**From:** "Stan Shatenstein" <shatensteins@sympatico.ca>
**To:** Undisclosed-Recipient:;
**Date:** 16.8.2012 13:47:23
**Subject:** STAN Bulletin: 24th Edition: 16-August-2012

**Smoking & Tobacco Abstracts & News**
**STAN Bulletin**
**24th Edition**
**16-August-2012**

**Editor's note**: The precedent-affirming ruling on 'plain packs' (actually, no-logo packs, as they will be covered by graphic health warnings) from the High Court of Australia rightly dominates the news. A selection of stories from Australia and around the world, many with videos, are linked below, discrete entries separated by punctuation and spaces.

Stan Shatenstein

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**Noteworthy**:

“The clear message from today’s ruling is that the tobacco industry can be beaten. When other countries are confronted with the tobacco industry’s legal threats, they will remember how empty those threats proved to be in Australia.” [Liberman J, director, McCabe Center for Law and Cancer, Melbourne; Australian Court Strikes Down Tobacco Challenge, *New York Times*]

"A noticeable difference between the trials’ results and those reported by Jacobs et al. involves cigarette smoking. Whereas smoking did not alter the aspirin mortality benefit in the trials, it did so in the ACS analysis, in which there was no association between aspirin use and cancer mortality among current or former smokers but substantial mortality reductions in never smokers. Given this, naturally there was no hint of a reduction in lung cancer mortality associated with aspirin use. Both of the other cohort studies of aspirin and cancer mortality also found no aspirin benefit for cancer mortality in current smokers. Cigarette smoking may confer resistance to the cardioprotective effects of aspirin." [Baron JA. Aspirin and Cancer: Trials and Observational Studies, *JNCI*]

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**In the News**:

- Australia: High Court rejects plain packaging challenge: Video; Big Tobacco loses; PM: Fight not over [JTI v. Commonwealth: Ruling]
- Australia: Roxon's victory; Chapman: Big Tobacco crashes; Rimmer: Olive Revolution; SMH: VicHealth: Plainly no need to feel sorry
- Australia: Tobacco identity crisis; Croakey: Reaction Wrap-up; WHO Applauds; Overseas copies; Audio; Cartoons: Deluxe & Plain; Nanny State
- International: UK: Companies lose; Shares fall; Debate; BBC: Video; US: NY Times; Logo ban OK'd; Giants fail; Videos: CNN; No delay; Canada: Poll
- Industry: BAT: Unintended consequences; PM: Comments; Fight overseas; Misguided; Videos: Blow to Big Tobacco; Roxon's victory
- Australia: NSW: Health minister's gamble as casino high roller smoking ban voted down
- Bangladesh: Anti-tobacco drive questions Finance Ministry's role
- Canada: Anti-smoking advocates urge plain packaging laws; Video
- Ottawa: NCC: Minister shuns talk of fines for smoking on federal lands
- Canada: Nunavut: Increase the cost of cigarettes to snuff out smoking
- Canada: Ontario: Tobacco Farmers' $500-million Class-action Lawsuit Dismissed
- Fiji: New images to be released in 2013: Rotten teeth & diseased lungs
- India: Gujarat: Chief Minister declares gutka to be banned as of next month
- NZ: Imperial Tobacco admit giving staff free cigarettes 'for research'
- Phillipines: Law symposium told expensive cigarettes will cut smoking
- Switzerland: Why health minister's against tougher anti-smoking law: Audio
- US: KC: NCTH: Skirmish punctuates national war on smoking
- US: Study says tax hike lowers smoking in pregnancy [AJPM: Adams]

- US: Texas: Lawmakers mull widening cigarette fees to cover non-MSA firms
- UK: Tobacco giants gear up for legal battle against plain packaging proposals

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**In this Edition**:



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**Abstracts**:

**Effectiveness of stop-smoking medications: findings from the International Tobacco Control (ITC) Four Country Survey**

**Addiction**
**Early View** (Online Version of Record published before inclusion in an issue)
Article first published online: **14 AUG 2012**

Karin A. Kasza, Andrew J. Hyland, Ron Borland, Ann D. McNeill, Maansi Bansal-Travers, Brian V. Fix, David Hammond, Geoffrey T. Fong & K. Michael Cummings

**Abstract**

**Aim** To evaluate the population effectiveness of stop-smoking medications while accounting for potential recall bias by controlling for quit attempt recency. **Design** Prospective cohort survey. **Setting** United Kingdom, Canada, Australia and the United States. **Participants** A total of 7436 adult smokers (18+ years) selected via random digit dialling and interviewed as part of the International Tobacco Control Four Country Survey (ITC-4) between 2002 and 2009. Primary analyses utilized the subset of respondents who participated in 2006 or later (*n* = 2550). **Measurements** Continuous abstinence from smoking for 1 month/6 months. **Findings** Among participants who recalled making a quit attempt within 1 month of interview, those who reported using varenicline, bupropion or nicotine patch were more likely to maintain 6-month continuous abstinence from smoking compared to those who attempted to quit without medication [adjusted odds ratio (OR) 5.84, 95% confidence interval (CI) (2.12–16.12), 3.94 (0.87–17.80), 4.09 (1.72–9.74), respectively]; there were no clear effects for oral NRT use. Those who did not use any medication when attempting to quit tended to be younger, to be racial/ethnic minorities, to have lower incomes and to believe that medications do not make quitting easier. **Conclusions** Consistent with evidence from randomized controlled trials, smokers in the United Kingdom, Canada, Australia and the United States are more likely to succeed in quit attempts if they use varenicline, bupropion or nicotine

patch. Previous population studies that failed to find an effect failed to control adequately for important sources of bias.

http://onlinelibrary.wiley.com/doi/10.1111/j.1360-0443.2012.04009.x/abstract

**Also**:

Randomized trial of the effectiveness of combined behavioral/pharmacological smoking cessation treatment in Syrian primary care clinics
http://onlinelibrary.wiley.com/doi/10.1111/j.1360-0443.2012.04048.x/abstract

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**YMCA Commit to Quit: Randomized Trial Outcomes**

**American Journal of Preventive Medicine**
**Volume 43, Issue 3, September 2012, Pages 256–262**
Available online **13 August 2012**.

Jessica A. Whiteley, David M. Williams, Shira Dunsiger, Ernestine G. Jennings, Joseph T. Ciccolo, Beth C. Bock, Anna Albrecht, Alfred Parisi, Sarah E. Linke, Bess H. Marcus

**Abstract**

**Background**

Vigorous-intensity exercise has been shown to aid in smoking cessation, especially among women. In a previous trial, cognitive behavioral therapy (CBT) for smoking cessation plus regular vigorous aerobic exercise enhanced cessation rates, improved exercise capacity, and reduced weight gain compared to CBT plus equal contact time.

