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Subject: STAN Bulletin: 5th Edition: 11-June-2012

Smoking & Tobacco Abstracts & News

STAN Bulletin

5th Edition

11-June-2012

Editor's Note: Last Friday, Quebec and Alberta became the sixth and seventh of 10 Canadian provinces (and 3 territories) to sue the tobacco industry to recover tobacco-related health care costs. The full 315-page Quebec [Motion](#) is in French only, from the PDF link here and below, but there is background information in English from the other [Justice Québec](#) link, as well as the basic outline in linked news stories. The Alberta [Statement of Claim](#) is also linked here and below. From the Netherlands, yet another story of tobacco industry influence as Philip Morris successfully lobbied the then-Secretary of State for Finance and current Minister of Finance, Jan Kees de Jager, on the country's position on European tobacco tax rules. The [article](#) is in Dutch but an online [English translation](#) is also linked here and below. The *Sunday Times* [article](#) on e-cigarettes is available upon request as are, as always, PDFs of all studies highlighted below. Please use the 'In this Edition' format to indicate which studies you seek and please limit requests to no more than five papers on any given day or from any given edition.

Stan Shatenstein

In the News:

- Canada: Alberta: [Province aims to recover \\$10 billion in health costs from Big Tobacco](#); [Statement of Claim](#)
- Canada: Alberta: [Calgary Herald: Editorial: Butt out on shisha ban](#)
- Canada: Quebec: [Province sues tobacco companies for \\$60 billion](#); [Justice dossier: Motion](#); [ITC decries 'hypocrisy'](#)
 - GCC: UAE: [All Gulf Cooperation Council cigarette packs to display stark health warnings](#)
- Jamaica: [Government losing billions in illicit tobacco trade](#); [BAT: Carreras won't be bullied](#)
 - Jamaica: [The Gleaner: Editorial: Smoke out the tobacco tax cheats](#)
- Netherlands: [Secretary of State for Finance yielded to tobacco lobby pressure \[Translation\]](#)
- NZ: [Video: Q+A: PM Spokesman Attacks Plain Packs Policy](#); [Maori Party Leader Argues Tobacco-Free Case](#)
- UK: [Philip Morris attacks DoH credibility over public consultation on plain cigarette packs](#)
 - UK: [Daily Mail: Opinion: Government plain pack proposal will increase number of child & teenage smokers](#)
 - UK/US: [As more smokers quit, tobacco giants are beginning to invest in & sell e-cigarettes](#)
- US: [Consumer Reports: Do e-cigarettes help smokers quit?](#)
 - US: CA: Prop 29: [Cigarette tax back from the dead](#)
 - US: CA: Prop 29: [LA Times: Editorial: Wrong cigarette tax: New levy would benefit state](#)
 - US: CA: [Landlord imposes largest portfolio smoking ban on 2,000 apartments](#)

In this Edition:

- Addict Res Theory - Milne: Canada: Does carbon monoxide play a role in cigarette smoke dependence?
- AIDS Pat Care STDS - Marks King: US: Nonadherence to Antiretroviral Therapy in HIV-Positive Smokers
- Am J Commun Psych - Johns: US: NYC: Evaluating Smoke-Free Parks & Beaches Law: Critical Multiplist Approach
- AJHB - Costello: ITC 4-Country Survey: Perceived Risk & Quitting Behaviors
- AJHB - Raptou: Greece: Public TC Support: Consumer Responsiveness & Policy Planning
- APJCP - Osaki: Japan: Mobile Phone Use Does Not Discourage Adolescent Smoking
- BMC Pub Health - Leslie: UK: Scotland: Body weight change & food choice in cessation attempts
- CC&C - Tarnaud: France: BMI, carcinogen-induced smoking DNA damage & lung cancer risk
- Chin Med J - Zhang; China: 38 cities: Evaluation of 3-day cessation training course for doctors
- Demography - Fenelon: US: Estimating Smoking-Attributable Mortality: Two methods
- Diab Vasc Dis Res - Yin: Differences in MS & SS TSE & nicotine & diabetes CV platelet activation & aggregation
- Eur J Prev Cardiol - Murphy: Sociodemographics & poor health behaviours in anxious & depressed cardiac patients
- JACI - Polosa: Clinical pearls: Caring for the smoking asthmatic patient
- J Transl Med - Siciliano: Observational Data Application: Analyzing Adolescent Tobacco-Use Behaviors
- J Youth Adolesc - Malmberg: NL: Substance Use Risk Personality Dimensions & Early Adolescence Use Onset
- Lancet Oncol - Bray: Human Development Index: Global cancer transitions: 2008-2030
- Lung India - D'Souza: Bangalore: Clinico-epidemiological tobacco user profile at hospital cessation clinic
- N&TR - Primack: US: Waterpipe Smoking Among University Students
- Prev Med - Morabia: Mueller: Tobacco consumption & lung carcinoma (1939): Quality, originality & significance
- Psychol Med - Cho: S. Korea: Urinary cotinine, test variables, ADHD & learning disability in children
- Pub Health - Harakeh: NL: HBSC: Individual & environmental predictors of adolescent health risk behaviours
- Pulm Pharm Ther - Nikota: CS-induced inflammation & respiratory host defense: Insights from animal models
- Tob Control - Currie: Ireland: TC policies, prevalence & smoking-attributable deaths: simulation model
- Tob Control - Grøtvedt: Norway: Snus & cigarette use patterns in men followed from age 16 to 19
- Toxicol Ind Health - Baltaci: Turkey: Evaluation of smoking habits among family physicians

Abstracts:**Does carbon monoxide play a role in cigarette smoke dependence?****Addiction Research & Theory**

2012, Vol. 20, No. 2 , Pages 138-144 (doi:10.3109/16066359.2011.583701)

Brian Milne, Elizabeth Vandenberg, Rachel Phelan, James Brien, Lutz Forkert, Kanji Nakatsu

Abstract

Purpose: Nicotine is the primary constituent of cigarette smoke responsible for dependence but other components may play a role. Carbon monoxide (CO) is one candidate since it is synthesized endogenously with multiple physiological effects. This investigation was conducted to determine whether CO alters cravings associated with cigarette smoke withdrawal.

Methods: With ethics approval and consent, 131 smokers were assigned to receive: (1) inhaled CO + Nicotine nasal spray (2) Air + Nicotine nasal spray (3) CO + Placebo nasal spray or (4) Air + Placebo nasal spray. Two craving scales (adapted from Hughes and Hatsukami [Hughes, J.R., & Hatsukami, D. (1986). Signs and symptoms of tobacco withdrawal. *Archives of General Psychiatry*, 43, 289–294] and Shiffman-Jarvik [Shiffman, S.M., & Jarvik, M.E. (1976). Smoking withdrawal symptoms in two weeks of abstinence. *Psychopharmacology*, 50, 35–39] referred to as HH and SJ, respectively) and a mood state questionnaire were used to assess withdrawal relief.

