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**Subject:** STAN Bulletin: 42nd Edition: 18-October-2012

## Smoking & Tobacco Abstracts & News

**STAN Bulletin  
42nd Edition  
18-October-2012**

### Noteworthy:

"It is tempting to celebrate the important declines in tobacco use and shift focus to other urgent public health concerns such as obesity and drug abuse. But abandoning or even reducing smoking cessation efforts would be a major mistake... The decreases in smoking prevalence are frustratingly slow and relying on existing momentum to continue those trends means forfeiting the possibility of saving thousands of lives... Clinicians can help individual smokers quit, either directly or by referring them to resources such as quit lines... They can serve as advocates for tobacco control measures such as clean indoor air ordinances and taxation of tobacco products. Such efforts are a logical expression of the clinician's mission to improve the health of the public." [Schroeder S. How Clinicians Can Help Smokers to Quit, [JAMA](#)]

### In the News:

- Australia: [Future Fund invested millions in tobacco shares](#); [Clash over laws](#)
- Canada: BC: Surrey: [Smokers cloud cancer centre](#); [Leader: Editorial: Help wanted](#)
- Canada: Ontario: Toronto: [Smoking ban proposed for restaurant patios, sports fields](#)
- EU/Malta: [Health commissioner quits over tobacco legislation fraud inquiry](#); [Uproar](#) [Dalli: [Video](#)]
- EU/Malta: [Health NGOs decry 'big tobacco' attempt at derailing anti-smoking campaign](#)
- India: [National Campaign Aims to Stamp Out Smokeless Tobacco](#)
- Ireland: [Nearly one in 5 teens smoke, boys consuming almost 20 cigarettes a day](#)
- NZ: [Parliament passes historic tobacco excise tax increases](#); [Pack to cost more than \\$20](#)
- Nigeria: [Smoking can lead to poor sight, cataracts, blindness](#) [Invest Ophthalmol Vis Sci: [Ye](#)]
- Russia: [Kremlin Cracks Down on Big Tobacco](#); [Medvedev Vows Strict Bill Will Pass](#)
- Russia: [Tobacco Firms Accused of Hooking Women, Children, Fight Last-Ditch Battle](#)
- UK: [Boom in shisha cafes prompts calls for licensing crackdown](#)
- UK: Scotland: [Investigation reveals triads raking in £10million from flood of counterfeit tobacco](#)
  - UK: Scotland: [Smoking in cars exceeds toxic limit](#); [Scotsman: Editorial: Ban a step too far](#) [Tob Control: [Semple](#)]
  - UK: Wales: [New Scottish research highlights risk posed to children from smoking in cars](#)
  - US: [Romney's Bain Helped PM Get High Schoolers Hooked On Cigarettes](#) [YRBS] [Tob Control: [Cummings \(2002\)](#)]
  - US: RICO: [Big Tobacco Pushes Back Against 'Forced Public Confessions'](#); [Resists admissions of wrongdoing](#)
- US: [Early Exposure to Cigarette Smoke Leads to Greater Respiratory Disease Risk](#) [[Anesthesiology 2012](#)]
- US: CA: SF: San Rafael: [City suburb bans smoking in multi-family homes](#)
- US: MD: [Baltimore Sun: Editorial: FDA correct to stand behind graphic cigarette warnings](#)
- US: MO: [St. Louis Today: Editorial: Prop B tobacco tax opponents blowing smoke](#)
- US/Global: [Developing World Has 80 Percent of Tobacco-Related Deaths](#) [Tobacco Atlas]

### In this Edition:

- Addiction - Brown: UK: Graphic imagery & increased cigarette warning attention: Text captions role
- Addiction - Hitsman: Past major depression & cessation outcome: systematic review & meta-analysis update
- AJPM - Drehmer: US: Pediatrician Interventions & Thirdhand Smoke Beliefs of Parents

- AJRCCM - Wauters: Accelerated lung function decline in smokers: spotlight on vitamin D deficiency
- Analyst Methods - Saadawi: US/Middle East: Total metal analysis in hookah tobacco (narghile, shisha)
- Arch Surg - Conason: US: Substance Use Following Bariatric Weight Loss Surgery
- BMC Pub Health - Cai: China: Yunnan: Patterns & socioeconomic rural exposure influences in tobacco cultivation
- Br J Cancer - Dar: India: Kashmir: Hookah smoking, nass chewing & oesophageal squamous cell carcinoma
- Cad Saude Pub - Silva: Editorial: Brazil: Lung cancer & smoking trends
- CEB&P - Hakim: Gender, Systemic Oxidative Stress & Antioxidant Capacity in Current & Former Heavy Smokers
- J Crohns Colitis - Kennelly: Smoking & Crohn's disease: Active independent risk factor modification
- J Hypertens - Ge: China: Smoking & BP risk exacerbation in CV & all-cause hypertensive patient mortality
- JAMA - Rigotti: US: Strategies to Help a Smoker Who Is Struggling to Quit
- Lancet Oncol - Burki: Lebanon/Egypt/GCC: Tobacco control in the Middle East
- Midwif - Petersen: S. Africa: Process of change: Antenatal clinic cessation intervention qualitative assessment
- NEJM - Mello: US: Perspective: The Taxing Power & the Public's Health
- NC Med J - Shoe: US: Tobacco-free parks: maximizing health impact in built environment planning
- Optom Vis Sci - Willeford: US: Smoking & AMD: Biochemical Mechanisms & Patient Support
- Pediatr Obes - Wang: US: Prenatal smoking impact on school-aged childhood overweight development
- Sci Total Environ - Szponar: Bacterial & fungal markers in tobacco smoke
- Sleep Med - Jaehne: Germany: How smoking affects sleep: Polysomnographical analysis
- Subst Abuse - McGeary: US: Relapse predictors in bupropion cessation trial in recently-abstinent alcoholics
- Sucht - Hanewinkel: Germany: Smokers' Attitude & Quit Intention after Seeing a Movie with Smoking
- Toxicol Ind Health - Al-Sayed: Egypt: Second-hand tobacco smoke & children
- Trials - Ussher: UK: LEAP: Physical activity as smoking cessation aid during pregnancy: RCT

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## Abstracts:

### Graphic imagery is not sufficient for increased attention to cigarette warnings: The role of text captions

#### Addiction

[Accepted Article. These manuscripts have been accepted, but have not been edited or formatted. They will be published at a future date.](#)

Accepted manuscript online: **16 OCT 2012**

K.G. Brown, J.G. Reidy, A.R. Weighall and M.A. Arden

#### Abstract

##### Aims

The present study aims to assess the extent to which attention to UK cigarette warnings is attributable to the graphic nature of the content.

##### Design

A visual dot probe task was utilised, with the warnings serving as critical stimuli that were manipulated for the presence of graphic versus neutral image content, and the accompanying text caption. This mixed design yielded image content (graphic v neutrally matched images) and presence (versus absence) of text caption as within subjects variables and smoking status as a between participants variable.

##### Setting

The experiment took place within the laboratories of a UK university.

##### Participants

86 psychology undergraduates (51% Smokers, 69% female), predominantly of Caucasian ethnicity took part.

## Measurements

Reaction times towards probes replacing graphic images relative to probes replacing neutral images were utilised to create an index of attentional bias.

## Findings

Bias scores ( $M = 10.20 \pm 2.56$ ) highlighted that the graphic image content of the warnings elicited attentional biases (relative to neutral images) for smokers. This only occurred in the presence of an accompanying text caption however,  $t(43) = 3.950$ ,  $p < .001$ , as opposed to when no caption was present,  $t(43) = .029$ ,  $p = .977$ . Non-smokers showed no biases in both instances.

## Conclusions

Graphic imagery on cigarette packets increases attentional capture, but only when accompanied by a text message about health risks.

