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Smoking & Tobacco Abstracts & News

**STAN Bulletin
34th Edition
20-September-2012**

Editor's Note: The French-language media in Canada featured several reports Wednesday as the testimony in the combined class-action smokers' lawsuits shifted from *Imperial Tobacco Canada* to *JTI-Macdonald* (wholly owned by Japan Tobacco) and its straight-out-of-Mad-Men president, Michel Poirier, also JTI's Regional President for the Americas. The story links below are to French reports but there is also Cynthia Callard's indispensable [Eye on the Trials](#) blog. See the reports from Days 57 and 58, the current edition, for more on M. Poirier's testimony. All the French headlines echoed variations of Poirier's statement that 'Everybody knows' smoking's risks but, of course, the only essential take on this meme is the [Australian Cancer Institute NSW](#) (New South Wales) stirring appropriation of Leonard Cohen's fine song: [Everybody knows smoking kills](#).

Stan Shatenstein

Noteworthy:

"In summary, existing evidence on the effectiveness of graphic warnings were mainly based on emotional responses and projections from simulation models. The current study is among the first to provide longitudinal evidence at the population level that graphic tobacco warnings had a statistically significant impact on smoking prevalence. Given the differences in the antismoking policy environment across countries, further empirical evidence from other countries will be needed before reaching a generalized conclusion." [Azagba F, Sharaf MF. The Effect of Graphic Cigarette Warning Labels on Smoking Behavior: Evidence from the Canadian Experience, [N&TR](#)]

"Low-income smokers face a greater financial burden as a result of higher cigarette excise taxes than higher income smokers. Dedicating some of the revenue from cigarette excise taxes for targeted programs that help low-income smokers quit may help alleviate the regressivity of cigarette excise taxes... To maximize the public health benefits of cigarette excise taxes in New York State, tax evasion needs to be greatly reduced. This would increase the effective price that smokers pay, which would decrease smoking prevalence and daily consumption, while increasing revenue. Unfortunately, this would also likely increase the regressivity of cigarette excise taxes, and thus any efforts to reduce tax evasion should be coupled with additional targeted programs to help low-income smokers quit as well as other programs targeting the poor." [Farrelly MC, Nonnemaker JM, Watson KA. The Consequences of High Cigarette Excise Taxes for Low-Income Smokers, [PLoS One](#)]

In the News:

- Canada: Quebec: [JTI-Macdonald: The public knows the essential facts on smoking: Video](#)
- China/US: VA: [Delegation visiting to discuss counterfeit cigarette problem with Philip Morris](#)
- India: [ITC: Cigarette maker is sizzling on fat margins, increased volumes as world tighten noose](#)
- Indonesia: [Anti-Smoking Activists Rally Against World Tobacco Asia Meeting](#)
- Indonesia: [Families key in stopping children from smoking](#)
- Ireland: [Packet colours can influence smokers: Eurobarometer: Attitudes of Europeans Towards Tobacco](#)
- Malaysia: [Cigarette price discount ban in the works, tobacco industry not opposed](#)
- Russia: [Tobacco firms fume over Ministry of Health's draft smoking ban](#)
- UK: [Tobacco shares soar as investors get back in the habit](#)
- US: [Is Hookah Smoking Less Harmful than Cigarette Smoking? \[Respirol: Boskabady\]](#)
- US: [Smoking, drinking tied to earlier pancreatic cancer \[Am J Gastroenterol: Anderson\]](#)
- US: [E-cigarettes: No smoke, but fiery debate over safety](#)
- US: [Indianapolis Star: Opinion: Big tobacco lures new generation of addicts](#)
- US/UK/Australia: [Big Tobacco braces for packaging ban, fierce price war](#)

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- J Clin Nurs - Robson: UK: Cessation & serious mental illness: drop-in in-patient clinic service evaluation
- J Commun Health - Frick: US: OH: Tobacco advertising & sales practices in retail outlets & FDA regulations
- N&TR - Caraway: US: RJRT: Assessment of Mouth-Level Exposure to Tobacco Constituents in Snus Consumers
- N&TR - Leischow: FCTC: Making Research Relevant to Global Tobacco Control Practice & Policy
- N&TR - Shiffman: Assigning Dose of Nicotine Gum by Time to First Cigarette
- N&TR - van Walbeek: FCTC: Price & Tax Measures & Illicit Trade: What We Know & Required Research
- N&TR - Wong: Canada: SHS Exposure: Cotinine & Self-Report, 2007-2009; Azagba: Graphic Warning Labels
- Nurs Health Sci - Fujioka: Japan: E-learning & short-term behavioral changes in pregnancy & quit-smoking program
- Pediatr - Goniewicz: Poland: Electronic Cigarette Use Among Teenagers & Young Adults
- PLoS One - Farrelly: US: NY: Consequences of High Cigarette Excise Taxes for Low-Income Smokers
- Psych Addict Behav - Forestell: US: Parental influences on non-smokers' attentional biases to smoking-related cues
- Stud Health Technol Inform - Pericot-Valverde: Spain: Virtual reality for smoking cessation: case report

Abstracts:**State tobacco control plans: who falls outside the plans?**

[Am J Health Promot.](#) 2012 Sep;27(1):29-36.

[Rexing CJ](#), [Ibrahim JK](#).

Abstract

Abstract Purpose . To review published state tobacco control plans (STCPs) to determine the extent to which the needs of the states' populations are being addressed. **Design** . A qualitative cross-sectional comparison of states' strategic plans for tobacco control as of March 2010. **Setting** . Online searches. **Participants** . The 50 states and the District of Columbia. **Method** . Internet-based searches were completed using tobacco and other keywords (control, prevention, strategies, comprehensive/strategic plan) to obtain all publicly available STCPs; telephone follow-up was conducted to ensure that all publicly available plans were captured. Each plan was coded by two researchers using a standardized protocol to assess provisions made for addressing disparate populations as defined by the states. **Results** . A total of 43 states addressed disparate populations. Thirty-six states addressed these populations within published STCPs, six states had separate stand-alone tobacco disparities plans, and one addressed it within their cancer plan. Specific populations addressed included racial and ethnic minorities, blue-collar employees, pregnant women, children under the age of 18, and college students. There were also several STCPs that cited the general goal of eliminating tobacco use disparities. **Conclusion** . More work is needed to address tobacco disparities, including additional planning efforts in some states and effective implementation and evaluation among states with plans. States can look to the experiences of other states to help guide tobacco control planning for their own populations.

