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**Subject:** STAN Bulletin: 44th Edition: 25-October-2012

## Smoking & Tobacco Abstracts & News

**STAN Bulletin  
44th Edition  
25-October-2012**

**Editor's note:** A few items 'In the News', including the *Wall Street Journal* [story](#) on Swedish hopes to increase snus sales across Europe and a BMJ [piece](#) on tobacco control legislation, both of which relate to the forced resignation of EU Health Commissioner Dalli, as well as a *Cancer Discovery* [description](#) of the compound (S)-NNN as a strong oral carcinogen in smokeless tobacco, are all subscriber-only and may be requested in the same fashion as the PDFs of journal studies.

Stan Shatenstein

### Noteworthy:

"Joining the EU has resulted in significant increases in excise taxes and real prices and reductions in affordability for the large majority of countries. However, between 2004 and 2010, changes in taxes, prices and affordability measures have been far more modest in older EU member states. The more aggressive tax policies of new EU member states is likely to have significant public health impacts with lower rates of tobacco use." [Blecher E, Ross H, Leon ME. Cigarette affordability in Europe, [Tob Control](#)]

"How long can we really look at e-cigarettes as a niche? The product has shown an increase in exposure and adoption, the tobacco company (sic) has acknowledged them as a threat to business and, hey, the product already has celebrity endorsers like Robert Pattinson and Uma Thurman. This is definitely a battery-operated, addiction-based market to watch." [Strauss K. Why Electronic Cigarettes Are About to Explode, [Forbes](#)]

### In the News:

- Antigua/Barbuda: [Tobacco Legislation on Public Place Smoking Likely by Next Year](#)
- EU: [Former health commissioner Dalli set to sue EC over tobacco bribery scandal](#)
- EU: [Tobacco lobby mystery shake up; Dalli resignation raises further questions](#)
- EU: [BMJ: New tobacco legislation delayed after health commissioner's resignation](#)
- EU/Brazil: [BAT Nine-Month Cigarette Shipments Fall on Lower Consumption](#)
- Greece: [SHS in cars, bars impairs breathing within 20 minutes; PR \[CHEST 2012\]](#)
- NZ: [Smoke-free prisons a success, but black report flourishes](#)
- NZ: [BAT: Agree/Disagree: Complaints over tobacco 'public awareness campaign'](#)
- NZ: [Auckland Now: Opinion: Plain talk about plain packs: Translating BAT-speak](#)
- Qatar: [Pharmacies receive Supreme Council of Health circular outlining e-cigarette ban](#)
- Sweden: [Hopes Rise for Increased Market on Possible Lifting of Snus Ban](#)
- Thailand: [Tougher tobacco laws being drafted, will raise age limits](#)
- UK: [NICE: New Guidance Urges Smokers to Seek Quit Help; Inhale Less](#)
- UK: [Most in Consumer Survey Think Smokers Should Have Their Wages Cut](#)
- UK: [JTI: Full page ads in national papers warn of dangers of plain packaging](#)
- UK: [BAT hit by foreign exchange rates & growth in illicit trade](#)
- UK/US: [BAT/PM: Motley Fool assessment of cigarette stocks](#)
- US: MS: [Higher cigarette taxes helping to drive down smoking](#)
- US: [Cancer Discov: NNN: Oral carcinogen found in smokeless tobacco](#)
- US: [White Cloud: Why Electronic Cigarette Market is About to Explode](#)
- US: [Investors: Stop Bogarting Tobacco Stocks, Not Worth Holding](#)
- US: [Altria/RAI/Lorillard: Tobacco Producers Hiking Promotions in Fight for Market Share](#)
- US: [Shifting Smokers Spur Category Evolution: Sales Increases for ST, cigars, e-cigarettes](#)
- US: [When Small Cigarette Companies Challenged Big Tobacco During the Great Depression](#)

**In this Edition:**

- Aliment Pharmacol Ther - Lunney: Ulcerative colitis, smoking & nicotine therapy
- APJPH - Jung: S. Korea: Evidence of Social Contextual Effects on Adolescent Smoking
- BMC Med Res Methodol - Jackson: Internet based cessation trial missing data mechanism: Exploration
- BMC Pub Health - Willemsen: EU: Concern about passive smoking & TC policies: Ecological study
- BMC Pulm Med - Martin: US: Health effects of the Federal Bureau of Prisons tobacco ban
- Br J Clin Pharm - Benowitz: US: CA: SF: Dose-Independent Kinetics with Low Level Nicotine & Cotinine Exposure
- Cochrane Data Syst Rev - Stead: Combined pharmacotherapy & behavioural interventions for smoking cessation
- Int J Cancer - De Flora: Genomic & post-genomic CS effects: Risk assessment & prevention strategies
- IJERPH - Lee: China: Prenatal Secondhand Smoke Exposure & Infant Birth Weight
- IJE - Song: US: Smoking & skin cancer risk: prospective analysis & meta-analysis
- Int J Ment Health Nurs - Missen: NZ: Family perspectives of smoke-free mental health & addiction services
- JAMA - Joosten: US: Conventional Cardiovascular Risk Factors & Peripheral Artery Disease Risk in Men
- JEM - Li: alpha7nACh-NMDA receptor complex & cue-induced reinstatement of nicotine seeking
- J Infect Chemother - Oka: Japan: Influence of smoking on HIV infection among HIV-infected men
- Ont Health Technol Assess Ser - Thabane: Cessation for COPD Patients: Evidence-Based Analysis
- PLoS One - Grassman: NL: Transitions in smoking behaviour & cessation scheme design
- Psych Addict Behav - Perkins: US: Consistency of Daily Cigarette Smoking Amount in Dependent Adults
- Reprod Toxicol - Esakky: CSC, Aryl Hydrocarbons & Changes in Gene Expression in Spermatoocytes
- Resp Med - van Dijk: NL: Cigarette smoke retention & bronchodilation in COPD patients: RCT
- Tob Control - BinDihm: Pro-smoking smartphone apps: latest vehicle for the tobacco industry?
- Tob Control - Blecher: EU: Cigarette affordability; Konfino: Argentina: CVD impact on TC law implementation
- Tob Control - Hiilamo: Cigarette pack health warning label evolution: precedents & TI diffusion blocking strategies
- Tob Control - Hood: US: OH: In-home smoking & surface nicotine concentrations in multiunit housing
- Tob Induc Dis - Eklund: Why do smokers diagnosed with COPD not quit smoking?
- Tob Induc Dis - Khanna: India: Interaction between tobacco use & oral health among central tribes

**Abstracts:****Review article: ulcerative colitis, smoking and nicotine therapy**

[Aliment Pharmacol Ther.](#) 2012 Oct 16. doi: 10.1111/apt.12086. [Epub ahead of print]

[C Lunney P,](#) [Leong RW.](#)

**Abstract****BACKGROUND:**

Smoking is the best-characterised environmental association of ulcerative colitis (UC). Smoking has been observed to exert protective effects on both the development and progression of UC.

**AIMS:**

To examine the association between UC and smoking, possible pathogenic mechanisms and the potential of nicotine as a therapeutic agent in the treatment of UC.

**METHODS:**

A literature search was conducted through MEDLINE, using the MeSH search terms 'ulcerative colitis' and 'smoking' or 'nicotine'. Relevant articles were identified through manual review. The reference lists of these articles were reviewed to include further appropriate articles.