**Purpose**

This study examined the effectiveness of this program adapted for and implemented in the YMCAs.

Design

An RCT comparing CBT + Exercise (Exercise) to CBT + Contact Control (Control).

**Setting/participants**

Apparently healthy female smokers were recruited to four local YMCAs.
**Intervention**

YMCA staff members were trained to lead the manualized CBT smoking-cessation intervention and a standardized YMCA exercise program.

**Main outcome measures**

Seven-day point prevalence and continuous abstinence.

**Results**

Participants (330 women, mean age=44 years) were randomized to the Exercise (n=166) or Control (n=164) group. Results revealed no differences in 7-day point prevalence (29.5% vs 29.9%) nor continuous abstinence (13.9% vs 14.0%) between the Exercise and Control groups, respectively, at end of treatment or at the 3-, 6-, and 12-month follow-up. An examination of the relationship between exercise dose and quit status at end of treatment revealed that over 12 weeks, the odds of being quit (7-day point prevalence) grew by 4.5% for each additional aerobic exercise session (OR=1.05, 95% CI=1.01, 1.08) and by 7.7% for each additional resistance training session (OR=1.08, 95% CI=1.02, 1.14). Analyses were conducted between August 19, 2010, and December 16, 2011.

**Conclusions**

No differences were seen between groups in smoking outcomes. The association between greater exercise participation and higher odds of quitting within the exercise condition suggests that the lack of between-group differences might be a result of poor compliance with the exercise program.

**Trial registration**

This study is registered at clinicaltrials.govNCT01615380.

http://www.sciencedirect.com/science/article/pii/S0749379712003935

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**A Perioperative Smoking Cessation Intervention with Varenicline: A Double-blind, Randomized, Placebo-controlled Trial**

**Anesthesiology. 2012 Aug 10. [Epub ahead of print]**

Wong J, Abrishami A, Yang Y, Zaki A, Friedman Z, Selby P, Chapman KR, Chung F.

**Abstract**

**BACKGROUND:**

The efficacy of perioperative tobacco interventions on long-term abstinence and the safety of smoking cessation less than 4 weeks before surgery is unclear. Our objective was to determine the efficacy and safety of a perioperative smoking cessation intervention with varenicline to reduce smoking in elective surgical patients.

**METHODS:**

In a prospective, multicenter, double-blind, placebo-controlled trial, 286 patients were randomized to receive varenicline or placebo. Both groups received in-hospital and telephone counseling during 12 months. The primary outcome was the 7-day point prevalence abstinence rate 12 months after surgery. Secondary outcomes included abstinence at 3 and 6 months after surgery. Multivariable logistic regression was used to identify independent variables related to abstinence.

**RESULTS:**

The 7-day point prevalence abstinence at 12 months for varenicline versus placebo was 36.4% versus 25.2% (relative risk: 1.45; 95%: CI: 1.01-2.07; P = 0.04). At 3 and 6 months, the 7-day point prevalence abstinence was 43.7% versus 31.9% (relative risk: 1.37; 95% CI: 1.01 to 1.86; P = 0.04), and 35.8% versus 25.9% (relative risk: 1.43; 95%: CI 1.01-2.04; P = 0.04) for varenicline versus placebo, respectively. Treatment with varenicline (odds ratio: 1.76; 95% CI: 1.03-3.01; P = 0.04), and preoperative nicotine dependence (odds ratio: 0.82, 95% CI: 0.68 to 0.98; P = 0.03) predicted abstinence at 12 months. The adverse events profile in both groups was similar except for nausea, which occurred more frequently for varenicline versus placebo (13.3% vs. 3.7%, P = 0.004).

**CONCLUSIONS:**

A perioperative smoking cessation intervention with varenicline increased abstinence from smoking 3, 6, and 12 months after elective noncardiac surgery with no increase in serious adverse events.

http://journals.lww.com/anesthesiology/Abstract/onlinefirst/A Perioperative Smoking Cessation Intervention.98702.aspx

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**Egg yolk consumption and carotid plaque**

**Atherosclerosis**
Available online **31 July 2012**

J. David Spence, David J.A. Jenkins, Jean Davignon

**Abstract**

**Background**

Increasingly the potential harm from high cholesterol intake, and specifically from egg yolks, is considered insignificant. We therefore assessed total plaque area (TPA) in patients attending Canadian vascular prevention clinics to determine if the atherosclerosis burden, as a marker of arterial damage, was related to egg intake. To provide perspective on the magnitude of the effect, we also analysed the effect of smoking (pack-years).

**Methods**

Consecutive patients attending vascular prevention clinics at University Hospital had baseline measurement of TPA by duplex ultrasound, and filled out questionnaires regarding their lifestyle and medications, including pack-years of smoking, and the number of egg yolks consumed per week times the number of years consumed (egg-yolk years).

**Results**

Data were available in 1262 patients; mean (SD) age was 61.5 (14.8) years; 47% were women. Carotid plaque area increased linearly with age after age 40, but increased exponentially with pack-years of smoking and with egg-yolk years. Plaque area in patients consuming <2 eggs per week ($n$ = 388) was 125 ± 129 $mm^2$, versus 132 ± 142 $mm^2$ in those consuming 3 or more eggs per week ($n$ = 603); ($p < 0.0001$ after adjustment for age). In multiple regression, egg-yolk years remained significant after adjusting for coronary risk factors.

**Interpretation**

Our findings suggest that regular consumption of egg yolk should be avoided by persons at risk of cardiovascular disease. This hypothesis should be tested in a prospective study with more detailed information about diet, and other possible confounders such as exercise and waist circumference

http://www.sciencedirect.com/science/article/pii/S0021915012005047

**Related PR**:

Egg Yolk Consumption Almost as Bad as Smoking When It Comes to Atherosclerosis, Study Suggests
http://www.sciencedaily.com/releases/2012/08/120813155640.htm

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**Comparison of cyanide exposure markers in the biofluids of smokers and non-smokers**

**Biomarkers. 2012 Aug 13. [Epub ahead of print]**

Vinnakota CV, Peetha NS, Perrizo MG, Ferris DG, Oda RP, Rockwood GA, Logue BA.

