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Date: 12.7.2012 13:36:53

Subject: STAN Bulletin: 14th Edition: 12-July-2012

Smoking & Tobacco Abstracts & News

STAN Bulletin

14th Edition

12-July-2012

Editor's note: The *Wisconsin Medical Journal* study referenced below, showing that [exposure to tobacco smoke dropped with state ban](#), is not yet available online but will be featured in an upcoming edition of this bulletin. The re-naming of Richmond, Virginia's Landmark Theater for its [Altria benefactor](#) would be illegal in other jurisdictions, but perhaps the *Philip Morris* parent company will at least have to put up some no-smoking signs.

Stan Shatenstein

In the News:

- Africa: FCTC/ITGA: [Opinion: Who is afraid of tobacco, who wants the business dead?](#)
- Australia: [Sydney Morning Herald: Opinion: To stub out smoking, ban cigarette sales to anyone born this century](#)
- Canada: [Former International Cooperation Minister Oda charged air purifier to taxpayers, smoked in office](#)
- Canada: Ottawa: [A lifeline for society's most vulnerable smokers facing toughest addiction](#)
 - Ghana: [Smoking banned in public places, health warnings mandated as new Public Health Bill passed](#)
- Indonesia/US: [PMI/Sampoerna: Big Tobacco Targeting Youth, Using Country as Playground \[Video\]](#)
- Indonesia: [Anti-Smoking Activist Charges Tobacco Lobby Playing Dirty on Legislation](#)
- Malaysia/ASEAN: [AFTA: Member nations agree to withdraw tobacco from ASEAN Free Trade Area](#)
 - S. Africa: [Investment Solutions economist claims public places ban will make smoking artificial crime: Video](#)
- Thailand/Australia: [Ogilvy agency anti-smoking ad leaves local market gasping, teaches emotive lessons](#)
- UK: [Market Force Information Survey: One in five visit pubs more often 5 years after smoking ban introduced](#)
 - US: [FDA: Hamburg: Opinion: Family Smoking Prevention & TC Act: Protecting from tobacco's damage](#)
 - US: [Tobacco Companies Get a Breather from Tax Hikes as Few States Take Action: CTFK \[MMWR Report\]](#)
 - US: CA: Santa Monica: [City Council Votes 4-2 to Ban Smoking Inside Designated Residences: Video](#)
- US: CA: [Landlords can ban smoking by clause in leases but not simply by posting a sign](#)
- US: NYC: [Circuit Court Rejects City Requirement for Anti-Smoking Ads, Signs Snuffed: Images \[Ruling\]](#)
- US: VA: Richmond: [PM/Altria: City's Landmark Theater to be renamed for \\$10-million tobacco benefactor](#)
- US: WI: [Study shows exposure to tobacco smoke dropped with state ban](#)

Noteworthy:

"Allowing state or local authorities to mandate supplementary warnings on or near cigarette displays risks the creation of "diverse, nonuniform, and confusing" regulations... Indeed, there is a risk of such nonuniform regulation here. Congress has directed the FDA to prescribe graphic warnings for cigarette packages. FSPTCA § 201(a) ("the Secretary shall issue regulations that require color graphics depicting the negative health consequences of smoking"). While new FDA regulations have not yet gone into effect, Congress intends for some form of graphic image to appear on packages in the near future. The Resolution would require additional graphic warnings to be placed in close proximity to the federally mandated ones. Such competing, and potentially duplicative, warnings are not contemplated by the federal statutory scheme." [U.S. Court of Appeals for the Second Circuit [ruling](#) on NYC cigarette advertising ban]

"Finally, the relative long term health effects of weight gain and smoking cessation also need to be considered with respect to the ultimate public health message that we should derive from this and future studies. Although obesity is positively associated with an increased risk of all cause mortality, cohort studies indicate that modest weight gain does not increase the risk of death; smoking does." [Fernández E, Chapman S. Quitting smoking and gaining weight: the odd couple, [BMJ](#)]

In this Edition:

- Addiction - Hughes: NRT Effectiveness: Rebuttal to Tob Control: Alpert
- Addict Behav - Hall: ITC-4: Do time perspective & sensation-seeking predict quitting activity among smokers?
- Am J Gastroenterol - Higuchi: IBD: Prospective Study of Smoking & Inflammatory Bowel Disease Risk in Women
- BMC Pub Health - Makris: Greece: Thessaly: Imprisoned in cigarettes: What helps prisoners quit smoking?
- BMJ - Aubin: Weight gain in smokers after quitting cigarettes: meta-analysis
- Contemp Clin Trials - McClure: MOST: Multiphase Optimization Strategy: Online, motivational cessation
- Dev Neurosci - Brown: Schizophrenia & Substance Abuse Comorbidity: Nicotine Addiction & Neonatal Quinpirole
- Diab Res Clin Pract - Lopez-de-Andres: Spain: Cigarette smoking trends among diabetic adults, 1987-2009
- Eur J Epidemiol - Hansson: Sweden: AML: Snus use & acute myocardial infarction: pooled analysis
- Eur J Prev Cardiol - D'Alessandro: Nicotine, cigarette smoking & cardiac arrhythmia: overview
- Exp Clin Psychopharm - Harrell: Nicotine Response Expectancies & Subjective & Cognitive Smoking Effects
- HPP - Hahn: US: Readiness for Smoke-Free Policy & Overall TC Strength in Rural Tobacco-Growing Communities
- Int J Cancer - Yang: Obesity & lung cancer incidence: Meta-analysis: Smoking status significance
- Int J Ophthalmol - Lu: China: ARC: Smoking, BMI & age-related cataract risks in male patients in Northeast
- IJTLDD - Tee/Zellweger: Malaysia: Pre-clinical medical students' attitudes towards smoking & tobacco control
- J Alt Compl Med - Gryffin: Implications of T'ai Chi for Smoking Cessation
- J Thorac Imag - Paoletti: US: Current Status of Tobacco Policy & Control
- J Thorac Imag - Ravenel: Lung Cancer Screening: Skeptic's Confession & Expert Opinions on Barriers
- Laryngoscope - Bhattacharyya: US: ST: Trends in the use of smokeless tobacco, 2000-2010
- Lung Cancer - Jiang: Cancer: Rising incidence of adenocarcinoma of the lung
- Neuropharmacol - Allison: Nicotine improves performance in rat attentional set shifting task
- Pediatr - Sargent: US: Influence of Motion Picture Rating on Adolescent Movie Smoking Response
- Physiol Behav - Hayes: Evaluation of smoking on olfactory thresholds of phenyl ethyl alcohol & n-butanol
- PHR - McClure: US: WA: Understanding oral health promotion needs & tobacco quitline caller opportunities
- SATPP - McLellan: US: Unintended consequences of cigarette price changes for alcohol drinking behaviors

Abstracts:

Letter to the Editor

EFFECTIVENESS OF NICOTINE REPLACEMENT THERAPY—A REBUTTAL

Addiction

[Volume 107, Issue 8, pages 1527–1528, August 2012](#)

Article first published online: 15 JUN 2012

JOHN R. HUGHES, K. MICHAEL CUMMINGS, JONATHAN FOULDS, SAUL SHIFFMAN and ROBERT WEST

In a press release about their recent case-control study [\[1\]](#), Alpert *et al.* concluded that the study showed that 'NRT is no more effective in helping people stop smoking cigarettes in the long-term than trying to quit on one's own'. We believe this conclusion is unwarranted for several reasons. We cite three of these below.

