From: "Stan Shatenstein" <shatensteins@sympatico.ca>
To: Undisclosed-Recipient:;
Date: 4.10.2012 12:55:12
Subject: STAN Bulletin: 38th Edition: 4-October-2012

Smoking & Tobacco Abstracts & News
STAN Bulletin
38th Edition
4-October-2012

Editor's note: There has not been any English-language coverage, but a German Administrative Court ruled last week, as reported here, that 'click and roll' cigarettes, which allow users to activate menthol flavour by squeezing a capsule in the filter, and first introduced by BAT with its Lucky Strike brand, are not legal for sale in the Federal Republic. Separately, the *Res Rev J Med* (Research & Reviews: A Journal of Medicine) study of hardcore smokers in India, referenced in a news story below, has not been obtained but will appear in a future edition of the bulletin, if found.

Stan Shatenstein

In the News:

- Bangladesh: Anti-tobacco activists call for end to public place smoking zones
- Canada: CSC: Smoking Clouds the Brain After Stroke: Memory, Thinking, Decision-Making Affected; PR
- Dominican Republic: Challenge to Australian plain packaging continues over WTO obligations
- India: More than 24 million hard-core smokers just refuse to quit [Res Rev J Med: Jena]
- Malaysia: No plan to follow Australia's plain cigarette packaging
- Philippines: Department of Health survey reveals rise of teenage smoking
- Russia: President Putin claims World Cup will encourage viewers to quit smoking & drinking
- Spain: Tobacco Contains Highly Toxic Compounds Not Regulated by Law [Food Chem Tox/Micro Meso Mat: Marcilla]
- UK: England: Staffordshire: New Computer Aging Method to Help Quit Smoking [Tob Control: Flett; Br J Health Psych: Grogan]
- UK: Scotland: Doctors' leaders condemn tobacco industry action to delay display ban
- UK: Scotland: Lothian: Record amount of £2million is spent on helping smokers kick habit
- UK: Cancer Research/BHF: Stoptober urges smokers to 'mass quit'; Goal is 1 million attempts
- US: RJRT: Republican Congressman Who Compared Cigarettes to Smoking Lettuce Becomes Tobacco Lobbyist
- US: FL: Delray Beach: City stops hiring smokers in effort to reduce health insurance premiums [Video]
- US: NYC: Huffington Post: Opinion: Cigarette Price Increases Don't Burden Low-Income Users, Smoking Does [PLoS One: Farrelly]
- US: MO: Jackson County: RJR/B&W: Punitive claims in smoking lawsuit head back to court
- US: VA: Richmond Times-Dispatch: Opinion: It's about time Henrico schools went smoke-free
- Zimbabwe: Millions of jobs reputed to be at risk as tobacco sector struggles

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In this Edition:

- HEB - Rom Korin: Canada: NS: Men's & Women's Health Beliefs Differentially Predict CHD Incidence
- J Cardiovasc Nurs - Moore: US: Cessation in Women at Time of Invasive Cardiovascular Procedure & 3 Months Later
- J Tox Env Health A - Plöttner: Cigarette smoke condensate effects on primary urothelial cells in vitro
- Laryngoscope - Byeon: S. Korea: Laryngeal pathologies in older adults & smoking & alcohol consumption
- Nephron Clin Pract - Shaw: UK: Comorbidities, Current Smoking Status & Renal Replacement Therapy, 2009-10
- Neurotoxicol Teratol - Cornelius: US: Prenatal Smoking: Long-term Young Adult Behavior & Smoking Effects
- Prev Med - Gallus: PPACTE: Tobacco control: Economic aspects of smoking
- Psych Health Med - Boudreaux: US: Measuring cognitive & affective constructs in an acute health event context
- Psych Res - Schueller: US: CA: SF: Internet stop smoking participant preference intervention components: Beyond RCTs
- Pulm Med - Joseph: Lebanon: Cigarette & waterpipe smoking decrease respiratory quality of life in adults
- Reg Tox Pharm - Borgerding: US: RJRT: ST Chemical Composition: Survey of Products Sold, 2006& 2007
- Rev Lat Am Enferm - González-López: Spain: Alcohol, tobacco & street drugs consumption in Latin American immigrants
- Semin Resp Crit Care Med - Vassallo: Diffuse lung diseases in cigarette smokers
- Technol Innov - Giunta: Evaluation of Cigarette Smoking as Direct Alzeimer's Disease Risk Factor
- Tob Control - Dewhirst: Price & tobacco marketing strategy: lessons from dark markets & WHO FCTC implications

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Abstracts:

Correspondence

Predictors of in-person follow-up among subjects in an ED-based smoking cessation trial

Am J Emerg Med. 2012 Sep 20. pii: S0735-6757(12)00336-1. doi: 10.1016/j.ajem.2012.06.011. [Epub ahead of print]

Bernstein SL, Cooperman N, Jearld S, Moadel A, Bijur P, Gallagher EJ.

To the Editor,

Adequate subject follow-up is integral to the success of clinical trials. Losses to follow-up pose threats to internal and external validity [1]. Emergency department (ED) populations are often highly mobile, with unstable housing and numerous unmet social needs [2]. Emergency department–based clinical trials that focus on risky health behaviors are at particular risk for loss to follow-up. Often, follow-up is completed by telephone, but some studies require in-person assessment, often to collect biological samples for confirmatory testing.

The purpose of this study was to identify predictors of in-person follow-up (IPFU) at 3 months in a clinical trial of a tobacco dependence treatment intervention in the ED.

We conducted a secondary analysis of data from a clinical trial conducted from January 2006 to September 2007 at a busy, urban ED. Study methodology and main results have been previously reported [3]. In brief, 340 smokers 18 years and older who were being discharged from the ED were randomized to usual care (UC) or enhanced care (EC), receiving a motivational interview, 6 weeks of nicotine patches, a telephone call at 3 days postdischarge, a cessation brochure, and a referral to the state smokers' quitline. Usual care subjects received the brochure. Subjects were contacted by telephone at 3 months and were asked to return to the ED for measurement of exhaled carbon monoxide and salivary cotinine to confirm tobacco abstinence. Subjects who returned received $25 and a $4 transportation voucher...

The study's findings suggest that additional strategies to augment IPFU may be needed for ED trials. Standard techniques used in other clinical settings include visits by a research assistant to the subject's home or a public space such as a coffee shop. These methods have not been widely used in ED-based trials.

