the tobacco epidemic is crucial for successfully achieving the tobacco endgame. We explored potential challenges and implementation strategies of tobacco endgame using a stakeholder mapping approach. **Methods:** Eleven participants relevant to tobacco control were recruited for in-depth interviews by purposive sampling: government officials, members of society organizations, and academic researchers. Three main questions were asked for stakeholder mapping: 1) perception of tobacco endgame policy; 2) mapping key stakeholders in terms of their political influence and interest; and 3) strategies to promote the political process of the endgame strategy. Data were analyzed through content analysis. **Results:** Tobacco endgame was perceived as the ultimate goal of existing tobacco-related policies, with supply regulations as the key element. Participants structured the composition of stakeholders involved in tobacco production and supply, highlighting tobacco companies as the strongest opposing group. These companies supported retailers to safeguard their livelihoods and employed tactics to promote a positive brand image to influence the public. Conversely, potential proponents for the tobacco endgame were noted as unorganized in leading public advocacy. Public support was highlighted as the key for successful endgame implementation, with a focus on value-based messaging, particularly to protect younger generations from tobacco use. **Conclusion:** Mobilizing the public is paramount for achieving the tobacco endgame. An organized group of proponents, supported by the public, will play a crucial role. Value-based messaging is vital to counter industry influence on the public.

### **MODELLING TOBACCO ENDGAME POLICIES IN CANADA**

**Samantha Howe**<sup>1,2</sup>, Driss Ait Ouakrim<sup>1,2</sup>, Tim Wilson<sup>1,2</sup>, Michael Chaiton<sup>3</sup>. <sup>1</sup>University of Melbourne, <sup>2</sup>NHMRC Centre for Research Excellence on Achieving the Tobacco Endgame, <sup>3</sup>University of Toronto.

**Background:** In 2018, the Government of Canada set an endgame target to reach  $< 5\%$  tobacco use by 2035. Previous simulation modelling showed that a 20% yearly increase in the tobacco tax rate, a

standard tobacco control measure, was required to reach the 2035 goal. More radical strategies therefore warrant exploration. Methods: We forecast smoking rates under ‘business-as-usual’ (BAU) in Canada, by sex and age, using logistic regression on historic trends. We then applied a validated Markov model & proportional multistate lifetable to simulate the impact of a tobacco endgame policy package on smoking rates, deaths averted, and health-adjusted life years (HALYs) gained in the Canadian population from 2021-2039. The policy package comprised of ‘denicotinisation’ of cigarettes, reduction of tobacco retail availability by 95%, and a ‘smokefree generation’ policy. Results: Our forecasts indicate that the endgame goal is unlikely to be achieved under BAU, with smoking prevalence reaching 7% for females and 13% for males by 2035. The intervention package saw smoking rates falling below 5% within two years of implementation for females, and three years for males. The package resulted in 11,800 (95% uncertainty interval [UI] 1,350-27,700) fewer deaths and 161,000 (95% UI 63,000-286,000) HALYs gained compared to BAU, over 18-years (discounted at 3% pa). The main impact (approximately 90% of the total benefit) resulted from the denicotinisation policy. Discussion: Novel strategies should be considered to reach the 2035 endgame goal in Canada. Future modelling should consider the impact on smoking inequity, and the dynamics of smoking and vaping.

#### **THE IMPACT OF TOBACCO ENDGAME POLICIES ON SMOKING PREVALENCE, POPULATION HEALTH, AND COSTS: A SYSTEMATIC REVIEW OF MODELING STUDIES**

**Eunsil Cheon**<sup>1</sup>, Heewon Kang<sup>2,3</sup>, Jungmi Park<sup>1</sup>, Jaeyoung Ha<sup>1</sup>, Hae-ryoung Chun<sup>1</sup>, Sung-il Cho<sup>1,2</sup>.  
<sup>1</sup>Department of Public Health Sciences, Seoul National University Graduate School of Public Health, Seoul, The Republic of Korea. <sup>2</sup>Institute of Health and Environment, Seoul National University, Seoul, Republic of Korea. <sup>3</sup>The NHMRC Centre of Research Excellence on Achieving the Tobacco Endgame, School of Public Health, The University of Queensland, Brisbane, Queensland, Australia.