Briefly, the Alpert *et al.* study found that smokers who had used nicotine replacement therapies (NRTs) in the previous 2 years and were abstinent at the time of the survey were not less likely to relapse during a subsequent follow-up period than were ex-smokers who had not used NRT...

The Cochrane [\[7\]](#) and United States Public Health Service (USPHS) [\[8\]](#) meta-analyses and the USPHS guidelines [\[8\]](#) have concluded that NRTs 'increase the rate of quitting by 50–70%, regardless of setting'[\[5\]](#), based on outcomes from more than 100 RCTs. We do not believe that the results of the Alpert *et al.* study provide reason to doubt their well-established conclusion.

<http://onlinelibrary.wiley.com/doi/10.1111/j.1360-0443.2012.03925.x/full>
<http://onlinelibrary.wiley.com/doi/10.1111/j.1360-0443.2012.03925.x/pdf>

Note: Open Access. Full text PDF freely available from link immediately above.

Referenced *Tob Control* study:

A prospective cohort study challenging the effectiveness of population-based medical intervention for smoking cessation
<http://tobaccocontrol.bmj.com/content/early/2012/01/03/tobaccocontrol-2011-050129.abstract>

Do time perspective and sensation-seeking predict quitting activity among smokers? Findings from the international tobacco control (ITC) four country survey

[Addictive Behaviors](#)

In Press, Accepted Manuscript, Available online 6 July 2012

Peter A. Hall, Geoffrey T. Fong, Hua-Hie Yong, Genevieve Sansone, Ron Borland, Mohammad Siahpush

Abstract

Personality factors such as time perspective and sensation-seeking have been shown to predict smoking uptake. However, little is known about the influences of these variables on quitting behavior, and no prior studies have examined the association cross-nationally in a large probability sample. In the current study it was hypothesized that future time perspective would enhance—while sensation-seeking would inhibit—quitting activity among smokers. It was anticipated that the effects would be similar across English speaking countries. Using a prospective cohort design, this cross-national study of adult smokers ($N = 8,845$) examined the associations among time perspective, sensation-seeking and quitting activity using the first three waves of data gathered from the International Tobacco Control Four Country Survey (ITC-4), a random digit dialed telephone survey of adult smokers from the United Kingdom, United States, Canada and Australia. Findings revealed that future time perspective (but not sensation-seeking) was a significant predictor of quitting attempts over the 8-month follow-up after adjusting for socio-demographic variables, factors known to inhibit quitting (e.g., perceived addiction, enjoyment of smoking, and perceived value of smoking), and factors known to enhance quitting (e.g., quit intention strength, perceived benefit of quitting, concerns about health effects of smoking). The latter, particularly intention, were significant mediators of the effect of time perspective on quitting activity. The effects of time perspective on quitting activity were similar across all four English speaking countries sampled. If these associations are causal in nature, it may be the case that interventions and health communications that enhance future-orientation may foster more quit attempts among current smokers.

<http://www.sciencedirect.com/science/article/pii/S030646031200264X>

Also:

The role of environmental smoking in smoking-related cognitions and susceptibility to smoking in never-smoking 9–12 year-old children

<http://www.sciencedirect.com/science/article/pii/S0306460312002493>

The need for tobacco cessation in a free clinic population

<http://www.sciencedirect.com/science/article/pii/S0306460312002614>

Toward a more systematic assessment of smoking: Development of a smoking module for PROMIS®

<http://www.sciencedirect.com/science/article/pii/S0306460312002468>

Motivational Interviewing for Adolescent Substance Use: A Review of the Literature

<http://www.sciencedirect.com/science/article/pii/S0306460312002651>

A Prospective Study of Cigarette Smoking and the Risk of Inflammatory Bowel Disease in Women

[Am J Gastroenterol](#). 2012 Jul 10. doi: 10.1038/ajg.2012.196. [Epub ahead of print]

[Higuchi LM](#), [Khalili H](#), [Chan AT](#), [Richter JM](#), [Bousvaros A](#), [Fuchs CS](#).

Abstract**OBJECTIVES:**

Long-term data on the influence of cigarette smoking, especially cessation, on the risk of Crohn's disease (CD) and ulcerative colitis (UC) are limited.

METHODS:

We conducted a prospective study of 229,111 women in the Nurses' Health Study (NHS) and Nurses' Health Study II (NHS II). Biennially, we collected updated data on cigarette smoking, other risk factors, and diagnoses of CD or UC confirmed by medical record review.

RESULTS:

Over 32 years in NHS and 18 years in NHS II, we documented 336 incident cases of CD and 400 incident cases of UC. Compared with never smokers, the multivariate hazard ratio (HR) of CD was 1.90 (95% confidence interval (CI), 1.42-2.53) among current smokers and 1.35 (95% CI, 1.05-1.73) among former smokers. Increasing pack-years was associated with increasing risk of CD ($P_{trend} < 0.0001$), whereas smoking cessation was associated with an attenuation of risk. By contrast, the multivariate HR of UC was 0.86 (95% CI, 0.61-1.20) among current smokers and 1.56 (95% CI, 1.26-1.93) among former smokers. The risk of UC was significantly increased within 2-5 years of smoking cessation (HR, 3.06; 95% CI, 2.00-4.67) and remained persistently elevated over 20 years.

CONCLUSIONS:

Current smoking is associated with an increased risk of CD, but not UC. By contrast, former smoking is associated with an increased risk of UC, with risk persisting over two decades after cessation.

<http://www.nature.com/ajgjournal/vaop/ncurrent/abs/ajg2012196a.html>

Prisoners and cigarettes or 'imprisoned in cigarettes'? What helps prisoners quit smoking?

BMC Public Health 2012, **12**:508 doi:10.1186/1471-2458-12-508

Published: 7 July 2012

Elias Makris, Konstantinos I Gourgoulis and Chrysi Hatzoglou

Abstract**Background**

The aim of the study was, despite the special characteristics of prisons, to identify the features which led prisoners who attended the Smoking Cessation Centre at the Kassavetia Detention Centre in Volos (region of Thessaly, in the central part of mainland Greece) to quit smoking.

Methods

Personal interviews with 204 male prisoners irrespective of smoking habitus over the period June 2008 to December 2010 were obtained. Information about medical history, history of tobacco use and addiction to narcotic use was obtained and imprisonment status was recorded. Pharmaceutical treatment (Varenicline) and counselling or only counselling were suggested as alternative strategies to them in order to help quit smoking.

Results

Of the sample examined, 75.5% (154) were smokers. They were mainly Greeks (51.5%), single (53.4%) and had not graduated from a high school (secondary education level) (70.6%). 59.75% begun smoking early (less than or equal to 14 years of age) and 64.9% were highly addicted. 74% (114) of all smokers at the prison attended the Smoking Cessation Centre. Of them, 30.7% were able to quit smoking but 1 year later there were 20.2% ex-smokers. The key characteristics of those who were able to be ex-smokers were a change in smoking habits compared to when free

($p=.001$), previous attempts to quit ($p=.001$), average dependence levels ($p[\text{less than}].001$), started smoking after 21 years of age ($p=.032$), no history of addictive substance use ($p=.029$), being already prisoners for a longer period of time ($p=.019$), a limited number of prisoners per cell ($p[\text{less than}].001$) and in particular other smokers in the cell ($p[\text{less than}].001$).