**RESULTS:**

Ulcerative colitis is less prevalent in smokers. Current smokers with a prior diagnosis of UC are more likely to exhibit

milder disease than ex-smokers and nonsmokers. There is conflicting evidence for smokers having reduced rates of hospitalisation, colectomy and need for oral corticosteroids and immunosuppressants to manage their disease. Multiple potential active mediators in smoke may be responsible for these clinical effects, including nicotine and carbon monoxide, but the precise mechanism remains unknown. Nicotine has demonstrated variable efficacy in the induction of remission in UC when compared to placebo and conventional medicines. Despite this, the high frequency of adverse events limits its clinical significance.

## CONCLUSIONS:

Nicotine's application as a therapeutic treatment in ulcerative colitis is limited. Presently, it may be an option considered only in selected cases of acute ulcerative colitis refractory to conventional treatment options. This review also questions whether nicotine is the active component of smoking that modifies risk and inflammation in ulcerative colitis.

<http://onlinelibrary.wiley.com/doi/10.1111/apt.12086/abstract>

<http://onlinelibrary.wiley.com/doi/10.1111/apt.12086/pdf>

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

## Evidence of Social Contextual Effects on Adolescent Smoking in South Korea

[Asia Pac J Public Health](#). 2012 Oct 15. [Epub ahead of print]

[Jung M](#), [Chung D](#).

### Abstract

This study explores the effect of psychological and social factors on smoking behavior among male and female adolescents in South Korea. A cross-sectional analysis was carried out via multilevel logistic regression with pupils at the first level and schools at the second level. The data were collected in 2003 using a nationally representative sample of 3449 students from 100 South Korean middle schools. For both genders, adolescents were more likely to smoke if and when they had lower academic grades, had a higher disposable monetary allowance from their parents, had more friends who smoked, and if the smoking rate at their school was higher. Psychological factors, however, were not factors that significantly influenced smoking. Consequently, the principal contextual factors related to adolescent smoking are the smoking rates in schools and among peer groups. Thus, an antismoking campaign incorporating social environmental factors may be useful in reducing the rates of adolescent smoking.

<http://aph.sagepub.com/content/early/2012/10/08/1010539512461667.abstract>

## An exploration of the missing data mechanism in an Internet based smoking cessation trial

[BMC Med Res Methodol](#). 2012 Oct 15;12(1):157. [Epub ahead of print]

[Jackson D](#), [Mason D](#), [White IR](#), [Sutton S](#).

### Abstract

**BACKGROUND:** Missing outcome data are very common in smoking cessation trials. It is often assumed that all such missing data are from participants who have been unsuccessful in giving up smoking ("missing=smoking"). Here we use data from a recent Internet based smoking cessation trial in order to investigate which of a set of a priori chosen baseline variables are predictive of missingness, and the evidence for and against the "missing=smoking" assumption.

### METHODS:

We use a selection model, which models the probability that the outcome is observed given the outcome and other variables. The selection model includes a parameter for which zero indicates that the data are Missing at Random (MAR) and large values indicate "missing=smoking". We examine the evidence for the predictive power of baseline variables in the context of a sensitivity analysis. We use data on the number and type of attempts made to obtain outcome data in order to estimate the association between smoking status and the missing data indicator.

**RESULTS:**

We apply our methods to the IQuit smoking cessation trial data. From the sensitivity analysis, we obtain strong evidence that older participants are more likely to provide outcome data. The model for the number and type of attempts to obtain outcome data confirms that age is a good predictor of missing data. There is weak evidence from this model that participants who have successfully given up smoking are more likely to provide outcome data but this evidence does not support the "missing=smoking" assumption. The probability that participants with missing outcome data are not smoking at the end of the trial is estimated to be between 0.14 and 0.19.

**CONCLUSIONS:**

Those conducting smoking cessation trials, and wish to perform an analysis that assumes the data are MAR, should collect and incorporate baseline variables into their models that are thought to be good predictors of missing data in order to make this assumption more plausible. However they should also consider the possibility of Missing Not at Random (MNAR) models that make or allow for less extreme assumptions than "missing=smoking".

<http://www.biomedcentral.com/1471-2288/12/157/abstract>

<http://www.biomedcentral.com/content/pdf/1471-2288-12-157.pdf>

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

**Concern about passive smoking and tobacco control policies in European countries: An ecological study**

**BMC Public Health.** 2012 Oct 15;12(1):876. [Epub ahead of print]

[Willemssen MC](#), [Kiselinova M](#), [Nagelhout GE](#), [Joossens L](#), [Knibbe RA](#).

**Abstract**

**BACKGROUND:** Because of the magnitude of the global tobacco epidemic, the World Health Organisation developed the Framework Convention on Tobacco Control (FCTC), an international legally binding treaty to control tobacco use. Adoption and implementation of specific tobacco control measures within FCTC is an outcome of a political process, where social norms and public opinion play important roles. The objective of our study was to examine how a country's level of tobacco control is associated with smoking prevalence, two markers of denormalisation of smoking (social disapproval of smoking and concern about passive smoking), and societal support for tobacco control.

**METHODS:**

An ecological study was conducted, using data from two sources. The first source was the Tobacco Control Scale (TCS) from 2011, which quantifies the implementation of tobacco control policies in European Union (EU) countries. Data on smoking prevalence, societal disapproval of smoking, concern about passive smoking, and societal support for policy measures were taken from the Eurobarometer survey of 2009. Data from Eurobarometer surveys were aggregated to country level. Data from the 27 European Union member states were used.

**RESULTS:**

Smoking prevalence rates in 2009 were negatively associated with a country's TCS 2011 score, although not statistically significant ( $r = -.25$ ;  $p = .21$ ). Experience of societal disapproval was positively associated with higher TCS scores, though not significantly ( $r = .14$ ;  $p = .48$ ). The same was true for societal support for tobacco control ( $r = .27$ ;  $p = .18$ ). The TCS score in 2011 was significantly correlated with concern about passive smoking ( $r = .42$ ;  $p = .03$ ). Support for tobacco control measures was also strongly correlated with concern about passive smoking ( $r = .52$ ,  $p = .006$ ).

**CONCLUSIONS:**

Smokers in countries with a higher TCS score were more concerned about whether their smoke harms others. Further, support for tobacco control measures is higher in countries that have more of these concerned smokers. Concerns about passive smoking seem central in the implementation of tobacco control measures, stressing the importance of continuing to educate the public about the harm from passive smoking.

<http://www.biomedcentral.com/1471-2458/12/876/abstract>

<http://www.biomedcentral.com/content/pdf/1471-2458-12-876.pdf>

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

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## Health effects of the Federal Bureau of Prisons tobacco ban

**[BMC Pulm Med.](#) 2012 Oct 15;12(1):64. [Epub ahead of print]**

[Martin SA](#), [Celli BR](#), [Difranza JR](#), [Krinzman SJ](#), [Clarke JG](#), [Beam H](#), [Howard S](#), [Foster M](#), [Goldberg RJ](#).

### Abstract

**BACKGROUND:** Tobacco smoking remains the leading cause of preventable death in America, claiming 450,000 lives annually. Chronic Obstructive Pulmonary Disease, caused by smoking in the vast majority of cases, became the third leading cause of death in the U.S. in 2008. The burden of asthma, often exacerbated by tobacco exposure, has widespread clinical and public health impact. Despite this considerable harm, we know relatively little about the natural history of lung disease and respiratory impairment in adults, especially after smoking cessation.

### METHODS:

Our paper describes the design and rationale for using the 2004 Federal Bureau of Prisons tobacco ban to obtain insights into the natural history of respiratory diseases in adult men and women of different races/ethnicities who are imprisoned in federal medical facilities. We have developed a longitudinal study of new prison arrivals, with data to be collected from each participant over the course of several years, through the use of standardized questionnaires, medical chart reviews, lung function tests, six-minute walk tests, and stored serum for the analysis of present and future biomarkers. Our endpoints include illness exacerbations, medication and health services utilization, lung function, serum biomarkers, and participants' experience with their health and nicotine addiction.