Medicaid insurance, co-occurring alcohol or substance use, and self-perceived smoking-related illness were associated with enhanced likelihood of IPFU. A positive depression screen identified subjects at risk for failure of IPFU. Future ED-based trials might enhance IPFU by incorporating visits to home or community settings.

http://www.ajemjournal.com/article/S0735-6757%2812%2900336-1/abstract
http://www.sciencedirect.com/science/article/pii/S0735675712003361

Small proportions of actively-smoking patrons and high PM2.5 levels in southern California tribal casinos:

support for smoking bans or designated smoking areas

BMC Public Health. 2012 Sep 22;12(1):819. [Epub ahead of print]

Klepeis NE, Omoto J, Ong SL, Sahota Omoto H, Dhaliwal N.

Abstract

BACKGROUND:

Nearly all California casinos currently allow smoking, which leads to potentially high patron exposure to secondhand tobacco smoke pollutants. Some argue that smoking restrictions or bans would result in a business drop, assuming > 50% of patrons smoke. Evidence in Nevada and responses from the 2008 California tobacco survey refute this assertion. The present study investigates the proportion of active smokers in southern California tribal casinos, as well as occupancy and PM2.5 levels in smoking and nonsmoking sections.

METHODS:

We measured active-smoker and total-patron counts during Friday or Saturday night visits (two per casino) to smoking and nonsmoking gaming areas inside 11 southern California casinos. We counted slot machines and table games in each section, deriving theoretical maximum capacities and occupancy rates. We also measured PM2.5 concentrations (or used published levels) in both nonsmoking and smoking areas.

RESULTS:

Excluding one casino visit with extremely high occupancy, we counted 24,970 patrons during 21 casino visits of whom 1,737 were actively smoking, for an overall active- smoker proportion of 7.0% and a small range of ~5% across casino visits (minimum of 5% and maximum of 10%). The differences in mean inter-casino active-smoker proportions were not statistically significant. Derived occupancy rates were 24% to 215% in the main (low-stakes) smoking-allowed slot or table areas. No relationship was found between observed active-smoker proportions and occupancy rate. The derived maximum capacities of nonsmoking areas were 1% to 29% of the overall casino capacity (most under 10%) and their observed occupancies were 0.1 to over 3 times that of the main smoking-allowed casino areas. Seven of twelve visits to nonsmoking areas with no separation had occupancy rates greater than main smoking areas. Unenclosed nonsmoking areas don't substantially protect occupants from PM2.5 exposure. Nonsmoking areas encapsulated inside smoking areas or in a separate, but unenclosed, area had PM2.5 levels that were 10 to 60 mug/m3 and 6 to 23 mug/m3 higher than outdoor levels, respectively, indicating contamination from smoking.

CONCLUSIONS:

Although fewer than roughly 10% of casino patrons are actively smoking on average, these individuals substantially increase PM2.5 exposure for all patrons in smoking and unenclosed nonsmoking areas. Nonsmoking areas may be too inconvenient, small, or undesirable to serve a substantial number of nonsmoking patrons. Imposing indoor smoking bans, or contained smoking areas with a maximum capacity of up to 10% of the total patronage, would offer protection from PM2.5 exposures for nonsmoking patrons and reduce employee exposures.

http://www.biomedcentral.com/1471-2458/12/819/abstract
http://www.biomedcentral.com/content/pdf/1471-2458-12-819.pdf

Also:

A prospective cohort study of health behavior profiles after age 50 and mortality risk
http://www.biomedcentral.com/1471-2458/12/803/abstract
http://www.biomedcentral.com/content/pdf/1471-2458-12-803.pdf
Health policymakers' knowledge and opinions of physicians smoking and tobacco policy control in Lao PDR
http://www.biomedcentral.com/1471-2458/12/816/abstract
http://www.biomedcentral.com/content/pdf/1471-2458-12-816.pdf
"HealthKick": Formative assessment of the health environment in low-resource primary schools in the Western Cape Province of South Africa
http://www.biomedcentral.com/1471-2458/12/794/abstract
http://www.biomedcentral.com/1471-2458/12/794/abstract

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

Bone structure and geometry in young men: The influence of smoking, alcohol intake and physical activity

Bone. 2012 Sep 14. pii: S8756-3282(12)01227-6. doi: 10.1016/j.bone.2012.09.003. [Epub ahead of print]

Eleftheriou KI, Rawal JS, James LE, Payne JR, Loosemore M, Pennell DJ, World M, Drenos F, Haddad FS, Humphries SE, Sanders J, Montgomery HE.

Abstract

BACKGROUND:

The development of osteoporosis is influenced by peak bone mass attained in youth - the influence of lifestyle factors upon which is poorly described, especially amongst males. We sought to address this issue in a large scale study.

METHODS:

Hip bone mineral density (dual X-ray absorptiometry, DXA), bone microarchitecture (calcaneal quantitative ultrasound, QUS) and femoral geometry (magnetic resonance imaging, MRI) were characterised in 723 healthy male military recruits (mean±S.E. age 19.92±0.09years [range 16-18years], height 177.67±0.24cm, weight 73.17±0.37kg) on entry to UK Army training. Association was sought with prior physical activity, smoking status and alcohol intake.

RESULTS:

DXA measures were made in 651, MRI measures in 650, and QUS measures in 572 recruits. Increasing levels of weight-bearing physical activity enhanced periosteal bone apposition, increases in both total hip and femoral neck bone mineral density (BMD; p≤0.0001 in both cases), and cortical [p<0.0001] and periosteal bone volumes [p=0.016]. Smoking habit was associated with preserved bone geometry, but worse BMD [p=0.0001] and QUS characteristics [p≤0.0005]. Moderate alcohol consumption was associated with greater BMD [p≤0.015].

CONCLUSIONS:

Whilst exercise (and perhaps moderate alcohol intake) is beneficial to bone morphometry, smoking is detrimental to bone mineral density in young males notable for the likely short duration of smoking to influence skeletal properties. However, differences in socio-economic status, lifestyle and related environmental factors may to some extent confound our results.

http://www.sciencedirect.com/science/article/pii/S8756328212012276

Pharmacologic-based strategies for smoking cessation: clinical and cost-effectiveness analyses

CADTH Technol Overv. 2012;2(3):e2303. Epub 2012 Sep 1.

Tran K, Asakawa K, Cimon K, Moulton K, Kaunelis D, Pipe A, Selby P.

