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Subject: STAN Bulletin: 6th Edition: 14-June-2012

Smoking & Tobacco Abstracts & News

STAN Bulletin

6th Edition

14-June-2012

Editor's Note: The UPI [wire story](#) on the decline of smoking-related deaths is presented to show coverage of a study that has already been featured here. The abstract to the referenced N&TR paper by Rostron, [Smoking-Attributable Mortality by Cause in the United States: Revising the CDC's Data and Estimates](#), is linked here and below and the PDF remains available upon request. The Forbes' [op-ed](#) features the views of Geoffrey Kabat and a biographical note at the foot of the piece describes him as a cancer epidemiologist who has "consulted for a law firm that represents a tobacco company regarding smoking bans". In response to a recent *Reg Tox Pharm* study of his on [menthol cigarettes and smoking-related cancers](#), I noted that Kabat does not name the law and consulting firms for which he served as a consultant, but he was recommended in 1990 by Philip Morris to sit on the EPA (US Environmental Protection Agency) panel on smoking (see: [6 Members of Panel on Smoking Have Ties to Tobacco Group](#), AP, 10/11/90) and, in a 19/12/90 Philip Morris Memorandum, [EPA Science Advisory Board Transcript Comments](#), author Martin Gleason notes that "Kabat's statement on the weakness of the ETS lung cancer epidemiology and the impropriety of the Group A carcinogen classification is a strong dissent". Kabat is also the co-author, with James Enstrom, of the notorious 2003 BMJ paper '[Environmental tobacco smoke and tobacco related mortality in a prospective study of Californians, 1960-98](#), *BMJ* 2003;326:1057) that generated a great deal of discussion on GLOBALink and elsewhere.

Stan Shatenstein

In the News:

- Australia: [WTO: Third country expected to join Ukraine & Honduras in suits challenging plain tobacco packs](#)
- Canada: Alberta/Saskatchewan: [Government alleges industry conspiracy](#); [Compensation demands](#)
 - Canada: Quebec: [The Gazette: Editorial: The government takes on Big Tobacco](#); [Letters: Costs to society](#)
 - Canada: Quebec: [Le Devoir: Editorial: Big Tobacco's bad faith helps justify \\$60 billion lawsuit](#)
 - [New York Times: Opinion: Fallacy of the Hijacked Brain: Nicotine & Other Addictive Drugs](#)
 - India: [Tobacco girls: Investigation into plight of young beedi cigarette rollers](#)
- Israel: [Hausner: Organized tobacco's days are numbered, will be tried for crimes against humanity](#)
 - Japan: [Government aims for 12% adult smoking rate, first numerical goal in cancer fight plan](#)
 - NZ: [TVNZ: Opinion: Smoking's a dying habit but tobacco companies still make \\$500 billion a year](#)
 - Pakistan: [Sheesha smoke: Cafe workers protest at 'unjust' crackdown](#)
 - Philippines: [708% tax hike on low-priced cigarettes stuns Big Tobacco](#)
 - US: CDC: [Mortality declines but still 380,000 tobacco deaths annually](#) [N&TR: Rostron: [SAM by Cause](#)]

- US: [Forbes: Opinion: Kabat: Do Smoking Bans Really Save Lives? If So, Whose?](#)

Noteworthy:

"There is strong evidence that environmental approaches to reducing substance use are the most effective in reducing population-level harm. Vested interests such as the alcohol, tobacco and gambling industries have demonstrated their willingness to misuse neurobiological research to shift attention away from their role in establishing and maintaining addiction by marketing addictive products. It is important that policy makers and government officials are not seduced by the allure of neuroscience to neglect population-level approaches that target the causes of addiction that are the most amenable to change and have the greatest chance of reducing substance use and related harm." [Gartner CE, Carter A, Partridge B. What are the public policy implications of a neurobiological view of addiction? [Addiction](#)]

"Most smokers grossly underestimate their own risks. Many older smokers misbelieve that they are too old to quit or too old to benefit from quitting. Because of reverse causality and from seeing deaths of old friends who had quit recently, some misbelieve that quitting could be harmful... For public health information and education, the great death risk of 1 in 2 to 2 in 3 should be highlighted consistently and widely. This warning could be placed on cigarette packages so that all smokers know that they are betting their lives on the toss of a coin... If you have helped 2 smokers quit, you have saved (at least) 1 life." [Lam TH. Absolute Risk of Tobacco Deaths: One in Two Smokers Will Be Killed by Smoking, [Arch Int Med](#)]

In this Edition:

- Addiction - Gartner: Public policy implications of a neurobiological view of addiction
- Am J Drug Alc Abuse - de Dios: US: MMT: Smoker Social Support & Network in Methadone Maintenance
- AJPH - Villanti: US: NYSCS: Menthol Brand Switching Among Adolescents & Young Adults
- Ann Health Law - Freiberg: US: State & local government non-cigarette tobacco product regulatory options
- Arch Int Med - Gellert/Lam: Smoking Linked to Older Patients' Increased All-Cause Mortality
- Aust Health Rev - Poder: Australia: Sydney: Evaluation of hospital smoke-free health service policy
- Behav Genet - Zavos: Sri Lanka: Genetic & Environmental Nicotine Use Etiology in Male Twins
- Best Pract Res Clin Endocrinol Metab - Bartalena: Prevention of Graves' ophthalmopathy
- Carcinogenesis - Batra: Smoking-induced Genotoxicity & Altered Signaling in Pancreatic Carcinogenesis
- Chest - He: China: SHS predicted COPD & other tobacco related mortality in 17-year cohort
- EJPH - Moodie: UK: Scotland: YAS illicit tobacco perceptions, plain packaging & purchase behaviour
- Indoor Air - Schripp: Does e-cigarette consumption cause passive vaping?
- Int J Evid Based Healthc - Napierkowski: Acupuncture & related interventions for smoking cessation
- Int J Health Serv - Krieger: US: Smoking, high-tech medicine & SES inequities in mortality rates, 1960-2006
- JACH - Lenk: Young adult cigarette use: 2-year & 4-year college students & those not in college
- JAH - Lipperman-Kreda: US: CA: Local policy & tobacco outlet density: youth smoking associations
- J Arthroplast - Kapadia: Increased Revision Rates After Total Knee Arthroplasty in Patients Who Smoke
- J Clin Psych - Williams: RCT: Varenicline: Cessation Safety & Efficacy in Schizophrenia or Schizoaffective Disorder
- J Crohns Colitis - Nunes: Spain: TABACROHN: High cessation rate in Crohn's patients after physician advice
- J Mat Fetal Neonatal Med - Chelchowska: PAPP-A & IGF: Pregnancy response to cigarette smoking
- J Oral Rehabil - Alajbeg: Croatia: Bruxism among navy employees: Smoking nearly triples risk
- J Stroke Cerebrovasc Dis - Kumagai: Japan: Prognostic Significance of Smoking in Acute Ischemic Stroke
- Psych Addict Behav - Berndt: NL: Self-Efficacy & Craving Impact on Smoking Abstinence in Low to Moderate Anxiety
- Psych Res - Mackillop: Neuroeconomics of nicotine dependence: fMRI & reward delay discounting
- Reg Tox Pharm - Ashley: BAT: Menthol level & type effect on CS mouth level T&N exposure & sensory perception
- Tob Control - Scheffels: Norway: Removal of PoS tobacco displays: Out of sight, out of mind?