Conclusions

Average dependence, a past free of addictive substance abuse and a better environment of daily living for certain prisoners (as far as the number of cellmates was concerned) had a catalytic impact on prisoners finally managed to quit smoking.

<http://www.biomedcentral.com/1471-2458/12/508/abstract>

<http://www.biomedcentral.com/content/pdf/1471-2458-12-508.pdf>

Also:

Tobacco use and nicotine dependency in a cross-sectional representative sample of 18,018 individuals in Andaman and Nicobar Islands, India

<http://www.biomedcentral.com/1471-2458/12/515/abstract>

<http://www.biomedcentral.com/content/pdf/1471-2458-12-515.pdf>

Note: Open Access. Full text PDF freely available from link immediately above.

Weight gain in smokers after quitting cigarettes: meta-analysis

BMJ 2012; 345 doi: 10.1136/bmj.e4439 (Published 10 July 2012)

Henri-Jean Aubin, Amanda Farley, Deborah Lycett, Pierre Lahmek, Paul Aveyard

Abstract

Objective To describe weight gain and its variation in smokers who achieve prolonged abstinence for up to 12 months and who quit without treatment or use drugs to assist cessation.

Design Meta-analysis.

Data sources We searched the Central Register of Controlled Trials (CENTRAL) and trials listed in Cochrane reviews of smoking cessation interventions (nicotine replacement therapy, nicotinic partial agonists, antidepressants, and exercise) for randomised trials of first line treatments (nicotine replacement therapy, bupropion, and varenicline) and exercise that reported weight change. We also searched CENTRAL for trials of interventions for weight gain after cessation.

Review methods Trials were included if they recorded weight change from baseline to follow-up in abstinent smokers. We used a random effects inverse variance model to calculate the mean and 95% confidence intervals and the mean of the standard deviation for weight change from baseline to one, two, three, six, and 12 months after quitting. We explored subgroup differences using random effects meta-regression.

Results 62 studies were included. In untreated quitters, mean weight gain was 1.12 kg (95% confidence interval 0.76 to 1.47), 2.26 kg (1.98 to 2.54), 2.85 kg (2.42 to 3.28), 4.23 kg (3.69 to 4.77), and 4.67 kg (3.96 to 5.38) at one, two, three, six, and 12 months after quitting, respectively. Using the means and weighted standard deviations, we calculated that at 12 months after cessation, 16%, 37%, 34%, and 13% of untreated quitters lost weight, and gained less than 5 kg, gained 5-10 kg, and gained more than 10 kg, respectively. Estimates of weight gain were similar for people using different pharmacotherapies to support cessation. Estimates were also similar between people especially concerned about weight gain and those not concerned.

Conclusion Smoking cessation is associated with a mean increase of 4-5 kg in body weight after 12 months of abstinence, and most weight gain occurs within three months of quitting. Variation in weight change is large, with about 16% of quitters losing weight and 13% gaining more than 10 kg.

<http://www.bmj.com/content/345/bmj.e4439>

<http://www.bmj.com/content/345/bmj.e4439.pdf%2Bhtml>

Note: Open Access. Full text PDF freely available from link immediately above.

Related BMJ Editorial & news coverage:

Quitting smoking and gaining weight: the odd couple

<http://www.bmj.com/content/345/bmj.e4544>

If You Quit Smoking, You'll Actually Gain A Lot More Weight Than You Think - The Guardian

<http://www.businessinsider.com/new-study-shows-that-if-you-quit-smoking-youll-actually-gain-a-lot-more-weight-than-you-think-2012-7>

Quitting Smoking May Add More Weight Than Thought - Bloomberg News

<http://www.bloomberg.com/news/2012-07-10/quitting-smoking-may-add-more-weight-than-thought.html>

Former smokers 'gain up to 5kg' - UKPA

<http://www.google.com/hostednews/ukpress/article/ALeqM5hafeyCVdN7pA3BunRhBJHKhBA-NA?docId=N0105121341923987030A>

Kicking Habit Adds More Pounds Than Thought - Medpage Today

<http://www.medpagetoday.com/PrimaryCare/Smoking/33701>

Questions about quitting (Q(2)): Design and methods of a Multiphase Optimization Strategy (MOST) randomized screening experiment for an online, motivational smoking cessation intervention

Contemp Clin Trials. 2012 Jul 4. [Epub ahead of print]

[McClure JB](#), [Derry H](#), [Riggs KR](#), [Westbrook EW](#), [St John J](#), [Shortreed SM](#), [Bogart A](#), [An L](#).

Abstract

Effective interventions are needed to improve smokers' motivation for quitting, treatment utilization, and abstinence rates. The Internet provides an ideal modality for delivering such interventions, given the low cost, broad reach, and capacity to individually tailor content, but important methodological questions remain about how to best design and deliver an online, motivational intervention to smokers. The current paper reports on the intervention, study design and research methods of a randomized trial (called Questions about Quitting) designed to address some of these questions. Using a Multi-phase Optimization Strategy (MOST) screening experiment, the trial has two key aims: to examine the impact of four experimental intervention factors (each evaluated on two levels) on smokers' subsequent treatment utilization and abstinence, and to examine select moderators of each sub-factor's effectiveness. The experimental factors of interest are: navigation autonomy (content viewing order is dictated based on stage of change or not), use of self-efficacy based testimonials (yes vs. no), proactive outreach (reminder emails vs. no emails), and decisional framework (prescriptive vs. motivational tone). To our knowledge, this is the first application of the MOST methodology to explore these factors or to explore the optimal design for a motivational intervention targeting smokers not actively trying to quit smoking. The rationale for the experimental factor choice, intervention design, and trial methods are discussed. Outcome data are currently being collected and are not presented, but recruitment data confirm the feasibility of enrolling smokers at varying stages of readiness to quit.

<http://www.sciencedirect.com/science/article/pii/S1551714412001693>

Also:

A web-based screening and accrual strategy for a cancer prevention clinical trial in healthy smokers

<http://www.sciencedirect.com/science/article/pii/S1551714412001759>

Schizophrenia and Substance Abuse Comorbidity: Nicotine Addiction and the Neonatal Quinpirole Model

Dev Neurosci. 2012 Jul 6. [Epub ahead of print]

[Brown RW](#), [Maple AM](#), [Perna MK](#), [Sheppard AB](#), [Cope ZA](#), [Kostrzewa RM](#).

Abstract

This review focuses on nicotine comorbidity in schizophrenia, and the insight into this problem provided by rodent models of schizophrenia. A particular focus is on age differences in the response to nicotine, and how this relates to the development of the disease and difficulties in treatment. Schizophrenia is a particularly difficult disease to model in rodents due to the fact that it has a plethora of symptoms ranging from paranoia and delusions of grandeur to anhedonia and negative affect. The basis of these symptoms is believed to be due to neurochemical abnormalities and neuropathology in the brain, which most models have attempted to emulate. A brief review of findings regarding nicotine use and abuse in schizophrenics is presented, with findings using rodent models that have been able to provide insight

into the mechanisms of addiction. A common clinical approach to the treatment of nicotine addiction in the schizophrenic population has been that these drugs are used for self-medication purposes, and it is clear that self-medication may actually be directed at several symptoms, including cognitive impairment and anhedonia. Finally, our laboratory has reported across a series of studies that neonatal treatment with the dopamine D(2)/D(3) receptor agonist quinpirole results in long-term increases in dopamine-like receptor sensitivity, consistent with data reporting increases in dopamine D(2) receptor function in schizophrenia. Across these studies, we have reported several behavioral, neurochemical, and genetic consistencies with the disease, and present a hypothesis for what we believe to be the basis of psychostimulant addiction in schizophrenia.

