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Smoking & Tobacco Abstracts & News

STAN Bulletin

7th Edition

18-June-2012

Editor's Note: The New Zealand [story](#) on 'no longer fresh and healthy' smoking - a dubious proposition to begin with - makes reference to *New Zealand Medical Journal* correspondence but this is unavailable at this moment and will, I hope, be featured in an upcoming edition of this bulletin. The Open Access, Spanish-language *Salud Pub Mex* [report](#) by Sebríe, with English abstract and easily-understood, helpful Tables on current labelling practices in Latin America and the Caribbean, is linked alongside the *Buenos Aires Herald* story, as is a related 2010, English-language *Salud Pub Mex* [report](#) by Sebríe and colleagues, also Open Access.

Stan Shatenstein

In the News:

- Argentina: [Graphic health warnings loud & clear on cigarettes packs](#) [Salud Pub Mex - Sebríe; 2010]
- Canada: Alberta: [Anti-tobacco plan awaited: Province struggles with rising use](#)
- Canada: Ottawa: [Committee to discuss ban on water pipes, non-tobacco products on city property](#)
- China: [SHS tied to more health effects: COPD & other tobacco-related mortality](#) [Chest - He: [17-year cohort](#)]
- Indonesia/UK: [Gudang Garam: Man U footballer criticised over tobacco-linked ad: GGI Video: Rio Ferdinand](#)
- NZ: [PM: Legal action over cigarette package branding ban unlikely](#)
- NZ: [Smoking used to be seen as fresh & healthy, but no longer](#)
- Russia: [Health & Social Development Ministry proposes smoking ban on children's TV](#)
- UK: England: [Health campaign councils invest heavily in tobacco firms](#)
- US: CA: Prop 29: [Cigarette tax initiative narrowing the gap, picking up votes in late tally](#)

Noteworthy:

"Results from the current study demonstrate the effectiveness of graphic warning labels in cigarette advertisements in increasing recall of warning label-based smoking risks and provide novel objective evidence that smokers' viewing patterns of cigarette advertisements containing graphic warning labels are associated with recall. Graphic warning labels should be incorporated into cigarette advertisements without delay; not doing so only prolongs an overdue, necessary improvement to U.S. tobacco control." [Strasser AA et al. Graphic Warning Labels in Cigarette Advertisements : Recall and Viewing Patterns, [AJPM](#)]

In this Edition:

- Addict Behav - Pulvers: US: Female smokers show lower pain tolerance in a physical distress task
- AJPM - Strasser: US: Graphic Warning Labels in Cigarette Advertisements: Recall & Viewing Patterns
- Angiol - Yu-Jie: Impact of Smoking & Cessation on Arterial Stiffness in Healthy Participants
- APJPH - Rahman: Bangladesh: ST: Perceptions of Health Effects in Smokeless Tobacco Product Users
- BJU Int - Ehdiae: Smoking status, diagnosis, disease recurrence & death in upper tract urothelial carcinoma