### DISCUSSION:

We believe the proposed longitudinal study will make a substantial contribution to the understanding and treatment of respiratory disease and tobacco addiction.

<http://www.biomedcentral.com/1471-2466/12/64/abstract>

<http://www.biomedcentral.com/content/pdf/1471-2466-12-64.pdf>

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

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## Dose-Independent Kinetics with Low Level Exposure to Nicotine and Cotinine

### British Journal of Clinical Pharmacology

**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: **11 MAY 2012**

Neal L. Benowitz, Delia Dempsey, Rachel F. Tyndale, Gideon St. Helen, Peyton Jacob III

### Abstract

In studying the effects of exposure to secondhand smoke (SHS) levels of cotinine (the proximate metabolite of nicotine), measured in plasma, urine or saliva, are widely used as indicators of nicotine exposure. In interpreting the levels of cotinine in non-smokers relative to levels in smokers, the assumption is made that the pharmacokinetics of nicotine and cotinine are independent of level of nicotine exposure.

<http://onlinelibrary.wiley.com/doi/10.1111/j.1365-2125.2012.04327.x/abstract>

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## Combined pharmacotherapy and behavioural interventions for smoking cessation

### [The Cochrane Library](#)

*Cochrane Database of Systematic Reviews* 2012, Issue 10. Art. No.: CD008286. DOI:

10.1002/14651858.CD008286.pub2.

Published Online: **17 OCT 2012**

Lindsay F Stead, Tim Lancaster

### Abstract

### Background

Both behavioural support (including brief advice and counselling) and pharmacotherapies (including nicotine replacement therapy (NRT), varenicline and bupropion) are effective in helping people to stop smoking. Combining both treatment approaches is recommended where possible, but the size of the treatment effect with different combinations and in different settings and populations is unclear.

### Objectives

To assess the effect of combining behavioural support and medication to aid smoking cessation, compared to a minimal intervention or usual care, and to identify whether there are different effects depending on characteristics of the treatment setting, intervention, population treated, or take-up of treatment.

### Search methods

We searched the Cochrane Tobacco Addiction Group Specialised Register in July 2012 for records with any mention of pharmacotherapy, including any type of NRT, bupropion, nortriptyline or varenicline.

### Selection criteria

Randomized or quasi-randomized controlled trials evaluating combinations of pharmacotherapy and behavioural support for smoking cessation, compared to a control receiving usual care or brief advice or less intensive behavioural support. We excluded trials recruiting only pregnant women, trials recruiting only adolescents, and trials with less than six months follow-up.

### Data collection and analysis

Search results were prescreened by one author and inclusion or exclusion of potentially relevant trials was agreed by both authors. Data was extracted by one author and checked by the other.

The main outcome measure was abstinence from smoking after at least six months of follow-up. We used the most rigorous definition of abstinence for each trial, and biochemically validated rates if available. We calculated the risk ratio (RR) and 95% confidence interval (CI) for each study. Where appropriate, we performed meta-analysis using a Mantel-Haenszel fixed-effect model.

### Main results

Forty-one studies with a total of more than 20,000 participants met the inclusion criteria. A large proportion of studies recruited people in healthcare settings or with specific health needs. Most studies provided NRT. Behavioural support was



typically provided by specialists in cessation counselling, who offered between four and eight contact sessions. The planned maximum duration of contact was typically more than 30 minutes but less than 300 minutes. Overall, studies were at low or unclear risk of bias, and findings were not sensitive to the exclusion of any of the three studies rated at high risk of bias in one domain. One large study (the Lung Health Study) contributed heterogeneity due to a substantially larger treatment effect than seen in other studies (RR 3.88, 95% CI 3.35 to 4.50). Since this study used a particularly intensive intervention which included extended availability of nicotine gum, multiple group sessions and long term maintenance and recycling contacts, the results may not be comparable with the interventions used in other studies, and hence it was not pooled in other analyses. Based on the remaining 40 studies (15,021 participants) there was good evidence for a benefit of combination pharmacotherapy and behavioural treatment compared to usual care or brief advice or less intensive behavioural support (RR 1.82, 95% CI 1.66 to 2.00) with moderate statistical heterogeneity ( $I^2 = 40\%$ ). The pooled estimate for 31 trials that recruited participants in healthcare settings (RR 2.06, 95% CI 1.81 to 2.34) was higher than for eight trials with community-based recruitment (RR 1.53, 95% CI 1.33 to 1.76). Pooled estimates were lower in a subgroup of trials where the behavioural intervention was provided by specialist counsellors versus trials where counselling was linked to usual care (specialist: RR 1.73, 95% CI 1.55 to 1.93, 28 trials; usual provider: RR 2.41, 95% CI 1.91 to 3.02, 8 trials) but this was largely attributable to the small effect size in two trials using specialist counsellors where the take-up of the planned intervention was low, and one usual provider trial with a large effect. There was little indirect evidence that the relative effect of an intervention differed according to whether participants in a trial were required to be motivated to make a quit attempt or not. There was only weak evidence that studies offering more sessions had larger effects and there was not clear evidence that increasing the duration of contact increased the effect, but there was more evidence of a dose-response relationship when analyses were limited to trials where the take-up of treatment was high.

### Authors' conclusions

Interventions that combine pharmacotherapy and behavioural support increase smoking cessation success compared to a minimal intervention or usual care. Further trials would be unlikely to change this conclusion. We did not find strong evidence from indirect comparisons that offering more intensive behavioural support was associated with larger treatment effects but this could be because intensive interventions are less likely to be delivered in full.

### Plain language summary

#### Does a combination of smoking cessation medication and behavioural support help smokers to stop?

Behavioural support (such as brief advice and counselling) and medications (including varenicline, bupropion, and nicotine replacement therapies like patches or gum) help people quit smoking. Many guidelines recommend combining medication and behavioural support to help people stop smoking, but it is unclear if some combinations are more effective than others, or if the combination of medication and behavioural support works better in some settings or groups than in others.

This review includes 41 studies which compare combinations of behavioural support and medication to help smokers to stop compared to groups receiving usual care or less behavioural support. One large study found a very strong treatment effect; it had an intensive intervention which included extended availability of nicotine gum, multiple group sessions, and long term contact to help maintain abstinence or encourage additional quit attempts. Because it was not typical of most treatment programmes, it was not included when we combined the results from the included studies although it shows that such intensive support can be very effective. Based on the remaining 40 studies, we found that using a combination of behavioural support and medication might typically increase the chances of a person successfully quitting smoking by 70 to 100 per cent compared to their chance of success if they just received brief advice or support. There was no clear evidence that providing more contact time increased the effect of the intervention, and there was only weak evidence that studies offering a larger number of behavioural support sessions had larger effects. However, when we only looked at studies where most people used the treatments offered, there was some evidence that intensive support was more effective.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD008286.pub2/abstract>

### Editorial

**Genomic and post-genomic effects of cigarette smoke: Mechanisms and implications for risk assessment and prevention strategies**