<http://content.karger.com/ProdukteDB/produkte.asp?Aktion=ShowAbstract&ArtikelNr=338830&Ausgabe=0&ProduktNr=224107>

Trends in cigarette smoking among Spanish diabetic adults, 1987-2009

[Diabetes Res Clin Pract.](#) 2012 Jul 6. [Epub ahead of print]

[Lopez-de-Andres A](#), [Jiménez-García R](#), [Hernández-Barrera V](#), [Gil-de-Miguel A](#), [Jiménez-Trujillo MI](#), [Carrasco-Garrido P](#).

Abstract

We examine trends in cigarette smoking in adults with and without diabetes in Spain. Among diabetic men, prevalence of smoking was lower in 2009 (20.7%) than in 1987 (34.6%); however among diabetic women, the prevalence significantly increased. Prevalence of smoking in diabetic adults was lower than for those without diabetes.

<http://www.sciencedirect.com/science/article/pii/S0168822712002483>

Use of snus and acute myocardial infarction: pooled analysis of eight prospective observational studies

[European Journal of Epidemiology](#)

Online First, 22 June 2012

[Jenny Hansson](#), [Maria Rosaria Galanti](#), [Maria-Pia Hergens](#), [Peeter Fredlund](#), [Anders Ahlbom](#), [Lars Alfredsson](#), [Rino Bellocco](#), [Marie Eriksson](#), [Johan Hallqvist](#) and [Bo Hedblad](#), et al.

Abstract

The use of snus (also referred to as Scandinavian or Swedish moist smokeless tobacco), which is common in Sweden and increasing elsewhere, is receiving increasing attention since considered a tobacco smoke "potential reduction exposure product". Snus delivers a high dose of nicotine with possible hemodynamic effects, but its impact on cardiovascular morbidity and mortality is uncertain. The aim of this study was to investigate whether snus use is associated with risk of and survival after acute myocardial infarction (AMI). Data from eight prospective cohort studies set in Sweden was pooled and reanalysed. The relative risk of first time AMI and 28-day case-fatality was calculated for 130,361 men who never smoked. During 2,262,333 person-years of follow-up, 3,390 incident events of AMI were identified. Current snus use was not associated with risk of AMI (pooled multivariable hazard ratio 1.04, 95 % confidence interval 0.93 to 1.17). The short-term case fatality rate appeared increased in snus users (odds ratio 1.28, 95 % confidence interval 0.99 to 1.68). This study does not support any association between use of snus and development of AMI. Hence, toxic components other than nicotine appear implicated in the pathophysiology of smoking related ischemic heart disease. Case fatality after AMI is seemingly increased among snus users, but this relationship may be due to confounding by socioeconomic or life style factors.

<http://www.springerlink.com/content/24777w14234831h8/>

Nicotine, cigarette smoking and cardiac arrhythmia: an overview

[Eur J Prev Cardiol.](#) 2012 Jun;19(3):297-305.

[D'Alessandro A](#), [Boeckelmann I](#), [Hammwhöner M](#), [Goette A](#).

Abstract

Tobacco smoke is the single most important modifiable risk factor for coronary diseases and the leading preventable

cause of death in the US. While the effect of cigarette smoking on the progression of atherosclerotic diseases is established and well studied, the role of cigarette smoking on cardiac arrhythmia is less clearly defined. In fact the pathophysiological mechanism of cigarette smoking-induced cardiac arrhythmia is very likely a complex one where the pro-fibrotic effect of nicotine on myocardial tissue with consequent increased susceptibility to catecholamine might play a role. Moreover, other constituents of cigarette smoking, such as carbon monoxide and oxidative stress, are likely to contribute to the generation of arrhythmias. Finally, cigarette smoking may induce coronary artery disease and chronic obstructive pulmonary disease, which also might cause arrhythmia independently. The objective of this paper is to summarize the published studies relating to cardiac arrhythmia induced by cigarette smoking, and to identify a pathophysiological mechanism by which cigarette smoking might induce cardiac arrhythmia.

<http://cpr.sagepub.com/content/19/3/297.abstract>

A Direct Test of the Influence of Nicotine Response Expectancies on the Subjective and Cognitive Effects of Smoking

Experimental and Clinical Psychopharmacology, Jun 18 , 2012

Harrell, Paul T.; Juliano, Laura M.

Abstract

Regardless of actual nicotine content, expectations about the nicotine content of a cigarette influence the rewarding subjective effects of smoking, and may even affect cognitive performance. These effects are theorized to be mediated by beliefs about effects of cigarette smoking, or response expectancies. However, few studies have directly manipulated response expectancies. Understanding the effects of such manipulations could improve effectiveness of nicotine-dependence treatments and medications. Using a 2 × 2 between-subjects factorial design, cigarette smokers (N = 80) smoked either a nicotine or a placebo (denicotinized) cigarette crossed with instructions that the cigarette would either enhance or impair cognitive and motor performance. As predicted, participants in the “told enhance” condition reported significantly greater beliefs that nicotine had beneficial effects on performance than those in the “told impair” condition. Compared to those “told impair,” those “told enhance” reported more psychological reward, enjoyable physical sensations, and craving reduction from the cigarette, as well as greater motivation to perform well on a cognitive task. Relative to placebo cigarettes, nicotine cigarettes produced greater reports of satisfaction, craving reduction, and dizziness. Smoking a nicotine cigarette produced better performance on the Rapid Visual Information Processing Task, a test of sustained attention; but the expectancy manipulation had no effect. These data suggest that response expectancies can be experimentally manipulated and can influence perceived rewarding effects of cigarette smoking, but do not appear to affect cognitive performance. These findings add to our understanding of the benefits and limitations of expectancy manipulations, both experimentally and as a treatment technique.

<http://psycnet.apa.org/psycinfo/2012-15959-001/>

Also:

A Randomized Trial of a Brief Smoking Cessation Intervention in a Light and Intermittent Hispanic Sample.

<http://psycnet.apa.org/psycinfo/2012-16778-001/>

Association Between Ovarian Hormones and Smoking Behavior in Women

<http://psycnet.apa.org/psycinfo/2012-10761-001/>

Nicotine Behavioral Sensitization in Lewis and Fischer Male Rats

<http://psycnet.apa.org/psycinfo/2012-18072-001/>

Readiness for Smoke-Free Policy and Overall Strength of Tobacco Control in Rural Tobacco-Growing Communities

[Health Promot Pract.](#) 2012 Jul 5. [Epub ahead of print]

[Hahn EJ](#), [Rayens MK](#), [York N](#).

Abstract

Rural, tobacco-growing areas are disproportionately affected by tobacco use, secondhand smoke, and weak policies. The study determined whether overall strength of Resources, Capacity, and Efforts in tobacco control predicts readiness for

smoke-free policy in rural communities, controlling for county population size and pounds of tobacco produced. This was a correlational, cross-sectional analysis of data from key informants ($n = 148$) and elected officials ($n = 83$) from 30 rural counties who participated in telephone interviews examining smoke-free policy. Six dimensions of community readiness (knowledge, leadership, resources, community climate, existing smoke-free policies, and political climate) were identified and summed to assess overall readiness for smoke-free policy. General strength of overall Resources, Capacity and Efforts in tobacco control at the county level was measured. Readiness for smoke-free policy was lower in communities with higher smoking rates, higher tobacco production, and smaller population. Efforts related to general tobacco control (i.e., media advocacy, training, and technical assistance) predicted readiness for local smoke-free policy development (standardized $\beta = .35$, $p = .05$), controlling for county population size and pounds of tobacco produced. Given that small, rural tobacco-growing communities are least ready for smoke-free policy change, tailoring and testing culturally sensitive approaches that account for this tobacco-growing heritage are warranted.