12.11.2012

- Br J Cancer - Karlsen: Denmark: Diet, Cancer & Health: Men with prostate cancer change health behaviour
- Cancer Res - Bosse: Molecular Signature of Smoking in Human Lung Tissues
- Clin Cancer Res - de Graan: Influence of smoking on pharmacokinetics & toxicity profiles of taxane therapy
- Clin Endocrinol - Carlé: Denmark: Smoking cessation & rise in overt autoimmune hypothyroidism
- Drug Alc Depend - Serre: Ecological momentary assessment in alcohol, tobacco, cannabis & opiate dependence
- Drug Alc Rev - Kelly: Australia: Smoking & other risk factors in residential substance abuse treatment
- Eur J Cancer Prev - Gallus: Italy: Why smokers quit: Tobacco-related health conditions cited
- Eur J Plast Surg - Deliaert: NL: Smoking & its effect on scar healing
- EJPH - Bowes: France: Lifecourse SEP & tobacco & cannabis use
- HER - Paulik: Hungary: Role of home smoking bans in limiting SHS exposure
- Hum Reprod - Povey: UK: Modifiable & non-modifiable risk factors for poor semen quality: case-referent study
- J Am Acad Orthop Surg - Argintar: Musculoskeletal effects of perioperative smoking
- JADA - Walsh: US: Training effect on tobacco-use cessation guidelines in dental settings
- J Atheroscler Thromb - Kotani: Japan: Adiponectin & Smoking Status: Systematic Review
- J Bone Miner Res - Rudäng: Sweden: Smoking & impaired bone mass development in young adult men
 - JCO - Peters: US: NCI: Tobacco Assessment in Actively Accruing Cooperative Group Program Clinical Trials
- J Environ Pub Health - Caruso: Cigarette design features in low, middle & high-income countries
- J Res Adolesc - Holloway: US: CA: Smoking & Young Men Who Have Sex With Men: Community & Individual Factors
- Mat Child Nutr - Vassilaki: Greece: Crete: Rhea: Smoking & caesarean deliveries: major negative predictors
- MMWR Suppl - Jamal: US: NAMCS: Tobacco Use Screening & Counseling: Physician Office Visits by Adults, 2005-09
- Pediatr - Downard: Maternal Cigarette Smoking & Development of Necrotizing Enterocolitis
- Postgrad Med J - Al Suwaidi: Qatar: Tobacco modalities used & outcome in ACS patients
- Prev Chron Dis - Kayani: US: MO: Economic effect of smoke-free ordinances on 11 Missouri cities
- Psychopharmacol - Bickel: Social temporal discounting differentiates smokers from problem drinkers
- Vitam Horm - Baimel: Cocaine & nicotine research illustrates a range of hypocretin mechanisms in addiction

Abstracts:

Female smokers show lower pain tolerance in a physical distress task

[Addict Behav.](#) 2012 May 22. [Epub ahead of print]

[Pulvers K](#), [Hood A](#), [Limas EF](#), [Thomas MD](#).

Abstract

Numerous studies have established a link between distress tolerance and smoking cessation outcomes. The present study examined whether smoking status affected physical distress tolerance, and considered this question separately for men and women. The sample was comprised of healthy adults, 56 smokers (63% male) and 58 nonsmokers (62% female). The pain stimulus was a cold pressor task. Outcome variables were seconds immersed in cold water when pain was first reported (threshold), and total seconds immersed in cold water (tolerance). Participants verbally reported their pain rating on a 0-100 scale after the task, and then completed the McGill Pain Questionnaire-Short Form. Smokers displayed lower pain tolerance than nonsmokers ($p=.045$), and women displayed lower pain tolerance than men ($p=.017$). Female smokers had significantly lower pain tolerance than other groups ($p=.001$). There were no significant differences in pain threshold or pain perception by smoking status or gender ($p>.05$). Lower physical distress tolerance could place female smokers at risk for difficulty in quitting smoking. This population needs additional research to better understand their unique pain experience and how physical distress tolerance impacts their smoking cessation outcomes.

<http://www.sciencedirect.com/science/article/pii/S0306460312001906>

Graphic Warning Labels in Cigarette Advertisements : Recall and Viewing Patterns

[American Journal of Preventive Medicine](#)

[Volume 43, Issue 1, July 2012, Pages 41–47](#)

Available online 14 June 2012.

Andrew A. Strasser, Kathy Z. Tang, Daniel Romer, Christopher Jepson, Joseph N. Cappella

Abstract**Background**

The Family Smoking Prevention and Control Act gave the U.S. Food and Drug Administration (FDA) legal authority to mandate graphic warning labels on cigarette advertising and packaging. The FDA requires that these graphic warning labels be embedded into cigarette advertising and packaging by September 2012.

Purpose

The aim of this study was to examine differences in recall and viewing patterns of text-only versus graphic cigarette warning labels and the association between viewing patterns and recall.

Methods

Participants (current daily smokers; N=200) were randomized to view a cigarette advertisement with either text-only or graphic warning labels. Viewing patterns were measured using eye-tracking, and recall was later assessed. Sessions were conducted between November 2008 and November 2009. Data analysis was conducted between March 2011 and July 2011.