Introduction

Tobacco smoking is a risk factor for cancer, respiratory disease, and cardiovascular disease. It is estimated that 19% of Canadians (approximately 5.2 million) aged 15 years and older were smokers in 2007.1 Each year, approximately 45,000 Canadians die from smoking.2 Significantly, one-third of Canadian smokers aged 15 years or older express an intention to quit in the next 30 days.3

Nicotine, the addictive chemical component of tobacco products that attracts smokers, has consequences for personal and community health. Smoking is an addiction. Although many smokers report that they quit unaided, most smokers who try to quit without smoking cessation aids are unsuccessful in the long term. In the US and UK, 70% of smokers intend to quit every year, 45% try to quit, and less than 5% are successful.4,5 The rate of relapse is high among smokers

who quit without treatment. The proportion of smokers who can achieve abstinence for at least one week is 25% to 51%, 10% to 20% for those able to do it for at least three months, and only 3% to 5% for those able to abstain for six months.6

There are many prescribed pharmacotherapies for smoking cessation, including nicotine replacement products, bupropion, and varenicline. Smoking cessation programs often combine drug treatment and behavioural support (such as psychological interventions, telephone support, and self-help)...

Conclusions

Given the available evidence, all pharmacotherapies under review are efficacious in helping the general population (relatively healthy smokers) quit smoking for at least six to 12 months. Thus, NRT, bupropion, and varenicline could all be used as aids for smoking cessation in the general population of smokers. Evidence on the long-term effectiveness of pharmacotherapy is limited for hospitalized patients, adolescents, pregnant women, those with mental disorders, those with substance abuse, low-income smokers, and cancer patients. Bupropion or NRT were found to be effective for those with cardiovascular disease or chronic obstructive pulmonary disease who wanted to quit smoking.

For pharmacological interventions targeting a general population, bupropion and varenicline were dominating options (cost less and were more effective) over nicotine gum, patch, lozenge, and inhaler. If a provider's willingness to pay was greater than $10,000 per QALY gained, varenicline was the optimal treatment choice compared with NRT and bupropion.

http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3442619/
http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3442619/pdf/cadth-2-3-03.pdf

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

Pro-inflammatory and Th2-type cytokine responses in PBMC in infants are associated with parental smoking

Clin Exp Allergy. 2012 Oct;42(10):1472-8. doi: 10.1111/j.1365-2222.2012.04066.x.

Linnamaa P, Nieminen K, Koulu L, Tuomasjukka S, Kallio H, Yang B, Tahvonen R, Savolainen J.

Abstract

BACKGROUND:

During infancy, a disturbed cytokine balance leads to an atopic immune response. Many risk factors have been associated with the development of atopy. These include parental smoking, elevated cord blood IgE, early exposure to pets and family history of atopy, but the knowledge of their impact on cytokine balance is limited.

OBJECTIVE:

To assess the cytokines induced by mitogen in peripheral blood mononuclear cells (PBMC) of infants at 3 months and 12 months of age and their potential association with fatty acid (FA) intervention, parental atopy, atopic dermatitis and parental smoking.

METHODS:

Infants from an intervention study using black currant seed oil (BCSO, n = 34) or placebo (n = 34) were included. PBMC samples were taken at the age of 3 and 12 months. Signs of atopic dermatitis and parental smoking were registered. PBMC were isolated from heparinized blood samples, stimulated with ConcanavalinA mitogen and the cytokine responses were detected at 72 h of stimulation by Luminex technology.

RESULTS:

Children of smoking parents had elevated levels of IL-4 (P = 0.0004), IL-5 (P = 0.0002), IFN-γ (P = 0.039) and TNF (P = 0.0003) at 12 months of age. Children who had atopic dermatitis by the age of 3 months showed elevated levels of IL-5 at

3 months (P = 0.0027) and 12 months of age (P = 0.022). The production of TNF at the age of 3 months was higher (P = 0.010) and the production of IL-12 at the age of 12 months was lower (P = 0.025) in infants whose parents were atopic. BCSO intervention did not have any effect on any cytokine production or mRNA expression.

CONCLUSION:

Children of smoking parents had highly significantly elevated levels of Th2-type cytokines IL-4, IL-5 and pro-inflammatory cytokine TNF. The detrimental effects of parental smoking on the child's immune function should lead us to pay more attention to supporting parents to stop smoking.

http://onlinelibrary.wiley.com/doi/10.1111/j.1365-2222.2012.04066.x/abstract

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Genomic impact of cigarette smoke, with application to three smoking-related diseases

Crit Rev Toxicol. 2012 Sep 18. [Epub ahead of print]

Talikka M, Sierro N, Ivanov NV, Chaudhary N, Peck MJ, Hoeng J, Coggins CR, Peitsch MC.
Philip Morris International R&D, Philip Morris Products S.A., Neuchâtel, Switzerland.

Abstract

There is considerable evidence that inhaled toxicants such as cigarette smoke can cause both irreversible changes to the genetic material (DNA mutations) and putatively reversible changes to the epigenetic landscape (changes in the DNA methylation and chromatin modification state). The diseases that are believed to involve genetic and epigenetic perturbations include lung cancer, chronic obstructive pulmonary disease (COPD), and cardiovascular disease (CVD), all of which are strongly linked epidemiologically to cigarette smoking. In this review, we highlight the significance of genomics and epigenomics in these major smoking-related diseases. We also summarize the in vitro and in vivo findings on the specific perturbations that smoke and its constituent compounds can inflict upon the genome, particularly on the pulmonary system. Finally, we review state-of-the-art genomics and new techniques such as high-throughput sequencing and genome-wide chromatin assays, rapidly evolving techniques which have allowed epigenetic changes to be characterized at the genome level. These techniques have the potential to significantly improve our understanding of the specific mechanisms by which exposure to environmental chemicals causes disease. Such mechanistic knowledge provides a variety of opportunities for enhanced product safety assessment and the discovery of novel therapeutic interventions.

Declaration of interest

The affiliation of the authors is shown on the cover page. The authors are all employees of Philip Morris International (PMI) with the exception of Christopher Coggins who served as a paid consultant to PMI for preparation of this review. PMI is one of the world's largest producers and marketers of cigarettes. Christopher Coggins is an independent toxicology consultant, specializing primarily on issues concerned with the health impacts of airborne materials from environmental or occupational exposures or use of consumer products such as tobacco containing products. The views expressed in the paper are solely those of the authors and the paper was prepared exclusively by the authors.

http://informahealthcare.com/doi/abs/10.3109/10408444.2012.725244

Note: Tobacco industry research.

Novel and Reversible Mechanisms of Smoking-Induced Insulin Resistance in Humans

Diabetes. 2012 Sep 10. [Epub ahead of print]

Bergman BC, Perreault L, Hunerdosse D, Kerege A, Playdon M, Samek AM, Eckel RH.