Introduction: As only a few jurisdictions have adopted tobacco endgame policies, their impact has primarily been evaluated through simulation models. We aimed to systemically review the impact of tobacco endgame policies by examining studies that utilized simulation modeling. Methods: We searched Embase, PubMed, Scopus, CINAHL, Web of Science, Google, and Google Scholar on 8 August 2023 (updated on 2 December 2023). Reference lists were hand-searched. Simulation studies assessing the effect of endgame policies on smoking prevalence, health outcomes, and socioeconomic costs, were included. Experimental and observational studies, and studies with conflicts-of-interest were excluded. Data extraction and quality assessment were conducted by four investigators and cross-checked by three investigators. Results: A total of 30 studies were included. The most frequently explored policy was mandating a very low nicotine content (VLNC) standard (n=9), tobacco-free generation (n=9), and substantial tax increases (n=9). The impact of endgame policies was assessed primarily through smoking prevalence (n=20) and life-years gained (n=13). VLNC was found to reduce smoking prevalence by a range of 2.7% (US, 2001-2075) to 55.6% (US, 1965-2018), while tobacco-free generation ranged from 0.2% to 42.1% (Solomon Islands, 2016-2036), and tax increase ranged from 2.4% to 26.4% (Solomon Islands, 2016-2036). Quality assessment scores ranged from 4 to 8 out of 9 with the most lacking aspect being assessing the model's estimation of effects on major smoking-related diseases. Conclusion: VLNC was identified as the most effective endgame policy to reduce smoking prevalence. Further research incorporating additional policy scenarios and diverse geographical contexts is warranted.

## **PUBLIC SUPPORT FOR TOBACCO ENDGAME POLICIES IN SOUTH KOREA: RESULTS FROM AN ONLINE SURVEY**

**Jungmi Park<sup>1</sup>**, Heewon Kang<sup>2,3</sup>, Eunsil Cheon<sup>1</sup>, Jaeyoung Ha<sup>1</sup>, Hae-ryoung Chun<sup>1</sup>, Sung-il Cho<sup>1,2</sup>.  
<sup>1</sup>Department of Public Health Sciences, Seoul National University Graduate School of Public Health, Seoul, The Republic of Korea. <sup>2</sup>Institute of Health and Environment, Seoul National University, Seoul, Republic of Korea. <sup>3</sup>The NHMRC Centre of Research Excellence on Achieving the Tobacco Endgame, School of Public Health, The University of Queensland, Brisbane, Queensland, Australia.

**Introduction:** Strong public support is crucial for the tobacco endgame. While smoking prevalence has substantially reduced in South Korea over the past decades, recent stagnation underscores the need for innovative endgame approaches. We aimed to investigate the level of support among the South Korean public to identify implementable endgame policies. **Methods:** We conducted an online survey of 1,544 Korean adults aged 20-69, comprising 510 current smokers, 279 former smokers, and 755 non-smokers (November, 2023). The survey collected demographic characteristics, tobacco use history, and support for establishing the tobacco endgame goal and adopting 15 endgame policies. Support levels were estimated overall and by smoking status. Survey weights, calculated based on region, gender, age, and smoking status, ensured population representativeness of the estimates. **Results:** Strong support for establishing the endgame goal was identified, with 80.8% favoring a governmental goal to reduce adult smoking prevalence to below 5% within a set timeframe. Of these, 31.7% supported a 10-year target, and 30.4% supported a 5-year one. All proposed endgame policies received majority support, notably banning tobacco sales near schools (85.3%), banning sales in all retailers except for specialized shops inaccessible to minors (82.5%), and banning all additives in tobacco products (81.8%). Compared to smokers, non-smokers and former smokers showed substantially higher support for tax increases by more than 20% per annum, reducing the number of retailers by 95%, and the sinking-lid approach. **Conclusion:** We identified significant public support in South Korea, indicating public readiness for more stringent measures to end the tobacco epidemic.