Results

There was a significant difference in percentage correct recall of the warning label between those in the text-only versus graphic warning label condition, 50% vs 83% ($\chi^2=23.74$, $p=0.0001$). Time to first viewing of the graphic warning label text and dwell time duration (i.e., time spent looking) on the graphic image were significantly associated with correct recall. Warning labels that drew attention more quickly and resulted in longer dwell times were associated with better recall.

Conclusions

Graphic warning labels improve smokers' recall of warning and health risks; these labels do so by drawing and holding attention.

<http://www.sciencedirect.com/science/article/pii/S0749379712002073>

Related coverage & PR:

Graphic warning labels on cigarette packs 'work better' - BBC News

<http://www.bbc.co.uk/news/health-18441497>

Study: Graphic tobacco warning labels more effective at delivering anti-smoking message

http://www.cbsnews.com/8301-504763_162-57454112-10391704/study-graphic-tobacco-warning-labels-more-effective-at-delivering-anti-smoking-message/

Graphic Warning Labels Improve Smokers' Recall of Warning and Health Risks Related to Smoking

<http://www.sciencedaily.com/releases/2012/06/120615103527.htm>

Also:

Smoking Cessation and Counseling: Practices of Canadian Physical Therapists

<http://www.sciencedirect.com/science/article/pii/S0749379712002061>

Impact of Smoking and Smoking Cessation on Arterial Stiffness in Healthy Participants

[Angiology](#). 2012 May 30. [Epub ahead of print]

[Yu-Jie W](#), [Hui-Liang L](#), [Bing L](#), [Lu Z](#), [Zhi-Geng J](#).

Abstract

Smoking is associated with increased arterial stiffness. However, the impact of smoking cessation on arterial stiffness remains unknown. We investigated the effect of smoking cessation on arterial stiffness. Healthy participants (n = 209) were divided into nonsmoking (NSm, n = 96), quit smoking (QSm, n = 61), and maintained smoking groups (MSm, n = 52). Arterial stiffness indexes (ankle-brachial index [ABI] and brachial-ankle pulse wave velocity [baPWV]) were assessed at baseline, and after 6 and 12 months. Baseline, arterial stiffness was significantly higher in the MSm and QSm groups

than in the NSm group ($P < .001$). In the QSm group, there was significant difference in ABI between baseline and 12 months ($P = .03$). No significant differences were shown in baPWV. Both ABI and baPWV were similar between QSm and MSm group at 12 months. However, there was significant difference between QSm and NSm groups ($P < .001$). This study shows that 12 months of smoking cessation is associated with improved arterial stiffness.

<http://ang.sagepub.com/content/early/2012/05/28/0003319712447888.abstract>

Why Do Bangladeshi People Use Smokeless Tobacco Products?

[Asia Pac J Public Health](#). 2012 May 31. [Epub ahead of print]

[Rahman MA](#), [Mahmood MA](#), [Spurrier N](#), [Rahman M](#), [Choudhury SR](#), [Leeder S](#).

Abstract

Despite scientific evidence about the harmful effects of smokeless tobacco (SLT), it is widely used in Bangladesh. This study explored perceptions about health effects of SLT use. Semistructured interviews were conducted with 1812 nonsmoking adults. About 40% of the participants were current SLT users or had used SLT in the past. Family members' influence was the main factor for initiation. The participants believed that people continued using SLT because of addiction (52%) and as a part of their lifestyle (23%). The majority of participants (77%) did not mention any benefit, but SLT users considered it to be a remedy for toothache ($P < .05$). Almost all participants mentioned that SLT was harmful and causes heart disease, cancer, and tuberculosis. Doctors' advice was the common motivating factor to quit. Health promotion interventions should highlight the adverse effects of SLT use, which outweigh the perceived benefits, and should consider addressing the role of family in SLT initiation and use.

<http://aph.sagepub.com/content/early/2012/05/16/1010539512446957.abstract>

Impact of smoking status at diagnosis on disease recurrence and death in upper tract urothelial carcinoma

[BJU Int](#). 2012 May 29. doi: 10.1111/j.1464-410X.2012.11260.x. [Epub ahead of print]

[Ehdaie B](#), [Furberg H](#), [Zabor EC](#), [Ostroff JS](#), [Shariat SF](#), [Bochner BH](#), [Coleman JA](#), [Dalbagni G](#).