Abstracts:

Editorial

What are the public policy implications of a neurobiological view of addiction?

Addiction

[Volume 107, Issue 7, pages 1199–1200, July 2012](#)

Article first published online: 17 APR 2012

CORAL E. GARTNER, ADRIAN CARTER, BRAD PARTRIDGE

Neuroscience research has provided a greater understanding of the neurochemical mechanisms underpinning drug use and addiction. Alteration of gene regulation and functioning appears to explain many of the persistent changes in brain structure and function that are observed after chronic substance use. These neurobiological changes may explain why relapse is common, even after years of abstinence [1]. This research also indicates that there are molecular, cellular and other system-level mechanisms common to both drug addiction and other compulsive behaviours, such as gambling, hypersexuality and compulsive over-eating..

Confidence in one's ability to remain abstinent—abstinence self-efficacy—reliably predicts future abstinence from smoking and other drug use [7]. Acceptance of the 'brain disease' view could increase abstinence self-efficacy if smokers or drug-dependent people believe that addiction can be overcome with medical assistance; for example, pharmaceutical treatments such as nicotine replacement therapy, bupropion and varenicline for smoking cessation [8]. These pharmacological therapies have demonstrated efficacy and improve smoking cessation outcomes. However, they currently have little impact on population smoking prevalence because of low uptake by smokers [9]. Increasing the proportion of quit attempts that are assisted could help to reduce smoking prevalence if a sufficient number of smokers used these methods...

<http://onlinelibrary.wiley.com/doi/10.1111/j.1360-0443.2012.03812.x/full>

<http://onlinelibrary.wiley.com/doi/10.1111/j.1360-0443.2012.03812.x/pdf>

Addiction Correspondence:

Commentary on O'Connor *et al.* (2012): Planning to effectively ban menthol cigarettes

<http://onlinelibrary.wiley.com/doi/10.1111/j.1360-0443.2012.03881.x/full>

<http://onlinelibrary.wiley.com/doi/10.1111/j.1360-0443.2012.03881.x/pdf>

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

Referenced Addiction study:

What would menthol smokers do if menthol in cigarettes were banned? Behavioral intentions and simulated demand

<http://onlinelibrary.wiley.com/doi/10.1111/j.1360-0443.2012.03822.x/abstract>

The Social Support and Social Network Characteristics of Smokers in Methadone Maintenance Treatment

[Am J Drug Alcohol Abuse](#). 2012 May 10. [Epub ahead of print]

[de Dios MA](#), [Stanton CA](#), [Caviness CM](#), [Niaura R](#), [Stein M](#).

Abstract

Background: Previous studies have shown social support and social network variables to be important factors in smoking cessation treatment. Tobacco use is highly prevalent among individuals in methadone maintenance treatment (MMT). However, smoking cessation treatment outcomes in this vulnerable subpopulation have been poor and social support and social network variables may contribute. Methods: The current study examined the social support and social network characteristics of 151 MMT smokers involved in a randomized clinical trial of smoking cessation treatments. Participants were 50% women and 78% Caucasian. A high proportion (57%) of MMT smokers had spouses or partners who smoke and over two-thirds of households (68.5%) included at least one smoker. Results: Our sample was characterized by relatively small social networks, but high levels of general social support and quitting support. The number of cigarettes per day was found to be positively associated with the number of smokers in the social network ($r = .239$, $p < .05$) and quitting self-efficacy was negatively associated with partner smoking ($r = -.217$, $p < .001$). Conclusions: Findings are discussed in the context of developing smoking cessation interventions that address the influential role of social support and social networks of smokers in MMT.

<http://informahealthcare.com/doi/abs/10.3109/00952990.2011.653424>

Menthol Brand Switching Among Adolescents and Young Adults in the National Youth Smoking Cessation Survey

[American Journal of Public Health](#)
Volume 102, Issue 7 (July 2012)

Andrea C. Villanti, Gary A. Giovino, Dianne C. Barker, Paul D. Mowery, Varadan Sevilimedu, and David B. Abrams

Abstract

This study examines patterns of menthol and nonmenthol cigarette use from 2003 to 2005 in a cohort of smokers, aged 16 to 24 years in the National Youth Smoking Cessation Survey. At follow-up, 15.0% of baseline menthol smokers had switched to nonmentholated cigarettes; by contrast, 6.9% of baseline nonmenthol smokers had switched to mentholated cigarettes. Differences in switching patterns were evident by gender, race/ethnicity, parental education, and smoking frequency. These data support previous evidence that young smokers start with mentholated cigarettes and progress to nonmentholated cigarettes.

<http://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2011.300632>

Also:

Changes in Smoking Prevalence in 8 Countries of the Former Soviet Union Between 2001 and 2010

<http://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2011.300547>

Implementation of Workplace-Based Smoking Cessation Support Activities and Smoking Cessation Among Employees: The Finnish Public Sector Study

<http://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2012.300823>

Options for state and local governments to regulate non-cigarette tobacco products

[Ann Health Law](#). 2012 Winter;21(2):407-45, 5 p preceding i.

[Freiberg M](#).

