Smoking & Tobacco Abstracts & News
STAN Bulletin

2nd Edition

4-June-2012

Editor's Note: If you have colleagues interested in receiving this bulletin on a regular basis, please provide their names, e-mail addresses and affiliations so that I may add them to the mailing list. Please also note that, for the 'In the News' section immediately below, colons, semi-colons and spaces are used in some entries so that multiple story links may be featured on the same line.

Stan Shatenstein

In the News:

- Australia: NSW: Display ban violation costs airport retailer $400,000; Duty-free cigarettes in crash mode
- Canada: AB: Edmonton Journal: Editorial: Taxes don't let tobacco off the hook; Questions over patronage
- ESPAD: MTF 2011: US Teens Smoke Less, Use More Illicit Drugs than Europeans
- Jamaica: Puffing away billions in public health; Girls leading list of new smokers
- Turkey: Bull WHO: Transformation three years after adopting tough anti-smoking measures
- US: CA: Prop 29: Furious Fight Over Raising Cigarette Tax; Money & Attention
- US: CA: Prop 29: Big Tobacco vs. Armstrong; Lansing: Smokescreen; LA Times: Editorial & Columnists Opposed
- UK: Pro-smoking activists threaten & harass health campaigners; Some receive abusive phone calls, e-mails

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In this Edition:

- MCN Am J Mat Child Nurs - Duckworth: Review of perinatal partner-focused cessation interventions
- MMWR - Caixeta: TAPS: Adult Awareness of Tobacco Advertising, Promotion & Sponsorship: 14 Countries
- NBER - Huang: US: Federal Tobacco Excise Tax Increase Impact on Youth Tobacco Use
- NEJM - DeVita: US: Two Hundred Years of Cancer Research
- N&TR - Digard: BAT: Nicotine Absorption from Multiple Tobacco Products & Nicotine Gum
- N&TR - Radwan/Azab: TSNAs/Pregnant Women & Cigarette or Waterpipe Tobacco Smoke Exposure
- N&TR - Rostron: US: Smoking-Attributable Mortality by Cause: Revising CDC Data & Estimates
- N&TR - Schane: US: SHS Counseling for Nondaily Smokers as a Cessation Message
- N&TR - Willems: Evidence-based Cessation Aid Motivation; McClure: Varenicline, Abstinence & Reward
- Respirol - Boskabady: Iran: Pulmonary function & respiratory symptoms in water pipe & cigarette smokers
- Tob Control - Flett: UK: Physical appearance, smoking perceptions, attitudes & behaviours

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Abstracts:

Does it matter who you see to help you stop smoking? Short-term quit rates across specialist Stop Smoking Practitioners in England

Addiction
Accepted Article (Accepted, unedited articles published online for future issues)
Accepted manuscript online: **9 MAY 2012**

Leonie S. Brose, Andy McEwen and Robert West

Abstract

Aims

A network of Stop Smoking Services has been set up within the National Health Service (NHS) in England. The services deliver a combination of behavioural support and medication. It is important to establish the degree of variability in quit rates attributable to differences between individual practitioners, to gauge the scope for improvement by training and professional support. The aim of the present analysis was to examine how far short-term quit rates depend on the practitioner delivering the intervention after adjusting for potential confounding variables.

Design

Observational study using routinely collected data.

Setting

Thirty-one NHS Stop Smoking Services in England.

Participants

Data from 46,237 one-to-one treatment episodes (supported quit attempts) delivered by specialist practitioners.

Methods

Three-level logistic regression models were fitted for carbon-monoxide (CO) validated short-term (4-week) quit rates. Models adjusted for age, gender, exemption from prescription charges, medication and intervention setting for each treatment episode, number of clients for each practitioner and economic deprivation at the level of the Stop Smoking Service. Secondary analyses included a) the Heaviness-of-

Smoking Index (HSI) as predictor and b) 4-week quit rates whether or not confirmed by CO.

Findings

Differences between individual specialist practitioners explained 7.6% of the variance in CO-verified quit rates after adjusting for client demographics, intervention characteristics, and practitioner and service variables (p<0.001). HSI had little impact on this figure; in quits not necessarily validated by CO, practitioners explained less variance.

Conclusions

Individual Stop Smoking Practitioners appear to differ to a significant degree in effectiveness. It is important to examine what underlies these differences so as to improve selection, training and professional development.

http://onlinelibrary.wiley.com/doi/10.1111/j.1360-0443.2012.03935.x/abstract

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Genetic Variants on 15q25.1, Smoking, and Lung Cancer: An Assessment of Mediation and Interaction

Am. J. Epidemiol. (2012) 175 (10): 1013-1020. doi: 10.1093/aje/kwr467 **First published online: February 3, 2012**

Tyler J. VanderWeele, Kofi Asomaning, Eric J. Tchetgen Tchetgen, Younghun Han, Margaret R. Spitz, Sanjay Shete, Xifeng Wu, Valerie Gaborieau, Ying Wang, John McLaughlin, Rayjean J. Hung, Paul Brennan, Christopher I. Amos, David C. Christiani and Xihong Lin

Abstract

Genome-wide association studies have identified variants on chromosome 15q25.1 that increase the risks of both lung cancer and nicotine dependence and associated smoking behavior. However, there remains debate as to whether the association with lung cancer is direct or is mediated by pathways related to smoking behavior. Here, the authors apply a novel method for mediation analysis, allowing for gene-environment interaction, to a lung cancer case-control study (1992–2004) conducted at Massachusetts General Hospital using 2 single nucleotide polymorphisms, rs8034191 and rs1051730, on 15q25.1. The results are validated using data from 3 other lung cancer studies. Tests for additive interaction ($P = 2 \times 10^{-10}$ and $P = 1 \times 10^{-9}$) and multiplicative interaction ($P = 0.01$ and $P = 0.01$) were significant. Pooled analyses yielded a direct-effect odds ratio of 1.26 (95% confidence interval (CI): 1.19, 1.33; $P = 2 \times 10^{-15}$) for rs8034191 and an indirect-effect odds ratio of 1.01 (95% CI: 1.00, 1.01; $P = 0.09$); the proportion of increased risk mediated by smoking was 3.2%. For rs1051730, direct- and indirect-effect odds ratios were 1.26 (95% CI: 1.19, 1.33; $P = 1 \times 10^{-15}$) and 1.00 (95% CI: 0.99, 1.01; $P = 0.22$), respectively, with a proportion mediated of 2.3%. Adjustment for measurement error in smoking behavior allowing up to 75% measurement error increased the proportions mediated to 12.5% and 9.2%, respectively. These analyses indicate that the association of the variants with lung cancer operates primarily through other pathways.

http://aje.oxfordjournals.org/content/175/10/1013

Note: Study presented previously in MJU when it appeared Online First.

