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**Date:** 26.7.2012 14:50:32

**Subject:** STAN Bulletin: 18th Edition: 26-July-2012

## Smoking & Tobacco Abstracts & News

**STAN Bulletin**

**18th Edition**

**26-July-2012**

**Editor's note:** Tobacco company quarterly reports out this week are encouraging for the industry and no one else. But there are positive developments in the news from several countries, along with some setbacks.

Stan Shatenstein

### In the News:

- Al-Jazeera: [Outsourcing addiction: Examining why smoking is on the rise in developing countries \[Video\]](#)
- Australia: [Future Fund feels the heat over incongruity between health goals & tobacco investments](#)
- Australia: Victoria: Melbourne: [Airport's wall of second-hand smoke faces travellers](#)
- Canada: NB: [Judge orders tobacco companies to file defence after numerous procedural objections \[Lawsuit\]](#)
- Canada: Saskatchewan: [Government faces class-action lawsuit over First Nations tobacco tax limits](#)
- India: [Health ministry plans plain packaging of tobacco products](#)
- India: [Will the ban on gutka curb tobacco use? \[Video\]](#)
- Israel: [Finance minister raises cigarette taxes in first round of austerity plan](#)
- Malaysia: [PAC: Drastic, not gradual, hike in cigarette prices can help curb smoking](#)
- NZ: [Calls at parliamentary hearings for airport duty free cigarette sales to stop](#)
- NZ: [Prime Minister admits move to plain-pack cigarettes 'no slam-dunk'](#)
- NZ: [60 Minutes: Imperial Tobacco: Smokescreen: Immoral industry resistance: Video; Continuing the Crackdown](#)
- Rwanda: [MPs Push for Broad Ban On Public Smoking, Promising No Compromise](#)
- UK/NZ: [Smoking Olympic athletes get village pass, designated areas set up](#)
- UK: [Peers back smoking ban for cars with children present, but government support absent](#)
- UK: NI: [Belfast Telegraph: Opinion: Cigarette smoking just plain senseless](#)
- UK: [Imperial Tobacco: Price rises offset falling sales, performance in line with expectations; Company statement](#)
- UK/US: [BAT: Emerging market boost; PM: Altria triples Q2 profits; Imperial: 2011 Problems Fade, Premium Boost: Motley Fool Report](#)
- US: [Tobacco-free college campuses on rise as schools institute total smoking bans, indoors & out](#)
- US: CA: Santa Monica: [Smokers win battle to light up at home following city council's surprise U-turn](#)
- Spain: [Four die, many injured in wildfires caused by discarded cigarettes thrown from cars](#)

### Noteworthy:

"Nurse leaders can address this leading cause of preventable death and misery - tobacco use - with their usual sensitivity to the disparities and special needs of different populations while pursuing scholarship with the intensity and diligence that this public health crisis deserves... Given the enormity of this public health issue, tobacco control should receive high priority on any nursing research, health policy, and health care professional agenda." [Sarna L et al. Making a difference: Nursing scholarship and leadership in tobacco control, [Nurs Outlook](#)]

### In this Edition:

- Addiction - Rubinstein: US: Nicotine Metabolism & Addiction among Adolescent Smokers
- Birth Defects Res A Clin Mol Teratol - Srisukhumbowornchai: US: UT: Self-reported pregnancy smoking, 2003-2007
- BMJ - Hollands: UK: Crohn's disease: Effect of communicating DNA risk on smoking cessation: RCT
- Brain Imag Behav - Bennett: US: Prenatal tobacco exposure, brain function & memory in early adolescence
- Clin Ther - Athanasakis: Greece: Cost-Effectiveness of Varenicline Vs. Bupropion, NRT & Unaided Cessation

- Curr Opin Cardiol - Raupach: Treatment of tobacco addiction & the cardiovascular specialist
- Heart Lung Circ - Conigrave: Australia: Indigenous Smoking or Alcohol Dependence: Treatment, Not Just Education
- Int J Cancer - Mfoumou: Current tobacco & water-pipe smoking enhance human cancer invasion & metastasis
- Int J Clin Pharm - El Hajj: Qatar: Cessation counseling: pharmacist attitudes, role perceptions & practices
- IJERPH - Almeida: Brazil: WHO FCTC: Global Adult Tobacco Survey Data as a Tool to Monitor Implementation
- J Urol - Bjurlin: US: Ethnicity, Smoking Status & Awareness of Smoking Related Genitourinary Diseases
- Neuropharmacol - Mexal: Diurnal variation in nicotine sensitivity: genetic background & melatonin
- Nurs Outlook - Sarna: US: AAN: Making a difference: Nursing scholarship & leadership in tobacco control
- Prog Commun Health Partnersh - Milam: US: MD: Mobilizing for small cigar minimum packaging requirements
- Schizophr Res - Deroza: Effect of cigarette smoke exposure in the behavioral changes induced by ketamine
- Tob Control - Hickman: US: NSDUH: Menthol use among smokers with psychological distress: 2008 & 2009
- Tob Control - Jarman: FCTC: When trade law meets public health evidence: WTO & clove cigarettes
- Trials - Tappin: CPIT: Cessation in Pregnancy Incentives Trial: RCT study protocol
- Wien Klin Wochenschr - Thompson: Austria: Smoking & lung cancer: current trends

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**Abstracts:**

**Nicotine Metabolism and Addiction among Adolescent Smokers**

**Addiction**

[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: **24 JUL 2012**

Mark L. Rubinstein, Saul Shiffman, Anna-Barbara Moscicki, Michelle A. Rait, Saunak Sen and Neal L. Benowitz

**Abstract**

**AIMS**

The purpose of this study was to determine the association between the nicotine metabolic rate and smoking behavior, including addiction, in adolescent smokers.