Abstract

Most tobacco control laws were written to address the scourge of smoking--particularly smoking cigarettes. As a result, these laws frequently exclude non-cigarette tobacco products, which are becoming more prevalent on the market. These regulatory gaps jeopardize public health by increasing the possibility that these products will be used--particularly by minors and young adults. This article examines gaps in regulation using five products as case studies: dissolvable tobacco products, electronic cigarettes, little cigars, snus, and water pipes. In addition, this article presents policy options that state and local governments can adopt to regulate these products more effectively, including regulations relating to price, flavors, youth access, use in public places, point-of-sale warnings, and marketing. Furthermore, this article contains extensive discussion of the recently adopted federal Family Smoking Prevention and Tobacco Control Act, which both limits and expands the power of state and local governments.

http://www.luc.edu/healthlaw/research_and_pubs/annals/archive.html

Smoking and All-Cause Mortality in Older People Systematic Review and Meta-analysis

***Arch Intern Med*. 2012;172(11):837-844. doi:10.1001/archintermed.2012.1397**
Online First **June 11, 2012**

Carolin Gellert; Ben Schöttker, PhD, MPH; Hermann Brenner, MD, MPH

Abstract

Background Smoking is an established risk factor of premature death. However, most pertinent studies primarily relied on middle-aged adults. We performed a systematic review and meta-analysis of the empirical evidence on the association of smoking with all-cause mortality in people 60 years and older.

Methods A systematic literature search was conducted in multiple databases including MEDLINE, EMBASE, and ISI Web of Knowledge and complemented by cross-referencing to identify cohort studies published before July 2011. Core items of identified studies were independently extracted by 2 reviewers, and results were summarized by standard methods of meta-analysis.

Results We identified 17 studies from 7 countries. Current smoking was associated with increased all-cause mortality in all studies. Relative mortality (RM) compared with never smokers ranged from 1.2 to 3.4 across studies and was 1.83 (95% CI, 1.65-2.03) in the meta-analysis. A decrease of RM of current smokers with increasing age was observed, but mortality remained increased up to the highest ages. Furthermore, a dose-response relationship of the amount of smoked cigarettes and premature death was observed. Former smokers likewise had an increased mortality (meta-analysis: RM, 1.34; 95% CI, 1.28-1.40), but excess mortality compared with never smokers clearly decreased with duration of cessation. Benefits of smoking cessation were evident in all age groups, including subjects 80 years and older.

Conclusions Smoking remains a strong risk factor for premature mortality also at older age. Smoking cessation is beneficial at any age.

<http://archinte.jamanetwork.com/article.aspx?articleID=1182214>

Related Arch Int Med Invited Commentary, news coverage & PR:

Absolute Risk of Tobacco Deaths: One in Two Smokers Will Be Killed by Smoking

<http://archinte.jamanetwork.com/article.aspx?articleID=1182209>

Even the oldest smokers can live longer if they quit, study says

http://www.latimes.com/health/boostershots/la-heb-never-too-old-to-quit-smoking-study-20120611_0.6380864.story

Never too late to quit smoking, researchers say

<http://www.msnbc.msn.com/id/47771059/ns/health/>

Quitting Smoking Even in Old Age Prolongs Life: Study

<http://health.usnews.com/health-news/news/articles/2012/06/11/quitting-smoking-even-in-old-age-prolongs-life-study>

Never Too Late to Quit: Quitting Smoking Reduces Mortality, Even in Older Patients

<http://www.sciencedaily.com/releases/2012/06/120611193309.htm>

Do smoke-free environment policies reduce smoking on hospital grounds? Evaluation of a smoke-free health service policy at two Sydney hospitals

[Aust Health Rev.](#) 2012 May;36(2):158-62.

[Podar N](#), [Carroll T](#), [Wallace C](#), [Hua M](#).

Abstract

Objective. To evaluate the compliance of hospital staff, inpatients and visitors with Sydney South West Area Health Service's Smoke-free Environment Policy. **Methods.** Six sites were observed at two Sydney hospitals 2 weeks before implementation of the policy and at 2 weeks, 6 months, 12 months, 18 months and 2 years after implementation. **Results.** There was an overall significant 36% ($P \leq 0.05$) reduction in observed smoking incidents on hospital grounds 2 years after implementation. Two years after implementation, observed smoking incidents reduced by 44% ($P \leq 0.05$) in staff, 37% ($P \leq 0.05$) in visitors and remained unchanged among inpatients. **Conclusions and implications.** The Smoke-free Environment Policy was effective in reducing visitors and staff observed smoking on hospital grounds, but had little effect on inpatients' smoking. Identifying strategies to effectively manage nicotine addiction and promote cessation amongst hospital inpatients remains a key priority. What is known about the topic? Smoke-free environment policies have been developed and introduced worldwide. These policies reduce tobacco use and protect the community from environmental tobacco smoke. What does this paper add? This paper focusses on a method used to monitor compliance of a smoke-free environment policy in a healthcare setting. The paper tracks what happened over 2 years before and after the policy was implemented. Among staff, there was evidence of compliance with the policy; however, there was no apparent

change in policy compliance amongst inpatients. What are the implications for practitioners? Policy makers and staff implementing smoke-free policies should ensure adequate support for staff and inpatients are available, with continued promotion and enforcement of the policy. Further investigations are needed into multi-strategic cessation interventions for inpatients who smoke.

<http://www.publish.csiro.au/nid/270/paper/AH11998.htm>

Genetic and Environmental Etiology of Nicotine Use in Sri Lankan Male Twins

[Behav Genet.](#) 2012 May 19. [Epub ahead of print]

[Zavos HM](#), [Kovas Y](#), [Ball HA](#), [Ball D](#), [Siribaddana SH](#), [Glozier N](#), [Sumathipala A](#), [McGuffin P](#), [Hotopf M](#), [Rijsdijk FV](#).

Abstract

Little is known about the prevalence and etiology of tobacco use in Asian populations. This study aims to test whether the finding of substantial heritability for tobacco-related phenotypes in Western populations is generalizable to developing countries. The twin method was used to estimate the relative contribution of genetic and environmental influences on nicotine-related phenotypes. Participants were selected from the population based Sri Lankan Twin Registry. The Composite International Diagnostic Interview was administered to 1,804 male individuals to assess five phenotypes: nicotine use; desire and unsuccessful attempts to quit smoking; subjective feeling of being tobacco dependent; and two DSM-IV diagnoses; nicotine dependence and nicotine withdrawal. Almost one-third of the male twins were life-time smokers. The genetic results were consistent with the previously reported findings from Western and Chinese populations, in that the nicotine use traits were significantly heritable, with environmental influences being of the non-shared nature. The results derived from the Causal Contingent Common pathway model (CCC) supported previous findings that show that liabilities to regular smoking and subsequent problem smoking have both shared and specific genetic influences.

<http://www.springerlink.com/content/n440332561331300/>

Prevention of Graves' ophthalmopathy

[Best Pract Res Clin Endocrinol Metab.](#) 2012 Jun;26(3):371-9.

[Bartalena L](#).

