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13 and 15 (Lando et al., 2010), increasing in frequency and quantity during the adolescent years until reaching a peak around the age of 25, when it begins to decline (Chassin et al., 2004; Gil and Ballester, 2002). This fact, together with the high perception of control over consumption and the possibilities of quitting, could suggest that programmes aimed at primary prevention of consumption should be implemented rather than directing all efforts to a therapeutic intervention on quitting.

Conclusions

Smoking is preventable, we must move towards a society that de-normalises tobacco consumption in all its forms in a common effort by government authorities and civil society.

We can and must save the lives of millions of people, and the role of young people is key to ending the smoking pandemic. Universities, as tobacco-free environments, will take on special importance, both for the possibility of intervention in young people in the early stages of addiction, as well as for their educational and exemplary role.

The focus is on multi-sectoral and multidisciplinary intervention, both in the general population and in at-risk groups, such as young people. Smoke-free laws are the means to protect the health of non-smokers and encourage smokers to quit (WHO, 2022).

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Virtual reality induction of the Garcia effect for smoking cessation

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Smoking is a major health risk in the EU, and there is a need to improve tobacco cessation methods.

'Sick Of Smoking' is a novel method for tobacco cessation (TC), consisting of a unique form of aversive conditioning that uses three 5-minute virtual reality (VR) sessions to rapidly induce a powerful and long-lasting aversion to the taste and smell of cigarettes.

Nausea is induced while the participant consumes their tobacco after a period of abstinence that was as long as they can comfortably manage. This combination triggers the 'Garcia effect', a powerful and highly conserved biological mechanism that creates a taste aversion to the taste and smell of the participants tobacco product (cigarettes, snus or vapes for example).

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Tackle tobacco and nicotine in Swedish Dentistry

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Introduction

Dental care sees early the damage/injuries caused by tobacco and nicotine use. We meet the majority of the population regularly and have the utmost trust from our patients and society.

Clinically we see the findings of research, namely periodontitis (tooth loss) and oral cancer and the great suffering that they cause.

In our role in dental care we have the unique possibility to act and help/motivate patients to quit their use of tobacco/nicotine and to prevent children and youth from beginning.

Primary prevention: On individual level ask the question about tobacco and nicotine use, record this in patient's chart and follow up. Group information at different arenas e.g., Schools.

Secondary prevention: Tobacco/nicotine cessation.

We see a powerful increase in use of new nicotine products. The greatest challenge is the white, so-called tobacco free snus (nicotine pouches) spreading in Europe.

A good oral health is the ground for a good general health.

Material and Methods

Dissemination of knowledge at different levels.

- At the clinic, to patients and relatives
- At settings where children/youth are e.g., schools
- To the adult population
- To decision makers e.g., Politicians.

Individual contacts in treatment situations. Dissemination of short factual films (a nicotine film and a film on the importance of ruling, help children say no) in waiting rooms, social media, creating a website with other NGO www.nicotinefreefutureforchildren.org

Results

An increased knowledge about nicotine's hazardous effects. Prevent the potential spreading of white snus in Europe. Through the dissemination of knowledge to patients and society about nicotine products and not only smoking's negative effects, we can help prevent children from getting addicted to nicotine.

Conclusions

Dental care's unique possibility to be a voice in the general debate to contribute to a decreased tobacco and nicotine consumption in society.

Decreased suffering for the individual and decreased costs for society.

We are an important but unused resource in the population's healthcare and as opinion leaders.

Laws are required for the protection of children and youth against tobacco and nicotine products.

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Simulating the impact of a fee scheme to regulate tobacco sales on retailers profits: a case study from Scotland

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Introduction

Requiring fees for retailers to sell tobacco is a promising avenue for regulating the availability of tobacco products. However, there is a need to understand the financial impact of fees on retailers, including the likely effectiveness of fees in discouraging tobacco sales. This study modelled the impact of different fee schemes on retailers' profits in Scotland and examined whether these effects differed by neighbourhood characteristics.

Material and Methods

We gathered data on all tobacco transactions in four weeks of each year from 2019 to 2021 in 192 small retailers across Scotland. We estimated annual tobacco gross profits (i.e. tobacco sales price minus cost price) among retailers and the percent of profit loss

that would result from the implementation of three fee schemes: 1) universal fees (flat fee for all retailers), 2) volumetric fees (fee proportional to sales volume), and 3) urban/rural fees (distinct flat fee for urban/rural retailers). We assessed differences in percent profit loss by urban (vs rural) and area deprivation.