Results: Craving scores were reduced pre- to post-treatment to some extent in all groups. On the last test day, HH revealed time by treatment differences between CO + Nicotine and either CO Only ($p = 0.03$) or Nicotine Only ($p = 0.02$). SJ revealed overall differences in pre- to post-treatment cravings ($p = 0.03$) with marginal time by treatment differences between craving scores in the Placebo group versus the Nicotine Only and the Nicotine + CO groups ($p = 0.06$ and 0.07 , respectively). Treatment subjects were almost twice as likely to inhale the maximal gas (odds ratios = 1.6–2.0) compared to Placebo, suggesting that all treatments (including CO Only) were discriminated from Placebo.

Conclusions: Our investigation suggests that CO exerts pharmacological effects, which may modulate craving processes associated with cigarette withdrawal, and exploration for the role of CO and other cigarette smoke constituents is warranted.

<http://informahealthcare.com/doi/abs/10.3109/16066359.2011.583701>

Factors Associated with Nonadherence to Antiretroviral Therapy in HIV-Positive Smokers

[AIDS Patient Care STDS](#). 2012 May 21. [Epub ahead of print]

[Marks King R](#), [Vidrine DJ](#), [Danysh HE](#), [Fletcher FE](#), [McCurdy S](#), [Arduino RC](#), [Gritz ER](#).

Abstract

Adherence to antiretroviral therapy (ART) has markedly improved HIV disease management, and significantly reduced HIV/AIDS-associated morbidity and mortality. Although recent studies suggest a relationship between smoking and suboptimal adherence to ART, a more in-depth understanding of this relationship is needed. We conducted a secondary analysis using data from a randomized controlled smoking cessation trial to investigate the association of nonadherence to ART with potential demographic, psychosocial (perceived stress and depression), and substance use (nicotine dependence, illicit drug use, and alcohol use) variables among persons living with HIV/AIDS (PLWHA) who smoke. The mean (standard deviation [SD]) age of participants (n=326) was 45.9 years old (SD=7.6). Additionally, the majority were male (72.1%), self-identified as black (76.7%), and reported sexual contact as the mode of HIV acquisition (70%). Unadjusted logistic regression analysis indicated that depression (odds ratio [OR]=1.02; 95% confidence interval [CI]=1.00, 1.04), illicit drug use (OR=2.39; 95% CI=1.51, 3.79) and alcohol use (OR=2.86; 95% CI=1.79, 4.57) were associated with nonadherence. Adjusted logistic regression analysis indicated that nicotine dependence (OR=1.13; 95% CI=1.02, 1.25), illicit drug use (OR=2.10; 95% CI=1.27, 3.49), alcohol use (OR=2.50; 95% CI=1.52, 4.12), and age (OR=1.04; 95% CI=1.00, 1.07) were associated with nonadherence. Nicotine dependence, illicit drug use, and alcohol use are potentially formidable barriers to ART adherence among PLWHA who smoke. Future efforts should investigate the complex relationships among these variables to improve adherence particularly among populations confronted with multifaceted health challenges.

<http://online.liebertpub.com/doi/abs/10.1089/apc.2012.0070>

Perceived Risk and Quitting Behaviors: Results From the ITC 4-Country Survey

[Am J Health Behav](#). 2012 Sep;36(5):681-92.

[Costello MJ](#), [Logel C](#), [Fong GT](#), [Zanna MP](#), [McDonald PW](#).

Abstract

OBJECTIVE:

To rigorously test the relation between perceived risk (ie, belief about the likelihood of harm) and quitting smoking.

METHODS:

Data from a longitudinal study with a nonrestrictive sample of smokers (N = 4307) from the United States, Canada, the United Kingdom, and Australia were examined to predict quitting behaviors at 8-12 months.

RESULTS:

Perceived risk predicted plans to quit, quit attempts, and, to some extent, sustained quitting. The relation was stronger for relatively simple (eg, plans to quit) than for complex behaviors (eg, sustained quitting).

CONCLUSION:

Perceived risk plays a significant role in predicting quitting smoking, more so for relatively simple behaviors.

Also:

Comparison of 4 Recruiting Strategies in a Smoking Cessation Trial

<http://www.ingentaconnect.com/content/png/ajhb/2012/00000036/00000005/art00001>

African American Smokers' Intention to Use Pharmacotherapy for Cessation

<http://www.ingentaconnect.com/content/png/ajhb/2012/00000036/00000005/art00004>

Public Support Toward Tobacco Control: Consumer Responsiveness and Policy Planning

[***American Journal of Health Behavior***](#), Volume 36, Number 5, September 2012 , pp. 666-680(15)

Raptou, Elena; Galanopoulos, Konstantinos; Katrakilidis, Constantinos; Mattas, Konstadinos

Abstract

Objectives: To explore individual differences in support toward antismoking policies by investigating psychosocial, socioeconomic, and demographic characteristics; smoking restrictions; smoking status; and individually perceived cigarette price. *Methods:* The empirical analysis uses data from a random sample of 680 consumers and employs a bivariate semiordeed probit model. *Results:* Consumer responsiveness shows strong association with optimistic bias, perceived positive and negative consequences of smoking, health status, and family smoking patterns. Smoking status, gender, age, and occupation also affect antismoking policy support. *Conclusions:* Public support toward tobacco control reflects potential smoking acceptance and social norms, confirming policy effectiveness and current needs for demarketing tobacco use.

<http://www.ingentaconnect.com/content/png/ajhb/2012/00000036/00000005/art00009>

Also:

Subjective Social Status Predicts Smoking Abstinence Among Light Smokers

<http://www.ingentaconnect.com/content/png/ajhb/2012/00000036/00000005/art00006>

Hookah Use Among New Jersey Youth: Associations and Changes Over Time

<http://www.ingentaconnect.com/content/png/ajhb/2012/00000036/00000005/art00011>

Evaluating New York City's Smoke-Free Parks and Beaches Law: A Critical Multiplist Approach to Assessing Behavioral Impact

[***Am J Community Psychol***](#). 2012 May 26. [Epub ahead of print]

[Johns M](#), [Coady MH](#), [Chan CA](#), [Farley SM](#), [Kansagra SM](#).

Abstract

This article describes the evaluation of the law banning smoking in New York City's parks and beaches that went into effect in 2011. We discuss the practical and methodological challenges that emerged in evaluating this law, and describe how we applied the principles of critical multiplism to address these issues. The evaluation uses data from three complementary studies, each with a unique set of strengths and weaknesses that can provide converging evidence for the effectiveness of the law. Results from a litter audit and an observational study suggest the ban reduced smoking in parks and beaches. The purpose, methodology and baseline results from an ongoing survey that measures how frequently adults in NYC and across New York State notice people smoking in parks and on beaches are presented and discussed. Limitations are considered and suggestions are offered for future evaluations of similar policies.

<http://www.springerlink.com/content/81k456h73048754g/>

<http://www.springerlink.com/content/81k456h73048754g/fulltext.pdf>

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

Mobile Phone Use does not Discourage Adolescent Smoking in Japan

[***Asian Pac J Cancer Prev***](#). 2012;13(3):1011-4.