**DESIGN**

Baseline data from a prospective study of adolescent smoking behaviors and nicotine metabolism.

**SETTING**

The setting was an outpatient university hospital in San Francisco.

**PARTICIPANTS**

Adolescent smokers (n=164) aged 13-17 years old.

**MEASUREMENTS**

Participants completed self-report measures of smoking behavior and nicotine dependence (modified Fagerström Tolerance Questionnaire, mFTQ). The nicotine metabolite ratio (NMR), a phenotypic marker of the rate of nicotine metabolism, was calculated using the ratio of concentrations of deuterium-labeled 3'-hydroxycotinine to cotinine-d<sub>4</sub>.

**FINDINGS**

Participants reported smoking a mean of 2.86 cigarettes per day (CPD) (median= 1.78, SD=3.35) for 1.37 years (median= 1.0, SD=1.36). Results from multivariate analyses accounting for age, race/ethnicity, gender and duration of smoking indicated that slower metabolizers smoked more CPD than faster metabolizers (the NMR was inversely related to CPD;

$p=.02$ ). Slower metabolizers also showed greater dependence on the mFTQ (NMR was negatively associated with the mFTQ;  $p=.02$ ).

## CONCLUSIONS

In adolescence, slower clearance of nicotine may be associated with greater levels of addiction, perhaps mediated by a greater number of cigarettes smoked.

<http://onlinelibrary.wiley.com/doi/10.1111/j.1360-0443.2012.04026.x/abstract>

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## Self-reported maternal smoking during pregnancy by source in Utah, 2003-2007

[Birth Defects Res A Clin Mol Teratol.](#) 2012 Jul 23. doi: 10.1002/bdra.23058. [Epub ahead of print]

[Srisukhumbowornchai S](#), [Krikov S](#), [Feldkamp ML](#).

### Abstract

#### BACKGROUND:

Maternal self-report is the most common method for assessment of past cigarette exposure to assess birth defect risk. This study compared maternal smoking prior to and during pregnancy based on self-reports obtained from the medical records abstracted for the Utah Birth Defect Network (UBDN), the birth certificate, and the computer-assisted telephone interview (CATI) in the National Birth Defects Prevention Study (NBDPS). The study also investigated how the different sources for maternal smoking data affect estimates in an empirical study.

#### METHODS:

A total of 1774 case and 618 control mothers who had participated in the NBDPS and whose live born infants were delivered between January 1, 2003, and December 31, 2007, were included in this study. Among the case mothers, we compared data from all three sources, whereas for control mothers only two data sources were available for comparison (i.e., birth certificate and CATI).

#### RESULTS:

Smoking prevalence was highest in the CATI. Compared to the CATI, data from the UBDN had a higher sensitivity (61.3%) and better agreement ( $\kappa = 0.63$ ) than birth certificates (51.8%;  $\kappa = 0.56$ ). Adjusted odds ratios for all and specific birth defects (i.e., holoprosencephaly, hydrocephalus, anophthalmia/microphthalmia, anotia/microtia, total anomalous pulmonary venous return/partial anomalous pulmonary venous return [TAPVR/PAPVR], heterotaxy, and gastroschisis) were different between the birth certificate and CATI. The change in the effect estimates between the two sources ranged from 19% to 56%.

#### CONCLUSIONS:

Based on our findings, maternal smoking exposure from interview data was shown to be of higher quality with less misclassification compared to data obtained from medical records or birth certificates.

<http://onlinelibrary.wiley.com/doi/10.1002/bdra.23058/abstract>

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## Effect of communicating DNA based risk assessments for Crohn's disease on smoking cessation: randomised controlled trial

[BMJ.](#) 2012 Jul 20;345:e4708. doi: 10.1136/bmj.e4708.

[Hollands GJ](#), [Whitwell SC](#), [Parker RA](#), [Prescott NJ](#), [Forbes A](#), [Sanderson J](#), [Mathew CG](#), [Lewis CM](#), [Watts S](#), [Sutton S](#), [Armstrong D](#), [Kinmonth AL](#), [Prevost AT](#), [Marteau TM](#).

**Abstract****OBJECTIVE:**

To test the hypothesis that communicating risk of developing Crohn's disease based on genotype and that stopping smoking can reduce this risk, motivates behaviour change among smokers at familial risk.

**DESIGN:**

Parallel group, cluster randomised controlled trial.

**SETTING:**

Families with Crohn's disease in the United Kingdom.

**PARTICIPANTS:**

497 smokers (mean age 42.6 (SD 14.4) years) who were first degree relatives of probands with Crohn's disease, with outcomes assessed on 209/251 (based on DNA analysis) and 217/246 (standard risk assessment).

**INTERVENTION:**

Communication of risk assessment for Crohn's disease by postal booklet based on family history of the disease and smoking status alone, or with additional DNA analysis for the NOD2 genotype. Participants were then telephoned by a National Health Service Stop Smoking counsellor to review the booklet and deliver brief standard smoking cessation intervention. Calls were tape recorded and a random subsample selected to assess fidelity to the clinical protocol.