<http://hpp.sagepub.com/content/early/2012/07/03/1524839912446479.abstract>

Also:

Being Part of Something: Transformative Outcomes of a Community-Based Participatory Study

<http://hpp.sagepub.com/content/early/2012/07/03/1524839912443242.abstract>

Obesity and incidence of lung cancer: A meta-analysis

International Journal of Cancer

[Accepted Article. These manuscripts have been accepted, but have not been edited or formatted. They will be published at a future date.](#)

Accepted manuscript online: **9 JUL 2012**

Yang Yang, Jiayi Dong, Kekang Sun, Lin Zhao, Fei Zhao, Lili Wang and Yang Jiao

Abstract

To date, the relationship between obesity and the incidence of lung cancer remains unclear and inconclusive. Thus, we conducted a meta-analysis of published studies to provide a quantitative evaluation of this association. Relevant studies were identified through PubMed and EMBASE databases from 1966 to December 2011, as well as through the reference lists of retrieved articles. A total of 31 articles were included in this meta-analysis. Overall, excess body weight (body mass index, BMI ≥ 25 kg/m²) was inversely associated with lung cancer incidence (relative risk, RR = 0.79; 95% confidence interval, CI=0.73–0.85) compared with normal weight (BMI=18.5–24.9 kg/m²). The association did not change with stratification by sex, study population, study design, and BMI measurement method. However, when stratified by smoking status, the inverse association between excess body weight and lung cancer incidence in current (RR=0.63, 95% CI=0.57–0.70) and former (RR=0.73, 95% CI=0.58–0.91) smokers was strengthened. In non-smokers, the association was also statistically significant (RR=0.83, 95% CI=0.70–0.98), although the link was weakened to some extent. The stratified analyses also showed that excess body weight was inversely associated with squamous cell carcinoma (RR=0.68, 95% CI=0.58–0.80) and adenocarcinoma (RR=0.79, 95% CI=0.65–0.96). No statistically significant link was found between excess body weight and small cell carcinoma (RR=0.99, 95% CI=0.66–1.48). The results of this meta-analysis indicate that overweight and obesity are protective factors against lung cancer, especially in current and former smokers.

3.3. Smoking status

Smoking status is potentially the most likely confounder of the inverse relationship between BMI and lung cancer risk. After stratifying by smoking status, we found that the inverse association was strengthened in both current and former smokers compared with the overall meta-analysis. The pooled RRs of lung cancer for “overweight,” “obesity,” and “excess weight” groups were respectively 0.69 (95% CI: 0.62–0.77), 0.68 (95% CI: 0.58–0.79), and 0.63 (95% CI: 0.57–0.70) for current smokers and 0.72 (95% CI: 0.55–0.95), 0.71 (95% CI: 0.54–0.92), and 0.65 (95% CI: 0.43–0.97) for former smokers. When we restricted the meta-analysis to the studies that focused on non-smokers, the pooled RRs of lung cancer for “overweight,” “obesity,” and “excess weight” groups were 0.89 (95% CI: 0.70–1.12), 0.81 (95% CI: 0.64–1.01), and 0.83 (95% CI: 0.70–0.98), respectively. Such inverse association also existed in non-smokers, but the statistical significance disappeared in the “overweight” and “obesity” groups. When we considered all the studies, the inverse association became statistically significant again. Further stratification by sex revealed that the inverse association existed in female non-smokers (Fig. 4), whereas it disappeared in male non-smokers (Table 2).

...Our findings on the inverse association between BMI and the risk of developing lung cancer in smokers suggest that smokers should improve their nutritional status and maintain a suitable body weight.

Cigarette smoking, body mass index associated with the risks of age-related cataract in male patients in northeast China

[Int J Ophthalmol.](#) 2012;5(3):317-22. Epub 2012 Jun 18.

[Lu ZQ](#), [Sun WH](#), [Yan J](#), [Jiang TX](#), [Zhai SN](#), [Li Y](#).

Abstract

AIM:

To determine the association between cigarettes smoking, body mass index (BMI) and the risk of age-related cataract (ARC) in middle-aged and elderly men in Northeast China.

METHODS:

A hospital-based case control study was conducted. Cases (n =362) were men who had surgically treated ARC, 45-85 years old; controls frequency-matched (n =362) were men who had been admitted to the same hospital as cases for other diseases not related with eye diseases. Cases and controls were matched with 1:1. The cases and controls were interviewed during their hospital stay, using a structured interviewer-administrated questionnaire that included information on sociodemographic characteristics, socioeconomic, lifestyle habits (tobacco smoking and alcohol consumption, etc.), anthropometric measures, personal medical history, and family history of ARC in first-degree relatives, and simultaneously BMI was calculated. The odds ratios (OR) and 95% confidence intervals (CI) of ARC were estimated using multiple logistic regression models.

RESULTS:

After adjusting for age and multiple potential confounders, higher BMI was associated with an increased risk of ARC. Cigarette smoking, years smoking or moderate cigarette smoking (1-29 cigarettes per day) had no relation with the risk of ARC ($P>0.05$), although patients smoking ≥ 30 cigarettes per day had an elevated risk of ARC as compared with the non-smokers (OR=1.55, 95% CI: 1.16-2.85, $P=0.026$). Higher BMI was associated with an increased risk of ARC. Both overweight and obesity was associated with an obviously increased risk for surgically ARC (OR=1.55, 95% CI: 1.02-1.98, $P=0.015$ and OR=1.71, 95% CI: 1.32-2.39, $P=0.013$ respectively) compared to normal BMI. Then participants were grouped into quartiles of BMI (Q1 to Q4), compared to controls in the lowest quartile, the OR for cases in the highest quartile of BMI was 1.54 (OR=1.54, 95% CI: 1.08-2.46, $P=0.022$). The results of univariate analysis showed cigarette smoking was not associated with ARC formation for men with lower or normal BMI ($P>0.05$). Compared to the non-smokers, for men of overweight or obesity, cigarette smoking was associated with a significantly increased risk for surgically ARC (OR=2.00, 95% CI: 1.49-6.65, $P=0.003$ and OR=1.66, 95% CI: 1.63-13.21, $P=0.002$ respectively). Similarly, smokers in the highest quartile of BMI had approximately 1.5 times the risk of ARC as non-smokers in the lowest quartile (OR=1.46, 95% CI: 1.06-5.29, $P<0.001$). Followed multivariate models revealed that the association had never changed.

CONCLUSION:

Current cigarette smoking is positively related to ARC only among those who smoking 30 or more cigarettes per day. For men who are both overweight and obesity, cigarette smoking is associated with a significantly increased risk for ARC.

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3388400/?report=abstract>

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3388400/pdf/ijc-05-03-317.pdf>

Note: Open Access. Full text PDF freely available from link immediately above.

Attitudes towards smoking and tobacco control among pre-clinical medical students in Malaysia

[The International Journal of Tuberculosis and Lung Disease](#), Volume 16, Number 8, 1 August 2012 , pp. 1126-1128(3)

Tee, G. H.; Hairi, N. N.; Hairi, F.