[Osaki Y](#), [Ohida T](#), [Kanda H](#), [Kaneita Y](#), [Kishimoto T](#).

Abstract

Objective: The possibility that smoking prevalence among junior and senior high school students may decrease with increasing mobile phone bill was reported by the mass media in Japan. We conducted a nationwide survey on adolescent smoking and mobile phone use in Japan in order to assess the hypothesis that mobile phone use has replaced smoking. **Methods:** A total of 70 junior high schools (response rate; 71%), and 69 high schools (90%) from all over Japan responded to 2005 survey. Students in the responding schools were asked to fill out an anonymous questionnaire about smoking behavior, mobile phone bill, and pocket money. Questionnaires were collected from 32,615 junior high school students and 48,707 senior high school students. **Results:** The smoking prevalence of students with high mobile phone bill was more likely to be high, and that of students who used mobile phones costing 10,000 yen and over per month was especially high. When "quitters" were defined as students who had tried smoking but were not smoking at the time of survey, the proportion of quitters decreased as the mobile phone bill increased. The proportion of students who had smoking friends increased with the increase in the mobile phone bill per month. **Conclusion:** The hypothesis that the decrease in smoking prevalence among Japanese adolescents that has been observed in recent years is due to a mobile phone use can be rejected.

http://www.apjcpcontrol.org/page/apjcp_issues_view.php?pno=2931&gubun=p&s_search=&s_paper_vol=&s_number33=

Also:

Effect of Self-Efficacy on Turkish Children's Perceptions of the Advantages/Disadvantages of Smoking

http://www.apjcpcontrol.org/page/apjcp_issues_view.php?pno=2892&gubun=p&s_search=&s_paper_vol=&s_number33=

Smokers and marriage: attitude of youth in the United Arab Emirates

http://www.apjcpcontrol.org/page/apjcp_issues_view.php?pno=2920&gubun=p&s_search=&s_paper_vol=&s_number33=

Relationship Between BMI, Body Image, and Smoking in Korean Women as Determined by Urine Cotinine: Results of a Nationwide Survey

http://www.apjcpcontrol.org/page/apjcp_issues_view.php?pno=2930&gubun=p&s_search=&s_paper_vol=&s_number33=

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

Changes in body weight and food choice in those attempting smoking cessation: a cluster randomised controlled trial

***BMC Public Health* 2012, 12:389**

Published: **29 May 2012**

Wilma S Leslie, Preethi R Koshy, Mhairi MacKenzie, Heather M Murray, Susan Boyle, Michael EJ Lean, Andrew Walker and Catherine R Hankey

Abstract**Background**

Fear of weight gain is a barrier to smoking cessation and significant cause of relapse for many people. The provision of nutritional advice as part of a smoking cessation programme may assist some in smoking cessation and perhaps limit weight gain. The aim of this study was to determine the effect of a structured programme of dietary advice on weight change and food choice, in adults attempting smoking cessation.

Methods

Cluster randomised controlled design. Classes randomised to intervention commenced a 24-week intervention, focussed on improving food choice and minimising weight gain. Classes randomised to control received "usual care".

Results

Twenty-seven classes in Greater Glasgow were randomised between January and August 2008. Analysis, including those who continued to smoke, showed that actual weight gain and percentage weight gain was similar in both groups. Examination of data for those successful at giving up smoking showed greater mean weight gain in intervention subjects (3.9 (SD 3.1) vs. 2.7 (SD 3.7) kg). Between group differences were not significant ($p=0.23$, 95% CI -0.9 to 3.5). In comparison to baseline improved consumption of fruit and vegetables and breakfast cereal were reported in the intervention group. A higher percentage of control participants continued smoking (74% vs. 66%).

Conclusions

The intervention was not successful at minimising weight gain in comparison to control but was successful in facilitating some sustained improvements in the dietary habits of intervention participants. Improved quit rates in the intervention group suggest that continued contact with advisors may have reduced anxieties regarding weight gain and encouraged cessation despite weight gain. Research should continue in this area as evidence suggests that the negative effects of obesity could outweigh the health benefits achieved through reductions in smoking prevalence.

Trial registration: Current Controlled Trials ISRCTN73824458

<http://www.biomedcentral.com/1471-2458/12/389/abstract>

<http://www.biomedcentral.com/content/pdf/1471-2458-12-389.pdf>

Also:

Protocol of a randomized controlled trial of the Tobacco Tactics website for operating engineers

<http://www.biomedcentral.com/1471-2458/12/335/abstract>

<http://www.biomedcentral.com/content/pdf/1471-2458-12-335.pdf>

Experimenting with cigarettes and physical activity among Mexican origin youth: A cross sectional analysis of the interdependent associations among sensation seeking, acculturation, and gender

<http://www.biomedcentral.com/1471-2458/12/332/abstract>

<http://www.biomedcentral.com/content/pdf/1471-2458-12-332.pdf>

The impact of the Quality and Outcomes Framework (QOF) on the recording of smoking targets in primary care medical records: Cross-sectional analyses from The Health Improvement Network (THIN) database

<http://www.biomedcentral.com/1471-2458/12/329/abstract>

<http://www.biomedcentral.com/content/pdf/1471-2458-12-329.pdf>

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

Body mass index and lung cancer risk: results from the ICARE study, a large, population-based case-control study

Cancer Causes Control. 2012 May 19. [Epub ahead of print]

[Tamaud C](#), [Guida F](#), [Papadopoulos A](#), [C  n  e S](#), [Cyr D](#), [Schmaus A](#), [Radoi L](#), [Pagnet-Bailly S](#), [Menvielle G](#), [Buemi A](#), [Woronoff AS](#), [Luce D](#), [St  cker I](#).

Abstract

BACKGROUND:

The association between body mass index (BMI) and lung cancer is still disputed because of possible residual confounding by smoking and preclinical weight loss in case-control studies. We examined this association using data from the multicenter ICARE study in France, a large, population-based case-control study.

METHODS:

A total of 2,625 incident lung cancer cases and 3,381 controls were included. Weight was collected at interview, 2 years before the interview, and at age 30. Lifetime smoking exposure was calculated using the comprehensive smoking index (CSI). Adjusted odds ratios (aORs) and 95 % confidence intervals were estimated by unconditional logistic regression and controlled for age, area, education, CSI, occupational exposure, previous chronic bronchitis, and parental history of lung cancer. We also examined the role of weight change. Analyses were stratified by smoking status and sex.

RESULTS:

When compared with that of men with normal BMI 2 years before the interview, lung cancer aORs (95 % CI) among men with BMIs of <18.5, 25-29.9, 30-32.4, and ≥ 32.5 kg/m² were 2.7 (95 % CI 1.2-6.2), 0.9 (95 % CI 0.7-1.1), 0.8 (95 % CI 0.6-1.1), and 0.8 (95 % CI 0.6-1.0), respectively (p (trend) = 0.02). Results were more pronounced among current smokers and were similar in men and women. Weight gain over time was associated with a significant decreased risk of lung cancer.

