From: "Stan Shatenstein" <shatensteins@sympatico.ca>
To: Undisclosed-Recipient:;
Date: 6.8.2012 12:55:08
Subject: STAN Bulletin: 21st Edition: 6-August-2012

Smoking & Tobacco Abstracts & News
STAN Bulletin
21st Edition
6-August-2012

Editor's note: The Environics Research Group report claiming Canadian warning labels do not deter smokers is not yet available but will be highlighted in a future edition of the bulletin if obtained.

Stan Shatenstein

In the News:

- Australia: Tasmania: Support for court ruling on smoking in a car with children present
- Canada: Environics Research Group: Health warnings on cigarette packs don't deter most smokers
- Canada/US: Imperial/PM: Why Marlboro Country ends at the border: Images trump words
- India/Australia: Asian giant may adopt plain packaging laws, fighting to reduce tobacco consumption
- NZ/Australia: Tobacco factory reveals $45million upgrade, will quadruple exports; Future-proofed
- UK: Ministers warn electronic cigarettes could be unsafe & lead to health problems
- US: Minor tobacco sales continue to fall, reach all-time low under federal-state program [SAMHSA Report]
- Uruguay: ITC: Five-year survey confirms world-leading tobacco control strategy is delivering results

In this Edition:

- Addiction - Nonnemaker: US: Initiation with Menthol Cigarettes & Youth Smoking Uptake
- Am J Ind Med - Calvert: US: NHIS: Prevalence of selected potentially hazardous workplace exposures, 2010
- Am J Physiol GI Liver Physiol - Alexandre: NNK: Tobacco carcinogen initiates & enhances pancreatitis responses
- APJPH - Tonstad: Cambodia: Adult Cessation I. Determinants of Quitting Tobacco Use
- Atheroscleros - Seet: Singapore: Acute effects of smoking on insulin resistance & arterial stiffness in young adults
- BMC Pub Health - Leatherdale: Canada: RYO: Youth roll-your-own tobacco use: Bigger problem than we think?
- CC&C - Kitahara: US: Cigarette smoking, alcohol intake & thyroid cancer risk: 5 prospective studies pooled analysis
- Cancer Sci - Kumiko: Japan: Smoking prevalence & cessation beliefs among JCA members in 2006 & 2010
- HCFO Find Brief - Zimmerman: US: Reducing Prenatal Smoking: Role of State Policies
- HER - Wilson: UK: Scotland: REFRESH: Mothers' accounts of creating smoke-free homes
- Health Res Pol Syst - Robertson: Australia: Tobacco policy practice in disadvantaged & marginalized subpopulations
- Int J Hyg Environ Health - Li: China: Zhaoyuan County: Smoking & air pollution exposure & lung cancer mortality
- J Gerontol A Biol Sci Med Sci - Wang: China: Beijing: Gender Differences in Smoking & Frailty Relation
- J Pub Health - Hamilton: UK: Financial incentives effect on ethnic disparities in primary care cessation interventions
- J Pub Health Manag Pract - Unrod: US: Cancer center outdoor smoking ban: employee & patient attitudes & behavior
- MMWR - Tynan: US: Consumption of Cigarettes & Combustible Tobacco, 2000-2011
- N&TR - Chen: US: FDA Summary of Adverse Events on Electronic Cigarettes
- N&TR - Levy: Germany: SimSmoke: TC Policy Effect on Future Smoking Prevalence & Attributable Deaths
- Occup Environ Med - Zhou: Environmental tobacco smoke & pancreatic cancer risk among non-smokers: meta-analysis
- Perspect Pub Health - Groves-Kirkby: UK: Influences motivating smokers in a radon-affected area to quit smoking
- Res Soc Adm Pharm - Corelli: US: CA: SF: Community pharmacy recruitment to generate tobacco quitline referrals: RT
- Respirol - D'Vaz: Household smoking, maternal atopy & allergic sensitization in children: is it all academic?
- Sci Just - Dechano: Effects of dosed tobacco in evidentiary breath testing using non-drinking subjects
- Synapse - Muhammad: Prenatal nicotine exposure alters developing brain neuroanatomical organization

- Tob Control - Zeller: US: Family Smoking Prevention & Tobacco Control Act: 3-year implementation assessment

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Abstracts:

Initiation with Menthol Cigarettes and Youth Smoking Uptake

Addiction
Accepted Article. These manuscripts have been accepted, but have not been edited or formatted. They will be published at a future date.
Accepted manuscript online: **3 AUG 2012**

James Nonnemaker, James Hersey, Ghada Homsi, Andrew Busey, Jane Allen and Donna Vallone

Abstract

Aims

We aimed to assess whether young people who first tried menthol cigarettes were at greater risk of becoming established smokers and dependent on nicotine than young people who started smoking nonmenthol cigarettes.

Design

Cohort study using data from the American Legacy Longitudinal Tobacco Use Reduction Study (ALLTURS), a three-wave longitudinal school-based survey of middle school and high school students. Regression methods were used to assess the association between initiation with menthol cigarettes on risk of transitioning to established smoking or quitting from a nonsmoking state at baseline and on nicotine dependence score at wave 3.

Setting

The study was conducted in 83 schools in 7 communities and 5 states in the United States.

Participants

Analyses were restricted to youth who participated in all three waves of ALLTURS, were younger than age 17 at baseline, and had initiated smoking during wave 1 or 2 of the study.

Measurements.

Outcomes were indicators of a transition to established smoking or nonsmoking from non-established smoking and a nicotine dependence score. The key explanatory variables were an indicator of initiation with menthol cigarettes and indicators for pattern of menthol use over time. Findings. Initiating smoking with menthol cigarettes was associated with progression to established smoking (OR = 1.8, CI = 1.02–3.16) and higher levels of nicotine dependence (β = 1.25, CI = 0.10–2.4).

Conclusion.

Young people in the United States who start smoking menthol cigarettes are at greater risk of progression to regular smoking and nicotine dependence than are young people who start smoking nonmenthol cigarettes.

http://onlinelibrary.wiley.com/doi/10.1111/j.1360-0443.2012.04045.x/abstract

Also:

The acute effects of physical activity on cigarette cravings: Systematic review and meta-analysis with individual participant data (IPD)
http://onlinelibrary.wiley.com/doi/10.1111/j.1360-0443.2012.04034.x/abstract

The prevalence of selected potentially hazardous workplace exposures in the US: Findings from the 2010 National Health Interview Survey

Am J Ind Med. 2012 Jul 20. doi: 10.1002/ajim.22089. [Epub ahead of print]

Calvert GM, Luckhaupt SE, Sussell A, Dahlhamer JM, Ward BW.

Abstract

OBJECTIVE:

Assess the national prevalence of current workplace exposure to potential skin hazards, secondhand smoke (SHS), and outdoor work among various industry and occupation groups. Also, assess the national prevalence of chronic workplace exposure to vapors, gas, dust, and fumes (VGDF) among these groups.