Related PR:

New Research Explores Role of Genetics in Smoking and Lung Cancer
http://www.hsph.harvard.edu/news/features/features/genetics-smoking-lung-cancer.html

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A Dynamic Model of US Adolescents' Smoking and Friendship Networks

American Journal of Public Health
Volume 102, Issue 6 (June 2012)

David R. Schaefer, Steven A. Haas, and Nicholas J. Bishop

Abstract

Objectives. We investigated the associations between smoking and friend selection in the social networks of US adolescents.

Methods. We used a stochastic actor-based model to simultaneously test the effects of friendship networks on smoking and several ways that smoking can affect the friend selection process. Data are from 509 US high school students in the National Longitudinal Study of Adolescent Health, 1994–1996 (46.6% female, mean age at outset = 15.4 years).

Results. Over time, adolescents' smoking became more similar to their friends. Smoking also affected who adolescents selected as friends; adolescents were more likely to select friends whose smoking level was similar to their own, and smoking enhanced popularity such that smokers were more likely to be named as friends than were nonsmokers, after controlling for other friend selection processes.

Conclusions. Both friend selection and peer influence are associated with smoking frequency. Interventions to reduce adolescent smoking would benefit by focusing on selection and influence mechanisms.

http://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2012.300705

Efficacy of Smoking-Cessation Interventions for Young Adults: A Meta-Analysis

American Journal of Preventive Medicine
Volume 42, Issue 6, June 2012, Pages 655–662
Available online **15 May 2012**.

Jerry M. Suls, Tana M. Luger, Susan J. Curry, Robin J. Mermelstein, Amy K. Sporer, Larry C. An

Abstract

Context

Approximately 22% of U.S. young adults (aged 18–24 years) are smokers. Young adults typically display an interest in quitting, but it is unknown whether the evidence-based cessation programs designed for adults will be equally effective for young adults. This meta-analysis investigated the efficacy of smoking-cessation programs for this population.

Evidence acquisition

In 2009–2011, studies published between 2004 and 2008 that investigated smoking cessation were first found through the DHHS Clinical Practice Guidelines for Treating Tobacco Use and Dependence as well as a PubMed search (2009–2010) and were then subjected to a rigorous inclusion process. Authors were contacted to glean raw data for young adults. Fourteen studies provided data that were coded for descriptive information and aggregated using the Comprehensive Meta-Analysis, version 2.0.

Evidence synthesis

Among young adults, any type of intervention was more effective in producing successful smoking cessation than the control. This was the case for intent-to-treat analyses as well as complete cases. When interventions were effective for the larger adult sample, they were also effective for the younger adult sample.

Conclusions

Although young adults tend to underutilize evidence-based cessation treatments, the current meta-analysis showed that these treatments should be as effective for young adults as they are for the general adult population. Thus, it may be useful to focus on motivating young adults to seek cessation treatment to increase utilization.

http://www.sciencedirect.com/science/article/pii/S0749379712001353

Also:

Healthcare Costs Around the Time of Smoking Cessation
http://www.sciencedirect.com/science/article/pii/S0749379712001456
Medicaid Coverage and Utilization of Covered Tobacco-Cessation Treatments: The Arkansas Experience
http://www.sciencedirect.com/science/article/pii/S0749379712001444

Letter to the Editor

The Opprobrium of Big Tobacco

Am. J. Respir. Crit. Care Med. May 1, 2012 vol. 185 no. 9 1030

Claude A. Piantadosi, Raquel R. Bartz, Martha S. Carraway, Andrew J. Ghio, Timothy J. McMahon, David M. Murdoch, Victor L. Roggli, Scott L. Shofer, Robert M. Tighe, Karen E. Welty-Wolf, Stephen L. Young
To the Editor:

The opprobrium of Big Tobacco continues unabated since the 1998 Master Settlement Agreement and is compounded by failure of the pulmonary community to effectively inform the legal system on matters of smoking and health. On March 1, 2012, U.S. District Judge Richard J. Leon ruled that the graphic warning images to be required on all cigarette packs starting in September 2012 were neither factual nor accurate; rather, they only “promote the FDA’s agenda of getting people to quit smoking” and thus violate the rights to free speech of tobacco companies...

Any doubt about the dangers of smoking today stem solely from confusion created by Big Tobacco from unscrupulous scientific obfuscation and false dichotomy over whether smoking is really dangerous to human health. Getting the facts wrong perpetuates the *status quo*: tobacco companies artfully dodging effective warnings that the consumption of tobacco products is not only life-shortening, but leads to morbid, painful, and disfiguring conditions. The ruling lets stand a sin of omission that links the legal sale of a deadly product to other human beings, especially the young, to the tacit denial that there is anything dangerous about it...

Judge Leon also penned that the toll-free number 1-800-QUIT NOW does not contain factual information. Yet quit-line numbers are directly linked to information on finding help to stop smoking.

Representative Henry A. Waxman (D-Calif.), who championed giving regulatory control of tobacco products to the FDA demurred and noted that in scripting the law, Congress carefully weighed the First Amendment implications of the graphics. The FDA promptly filed intent to appeal the District Court decision, but this will take years and millions of taxpayer dollars. Indeed, commercial speech motivated strictly by financial gain has never been afforded the same rights as individual speech. As physicians helping to care for these patients, we underscore that the importance of public health far supersedes the mythical legality of freedom to advertise cigarettes and other tobacco products.

http://ajrccm.atsjournals.org/content/185/9/1030.full

Smoking and depression - a review

Aust Fam Physician. 2012 May;41(5):304-7.

Mendelsohn C.

Abstract

Background People with a lifetime history of depression are twice as likely to smoke as those who do not suffer from depression. Smoking is a major health issue in this population, but is often overlooked by health professionals. Objective This article examines the relationship between smoking and depression, and reviews the evidence for the use of specific therapies in general practice. Discussion All patients with depression should be asked if they smoke. Smokers with depression have higher nicotine dependence and, after quitting, experience more severe negative moods and are at increased risk of major depression. However, they are motivated to quit and many achieve long term abstinence. Effective strategies for smoking cessation in this population include cognitive behavioural mood management, nicotine replacement therapy, varenicline and bupropion. Additional support and longer courses of treatment may be needed. Smokers with depression should be monitored for mood changes after quitting. Preventive antidepressants may have a role in high-risk cases, especially for those with recurrent depression.

http://www.racgp.org.au/afp/201205/46538
http://www.racgp.org.au/afp/201205/201205Mendelsohn.pdf

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

Tobacco cessation Clinical Practice Guideline use by rural and urban hospital nurses: A pre-implementation needs assessment

BMC Nurs. 2012 Apr 30;11(1):6. [Epub ahead of print]

Smith PM, Sellick SM, Spadoni MM.