Results

The mean annual gross profit from tobacco among small retailers was £15,108. Retailers in the most deprived and urban areas had 67.9% and 122.8% higher profits than those in least deprived and rural areas. Universal flat fees resulted in greater percent of profit loss among retailers in the least deprived (OR: 2.7 [1.1-6.8]) and rural (OR: 5.5 [2.0-17.0]) areas as compared to the median. Urban/rural fees concluded higher percent of profit loss among retailers in least deprived areas (OR: 4.4 [1.8-11.5]). With volumetric fees, we observed no differences in retailers' percent of profits loss.

Conclusions

Introduction of retailer fees offers new opportunities to reduce the availability of tobacco products in Scotland. However, there are significant differences between fee structures. Policymakers should consider geographical differences in retailers' tobacco profits to design equitable fee structures to regulate tobacco sales.

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Using the judicial system to fight tobacco: Perspectives from the Global South

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Introduction

Recent litigation cases such as the Brazilian lawsuit against the largest tobacco corporations seeking the recovery of healthcare costs related to the treatment of tobacco-related diseases¹ demonstrate that the use of the judicial system, particularly liability, keeps gaining ground in order to: shift public views in favor of tobacco control, denormalize tobacco use, promote corrective actions/remedies and deter future misconduct.

Such lawsuits are a fulfillment of the WHO Framework Convention on Tobacco Control's (FCTC) Article 19—to hold the tobacco industry legally and finally accountable for its harms.

This abstract addresses the use of the judicial system to fight tobacco that has been carried out in the Global South, by showing a concrete case study and tools that could be used to create change.

Material and Methods

From a literature and practitioner review, co-authors will share one example of Tobacco litigation in the Global South: the Brazil Case. The presentation will focus on transnational liability, the concept of diffuse damages in a public health system, and the use of the lawsuit to expose industry documents.

Results

The use of the judicial system (including Article 19 FCTC) gives a framework to make the tobacco industry pay, promoting accountability and deterrence. It can also be a tool for the implementation of other FCTC provisions, like Article 5.3.

Conclusions

The tobacco epidemic is wholly driven by an industry with more money and resources than many countries in which it operates.

Governments and individuals currently bear the costs of the epidemic. It is time for that to change and to shift the cost of burden back onto the tobacco industry, forcing them to respect the rule of law and pay for the harms it causes in countries across the globe. Liability is a major tool for such a goal.

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Analysis of the direct economic impact of smoking-related diseases in Italy

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Introduction

Tobacco-related diseases have a substantial economic impact in terms of medical expenses, productivity loss, and premature death. Each year, tobacco use is estimated to be responsible for over 90,000 deaths in Italy, where the prevalence of current smokers was 24.2% in 2022. This prevalence grew over the last few years, after seven decades of decreasing trend. We aim to evaluate the annual direct economic impact attributable to tobacco smoking in Italy, using ministerial data of all the hospital discharges from 14 selected tobacco-related diseases.

Material and Methods

We analyzed data from smoking-related hospitalizations in Italy in 2018. Information was retrieved from 1.001.424 hospital discharge reports, which included the direct cost of each hospitalization. We computed the Population Attributable Fractions (PAF) for each tobacco-related disease to estimate the economic impact attributable to tobacco smoking.

Results

Of all the hospitalizations for tobacco-related diseases, one-third were found to be attributable to smoking, accounting for €1.67 billion. Among the considered diseases, those with the highest expenditure attributable to smoking were ischemic heart diseases, cerebrovascular diseases, and lung cancer, accounting for €556, €290, and €229 million, respectively.

Conclusions

Tobacco-related diseases have a substantial economic impact in Italy, accounting for 5.88% of the total cost of hospitalizations in 2018. We limited the analyses to hospitalizations, which represent less than one fourth of the total cost of the Italian National Health System. The increase of smoking prevalence in Italy is alarming, and it is therefore essential to implement effective tobacco control measures to decrease the number of hospitalizations and deaths attributable to smoking and the corresponding economic burden.

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EUREST-RISE: European Regulatory Science on Tobacco – Research and Innovation Staff Exchange

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