<http://onlinelibrary.wiley.com/doi/10.1111/add.12008/abstract>

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## Past major depression and smoking cessation outcome: a systematic review and meta-analysis update

### Addiction

[Accepted Article. These manuscripts have been accepted, but have not been edited or formatted. They will be published at a future date.](#)

Accepted manuscript online: **16 OCT 2012**

Brian Hitsman, George D. Papandonatos, Dennis E. McChargue, Andrew DeMott, María José Herrera, Bonnie Spring, Belinda Borrelli and Raymond Niaura

### Abstract

#### Aims

To update our prior meta-analysis that showed past major depression (MD+) to be unrelated to smoking cessation outcome [Hitsman et al. *J Consult Clin Psychol* 2003; 71:657-63].

#### Methods

Eligible trials included 14 from our original review and 28 identified through an updated systematic review (2000–2009). We coded for assessment of past MD, exclusion for recent MD episode (MDE;  $\leq 6$  months versus no exclusion), duration/modality of cognitive behavioral treatment (CBT; face-to-face versus self-help), and other factors. To minimize influence of experimental treatments that may selectively benefit MD+ smokers, we analyzed placebo/lowest intensity control arms only. Study-specific odds ratios (ORs) for the effect of past MD on short-term ( $\leq 3$  months) and long-term ( $\geq 6$  months) abstinence were estimated and combined using random effects. Two-way interaction models of past MD with study methodology and treatment factors were used to evaluate hypothesized moderators of the past MD-abstinence association.

#### Results

MD+ smokers had 17% lower odds of short-term abstinence ( $n=35$ ,  $OR=0.83$ ,  $95\% CI=0.72-0.95$ ,  $p=0.009$ ) and 19% lower odds of long-term abstinence ( $n=38$ ,  $OR=0.81$ ,  $95\% CI=0.67-0.97$ ,  $p=0.023$ ) than MD- smokers after excluding the sole study of varenicline because of its antidepressant properties. The association between past MD and abstinence was affected by methodological (recent MDE exclusion, type of MD assessment) and treatment (CBT modality) factors.

#### Conclusions

Past major depression has a modest adverse effect on abstinence during and after smoking cessation treatment. An increased focus on the identification of effective treatments or treatment adaptations that eliminate this disparity in smoking cessation for MD+ smokers is needed.

<http://onlinelibrary.wiley.com/doi/10.1111/add.12009/abstract>

**Also:**

ESCAPE: A Randomised Controlled Trial of computer-tailored Smoking Cessation Advice in Primary Care

<http://onlinelibrary.wiley.com/doi/10.1111/add.12005/abstract>

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## **Pediatrician Interventions and Thirdhand Smoke Beliefs of Parents**

**American Journal of Preventive Medicine**

**[Volume 43, Issue 5](#), November 2012, Pages 533–536**

Jeremy E. Drehmer, Deborah J. Ossip, Nancy A. Rigotti, Emara Nabi-Burza, Heide Woo, Richard C. Wasserman, Yuchiao Chang, Jonathan P. Winickoff

### **Abstract**

#### **Background**

Thirdhand smoke is residual tobacco smoke contamination that remains after a cigarette is extinguished. A national study indicates that adults' belief that thirdhand smoke (THS) harms children is associated with strict household no-smoking policies. The question of whether pediatricians can influence THS beliefs has not been assessed.

#### **Purpose**

To identify prevalence of THS beliefs and associated factors among smoking parents, and the association of pediatrician intervention on parent belief that THS is harmful to their children.

#### **Methods**

Exit interview data were collected from 1980 parents following a pediatric office visit. Parents' level of agreement or disagreement that THS can harm the health of babies and children was assessed. A multivariate logistic regression model was constructed to identify whether pediatricians' actions were independently associated with parental belief that THS can harm the health of babies and children. Data were collected from 2009 to 2011, and analyses were conducted in 2012.

#### **Results**

Ninety-one percent of parents believed that THS can harm the health of babies and children. Fathers (AOR=0.59, 95% CI=0.42, 0.84) and parents who smoked more than ten cigarettes per day (AOR=0.63, 95% CI=0.45, 0.88) were less likely to agree with this statement. In contrast, parents who received advice (AOR=1.60, 95% CI=1.04, 2.45) to have a smokefree home or car or to quit smoking and parents who were referred (AOR=3.42, 95% CI=1.18, 9.94) to a "quitline" or other cessation program were more likely to agree that THS can be harmful.

#### **Conclusions**

Fathers and heavier smokers were less likely to believe that THS is harmful. However, pediatricians' actions to encourage smoking parents to quit or adopt smokefree home or car policies were associated with parental beliefs that THS harms children.

#### **Trial registration**

This study is registered at [NCT00664261](https://clinicaltrials.gov/ct2/show/study/NCT00664261).

## Editorial

### Accelerated lung function decline in smokers: spotlight on vitamin D deficiency

***Am J Respir Crit Care Med.* 2012 Oct 1;186(7):579-81. doi: 10.1164/rccm.201208-1355ED.**

[Wauters E](#), [Janssens W](#), [Lambrechts D](#).

Vitamin D deficiency (VDD) has been linked to several highly prevalent chronic diseases (1, 2). Circulating vitamin D levels have been associated with lung function in cross-sectional studies of healthy individuals and patients with chronic obstructive pulmonary disease (COPD) (3, 4). However, evidence for a causal relationship between VDD, lung function, and adverse pulmonary outcome is lacking because VDD may be the consequence rather than the cause of impaired lung function.

In this issue of the *Journal*, Lange and colleagues (pp. 616–621) present a longitudinal study investigating the association between vitamin D status and lung function decline in 626 healthy, community-based elderly men (5). The design of the study involved three measurements of lung function and vitamin D over a 20-year period. The authors found no significant association between VDD and lung function or lung function decline after adjustment for important confounders. Multivariable-adjusted analyses did, however, reveal a significant vitamin D status-by-smoking interaction for all spirometric measures (FEV<sub>1</sub>, FVC, and FEV<sub>1</sub>/FVC). In addition, longitudinal analysis showed more rapid rates of FEV<sub>1</sub> decline per pack-year of smoking in subjects with VDD compared with non-deficient subjects. Hence, for the first time, VDD has been associated with lung function decline, in particular through its interaction with smoking...

Studies building on these exciting findings may take the following into account. Lange and coworkers used an established cut-off of 20 ng/ml to define VDD. Studies suggest, however, that much lower vitamin D levels are the real culprits for adverse outcome (14). It would therefore be interesting to explore whether severe VDD (<10 ng/ml) has a more pronounced effect on lung function decline, something that could not be assessed by the authors given the low number of subjects with severe VDD. An obvious question is also whether VDD contributes to incident COPD. The study sample from Lange and colleagues was too small to address this, although we may assume that a more rapid decline of pulmonary function in healthy smokers will eventually result in COPD. Furthermore, it would be interesting to assess whether in patients with COPD, in whom a self-perpetuating inflammatory process is present that persists years after smoking cessation, VDD correlates with lung function decline irrespective of smoking behavior. There are some preliminary data, reported in the form of an abstract, that seem to confirm this hypothesis (15). Finally, use of vitamin D supplements as a possible confounder of the observed association between VDD and lung function decline should also be ruled out.

The latter also highlights the important question of whether vitamin D supplementation can slow down lung function decline in smokers and, if so, what dose should be applied. Interventional trials on lung function decline in healthy individuals are currently lacking. Lehouck and colleagues explored the effect of high-dose vitamin D supplementation on time to next exacerbation in patients with moderate to severe COPD (16). Despite a substantial increase in vitamin D levels, no overall effect of vitamin D supplementation on the primary endpoint was found. A *post hoc* analysis did provide some support for a potential benefit of vitamin D, showing a statistically significant 43% reduction in the number of exacerbations in subjects with severe VDD (16). This result, together with the novel data provided by Lange and colleagues, should prompt the design of larger long-term prevention and early-intervention studies in healthy individuals and patients with COPD such that convincing evidence can be obtained for a protective effect of vitamin D supplementation on lung function decline. If positive results proceed from these studies, clinicians could advise a fairly simple and safe intervention to slow down lung function decline.

