

control indicators using a standard protocol. Three questions based on current intentions and prior short-lived attempts to quit are used to develop an algorithm to categorize smokers into the stages. We use SPSS® version 18.0 for complex sample analysis to provide estimates with 95% confidence intervals for smoking rates and stages of cessation for each country. Further analysis is provided for trends for Thailand (2008 and 2011) and Turkey (2008 and 2013).

**Results:** On average, 74.7% of smokers fell into the pre-contemplation stage ranging 61.4% to 89.5% while on average 18.6% fell in the contemplation stage ranging from 7.1% to 31.2%. On average 6.9% were in preparation stage with a range of 2.6% to 12.9%. Trends analysis showed an increase in pre-contemplators in Thailand from 76.1% to 85.4% while contemplators and those in preparation stage declined from 17.6% to 12.0% and 6.3% to 2.6% respectively.

**Results** for Turkey showed a decline in pre-contemplators from 72.2% to 64.6% and increase in contemplators from 21.2% to 26.9% but no change at preparation stage.

**Conclusion :** Results show that the majority of smokers in the surveyed countries are at pre-contemplation stage, thus highlighting the need for strategies that specifically target this population in addition to those at other cessation stages.

### PD-863-20 Quitline collaboration to improve tobacco treatment evolving knowledge exchange in the North America Quitline Consortium

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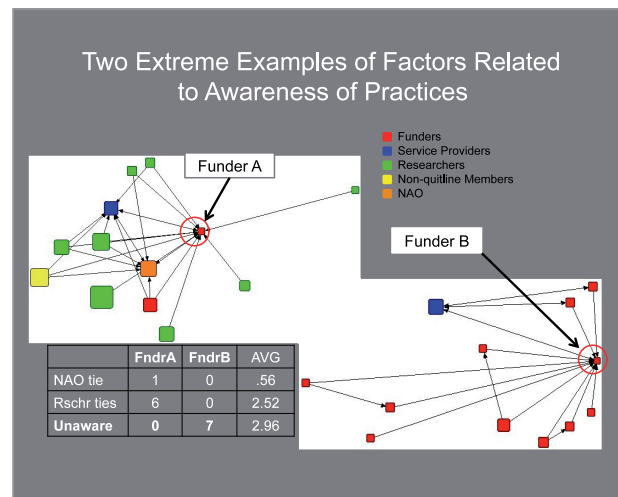
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**Background and challenges to implementation:** This study is designed to better understand the network and communications mechanisms by which stakeholders in the North American Quitline Consortium (NAQC), share new knowledge, make decisions about how and when to implement new knowledge, and adopt practices that they believe will improve quitline outcomes.

**Intervention or response:** Data on network relationships were collected from the 63 quitlines in North America in the first two of three years of data collection. We previously reported on the basic structure of the quitline network from year one (Leischow et al, AJP, in press), and we here report on changes in quitline network structure and function changes from our first to the second survey.

**Results and lessons learnt:** There appears to be a significant shifts in the network between 2009 and 2011. We found that the quitline network could be characterized by 3 groups: two multi-state U.S.-based service providers and

Canadian quitlines with a fairly dense central core consisting primarily of Service Providers and THE NAQC central organization. The single service provider group appears to be a hub/spoke structure while the group containing all other organizations appears to be forming a more densely connected sub-group. Funders appear to be playing more of an information broker role in this new structure or at least this role may be becoming more discernable in the maps. In addition, we found that those funders who were more linked to researchers were more likely to have quitlines that implement evidence-based practices.



**Conclusions and key recommendations:** Understanding how networks work can help to strengthen the ability of the network to help more smokers quit. We found that a core hub that is designed to foster collaboration between quitlines is an important resource for improving practice, and this has relevance as networks are established to implement FCTC Articles. A core organization is needed to assure that those network are effective. Our results showing that linkages with researchers are associated with use of evidence-based practices also has relevance to implementation of FCTC Articles.

### PD-864-20 Predictors of intention to quit at participation and six-month abstinence in the participants of Hong Kong Quit-to-Win Contest (2009-2013)

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**Background:** Quit and Win Contests were organized in many countries to attract a large number of smokers, who mostly had not sought professional cessation support, to quit with the grand monetary prize as an incentive. The present study aims to explore the influential factors of being ready to quit (want to quit within 7 days) and absti-

nence in these participants.