**Abstract**
Cyanide is highly toxic and is present in many foods, combustion products (e.g. cigarette smoke), industrial processes, and has been used as a terrorist weapon. In this study, cyanide and its major metabolites, thiocyanate and 2-amino-2-thiazoline-4-carboxylic acid (ATCA), were analyzed from various human biofluids of smokers (low-level chronic cyanide exposure group) and non-smokers to gain insight into the relationship of these biomarkers to cyanide exposure. The concentrations of each biomarker tested were elevated for smokers in each biofluid. Significant differences ($p < 0.05$) were found for thiocyanate in plasma and urine, and ATCA showed significant differences in plasma and saliva. Additionally, biomarker concentration ratios, correlations between markers of cyanide exposure, and other statistical methods were performed to better understand the relationship between cyanide and its metabolites. Of the markers studied, the results indicate plasma ATCA, in particular, showed excellent promise as a biomarker for chronic low-level cyanide exposure.

http://informahealthcare.com/doi/abs/10.3109/1354750X.2012.709880

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**Assessment of serum cotinine in patients with chronic heart failure: self-reported versus objective smoking behaviour**

**Clin Res Cardiol. 2012 Aug 10. [Epub ahead of print]**

Ebner N, Földes G, Szabo T, Tacke M, Fülster S, Sandek A, Doehner W, Anker SD, von Haehling S.

**Abstract**

**BACKGROUND:**

Smoking is a major risk factor in the development of coronary artery disease and thus chronic heart failure (HF). The value of self-reported smoking behaviour has not been validated in patients with HF. We sought to assess serum cotinine levels, a marker of recent tobacco exposure, in a cohort of clinically stable patients with chronic HF.

**METHODS AND RESULTS:**

We analysed serum cotinine values in 75 patients with chronic HF [mean age ± SD 64 ± 16 years, 85 % male, left ventricular ejection fraction 30 ± 1 %, New York Heart Association class (I/II vs. III/IV) 73 %/27 %, haemoglobin (Hb) 13.4 ± 1.5 g/dL, serum creatinine 1.21 ± 0.51 mg/dL] and 30 control subjects of similar age (63 ± 11 years, 43 % male, Hb 14.1 ± 1.5 g/dL, creatinine 1.12 ± 0.92 mg/dL) using a chemiluminescence immunoassay. Patients were interviewed about their smoking habits, and routine laboratory parameters were analysed. In patients with HF, cotinine values ranged from undetectable to 829 µg/L (mean 110 ± 208 µg/L). Similar findings were evident in healthy subjects with cotinine ranging from undetectable to 860 µg/L (mean 105 ± 208 µg/L). Serum cotinine levels correlated with leukocyte count and haemoglobin concentration (both $p < 0.05$). Self-reported smoking behaviour did not correspond to serum cotinine level in serum in 16.9 % of the patients with chronic HF. No such finding was evident in control subjects.

**CONCLUSIONS:**

Serum cotinine measurement provides an easily applicable means to analyse smoking behaviour in patients with chronic HF. Its assessment may permit analysis of smoking deception in daily clinical routine.

http://www.springerlink.com/content/d58837xn37524085/

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**Improved treatment of nicotine addiction and emerging pulmonary drug delivery**

**Drug Discov Ther. 2012 Jun;6(3):123-32.**

Islam N, Rahman S.

**Abstract**

Nicotine addiction remains the leading cause of death and disease in developed and developing nations and a major cause of mortality around the world. Currently, nicotine replacement therapies (NRTs), bupropion, and varenicline are approved by the regulatory agencies as first-line treatments for nicotine addiction. Emerging evidence indicates that varenicline and bupropion have some therapeutic limitations for treating nicotine addiction with oral route of administration. Thus, continued investigation of innovative drug delivery for nicotine addiction remains a critical priority. This review will discuss some novel strategies and future directions for pulmonary drug delivery, an emerging route of administration for smoking cessation. It is anticipated that the advancement of knowledge on pulmonary drug delivery will provide better management for nicotine addiction and other addictive disorders.

http://www.ddtjournal.com/files/DDT 2012Vol6No3 pp112 168.pdf

**Note**: Open Access. Full text PDF of Vol. 6:3 freely available from link immediately above.

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**Regular black tea habit could reduce tobacco associated ROS generation and DNA damage in oral mucosa of normal population**

**Food and Chemical Toxicology**

**Volume 50, Issue 9, September 2012, Pages 2996–3003**
Available online **12 June 2012**.

Debolina Pal, Subhayan Sur, Shyamsundar Mandal, Sukta Das, Chinmay Kumar Panda

**Abstract**

Tobacco and tea habit are very common in world wide. In the present study, an attempt was made to evaluate the effect of regular drinking of black tea on reactive oxygen species (ROS) generation and DNA damage in buccal cells of normal subjects with or without tobacco habit. Expression of ROS associated proteins IκB, NF-κB as well as DNA repair associated proteins p53, MLH1 were also analyzed. Exfoliated buccal cells were collected from 308 healthy individuals and classified according to age, tobacco and tea habits. In all age groups, comparatively high ROS level and significantly high DNA damage frequency were seen in individuals with tobacco habit than the subjects without tea and tobacco habits. Tea habit effectively lowered ROS level and restrict DNA damage in tobacco users irrespective of ages. The DNA damage seen in the subjects was not associated with apoptosis. Moreover, tea habit effectively lowered the expression of IκB, NF-κB, p53 and MLH1 in tobacco users in all age groups. It seems that regular black tea habit could have anti-genotoxic effect as revealed by reduced tobacco associated ROS generation and DNA damage in buccal cells.

http://www.sciencedirect.com/science/article/pii/S027869151200419X

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**Editorial Viewpoint**

**Should the Legal Age for the Purchase of Tobacco Be Increased to 21 Years?**

Pranay Lal, Nevin C. Wilson, Swati Srivastava, Christopher Millett

**Global Heart**
Available online **3 July 2012**.
The tobacco epidemic may be declining in developed countries but is rising rapidly in developing countries, such as India. Effective policies to counter targeting of young people by the tobacco industry will be a key determinant of the magnitude of the epidemic over the coming decades. Many signatories to the Framework Convention for Tobacco Control (FCTC) have adopted recommendations of Article 16 and put in place policy that prescribes a legal age of purchase for tobacco of 18 years. This paper presents a case for increasing the legal age for sale for the purchase of tobacco to 21 years in India. We argue that this could be an effective tobacco-control measure, if complemented with other key enforcement measures, such as the licensing of tobacco vendors. National and state tobacco-control programs must conduct annual random compliance checks and back these with punitive measures as prescribed under the national tobacco-control law, which restricts access to minor. Additionally there should be a national, state, and district level strategy with a timeframe for achieving a target compliance rate...