<http://ajrccm.atsjournals.org/content/186/7/579.long>

#### Referenced AJRCCM study:

Vitamin D deficiency, Smoking, and Lung Function in the Normative Aging Study  
<http://ajrccm.atsjournals.org/content/early/2012/07/18/rccm.201110-1868OC.abstract>

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**The hookah series part 1: total metal analysis in hookah tobacco (narghile, shisha) – an initial study**

Ryan Saadawi, Julio Alberto Landero Figueroa, Traci Hanley and Joseph Caruso

### Abstract

In this initial study, the concentrations of eighteen elements (Na, K, Mg, Ca, Al, Fe, V, Cr, Mn, Ni, Cu, Zn, Se, Mo, As, Cd, Sb and Pb) in 12 hookah tobacco formulations (mo'assel) were studied by ICPMS. Eight of these were formulated in the United States, and four were from the Middle East. The analyses were made from two of the hookah compartments; as homogenized material of the hookah samples as received and by separating the received samples into the actual tobacco and a hot water extract that removed as much of the other formulation substances as possible. The extractable portion that represents up to 50% in mass of the total hookah sample is made up of honey/molasses, glycerin, colorants and flavorings, but this study shows the hot water extract to be relatively free of toxic elements. The elemental ranges found for the homogenized hookah mixtures are as follows: V, 0.03–0.16  $\mu\text{g g}^{-1}$ ; Cr, 0.15–0.37  $\mu\text{g g}^{-1}$ ; Mn 8.82–17.2  $\mu\text{g g}^{-1}$ ; Ni, 0.14–0.64  $\mu\text{g g}^{-1}$ ; Cu, 0.93–5.67  $\mu\text{g g}^{-1}$ ; Zn, 3.51–5.62  $\mu\text{g g}^{-1}$ ; As, 0.01–0.04  $\mu\text{g g}^{-1}$ ; Se, 0.002–0.014  $\mu\text{g g}^{-1}$ ; Mo, 0.05–0.13  $\mu\text{g g}^{-1}$ ; Cd, 0.10–0.27  $\mu\text{g g}^{-1}$  and Pb, <0.001–0.07  $\mu\text{g g}^{-1}$ . Given the very small fraction of trace metals in the extract, most of the metals are contained in the tobacco leaves. It was found that the major variation in the concentrations owe to the geographic production regions; namely the USA and the Middle East. A principal component analysis was performed as an explorative tool, and a good separation was found, when grouping according to preparation by geographic production region. Based on these results the average mass of the more toxic elements (As, Cd, Cr and Pb) present in a hookah smoking portion of about 15 g, is smaller than that contained in a normal cigarette. However, before any true comparisons can be made on the differences between the hookah formulations and actual dryer tobaccos, the temperature at which the smoke is produced, the length of time per smoking session, any possible metal contamination from the apparatus and contamination from the charcoal used to ignite the hookah formulation must be taken into account.

<http://pubs.rsc.org/en/Content/ArticleLanding/2012/AY/c2ay26065d>

### Related coverage:

Heavy metals in hookah tobacco

<http://www.spectroscopynow.com/details/news/13a6e2a7287/Heavy-metals-in-hookah-tobacco.html>

### Substance Use Following Bariatric Weight Loss Surgery

**Arch Surg. Published online October 15, 2012. doi:10.1001/2013.jamasurg.265**

Alexis Conason; Julio Teixeira, Chia-Hao Hsu, Lauren Puma, Danielle Knafo, Allan Geliebter

### Abstract

**Objective:** To assess substance use before and after bariatric weight loss surgery (WLS). There is a paucity of research investigating the occurrence of substance use following bariatric WLS. It was hypothesized that patients who underwent WLS would exhibit an increase in substance use (drug use, alcohol use, and cigarette smoking) following surgery to compensate for a marked decrease in food intake.

**Design:** Prospective study.

**Setting:** A major urban community hospital.

**Participants:** A total of 155 participants (132 women and 23 men) who underwent WLS were recruited from a preoperative information session at a bariatric surgery center.

**Intervention:** Participants received either laparoscopic Roux-en-Y gastric bypass surgery (n=100) or laparoscopic adjustable gastric band surgery (n=55). Participants completed questionnaires to assess eating behaviors and substance use at preoperative baseline and 1, 3, 6, 12, and 24 months after surgery.

**Main Outcome Measure:** Substance use as assessed by the Compulsive Behaviors Questionnaire.

**Results:** Participants reported significant increases in the frequency of substance use (a composite of drug use, alcohol use, and cigarette smoking, hereafter referred to as composite substance use) 24 months after surgery. Specifically, participants experienced a significant increase in the frequency of composite substance use from baseline to 24 months after surgery ( $P=.02$ ), as well as significant increases from 1 month, 3 months, and 6 months to 24 months after surgery

(all  $P < .002$ ). In addition, participants who underwent laparoscopic Roux-en-Y gastric bypass surgery reported a significant increase in the frequency of alcohol use from baseline to 24 months after surgery ( $P = .011$ ). The response rate to the survey was 61% at 1-month follow-up, 41% at 3-month follow-up, 43% at 6-month follow-up, 49% at 12-month followup, and 24% at 24-month follow-up.

**Conclusions:** Patients may be at increased risk for substance use following bariatric WLS. In particular, patients who undergo laparoscopic Roux-en-Y gastric bypass surgery may be at increased risk for alcohol use following WLS. Our study is among the first to document significant increases in substance use following WLS using longitudinal data.

<http://archsurg.jamanetwork.com/article.aspx?articleid=1379763>

#### **Related coverage:**

Weight-Loss Surgery Tied to Substance Abuse - ABC News

<http://abcnews.go.com/blogs/health/2012/10/16/weight-loss-surgery-tied-to-substance-abuse/>

Addiction a Risk After Weight Loss Surgery - WebMD

<http://www.webmd.com/diet/weight-loss-surgery/news/20121015/addiction-risk-weight-loss-surgery>

### **Patterns and socioeconomic influences of tobacco exposure in tobacco cultivating rural areas of Yunnan Province, China**

**[BMC Public Health](#). 2012 Oct 4;12(1):842. [Epub ahead of print]**

[Cai L](#), [Wu X](#), [Goyal A](#), [Han Y](#), [Cui W](#), [Xiao X](#), [He J](#), [Zhao K](#), [Song Y](#), [Jiao F](#).

#### **Abstract**

**BACKGROUND:** This study describes the patterns and socioeconomic influences of tobacco use among adults in tobacco-cultivating regions of rural southwest China.

#### **METHODS:**

A cross-sectional survey was conducted in 8681 adults aged  $\geq 18$  years in rural areas of Yunnan Province, China from 2010 to 2011. A standardized questionnaire was administered to obtain data about participants' demographic characteristics, individual socioeconomic status, ethnicity, self-reported smoking habits, and exposure to secondhand smoke (SHS). The socioeconomic predictors of current smoking, nicotine addiction, and SHS exposure were analyzed using multivariate logistic regression.

#### **RESULTS:**

The prevalence rates of tobacco use were much higher in men compared with women (current smoking 68.5% vs. 1.3%; and nicotine dependence 85.2% vs. 72.7%). However, the rate of SHS exposure was higher in women compared with men (76.6% vs. 70.5%). Tobacco farmers had higher prevalence rates of current smoking, nicotine dependence, and SHS exposure compared with participants not engaged in tobacco farming ( $P < 0.01$ ). Most tobacco users (84.5%) reported initiating smoking during adolescence. A total of 81.1% of smokers smoked in public places, and 77.6% smoked in workplaces. Individuals belonging to an ethnic minority had a lower probability of SHS exposure and nicotine dependence. Individual educational level was found to be inversely associated with the prevalence of current smoking, exposure to SHS, and nicotine dependence. Higher annual household income was associated with a greater risk of nicotine dependence.