Abstract

Smoking is the most common cause of preventable morbidity and mortality in the United States, in part because it is an independent risk factor for the development of insulin resistance and type 2 diabetes. However, mechanisms responsible for smoking-induced insulin resistance are unclear. In this study, we found smokers were less insulin-sensitive compared

with controls, which increased after either 1 or 2 weeks of smoking cessation. Improvements in insulin sensitivity after smoking cessation occurred with normalization of IRS-1(ser636) phosphorylation. In muscle cell culture, nicotine exposure significantly increased IRS-1(ser636) phosphorylation and decreased insulin sensitivity, recapitulating the phenotype of smoking-induced insulin resistance in humans. The two pathways known to stimulate IRS-1(ser636) phosphorylation (p44/42 mitogen-activated protein kinase [MAPK] and mammalian target of rapamycin [mTOR]) were both stimulated by nicotine in culture. Inhibition of mTOR, but not p44/42 MAPK, during nicotine exposure prevented IRS-1(ser636) phosphorylation and normalized insulin sensitivity. These data indicate nicotine induces insulin resistance in skeletal muscle by activating mTOR. Therapeutic agents designed to oppose skeletal muscle mTOR activation may prevent insulin resistance in humans who are unable to stop smoking or are chronically exposed to secondhand smoke.

http://diabetes.diabetesjournals.org/content/early/2012/09/07/db12-0418.abstract

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Psychiatric diagnoses among quitters versus continuing smokers 3 years after their quit day

Drug Alcohol Depend. 2012 Sep 17. pii: S0376-8716(12)00340-7. doi: 10.1016/j.drugalcdep.2012.08.023. [Epub ahead of print]

Piper ME, Rodock M, Cook JW, Schlam TR, Fiore MC, Baker TB.

Abstract

BACKGROUND:

People with psychiatric disorders are more likely to smoke and smoke more heavily than the general population, and they suffer disproportionally from smoking-related illnesses. However, little is known about how quitting versus continuing to smoke affects mental health and the likelihood of developing a psychiatric diagnosis. This study used data from a large prospective clinical trial to examine the relations of smoking cessation success with psychiatric diagnoses 1 and 3 years after the target quit day.

METHODS:

This study enrolled 1504 smokers (83.9% white; 58.2% female) in a cessation trial that involved the completion of the Composite International Diagnostic Interview to assess psychiatric diagnoses and biochemical confirmation of point-prevalence abstinence at Baseline and Years 1 and 3.

RESULTS:

Regression analyses showed that, after controlling for pre-quit (past-year) diagnoses, participants who were smoking at the Year 3 follow-up were more likely to have developed and maintained a substance use or major depressive disorder by that time than were individuals who were abstinent at Year 3.

CONCLUSIONS:

Quitting smoking does not appear to negatively influence mental health in the long-term and may be protective with respect to depression and substance use diagnoses; this should encourage smokers to make quit attempts and encourage clinicians to provide cessation treatment.

http://www.sciencedirect.com/science/article/pii/S0376871612003407

Also:

Smoke-free policies in drinking venues predict transitions in alcohol use disorders in a longitudinal U.S. sample
http://www.sciencedirect.com/science/article/pii/S0376871612003456
Time-varying effects of smoking quantity and nicotine dependence on adolescent smoking regularity
http://www.sciencedirect.com/science/article/pii/S0376871612003432

Effectiveness of Varenicline as an Aid to Smoking Cessation in Primary Care: An Observational Study

Eur Addict Res. 2012 Sep 14;19(1):47-54. [Epub ahead of print]

Andreas S, Chenot JF, Diebold R, Peachey S, Mann K.

Abstract

Aims: Although varenicline is commonly prescribed in primary care, information on smoking-related comorbidities and the effectiveness of varenicline in this context in Germany is scarce. This study assessed the efficacy and safety of varenicline in a large sample of patients seeking smoking cessation treatment through their general practitioners. The frequency of comorbidities was also evaluated. Methods: This was a 12-week, prospective, observational, non-comparative phase IV trial conducted in Germany. Abstinence rates at week 12 were evaluated by verbal reporting using the nicotine use inventory. Results: Overall, 1,391 subjects were enrolled; 1,177 received study medication and were evaluated for effectiveness and safety. At the end of the study, 71.1% (95% confidence interval 68.5-73.7) of subjects were abstinent. There were a total of 205 all-causality adverse events; 2.2% were classified as serious or severe. There were no fatal adverse events. At inclusion, 66.7% of participants had at least 1 concurrent comorbidity, with chronic obstructive pulmonary disease (35.5%), hypertension (29.6%) and depression (10.4%) being the most commonly reported. Conclusion: These real-world data indicate that varenicline is an effective and well-tolerated smoking cessation treatment when used in the primary care setting including patients with smoking-related comorbidities.

http://content.karger.com/produktedb/produkte.asp?DOI=10.1159/000341638

Gender differences in emotional and behavioral disorders and service use among adolescent smokers: A nationwide Israeli study

Eur Psychiatry. 2012 Sep 19. pii: S0924-9338(12)00078-8. doi: 10.1016/j.eurpsy.2012.06.004. [Epub ahead of print]

Shoval G, Mansbach-Kleinfeld I, Farbstein I, Kanaaneh R, Valevski A, Apter A, Weizman A, Zalsman G.

Abstract

Marked gender differences have been identified in cigarette smoking. In this study, we aimed to identify the gender-specific emotional and behavioral disorders among adolescent smokers and their consequent utilization of mental health services. We performed a nationwide survey study of an Israeli representative sample of 906 adolescents and their mothers. Mental disorders were assessed using the Development and Well-Being Assessment (DAWBA) Inventory. Levels of emotional and behavioral difficulties were evaluated using the Strengths and Difficulties Questionnaire (SDQ). Mental health services use and smoking habits were also assessed. Among non-smoker adolescents there were significant gender differences in almost all SDQ scales: emotional problems, pro-social, hyperactivity/inattention and conduct problems, whereas in the smoker group there was a difference only in the SDQ emotional problems scale (both self- and maternal-rated, P<0.001 and P=0.002, respectively). Only marginal difference was noted between males and females in help-seeking for emotional or behavioral problems. Over 50% of both male and female smokers in the study had untreated mental disorders (non-significant gender difference). The well-established gender differences in psychiatric symptomatology narrowed markedly in adolescent smokers; the typical gender difference in disruptive behaviors was lost in the adolescent smoking population. The implications of these findings are particularly relevant to developing more effective gender-specific programs to prevent youth smoking, to facilitate quitting and prepare primary care practitioners to identify mental disorders and behavioral problems in adolescents with a smoking history.

http://www.sciencedirect.com/science/article/pii/S0924933812000788

Men's and Women's Health Beliefs Differentially Predict Coronary Heart Disease Incidence in a Population-Based Sample

Health Educ Behav. 2012 Sep 18. [Epub ahead of print]

Rom Korin M, Chaplin WF, Shaffer JA, Butler MJ, Ojie MJ, Davidson KW.

