

SRNT 2020 New Orleans Report

This year's SRNT conference was held in New Orleans, Louisiana, USA from 11-14 March. Approximately 500 people attended (down >1000 delegates compared to previous years). Attendees included Richard Edwards and Mei-Ling Blank from ASPIRE 2025, as well as other kiwis Natalie Walker, Haydn McRobbie and Marewa Glover (apologies if we have missed anyone).

The SRNT conference organisers and Hilton staff and security did an ***outstanding and heroic*** job to make the event a safe, enjoyable and productive space, given the fast-moving Covid-19 national emergency that was declared during the conference. Unfortunately many sessions were cancelled, however there was lively and informative discussion after all of the live presentations, and some presenters who were not attending in person recorded narration over their slides that was played during the sessions. Due to the number of cancelled delegates, the financial future of SRNT is not assured.

All accepted abstracts are available at https://www.srnt.org/page/2020_Meeting

A selection of plenaries and 30+ hours of session presentations and 400+ posters (depending on permissions) are available online at SRNT University (<https://www.pathlms.com/srnt-u>). Initial access is restricted to people who paid full conference fees (without requesting a refund), or otherwise for a small fee. Access will be available to SRNT members from around July/August.

Policy-relevant plenaries

Opening plenary – Adolescent Tobacco use Cessation (Ahmad Jamal, CDC; Suchitra Krishnan-Sarin, Yale; Robin Mermelstein, Univ Illinois)

- Increasing polyuse (cigs, cigars, pod ECs, shisha) and co-use/synergy with alcohol and marijuana (including vaping of cannabis) among US youth
- Need to agree goal of intervention – most imp = prevention of regular long term smoked tobacco use. Prevention of experimentation more debatable.
- Need mix of population and individual focused approaches
- Multiple potential intervention points – initiation (prevention), experimentation, progression, regular use (cessation)
- Tailored, scalable cessation interventions needed (very distinct group and behavior patterns, most youth want to quit, few services), but complex determinants and lots of barriers (e.g. peer use, cravings) – need evidence/pragmatic RCTs

Anne McNeill – How can Tobacco Nicotine Harm Reducing Products Contribute to Eradicating the Global Scourge Caused by Tobacco?

- Anne provided a description of her career and influences
- Presented rationale of the UK's approach to tobacco harm reduction
- Note contrast in regulation and messaging around e-cigs in UK vs US – UK portrayed as a liberal but also highly regulated market (e.g. product standards, nicotine limits, marketing tightly controlled) with dominant framing of vaping as switching/cessation aid for middle aged smokers; contrast with US product and market virtually unregulated, framing as lifestyle product, youth oriented marketing
- Interesting that youth use so much lower in UK - marketing restrictions may be key
- Introduced notion of the 'forgotten smokers' – those with mental illness, now identified priority group in UK Govt strategy = major success

Paul Aveyard – Smoking Cessation: the challenge of implementation

- The process of trying to quit (and repeatedly failing) is profoundly disempowering for smokers.

- Many smokers influenced by neoliberal framing and see quitting as a personal responsibility/achievement – so quitting with NRT etc may be viewed negatively – will power = ‘best’
- Also insights into doctors and why they don’t provide as much cessation support as expected
 - Not a problem of efficacy – smoking cessation highly cost-effective and low NNT
 - Rather professional identity and status issues, smoking/cessation boring, lacks prestige, smokers not worthy (brought on themselves), epistemological issues, importance of presenting as “busy”, poor skills/training in brief intervention delivery
- Possible solutions – more effective methods of brief intervention delivery e.g. ‘good news’, positive delivery, clear doctor recommendation to quit, set up support (don’t leave to patient) etc. Or possibly take out of the hands of doctors – use nurses and other health pros.

