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**ABSTRACT BOOK**

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one was handed over to the then Secretary of Defence, and opening of another was by the then Prime Minister of Sri Lanka. Sponsorships for construction of police stations were published in national newspapers (print and electronic) and on the web. An area-distribution agency of CTC sponsored a PHIs' cricket tournament via its affiliated pharmaceutical partners, Gamma Pharmaceuticals and Interpharm (Pvt) Ltd. The banners at the event displayed their logos, while the event received publicity in social media with photographs. CTC is also accused of employing ex-NATA authorised officers to influence their current counterparts in interfering in field level tobacco control actions.

**Conclusions:** CTC used diverse strategies to connect with and influence all categories of NATA authorised officers, while some activities received wide positive media coverage.

### SOA-12-1120-01 Tobacco-related promotions in Sri Lankan newspapers: content analysis

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**Background:** According to the Article 35.1 of the National Authority on Tobacco and Alcohol (NATA) Act, the major legal framework on tobacco and alcohol in Sri Lanka, direct and indirect advertisements related to tobacco are prohibited. Framework Convention on Tobacco Control (FCTC) Article 13 also recommends complete ban of tobacco advertisements. Aim of this analysis was to explore the tobacco related promotions reported in Sri Lankan newspapers. Results of this newspaper analysis is used by Alcohol and Drug Information Centre (ADIC) for media advocacy purposes.

**Methods:** We analyzed Sinhala (n=12) and English (n=11) Monday to Saturday and weekend Sunday Newspapers published in Sri Lanka from 1<sup>st</sup> of January 2018 to 1<sup>st</sup> of January 2019. Promotions were identified by the characteristic of “glamorizing the substance, industry image building, surrogate advertising, social beliefs, unfair privileges, promotion through prevention and promotion through policy”.

**Results:** During the concerned period 3120 newspapers were traced and out of that 908 Tobacco (Sinhala n=551, 60.7%, English n=357, 39.3 %) Promotions were reported. They were mainly under glamorization (n=339, 37.3%), Image Building (n=132, 14.5%), Surrogate Advertising (n=97 10.6 %), Social Beliefs (n=108, 11.8%), Unfair Privilege (n=33, 3.6%), Promotion through prevention (n=35, 3.8%), Promotion through Policy (n=164, 18%). “Mawbima” (Sinhala, Monday to Saturday; n=112 12.3%), “Daily Mirror” (English, Monday to Saturday; n=83 9.1%), “Diwaina”(Sinhala, Sunday; n=40 4.4%) and Sunday Observer (English, Sunday n=16 1.7%) were the news papers with the highest number of tobacco promotions.

**Conclusions:** Despite the prohibition still a large number of tobacco promotions are published in Sri Lankan newspapers violating the legal frameworks.

### SOA-12-1121-01 Tobacco industry interference in implementation of pictorial health warnings on cigarette packs in Sri Lanka

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**Background:** Ceylon Tobacco Company (CTC) is the British American Tobacco (BAT) subsidiary holding monopoly in cigarette manufacturing and sales in Sri Lanka. CTC challenged legally the government's initiative to impose pictorial health warnings (PHW) on 80% of the surface of cigarette packs. After several rounds of Appeal and Supreme Court hearings, the verdict given was to implement PHWs, but reducing its size to 60%.

However, as the then Minister of Health was later elected the President, the 80% PHWs got implemented through a parliamentary decision, over-riding the court order. Our study aims to describe the industry interference during this process.

**Methods:** Investigative research techniques were used to identify the documentary evidence and the stakeholders for key-informant interviews. Media reports, court reports, web content and research articles collected through snow-ball sampling were reviewed using content analysis to explore the strategies, front groups and arguments used.

**Results:** Strategies recognised were: alleged bribery by CTC and BAT; alleged interference in the legal and policy process through high-ranking politicians including the Head of State; influencing stakeholders and public via industry favourable academic publications and media reports; and influencing business community via industry favourable discussion forums. Main arguments used were: Minister of Health not possessing the legal power to enforce such a law; PHWs violating the company's intellectual property rights related to trade names and branding; unproven effectiveness of PHWs; and inadequate time availability for implementation. The only front group visible was the media in general, which repeatedly published arguments against PHWs favouring tobacco industry. The industry ultimately man-

aged to delay the PHW implementation by 23 months and to reduce its extent to 60%. They managed to delay the original 80%-PHW implementation by 29 months.