Abstract

Objective. To examine gender differences in the association between beliefs in heart disease preventability and 10-year incidence of coronary heart disease (CHD) in a population-based sample. Methods. A total of 2,688 Noninstitutionalized Nova Scotians without prior CHD enrolled in the Nova Scotia Health Study (NSHS95) and were followed for 10 years. Risk

factors, health behaviors, and incident CHD were assessed. Participants responded "yes" or "no" to a question about heart disease preventability. Survival models, adjusted for age, income, total and high-density lipoprotein cholesterol, and systolic blood pressure, were used to estimate the relation between health belief and incident CHD. Gender differences in the relation between health beliefs and health behaviors were assessed. Results. Gender was a significant moderator of the relation between belief and CHD incidence; specifically, women who believed heart disease could be prevented were less likely to have incident CHD events compared with women who believed heart disease could not be prevented (hazard ratio [HR] = 0.36, 95% confidence interval [CI] = 0.24-0.55, p < .001). This relation was not found for men. Belief was also related to smoking behavior for women (β = -0.70, odds ratio [OR] = 0.50, 95% CI = 0.33-0.74, p = .001) but not for men. Smoking significantly mediated the relation between health beliefs and incident CHD for women (z = -1.96, p = .05), but not for men. Conclusion. Health belief in prevention and subsequent smoking was an important independent predictor of incident CHD in women but not in men.

http://heb.sagepub.com/content/early/2012/09/18/1090198112449461.abstract

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Smoking Cessation in Women at the Time of an Invasive Cardiovascular Procedure and 3 Months Later

J Cardiovasc Nurs. 2012 Sep 21. [Epub ahead of print]

Moore LC, Clark PC, Lee SY, Eriksen M, Evans K, Smith CH.

Abstract

BACKGROUND:

Female smokers with coronary heart disease (CHD) are at an increased risk for negative health effects. The time of invasive cardiovascular (CV) interventions is a critical opportunity to make lifestyle changes to reduce future CV interventions.

OBJECTIVE:

The purpose of this study guided by the Health Belief Model was to determine which factors predict smoking cessation (SC) in women after an invasive CV procedure.

METHODS:

A correlational, prospective design was used. Data were collected from female smokers at the time of an invasive CV intervention (baseline) and 3 months later. Instruments measured commitment to stop smoking, perceived threat of CHD and future interventions, cessation self-efficacy, barriers to SC, benefits of SC, cues to action, and motivation. Analyses included χ and t tests and multiple, hierarchical, and logistic regression.

RESULTS:

On average, women (N = 76) were middle aged (mean [SD] age, 55.9 [8.0] years), smoked 15.3 (9.8) cigarettes per day, and on average smoked for 33.6 (10.2) years. At baseline, fewer perceived barriers to SC, high cessation self-efficacy, and being more autonomously motivated to quit smoking explained 67% of variance in commitment to stop smoking (P < .001). At 3 months, of 54 women responding, only 8 had quit smoking. Women reported smoking fewer cigarettes per day at 3 months compared with baseline (paired t51 = 3.43, P < .01). Higher baseline cessation self-efficacy and lower CHD threat were predictors of SC at 3 months (χ4 = 18.67, n = 54; P = .001).

CONCLUSIONS:

Although commitment, motivation, and self-efficacy to stop smoking were high, perceived threat of CHD and future invasive CV interventions were high, and perceived barriers to SC were low, most women continued to smoke after their heart catheterization. Referrals for assistance from healthcare providers to decrease anxiety and nicotine dependence and to address ongoing challenges to SC are needed.

http://journals.lww.com/jcnjournal/Abstract/publishahead/Smoking Cessation in Women at the Time of an.99813.aspx

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Effects of cigarette smoke condensate on primary urothelial cells in vitro

J Toxicol Environ Health A. 2012 Oct 1;75(19-20):1194-205.

Plöttner S, Behm C, Bolt HM, Föllmann W.

Abstract
Cigarette smoking is a risk factor for bladder cancer. Since urothelial cells express phase I and II enzymes these cells are able to metabolize precarcinogens into DNA reactive intermediates. Cigarette smoke is a complex mixture containing at least 80 known carcinogens. In this context especially aromatic amines and polycyclic aromatic hydrocarbons are discussed as being responsible for bladder-carcinogenicity. Cell cultures of primary porcine urinary bladder epithelial cells (PUBEC) have been useful models for studies on bladder-specific effects. These cells are metabolically competent and found to be a valuable tool for examining effects of cigarette smoke constituents. In the present study PUBEC were utilized to investigate the effects of the complex mixture cigarette smoke condensate total particulate matter (CSC TPM) with emphasis on induction of cytochrome P-450 1A1 (CYP1A1) and genotoxic effects. CYP1A1 induction was investigated by Western blot and flow cytometry. The most pronounced effects were found after 24 h of incubation with 1-10 µ g/ml CSC TPM. Maximal induction was observed at 5 µ g/ml by flow cytometry and at 10 µ g/ml by Western blot analysis. Genotoxic effects were investigated by means of alkaline single-cell gel electrophoresis ("comet assay") with and without the use of the DNA repair enzyme formamidopyrimidine-DNA glycosylase (Fpg) and the micronucleus (MN) test. A numerical concentration-dependent increase in Fpg-sensitive sites indicating oxidative DNA damage and a quantitative rise in MN formation were noted. The CSC utilized in this study contained low amounts of benzo[a]pyrene, 4-aminobiphenyl, and 2-naphthylamine. With regard to the observed CYP1A1 induction, these substances cannot explain the CYP1A1 inducing effect of CSC TPM. It is possible that other compounds within CSC TPM contribute to CYP1A1 induction in our cellular model.

http://www.tandfonline.com/doi/abs/10.1080/15287394.2012.709166

Laryngeal pathologies in older Korean adults and their association with smoking and alcohol consumption

Laryngoscope. 2012 Sep 18. doi: 10.1002/lary.23603. [Epub ahead of print]

Byeon H, Lee Y.

Abstract

OBJECTIVES/HYPOTHESIS:

This study's objectives were to assess the prevalence rate of laryngeal pathologies in the Korean elderly, and to examine the association of smoking and alcohol consumption with laryngeal diseases.

STUDY DESIGN:

Cross-sectional study.

METHODS:

Data were from the 2008 Korea National Health and Nutritional Examination Survey. Subjects were 663 elderly persons (261 men and 402 women) between the ages of 65 and 84 years who completed the laryngoscopic examination. Weighted prevalence of laryngeal pathologies was compared by demographic characteristics, smoking, alcohol drinking, body mass index, and self-reported voice problems. Multiple logistic regression analyses were conducted to examine the independent as well as combined influence of smoking and alcohol consumption on laryngeal lesions.