Silvio De Flora and Helmut Bartsch

Tobacco smoke, mainly in the form of cigarette smoke (CS), is the single largest cause of cancer worldwide and is a major risk factor for several other chronic degenerative diseases as well. Active tobacco smoke, second-hand smoke and smokeless tobacco have been categorized as human carcinogens (IARC Group 1).<sup>1</sup> In particular, there is evidence for a causal association of CS with cancers affecting a variety of sites, including (a) the respiratory system (nasal cavity and paranasal sinuses, nasopharynx, oropharynx and hypopharynx, larynx and lung), (b) the urinary tract (kidney pelvis, ureter and bladder), (c) the digestive system (oral cavity, oesophagus, stomach, colon-rectum, liver and pancreas), (d) the reproductive tract (ovary, and uterine cervix), and (e) the haematopoietic system (myeloid leukemia).<sup>1</sup>

The 30% of deaths for cancers at all sites, the 85-90% of lung cancers, and the 50-70% of cancers of the aerodigestive tract, synergistically with alcohol, have been estimated to be attributable to CS, along with a 75-80% of deaths due to chronic obstructive pulmonary diseases (COPD), such as chronic bronchitis and emphysema, and a 30% of cardiovascular and cerebrovascular diseases, in synergism with other risk factors. In addition, smoking has been associated with ocular diseases, skin alterations, periodontitis, bone fragility, and reproductive effects. Accordingly, it has been estimated that, in the US, smoking is responsible for nearly 1 out of 5 deaths, or about 443,000 deaths each year,<sup>2</sup> including 49,000 deaths due to exposure to second-hand smoke.<sup>3</sup> As many as 650,000 Europeans die prematurely each year because of tobacco use, and 19,000 non-smokers die annually due to second-hand smoke.<sup>3</sup> In view of further developments of the tobacco epidemic, even more worrisome is the situation in other geographical areas, which heavily contribute to the worldwide 1.3 billion smokers.<sup>4</sup> In fact, nearly 80% of the smokers live in low- and middle-income countries...

Understanding the underlying molecular mechanisms is useful not only to explore the mode of action of CS and its components but also in order to evaluate the efficacy of preventative measures. In fact, smoking cessation will result in an attenuation or reversion of these alterations, while the intake of protective dietary and pharmacological factors will result in their modulation. At least in animal models, it is possible to evaluate the safety of chemopreventive agents by ruling out changes in the baseline expression of post-genomic end-points in smoke-free rodents. At the same time, it is possible to evaluate their efficacy by assessing the ability to attenuate the molecular changes induced in CS-exposed rodents.

Finally, an important issue discussed in all four articles composing this Special Section is that most pathways involved in CS carcinogenesis are governed by a strong interindividual variability. For instance, genetic polymorphisms affect a variety of activities involved in the metabolic activation and detoxification of carcinogens, metabolism of nicotine, DNA repair, gene expression, and microRNA expression. It is of interest that evaluation of multiple polymorphisms and combinations thereof may be exploited to predict not only the susceptibility to CS but also the response to protective agents. As an example, in the framework of a phase II trial in Dutch smokers treated with the antioxidant *N*-acetylcysteine (NAC),<sup>12</sup> the response to this drug, in terms of reduction of micronucleous frequency in the oral cavity cells, was more pronounced in those smokers that were *GSTM1*-null and fast *NAT2* acetylators (S. De Flora *et al.*, unpublished data).

<http://onlinelibrary.wiley.com/doi/10.1002/ijc.27833/abstract>

#### Referenced *Int J Cancer* Special Section Papers:

Lung carcinogenesis by tobacco smoke

<http://onlinelibrary.wiley.com/doi/10.1002/ijc.27816/abstract>

Transcriptome alterations induced by cigarette smoke

<http://onlinelibrary.wiley.com/doi/10.1002/ijc.27829/abstract>

DNA and protein adducts in human tissues resulting from exposure to tobacco smoke

<http://onlinelibrary.wiley.com/doi/10.1002/ijc.27827/abstract>

Smoke-induced microRNA and related proteome alterations. Modulation by chemopreventive agents

<http://onlinelibrary.wiley.com/doi/10.1002/ijc.27814/abstract>

#### Prenatal Secondhand Smoke Exposure and Infant Birth Weight in China

*Int. J. Environ. Res. Public Health* 2012, 9(10), 3398-3420; doi:10.3390/ijerph9103398

Nora L. Lee, Jonathan M. Samet, Gonghuan Yang, Maigeng Zhou, Jie Yang, Adolfo Correa and Peter S. J. Lees



**Abstract**

Epidemiologic evidence provides some support for a causal association between maternal secondhand smoke (SHS) exposure during pregnancy and reduction in infant birth weight. The purpose of this cross-sectional study is to examine the magnitude of this association in China, where both prevalence and dose of SHS exposure are thought to be higher than in U.S. populations. Women who gave birth in Beijing and Changchun September 2000–November 2001 were interviewed to quantify self-reported prenatal SHS exposure. Their medical records were reviewed for data on pregnancy complications and birth outcomes. Non-smoking women who delivered term babies ( $\geq 37$  weeks gestation) were included in the study ( $N = 2,770$ ). Nearly a quarter of the women (24%) reported daily SHS exposure, 47% reported no prenatal exposure, and 75% denied any SHS exposure from the husband smoking at home. Overall, no deficit in mean birth weight was observed with exposure from all sources of SHS combined (+11 grams, 95% CI: +2, +21). Infants had higher mean birth weights among the exposed than the unexposed for all measures of SHS exposure. Future studies on SHS exposure and infant birth weight in China should emphasize more objective measures of exposure to quantify and account for any exposure misclassification.

<http://www.mdpi.com/1660-4601/9/10/3398/>

**Also:**

Social, Psychological, and Environmental-Structural Factors Associated with Tobacco Experimentation among Adolescents in Shanghai, China

<http://www.mdpi.com/1660-4601/9/10/3421/>

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

**Smoking and risk of skin cancer: a prospective analysis and a meta-analysis**

*Int. J. Epidemiol.* (2012) doi: 10.1093/ije/dys146 First published online: October 11, 2012

Fengju Song, Abrar A Quresh, Xiang Gao, Tricia Li and Jiali Han

**Abstract**

**Background** The association between smoking and the risk of skin cancer has not been well established.

**Methods** In two large cohorts in the USA, we prospectively examined the risks of melanoma, basal cell carcinoma (BCC) and squamous cell carcinoma (SCC) among participants grouped according to smoking variables.

**Results** Among men, compared with never smokers, ever smokers had a significantly lower risk of melanoma [relative risk (RR) = 0.72; 95% confidence interval (CI): 0.58–0.86]; those who smoked for  $\geq 30$  years had an RR of 0.65 (95% CI: 0.48–0.89) ( $P_{\text{trend}} = 0.003$ ); those who smoked  $\geq 15$  cigarettes per day had an RR of 0.32 (95% CI: 0.13–0.78) ( $P_{\text{trend}} = 0.006$ ) and those who smoked for  $> 45$  pack years had an RR of 0.66 (95% CI: 0.45–0.97) ( $P_{\text{trend}} = 0.03$ ). Ever smokers also had a slightly lower risk of BCC (RR = 0.94; 95% CI: 0.90–0.98). There was no significant association for SCC (RR = 0.99; 95% CI: 0.89–1.12). In women, no significant association was found for melanoma (RR = 0.96; 95% CI: 0.83–1.10). Compared with never smokers, ever smokers had a slightly higher risk of BCC (RR = 1.06; 95% CI: 1.03–1.08) and a higher risk of SCC (RR = 1.19; 95% CI: 1.08–1.31). A significant inverse association between smoking and melanoma was limited to the head and neck (RR = 0.65; 95% CI: 0.42–0.89).

**Conclusions** Smoking was inversely associated with melanoma risk, especially on the head and neck. Further studies are warranted to investigate the underlying mechanism(s).