Abstract

Physicians should play a leading role in combatting smoking; information on attitudes of future physicians towards tobacco control measures in a middle-income developing country is limited. Of 310 future physicians surveyed in a medical school in Malaysia, 50% disagreed that it was a doctor's duty to advise smokers to stop smoking; 76.8% agreed that physicians should not smoke before advising others not to smoke; and 75% agreed to the ideas of restricting the sale of cigarettes to minors, making all public places smoke-free and banning advertising of tobacco-related merchandise. Future physicians had positive attitudes towards tobacco regulations but had not grasped their responsibilities in tobacco control measures.

<http://www.ingentaconnect.com/content/iuatld/ijtd/2012/00000016/00000008/art00025>

Related IJTLD Editorial:

Medical students and doctors who smoke and their patients

<http://www.ingentaconnect.com/content/iuatld/ijtd/2012/00000016/00000008/art00002>

Implications of T'ai Chi for Smoking Cessation

[**J Altern Complement Med.**](#) 2012 Jul 9. [Epub ahead of print]

[Gryffin PA](#), [Chen WC](#).

Abstract

Abstract Objectives: The objective of this study was to identify underlying mechanisms affecting smoking cessation among smokers taking t'ai chi classes. Smokers from t'ai chi classes had attributed t'ai chi practice as the primary reason for quitting smoking. **Methods:** Two (2) students from the community college population who had taken a t'ai chi class completed an open-ended questionnaire, to identify possible variables involved in motivations for smoking cessation. An Internet search identified a third student from a university program who had posted observations of how t'ai chi affected her efforts at smoking cessation. The three written responses were evaluated for correlating comments, to identify possible theoretical aspects of why t'ai chi would impact smoking cessation. All three identified increased awareness of smoking habits due to t'ai chi as the primary reason for quitting smoking. A review of literature was conducted to clarify the role of enhanced awareness as a mediator in modifying destructive behavior and addiction. Results from an unpublished study of a t'ai chi smoking cessation program were utilized as supporting data. **Results:** Two (2) primary areas of behavior modification focusing on the role of enhanced self-awareness are identified from the review of literature: Mindfulness Meditation (MM), and traditional Zen practice. Zen and MM are identified as readily adaptable to using t'ai chi as a form of moving meditation for dealing with addiction. **Conclusions:** T'ai chi, as a more dynamic form of meditation, can be an effective method for enhancing mindfulness and awareness for breaking cycles of addiction and habit. Possible effects on physical cravings were also identified. As a novel and unusual form of mind/body exercise, t'ai chi may be a particularly appealing adjunct to smoking cessation programs, particularly in light of the many ancillary health benefits of t'ai chi.

<http://online.liebertpub.com/doi/abs/10.1089/acm.2011.0094>

Current Status of Tobacco Policy and Control

Journal of Thoracic Imaging:

July 2012 - Volume 27 - Issue 4 - p 213–219

Paoletti, Luca; Jardin, Bianca; Carpenter, Matthew J.; Cummings, K. Michael; Silvestri, Gerard A.

Abstract

Behaviors pertaining to tobacco use have changed significantly over the past century. Compared with 1964, smoking prevalence rates have halved from 40% to 20%, and as a result there has been a slow but steady decline in the rates of tobacco-induced diseases such as heart disease and cancer. Growing awareness of the health risks of smoking was aided by the US Surgeon Reports that were issued on a nearly annual basis starting from 1964. Concerns about the hazards of breathing in second-hand smoke further contributed to the declining social acceptance of smoking, which evolved into regulatory actions restricting smoking on buses, planes, retail outlets, restaurants, and bars. Today, 23

states and 493 localities have comprehensive laws restricting indoor smoking. This paper examines public policies that have made a significant impact on smoking and lung cancer rates and discusses potential future research directions to further reduce the diseases caused by smoking.

<http://journals.lww.com/thoracicimaging/Abstract/2012/07000/Current Status of Tobacco Policy and Control.5.aspx>

Editor's Section

Lung Cancer Screening: Confession of a Skeptic

Journal of Thoracic Imaging:
July 2012 - Volume 27 - Issue 4 - p 207

Ravenel, James G.

I admit it. I was skeptical. At the start of the National Lung Screening Trial (NLST), I firmly believed that the results would recapitulate prior chest radiograph randomized trials. Screening would detect more cancers, detect more early stage cancers and have little or no impact on lung cancer mortality. In my view, joining the NLST as a site was important because it was scientifically rigorous and designed to answer the key question attached to screening. Moreover, if screening was not going to impact mortality, we could move on to refining and identifying high risk groups. I remember the day in the fall of 2010 when I heard the data monitoring safety board (DMSB) say it had an important announcement. Why when the trial was so close to final follow-up would they have something to say? It had to be that the trial was a positive trial, screening for lung cancer was a scientifically sound proposition. The DMSB confirmed that a 20% mortality reduction due to lung cancer had been seen with CT screening when compared to chest radiograph...

This symposium is dedicated to lung cancer screening and perhaps should be dedicated to all participants of lung cancer screening trials who have been in many way pioneers of a new reality. They are the ones who have had to "sweat out" the false positives, undergo additional studies and invasive procedures that sometimes detected benign disease in search of a benefit that may or may not have been present.

This symposium is a collaborative project that has benefited from the help of many. I would like to thank all of the contributing authors and the editorial and publishing team at the *Journal of Thoracic Imaging*, without whom this symposium would not be possible.

We are at a new dawn in the fight against lung cancer with the realization that early detection can provide a benefit to those at greatest risk. I hope that the insights and information provided in this symposium provide a scaffolding on which to build and grow our knowledge to combat lung cancer, the number 1 cause of cancer deaths in the world.

<http://journals.lww.com/thoracicimaging/Fulltext/2012/07000/Lung Cancer Screening Confession of a Skeptic.1.aspx>

Also:

Expert Opinion: Barriers to CT Screening for Lung Cancer

<http://journals.lww.com/thoracicimaging/Fulltext/2012/07000/Expert Opinion Barriers to CT Screening for Lung.2.aspx>

Primary Care Perspective on Lung Cancer Screening

<http://journals.lww.com/thoracicimaging/Fulltext/2012/07000/Primary Care Perspective on Lung Cancer Screening.3.aspx>

Maximizing the Benefit and Minimizing the Risks of Lung Cancer Screening

<http://journals.lww.com/thoracicimaging/Fulltext/2012/07000/Maximizing the Benefit and Minimizing the Risks of.4.aspx>

Establishing a Computed Tomography Screening Clinic

<http://journals.lww.com/thoracicimaging/Abstract/2012/07000/Establishing a Computed Tomography Screening.6.aspx>

Technical Parameters and Interpretive Issues in Screening Computed Tomography Scans for Lung Cancer

<http://journals.lww.com/thoracicimaging/Fulltext/2012/07000/Technical Parameters and Interpretive Issues in.7.aspx>

Changes in Volume-corrected Whole-lung Density in Smokers and Former Smokers During the ITALUNG Screening Trial

<http://journals.lww.com/thoracicimaging/Abstract/2012/07000/Changes in Volume corrected Whole lung Density in.11.aspx>

Trends in the use of smokeless tobacco in United States, 2000-2010

[Laryngoscope](#). 2012 Jul 9. doi: 10.1002/lary.23448. [Epub ahead of print]

[Bhattacharyya N.](#)

Abstract**OBJECTIVES/HYPOTHESIS:**

To quantify trends in the use of smokeless tobacco in the United States.