<http://ajhpcontents.org/doi/abs/10.4278/ajhp.100408-QUAL-109>

Medicaid Coverage of Tobacco-Dependence Treatment for Pregnant Women: Impact of the Affordable Care Act

American Journal of Preventive Medicine

[Volume 43, Issue 4, October 2012, Pages e27–e29](#)

[Sara B. McMenamin](#), [Helen Ann Halpin](#), [Theodore G. Ganiats](#)

Abstract

Background

Twenty percent of pregnant women enrolled in Medicaid use tobacco products. The Affordable Care Act (ACA) requires Medicaid to cover tobacco-dependence treatments for pregnant women beginning in 2010.

Purpose

To summarize the impact of the ACA provisions on Medicaid coverage of tobacco-dependence treatments for pregnant women.

Methods

Medicaid programs were surveyed regarding their coverage for tobacco-dependence treatments after the ACA provisions went into effect.

Results

From 2009 to 2010, coverage for tobacco-dependence treatments increased from 43 to 51 programs covering pharmacotherapy treatments and from 30 to 38 programs covering tobacco-cessation counseling. States added additional coverage for counseling in 2011 and 2012.

Conclusions

To maximize these benefits, Medicaid programs need to conduct outreach to inform Medicaid-enrolled pregnant smokers of this coverage.

<http://www.sciencedirect.com/science/article/pii/S0749379712004370>

Changing Trends in Smoking and Alcohol Consumption in Patients With Oral Cancer Treated at Memorial Sloan-Kettering Cancer Center From 1985 to 2009

Arch Otolaryngol Head Neck Surg. 2012;138(9):817 doi:10.1001/archoto.2012.1792

Pablo H. Montero, MD; Purvi D. Patel, MD; Frank L. Palmer, BA; Snehal G. Patel, MD; Jatin P. Shah, MD; Richard B. Hayes, DDS, PhD, MPH; Ian Ganly, MD, PhD

Abstract

Objective To describe smoking and alcohol consumption trends in patients with oral cavity cancer over the past 25 years.

Design Retrospective cohort study.

Setting Single-institution tertiary care cancer center.

Patients Patients with oral cancer treated primarily with surgery from 1985 to 2009. Patients with previous head and neck cancer were excluded.

Main Outcome Measures The medical records of 1617 patients were reviewed. Patient demographics and details on smoking and alcohol consumption were recorded. Patients were divided in 5 different cohorts according to the year of initial surgery.

Results There were no differences in sex, age, or stage of disease among cohorts. Oral tongue was the most common

subsite (49%). There was a progressive decrease in tobacco use; 80% in cohort 1 vs 60% in cohort 5 ($P < .001$). A decrease in the daily amount of tobacco used was also found; 55% of patients in cohort 1 smoked more than 1 pack per day compared with 30% in cohort 5 ($P < .001$). Alcohol consumption decreased from 80% in cohort 1 to 67% in cohort 5 ($P < .007$). The percentage of patients who consumed more than 3 drinks per day decreased from 23% in cohort 1 to 9% in cohort 5 ($P < .001$).

Conclusion Over the past 25 years there has been a progressive decrease in the prevalence of tobacco and alcohol users in patients with oral cancer.

<http://archotol.jamanetwork.com/article.aspx?articleid=1360906>

Aboriginal and Torres Strait Islander utilisation of the Quitline service for smoking cessation in South Australia

Aust J Prim Health. 2012 Jun 4. doi: 10.1071/PY11152. [Epub ahead of print]

[Cosh S](#), [Maksimovic L](#), [Ettridge K](#), [Copley D](#), [Bowden JA](#).

Abstract

Smoking prevalence among Indigenous Australians far exceeds that of non-Indigenous Australians and is considered the greatest contributor to burden of disease for Indigenous Australians. The Quitline is a primary intervention for facilitating smoking cessation and, given the health implications of tobacco use, maximising its effectiveness for Indigenous Australians is imperative. However, the utilisation and effectiveness of this service within the Indigenous Australian population has not been examined. This study explores the utilisation of the South Australian Quitline by smokers identifying as Indigenous Australian. Quitline counsellors collected data regarding demographic characteristics, and smoking and quitting behaviour from Quitline callers in 2010. Results indicated that the proportion of Indigenous and non-Indigenous smokers who registered for the service was comparable. Demographic variables and smoking addiction at time of registration with the Quitline were similar for Indigenous and non-Indigenous callers. However, results indicated that Indigenous callers received significantly fewer callbacks than non-Indigenous callers and were significantly less likely to set a quit date. Significantly fewer Indigenous callers reported that they were still successfully quit at 3 months. Thus, Indigenous Australian callers may be less engaged with the Quitline and further research is required exploring whether the service could be tailored to make it more engaging for Indigenous Australians who smoke.

<http://www.publish.csiro.au/paper/PY11152.htm>

A cross-sectional analysis of how young adults perceive tobacco brands: implications for FCTC signatories

BMC Public Health 2012, **12:796** doi:10.1186/1471-2458-12-796

Published: 17 September 2012

Philip Gendall, Janet Hoek, Richard Edwards and Judith McCool

Abstract

Background

The Framework Convention on Tobacco Control calls for the elimination of tobacco advertising, promotion and sponsorship. To test whether tobacco packaging functions as advertising by communicating attractive and distinctive brand attributes, we explored how young adult smokers and non-smokers interpreted familiar and unfamiliar tobacco brands.

Methods

We conducted an on-line survey of 1035 young adult smokers and non-smokers aged 18–30. Participants evaluated eight tobacco brands using ten attributes based on brand personality scales. We used factor analysis and ANOVA to examine patterns in brand-attribute associations.

Results

Young adults distinguished between brands on the basis of their packaging alone, associated each brand with specific

attributes, and were equally able to interpret familiar and unfamiliar brands. Contrary to our expectations, non-smokers made more favourable brand-attribute associations than smokers, but both groups described Basic, a near generic brand, as 'plain' or 'budget'. There were no significant gender or ethnicity differences.

Conclusions

Tobacco packaging uses logos, colours and imagery to create desirable connotations that promote and reinforce smoking. By functioning in the same way as advertising, on-pack branding breaches Article 11 of the FCTC and refutes tobacco companies' claims that pack livery serves only as an indentifying device that simplifies smokers' decision-making. Given this evidence, signatories should see plain packaging policies as a priority consistent with their FCTC obligations to eliminate all tobacco advertising and promotion.