Jerome Adams (US Surgeon General) – Overview of the 2019 US Surgeon General’s Report on Cessation

- Amazing commitment to the tobacco control sector to attend during national emergency – SG explained that whilst Covid19 = current emergency, we mustn’t forget ongoing emergencies and priorities like the tobacco epidemic
- Highlighted the recent release of the latest Surgeon General’s report on smoking cessation (https://www.cdc.gov/tobacco/data_statistics/sgr/2020-smoking-cessation/index.html)
- Encouraged all of us there to keep it real and in perspective: that in the US at the time of his speech there were more people dying of tobacco-related illnesses each hour than had currently died of Covid-19

Policy-relevant sessions attended

Pod4 – Evaluating Tobacco 21 implementation (US experience)

- Raising age of tobacco sales to 21 years has developed enormous momentum in the US over the last 5 years with 20+ States and multiple lower level jurisdictions passing laws. In Dec 2019 Congress passed a Federal Law. Some State laws are stronger (see <https://tobacco21.org/>)
- Discussed features of best practice legislation/implementation e.g. mandated signage, rigorous enforcement, link to retail licensing regime.
- Limited evidence available so far investigating impact, but in US lack of enforcement is major concern
- Note tobacco industry pushing laws that penalise youth for possession/purchase rather than penalise retailer for selling – need to guard against this.
- *An important intervention to consider for NZ*

Sym19 – First-ever symposium on pack inserts promoting cessation (Mandated pack inserts - Canada experience)

- Studies presented from Canada, Australia, Scotland, US – various methods qual, quant, naturalistic, EMA
- Only Canada (since 2000) and Israel have mandated inserts (note tobacco industry and ECs e.g. Juul have often used them)
- Key question is what info to include and what works best?
- Most useful inserts in qual studies were those which emphasised personal and family benefits of quitting, gave practical advice about support that is available and tips to help with quitting
- Evidence suggests inserts have support among smokers and may affect self-efficacy and response efficacy beliefs, but more research needed to assess potential effect on actual cessation behaviours and outcomes
- *An intervention worth considering for NZ*

Sym12 – From theory to implementation: making menthol bans a reality (Canada/EU experience)

- Studies of menthol bans impact in Canada/EU (Tobacco Products Directive)
- Generally positive impacts reported on quit attempts and quit success – variety of lines of evidence presented
- Noted some tobacco industry tactics to subvert the bans e.g. produce menthol infused inserts, develop menthol-flavoured capsule cigarillos. Also poss illicit trade in menthols.
- Best practice should be to apply menthol ban to all tobacco products, regulate filters/capsules/descriptors; enforcement vs illicit trade etc
- *An important intervention to consider for NZ*

Sym9 – Juul and other pod-mod use among adolescents and young adults; Sym24 – Counter-messaging about e-cigarettes; Pod14 – Unvaping America’s youth (includes some overlap with FDA programmes and priorities plenary, and Adolescent Tobacco Use Cessation plenary) (partial)

- Most common form of past 30-day dual use = ENDS + cigars (among US high schools)
- Use of multiple devices, and sharing devices, is common
- Don’t lose sight that poly substance use is the norm for young people; tobacco is only one piece of larger picture of drug use; the device is a syringe, the drug can be anything
- Youth in US want to quit vaping, but don’t want in-person or live support – texting and online ok
- Many online and texting interventions (both prevention and quitting; several are well-funded, great uptake, comprehensive and on-going evaluation) have been rolled out in various states/regions in US; some school districts partnering with Scholastic (provider of educational resources) to distribute anti-vaping school resources
- Pace of language change among users (devices, behaviours, practices) and inability of academic researchers to keep up – measurement issues for surveys, recruitment, etc

Pod3 – Enhancing effectiveness of health warning labels: international perspectives (partial)

- Unfortunately a number of no show presenters, and sound quality issues with some of the recordings
- Findings that were presented appeared in line with previous work on warning labels re perceived effectiveness measures
- Pod 3-5 (oral presentation, MB): Enhancing roll-your-own tobacco packaging warning labels with self-efficacy and response efficacy messages: a qualitative exploration – interviews with 22 RYO smokers; both cravings tips (self-efficacy) and timeline presenting physical recovery after quitting (response efficacy) was well received

Pod27 – Rapid policy session (partial)

- Much of the smoking-related burden of disease is already “baked in”, but improving long-term cessation rates will still bring large future health gains
- Methods issue: need to separate message perceptions and effects perceptions in analyses of perceived effectiveness
- Targeting youth social identities (alternative, country, hip hop, normcore, popular) in anti-vaping campaign

Pod35 – Rapid public health session (partial)

- In US, youth cigarette use decreasing; other types of tobacco (cigars, hookah, smokeless, etc) stable – evidence suggests prevalence of cigar use is now higher than cigarette prevalence

Richard Edwards & Mei-Ling Blank, April 20 2020