METHODS:

Data were obtained from the 2010 National Health Interview Survey (NHIS). NHIS is a multistage probability sample survey of the civilian non-institutionalized population of the US. Prevalence rates and their variances were calculated using SUDAAN to account for the complex NHIS sample design.

RESULTS:

The data for 2010 were available for 17,524 adults who worked in the 12 months that preceded interview. The highest prevalence rates of hazardous workplace exposures were typically in agriculture, mining, and construction. The prevalence rate of frequent handling of or skin contact with chemicals, and of non-smokers frequently exposed to SHS at work was highest in mining and construction. Outdoor work was most common in agriculture (85%), construction (73%), and mining (65%). Finally, frequent occupational exposure to VGDF was most common among mining (67%), agriculture (53%), and construction workers (51%).

CONCLUSION:

We identified industries and occupations with the highest prevalence of potentially hazardous workplace exposures, and provided targets for investigation and intervention activities.

http://onlinelibrary.wiley.com/doi/10.1002/ajim.22089/abstract

TOBACCO CARCINOGEN NNK (4-[METHYLNITROSAMINO]-1-[3-PYRIDYL]-1-BUTANONE) INITIATES AND ENHANCES PANCREATITIS RESPONSES

Am J Physiol Gastrointest Liver Physiol. 2012 Jul 26. [Epub ahead of print]

Alexandre M, Uduman AK, Minervini SN, Raoof A, Shugrue CA, Akinbiyi EO, Patel V, Shitia M, Kolodecik TR, Patton R, Gorelick FS, Thrower EC.

Abstract
Clinical studies indicate that cigarette smoking increases the risk for developing acute pancreatitis. The nicotine metabolite, NNK (4-[methylnitrosamino]-1-[3-pyridyl]-1-butanone), is a major cigarette smoke toxin. We hypothesized that NNK could sensitize to pancreatitis and examined its effects in isolated rat pancreatic acini and in vivo. In acini, 100 nM NNK caused a 3-fold and 5-fold activation of trypsinogen and chymotrypsinogen, respectively, above control. Furthermore, NNK pre-treatment in acini enhanced zymogen activation in a cerulein pancreatitis model. The long-term effects of NNK were examined in vivo after giving intraperitoneal NNK (100 mg/kg body weight) 3 times weekly for 2 weeks. NNK alone caused zymogen activation (trypsinogen: 6-fold; chymotrypsinogen 2-fold vs. control), vacuolization, pyknotic nuclei and

edema. This NNK pre-treatment followed by cerulein (1 hr: 40 μg/kg) treatment to induce early pancreatitis responses, enhanced trypsinogen and chymotrypsinogen activation as well as other parameters of pancreatitis compared to cerulein alone. Potential targets of NNK include nicotinic acetylcholine receptors and β adrenergic receptors; mRNA for both receptor types was detected in acinar cell preparations. Studies with pharmacologic inhibitors of these receptors indicate that NNK can mediate acinar cell responses through an α 7 non-neuronal nicotinic acetylcholine receptor (α7 nAchR). These studies suggest that prolonged exposure to this tobacco toxin can cause pancreatitis and sensitize to disease. Therapies targeting NNK-mediated pathways may prove useful in treatment of smoking-related pancreatitis.

http://ajpgi.physiology.org/content/early/2012/07/20/ajpgi.00138.2012.reprint

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Adult Tobacco Cessation in Cambodia: I. Determinants of Quitting Tobacco Use

Asia Pac J Public Health. 2012 Jul 18. [Epub ahead of print]

Tonstad S, Job JS, Batech M, Yel D, Kheam T, Singh PN.

Abstract
This study determined factors associated with quitting tobacco in Cambodia, a country with a high prevalence of men who smoke and women who use smokeless tobacco. As part of a nationwide survey, face-to-face interviews were conducted with 5145 current and 447 former tobacco users who had quit for ≥2 years. Determinants of quitting in multivariate analyses were age >48 years, age at initiation >25 years, ≥7 years of education, income ≥1 US dollar per day, professional (odds ratio [OR] = 2.52; 95% confidence interval [CI] = 1.27-5.01) or labor (OR = 1.98, 95% CI = 1.10-3.56) occupations, and heart disease (OR = 1.94; 95% CI = 1.10, 3.42). Smokeless tobacco users were 10-fold less likely to quit (OR = 0.10; 95% = CI 0.05-0.20) than smokers. In conclusion, tobacco cessation among Cambodians was lower than in nations with decades of comprehensive tobacco control policies. Tobacco cessation programs and policies should include all forms of tobacco and target young to middle-aged users before onset of disease and premature death.

http://aph.sagepub.com/content/early/2012/07/12/1010539512451853.abstract

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Acute effects of cigarette smoking on insulin resistance and arterial stiffness in young adults

Atherosclerosis. 2012 Jul 20. [Epub ahead of print]

Seet RC, Loke WM, Khoo CM, Chew SE, Chong WL, Quek AM, Lim EC, Halliwell B.

Abstract

BACKGROUND:

It is unclear whether changes in insulin sensitivity or arterial stiffness in cigarette smokers could explain the link between cigarette smoking and diabetes mellitus. The purpose of the study was to evaluate the acute effects of cigarette smoking on insulin resistance and arterial stiffness in a cohort of young healthy adults.

METHODS:

Metabolic risk components, hemodynamic parameters, plasma nitrite/nitrate and high-sensitivity C-reactive protein (hsCRP) levels, were compared between smokers and age- and gender-matched controls (non-smokers). In smokers, these levels were determined 8-h following cigarette abstinence and an hour after smoking.

RESULTS:

One hundred nineteen smokers and age-matched non-smokers (mean age, 32 years; 83% men) were included in this study. Compared with non-smokers, smokers had a significantly higher number of abnormal metabolic risk components, HOMA-IR index and total nitrite/nitrate levels. There were no differences in brachial/central blood pressure, augmentation index and hsCRP between smokers and non-smokers. An hour after smoking, smokers had significantly higher levels of HOMA-IR, total nitrite/nitrate, hsCRP and heart rate compared with baseline levels. By contrast, brachial/central blood pressure and augmentation index were unchanged after cigarette smoking. Baseline vascular and insulin resistance status predicted the extent of rise in the HOMA-IR and augmentation indices acutely after cigarette smoking (adjusted

R(2) 0.358 and 0.124, p < 0.001 respectively).

CONCLUSIONS:

Individuals with more advanced vascular damage and insulin resistance are vulnerable to the acute effects of cigarette smoking.

http://www.sciencedirect.com/science/article/pii/S0021915012004364

Roll-your-own tobacco use among Canadian youth: is it a bigger problem than we think?

BMC Public Health. 2012 Jul 27;12(1):557. [Epub ahead of print]

Leatherdale ST, Burkhalter R.