#### **CONCLUSIONS:**

This study suggests that tobacco control efforts in rural southwest China must be tailored to address tobacco-cultivating status and socioeconomic factors.

<http://www.biomedcentral.com/1471-2458/12/842/abstract>

<http://www.biomedcentral.com/content/pdf/1471-2458-12-842.pdf>

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

## Hookah smoking, nass chewing, and oesophageal squamous cell carcinoma in Kashmir, India

[Br J Cancer](#). 2012 Oct 2. doi: 10.1038/bjc.2012.449. [Epub ahead of print]

[Dar NA](#), [Bhat GA](#), [Shah IA](#), [Iqbal B](#), [Kakhdoomi MA](#), [Nisar I](#), [Rafiq R](#), [Iqbal ST](#), [Bhat AB](#), [Nabi S](#), [Shah SA](#), [Shafi R](#), [Masood A](#), [Lone MM](#), [Zargar SA](#), [Najar MS](#), [Islami F](#), [Boffetta P](#).

### Abstract

**Background:** Although cigarette smoking is an established risk factor for oesophageal squamous cell carcinoma (ESCC), there is little information about the association between other smoking and smokeless tobacco products, including hookah and nass, and ESCC risk. We conducted a case-control study in Kashmir Valley, India, where hookah smoking, nass chewing, and ESCC are common, to investigate the association of hookah smoking, nass use, and several other habits with ESCC. **Methods:** We recruited 702 histologically confirmed ESCC cases and 1663 hospital-based controls, individually matched to the cases for age, sex, and district of residence from September 2008 to January 2012. Conditional logistic regression models were used to calculate odds ratios (ORs) and 95% confidence intervals (95% CIs). **Results:** Ever-hookah smoking (OR=1.85; 95% CI, 1.41-2.44) and nass chewing (OR=2.88; 95% CI, 2.06-4.04) were associated with ESCC risk. These associations were consistent across different measures of use, including intensity, duration, and cumulative amount of use, and after excluding ever users of the other product and cigarette smokers. Our results also suggest an increased risk of ESCC associated with ever-gutka chewing and -bidi smoking. However, the latter associations were based on small number of participants. **Conclusion:** This study shows that hookah and nass use are associated with ESCC risk. As prevalence of hookah use seems to be increasing among young people worldwide, these results may have relevance not only for the regions in which hookah use has been a traditional habit, but also for other regions, including western countries.

<http://www.nature.com/bjc/journal/vaop/ncurrent/full/bjc2012449a.html>

### Editorial

#### Lung cancer and smoking trends in Brazil

[Cad Saude Publica](#). 2012 Sep;28(9):1620-1621.

[Article in English, Portuguese]

[Silva GA](#).

The first results involving the impact of tobacco control policy on the reduction of lung cancer mortality were observed in men during the 1980s, in some high-income countries. In Brazil, beginning in the 2000s, lung cancer mortality in men began to show a statistically significant reduction. Considering the extremely high lung cancer risk attributable to smoking, primary prevention should continue to contribute to a decrease in the incidence and (thus in the mortality) from this type of cancer, which still shows an elevated case-fatality rate.

The Mortality Information System (SIM) in Brazil recorded 21,868 deaths in 2010 from malignant neoplasms of the trachea, bronchi, and lung (most of which specifically involved the lung). Since the mid-1980s, lung cancer has been the leading cause of cancer-related deaths in Brazilian men, and since 2006 it has been the second leading cause in Brazilian women, next only to breast cancer. The gender difference has decreased over time; the male/female mortality rate ratio was 3.2 in 1980, decreasing to 1.7 in 2010. Lung cancer rates in women have shown a strong upward trend in the last 30 years throughout Brazil, both in the State capitals and in the interior, contrary to the trend in men. Due to the long latency period between exposure to smoking and lung cancer diagnosis, this situation indirectly suggests a decrease in smoking among men beginning in the 1980s, especially in the State capitals. Meanwhile, the increase in the number of women smokers beginning in the 1970s appears to have started in the capital cities, quickly reaching women in the interior...

The tobacco control policy launched by Brazil in the 1980s has achieved highly positive results, with international recognition. The prevalence of smokers among individuals 15 years or older decreased from 40.3% in males and 26.2% in females in 1989 (according to data from the *National Health and Nutrition Survey*) to 21.6% and 13.1%, respectively, in 2008 (based on the *Special Survey on Smoking*, or PETab), thus demonstrating a consistent reduction, sustained for nearly 20 years. Nevertheless, there are still major differences between the percentages of smokers according to level of schooling, which requires specific strategies to reach lower-income population groups.

Brazil still faces challenges with tobacco control, and additional efforts are needed to ensure even greater reductions, especially in low-income groups. Important measures that should be guaranteed and defended throughout the country include the intensification



of smoking cessation interventions in the Brazilian Unified National Health System (SUS) and the ban on smoking in closed environments.

[http://www.scielosp.org/scielo.php?script=sci\\_arttext&pid=S0102-311X2012000900001&lng=en&nrm=iso&tlng=en](http://www.scielosp.org/scielo.php?script=sci_arttext&pid=S0102-311X2012000900001&lng=en&nrm=iso&tlng=en)  
[http://www.scielosp.org/pdf/csp/v28n9/en\\_v28n9a01.pdf](http://www.scielosp.org/pdf/csp/v28n9/en_v28n9a01.pdf)

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

## **Gender Difference in Systemic Oxidative Stress and Antioxidant Capacity in Current and Former Heavy Smokers**

**[Cancer Epidemiol Biomarkers Prev.](#) 2012 Oct 2. [Epub ahead of print]**

[Hakim IA](#), [Harris RB](#), [Garland LL](#), [Cordova C](#), [Mikhael DM](#), [Chow HH](#).

### **Abstract**

#### **BACKGROUND:**

Several studies suggested that women may be more susceptible to oxidative damage induced by cigarette smoking, but the role of smoking status and antioxidant capacity in gender difference in susceptibility to oxidative damage has not been well studied.

#### **METHODS:**

We performed a cross-sectional analysis of the baseline data from 146 current and former heavy smokers enrolled in a chemoprevention trial to determine the gender difference in oxidative damage and antioxidant capacity. Oxidative DNA and lipid damage were assessed by urinary 8-hydroxy-2'-deoxyguanosine (8OHdG) and 8-isoprostaglandin F<sub>2</sub>α (8-iso-PGF<sub>2</sub>α), respectively. The erythrocyte antioxidant enzymes and serum fat soluble antioxidants were measured to assess antioxidant capacity.

#### **RESULTS:**

Female smokers had significantly greater levels of 8OHdG and 8-iso-PGF<sub>2</sub>α than males but the gender difference was only significant in current smokers (CS). No gender difference was noted in erythrocyte antioxidant enzymes, although female CS had significantly lower, or a trend for lower antioxidant enzymes. Female smokers had higher serum β-carotene than males. Biomarkers of oxidative damage did not correlate significantly with antioxidant enzymes. Urinary 8OHdG did not correlate significantly with fat soluble antioxidants. Inverse correlations were observed between urinary 8-iso-PGF<sub>2</sub>α and several serum carotenoids.

#### **CONCLUSIONS:**

Female CS have a greater extent of oxidative damage despite having higher serum levels of fat soluble antioxidants. Lower erythrocyte antioxidant enzymes in female CS may contribute to the greater extent of oxidative damage. Impact: The study may help identify appropriate high risk populations for interventions that attenuate oxidative damage, and appropriate biomarkers for clinical studies in smokers.