<http://www.biomedcentral.com/1471-2458/12/796/abstract>

<http://www.biomedcentral.com/content/pdf/1471-2458-12-796.pdf>

Also:

Qualitative exploration of public and smoker understanding of, and reactions to, an endgame solution to the tobacco epidemic

<http://www.biomedcentral.com/1471-2458/12/782/abstract>

<http://www.biomedcentral.com/content/pdf/1471-2458-12-782.pdf>

Related:

Daring to dream: reactions to tobacco endgame ideas among policy-makers, media and public health practitioners

<http://www.biomedcentral.com/1471-2458/11/580/abstract>

<http://www.biomedcentral.com/content/pdf/1471-2458-11-580.pdf>

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

The Pap smear screening as an occasion for smoking cessation and physical activity counselling: effectiveness of the SPRINT randomized controlled trial

BMC Public Health. 2012 Sep 5;12(1):740. [Epub ahead of print]

[Gorini G](#), [Carreras G](#), [Giordano L](#), [Anghinoni E](#), [Iossa A](#), [Coppo A](#), [Talassi F](#), [Galavotti M](#), [Chellini E](#).

Abstract

BACKGROUND:

The organized Cervical Cancer Screening Programme (CCSP) in Italy might represent an occasion to deliver smoking cessation (SC) counselling to women attending the Pap test examination. Evidence of effectiveness of physical activity (PA) promotion and intervention in adjunct to SC counselling is not strong. Objective of the SPRINT trial was to evaluate the effectiveness of a standard SC counselling intervention delivered by trained midwives in the CCSP, and whether the adjunct of a PA counselling to the SC counselling might increase quit rates.

METHODS:

We undertook a randomized controlled trial of 1,100 women undergoing the Pap examination in the three study centres (Florence, Turin, Mantua): 363 were randomly assigned to the SC counselling arm, 366 to the SC + PA counselling arm, and 371 to the control group. The intervention was a standard brief SC counselling combined with a brief counselling on increasing PA, and was tailored according to the Di Clemente-Prochaska motivational stages of change for SC and/or PA. Primary outcomes were quit rates, improvement in the motivational stages of change for SC, and reduced daily cigarette consumption. Analysis was by intention to treat;

RESULTS:

Participants randomized in both intervention arms and in the preparation stage of change for SC doubled their likelihood of

quitting at 6-month follow-up in comparison to controls (odds ratio [OR]=2.1, 95% confidence interval [95%CI]:1.0-4.6). Moreover, participants in the intervention arms and in the contemplation stage were more likely to reduce their daily cigarette consumption after the intervention (OR=1.8, 95%CI:1.1-3.0). Our study did not show any effect of PA counselling on various outcomes;

CONCLUSIONS:

Smoking cessation counselling delivered by midwives to smokers in preparation and contemplation stages of change during the Pap-smear screening was effective and should be recommended, given the high number of women attending the cervical cancer screening programme in Italy. Moreover, the daily number of women invited for the Pap-smear examination should be slightly lowered, in order to let midwives deliver SC counselling to smokers.

Trial registration Current Controlled Trials ISRCTN52660565.

<http://www.biomedcentral.com/1471-2458/12/740/abstract>

<http://www.biomedcentral.com/content/pdf/1471-2458-12-740.pdf>

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

Who tended to continue smoking after cancer diagnosis: the National Health and Nutrition Examination Survey 1999–2008

BMC Public Health 2012, **12:784** doi:10.1186/1471-2458-12-784

Published: **14 September 2012**

Tung-Sung Tseng, Hui-Yi Lin, Sarah Moody-Thomas, Michelle Y Martin and Ted Chen

Abstract

Background

It has been estimated that there are approximately 12 million cancer survivors in the United States. Continued smoking after a cancer diagnosis is linked to adverse effects among cancer survivors on overall survival, treatment effectiveness, and quality of life. Little is known about who is more likely to quit smoking after his/her cancer diagnosis. The objective of this study is to evaluate factors associated with smoking cessation in cancer survivors, which to date has not been well studied.

Method

The National Health and Nutrition Examination Survey (NHANES) 1999–2008 surveys were used in this study. A total of 2,374 cancer survivors aged 20 and over with valid smoking status in the NHANES 99–08 survey were included in this study. Among them, 566 cancer survivors who regularly smoked at the time of their cancer diagnosis were included in the analyses.

Results

Around 50.6% of cancer survivors smoked regularly prior to their cancer diagnosis and only 36.1% of them quit smoking after their cancer diagnosis. Racial disparity was observed in smoking cessation among cancer survivors. Hispanics (OR = 0.23, 95% CI = 0.10–0.57) were less likely to quit smoking than Whites after their cancer diagnosis.

Conclusion

Two-thirds of cancer survivors continued smoking after cancer diagnosis. Our study observed that the high risk group of continued smokers among cancer survivors is made up of those who are female, younger, Hispanic, with longer smoking history, underweight or with normal weight and without smoking-related cancer. These findings suggest that smoking cessation for cancer survivors should target on the high risk subgroups.

<http://www.biomedcentral.com/1471-2458/12/784/abstract>

<http://www.biomedcentral.com/content/pdf/1471-2458-12-784.pdf>

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

Real-time assessment of cigarette smoke particle deposition *in vitro*

Chemistry Central Journal 2012, 6:98

Published: **10 September 2012**

Jason Adamson, Sophie Hughes, David Azzopardi, John McAughey and Marianna D Gaça
British American Tobacco, Group R&D, Southampton, UK

Abstract

Background

Recently there has been a rapid increase in approaches to assess the effects of cigarette smoke *in vitro*. Despite a range of gravimetric and chemical methods, there is a requirement to identify simpler and more reliable methods to quantify *in vitro* whole smoke dose, to support extrapolation and comparisons to human/*in vivo* dose. We have previously characterised an *in vitro* exposure system using a Borgwaldt RM20S smoking machine and a chamber exposing cellular cultures to whole smoke at the air-liquid interface. In this study we demonstrate the utility of a quartz crystal microbalance (QCM), using this exposure system, to assess real-time cigarette smoke particulate deposition during a 30 minute smoke exposure. Smoke was generated at various dilutions (1:5–1:400, smoke:air) using two cigarette products, 3R4F Kentucky reference and 1 mg commercially available cigarettes. The QCM, integrated into the chamber, assessed particulate deposition and data generated were compared to traditional chemical spectrofluorometric analysis.