Abstract

BACKGROUND:

This study was a pre-program evaluation of hospital-based nurses' tobacco intervention beliefs, confidence, training, practice, and perceived intervention barriers and facilitators. It was designed to identify relevant information prior to implementing tobacco cessation guidelines across a large northern rural region, home to 1 urban and 12 rural hospitals.

METHODS:

This cross-sectional survey was distributed by nurse managers to nurses in the 13 hospitals and returned by nurses (N = 269) via mail to the researchers.

RESULTS:

Nurses were somewhat confident providing cessation interventions, agreed they should educate patients about tobacco, and 94% perceived tobacco counselling as part of their role. Although only 11% had received cessation training, the majority reported intervening, even if seldom--91% asked about tobacco-use, 96% advised quitting, 89% assessed readiness to quit, 88% assisted with quitting, and 61% arranged post-discharge follow-up. Few performed any of these steps frequently, and among those who intervened, the majority spent <10 minutes. The most frequently performed activities tended to take the least amount of time, while the more complex activities (e.g., teaching coping skills and pharmacotherapy education) were seldom performed. Patient-related factors (quitting benefits and motivation) encouraged nurses to intervene and work-related factors discouraged them (time and workloads). There were significant rural-urban differences--more rural nurses perceived intervening as part of their role, reported having more systems in place to support cessation, reported higher confidence for intervening, and more frequently assisted patients with quitting and arranged follow-up.

CONCLUSIONS:

The findings showed nurses' willingness to engage in tobacco interventions. What the majority were doing maps onto the recommended minimum of 1-3 minutes but intervention frequency and follow-up were suboptimal. The rural-urban differences suggest a need for more research to explore the strengths of rural practice which could potentially inform approaches to smoking cessation in urban hospitals.

http://www.biomedcentral.com/1472-6955/11/6/abstract
http://www.biomedcentral.com/content/pdf/1472-6955-11-6.pdf

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

The relationship between workers' self-reported changes in health and their attitudes towards a workplace intervention: lessons from smoke-free legislation across the UK hospitality industry

BMC Public Health. 2012 May 2;12(1):324. [Epub ahead of print]

Maccalman L, Semple S, Galea KS, van Tongeren M, Dempsey S, Hilton S, Gee I, Ayres JG.

Abstract

BACKGROUND:

The evaluation of smoke-free legislation (SFL) in the UK examined the impacts on exposure to second-hand smoke, workers' attitudes and changes in respiratory health. Studies that investigate changes in the health of groups of people often use self-reported symptoms. Due to the subjective nature it is of interest to determine whether workers' attitudes towards the change in their working conditions may be linked to the change in health they report. Bar workers were recruited before the introduction of the SFL in Scotland and England. They were asked about their attitudes towards SFL and the presence of respiratory and sensory symptoms both before SFL and one year later. Here we examine the relationship between initial attitudes and reported symptoms.

RESULTS:

There was no difference in the initial attitudes towards SFL between those working in Scotland and England. Bar workers who were educated to a higher level tended to be more positive towards SFL. Attitude towards SFL was not found to be related to change in reported symptoms, with the exception of respiratory symptoms reported by Scottish bar workers, where those who were initially more negative to SFL experienced a greater improvement in self-reported health.

CONCLUSIONS:

There was no evidence that workers who were more positive towards SFL reported greater improvements in respiratory and sensory symptoms. This may not be the case in all interventions and we recommend examining subjects' attitudes towards the proposed intervention when evaluating possible health benefits using self-reported methods.

http://www.biomedcentral.com/1471-2458/12/324/abstract
http://www.biomedcentral.com/content/pdf/1471-2458-12-324.pdf

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

Reproducibility of the Nicotine Metabolite Ratio in Cigarette Smokers

Cancer Epidemiol Biomarkers Prev. 2012 May 2. [Epub ahead of print]

St Helen G, Novalen M, Heitjan DF, Dempsey D, Jacob P 3rd, Aziziyeh A, Wing VC, George TP, Tyndale RF, Benowitz NL.

Abstract

BACKGROUND:

The nicotine metabolite ratio (NMR or 3-hydroxycotinine/cotinine) has been used to phenotype CYP2A6-mediated nicotine metabolism. Our objectives were to analyze (a) the stability of NMR in plasma, saliva, and blood in various storage conditions, (b) the relationship between NMRs derived from blood, plasma, saliva,

and urine, and (c) reproducibility of plasma NMR in ad libitum cigarette smokers.

METHODS:

We analyzed data from four clinical studies. In studies 1 and 2, we assessed NMR stability in saliva and plasma samples at room temperature (~22oC) over 14 days and in blood at 4oC for up to 72 hours. In studies 2 and 3, we used Bland-Altman analysis to assess agreement between blood, plasma, saliva, and urine NMRs. In study 4, plasma NMR was measured on 6 occasions over 44 weeks in 43 ad libitum smokers.

RESULTS:

Reliability coefficients for stability tests of NMR in plasma and saliva at room temperature were 0.97 and 0.98, respectively, and 0.92 for blood at 4oC. Blood NMR agreed consistently with saliva and plasma NMRs but showed more variability in relation to urine NMR. The reliability coefficient for repeated plasma NMR measurements in smokers was 0.85.

CONCLUSION:

The NMR is stable in blood, plasma, and saliva at the conditions tested. Blood, plasma, and saliva NMRs are similar while urine NMR is a good proxy for these NMR measures. Plasma NMR was reproducible over time in smokers. Impact: One measurement may reliably estimate a smoker's NMR for use as an estimate of the rate of nicotine metabolism.

http://cebp.aacrjournals.org/content/early/2012/04/28/1055-9965.EPI-12-0236.abstract

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What to Do When a Smoker's CT Scan Is "Normal"?: Implications for Lung Cancer Screening

Chest. 2012 May;141(5):1147-52.

Zurawska JH, Jen R, Lam S, Coxson HO, Leipsic J, Sin DD.

Abstract

Lung cancer is the leading cause of cancer-related mortality in the United States and around the world. There are > 90 million current and ex-smokers in the United States who are at increased risk of lung cancer. The published data from the National Lung Screening Trial (NLST) suggest that yearly screening with low-dose thoracic CT scan in heavy smokers can reduce lung cancer mortality by 20% and all-cause mortality by 7%. However, to implement this program nationwide using the NLST inclusion and exclusion criteria would be extremely expensive, with CT scan costs alone > $2 billion per annum. In this article, we offer a possible low-cost strategy to risk-stratify smokers on the basis of spirometry measurements and emphysema scoring by radiologists on CT scans.

http://chestjournal.chestpubs.org/content/141/5/1147.abstract

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"Smoker's Paradox" in Young Patients with Acute Myocardial Infarction

Clin Exp Pharmacol Physiol. 2012 May 3. doi: 10.1111/j.1440-1681.2012.05721.x. [Epub ahead of print]

Chen KY, Rha SW, Li YJ, Jin Z, Minami Y, Park JY, Poddar KL, Ramasamy S, Wang L, Li GP, Choi CU, Oh DJ, Jeong MH; Korea Acute Myocardial infarction Registry Investigators.