**MAIN OUTCOME MEASURE:**

The primary outcome was smoking cessation for 24 hours or longer, assessed at six months.

**RESULTS:**

The proportion of participants stopping smoking for 24 hours or longer did not differ between arms: 35% (73/209) in the DNA arm versus 36% (78/217) in the non-DNA arm (difference -1%, 95% confidence interval -10% to 8%,  $P=0.83$ ). The proportion making a quit attempt within the DNA arm did not differ between those who were told they had mutations putting them at increased risk (36%), those told they had none (35%), and those in the non-DNA arm (36%).

**CONCLUSION:**

Among relatives of patients with Crohn's disease, feedback of DNA based risk assessments does not motivate behaviour change to reduce risk any more or less than standard risk assessment. These findings accord with those across a range of populations and behaviours. They do not support the promulgation of commercial DNA based tests nor the search for gene variants that confer increased risk of common complex diseases on the basis that they effectively motivate health related behaviour change.

**TRIAL REGISTRATION:**

Current Controlled Trials ISRCTN21633644.

<http://www.bmj.com/content/345/bmj.e4708>

<http://www.bmj.com/content/345/bmj.e4708.pdf%2Bhtml>

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

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**Prenatal tobacco exposure predicts differential brain function during working memory in early adolescence: a preliminary investigation**

[Brain Imaging Behav.](#) 2012 Jul 21. [Epub ahead of print]

[Bennett DS](#), [Mohamed FB](#), [Carmody DP](#), [Malik M](#), [Faro SH](#), [Lewis M](#).

### Abstract

Children prenatally exposed to tobacco exhibit higher rates of learning and emotional-behavioral problems related to worse working memory performance. Brain function, however, among tobacco exposed children while performing a working memory task has not previously been examined. This study compared the brain function of tobacco-exposed (n = 7) and unexposed (n = 11) 12-year-olds during a number N-back working memory task using an event-related functional magnetic resonance imaging (fMRI) design. Prenatal alcohol exposure, neonatal medical problems, environmental risk, and sex were statistically controlled. Tobacco-exposed children showed greater activation in inferior parietal regions, whereas unexposed children showed greater activation in inferior frontal regions. These differences were observed in the context of correct responses, suggesting that exposed and unexposed children use different brain regions and approaches to succeed in working memory tasks. Implications for future research and intervention are discussed.

<http://www.springerlink.com/content/86541808167g71wp/>

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## Cost-Effectiveness of Varenicline Versus Bupropion, Nicotine-Replacement Therapy, and Unaided Cessation in Greece

[Clin Ther.](#) 2012 Jul 19. [Epub ahead of print]

[Athanasakis K](#), [Igoumenidis M](#), [Karampli E](#), [Vitsou E](#), [Sykara G](#), [Kyriopoulos J](#).

### Abstract

#### BACKGROUND:

Varenicline was designed to relieve symptoms of nicotine withdrawal, including cigarette craving, and to block the reinforcing effects of continued nicotine use. The cost-effectiveness of varenicline in some countries has not been studied.

#### OBJECTIVE:

The aim of this study was to compare the cost-effectiveness of varenicline to that of bupropion, nicotine-replacement therapy (NRT), and unaided cessation in the Greek health care setting. The analysis takes into account a societal security (third-party payer) perspective.

#### METHODS:

To perform the analyses of the benefits of smoking cessation in terms of smoking-related morbidity, mortality, and associated medical costs, a Markov model was used that simulated the progress of a hypothetical cohort of current smokers making a single attempt to quit smoking at the beginning of the timeframe of the analysis. The robustness of the results was assessed using a series of 1-way sensitivity analyses.

#### RESULTS:

Varenicline was associated with the potential prevention of 14.1, 14.2, and 35.1 additional cases of the 4 smoking-related diseases incorporated into the model, per 1000 smokers willing to quit, versus bupropion, NRT, and unaided cessation, respectively. Potentially avoided smoking-related deaths with varenicline were estimated at 3.24, 3.26, and 7.5 per 1000 quitters versus the 3 comparators. Varenicline led to a potential gain of 33.78, 33.91, and 83.97 QALYs per 1000 persons willing to make a quit attempt versus the 3 comparators. Varenicline was associated with cost-savings against both active comparators for the lifetime horizon. Overall, the cost per additional quitter with varenicline, considering only the costs of the smoking-cessation strategy, was €2659 (€1015) for a lifetime horizon compared with bupropion (NRT); however, when all direct costs were incorporated into the analysis, varenicline was cost-saving.

#### CONCLUSION:

The findings from the present study suggest that, compared with the widely used treatment options bupropion and NRT,

as well as unaided cessation, varenicline may enhance smoking-cessation treatment outcomes while substantially reducing the overall costs of smoking to the health care system.

<http://www.sciencedirect.com/science/article/pii/S0149291812004286>

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## **Treatment of tobacco addiction and the cardiovascular specialist**

[Curr Opin Cardiol](#). 2012 Jul 19. [Epub ahead of print]

[Raupach T](#), [Brown J](#).

### **Abstract**

#### **PURPOSE OF REVIEW:**

Tobacco smoking is the leading cause of avoidable deaths worldwide, and half of these deaths are due to cardiovascular disease (CVD). Physicians specialized in the management of CVD play a key role in ensuring that all smokers with cardiovascular disorders are offered best evidence support to help them quit smoking. This review summarizes recent findings on smoking as a risk factor for CVD, effects of smoking cessation on the prognosis of CVD patients, interactions between drug treatment for CVD and smoking, effective interventions to promote quitting in CVD patients and policy issues regarding tobacco control.

