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Smoking & Tobacco Abstracts & News

**STAN Bulletin
27th Edition
27-August-2012**

Editor's note: Several items 'In the News' relate to health effects of smoking but these are from studies being presented at the [European Society of Cardiology \(ESC\) Congress](#) in Munich, not from journals. There is a main session on ['Tobacco: from early damage to late impact'](#) and other abstracts that can be found via search on the [Congress](#) site. The stories from a major series in Melbourne's *The Age*, [Tobacco: The last frontier](#), have been grouped together at the top of the 'In the News' section. The industry responses from BAT and PMI to questions by one of *The Age* (Fairfax newspapers) reporters are particularly unenlightening.

Stan Shatenstein

Noteworthy:

"Like many other milestone tobacco-control legislations such as pictorial warnings on tobacco packets, first adopted by Canada in 2001, and workplace smoking bans, first introduced in Ireland in 2004, Australia's lead in plain packaging will inevitably be followed by many other countries... Australia's victory also confirms that countries can successfully challenge the tobacco industry. This message is particularly important for low-income and middle-income countries such as China, which has the largest tobacco industry and where cigarette packs do not even carry a pictorial warning. The tactics needed to fight the battle against tobacco are known, but it is strong political leadership in implementation that will ultimately achieve the goal." [Editorial, Australia's plain tobacco packaging, [Lancet](#)]

"The removal of POS [point of sale] displays from retail outlets in Melbourne, Australia, has reduced the presence of pro-tobacco features [that] can lead to unplanned purchases, undermine quitting, and increase the temptation for non-smokers to experiment with tobacco. In addition, the increase in anti-tobacco signage, especially graphic health warning signs, means that more smokers are reminded of the health harms of smoking each time they purchase something in a store. The high level of compliance with the POS bans observed in this study and in other countries (Cohen et al., 2011; McNeill et al., 2010) demonstrates that such legislation can be implemented successfully." [Zacher M et al. A Store Cohort Study of Compliance With a Point-of-Sale Cigarette Display Ban in Melbourne, Australia, [N&TR](#)]

In the News:

- Australia/Asia-Pacific: [Big Tobacco conquers its new frontier](#); [BAT/TMI: TI responds](#)
- China: [Losing the battle in a country where tobacco sponsors schools: Interactive graphics](#)
- India: [Devotees unfazed as authorities move to bite down on chewing tobacco](#)
- Indonesia: [Big Tobacco hasn't got a worry, child smoking out of control](#); Asia: [Crisis looms](#)
- Thailand/Singapore: [Butting out: how some countries are starting to put their health first](#)
- Bangladesh: [Cabinet endorses tougher tobacco law, public place smoking fines doubled](#)
- Canada/Australia: [Country Urged to Follow New Cigarette Packaging Law](#)
- Canada: NB: [Province invests in tobacco firms despite lawsuit: Video](#); Ottawa: [Butt Litter: Audio](#)
- ESC: [Tobacco: from early damage to late impact](#)
- ESC: [Smoking after stroke increases death risk by three-fold](#)
- ESC: [Passive Smoking Increases Platelet Activation in Healthy People](#)
- ESC: [Adolescent Smokers Have Artery Damage](#)
- ESC: [Greek study finds e-cigarettes no threat to heart](#)
- ESC: [Non-Smokers Benefit Most from Smoking Ban](#)
- Lebanon: [Views differ on whether smoking ban will work](#)
- NZ: [Herald: Opinion: Duty to protect our kids trumps tobacco's case](#)

- US: [Appeals court strikes down graphic warnings for cigarettes; Likely headed for Supreme Court](#)

In this Edition:

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- AJPH - McDaniel: US: The Big WHY: Philip Morris's Failed Search for Corporate Social Value
- Ann Pharmacother - Khan: US: NM: Cessation Predictors: Community-Based Pharmacy Program
- BMC Health Serv Res - Jorm: Australia: Smoking, primary care services use & administrative claims data
- Cochrane Data Syst Rev - Carson: Interventions for tobacco use prevention in Indigenous youth
- Cochrane Data Syst Rev - Hartmann-Boyce: Nicotine vaccines for smoking cessation
- EJPH - Ramahi: Jordan: Amman: SHS emission levels in enclosed public places during Ramadan
- Env Health Prev Med - Veeranki: US: TN: High use & production & tobacco-free policy impact on university employees
- Eur J Cardiothorac Surg - Poullis: Smoking status at diagnosis, histology type & long-term lung cancer outcomes
- Hong Kong Med J - Lam: Smoking reduction intervention for smokers not willing to quit: RCT
- IJERPH - Polk: Smoking & Genotype Effects on the PSR Index of Periodontal Disease in Adults Aged 18–49
- Int J Ment Health Nurs - Connolly: NZ: Mental health nurse beliefs about inpatient smoking
- Isr J Health Pol Res - Connolly: Israel: Commentary: How Society Treats Smoking
- Lancet - Hoffman: WHO's undermining tobacco control; Editorial: Australia: Plain tobacco packaging
- Lung India - Balhara: Cotinine urinalysis to verify male psychiatric out-patients self-reported tobacco use
- N&TR - Kopel: Israel: Cigarette Smoking & Correlates Among Ultra-Orthodox Jewish Males
- N&TR - Lawhorn: US: LA: Workplace SHS Exposure Among Non-smoking Hospitality Employees
- N&TR - Zacher: Australia: Melbourne: Compliance With a Point-of-Sale Cigarette Display Ban: Store Cohort
- Pat Relat Outcome Meas - Ferguson: Nicotine replacement therapies: patient safety & persistence
- Prev Sci - Galán: Spain: Smoking Ban, School-Based Prevention & Control Policies Effect on Adolescent Smoking
- Tob Control - Kostova: GATS: Cross-country study of cigarette prices & affordability
- Tob Control - Siahpush: Mexico: ITC: Cigarette prices, expenditure & smoking-induced deprivation

Abstracts:

Outcomes of pregnancy in women using illegal drugs and in women who smoke cigarettes

[Acta Obstet Gynecol Scand](#). 2012 Aug 22. doi: 10.1111/j.1600-0412.2012.01519.x. [Epub ahead of print]

[Black M](#), [Bhattacharya S](#), [Fairley T](#), [Campbell DM](#), [Shetty A](#).