Abstract

In patients suffering from acute myocardial infarction (AMI), smokers had been found to be younger as compared to non-smokers which might be a major confounding factor causing "smoker's paradox". Therefore, we evaluated the "smoker's paradox" in young patients with AMI. A total of 1,218 young AMI patients (≤45 years) including 990 smokers and 228 non-smokers were enrolled for this study. The in-hospital and 8-month clinical outcomes were compared between the smokers and non-smokers. Baseline clinical characteristics showed that smokers were more likely to be male (97.9% vs. 72.4%, P<0.001) and

had a higher rate of ST-segment elevation myocardial infarction (71.3% vs. 59.5%, P=0.001) compared to non-smokers. Clinical outcomes showed that smokers had lower rates of in-hospital cardiac death (0.8% vs. 3.5%, P=0.004), total death (0.8% vs. 3.5%, P=0.004), and 8-month cardiac death (1.1% vs. 3.9%, P=0.006), total death (1.3% vs. 4.4%, P=0.005) as compared with non-smokers. Multivariable logistic analysis showed that current smoking was an independent protective predictor of 8-month cardiac death [odds ratio (OR) 0.25, 95% confidence interval (CI) 0.07 to 0.92, P=0.037], and total death (OR 0.26, 95% CI 0.09 to 0.82, P=0.021). Subgroup analysis in patients who underwent percutaneous coronary intervention after AMI showed that current smoking was an independent protective predictor of 8-month total major adverse cardiac events (OR 0.47, 95% CI 0.23 to 0.97, P=0.041). Current smoking seems to be associated with better clinical outcomes in young patients with AMI, suggesting existence of "Smoker's Paradox" in this particular subset of patients.

http://onlinelibrary.wiley.com/doi/10.1111/j.1440-1681.2012.05721.x/abstract

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Prenatal Exposure to Maternal Smoking and Childhood Behavioural Problems: A Quasi-experimental Approach

J Abnorm Child Psychol. 2012 May 3. [Epub ahead of print]

McCrory C, Layte R.

Abstract

This retrospective cross-sectional paper examines the relationship between maternal smoking during pregnancy and children's behavioural problems at 9 years of age independent of a wide range of possible confounders. The final sample comprised 7,505 nine-year-old school children participating in the first wave of the Growing Up in Ireland study. The children were selected through the Irish national school system using a 2-stage sampling method and were representative of the nine-year population. Information on maternal smoking during pregnancy was obtained retrospectively at 9 years of age via parental recall and children's behavioural problems were assessed using the Strengths and Difficulties Questionnaire across separate parent and teacher-report instruments. A quasi-experimental approach using propensity score matching was used to create treatment (smoking) and control (non-smoking) groups which did not differ significantly in their propensity to smoke in terms of 16 observed characteristics. After matching on the propensity score, children whose mothers smoked during pregnancy were 3.5 % ($p < 0.001$) and 3.4 % ($p < 0.001$) more likely to score in the problematic range on the SDQ total difficulties index according to parent and teacher-report respectively. Maternal smoking during pregnancy was more strongly associated with externalising than internalising behavioural problems. Analysis of the dose-response relationship showed that the differential between matched treatment and control groups increased with level of maternal smoking. Given that smoking is a modifiable risk factor, the promotion of successful cessation in pregnancy may prevent potentially adverse long-term consequences.

http://www.springerlink.com/content/kn64516nx15v59q3/?MUD=MP

Effect of secondhand smoke on asthma control among black and Latino children

J Allergy Clin Immunol. 2012 Apr 30. [Epub ahead of print]

Oh SS, Tcheurekdjian H, Roth LA, Nguyen EA, Sen S, Galanter JM, Davis A, Farber HJ, Gilliland FD, Kumar R, Avila PC, Brigino-Buenaventura E, Chapela R, Ford JG, Lenoir MA, Lurmann F, Meade K, Serebrisky D, Thyne S, Rodriguez-Cintron W, Rodriguez-Santana JR, Williams LK, Borrell LN, Burchard EG.

Abstract

BACKGROUND:

Among patients with asthma, the clinical effect and relative contribution of maternal smoking during pregnancy (in utero smoking) and current secondhand smoke (SHS) exposure on asthma control is poorly documented, and there is a paucity of research involving minority populations.

OBJECTIVES:

We sought to examine the association between poor asthma control and in utero smoking and current SHS exposure among Latino and black children with asthma.

METHODS:

We performed a case-only analysis of 2 multicenter case-control studies conducted from 2008-2010 with similar protocols. We recruited 2481 Latino and black subjects with asthma (ages 8-17 years) from the mainland United States and Puerto Rico. Ordinal logistic regression was used to estimate the effect of in utero smoking and current SHS exposures on National Heart, Lung, and Blood Institute-defined asthma control.

RESULTS:

Poor asthma control among children 8 to 17 years of age was independently associated with in utero smoking (odds ratio [OR], 1.5; 95% CI, 1.1-2.0). In utero smoking through the mother was also associated with secondary asthma outcomes, including early-onset asthma (OR, 1.7; 95% CI, 1.1-2.4), daytime symptoms (OR, 1.6; 95% CI, 1.1-2.1), and asthma-related limitation of activities (OR, 1.6; 95% CI, 1.2-2.2).

CONCLUSIONS:

Maternal smoking while in utero is associated with poor asthma control in black and Latino subjects assessed at 8-17 years of age.

http://www.sciencedirect.com/science/article/pii/S0091674912005222

Related coverage & PR:

Prenatal smoking tied to worse asthma in kids - Chicago Tribune/Reuters
http://www.chicagotribune.com/health/sns-rt-us-prenatal-smoking-asthmabre84a12l-20120511,0,5896981.story
Smoking During Pregnancy Linked to Severe Asthma in Teen Years
http://www.sciencedaily.com/releases/2012/05/120531145530.htm

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A Citywide Smoking Ban Reduced Maternal Smoking and Risk for Preterm, Not Low Birth Weight, Births: A Colorado Natural Experiment

J Womens Health (Larchmt). 2012 Mar 8. [Epub ahead of print]

Page RL 2nd, Slejko JF, Libby AM.

