

**Conclusions:** Ten years after the approval of the WHO FCTC there are still legal formulas in which smoking is allowed indoors in certain sectors (ie: "Hospitality") and through the inclusion of separated areas, ventilated and other circumstances conditions in indoor locations. Outdoor smoke-free policies are limited and mainly have been passed in primary and secondary schools. We face some challenges such as eradicating the legal clauses that hinder indoor 100% smoke-free environments and we should advance in ruling smoke-free outdoors laws in areas frequently crowded, specially by minors.

### PD-1300-21 Progression toward a smoke-free home: The role of partial bans

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**Background:** There is no safe level of secondhand smoke. Households with partial smoking bans may have a higher level of readiness to go smokefree than households with no restrictions. Understanding who establishes partial bans, what these bans cover, and whether they are an intermediate step in going smoke-free would help to inform smoke-free home interventions.

**Design/Methods:** Participants were recruited from United Way of Greater Atlanta's 2-1-1 contact center to participate in an intervention trial focused on creating smokefree homes. Eligible participants reported smoking was allowed in the home at baseline. Data were collected at baseline, three and six months via telephone interview. Those with complete data at all three time points were included in analyses (n=375).

**Results:** Participants were largely African American (84.2%) and female (84.3). The majority (58.5%) had annual household incomes less than \$10,000. At baseline, 61.3% reported a partial smoking ban and 38.7% reported no ban. Relative to no ban, partial bans were associated with gender, education level, marital status, and age. Partial bans most often meant smoking was allowed only in designated rooms (52.6%). Other common rules included: no smoking in the presence of children (18.4%) and smoking allowed in combination with perceived harm reduction behaviors such as an open window or running fan (9.8%). A higher percentage of households with partial bans at baseline were smokefree at six months (36.5%) than were those with no bans at baseline (22.1%).

**Conclusion:** Households with partial smoking bans may be especially receptive to smokefree home interventions.

### PD-1301-21 Avoidance practices in smoking households and children's salivary cotinine level

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**Background:** Implementation of comprehensive smoke-free legislation in Hong Kong banning smoking in most public places may not protect children from secondhand smoke (SHS) exposure at home. This study compared the cotinine levels of children in smoking households with and without SHS avoidance practices.

**Design/Methods:** The data was collected from mothers and children recruited from 4 Maternal and Child Health Centres with 773 mothers (response rate:66%) who reported children's SHS exposure outside and at home, SHS avoidance practices taken (e.g., take children away from smoke; and open windows) and rules made (e.g., smokers should extinguish cigarettes before entering the home) at home, and socio-demographic information. The salivary sample was collected from 445 children (57.6%) and its cotinine level was analysed by the National University of Singapore. Households (N=146) with smoking family members or visitors who smoked at home were included in the analyses. Geometric means of children's cotinine level by SHS avoidance practices taken and rules made in smoking households were compared by using t-tests and generalized linear model (-coefficient) with the adjustment of SHS exposure outside home.

**Results:** In general, salivary cotinine level between household taking or not taking SHS avoidance practices was similar (p-values>0.05). The children whose household made the rules of "smokers should extinguish cigarettes before entering home," and "smoking in the bathroom and kitchen is not allowed" had lower cotinine levels (1.15 ng/ml vs. 1.32 ng/ml p=0.013; 1.09 ng/ml vs. 1.30 ng/ml p=0.002; 1.19 ng/ml vs. 1.38 ng/ml p=0.034, correspondingly) compared those without such rules. Other avoidance rules were not associated with children cotinine level. Children in the smoking household with more rules above were more likely to have lower cotinine level (-coef=-0.33 95% CI=-0.57 to-0.08, p=0.008).

**Conclusion:** Taking children away from smoke and opening windows were not sufficient to reduce SHS exposure in children. In contrast, smoking household with stringent smoking ban can reduce children's cotinine level.