Abstract

Objective: To compare obstetric outcomes in women using illegal drugs with women who smoke cigarettes. Design: Retrospective cohort study. Setting: Aberdeen, UK. Population: All deliveries in Aberdeen in women using illegal drugs and women who smoked cigarettes during 1997-2007. Material and Methods: The women who used illegal drugs were identified from a database of affected pregnant women in Aberdeen. The Aberdeen Maternity and Neonatal Databank was used to identify women who smoke cigarettes and obtain pregnancy outcome information. Sociodemographic characteristics, maternal and perinatal outcomes were compared using chi-squared test, independent sample T-test and logistic regression analysis. Main Outcome Measures: Preterm delivery, low birthweight (standardised birthweight score < -2) and admission to the neonatal unit. Results: Of the 561 illegal drug users 96% were also cigarette smokers. Compared with women who smoke cigarettes with no reported illegal drug use, they were significantly more likely to have a preterm delivery {adjusted odds ratio (aOR) 1.6 (95% confidence interval (CI) 1.3-2.1)}, low birthweight baby {aOR 1.9 (95% CI 1.4-2.6)}, baby admitted to the neonatal unit {aOR 13.3 (95%CI 10.9-16.3)}, deep vein thrombosis {aOR (95% CI 8.8-50.8)} and antepartum hemorrhage {aOR (95% CI 1.2-2.1)}. They were less likely to be at the extremes of age, or to develop pregnancy-induced hypertension {aOR 0.3 (95% CI 0.2-0.4)}. Conclusion: Illegal drug use in pregnancy appears to increase the risk of adverse outcomes, over and above that related to cigarette smoking, but appears to be associated with lower prevalence of gestational hypertension.

<http://onlinelibrary.wiley.com/doi/10.1111/j.1600-0412.2012.01519.x/abstract>

Exposure to second-hand smoke damages everyday prospective memory

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: **23 AUG 2012**

T.M. Heffernan and T.S. O'Neill

Abstract

Aims

Prospective memory (PM: remembering future intentions and activities) is critical to everyday remembering. This study compared a group of never-smokers who reported regular exposure to second-hand smoke (the SHS group) with a group of current smokers (the CS group) and a group of never-smokers who reported never having been exposed to SHS (the Non-SHS group) on objective PM.

Design

An existing groups design was employed to compare the SHS, CS and Non-SHS group.

Participants and setting

27 SHS, 27 CS and 29 Non-SHS were tested on objective PM. All participants were university undergraduates aged between 18–30 years. All participants were tested individually in a laboratory setting.

Measurements

The Cambridge Prospective Memory Test (CAMPROMPT) was used to assess objective PM. Age, other drug use, mood and IQ were also measured as covariates in the study.

Findings

The Non-SHS group recalled significantly more time-based PM tasks than the SHS group (Means = 16.3 versus 13.7, $p < .001$) and significantly more than the CS group (CS Mean = 11.6, $p < .001$); and the SHS group recalled significantly more time-based tasks than the CS group ($p < .002$). The Non-SHS group recalled significantly more event-based PM tasks than the CS group (Means = 15.2 versus 11.3, $p < .002$) with no significant difference between the Non-SHS group and SHS group (SHS Mean = 14.3, $p = .234$); and the SHS group recalled significantly more event-based tasks than the CS group ($p < .001$).

Conclusion

Non-smokers exposed to secondhand smoke may suffer impairment in time-based prospective memory

<http://onlinelibrary.wiley.com/doi/10.1111/j.1360-0443.2012.04056.x/abstract>

Alcohol, tobacco and drug use as reasons for abortion

[Alcohol Alcohol](#). 2012 Aug 22. [Epub ahead of print]

[Roberts SC](#), [Avalos LA](#), [Sinkford D](#), [Foster DG](#).

Abstract

AIMS:

Concern about the effects of alcohol and drug use during pregnancy is intertwined with debates about abortion. There is concern that alcohol abstinence recommendations lead women using low levels of alcohol to terminate otherwise wanted pregnancies. This study examines how women describe alcohol, tobacco and/or drug use (ATOD) as reasons for deciding to have abortions and assesses the differences between women reporting and not reporting ATOD as reasons for deciding to have an abortion.

METHODS:

Data come from the UCSF Turnaway Study which recruited 956 women seeking an abortion at one of 30 US clinics between 2008 and 2010. Mixed methods were used and data were analyzed through thematic coding and logistic regression.

RESULTS:

Nearly 5% reported ATOD as a reason for abortion. Women worried that their ATOD had affected their baby's health and that their or their partner's ATOD would influence parenting. Most women (84%) who reported alcohol as a reason binge drank or had an alcohol-problem symptom in the month before discovering their pregnancy. Sixty-one percent who reported drugs as a reason used drugs, with 88% using more than once/week. Although two-thirds smoked tobacco, no woman reported tobacco alone as a reason. Ninety-eight percent of women reporting ATOD as a reason had unintended pregnancies.

CONCLUSION:

Women reporting ATOD as a reason drink at levels exceeding a low threshold and do not appear to be terminating otherwise wanted pregnancies. Thus, findings are inconsistent with hypotheses that abstinence recommendations and punitive policies lead women using low levels of alcohol or using drugs to terminate otherwise wanted pregnancies.

<http://alcalc.oxfordjournals.org/content/early/2012/08/21/alcalc.ags095.abstract>

Attitudes, Experiences, and Acceptance of Smoke-Free Policies Among US Multiunit Housing Residents

[Am J Public Health](#). 2012 Aug 16. [Epub ahead of print]

[Licht AS](#), [King BA](#), [Travers MJ](#), [Rivard C](#), [Hyland AJ](#).

Abstract

We assessed factors related to smoke-free policies among a cross-sectional, nationally representative, random-digit-dial sample (landline and cell phone) of US multiunit housing residents (n = 418). Overall, 29% reported living in smoke-free buildings, while 79% reported voluntary smoke-free home rules. Among those with smoke-free home rules, 44% reported secondhand smoke incursions in their unit. Among all respondents, 56% supported smoke-free building policy implementation. These findings suggest that smoke-free building policies are needed to protect multiunit housing residents from secondhand smoke in their homes.

<http://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2012.300717>

“The Big WHY”: Philip Morris’s Failed Search for Corporate Social Value

[Am J Public Health](#). Published online ahead of print August 16, 2012: e1-e9.

Patricia A. McDaniel, PhD, and Ruth E. Malone, RN, PhD

Abstract

Objectives. We examined Philip Morris USA’s exploration of corporate social responsibility practices and principles and its outcome.

Methods. We analyzed archival internal tobacco industry documents, generated in 2000 to 2002, related to discussions of

corporate social responsibility among a Corporate Responsibility Taskforce and senior management at Philip Morris.

Results. In exploring corporate social responsibility, Philip Morris executives sought to identify the company's social value—its positive contribution to society. Struggling to find an answer, they considered dramatically changing the way the company marketed its products, apologizing for past actions, and committing the company to providing benefits for future generations. These ideas were eventually abandoned. Despite an initial call to distinguish between social and economic value, Philip Morris ultimately equated social value with providing shareholder returns.