Abstract

Background: Few reports exist on the association of a public smoking ban with fetal outcomes and maternal smoking in the United States. We sought to evaluate the effect of a citywide smoking ban in comparison to a like municipality with no such ban in Colorado on maternal smoking and subsequent fetal birth outcomes. Methods: A citywide smoking ban in Colorado provided a natural experiment. The experimental citywide smoking ban site was implemented in Pueblo, Colorado. A comparison community was chosen that had no smoking ban, El Paso County, with similar characteristics of population, size, and geography. The two sites served as their own controls, as each had a preban and postban retrospective observation period: preban was April 1, 2001, to July 1, 2003; postban was April 1, 2004, to July 1, 2006. Outcomes were maternal smoking (self-report), low birth weight (LBW) (defined as <2500 g or as <3000 g), and preterm births (<37 weeks gestation) in singleton births from mothers residing in these cities and reported to the State Department of Public Health. A difference-in-differences estimator was used to account for site and temporal trends in multivariate models. Results: Compared to El Paso County preban, the odds of maternal smoking and preterm births were, respectively, 38% ($p<0.05$) and 23% ($p<0.05$) lower in Pueblo. The odds for LBW births decreased by 8% for <3000 g and increased by 8.4% for <2500 g; however, neither was significant. Conclusions: This is the first evidence in the United States that population-level intervention using a smoking ban improved maternal and fetal outcomes, measured as maternal smoking and preterm births.

http://online.liebertpub.com/doi/abs/10.1089/jwh.2011.3305

Note: Study previously highlighted in MJU.

Related PR:

Citywide Smoking Ban Reduced Maternal Smoking and Preterm Birth Risk - ScienceDaily
http://www.sciencedaily.com/releases/2012/05/120510122711.htm

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Review of perinatal partner-focused smoking cessation interventions

MCN Am J Matern Child Nurs. 2012 May;37(3):174-81.

Duckworth AL, Chertok IR.

Abstract

One of the primary barriers to smoking cessation among pregnant women who smoke is having a partner who smokes. Prenatal tobacco exposure has been demonstrated to negatively affect infant health outcomes. Many smoking cessation interventions have been targeted at women who smoke in pregnancy, although research has indicated that one of the main barriers to cessation is lack of partner support. The family systems theory frames prenatal smoking cessation interventions in an inclusive manner for the woman and her partner. The aim of this article is to review smoking cessation intervention studies for partners of pregnant women. Efforts to promote smoking cessation among pregnant women should be inclusive of partners, recognizing that partners influence maternal prenatal health behaviors.

http://journals.lww.com/mcnjournal/pages/articleviewer.aspx?year=2012&issue=05000&article=00008&type=abstract

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Adult Awareness of Tobacco Advertising, Promotion, and Sponsorship — 14 Countries

***MMWR* Weekly**

May 25, 2012 / 61(20);365-369

According to the 2012 *Report of the U.S. Surgeon General*, exposure to tobacco advertising, promotion, and sponsorship (TAPS) is associated with the initiation and continuation of smoking among young persons (*1*). The World Health Organization (WHO) Framework Convention on Tobacco Control (FCTC) requires countries to prohibit all forms of TAPS (*2*); the United States signed the agreement in 2004, but the action has not yet been ratified. Many countries have adopted partial bans covering direct advertising in traditional media channels; however, few countries have adopted comprehensive bans on all types of direct and indirect marketing. To assess progress toward elimination of TAPS and the level of awareness of TAPS among persons aged ≥15 years, CDC used data from the Global Adult Tobacco Survey (GATS) collected in 14 countries during 2008–2010. Awareness of any TAPS ranged from 12.4% in Turkey to 70.4% in the Philippines. In the four countries where awareness of TAPs was ≤15%, three of the countries had comprehensive bans covering all nine channels assessed by GATS, and the fourth country banned seven of the nine channels. In 12 countries, more persons were aware of advertising in stores than advertising via any other channel. Reducing exposure to TAPS is important to prevent initiation of tobacco use by youths and young adults and to help smokers quit (*1*)...

In seven countries, awareness of point-of-sale advertising in stores was >20% and, with the exception of China and Turkey, awareness of point-of-sale advertising in stores was higher than awareness of any other TAPS channel (Table 2). Awareness of tobacco advertising in newspapers or magazines was highest in Mexico (17.4%) and Russia (33.3%), the only two countries that do not ban tobacco advertising in print publications. Among the indirect marketing channels, awareness was <10% in most countries, with the exception of free samples (13.0% in Russia) and clothing or items with brand names or logos (11.0% in Mexico, 18.3% in the Philippines, and 20.9% in Russia) (Table 2).

Reported by

Roberta B. Caixeta, Pan American Health Organization; Dhirendra N. Sinha, Southeast Asian Regional Office, Rula N. Khoury, European Regional Office, James Rarick, Western Pacific Office, Heba Fouad, Eastern Mediterranean Regional Office, World Health Organization. Johanna Birckmayer, Ellen Feighery,

Campaign for Tobacco-Free Kids. Linda J. Andes, Terry Pechacek, Samira Asma, Office on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion, CDC.

http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6120a2.htm

Also:

World No Tobacco Day — May 31, 2012
http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6120a1.htm
State Tobacco Revenues Compared with Tobacco Control Appropriations — United States, 1998–2010
http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6120a3.htm
http://www.cdc.gov/mmwr/pdf/wk/mm6120.pdf

Note: Open Access. Full text PDF of complete MMWR Weekly issue freely available from link immediately above.

Related coverage & PR:

Report: State tobacco prevention funding lacking - AP
http://news.bostonherald.com/news/national/general/view/20120524report_state_tobacco_prevention_funding_lacking/
CDC Report: States Have Spent Little Tobacco Revenue on Tobacco Prevention
http://www.marketwatch.com/story/cdc-report-states-have-spent-little-tobacco-revenue-on-tobacco-prevention-2012-05-24

The Impact of the 2009 Federal Tobacco Excise Tax Increase on Youth Tobacco Use

NBER Working Paper No. 18026
Issued in May 2012

Jidong Huang, Frank J. Chaloupka, IV

Abstract

This study examined the impact of the 2009 federal tobacco excise tax increase on the use of cigarettes and smokeless tobacco products among youth using the Monitoring the Future survey, a nationally representative survey of 8th, 10th, and 12th grade students. The results of this analysis showed that this tax increase had a substantial short-term impact. The percentage of students who reported smoking in the past 30 days dropped between 9.7% and 13.3% immediately following the tax increase, depending on model specifications, and the percentage of students who reported using smokeless tobacco products dropped between 16% and 24%. It is estimated that there would have been approximately 220,000 – 287,000 more current smokers and 135,000 – 203,000 more smokeless tobacco users among middle school and high school students (age 14 – 18) in the United States in May 2009 had the federal tax not increased in April 2009. The long-term projected number of youth prevented from smoking or using smokeless tobacco that resulted from the 2009 federal tax increase could be much larger given the resulting higher tobacco prices would deter more and more children from initiating smoking and smokeless tobacco use over time.

http://papers.nber.org/papers/w18026

Also:

The Heterogeneity of the Cigarette Price Effect on Body Mass Index
http://papers.nber.org/papers/w18087

200th Anniversary Article

Two Hundred Years of Cancer Research

New England Journal of Medicine
May 30, 2012 (10.1056/NEJMra1204479)

Vincent T. DeVita, Jr., M.D., and Steven A. Rosenberg, M.D., Ph.D.