<http://ije.oxfordjournals.org/content/early/2012/10/11/ije.dys146.abstract>

**Related coverage:**

Smoking lowers skin cancer risk - 6 Minutes

<http://www.6minutes.com.au/news/latest-news/smoking-lowers-skin-cancer-risk>

**Qualitative exploration of family perspectives of smoke-free mental health and addiction services**

[Missen RL](#), [Brannelly T](#), [Newton-Howes G](#).**Abstract**

The significant health disparities experienced by people with mental illness indicate the need for mental health service improvement. This qualitative study explored family and whānau (Māori family group) perspectives of smoke-free mental health services. Thematic analysis found that family and whānau identified a number of barriers to the implementation of successful smoke-free policy, including lack of coordination and consistency, and limited, if any, family and whānau inclusion. Family and whānau discussed smoking as a strategy for coping with anxiety and boredom; therefore, the need for other activities and strategies to replace smoking was identified as necessary in effective service delivery. The attitude that mental health service policy should be different from general health policy, due to the experience of mental distress, was also identified. In this paper, we argue that the development and implementation of quality mental health services would be strengthened by involving family and whānau in smoke-free initiatives. Furthermore, the provision of relevant information to family, whānau, and service users would help dispel myths and stigma associated with tobacco and mental health.

<http://onlinelibrary.wiley.com/doi/10.1111/j.1447-0349.2012.00882.x/abstract>

**Associations Between Conventional Cardiovascular Risk Factors and Risk of Peripheral Artery Disease in Men**

*JAMA*. 2012;308(16):1660-1667. doi:10.1001/jama.2012.13415.

Michel M. Joosten, PhD; Jennifer K. Pai, ScD, MHS; Monica L. Bertoina, MPH, PhD; Eric B. Rimm, ScD; Donna Spiegelman, ScD; Murray A. Mittleman, MD, DrPH; Kenneth J. Mukamal, MD, MPH, MA

**Abstract**

**Context** Previous studies have examined the associations of individual clinical risk factors with risk of peripheral artery disease (PAD), but the combined effects of these risk factors are largely unknown.

**Objective** To estimate the degree to which the 4 conventional cardiovascular risk factors of smoking, hypertension, hypercholesterolemia, and type 2 diabetes are associated with the risk of PAD among men.

**Design, Setting, and Participants** Prospective study of 44 985 men in the United States without a history of cardiovascular disease at baseline in 1986; participants in the Health Professionals Follow-up Study were followed up for 25 years until January 2011. The presence of risk factors was updated biennially during follow-up.

**Main Outcome Measure** Clinically significant PAD defined as limb amputation or revascularization, angiogram reporting vascular obstruction of 50% or greater, ankle-brachial index of less than 0.90, or physician-diagnosed PAD.

**Results** During a median follow-up of 24.2 years (interquartile range, 20.8-24.7 years), there were 537 cases of incident PAD. Each risk factor was significantly and independently associated with a higher risk of PAD after adjustment for the other 3 risk factors and confounders. The age-adjusted incidence rates were 9 (95% CI, 6-14) cases/100 000 person-years (n = 19 incident cases) for 0 risk factors, 23 (95% CI, 18-28) cases/100 000 person-years (n = 99 incident cases) for 1 risk factor, 47 (95% CI, 39-56) cases/100 000 person-years (n = 176 incident cases) for 2 risk factors, 92 (95% CI, 76-111) cases/100 000 person-years (n = 180 incident cases) for 3 risk factors, and 186 (95% CI, 141-246) cases/100 000 person-years (n = 63 incident cases) for 4 risk factors. The multivariable-adjusted hazard ratio for each additional risk factor was 2.06 (95% CI, 1.88-2.26). Men without any of the 4 risk factors had a hazard ratio of PAD of 0.23 (95% CI, 0.14-0.36) compared with all other men in the cohort. In 96% of PAD cases (95% CI, 94%-98%), at least 1 of the 4 risk factors was present at the time of PAD diagnosis. The population-attributable risk associated with these 4 risk factors was 75% (95% CI, 64%-87%). The absolute incidence of PAD among men with all 4 risk factors was 3.5/1000 person-years.

**Conclusion** Among men in this cohort, smoking, hypertension, hypercholesterolemia, and type 2 diabetes account for the majority of risk associated with development of clinically significant PAD.

...Risk of PAD was strongly and dose dependently associated with current smoking compared with men who never smoked; there was a multivariable-adjusted HR of 12.89 (95% CI, 8.59-19.34) among the heaviest smokers compared with men who have never smoked ([Figure 2](#)). Duration of smoking cessation was also strongly associated with risk of PAD ( $P < .001$  for linear trend), with progressively lower risk associated with greater duration since cessation. Even men who quit smoking more than 20 years in the past had a significantly higher risk compared with men who never smoked (HR, 1.39; 95% CI, 1.10-1.76). Compared with all former smokers, the HR for incident PAD among all current smokers was 3.81

(95% CI, 3.00-4.84). There was a strong dose-response relationship between pack-years of smoking and risk of PAD ( $P < .001$  for linear trend; [Figure 3](#))...

<http://jama.jamanetwork.com/article.aspx?articleid=1386609>

#### Related PR:

Men With Certain Cardiovascular Risk Factors Appear to be At Increased Risk of Peripheral Artery Disease

<http://media.jamanetwork.com/news-item/men-with-certain-cardiovascular-risk-factors-appear-to-be-at-increased-risk-of-peripheral-artery-disease/>

### The $\alpha 7$ nACh–NMDA receptor complex is involved in cue-induced reinstatement of nicotine seeking

**Journal of Experimental Medicine**

Published **October 22, 2012**

[Shupeng Li](#), [ZhaoXia Li](#), [Lin Pei](#), [Anh D. Le](#), and [Fang Liu](#)

#### Abstract

Smoking is the leading preventable cause of disease, disability, and premature death. Nicotine, the main psychoactive drug in tobacco, is one of the most heavily used addictive substances, and its continued use is driven through activation of nicotinic acetylcholine receptors (nAChRs). Despite harmful consequences, it is difficult to quit smoking because of its positive effects on mood and cognition that are strong reinforcers contributing to addiction. Furthermore, a formidable challenge for the treatment of nicotine addiction is the high vulnerability to relapse after abstinence. There is no currently available smoking cessation product able to achieve a >20% smoking cessation rate after 52 wk, and there are no medications that directly target the relapse process. We report here that the  $\alpha 7$ nAChR forms a protein complex with the NMDA glutamate receptor (NMDAR) through a direct protein–protein interaction. Chronic nicotine exposure promotes  $\alpha 7$ nAChR–NMDAR complex formation. Interestingly, administration of an interfering peptide that disrupts the  $\alpha 7$ nAChR–NMDAR complex decreased extracellular signal-regulated kinase (ERK) activity and blocked cue-induced reinstatement of nicotine seeking in rat models of relapse, without affecting nicotine self-administration or locomotor activity. Our results may provide a novel therapeutic target for the development of medications for preventing nicotine relapse.

<http://jem.rupress.org/content/early/2012/10/16/jem.20121270.abstract>

#### Related PR:

CAMH protein discovery may lead to new treatment to prevent smoking relapse

[http://www.camh.ca/en/hospital/about\\_camh/newsroom/news\\_releases\\_media\\_advisories\\_and\\_backgrounders/current\\_year/Pages/CAMH-protein-discovery-may-lead-to-new-treatment-to-prevent-smoking-relapse.aspx](http://www.camh.ca/en/hospital/about_camh/newsroom/news_releases_media_advisories_and_backgrounders/current_year/Pages/CAMH-protein-discovery-may-lead-to-new-treatment-to-prevent-smoking-relapse.aspx)

### Influence of smoking on HIV infection among HIV-infected Japanese men

[J Infect Chemother](#). 2012 Oct 17. [Epub ahead of print]

[Oka F](#), [Naito T](#), [Oike M](#), [Saita M](#), [Inui A](#), [Uehara Y](#), [Mitsuhashi K](#), [Isonuma H](#), [Hisaoka T](#), [Shimbo T](#).

