From: "Stan Shatenstein" <shatensteins@sympatico.ca>
To: Undisclosed-Recipient:;
Date: 8.10.2012 13:14:07
Subject: STAN Bulletin: 39th Edition: 8-October-2012

Smoking & Tobacco Abstracts & News
STAN Bulletin
39th Edition
8-October-2012

Editor's note: The *Imperial Tobacco* (UK) launch of Davidoff iD premium cigarettes "in two variants – Orange (full flavour) and Blue (smooth)" is yet another reminder that legislation banning descriptors cannot be limited to the terms 'light' and 'mild' or it will face the certain risk of being irrelevant. Separately, the *New York Times* op-ed by Nicholas Kristof only briefly mentions the tobacco industry model for carcinogen denial but, in fact, many of the substances 'favoured' by other industries are also present in cigarettes and, of course, there are sections devoted to tobacco use and SHS in the US DHHS Report on Carcinogens.

Stan Shatenstein

In the News:

- Australia: Tobacco plain packaging laws clear test; Gross-Out Warnings; Investors spooked [High Court Ruling]
- Australia: Marlboro Box 'Defaced' Where Future Is Now in Wake of High Court Ruling
- Canada/UK: Smoke & mirrors: The tobacco industry pursuit of the cancer-free cigarette
- India: Gutkha makers claim ban unfair because tobacco content is higher in cigarettes
- Lebanon: Tourism associations call for amending smoking ban
- Netherlands: Getting paid to quit may work for some smokers [Addiction: Willemsen]
- NZ: Herald: Opinion: Anti-plain packaging ads are driving author BATs [Agree/Disagree]
- Philippines: Inquirer: Opinion: Revised tobacco taxes: Bane or blessing?
- Russia: Kiosk Owners Appeal to Putin to Halt Tobacco, Beer Ban
- Taiwan: China Post: Opinion: To smoke on stage or not to smoke
- Ukraine: Cigarettes now feature graphic warnings covering 50% of packs
- UK: Imperial Tobacco: Davidoff iD: Targeted launch for premium cigarettes
- US: AZ: Tucson: Local firm enters electronic-cigarette market
- US: MO: KC: Star: Editorial: The time has come to raise cigarette tax
- US: NY: A new light for roll-your-own fans as shop proprietors smoke out loophole
- US: NY Times: Opinion: Kristof: Cancer Lobby: Tobacco industry strategies [12th Report on Carcinogens]

In this Edition:

- J Dig Dis - Basu: India: Role of nicotine in gallbladder carcinoma: Preliminary report
- J Pers Disord - Distel: NL: Borderline Personality Traits, Genetic Factors, Smoking, Cannabis & Alcohol
- Lancet: UK: Editorial: Fire without smoke: targeting S. Asian smokeless tobacco use: NICE Guidance
- N&TR - Hammond: Tobacco Packaging & Mass-Media Campaigns: FCTC Articles 11 & 12 Research Needs
- N&TR - Zhang: In Vitro Particle Size Distributions in Conventional & E-Cigarettes Aerosols & Deposition Patterns
- Nurs Health Sci - Smith: China: Shandong: Longkou: Smoking rates among hospital nurses
- Prev Chron Dis - Zollinger: US: IN: Personal Characteristics Effect on Individual Indoor Smoke-Free Air Laws Support, 2008
- Psych Investig - Vatss: India: Tobacco Consumption Patterns in Men with Schizophrenia & Male Siblings
- Psychopharmacol - Shahab: UK: Yogic breathing exercise acute effects on smoker craving & withdrawal symptoms
- Thorax - Smith: Australia: SA: STOP: Varenicline & counselling superiority over inpatient counselling: 12-month RCT
- Tox Appl Pharm - Woynillowicz: Effect of cessation pharmacotherapies on pancreatic beta cell function

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Abstracts:

Commentary on Sims *et al*. (2012): A timely response to the impact of smoke-free public places on the most exposed children

Addiction
Volume 107, Issue 11, pages 2017–2018, November 2012
Article first published online: **5 OCT 2012**

Abraham Brown
It is now well established that legislation prohibiting smoking in public places is effective in reducing second-hand smoke (SHS) exposure [1-3]. Nonetheless, in the face of arguments that introducing smoke-free public places would increase smoking in the home, Sims *et al*. [4] provide timely evidence that smoke-free legislation does not displace adult smoking to the home, but rather reduces SHS exposure among most at risk children, i.e. those with smoking parents or living in homes allowing smoking. These findings dispute the arguments and inform health advocates and policymakers about the unintended health benefits of protecting non-smokers, especially children exposed to second-hand smoke in the home [5]. Given that the main source of SHS exposure among children is domestic [6, 7], the reported declines reflect changing social norms around smoking [8], perhaps derived from voluntary family-based restrictions by adults to promote health in children [6]...

Sims *et al*.'s work therefore underlines the importance of continuing to undertake interventions and legislated policies to make smoke-free environments, especially in homes and cars, the societal norm. Such efforts should include community-level campaigns and programmes to raise awareness of the damaging effects of SHS exposure and support adults, particularly those living in smoking homes, to enforce smoke-free policies voluntarily in their homes and cars. The balance of evidence from several studies suggests strongly that the primary objective of reducing second-hand smoke exposure has been achieved, particularly among non-smokers in work-places and the hospitality industry [15-17]. Nonetheless, to the extent that smoking in domestic settings remains evident in several jurisdictions [1], there is the need to encourage governments to enact policies that will make smoke-free homes the accepted norm.
Further research is therefore required to inform future smoke-free policy development by exploring how these voluntary and legislated policies are implemented, and how they work to impact upon young children living in smoking and non-smoking households. Finally, as studies on the long-term effect of smoke-free policies on children's second-hand smoke exposure are mixed, more research is needed to examine population-level changes in SHS exposure in the long term among these groups, as well as whether there are any significant changes in their health after enactment of smoke-free legislation.

http://onlinelibrary.wiley.com/doi/10.1111/j.1360-0443.2012.04014.x/abstract
http://onlinelibrary.wiley.com/doi/10.1111/j.1360-0443.2012.04014.x/pdf

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

Referenced *Addiction* study:

England's legislation on smoking in indoor public places and workplaces: impact on the most exposed childre
http://onlinelibrary.wiley.com/doi/10.1111/j.1360-0443.2012.03924.x/abstract

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The role of cognitive attributions for smoking in subsequent smoking progression and regression among adolescents in China

Addict Behav. 2012 Aug 28. pii: S0306-4603(12)00299-7. doi: 10.1016/j.addbeh.2012.08.005. [Epub ahead of print]

Guo Q, Unger JB, Palmer PH, Chou CP, Johnson CA.