**Conclusions:** The tobacco industry interference misled the policy makers and the public delaying implementation of PHWs for more than two years.

### SOA-12-1122-01 What factors are effective in provoking a quit response?: results from the study conducted among bidi smokers in four Indian states

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**Background and challenges to implementation:** A World Bank- WHO study from 2006 confirms that if the retail price of cigarettes is increased by 10% roughly 4% and 6% current smokers quit smoking in a developed and developing countries, respectively. *Bidi* (Indian leaf-rolled cigarillo) are the dominant form of smoked products in India. The manufacturing cost of *bidi* is very low and tax on *bidi* is also very low compared to the cigarette. Nearly seven *bidi* sell for every cigarette and at price which is at a fraction compared to a cigarette. This makes *bidi* very affordable for a smoker. This study analysed key price and non-price factors which determine current smoking of *bidi* and initiation into *bidi* smoking.

**Intervention or response:** We interview current and former *bidi* smokers to understand motivations for persistence or quitting *bidi* smoking. Using a pre-tested semi-structured questionnaire, the investigators interviewed 400 *bidi* current smokers during their purchase at a point of sale for the duration of any entire day of business. The study was conducted in five major cities of India i.e. Lucknow (Uttar Pradesh), Paschim Medinipur (West Bengal), Patna (Bihar), and Bengaluru (Karnataka).

**Results and lessons learnt:** Preliminary data analysis shows that most *bidi* smokers (78%) started smoking at early age (16.8 years) and are predominantly from lower socio-economic group (incomes less than USD 150 per month). They also have limited understanding on harms of smoking and harms to others. *Bidi* smokers have shown willingness to quit with large pictorial health warning.

**Conclusions and key recommendations:** This study presents evidence that is necessary for shaping tobacco control policies and programmes in India especially related to tax and smokefree policies. This study also advocates to opt for additional strategies that will encourage *bidi* smokers to quit.

### SOA-12-1123-01 Smoking cessation intervention in a rural healthcare setting in south-India: a pilot feasibility trial

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**Background:** Smoking cessation is key to reducing tobacco-related harms yet support for smokers to quit is limited, especially in low and middle-income countries where around 80% of smokers live. Many live in remote rural settings, as in India. We aimed to evaluate the feasibility and effectiveness of a smoking cessation intervention in a rural healthcare setting in South India.

**Methods:** The study involved a randomised, two arm pilot trial in rural Karnataka State, India: one arm involved 'ABC' (Ask-Brief advice-Cessation support) with rural hospital out-patient clinic-based, physician-led identification of smokers and brief advice and lay counsellor-led cessation support. The 'ABC-Plus' arm added home-based follow-up to ABC. Feasibility was assessed for reach, adherence to ABC and documentation. Effectiveness was evaluated through biochemically-validated 14 day point prevalence smoking abstinence at 6 months.

**Results:** One hundred and forty-six individuals were randomised between January and March 2018. Over this period, the hospital attended to an average of 16 male adults daily, of whom a sixth were identified as smokers. Being asked about smoking increased from 29.3% in the first week to 97.8% in the last week of recruitment. Provision of brief advice and cessation support increased from 33.6% to 87.5% and 80% to 100% respectively. Full documentation of ABC increased from 9.5% to 84.4%. Home visits to smokers were 73.6% (53/72) in the second week follow up and 70.8% (51/72) in the third week follow up. Smokers who received ABC Plus were three times (adjusted RR 3.0 95% CI: 1.2 - 7.6) times more likely to have quit smoking at six months compared to smokers who received ABC alone (25% versus 10.8%).

**Conclusions:** In this rural Indian setting, implementing the ABC approach was feasible; combining ABC with community-based cessation support was also feasible and more effective than hospital-based intervention alone.