Conclusions. When even tobacco executives struggle to define their company's social value, it signals an opening to advocate for endgame scenarios that would encourage supply-side changes appropriate to the scale of the tobacco disease epidemic and consistent with authentic social value.

<http://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2011.300619>

Smoking Cessation and Its Predictors: Results from a Community-Based Pharmacy Tobacco Cessation Program in New Mexico (September)

[Ann Pharmacother.](#) 2012 Aug 21. [Epub ahead of print]

[Khan N](#), [Anderson JR](#), [Du J](#), [Tinker D](#), [Bachyrycz AM](#), [Namdar R](#).

Abstract

BACKGROUND:

The New Mexico Pharmaceutical Care Foundation received funding through the Tobacco Use Prevention and Control Program (TUPAC) to provide support for pharmacist-delivered tobacco cessation services. The goal of the program was to increase the availability of tobacco cessation services to residents of New Mexico. Program outcomes are presented, using data from the first 2 fiscal years.

OBJECTIVE:

To assess tobacco quit rates among smokers who participated in the community pharmacist-based program and identify the predictors of quitting at the end of a 6-month program.

METHODS:

Pharmacists, who had received Rx for Change training, provided tobacco cessation services. Patients were scheduled for an initial visit and then were seen at regularly scheduled follow-up visits at 1 month, 3 months, and 6 months from the initial visit. Data collected at the initial visit included demographics, smoking history, and readiness for quitting. Smoking status was collected at each of the follow-up visits. Data were analyzed using SAS (SAS Institute) and STATA (StataCorp LP) statistical software. Tobacco quit rates were calculated at 1, 3, and 6 months. Multivariate regression analysis was performed to assess predictors of quitting. Standard errors were adjusted for repeated observation.

RESULTS:

Data were available for 346 participants. The average quit rate at the end of 6 months was 25%. Significant predictors of quitting were high confidence levels in quitting at baseline, individuals who had first cigarettes at least 30 minutes after waking up, first cessation attempt, and nonwhite patients.

CONCLUSIONS:

A smoking cessation program delivered through trained community pharmacists with prescriptive authority is an effective approach to reducing smoking. Further research should be conducted to compare the effectiveness of pharmacists with that of other providers of tobacco cessation services.

<http://www.theannals.com/content/early/2012/08/21/aph.1P146.abstract>

Smoking and use of primary care services: findings from a population-based cohort study linked with administrative claims data

[BMC Health Serv Res.](#) 2012 Aug 18;12(1):263. [Epub ahead of print]

[Jorm LR](#), [Shepherd LC](#), [Rogers KD](#), [Blyth FM](#).

Abstract**BACKGROUND:**

Available evidence suggests that smokers have a lower propensity than others to use primary care services. But previous studies have incorporated only limited adjustment for confounding and mediating factors such as income, access to services and health status. We used data from a large prospective cohort study (the 45 and Up Study), linked to administrative claims data, to quantify the relationship between smoking status and use of primary care services, including specific preventive services, in a contemporary Australian population.

METHODS:

Baseline questionnaire data from the 45 and Up Study were linked to administrative claims (Medicare) data for the 12-month period following study entry. The main outcome measures were Medicare benefit claimed for unreferred services, out-of-pocket costs (OOPC) paid, and claims for specific preventive services (immunisations, health assessments, chronic disease management services, PSA tests and Pap smears). Rate ratios with 95 % confidence intervals were estimated using a hierarchical series of models, adjusted for predisposing, access- and health-related factors. Separate hurdle (two part) regression models were constructed for Medicare benefit and OOPC. Poisson models with robust error variance were used to model use of each specific preventive service.

RESULTS:

Participants included 254,382 people aged 45 years and over of whom 7.3 % were current smokers. After adjustment for predisposing, access- and health-related factors, current smokers were very slightly less likely to have claimed Medicare benefit than never smokers. Among those who claimed benefit, current smokers claimed similar total benefit, but recent quitters claimed significantly greater benefit, compared to never-smokers. Current smokers were around 10 % less likely than never smokers to have paid any OOPC. Current smokers were 15-20 % less likely than never smokers to use immunisations, Pap smears and prostate specific antigen tests.

CONCLUSIONS:

Current smokers were less likely than others to use primary care services that incurred out of pocket costs, and specific preventive services. This was independent of a wide range of predisposing, access- and health-related factors, suggesting that smokers have a lower propensity to seek health care. Smokers may be missing out on preventive services from which they would differentially benefit.

<http://www.biomedcentral.com/1472-6963/12/263/abstract>

<http://www.biomedcentral.com/content/pdf/1472-6963-12-263.pdf>

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

Interventions for tobacco use prevention in Indigenous youth

[Cochrane Database Syst Rev.](#) 2012 Aug 15;8:CD009325.

[Carson KV](#), [Brinn MP](#), [Labiszewski NA](#), [Peters M](#), [Chang AB](#), [Veale A](#), [Esterman AJ](#), [Smith BJ](#).

Abstract**BACKGROUND:**

Tobacco use in Indigenous populations (people who have inhabited a country for thousands of years) is often double that

in the non-Indigenous population. Addiction to nicotine usually begins during early adolescence and young people who reach the age of 18 as non-smokers are unlikely to become smokers thereafter. Indigenous youth in particular commence smoking at an early age, and a disproportionate burden of substance-related morbidity and mortality exists as a result.

OBJECTIVES:

To evaluate the effectiveness of intervention programmes to prevent tobacco use initiation or progression to regular smoking amongst young Indigenous populations and to summarise these approaches for future prevention programmes and research.

SEARCH METHODS:

The Cochrane Tobacco Addiction Group Specialised Register was searched in November 2011, with additional searches run in MEDLINE. Online clinical trial databases and publication references were also searched for potential studies.

SELECTION CRITERIA:

We included randomized and non-randomized controlled trials aiming to prevent tobacco use initiation or progression from experimentation to regular tobacco use in Indigenous youth. Interventions could include school-based initiatives, mass media, multi-component community level interventions, family-based programmes or public policy.

DATA COLLECTION AND ANALYSIS:

Data pertaining to methodology, participants, interventions and outcomes were extracted by one reviewer and checked by a second, whilst information on risk of bias was extracted independently by a combination of two reviewers. Studies were assessed by qualitative narrative synthesis, as insufficient data were available to conduct a meta-analysis. The review process was examined by an Indigenous (Aboriginal) Australian for applicability, acceptability and content.