Abstract

OBJECTIVE:

To evaluate the impact of smoking exposure on oncological outcomes in patients with upper tract urothelial carcinoma (UTUC) treated with radical nephroureterectomy (RNU).

MATERIALS AND METHODS:

Patient and disease characteristics from 288 patients with UTUC treated with RNU between 1995 and 2008 were collected from a prospectively maintained database at the Memorial Sloan-Kettering Cancer Center. Disease recurrence was defined as distant metastases, or local failure in the operative site or regional nodes. Factors associated with recurrence and death were determined.

RESULTS:

The prevalence of current, former and never smoking at diagnosis was 19.1%, 55.2%, and 25.7%, respectively. 71.0% of patients reported a ≥ 20 pack-year smoking history. With a median follow-up of 4.02 years, disease recurrence occurred in 27% ($n = 79$) of patients and 41% ($n = 117$) died during follow-up. While age at diagnosis, American Society of Anesthesiologists score, advanced stage, nodal involvement and high grade adversely affected recurrence-free survival, smoking status was not associated with risk of recurrence or death in multivariate analysis ($P = 0.60$). Multivariate competing risks regression showed that current smokers faced a significantly higher risk of death than never smokers (hazard ratio 3.64, 95% confidence interval 1.59-8.34).

CONCLUSIONS:

While smoking status at diagnosis and cumulative smoking exposure were not associated with UTUC recurrence, our

findings highlight the substantial risk of death in patients with UTUC who are active smokers. Treatment plans to promote smoking cessation are recommended for these patients.

Study Type - Prognosis (case series)

Level of Evidence 4

What's known on the subject? and What does the study add?

Cigarette smoking is the leading cause of urothelial carcinoma; however, the impact of smoking on outcomes after surgery for upper tract urothelial carcinoma is unknown. One study suggests that patients with a smoking history have an increased risk of recurrence in the bladder compared with never smokers but these patients did not differ with respect to time to pelvic recurrence or distant metastasis. We subdivided smokers into current and former smokers and performed multivariate analyses that showed that smoking status was not an independent predictor of recurrence when traditional prognostic factors were taken into account. In addition, competing risks analyses showed that although current smoking did not increase the risk of recurrence, it imparted a significant risk of dying compared with former and never smoking.

<http://onlinelibrary.wiley.com/doi/10.1111/j.1464-410X.2012.11260.x/abstract>

Men with cancer change their health behaviour: a prospective study from the Danish Diet, Cancer and Health Study

[Br J Cancer](#). 2012 May 29. doi: 10.1038/bjc.2012.238. [Epub ahead of print]

[Karlsen RV](#), [Bidstrup PE](#), [Christensen J](#), [Larsen SB](#), [Tjønneland A](#), [Dalton SO](#), [Johansen C](#).

Abstract

Background: Health behaviour changes may improve the quality of life and survival among cancer survivors. We prospectively examined changes in health behaviour among and between men with prostate cancer (PC), men with cancers other than PC and cancer-free men. Methods: We analysed data for 20 914 men (50-65 years), 426 with cancer, and 20 488 persons who were cancer-free between baseline (1993-1997) and follow-up (2000-2002) in multiple linear regression models to determine differences in changes in body mass index (BMI) and in alcohol and tobacco consumption. Results: Body mass index and tobacco and alcohol consumption decreased significantly ($P < 0.001$) between baseline and follow-up among both men with cancer and cancer-free men. Men with cancers other than PC significantly decreased their BMI ($\beta = -0.58$; 95% confidence interval (CI): -0.77, -0.40) and tobacco consumption ($\beta = -1.36$; 95% CI: -2.22, -0.49) compared with cancer-free men and were significantly more likely to quit smoking and lose weight. Conclusion: Men with cancers other than PC decreased their tobacco consumption and BMI significantly more than cancer-free men. Men with cancer do change their health behaviour; clinicians should take this into account in planning follow-up care for cancer survivors.