CONCLUSIONS:

We found an inverse dose-dependent association between lung cancer risk and BMI 2 years prior to interview in current smokers.

IMPACT STATEMENT:

BMI might be an individual factor impacting the risk of lung cancer related to smoking's carcinogen-induced DNA damage.

<http://www.springerlink.com/content/47141383r8r40042/?MUD=MP>

Also:

Cancer in Pacific people in New Zealand

<http://www.springerlink.com/content/h8164t3l365n7322/>

Evaluation of 3-day smoking cessation training course for doctors from 38 cities in China

[Chin Med J \(Engl\)](#). 2012 Apr;125(7):1338-40.

[Zhang CM](#), [Xiao D](#), [West R](#), [Michie S](#), [Troughton R](#), [Hajek P](#), [Wang C](#).

Abstract**BACKGROUND:**

The World Health Organization's "Framework Convention on Tobacco Control" came into effect in China in 2006. Since then, a series of tobacco control measures has been undertaken, including the first step to establish a coordinated network of stop-smoking clinics in Chinese hospitals. Training for stop-smoking specialists has been traditionally provided via printed materials. This study evaluated the outcomes of the first two intensive 3-day courses in smoking cessation in China run in collaboration with experts who provide training to UK Specialist Stop Smoking Service.

METHODS:

Eighty-four doctors from 38 cities in China responsible for stop-smoking treatment in 20 provinces and four autonomous regions participated in the training courses. Participants' knowledge competencies and self-efficacy were assessed before and after the authentication training.

RESULTS:

The training significantly improved participants' knowledge, skills and self-efficacy across different domains. Forty-eight participants were finally certified as "smoking cessation specialist".

CONCLUSIONS:

The UK model of face-to-face training was acceptable and effective in China. A relatively brief intensive training program can generate significant improvements in skills, knowledge, and readiness to engage in smoking cessation activities.

<http://www.cmj.org/Periodical/PDF/201241934527040.pdf>

Also:

Impact of weight gain following smoking cessation on one-year outcome after drug-eluting stent implantation

<http://www.cmj.org/Periodical/PDF/201232843900470.pdf>

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

Estimating Smoking-Attributable Mortality in the United States

[Demography](#). 2012 May 18. [Epub ahead of print]

[Fenelon A](#), [Preston SH](#).

Abstract

Tobacco use is the largest single cause of premature death in the developed world. Two methods of estimating the number of deaths attributable to smoking use mortality from lung cancer as an indicator of the damage from smoking. We reestimate the coefficients of one of these, the Preston/Glei/Wilmoth model, using recent data from U.S. states. We calculate smoking-attributable fractions for the 50 states and the United States as a whole in 2004, and estimate the contribution of smoking to the high adult mortality of the southern states. We estimate that 21% of deaths among men and 17% among women were attributable to smoking in 2004. Across states, attributable fractions range from 11% to 30% among men and from 7% to 23% among women. Smoking-related mortality also explains as much as 60% of the mortality disadvantage of southern states compared with other regions. At the national level, our estimates are in close agreement with those of the Centers for Disease Control and Prevention and Preston/Glei/Wilmoth, particularly for men, although we find greater variability by state than does CDC. We suggest that our coefficients are suitable for calculating smoking-attributable mortality in contexts with relatively mature epidemics of cigarette smoking.

<http://www.springerlink.com/content/80n224g513068436/>

Differences between mainstream and sidestream tobacco smoke extracts and nicotine in the activation and aggregation of platelets subjected to cardiovascular conditions in diabetes

[Diab Vasc Dis Res](#). 2012 May 18. [Epub ahead of print]

[Yin W](#), [Rubenstein DA](#).

Abstract

Mainstream and sidestream tobacco smoke extracts have been shown to increase platelet activation directly. Furthermore, advanced glycation end products, which are present in the diabetic vasculature, have also been shown to enhance platelet activity. However, the combined effects of these two risk factors on platelet functions remain unclear. Platelets were exposed to tobacco extracts concurrently with advanced glycation end products. Timed samples were removed to assess the extent of platelet activity. The presence of smoke extracts enhanced platelet activity as compared to control conditions, this was especially prevalent for sidestream extracts. With the addition of irreversibly glycated albumin, there was an additive effect, further enhancing platelet responses. This was at least partially regulated by α -granule release and CD41 expression. The combination of cardiovascular risk factors can significantly enhance platelet activation and aggregation, and therefore it is possible to accelerate cardiovascular diseases through the interactions of multiple cardiovascular risk factors.

<http://dvr.sagepub.com/content/early/2012/05/18/1479164112445282.abstract>

<http://dvr.sagepub.com/content/early/2012/05/18/1479164112445282.long>

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

Are poor health behaviours in anxious and depressed cardiac patients explained by sociodemographic factors?

[Eur J Prev Cardiol](#). 2012 May 29. [Epub ahead of print]

[Murphy BM](#), [Le Grande MR](#), [Navaratnam HS](#), [Higgins RO](#), [Elliott PC](#), [Turner A](#), [Rogerson MC](#), [Worcester MU](#), [Goble AJ](#).

Abstract

Introduction: While there is evidence of poor health behaviours in anxious and depressed cardiac patients, it is possible that sociodemographic factors explain these associations. Few previous studies have adequately controlled for confounders. The present study investigated health behaviours in anxious and depressed cardiac patients, while accounting for sociodemographic confounders. **Method:** A consecutive sample of 275 patients admitted to hospital after acute myocardial infarction (32%) or for coronary bypass surgery (40%) or percutaneous coronary intervention (28%) was interviewed six weeks after hospital discharge. Anxiety and depression were assessed using the Hospital Anxiety and Depression Scale (HADS). Smoking, physical activity, alcohol intake and dietary fat intake were assessed by self-report.

Backward stepwise logistic regression was used to identify the factors independently associated with anxiety and depression. Results: In total, 41 patients (15.2%) were 'depressed' (HADS-D ≥ 8) while 68 (25.2%) were 'anxious' (HADS-A ≥ 8). Depressed patients reported higher rates of smoking ($\chi^2 = 4.47$, $p = 0.034$), lower physical activity ($F = 8.63$, $p < 0.004$) and higher dietary fat intake ($F = 7.22$, $p = 0.008$) than non-depressed patients. Anxious patients reported higher smoking rates ($\chi^2 = 5.70$, $p = 0.024$) and dietary fat intake ($F = 7.71$, $p = 0.006$) than non-anxious patients. In multivariate analyses, an association with depression was retained for both diet and physical activity, and an association with anxiety was retained for diet. Low social support and younger age were significant confounders with depression and anxiety respectively. Conclusions: While the high smoking rates evidenced in anxious and depressed patients were explained by sociodemographic factors, their poor diet and low physical activity (depressed patients only) were independent of these factors. Given the impact of lifestyle modification on survival after a cardiac event, anxious and depressed patients should be a priority for cardiac rehabilitation and other secondary prevention programmes.