MAIN RESULTS:

Two studies met all of the eligibility criteria for inclusion within the review and a third was identified as ongoing. The two included studies employed multi-component community-based interventions tailored to the specific cultural aspects of the population and were based in Native American populations (1505 subjects in total). No difference was observed in weekly smoking at 42 months follow-up in the one study assessing this outcome (skills-community group versus control: risk ratio [RR] 0.95, 95% CI 0.78 to 1.14; skills-only group versus control: RR 0.86, 95% CI 0.71 to 1.05). For smokeless tobacco use, no difference was found between the skills-community arm and the control group at 42 weeks (RR 0.93, 95% CI 0.67 to 1.30), though a significant difference was observed between the skills-only arm and the control group (RR 0.57, 95% CI 0.39 to 0.85). Whilst the second study found positive changes for tobacco use in the intervention arm at post test ($p < 0.05$), this was not maintained at six month follow-up (change score -0.11 for intervention and 0.07 for control). Both studies were rated as high or unclear risk of bias in seven or more domains (out of a total of 10).

AUTHORS' CONCLUSIONS:

Based on the available evidence, a conclusion cannot be drawn as to the efficacy of tobacco prevention initiatives tailored for Indigenous youth. This review highlights the paucity of data and the need for more research in this area. Smoking prevalence in Indigenous youth is twice that of the non-Indigenous population, with tobacco experimentation commencing at an early age. As such, a significant health disparity exists where Indigenous populations, a minority, are over-represented in the burden of smoking-related morbidity and mortality. Methodologically rigorous trials are needed to investigate interventions aimed at preventing the uptake of tobacco use amongst Indigenous youth and to assist in bridging the gap between tobacco-related health disparities in Indigenous and non-Indigenous populations.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD009325.pub2/abstract>

Nicotine vaccines for smoking cessation

[Cochrane Database Syst Rev.](#) 2012 Aug 15;8:CD007072.

[Hartmann-Boyce J](#), [Cahill K](#), [Hatsukami D](#), [Cornuz J](#).

Abstract

BACKGROUND:

By reducing the amount of nicotine that reaches the brain when a person smokes a cigarette, nicotine vaccines may help people to stop smoking or to prevent recent quitters from relapsing.

OBJECTIVES:

The aims of this review are to assess the efficacy of nicotine vaccines for smoking cessation and for relapse prevention, and to assess the frequency and type of adverse events associated with the use of nicotine vaccines.

SEARCH METHODS:

We searched the Cochrane Tobacco Addiction Review Group specialised register for trials, using the term 'vaccine' in the title or abstract, or in a keyword (date of most recent search April 2012). To identify any other material including reviews and papers potentially relevant to the background or discussion sections, we also searched MEDLINE, EMBASE, and PsycINFO, combining terms for nicotine vaccines with terms for smoking and tobacco use, without design limits or limits for human subjects. We searched the Annual Meeting abstracts of the Society for Research on Nicotine and Tobacco up to 2012, using the search string 'vaccin'. We searched Google Scholar for 'nicotine vaccine'. We also searched company websites and Google for information related to specific vaccines. We searched clinicaltrials.gov in March 2012 for 'nicotine vaccine' and for the trade names of known vaccine candidates.

SELECTION CRITERIA:

We included randomized controlled trials of nicotine vaccines, at Phase II and Phase III trial stage and beyond, in adult smokers or recent ex-smokers. We included studies of nicotine vaccines used as part of smoking cessation or relapse prevention interventions.

DATA COLLECTION AND ANALYSIS:

We extracted data on the type of participants, the dose and duration of treatment, the outcome measures, the randomization procedure, concealment of allocation, blinding of participants and personnel, reporting of outcomes, and completeness of follow-up. Our primary outcome measure was a minimum of six months abstinence from smoking. We used the most rigorous definition of abstinence, and preferred cessation rates at 12 months and biochemically validated rates where available. We have used the risk ratio (RR) to summarize individual trial outcomes. We have not pooled the current group of included studies as they cover different vaccines and variable regimens.

MAIN RESULTS:

There are no nicotine vaccines currently licensed for public use, but there are a number in development. We found four trials which met our inclusion criteria, three comparing NicVAX to placebo and one comparing NIC002 (formerly NicQbeta) to placebo. All were smoking cessation trials conducted by pharmaceutical companies as part of the drug development process, and all trials were judged to be at high or unclear risk of bias in at least one domain. Overall, 2642 smokers participated in the included studies in this review. None of the four included studies detected a statistically significant difference in long-term cessation between participants receiving vaccine and those receiving placebo. The RR for 12 month cessation in active and placebo groups was 1.35 (95% Confidence Interval (CI) 0.82 to 2.22) in the trial of NIC002 and 1.74 (95% CI 0.73 to 4.18) in one NicVAX trial. Two Phase III NicVAX trials, for which full results were not available, reported similar quit rates of approximately 11% in both groups. In the two studies with full results available, post hoc analyses detected higher cessation rates in participants with higher levels of nicotine antibodies, but these findings are not readily generalisable. The two studies with full results showed nicotine vaccines to be well tolerated, with the majority of adverse events classified as mild or moderate. In the study of NIC002, participants receiving the vaccine were more likely to report mild to moderate adverse events, most commonly flu-like symptoms, whereas in the study of NicVAX there was no significant difference between the two arms. Information on adverse events was not available for the large Phase III trials of NicVAX. Vaccine candidates are likely to undergo significant changes before becoming available to the general public, and those included in this review may not be the first to reach market; this limits the external validity of the results reported in this review in terms of both effectiveness and tolerability.

AUTHORS' CONCLUSIONS:

There is currently no evidence that nicotine vaccines enhance long-term smoking cessation. Rates of serious adverse events recorded in the two trials with full data available were low, and the majority of adverse events reported were at mild to moderate levels. The evidence available suggests nicotine vaccines do not induce compensatory smoking or affect withdrawal symptoms. No nicotine vaccines are currently licensed for use in any country but a number are under

development. Further trials of nicotine vaccines are needed, comparing vaccines with placebo for smoking cessation. Further trials are also needed to explore the potential of nicotine vaccines to prevent relapse. Results from past, current and future research should be reported in full. Adverse events and serious adverse events should continue to be carefully monitored and thoroughly reported.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD007072.pub2/abstract>

Secondhand smoke emission levels in enclosed public places during Ramadan

[Eur J Public Health](#). 2012 Aug 22. [Epub ahead of print]

[Ramahi I](#), [Seidenberg AB](#), [Kennedy RD](#), [Rees VW](#).

Abstract

Secondhand smoke levels were assessed among a convenience sample of 15 public venues in Amman, Jordan, during Ramadan. PM(2.5) measurements were taken inside each venue pre- and post-'iftar', when daily smoking abstinence can be broken at sundown. Cigarette smoking was observed in all venues post-iftar, and the median PM(2.5) level among the 15 venues (285 µg/m³) was significantly higher than the pre-iftar level (11 µg/m³; P < 0.001). Post-iftar PM(2.5) levels exceeded the World Health Organization standard for particulate pollution by 5-20-fold. To protect public health in Jordan, smoke-free legislation should be enforced at all times of day, and all days of the year.