In the 200 years since the *New England Journal of Medicine* was founded, cancer has gone from a black box to a blueprint. During the first century of the *Journal*'s publication, medical practitioners could observe tumors, weigh them, and measure them but had few tools to examine the workings within the cancer cell. A few astute observers were ahead of their time, including Rudolf Virchow, who with the benefit of a microscope deduced the cellular origin of cancer in 1863,1 and Stephen Paget, who in 1889 wisely mused about the seed-and-soil hypothesis of metastatic disease,2 a theory that is coming into its own today...

Cancer Prevention

No matter how easy cancer treatment may become, it is preferable to prevent cancer. But prevention has been an elusive goal. Figure 2 illustrates three notable pathways to success, with discoveries of the connection between viruses and cancer, methods of chemoprevention, and the role of tobacco in cancer. When the cause of cancer is known, its prevention becomes a problem in modifying human behavior. Nicotine is one of the most addicting substances known, and exposure to tobacco smoke is by far the best known and most frequent cause of cancer, causing an estimated 40% of all deaths from cancer. It was suggested as early as 1912 that smoking might be related to lung cancer,48 with the epidemiologic evidence becoming solid in the 1950s. These findings led to the Surgeon General's report on smoking and cancer that was issued in 1964,49 the use of warning labels on cigarette packages in 1965, and a ban on tobacco advertising in 1970. These and other aggressive, well-publicized public health measures, which were strongly pursued by the American Cancer Society with support from the NCI, have led to a steady reduction in the rate of smoking, which has decreased to half the 1950 level in the United States. It takes time for the deleterious effects of the thousands of carcinogenic chemicals in tobacco to dissipate, and it was not until 1990 that the incidence of lung cancer in men began to decline, followed by a decline in lung-cancer mortality beginning in 1991...

The economic and social consequences of converting cancer into a curable or chronic disease will be both gratifying and daunting. This overview of 200 years of the cancer field provides support for the principle of the value of patience and investment in research.

http://www.nejm.org/doi/full/10.1056/NEJMra1204479

Determination of Nicotine Absorption from Multiple Tobacco Products and Nicotine Gum

Nicotine Tob Res nts123 first published online May 13, 2012

Helena Digard, Christopher Proctor, Anuradha Kulasekaran, Ulf Malmqvist, and Audrey Richter

Abstract

Introduction: Snus is a smokeless tobacco product traditionally used in Scandinavia and available in pouched or loose forms. The objective of this study was to determine nicotine absorption for current pouched and loose snus products in comparison with a cigarette and an over-the-counter nicotine gum.

Methods: We conducted an open-label, randomized, 6-way, crossover study involving 20 healthy snus and cigarette users. One of 6 products (2 pouched snus, 2 weights of loose snus, a cigarette, and a nicotine gum) was administered at each of 6 visits. Blood samples were taken at intervals over 120 min and sensory perception assessed by questionnaire.

Results: For the 4 smokeless tobacco products and the nicotine gum, blood plasma levels of nicotine were ranked according to total nicotine content as follows: loose snus (27.1 mg nicotine) > pouched snus (14.7 mg nicotine) > loose snus (10.8 mg nicotine) = pouched snus (10.7 mg nicotine) > nicotine gum (4.2 mg nicotine). The area under the plasma concentration–time curve (AUC) and maximum plasma concentration (C_{max}) of nicotine ranged from 26.9 to 13.1 ng.h/ml and 17.9 to 9.1 ng.h/ml, respectively across all the products. Nicotine was absorbed more rapidly from the cigarette but systemic exposure was within the range

of the smokeless tobacco products (AUC = 14.8 ng.h/ml; C_{max} = 12.8 ng.h/ml).

Conclusions: This study has generated new information on comparative nicotine absorption from a cigarette, loose snus, and pouched snus typical of products sold in Scandinavia. The similar nicotine absorption for 1 g portions of loose and pouched snus with approximately 11 mg of nicotine indicate that absorption kinetics were dependent on quantity of tobacco by weight and total nicotine content rather than product form.

http://ntr.oxfordjournals.org/content/early/2012/05/13/ntr.nts123.abstract
http://ntr.oxfordjournals.org/content/early/2012/05/13/ntr.nts123.full.pdf+html

Note: Tobacco industry research: Group R&D, *British American Tobacco*. Open Access. Full text PDF freely available from link immediately above.

Also:

Modeling Nicotine Dependence: An Application of a Longitudinal IRT Model for the Analysis of Adolescent Nicotine Dependence Syndrome Scale
http://ntr.oxfordjournals.org/content/early/2012/05/13/ntr.nts125.abstract
Delineating a Relationship Between Problematic Anger and Cigarette Smoking: A Population-Based Study
http://ntr.oxfordjournals.org/content/early/2012/05/13/ntr.nts122.abstract
Sexual-Orientation Disparities in Cigarette Smoking in a Longitudinal Cohort Study of Adolescents
http://ntr.oxfordjournals.org/content/early/2012/05/10/ntr.nts114.abstract
The Association Between Implicit and Explicit Attitudes Toward Smoking and Support for Tobacco Control Measures
http://ntr.oxfordjournals.org/content/early/2012/05/10/ntr.nts117.abstract
Tobacco Smoking, Quitting, and Relapsing Among Adult Males in Mainland China: The China Seven Cities Study
http://ntr.oxfordjournals.org/content/early/2012/05/10/ntr.nts116.abstract

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Tobacco-Specific Nitrosamine Exposures in Smokers and Nonsmokers Exposed to Cigarette or Waterpipe Tobacco Smoke

Nicotine Tob Res first published online May 9, 2012

Ghada Radwan, Stephen S. Hecht, Steven G. Carmella, and Christopher A. Loffredo

Abstract

Introduction: The causal relationship between tobacco smoking and a variety of cancers is attributable to the carcinogens that smokers inhale, including tobacco-specific nitrosamines (TSNAs). We aimed to assess the exposure to TSNAs in waterpipe smokers (WPS), cigarette smokers (CS), and nonsmoking females exposed to tobacco smoke.

Methods: We measured 2 metabolites, 4-(methylnitrosamino)-1-(3-pyridyl)-1-butanol (NNAL) and its glucuronides (NNAl-Gluc) in the urine of males who were either current CS or WPS, and their wives exposed to either cigarette or waterpipe smoke in a sample of 46 subjects from rural Egypt.