Abstract

Previous studies have documented that cognitive attributions are correlated with adolescent smoking. The present study further explored whether cognitive attributions for smoking influenced adolescents' future smoking behaviors, especially transitions to more advanced stages of smoking. Participants were 12,382 middle and high school students (48.5% males and 51.5% females) in seven large cities in China. They completed two waves of surveys one year apart. Cognitive attributions for smoking and three smoking behavior outcomes (lifetime smoking, past 30-day smoking, and daily smoking) were assessed. Changes in smoking, including progression from lower stages to higher stages and regression from higher stages to lower stages, over a one-year period, were defined longitudinally. Polychotomous logistic regression was used to examine associations between cognitive attributions for smoking and changes in smoking status over one year, adjusting for demographic characteristics and other plausible confounders. Seven out of eight cognitive attributions for smoking were associated with subsequent smoking behaviors ($p<0.05$). Curiosity, autonomy, social image, social belonging, and coping influenced earlier stages of smoking, whereas mental enhancement and engagement influenced later stages of smoking. Curiosity, autonomy, social image, and mental enhancement preceded smoking progression; social belonging prevented smoking regression; and coping and engagement both preceded smoking progression and prevented smoking regression. This study demonstrates that different cognitive attributions influence smoking at different stages in different ways. These findings could inform smoking prevention and cessation programs targeting Chinese adolescents.

Also:

Understanding treatment-seeking smokers' motivation to change: Content analysis of the decisional balance worksheet
http://www.sciencedirect.com/science/article/pii/S0306460312003024
The relationship between impulsivity, risk-taking propensity and nicotine dependence among older adolescent smokers
http://www.sciencedirect.com/science/article/pii/S030646031200319X

The Joint Effect of Smoking and hOGG1 Genotype on Oral Cancer in Taiwan

Anticancer Res. 2012 Sep;32(9):3799-3803.

Tsai CW, Tsai MH, Tsou YA, Shih LC, Tseng HC, Chang WS, Ho CY, Lee HZ, Bau DT.

Abstract

This study aimed at evaluating the association and interaction among human 8-oxoguanine DNA N-glycosylase 1 (hOGG1) genotypic polymorphism, smoking status and oral cancer risk in Taiwan. For this purpose, the well-known polymorphic variants of hOGG1, codon 326, was analyzed for its association with oral cancer susceptibility, and its joint effect with individual smoking habits on oral cancer susceptibility. In total, 620 patients with oral cancer and 620 healthy controls were recruited from the China Medical Hospital and genotyped. The results showed that the hOGG1 codon 326 genotypes were differently distributed between the oral cancer and control groups ($p=0.0266$), with the C allele of hOGG1 codon 326 being significantly ($p=0.0046$) more frequently found in cancer patients than in controls. We further analyzed the genetic-smoking joint effects on oral cancer risk and found an interaction between hOGG1 codon 326 genotypes and smoking status. The hOGG1 codon 326 CC genotype was associated with oral cancer risk only in the smoker group ($p=0.0198$), but not in the non-chewer group ($p=0.8357$). Our results provide evidence that the C allele of hOGG1 codon 326 may have a joint effect with smoking on the development of oral cancer.

http://ar.iiarjournals.org/content/32/9/3799.abstract

Smoking in elderly Koreans: Prevalence and factors associated with smoking cessation

Arch Gerontol Geriatr. 2012 Sep 17. pii: S0167-4943(12)00197-5. doi: 10.1016/j.archger.2012.08.018. [Epub ahead of print]

Kim SK, Park JH, Lee JJ, Lee SB, Kim TH, Han JW, Youn JC, Jhoo JH, Lee DY, Kim KW.

Abstract

The aims of this study were to investigate the prevalence of smoking and to explore the factors associated with smoking cessation. 1118 Koreans were randomly sampled from the residents aged 65years or older living in Seongnam, Korea. Structured face-to-face interviews with neurological and physical examinations were conducted to the 714 respondents. A current smoker was defined as a person who had been smoking at least one cigarette per day for 1year, and a past smoker as a person who used to smoke but had not smoked in the past 1year. Nicotine dependence was defined as having the Fagerström Test for Nicotine Dependence (FTND) score of 4 or higher. Age- and gender-standardized prevalence of ever smoker, past smoker and current smoker among the elderly Koreans aged 65 and over were estimated to be 36.3% (95% CI=32.7-39.8), 24.4% (95% CI=21.2-27.5) and 11.9% (95% CI=9.5-14.3), respectively. Current smokers were much more prevalent in men (23.3%) than in women (3.9%), but did not decline with advancing age in both genders. 36.0% (21 men, 10 women) of the current smokers were nicotine-dependent. The smokers with depression or alcohol use disorder (AUD) were less likely and those who were educated more or inhaled smoke more deeply were more likely to quit smoking. Thus, smoking is common in the elderly men, and treatments of depression and AUD may be helpful in increasing smoking cessation rate among elderly Koreans.

http://www.aggjournal.com/article/S0167-4943%2812%2900197-5/abstract
http://www.sciencedirect.com/science/article/pii/S0167494312001975

Do early experiences with cannabis vary in cigarette smokers?

Drug Alcohol Depend. 2012 Sep 22. pii: S0376-8716(12)00358-4. doi: 10.1016/j.drugalcdep.2012.09.002. [Epub ahead of print]

Agrawal A, Madden PA, Martin NG, Lynskey MT.

Abstract

INTRODUCTION:

We examine whether regular cigarette smokers were more likely to be exposed to and use cannabis at an earlier age, and further, upon initiation, whether their initial experiences with cannabis varied from those reported by never/non-regular cigarette smokers.

METHOD:

A sample of 3797 Australian twins and siblings aged 21-46 years was used. Survival analyses examined whether cigarette smokers were at increased likelihood of early opportunity to use cannabis and early onset of cannabis use. Logistic regression examined whether cigarette smokers reported greater enjoyment of their cannabis experience, inhaling on the first try, differing positive and negative initial subjective reactions, smoked cigarettes with cannabis the first time and were more likely to try cannabis again within a week.

RESULTS:

Regular cigarette smokers were more likely to report an earlier opportunity to use cannabis and early onset of cannabis use. Regular cigarette smokers were also considerably more likely to have enjoyed their first experience with cannabis and reported higher rates of positive initial reactions. They were more likely to report inhaling on the first try and smoking cigarettes with cannabis. Potentially negative subjective reactions were also elevated in regular cigarette smokers. Importantly, cigarette smokers were at 1.87 increased odds of smoking cannabis within a week of their initial use.

CONCLUSION:

These findings indicate that the well-known overlap in cannabis and cigarette smoking behaviors may evolve as early as opportunity to use and extend through the course of the substance use trajectory.

http://www.sciencedirect.com/science/article/pii/S0376871612003584

Also:

An integrated data analysis approach to investigating measurement equivalence of DSM nicotine dependence symptoms

http://www.sciencedirect.com/science/article/pii/S0376871612003614

Smoking, cardiac symptoms, and an emergency care visit: a mixed methods exploration of cognitive and emotional reactions

Emerg Med Int. 2012;2012:935139. Epub 2012 Sep 10.