#### **RECENT FINDINGS:**

Smoking cessation following an acute cardiovascular event yields a substantial reduction in morbidity and mortality. Recent declines in CVD mortality were mainly a result of risk factor modification rather than improvement of medical treatments for CVD. The latter are also less effective in smokers than in nonsmokers, and smokers are at high risk of medication nonadherence. Effective interventions to support quit attempts in smokers with CVD are available. Cardiovascular specialists should encourage policy-makers to take appropriate tobacco control action.

#### **SUMMARY:**

Cardiovascular specialists are in a unique position to promote cardiovascular health at the individual as well as at a population level.

[http://journals.lww.com/co-cardiology/Abstract/publishahead/Treatment\\_of\\_tobacco\\_addiction\\_and\\_the.99708.aspx](http://journals.lww.com/co-cardiology/Abstract/publishahead/Treatment_of_tobacco_addiction_and_the.99708.aspx)

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## **Smoking or Alcohol Dependence Among Indigenous Australians: Treatment May Be Needed, Not Just Education**

[Heart Lung Circ](#). 2012 Jul 19. [Epub ahead of print]

[Conigrave KM](#), [Lee KS](#).

### **Abstract**

#### **BACKGROUND:**

In trying to help Aboriginal and Torres Strait Islander (Indigenous) individuals or communities to stop smoking or reduce the harms from alcohol, it is important to be aware of the strong biological basis of the drive to return to nicotine or alcohol.

#### **METHODS:**

In this paper we briefly describe the social and neurobiological factors that drive a dependent smoker or drinker to keep

using. We set out the current range of pharmacological treatments for dependence, their role in assisting a person to either stop using or avoid relapse, and we discuss issues relating to their use in Aboriginal Australians. CONCLUDING

#### COMMENTS:

There is a firm evidence base for the use of pharmacological treatments for nicotine or alcohol dependence, particularly in severe dependence or when counselling or non-pharmacological approaches have failed. Indigenous Australians should be able to access the full range of approaches to managing these conditions. Working in partnership with Indigenous health staff and agencies can help ensure that appropriate access to treatment and quality treatment delivery occurs.

<http://www.sciencedirect.com/science/article/pii/S1443950612010931>

#### Letter to the Editor

#### Current tobacco and water-pipe smoking enhance human cancer invasion and metastasis

#### 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: **23 JUL 2012**

Etienne Mfoumou, Zhang Li and Ala-Eddin Al Moustafa

Dear Sir,

We want to congratulate the authors of the article "Smoking at diagnosis and survival in cancer patients"<sup>1</sup> for their input in cancer research on this very important topic. This analysis is based on 5,185 cancer patients in the USA, including 13 sites of cancer disease containing at least 100 patients diagnosed after a median follow-up of 12 years. They reported that current tobacco smoking increased overall mortality (OM) and disease-specific mortality (DSM) risk when compared with former or never smoking patients, using Cox proportional hazards analysis. More specifically, they revealed that current smoking increased mortality risks in lung, head and neck, prostate as well as leukemia in men and breast, ovary, uterus and melanoma in women. This study also showed that current smoking was not associated with any survival benefits in any disease site. And finally, their data confirm that current smoking increase long-term OM and DSM...

Alternatively, water-pipe smoking (WPS) is common especially in the Eastern Mediterranean Region, as it is believed that 20% of adult people living in these countries smoke water-pipe.<sup>7</sup> Moreover, WPS has recently been spreading among young people in the western countries including the United States and Canada.<sup>8,9</sup> Smoke from waterpipes contains most of the compounds that are also present in cigarette smoke, although in different proportions.<sup>10</sup> More importantly, the longer duration of a WPS session leads to a much higher yield of toxic molecules than cigarette smoking.<sup>9,10</sup> Thus, we believe that current WPS and tobacco smoking are important risk factors in the initiation of cancer invasion and metastasis through the EMT event and deregulation of its key genes. However, more molecular and cellular biological studies are necessary in order to determine the exact role of tobacco and WPS in the progression of several human carcinomas.

<http://onlinelibrary.wiley.com/doi/10.1002/ijc.27744/abstract>

#### Authors' reply & referenced *Int J Cancer* study:

Authors reply to Mfoumou et al. in Re. "smoking at diagnosis and survival in cancer patients"

<http://onlinelibrary.wiley.com/doi/10.1002/ijc.27743/abstract>

Smoking at diagnosis and survival in cancer patients

<http://onlinelibrary.wiley.com/doi/10.1002/ijc.27617/abstract>

#### Smoking cessation counseling in Qatar: community pharmacists' attitudes, role perceptions and practices

#### International Journal of Clinical Pharmacy

**Volume 34, Number 4 (2012), 667-676**, DOI: 10.1007/s11096-012-9663-x

[Maguy Saffouh El Hajj](#), [Reem Raad Al Nakeeb](#) and [Raja'a Ali Al-Qudah](#)