RESULTS:

The prevalence of laryngeal pathologies in the Korean elderly between the ages of 65 and 84 years was 8.1%. The prevalence of laryngeal lesions increased with age and was higher among men, middle school and high school graduates, manual workers, current smokers, current alcohol drinkers, and those with self-reported voice problems. Adjusting for covariates, current smokers, compared with nonsmokers, were more likely to have laryngeal pathologies (odds ratio [OR], 2.18; 95% confidence interval [CI], 1.01-4.67). Current alcohol drinking was not independently associated with laryngeal diseases. Concurrent smoking and alcohol drinking, however, were associated with a significantly higher risk of laryngeal

pathologies (OR, 3.29; 95% CI, 1.22-8.88).

CONCLUSIONS:

Smoking and alcohol consumption may increase the risk of laryngeal diseases in later life.

http://onlinelibrary.wiley.com/doi/10.1002/lary.23603/abstract

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Chapter 4
Comorbidities and Current Smoking Status amongst Patients starting Renal Replacement Therapy in England, Wales and Northern Ireland from 2009 to 2010

Nephron Clin Pract. 2012;120 Suppl 1:c81-91. Epub 2012 Sep 1.

Shaw C, Webb L, Casula A, Tomson CR.

Abstract

Introduction: Comorbidities are an important determinant of survival for patients requiring renal replacement therapy (RRT) and influence other care processes such as dialysis access formation and transplant wait-listing. The prevalence of comorbidities in incident RRT patients changes with age and varies between ethnic groups. This study describes these associations and the independent effect of comorbidities on outcomes. Methods: Incident patients reported to the UK Renal Registry (UKRR) with comorbidity data in 2009 and 2010 (n ¼ 6,130) were included in analyses exploring the association of comorbidities with patient demographics, treatment modality, haemoglobin and renal function at start of RRT. For analyses examining association between comorbidities and survival, adult patients starting RRT between 2005 and 2010 in centres reporting to the UKRR with comorbidity data (n ¼ 17,184) were included. The relationship between comorbidities and mortality at 90 days and one year after 90 days from start of RRT were explored using Cox regression. Results: Completeness of comorbidity data was 49.1% in 2010 compared with 48.9% in 2005. Of patients with data, 55.4% had one or more comorbidities. Diabetes mellitus and ischaemic heart disease were the most common conditions, observed in 33.3% and 21.1% of patients respectively. 13.2% of incident RRT patients in the 2-year period were recorded as current smokers. The prevalence of comorbidity increased with increasing age across all ethnic groups. In multivariable survival analysis, malignancy and the presence of ischaemic/neuropathic ulcers were strong independent predictors of poor survival at 1 year after 90 days from the start of RRT in patients <65 years. Conclusion: Differences in prevalence rates of comorbid illnesses in incident RRT patients may reflect variation in access to health care or competing risk prior to commencing treatment. The generalisability of these analyses continues to be limited by poor data completeness.

http://content.karger.com/produktedb/produkte.asp?DOI=10.1159/000342846

Prenatal Cigarette Smoking: Long-term Effects on Young Adult Behavior Problems and Smoking Behavior

Neurotoxicol Teratol. 2012 Sep 18. pii: S0892-0362(12)00151-1. doi: 10.1016/j.ntt.2012.09.003. [Epub ahead of print]

Cornelius MD, Goldschmidt L, Day NL.

Abstract

We examined the long-term effects of prenatal cigarette smoke exposure (PCSE) on the behavior problems and smoking behavior of 22-year-old offspring. The mothers of these offspring were interviewed about their tobacco and other drug use during pregnancy at the fourth and seventh gestational months, and at delivery. Data on the offspring are from interviews at age 22 (n=608). Behavior problems were measured by the Adult Self-Report (ASR) with the following outcome scales: total behavior problems, externalizing, internalizing, attention, anxiety/depression, withdrawn, thought, intrusive, aggression, somatic and rule breaking behavioral problems. Young adult smoking behavior was measured using self-reported average daily cigarettes, and was validated with urine cotinine. Nicotine dependence was measured with the Fagerström Tobacco and Nicotine Dependence (FTND) scale. Regression analyses tested the relations between trimester-specific PCSE and young adult's behavioral problems and smoking behavior, adjusting for demographic and

maternal psychological characteristics, and other prenatal substance exposures. Exposed young adults had significantly higher scores on the externalizing, internalizing, aggression, and somatic scales of the ASR. These young adults were also more likely to have a history of arrests. Young adults with PCSE also had a higher rate of smoking and nicotine dependence. Our previous findings of the relations between PCSE and aggressive behavior in early childhood and PCSE and smoking behavior in early adolescence extend into young adulthood.

http://www.sciencedirect.com/science/article/pii/S0892036212001511

Also:

Effects of maternal cigarette smoking during pregnancy on cognitive parameters of children and young adults - a literature review
http://www.sciencedirect.com/science/article/pii/S0892036212001638

Commentary

Tobacco control: Economic aspects of smoking

Prev Med. 2012 Sep 18. pii: S0091-7435(12)00458-6. doi: 10.1016/j.ypmed.2012.09.011. [Epub ahead of print]

Gallus S, La Vecchia C.

Abstract

BACKGROUND:

Despite the favourable trends of smoking prevalence over the last few decades in most high-income countries, tobacco remains the first cause of disease and death in North America and Europe. A collaborative project entitled Pricing Policies And Control of Tobacco in Europe (PPACTE), was conducted to provide a comprehensive analysis of tobacco pricing policy, which is considered the most effective intervention to control tobacco.

METHODS:

Within the PPACTE project, a comprehensive review of the literature on the effects of increasing tobacco taxes/prices on tobacco consumption was performed. Moreover, a face-to-face representative survey on smoking in 18 European countries (~18,000 adults) was conducted in 2010.

RESULTS:

A review of the literature, based on more than 200 studies, showed that higher taxes and prices of cigarettes and other tobacco products reduce smoking prevalence, intensity, duration and initiation, and increase smoking cessation The European survey showed that tobacco tax evasion was 6.5% in Europe and tax evasion was unrelated to the price of cigarettes. Moreover, increases in tobacco prices appear to be supported by the European population.

CONCLUSION:

Findings from the PPACTE project confirm that price and tax measures are effective, feasible and important means of reducing tobacco consumption.

http://www.sciencedirect.com/science/article/pii/S0091743512004586

Measuring cognitive and affective constructs in the context of an acute health event

Psychol Health Med. 2012 Sep 13. [Epub ahead of print]

Boudreaux ED, O'Hea E, Moon S, Tappe KA, Bock B, Baumann B, Chapman GB.