**Design/Methods:** The 4 rounds of Quit-to-Win Contests (2009, 2010, 2012 and 2013) recruited 4,093 adult daily smokers to participate in the randomized controlled trials of interventions (telephone counseling, on-site face-to-face counseling, short mobile phone messages or cash incentives for abstinence). All participants were followed up at 6 months after participation. The data were analyzed with hierarchical logistic regression modeling, in which the dependent variables were being ready to quit within 7 days at participation and self-reported abstinence in the past 7 days at 6-month follow-up.

**Results:** The proportion of being ready to quit within 7 days was higher in older participants (Referent: Aged 18-29 years. OR for 30-39 = 1.35, 95%CI 1.07-1.71; OR for 40-49 = 1.68, 95%CI 1.29-2.17; OR for 50-59 = 1.79, 95%CI 1.35-2.39; OR for 60 or over = 1.95, 95%CI 1.43-2.66), and having previous quit attempts within 1 month (Referent: No quit attempt. OR = 2.32, 95%CI 1.71-3.13) or 6 months (OR = 1.62, 95%CI 1.26-2.08). Higher ciga-

rette consumption at baseline was negatively associated with being ready to quit (Referent: 10 cigarettes or below. OR for 11-20 = 0.82, 95%CI 0.71-0.95; OR for 21-30 = 0.93, 95%CI 0.71-1.22; OR for more than 30 = 0.61, 95%CI 0.46-0.86). Previous quit attempts within 1 month (Referent: No quit attempt. OR = 1.65, 95%CI 1.36-2.76), target to quit at baseline (Referent: Target to reduce smoking. OR = 1.65, 95%CI 1.22-2.46), having supporters (Referent: No supporter. OR for having 2 supporter = 1.54, 95%CI 1.07-2.22; OR for having 3 supporter = 1.65, 95%CI 1.07-2.53) and perceived higher confidence to quit (OR = 1.14 per score, 95%CI 1.09-2.19) at baseline predicted abstinence. Being ready to quit at baseline, receiving interventions, using nicotine replacement therapy, and counseling within 6 months did not increase abstinence.

**Conclusion:** In addition to the incentives and interventions, Quit and Win Contest should be developed to increase the motivation of quitting, especially in younger participants, facilitate familial and peer support, and encourage more quit attempts.

## 24. POINT-OF-SALE: IMPACT, MARKETING AND COUNTER TACTICS

### PD-865-20 Impact of point-of-sale tobacco display bans in Thailand: findings from the International Tobacco Control (ITC) Southeast Asia Survey

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**Background:** Increasing evidence shows that widespread presence of cigarette displays at the point-of-sale (POS) increases the likelihood that youth will initiate smoking, and stimulate impulse purchasing and use among current smokers. There is a small but strong body of evidence showing that banning POS tobacco displays can have positive effects. This paper aims to examine the impact of the POS display ban that was introduced in September 2005 in Thailand, and relates these findings to the international literature. The ban on displays followed a pre-existing ban on advertising, including at POS. Because we have no pre-ban data therefore compare it with Malaysia which did not impose bans.

**Design/Methods:** The data came from the first five waves of the International Tobacco Control Southeast Asia Survey, a prospective cohort survey conducted among adult smokers between 2005 and 2011 in Thailand and Malay-

sia. Between 1550 and 2163 current smokers were interviewed in each country at each survey wave.

**Results:** At the first post-ban survey wave (in 2006) over 90% of smokers in Thailand were aware of the display ban policy and supported it, and about three-quarters of smokers thought the ban was effective. Noticing cigarette displays in stores was only asked from Wave 2 (2006), and was lowest (17%) in 2006 in Thailand shortly after the ban came in, but increased at later survey waves ( $p < 0.01$ ); but the levels were consistently lower than those in Malaysia (where over 83% noticed displays across the waves). In both countries younger smokers were more likely than older ones to notice displays. For noticing tobacco advertising at POS, smokers in Thailand consistently reported lower levels (less than 10%, either in stores or around street vendors) than those reported in Malaysia (at least 27% in stores and over 16% around street vendors). Overall, in both countries smokers in rural areas were more likely to notice advertising at POS than their urban counterparts.

**Conclusion:** The ban on POS cigarette displays has reduced exposure at POS. The higher level of noticing POS displays than advertising suggests it is generally more salient to smokers. Findings are consistent with those from western countries. It is not clear whether the trend to greater noticing from a low point immediately after the ban reflects problems with sustaining implementation or is due to increased sensitivity of ban violations or of times when cupboards are opened to display their contents.