Abstract

BACKGROUND:

Despite the apparent decline in the popularity of roll-your-own (RYO) cigarettes over the past few decades, RYO tobacco products are widely available and used by a substantial number of adult smokers. Considering research has yet to examine the prevalence of RYO tobacco use among youth populations, this manuscript examines the prevalence of RYO tobacco use and factors associated with RYO use in a nationally representative sample of youth smokers from Canada.

METHODS:

This study used data collected from 3,630 current smokers in grades 9 to 12 as part of the 2008-09 Canadian Youth Smoking Survey (YSS). Descriptive analyses of the sample demographic characteristics, smoking status, cigarettes per day, weekly spending money, and frequency of marijuana use were examined by RYO tobacco ever use and RYO tobacco current use. Two logistic regression models were used to examine factors associated with RYO tobacco ever use and RYO tobacco current use.

RESULTS:

We identified that 51.2% of current smokers were RYO ever users and 24.2% were RYO current users. The prevalence of RYO current users was highest in Atlantic Canada (40.1%) and lowest in Quebec (12.3%). RYO current users were more likely to be male (OR 1.27), to be daily smokers (OR 1.75), to use marijuana once a month or more (OR 2.74), and to smoke 11 or more cigarettes per day (OR 6.52). RYO current users were less likely to be in grade 11 (OR 0.65) or grade 12 (OR 0.40) and less likely to have between $20 to $100 (OR 0.44) or more than $100 (OR 0.45) of disposable income.

CONCLUSIONS:

Developing a better understanding of RYO tobacco use among youth is important for advancing population-level tobacco control prevention strategies and cessation programs. We identified that RYO tobacco use is not a negligible problem among Canadian youth. Ongoing research is needed to continue monitoring the prevalence of RYO use among youth and the factors associated with its use, but to also monitor if this more affordable tobacco product is being targeted to price sensitive youth smokers.

http://www.biomedcentral.com/1471-2458/12/557/abstract
http://www.biomedcentral.com/content/pdf/1471-2458-12-557.pdf

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

Cigarette smoking, alcohol intake, and thyroid cancer risk: a pooled analysis of five prospective studies in the United States

Cancer Causes Control. 2012 Jul 29. [Epub ahead of print]

Kitahara CM, Linet MS, Beane Freeman LE, Check DP, Church TR, Park Y, Purdue MP, Schairer C, Berrington de González A.

Abstract

OBJECTIVE:

We examined the associations between cigarette smoking, alcohol intake, and thyroid cancer risk in a pooled analysis of five prospective studies.

METHODS:

Data from five prospective U.S. studies were standardized and then combined into one aggregate dataset (384,433 men and 361,664 women). Pooled hazard ratios (HR) and 95 % confidence intervals (CI) for thyroid cancer were estimated from mutually adjusted models of cigarette smoking and alcohol intake, which were additionally adjusted for age, sex, education, race, marital status, body mass index, and cohort.

RESULTS:

Over follow-up, 1,003 incident thyroid cancer cases (335 men and 668 women) were identified. Compared to never smokers, current smoking was associated with reduced risk of thyroid cancer (HR = 0.68, 95 % CI 0.55-0.85); this association was slightly stronger among non-drinkers (HR = 0.46, 95 % CI 0.29-0.74). No reduction in risk was observed for former, compared to never, smokers. Greater smoking intensity, duration, and pack-years were associated with further reductions in risk among former and current smokers. Alcohol intake was also inversely associated with thyroid cancer risk (≥7 drinks/week versus 0, HR = 0.72, 95 % CI 0.58-0.90, p trend = 0.002). Inverse associations with smoking and alcohol were more pronounced for papillary versus follicular tumors.

CONCLUSION:

The results of this pooled analysis suggest that both cigarette smoking and alcohol consumption are associated with reduced risks of papillary thyroid cancer and, possibly, follicular thyroid cancer.

http://www.springerlink.com/content/n1568q600312522h/

Smoking prevalence and beliefs on smoking cessation among members of the Japanese Cancer Association in 2006 and 2010

Cancer Sci. 2012 Aug;103(8):1595-9. doi: 10.1111/j.1349-7006.2012.02322.x.

Kumiko S, Tomotaka S, Masakazu N, Akira O, Keiji W, Nobuyuki H, Yumiko M, Rie Y, Kazuo T.

Abstract
Smoking is a significant contributing factor to disease-related deaths worldwide. Members of the Japanese Cancer Association (JCA) can play a leading role in helping people to live tobacco-free through social action. In 2010, this study assessed smoking prevalence among JCA members and their attitudes toward smoking, smoking cessation, and their responsibilities. Results of the 2010 survey were compared with those of a 2006 survey. Final response rates were 60.8% in the 2006 survey and 47.4% in the 2010 survey, and the current smoking rates were 9.0% and 5.3%, respectively. Regarding concern by current smokers over smoking cessation, the percentage of smokers who were ready to quit smoking within the next month increased from 4.9% to 6.3% between 2006 and 2010. Most JCA members agreed with antismoking actions such as smoking bans in all workplaces, public places, or while walking in the street, regulation restricting the sale and distribution of tobacco to children, tobacco education at school, use of tobacco tax for health, provision of information on tobacco, and smoking cessation support. Approximately 30% of responders disagreed on actions to raise the price of tobacco, regulations restricting the sale of tobacco, health warnings on tobacco packaging, bans on tobacco advertisement, and antismoking campaigns. Barriers to smoking cessation interventions identified were physician's time required to provide interventions, resistance of patients to smoking cessation advice, and lack of education on tobacco control. Not only antismoking actions but also support of smokers by health professionals through adequate education on smoking cessation treatment is needed in the future.

http://onlinelibrary.wiley.com/doi/10.1111/j.1349-7006.2012.02322.x/abstract

Reducing Prenatal Smoking: The Role of State Policies

HCFO Find Brief. 2012 Jul;15(5):1-3.

Zimmerman C.

Summary

Despite the evidence linking smoking with poor birth outcomes and long term negative health effects for both mothers and children, pregnant women continue to smoke. One goal of the federally-supported Healthy People 2020 is to reduce the prevalence of cigarette smoking during pregnancy to 1 percent. While most states have instituted more restrictive smoking policies during the past several years, the challenge for policymakers is to identify the right mix of strategies to achieve significant and lasting results. In an HCFO-funded study, E. Kathleen Adams and colleagues at Emory University examined the role that state policies have played in reducing prenatal smoking. The researchers focused their analysis on three policies: cigarette taxes and prices, indoor smoking bans, and state spending on tobacco control.

http://www.hcfo.org/publications/reducing-prenatal-smoking-role-state-policies-0
http://www.hcfo.org/files/hcfo/HCFOBriefJuly2012FINAL.pdf

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

'I'm not doing this for me': mothers' accounts of creating smoke-free homes

Health Educ Res. 2012 Jul 26. [Epub ahead of print]

Wilson IS, Ritchie D, Amos A, Shaw A, O'Donnell R, Mills LM, Semple SE, Turner SW.