<http://cpr.sagepub.com/content/early/2012/05/29/2047487312449593.abstract>

Clinical pearls

Caring for the smoking asthmatic patient

[J Allergy Clin Immunol](#). 2012 May 16. [Epub ahead of print]

[Polosa R](#), [Caponnetto P](#), [Sands MF](#).

The asthmatic patient who smokes can represent a distinct disease entity in which a combination of asthma and chronic obstructive pulmonary disease-like phenotypes are blended to a variable degree. Appreciation of a smoking asthma phenotype might have important clinical, prognostic, and therapeutic implications. The goal of this article is to discuss clinical pearls that will assist physicians in managing these challenging patients.

Smoking is associated with a higher incidence of asthma and is strongly predictive of the development of new-onset asthma in allergic adults..

Smoking asthmatic patients appear to be less sensitive to the beneficial effects of inhaled corticosteroids (ICSs) compared with nonsmoking asthmatic patients. Although ICS dosage might relieve unresponsiveness, loss of responsiveness to ICSs continues to be present in spite of the length of treatment, steroid molecule used, and type of formulation (inhaled vs oral). Few clinical trials have studied the reversibility of corticosteroid unresponsiveness in smoking asthmatic patients. A noncontrolled study demonstrated that low-dose theophylline in addition to inhaled beclomethasone improved both lung function and asthma symptoms in 68 smoking asthmatic patients. A randomized clinical trial suggested that leukotriene antagonists might have a beneficial effect in smokers with mild asthma, but this study has not yet been replicated. To the best of our knowledge, only 1 study has examined the role of smoking cessation on corticosteroid responsiveness. Progressive improvement in FEV₁ and restored corticosteroid responsiveness have been reported after 6 weeks of smoking cessation in 21 patients compared with 11 smoking control subjects. The mean improvement in FEV₁ in the quitting group was 356 mL at 1 week, 390 mL at 3 weeks, and 450 mL at 6 weeks of abstinence versus no difference in FEV₁ in the smoking group. Moreover, asthma control improved, corticosteroid responsiveness in smoking asthmatic patients was restored, and there was a decrease in sputum neutrophil counts after 6 weeks of abstinence.

<http://www.sciencedirect.com/science/article/pii/S0091674912006604>

The Application of Observational Data in Translational Medicine: Analyzing Tobacco-Use Behaviors of Adolescents

Journal of Translational Medicine 2012, 10:89 doi:10.1186/1479-5876-10-89

Published: 14 May 2012

Valeria Siciliano, Annalisa Pitino, Mercedes Gori, Olivia Curzio, Loredana Fortunato, Michael Liebman and Sabrina Molinaro

Abstract

Background

Translational Medicine focuses on "bench to bedside", converting experimental results into clinical use. The "bedside to bench" transition remains challenging, requiring clinicians to define true clinical need for laboratory study. In this study,

we show how observational data (an eleven-year data survey program on adolescent smoking behaviours), can identify knowledge gaps and research questions leading directly to clinical implementation and improved health care. We studied gender-specific trends (2000-2010) in Italian students to evaluate the specific impact of various anti-smoking programs, including evaluation of perceptions of access to cigarettes and health risk.

Methods

The study used, ESPAD-Italia (European School Survey Project on Alcohol and other Drugs), is a nationally representative sample of high-school students. The permutation test for joinpoint regression was used to calculate the annual percent change in smoking. Changes in smoking habits by age, perceived availability and risk over a 11-year period were tested using a gender-specific logistic model and a multinomial model.

Results

Gender-stratified analysis showed 1) decrease of lifetime prevalence, then stabilization (both genders); 2) decrease in last month and occasional use (both genders); 3) reduction of moderate use (females); 4) no significant change in moderate use (males) and in heavy use (both genders). Perceived availability positively associates with prevalence, while perceived risk negatively associates, but interact with different effects depending on smoking patterns. In addition, government implementation of public policies concerning access to tobacco products in this age group during this period presented a unique background to examine their specific impact on behaviours.

Conclusion

Large observational databases are a rich resource in support of translational research. From these observations, key clinically relevant issues can be identified and form the basis for further clinical studies. The ability to identify patterns of behaviour and gaps in available data translates into new experiments, but also impacts development of public policy and reveals patterns of clinical reality. The observed global decrease in use is countered by stabilization in number of heavy smokers. Increased cigarette cost has not reduced use. While perceived risk of smoking may prevent initial experimentation, how government policies impact the perception of risk is not easily quantifiable.

<http://www.translational-medicine.com/content/10/1/89/abstract>

<http://www.translational-medicine.com/content/pdf/1479-5876-10-89.pdf>

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

Do Substance Use Risk Personality Dimensions Predict the Onset of Substance Use in Early Adolescence? A Variable- and Person-Centered Approach

[J Youth Adolesc.](#) 2012 May 24. [Epub ahead of print]

[Malmberg M](#), [Kleinjan M](#), [Vermulst AA](#), [Overbeek G](#), [Monshouwer K](#), [Lammers J](#), [Engels RC](#).

Abstract

Various studies found personality to be related to substance use, but little attention is paid to the role of personality risk dimensions with regard to an early onset of alcohol, tobacco, and marijuana use. Therefore, the current study used a variable-centered approach to examine whether anxiety sensitivity, hopelessness, sensation seeking, and impulsivity predict the onset of alcohol, tobacco, and marijuana use in early adolescence. Additionally, we adopted a person-centered approach to examine whether different personality subgroups could be identified, and whether these subgroups would be predictive of substance use. For that purpose, longitudinal data of a broader effectiveness study were used from 758 early adolescents (53 % female) aged 11-14 years. Structural equation models showed that hopelessness and sensation seeking were predictive of having ever used alcohol and tobacco. Also, sensation seeking was predictive of marijuana use. Latent profile analyses on the first wave data revealed a three-profile solution for boys (i.e., resilient, internalizers, and externalizers) and a two-profile solution for girls (i.e., resilient and internalizers). In contrast to our expectation, further analyses revealed no significant differences in substance use between the different subprofiles for both boys and girls. The separate personality dimensions thus seem more relevant in predicting the onset of substance use compared to the personality profiles. However, the personality profiles might be informative in explaining more excessive substance use behaviors.

<http://www.springerlink.com/content/p9906uv4uu186j83/>

<http://www.springerlink.com/content/p9906uv4uu186j83/fulltext.pdf>

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

Global cancer transitions according to the Human Development Index (2008–2030): a population-based study

Lancet Oncology

Available online 31 May 2012

Freddie Bray, Ahmedin Jemal, Nathan Grey, Jacques Ferlay, David Forman

Summary

Background

Cancer is set to become a major cause of morbidity and mortality in the coming decades in every region of the world. We aimed to assess the changing patterns of cancer according to varying levels of human development.

Methods

We used four levels (low, medium, high, and very high) of the Human Development Index (HDI), a composite indicator of life expectancy, education, and gross domestic product per head, to highlight cancer-specific patterns in 2008 (on the basis of GLOBOCAN estimates) and trends 1988–2002 (on the basis of the series in Cancer Incidence in Five Continents), and to produce future burden scenario for 2030 according to projected demographic changes alone and trends-based changes for selected cancer sites.