<http://www.nature.com/bjc/journal/vaop/ncurrent/full/bjc2012238a.html>

Molecular Signature of Smoking in Human Lung Tissues

[Cancer Res](#). 2012 Jun 1. [Epub ahead of print]

[Bosse Y](#), [Postma DS](#), [Sin DD](#), [Lamontagne M](#), [Couture C](#), [Gaudreault N](#), [Joubert P](#), [Wong V](#), [Elliott M](#), [van den Berge M](#), [Brandsma CA](#), [Tribouley C](#), [Malkov V](#), [Tsou JA](#), [Opitck GJ](#), [Hogg JC](#), [Sandford AJ](#), [Timens W](#), [Pare PD](#), [Laviolette M](#).

Abstract

Cigarette smoking is the leading risk factor for lung cancer. To identify genes deregulated by smoking and to distinguish gene expression changes that are reversible and persistent following smoking cessation, we performed genome-wide gene expression profiling on non-tumor lung tissue from 853 patients with lung cancer. Gene expression levels were compared between never- and current-smokers, and time-dependent changes in gene expression were studied in former-smokers. A total of 3,223 transcripts were differentially expressed between smoking groups in the discovery set ($n = 344$, $p < 1.29 \times 10^{-6}$). A substantial number of smoking-induced genes also were validated in two replication sets ($n = 285$ and 224), and a gene expression signature of 599 transcripts consistently segregated never- from current-smokers across all three sets. The expression of the majority of these genes reverted to never-smoker levels following smoking cessation

although the time course of normalization differed widely among transcripts. Moreover, some genes showed very slow or no reversibility in expression, including SERPIND1, which was found to be the most consistent gene permanently altered by smoking in the three sets. Our findings therefore indicate that smoking deregulates many genes, many of which reverse to normal following smoking cessation. However, a subset of genes remains altered even decades following smoking cessation and may account, at least in part, for the residual risk of lung cancer among former-smokers.

<http://cancerres.aacrjournals.org/content/early/2012/06/01/0008-5472.CAN-12-1160.abstract>

Influence of smoking on the pharmacokinetics and toxicity profiles of taxane therapy

[Clin Cancer Res.](#) 2012 May 29. [Epub ahead of print]

[de Graan AJ](#), [Loos WJ](#), [Friberg LE](#), [Baker SD](#), [van der Bol JM](#), [van Doorn L](#), [Wiemer EA](#), [van der Holt B](#), [Verweij J](#), [Mathijssen RH](#).

Abstract

PURPOSE:

Cigarette smoke is known to interact with the metabolism of several anti-cancer drugs. It may also affect the incidence and severity of adverse events and efficacy of chemotherapy. The main objective of this study was to examine the effects of smoking on the pharmacokinetics and toxicities of patients treated with docetaxel or paclitaxel.

EXPERIMENTAL DESIGN:

Smoking status, toxicity profiles, and pharmacokinetic parameters (calculated by non-linear mixed effect modeling population analysis) were determined in 566 patients (429 non-smokers and 137 smokers) treated with docetaxel or paclitaxel.

RESULTS:

Smokers treated with docetaxel showed less grade 4 neutropenia (35% versus 52%; $P = 0.01$) than non-smokers. Smokers treated with paclitaxel had less grade 3-4 leukopenia than non-smokers (12% versus 25%; $P = 0.03$) and the WBC nadir was lower in non-smokers (median $2.7 \times 10^9/L$; range 0.05 -11.6 $\times 10^9/L$) than in smokers (median $3.3 \times 10^9/L$; range 0.8 -10.2 $\times 10^9/L$; $P = 0.02$). Of interest, significantly lower white blood cell counts and absolute neutrophil counts at baseline were seen in non-smoking patients treated with paclitaxel ($P = 0.0001$). Pharmacokinetic parameters were similar in smokers and non-smokers for both taxanes.

CONCLUSIONS:

Cigarette smoking does not alter the pharmacokinetic determinants of docetaxel and paclitaxel. Smokers treated with docetaxel and paclitaxel have less neutropenia and leucopenia, but further research is warranted to elucidate this potential protective effect.