The effect of raising the age bar to 21 years will effectively complement existing strategies such as raising taxes, smoke-free initiatives, pack warnings, curtailing depiction of smoking in movies, and advertising bans; these should be deployed complementarily in the fight against tobacco. Additional measures are also needed such as a ban on the sale of single cigarette, licensing vendors, and kiosks to restrict access and bring greater controls on sales of tobacco products. India and its states could consider bringing in provisions that deter use as opposed to current provisions that only restrict purchase. Mandatory signage for vendors that announce that sale to minors is prohibited are seen only sparingly in Delhi and Chandigarh within India. State and local administration will have greater control in regulating the age bar. Like smoke-free policies, which are gaining acceptance in India [27], sale to underage youth should be self-enforcing through community-based policing. Social campaigns such as parents and teachers boycotting outlets that sell tobacco to their children may be a solution [28]. Sustaining price increase through taxes and making access more difficult together can be effective strategies to reduce youth uptake.

http://www.sciencedirect.com/science/article/pii/S2211816012000579

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**Does smoke-free legislation and smoking outside bars increase feelings of stigmatization among smokers? Findings from the International Tobacco Control (ITC) Netherlands Survey**

**Health & Place**
Available online **13 August 2012**

Gera E. Nagelhout, Marc C. Willemsen, Winifred A. Gebhardt, Bas van den Putte, Sara C. Hitchman, Matty R. Crone, Geoffrey T. Fong, Sander van der Heiden, Hein de Vries

**Abstract**
This study examined whether smokers' perceived level of stigmatization changed after the implementation of smoke-free hospitality industry legislation and whether smokers who smoked outside bars reported more perceived stigmatization. Longitudinal data from the International Tobacco Control (ITC) Netherlands Survey was used, involving a nationally representative sample of 1,447 smokers aged 15 years and older. Whether smoke-free legislation increases smokers' perceived stigmatization depends on how smokers feel about smoking outside. The level of perceived stigmatization did not change after the implementation of smoke-free hospitality industry legislation in the Netherlands, possibly because most Dutch smokers do not feel negatively judged when smoking outside.

http://www.sciencedirect.com/science/article/pii/S1353829212001475
**Also**:

"You get old, you get breathless, and you die": Chronic obstructive pulmonary disease in Barnsley, UK
http://www.sciencedirect.com/science/article/pii/S1353829212001311

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**Threatening communication: a critical re-analysis and a revised meta-analytic test of fear appeal theory**

**Health Psychology Review**
Version of record first published: **19 Jul 2012**

Gjalt-Jorn Ygram Peters, Robert A.C. Ruiter & Gerjo Kok

**Abstract**

Despite decades of research, consensus regarding the dynamics of fear appeals remains elusive. A meta-analysis was conducted that was designed to resolve this controversy. Publications that were included in previous meta-analyses were re-analysed, and a number of additional publications were located. The inclusion criteria were full factorial orthogonal manipulations of threat and efficacy, and measurement of behaviour as an outcome. Fixed and random effects models were used to compute mean effect size estimates. Meta-analysis of the six studies that satisfied the inclusion criteria clearly showed a significant interaction between threat and efficacy, such that threat only had an effect under high efficacy (d = 0.31), and efficacy only had an effect under high threat (d = 0.71). Inconsistency in results regarding the effectiveness of threatening communication can likely be attributed to flawed methodology. Proper tests of fear appeal theory yielded the theoretically hypothesised interaction effect. Threatening communication should exclusively be used when pilot studies indicate that an intervention successfully enhances efficacy.

...In conclusion, warning labels on packs of cigarettes seem ill-advised. They may in fact increase smoking among smokers who derive self-esteem from their identity as a smoker. More health benefits would be achieved if the areas currently reserved for warning labels would be used for a message to enhance efficacy or influence other determinants that have been found to play a role in ceasing smoking (such as subjective norm; note that attitude, the construct encompassing perceived threat, has been found to have only a weak influence; Topa & Moriano, 2010). Given the minimal, or even negative, effects we can expect from threatening communication, the potential of evidence- and theory-based communications on cigarette pack labels is promising.

http://www.tandfonline.com/doi/abs/10.1080/17437199.2012.703527
http://www.tandfonline.com/doi/pdf/10.1080/17437199.2012.703527

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

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**Cigarette smoke increases Staphylococcus aureus biofilm formation via oxidative stress**

**Infect Immun. 2012 Aug 13. [Epub ahead of print]**

Kulkarni R, Antala S, Wang A, Amaral FE, Rampersaud R, Larussa SJ, Planet PJ, Ratner AJ.

**Abstract**
The strong epidemiological association between cigarette smoke (CS) exposure and respiratory tract infections is conventionally attributed to immunosuppressive and irritant effects of CS on human cells. Since pathogenic bacteria such as Staphylococcus aureus are members of the normal microbiota and reside in close proximity to human nasopharyngeal cells, we hypothesized that bioactive components of CS might affect these organisms and potentiate their virulence. Using Staphylococcus aureus as a model organism, we observed that the presence of CS increased both biofilm formation and host cell adherence. Analysis of putative molecular pathways revealed that CS exposure decreased expression of the quorum sensing agr system, which is involved in biofilm dispersal, and increased transcription of biofilm inducers such as sarA and rbf. CS contains bioactive compounds, including free radicals and reactive oxygen species, and we observed transcriptional induction of bacterial oxidoreductases, including superoxide dismutase, following exposure. Moreover, pretreatment of CS with an antioxidant abrogated CS-mediated enhancement of biofilms. Exposure of bacteria to hydrogen peroxide alone increased biofilm formation. These observations are consistent with the hypothesis that CS induces staphylococcal biofilm formation in an oxidant-dependent manner. CS treatment induced transcription of fnbA (fibronectin binding protein A), leading to increased binding of CS-treated staphylococci to immobilized fibronectin and increased adherence to human cells. These observations indicate that the bioactive effects of CS may extend to the resident microbiota of the nasopharynx, with implications for the pathogenesis of respiratory infection in CS-exposed humans.

http://iai.asm.org/content/early/2012/08/09/IAI.00689-12.abstract

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**Risk factors for gallbladder cancer: A case-control study**