Findings

In the highest HDI regions in 2008, cancers of the female breast, lung, colorectum, and prostate accounted for half the overall cancer burden, whereas in medium HDI regions, cancers of the oesophagus, stomach, and liver were also common, and together these seven cancers comprised 62% of the total cancer burden in medium to very high HDI areas. In low HDI regions, cervical cancer was more common than both breast cancer and liver cancer. Nine different cancers were the most commonly diagnosed in men across 184 countries, with cancers of the prostate, lung, and liver being the most common. Breast and cervical cancers were the most common in women. In medium HDI and high HDI settings, decreases in cervical and stomach cancer incidence seem to be offset by increases in the incidence of cancers of the female breast, prostate, and colorectum. If the cancer-specific and sex-specific trends estimated in this study continue, we predict an increase in the incidence of all-cancer cases from 12·7 million new cases in 2008 to 22·2 million by 2030.

Interpretation

Our findings suggest that rapid societal and economic transition in many countries means that any reductions in infection-related cancers are offset by an increasing number of new cases that are more associated with reproductive, dietary, and hormonal factors. Targeted interventions can lead to a decrease in the projected increases in cancer burden through effective primary prevention strategies, alongside the implementation of vaccination, early detection, and effective treatment programmes.

...Lung cancer and other tobacco-associated cancers, although not placed among the leading cancers in low HDI regions at present, will become a serious problem unless tobacco smoking is effectively controlled. Lung cancer is the most common form of cancer worldwide, it is the leading cause of cancer deaths in men in many countries, and is the most common form of cancer death in women in North America, parts of Europe, and China... Evidently, other tobacco-related cancers—including cancers of the bladder, oesophagus, and oral cavity, which are the 8th, 9th, and 14th most frequent neoplasms worldwide, respectively—will alter patterns of tobacco consumption in different regions and countries change...

The tobacco epidemic and its effect on tobacco-related cancers in China, for instance, will heavily affect the predicted number of global cancer cases by 2030. The prevalence of smoking in men, for example, has risen sharply in many medium-HDI countries, including China and Indonesia. The future burden of lung cancer and other smoking-related cancers in men (in low HDI and medium HDI areas) and women (globally) will largely depend on smoking practices at the population level, including the duration of smoking, the extent of cessation, the types of tobacco smoked, and the patterns of consumption...

<http://www.sciencedirect.com/science/article/pii/S1470204512702115>

Clinico-epidemiological profile of tobacco users attending a tobacco cessation clinic in a teaching hospital in Bangalore city

[Lung India](#). 2012 Apr;29(2):137-42.

[D'Souza G](#), [Rekha DP](#), [Sreedaran P](#), [Srinivasan K](#), [Mony PK](#).

Abstract

BACKGROUND:

Tobacco-attributable mortality in India is estimated to be at least 10%. Tobacco cessation is more likely to avert millions of deaths before 2050 than prevention of tobacco use initiation.

OBJECTIVE:

To describe the clinico-epidemiological profile of attendees of a tobacco cessation clinic in a teaching hospital in Bangalore city.

MATERIALS AND METHODS:

A descriptive study of 189 attendees seen over 2 years in the Tobacco Cessation Clinic of a tertiary-care teaching hospital in Bangalore, with information on socio demographic characteristics, tobacco-use details, nicotine dependence, family/medical history, past quit attempts, baseline stage-of-change, and treatment initiated.

RESULTS:

Only 5% were 'walk-in' patients; 98% of attendees were smokers; 97% were males. The mean (\pm SD) age of attendees was 48.0 (\pm 14.0) years. Most participants were married (88%), and predominantly urban (69%). About 62% had completed at least 8 years of schooling. Two-thirds of smokers reported high levels of nicotine dependence (Fagerström score $>$ 5/10). About 43% of patients had attempted quitting earlier. Four-fifths (79%) of tobacco-users reported a family member using tobacco. Commonly documented comorbidities included: Chronic respiratory disease (44%), hypertension (23%), diabetes (12%), tuberculosis (9%), myocardial infarction (2%), stroke (1%), sexual dysfunction (1%) and cancer (0.5%). About 52% reported concomitant alcohol use. At baseline, patients' motivational stage was: Precontemplation (14%), contemplation (48%), preparation/action (37%) and maintenance (1%). Treatment modalities started were: Counseling alone (41%), nicotine replacement therapy alone (NRT) (34%), medication alone (13%), and NRT+medication (12%).

CONCLUSIONS:

This is the first study of the baseline profile of patients attending a tobacco cessation clinic located within a chest medicine department in India. Important determinants of outcome have been captured for follow-up and prospective documentation of outcomes.

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3354487/?tool=pubmed>

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

A Longitudinal Evaluation of Fruit and Vegetable Consumption and Cigarette Smoking

Nicotine Tob Res (2012) doi: 10.1093/ntr/nts130 First published online: May 21, 2012

[Jeffrey P. Haibach](#), [Gregory G. Homish](#), and [Gary A. Giovino](#)

Abstract

Introduction: Cross-sectional studies consistently find that cigarette smokers consume fewer fruits and vegetables each day than do nonsmokers. However, there are no published cohort studies on this relationship. This study evaluated the longitudinal relationship between fruit and vegetable consumption (FVC) and cigarette smoking, including measures of dependence and abstinence in a national population-based cohort analysis.

Methods: A national random-digit-dialed sample of 1,000 smokers (aged 25 years and older) assessed baseline FVC and

indicators of general health orientation. Multivariable analyses were used to assess whether baseline FVC was associated with smoking intensity, time to first cigarette (TTFC), and total score on an abbreviated version of the Nicotine Dependence Syndrome Scale (NDSS), adjusting for age, gender, race/ethnicity, education, and household income. The study also assessed whether baseline FVC predicted 30-day abstinence from all tobacco products at 14-month follow-up among baseline cigarette smokers, with additional adjustment for indicators of general health orientation (heavy drinking, exercise, and illicit drug use).

Results: Higher FVC was associated with fewer cigarettes smoked per day, longer TTFC, and lower NDSS score. Those in the highest quartile of FVC were 3.05 times more likely ($p < .01$) than those in the lowest quartile to be abstinent for at least 30 days at follow-up.

Conclusions: FVC was inversely associated with indicators of nicotine dependence and predicted abstinence at follow-up among baseline cigarette smokers. Further observational studies and experimental research would provide useful information on the consistency of the relationship and help elucidate possible mechanisms.

<http://ntr.oxfordjournals.org/content/early/2012/05/20/ntr.nts130>

Related PR:

To Quit Smoking, Try Eating More Veggies and Fruits

<http://www.sciencedaily.com/releases/2012/06/120606132426.htm>

Waterpipe Smoking Among U.S. University Students

Nicotine Tob Res first published online May 28, 2012

Brian A. Primack, Ariel Shensa, Kevin H. Kim, Mary V. Carroll, Mary T. Hoban, E. Victor Leino, Thomas Eissenberg, Kathleen H. Dachtler, and Michael J. Fine

Abstract

Introduction: While cigarette use is declining, smoking tobacco with a waterpipe is an emerging trend. We aimed to determine the prevalence of waterpipe use in a large diverse sample of U.S. university students and to assess the association of waterpipe use with individual and institution-related characteristics.