Abstract
This article explores mothers' narratives of changing home smoking behaviours after participating in an intervention (Reducing Families' Exposure to Smoking in the Home [REFRESH]) aimed at reducing families' exposure to secondhand smoke (SHS) in homes in Scotland. An analysis of qualitative findings illuminates quantitative changes in levels of SHS exposure. Prospective quantitative and qualitative data were drawn from 21 smoking mothers with at least one child under 6 years. Quantitative change was measured by home air quality, i.e. fine particulate matter <2.5 μg (PM(2.5)). These measurements guided the organization of mothers into categories of change (smoke-free home at baseline [SFB], smoke-free home at final, some change and no change [NC]). Qualitative data from 17 mothers with non-SFB were analysed thematically within and across these categories. Three comparative case studies illustrate the varying changes made, barriers to change and how mothers valued such changes. The outcomes varied post-intervention, with homes smoke-free, partially smoke-free or making NC. The changes in home smoking behaviour were incremental, yet beneficial to reducing SHS exposure, and related to the nature of the restrictions and personal circumstances in the home pre-intervention. Across all change categories, mothers valued the changes they had made and expressed an intention to increase the changes.

http://her.oxfordjournals.org/content/early/2012/07/26/her.cys082.abstract

Also:

Treatment adherence in a lay health adviser intervention to treat tobacco dependence
http://her.oxfordjournals.org/content/early/2012/07/28/her.cys081.abstract
Caught in a dilemma: why do non-smoking women in China support the smoking behaviors of men in their families?
http://her.oxfordjournals.org/content/early/2012/07/26/her.cys078.abstract

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Translation of tobacco policy into practice in disadvantaged and marginalized subpopulations: a study of challenges and opportunities in remote Australian Indigenous communities

***Health Research Policy and Systems* 2012, 10:23** doi:10.1186/1478-4505-10-23
Published: **28 July 2012**

Jan A Robertson, Katherine M Conigrave, Rowena Ivers, Kim Usher and Alan R Clough

Abstract

Background

In Australia generally, smoking prevalence more than halved after 1980 and recently commenced to decline among Australia's disadvantaged Indigenous peoples. However, in some remote Indigenous Australian communities in the Northern Territory, extremely high rates of up to 83% have not changed over the past 25 years. The World Health Organisation has called for public health and political leadership to address a global tobacco epidemic. For Indigenous Australians, unprecedented policies aim to overcome disadvantage and close the 'health gap' with reducing tobacco use the top priority. This study identifies challenges and opportunities to implementing these important new tobacco initiatives in remote Indigenous communities.

Methods

With little empirical evidence available, we interviewed 82 key stakeholders across the NT representing operational- and management-level service providers, local Indigenous and non-Indigenous participants to identify challenges and opportunities for translating new policies into successful tobacco interventions. Data were analysed using qualitative approaches to identify emergent themes.

Results

The 20 emergent themes were classified using counts of occasions each theme occurred in the transcribed data as challenge or opportunity. The 'smoke-free policies' theme occurred most frequently as opportunity but infrequently as challenge while 'health workforce capacity' occurred most frequently as challenge but less frequently as opportunity, suggesting that policy implementation is constrained by lack of a skilled workforce. 'Smoking cessation support' occurred frequently as opportunity but also frequently as challenge suggesting that support for individuals requires additional input and attention.

Conclusions

These results from interviews with local and operational-level participants indicate that current tobacco policies in Australia targeting Indigenous smoking are sound and comprehensive. However, for remote Indigenous Australian communities, local and operational-level participants' views point to an 'implementation gap'. Their views should be heard because they are in a position to provide practical recommendations for effective policy implementation faithful to its design, thereby translating sound policy into meaningful action. Some recommendations may also find a place in culturally diverse low- and middle-income countries. Key words: tobacco policy implementation, challenges, opportunities, remote Indigenous Australian communities.

http://www.health-policy-systems.com/content/10/1/23/abstract
http://www.health-policy-systems.com/content/pdf/1478-4505-10-23.pdf

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

Smoking and air pollution exposure and lung cancer mortality in Zhaoyuan County

Int J Hyg Environ Health. 2012 Jul 27. [Epub ahead of print]

Li H, Da Li Q, Wang MS, Li FJ, Li QH, Ma XJ, Wang DN.

Abstract

BACKGROUND:

Simultaneous exposure to high levels of air pollution and high tobacco consumption at the same place is rare. The aim of the present study was to evaluate the impact of the two factors on the risk of developing lung cancer.

METHODS:

Data on the number of deaths due to lung cancer and on population from 1970 to 2009 were obtained from Zhaoyuan County. Data on the smoking populations were obtained at random sampling survey during the time in Zhaoyuan. Data on the components of atmospheric surveillance were obtained from the local environmental protection offices. Logarithmic linear regression and general log-linear Poisson age-period-cohort (APC) models were used to estimate age, period, cohort, gender, smoking, and air pollution effects on the risk of lung cancer mortality.

RESULTS:

The standardized mortality rates of lung cancer drastically increased from 8.43 in per 100 000 individuals in the 1970-1974 to 25.67 in per 100 000 individuals in the 2005-2009 death survey. The annual change of lung cancer mortality was 3.20%. In the log linear regression model, the age, proportion of smokers, gender, period, and air pollution are significantly associated with lung cancer mortality. The APC analysis shows that the relative risks (RRs) of gender, smoking, and air pollution are 2.29 (95% confidence interval (CI): 2.16-2.43), 3.05 (95% CI=2.76-3.36), and 1.42 (95% CI=1.19-1.69), respectively. Compared with the period 1970-1974, high RRs were found during 1995-2009. Compared with the birth cohort 1950-1954, the RRs increased in the birth cohorts of 1910 to the 1940. Compared the aged 35-59 and 60-84 in the1980-1984 death survey (not exposed to air pollution) with that in the 2005-2009 death survey (exposed to air pollution), The two age groups exposed to air pollution, 25 years later, had an increased mortality rates for lung cancer by 2.27 and 3.55 times for males and by 1.47 and 3.35 times for females.

CONCLUSION:

The mortality rates of lung cancer drastically increased in the past 35 years. The trend of lung cancer mortality may be in a great extent possibly due to the effects of combined smoking and air pollution exposure.

http://www.sciencedirect.com/science/article/pii/S1438463912000879

Gender Differences in the Relationship * Between Smoking and Frailty: Results * From the Beijing Longitudinal Study of Aging

J Gerontol A Biol Sci Med Sci. 2012 Jul 25. [Epub ahead of print]

Wang C, Song X, Mitnitski A, Yu P, Fang X, Tang Z, Shi J, Rockwood K.