STUDY DESIGN:

Longitudinal analysis of national population database.

METHODS:

The National Health Interview Surveys for 2000, 2005, and 2010 were analyzed for adult responses to specific questions regarding smokeless tobacco use, which includes chewing tobacco and snuff. Smokeless tobacco lifetime exposure, current use, and frequency of use were determined according to each sampled year, examining for trends over the past decade. Subset analysis for young adults (ages 18-44 years) was conducted. Demographic factors associated with smokeless tobacco use were also determined.

RESULTS:

A total of 86,270 adults were surveyed. Among all adults, the proportions of those who had ever tried chewing tobacco were $7.1 \pm 0.2\%$, $8.5 \pm 0.2\%$, and $9.2 \pm 0.2\%$ for 2000, 2005, and 2010, respectively ($P < .001$). Similarly, the proportions of those who had ever tried snuff were $4.4 \pm 0.2\%$, $7.5 \pm 0.2\%$, and $8.4 \pm 0.3\%$, respectively ($P < .001$). In aggregate, the proportions who were regular users of chewing tobacco remained stable over the survey years: $1.3 \pm 0.1\%$, $1.1 \pm 0.1\%$, and $1.2 \pm 0.1\%$, respectively ($P = .382$). In contrast, the percentages who were regular users of snuff tobacco increased significantly over the survey years: $1.4 \pm 0.1\%$, $1.6 \pm 0.1\%$, and $2.0 \pm 0.1\%$ ($P < .001$). The proportion of young adults regularly using snuff rose to $2.8 \pm 0.2\%$ ($P < .001$) in 2010. Male sex, non-Hispanic ethnicity, white race, and less than a high school education were characteristics that were strongly associated with smokeless tobacco use.

CONCLUSIONS:

There was a trend toward increased smokeless tobacco use, mainly snuff, in the United States in the past decade. This trend was more prominent among young adults and likely will have future health-care implications.

<http://onlinelibrary.wiley.com/doi/10.1002/lary.23448/abstract>

Also:

The effect of smoking on perioperative complications in head and neck oncologic surgery

<http://onlinelibrary.wiley.com/doi/10.1002/lary.23308/abstract>

Rising incidence of adenocarcinoma of the lung in Canada

[Lung Cancer](#). 2012 Jul 4. [Epub ahead of print]

[Jiang X](#), [de Groh M](#), [Liu S](#), [Liang H](#), [Morrison H](#).

Abstract**BACKGROUND/AIMS:**

This study examines temporal trends in incidence of lung cancer in 1972-2007, temporal trends in histological types of lung cancer in 1988-2007, and age-period-cohort effects on the incidence rates of lung cancer in Canada.

METHODS:

Using incidence data for 1972-2007, we calculated the three-year period rates and annual percentage change (APC): from

1988 to 2007 we were able to do this by histological types. We used age-period-cohort modelling to estimate underlying effects on the observed trends in incidence of adenocarcinoma of the lung.

RESULTS:

In Canada, age-adjusted incidence rates have increased by 263% in women and 4% in men from 1972 to 2007. Annual percent change in age-adjusted rates for women by histological type from 1988 to 2007 were 2.2% for adenocarcinoma, -0.9% for squamous cell carcinoma and -0.4% for small cell carcinoma. Age-adjusted rates decreased for men over the same 20 years: adenocarcinoma (APC: -0.6%), squamous cell carcinoma (APC: -4.2%) and small cell carcinoma (APC: -3.2%) in men. Age-specific incidence rates increased most rapidly for adenocarcinoma in those aged 75+ years (APC: women 4.3%; APC: men 1.1%). The age-period-cohort modelling suggested that the risk of being diagnosed with adenocarcinoma is decreasing in men and will be decreasing slowly in women.

CONCLUSIONS:

The adenocarcinoma incidence trends observed are consistent with smoking trends, however, the relative risk with smoking is lower for adenocarcinoma than for squamous cell carcinoma and small cell carcinoma. This suggests that other exposures may play a role in adenocarcinoma incidence, such as exposure to environmental carcinogens.

<http://www.sciencedirect.com/science/article/pii/S0169500212003832>

Nicotine improves performance in an attentional set shifting task in rats

Neuropharmacology. 2012 Jul 6. [Epub ahead of print]

[Allison C.](#), [Shoaib M.](#)

Abstract

A large number of studies in both humans and experimental animals have demonstrated nicotine-induced improvements in various aspects of cognitive function, including attention and memory. The prefrontal cortex (PFC) is thought to be critically involved in the modulation of executive function and these attentional processes are enhanced by nicotine acting at nicotinic acetylcholine receptors. The involvement of nicotinic processes on cognitive flexibility in particular has not been specifically investigated. The effects of nicotine on attentional flexibility were therefore evaluated using the rodent attentional set shifting task in rats. Nicotine injected both acutely and following repeated pre-exposure significantly improved both intradimensional and extradimensional set shifting performance in the task. Further investigation of the acute effects of nicotine demonstrated this improvement in attentional flexibility to be dose-dependent. These results implicate the nicotinic receptor system in the mediation of processes underlying cognitive flexibility and suggest that nicotine improves attentional flexibility in rats, both within and between perceptual dimensions of a compound stimulus. Nicotine-induced alterations in prefrontal circuitry may underlie these effects on cognitive flexibility. This article is part of a Special Issue entitled 'Cognitive Enhancers'.

<http://www.sciencedirect.com/science/article/pii/S0028390812003231>

Also:

In vitro exposure to nicotine induces endocytosis of presynaptic AMPA receptors modulating dopamine release in rat Nucleus Accumbens nerve terminals

<http://www.sciencedirect.com/science/article/pii/S0028390812003073>

Influence of Motion Picture Rating on Adolescent Response to Movie Smoking

Pediatrics peds.2011-1787; Published online July 9, 2012

James D. Sargent, Susanne Tanski, and Mike Stoolmiller

Abstract

OBJECTIVE: To examine the association between movie smoking exposure (MSE) and adolescent smoking according to rating category.

METHODS: A total of 6522 US adolescents were enrolled in a longitudinal survey conducted at 8-month intervals; 5503 subjects were followed up at 8 months, 5019 subjects at 16 months, and 4575 subjects at 24 months. MSE was estimated from 532 recent box-office hits, blocked into 3 Motion Picture Association of America rating categories: G/PG, PG-13, and R. A survival model evaluated time to smoking onset.

RESULTS: Median MSE in PG-13-rated movies was 3 times higher than median MSE from R-rated movies, but their relation with smoking was essentially the same, with adjusted hazard ratios of 1.49 (95% confidence interval [CI]: 1.23–1.81) and 1.33 (95% CI: 1.23–1.81) for each additional 500 occurrences of MSE respectively. MSE from G/PG-rated movies was small and had no significant relationship with adolescent smoking. Attributable risk estimates showed that adolescent smoking would be reduced by 18% (95% CI: 14–21) if smoking in PG-13-rated movies was reduced to the fifth percentile. In comparison, making all parents maximally authoritative in their parenting would reduce adolescent smoking by 16% (95% CI: 12–19).

CONCLUSIONS: The equivalent effect of PG-13-rated and R-rated MSE suggests it is the movie smoking that prompts adolescents to smoke, not other characteristics of R-rated movies or adolescents drawn to them. An R rating for movie smoking could substantially reduce adolescent smoking by eliminating smoking from PG-13 movies.