## **PERCEPTIONS OF TOBACCO ENDGAME POLICIES AMONG RESPONDENTS OF THE 2024 GLOBAL DRUG SURVEY**

**Cheneal Puljevic<sup>1</sup>**, Jason Ferris<sup>2</sup>, Coral Gartner<sup>1</sup>. <sup>1</sup>The NHMRC Centre of Research Excellence on Achieving the Tobacco Endgame, School of Public Health, Faculty of Medicine, The University of Queensland. <sup>2</sup>Centre for Health Services Research, The University of Queensland.

**Background:** Tobacco endgame policies aim to rapidly and permanently reduce smoking to minimal levels. Assessing public support for tobacco endgame policies is important to understand the potential feasibility of implementing these policies in various countries. **Methods:** This study uses data from the Global Drug Survey (GDS), the world's largest survey of drug use. Individuals aged 16+ and who have used at least one drug in the past year are eligible to participate. In the 2024 GDS, respondents were asked about the extent to which they support or oppose eight tobacco endgame policies (nicotine reduction, reduced retailer availability, banning tobacco sales, a polluter pays scheme, large tobacco tax increases, tobacco-free generation, banning filters, increased access to nicotine vaping products) and the extent to which tobacco products and nicotine vaping products should be easy to purchase. **Results:** Data collection for the 2024 GDS is currently underway and will close on 30 April 2024. Data will be ready for analysis in May 2024. **Discussion/Conclusions:** This study will provide a valuable overview of perceptions of tobacco endgame policies among a large international sample of people who use drugs.



## **CAN MESSAGING MAXIMISE IMPACT AND REDUCE UNINTENDED CONSEQUENCES OF TOBACCO PRODUCT BANS?**

**Tegan Nuss**<sup>1</sup>, Claudia Gascoyne<sup>1</sup>, Melanie Wakefield<sup>1,2</sup>, Sarah Durkin<sup>1,2</sup>, Ashleigh Haynes<sup>1,2</sup>, Emily Brennan<sup>1,2</sup>. <sup>1</sup>Centre for Behavioural Research in Cancer, Cancer Council Victoria. <sup>2</sup>Melbourne School of Psychological Sciences, University of Melbourne.

Background: Regulating features of tobacco products can reduce the attractiveness and addictiveness of smoking. We examined whether messaging about hypothetical bans on filter ventilation (FV) and on regular nicotine content (RNC) so that only very low nicotine cigarettes remained, could increase quit intentions, reduce harmfulness misperceptions about remaining products, and promote accurate knowledge about the bans. Methods: In an online experiment, 1,012 Australian adults who currently smoked at least weekly were recruited from an online research panel, allocated to a study arm (FV; RNC), and randomised to one of three message conditions. Condition A introduced the ban and rationale and encouraged quitting, Conditions B and C additionally described harmfulness of remaining products, and Condition C additionally described other negative attributes of remaining products. Results: For both bans, one-quarter of participants reported they would quit smoking in response, with no differences by condition. Within the FV arm there were no differences by condition for any outcome, with banned and remaining products perceived as similarly harmful. Within the RNC arm, remaining products were perceived as less harmful than banned products, with no difference by condition except that exposure to the most detailed message reduced accurate knowledge. Conclusions: Messaging introducing a FV ban and encouraging quitting may be sufficient to promote quit intentions and minimise harmfulness misperceptions. For an RNC ban, education about nicotine not being the main source of harm may be needed first to correct misperceptions and ‘soften the ground’ for policy change and associated messaging.

## **LAUNCH OF THE GLOBAL SCIENTIFIC NETWORK ON LAW AND TOBACCO**

**Brigit Toebes, Stephanie Putri Hartono, Maartje Bal**, supported by colleagues from the Groningen Centre for Health Law. Faculty of Law, University of Groningen, The Netherlands.