<http://eurpub.oxfordjournals.org/content/early/2012/08/22/eurpub.cks119.abstract>

Tobacco use and impact of tobacco-free policy on university employees in an environment of high tobacco use and production

[Environ Health Prev Med](#). 2012 Aug 15. [Epub ahead of print]

[Veeranki SP](#), [Mamudu HM](#), [He Y](#).

Abstract

OBJECTIVE:

To assess occupational tobacco use and the impact of a tobacco-free policy in the Central Appalachia, an environment characterized by high tobacco use and production.

METHODS:

This study was an Internet-based survey conducted on 2,318 university employees. Descriptive, chi-square, and logistic regression statistics were performed. Unadjusted and adjusted odds ratios (AOR) with respective 95 % confidence intervals (CI) were reported.

RESULTS:

The survey response rate was 50.8 %; of the respondents, 9.0 % were current smokers. Smoking prevalence among faculty, administrators/professionals, and clerical/support staff was 6.1, 8.1, and 13.1 %, respectively. While those respondents aged 30-39 years showed a significantly increased likelihood of being a current smoker (AOR 5.64, 95 % CI 1.31-9.26), knowledge that secondhand smoke is harmful (AOR 0.22, 95 % CI 0.07-0.70) and support for tobacco-free policy (AOR 0.11, 95 % CI 0.04-0.27) decreased the likelihood.

CONCLUSION:

Low tobacco use among faculty and administrators confirmed the relationship between tobacco use and socio-economic status, even in a tobacco-producing environment. Disaggregation of tobacco use data assists the public health community in the efficient allocation of efforts and resources for cessation programs to reduce tobacco use in such environments.

<http://www.springerlink.com/content/06110983g8541563/>

Smoking status at diagnosis and histology type as determinants of long-term outcomes of lung cancer patients**[Eur J Cardiothorac Surg.](#) 2012 Aug 16. [Epub ahead of print]**[Poullis M](#), [McShane J](#), [Shaw M](#), [Shackcloth M](#), [Page R](#), [Mediratta N](#), [Gosney J](#).**Abstract****OBJECTIVES:**

The study aimed to determine the importance of smoking status at operation and histology type with regard to long-term survival after potential curative surgery for lung cancer.

METHODS:

We analysed a prospectively validated thoracic surgery database (n = 2485). We benchmarked our 5-year survival against the International Association for the Study of Lung Cancer (IALSC) results. Univariate and Cox multivariate analyses were performed for the study group and for isolated adenocarcinoma and squamous carcinoma histological subtypes.

RESULTS:

Benchmarking failed to reveal any differences in survival of our study cohort compared with the IALSC results, P = 0.16. Univariate analysis revealed that non-smokers have a statistically better long-term outcome, P < 0.0001, than ever smokers. Patients with adenocarcinoma, n = 1216, had a worse outcome in ever smokers, P = 0.006. In patients with squamous carcinoma, n = 1065, smoking status made no difference, P = 0.4. Long-term survival was not significantly different for adenocarcinoma or squamous carcinoma, P = 0.87. Cox multivariate analysis revealed that patients with adenocarcinoma who were current smokers had a significantly worse long-term survival compared with ex-smokers and non-smokers (hazard ratio: 1.26, 95 confidence interval: 1.01-1.56), P = 0.04. Age, body mass index, sex, T stage, N stage, predicted postoperative forced expiratory volume in one second (FEV1), residual disease, alcohol consumption and oral diabetes were additional significant factors affecting long-term survival. Pneumonectomy, pack years, bronchial resection margin, New York Heart Association class, hypertension, previous cerebrovascular event, diet or insulin-controlled diabetes and previous myocardial infarction were excluded by the analysis as significant risk factors. Smoking status did not affect long-term survival in patients with squamous cell carcinoma.

CONCLUSIONS:

Smoking status at time of surgery does not effect long-term survival in patients with squamous cell carcinoma. Smoking status makes a significant difference to the long-term outcomes of patients with adenocarcinoma even after adjustment for their risk factors. This implies that a histological classification of adenocarcinoma may incorporate genetically diverse adenocarcinomas with regard to prognosis.

<http://ejcts.oxfordjournals.org/content/early/2012/08/15/ejcts.ezs464.abstract>

Smoking reduction intervention for smokers not willing to quit smoking: a randomised controlled trial**[Hong Kong Med J.](#) 2012 Aug;18 Suppl 3:4-8.**[Lam TH](#), [Chan SS](#), [Abdullah AS](#), [Taam Wong V](#), [Chan AY](#), [Hedley AJ](#).**Introduction**

China has the largest smoking population in the world, but most smokers are not willing to quit smoking. In Hong Kong, the prevalence of smoking was 11.8% in 2008, according to a household survey.¹ Although smoking cessation decreases the health risks associated with tobacco use, many smokers were unmotivated to quit, and 67% of Hong Kong Chinese smokers had never tried to give up smoking.¹ Smoking reduction may provide an intermediate step for complete cessation, especially for those who are unready or unwilling to quit. Although nicotine replacement therapy (NRT) increases the quit rate, few smokers undergoing NRT adhere to the recommended regimen.²

There has been no randomised controlled trial on intervention to increase NRT adherence. The present study aimed to evaluate the

effectiveness of smoking reduction therapy and adherence intervention for 6 months among Chinese smokers in Hong Kong who were unmotivated to quit smoking. We hypothesised that the smoking reduction and adherence counselling would lead to a higher rate of abstinence, reduction, and adherence to NRT, compared to controls...

http://www.hkmj.org/supplements/article_pdfs/hkm1204sp3p4.pdf

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

Effects of Smoking and Genotype on the PSR Index of Periodontal Disease in Adults Aged 18–49

Int. J. Environ. Res. Public Health 2012, **9(8)**, 2839-2850; doi:10.3390/ijerph9082839

Deborah E. Polk, Xiaojing Wang, Eleanor Feingold, John R. Shaffer, Daniel E. Weeks, Robert J. Weyant, Richard J. Crout, Daniel W. McNeil and Mary L. Marazita

Abstract

Studies have found both genetic and environmental influences on chronic periodontitis. The purpose of this study was to examine the relationships among previously identified genetic variants, smoking status, and two periodontal disease-related phenotypes (PSR1 and PSR2) in 625 Caucasian adults (aged 18–49 years). The PSR Index was used to classify participants as affected or unaffected under the PSR1 and PSR2 phenotype definitions. Using logistic regression, we found that the form of the relationship varied by single nucleotide polymorphism (SNP): For rs10457525 and rs12630931, the effects of smoking and genotype on risk were additive; whereas for rs10457526 and rs733048, smoking was not independently associated with affected status once genotype was taken into consideration. In contrast, smoking moderated the relationships of rs3870371 and rs733048 with affected status such that former and never smokers with select genotypes were at increased genetic risk. Thus, for several groups, knowledge of genotype may refine the risk prediction over that which can be determined by knowledge of smoking status alone. Future studies should replicate these findings. These findings provide the foundation for the exploration of novel pathways by which periodontitis may occur.