Tappe KA, Boudreaux ED, Bock B, O'Hea E, Baumann BM, Hollenberg SM, Becker B, Chapman GB.

Abstract

Emergency departments and hospitals are being urged to implement onsite interventions to promote smoking cessation, yet little is known about the theoretical underpinnings of behavior change after a healthcare visit. This observational pilot study evaluated three factors that may predict smoking cessation after an acute health emergency: perceived illness severity, event-related emotions, and causal attribution. Fifty smokers who presented to a hospital because of suspected cardiac symptoms were interviewed, either in the emergency department (ED) or, for those who were admitted, on the cardiac inpatient units. Their data were analyzed using both qualitative and quantitative methodologies to capture the individual, first-hand experience and to evaluate trends over the illness chronology. Reported perceptions of the event during semistructured interview varied widely and related to the individual's intentions regarding smoking cessation. No significant differences were found between those interviewed in the ED versus the inpatient unit. Although the typical profile was characterized by a peak in perceived illness severity and negative emotions at the time the patient presented in the ED, considerable pattern variation occurred. Our results suggest that future studies of event-related perceptions and emotional reactions should consider using multi-item and multidimensional assessment methods rated serially over the event chronology.

http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3444830/
http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3444830/pdf/EMI2012-935139.pdf

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

Social disparities in children's exposure to second hand smoke at home: a repeated cross-sectional survey

Environ Health. 2012 Sep 17;11(1):65. [Epub ahead of print]

Pisinger C, Hammer-Helmich L, Andreasen AH, Jørgensen T, Glümer C.

Abstract

BACKGROUND:

Exposure to second hand smoke (SHS) is an important preventable cause of morbidity and mortality in children. We hypothesise that there has been a growth in social inequality in children's exposure to SHS at home over time. The purpose of this study was to investigate temporal change in smoking in homes including children, focusing on the socioeconomic differences.

METHODS:

Data is from a repeated cross-sectional survey, 'Health Profiles of the Capital Region of Denmark' conducted in 2007 and 2010, in 29 municipalities. The response rate was 52.3%, in both surveys. Our study included persons aged 25 to 64, living with children [less than or equal to]15 years of age; N=9,289 in 2007 and 12,696 in 2010. Analyses were weighted for size of municipality and for non-response, which was higher among men and among persons who were younger, had a lower income, were living alone, were unemployed, and/or were of an ethnicity other than Danish. Regression analyses were used to investigate smoking in homes including children across parent/adult education levels, focusing on temporal changes.

RESULTS:

There were significant large socioeconomic differences in both 2007 and 2010. In 2010 it was more than 11 times more likely for a child to be exposed to SHS at home if the parent had very low education than if they were highly educated

(p<0.001). Smoking in a home with children decreased from 16.2% in 2007 to 10.9% in 2010. The odds of a temporal decrease in domestic smoking did not differ significantly across parent education levels (p=0.40).

CONCLUSIONS:

Marked social inequalities in children's exposure to SHS and a significant temporal decrease in exposure, independent of the education level of the parent/adult, were found in repeated large cross-sectional population-based studies. Social disparities have persisted over time, but not increased. Both clinical and population policy interventions will be needed in order to control child SHS exposure. We call for legislative protection of children from tobacco smoke inside their home as a supplement to parental education and support for smoking cessation.

http://www.ehjournal.net/content/11/1/65/abstract
http://www.ehjournal.net/content/pdf/1476-069X-11-65.pdf

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

Editorial

Towards a total ban on links with the tobacco industry: new rules for the ERS

Eur Respir J. 2012 Oct;40(4):809-10.

Rabe KF, Gratziou C, Ward B, Berteletti F.

FROM DISCLOSURE TO TOTAL BAN

Tobacco use is one of the greatest preventable causes of premature death and disease in the world. In addition, the interference of the tobacco industry in public health, medical research and public policy has been and continues to be unprecedented, grotesque and unacceptable [1]. The interference is of such a scale that it requires a robust and resolute response [2]. This is why the European Respiratory Society (ERS) has recently assessed its conflict of interest rules and decided to move towards a total ban on links with the tobacco industry.

Conflict of interest policies are now standard practice in the medical world and, although guidelines and procedures may vary, most medical bodies have some form of conflict of interest disclosure policy [3, 4]. However, conflict of interest with the tobacco industry requires more than a disclosure policy [5]. It requires a total ban on relations and this, with some notable exceptions, has been rather rare among medical bodies [5].

ENDING THE MANIPULATION

In the scientific world, “Big Tobacco” continues to invest strongly in science [6] and is the undeniable leader in organised subterfuge and manipulation of the scientific process [7–9]. The industry has used quasi-scientific organisations and individuals to promote controversy and uncertainty, such as denying for as long as possible the health effects associated with passive smoking [10]. We must view with extreme scepticism funding of scientific research by the tobacco industry. In funding research, the industry seeks not only to manipulate but also acquire credibility. Credibility is essential to their image and to increasing product consumption, influencing public opinion and rallying opposition to effective public health policies [2]. The devious manipulation of science must be met by a firm and radical response, and the cloak of scientific credibility lifted once and for all...

The future: a total ban from 2013

Any relation to, or funding from, the tobacco industry after January 1, 2013 *will lead to a ban for life* from any ERS activity, including all ERS publications and scientific and intellectual contributions of any type for the person concerned.

It is hoped that the new ERS policy can serve as an inspiration to other medical societies seeking to prevent, as much as possible, the tobacco industry's continued attempts to manipulate science, researchers and public health policy. Together as a scientific and medical community we must move to a total ban on relations. The recently adopted European Union Charter of Fundamental Rights recalls that “everyone has the right of access to preventive healthcare” [16]. This right must extend to preventing as best we can the influence of a malevolent industry from affecting the health of our citizens. In the face of such adversity radical steps are needed. We realise that implementation will be difficult. It will require the utmost honesty and integrity from people and sometimes even sacrifice. However, as a medical society we

have a duty to ensure that we do all we can to protect health and curb the epidemic of tobacco.

http://erj.ersjournals.com/content/40/4/809.long
http://erj.ersjournals.com/content/40/4/809.full.pdf+html

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

Smoking during Pregnancy: Changes in Mid-Gestation Angiogenic Factors in Women at Risk of Developing Preeclampsia According to Uterine Artery Doppler Findings

Hypertens Pregnancy. 2012 Sep 18. [Epub ahead of print]

Llurba E, Sánchez O, Domínguez C, Soro G, Goya M, Alijotas-Reig J, Cabero L.