Results

The QCM chamber was able to detect mass differences between the different products within the nanogram range. 3R4F reference cigarette smoke deposition ranged from $25.75 \pm 2.30 \mu\text{g}/\text{cm}^2$ (1:5) to $0.22 \pm 0.03 \mu\text{g}/\text{cm}^2$ (1:400). 1 mg cigarette smoke deposition was less and ranged from $1.42 \pm 0.26 \mu\text{g}/\text{cm}^2$ (1:5), to $0.13 \pm 0.02 \mu\text{g}/\text{cm}^2$ (1:100). Spectrofluorometric analysis demonstrated statistically significant correlation of particulate deposition with the QCM ($p < 0.05$), and regression R^2 value were 97.4 %. The fitted equation for the linear model which describes the relationship is:
 $\text{QCM} = -0.6796 + 0.9744 \text{ chemical spectrofluorescence}$.

Conclusions

We suggest the QCM is a reliable, effective and simple tool that can be used to quantify smoke particulate deposition in real-time, *in vitro* and can be used to quantify other aerosols delivered to our chamber for assessment.

Competing interests

The authors declare that they have no competing interests.

Acknowledgements

The authors would like to thank Graham Errington at BAT for his guidance on statistical analysis, Tobias Krebs at Vitrocell® Systems and Mark Barber at Borgwaldt-kc for their engineering, mechanical and technical expertise.

<http://journal.chemistrycentral.com/content/6/1/98>

<http://journal.chemistrycentral.com/content/pdf/1752-153X-6-98.pdf>

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

Coping with and factors impacting upon the experience of lung cancer in patients and primary carers

European Journal of Cancer Care

Early View ([Online Version of Record published before inclusion in an issue](#))

Article first published online: **17 SEP 2012**

J. ELLIS, M. LLOYD WILLIAMS, R. WAGLAND, C. BAILEY and A. MOLASSIOTIS

12.11.2012

Abstract

There is a paucity of research exploring patients' and their informal carers' experience of coping with and factors impacting on the lung cancer experience. This study aims to explore how patients and their informal carers cope with a diagnosis of lung cancer and describe the key factors that mediate distress in this population in order that they may be better supported in the future. This was a qualitative study employing semi-structured interviews and framework analysis to elicit the experience of 37 patients with lung cancer and 23 primary carers regarding their coping with and factors influencing patient/carer distress. The findings illustrate that participants used both emotional- and problem-focused coping strategies, including accepting the reality of lung cancer, adopting a positive attitude/fighting spirit, denial, avoidance and distraction and information seeking. Maintaining normality was also important. Key factors that mediate the lung cancer experience were also identified including hope, social network, prior experience of cancer and other chronic illnesses, the competing coping strategies of patients and their primary carers, the unpredictable nature of patients' behaviour, changing symptomatology, the perceived attitudes of health professionals and the impact of perceived delays in diagnosis. This study provides important insights into how patients with lung cancer and their primary carers might be better supported.

...Lung cancer patients are likely to have more reasons for denial than other cancer patients. First, they are usually aware of their own roles as smokers in the development of the disease and this may result in stigma and shame. Second, they often suffer from dyspnoea and this limits their functioning and may be extremely burdensome and frightening ([Vos et al. 2008](#)). Third, survival rates are still very low ([National Cancer Institute 2011](#)). Thus, lung cancer patients have limited time to adapt to the impact of their illness...

<http://onlinelibrary.wiley.com/doi/10.1111/ecc.12003/abstract>

Smoking cessation interventions following acute coronary syndrome: a missed opportunity?

[Eur J Prev Cardiol.](#) 2012 Sep 5. [Epub ahead of print]

[Boggon R](#), [Timmis A](#), [Hemingway H](#), [Raju S](#), [Mondello Malvestiti F](#), [Van Staa TP](#).

Abstract

Background: It is recommended that general practitioners (GPs) offer cessation advice and pharmacological interventions to smokers with acute coronary syndrome (ACS). The study objective was to describe the extent to which this is done, and to describe outcomes by smoking status. **Design:** Patients aged 30+ hospitalised for troponin-positive ACS from 2002 to 2009, discharged home alive, were identified in the Myocardial Ischaemia National Audit Project registry. Patient data were linked to the General Practice Research Database, Hospital Episode Statistics, and Office of National Statistics mortality data, enabling a unique perspective of longitudinal smoking data. Patients who smoked prior to the hospitalisation had GP interventions and quitting status established in the 3 months following discharge, and were followed up for major clinical outcomes. **Methods:** The outcomes evaluated included death, repeat ACS, stroke, heart failure, and major adverse cardiac events (MACE). **Results:** Of the 4834 patients included, 965 (20%) were smokers at the time of their ACS. After the ACS event, only 225 (24%) received any GP smoking intervention within 3 months, with 82 (9%) receiving advice only, and 143 (15%) receiving a pharmacological intervention. Patients who quit (320; 33%) were at a decreased risk of mortality (relative risk (RR) 0.49; 95% confidence interval (CI) 0.35-0.69) and MACE (RR 0.61; 0.46-0.80) compared with patients who did not. **Conclusions:** Whilst a high proportion of patients with ACS are smokers, there is a low level of GP cessation intervention following hospital discharge. This missed opportunity of patient care is important given the decreased risk of mortality and MACE found amongst those who quit.

<http://cpr.sagepub.com/content/early/2012/09/05/2047487312460517.abstract>

Structural alterations of foreskin caused by chronic smoking may explain high levels of urethral reconstruction failure using foreskin flaps

[Int Braz J Urol.](#) 2012 Jul;38(4):529-35.

[Rosado JP](#), [Favorito LA](#), [Cavalcanti AG](#), [Costa WS](#), [Cardoso LE](#), [Sampaio FJ](#).