<http://www.mdpi.com/1660-4601/9/8/2839/>

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

Mental health nurses' beliefs about smoking by mental health facility inpatients

Int J Ment Health Nurs. 2012 Aug 16. doi: 10.1111/j.1447-0349.2012.00871.x. [Epub ahead of print]

[Connolly M](#), [Floyd S](#), [Forrest R](#), [Marshall B](#).

Abstract

This study examined beliefs of mental health nurses about smoking by clients, nurses, and visitors in inpatient facilities and identified the influence of years of experience, smoke-free status, and workplace on these beliefs. Data were collected by a survey, distributed via a nursing newsletter with approximately 600 members. Descriptive statistics and cross-tabulations explored the data. A total of 104 responses were received. Smoke-free status made significant differences to nurses' beliefs relating to prohibition of smoking for clients, staff, and visitors; concern about the effects of passive smoking; the role of smoking in the development of therapeutic relationships; smoking as a source of patient pleasure; and the role of smoking in symptom management. That half of the nurses who responded believe that smoking is helpful in the creation of therapeutic relationships is of concern. The nurse plays an important role model in promoting smoke-free lifestyles amongst clients, and the effects of positive role modelling could be lost if nurses continue to smoke with clients. The negative impacts of smoking on the physical health of mental health inpatients is considerable and well documented, and the creation of smoke-free inpatient mental health services can help to address these.

<http://onlinelibrary.wiley.com/doi/10.1111/j.1447-0349.2012.00871.x/abstract>

Commentary**How Society Treats Smoking***Israel Journal of Health Policy Research* 2012, 1:29

Published: 24 July 2012

Gregory N Connolly

Abstract

Bans on smoking in bars and other public places can make an important contribution to public health. However, for these bans to be effective, they require broad public support. Qualitative studies of the attitudes and perceptions of bar owners and patrons can help public health professionals identify the steps needed to promote public support for smoking bans. Such studies can also generate narratives and quotes that can help public health professionals translate findings on perceptions and attitudes into effective public education campaigns and related policy changes.

<http://www.ijhpr.org/content/1/1/29/abstract>

<http://www.ijhpr.org/content/pdf/2045-4015-1-29.pdf>

Referenced Isr J Health Pol Res study:

Challenges for the smoking ban in Israeli pubs and bars: analysis guided by the behavioral ecological model

<http://www.ijhpr.org/content/1/1/28/abstract>

<http://www.ijhpr.org/content/pdf/2045-4015-1-28.pdf>

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

WHO's undermining tobacco control

The Lancet, [Volume 380, Issue 9843](#), Pages 727 - 728, 25 August 2012

[Steven J Hoffman](#), [Zain Rizvi](#)

Your May 26 Editorial¹ highlights World No Tobacco Day and WHO's efforts "to expose and counter the tobacco industry's brazen and increasingly aggressive attempts to undermine the WHO Framework Convention on Tobacco Control (FCTC)." But WHO too is undermining the FCTC.

When recently reviewing WHO's FCTC implementation database,² we were surprised by numerous discrepancies between it and the national implementation reports on which it was built, especially in first-cycle reports submitted by state parties 2 years after ratification. This database represents one of the only mechanisms for promoting compliance with FCTC provisions. It is how implementation efforts are made transparent, state parties are judged, and non-compliant parties can be assisted or shamed into adherence. This database helps civil society to hold governments accountable for their tobacco policies, which is among the most influential factors determining whether treaties are implemented or ignored.³

Given these discrepancies, we reviewed every first-cycle national implementation report and reconstructed the WHO database for the provisions most closely related to the six MPOWER priorities (Monitor tobacco use and prevention policies; Protect people from tobacco smoke; Offer help to quit tobacco use; Warn about the dangers of tobacco; Enforce bans on tobacco advertising, promotion and sponsorship; Raise taxes on tobacco). As of July 4, 2012, 361 (32.7%) of 1104 countries' responses were misreported: 33 (3.0%) were clear errors (eg, database indicated "yes" when report indicated "no"), 270 (24.5%) were missing despite countries having submitted responses, and 58 (5.3%) were, in our opinion, misinterpreted by WHO staff...

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(12\)61402-0/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(12)61402-0/fulltext)

<http://www.sciencedirect.com/science/article/pii/S0140673612614020>

Referenced Lancet Editorial:

Tobacco industry versus tobacco control

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(12\)60839-3/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(12)60839-3/fulltext)

<http://www.sciencedirect.com/science/article/pii/S0140673612608393>

Additional Lancet Editorial:

Australia's plain tobacco packaging

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(12\)61388-9/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(12)61388-9/fulltext)

<http://www.sciencedirect.com/science/article/pii/S0140673612613889>

Use of cotinine urinalysis to verify self-reported tobacco use among male psychiatric out-patients

[Lung India](#). 2012 Jul;29(3):217-20.

[Balhara YP](#), [Jain R](#), [Sundar AS](#), [Sagar R](#).

Abstract

CONTEXT:

There is a complex and significant correlation between respiratory disorders and psychiatric conditions. Reliability of self-reported tobacco use has been questioned in recent times.

AIMS:

The current study aims at assessment of accuracy of self-reported tobacco use (both smoked and smokeless) among psychiatric out-patients.

SETTINGS AND DESIGN:

We recruited 131 consecutive subjects from the out-patient psychiatry department of a tertiary care hospital.

MATERIALS AND METHODS:

Male patients meeting the study criteria were approached for participation in the study. They were asked about their recent tobacco use history. Those reporting recent use were assessed for severity of dependence using Fagerstrom Test for Nicotine Dependence (FTND)-smoking and FTND-smokeless scales. Quantitative urine cotinine analysis was performed using the Enzyme Linked Immunesorbant Assay (ELISA) method. Based on this method, a (50 ng/ml) cut off score for urinary cotinine level for tobacco use was set.

STATISTICAL ANALYSIS USED:

Concordance between the self-report of tobacco use and urinary cotinine level was assessed using the Cohen's kappa. Additionally, Pearson's correlation coefficient was used to examine the correlation between the FTND-smoking and FTND-smokeless scales and the urinary cotinine levels.