**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: **14 AUG 2012**

Kajal Jain, V. Sreenivas, T Velpandian, Umesh Kapil, Pramod Kumar Garg

**Abstract**

Risk factors for gallbladder cancer (GBC) except gallstones are not well-known. The objective was to study risk factors for GBC. In a case-control study, 200 patients with GBC, 200 healthy controls and 200 gallstones patients as diseased controls were included prospectively. The risk factors studied were related to socio-economic profile, life-style, reproduction, diet and bile acids. On comparing GBC patients (mean age 51.7 years; 130 females) with healthy controls, risk factors were chemical exposure {OR: 7.0 (2.7-18.2); p<0.001)}, family history of gallstones {OR: 5.3 (1.5-18.9); p<0.01)}, tobacco {OR: 4.1 (1.8-9.7); p<0.001)}, fried foods {OR: 3.1 (1.7-5.6); p<0.001}, joint family {OR: 3.2 (1.7-6.2); p<0.001}, long interval between meals {OR: 1.4 (1.2-1.6); p<0.001} and residence in Gangetic belt {OR: 3.3 (1.8-6.2); p<0.001}. On comparing GBC cases with gallstone controls, risk factors were female gender {OR: 2.4 (1.3-4.3); p=0.004}, residence in Gangetic belt {OR: 2.3 (1.2-4.4); p=0.012}, fried foods {OR: 2.5 (1.4-4.4); p<0.001}, diabetes {OR: 2.7 (1.2-6.4); p=0.02)}, tobacco {OR 3.8 (1.7-8.1); p<0.001)}, and joint family {OR: 2.1 (1.2-3.4); p=0.004}. The ratio of secondary to primary bile acids was significantly higher in GBC cases than gallstone controls (20.8 vs. 0.44). Fried foods, tobacco, chemical exposure, family history of gallstones, residence in Gangetic belt, and secondary bile acids were significant risk factors for GBC.

http://onlinelibrary.wiley.com/doi/10.1002/ijc.27777/abstract

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**Characteristics of smoking cessation in former smokers in a rural area of Japan**

**Int J Prev Med. 2012 Jul;3(7):459-65.**

Nakamura K, Sakurai M, Nishijo M, Morikawa Y, Nakagawa H.

**Abstract**

**OBJECTIVES:**

Japan has a relatively high prevalence of smoking in men. Despite the importance of behavioral patterns on successful smoking cessation, only limited information is available in Japan. The present study collected data from former smokers in a rural community in Japan in order to identify health status at the time of cessation, predominant motivating factors, and the role of smoking cessation aids in individuals who successfully stopped smoking.

**METHODS:**

This cross-sectional study collected data using a self-reported questionnaire from 149 randomly-selected former smokers (119 men and 30 women, aged 20-79 years) who were residents of Nanao, Ishikawa Prefecture, Japan.

**RESULTS:**

Of the male participants, 14.3% quit due to serious personal health problems, including cardiovascular disease, cancer, or respiratory tract disease, while 20.8% of former smokers experienced mild personal health problems or were pregnant at the time of cessation. An approximately equal number stopped smoking due to fear of illness in the absence of immediate health concerns. Compared to personal health motivations, a smaller number of male smokers quit due to anti-smoking social pressure or expense. We also observed a marked increase in former smokers who quit for these reasons in recent years. Smoking lost its appeal in 19.3% of male and 10.0% of female smokers. Approximately, 95% of quitters did not utilize health professional counseling or pharmacological therapy.

**CONCLUSIONS:**

Personal health concerns in former smokers in Nanao, Japan were the predominant motivation for quitting smoking, with the vast majority of former smokers achieving successful smoking cessation by themselves.

http://ijpm.mui.ac.ir/index.php/ijpm/article/view/376
http://ijpm.mui.ac.ir/index.php/ijpm/article/view/376/594

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

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**Viewpoint | ONLINE FIRST**

**Ending the Tobacco Epidemic**

***JAMA*. Published online August 15, 2012. doi:10.1001/jama.2012.9741**

Howard K. Koh; Kathleen G. Sebelius

For too long, the goal of a society free from tobacco-related disease and disability has been elusive. While the prevalence of adult smoking has declined from 43% (1964) to about 19% (2010),1 too many in public health have taken future progress for granted and turned their attention elsewhere. Heightened, not diminished, attention to the leading preventable cause of death in the United States is needed. Tobacco dependence still causes more than 440 000 deaths annually.2 Furthermore, the marked slowing of declines in adult smoking prevalence over the past decade creates a renewed sense of urgency. It is time to reaffirm the commitment to ending the tobacco epidemic.
It is clear what works. Decades of research have documented the effectiveness of a broad strategy involving coordinated, multifaceted interventions. Specifically, mass media campaigns, higher prices, smoke-free policies, and increased access to cessation treatment can reduce tobacco use individually and collectively.

A reinvigoration of national efforts has occurred. First, President Obama signed 4 new laws—the Children's Health Insurance Program Reauthorization Act (2009), the Family Smoking Prevention and Tobacco Control Act (2009), the Prevent All Cigarette Trafficking Act (2010), and the Patient Protection and Affordable Care Act (2010). Collectively, these laws grant federal agencies more authority and funding to regulate tobacco products, decrease youth access to tobacco products, and increase access to tobacco dependence treatments...

**FDA and NIH Cohort Study on Tobacco Use**

In October 2011, the FDA and the National Institutes of Health (NIH) launched the largest-ever national cohort study of

more than 55 000 tobacco users (and those at risk) to monitor and assess the health effects and consequences of usage. The study, which evaluates susceptibility to usage and effects of regulatory changes on initiation, cessation, risk perceptions, and other attitudes, will provide an evidence base for new FDA tobacco product regulations.

In short, under the Obama Administration, a series of rejuvenated tobacco control initiatives has accelerated national action. But more must be done. Approximately 45 million US residents currently smoke, and many more use other forms of tobacco. Moreover, society's most vulnerable members (eg, the poor, those with coexisting mental health or substance use histories) smoke at the highest rates, bearing a disproportionately high burden of illness and death. The United States can end the tobacco epidemic by meeting these challenges and reaffirming the commitment to a healthier, tobacco-free future.

http://jama.jamanetwork.com/article.aspx?articleid=1351730

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**Smoking is a predictor of worse trabecular mechanical performance in hip fragility fracture patients**

**J Bone Miner Metab. 2012 Aug 14. [Epub ahead of print]**

Rodrigues AM, Caetano-Lopes J, Vale AC, Aleixo I, Pena AS, Faustino A, Sepriano A, Polido-Pereira J, Vieira-Sousa E, Lucas R, Romeu JC, Monteiro J, Vaz MF, Fonseca JE, Canhão H.