Abstract

The latest recommendations for building dynamic health behavior theories emphasize that cognitions, emotions, and behaviors - and the nature of their inter-relationships - can change over time. This paper describes the development and psychometric validation of four scales created to measure smoking-related causal attributions, perceived illness severity, event-related emotions, and intention to quit smoking among patients experiencing acute cardiac symptoms. After completing qualitative work with a sample of 50 cardiac patients, we administered the scales to 300 patients presenting to the emergency department for cardiac-related symptoms. Factor analyses, alpha coefficients, ANOVAs, and Pearson correlation coefficients were used to establish the scales' reliability and validity. Factor analyses revealed a stable factor structures for each of the four constructs. The scales were internally consistent, with the majority having an alpha of >0.80 (range: 0.57-0.89). Mean differences in ratings of the perceived illness severity and event-related emotions were noted across the three time anchors. Significant increases in intention to quit at the time of enrollment, compared to retrospective ratings of intention to quit before the event, provide preliminary support for the sensitivity of this measure to the motivating impact of the event. Finally, smoking-related causal attributions, perceived illness severity, and event-related emotions correlated in the expected directions with intention to quit smoking, providing preliminary support for construct validity.

http://www.tandfonline.com/doi/abs/10.1080/13548506.2012.720378

Selection of intervention components in an internet stop smoking participant preference trial: Beyond randomized controlled trials

Psychiatry Res. 2012 Sep 15. pii: S0165-1781(12)00462-3. doi: 10.1016/j.psychres.2012.08.030. [Epub ahead of print]

Schueller SM, Leykin Y, Pérez-Stable EJ, Muñoz RF.

Abstract

To address health problems that have a major impact on global health requires research designs that go beyond randomized controlled trials. One such design, the participant preference trial, provides additional information in an ecologically valid manner, once intervention efficacy has been demonstrated. The current study presents illustrative data from a participant preference trial of an internet-based smoking cessation intervention. Participants (N=7763) from 124 countries accessed the intervention and were allowed to choose from nine different site components to aid their quit attempt. Of consenting participants, 36.7% completed at least one follow-up assessment. Individuals with depression were more likely to choose a mood management module and participants who smoked a higher number of cigarettes were more likely to choose a cigarette counter and a Nicotine Replacement Therapy guide. Furthermore, depressed participants selecting the mood management component were more likely to report at least one successful 7 day quit (37.2% vs. 22.2%) in the 12 months following the intervention. Thus, participants with depressive symptoms appear to make choices on the basis of their needs and to benefit from these decisions. This suggests that providing the ability to customize previously validated resources may be a successful way to widely disseminate interventions.

http://www.psy-journal.com/article/S0165-1781%2812%2900462-3/abstract
http://www.sciencedirect.com/science/article/pii/S0165178112004623

Cigarette and waterpipe smoking decrease respiratory quality of life in adults: results from a national cross-sectional study

Pulm Med. 2012;2012:868294. Epub 2012 Sep 3.

Joseph S, Pascale S, Georges K, Mirna W.

Abstract

Background. Chronic obstructive pulmonary disease (COPD) is gaining an importance over the world, and its effect on quality of life is better grasped. Our objective was to use the Clinical COPD Questionnaire (CCQ) to describe the

respiratory quality of life in the Lebanese population, stressing on differences between smokers and nonsmokers. Methods. Using data from a cross-sectional national study, we checked the construct validity and reliability of the CCQ. Factors and items correlation with postbronchodilator FEV1/FVC were reported, in addition to factors and scale association with COPD and its severity. We then conducted a multiple regression to find predictors of quality of life. Results. The CCQ demonstrated excellent psychometric properties, with adequacy to the sample and high consistency. Smokers had a decreased respiratory quality of life versus nonsmokers, independently of their respiratory disease status and severity. This finding was confirmed in COPD individuals, where several environmental factors, lower education, and cumulative smoking of cigarette and of waterpipe were found to be independent predictors of a lower quality of life, after adjusting for COPD severity. Conclusions. Smoking decreases the respiratory quality of life of Lebanese adults; this issue has to be further emphasized during smoking cessation and patients' education.

http://www.hindawi.com/journals/pm/2012/868294/

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

The Chemical Composition of Smokeless Tobacco: A Survey of Products Sold in the United States in 2006 and 2007

Regul Toxicol Pharmacol. 2012 Sep 18. pii: S0273-2300(12)00182-1. doi: 10.1016/j.yrtph.2012.09.003. [Epub ahead of print]

Borgerding MF, Bodnar JA, Curtin GM, Swauger JE.
R.J. Reynolds Tobacco Company, Bowman Gray Technical Center, Winston-Salem, NC USA.

Abstract

Selected toxicant concentrations and other chemical measures have been determined for forty-three U.S. smokeless tobacco products sold in 2006 and 2007. Products evaluated included moist snuff, dry snuff, loose leaf, plug, dissolvable and snus tobacco brands. Reference products available for scientific research purposes and eleven Swedish products were also evaluated and compared to the commercial products studied. Chemical endpoints determined included benzo[a]pyrene (B[a]P), N'-nitrosonornicotine (NNN), N'-nitrosoanatabine (NAT), N'-nitrosoanabasine (NAB), 4-(methylnitrosamino)-1-(3-pyridyl)-1-butanone (NNK), N-Nitrosodimethylamine (NDMA), nitrite, cadmium, lead, arsenic, nickel, chromium, chloride, water, pH and nicotine. Different toxicant profiles were observed for the products studied, with snus tobacco brands generally containing relatively low concentrations of B[a]P and tobacco specific nitrosamines (TSNAs) compared to other moist snuffs. Smokeless tobacco reference product toxicant profiles were similar to corresponding commercial products, with the exception of the TSNA content of the dry snuff reference material. TSNA concentrations observed for all commercial products were lower than historically reported values, likely reflecting changes in product shelf life, tobacco curing practices and, possibly, product blend formulations during the last 20 - 30 years. The survey results summarized provide a temporal point of comparison with future data anticipated from FDA "harmful and potentially harmful constituents in tobacco products" reporting.

5. Conflict of interest statement

The authors declare that there are no conflicts of interest.

http://www.sciencedirect.com/science/article/pii/S0273230012001821

Also:

Intra- and inter-individual variability in urinary nicotine excretion and plasma cotinine in adult cigarette smokers
http://www.sciencedirect.com/science/article/pii/S0273230012001857

Note: Tobacco industry research. While the RJRT authors "declare that there are no conflicts of interest," the authors of the second paper do acknowledge their Funding ("This work was supported by Philip Morris USA, Inc.") and declare Competing interests: "All authors are current employees of Altria Client Services."

Prevalence of alcohol, tobacco and street drugs consumption in adult Latin American immigrants

Rev Lat Am Enfermagem. 2012 Jun;20(3):528-35.
[Article in English, Portuguese, Spanish]

González-López JR, Rodríguez-Gázquez Mde L, Lomas-Campos Mde L.

