

government has and the national law prohibits smoking in many areas including public, the implementation is a huge challenge when there is no funding specifically for tobacco control.

Intervention or response: Starting from 2014, Tobacco Control Cell, Ministry of Health Myanmar in collaboration with Southeast Asia Tobacco Control Alliance conducted national smoke free workshop. With the guidance of National Programme on Tobacco Control, it was decided that smoke free cities are needed to develop in Myanmar. Inle region and Pindaya cave from Shan State were selected to implement, which are tourist attractive areas, during the workshop.

Results and lessons learnt: Different advocacy meetings with several stakeholders were conducted. After getting the political commitment, different strategies were discussed in detailed with major stakeholders who will be involving with the campaign. The campaign started with the education and awareness raising period using the smoke volunteers who are trained with the standard manual. Several coordination meetings were conducted for better

collaboration among different stakeholders. The campaign was successful launched on 10 September 2015.

Conclusions and key recommendations: There were many challenges and obstacles along the way including but not limited to funding, political support, ownership problem and interest from other related sectors. The main successful factor is gaining the political commitment from the state government. Dr. U Myo Tun, the State Social Welfare Minister, is the champion of the smoke free Shan movement. Keeping the lessons learnt from the past few years, Shan is planning to move forward with more places and cities in the near future.

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12:30-14:00

PS-1001-3 Knowledge on harms of thirdhand smoking is associated with greater support on smokefree policies

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		Ban smoking in the outside seating of restaurants	Ban smoking in the outside seating of bars	Ban smoking in busy streets	Ban smokers using tobacco while walking on the streets	Ban smoking in pedestrian zones	Ban smoking in public transport stops or waiting areas	Ban smoking in areas within 3 meters of office buildings	Ban smoking in all public areas in housing estates
THS increases risk of respiratory diseases in children	Disagree or Don't know (%)	63.5	42.7	79.2	63.5	83.3	89.6	73.7	76.0
	Agree (%)	78.0	66.3	86.6	77.1	87.1	96.5	85.1	89.6
	Crude OR (95% CI)	2.04 (1.30-3.19) **	2.63 (1.71-4.05) ***	1.70 (1.00-2.90)	1.94 (1.24-3.03) **	1.35 (0.76-2.40)	3.23 (1.52-6.88) **	2.04 (1.24-3.35) **	2.71 (1.61-4.56) ***
	Adjusted OR (95% CI)	2.13 (1.35-3.34) **	2.91 (1.87-4.53) ***	1.86 (1.08-3.20) *	2.19 (1.38-3.47) **	1.43 (0.80-2.58)	3.42 (1.59-7.37) **	2.11 (1.27-3.50) **	2.75 (1.63-4.65) ***

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Background: The harms of thirdhand smoking (THS) are being discovered, but limited studies investigated people's knowledge on these harms, especially in Asian population. Knowledge on harms of THS may increase support on tobacco control, as shown in the case of recognizing harms of secondhand smoking. We examined the association between knowledge on harms of THS and support on smokefree policies.

Methods: In the Tobacco Control Policy-related Survey 2015 using random digit dialing, 902 of 1834 never smoking Hong Kong citizens aged 15+ were randomly selected to report their knowledge on harms of THS and support on smokefree policies. Respondents were asked if they agreed "THS increases risk of respiratory diseases in children". Respondents also indicated their support on an overall extension of smokefree zones and banning smoking in 8 different public areas. Adjusted odds ratios (AORs) from separate logistic regressions showed the associations between knowledge on harms of THS and support on smokefree policies in never smokers, adjusting for socio-

demographic characteristics

Results: Overall 81.0% respondents agreed "THS increases risk of respiratory diseases in children". Knowing harms of THS was associated with greater support on an overall extension of smokefree zones (AOR 2.13, 95% CI 1.32-3.45) and banning smoking in 7 out of 8 different public areas (AOR 1.86-3.42). The strongest association was found for public transport stops or waiting areas (3.42, 1.59-7.37), followed by outside seating of bars (2.91, 1.87-4.53) and all public areas in housing estates (2.75, 1.63-4.65).

Conclusions: Knowledge on harms of THS was associated with greater support on smokefree policies. Future prospective studies should be conducted to investigate whether increasing never smokers' knowledge on harms of THS could raise their support on smokefree policies.

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[THS harms knowledge & support on smokefree policy]

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PS-1002-3 Increasing smoke free public places & creating tobacco free educational institutions

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