Abstract

Objectives: The aim of the present study was to perform a stereological and biochemical analysis of the foreskin of smoker subjects. **Materials and Methods:** Foreskin samples were obtained from 20 young adults (mean = 27.2 years old) submitted to circumcision. Of the patients analyzed, one group (n = 10) had previous history of chronic smoking (a half pack to 3 packs per day for 3 to 13 years (mean = 5.8 ± 3.2). The control group included 10 nonsmoking patients. Masson's trichrome stain was used to quantify the foreskin vascular density. Weigert's resorcin-fuchsin stain was used to assess the elastic system fibers and Picrosirius red stain was applied to study the collagen. Stereological analysis was performed using the Image J software to determine the volumetric densities. For biochemical analysis, the total collagen was determined as μg of hydroxyproline per mg of dry tissue. Means were compared using the unpaired t-test ($p < 0.05$). **Results:** Elastic system fibers of smokers was 42.5 % higher than in the control group ($p = 0.002$). In contrast, smooth muscle fibers ($p = 0.42$) and vascular density ($p = 0.16$) did not show any significant variation. Qualitative analysis using Picrosirius red stain with polarized light evidenced the presence of type I and III collagen in the foreskin tissue, without significant difference between the groups. Total collagen concentration also did not differ significantly between smokers and non-smokers ($73.1 \mu\text{g}/\text{mg} \pm 8.0$ vs. $69.2 \mu\text{g}/\text{mg} \pm 5.9$, respectively, $p = 0.23$). **Conclusions:** The foreskin tissue of smoking patients had a significant increase of elastic system fibers. Elastic fibers play an important role in this tissue's turnover and this high concentration in smokers possibly causes high extensibility of the foreskin. The structural alterations in smokers' foreskins could possibly explain the poor results in smoking patients submitted to foreskin fasciocutaneous flaps in urethral reconstruction surgery.

http://brazjurol.com.br/july_august_2012/Rosado_529_535.htm

http://brazjurol.com.br/july_august_2012/Rosado_529_535.pdf

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

Smoking cessation and serious mental illness: a service evaluation of a drop-in stop smoking clinic on an acute in-patient unit

[J Clin Nurs.](#) 2012 Sep 4. doi: 10.1111/j.1365-2702.2012.04222.x. [Epub ahead of print]

[Robson D](#), [Cole F](#), [Jalasi S](#), [Boojharut B](#), [Smith S](#), [Thompson S](#), [Jones M](#), [Haddad M](#).

Abstract

Aims and objectives. To evaluate the effect of a stop smoking clinic on the quit rates of patients admitted to an acute in-patient unit. **Background.** The relationship between poor physical health and severe mental illness is well established. High rates of smoking appear to play an important causal role in the excess morbidity and mortality in this population. Stop smoking interventions for the general population are clinically effective and cost-effective. There is a small but promising evidence base for effective interventions to help people with a mental illness who wish to stop smoking but these have mostly been tested with community patients rather than acute in-patients. **Methods.** A service evaluation of a drop-in stop smoking clinic on an acute mental health in-patient unit was conducted. Patients' smoking status was measured at baseline and four weeks after their quit date using patient self-report and an expired breath carbon monoxide reading. **Results.** Over a six-month evaluation period, 46 patients set a quit date and 13 (28.3%) were abstinent at the four-week follow-up stage, verified by a carbon monoxide reading ($\chi^2 = 33$, $df = 1$, $sig p < 0.0001$). **Conclusions.** This small-scale evaluation has shown a drop-in stop smoking intervention to be feasible, acceptable and associated with positive outcomes; further research with larger, more representative samples is required. **Relevance to clinical practice.** Enforcing smoke-free legislation is a contentious issue on mental health in-patient units, and there is a paucity of research to guide nursing practice in this area. An admission period in a smoke-free environment provides a crucial opportunity to offer smoking cessation treatment. With appropriate resources, expertise and support, it appears possible to apply smoking cessation interventions that are successful within the general population to mental health patients during an acute admission.

<http://onlinelibrary.wiley.com/doi/10.1111/j.1365-2702.2012.04222.x/abstract>

Tobacco advertising and sales practices in licensed retail outlets after the Food and Drug Administration regulations

[J Community Health.](#) 2012 Oct;37(5):963-7.

[Frick RG](#), [Klein EG](#), [Ferketich AK](#), [Wewers ME](#).

Abstract

To assess retailer compliance with Food and Drug Administration (FDA) regulations on tobacco sales and advertising practices, including point-of-sale advertisements, in two distinct Columbus, Ohio neighborhood groups by income. Data were gathered from a random sample of 129 licensed tobacco retailers, which included data on both exterior and interior advertisements as well as sales practices. Descriptive analyses compared retail outlets by high and low income neighborhood locations. Compliance with FDA regulations was high in the random sample of urban tobacco retail outlets. None of the retail outlets sold loose cigarettes or offered free items with purchase. Less than 10% of the outlets surveyed offered self-service access to cigarettes or smokeless tobacco products. From all surveyed retail outlets 95% had cigarette, 57% had smokeless, and 57% had cigar advertisements at the point-of-sale. There were no significant differences in compliance by income, but the mean number of advertisements on the building and self-service access to cigars was significantly different by neighborhood income. There was a high degree of compliance with the new FDA regulation on tobacco marketing and sales practices in urban retail tobacco outlets in Columbus, Ohio. Tobacco advertising and marketing remain highly prevalent in retail outlets, with some significant differences between high and low income neighborhoods.

<http://www.springerlink.com/content/56224773qh515401/>

Assessment of Mouth-Level Exposure to Tobacco Constituents in U.S. Snus Consumers

Nicotine Tob Res first published online September 18, 2012 doi:10.1093/ntr/nts187

John W. Caraway and P. X. Chen

Abstract

Introduction: When assessing the health risks associated with different tobacco product categories (e.g., combustible and noncombustible), it is important to understand exposure. Snus, a smokeless tobacco product with lower levels of most tobacco-related toxicants than cigarette smoke, has been recently introduced in the United States. The objective of this study was to evaluate the mouth-level exposure (MLE) to selected tobacco constituents from snus by adult consumers of Camel SNUS (CSNUS).

Methods: For 7 days, 53 adult CSNUS consumers used their usual brand styles *ad libitum*, collecting their snus pouches after use. The collected pouches and unused product were analyzed for nicotine, *N*'-nitrosonornicotine (NNN), 4-(methylnitrosamino)-1-(3-pyridyl)-1-butanone (NNK), *N*'-nitrosoanabasine (NAB), *N*'-nitrosoanatabine (NAT), benzo[a]pyrene (B[a]P), arsenic, cadmium, chromium, lead, and nickel. MLE was estimated using the difference between the constituent amounts in the used and unused snus products.

