

POS1-147 TRENDS AND PREDICTORS OF PUBLIC SUPPORT FOR BANNING PARENTAL SMOKING INSIDE VEHICLES CARRYING CHILDREN IN ONTARIO, CANADA: 1996 TO 2005

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Secondhand smoke is implicated in sudden infant death syndrome, childhood cancer, and pediatric respiratory disease. Infants and children, with their high respiration rates, are especially susceptible. Levels of second hand smoke inside vehicles can exceed those in smoky bars, surpassing the hazardous level set by the U.S. EPA. Yet, few studies have examined public attitudes to parental smoking inside vehicles carrying children. Cross-sectional data from the CAMH Monitor (an ongoing, monthly, RDD telephone survey of Ontario residents aged 18 years and older) were compiled between 1996 and 2005, using a region-stratified two-stage (household, respondent) probability sample design (mean response rate=63%). Adjusting for complex survey design, levels of public support for a parental smoking ban in vehicles carrying children were assessed in 1996-1999 and 2002-2005 (unweighted n=9,862). Predictors of support were identified using logistic regression to examine socio-demographic factors, daily second hand smoke exposure at home, smoking behavior, nicotine dependence, and past-year quit attempts. Public support for a ban increased from 55% [95% CI: 51.7%-57.5%] in 1996 to 78% [95% CI: 74.7%-81.3%] in 2005 (p<0.05). Support also increased significantly (p<0.05) for both smokers and non-smokers over the same period: from 39% [95% CI: 33.5%-44.8%] to 66% [95% CI: 56.8%-73.6%] for smokers and from 60% [95% CI: 56.6%-63.2%] to 81% [95% CI: 77.4%-84.5%] for non-smokers. Compared to current smokers, never smokers and former smokers were almost three times as likely [OR=2.77, 95% CI: 2.46-3.13; p<0.01] and twice as likely [OR=1.81, 95% CI: 1.59-2.07; p<0.01] to express support for a ban. Those who were female, had some post-secondary education, were less nicotine-dependent, were less exposed to daily second hand smoke at home, and had more past-year quit attempts were more likely to express support for a ban. In contrast, those who lived away from Toronto, and were previously married were less likely to do so. With increasingly high public support, legislation to ban smoking in vehicles carrying children warrants the immediate attention of our legislators.

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POS1-148 BARRIERS TO IMPLEMENTATION OF SMOKE-FREE POLICIES IN ONTARIO MENTAL HEALTH AND ADDICTION FACILITIES

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Background: The Smoke-Free Ontario Act, effective May 31, 2006, prohibits smoking in all enclosed public places and workplaces in Ontario, Canada. Residential care and psychiatric facilities are allowed to operate "controlled smoking areas" under strict maintenance requirements. This study reports on challenges faced by Ontario mental health and addiction treatment facilities in implementing smoke-free policies in response to the new Act.

Methods: Key informants were identified in 159 inpatient treatment services; 107 of them responded to an on-line survey regarding their smoking policies and practices (corrected response rate: 68%).

Results: Half of responses came from addiction services, one-third from mental health services and the rest from centres that provided both types of services. Small facilities with less than 20 beds and large facilities were equally represented. Smoking was banned indoors in 81% of facilities and restricted outdoors to some extent in 94% of facilities. About half of facilities reported resistance among their patients and 41% among their staff when changing smoking policies. Reasons for patients' objections were: perceived difficulty in simultaneously quitting and addressing their primary issue; inconvenience of going outside to smoke; the view that smoking is a right. Staff objections included: difficulty in dealing with patients' restlessness when not allowed to smoke; additional staff time needed to address cessation issues; the belief that patients do better when one issue is addressed at a time. Respondents encountered a number of obstacles in implementing smoke-free policies such as feasibility issues, shortage of resources, ethical arguments, enforcement difficulties, workload and patient health/safety concerns.

Conclusion: Implementation of smoke-free policies in mental health and addiction facilities is attainable but complex. Issues that need to be dealt with range from attitudinal to practical.

Ontario Tobacco Research Unit with funds from the Ontario Ministry of Health Promotion.

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POS1-149 IMPACT OF TOBACCO ADVERTISING POLICY ON SMOKERS' AWARENESS OF TOBACCO PROMOTION IN SIX COUNTRIES: FINDINGS FROM THE INTERNATIONAL TOBACCO CONTROL POLICY EVALUATION PROJECT

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Thailand has one of the strongest tobacco advertising restrictions in the world, including a ban on point of sale advertising. Comprehensive tobacco advertising restrictions long existed in Australia, followed by Canada and more recently in the UK but are still limited at point of sale in these countries. Less comprehensive restrictions are present in Malaysia and the least in the US. This study aimed to examine the impact of tobacco advertising policy on smokers' awareness of tobacco promotion in six countries. Baseline data (early 2005) from the ITC Southeast Asia Survey (ITC-SEA) conducted face-to-face in Malaysia and Thailand (n=4005) and Wave 3 data (late 2004) of the ITC Four Country Survey (ITC-4) conducted by telephone (n=8369) in Canada, US, UK and Australia were employed for the analyses. The results revealed that general awareness of any tobacco promotion was lowest in Thailand (20%), with prompted recall (combination of 5 situations) being even lower (13%), and higher in Malaysia (55%, prompted=80%), and almost three times higher in the four high-income countries (average=59%, prompted=71%). As expected, the US, with few restrictions, had the highest awareness levels (71%, prompted=92%) of all countries. Looking at specific locations, there was generally lower recall of tobacco advertising where it was banned, being very low in Thailand except at point of sale. In Malaysia, because of loopholes in legislation, tobacco advertising is still relatively prevalent in many locations (e.g., billboards) where they are notionally banned. In the four high-income countries, levels of awareness of tobacco advertising in areas where they are notionally banned were still markedly higher than in Thailand. This may be due to more opportunities for incidental and accidental display of tobacco related materials in those four countries and also possibly leakage from neighboring countries in some. These findings demonstrate that comprehensive tobacco advertising legislation can lead to dramatic declines in awareness of tobacco promotion, thus supporting strong implementation of Article 13 of the Framework Convention on Tobacco Control.

National Cancer Institute of the United States (R01 CA100362 and P50 CA111236 (Roswell Park Transdisciplinary Tobacco Use Research Center), Canadian Institutes of Health Research (57897 and 79551), Robert Wood Johnson Foundation (045734), National Health and Medical Research Council of Australia (265903), Cancer Research UK (C312/A3726), Canadian Tobacco Control Research Initiative (014578), Centre for Behavioural Research and Program Evaluation, National Cancer Institute of Canada/Canadian Cancer Society, Malaysian Ministry of Health.

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