**Abstract**
Clinical risk factors (CRFs) are established predictors of fracture events. However, the influence of individual CRFs on trabecular mechanical fragility is still a subject of debate. In this study, we aimed to assess differences, adjusted for CRFs, between bone macrostructural parameters measured in ex-vivo specimens from hip fragility fracture patients and osteoarthritis patients, and to determine whether individual CRFs could predict trabecular bone mechanical behavior in hip fragility fractures. Additionally, we also looked for associations between the 10-year risk of major and hip fracture calculated by FRAX and trabecular bone mechanical performance. In this case-control study, a group of fragility fracture patients were compared with a group of osteoarthritis patients, both having undergone hip replacement surgery. A clinical protocol was applied in order to collect CRFs [body mass index (BMI), prior fragility fracture, parental history of hip fracture, long-term use of oral glucocorticoids, rheumatoid arthritis, current smoking, alcohol consumption, age and gender]. The 10-year probability of fracture was calculated. Serum bone turnover markers were determined and dual X-ray absorptiometry performed. Femoral head diameter was evaluated and trabecular bone cylinders were drilled for mechanical testing to determine bone strength, stiffness and toughness. We evaluated 40 hip fragility fracture and 52 osteoarthritis patients. Trabecular bone stiffness was significantly lower ($p = 0.042$) in hip fragility fracture patients when compared to osteoarthritic individuals, adjusted for age, gender and BMI. No other macrostructural parameter was statistically different between the groups. In hip fragility fracture patients, smoking habits ($\beta = -0.403$; $p = 0.018$) and female gender ($\beta = -0.416$; $p = 0.008$) were independently associated with lower stiffness. In addition, smoking was also independently associated with worse trabecular strength ($\beta = -0.323$; $p = 0.045$), and toughness ($\beta = -0.403$; $p = 0.018$). In these patients, the 10-year risk of major ($r = -0.550$; $p = 0.012$) and hip fracture ($r = -0.513$; $p = 0.021$) calculated using only CRFs was strongly correlated with femoral neck bone mineral density but not with mechanical performance. Our data showed that among fragility fracture patients active smoking is a predictor of worse intrinsic trabecular mechanical performance, and female gender is also independently associated with lower stiffness. In this population, the 10-year risk of fracture using CRFs with different weights only reflects bone mass loss but not trabecular mechanical properties.

http://www.springerlink.com/content/m8056622775636g7/

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**Daily Aspirin Use and Cancer Mortality in a Large US Cohort**

***JNCI J Natl Cancer Inst (2012) doi: 10.1093/jnci/djs318* First published online: August 10, 2012**

Eric J. Jacobs, Christina C. Newton, Susan M. Gapstur and Michael J. Thun

**Abstract**

**Background** A recent pooled analysis of randomized trials of daily aspirin for prevention of vascular events found a substantial reduction (relative risk [RR] = 0.63, 95% confidence interval [CI] = 0.49 to 0.82) in overall cancer mortality during follow-up occurring after 5 years on aspirin. However, the magnitude of the effect of daily aspirin use, particularly long-term use, on cancer mortality is uncertain.

**Methods** We examined the association between daily aspirin use and overall cancer mortality among 100 139 men and women with no history of cancer in the Cancer Prevention Study II Nutrition Cohort. Cox proportional hazards regression models were used to estimate multivariable-adjusted relative risks (RRs) and 95% confidence intervals (CIs).

**Results** Between 1997 and 2008, 5138 participants died from cancer. Compared with no use, daily aspirin use at baseline was associated with slightly lower cancer mortality, regardless of duration of daily use (for <5 years of use, RR = 0.92, 95% CI = 0.85 to 1.01; for ≥5 years of use, RR = 0.92, 95% CI = 0.83 to 1.02). Associations were slightly stronger in analyses that used updated aspirin information from periodic follow-up questionnaires and included 3373 cancer deaths (for <5 years of use, RR = 0.84, 95% CI = 0.76 to 0.94; for ≥5 years of use, RR = 0.84, 95% CI = 0.75 to 0.95).

**Conclusion** These results are consistent with an association between recent daily aspirin use and modestly lower cancer mortality but suggest that any reduction in cancer mortality may be smaller than that observed with long-term aspirin use in the pooled trial analysis.

...Current daily aspirin use, compared with no use, was associated with substantially lower cancer mortality among never smokers (RR = 0.68, 95% CI = 0.57 to 0.81) but not among former smokers (RR = 0.92, 95% CI = 0.82 to 1.04) or current smokers (RR = 0.91, 95% CI = 0.70 to 1.19). Because lung cancer accounted for a large proportion of cancer deaths among ever smokers but not among never smokers, we reexamined results after censoring lung cancer deaths. Relative risks remained lower among never smokers (RR = 0.67, 95% CI = 0.56 to 0.81) than among former smokers (RR = 0.85, 95% CI = 0.74 to 0.99) or current smokers (RR = 0.88, 95% CI = 0.59 to 1.31)...

http://jnci.oxfordjournals.org/content/early/2012/08/10/jnci.djs318.abstract

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Aspirin and Cancer: Trials and Observational Studies
http://jnci.oxfordjournals.org/content/early/2012/08/10/jnci.djs338.extract
http://jnci.oxfordjournals.org/content/early/2012/08/10/jnci.djs338.full.pdf+html

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

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http://www.medpagetoday.com/HematologyOncology/OtherCancers/34149
Aspirin's effect on cancer death risk stirs questions
http://vitals.nbcnews.com/ news/2012/08/10/13223078-aspirins-effect-on-cancer-death-risk-stirs-questions

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**Cigarette smoking and risk of completed suicide: A meta-analysis of prospective cohort studies**

**J Psychiatr Res. 2012 Aug 10. [Epub ahead of print]**

Li D, Yang X, Ge Z, Hao Y, Wang Q, Liu F, Gu D, Huang J.

**Abstract**

**BACKGROUND:**

Epidemiologic studies have reported conflicting results relating smoking to suicide risk. We conducted a meta-analysis of prospective cohort studies to evaluate the association of cigarette smoking with completed suicide.

**METHODS:**

Eligible prospective cohort studies were identified from PubMed and EMbase databases (from 1966 to May 2011) and the reference lists of retrieved articles. Two authors independently extracted data and assessed study quality using the Newcastle-Ottawa Scale. Study-specific risk estimates were pooled using random-effects model and generalized least squares trend estimation was used to assess dose-response relationship.