#### Abstract

We performed a cross-sectional study that included 100 HIV-infected Japanese men without hemophilia to examine the influence of smoking on HIV infection. History of smoking was obtained using a questionnaire. The percentage of current smokers was 40 % and was the highest (50 %) among men in their forties. The mean Brinkman index (BI, number of cigarettes smoked per day multiplied by years of smoking) was 450. The percentage of patients with a BI  $\geq 600$  was significantly higher in patients with an AIDS-defining event than in those without an AIDS-defining event. A BI  $\geq 600$  was associated with an AIDS-defining event. Reducing smoking appears to be critical to enhancing disease management efforts in Japanese men with HIV.

<http://www.springerlink.com/content/u34174453088x42r/>

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## **Smoking Cessation for Patients With Chronic Obstructive Pulmonary Disease (COPD): An Evidence-Based Analysis**

[Ont Health Technol Assess Ser.](#) 2012;12(4):1-50. Epub 2012 Mar 1.

[M Thabane and COPD Working Group.](#)

### **Abstract**

In July 2010, the Medical Advisory Secretariat (MAS) began work on a Chronic Obstructive Pulmonary Disease (COPD) evidentiary framework, an evidence-based review of the literature surrounding treatment strategies for patients with COPD. This project emerged from a request by the Health System Strategy Division of the Ministry of Health and Long-Term Care that MAS provide them with an evidentiary platform on the effectiveness and cost-effectiveness of COPD interventions....

### **RESEARCH QUESTION:**

What are the effectiveness and cost-effectiveness of smoking cessation interventions compared with usual care for patients with COPD?...

### **SUMMARY OF FINDINGS:**

Nine RCTs were identified from the literature search. The sample sizes ranged from 74 to 5,887 participants. A total of 8,291 participants were included in the nine studies. The mean age of the patients in the studies ranged from 54 to 64 years. The majority of studies used the Global Initiative for Chronic Obstructive Lung Disease (GOLD) COPD staging criteria to stage the disease in study subjects. Studies included patients with mild COPD (2 studies), mild-moderate COPD (3 studies), moderate-severe COPD (1 study) and severe-very severe COPD (1 study). One study included persons at risk of COPD in addition to those with mild, moderate, or severe COPD, and 1 study did not define the stages of COPD. The individual quality of the studies was high. Smoking cessation interventions varied across studies and included counselling or pharmacotherapy or a combination of both. Two studies were delivered in a hospital setting, whereas the remaining 7 studies were delivered in an outpatient setting. All studies reported a usual care group or a placebo-controlled group (for the drug-only trials). The follow-up periods ranged from 6 months to 5 years. Due to excessive clinical heterogeneity in the interventions, studies were first grouped into categories of similar interventions; statistical pooling was subsequently performed, where appropriate. When possible, pooled estimates using relative risks for abstinence rates with 95% confidence intervals were calculated. The remaining studies were reported separately. ABSTINENCE RATES: Table ES1 provides a summary of the pooled estimates for abstinence, at longest follow-up, from the trials included in this review. It also shows the respective GRADE qualities of evidence.

(ABSTRACT TRUNCATED)

[http://www.hqontario.ca/en/mas/mas\\_ohtas\\_tech\\_copd\\_smoking\\_cessation\\_20120313.html](http://www.hqontario.ca/en/mas/mas_ohtas_tech_copd_smoking_cessation_20120313.html)  
[http://www.hqontario.ca/en/mas/tech/pdfs/2012/rev\\_COPD\\_Smoking\\_Cessation\\_March.pdf](http://www.hqontario.ca/en/mas/tech/pdfs/2012/rev_COPD_Smoking_Cessation_March.pdf)

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

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## **Transitions in smoking behaviour and the design of cessation schemes**

[PLoS One.](#) 2012;7(10):e47139. doi: 10.1371/journal.pone.0047139. Epub 2012 Oct 11.

[Grasman J, Grasman RP, van der Maas HL.](#)

### **Abstract**

The intake of nicotine by smoking cigarettes is modelled by a dynamical system of differential equations. The variables are the internal level of nicotine and the level of craving. The model is based on the dynamics of neural receptors and the way they enhance craving. Lighting of a cigarette is parametrised by a time-dependent Poisson process. The nicotine intake rate is assumed to be proportional with the parameter of this stochastic process. The effect of craving is damped by a control mechanism in which awareness of the risks of smoking and societal measures play a role. Fluctuations in this damping may cause transitions from smoking to non-smoking and vice versa. With the use of Monte Carlo simulation the effect of abrupt and gradual cessation therapies are evaluated. Combination of the two in a mixed scheme yields a therapy with a duration that can be set at wish.

<http://www.plosone.org/article/info%3Adoi%2F10.1371%2Fjournal.pone.0047139>

**Also:**

Cigarette smoking increases abdominal and visceral obesity but not overall fatness: an observational study

<http://www.plosone.org/article/info%3Adoi%2F10.1371%2Fjournal.pone.0045815>

Association between Chronic Obstructive Pulmonary Disease and Lung Cancer: A Case-Control Study in Southern Chinese and a Meta-Analysis

<http://www.plosone.org/article/info%3Adoi%2F10.1371%2Fjournal.pone.0046144>

Point-of-Care Urine Tests for Smoking Status and Isoniazid Treatment Monitoring in Adult Patients

<http://www.plosone.org/article/info%3Adoi%2F10.1371%2Fjournal.pone.0045913>

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

## Consistency of Daily Cigarette Smoking Amount in Dependent Adults

**Psychology of Addictive Behaviors, Oct 22 , 2012.**

Perkins, Kenneth A.; Jao, Nancy C.; Karelitz, Joshua L.

**Abstract**

Self-reported cigarettes per day (CPD) is a very common screening as well as dependent or independent measure in clinical and nonclinical research on smoking, but the consistency of CPD across days in dependent smokers is uncertain. Adult dependent smokers (N = 357; 170 men, 187 women) retrospectively reported "usual" CPD at screening and then prospectively self-monitored CPD on 3 consecutive days of 1 week during an ad libitum baseline period. Participants were those recruited for later tests of brief medication effects in those with high (n = 170) versus low (n = 187) interest in quitting smoking soon (within 3 months). Consistency was determined by intraclass correlation (ICC). Prospective daily CPD was generally consistent (ICC = 0.78, 95% CI of 0.74–0.81), but CPD changed (increased or decreased) by 5 cigarettes/day or more in 40% of participants and by at least 10/day in 10%. Consistency in CPD was greater in higher dependent smokers and in women with low (vs. high) quit interest, but consistency tended to be greater in men with high (vs. low) quit interest. Although retrospectively reported CPD at screening was consistent with the overall mean for prospectively monitored daily CPD, 15% of participants differed by at least 5/day between methods, and digit bias was twice as likely with retrospective versus prospective CPD, which was at chance levels. Understanding variability in CPD may improve knowledge of dependence and factors that foster or discourage daily smoking amount, but precise assessment of daily CPD likely requires prospective monitoring.