Abstract

To estimate the prevalence of alcohol, tobacco and illicit drug consumption (through the self-report) in adult Latin-American immigrants of Seville, a cross-sectional descriptive study was carried out in a representative sample of 190 immigrants. The results showed that 61.4% of the participants had consumed alcohol in previous month before data collection, although 13.2% of them were at risk of alcoholism. Moreover, 30.0% were smokers. In addition, 5.3% of the interviewed people had consumed illicit psychoactive substances in the previous six months (Marihuana: 3.7%, hashish: 1.1% and cocaine: 0.5%). For all substances under analysis, the consumption prevalence was much higher in men from 25 to 39 years of age. In conclusion, prevalence levels of this consumption were high among the studied immigrants. Nurses could train the population in the prevention of these risk behaviors through preventive practices.

http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-11692012000300014&lng=en&nrm=iso&tlng=en
http://www.scielo.br/pdf/rlae/v20n3/a14v20n3.pdf

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

Diffuse lung diseases in cigarette smokers

Semin Respir Crit Care Med. 2012 Oct;33(5):533-42. Epub 2012 Sep 21.

Vassallo R.

Abstract
Cigarette smoking is a recognized causative agent or precipitant of specific diffuse lung diseases characterized by bronchiolar and interstitial lung inflammation. Respiratory bronchiolitis-associated interstitial lung disease and pulmonary Langerhans cell histiocytosis are now considered smoking-induced diffuse lung diseases. Desquamative interstitial pneumonia is also recognized as a smoking-induced interstitial pneumonia in most cases. These disorders affect relatively young adult smokers and may be progressive. Although distinguishable by histopathological and radiographic features, significant overlap occurs in many cases with chest radiography and lung histology showing overlapping features of smoking-related bronchiolar and interstitial lung injury. Cigarette smoking is also recognized as an important precipitant of many acute eosinophilic pneumonia cases. Smokers are at higher risk of developing fibrotic interstitial lung diseases such as idiopathic pulmonary fibrosis and rheumatoid arthritis-associated interstitial lung disease. Certain smokers also develop combined emphysema and lung fibrosis. The avoidance of primary and second-hand cigarette smoke is a critical component of management for patients afflicted with these smoking-induced diffuse lung diseases. The role of corticosteroids and other immunosuppressive treatments in the management of smoking-related interstitial lung diseases remains poorly defined and should be reserved for individuals with progressive disease despite smoking cessation. Understanding mechanisms by which tobacco induces diffuse lung pathology is critical in the pursuit of novel therapeutic approaches for these diseases.

https://www.thieme-connect.com/DOI/DOI?10.1055/s-0032-1325162

Evaluation of How Cigarette Smoking Is a Direct Risk Factor for Alzeimer's Disease

Technol Innov. 2012 Jan 1;14(1):39-48.

Giunta B, Deng J, Jin J, Sadic E, Rum S, Zhou H, Sanberg P, Tan J.

Abstract
Cigarette smoking is a risk for Alzheimer's disease (AD), the pathological hallmark of which is amyloid-β (Aβ) brain deposits. We found the adjusted risk of AD was significantly increased among medium level smokers (RR = 2.56; 95% CI = 1.65-5.52), with an even higher risk in the heavy smoking group (RR = 3.03; 95% CI = 1.25-4.02). This systematic review and original data further support this association. We searched Pubmed, Google scholar, and PsyINFO for original population study articles, meta-analyses, and reviews published between 1987 and 2011. Some studies were excluded due to design flaws including survivor bias. We performed analyses of: 1) amyloid precursor protein (APP) processing in N2a cells overexpressing Swedish mutant APP (SweAPP N2a) exposed to cigarette smoke condensate (CSC), 2) microglial inflammatory response to CSC, and 3) CSC exposed microglial phagocytosis of Aβ(1-42). CSC significantly promotes neuronal Aβ generation, increases microglial IL-1β and TNF-α production, and decreases microglial Aβ(1-42)

phagocytosis. The mechanism underlying the epidemiological association of cigarette smoking with AD might involve the effect of cigarette smoke on APP processing, a reduction of Aβ clearance by microglia, and/or an increased microglial proinflammatory response. In vivo studies are required to fully elucidate how cigarette smoke promotes AD.

http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3445032/
http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3445032/pdf/nihms400584.pdf

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

Editorial
Price and tobacco marketing strategy: lessons from 'dark' markets and implications for WHO Framework Convention on Tobacco Control

Tob Control Published Online First: 29 September 2012

Timothy Dewhirst
A marketing strategy involves specifying target markets and establishing a related marketing mix, which is commonly broken down into the 4Ps (ie, product, price, place and promotion).1 It is important for those in tobacco control to recognise that marketing is much broader in scope than advertising or promotion.2 *Price* entails marketers determining the monetary cost of products, including any applicable taxes, as well as consideration about the time and effort required by consumers to acquire the product. Firms typically determine their break-even point and evaluate whether they will be able to cover all of their costs and generate a profit with their product listed at a particular price. Managers may estimate the impact of alternative price levels on profits. Each of the 4Ps should be designed and directed toward well-defined target markets and developed synergistically to ensure a coherent and consistent brand meaning...

Article 13 of WHO Framework Convention on Tobacco Control (FCTC) calls for a comprehensive ban on tobacco advertising and promotion; guidelines for the implementation of Article 13 identify that discounts, free gifts, redeemable coupons and other retail merchandising activities, including incentive schemes, are forms of tobacco advertising and promotion covered by the stipulations of WHO FCTC. The guidelines only allow for the 'textual listing of products and their prices, without any promotional elements,' yet the guidelines elsewhere identify that promotional effects may be evident from the mere use of brand names, which has implications for how the listing of 'products' is interpreted for price board listings.15 In the elaboration of guidelines for implementation of Article 6 of WHO FCTC, it is strongly advised that the stipulations go beyond tax measures and also recognise the pricing strategies that may be used by tobacco firms in their marketing initiatives. Much of the tobacco control literature concerning price has focused on taxation as an intervention, and while this body of literature has been very important, more research is needed regarding tobacco pricing from a marketing and consumer perspective, which further builds upon the valuable contribution by Wakefield and colleagues.

http://tobaccocontrol.bmj.com/content/early/2012/09/28/tobaccocontrol-2012-050693.extract

Referenced *Tob Control* report:

Brand placement on price boards after tobacco display bans: a point-of-sale audit in Melbourne, Australia
http://tobaccocontrol.bmj.com/content/early/2012/09/21/tobaccocontrol-2012-050616.abstract

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