RESULTS:

The values of Cohen's kappa suggest no significant concordance between the self-reported recent tobacco use and urinary cotinine levels for both smoking and smokeless tobacco forms. The discordance was present irrespective of a higher (550 ng/ml) or a lower (50 ng/ml) cut off score for a urinary cotinine level. Pearson's correlation coefficient failed to reveal any significant direct correlation between the FTND scores and urinary cotinine levels.

CONCLUSIONS:

It is recommended to use biological markers such as urinary cotinine levels to corroborates the information provided by the patients.

<http://www.lungindia.com/article.asp?issn=0970->

[2113;year=2012;volume=29;issue=3;spage=217;epage=220;aulast=Balhara:type=0](http://www.lungindia.com/article.asp?issn=0970-2113;year=2012;volume=29;issue=3;spage=217;epage=220;aulast=Balhara:type=0)

http://www.lungindia.com/temp/LungIndia293217-7568005_210120.pdf

Also:

Price and consumption of tobacco

<http://www.lungindia.com/article.asp?issn=0970-2113;year=2012;volume=29;issue=3;spage=212;epage=216;aulast=Singh;type=0>
http://www.lungindia.com/temp/LungIndia293212-7583846_210358.pdf

Smokeless tobacco use in pediatric population: What is the role of a Dental Surgeon in India?

<http://www.lungindia.com/article.asp?issn=0970-2113;year=2012;volume=29;issue=3;spage=305;epage=306;aulast=Shamim>
http://www.lungindia.com/temp/LungIndia293305-7397973_203259.pdf

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

Cigarette Smoking and Correlates Among Ultra-Orthodox Jewish Males

Nicotine Tob Res first published online August 24, 2012

Eran Kopel, Lital Keinan-Boker, Teena Enav, Rita Dichtiar, and Tamy Shohat

Abstract

Introduction: Ultra-orthodox Jews compose a segregated group that struggles to preserve its centuries-old way of life by strictly adhering to the Jewish religious law in every aspect of life. Their health habits were infrequently studied to date. We sought to determine the smoking prevalence and to find its significant correlates in the ultra-orthodox Jewish population of Israel.

Methods: The study was conducted in a cross-sectional design of men as smoking prevalence among ultra-religious women was found to be negligible in previous studies. Following a random ultra-orthodox households sampling and a phone survey, a total of 782 adult men were recruited.

Results: The age-adjusted smoking prevalence was 12.8% (95% confidence interval [CI] = 10.3%–15.3%). The multivariate model demonstrated that being single (*odds ratio [OR]* = 5.83; 95% *CI* = 2.44–13.98), being of Israeli (*OR* = 2.10; 95% *CI* = 1.18–3.71), or North African/Asian origin (*OR* = 2.92; 95% *CI* = 1.55–5.53) was positively correlated with smoking while being a full-time Yeshiva student (*OR* = 0.51; 95% *CI* = 0.30–0.85) was negatively correlated with smoking.

Conclusion: The Israeli ultra-orthodox Jewish men have very low prevalence of smoking when compared with the general population. The study contributes to a better understanding of habitual smoking correlates in ultra-religious minorities.

<http://ntr.oxfordjournals.org/content/early/2012/08/17/ntr.nts139.abstract>

Also:

Nornicotine Nitrosation in Saliva and Its Relation to Endogenous Synthesis of *N*-Nitrosornicotine in Humans

<http://ntr.oxfordjournals.org/content/early/2012/08/17/ntr.nts172.abstract>

Workplace Exposure to Secondhand Smoke Among Non-smoking Hospitality Employees

Nicotine Tob Res first published online August 24, 2012

Nikki A. Lawhorn, David K. Lirette, Jenna L. Klink, Chih-yang Hu, Cassandra Contreras, Ty-Runet Bryant, Lisanne F. Brown, and James H. Diaz

Abstract

Introduction: This article examines salivary cotinine concentrations to characterize secondhand smoke (SHS) exposure among non-smoking hospitality employees (bar and casino employees and musicians who perform in bars) who are exposed to SHS in the workplace.

Methods: A pre-post test study design was implemented to assess SHS exposure in the workplace. The convenience sample of 41 non-smoking hospitality employees included 10 controls (non-smoking hospitality employees not exposed to SHS in the workplace).

Results: The findings demonstrate that post-shift saliva cotinine levels of hospitality employees who are exposed to SHS in the workplace are significantly higher than controls who work in smoke-free venues. Findings also suggested a statistically significant increase between pre- and post-shift saliva cotinine levels of hospitality employees who are

exposed in the workplace. No statistically significant difference was noted across labor categories, suggesting that all exposed employees are at increased risk.

Conclusion: The study results indicate that non-smoking hospitality employees exposed to SHS in the workplace have significantly higher cotinine concentration levels compared with their counterparts who work in smoke-free venues. Findings from other studies suggest that these increased cotinine levels are harmful to health. Given the potential impact on the health of exposed employees, this study further supports the efforts of tobacco prevention and control programs in advocating for comprehensive smoke-free air policies to protect bar and casino employees.

<http://ntr.oxfordjournals.org/content/early/2012/07/11/ntr.nts144.abstract>

A Store Cohort Study of Compliance With a Point-of-Sale Cigarette Display Ban in Melbourne, Australia

Nicotine Tob Res first published online August 24, 2012

Meghan Zacher, Daniella Germain, Sarah Durkin, Linda Hayes, Michelle Scollo, and Melanie Wakefield

Abstract

Introduction: This study aimed to evaluate compliance with legislation which restricted cigarette displays in retail outlets, and to assess prevalence of pro- and anti-tobacco elements in stores pre- and post-legislation.

Methods Three audits of 302 stores in Melbourne, Australia by trained observers who gathered information on point-of-sale tobacco displays 2–3 months before and 3–4 and 11–12 months after the enactment of new restrictions.

Results: Between the first and second audits, nine stores stopped selling tobacco and three stores had either shut down or were closed for renovations. Of the remaining 290 stores, 94.1% observed the full ban on cigarette package visibility, while new restrictions on price board size and new requirements for graphic health warnings were followed in 85.9% and 67.2% of stores, respectively. Between the second and third audits, another seven stores ended tobacco sales and two stores closed. In Audit 3, 89.7% of the remaining 281 stores complied with price board restrictions, and 82.2% of stores followed requirements for graphic health warnings. Overall, the prevalence of anti-tobacco signage increased and pro-tobacco features decreased between audits for every store type and neighborhood socio-economic status.

Conclusions: Tobacco retailers were almost universally compliant with placing cigarettes out of sight and a substantial majority were compliant with regulations on price board size and display of graphic health warnings, demonstrating that such legislation can be implemented successfully.