<http://cebp.aacrjournals.org/content/early/2012/10/02/1055-9965.EPI-12-0820.abstract>

## **Smoking and Crohn's disease: Active modification of an independent risk factor (Education alone is not enough)**

**[J Crohns Colitis.](#) 2012 Oct 1. pii: S1873-9946(12)00400-X. doi: 10.1016/j.crohns.2012.08.019. [Epub ahead of print]**

[Kennelly RP](#), [Subramaniam T](#), [Egan LJ](#), [Joyce MR](#).

### **Abstract**

**INTRODUCTION:**

Smoking can induce the onset of Crohn's disease in genetically susceptible patients and may accelerate progression and disease severity. There is a paucity of information as to patient knowledge of the impact of smoking on disease progression. The aim of this study was to assess patient awareness, initiate smoking cessation therapy and monitor the effectiveness of an active smoking cessation programme in patients with Crohn's disease.

**METHODS:**

All patients with a diagnosis of Crohn's disease over a ten year period were identified from a prospectively managed database. Details of smoking history and patient knowledge of the link between Crohn's disease and smoking were collected through a telephone questionnaire. Current smokers who wished to quit were enrolled in a smoking cessation programme and followed prospectively for 12 months.

**RESULTS:**

340 patients were identified with 281 eligible for inclusion. 181 patients agreed to a telephone survey (64.4% patient uptake). Smokers had an increased incidence of surgical intervention (OR 2.2; CI 1.02, 4.78 P=0.043). Awareness of the link between smoking and Crohn's disease was highest in the current smoking cohort and lowest in the non-smoking cohort (CS:NS; 79.5%:43% p<0.001). 29% of patients with a smoking history had previously been offered smoking cessation therapy. 77% of current smokers opted for smoking cessation therapy. At 6 months 53% of these patients remained smoke free and 37% at 12 months.

**CONCLUSION:**

In patients with Crohn's disease, information alone is ineffective at achieving smoking cessation. Good cessation rates are achievable if information is supported by active smoking cessation therapy.

<http://www.sciencedirect.com/science/article/pii/S187399461200400X>

**Does cigarette smoking exacerbate the effect of blood pressure on the risk of cardiovascular and all-cause mortality among hypertensive patients?**

[J Hypertens.](#) 2012 Oct 1. [Epub ahead of print]

[Ge Z](#), [Hao Y](#), [Cao J](#), [Li J](#), [Chen J](#), [Huang J](#), [Wu X](#), [Gu D](#).

**Abstract**

**OBJECTIVE::** To examine the risk of cigarette smoking on cardiovascular disease (CVD) and all-cause mortality among hypertensive patients. **METHODS::** We conducted a prospective cohort study among 36943 hypertensive patients aged at least 40 years. Data on smoking and other variables were obtained in 1991 and follow-up evaluation was conducted in 1999-2000. **RESULTS::** During a median follow-up of 8.2 years, we documented 7194 deaths among 36943 hypertensive patients. Compared with never-smokers, the multivariate-adjusted relative risks (MRRs) [95% confidence intervals (CIs)] for CVD mortality were 1.19 (1.07, 1.31) and 1.33 (1.23, 1.45) for those who smoked 0.1-19 pack-years and at least 20 pack-years (P for linear trends <0.001 for all). A similar pattern was observed for all-cause mortality. A dose-response association between pack-years smoked and risk of CVD and all-cause mortality (all P ≤0.01) was found among the SBP groups (140-159, 160-179, and ≥180mmHg), DBP groups (<90, 90-94, and 100-109mmHg), and pulse pressure groups (50-59, 60-69, and ≥70mmHg). In addition, compared to never-smokers with stage 1 hypertension, MRRs of CVD and all-cause mortality for those who smoked at least 20 pack-years with stage 3 hypertension were remarkably increased to 3.06 (2.64, 3.54) and 2.51 (2.24, 2.80), respectively. **CONCLUSIONS::** Smoking not only significantly increased the risk of CVD and all-cause mortality among hypertensive groups, but the synergistic effect on the risk of CVD and all-cause mortality existed between cigarette smoking and blood pressure category. Therefore, apart from hypertension management, smoking cessation should be an essential component for preventing deaths related to smoking.

[http://journals.lww.com/jhypertension/Abstract/publishahead/Does\\_cigarette\\_smoking\\_exacerbate\\_the\\_effect\\_of.98969.aspx](http://journals.lww.com/jhypertension/Abstract/publishahead/Does_cigarette_smoking_exacerbate_the_effect_of.98969.aspx)

**Grand Rounds**

**Clinician's Corner****Strategies to Help a Smoker Who Is Struggling to Quit**

**JAMA. 2012;308(15):1573-1580. doi:10.1001/jama.2012.13043.  
October 17, 2012**

Nancy A. Rigotti

**Abstract**

Tobacco use is the leading preventable cause of death worldwide. Stopping tobacco use benefits virtually every smoker. Most of the 19% of US residents who smoke want to quit and have tried to do so. Most individual quit attempts fail, but two-thirds of smokers use no treatment when trying to quit. Treating tobacco dependence is one of the most cost-effective actions in health care. With a brief intervention, physicians can prompt smokers to attempt to quit and connect them to evidence-based treatment that includes pharmacotherapy and behavioral support (ie, counseling). Physicians can link smokers to effective counseling support offered by a free national network of telephone quit lines. Smokers who use nicotine replacement therapy (NRT), bupropion, or varenicline when trying to quit double their odds of success. The most effective way to use NRT is to combine the long-acting nicotine patch with a shorter-acting product (lozenge, gum, inhaler, or nasal spray) and extend treatment beyond 12 weeks. Observational studies have not confirmed case reports of behavior changes associated with varenicline and bupropion, and these drugs' benefits outweigh potential risks. A chronic disease management model is effective for treating tobacco dependence, which deserves as high a priority in health care systems as treating other chronic diseases like diabetes and hypertension.

<http://jama.jamanetwork.com/article.aspx?articleid=1383221>

**Related JAMA Editorial & Patient Page:**

How Clinicians Can Help Smokers to Quit

<http://jama.jamanetwork.com/article.aspx?articleid=1383219>

Smoking Cessation

<http://jama.jamanetwork.com/article.aspx?articleid=1383235>

**Note:** Open Access. Full text PDF of Patient Page, but not study and editorial, freely available from link immediately above.

**Related PR:**

Many Options Available to Help Smokers Kick the Habit

<http://www.sciencedaily.com/releases/2012/10/121016163142.htm>

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**Tobacco control in the Middle East****The Lancet Oncology, Early Online Publication, 12 October 2012**

[Talha Khan Burki](#)

On Sept 3, 2012, Lebanon introduced legislation prohibiting smoking in indoor public places. Hefty fines are mandated for individuals and businesses that flout the law. A couple of years ago, Syria enacted similar measures—the first country in the region to do so. A visit from WHO in the winter of 2010 confirmed that the Syrian ban was indeed being implemented, but the events of the past 18 months or so make it unlikely that this is still the case. Neighbouring Lebanon is in a better position to police its smoking ban.

Even in terms of the Middle East, where cigarette smoking is high, Lebanon is particularly welcoming of smokers. About 42% of men smoke. Unusually for a region in which female smoking is stigmatised, smoking rates in Lebanese women are also high (about 30%). Moreover, notes Nagi Saghir (American University of Beirut), the Lebanese tend to be heavy smokers.

This is partly attributable to social acceptability. It is not uncommon to offer guests cigarettes and, before the new laws, restaurants and cafes were notoriously smoky environments. But there is also the issue of cost. "The price of cigarettes

is much too low—around US\$1 per packet—teenagers can afford to buy cigarettes from their pocket money”, Saghir told *The Lancet Oncology*. “A packet should cost at least \$5”, he added. In Egypt, the government has raised the price of cigarettes three times since 2010. WHO reckons that in doing so, the country will reduce consumption by a fifth; no small feat in a nation that smokes about 19 billion cigarettes per year...