Abstract

BACKGROUND:

Smoking is common in China, where the population is aging rapidly. This study evaluated the relationship between smoking and frailty and their joint association with health and survival in older Chinese men and women.

METHODS:

Data came from the Beijing Longitudinal Study of Aging, a representative cohort study with a 15-year follow-up. Community-dwelling people (n = 3257) aged more than 55 years at baseline were followed between 1992 and 2007, during which time 51% died. A frailty index (FI) was constructed from 28 self-reported health deficits.

RESULTS:

Almost half (1,485 people; 45.6%) of the participants reported smoking at baseline (66.8% men, 25.3% women). On average, male smokers were frailer (FI = 0.17±0.13) than male nonsmokers (FI = 0.13±0.10; p = .038). No such differences were seen in women. Men who smoked had the lowest survival probability; female nonsmokers had the highest. Compared with female nonsmokers, the risk of death for male smokers was 1.58 (95% CI = 1.41-1.95; p < .001), adjusted for age and education. Across all FI values, female smokers and male nonsmokers had comparable survival rates.

CONCLUSION:

Smoking was associated with an increased rate of both worsening health and mortality. At all levels of health status, as defined by deficit accumulation, women who smoked lost the survival advantage conferred by their sex.

http://biomedgerontology.oxfordjournals.org/content/early/2012/07/24/gerona.gls166.abstract

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Effect of financial incentives on ethnic disparities in smoking cessation interventions in primary care: cross-sectional study

J Public Health (Oxf). 2012 Jul 26. [Epub ahead of print]

Hamilton FL, Laverty AA, Vamos EP, Majeed A, Millett C.

Abstract

BACKGROUND:

Smoking cessation interventions are underprovided in primary care. Financial incentives may help address this. However, few studies in the UK have examined their impact on disparities in the delivery of smoking cessation interventions.

METHODS:

Cross-sectional study using 2007 data from 29 general practices in Wandsworth, London, UK. We used logistic regression to examine associations between disease group [cardiovascular disease (CVD), respiratory disease, depression or none of these diseases], ethnicity and smoking outcomes following the introduction of the Quality and Outcomes Framework in 2004.

RESULTS:

Significantly, more CVD patients had smoking status ascertained compared with those with respiratory disease (89 versus 72%), but both groups received similar levels of cessation advice (93 and 89%). Patients with depression or none of the diseases were less likely to have smoking status ascertained (60% for both groups) or to receive advice (80 and 75%). Smoking prevalence was high, especially for patients with depression (44%). White British patients had higher rates of smoking than most ethnic groups, but black Caribbean men with depression had the highest smoking prevalence (62%).

CONCLUSIONS:

Smoking rates remain high, particularly for white British and black Caribbean patients. Extending financial incentives to include recording of ethnicity and rewarding quit rates may further improve smoking cessation outcomes in primary care.

http://jpubhealth.oxfordjournals.org/content/early/2012/07/25/pubmed.fds065.abstract

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Outdoor smoking ban at a cancer center: attitudes and smoking behavior among employees and patients

J Public Health Manag Pract. 2012 Sep;18(5):E24-31.

Unrod M, Oliver JA, Heckman BW, Simmons VN, Brandon TH.

Abstract
Policies restricting indoor worksite tobacco use began being implemented more than a decade ago. More recently, the scope of these policies has been expanding to outdoors, with hospitals leading the trend in restricting smoking throughout their grounds. However, research on the effects such bans have on employees is scarce. The purpose of the current study was to examine the impact of a campus-wide smoking ban on employees and patients at a cancer center. Employees completed anonymous questionnaires during the months before (n = 607; 12% smokers) and 3 months after the ban implementation (n = 511; 10% smokers). Patients (n = 278; 23% smokers) completed an anonymous questionnaire preban. Results showed that 86% of nonsmokers, 20% of employees who smoke, and 57% of patients who smoke supported the ban. More than 70% of smokers were planning or thinking about quitting at both time points and nearly one-third were interested in cessation services following the ban. Before the ban, 32% expected the ban to have a negative effect on job performance and 41% thought their smoking before and after work would increase. Postban, 22% reported a negative impact on job performance, 35% increased smoking before and after work, and 7% quit. Overall, these data revealed an overwhelming support for an outdoor smoking ban by nonsmoker employees and patients. Although a majority of employee smokers opposed the ban, a significant proportion was interested in cessation. Compared with preban expectations, a lower proportion experienced negative effects postban. Findings suggest a need for worksite cessation programs to capitalize on the window of opportunity created by tobacco bans, while also addressing concerns about effects on work performance.

http://journals.lww.com/jphmp/pages/articleviewer.aspx?year=2012&issue=09000&article=00017&type=abstract

Consumption of Cigarettes and Combustible Tobacco — United States, 2000–2011

Morbidity and Mortality Weekly Report (MMWR) ***Weekly***
August 3, 2012 / 61(30);565-569

Smoking cigarettes and other combustible tobacco products causes adverse health outcomes, particularly cancer and cardiovascular and pulmonary diseases (*1*). A priority of the U.S. Department of Health and Human Services is to develop innovative, rapid-response surveillance systems for assessing changes in tobacco use and related health outcomes (*2*). The two standard approaches for measuring smoking rates and behaviors are 1) surveying a representative sample of the public and asking questions about personal smoking behaviors and 2) estimating consumption based on tobacco excise tax data (*3*). Whereas CDC regularly publishes findings on national and state-specific smoking rates from public surveys (*4*), CDC has not reported consumption estimates. The U.S. Department of Agriculture (USDA), which previously provided such estimates, stopped reporting on consumption in 2007 (*5*). To estimate consumption for the period 2000–2011, CDC examined excise tax data from the U.S. Department of Treasury's Alcohol and Tobacco Tax and Trade Bureau (TTB); consumption estimates were calculated for cigarettes, roll-your-own tobacco, pipe tobacco, and small and large cigars. From 2000 to 2011, total consumption of all combustible tobacco decreased from 450.7 billion cigarette equivalents to 326.6, a 27.5% decrease; per capita consumption of all combustible tobacco products declined from 2,148 to 1,374, a 36.0% decrease. However, while consumption of cigarettes decreased 32.8% from 2000 to 2011, consumption of loose tobacco and cigars increased 123.1% over the same period. As a result, the percentage of total combustible tobacco consumption composed of loose tobacco and cigars increased from 3.4% in 2000 to 10.4% in 2011. The data suggest that certain smokers have switched from cigarettes to other combustible tobacco products, most notably since a 2009 increase in the federal tobacco excise tax that created tax disparities between product types...