Results: Of the 24 current male smokers, 54.2% were exclusive CS and 45.8% were exclusive WPS. Among wives, 59.1% reported exposure to cigarette smoke and 40.9% to waterpipe smoke. The geometric mean of urinary NNAL was 0.19 ± 0.60 pmol/ml urine (range 0.005–2.58) in the total sample. Significantly higher levels of NNAL were observed among male smokers of either cigarettes or waterpipe (0.89 ± 0.53 pmol/ml, range 0.78–2.58 in CS and 0.21–1.71 in WPS) compared with nonsmoking wives (0.04 ± 0.18 pmol/ml, range 0.01–0.60 in CS wives, 0.05–0.23 in WPS wives, p = .000). Among males, CS had significantly higher levels of NNAL compared with WPS (1.22 vs. 0.62; p = .007). However, no significant difference was detected in NNAL levels between wives exposed to cigarette smoke or waterpipe smoke.

Conclusions: Cigarette smokers levels of NNAL were higher than WPS levels in males. Exposure to tobacco smoke was evident in wives of both CS and WPS. Among WPS, NNAL tended to increase with increasing numbers of hagars smoked/day.

http://ntr.oxfordjournals.org/content/early/2012/05/09/ntr.nts099.abstract

Also:

Exposure of Pregnant Women to Waterpipe and Cigarette Smoke
http://ntr.oxfordjournals.org/content/early/2012/05/09/ntr.nts119.abstract
Cigarette Smoking and Fetal Morbidity Outcomes in a Large Cohort of HIV-Infected Mothers
http://ntr.oxfordjournals.org/content/early/2012/05/09/ntr.nts105.abstract
Characteristics of Alcoholic Smokers, Nonsmokers, and Former Smokers: Personality, Negative Affect, Alcohol Involvement, and Treatment Participation
http://ntr.oxfordjournals.org/content/early/2012/05/09/ntr.nts112.abstract

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Smoking-Attributable Mortality by Cause in the United States: Revising the CDC's Data and Estimates

Nicotine Tob Res nts120 first published online May 16, 2012

Brian Rostron

Abstract

Introduction: Smoking is the leading cause of preventable mortality in the United States, but the methods and data used in the Centers for Disease Control and Prevention's (CDC) published estimates of adult smoking-attributable mortality have not been substantially revised since their introduction in the 1980s.

Methods: We employed the CDC's general methodology for estimating smoking-attributable mortality but produced improved estimates by using recent, nationally representative relative risk data from the National Health Interview Survey—Linked Mortality Files and adjusting for confounding risk factors. We also produced estimates by smoking status and over time.

Results: Our use of more recent and nationally representative relative risks tended to decrease estimates of smoking deaths for men and increased estimates for women compared with the CDC's estimates. Adjustment for confounding factors further refined the estimates, particularly by smoking status. We estimated 200,000 smoking-attributable deaths for men and 180,000 smoking-attributable deaths for women in the United States in 2004. Estimated smoking-attributable mortality has finally begun to decline for both U.S. men and women.

Conclusions: Our approach offers several substantive improvements in the estimation of smoking-attributable mortality by cause for the United States. Cigarette smoking remains a leading cause of preventable mortality in the United States, but we estimate that the number of smoking-attributable deaths has begun to decline.

http://ntr.oxfordjournals.org/content/early/2012/05/16/ntr.nts120.abstract

Also:

Smoking Characteristics and Comorbidities in the Power To Quit Randomized Clinical Trial for Homeless Smokers
http://ntr.oxfordjournals.org/content/early/2012/05/15/ntr.nts030.abstract
High Dose Transdermal Nicotine for Fast Metabolizers of Nicotine: A Proof of Concept Placebo-Controlled Trial
http://ntr.oxfordjournals.org/content/early/2012/05/15/ntr.nts129.abstract
Differences Between Latino Daily Light and Heavier Smokers in Smoking Attitudes, Risk Perceptions, and Smoking Cessation Outcome
http://ntr.oxfordjournals.org/content/early/2012/05/15/ntr.nts095.abstract
Effects of Cigarette Smoke Exposure and Its Cessation on Body Weight, Food Intake and Circulating Leptin, and Ghrelin Levels in the Rat
http://ntr.oxfordjournals.org/content/early/2012/05/15/ntr.nts113.abstract
Cigarette Smoking Among College Students: Longitudinal Trajectories and Health Outcomes
http://ntr.oxfordjournals.org/content/early/2012/05/15/ntr.nts131.abstract

Counseling Nondaily Smokers about Secondhand Smoke as a Cessation Message: A Pilot Randomized Trial

Nicotine Tob Res nts126 first published online May 16, 2012

Rebecca E. Schane, Judith J. Prochaska, and Stanton A. Glantz

Abstract
Introduction: Nondaily smoking represents a substantial and growing fraction of smokers, many of whom do not consider themselves smokers or at risk of tobacco-related diseases and, so, may be less responsive to counseling content contained in traditional cessation interventions. This study compares the effects brief counseling interventions (<20 min) focused on the harm smoking does to themselves (harm to self, HTS) versus the harm their secondhand smoke (SHS) does to others (harm to others, HTO) among nondaily smokers.

Methods: Randomized trial of 52 nondaily smokers (smoked in the past week, but not daily) recruited between September 2009 and June 2010; 40 completed the study. We measured changes in motivation and smoking status at 3 months postintervention.

Results: There was a difference in quitting between the two groups, with 9.5% (2 out of 21) for HTS and 36.8% (7 out of 19) for HTO subjects reporting not smoking any cigarettes in the prior week (p = .06 by Fisher exact test and .035 by likelihood-ratio chi-square). Motivation and self-efficacy increased from baseline to 3-month follow-up, but not differentially by intervention group.

Conclusions: Consistent with findings from research conducted by the tobacco industry as early as the 1970s that concluded that social smokers feel immune from the personal health effects of tobacco but are concerned about the consequences of their SHS on others, educating nondaily smokers about the dangers of SHS to others appears to be a more powerful cessation message than traditional smoking cessation counseling that emphasizes the harmful consequences to the smoker.

http://ntr.oxfordjournals.org/content/early/2012/05/16/ntr.nts126.abstract

Also:

Bupropion and its Main Metabolite Reverse Nicotine Chronic Tolerance in the Mouse
http://ntr.oxfordjournals.org/content/early/2012/05/15/ntr.nts088.abstract
Indoor Air Pollution Levels Were Halved as a Result of a National Tobacco Ban in a New Zealand Prison
http://ntr.oxfordjournals.org/content/early/2012/05/15/ntr.nts127.abstract
Safety of Varenicline Among Smokers Enrolled in the Lung HIV Study
http://ntr.oxfordjournals.org/content/early/2012/05/15/ntr.nts121.abstract
Attitudes of Business People to Proposed Smokefree Shopping Streets
http://ntr.oxfordjournals.org/content/early/2012/05/10/ntr.nts115.abstract
Tobacco Consumption in Mozambique: Use of Distinct Types of Tobacco Across Urban and Rural Settings
http://ntr.oxfordjournals.org/content/early/2012/05/10/ntr.nts111.abstract

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Understanding Smokers' Motivations to Use Evidence-based Smoking Cessation Aids

Nicotine Tob Res first published online May 9, 2012

Roy A. Willems, Marc C. Willemsen, Gera E. Nagelhout, and Hein de Vries

Abstract
Introduction: Use of evidence-based smoking cessation aids (SCA) is an efficacious way to improve smoking cessation relapse rates. However, use of SCA in the Netherlands is particularly low. This study examined determinants of intention to use SCA in smokers willing to quit.