Abstract

Objectives. To ascertain whether angiogenic factors are altered in smokers at increased risk of preeclampsia (PE) according to uterine artery Doppler (UAD) assessment. Methods. Uterine artery mean pulsatility index (PI), maternal placental growth factor (PlGF), and soluble fms-like tyrosine kinase-1 (sFlt-1) serum levels were measured in 125 healthy pregnant women at 24 weeks of gestation. Smoking status was determined based on cotinine levels in maternal blood. Results. Smokers had significantly higher PlGF concentration compared with nonsmokers [median PlGF levels: 575 (511) vs. 277 (259) pg/mL, respectively, p = 0.001]. The differences in PlGF levels were also observed between smokers and nonsmokers within the group of women with abnormal UAD and therefore at high risk of developing PE [median PlGF levels: 472 (434) vs. 235 (169) pg/mL, respectively, p = 0.0005]. In our patient cohort, 16 women developed PE (12.8%), of whom only 3 were smokers [odds ratios (ORs): 0.49; 95% confidence interval (CI) (0.13-1.84)]. In patients who finally developed intrauterine growth restriction, the PlGF/sFlt-1 ratio was significantly higher in the group of smokers compared with that of nonsmokers [0.39 (0.28) vs. 0.13 (0.21), respectively, p = 0.0311]. Conclusion. The effect of smoking in reducing the risk of PE may be due to the increase of PlGF and PlGF/sFlt-1 ratio in maternal blood, even among women with abnormal UAD.

http://informahealthcare.com/doi/abs/10.3109/10641955.2012.704107

Air Quality, Mortality, and Economic Benefits of a Smoke- Free Workplace Law for Non-Smoking Ontario Bar Workers

Indoor Air. 2012 Sep 24. doi: 10.1111/ina.12004. [Epub ahead of print]

Repace J, Zhang B, Bondy SJ, Benowitz N, Ferrence R.

Abstract

We estimated the impact of a smoke-free workplace by-law on non-smoking bar workers' health in Ontario, Canada. We measured bar workers' urine cotinine before (n=99) and after (n=91) a 2004 smoke-free workplace by-law. Using pharmacokinetic and epidemiological models, we estimated workers' fine particle (PM(2.5)) air pollution exposure and mortality risks from workplace secondhand smoke. Workers' pre-law geometric mean cotinine was 10.3 ng/ml; post-law dose declined 70% to 3.10 ng/ml, and reported work-hours of exposure by 90%. Pre-law, 97% of workers' doses exceeded the 90(th) percentile for Canadians of working age. Pre-law estimated 8-h average workplace PM(2.5) exposure from secondhand smoke was 419 μg/m(3) , or "Very Poor" air quality, while outdoor PM(2.5) levels averaged 7 μg/m(3) , "Very Good" air quality by Canadian Air Quality Standards. We estimated that the bar workers' annual mortality rate from workplace secondhand smoke exposure was 102 deaths per 100,000 persons. This was 2.4 times the occupational disease fatality rate for all Ontario workers. We estimated that half to two-thirds of the 10,620 Ontario bar workers were non-smokers. Accordingly, Ontario's smoke-free law saved an estimated 5 to 7 non-smoking bar workers' lives annually, valued at CA $50 million to $68 million (US $49 million to $66 million).

http://onlinelibrary.wiley.com/doi/10.1111/ina.12004/abstract

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Third-hand tobacco smoke: Significant vector for PAH exposure or non-issue?

Integr Environ Assess Manag. 2012 Oct;8(4):763-4. doi: 10.1002/ieam.1337.

Fleming T, Anderson C, Amin S, Ashley J.

Everyone is familiar with the offensive smell that emanates from smokers after they have taken a “cigarette break.” This gaseous and particulate residue adsorbed onto smokers' clothing and/or skin, as well as any other surfaces such as walls, carpets, and furniture of indoors environments, has been coined “third-hand smoke” (Winickoff et al. 2009). It has been demonized in the popular press, which describe it as a “toxic stew” of chemicals capable of eliciting a host of potential health problems, particularly for infants and children. However, scientific studies supporting this position are sparse, and even fewer studies evaluate exposure risks and potential deleterious health implications of third-hand tobacco smoke residues on surfaces such as walls, carpets, and furniture of indoor environments.

Studies over the past 2 decades have concluded that polycyclic aromatic hydrocarbons (PAHs), a suite of chemicals produced from the incomplete combustion of carbon-containing materials, are present in mainstream and sidestream smoke at concentrations as high as 0.1 to 0.25 ng/cigarette (Menzie et al. 1992). Toughening indoor smoking laws has undoubtedly led to reductions in exposure of these and other chemicals to nonsmokers. However, Matt et al. (2004) concluded that limiting smoking to the outdoors contaminated indoor settings 5 to 7 times more than not smoking at all. Third-hand smoke may represent a significant vector for carcinogen exposure, especially to high-risk individuals such as infants who ingest 0.05 to 0.25 g of dust per day, including any PAHs that have adsorbed onto carpet or clothing material (Matt et al. 2004), or may come into contact with a smoker's skin...

Third-hand PAH residues on a smoker's hand represent only a fraction of the total PAH reservoir for a smoker (compared to residues on all exposed skin and clothing). We have begun to quantify this load of chemicals as the first step in assessing the potential for smokers to act as vectors for impairment of indoor air quality. To completely capture the health risk posed by third-hand smoke, further studies from our research group and others need to address the off-gassing or desorption potential of these compounds and more fully evaluate the significance of third-hand smoke residues in impairing indoor air quality and/or increasing PAH exposure to subpopulations such as children. A thorough ranking of the importance of this exposure route compared to other exposures modes (e.g., release of PAHs from cooking methods such as open fires, incense burning, indoor tobacco smoking, etc.) also remain to be quantified.

http://onlinelibrary.wiley.com/doi/10.1002/ieam.1337/abstract

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Personal Factors Associated with Smoking Among Marginalized and Disadvantaged Youth in Japan

A Strong Relationship Between Smoking and Convenience Store Use

International Journal of Behavioral Medicine
Online First, **26 September 2012**
Isao Watanabe, Masako Shigeta, Kaoru Inoue, Daisuke Matsui, Etsuko Ozaki, Nagato Kuriyama, Kotaro Ozasa, Toshiro Yamamoto, Narisato Kanamura and Yoshiyuki Watanabe

Abstract

Background

A national survey in Japan reported that the prevalence of smoking among high school students has sharply decreased in recent years. However, the survey only considered students who attended regular high schools (RHSs), and Japan offers part-time high schools (PHSs) that are often attended by academically and socioeconomically disadvantaged youth.

Purpose

Therefore, we examined the smoking prevalence and smoking-related factors among PHS students.

Method

A self-administered questionnaire-based survey was conducted at six PHSs. The subjects included 540 enrolled students aged 15 to 18 years. The questionnaire included items on smoking status, smokers in the family, frequency of convenience store use, lifestyle behaviors, and health awareness. Logistic regression analysis was used to identify factors that were significantly associated with smoking.