The growing popularity of the water-pipe, and the need to emphasise its hazards, is used by WHO's Fatimah El Awa to demonstrate the necessity for a comprehensive approach to tobacco control. “This is the only way that works”, she stressed. For example, a smoking ban will not be seen to be legitimate unless it is introduced in tandem with public awareness campaigns. El Awa worries that action in the Middle East can be piecemeal, and that although many countries have reasonable tobacco-control legislation on their books, implementation is patchy.

Still, there are broadly encouraging trends. “The countries of the Gulf are doing well”, said El Awa. These nations tend to take tobacco-control measures in concert, and have smaller proportions of female smokers (although these could be underestimates). The Iranian political establishment has committed itself to tobacco control—it scores highly under the WHO criteria for treatment of tobacco dependence and enforcement of bans on advertising, promotion, and sponsorship...

“By continually repeating public health messages, raising taxes, and persuading doctors not to smoke, we hope to promote a non-smoking culture in Lebanon”, Saghir concluded. If it is properly enforced, the indoor smoking ban will be a crucial step in this direction.

<http://www.sciencedirect.com/science/article/pii/S1470204512704643>

[http://www.thelancet.com/journals/lanonc/article/PIIS1470-2045\(12\)70464-3/fulltext](http://www.thelancet.com/journals/lanonc/article/PIIS1470-2045(12)70464-3/fulltext)

### **Identifying with a process of change: A qualitative assessment of the components included in a smoking cessation intervention at antenatal clinics in South Africa**

[Midwifery](#). 2012 Oct 1. pii: S0266-6138(12)00151-9. doi: 10.1016/j.midw.2012.07.016. [Epub ahead of print]

[Petersen Z](#), [Nilsson M](#), [Steyn K](#), [Emmelin M](#).

#### **Abstract**

#### **INTRODUCTION:**

previous research has suggested that pregnant women prefer a person-centred approach for smoking cessation interventions. However few studies have illustrated the mechanism through which such an approach has an influence on quitting or reduction rates among pregnant women in resource poor settings.

#### **PURPOSE:**

to explore the role of different components included in a smoking cessation intervention delivered to disadvantaged pregnant women with high smoking rates attending public health antenatal clinics in South Africa.

#### **METHODS:**

a qualitative design consisting of focus-group discussion with women exposed to the intervention was used. Women were purposively selected from four antenatal clinics and one tertiary hospital to represent different experiences of the intervention. Focus group discussions with four groups of smokers and four groups of quitters were conducted and a total of 41 women were interviewed. Data were analysed using content analysis.

#### **MAIN FINDINGS:**

the main theme describing the intervention effect that emerged from the interviews was, 'Making identification with change possible'. The categories 'An impulse for change', 'An achievable recipe', 'A physical reminder' and 'A compassionate companion' further described how each intervention component was perceived by women and how it contributed to behaviour change.

#### **CONCLUSIONS:**

behaviour change interventions that are directly informed by the target population with regards to its design, content and

delivery offer great opportunities for positive behaviour change. Women positively evaluated all the components employed in this intervention but rated the social support they received from peer-counsellors as the overriding aspect of the intervention.

<http://www.sciencedirect.com/science/article/pii/S0266613812001519>

## Perspective

### The Taxing Power and the Public's Health

#### NEJM

October 17, 2012 DOI: 10.1056/NEJMp1209648

Michelle M. Mello, J.D., Ph.D., and I. Glenn Cohen, J.D.

Many observers feared that the Supreme Court decision on the challenge to the Affordable Care Act (ACA)<sup>1</sup> would endorse a breathtaking expansion of the role of the federal government in regulating health matters. And it did — but not in the anticipated way. While enunciating limits on the commerce and spending powers, the Court opened the door for Congress to use its taxing power to achieve myriad policy objectives. The federal government may now increasingly join state and local governments in making creative use of taxes to pursue public health goals, though political obstacles may block immediate action...

Taxes are an appealing mechanism of public health regulation for several reasons. They proffer “nudges” and market-based solutions as alternatives to rigid mandates. Tax-based policies like the SRP retain an element of voluntariness, especially since lawmakers can calibrate the tax penalty to the importance of the desired behavior change. There's strong evidence that taxes affect consumption decisions. Finally, tax strategies are “win-win” for governments, either leading people to take health-enhancing steps or collecting revenue to fund health or other programs.

Yet even when proposed taxes make sense, they can be soundly defeated. Although tax credits, exemptions, and deductions tend to be well received, new taxes and penalties do not. Strong industry opposition is a formidable obstacle even when public sentiment isn't. Aggressive lobbying by the beverage industry, for example, defeated a soft-drink tax proposed for inclusion in the ACA, and a blitzkrieg by the tobacco industry sank California's Proposition 29, which would have hiked cigarette taxes by \$1.00 a pack, with revenues allocated for cancer research. States, however, have sometimes had remarkable success in enacting new taxes; for example, New York passed a \$1.60-per-pack increase in its cigarette tax in 2010, bringing the total state tax to \$4.35 per pack, and 47 states have collectively increased their cigarette-tax rates more than 100 times in the past decade.<sup>4</sup>

Although no constitutional barriers block expanded federal use of tax-based strategies, political obstacles remain. Some interventions we've outlined would never survive the political process, given prevailing antitax sentiment. But such sentiment may fade as the economy recovers or become less important if Democrats regain control of the House of Representatives. Moreover, the Court decision affirms that Congress can facilitate passage of a tax by calling it something less controversial. The Court has highlighted an opportunity for passing creative new public health laws, authorized by the taxing power; this opportunity now awaits its political moment.

<http://www.nejm.org/doi/full/10.1056/NEJMp1209648>

<http://www.nejm.org/doi/pdf/10.1056/NEJMp1209648>

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

### Tobacco-free parks: maximizing health impact in built environment planning

[N C Med J. 2012 Jul-Aug;73\(4\):287-8.](#)

#### Shoe E.

...While tobacco and smoke-free initiatives have been present in public health programs for many decades, there were multiple local and state efforts in the mid-2000s working toward tobacco-free policies and helping people become tobacco-free. Examples of such initiatives include the statewide TRU (Tobacco Reality Unfiltered) campaign, advocacy for tobacco-free venues, local Healthy Carolinians partnerships, and local heart disease and stroke prevention efforts. In addition, social acceptance of tobacco free and smoke-free venues was on the rise. Equally important to note, Cabarrus County was home to one of the world's largest and most successful tobacco manufacturers, Phillip (sic) Morris, from the early 1980s until 2009 when Phillip Morris closed the Cabarrus plant and consolidated operations in another state. All of these forces combined to form a springboard for public health and county leaders to move forward in adopting tobacco-free policies, ordinances, and rules.

With all of this in mind, CHA [Cabarrus Health Alliance] initiated one of the first tobacco-related policies in the county with the

adoption of a board of health rule in 2005 prohibiting tobacco use within 50 feet of county-owned or county-operated buildings and air intakes. This rule still allowed tobacco use in some key areas such as outdoor spaces including parks. Allowing tobacco use in parks and other recreational spaces really counters what those spaces are intended for—places for people to be active and healthy.

Park directors from Cabarrus County, the City of Concord, and the City of Kannapolis all agreed that an additional policy was necessary to further restrict usage in the parks... The Cabarrus County staff were the first to take a policy to their elected board, the county commissioners, on June 20, 2011. They unanimously adopted the tobacco free ban in parks. The cities of Kannapolis and Concord quickly followed with policy adoptions of their own. The final policy was finalized after collaborating with the Tobacco Prevention and Control Branch of the Division of Public Health, North Carolina Department of Health and Human Services...