<http://psycnet.apa.org/psycinfo/2012-28649-001/>

## Cigarette Smoke Condensate Induces Aryl Hydrocarbon Receptor-Dependent Changes in Gene Expression in Spermatoocytes

**Reprod Toxicol.** 2012 Oct 12. pii: S0890-6238(12)00308-5. doi: 10.1016/j.reprotox.2012.10.005. [Epub ahead of print]

[Esakky P](#), [Hansen DA](#), [Drury AM](#), [Moley KH](#).

**Abstract**

Cigarette smoke contains numerous compounds that cause oxidative stress and alter gene expression in many tissues, and cigarette smoking is correlated with male infertility. To identify mechanisms by which this occurs, we evaluated expression of antioxidant genes in mouse spermatocytes in response to cigarette smoke condensate (CSC). CSC exposure led to oxidative stress and dose-dependent up-regulation of Hsp90aa1, Ahr, Arnt, Sod1, Sod2, and Cyp1a1 expression in a mouse spermatocyte cell line. An antagonist of the aryl hydrocarbon receptor (AHR) abrogated several CSC-mediated changes in mRNA and protein levels. Consistent with these results, spermatocytes isolated by laser-capture microdissection from CSC-treated mice showed increased expression of several antioxidant genes. In vivo exposure to CSC was genotoxic to spermatocytes, resulting in apoptosis and disruptions to the seminiferous tubules. Our in vivo and in vitro data indicate that CSC-mediated damage to murine spermatocytes is AHR-dependent and is mediated by oxidative stress

<http://www.sciencedirect.com/science/article/pii/S0890623812003085>

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## **Cigarette smoke retention and bronchodilation in patients with COPD. A controlled randomized trial**

**[Respir Med.](#) 2012 Oct 12. pii: S0954-6111(12)00360-5. doi: 10.1016/j.rmed.2012.09.019. [Epub ahead of print]**

**[van Dijk WD](#), [Heijdra Y](#), [Lenders JW](#), [Klerx W](#), [Akkermans R](#), [van der Pouw A](#), [van Weel C](#), [Scheepers PT](#), [Schermer TR](#).**

### **Abstract**

#### **INTRODUCTION:**

Bronchodilators are the cornerstone for symptomatic treatment of chronic obstructive pulmonary disease (COPD). Many patients use these agents while persisting in their habit of cigarette smoking. We hypothesized that bronchodilators increase pulmonary retention of cigarette smoke and hence the risk of smoking-related (cardiovascular) disease. Our aim was to investigate if bronchodilation causes increased pulmonary retention of cigarette smoke in patients with COPD.

#### **METHODS:**

A double-blinded, placebo-controlled, randomized crossover trial, in which COPD patients smoked cigarettes during undilated conditions at one session and maximal bronchodilated conditions at the other session. Co-primary outcomes were pulmonary tar and nicotine retention. We performed a secondary analysis that excludes errors due to possible contamination. Secondary outcomes included the biomarkers C-reactive protein and fibrinogen, and smoke inhalation patterns.

#### **RESULTS:**

Of 39 randomized patients, 35 patients completed the experiment and were included in the final analysis. Bronchodilation did not significantly increase tar retention (-4.5%,  $p = 0.20$ ) or nicotine retention (-2.6%,  $p = 0.11$ ). Secondary analysis revealed a potential reduction of retention due to bronchodilation: tar retention (-3.8%,  $p = 0.13$ ), and nicotine retention (-3.4%,  $p = 0.01$ ). Bronchodilation did not modify our secondary outcomes.

#### **CONCLUSIONS:**

Our results do not support the hypothesis that cigarette tar and nicotine retention in COPD patients is increased by bronchodilation, whereas we observed a possibility towards less retention.

#### **TRIAL REGISTRATION:**

[www.clinicaltrials.gov](http://www.clinicaltrials.gov): NCT00981851.

<http://www.sciencedirect.com/science/article/pii/S0954611112003605>

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## **Pro-smoking apps for smartphones: the latest vehicle for the tobacco industry?**

***Tob Control Published Online First: 22 October 2012***



Nasser F BinDihm, Becky Freeman, Lyndal Trevena

### Abstract

**Background** Smartphone use is growing exponentially and will soon become the only mobile phone handset for about 6 billion users. Smartphones are ideal marketing targets as consumers can be reached anytime, anywhere. Smartphone application (app) stores are global shops that sell apps to users all around the world. Although smartphone stores have a wide collection of health-related apps they also have a wide set of harmful apps. In this study, the availability of 'pro-smoking' apps in two of the largest smartphone app stores (Apple App store and Android Market) was examined.

**Method** In February 2012, we searched the Apple App Store and Android Market for pro-smoking apps, using the keywords Smoke, Cigarette, Cigar, Smoking and Tobacco. We excluded apps that were not tobacco-related and then assessed the tobacco-related apps against our inclusion criteria.

**Result** 107 pro-smoking apps were identified and classified into six categories based on functionality. 42 of these apps were from the Android Market and downloaded by over 6 million users. Some apps have explicit images of cigarette brands.

**Conclusions** Tobacco products are being promoted in the new 'smartphone app' medium which has global reach, a huge consumer base of various age groups and underdeveloped regulation. The paper also provides two examples of app store responses to country-specific laws and regulations that could be used to control the harmful contents in the app stores for individual countries.

<http://tobaccocontrol.bmj.com/content/early/2012/10/01/tobaccocontrol-2012-050598.abstract>

### Related coverage & PR:

Health experts uncover pro-smoking smartphone apps - The Guardian

<http://www.guardian.co.uk/society/2012/oct/23/pro-smoking-smartphone-apps-tobacco-companies>

Free apps 'may encourage teens to start smoking' - Irish Examiner

<http://www.irishexaminer.com/ireland/free-apps-may-encourage-teens-to-start-smoking-211652.html>

Five Smartphone Apps That Promote Smoking - Time

<http://healthland.time.com/2012/10/24/five-smart-phone-apps-that-promote-smoking/>

'Addictive' Cigarette Smoking Games On Smartphones Target Kids - NPR

<http://www.npr.org/blogs/health/2012/10/23/163415785/addictive-cigarette-smoking-games-on-smartphones-target-kids>

Industry now using smartphone apps, which kids can easily download, to promote tobacco

<http://tobaccocontrol.bmj.com/content/suppl/2012/10/22/tobaccocontrol-2012-050598.DC2/tobaccocontrol-2012-050598.press.release.pdf>

Pro-smoking apps for smartphones the latest tobacco advertising outlet

<http://www.nzdoctor.co.nz/un-doctored/2012/october-2012/23/pro-smoking-apps-for-smartphones-the-latest-tobacco-advertising-outlet.aspx>

## Cigarette affordability in Europe

### *Tob Control Published Online First: 23 October 2012*

Evan Blecher, Hana Ross, Maria E Leon

### Abstract

**Objective** To analyze trends in excise taxes, real price and the affordability of cigarettes in Europe, and to examine the impact of EU wide tax policies on new member states.

**Design** We use a sample of 37 European countries with data from 2004 to 2010. 27 countries are EU member states of which 12 joined in 2004 or 2007 (new members), while 10 non-EU countries are included as a comparison. Data is sourced from the European Commission and the Economist Intelligence Unit.

**Results** The excise tax burden increased in all new member states between 2004 and 2010 while remaining relatively unchanged in existing member states. In 2010, the excise tax burden was higher in new (mean 63.8%) than in existing member states (mean 59.4%). Although cigarettes were significantly cheaper in new member states the difference in affordability was narrower between the two groups. Excise taxes and prices rose aggressively in new member states while the increases in existing member states were smaller. While cigarettes became less affordable in most EU member

states there was little difference between new and existing member states. The average annual percentage change in per-capita cigarette consumption was negative in all existing member states and in 9 of 12 new member states between 2004 and 2010, indicating declining per-capita cigarette consumption.