**RESULTS:**

Fifteen prospective cohort studies involving 2395 cases among 1,369,807 participants were included in the meta-analysis. Our data suggested that cigarette smoking significantly increased the risk of completed suicide. Compared with never smokers, the pooled RR was 1.28 (95% CI: 1.001-1.641) for former smokers, and 1.81 (95% CI: 1.50-2.19) for current smokers, respectively. Subgroup analyses showed that the increased suicide risk among current smokers appeared to be consistent, although there was heterogeneity among studies of current smoking ($p < 0.001$). Significant dose-response relationship was found between smoking and suicide, and the risk of suicide was increased by 24% for each increment of 10 cigarettes smoked per day (RR, 1.24; 95% CI: 1.20-1.28).

**CONCLUSIONS:**

Our meta-analysis robustly demonstrates that cigarette smoking is associated with an increased risk of completed suicide, consistent with a dose-response relationship. This conclusion has an important public health message for countries with high smoking prevalence and high suicide rate such as China.

http://www.sciencedirect.com/science/article/pii/S0022395612000957

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**Prevalence of cigarette smoking and associated risk factors among adolescents in Hamadan City, west of Iran in 2010**

**J Res Health Sci. 2012 Winter-Spring;12(1):31-7.**

Moeini B, Poorolajal J, Gharghani ZG.

**Abstract**

**BACKGROUND:**

Most people start smoking during teenage years. There is an increasing trend in the prevalence of cigarette smoking among children and adolescents in recent years. The aim of the present study was to investigate the prevalence of cigarette smoking and associated risk factors among high-school students.

**METHODS:**

This cross-sectional study was conducted in January 2010 in Hamadan City, west of Iran. A random sample of 1161 high-school students was enrolled voluntarily. The data collection tool was a self-administered questionnaire including demographic characteristics as well as questions about knowledge and attitude toward cigarette smoking. Stata version 11 (StataCorp, College Station, TX, USA) was employed for data analysis.

**RESULTS:**

The prevalence of cigarette smoking was 10.2% (95% CI: 8.4%, 11.9%; SD = 0.30) with an increasing trend toward older ages. Of the 118 smokers, 70% were boys, 93% were 15-20 years old, 80% had experienced smoking before age of 15 yr, 80.3% used less than five cigarettes per day, and 39% started smoking out of curiosity. Students' mean scores of knowledge and attitude toward smoking were 53% and 74%, respectively. Odds ratio estimate of becoming a smoker was 4.44 for those who lived with people other than their parents, 5.68 for those who had siblings who smoke, 10.74 for those who had friends who smoke, 12.56 for those who were frequently offered cigarettes by their friends.

**CONCLUSION:**

The current study revealed the effect of several social variables on adolescents' smoking status. The results of our study thus provide information on possible areas of intervention, which should be the focus of special attention by policymakers when planning tobacco control preventive programs among adolescents and young adults.

http://jrhs.umsha.ac.ir/index.php/JRHS/article/view/621
http://jrhs.umsha.ac.ir/index.php/JRHS/article/view/621/pdf

**Also**:

Application of the theory of planned behavior to predict drug abuse related behaviors among adolescents.
http://jrhs.umsha.ac.ir/index.php/JRHS/article/view/636
http://jrhs.umsha.ac.ir/index.php/JRHS/article/view/636/pdf

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

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**Maternal Smoking During Pregnancy and the Risk of Congenital Heart Defects in Offspring: A Systematic Review and Metaanalysis**

**Pediatr Cardiol. 2012 Aug 12. [Epub ahead of print]**

Lee LJ, Lupo PJ.

**Abstract**
Although a previous metaanalysis indicated that maternal smoking during pregnancy increased the risk of congenital heart defects (CHD) in offspring, the effect of smoking on individual CHD subtypes was not determined. Because CHDs are anatomically, clinically, epidemiologically, and developmentally heterogeneous, the authors conducted a systematic review and metaanalysis of the association between maternal smoking during pregnancy and the risk of CHDs, including CHD subtypes among offspring. Two types of summary relative risk (RR) estimates (any smoking vs no smoking and increasing categories of smoking, i.e., light, medium, and heavy) were calculated for CHDs as a group and for a number of CHD subtypes using both fixed- and random-effects models. Random effects estimates were reported if there was evidence of heterogeneity among the studies. Consistent with the previous metaanalysis, the authors observed a positive association between maternal smoking during pregnancy and the risk of CHDs as a group (RR, 1.11; 95 % confidence interval [CI], 1.02-1.21; number of cases [n] = 18,282). Additionally, women who smoked during pregnancy were more likely to have a child with 12 (71 %) of 17 CHD subtypes analyzed compared with women who did not smoke. The highest risk was for septal defects as a group (RR, 1.44; 95 % CI, 1.16-1.79; n = 2977). The evidence of dose response was observed for septal defects as a group, atrial septal defects, and atrioventricular septal defects. This systematic review and metaanalysis suggests that maternal smoking is modestly associated with an increased risk of CHDs and some CHD subtypes.

http://www.springerlink.com/content/v43t783n1l231v7x/

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**Are the arts an effective setting for promoting health messages?**

**Perspect Public Health. 2012 Aug 13. [Epub ahead of print]**

Mills C, Knuiman M, Rosenberg M, Wood L, Ferguson R.

**Abstract**

Aim:Individuals can contribute to their own well-being through the adoption of positive health behaviours and the avoidance of negative health behaviours. The promotion of health messages is a cognitive strategy used to influence the adoption of health-enhancing behaviours. Since 1991, arts organizations have been sponsored by the Western Australian Health Promotion Foundation (Healthway) to promote anti-smoking, safe alcohol consumption, physical activity, sun protection and nutrition messages to the general population. The aim of this study was to evaluate the effectiveness of arts sponsorship to promote health messages and therefore gauge the effectiveness of the arts as a communication channel to promote health to the general population.Methods:A secondary analysis of the Healthway Survey of Community Recreation and Health data was conducted. The data were collected via a telephone survey of Western Australian adults aged 16-69 years. Overall, 1997 respondents participated in this study, a response rate of 59%. The analysis included a descriptive investigation, followed by logistic regression analyses of message awareness by those engaged and not engaged in the arts for sponsored anti-smoking, safe alcohol consumption, physical activity, sun protection and nutrition messages.Results:Overall, 68% of those surveyed were classified as engaged in the arts, either as a participant, attendee or member of an arts organization. In general, those engaged in the arts were significantly more likely to recall health messages relating to physical activity (adjusted OR = 1.9), sun protection (OR = 1.8) nutrition (OR = 1.5), safe alcohol consumption (OR = 1.5) and anti-smoking (adjusted OR = 1.3) than those not engaged in the arts.Conclusions:Findings from this study suggest the arts have merit beyond intrinsic artistic value and are a viable means of promoting health messages to the general population.

http://rsh.sagepub.com/content/early/2012/08/10/1757913911419895.abstract

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**Effects of Tobacco Smoking and Nicotine on Cancer Treatment**

**Pharmacotherapy. 2012 Aug 8. doi: 10.1002/phar.1117. [Epub ahead of print]**

Petros WP, Younis IR, Ford JN, Weed SA.