The feedback from park patrons has been very positive. A number of people have thanked officials for taking this needed step to protect the health of Cabarrus County citizens. Proper research and planning among county department heads, collaboration with the Tobacco Prevention and Control Branch, and a compelling presentation from the teens all made it easier to pass this policy. The time was right to make this courageous step forward for the health of the citizens of Cabarrus County. Having tobacco-free parks is one more way to create spaces where people can be active without the concern of secondhand smoke.

[http://www.ncmedicaljournal.com/wp-content/uploads/2012/07/NCMJ\\_73416\\_FINAL.pdf](http://www.ncmedicaljournal.com/wp-content/uploads/2012/07/NCMJ_73416_FINAL.pdf)

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

## **Smoking and Age-Related Macular Degeneration: Biochemical Mechanisms and Patient Support**

[Optom Vis Sci.](#) 2012 Oct 2. [Epub ahead of print]

[Willeford KT](#), [Rapp J](#).

### **Abstract**

A small percentage of the population associates smoking with ocular disease. Most optometrists do not stress the importance of smoking cessation to their patients, and the centrality of smoking regarding the risk for ocular disease is not emphasized in optometric education. Age-related macular degeneration has strong epidemiological associations with smoking, and so serves as an appropriate model for the adverse effects of cigarette smoke on the eye. This article aims to provide basic scientific information to optometrists and optometry students so that they can better understand the pathogenesis of age-related macular degeneration and provide education and support to their patients wishing to stop smoking.

<http://journals.lww.com/optvissci/pages/articleviewer.aspx?year=9000&issue=00000&article=99302&type=abstract>

## **The impact of maternal prenatal smoking on the development of childhood overweight in school-aged children**

[Pediatr Obes.](#) 2012 Oct 8. doi: 10.1111/j.2047-6310.2012.00103.x. [Epub ahead of print]

[Wang L](#), [Mamudu HM](#), [Wu T](#).

### **Abstract**

What is already known about this subject Maternal smoking during pregnancy likely increase the risk of childhood overweight. Childhood overweight is influenced by socioeconomic characteristics of mothers. Characteristics of child at birth determine the likelihood of overweight. What this study adds Children of mothers who smoked 1 year before birth (including pregnancy) were likely to be overweight during school ages than those of mothers who never smoked. Confirmation that socioeconomic characteristics of mothers influence the likelihood of childhood overweight during school age. Smoking cessation should be targeted at mothers 1 year before birth to improve their health status and that of offspring.

### **OBJECTIVES:**

To examine associations between maternal smoking and overweight among school-aged children and also identify

mothers and offspring characteristics that affect children's weight.

## **METHODS:**

We used data from the National Institute of Child Health and Human Development (NICHD) Study of Early Child Care and Youth Development (SECCY). Childhood overweight was defined as having Body Mass Index (BMI) of 85th percentile or above. Smoking patterns among mothers were assessed by questioning smoking behaviour 1 year before birth of the target child: never or ever smoking. Standardized procedures were used to measure height and weight. Descriptive statistics and generalized estimating equations (GEE) were used for the analysis.

## **RESULTS:**

Descriptive results showed that children of mothers who smoked anytime within 1 year before birth were more likely to be overweight and have higher BMI percentile averages. GEE results showed that children of mothers who were ever smokers 1 year before birth were more likely to be overweight (OR = 1.39, 95% CI: 1.01, 1.94) and have higher BMI percentile averages ( $\beta = 4.46$ ,  $P = 0.036$ ) from grades 1 through 6 than those of mothers who were never smokers. Additionally, the level of mother's education and birth weight were significantly associated with childhood overweight.

## **CONCLUSIONS:**

Confirmed relationships between maternal smoking and overweight among school-aged children have important implications for public health policy because this evidence can be used to enhance smoking cessation 1 year before birth to improve the health status of mothers and offspring.

<http://onlinelibrary.wiley.com/doi/10.1111/j.2047-6310.2012.00103.x/abstract>

## **Bacterial and fungal markers in tobacco smoke**

[Sci Total Environ.](#) 2012 Sep 28;438C:447-451. doi: 10.1016/j.scitotenv.2012.08.067. [Epub ahead of print]

[Szponar B](#), [Pehrson C](#), [Larsson L](#).

### **Abstract**

Previous research has demonstrated that cigarette smoke contains bacterial and fungal components including lipopolysaccharide (LPS) and ergosterol. In the present study we used gas chromatography-mass spectrometry to analyze tobacco as well as mainstream and second hand smoke for 3-hydroxy fatty acids (3-OH FAs) of 10 to 18 carbon chain lengths, used as LPS markers, and ergosterol, used as a marker of fungal biomass. The air concentrations of LPS were 0.0017nmol/m<sup>3</sup> (N=5) and 0.0007/m<sup>3</sup> (N=6) in the smoking vs. non-smoking rooms ( $p=0.0559$ ) of the studied private houses, and 0.0231nmol/m<sup>3</sup> (N=5) vs. 0.0006nmol/m<sup>3</sup> (N=5) ( $p=0.0173$ ), respectively, at the worksite. The air concentrations of ergosterol were also significantly higher in rooms with ongoing smoking than in rooms without smoking. A positive correlation was found between LPS and ergosterol in rooms with smoking but not in rooms without smoking. 3-OH C14:0 was the main 3-OH FA, followed by 3-OH C12:0, both in mainstream and second hand smoke and in phenol:water smoke extracts prepared in order to purify the LPS. The Limulus activity of the phenolic phase of tobacco was 3900endotoxin units (EU)/cigarette; the corresponding amount of the smoke, collected on filters from 8 puffs, was 4EU/cigarette. Tobacco smoking has been associated with a range of inflammatory airway conditions including COPD, asthma, bronchitis, alveolar hypersensitivity etc. Significant levels of LPS and ergosterol were identified in tobacco smoke and these observations support the hypothesis that microbial components of tobacco smoke contribute to inflammation and airway disease.

<http://www.sciencedirect.com/science/article/pii/S0048969712011515>

## **How smoking affects sleep: A polysomnographical analysis**

[Sleep Med.](#) 2012 Sep 28. pii: S1389-9457(12)00288-2. doi: 10.1016/j.sleep.2012.06.026. [Epub ahead of print]

[Jaehne A](#), [Unbehau T](#), [Feige B](#), [Lutz UC](#), [Batra A](#), [Riemann D](#).

**Abstract****OBJECTIVE:**

Subjective quality of sleep is impaired in smokers compared with non-smokers, but there is only limited evidence from methodologically sound studies about differences in polysomnography (PSG) sleep characteristics. Therefore, this study used PSG to evaluate sleep in smokers and non-smokers while controlling for other parameters that affect sleep.

**METHODS:**

After an adaptation night, PSG sleep laboratory data were obtained from 44 smokers (29 men and 15 women, median age 29.6years) and compared with PSG data from 44 healthy, sex- and age-matched never smokers. Exclusion criteria were alcohol or other substance abuse, psychiatric or endocrine diseases, and treatment with any kind of psychotropic medication. Nicotine and cotinine plasma levels were measured (in the smoking group) and subjective sleep quality assessed in both groups.

**RESULTS:**

The smokers had a Fagerström tolerance score of 6.4, consumed an average of 21.2 cigarettes per day and had been smoking for 13.1years (median). Smokers had a shorter sleep period time, longer sleep latency, higher rapid eye movement sleep density, more sleep apneas and leg movements in sleep than non-smokers. There were no differences regarding parameters of spectral analysis of the sleep electroencephalogram as well as in the sleep efficiency measured by PSG. Nevertheless smokers rated their sleep efficiency lower on the Pittsburgh Sleep Quality Index compared with non-smoking individuals, but no differences were detected on the SF-A. Plasma cotinine level correlated negatively with slow wave sleep in the smoking group.