**Conclusions** Joining the EU results in significant increases in excise taxes and prices, and declines in affordability. Additionally, the structure of taxes, specifically the high excise tax floor resulted in higher taxes and prices.

<http://tobaccocontrol.bmj.com/content/early/2012/10/22/tobaccocontrol-2012-050575.abstract>

**Also:**

Impact on cardiovascular disease events of the implementation of Argentina's national tobacco control law

<http://tobaccocontrol.bmj.com/content/early/2012/10/22/tobaccocontrol-2012-050599.abstract>

**The evolution of health warning labels on cigarette packs: the role of precedents, and tobacco industry strategies to block diffusion**

*Tob Control Published Online First: 23 October 2012*

Heikki Hiilamo, Eric Crosbie, Stanton A Glantz

**Abstract**

**Objective** To analyse the evolution and diffusion of health warnings on cigarette packs around the world, including tobacco industry attempts to block this diffusion.

**Methods** We analysed tobacco industry documents and public sources to construct a database on the global evolution and diffusion of health warning labels from 1966 to 2012, and also analysed industry strategies.

**Results** Health warning labels, especially labels with graphic elements, threaten the tobacco industry because they are a low-cost, effective measure to reduce smoking. Multinational tobacco companies did not object to voluntary innocuous warnings with ambiguous health messages, in part because they saw them as offering protection from lawsuits and local packaging regulations. The companies worked systematically at the international level to block or weaken warnings once stronger more specific warnings began to appear in the 1970s. Since 1985 in Iceland, the tobacco industry has been aware of the effectiveness of graphic health warning labels (GHWL). The industry launched an all-out attack in the early 1990s to prevent GHWLs, and was successful in delaying GHWLs internationally for nearly 10 years.

**Conclusions** Beginning in 2005, as a result of the World Health Organisation Framework Convention on Tobacco Control (FCTC), GHWLs began to spread. Effective implementation of FCTC labelling provisions has stimulated diffusion of strong health warning labels despite industry opposition.

<http://tobaccocontrol.bmj.com/content/early/2012/10/22/tobaccocontrol-2012-050541.abstract>

**Associations between self-reported in-home smoking behaviours and surface nicotine concentrations in multiunit subsidised housing**

*Tob Control Published Online First: 23 October 2012*

Nancy E Hood, Amy K Ferketich, Elizabeth G Klein, Phyllis Pirie, Mary Ellen Wewers

**Abstract**

**Introduction** Smoke-free policies are being increasingly promoted and adopted in subsidised multiunit housing to address disparities in residential secondhand smoke exposure. In order to inform the planning and evaluation of these policies, this study examined associations between self-reported in-home smoking and surface nicotine concentrations.

**Methods** A face-to-face, cross-sectional survey was conducted from August to October 2011 with leaseholders in a probability sample of private subsidised housing units in Columbus, Ohio, without an existing smoke-free housing policy

(n=301, 64% response rate). After the survey, a wipe sample was collected from a wood surface in the living room to measure surface nicotine concentrations (n=279).

**Results** In-home smoking was reported by 56.6% of respondents. Geometric mean surface nicotine concentrations differed between non-smoking and smoking homes (11.4 vs 90.9  $\mu\text{g}/\text{m}^2$ ;  $p<0.001$ ), and between homes with complete, partial and no voluntary home smoking restrictions (8.9 vs 56.3 vs 145.6  $\mu\text{g}/\text{m}^2$ ;  $p<0.001$ ). Surface nicotine concentrations were moderately correlated ( $r=.52$ ) with the total number of cigarettes smoked indoors per week. Smoking behaviours of respondents, other household members and visitors, and length of stay were independently associated with surface nicotine concentrations in a multivariable model, explaining 52% of the variance.

**Conclusions** Surface nicotine concentrations were significantly associated with a range of self-reported in-home smoking behaviours. This measure should be considered for evaluating changes in in-home smoking behaviours after implementation of smoke-free policies by subsidised housing providers. More research is needed about how surface nicotine concentrations differ over space, time and various indoor surfaces.

<http://tobaccocontrol.bmj.com/content/early/2012/10/22/tobaccocontrol-2012-050666.abstract>

**Also:**

Contextual and community factors associated with youth access to cigarettes through commercial sources  
<http://tobaccocontrol.bmj.com/content/early/2012/10/22/tobaccocontrol-2012-050473.abstract>

**Why do smokers diagnosed with COPD not quit smoking? - a qualitative study**

*Tobacco Induced Diseases* 2012, 10:17 (22 October 2012)

Eklund B, Nilsson S, Hedman L, Lindberg I

**Abstract**

**Background**

Chronic Obstructive Pulmonary Disease (COPD) is currently one of the most widespread chronic lung diseases and a growing cause of suffering and mortality worldwide. It is predicted to become the third leading cause of death in the near future. Smoking is the most important risk factor, and about 50% of smokers develop COPD. Smoking cessation is the most important way to improve prognosis. The aim of the study was to describe difficulties of smoking cessation experienced by individuals with COPD who are unable to stop smoking.

**Methods**

Ten smokers (five women) with COPD, GOLD stage II, participated in semi-structured interviews in 2010. The data were analyzed using qualitative content analysis. The participants were recruited from the Obstructive Lung Disease in Northern Sweden (OLIN) studies.

**Results**

The participants lives were governed by a lifelong smoking habit that was difficult to break although they had knowledge about the harmful effects and the consequences of COPD. The participants described incidents in their lives as reasons for never finding the time to quit smoking. Demands to quit smoking from other people could lead to continued smoking or get them started again after cessation as they did not want to be patronized. They wanted to receive support from relatives and care providers but they wanted to make the decision to quit on their own.

**Conclusion**

For successful smoking cessation, it is important to understand the difficulties smokers are experiencing that influence their efforts to quit smoking. To achieve a successful lasting smoking cessation it might be more effective to first ensure that the smoker has the right internal motivation to make the decision to quit, then assist with smoking cessation.

<http://www.tobaccoinduceddiseases.com/content/10/1/17/abstract>  
<http://www.tobaccoinduceddiseases.com/content/pdf/1617-9625-10-17.pdf>

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

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## The interaction between tobacco use and oral health among tribes in central India

*Tobacco Induced Diseases* 2012, 10:16 (19 October 2012)

Khanna S

### Abstract

### Background

A study was undertaken to evaluate the effect of tobacco related practices on oral health of tribes in Central India. The use of smokeless tobacco, gutkha & associated products is on the rise amongst the younger generation making oral precancer & cancer a public health concern.

### Methodology

A pioneering study was conducted to evaluate the tobacco related practices amongst tribes and its impact on oral health. The study included 411 tribals of the Baiga group. Guided dialogue techniques and proforma based evaluation formed a part of the study.

### Result

53.04% of individuals between 21 to 40yrs are addicted to deleterious habits. There is a marked consumption (72%) of tobacco & associated products among the geriatric population (60 yrs & above). Insecure livelihoods, malnutrition & increased stress levels contribute to the stark increase of addiction of tobacco related practices.

### Conclusion

The healthcare infrastructure needs to be upgraded to meet the demands of changing disease profile amongst the vulnerable population. Assessment of impact of disease on existing public health would enable formulation of adaptive measures and suggestions for amelioration.

<http://www.tobaccoinduceddiseases.com/content/10/1/16/abstract>  
<http://www.tobaccoinduceddiseases.com/content/pdf/1617-9625-10-16.pdf>

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

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