Results

A total of 45.6 % of students had smoking experience, and 29.3 % were smokers. For males and females, the smoking prevalence was about 3 and 7–12 times higher, respectively, than that reported in the national survey. The factors found to be significantly associated with smoking included having a smoker in the family, experience with drinking alcohol, and using convenience store daily (odds ratio [OR] = 12.5) or sometimes (OR = 3.63). There was a significant dose–response relationship between smoking and convenience store use.

Conclusion

The smoking prevalence among PHS students was remarkably higher than that among RHS students. These findings suggest that marginalized and disadvantaged youth should be targeted for tobacco control, and intervention is needed to protect youth from tobacco sales and advertising at convenience stores.

http://www.springerlink.com/content/53724g7126830070/
http://www.springerlink.com/content/53724g7126830070/fulltext.pdf

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

Correspondence

Association of Cigarette Smoking From Adolescence to Middle-Age With Later Total and Cardiovascular Disease Mortality : The Harvard Alumni Health Study

Journal of the American College of Cardiology
Available online 3 October 2012

Elise Whitley, I-Min Lee, Howard D. Sesso, G. David Batty

To the Editor:

Evidence regarding the future health impact of smoking at younger ages is usually based on retrospective reporting of this health behavior, which demonstrates only moderate agreement with contemporaneous reporting (1). Studies of subsequent mortality risk with prospectively measured smoking in adolescence or early adulthood are rare and tend to focus on total mortality ([2] and [3]). Only one study (4) has considered cause-specific mortality, in particular cardiovascular disease (CVD). In addition, the single baseline measure of smoking in adolescence used in these studies is unlikely to completely capture lifetime risk For example, there is evidence that mortality risk in lifelong smokers versus lifelong nonsmokers is far greater than that estimated for current smokers versus nonsmokers at any individual time point (2)...

The Harvard Alumni Health Study is an ongoing cohort study of male alumni from Harvard University who entered college between 1916 and 1950... Of 33,415 men in the original cohort, 28,236 (84.5%) had data on cigarette smoking at baseline (mean age 18 years). Baseline characteristics of men included and excluded from analyses were similar. Overall, 10,253 men (36.3%) smoked at baseline, although the proportion of smokers varied according to the decade of interview: Approximately one-quarter of men interviewed in the 1910s were cigarette smokers, and this proportion increased steadily to 40.6% in the 1940s before decreasing to 34.3% in the 1950s. After a median follow-up period of 53.2 (range: 0.3 to 83.5) years, 13,704 men (48.5%) had died. Men reporting that they smoked cigarettes at baseline experienced a 30% (95% confidence interval [CI]: 26% to 35%) increase in mortality from all causes (Table 1) compared with those who were nonsmokers. Mortality for specific causes was also increased in men who were smokers at baseline. As anticipated, this was most marked for smoking-related cancers (hazard ratio [HR]: 1.91; 95% CI: 1.72 to 2.12), and there was also a clear 20% (14% to 27%) increase in CVD mortality in men who smoked in early adulthood.

Analysis of continuing smoking status was based on 5,785 men with complete data on smoking at baseline, 1962/1966 (mean age 42 years), 1977 (mean age 55 years), and 1988 (mean age 66 years). At baseline, 2,269 (39.2%) of these men were cigarette smokers, and the impact of smoking was similar to that in the full cohort. Among baseline smokers, 1,303 (57.4%) were still smoking in 1966, 573 (25.3%) were still smoking in 1977, and only 253 (11.1%) were continuing smokers in 1988. Mortality in continuing smokers was more than double that in continuing nonsmokers (HR: 2.11; 95% CI: 1.63 to 2.74), while mortality in men who smoked at baseline but subsequently quit was higher than in continuing nonsmokers but markedly lower than in those who continued to smoke (HR: 1.29; 95% CI: 1.15 to 1.46).

The negative health effects of cigarette smoking are well understood, yet smoking rates in young people are continuing to rise. The link between adolescent smoking and later mortality has been little examined, particularly in the context of CVD mortality. Although adolescent smoking patterns in our cohort may differ from those of contemporary adolescents, our results indicate that cigarette smoking reported directly in early adulthood has a negative impact on mortality, particularly

due to CVD and smoking-related cancers, more than 50 years later. Although exposure prevalence may differ, there is every reason to anticipate that these smoking-mortality results have contemporary relevance and they are consistent with other evidence ([2], [3] and [4]). Changing smoking rates by baseline year track the increasing popularity of cigarette smoking during the first half of the 20th century, followed by a decline in uptake as negative health effects became more widely understood in the 1960s. It is interesting that almost 90% of baseline smokers had quit by 1988, reflecting increasing public health information during this period. The beneficial effects of quitting smoking, as seen previously (5), are clear, with the excess mortality reduced in those who quit in comparison with those who continued to smoke. Health education should be targeted at preventing smoking uptake in young people and encouraging current smokers to quit.

http://www.sciencedirect.com/science/article/pii/S0735109712030446

Related coverage:

Teen smoking linked to earlier death - Reuters
http://www.reuters.com/article/2012/10/04/us-teen-smoking-idUSBRE89310J20121004

Letters

Influence of Smoking on Treatment With Clopidogrel

JAMA. **2012;308(13):1322-1324. doi:10.1001/2012.jama.11187**
October 3, 2012

Dirk Sibbing, MD; Willibald Hochholzer, MD; Adnan Kastrati, MD

To the Editor: Cigarette smoking represents a major health hazard contributing significantly to cardiovascular morbidity and mortality. Although the frequency of smoking has been decreasing in many countries, a relevant number of patients with coronary artery disease are active smokers at the time of percutaneous coronary intervention (PCI). After the procedure, recommendations for patients include to receive a dual antiplatelet treatment regimen consisting of aspirin and a $P2Y_{12}$ receptor inhibitor such as clopidogrel and to stop smoking...