Abstract

Smoking is the most important risk factor for the occurrence/progression of Graves' ophthalmopathy (GO), as well as for its lower/slower response to immunosuppression. Accordingly, refrain from smoking should be urged, both as primary prevention (removal of risk factors in Graves' patients without GO), secondary prevention (early detection and treatment of asymptomatic/very mild GO) and tertiary prevention (reduction of complications/disability of overt GO). A 6-month course of 200 µg/day sodium selenite can prevent progression of mild GO to more severe GO and is, therefore, a form of secondary prevention and, probably, primary prevention. Correction of thyroid dysfunction and stable maintenance of euthyroidism are important preventive measures. The optimal treatment for hyperthyroidism in patients with GO is uncertain, because evidence demonstrating the superiority of antithyroid drugs over thyroid ablation (radioiodine, thyroidectomy, or both) is lacking. If radioiodine is used, low-dose steroid prophylaxis is recommended, particularly in smokers, to prevent radioiodine-associated GO progression.

<http://www.bprcem.com/article/S1521-690X%2811%2900126-6/abstract>

<http://www.sciencedirect.com/science/article/pii/S1521690X11001266>

Interplay Between Smoking-induced Genotoxicity and Altered Signaling in Pancreatic Carcinogenesis

[Carcinogenesis.](#) 2012 May 23. [Epub ahead of print]

[Batra SK](#), [Momi N](#), [Kaur S](#), [Ponnusamy MP](#), [Kumar S](#), [Wittel UA](#).

Abstract

Despite continuous research efforts directed at early diagnosis and treatment of pancreatic cancer (PC), the status of patients affected by this deadly malignancy remains dismal. Its notoriety with regard to lack of early diagnosis and resistance to the current chemotherapeutics is due to accumulating signaling abnormalities. Hoarding experimental and epidemiological evidences have established a direct correlation between cigarette-smoking and PC risk. The cancer initiating/promoting nature of cigarette-smoke can be attributed to its various constituents including nicotine, which is the major psychoactive component, and several other toxic constituents, such as nitrosamines, 4-(methylnitrosamino)-1-(3-pyridyl)-1-butanone (NNK) and polycyclic aromatic hydrocarbons (PAHs). These predominant smoke-constituents initiate a series of oncogenic events facilitating epigenetic alterations, self-sufficiency in growth signals, evasion of apoptosis, sustained angiogenesis and metastasis. A better understanding of the molecular mechanisms underpinning these events is crucial for the prevention and therapeutic intervention against PC. This review article presents various interconnected signal transduction cascades, the smoking-mediated genotoxicity and genetic polymorphisms influencing the susceptibility for smoking-mediated PC development by modulating pivotal biological aspects such as cell defense/tumor suppression, inflammation, DNA repair as well as tobacco-carcinogen metabolization. Additionally, it provides a large perspective toward tumor biology and the therapeutic approaches against PC by targeting one or several steps of smoking-mediated signaling cascades. It generates optimism that the overwhelming research in this field would indeed improve the survival rate and quality of life for PC patients in the future.

<http://carcin.oxfordjournals.org/content/early/2012/05/23/carcin.bgs186.abstract>

Secondhand smoke exposure predicted chronic obstructive pulmonary disease and other tobacco related mortality in a 17-years cohort study in China

[Chest](#). 2012 May 24. [Epub ahead of print]

[He Y](#), [Jiang B](#), [Li LS](#), [Li LS](#), [Ko L](#), [Wu L](#), [Sun DL](#), [He SF](#), [Liang BQ](#), [Hu FB](#), [Lam TH](#).

Abstract**BACKGROUND:**

Prospective evidence on the association between secondhand smoke (SHS) and ischemic stroke and chronic obstructive pulmonary disease (COPD) is scarce.

METHODS:

We prospectively examined the relationship between SHS and major tobacco related deaths, particular COPD and stroke, in 910 (439 men and 471 women) Chinese who never smoked from a 17 year follow up study in Xi'an, China. SHS exposure was defined as exposure to another person's tobacco smoke at home or in the workplace.

RESULTS:

At baseline among 910 subjects (439 men), 44.2% were exposed to SHS at home, 52.9% in workplaces, and 67.1% at home or work. From 1 March 1994 to 1 July 2011, 249 (150 men and 99 women) died within 14,016 person-years. Those who were exposed to SHS had increased mortality due to coronary heart disease (CHD) (adjusted relative risk, RR=2.15, 95% confidence intervals, CI=1.00-7.66), ischemic stroke (2.88, 1.10-7.55), lung cancer (2.00, 0.62-6.40), and COPD (2.30, 1.06-5.00) and all-causes (1.72, 1.29-2.20), with significant dose-response relationships between cumulative SHS exposure at home and work and the increased risk of cause-specific and total mortality (P for linear trend ranged from 0.045 to <0.001).

CONCLUSIONS:

This study has shown dose response relationships between SHS and major tobacco related mortality, and provided new evidence to support causation for COPD and ischemic stroke.

<http://chestjournal.chestpubs.org/content/early/2012/05/22/chest.11-2884.abstract>

Young adult smokers' perceptions of illicit tobacco and the possible impact of plain packaging on purchase behaviour

[Eur J Public Health](#). 2012 Apr;22(2):251-3. Epub 2011 Mar 26.

[Moodie C](#), [Hastings G](#), [Joossens L](#).

Abstract

Plain (unbranded) packaging for cigarettes is at the top of the tobacco control agenda in both Australia and Europe. The evidence suggests that it will benefit public health by decreasing the appeal of tobacco products and increasing the power of the health warning. The tobacco industry instead argues that plain packaging would make it easier to counterfeit cigarettes, which would both confuse consumers and reduce price; thereby increasing consumption. Using focus group research we examined young adult smokers (N = 54) perceptions of, and ability to recognize, illicit tobacco and the possible impact of plain packaging on illicit tobacco purchasing behaviour. We found that the pack has no impact on the decision to buy illicit tobacco. Smokers were easily able to identify counterfeit cigarettes, not least by the pack, and buy it knowingly and in the full expectation that it will be inferior in quality. Illicit tobacco purchase, including that for counterfeit tobacco, was instead driven by availability and price. Given the extremely low manufacturing cost, per pack, of certain types of illicit cigarettes, it is difficult to envisage how plain packaging would alter the price of illicit tobacco in any meaningful way. The findings therefore suggest that a move to plain packaging would have no impact on young adult smokers' purchase behaviour.

<http://eurpub.oxfordjournals.org/content/22/2/251.abstract>

Does e-cigarette consumption cause passive vaping?