Methods: The Dutch Continuous Survey of Smoking Habits, a cross-sectional population survey, was used. Respondents were smokers (n = 594) wanting to quit sometime in the future and who made at least one quit

attempt in the past, categorized as past users of evidence-based SCA, past users of nonevidence-based SCA, and smokers who had never used SCA before (nonusers). Respondents were asked about past SCA use, motivational determinants regarding smoking cessation and SCA use, and intention to use SCA during a future quit attempt.

Results: Older and more addicted smokers were more likely to have used evidence-based SCA. Evidence-based and nonevidence-based users reported stronger attitudes and perceived social norm as well as lower self-efficacy expectations regarding smoking cessation and SCA use than nonusers. Having positive outcome expectations and perceived social norm regarding SCA use were strong predictors of intention to use SCA. Self-efficacy regarding smoking cessation was negatively related with intention to use SCA.

Conclusions: Nonusers, nonevidence-based users, and evidence-based users have different motivations for using evidence-based SCA and should not be treated as a homogenous group in smoking cessation programs. Additionally, it is unclear whether nonusers should be encouraged to use SCA, given that this group is less addicted and more confident about quitting.

http://ntr.oxfordjournals.org/content/early/2012/05/09/ntr.nts104.abstract

Also:

Effects of Varenicline on Abstinence and Smoking Reward Following a Programmed Lapse
http://ntr.oxfordjournals.org/content/early/2012/05/09/ntr.nts101.abstract
Nicotine Enhances Alerting, but not Executive, Attention in Smokers and Nonsmokers
http://ntr.oxfordjournals.org/content/early/2012/05/09/ntr.nts108.abstract
Mice Lacking the β4 Subunit of the Nicotinic Acetylcholine Receptor Show Memory Deficits, Altered Anxiety- and Depression-Like Behavior, and Diminished Nicotine-Induced Analgesia
http://ntr.oxfordjournals.org/content/early/2012/05/09/ntr.nts107.abstract

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A comparison of pulmonary function and respiratory symptoms in water pipe and cigarette smokers

Respirology
Accepted Article (Accepted, unedited articles published online for future issues)
Accepted manuscript online: **14 MAY 2012**

MOHAMMAD HOSSEIN BOSKABADY, LILA FARHANG, MAHBOBEH MAHMODINIA, MORTEZA BOSKABADY and GHOLAM REZA HEYDARI

Abstract
Background and objective: A major type of smoking in Middle Eastern countries is water pipe (WP) smoking. In the present study, pulmonary function tests (PFT) and respiratory symptoms were compared in water pipe smokers and deep inspiration (S-DI) or normal inspiration (S-NI) cigarette smokers.

Methods: Pulmonary function and respiratory symptoms were compared among water pipe smokers, deep or normal inspiration cigarette smokers, and non-smokers.

Results: All PFT values in WP smokers and S-DI, but only some values in S-NI, were lower than those of non-smokers (P <0.05 to P <0.001). In addition, all PFT values in WP smokers and S-DI were lower than the corresponding values in S-NI, except for forced expiratory volume in 1 s and maximal expiratory flow at 25% of forced vital capacity (P <0.05 to P <0.001). The prevalence of respiratory symptoms (RS), except for sputum production, was greater in all three groups of smokers than in non-smokers (P <0.05 to P <0.001). However, the severity of most RS in WP smokers and S-DI, but only the severity of wheezing in S-NI, was greater than that in non-smokers (P <0.05 to P <0.01). There were inverse correlations for PFT values and positive correlations for RS, with duration and total amount of smoking (P <0.05 to P <0.001).

Conclusions: The results from this study showed that there was a profound effect of WP smoking on PFT values and RS, which were similar to the effects of deep inspiration cigarette smoking.

Summary at a Glance

Water pipe smoking affects pulmonary function and respiratory symptoms as much as deep inspiration cigarette smoking. Although the effect of normal inspiration cigarette smoking is less than that of water pipe or deep inspiration cigarette smoking, it contributs significantly to respiratory disorders.

http://onlinelibrary.wiley.com/doi/10.1111/j.1440-1843.2012.02194.x/abstract

Also:

Tobacco smoke exposure and allergic sensitization in children: A propensity score analysis
http://onlinelibrary.wiley.com/doi/10.1111/j.1440-1843.2012.02201.x/abstract
Cigarette smoke augments the expression and responses of toll-like receptor 3 in human macrophages
http://onlinelibrary.wiley.com/doi/10.1111/j.1440-1843.2012.02198.x/abstract

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How effective are physical appearance interventions in changing smoking perceptions, attitudes and behaviours? A systematic review

Tob Control
Published Online First **9 May 2012**

Keira Flett, David Clark-Carter, Sarah Grogan, Rachel Davey

Abstract

Objective A systematic review was conducted in order to identify physical appearance interventions related to smoking cessation and to evaluate their effectiveness in order to inform smoking cessation practice.

Methods Articles were only included if they focused on an appearance intervention related to changing smoking attitudes, intentions or behaviour. A total of 17 online databases were searched using date restrictions (1980 to 2011), yielding 4356 articles. After screening, 11 articles were identified that met the review criteria. Seven articles investigated the impacts of facial age-progression software on smoking cessation. Three articles focused on reducing weight concerns in order to improve smoking abstinence rates. One oral health article was identified which focused on physical appearance in order to prevent or reduce smoking.

Results Few studies have focused on physical appearance interventions in smoking cessation however the identified studies report positive impacts on smoking-related cognitions and cessation behaviours. Two different methods of quality analysis were conducted for quantitative and qualitative papers. The consensus was that the quality of the articles was generally weak. Of the 10 quantitative articles, 9 were rated weak and 1 was rated moderate. The one qualitative study provided clear, in-depth information.

Conclusions Questions still remain as to whether physical appearance interventions have an impact on smoking attitudes, intentions or behaviours, particularly in British samples. To inform practice, additional, well-designed, studies are needed. They should include control groups, use robust randomised allocation to conditions, measures with established reliability and validity and take measures pre and post intervention.

http://tobaccocontrol.bmj.com/content/early/2012/05/09/tobaccocontrol-2011-050236.abstract

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