First, smokers must be considered a distinct cohort in terms of platelet physiology and risk for thrombotic events. In the absence of any antiplatelet treatment, smokers have high levels of platelet reactivity[2] and are more prone to develop thrombotic events compared with nonsmokers.[3] Thus, smokers may derive the greatest benefit from effective antiplatelet drugs.
Second, the pharmacodynamic data[4] the authors referred to come from a study of 259 patients undergoing PCI treated with clopidogrel acutely or chronically that reported amplified platelet inhibition in smokers. That study explained the findings as a possible influence of smoking on cytochrome P450 (CYP) 1A2 activity, an enzyme that (among others) may affect clopidogrel bioactivation and is induced by smoking. However, this is only 1 of a series of studies with controversial results regarding a possible association between smoking and platelet response to clopidogrel. The largest study on this subject to date is a collaborative analysis of several study cohorts including more than 4500 patients.[5] In that study, a variety of methods were used to assess platelet function after acute and maintenance therapy with clopidogrel. Smoking was not found to enhance platelet response to acute or chronic treatment with clopidogrel...

http://jama.jamanetwork.com/article.aspx?articleid=1367489

Authors' reply & referenced JAMA Viewpoint:

Influence of Smoking on Treatment With Clopidogrel—Reply
http://jama.jamanetwork.com/article.aspx?articleid=1367497
Clopidogrel Efficacy and Cigarette Smoking Status
http://jama.jamanetwork.com/article.aspx?articleID=1187938

Referenced JACC & *Am Heart J* studies:

The association of cigarette smoking with enhanced platelet inhibition by clopidogrel (2008)
http://www.sciencedirect.com/science/journal/07351097
Impact of smoking on antiplatelet effect of clopidogrel and prasugrel after loading dose and on maintenance therap
http://www.ahjonline.com/article/S0002-8703%2811%2900417-0/abstract

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Role of nicotine in gallbladder carcinoma: A preliminary report

J Dig Dis. 2012 Oct;13(10):536-40. doi: 10.1111/j.1751-2980.2012.00623.x.

Basu S, Priya R, Singh TB, Srivastava P, Mishra PK, Shukla VK.

Abstract

OBJECTIVE:

To assess the role of nicotine in gallbladder carcinoma and its association with the stage and degree of cancer differentiation.

METHODS:

Tissue samples from gallbladder were obtained from 20 patients with gallbladder cancer and 20 age- and gender-matched patients with cholelithiasis who served as the control group. Gallbladder tissue (2 g) was extracted and analyzed for nicotine content using capillary gas chromatography. Nitrogen was used as the carrier gas. Standard curves of nicotine in methanol were made by injecting the internal standards.

RESULTS:

A significantly higher tissue nicotine concentration was observed in the gallbladder carcinoma group than that in the control group (179.63 ng/mg vs 6.00 ng/mg, P < 0.001). The stage and degree of cancer differentiation did not seem to affect the nicotine levels. Gallbladder tissue contained a significantly higher nicotine concentration in smokers with cancer compared with those in the control group (1570.00 ng/mg vs 232.25 ng/mg, P < 0.001). Interestingly, non-smokers in cancer group also had a higher nicotine concentration than the control group (161.50 ng/mg vs 4.00 ng/mg, P = 0.002).

CONCLUSION:

Nicotine is selectively concentrated in malignant gallbladder tissue irrespective of smoking status, showing its strong association with gallbladder cancer.

http://onlinelibrary.wiley.com/doi/10.1111/j.1751-2980.2012.00623.x/abstract

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Borderline Personality Traits and Substance Use: Genetic Factors Underlie the Association with Smoking and Ever Use of Cannabis, but Not with High Alcohol Consumption

J Pers Disord. 2012 Sep 17. [Epub ahead of print]

Distel MA, Trull TJ, de Moor MM, Vink JM, Geels LM, van Beek JH, Bartels M, Willemsen G, Thiery E, Derom CA, Neale MC, Boomsma DI.

Abstract

Borderline personality disorder (BPD) and substance use disorders often co-occur. Both disorders are heritable and family studies showed that there are familial factors that increase the risk for BPD as well as substance use/abuse. This is the first study that investigates whether the association of borderline personality traits (BPT) with substance use reflects an underlying genetic vulnerability or nongenetic familial influences. To this end we analyzed data of 5,638 Dutch and Belgian twins aged between 21-50 years from 3,567 families. Significant associations between BPT and high alcohol consumption (r = .192), regular smoking (r = .299), and ever use of cannabis (r = .254) were found. Bivariate genetic analyses showed that the associations of BPT and substance use had different etiologies. For regular smoking and for ever use of cannabis, the correlation with BPT was explained by common genetic factors. Interestingly, for high alcohol consumption and BPT the association was explained by unique environmental factors that influence both traits rather than common genetic factors.

http://guilfordjournals.com/doi/abs/10.1521/pedi.2012.26.066

Editorial

Fire without smoke: targeting smokeless tobacco use

The Lancet, Volume 380, Issue 9849, Page 1204, 6 October 2012

All health professionals are aware of the health dangers of tobacco smoking but gaps in their knowledge exist when it comes to smokeless tobacco. New guidance from the UK's National Institute for Health and Clinical Excellence (NICE), released last week, aims to fill this void.

The guidance focuses on interventions that help people of south Asian origin—the main users of smokeless tobacco—to quit. It covers a variety of smokeless tobacco products used in England such as the powdered misiri India tobacco, paan, and betel quid.

South Asian women, older age groups, individuals from lower socioeconomic groups, and people of Bangladeshi origin are more likely to use smokeless tobacco. Several health problems can arise from use, including nicotine addiction, mouth and oropharyngeal cancer, dental disease, cardiovascular disease, and problems in pregnancy and after childbirth (eg, fetal anaemia and stillbirth). However, there is low awareness of these health risks among health professionals and the public alike.

The guidance states that a brief intervention from health professionals can help users quit. Such interventions can include simple opportunistic advice, an assessment of a person's commitment to quit, pharmacotherapy or behavioural support, self-help material, or referral to more intensive support. Additionally, it recommends that health professionals receive training so they can recognise the signs of smokeless tobacco use, record use in patients' notes, and explain the associated health risks using local names for smokeless tobacco products.

Changing attitudes to smokeless tobacco, mistakenly seen as safe by many people, will be difficult, especially where cultural and language barriers exist, and health-seeking behaviour is low. The NICE guidance is a valuable aid to improve cessation services for a neglected health problem in an often-underserved population. Its implementation should be coupled with culturally appropriate, targeted prevention programmes in areas of the UK with large south Asian populations. Smokeless tobacco use needs to be viewed in the same way as tobacco smoking—as a habit damaging to health that requires intervention.

http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(12)61696-1/fulltext
http://www.sciencedirect.com/science/article/pii/S0140673612616961

NICE Guidance:

Smokeless tobacco cessation - South Asian communities (PH39)
http://guidance.nice.org.uk/PH39

Tobacco Packaging and Mass-Media Campaigns: Research Needs for Articles 11 and 12 of the WHO Framework Convention on Tobacco Control

Nicotine Tob Res first published online October 4, 2012 doi:10.1093/ntr/nts202

David Hammond, Melanie Wakefield, Sarah Durkin, and Emily Brennan

Abstract
Introduction: Communicating the health risks of smoking remains a primary objective of tobacco-control policy. Articles 11 and 12 of the World Health Organization's Framework Convention on Tobacco Control establish standards for two important forms of communication: packaging regulations (Article 11), and mass-media campaigns (Article 12).

Methods: A narrative review approach was used to identify existing evidence in the areas of package labeling regulations (including health warnings, constituent and emission messages, and prohibitions on misleading information) and communication activities (including mass-media campaigns and news media coverage). When available, recent reviews of the literature were used, updated with more recent high-quality studies from published literature.