Methods: We assessed students from 152 U.S. universities participating in the National College Health Assessment during 2008–2009. We used multivariable regression models to determine independent associations between individual and institutional characteristics and waterpipe tobacco use in the past 30 days and ever.

Results: Of 105,012 respondents included in the analysis, most were female (65.7%), White (71.2%), and attending public (59.7%) nonreligious (83.1%) institutions. Mean age was 22.1 years. A total of 32,013 (30.5%) reported ever using a waterpipe to smoke tobacco. Rates for current tobacco use were 8.4% for waterpipes, 16.8% for cigarettes, 7.4% for cigars (including cigarillos), and 3.5% for smokeless tobacco. Of current waterpipe users, 51.4% were not current cigarette smokers. Although current waterpipe use was reported across all individual and institutional characteristics, fully adjusted multivariable models showed that it was most strongly associated with younger age, male gender, White race, fraternity/sorority membership, and nonreligious institutions in large cities in the western United States.

Conclusions: After cigarettes, waterpipe use was the most common form of tobacco use among university students. Because waterpipe use affects groups with a wide variety of individual and institutional characteristics, it should be included with other forms of tobacco in efforts related to tobacco surveillance and intervention.

<http://ntr.oxfordjournals.org/content/early/2012/05/22/ntr.nts076.abstract>

Quality, originality, and significance of the 1939 “Tobacco consumption and lung carcinoma” article by Mueller, including translation of a section of the paper

Preventive Medicine

Available online 24 May 2012

Alfredo Morabia

Abstract

Background

The 1939 article “Tobacco consumption and lung carcinoma” by Mueller has been praised for its quality and its originality but is still not available in English.

Methods

Summary of the 29-page long paper and translation of part of its investigative section. Re-analysis of the clinical and smoking characteristics of the lung cancer cases. Comparison with pre-1945 case–control studies and a similar but prior tobacco and cancer report.

Results

The article primarily consists of a detailed description of the smoking, clinical and occupational characteristics of 96, mostly dead, lung cancer cases. Occupation and the flu are discussed for the cases only. The paper makes unexplained assumptions about the smoking habits of 20 cases and is silent about the sampling, recruitment and interview modes of the “healthy” subjects, supposed to reflect “normal tobacco consumption.” The dearth of methodological information distinguishes this paper from case–control studies published before 1939. Major selection and differential misclassification cannot be ruled out.

Conclusion

Access to the 1939 Mueller article is provided for non-German speakers. The quality of the group comparison was modest and it did not add qualitatively new knowledge compared to a report published 8 years earlier.

<http://www.sciencedirect.com/science/article/pii/S0091743512002022>

Referenced *Z Krebsforsch* report:

Tabakmissbrauch und Lungencarcinom (1939)

<http://legacy.library.ucsf.edu/tid/owt88h00/pdf>

Association between urine cotinine levels, continuous performance test variables, and attention deficit hyperactivity disorder and learning disability symptoms in school-aged children

[Psychol Med.](#) 2012 May 21:1-11. [Epub ahead of print]

[Cho SC](#), [Hong YC](#), [Kim JW](#), [Park S](#), [Park MH](#), [Hur J](#), [Park EJ](#), [Hong SB](#), [Lee JH](#), [Shin MS](#), [Kim BN](#), [Yoo HJ](#), [Cho IH](#), [Bhang SY](#), [Han SK](#).

Abstract

BACKGROUND:

We examined the cross-sectional relationship between environmental tobacco smoke exposure, continuous performance test (CPT) measures, and attention deficit hyperactivity disorder (ADHD) or learning disability symptoms in school-aged children. Method In total, 989 children (526 boys, mean age 9.1±0.7 years), recruited from five South Korean cities participated in this study. We used urine cotinine as a biomarker for environmental tobacco smoke exposure, and obtained the children's scores on a CPT. Parents completed the Korean versions of the ADHD Rating Scale - IV (ADHD-RS) and Learning Disability Evaluation Scale (LDES). Using generalized linear mixed model (GLMM), we assessed the associations between urine cotinine concentrations, neuropsychological variables, and symptoms of ADHD and learning disabilities. Additionally, we conducted structural equation models to explore the effects' pathways.

RESULTS:

After adjusting for a range of relevant covariates, GLMM showed urinary cotinine levels were significantly and positively associated with CPT scores on omission errors, commission errors, response time, and response time variability, and with parent- and teacher-rated ADHD-RS scores. In addition, urine cotinine levels were negatively associated with LDES

scores on spelling and mathematical calculations. The structural equation model revealed that CPT variables mediated the association between urine cotinine levels and parental reports of symptoms of ADHD and learning disabilities.

CONCLUSIONS:

Our data indicate that environmental exposure to tobacco smoke is associated with ADHD and learning disabilities in children, and that impairments in attention and inhibitory control probably mediate the effect.

<http://journals.cambridge.org/action/displayAbstract?fromPage=online&aid=8590959>

Individual and environmental predictors of health risk behaviours among Dutch adolescents: The HBSC study

Public Health. 2012 May 16. [Epub ahead of print]

[Harakeh Z](#), [de Looze ME](#), [Schrijvers CT](#), [van Dorsselaer SA](#), [Vollebergh WA](#).

Abstract

OBJECTIVE:

To examine unique and common predictors of tobacco smoking, binge drinking, cannabis smoking, early sexual intercourse and multiple health risk behaviours.

STUDY DESIGN:

Cross-sectional survey study.

METHODS:

The Dutch Health Behaviour in School-aged Children (HBSC) study was used to provide data on 1742 adolescents aged 15 and 16 years of age. This study focused on a variety of individual and environmental predictors of health risk behaviours, tapping into four domains (mental health, family, peers and school), retrieved by adolescent self-reports and corrected for sociodemographic variables. Logistic and linear regression analyses were performed.

RESULTS:

Unique predictors (i.e. gender, low and very low education level, general health, hyperactivity problems, conduct problems, incomplete family, religion, knowledge of mother, parental rules on alcohol drinking, time spent with friends, number of friends, perceived tobacco use of classmates, truancy) were identified. In addition, common predictors (i.e. permissive rules on alcohol drinking and much time spent with friends) were also identified, explaining an increase in engagement in all investigated health risk behaviours in adolescence, including multiple risk behaviours.

CONCLUSIONS:

A prevention strategy targeting restrictive parenting and time spent with friends may be effective to reduce/discourage engagement in health risk behaviours.

<http://www.publichealthjnl.com/article/S0033-3506%2812%2900142-4/abstract>
<http://www.sciencedirect.com/science/article/pii/S0033350612001424>

Cigarette smoke-induced inflammation and respiratory host defense: Insights from animal models

Pulm Pharmacol Ther. 2012 May 23. [Epub ahead of print]

[Nikota JK](#), [Stämpfli MR](#).