Indoor Air

[Accepted Article \(Accepted, unedited articles published online for future issues\)](#)

Accepted manuscript online: **2 JUN 2012**

Tobias Schripp, Doreen Markewitz, Erik Uhde and Tunga Salthammer

Abstract

Electronic cigarette consumption ("vaping") is marketed as an alternative to conventional tobacco smoking. Technically, a mixture of chemicals containing carrier liquids, flavors and optionally nicotine is vaporized and inhaled. The present study aims at the determination of the release of volatile organic compounds (VOC) and (ultra)fine particles (FP/UFP) from an e-cigarette under near-to-real-use conditions in an 8 m³ emission test chamber. Furthermore, the inhaled mixture is analyzed in small chambers. An increase in FP/UFP and VOC could be determined after use of the e-cigarette. Prominent components in the gas phase are 1,2-propanediol, 1,2,3-propanetriol, diacetyne, flavourings and traces of nicotine. As a consequence, "passive vaping" must be expected from the consumption of e-cigarettes. Furthermore, the inhaled aerosol undergoes changes in the human lung that is assumed to be attributed to deposition and evaporation.

Practical implications: The consumption of e-cigarettes marks a new source for chemical and aerosol exposure in the indoor environment. To evaluate the impact of e-cigarettes on indoor air quality and to estimate the possible effect of passive vaping, information about the chemical characteristics of the released vapor is needed.

<http://onlinelibrary.wiley.com/doi/10.1111/j.1600-0668.2012.00792.x/abstract>

COCHRANE NURSING CARE CORNER

Acupuncture and related interventions for smoking cessation

International Journal of Evidence-Based Healthcare

[Volume 10, Issue 2](#), pages 162–163, June 2012

Article first published online: **6 JUN 2012**

Daria Napierkowski

Question

To what extent are acupuncture and related interventions, laser therapy and electrostimulation helpful with smoking cessation as compared to other interventions, sham interventions or no interventions?

Relevance to nursing care

Smoking has been linked to many diseases including cancer and heart disease. Several studies have suggested that acupuncture has high rates of success in reducing the symptoms of nicotine withdrawal. However, these studies were uncontrolled and success rates could be attributed to a placebo effect. Controlled studies of acupuncture have not had consistent findings and reported limited or no success with smoking cessation and withdrawal symptoms. The research of acupuncture is further complicated by the different approaches: Traditional Chinese Acupuncture (TCA) whereby needles are inserted into particular locations of the body where they can correct disturbances of force (qi) and Western Medical Acupuncture (WMA) whereby needles can be inserted anywhere in the body because the effect is believed to be obtained by generally stimulating nerves or connective tissue. This makes it difficult for research as no site on the body can then be used as a control. Acupuncture needles can be stimulated by hand or electrically (electroacupuncture). Other non-needle treatments involve electrodes placed behind the ear (neuroelectrical therapy), low-level laser therapy (laser acupuncture) and using pressure alone (acupressure). Nurses counsel patients to stop smoking due to the health risks and must be aware of the interventions that are successful for smoking cessation.

<http://onlinelibrary.wiley.com/doi/10.1111/j.1744-1609.2012.00269.x/abstract>

Referenced *Cochrane Data Syst Rev*.

Acupuncture and related interventions for smoking cessation

<http://onlinelibrary.wiley.com/doi/10.1111/j.1744-1609.2012.00269.x/abstract>

Not just smoking and high-tech medicine: socioeconomic inequities in U.S. mortality rates, overall and by race/ethnicity, 1960-2006

[Int J Health Serv.](#) 2012;42(2):293-322.

[Krieger N, Chen JT, Kosheleva A, Waterman PD.](#)

Abstract

Recent research on the post-1980 widening of U.S. socioeconomic inequalities in mortality has emphasized the contribution of smoking and high-tech medicine, with some studies treating the growing inequalities as effectively inevitable. No studies, however, have analyzed long-term trends in U.S. mortality rates and inequities unrelated to smoking or due to lack of basic medical care, even as a handful have shown that U.S. socioeconomic inequalities in overall mortality shrank between the mid-1960s and 1980. The authors accordingly analyzed U.S. mortality data for 1960-2006, stratified by county income quintile and race/ethnicity, for mortality unrelated to smoking and preventable by 1960s' standards of medical care. Key findings are that relative and absolute socioeconomic inequalities in U.S. mortality unrelated to smoking and preventable by 1960s' medical care standards shrank between the 1960s and 1980 and then increased and stagnated, with absolute rates on a par with several leading causes of death, and with the burden greatest for U.S. populations of color. None of these findings can be attributed to trends in smoking-related deaths and access to high-tech medicine, and they also demonstrate that socioeconomic inequities in mortality can shrink and need not inevitably rise.

<http://www.baywood.com/journals/PreviewJournals.asp?Id=0020-7314>

Local tobacco policy and tobacco outlet density: associations with youth smoking

[J Adolesc Health.](#) 2012 Jun;50(6):547-52. Epub 2011 Oct 26.

[Lipperman-Kreda S](#), [Grube JW](#), [Friend KB](#).

Abstract

PURPOSE:

This study investigates the associations between local tobacco policy, tobacco outlet density, and youth smoking. A primary focus is on whether local tobacco policy moderates the relation between outlet density and youth smoking.

METHODS:

In all, 1,491 youth (51.9% male, mean age = 14.7 years, standard deviation = 1.05) in 50 mid-sized California cities were surveyed through a computer-assisted telephone interview. Measures of local clean air policy and youth access policy were created based on a review of tobacco policies in these cities. Outlet density was calculated as the number of retail tobacco outlets per 10,000 persons, and city characteristics were obtained from 2000 U.S. Census data.

RESULTS:

Using multilevel regression analyses and controlling for city characteristics, tobacco outlet density was positively associated with youth smoking. No significant main effects were found for the two tobacco policy types on any of the smoking outcomes after controlling for interactions and covariates. However, statistically significant interactions were found between local clean air policy and tobacco outlet density for ever smoked and past 12-month cigarette smoking. Comparisons of simple slopes indicated that the positive associations between tobacco outlet density and youth smoking behaviors were stronger at the lowest level of local clean air policy compared with the moderate and high levels.

CONCLUSIONS:

Our results suggest that tobacco outlet density is related to youth smoking. In addition, local clean air policy may act as a moderator of relationship between tobacco outlet density and youth smoking, such that density is less important at moderate and high levels of this tobacco policy.

<http://www.jahonline.org/article/S1054-139X%2811%2900303-X/abstract>

<http://www.sciencedirect.com/science/article/pii/S1054139X1100303X>

Cigarette use among young adults: comparisons between 2-year college students, 4-year college students, and those not in college

[J Am Coll Health](#). 2012 May;60(4):303-8.