Results: Implementation of Articles 11 and 12 share several important research priorities: (a) identify existing consumer information needs and gaps, (b) research on the message source to identify effective types of content for health warnings and media campaigns, (c) research on how messages are processed and the extent to which the content and form of messages need to be tailored to different cultural and geographic groups, as well as subgroups within countries, and (d)

research to identify the most cost-effective mix and best practices for sustaining health communications over time.

Conclusion: A unifying theme of effective health communication through tobacco packaging and mass-media campaigns is the need to provide salient, timely, and engaging reminders of the consequences of tobacco use in ways that motivate and support tobacco users trying to quit and make tobacco use less appealing for those at risk of taking it up.

http://ntr.oxfordjournals.org/content/early/2012/09/28/ntr.nts202.abstract

Also:

Oral Pain Before and After Smokeless Tobacco Cessation in U.K.-Resident Bangladeshi Women: Cross-Sectional Analyses
http://ntr.oxfordjournals.org/content/early/2012/09/28/ntr.nts203.abstract
Knowledge and Views about Maternal Tobacco Smoking and Barriers for Cessation in Aboriginal and Torres Strait Islanders: A Systematic Review and Meta-ethnography
http://ntr.oxfordjournals.org/content/early/2012/09/28/ntr.nts211.abstract

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In Vitro Particle Size Distributions in Electronic and Conventional Cigarette Aerosols Suggest Comparable Deposition Patterns

Nicotine Tob Res first published online October 4, 2012 doi:10.1093/ntr/nts165

Yaping Zhang, Walton Sumner, and Da-Ren Chen

Abstract

Introduction Electronic cigarette users (“vapers”) inhale aerosols of water, nicotine, and propylene glycol (PG) or vegetable glycerin (VG). Aerosol particle sizes should affect deposition patterns in vapers and bystanders.

Methods Aerosols were generated by a smoking machine and an electronic cigarette filled with 16mg/ml nicotine in aqueous PG or VG solution. A scanning mobility particle sizer (SMPS) counted particles of 10–1,000nm diameters. A single puff experiment counted particles immediately and after aging 10 and 40 s. A steady-state experiment counted particles emitted from a collection chamber, untreated and after desiccation or organic vapor removal. The International Commission on Radiological Protection (ICRP) human respiratory tract model was used to estimate deposition. Results were compared to similar data from reference cigarettes.

Results Puffs generated peak particle counts at (VG) 180nm and (PG) 120nm. Steady-state peaks occurred around 400nm. Organic vapor removal eliminated small particles and reduced the size and number of large particles. Desiccation reduced the total volume of particles by 70% (VG, small PG) to 88% (large PG). The ICRP model predicted 7%–18% alveolar delivery; 9%–19% venous delivery, mostly in the head; and 73%–80% losses by exhalation. Reference cigarettes generated more particles initially, but were otherwise similar; however, in vivo smoke particle deposition is higher than the model predicts.

Conclusions Nicotine delivery may depend on vaping technique, particle evolution, and cloud effects. Predicted 10% arterial and 15% venous delivery may describe bystander exposure better than vapers exposure.

http://ntr.oxfordjournals.org/content/early/2012/09/28/ntr.nts165.abstract

Also:

The Combined Effects of Single Nucleotide Polymorphisms, Tobacco Products and Ethanol on Normal Resting Blood Mononuclear Cells
http://ntr.oxfordjournals.org/content/early/2012/09/28/ntr.nts207.abstract
Abnormal Social Behavior in Nicotinic Acetylcholine Receptor Beta 4 Subunit Null Mice
http://ntr.oxfordjournals.org/content/early/2012/09/28/ntr.nts215.abstract

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Smoking rates among hospital nurses in Longkou city, China

Nursing & Health Science
Early View (Online Version of Record published before inclusion in an issue)
Article first published online: **1 OCT 2012**

Derek R. Smith, Isabella Zhao and Lina Wang

Abstract

This study was undertaken as one of the first investigations of nurses' smoking habits in Longkou city, Shandong Province, China. An anonymous cross-sectional survey was administered as part of a larger investigation of healthcare professionals at a university teaching hospital during 2008. A total of 88 nurses responded to the survey, from whom tobacco-related data were provided by 83 of them (94%). Their overall smoking rate was very low (1%), with no male nurses reporting themselves to be current tobacco users. Overall, the current study suggests that smoking rates are very low among Chinese nurses in Longkou city, Shandong Province. These results are also consistent with studies of nurses' tobacco use conducted in other regions of China.

http://onlinelibrary.wiley.com/doi/10.1111/nhs.12002/abstract

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Effect of Personal Characteristics on Individual Support for Indoor Smoke-Free Air Laws, Indiana, 2008

Prev Chronic Dis 2012;9:120091.

Terrell W. Zollinger, Robert M. Saywell Jr, Joshua J. Robinson, Stephen J. Jay, Miranda H. Spitznagle

Abstract

Introduction

Policy makers should understand the attitudes and beliefs of their constituents regarding smoke-free air legislation. The purpose of this study was to evaluate the effect of selected personal characteristics on attitudes and beliefs about secondhand smoke in Indiana and on support for smoke-free air laws.

Methods

Data were obtained from the 2008 Indiana Adult Tobacco Survey of 2,140 adults and included 11 sociodemographic variables. Chi-square and multiple logistic regression analyses were used to test for significant associations between sociodemographic characteristics and support for statewide or community smoke-free air legislation.

Results

Most respondents (72.3%) indicated that they supported laws making work places smoke-free. After adjusting for the effects of the other variables, 3 were found to be significant predictors of support: being a never or former smoker, being female, and being aware of the health hazards of secondhand smoke. Age, race/ethnicity, income, urban or rural county of residence, employment status, and having children in the household were not significant when adjusting for the other characteristics.

Conclusion

Most Indiana residents support smoke-free air legislation for workplaces. The support was constant among most groups across the state, suggesting policy makers would have the backing of their constituents to pass such legislation. The results of this study suggest that efforts to gain support for smoke-free air laws should focus on men, people unaware of the health hazards from secondhand smoke, and smokers and former smokers.

http://www.cdc.gov/pcd/issues/2012/12_0091.htm
http://www.cdc.gov/pcd/issues/2012/pdf/12_0091.pdf

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

Patterns of Tobacco Consumption among Indian Men with Schizophrenia Compared to Their Male Siblings

Psychiatry Investig. 2012 Sep;9(3):245-51. Epub 2012 Sep 6.

Vatss S, Mehar H, Bhatia T, Richard J, Gur RC, Gur RE, Nimgaonkar VL, Deshpande SN.

Abstract

OBJECTIVE:

Tobacco consumption among patients with schizophrenia has been investigated extensively in western countries, but there is a dearth of studies in India, where socio-economic and cultural variables are different. This study aims to

investigate the patterns of tobacco consumption among schizophrenia patients compared with their non-psychotic siblings.