Abstract

While the devastating impact of tobacco on human health is well established, and efforts to reduce its prevalence are ongoing, over 1 billion people continue to smoke. Emerging evidence suggest that cigarette smoking distorts lung immune homeostasis, compromising respiratory host defense. Consequently, viral and bacterial agents are dealt with inefficiently and are associated with exaggerated immune inflammatory responses. In this article, we discuss mechanisms by which cigarette smoke elicits inflammatory processes and how smoking impacts respiratory host defense against viral and bacterial agents. Elucidating cigarette smoke's impacts on lung immune homeostasis will contribute to our understanding of the pathogenesis of chronic obstructive pulmonary disease COPD.

<http://www.sciencedirect.com/science/article/pii/S1094553912000685>

Also:

Smoke exposure of human macrophages reduces HDAC3 activity, resulting in enhanced inflammatory cytokine production

<http://www.sciencedirect.com/science/article/pii/S1094553912000661>

The effect of tobacco control policies on smoking prevalence and smoking-attributable deaths in Ireland using the *IrelandSS* simulation model

Tob Control

Published Online First **26 May 2012**

[Laura M Currie](#), [Kenneth Blackman](#), [Luke Clancy](#), [David T Levy](#)

Abstract

Objectives This study estimates the relative contribution of policies implemented between 1998 and 2010 to reductions in smoking prevalence by 2010. It then models the impact of implementing stronger policies, relative to a scenario of inaction, on smoking prevalence and smoking-attributable mortality in Ireland.

Methods *IrelandSS* is an adapted version of *SimSmoke*, a dynamic simulation model used to examine the effect of tobacco control policies on smoking prevalence, through initiation and cessation, and associated future premature mortality.

Results Model predictions for smoking prevalence are reasonably close to those from surveys. As a result of tobacco control policies implemented between 1998 and 2010, there was a 22% relative reduction in smoking prevalence and 1716 fewer smoking-attributable deaths (SADs) by 2010 increasing to a 29% relative reduction in prevalence and 50 215 fewer SADs by 2040. With the introduction of stricter FCTC-compliant policies in 2011, the smoking prevalence can be decreased by as much as 13% initially, increasing to 28% by 30 years. With these stronger policies, a total of 24 768 SADs will be averted by 2040.

Conclusions Predictions from the *IrelandSS* model suggest that policies implemented between 1998 and 2010 have had considerable effect; however, appreciable reductions in smoking prevalence and SADs can still be achieved through increasing taxes, maintaining a high-intensity tobacco control media campaign, introducing graphic health warnings and improving smoking cessation services.

<http://tobaccocontrol.bmj.com/content/early/2012/05/26/tobaccocontrol-2011-050248.abstract>

Related coverage:

Smoking ban 'has saved over 1,700 lives' - Irish Independent

<http://www.independent.ie/national-news/smoking-ban-has-saved-over-1700-lives-3131435.html>

Also:

Receptivity to tobacco marketing and susceptibility to smoking among non-smoking male students in an urban setting in Lao PDR

<http://tobaccocontrol.bmj.com/content/early/2012/05/26/tobaccocontrol-2011-050125.abstract>

Patterns of snus and cigarette use: a study of Norwegian men followed from age 16 to 19

Tob Control

Published Online First: **26 May 2012**

Liv Grøtvedt, Lisa Forsén, Knut Stavem, Sidsel Graff-Iversen

Abstract

Background The use of moist snuff (snus) in young Norwegians is increasing, while smoking rates are declining. It is not clear whether snus facilitates smoking.

Objective To assess whether 16-year-old men who were never-smokers, but snus users in 2001, had an increased risk of smoking 3 years later.

Methods In a prospective school-based cohort study, 1440 men, who responded to questionnaires in 2001 and 2004, were included in the analyses. The participation rate was 89% in 2001 and 50% in 2004. Multinomial logistic regression models were used to assess the OR of snus users, smokers and dual users of cigarettes and snus, compared with non-tobacco users at baseline, to be smokers at follow-up.

Results Snus use at baseline was associated with increased odds of dual use at follow-up when the outcome was (1) current dual use versus no tobacco (OR 3.49, 95% CI 1.8 to 6.8) and when the outcome was (2) current dual use versus no smoking but including snus-only use (OR 1.88, 95% CI 1.1 to 3.3). Baseline snus users who were dual users at follow-up seemed to prefer using snus daily and cigarettes occasionally. Use of snus only at baseline was not associated with increased odds of smoking only at follow-up, after adjusting for known risk factors.

Conclusions Young men who only used snus at baseline had an increased risk of being dual users at follow-up. Snus use may therefore facilitate smoking.

<http://tobaccocontrol.bmj.com/content/early/2012/05/26/tobaccocontrol-2011-050158.abstract>

Also:

Tobacco industry's ITGA fights FCTC implementation in the Uruguay negotiations

<http://tobaccocontrol.bmj.com/content/early/2012/05/26/tobaccocontrol-2011-050222.abstract>

Evaluation of smoking habits among Turkish family physicians

[Toxicol Ind Health](#). 2012 May 24. [Epub ahead of print]

[Baltaci D](#), [Bahcebasi T](#), [Aydin LY](#), [Ozturk S](#), [Set T](#), [Eroz R](#), [Celer A](#), [Kara IH](#).

Abstract

Smoking is still a major public health problem in Turkey. It was aimed to investigate smoking prevalence and habits among Turkish family physicians. Cross-sectional study among physicians working in primary care settings was established. A self-administered study survey was applied. The surveys of 1233 family physicians were analyzed. The study included 704 (57.1%) male and 529 (42.9%) female physicians. Mean age (SD) was 38.94 (7.01) years. The proportions of the current, the former and never smokers among family physicians were 34.1%, 14.7% and 51.3%, respectively. Mean age (SD) of smoking initiation was 21.73 (5.04) years. Mean duration (SD) of smoking use was 14.61 (7.29) years. Proportion of current smoker in male physicians was quite higher than in female counterparts (36.9% vs. 30.4%; $p < 0.001$). Mean age (SD) of smoking initiation in female was 21.42 (4.59) years, but in male was 22.33 (4.98) years ($p = 0.36$). In female physicians, mean age (SD) for quitting cigarette smoking was found higher than in male (35.85 (6.35) years vs. 33.09 (6.45) years; $p = 0.004$). No significant difference between nicotine dependence (mean score (SD) of 3.76 (2.48) vs. 3.65 (2.82); $p > 0.05$) and mean (SD) unit of cigarette a day (18.34(6.03) vs. 17.17 ± 6.79; $p > 0.05$) between genders was observed. The number of male physicians who started smoking before faculty was higher than female counterparts (15.5% vs. 8.6%; $p = 0.023$). In conclusion, the smoking prevalence among Turkish family physicians is considerably high.

<http://tih.sagepub.com/content/early/2012/05/24/0748233712448113.abstract>

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