**CONCLUSIONS:**

Smokers showed a number of insomnia-like sleep impairments. The findings suggest that it is important for sleep researchers to control smoking status in their analyses. Further research should focus on the causes and consequences of impaired sleep during tobacco cessation, as sleep disturbances are a known risk factor for early relapse after initial tobacco abstinence.

<http://www.sleep-journal.com/article/S1389-9457%2812%2900288-2/abstract>

<http://www.sciencedirect.com/science/article/pii/S1389945712002882>

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**Predictors of relapse in a bupropion trial for smoking cessation in recently-abstinent alcoholics: preliminary results using an aggregate genetic risk score**

**[Subst Abuse](#). 2012;6:107-14. doi: 10.4137/SART.S8866. Epub 2012 Sep 17.**

**[McGeary JE](#), [Knopik VS](#), [Hayes JE](#), [Palmer RH](#), [Monti PM](#), [Kalman D](#).**

**Abstract****INTRODUCTION:**

Rates of smoking in the US population have decreased overall, but rates in some groups, including alcoholic smokers, remain high. Many newly sober alcoholics are concerned about their smoking and some attempt to quit. However, quit rates in this population are low. Prior studies suggest risk for relapse in this population may be genetically influenced and that genetic factors may moderate response to treatment.

**METHODS:**

IN THIS EXPLORATORY STUDY, WE HAD TWO SPECIFIC AIMS: (1) to investigate associations between genetic risk and outcome; (2) to investigate whether genetic risk moderates the efficacy of a medication intervention. Data are from a subsample of 90 participants from a clinical trial of smoking cessation treatment for smokers with between 2 and 12



months of alcohol abstinence. Subjects were randomly assigned to bupropion or placebo. All subjects received counseling and nicotine patches. To examine the possibility that bupropion may have been efficacious in participants with a specific genetic profile (ie, a pharmacogenetic approach), an aggregate genetic risk score was created by combining risk genotypes previously identified in bupropion treatment studies.

## RESULTS:

Although medication efficacy was not moderated by the aggregate genetic risk score, there was an interaction between nicotine dependence and genetic risk in predicting smoking abstinence rates at the end of treatment (10 weeks).

## CONCLUSIONS:

Results suggest an aggregate genetic risk score approach may have utility in treatment trials of alcoholics who smoke. Additionally, these findings suggest a strategy for understanding and interpreting conflicting results for single genetic markers examined as moderators of smoking cessation treatment.

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3460669/>

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3460669/pdf/sart-6-2012-107.pdf>

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

## Smokers' Attitude and Intention to Quit after Seeing a Movie with Smoking

*Sucht*

Special Issue

[Volume 58, Number 5 / 2012, 327-331](#)

[Reiner Hanewinkel](#), [James D. Sargent](#), [Barbara Isensee](#) and [Matthis Morgenstern](#)

### Abstract

*Aims:* To assess the association between seeing smoking in a movie and adolescent and adult smokers' attitude towards smoking and intention to quit. *Methods:* A natural experiment was conducted in a multiplex cinema. We conducted exit interviews with 4,073 movie patrons, of whom 645 (16 %) were smokers. Eleven per cent (n = 69) of the smokers were aged 14 to 17 years old. Subjects had exited 26 movies, of which 12 (46 %) contained smoking. We used multilevel mixed-effects linear regression to assess the effects of (a) exposure to movie smoking (yes vs. no), and (b) age (adolescent vs. adult smokers) on general attitude towards smoking and intention to quit smoking within the next 6 months (both scales ranged 0 – 10). *Results:* Smokers who saw a movie with smoking had more favourable attitudes towards smoking than those seeing a movie without smoking (p = 0.004). A significant interaction between age group and movie smoking indicated that this difference was more pronounced in adolescent smokers (p = 0.035). No significant differences were found for intentions to quit smoking. *Conclusions:* Study results suggest that smoking in the movies may influence young smokers to have a more favorable attitude towards smoking.

<http://www.psycontent.com/content/a434533180g4273n/>

### Related *Sucht* English- & German-language studies & Editorial:

International Translation of Project EX: A Teen Tobacco Use Cessation Program

<http://www.psycontent.com/content/p056064726327723/>

Rauchstopp bei jungen Rauchenden: Smoking Cessation in Adolescents and Young Adults

<http://www.psycontent.com/content/x032603u42178421/>

Rauchstopp bei Jugendlichen und jungen Erwachsenen: Grundlagen und Intervention

<http://www.psycontent.com/content/t4q252v82870m275/>

## Second-hand tobacco smoke and children

[Toxicol Ind Health](#). 2012 Oct 5. [Epub ahead of print]

[Al-Sayed EM](#), [Abraham KS](#).

### Abstract

Cigarette smoke contains harmful chemicals with hazardous adverse effects on almost every organ in the body of smokers as well as of nonsmokers exposed to environmental tobacco smoke (ETS). There has been increasing interest in the effects of passive smoking on the health of children. In order to detect the magnitude of passive smoking in children, parental questionnaires, measuring nicotine and cotinine body levels, and evaluating expired carbon monoxide (CO) concentrations, have been used. Passive smoking causes respiratory illness, asthma, poor growth, neurological disorders, and coronary heart diseases. Herein, we focused on the deleterious influences of passive smoking on immunity and liver. Besides, its effects on the concentrations of various biomarker levels related to the oxidant/antioxidant status were considered. Understanding these effects may help clinicians to counsel parents on smoking cessation and smoke exposure elimination. It may also help to develop interventions to improve the health of children. This review potentially demonstrated some nutraceuticals with a promising role in the prevention of smoking-related diseases.

<http://tih.sagepub.com/content/early/2012/10/03/0748233712462473.abstract>

## Physical activity as an aid to smoking cessation during pregnancy (LEAP) trial: study protocol for a randomized controlled trial

[Trials](#). 2012 Oct 4;13(1):186. [Epub ahead of print]

[Ussher M](#), [Aveyard P](#), [Manyonda I](#), [Lewis S](#), [West R](#), [Lewis B](#), [Marcus B](#), [Taylor AH](#), [Barton P](#), [Coleman T](#).

### Abstract

**BACKGROUND:** Many women try to stop smoking in pregnancy but fail. One difficulty is that there is insufficient evidence that medications for smoking cessation are effective and safe in pregnancy and thus many women prefer to avoid these. Physical activity (PA) interventions may assist cessation; however, trials examining these interventions have been too small to detect or exclude plausible beneficial effects. The London Exercise And Pregnant smokers (LEAP) trial is investigating whether a PA intervention is effective and cost-effective when used for smoking cessation by pregnant women, and will be the largest study of its kind to date. **Methods/design** The LEAP study is a pragmatic, multi-center, two-arm, randomized, controlled trial that will target pregnant women who smoke at least one cigarette a day (and at least five cigarettes a day before pregnancy), and are between 10 and 24 weeks pregnant. Eligible patients are individually randomized to either usual care (that is, behavioral support for smoking cessation) or usual care plus a intervention (entailing supervised exercise on a treadmill plus PA consultations). The primary outcome of the trial is self-reported and biochemically validated continuous abstinence from smoking between a specified quit date and the end of pregnancy. The secondary outcomes, measured at 1 and 4 weeks after the quit date, and at the end of pregnancy and 6 months after childbirth, are PA levels, depression, self-confidence, and cigarette withdrawal symptoms. Smoking status will also be self-reported at 6 months after childbirth. In addition, perinatal measures will be collected, including antenatal complications, duration of labor, mode of delivery, and birth and placental weight. Outcomes will be analyzed on an intention-to-treat basis, and logistic regression models used to compare treatment effects on the primary outcome. **DISCUSSION:** This trial will assess whether a PA intervention is effective when used for smoking cessation during pregnancy. Trial registration ISRCTN48600346.

<http://www.trialsjournal.com/content/13/1/186/abstract>

<http://www.trialsjournal.com/content/pdf/1745-6215-13-186.pdf>

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