#### Abstract

*Background* Smoking is a major public health problem in Qatar. The potential for community pharmacists to offer smoking cessation counseling in this country can be high. *Objectives* To determine the current smoking cessation practices of community pharmacists in Qatar, to examine their attitudes about tobacco use and smoking cessation, to evaluate their perceptions about performing professional roles with respect to smoking cessation and to assess their perceived barriers for smoking cessation counseling in the pharmacy setting in Qatar. *Setting* Community pharmacies in Qatar. *Methods* The objectives were addressed in a cross sectional survey of community pharmacists in Qatar from June 2010 to October 2010. A phone call was made to all community pharmacists in Qatar (318 pharmacists) inviting them to participate. Consenting pharmacists anonymously completed the survey either online or as paper using fax. Data was analyzed using Statistical Package of Social Sciences (SPSS®) Version 18. *Main outcome measures* Qatar community pharmacists' smoking cessation practices, their attitudes toward tobacco use, smoking cessation and smoking cessation counseling and their perceived barriers for smoking cessation counseling. *Results* Over 5 months, we collected 127 surveys (40 % response rate). Only 21 % of respondents reported that they always or most of the time asked their patients if they smoke. When the patients' smoking status was identified, advising quitting and assessing readiness to quit were always or most of the time performed by 66 and 52 % of respondents respectively. Only 15 % always or most of the time arranged follow-up with smokers and 22 % always or most of the time made smoking cessation referrals. Most respondents (>80 %) agreed that smoking could cause adverse health effects and that smoking cessation could decrease the risk of these effects. In addition, the majority (>80 %) believed that smoking cessation counseling was an important activity and was an efficient use of their time. The top two perceived barriers for smoking cessation counseling were lack of time (65 % of respondents) and lack of patients' interest in smoking cessation (54 %). *Conclusions* Qatar community pharmacists have positive attitudes toward smoking cessation counseling. These attitudes need to be translated into action. Interventions should be implemented to overcome perceived barriers and to improve smoking cessation activities among pharmacists.

<http://www.springerlink.com/content/g56566263887j267/>

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### **Global Adult Tobacco Survey Data as a Tool to Monitor the WHO Framework Convention on Tobacco Control (WHO FCTC) Implementation: The Brazilian Case**

*Int. J. Environ. Res. Public Health* **2012**, *9*(7), 2520-2536; doi:10.3390/ijerph9072520

Liz Almeida, André Szklo, Mariana Sampaio, Mirian Souza, Luís Felipe Martins, Moysés Szklo, Deborah Malta and Roberta Caixeta

#### **Abstract**

The Global Adult Tobacco Survey (GATS) was conducted in Brazil to provide data on tobacco use in order to monitor the WHO FCTC implementation in the country. It was carried out in 2008 using an international standardized methodology. The instrument included questions about tobacco use prevalence, cessation, secondhand smoke, knowledge, attitudes, media and advertising. Weighted analysis was used to obtain estimates. A total of 39,425 interviews were conducted. The prevalence of current tobacco use was 17.5%, (22.0%, men; 13.3%, women). The majority of users were smokers (17.2%) and their percentage was higher in rural areas (20.4%) than in urban areas (16.6%). About 20% of individuals reported having been exposed to tobacco smoke in public places. Over 70% of respondents said they had noticed anti-smoking information in several media and around 65% of smokers said they had considered quitting because of warning labels. About 30% of respondents had noticed cigarette advertising at selling points and 96% recognized tobacco use as a risk factor for serious diseases. Data in this report can be used as baseline for evaluation of new tobacco control approaches in Brazil, vis-à-vis WHO FCTC demand reduction measures.

<http://www.mdpi.com/1660-4601/9/7/2520>

#### **Also:**

Smoking Health Professional Student: An Attitudinal Challenge for Health Promotion?

<http://www.mdpi.com/1660-4601/9/7/2550>

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

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### **Ethnicity and Smoking Status are Associated with Awareness of Smoking Related Genitourinary Diseases**

*J Urol.* **2012 Jul 18.** [Epub ahead of print]

[Bjurlin MA](#), [Cohn MR](#), [Freeman VL](#), [Lombardo LM](#), [Hurley SD](#), [Hollowell CM](#).



**Abstract****PURPOSE:**

Cigarette smoking is a recognized risk factor for kidney cancer, bladder cancer and erectile dysfunction. However, little is known regarding patient knowledge of these associations. We evaluated awareness of smoking as a risk factor for genitourinary disease and identified variables associated with awareness.

**MATERIALS AND METHODS:**

We performed a cross-sectional study in a convenience sample of 535 patients who presented to a urology clinic at a major public hospital between 2009 and 2011. Patient demographics and knowledge were captured in a self-reported questionnaire evaluating awareness of smoking as a risk factor for bladder, kidney and lung cancer, and erectile dysfunction. Factors associated with the awareness of smoking and genitourinary disease were identified by multivariable logistic regression.

**RESULTS:**

Urology patients generally had low overall awareness of smoking related genitourinary disease. Only 33.5%, 25.2% and 24.2% of patients identified smoking as a risk factor for kidney cancer, bladder cancer and erectile dysfunction, respectively, compared to 94.0% who identified it as a risk factor for lung cancer. Patients from ethnic minorities and current smokers consistently showed a more pronounced lack of awareness of the link between smoking and these diseases. Generally Hispanic and black patients were 2 to 3 times more likely than white patients to be unaware of the association of smoking with the diseases ( $p = 0.0019$  to  $0.059$ ). Smokers were twice as likely as nonsmokers to be unaware of the link of smoking with kidney and bladder cancer ( $p = 0.025$  and  $0.0509$ , respectively).