Background: The Groningen Centre for Health Law is in the process of setting up a Global Scientific Network on Law and Tobacco. This network is a continuation of the (slightly dormant) European Scientific Network on Law and Tobacco, which was established around 2017 in a project funded by the Dutch Cancer Society. We form part of the project ‘INTER-net’: the Interdisciplinary Tobacco Endgame Research Network (Coral Gartner), funded by the Australian National Health and Medical Research Council. Methods: The aim of this new network is to bring together legal and other scholars from all over the world with an interest in the regulation of tobacco, with a particular emphasis on the opportunities for litigation and on the role of human rights in tobacco control. Our particular focus is on scholars in low and middle income countries, where the tobacco industry often plays a powerful role, while expertise on tobacco regulation often remains under-developed. The set-up of our project is largely practical. We are in the process of contacting scholars with a potential interest in our network and we aim to bring them together to foster new collaborations and to share knowledge. We are in the process of creating a LinkedIn page, a webpage at the University of Groningen Faculty of Law webpage, and we will organize a first digital meeting in May, bringing together the members of our new network. Results: The aim is to continue this project over the coming five years (at the least), and to build a solid network. The end-goal is to strengthen knowledge about tobacco control, tobacco litigation and human rights in tobacco control among our participating partners, so as to offer our partners the tools to advise their governments and to counter the tobacco industry.

## **A SCOPING REVIEW OF ASSOCIATIONS BETWEEN POPULATION CHARACTERISTICS AND TOBACCO AND VAPE RETAILER DENSITY AND PROXIMITY IN AUSTRALIA**

**Hollie Bendotti**<sup>1,2</sup>, Coral Gartner<sup>3</sup>, David Ireland<sup>4</sup>, Henry M Marshall<sup>2,5</sup>, Sheleigh Lawler<sup>1</sup>. <sup>1</sup>School of Public Health, The University of Queensland. <sup>2</sup>Thoracic Research Centre, Faculty of Medicine, The University of Queensland. <sup>3</sup>NHMRC Centre of Research Excellence on Achieving the Tobacco Endgame, The University of Queensland. <sup>4</sup>The Australian e-Health Research Centre, Commonwealth Scientific and Industrial Research Organisation. <sup>5</sup>Department of Thoracic Medicine, The Prince Charles Hospital.

Background: Growing international evidence continues to highlight the negative impact of tobacco retailer density and proximity on smoking behaviour and population disparities. This scoping review summarises the evidence on associations between tobacco/vape retailer density/proximity and population characteristics in Australia. Methods: Eight databases were searched (March-August 2023) for studies from Australia published since 2003 describing associations between tobacco/vape retailer density/proximity and sociodemographic/economic characteristics, smoking/vape behaviours, and/or location characteristics. Results: From 794 studies, 13 met inclusion criteria. Studies included populations from New South Wales (n=4), Victoria (n=3), Western Australia (n=3), South Australia (n=1), Queensland (n=1), and Tasmania (n=1). Outcomes relative to tobacco retailer density (TRD) included socioeconomic characteristics (n=10), smoking prevalence (n=6), geographical remoteness (n=3), school locations (n=2), and diagnosed tobacco-related diseases and hospital admissions (n=1). Statistically significant relationships between increasing TRD and disadvantage and geographical remoteness were found in six and three studies, respectively. Adult smoking prevalence was significantly associated with TRD in two studies. Conclusions: Despite a moderate number of Australian studies overall, state-level evidence is limited, and unknown for territories. Evidence from five states reflects the international evidence that increasing social disadvantage and remoteness is associated with increasing TRD; a disparity that could benefit from tobacco supply policies. Further research is required to understand the impact of TRD and adult and youth smoking prevalence in Australia.

## **ENABLERS AND BARRIERS FOR THE PHASING OUT OF RETAIL TOBACCO SALES: A SCOPING REVIEW**

**Joshua Trigg**, Benjamin Fox. College of Medicine and Public Health, Flinders University, Adelaide (Kaurna) South Australia, Australia.