**Abstract**

A substantial number of the world's population continues to smoke tobacco, even in the setting of a cancer diagnosis. Studies have shown that patients with cancer who have a history of smoking have a worse prognosis than nonsmokers. Modulation of several physiologic processes involved in drug disposition has been associated with long-term exposure to tobacco smoke. The most common of these processes can be categorized into the effects of smoking on cytochrome P450-mediated metabolism, glucuronidation, and protein binding. Perturbation in the pharmacokinetics of anticancer drugs could result in clinically significant consequences, as these drugs are among the most toxic, but potentially beneficial, pharmaceuticals prescribed. Unfortunately, the effect of tobacco smoking on drug disposition has been explored for only a few marketed anticancer drugs; thus, little prescribing information is available to guide clinicians on the vast majority of these agents. The carcinogenic properties of several compounds found in tobacco smoke have been well studied; however, relatively little attention has been given to the effects of nicotine itself on cancer growth. Data that identify nicotine's effect on cancer cell apoptosis, tumor angiogenesis, invasion, and metastasis are emerging. The implications of these data are still unclear but may lead to important questions regarding approaches to smoking cessation in patients with cancer.

http://onlinelibrary.wiley.com/doi/10.1002/phar.1117/abstract

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**The Interaction of Nicotine Withdrawal and Panic Disorder in the Prediction of Panic-Relevant Responding to a Biological Challenge**

**Psychology of Addictive Behaviors, Aug 6 , 2012**

Leyro, Teresa M.; Zvolensky, Michael J.

**Abstract**

The current investigation evaluated nicotine withdrawal symptoms elicited by 12 hours of smoking deprivation on anxious and fearful responding to bodily sensations among daily smokers with and without panic disorder (PD). It was hypothesized that smokers with PD who were experiencing greater levels of nicotine withdrawal would experience the greatest levels of fearful responding to, and delayed recovery from, a 10% carbon dioxide-enriched air (CO2) biological challenge procedure. Participants were 58 adults who reported smoking 19.72 cigarettes daily (SD = 7.99). Results indicated that nicotine withdrawal and PD status interacted to predict greater postchallenge panic attack symptoms. Also, individuals with PD initially evidenced a quicker decrease in subjective anxiety following the challenge, but their rate of recovery decelerated over time as compared to those without PD. There was, however, no significant interaction for change in subjective anxiety pre- to postchallenge. Results are discussed in relation to the role of nicotine withdrawal in anxious and fearful responding for smokers with PD.

http://psycnet.apa.org/psycinfo/2012-21146-001/

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**Alcohol and smoking consumption behaviours in older Australian adults: prevalence, period and socio-demographic differentials in the DYNOPTA sample**

**Soc Psychiatry Psychiatr Epidemiol. 2012 Aug 10. [Epub ahead of print]**

Burns RA, Birrell CL, Steel D, Mitchell P, Anstey KJ.

**Abstract**

**PURPOSE:**

Alcohol consumption and tobacco use are key risk factors for chronic disease and health burden across the adult lifespan. We estimate the prevalence of alcohol consumption and smoking by age and time period in adults from mid to old age.

**METHODS:**

Participants (n = 50,652) were drawn from the Dynamic Analyses to Optimise Ageing (DYNOPTA) project and were compared with Australian National Health Survey data. Alcohol and smoking consumption DYNOPTA data were weighted to the estimated resident population of the sampling frame for each contributing study according to age and sex distributions within major statistical regions.

**RESULTS:**

Comparisons in the rates of smoking and alcohol consumption between DYNOPTA and other national surveys were comparable. Males were more likely to be (RRR = 2.12) or have been smokers (RRR = 2.97), whilst females were more likely to be non-drinkers (RRR = 2.52). Period effects were also identified; higher prevalence rates in consumption of alcohol (RRR = 3.21) and smoking (RRR = 1.67) for those contributing studies from the early 1990's, in comparison with those studies from the latter half of the decade, were reported.

**CONCLUSIONS:**

Over a decade, prevalence rates for high-risk consumption of alcohol and current smoking behaviour declined and suggest the possible impact of government health policy, with targeted-health policies, that included bans on public smoking, and a toughening of legislation against alcohol-related crime.

http://www.springerlink.com/content/g43865tl1836076p/

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**What is known about tobacco industry efforts to influence tobacco tax? A systematic review of empirical studies**

***Tob Control Published Online First: 12 August 2012***

Katherine E Smith, Emily Savell, Anna B Gilmore

**Abstract**
**Objective** To systematically review studies of tobacco industry efforts to influence tobacco tax policies.

**Methods** Searches were conducted between 1 October 2009 and 31 March 2010 in 14 databases/websites, in relevant bibliographies and via experts. Studies were included if they focused on industry efforts to influence tobacco tax policies, drew on empirical evidence, were in English and concerned the period 1985–2010. In total, 36 studies met these criteria. Two reviewers undertook data extraction and critical appraisal. A random selection of 15 studies (42%) was subject to second review. Evidence was assessed thematically to identify distinct tobacco industry aims, arguments and tactics.

**Results** A total of 34 studies examined industry efforts to influence tax levels. They suggest the tobacco industry works hard to prevent significant increases and particularly dislikes taxes ‘earmarked’ for tobacco control. Key arguments to counter increases are that tobacco taxes are socially regressive, unfair and lead to increased levels of illicit trade and negative economic impacts. For earmarked taxes, the industry also frequently tries to raise concerns about revenue allocation. Assessing industry arguments against established evidence demonstrates most are unsupported. Key industry tactics include: establishing ‘front groups’, securing credible allies, direct lobbying and publicity campaigns. Only seven studies examined efforts to influence tax structures. They suggest company preferences vary and tactics centre on direct lobbying.

**Conclusions** The tobacco industry has historically tried to keep tobacco taxes low using consistent tactics and misleading arguments. Further research is required to explore efforts to influence tax structures, excise policies beyond the USA and recent policies.

http://tobaccocontrol.bmj.com/content/early/2012/08/10/tobaccocontrol-2011-050098.abstract

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