**CONCLUSIONS:**

Our study highlights the need for increased awareness of smoking related genitourinary diseases, especially among minority patients and smokers. This study draws attention to an opportunity for urologists to provide smoking cessation assistance and education for this patient population.

<http://www.jurology.com/article/S0022-5347%2812%2903667-1/abstract>

<http://www.sciencedirect.com/science/article/pii/S0022534712036671>

**Related *J Urol* paper:**

Smoking Cessation Assistance for Patients With Bladder Cancer: A National Survey of American Urologists (2010)

<http://www.sciencedirect.com/science/article/pii/S0022534710040620>

**Diurnal variation in nicotine sensitivity in mice: role of genetic background and melatonin**

**[Neuropharmacology](#). 2012 Jul 18. [Epub ahead of print]**

[Mexal S](#), [Horton WJ](#), [Crouch EL](#), [Maier SI](#), [Wilkinson AL](#), [Marsolek M](#), [Stitzel JA](#).

**Abstract**

Despite the evidence that there is a daily rhythm in smoking behavior and that the effects of drugs of abuse exhibit diurnal variations, very few studies have explored the extent to which sensitivity to the effects of nicotine vary over the course of the day. In the studies described in this report, the melatonin proficient mouse strain C3H/lbg and the melatonin deficient mouse strains C57BL/6J and DBA/2J were assessed for diurnal variations in sensitivity to the effects of nicotine. Results indicated that there is significant variation in sensitivity to both activity and body temperature depressant effects of nicotine in the melatonin proficient C3H/lbg strain with maximal sensitivity occurring during the latter third of the light period of the light cycle and minimal sensitivity taking place during the last third of the dark phase of the light cycle. The melatonin deficient strains did not exhibit diurnal differences in sensitivity to the effects of nicotine suggesting a potential role for melatonin in modulating the effects of nicotine. Experiments with knockout mice lacking both the Mtnr1a and Mtnr1b melatonin receptors confirmed that the reduced sensitivity observed during the dark phase is melatonin dependent. Diurnal variation in nicotinic receptor expression also was measured in cortex, hippocampus, hypothalamus and striatum using [(125)I]  $\alpha$ -bungarotoxin and [(125)I]-epibatidine. [(125)I]  $\alpha$ -bungarotoxin binding in hypothalamus of C3H mice exhibited a diurnal pattern with maximal binding observed in the latter third of the light portion of the light cycle. No

other significant differences in binding were detected.

<http://www.sciencedirect.com/science/article/pii/S0028390812003395>

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### **Making a difference: Nursing scholarship and leadership in tobacco control**

[Nurs Outlook](#). 2012 Jul 20. [Epub ahead of print]

[Sarna L](#), [Bialous SA](#), [Chan SS](#), [Hollen P](#), [O'Connell KA](#).

#### **Abstract**

This report from members of the Health Behavior Expert Panel of the American Academy of Nursing (AAN) provides an overview of nurse-led scholarship in tobacco control. We reviewed published reviews of nurse-led studies in the field. The synthesis includes theory development, methodological approaches, studies focused on prevention of tobacco use, nursing interventions for tobacco dependence including studies with selected populations, investigations to reduce secondhand smoke, and studies of health care systems and policy. Gaps in the literature provided direction for stimulating nursing science, accelerating adoption of evidence-based recommendations in practice, expanding nursing education, and increasing nursing visibility and influence in health care policy efforts. The AAN is positioned to maximize nursing leadership in this effort.

<http://www.sciencedirect.com/science/article/pii/S0029655412000966>

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### **Mobilizing for policy: using community-based participatory research to impose minimum packaging requirements on small cigars**

[Prog Community Health Partnersh](#). 2012 Summer;6(2):205-12.

[Milam AJ](#), [Bone L](#), [Furr-Holden D](#), [Coylewright M](#), [Dachille K](#), [Owings K](#), [Clay E](#), [Holmes W](#), [Lambropoulos S](#), [Stillman F](#).

#### **Abstract**

**Abstract:**The Problem: Cigarette sales have declined in the United States over the past decade; however, small cigar sales have been rapidly increasing. In most urban areas, small cigars are inexpensive and are sold as singles without health warnings.Purpose of Article: This paper describes a community- academic-practice partnership's (CAPP) efforts to decrease small cigar use in young adults living in Baltimore, Maryland, through legislative strategies.Key Points: Survey data among young adults not in school indicated that 20% of individuals reported current small cigar use, often in combination with cigarettes. The community- academic partnership engaged the community in discussion about small cigar use in the fall of 2007. In collaboration with partners, bills were submitted to the legislative bodies for the city and state to impose minimum packaging requirements on small cigars.Conclusion: Collaborative partnerships between community-based organizations, public health agencies, and academic institutions can lead to policy initiatives with the potential to improve public health.