Background/Introduction: The Australian government is aiming for daily smoking rates of <10% by 2025 and 5% or less by 2030, which will impact Australian retail tobacco sales, with approximately 11 billion cigarette sticks sold in 2020, primarily via supermarkets and convenience stores. To accelerate the goal of retail phase out of tobacco, policymakers need to consider relevant implementation factors. We aimed to review research literature on key enablers, barriers, and needs for phasing out retail tobacco sales. Methods: Peer-reviewed articles indexed in Scopus were searched from 2013 to December 2023, in English language, limited to studies from the United States, United Kingdom, Australia, Canada and New Zealand. Studies addressing tobacco sales phase out or bans were eligible for inclusion, those restricting specific product characteristics were excluded (e.g., menthol), and protocols and commentaries were excluded. Two reviewers screened titles and abstracts independently for eligibility. The full text of the selected articles will be screened independently by two reviewers to confirm eligibility. One reviewer will extract data from studies relating to implementation barriers, enablers, needs, and opportunities. Results: From 420 initial records, we identified 115 eligible studies for full-text screening. Full-text screening is currently being completed, with extraction and narrative synthesis of review data to be finalised. Discussion/Conclusion: Initial

findings from the review of retail tobacco phase out implementation enablers and barriers will be presented, and the implications for tobacco endgame and tobacco control policy measures will be discussed.

### **RESTRICTING SUPPLY OF TOBACCO PRODUCTS TO PHARMACIES: A SCOPING REVIEW**

**Heewon Kang**<sup>1,2</sup>, Kathryn J Steadman<sup>3</sup>, Janet Hoek<sup>4</sup>, Wayne Hall<sup>5</sup>, Coral Gartner<sup>1</sup>. <sup>1</sup>The NHMRC Centre of Research Excellence on Achieving the Tobacco Endgame, School of Public Health, Faculty of Medicine, The University of Queensland. <sup>2</sup>Seoul National University. <sup>3</sup>School of Pharmacy, Faculty of Health and Behavioural Sciences, The University of Queensland. <sup>4</sup>Department of Public Health, University of Otago, Wellington, New Zealand. <sup>5</sup>National Centre for Youth Substance Use Research, Faculty of Health and Behavioural Sciences, The University of Queensland.

**Introduction:** We synthesised the published literature on proposals to restrict tobacco supply to pharmacies, covering: (1) policy concept/rationale, (2) policy impact and implementation, and (3) evidence gaps and research recommendations. **Methods:** We searched eight databases (PubMed, CINAHL, Scopus, Web of Science, Embase, IPA, ProQuest, and OATD) for publications with at least an English abstract. We searched reference lists of included publications manually. One author screened all publications, and a second author reviewed a 10% subset. We focused on approaches to restrict the supply of tobacco products to pharmacies, without any restrictions on study design, location, participants, or publication date. **Results:** A total of 18 publications were identified. Among the thirteen studies conducted in specific geographical contexts, eight were from Aotearoa/New Zealand. The largest number of publications (n=8) focused on effectiveness domains, indicating potential reductions in retailer density, smoking prevalence, disease burden, cost, and increased opportunities for cessation advice. Seven explored policy acceptability among experts, pharmacists, and people who smoke. Publications noted that pharmacy-only supply aligns with other programs involving pharmacists, such as needle exchange programs, but conflicts with efforts to phase out tobacco sales from US and Canadian pharmacies. **Conclusions:** Progress in tobacco retailing policy (e.g., licensing, retailer incentives) and research (e.g., assessment of policy equity and durability, application in other geographic contexts) are needed before a pharmacy-only tobacco supply model would be feasible.

## **Posters**

### **CORRELATION BETWEEN PHYSICAL CONDITION OF HOME ENVIRONMENT AND CIGARETTE SMOKE EXPOSURE WITH THE INCIDENCE OF ARI IN SRENGSENG SAWAH AT POST COVID IN 2022**

Indah Dewi Shafira, **Al Asyary**. Department of Environmental Health, Faculty of Public Health, Universitas Indonesia.