From 2000 to 2011, total cigarette consumption declined from 435.6 billion to 292.8 billion, a 32.8% decrease (Table 1). Per capita cigarette consumption declined from 2,076 in 2000 to 1,232 in 2011, a 40.7% decrease. Conversely, total consumption of noncigarette combustible products increased from 15.2 billion cigarette equivalents in 2000 to 33.8 billion in 2011, a 123.1% increase, and per capita consumption increased from 72 in 2000 to 142 in 2011, a 96.9% increase. Total consumption of all combustible tobacco decreased from 450.7 billion cigarette equivalents to 326.6, a 27.5% decrease from 2000 to 2011, and per capita consumption of all combustible tobacco products declined from 2,148 to 1,374, a 36.0% decrease.

Consumption of loose tobacco (i.e., roll-your-own cigarette tobacco and pipe tobacco) changed substantially from 2000 to 2011. Roll-your-own cigarette equivalent consumption decreased by 56.3%, whereas pipe tobacco consumption increased by 482.1% (Table 2). The largest changes occurred from 2008 to 2011, when roll-your-own consumption decreased from 10.7 billion to 2.6 billion (a 75.7% decrease), whereas pipe tobacco consumption increased from 2.6 billion to 17.5 billion (a 573.1% increase).

Substantial changes also were observed in consumption of small cigars† and large cigars (Figure 1). From 2000 to 2011, consumption of small cigars decreased 65.0%, whereas large cigar consumption increased 233.1% (Table 2). The largest changes occurred from 2008 to 2011, when small cigar consumption decreased from 5.9 billion to 0.8 billion (an 86.4% decrease), whereas large cigar consumption increased from 5.7 billion to 12.9 billion (a 126.3% increase)...

Reported by

Michael A. Tynan, Tim McAfee, Gabbi Promoff, Terry Pechacek

...Smoke from pipes and cigars contains the same toxic chemicals as cigarette smoke (*1*). The evidence that the increase in cigar and pipe tobacco use is the result of offering cigarette smokers a low-priced alternative product is a particular public health concern, because the morbidity and mortality effects of other forms of combustible tobacco are similar to those of cigarettes. Increasing prices has been one of the most effective ways to reduce tobacco use and prevent youth smoking initiation (*10*). In addition, combustible tobacco products that are similar in design but not legally considered to be cigarettes are not subject to FDA regulations related to manufacturing, flavoring, labeling, and marketing. The availability of low-priced and less regulated alternative products appears to have led certain cigarette smokers to switch to other combustible tobacco products. This group also might include persons who otherwise might have quit smoking as a result of the 2009 federal tobacco excise tax increase and FDA cigarette regulations. Diminishing the public health impact of excise tax increases and regulation can hamper efforts to prevent youth smoking initiation, reduce consumption, and prompt quitting.

http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6130a1.htm
http://www.cdc.gov/mmwr/pdf/wk/mm6130.pdf

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

Related coverage & PR:

Tobacco companies profit from loophole, market small cigars
http://www.usatoday.com/news/health/story/2012-08-02/tobacco-cigarettes-cigars/56702480/1
Smokers in U.S. Switch to Pipes, Cigars From Cigarettes
http://www.businessweek.com/news/2012-08-02/smokers-in-u-dot-s-dot-switch-to-pipes-cigars-from-cigarettes
Smokers Drop Pricey Cigarettes for Cheaper Alternatives: CDC
http://health.usnews.com/health-news/news/articles/2012/08/02/smokers-drop-pricey-cigarettes-for-cheaper-alternatives-cdc
Drop in cigarette consumption offset by increases in other forms of smoked tobacco
http://www.marketwatch.com/story/drop-in-cigarette-consumption-offset-by-increases-in-other-forms-of-smoked-tobacco-2012-08-02

Letter

FDA Summary of Adverse Events on Electronic Cigarettes

***Nicotine Tob Res (2012) doi: 10.1093/ntr/nts145* First published online: August 1, 2012**

Ii-Lun Chen
The Center for Tobacco Products (CTP), Food and Drug Administration (FDA), oversees the implementation of the Family Smoking Prevention and Tobacco Control Act (TCA). As part of its responsibility in implementing the TCA, CTP receives and reviews voluntary communications from consumers, health care professionals, and concerned members of the public regarding a variety of tobacco products. Surveillance of adverse event (AE) reports allows regulatory agencies (1) to identify previously undetected safety concerns and take appropriate action to prevent further adverse events and (2) or to educate consumers about health and safety risks. Since the late 1980s, over 100 AE reports on tobacco products have been submitted to FDA (electronic cigarettes, *n* = 47; cigarettes, *n* = 36; smokeless tobacco, *n* = 14; other tobacco, *n* = 5). Notably, approximately half of all tobacco-related AE reports concern electronic cigarettes, the first of which was submitted in 2008...

Research will inform our understanding of the design and composition of all varieties of e-cigarettes on the market and the health effects on the consumer as well as for those exposed to the vapor. When FDA regulates e-cigarettes marketed as tobacco products, the resulting quality control measures and product standards for this class of products may help to decrease adverse health events. CTP is currently developing a tobacco-specific adverse event reporting system. In the meantime, concerned consumers or the public can report adverse events for any tobacco products to MedWatch Online Voluntary Reporting, https://www.accessdata.fda.gov/scripts/medwatch/medwatch-online.htm

http://ntr.oxfordjournals.org/content/early/2012/07/11/ntr.nts145.extract

Also:

Nicotine Don't Get No Respect: A Replication Test
http://ntr.oxfordjournals.org/content/early/2012/07/11/ntr.nts154.abstract

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***Germany SimSmoke*: The Effect of Tobacco Control Policies on Future Smoking Prevalence and Smoking-Attributable Deaths in Germany**

Nicotine Tob Res first published online August 1, 2012

David T. Levy, Kenneth Blackman, Laura M. Currie, and Ute Mons

Abstract

Introduction: Although Germany has recently implemented some tobacco control policies, there is considerable scope to strengthen policies consistent with the MPOWER guidelines. This article describes the development of a simulation model projecting the effect of future tobacco control policies in Germany on smoking prevalence and associated

premature mortality.

Methods: *Germany SimSmoke*—an adapted version of the *SimSmoke* simulation model of tobacco control policy—uses population, smoking rates, and policy data for Germany. It assesses, individually and in combination, the effect of seven types of policies: taxes, smoke-free air laws, mass media campaigns, advertising bans, warning labels, cessation treatment, and youth access policies.

Results: With a comprehensive set of policies, smoking prevalence within the first few years can be reduced by about 22.0% relative to the status quo and by 37.9% (40.5%) for males (females) in 30 years. By 2040, 39,548 deaths could be averted in that year alone. Without stronger policies, 700,000 additional smoking-attributable deaths (SADs) would occur in Germany over the next 30 years.