[Lenk K](#), [Rode P](#), [Fabian L](#), [Bernat D](#), [Klein E](#), [Forster J](#).

Abstract

Objective: To examine cigarette smoking among young adults based on education status. **Participants:** Community-based sample of 2,694 young adults in the United States **Methods:** The authors compared 3 groups—those not in college with no college degree, 2-year college students/graduates, 4-year college students/graduates—on various smoking measures: ever smoked, smoked in past month, smoked in past week, consider self a smoker, began smoking before age 15, smoked over 100 cigarettes in lifetime, ever tried to quit, and plan to quit in next year. **Results:** The authors found that for nearly all the smoking measures, the 4-year college group was at lowest risk, the noncollege group was at highest risk, and the 2-year college group represented a midpoint. Differences between groups remain after adjusting for parents' education and other potential confounding factors. **Conclusions:** Smoking behaviors clearly differ between the 2-year, 4-year, and no college groups. Interventions should be tailored for each group.

<http://www.tandfonline.com/doi/abs/10.1080/07448481.2011.607481>

Also:

Quantifying littered cigarette butts to measure effectiveness of smoking bans to building perimeters

<http://www.tandfonline.com/doi/abs/10.1080/07448481.2011.609205>

Increased Revision Rates After Total Knee Arthroplasty in Patients Who Smoke

[J Arthroplasty](#). 2012 May 23. [Epub ahead of print]

[Kapadia BH](#), [Johnson AJ](#), [Naziri Q](#), [Mont MA](#), [Delanois RE](#), [Bonutti PM](#).

Abstract

The purpose of this study was to compare the clinical outcomes of total knee arthroplasty in patients who reported a history of tobacco use with those who were nonsmokers. Between 2006 and 2009, there were 131 total knee arthroplasties performed in patients who were smokers and 490 in patients who did not smoke. At a mean follow-up of 47 months (range, 24-79 months), the patients who were smokers had a statistically decreased overall survivorship of 90% (13 revisions) compared with 99% (5 revisions) in the nonsmokers. Surgical complication rates were not significantly different between the 2 groups; however, there was a significant difference in medical complications. Total knee arthroplasty in smokers has a higher risk of negative clinical outcomes compared with nonsmokers.

<http://www.arthroplastyjournal.org/article/S0883-5403%2812%2900234-3/abstract>

<http://www.sciencedirect.com/science/article/pii/S0883540312002343>

A Randomized, Double-Blind, Placebo-Controlled Study Evaluating the Safety and Efficacy of Varenicline for Smoking Cessation in Patients With Schizophrenia or Schizoaffective Disorder

[J Clin Psychiatry](#) 2012;73(5):654–660

Jill M. Williams, MD; Robert M. Anthenelli, MD; Chad D. Morris, PhD; Joan Treadow, RN, BSN; John R. Thompson, PhD; Carla Yunis, MD, MPH; and Tony P. George, MD

Abstract

Objective: Effective smoking cessation treatments are needed for patients with schizophrenia, who, compared with the general population, have high rates of cigarette smoking and more difficulty quitting. We evaluated the safety and efficacy of varenicline for smoking cessation in outpatients with stable schizophrenia or schizoaffective disorder.

Method: In this 12-week, randomized, double-blind, multicenter trial (May 8, 2008, to April 1, 2010), 127 smokers (≥ 15 cigarettes/d) with DSM-IV–confirmed schizophrenia or schizoaffective disorder received varenicline or placebo (2:1 ratio). The primary outcome was safety and tolerability of varenicline assessed by adverse events frequency and changes in ratings on the Positive and Negative Syndrome Scale and other psychiatric scales from baseline to 24 weeks. Abstinence was defined as no smoking 7 days prior to weeks 12 and 24, verified by carbon monoxide level.

Results: Eighty-four participants received varenicline; 43, placebo. At 12 weeks (end of treatment), 16/84 varenicline-treated patients (19.0%) met smoking cessation criteria versus 2/43 (4.7%) for placebo ($P = .046$). At 24 weeks, 10/84 (11.9%) varenicline-treated and 1/43 (2.3%) placebo-treated patients, respectively, met abstinence criteria ($P = .090$). Total adverse event rates were similar between groups, with no significant changes in symptoms of schizophrenia or in mood and anxiety ratings. Rates of suicidal ideation adverse events were 6.0% (varenicline) and 7.0% (placebo) ($P = 1.0$). There was 1 suicide attempt by a varenicline patient with a lifetime history of similar attempts and no completed suicides.

Conclusions: Varenicline was well tolerated, with no evidence of exacerbation of symptoms, and was associated with significantly higher smoking cessation rates versus placebo at 12 weeks. Our findings suggest varenicline is a suitable smoking cessation therapy for patients with schizophrenia or schizoaffective disorder.

Trial Registration: ClinicalTrials.gov identifier: [NCT00644969](#)

http://article.psychiatrist.com/dao_1-login.asp?ID=10007872&RSID=60275043822619

High smoking cessation rate in Crohn's disease patients after physician advice - The TABACROHN Study

[J Crohns Colitis](#). 2012 May 23. [Epub ahead of print]

[Nunes T](#), [Etchevers MJ](#), [Merino O](#), [Gallego S](#), [García-Sánchez V](#), [Marín-Jiménez I](#), [Menchén L](#), [Barreiro-de Acosta M](#), [Bastida G](#), [García S](#), [Gento E](#), [Ginard D](#), [Martí E](#), [Gomollón E](#), [Arroyo M](#), [Monfort D](#), [García-Planella E](#), [Gonzalez B](#),

[Loras C, Agustí C, Figueroa C, Sans M; for the TABACROHN Study Group of GETECCU.](#)

Abstract

INTRODUCTION:

Tobacco smoking has a significant impact on the development of Crohn's disease (CD) and its clinical course, making smoking cessation one of the main goals in CD therapeutic strategy.

AIMS:

To evaluate the effectiveness of an advice-based smoking cessation strategy among CD patients.

METHODS:

We have performed a prospective multicenter study which enrolled 408 CD smokers. At inclusion all patients were instructed about the risks of smoking and subsequently followed every 3 months. Each center used additional smoking cessation strategies based on available resources. Urinary cotinine and exhaled carbon monoxide levels were evaluated in a subgroup of patients.