METHODS:

Consenting, successive male outpatients diagnosed with schizophrenia (n=100, DSM-IV criteria), and their non-psychotic brothers (n=100) were compared. Following a structured diagnostic interview, detailed information about tobacco consumption (including smokeless tobacco) was obtained using the Fagerstrom Test for Nicotine Dependence for smoked tobacco, and FTND-smokeless tobacco. The University of Pennsylvania Computerized Neurocognitive battery (CNB) was administered to a sub-group of patients (n=48).

RESULTS:

Schizophrenia patients initiated tobacco use at a significantly earlier age than their brothers, but there was no significant difference with regard to type, quantity or frequency of tobacco use (smoke or smokeless varieties). Patients who consumed tobacco had significantly higher positive symptom scores compared with non-users (p=0.043). There were no significant differences between nicotine dependent and non-dependent patients with regard to CNB domains except attention.

CONCLUSION:

Patterns of tobacco consumption were similar among schizophrenia patients and their non-psychotic brothers. Tobacco use was associated with increased positive symptom scores, but there were no significant differences in cognitive measures among nicotine dependent and non-dependent patients.

http://psychiatryinvestigation.org/html/abstract.asp?year=2012&vol=9&page=245

Also:

Standardization Study of the Korean Version of the Stages of Change Readiness and Treatment Eagerness Scale for Smoking Cessation (K-SOCRATES-S) and Its Predictive Validity
http://psychiatryinvestigation.org/html/abstract.asp?year=2012&vol=9&page=223

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

The acute effects of yogic breathing exercises on craving and withdrawal symptoms in abstaining smokers

Psychopharmacology (Berl). 2012 Sep 20. [Epub ahead of print]

Shahab L, Sarkar BK, West R.

Abstract

RATIONALE:

Breathing exercises have been proposed as a way of combating cigarette cravings, potentially presenting a low-cost, easily scalable smoking cessation aid.

OBJECTIVE:

The aim of this study is to evaluate the acute impact of breathing exercises based on yogic pranayama on cravings in abstaining smokers.

METHODS:

Participants visited the laboratory on two occasions 24 h apart and were asked to abstain from smoking12 h prior to the first visit until the end of the second visit. Smokers (N = 96) were randomly allocated to a yogic breathing exercise (YBG) or video control (VCG) group. The former was instructed on breathing exercises, practised these for 10 min and asked to use these when experiencing cravings until the next visit. The latter was shown a breathing exercise video for 10 min and asked to concentrate on their breathing. Strength of urges to smoke, other craving measures and mood and physical

symptoms associated with cigarette withdrawal were assessed at the beginning and end of the first visit, and again at the second visit.

RESULTS:

At immediate follow-up, in the laboratory, all craving measures were reduced in YBG compared with VCG (strength of urges: $F(1, 96) = 16.1$, $p < 0.001$; cigarette craving: $F(1, 96) = 11.3$, $p = 0.001$; desire to smoke: $F(1, 96) = 6.6$, $p = 0.012$). There was no effect on mood or physical symptoms. Adherence to the breathing exercise regimen in the following 24 h was low, and at 24 h follow-up, there was no evidence of reduced cravings in YBG compared with VCG.

CONCLUSIONS:

Simple yogic-style breathing exercises can reduce cigarette craving acutely in the laboratory. Further research is needed to determine how far this translates into field settings.

http://www.springerlink.com/content/pl4886m236656129/

Smoking Termination Opportunity for inPatients (STOP): superiority of a course of varenicline tartrate plus counselling over counselling alone for smoking cessation: a 12-month randomised controlled trial for inpatients

Thorax. 2012 Sep 19. [Epub ahead of print]

Smith BJ, Carson KV, Brinn MP, Labiszewski NA, Peters MJ, Fitridge R, Koblar SA, Jannes J, Veale AJ, Goldsworthy SJ, Litt J, Edwards D, Esterman AJ.

Abstract

RATIONALE:

Smoking cessation interventions in outpatient settings have been demonstrated to be cost effective. Given this evidence, we aimed to evaluate the effectiveness of varenicline tartrate plus Quitline-counselling compared with Quitline-counselling alone when initiated in the inpatient setting.

METHODS:

Adult patients (18-75 years) admitted with a smoking-related illness to three hospitals, were randomised to receive either 12-weeks of varenicline tartrate plus Quitline-counselling, (n=196) or Quitline-counselling alone, (n=196), with 12-months follow-up.

RESULTS:

For the primary analysis population (intention-to-treat), the proportion of subjects who remained continuously abstinent were significantly greater in the varenicline plus counselling arm (31.1%, n=61) compared with counselling alone (21.4%, n=42; RR 1.45, 95% CI 1.03 to 2.03, p=0.03).

CONCLUSIONS:

The combined use of varenicline plus counselling when initiated in the inpatient setting has produced a sustained smoking cessation benefit at 12-months follow-up, indicating a successful opportunistic treatment for smokers admitted with smoking related illnesses.

TRIAL REGISTRATION:

http://www.clinicaltrials.gov/ ClinicalTrials.gov identification number: NCT01141855.

http://thorax.bmj.com/content/early/2012/09/18/thoraxjnl-2012-202484.abstract

The effect of smoking cessation pharmacotherapies on pancreatic beta cell function

Toxicol Appl Pharmacol. 2012 Aug 27. pii: S0041-008X(12)00373-0. doi: 10.1016/j.taap.2012.08.020. [Epub ahead of print]

Woynillowicz AK, Raha S, Nicholson CJ, Holloway AC.

Abstract

The goal of our study was to evaluate whether drugs currently used for smoking cessation (i.e., nicotine replacement therapy, varenicline [a partial agonist at nicotinic acetylcholine receptors (nAChR)] and bupropion [which acts in part as a nAChR antagonist]) can affect beta cell function and determine the mechanism(s) of this effect. INS-1E cells, a rat beta cell line, were treated with nicotine, varenicline and bupropion to determine their effects on beta cell function, mitochondrial electron transport chain enzyme activity and cellular/oxidative stress. Treatment of INS-1E cells with equimolar concentrations (1μM) of three test compounds resulted in an ablation of normal glucose-stimulated insulin secretion by the cells. This disruption of normal beta cell function was associated with mitochondrial dysfunction since all three compounds tested significantly decreased the activity of mitochondrial electron transport chain enzyme activity. These results raise the possibility that the currently available smoking cessation pharmacotherapies may also have adverse effects on beta cell function and thus glycemic control in vivo. Therefore whether or not the use of nicotine replacement therapy, varenicline and bupropion can cause endocrine changes which are consistent with impaired pancreatic function warrants further investigation.

http://www.sciencedirect.com/science/article/pii/S0041008X12003730

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