Conclusions: The model indicates that the consequences of inaction are considerable; without the implementation of a stronger set of policies, smoking prevalence rates will remain relatively stable, and SADs among women will continue to rise over a 30-year horizon. Significant inroads into reducing smoking prevalence and premature mortality can be achieved through strengthening tobacco control policies in line with MPOWER recommendations.

http://ntr.oxfordjournals.org/content/early/2012/07/11/ntr.nts158.abstract

Also:

Smoking During Consecutive Pregnancies Among Primiparous Women in the Population-Based Norwegian Mother and Child Cohort Study
http://ntr.oxfordjournals.org/content/early/2012/07/11/ntr.nts147.abstract
Assessing Tobacco Dependence Among Cannabis Users Smoking Cigarettes
http://ntr.oxfordjournals.org/content/early/2012/07/11/ntr.nts138.abstract

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Environmental tobacco smoke and the risk of pancreatic cancer among non-smokers: a meta-analysis

Occup Environ Med. 2012 Jul 26. [Epub ahead of print]

Zhou J, Wellenius GA, Michaud DS.

Abstract
Background Experimental studies have linked exposure to tobacco-specific nitrosamines with pancreatic carcinogenesis. A number of epidemiological studies have examined the association between environmental tobacco smoke (ETS) and risk of pancreatic cancer but they have not yet been jointly summarised. Objectives To investigate the association between exposure to ETS and risk of pancreatic cancer by systematically reviewing and synthesising the available evidence. Methods We conducted a comprehensive literature search using MEDLINE and EMBASE and manual searching of the reference lists of the relevant research reports and review articles to identify full texts and abstracts published through October 2011. We used the random-effects model to pool summary relative risks (RR) comparing the highest category of exposure to ETS to people who had never been exposed.ResultsExposure to ETS during childhood was not associated with risk of pancreatic cancer (three prospective and two retrospective studies; summary RR 1.12; 95% CI 0.89 to 1.43). In addition, no association was found with exposure to ETS during adulthood at home (five prospective and three retrospective studies; summary RR 1.23; 95% CI 0.86 to 1.77) or at work (one prospective and two retrospective studies; summary RR 0.94; 95% CI 0.67 to 1.33). Conclusions This meta-analysis does not provide evidence for an association between exposure to ETS and risk of pancreatic cancer.

http://oem.bmj.com/content/early/2012/07/25/oemed-2012-100844.short

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Influences motivating smokers in a radon-affected area to quit smoking

Perspect Public Health. 2012 Jul 27. [Epub ahead of print]

Groves-Kirkby CJ, Timson K, Shield G, Denman AR, Rogers S, Campbell J, Phillips PS, Ekberg M.

Abstract

Aims: Domestic radon gas concentrations in parts of the UK are sufficiently high to increase lung cancer risk among

residents, and recent studies have confirmed that the risk of smokers developing lung cancer is significantly enhanced by the presence of radon. Despite campaigns encouraging residents of radon-affected areas (RAEs) to test and remediate their homes, public response to the risks posed by radon remains relatively modest, particularly among smokers and young families, limiting the health benefits and cost-effectiveness achievable by remediation. The observation that smokers, who are most at risk from radon, are not explicitly targeted by current radon remediation campaigns prompted an assessment of the value of smoking-cessation initiatives in reducing radon-induced lung cancers by reaching at-risk subgroups of the population hitherto uninfluenced by radon-awareness programmes. This study addresses the motivation of current quitters in a designated RAE using a postal questionnaire administered around one year after the cessation attempt. Methods: Residents of the Northamptonshire RAE who had joined the smoking-cessation programme between July and September 2006 and who remained verifiably tobacco free at four weeks, were subsequently invited to participate in a questionnaire-based investigation into factors affecting their decision to cease smoking. From an initial population of 445 eligible individuals, 205 of those contacted by telephone after 12 months agreed to complete postal questionnaires, and unsolicited questionnaires were sent to a further 112 participants for whom telephone contact had proved impossible. One hundred and three completed questionnaires were returned and analysed, the principal tools being $\chi(2)$, Mann-Whitney and Kruskal-Wallis tests. Results: Individuals decide to quit smoking from self-interest, principally on health grounds, and regard the effects of their smoke on others, particularly children and unborn babies, as less significant. The risk of developing respiratory, coronary/cardiac or cancerous conditions provides the greatest motivation to the decision to quit, with knowledge of radon among the lowest-ranked influences. Conclusions: This study confirms that quitters place risks to their personal health as the highest factors influencing their decision to quit, and health professionals should be aware of this when designing smoking-cessation initiatives. As radon risk is ranked very low by quitters, there would appear to be the potential to raise radon awareness through smoking-cessation programmes, with the objective of increasing the uptake and success rate of such programmes and encouraging participation in radon-remediation programmes.

http://rsh.sagepub.com/content/early/2012/07/27/1757913912453406.abstract

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Recruitment of community pharmacies in a randomized trial to generate patient referrals to the tobacco quitline

Res Social Adm Pharm. 2012 Jul 27. [Epub ahead of print]

Corelli RL, Zillich AJ, de Moor C, Giuliano MR, Arnold J, Fenlon CM, Douglas CL, Magnusson B, Zbikowski SM, Prokhorov AV, Hudmon KS.

Abstract

BACKGROUND:

Community pharmacies have the potential to reduce the prevalence of tobacco use, yet most pharmacies do not integrate cessation activities into routine practice.

OBJECTIVES:

The objective of this study was to describe the recruitment strategy and participant yield for a 2-state, randomized trial evaluating 2 intervention approaches for increasing pharmacy-based referrals to tobacco quitlines.

METHODS:

Detailed study recruitment tracking forms were used to document all contact attempts between the study investigators and each potential study site. These data were analyzed to characterize the overall recruitment and consent process for community pharmacies and pharmacy personnel (pharmacists, technicians).

RESULTS:

Achieving the target sample size of 64 study sites required contacting a total of 150 pharmacies (84 independent and 66 chain). Excluding 22 ineligible pharmacies, participation rates were 49% (32 of 65) for independent pharmacies and 51% (32 of 63) for chain pharmacies (50% overall). Across the 64 participating pharmacies, a total of 124 pharmacists (of 171; 73%) and 127 pharmacy technicians (of 215; 59%) were enrolled in the study. Pharmacies that chose not to participate most often cited time constraints as the primary reason. Overall, combining both the recruitment and consent process, a median of 5 contacts were made with each participating pharmacy (range, 2-19; interquartile range [IQR], 4-7), and the median overall duration of time elapsed from initial contact to consent was 25 days (range, 3-122 days; IQR, 12-47 days).

CONCLUSIONS:

Results from this study suggest that community pharmacy personnel are receptive to participation in multisite, tobacco cessation clinical research trials. However, execution of a representative sampling and recruitment scheme for a multistate study in this practice setting is a time- and labor-intensive process.

http://www.sciencedirect.com/science/article/pii/S1551741112000848

A qualitative exploration of the reasons for the discontinuation of smoking cessation treatment among Quit Smoking Clinics' defaulters and health care providers in Malaysia

Res Social Adm Pharm. 2012 Jul 24. [Epub ahead of print]

Lee ML, Hassali MA, Shafie AA.