<http://ntr.oxfordjournals.org/content/early/2012/08/17/ntr.nts150.abstract>

Nicotine replacement therapies: patient safety and persistence

Patient Relat Outcome Meas. 2011 Jul;2:111-7. Epub 2011 Jun 14.

[Ferguson SG](#), [Shiffman S](#), [Gitchell JG](#).

Abstract

Nicotine replacement therapy (NRT) has become a central part of the treatment of nicotine dependence. However, NRT's potential efficacy is limited to some extent by patient adherence and persistence. Here we review the relationship between NRT compliance and adherence, and overall treatment outcome. We then examine the factors that likely impact on treatment compliance and persistence, with a special focus on users' perceptions of treatment safety and efficacy as possible mediators. Potential clinical strategies for improving suboptimal medication use are also discussed.

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3417926/>

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3417926/pdf/prom-2-111.pdf>

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

Effect of a Smoking Ban and School-Based Prevention and Control Policies on Adolescent Smoking in Spain: A Multilevel Analysis

[Prev Sci. 2012 Aug 24. \[Epub ahead of print\]](#)

[Galán I](#), [Díez-Gañán L](#), [Gandarillas A](#), [Mata N](#), [Cantero JL](#), [Durbán M](#).

Abstract

We evaluated the impact of a smoking ban in schools and of school-based smoking prevention and control policies on adolescent smoking. Annual surveys carried out between 2001 and 2005 that were representative of students in the 4th year of secondary education in the Madrid region, with 203 schools and 9127 students participating. The student questionnaire gathered information about personal and family variables. The contextual factors were: the periods before (years 2001-2002) and after the law; and through a survey of school management boards: compliance with the law, policy reflected in the school regulations, existence of complaints against smoking, and undertaking of educational activities regarding smoking. Multilevel logistic regression models were constructed with two dependent variables: current smoking and the proportion giving up smoking. Smoking declined in 2003, the first year after the law came into force (Odds ratio: 0.80; CI 95%: 0.66-0.96), and this decline was maintained in 2005. By contrast, smoking increased in those schools that did not undertake educational programmes regarding smoking (Odds ratio: 1.34; CI 95%: 1.13-1.59), and in those that received complaints about smoking (Odds ratio: 1.12; CI 95%: 0.96-1.29). This association is partly due to the effect of the increase in giving up smoking. The inclusion of contextual variables into the model with the individual factors reduces the variability of smoking between schools by 32.6%. In summary, the coming into force of a law banning smoking in schools, and the implementing of educational policies for the prevention and control of smoking are related to a lower risk of adolescent smoking.

<http://www.springerlink.com/content/c604164q2h7x3r06/>

A cross-country study of cigarette prices and affordability: evidence from the Global Adult Tobacco Survey

Tob Control Published Online First: 25 August 2012

Deliana Kostova, Frank J Chaloupka, Ayda Yurekli, Hana Ross, Rajeev Cherukupalli, Linda Andes, Samira Asma, on behalf of the GATS Collaborative Group

Abstract

Objective To describe the characteristics of two primary determinants of cigarette consumption: cigarette affordability and the range of prices paid for cigarettes (and bidis, where applicable) in a set of 15 countries. From this cross-country comparison, identify places where opportunities may exist for reducing consumption through tax adjustments.

Data Self-response data from 45,838 smokers from 15 countries, obtained from the Global Adult Tobacco Survey (GATS) 2008–2011.

Design Using self-response data on individual cigarette expenditure and consumption, we construct a measure of the average cigarette price smokers pay for manufactured cigarettes (and bidis, where applicable) in 15 countries. We use these prices to evaluate cigarette affordability and the range of prices available in each country. These survey-derived measures of cigarette price and affordability are uniquely suited for cross-country comparison because they represent each country's distinctive mix of individual consumption characteristics such as brand choice, intensity of consumption, and purchasing behavior.

Results In this sample of countries, cigarettes are most affordable in Russia, which has the most room for tobacco tax increase. Affordability is also relatively high in Brazil and China for cigarettes, and in India and Bangladesh for bidis. Although the affordability of cigarettes in India is relatively low, the range of cigarette prices paid is relatively high, providing additional evidence to support the call for simplifying the existing tax structure and reducing the width of price options. China has both high affordability and wide price ranges, suggesting multiple opportunities for reducing consumption through tax adjustments.

<http://tobaccocontrol.bmj.com/content/early/2012/08/24/tobaccocontrol-2011-050413.abstract>

Also:

Contents and price of vendor assembled paan quid with tobacco in five London localities: a cross-sectional study

<http://tobaccocontrol.bmj.com/content/early/2012/08/24/tobaccocontrol-2012-050564.abstract>

Cigarette prices, cigarette expenditure and smoking-induced deprivation: findings from the International Tobacco Control Mexico survey

Tob Control Published Online First: 25 August 2012

Mohammad Siahpush, James F Thrasher, Hua H Yong, K Michael Cummings, Geoffrey T Fong, Belén Saenz de Miera, Ron Borland

Abstract

Aim Mexico implemented annual tax increases between 2009 and 2011. We examined among current smokers the association of price paid per cigarette and daily cigarette expenditure with smoking-induced deprivation (SID) and whether the association of price or expenditure with SID varies by income.

Methods We used data (n=2410) from three waves of the International Tobacco Control Mexico survey (ie, 2008, 2010, 2011) and employed logistic regression to estimate the association of price paid per cigarette and daily cigarette expenditure with the probability of SID ('In the last 6 months, have you spent money on cigarettes that you knew would be better spent on household essentials like food?').

Results Price paid per cigarette increased from Mex\$1.24 in 2008, to Mex\$1.36 in 2010, to Mex\$1.64 in 2011. Daily cigarette expenditure increased from Mex\$6.9, to Mex\$7.6 and to Mex\$8.4 in the 3 years. There was no evidence of an association between price and SID. However, higher expenditure was associated with a higher probability of SID. There was no evidence that the association of price or expenditure with SID varied by income.

Conclusion Tax increases in Mexico have resulted in smokers paying more and spending more for their cigarettes. Those with higher cigarette expenditure experience more SID, with no evidence that poorer smokers are more affected.

<http://tobaccocontrol.bmj.com/content/early/2012/08/24/tobaccocontrol-2012-050613.abstract>

Also:

Nearly 85% of tobacco smoke is invisible—a confirmation of previous claims

<http://tobaccocontrol.bmj.com/content/early/2012/08/24/tobaccocontrol-2012-050475.extract>

Tobacco dependence curricula in Middle Eastern and North African medical education

<http://tobaccocontrol.bmj.com/content/early/2012/08/24/tobaccocontrol-2012-050500.extract>

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