<http://pediatrics.aappublications.org/content/early/2012/07/03/peds.2011-1787.abstract>
<http://pediatrics.aappublications.org/content/early/2012/07/03/peds.2011-1787.full.pdf+html>

Also:

Influence of Smoking Cues in Movies on Children's Beliefs About Smoking
<http://pediatrics.aappublications.org/content/early/2012/07/03/peds.2011-1792.abstract>
<http://pediatrics.aappublications.org/content/early/2012/07/03/peds.2011-1792.full.pdf+html>

Note: Open Access. Full text PDFs freely available from links immediately above.

Related news coverage & PR:

On-screen smoking may turn teens on to cigarettes - Reuters
<http://www.reuters.com/article/2012/07/09/us-onscreen-smoking-idUSBRE86804J20120709>
 Should Smoking Trigger an R Rating? - Health.com
<http://news.health.com/2012/07/09/smoking-movies-r-rating/>
 Rating Films With Smoking 'R' Will Cut Smoking Onset by Teens, Experts Say
<http://www.sciencedaily.com/releases/2012/07/120709150610.htm>

Evaluation of smoking on olfactory thresholds of phenyl ethyl alcohol and n-butanol

[Physiol Behav.](#) 2012 Jul 6. [Epub ahead of print]

[Hayes JE](#), [Jinks AL](#).

Abstract

The effect of smoking on the sense of smell remains inconclusive. Previous research suggests that this is due to idiosyncratic acuity dependent on the odorants used in testing. Specifically, it appears that smokers have reduced olfactory acuity to odorants found within cigarettes compared with odorants not within cigarettes. Given that some of these odorants are used in tomography and magnetic resonance imaging, an in-depth understanding of this phenomenon in smoking individuals is crucial. This study assesses the variation of olfactory thresholds in smokers based on selective impairment to two odors commonly used in olfactory testing- n-butanol and phenyl ethyl alcohol (PEA). We presented to 46 participants an 18 step, forced choice, three choice ascending staircase method sniff bottle threshold test using n-butanol and PEA. PEA is present in cigarettes while n-butanol is not. Therefore n-butanol is used as a covariate to control for variance explained by any general olfactory dysfunction. Using this method, we can focus solely on selective impairment. We discovered that n-butanol threshold scores were significantly different between smokers and nonsmokers. In addition, after using n-butanol as covariate, phenyl ethyl alcohol scores remained significantly different between groups. This data suggests that there is an extended impairment to odors within tobacco and this may explain a cause of the inconclusiveness of past research.

<http://www.sciencedirect.com/science/article/pii/S0031938412002442>

Understanding oral health promotion needs and opportunities of tobacco quitline callers

[Public Health Rep. 2012 Jul;127\(4\):401-6.](#)

[McClure JB](#), [Riggs KR](#), [St John J](#), [Cerutti B](#), [Zbikowski S](#).

Abstract**OBJECTIVE:**

Improving oral health and oral health care are important public health goals. Tobacco users and smokers are at particularly high risk for oral disease and warrant targeted intervention efforts. We assessed the need for and acceptability of targeting tobacco quitline callers for an oral health promotion intervention.

METHODS:

We surveyed 816 Washington State Quitline callers to assess their oral health, relevant self-care behaviors, and interest in oral health promotion intervention.

RESULTS:

Most respondents were female, cigarette smokers, of low socioeconomic status, with no dental insurance. Of the respondents, 79.3% (n=647) had some or all of their natural teeth (e.g., dentate); however, most of these respondents failed to meet recommendations for daily oral hygiene (brushing and flossing) (83.9%, n=543) and had no dental visits in the past year (52.6%, n=340). Similar findings were observed among respondents with no insurance. Many respondents were interested in learning more about how to improve their oral health (57.4%, n=468), willing to speak with a quitline coach about improving their oral health (48.2%, n=393), and open to receiving additional oral health information by mail (62.7%, n=512) or the Internet (50.0%, n=408). People who were receptive to learning how to improve their oral health were significantly more likely to be nonwhite, have a low income, have no dental insurance, and not have visited a dentist in the past year.

CONCLUSION:

There is a need and an opportunity to target quitline callers for oral health promotion services, as those most in need of these services were open to receiving them.

<http://www.publichealthreports.org/issuecontents.cfm?Volume=127&Issue=4>

Also:

Surgeon General's Perspectives: A New Surgeon General's Report: Preventing Tobacco Use Among Adolescents and Young Adults

<http://www.publichealthreports.org/issueopen.cfm?articleID=2871>

Unintended consequences of cigarette price changes for alcohol drinking behaviors across age groups: evidence from pooled cross sections

Substance Abuse Treatment, Prevention, and Policy 2012, 7:28 doi:10.1186/1747-597X-7-28

Published: 11 July 2012

Deborah L McLellan, Dominic Hodgkin, Pebbles Fagan, Sharon Reif and Constance M Horgan

Abstract

Background

Raising prices through taxation on tobacco and alcohol products is a common strategy to raise revenues and reduce consumption. However, taxation policies are product specific, focusing either on alcohol or tobacco products. Several studies document interactions between the price of cigarettes and general alcohol use and it is important to know whether increased cigarette prices are associated with varying alcohol drinking patterns among different population groups. To inform policymaking, this study investigates the association of state cigarette prices with smoking, and current, binge,

and heavy drinking by age group.

Methods

The 2001-2006 Behavioral Risk Factor Surveillance System surveys (n=1,323,758) were pooled and analyzed using multiple regression equations to estimate changes in smoking and drinking pattern response to an increase in cigarette price, among adults aged 18 and older. For each outcome, a multiple linear probability model was estimated which incorporated terms interacting state cigarette price with age group. State and year fixed effects were included to control for potential unobserved state-level characteristics that might influence smoking and drinking.

Results

Increases in state cigarette prices were associated with increases in current drinking among persons aged 65 and older, and binge and heavy drinking among persons aged 21-29. Reductions in smoking were found among persons aged 30-64, drinking among those aged 18-20, and binge drinking among those aged 65 and older.

Conclusions

Increases in state cigarette prices may increase or decrease smoking and harmful drinking behaviors differentially by age. Adults aged 21-29 and 65 and older are more prone to increased drinking as a result of increased cigarette prices. Researchers, practitioners, advocates, and policymakers should work together to understand and prepare for these unintended consequences of tobacco taxation policy.

<http://www.substanceabusepolicy.com/content/7/1/28/abstract>

<http://www.substanceabusepolicy.com/content/pdf/1747-597X-7-28.pdf>

Also:

Smoking among troops deployed in combat areas and its association with combat exposure among navy personnel in Sri Lanka

<http://www.substanceabusepolicy.com/content/7/1/27/abstract>

<http://www.substanceabusepolicy.com/content/pdf/1747-597X-7-27.pdf>

Prevalence of and Factors Associated with Daily Smoking among Inner Mongolia Medical Students in China: A Cross-sectional Questionnaire Survey

<http://www.substanceabusepolicy.com/content/7/1/20/abstract>

<http://www.substanceabusepolicy.com/content/pdf/1747-597X-7-20.pdf>

Validation of the French version of the alcohol, smoking and substance involvement screening test (ASSIST) in the elderly

<http://www.substanceabusepolicy.com/content/7/1/14>

<http://www.substanceabusepolicy.com/content/pdf/1747-597X-7-14.pdf>

Note: Open Access. Full text PDFs freely available from links immediately above.

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