Abstract

BACKGROUND:

Treatment default among the smokers hinders the effectiveness of the delivery of cessation services. While many studies have predicted the defaulters' characteristics, the reasons why these smokers dropped out and continued smoking are seldom explored.

OBJECTIVES:

This study examined the barriers encountered by such smokers and their respective health care providers (HCPs) in relation to the discontinuation of cessation treatment.

METHODS:

From May 2010 to March 2011, 15 current adult smokers and 9 HCPs from 2 Quit Smoking Clinics (QSCs) in the Melaka Tengah District, Malacca, Malaysia were interviewed on smoking, cessation, and the QSC. Interviews were audio recorded and transcribed verbatim. The transcripts were subsequently translated into English and analyzed using thematic analysis.

RESULTS:

The barriers encountered were categorized as Individual- and Clinic-level. Both smokers and HCPs acknowledged that the smokers' low intrinsic motivation was the individual-level barrier. The clinic-level barriers were the mismatched perceptions of smokers and HCPs regarding the HCPs' roles, skills, and attitudes, as well as the availability and efficacy of smoking cessation aids (SCAs). While the smokers viewed the program as not helpful, the HCPs cited the lack of organizational support as their main barrier.

CONCLUSIONS:

The reasons for treatment default centered on the overall dissatisfaction with the treatment (due to the program, HCP, and SCA factors) combined with the smokers' low intrinsic motivation. Optimizing the interplay of the extrinsic motivational cues, such as the HCP and SCA factors, would complement the smoker's low intrinsic motivation and thus encourage treatment retention. However, it is necessary to strike a balance between the individual smoker's needs and the availability of organizational support.

http://www.sciencedirect.com/science/article/pii/S1551741112000782

Household smoking, maternal atopy and allergic sensitization in children: is it all academic?

Respirology
Accepted Article. These manuscripts have been accepted, but have not been edited or formatted. They will be published at a future date.
Accepted manuscript online: **3 AUG 2012**

Nina D'Vaz and Peter Franklin

Abstract

Despite the well publicised health effects of passive smoking, many young children are still exposed to cigarette smoke in the home. Exposure to environmental tobacco smoke (ETS) often begins in-utero, due to maternal smoking, and continues during childhood if parents or regular visitors smoke. Worldwide, the prevalence of smoking during pregnancy varies between less than 10% to over 30%, and although smoking amongst pregnant women and women of child bearing age are decreasing in some countries, they are increasing in others.

http://onlinelibrary.wiley.com/doi/10.1111/j.1440-1843.2012.02241.x/abstract

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The effects of dosed tobacco in evidentiary breath testing using non-drinking subjects

Sci Justice. 2012 Sep;52(3):142-4. Epub 2012 Jun 8.

Dechano WD.

Abstract

A total of seventeen subjects were administered breath tests with alcohol dosed tobacco to see if there was an interference with the evidentiary breath testing. Fourteen subjects provided one set of two breath samples without the dosed tobacco followed by a set of two breath samples with the dosed tobacco. The other three subjects provided one breath sample without the dosed tobacco and then one breath sample with the dosed tobacco within the same testing sequence. Eight subjects had breath test readings of 0.00g/210L with the dosed tobacco. Mouth alcohol was detected with the dosed tobacco in six of the subjects, and a reading of 0.01g/210L, 0.04g/210L, and 0.05g/210L were found in five of the subjects. If the officer follows the directive of checking the mouth for a foreign substance and following a 15-20min observation/deprivation period, a false positive result will likely be avoided. If the officer does not find tobacco when checking the mouth for a foreign substance, and dosed tobacco is present during the breath test, most likely there would not be a measurable amount of alcohol to report or there would be a mouth alcohol reading from the sample.

http://www.scienceandjusticejournal.com/article/S1355-0306%2812%2900066-4/abstract
http://www.sciencedirect.com/science/article/pii/S1355030612000664

Prenatal nicotine exposure alters neuroanatomical organization of the developing brain

Synapse. 2012 Jul 27. doi: 10.1002/syn.21589. [Epub ahead of print]

Muhammad A, Mychasiuk R, Nakahashi A, Hossain S, Gibb R, Kolb B.

Abstract

Although there has been considerable research conducted regarding the long-term affects of prenatal exposure to nicotine, there has been little examination of how this experience influences brain development. This study was designed to examine if there are morphological changes (dendritic branching, dendritic length, and spine density) in mPFC, OFC, parietal cortex, and nucleus accumbens associated with exposure to nicotine during gestation. Nicotine or saline was administered to pregnant Long Evans dams for the duration of pregnancy. Golgi-cox techniques were used to examine neuroanatomy of offspring at postnatal day 21. The dendritic changes identified in rats exposed to nicotine prenatally resembled neuroanatomical changes that are identified in rats administered nicotine in adulthood. Of the 18 anatomical parameters measured, 11 exhibited significant modification, with two parameters, apical and basilar spine density in parietal cortex demonstrating sex-dependent modification. These early changes in anatomy and behavior have important implications for later plasticity and long-term wellbeing.

http://onlinelibrary.wiley.com/doi/10.1002/syn.21589/abstract

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Editorial
Three years later: an assessment of the implementation of the Family Smoking Prevention and Tobacco Control Act

Tob Control Published Online First: 2 August 2012

Mitch Zeller

I had the privilege of serving at the US Food and Drug Administration (FDA) for 7 years and helping oversee the agency's 1994–1996 investigation of the tobacco industry. That effort enabled FDA to assert jurisdiction over cigarettes and smokeless tobacco products. From 1997 to 2000, FDA began to regulate these products and enforce certain youth access restrictions. In March 2000, after a lawsuit brought by the tobacco industry, the US Supreme Court overturned the FDA assertion of jurisdiction...

Fortunately, these are still ‘early days’ for tobacco product regulation in the USA. At the 1994 world tobacco control conference in Paris, Nigel Gray said the yardstick for measuring the success or failure of major tobacco control initiatives is a decade. With 3 years down, and seven to go, FDA must begin to confront the critical issues now. This is especially important given the expected impact that FDA action, or inaction, will have on product regulation efforts to be undertaken in other countries. FDA must be seen as a decisive leader willing to take the regulatory actions needed to protect the public health...

On behalf of all of those who launched the first FDA tobacco regulatory efforts in the 1990s, and those who worked to get the FSPTCA enacted, let us pause at this 3-year milestone to rededicate ourselves to doing all that we can to support effective implementation of this important law. Along with that support, however, there is both the hope and expectation that the needed actions highlighted here will occur quickly.

http://tobaccocontrol.bmj.com/content/early/2012/08/01/tobaccocontrol-2012-050680.extract

Also:

Impact of cigarette minimum price laws on the retail price of cigarettes in the USA
http://tobaccocontrol.bmj.com/content/early/2012/08/02/tobaccocontrol-2012-050554.abstract

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