RESULTS:

Median study follow up was 18 months. 31% of the patients achieved complete smoking cessation and 23% were smoking-free at the end of their follow up with 8% of smoking relapse. Most patients not achieving smoking cessation did not change their smoking habit with only 5% presenting a decrease in tobacco load. 63% of patients willing to quit smoking received help from another specialist, most frequently the pulmonologist (47%). Surprisingly, most patients (88%) tried to quit smoking with no pharmacological therapy and bupropion, varenicline and nicotine replacement treatment were used in few patients. Urinary cotinine and exhaled CO levels tested in a subgroup of patients proved to have a good correlation with the self-reported smoking habit. No predictors of successful smoking cessation were identified.

CONCLUSION:

Our results underline that an anti-tobacco strategy mostly based on CD patients's education and counseling is feasible and effective in helping patients reach complete abstinence.

<http://www.sciencedirect.com/science/article/pii/S1873994612002097>

The pregnancy-associated plasma protein A and insulin-like growth factor system in response to cigarette smoking

[J Matern Fetal Neonatal Med.](#) 2012 May 28. [Epub ahead of print]

[Chelchowska M, Maciejewski T, Gajewska J, Ambroszkiewicz J, Laskowska-Klita T, Leibschang J.](#)

Abstract

Objective: Maternal smoking during pregnancy is associated with a reduction in birth size but the mechanism by which this occurs still remains unclear. The purpose of this study was to evaluate the effect of tobacco smoking on concentrations of pregnancy-associated plasma protein A (PAPP-A), insulin-like growth factor I (IGF-I), II (IGF-II) and binding proteins BP-3 and BP-4 in pregnant women and correlations between these parameters. Methods: Sixty healthy pregnant women were divided into smoking and tobacco-abstinent group according to results of serum cotinine concentration. The current smokers were defined as those who had smoked 5 or more cigarettes per day during pregnancy. Results: The mean serum concentrations of PAPP-A, IGF-I and IGF-II were significantly lower in smoking than in non-smoking pregnant women ($p < 0.01$). The level of PAPP-A correlated positively with the IGF-II concentration in both studied group (non-smoking: $r = 0,54$; $p < 0.001$; smoking: $r = 0,40$; $p < 0.05$). In tobacco-abstinent group negative correlation between IGF-II and IGFBP-4 concentrations was found ($r = -0,35$; $p < 0.05$). Conclusion: Tobacco smoking during pregnancy decreases the pregnancy-associated plasma protein A and insulin growth factors I and II levels. The correlation between PAPP-A and IGF-II may suggest function of this protein as a protease and regulator in the IGF system.

<http://informahealthcare.com/doi/abs/10.3109/14767058.2012.696166>

Risk factors for bruxism among Croatian navy employees

[J Oral Rehabil.](#) 2012 May 19. doi: 10.1111/j.1365-2842.2012.02313.x. [Epub ahead of print]

[Alajbeg IZ](#), [Zuvela A](#), [Tarle Z](#).

Abstract

Summary The aim of the study was to evaluate the relationship between bruxism, and sociodemographic parameters, symptoms of temporomandibular disorders (TMD), personality and war experience among Croatian navy employees. The sample included 1092 subjects, aged 20-60 years (mean age 37.06 ± 7.85). An individual's bruxism status was based on clinical oral examination and participants' report of bruxism. Subjects with bruxism index values ≥ 90th percentile were included in severe bruxism group (n = 111), and those with scores below 90th percentile were labelled as negligible bruxism group (n = 981). No differences were found in gender distribution between the two groups. The proportion of military personnel presenting with bruxism is double the proportion of administrative employees with bruxism. A total of 23.34% subjects in negligible bruxism group and 48.65% in severe bruxism group participated in the war. Subjects in severe bruxism group presented more TMD-related signs and symptoms than those in negligible bruxism group. Higher prevalence of neuroticism and psychoticism was found in severe bruxism group. According to logistic regression, the probability of severe bruxism was significantly associated with marital status [Odds ratio (OR) 6.859, 95% confidence interval (CI) 3.869-12.158 P < 0.001], neuroticism (OR 2.842, 95% CI 1.434-5.632 P = 0.003), psychoticism (OR 2.618, 95% CI 1.193-5.746 P = 0.016), military duty (OR 1.828, 95% CI 1.013-3.298 P = 0.045) and masticatory muscles tenderness (OR 9.372, 95% CI 4.923-17.841 P < 0.001). Smokers had a 2.72-fold (95% CI 1.706-4.335 P < 0.001) higher risk of bruxism than non-smokers. Subjects who participated in war were more represented in severe bruxism group. Further studies, including other potential risk factors, are required to clarify these relationships.

<http://onlinelibrary.wiley.com/doi/10.1111/j.1365-2842.2012.02313.x/abstract>

Prognostic Significance of Smoking in Patients with Acute Ischemic Stroke within 3 Months of Onset

[J Stroke Cerebrovasc Dis.](#) 2012 May 23. [Epub ahead of print]

[Kumagai N](#), [Origasa H](#), [Nagao T](#), [Takekawa H](#), [Okuhara Y](#), [Yamaguchi T](#).

Abstract

BACKGROUND: Various factors that have been implicated in recovery after the acute phase of stroke have not been well evaluated. **Methods:** To identify prognostic factors affecting outcomes at 90 days after stroke from the viewpoint of recovery patterns, we enrolled 660 patients from the Edaravone and Argatroban Stroke Therapy for Acute Ischemic Stroke study database. Fourteen groups of patients were identified based on an analysis of their recovery patterns according to changes in their National Institutes of Health Stroke Scale scores during the first 21 days. These groups were then divided into 2 groups: favorable recovery trend (patterns 1-3; n = 486) and poor recovery trend (patterns 4-14; n = 174). Patterns with >80% of the patients experiencing a favorable outcome (National Institutes of Health Stroke Scale score of ≤4 at 90 days) were defined as the favorable recovery trend group, whereas patterns that included ≤80% favorable outcomes were defined as the poor recovery trend group. **Results:** Using the poor recovery trend group, logistic regression analysis found that after controlling for covariates, lower scores at admission, fewer ischemic lesions, and nonsmoking were significant prognostic factors for a favorable outcome at 90 days. **Conclusions:** Based on a detailed analysis of the relationship between recovery patterns after stroke and clinical outcomes in the chronic stage of stroke, smoking cessation may improve the prognosis of patients after stroke.