[http://muse.jhu.edu/login?auth=0&type=summary&url=/journals/progress in community health partnerships research education and action/v006/6.2.milam.html](http://muse.jhu.edu/login?auth=0&type=summary&url=/journals/progress%20in%20community%20health%20partnerships%20research%20education%20and%20action/v006/6.2.milam.html)

#### **Also:**

Youth-Led Tobacco Prevention: Lessons Learned for Engaging Southeast Asian American Youth

[http://muse.jhu.edu.myaccess.library.utoronto.ca/journals/progress in community health partnerships research education and action/v006/6.2.lee.html](http://muse.jhu.edu.myaccess.library.utoronto.ca/journals/progress%20in%20community%20health%20partnerships%20research%20education%20and%20action/v006/6.2.lee.html)

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### **Letter to the Editor**

#### **Effect of cigarette smoke exposure in the behavioral changes induced by ketamine**

[Schizophr Res](#). 2012 Jul 20. [Epub ahead of print]

[Deroza PF](#), [Ghedim FV](#), [Heylmann AS](#), [de Luca RD](#), [Budni J](#), [Souza RP](#), [Quevedo J](#), [Zugno AI](#).

There is limited efficacy of antipsychotic drugs to alleviate negative and cognitive symptoms and these medications have many side effects (Karam et al., 2010). Literature data indicated high prevalence (70–80%) of schizophrenia patients that smoke cigarettes (Hughes et al., 1986; Mobascher and Winterer, 2008). Although there is a lack of preclinical studies evaluating this phenomenon and its biological mechanism is still unclear, it has been interpreted to reflect a potential self-medication mechanism to ameliorate cognitive, negative symptoms and to reduce antipsychotic side effects in these patients (Aguilar et al., 2005; Winterer, 2010; Zhang et al., 2012). In this study, we evaluated cigarette smoke effect in schizophrenia-like negative and positive symptoms using a ketamine-induced animal model of schizophrenia. Ketamine is a glutamateNMDA receptor noncompetitive antagonist that induces schizophrenia-like symptoms in humans and other animals (Steinpreis, 1996; Neill et al., 2010; Knott et al., 2011).

Ninety young adult Wistar rats were distributed in six experimental groups (n=15) (Fig. 1A). Ketamine (25 mg/kg, intraperitoneal, i.p.) was administered for 14 days (De Oliveira et al., 2011) while cigarette smoke exposure occurred for 7 or 21 days (Fraga et al., 2011). Experimental design aims to evaluate whether cigarette smoke is able to prevent and/or revert ketamine effects. Upon completion of treatment protocol, animals were subjected to behavior evaluation: locomotor activity (positive-like behavior) and social interaction (negative-like behavior) (Canever et al., 2010)...

In conclusion, our results indicated that rats exposed to cigarette smoke showed reduction, at least in part, of schizophrenia-like negative symptoms (social interaction deficit) but not of schizophrenia-like positive symptoms (hyperlocomotion) in a ketamine-induced animal model of schizophrenia. This preclinical study might support, considering its limitations (e.g. rodent animal model, normal healthy rats, short duration of cigarette smoke exposure), that cigarette smoking may modulate negative symptoms in schizophrenia patients, thus helping to understand the self-medication hypothesis for high smoking rates in schizophrenia.

<http://www.sciencedirect.com/science/article/pii/S0920996412003969>

## **Menthol use among smokers with psychological distress: findings from the 2008 and 2009 National Survey on Drug Use and Health**

*Tob Control Published Online First: 21 July 2012*

Norval J Hickman III, Kevin L Delucchi, Judith J Prochaska

### **Abstract**

**Objective** The Food and Drug Administration is considering regulation of menthol cigarettes. While persons with mental distress are known to smoke cigarettes at high rates, little is known about their use of menthol. The authors examined the association of psychological distress and menthol use in a national sample of adult smokers.

**Methods** Data were from the 2008 and 2009 National Survey on Drug Use and Health. Past month smokers (N=24 157) were categorised for menthol or non-menthol use. Psychological distress was categorised as none/mild, moderate or severe on the Kessler six-item scale.

**Results** The prevalence of menthol use was higher among individuals with severe psychological distress, women, young adults, African-Americans, Native Hawaiians/Pacific Islanders, persons with fewer years of education and lower income, and the unmarried and uninsured. In a multivariate model controlling for socio-demographic factors, smoking intensity and time to first cigarette, smokers with severe (adjusted OR (AOR) 1.23, 95% CI 1.04 to 1.46, p=0.02) but not moderate (AOR 1.03, 95% CI 0.92 to 1.15, p=0.58) psychological distress were significantly more likely to smoke menthols compared with smokers with none/mild distress.

**Conclusion** An elevated prevalence of menthol use was found among persons with severe psychological distress, suggesting another group that could potentially benefit from the regulation of menthol cigarettes.

<http://tobaccocontrol.bmj.com/content/early/2012/07/20/tobaccocontrol-2012-050479.abstract>

## **When trade law meets public health evidence: the World Trade Organization and clove cigarettes**

*Tob Control Published Online First: 21 July 2012*

Holly Jarman, Judith Schmidt, Daniel B Rubin

### **Abstract**

A recent trade dispute between the USA and Indonesia, overseen by the World Trade Organization, challenges piecemeal approaches to tobacco regulation.

### Panel and appellate body findings

A WTO panel, followed by the WTO's Appellate Body (AB), considered Indonesia's case based on the WTO's Technical Barriers to Trade (TBT) Agreement, which provides rules for governments in setting the technical regulations and standards that can negatively affect trade. The panel's decision only applies to cigarettes, but that does not rule out the possibility that there may be another decision in the future that applies to other tobacco products. Although the WTO dispute settlement procedure does not employ formal precedent, in practice, future panels are highly likely to consider Clove Cigarettes when making decisions about tobacco products or public health regulations more generally. There are three key aspects of the panel and AB's conclusions that public health advocates, medical professionals and policymakers need to consider, outlined below.