ARI (Acute Respiratory Infection) is still a big challenge in Indonesia. It is one of the main causes of death in developing countries and a disease with around 40%-60% of health center visits in all ages. Cases of ARI are also always included in the 10 most common types of diseases in the working area of the Puskesmas Srengseng Sawah Village, Jagakarsa District. The purpose of this study was to determine the relationship between the physical environment of the house and exposure to cigarette smoke with the incidence of ARI in the working area of the Srengseng Sawah Health Center. This research was conducted using a quantitative method with a cross-sectional study design with a total of 115 households as respondents. Data collection was carried out using observation techniques and questionnaire interviews. The statistical test used is the chi-square test and the multiple logistic regression test. The results of statistical tests show that there are two variables that

have a significant relationship with the incidence of ARI including ventilation area (p-value = 0.001), occupancy density (p-value = 0.037), and number of family members who smoke (p-value =0.044). Multivariate analysis showed that ventilation area was the dominant risk factor influencing the incidence of ARI in the working area of the Puskesmas Srengseng Sawah (p-value = 0.000; OR =5.465). It is necessary to increase public awareness regarding clean and healthy living behavior and environmental quality.

#### **THE IMPLEMENTATION OF SMOKING ADVERTISEMENT POLICY AS AN EFFORT TO PROTECT YOUNG GENERATION IN BOGOR CITY, INDONESIA**

Kholil Gibran<sup>1</sup>, **Meita Veruswati**<sup>1</sup>, Al Asyary<sup>2</sup>, Prashant Kumar<sup>3</sup>. <sup>1</sup>Faculty of Health Sciences, Universitas of Muhammadiyah Prof. Dr. Hamka (UHAMKA), Jakarta, Indonesia. <sup>2</sup>Department of Environmental Health, Faculty of Public Health, Universitas Indonesia, Depok, Indonesia. <sup>3</sup>Institute for Sustainability; Global Centre for Clean Air Research (GCARE), University of Surrey, Guildford, UK.

Cigarette advertisements are promotional media that can increase target consumers to have smoking behavior. Bogor City is one of the cities that has implemented a ban on cigarette advertisements in its area. The purpose of this research is to find out the implementation of Bogor Mayor Regulation Number 3 Year 2014 on the prohibition of cigarette product advertising in Bogor City. Data were obtained through observation, interview, and documentation. This type of research uses a descriptive qualitative method. The research data sources are primary and secondary data. Data analysis techniques include data reduction, data presentation, and drawing conclusions. Data validation includes method triangulation and source triangulation. The results showed that from the observations there was still one type of cigarette billboard out of ten types of cigarette billboards that are prohibited in the City of Bogor, namely banner billboards. Communication has not been well implemented but the implementers continue to be consistent in implementing the mayor's regulation. Staff resources in the implementation of this mayor's regulation are still lacking but they are competent in their fields, information and authority are well implemented, for facilities are also adequate. Disposition experiences obstacles because the implementers of this policy are not directly selected by superiors but through BKSDM, for incentives / rewards the implementers do not get them but through basic salaries and allowances while working. Bureaucratic Structure related to SOP (Standard Operational Procedure) and Fragmentation has been carried out effectively both the division of tasks and implementing instructions. It is hoped that policy implementers will conduct regular and effective socialization, policy implementation staff should be added personnel so that policy implementation runs effectively and the division of tasks in the field is not overwhelmed.



Presenters and attendees of the 2024 Tobacco Endgame CRE Annual Symposium.

Photo: Prof Geoffrey Fong

Recordings of most symposium presentations are available on the [CRE YouTube channel](#).

**Contact us:**

E [create@uq.edu.au](mailto:create@uq.edu.au)

T +61 (0) 7 3346 5475

W [tobacco-endgame.centre.uq.edu.au](http://tobacco-endgame.centre.uq.edu.au)