<http://www.sciencedirect.com/science/article/pii/S1052305712001103>

Self-Efficacy Mediates the Impact of Craving on Smoking Abstinence in Low to Moderately Anxious Patients: Results of a Moderated Mediation Approach

Psychology of Addictive Behaviors, Jun 4 , 2012

12.11.2012

Berndt, Nadine C.; Hayes, Andrew F.; Verboon, Peter; Lechner, Lilian; Bolman, Catherine; De Vries, Hein

Abstract

Little is known about the effect of craving on smoking abstinence among cardiac patients who smoked prior to admission and the mechanisms that might facilitate success in smoking cessation after discharge from hospital. This study examined the mediating effect of self-efficacy on the relationship between craving and smoking abstinence and how this mechanism may be contingent on emotional state at the time of hospital admission. Cardiac patients who smoked prior to admission were recruited from cardiac nursing units in Dutch hospitals. On hospitalization, 244 patients completed a questionnaire on craving, self-efficacy to smoking cessation, and anxiety and depression levels. Six months after discharge patients were interviewed to ascertain their smoking status. Simple mediation and moderated mediation effects of craving and self-efficacy on smoking abstinence were tested. Of the patients who successfully completed the baseline questionnaire and the follow-up interview, 38% were not smoking at 6 months. Self-efficacy mediated the effect of craving on smoking abstinence. However, this indirect effect was more pronounced among patients with relatively low to moderate anxiety at the time of hospitalization. Our findings suggest that craving reduces self-efficacy, which in turn reduces the likelihood of smoking abstinence, although this process applies only to those patients with low to moderate anxiety levels at the time of hospitalization. Interventions for smoking cardiac patients should aim to reduce craving and to enhance patients' self-efficacy to smoking cessation after discharge from hospital.

<http://psycnet.apa.org/psycinfo/2012-14755-001/>

The neuroeconomics of nicotine dependence: A preliminary functional magnetic resonance imaging study of delay discounting of monetary and cigarette rewards in smokers

[Psychiatry Res.](#) 2012 May 25. [Epub ahead of print]

[Mackillop J](#), [Amlung MT](#), [Wier LM](#), [David SP](#), [Ray LA](#), [Bickel WK](#), [Sweet LH](#).

Abstract

Neuroeconomics integrates behavioral economics and cognitive neuroscience to understand the neurobiological basis for normative and maladaptive decision making. Delay discounting is a behavioral economic index of impulsivity that reflects capacity to delay gratification and has been consistently associated with nicotine dependence. This preliminary study used functional magnetic resonance imaging to examine delay discounting for money and cigarette rewards in 13 nicotine dependent adults. Significant differences between preferences for smaller immediate rewards and larger delayed rewards were evident in a number of regions of interest (ROIs), including the medial prefrontal cortex, anterior insular cortex, middle temporal gyrus, middle frontal gyrus, and cingulate gyrus. Significant differences between money and cigarette rewards were generally lateralized, with cigarette choices associated with left hemisphere activation and money choices associated with right hemisphere activation. Specific ROI differences included the posterior parietal cortex, medial and middle frontal gyrus, ventral striatum, temporoparietal cortex, and angular gyrus. Impulsivity as measured by behavioral choices was significantly associated with both individual ROIs and a combined ROI model. These findings provide initial evidence in support of applying a neuroeconomic approach to understanding nicotine dependence.

<http://www.sciencedirect.com/science/article/pii/S0925492711003477>

Lack of effect of menthol level and type on smokers' estimated mouth level exposures to tar and nicotine and perceived sensory characteristics of cigarette smoke

[Regul Toxicol Pharmacol.](#) 2012 May 23. [Epub ahead of print]

[Ashley M](#), [Dixon M](#), [Sisodiya A](#), [Prasad K](#).

British American Tobacco, Group Research and Development, Southampton, UK.

Abstract

Menthol can reduce sensory irritation and it has been hypothesised that this could result in smokers of mentholated cigarettes taking larger puffs and deeper post-puff inhalations thereby obtaining higher exposures to smoke constituents

than smokers of non-mentholated cigarettes. The aim of our study was to use part-filter analysis methodology to assess the effects of cigarette menthol loading on regular and occasional smokers of mentholated cigarettes. We measured mouth level exposure to tar and nicotine and investigated the effects of mentholation on smokers' sensory perceptions such as cooling and irritation. Test cigarettes were produced containing no menthol and different loadings of synthetic and natural L-Menthol at 1 mg and 4 mg ISO tar yields. A target of 100 smokers of menthol cigarettes and 100 smokers who predominantly smoked non-menthol cigarettes from both 1 mg and 4 mg ISO tar yield categories were recruited in Poland and Japan. Each subject was required to smoke the test cigarette types of their usual ISO tar yield. There were positive relationships between menthol loading and the perceived 'strength of menthol taste' and 'cooling' effect. However, we did not see marked menthol-induced reductions in perceived irritation or menthol-induced increases in mouth level exposure to tar and nicotine.

Conflict of interest statement

This work was funded by British American Tobacco (BAT), and all authors, with the exception of Dr. Mike Dixon are full time employees of BAT. Dr. Mike Dixon's involvement was in the capacity of a paid consultant to BAT.

<http://www.sciencedirect.com/science/article/pii/S027323001200089X>

Note: Tobacco industry research.

Out of sight, out of mind? Removal of point-of-sale tobacco displays in Norway

Tob Control Published Online First: 7 June 2012 doi:10.1136/tobaccocontrol-2011-050341

Janne Scheffels, Randi Lavik

Abstract

Aim To evaluate retailer's compliance and consumer's perceptions of and experiences with the point-of-sale (POS) tobacco display ban in Norway, implemented 1 January 2010.

Methods Retailer compliance was measured using audit surveys. Consumer's perceptions of the ban were assessed in three web surveys: one conducted before and two after implementation of the ban. The sample for each of these consisted of about 900 people aged 15–54 years and an extra sample of smokers and snus users. 10 focus group interviews with male and female daily, occasional and former smokers aged 16–50 years (N=62) were also conducted, before and after implementation of the ban.

Results Immediately following implementation of the POS display ban, compliance was 97% for cigarettes and rolling tobacco and 98% for snus. Preimplementation, young people were tempted by tobacco products when seeing them in the shop more often than older people. Postimplementation, young people also more often found it difficult to choose brand. The POS tobacco display ban was supported by a majority of the population, and by one out of three daily smokers. The removal of POS tobacco displays was perceived as a barrier for young people's access to tobacco products, as affecting attachment to cigarette brands and as contributing to tobacco denormalisation.

Conclusions Retailer's compliance with the POS display ban in Norway was high, and the ban was well supported in the population. Consumers believed that the ban could contribute to preventing smoking initiation among young people and to some extent also support cessation efforts.

<http://tobaccocontrol.bmj.com/content/early/2012/06/06/tobaccocontrol-2011-050341.abstract>

<http://tobaccocontrol.bmj.com/content/early/2012/06/06/tobaccocontrol-2011-050341.full.pdf+html>

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

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