Results: CSNUS consumption averaged 3.3 pouches/day or approximately 1.98g/day. Mean nicotine MLE was 2.8mg/pouch or 9.4mg/day. Mean MLE to total tobacco-specific nitrosamines (TSNAs: NNK, NNN, NAB, and NAT) was 171.5ng/pouch or 527.7ng/day. B[a]P MLE averaged 0.2ng/pouch or 0.68ng/day.

Conclusions: This study is the first to report snus MLE under normal conditions of use in a group of adult, U.S. snus consumers. On average, approximately 60%–90% of the amounts of nicotine, TSNAs, and B[a]P initially present in a snus pouch remained in the pouch after use by snus consumers in this study. The results from this study provide a preliminary assessment of exposure to constituents present in snus, which is potentially useful in risk assessment.

<http://ntr.oxfordjournals.org/content/early/2012/09/12/ntr.nts187.abstract>

Note: Tobacco industry research.

Also:

Patterns of Dual Use of Snus and Cigarettes in a Mature Snus Market

<http://ntr.oxfordjournals.org/content/early/2012/09/12/ntr.nts185.abstract>

<http://ntr.oxfordjournals.org/content/early/2012/09/12/ntr.nts185.full.pdf+html>

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

N&TR Correspondence:

The Relative Risk to Health From Snus and Cigarettes: Response to Grimsrud et al.'s Commentary on "Perceptions of the Relative Harmfulness of Snus Among Norwegian General Practitioners and Their Effect on the Tendency to Recommend

Snus in Smoking Cessation”

<http://ntr.oxfordjournals.org/content/early/2012/09/12/ntr.nts190.extract>

Menthol Cigarettes and Mortality: Keeping Focus on the Public Health Standard

<http://ntr.oxfordjournals.org/content/early/2012/09/12/ntr.nts176.extract>

The Most “Successful” Method for Failing to Quit Smoking Is Unassisted Cessation

<http://ntr.oxfordjournals.org/content/early/2012/09/12/ntr.nts164.extract>

Commentary

Converging Research Needs Across Framework Convention on Tobacco Control Articles: Making Research Relevant to Global Tobacco Control Practice and Policy

Nicotine Tob Res first published online September 18, 2012 doi:10.1093/ntr/nts199

Scott J. Leischow, Olalekan Ayo-Yusuf, and Cathy L. Backinger

Abstract

Much of the research used to support the ratification of the WHO Framework Convention on Tobacco Control (FCTC) was conducted in high-income countries or in highly controlled environments. Therefore, for the global tobacco control community to make informed decisions that will continue to effectively inform policy implementation, it is critical that the tobacco control community, policy makers, and funders have updated information on the state of the science as it pertains to provisions of the FCTC. Following the National Cancer Institute’s process model used in identifying the research needs of the U.S. Food and Drug Administration’s relatively new tobacco law, a core team of scientists from the Society for Research on Nicotine and Tobacco identified and commissioned internationally recognized scientific experts on the topics covered within the FCTC. These experts analyzed the relevant sections of the FCTC and identified critical gaps in research that is needed to inform policy and practice requirements of the FCTC. This paper summarizes the process and the common themes from the experts’ recommendations about the research and related infrastructural needs. Research priorities in common across Articles include improving surveillance, fostering research communication/collaboration across organizations and across countries, and tracking tobacco industry activities. In addition, expanding research relevant to low- and middle-income countries (LMIC), was also identified as a priority, including identification of what existing research findings are transferable, what new country-specific data are needed, and the infrastructure needed to implement and disseminate research so as to inform policy in LMIC.

<http://ntr.oxfordjournals.org/content/early/2012/09/12/ntr.nts199.abstract>

Also:

Enhancing Tobacco Quitline Effectiveness: Identifying a Superior Pharmacotherapy Adjuvant

<http://ntr.oxfordjournals.org/content/early/2012/09/18/ntr.nts186.abstract>

Abuse Potential of Non-Nicotine Tobacco Smoke Components: Acetaldehyde, Nicotine, Cotinine, and Anabasine

<http://ntr.oxfordjournals.org/content/early/2012/09/12/ntr.nts192.abstract>

Perceptions of Smoking Related Risk and Worry Among Dual-Smoker Couples

<http://ntr.oxfordjournals.org/content/early/2012/09/12/ntr.nts210.abstract>

Optimal Carbon Monoxide Criteria to Confirm 24-hr Smoking Abstinence

<http://ntr.oxfordjournals.org/content/early/2012/09/12/ntr.nts205.abstract>

Assigning Dose of Nicotine Gum by Time to First Cigarette

Nicotine Tob Res first published online September 18, 2012 doi:10.1093/ntr/nts141

Saul Shiffman, Mark A. Sembower, Jeffrey M. Rohay, Joe G. Gitchell, and Arthur J. Garvey

Abstract

Introduction: Nicotine gum, a proven effective aid to cessation, comes in two doses: 2-mg and 4-mg. Assignment to the higher dose has traditionally been based on daily cigarette consumption. This paper evaluates efficacy of the gum when the 4-mg dose is assigned based on time to first cigarette (TTFC) being ≤ 30 min.

Methods: In a secondary analysis of a randomized, double-blind, placebo-controlled trial that allocated smokers randomly to placebo, 2-mg, or 4-mg gum (Garvey, A. J., Kinnunen, T., Nordstrom, B. L., Utman, C. H., Doherty, K., Rosner, B., et al. (2000). Effects of nicotine gum dose by level of nicotine dependence. *Nicotine & Tobacco Research*, 2, 53–63. doi:10.1080/14622200050011303), we evaluated outcomes when 4-mg gum was given to subjects with TTFC ≤ 30 ($n =$

158, placebo $n = 159$).

Results: Active treatment doubled or tripled abstinence rates versus placebo. This also held among smokers with a history of treatment failure. The effect of 4-mg gum was significant among light smokers (<25 CPD) with TTFC ≤ 30 ; 2-mg gum was not.

Conclusion: This analysis suggests that assigning dose of nicotine gum based on TTFC is an effective and appropriate means of dose allocation.