...A requirement to consider scientific evidence raises many real-world difficulties for tobacco control policies; in many political systems, the only means of passing tobacco control legislation is via bargaining between all interested parties, which means making at least some concessions to tobacco companies which do not align with the conclusions of public health research. We do not yet know how the text regarding scientific evidence will be structured. Whatever the model, it must be flexible enough to accommodate this political reality.

One way to do this is to strengthen the case for the FCTC, the Punta del Este Declaration, the Partial Guidelines and other current and future international health agreements to be considered as relevant standards in trade and investment cases with implications for public health. Governments and advocates must work together to continue to clarify the meaning of these texts in relation to trade and investment agreements, build diplomatic consensus around their importance, raise their visibility, and empower individual governments to use them as evidence in future cases...

<http://tobaccocontrol.bmj.com/content/early/2012/07/21/tobaccocontrol-2011-050376.abstract>

### The Cessation in Pregnancy Incentives Trial (CPIT): study protocol for a randomized controlled trial

[Trials](#). 2012 Jul 20;13(1):113. [Epub ahead of print]

[Tappin DM](#), [Bauld L](#), [Tannahill C](#), [de Caestecker L](#), [Radley A](#), [McConnachie A](#), [Boyd K](#), [Briggs A](#), [Cameron A](#), [Grant L](#), [Macaskill S](#), [Sinclair L](#), [Friel B](#), [Coleman T](#).

#### Abstract

**BACKGROUND:** Seventy percent of women in Scotland have at least one baby, making pregnancy an opportunity to help most young women quit smoking before their own health is irreparably compromised. By quitting during pregnancy their infants will be protected from miscarriage and still birth as well as low birth weight, asthma, attention deficit disorder and adult cardiovascular disease. In the UK, the NICE guidelines: 'How to stop smoking in pregnancy and following childbirth' (June 2010) highlighted that little evidence exists in the literature to confirm the efficacy of financial incentives to help pregnant smokers to quit. Its first research recommendation was to determine: Within a UK context, are incentives an acceptable, effective and cost-effective way to help pregnant women who smoke to quit? **Design and Methods** This study is a phase II exploratory individually randomised controlled trial comparing standard care for pregnant smokers with standard care plus the additional offer of financial voucher incentives to engage with specialist cessation services and/or to quit smoking during pregnancy. Participants (n=600) will be pregnant smokers identified at maternity booking who when contacted by specialist cessation services agree to having their details passed to the NHS Smokefree Pregnancy Study Helpline to discuss the trial. The NHS Smokefree Pregnancy Study Helpline will be responsible for telephone consent and follow-up in late pregnancy. The primary outcome will be self reported smoking in late pregnancy verified by cotinine measurement. An economic evaluation will refine cost data collection and assess potential cost-effectiveness while qualitative research interviews with clients and health professionals will assess the level of acceptance of this form of incentive payment. **Research questions** What is the likely therapeutic efficacy? Are incentives potentially cost-effective? Is individual randomisation an efficient trial design without introducing outcome bias? Can incentives be introduced in a way that is feasible and acceptable? **DISCUSSION:** This phase II trial will establish a workable design to reduce the risks associated with a future definitive phase III multicentre randomised controlled trial and establish a framework to assess the costs and benefits of financial incentives to help pregnant smokers to quit. **Trial registration:** Current Controlled Trials ISRCTN87508788

<http://www.trialsjournal.com/content/13/1/113/abstract>

<http://www.trialsjournal.com/content/pdf/1745-6215-13-113.pdf>

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

## Smoking and lung cancer: current trends in Austria

[Wien Klin Wochenschr.](#) 2012 Jul 20. [Epub ahead of print]

[Thompson CA](#), [Waldhör T](#), [Schernhammer ES](#), [Hackl M](#), [Vutuc C](#), [Haidinger G](#).

### Abstract

#### BACKGROUND:

Despite a recent decline in smoking behavior in many European countries, lung cancer rates remain high, especially in Central and Eastern Europe. This paper aims to describe trends in smoking behavior and lung cancer incidence and mortality, including histopathological classification of lung cancer, in a Central European country: Austria.

#### METHODS:

Using data from the Austrian Central Cancer Registry, we calculated age-standardized incidence, histopathology-specific incidence, and age-standardized and birth cohort-specific mortality rates for all lung cancer cases in Austria. Using national survey data, we estimated prevalence of smoking in the Austrian population. Our analysis covers the time period from 1970 to 2009.

#### RESULTS:

In 2009, lung cancer incidence rates were 41.3/100,000 and 18.5/100,000 and mortality rates were 36.3/100,000 and 14.5/100,000, for males and females, respectively. Male lung cancer rates declined but increased steadily in females over the past three decades. In 2009, the most common histological type is adenocarcinoma, which reflects a shift from predominantly squamous cell carcinoma and large cell carcinoma in the mid 1980s. In 2009, 27 % of men and 19 % of women were smokers, which represent a rise of smoking rates in women, especially in younger women, and a decline in the men.

#### CONCLUSIONS:

While in Austrian men the lung cancer rates, in accordance with their decreasing prevalence of smoking, declined over the past 30 years, the increasing smoking prevalence and lung cancer rates in women remain a public health concern. Antismoking laws and public health initiatives to curtail smoking habits are needed in Austria, especially targeting younger women.

<http://www.springerlink.com/content/g1w64582x4142255/>

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