<http://ntr.oxfordjournals.org/content/early/2012/09/12/ntr.nts141.abstract>

Also:

Time to First Cigarette and Serum Cotinine Levels in Adolescent Smokers: National Health and Nutrition Examination Survey, 2007–2010

<http://ntr.oxfordjournals.org/content/early/2012/09/12/ntr.nts189.abstract>

Lack of Association of *OPRM1* Genotype and Smoking Cessation

<http://ntr.oxfordjournals.org/content/early/2012/09/12/ntr.nts174.abstract>

Impact of Smoking Exposure Change on Infant Birth Weight Among a Cohort of Women in a Prenatal Smoking Cessation Study

<http://ntr.oxfordjournals.org/content/early/2012/09/12/ntr.nts184.full>

Association Between Dopamine Receptor 2 Taq1A Polymorphisms and Smoking Behavior With an Influence of Ethnicity: A Systematic Review and Meta-Analysis Update

<http://ntr.oxfordjournals.org/content/early/2012/09/12/ntr.nts196.abstract>

Price and Tax Measures and Illicit Trade in the Framework Convention on Tobacco Control: What We Know and What Research Is Required

Nicotine Tob Res 2012 published 17 September 2012, 10.1093/ntr/nts170

Corne van Walbeek, Evan Blecher, Anna Gilmore, and Hana Ross

Abstract

Introduction: Article 6 of the Framework Convention on Tobacco Control commits Parties to use tax and price policies to reduce tobacco use, whereas Article 15 commits Parties to implement measures to eliminate the illicit trade in tobacco products. This paper identifies research gaps/needs, especially in low- and middle-income countries, which, if adequately addressed, would help in implementing Articles 6 and 15.

Methods: Based on a recent comprehensive review on the impact of tax and price on tobacco consumption and a summary of reviews and narratives about the illicit tobacco market, research gaps are identified.

Results: Countries have highly diverse research needs, depending on the stage of the tobacco epidemic, previous research and data availability, and making a ranking of research needs infeasible. Broad issues for further research are the following: (1) monitoring tobacco consumption, prices, and taxes, (2) assessing the effectiveness of the tax structure in generating revenue and reducing tobacco use, (3) strengthening the tax administration system in order to reduce tax evasion and tax avoidance, (4) improving our understanding of the political economy of tobacco tax policy, and (5) employing a multidisciplinary approach to assessing the magnitude of illicit tobacco trade.

Conclusions: At a technical level, the case for increasing excise taxes to improve public health and increase government revenue is easily made, but the political and policy environment is often not supportive. In order to effectively impact policy, the required approach would typically make use of rigorous economic techniques, and be cognizant of the political economy of raising excise taxes.

<http://ntr.oxfordjournals.org/content/early/2012/09/12/ntr.nts170.abstract>

Also:

Effects of Brief Mindfulness Instructions on Reactions to Body Image Stimuli Among Female Smokers: An Experimental Study

<http://ntr.oxfordjournals.org/content/early/2012/09/12/ntr.nts133.abstract>

Secondhand Smoke Exposure Among Canadians: Cotinine and Self-Report Measures From the Canadian

Suzy L. Wong, Eric Malaisson, David Hammond, and Scott T. Leatherdale

Abstract

Introduction: Secondhand smoke (SHS) exposure is associated with numerous adverse health effects, including cancer, cardiovascular disease, asthma, respiratory infections, and decreased pulmonary function. This study provides population estimates of SHS exposure among the Canadian nonsmoking population based on self-report and urinary cotinine concentrations.

Methods: The 2007–2009 Canadian Health Measures Survey, a nationally representative cross-sectional survey, collected data from Canadians aged 6–79 years, and it includes self-report and urinary cotinine measures of tobacco smoke exposure ($n = 4,455$).

Results: An estimated 22% of nonsmokers reported being exposed to SHS every day or almost every day. Of those, 70% of children (6–11 years) and 48% of adolescents (12–19 years) had detectable cotinine levels compared with 23% of adults (20–79 years). An estimated 77% of nonsmokers exposed to SHS only in the home had detectable cotinine levels compared with 11% of nonsmokers exposed to SHS only outside the home. Of those exposed to SHS only in the home, a higher percentage of children (5.1%) had detectable cotinine levels compared with adults (3.1%).

Conclusions: Despite well-known health risks associated with exposure to tobacco smoke, a substantial proportion of the Canadian population continues to be exposed to SHS. Higher percentages of certain subpopulations had detectable cotinine concentrations, including children, adolescents, and those exposed to SHS in the home.

<http://ntr.oxfordjournals.org/content/early/2012/09/12/ntr.nts195.abstract>

Also:

The Effect of Graphic Cigarette Warning Labels on Smoking Behavior: Evidence from the Canadian Experience

<http://ntr.oxfordjournals.org/content/early/2012/09/12/ntr.nts194.abstract>

The Relationship Between Age of Smoking Initiation and Current Smoking: An Analysis of School Surveys in Three European Countries

<http://ntr.oxfordjournals.org/content/early/2012/09/12/ntr.nts177.abstract>

Nicotinic Regulation of Energy Homeostasis

<http://ntr.oxfordjournals.org/content/early/2012/09/12/ntr.nts159.abstract>

Short-term behavioral changes in pregnant women after a quit-smoking program via e-learning: A descriptive study from Japan

Nurs Health Sci. 2012 Sep;14(3):304-11. doi: 10.1111/j.1442-2018.2012.00702.x.

[Fujioka N](#), [Kobayashi T](#), [Turale S](#).

Abstract

Approximately 20% of Japanese women in their reproductive years are smokers. Therefore, in the present study, we report the behavioral changes of woman who undertook a 3 month stop-smoking program. Sixty-six pregnant smokers in the first trimester of pregnancy participated in this study from two hospitals and an obstetric clinic in Japan. Our newly-developed e-learning program uses a cell phone Internet connection service to support pregnant women who want to quit smoking. Using this, service participants were given guidance concerning smoking, and were breath tested for their carbon monoxide levels every 4 weeks for 3 months. An e-learning cessation smoking-support program was maintained throughout the same period. Consequently, 52 of 66 pregnant smokers from three settings began the program, and 48 of 52 eventually completed it. The achievement rate of non-smoking was 71.1% (37/48), and their carbon monoxide exhalation levels significantly decreased from 6.43 ± 4.5 ppm at the beginning to 0.7 ± 1.0 ppm in 1 month, to 0.29 ± 1.08 in 3 months ($P < 0.001$). These results suggest the effectiveness of our e-learning program. This paper reports the results of the study.

<http://onlinelibrary.wiley.com/doi/10.1111/j.1442-2018.2012.00702.x/abstract>

Electronic Cigarette Use Among Teenagers and Young Adults in Poland

Pediatrics published 17 September 2012, 10.1542/peds.2011-3448

Maciej Lukasz Goniewicz and Wioleta Zielinska-Danch

Abstract

BACKGROUND: Electronic cigarettes (e-cigarettes) are battery-powered devices developed with the goal of mimicking the action of smoking, including nicotine delivery, without the toxic effects of tobacco smoke. Little is known about the uptake of e-cigarettes among young people.

METHODS: A survey was conducted with a cluster sample of 20 240 students enrolled at 176 nationally representative Polish high schools and universities between September 2010 and June 2011. We estimated national e-cigarette prevalence among various demographic groups by using population weights. Multiple logistic regression was used to evaluate which demographic factors were independent predictors of 2 outcomes: ever use of e-cigarettes and use in the previous 30 days.

RESULTS: Among high school students, aged 15 to 19 years, 23.5% had ever used e-cigarettes and 8.2% had done so within the previous 30 days. Among those in universities, aged 20 to 24 years, 19.0% had ever used an e-cigarette and 5.9% had done so in the previous 30 days. In multivariate analyses that controlled for covariates, smoking cigarettes, male gender, living in an urban area, and having parents who smoke were associated with ever use of e-cigarettes. Overall, 3.2% of never smoking students reported ever use of e-cigarettes.

CONCLUSIONS: About one-fifth of Polish youth have tried e-cigarettes; most of them had previously smoked cigarettes. It is unclear whether e-cigarettes are just a novelty that young people try only once or whether they have potential to compete in the marketplace with conventional cigarettes.

<http://pediatrics.aappublications.org/cgi/content/abstract/peds.2011-3448v1>

The Consequences of High Cigarette Excise Taxes for Low-Income Smokers

PLoS ONE 7(9): e43838. doi:10.1371/journal.pone.0043838

Published: September 12, 2012

Matthew C. Farrelly, James M. Nonnemaker, Kimberly A. Watson

Abstract

Background

To illustrate the burden of high cigarette excise taxes on low-income smokers.

Methodology/Principal Findings

Using data from the New York and national Adult Tobacco Surveys from 2010–2011, we estimated how smoking prevalence, daily cigarette consumption, and share of annual income spent on cigarettes vary by annual income (less than \$30,000; \$30,000–\$59,999; and more than \$60,000). The 2010–2011 sample includes 7,536 adults and 1,294 smokers from New York and 3,777 adults and 748 smokers nationally. Overall, smoking prevalence is lower in New York (16.1%) than nationally (22.2%) and is strongly associated with income in New York and nationally ($P < .001$). Smoking prevalence ranges from 12.2% to 33.7% nationally and from 10.1% to 24.3% from the highest to lowest income group. In 2010–2011, the lowest income group spent 23.6% of annual household income on cigarettes in New York (up from 11.6% in 2003–2004) and 14.2% nationally. Daily cigarette consumption is not related to income.

Conclusions/Significance

Although high cigarette taxes are an effective method for reducing cigarette smoking, they can impose a significant financial burden on low-income smokers.

<http://www.plosone.org/article/info%3Adoi%2F10.1371%2Fjournal.pone.0043838>

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

Related coverage:

Poor spend bigger percentage on smoking

http://www.upi.com/Health_News/2012/09/14/Poor-spend-bigger-percentage-on-smoking/UPI-31851347597165/

Poor smokers in NY spend quarter of income on cigarettes: study

<http://uk.reuters.com/article/2012/09/19/us-usa-newyork-smoking-idUKBRE8811I620120919>

Clearing the smoke: Parental influences on non-smokers' attentional biases to smoking-related cues

Psychology of Addictive Behaviors, Vol 26(3), Sep 2012, 638-643.

Forestell, Catherine A.; Dickter, Cheryl L.; Wright, Jason D.; Young, Chelsie M.

Abstract

Children who have a parent who smokes are more likely to begin smoking than their peers who do not have a family history of smoking behavior. The goal of this study was to explore a potential mechanism to explain this relationship. It was hypothesized that college-age nonsmokers who have smoking parents would express an attentional bias for smoking-related cues relative to those without smoking parents. Participants were grouped according to whether one or both of their parents smoked ($n = 32$) or neither parent smoked ($n = 31$). A dot-probe paradigm was used in which picture pairs that consisted of a smoking-related picture and a nonsmoking control picture were displayed for either 500 or 2,000 ms. Each picture pair contained either human elements or objects alone. Attentional bias was calculated by subtracting reaction times to the smoking stimuli from nonsmoking stimuli as a function of content and presentation time. Participants with at least one smoking parent demonstrated an attentional bias to smoking-related pictures relative to control pictures when displayed for 2,000 ms, but only when they did not contain human content. Participants without a smoking parent showed no attentional bias. These results suggest that college-age nonsmokers who have smoking parents may be at-risk for late-onset smoking initiation because of their enhanced attention to smoking-related cues.

<http://psycnet.apa.org/journals/adb/26/3/638/>

Virtual reality for smoking cessation: a case report

[Stud Health Technol Inform.](#) 2012;181:292-6.

[Pericot-Valverde I](#), [García-Rodríguez O](#), [Ferrer-García M](#), [Secades-Villa R](#), [Gutiérrez-Maldonado J](#).

Abstract

This study presents a case report describing the use of Virtual Stop Smoking (VSS) program. The VSS includes a multicomponent behavioural approach and a Virtual Reality graded exposure technique. The subject was a 22-year-old female who smoked 20 cigarettes per day. Six weekly 90-minute sessions were conducted once a week over a 6-week period. Measures of efficacy included the number of cigarettes smoked, breath carbon monoxide levels, and self-reported subjective craving. The results obtained supported the efficacy of VSS for smoking cessation

<http://booksonline.iospress.nl/Content/View.aspx?piid=32443>

Related *Addict Biol* study:

Validation of smoking-related virtual environments for cue exposure therapy

<http://www.sciencedirect.com/science/article/pii/S0306460312000664>

Also:

Nicotine Craving: ERPs correlates after VR exposure to smoking cues

<http://booksonline.iospress.nl/Content/View.aspx?piid=32401>

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