<http://clincancerres.aacrjournals.org/content/early/2012/05/26/1078-0432.CCR-12-0728.abstract>

Smoking cessation is followed by a sharp but transient rise in the incidence of overt autoimmune hypothyroidism - A population-based case-control study

[Clin Endocrinol \(Oxf\).](#) 2012 Jun 1. doi: 10.1111/j.1365-2265.2012.04455.x. [Epub ahead of print]

[Carlé A](#), [Pedersen IB](#), [Knudsen N](#), [Perrild H](#), [Ovesen L](#), [Rasmussen LB](#), [Jørgensen T](#), [Laurberg P](#).

Abstract

BACKGROUND:

Current smoking is associated with a low prevalence of thyroid auto-antibodies. On the other hand, smoking withdrawal

enhances thyroid autoantibody level and may be a risk factor for development of hypothyroidism. Aim of the study was to assess the association between smoking habits (smoking cessation in particular) and development of autoimmune hypothyroidism.

DESIGN:

Populations-based case-control study.

PARTICIPANTS:

Cases (n=140) newly diagnosed with primary autoimmune overt hypothyroidism were identified prospectively by population monitoring (2,027,208 person-years of observation) of all thyroid function tests performed in the two well-defined geographical areas. Individually age-, sex-, and region-matched euthyroid controls (n=560) were simultaneously included from the same population.

MEASUREMENTS:

Participants gave details on smoking habits including smoking withdrawal and other lifestyle factors. Smoking habits were verified by measuring urinary cotinine (a nicotine metabolite).

RESULTS:

Incident hypothyroidism was very common in people who had recently stopped smoking: OR vs. never smokers (95%-CI); quit smoking < 1 years: 7.36 (2.27-23.9); 1-2 years: 6.34 (2.59-15.3); 3-10 years: 0.75 (0.30-1.87); >10 years: 0.76 (0.38-1.51). Results were consistent in both sexes and irrespective of age. Within two years after smoking cessation, the percentage of hypothyroid cases attributable to cessation of smoking was 85%. Current smoking was not associated with altered risk for developing overt hypothyroidism (OR: 0.92 (0.57-1.48)).

CONCLUSIONS:

The risk of having overt autoimmune hypothyroidism diagnosed is more than 6 fold increased the first 2 years after cessation of smoking. Clearly smoking cessation is vital to prevent death and severe disease. However, awareness of hypothyroidism should be high in people who have recently quit smoking, and virtually any complaint should lead to thyroid function testing.

<http://onlinelibrary.wiley.com/doi/10.1111/j.1365-2265.2012.04455.x/abstract>

Ecological momentary assessment in alcohol, tobacco, cannabis and opiate dependence: A comparison of feasibility and validity

[Drug Alcohol Depend.](#) 2012 May 28. [Epub ahead of print]

[Serre F](#), [Fatseas M](#), [Debrabant R](#), [Alexandre JM](#), [Auriacombe M](#), [Swendsen J](#).

Abstract**BACKGROUND:**

Despite growing use of computerized ambulatory monitoring in substance dependence research, little is known about the comparative feasibility and validity of these novel methods by substance type. This study compares the feasibility and validity of computerized ambulatory monitoring in outpatients seeking treatment for alcohol, tobacco, cannabis or opiate dependence.

METHODS:

A total of 109 participants were recruited from an outpatient treatment center and completed standard clinical instruments followed by 2 weeks of computerized ambulatory monitoring of daily life experiences and substance use.

RESULTS:

Individuals with cannabis dependence had the lowest rates of study acceptance (31%) as well as compliance with the repeated electronic interviews (79.9%), while those with tobacco dependence had the highest rates (62% and 91.0%, respectively). Concurrent validity was found between scores from standard clinical instruments and similar constructs assessed in daily life, with no difference by substance group. While no fatigue effects were detected, change in some variables was observed as a function of time in the study.

CONCLUSIONS:

Computerized ambulatory protocols are feasible and provide valid data in individuals with diverse forms of dependence, but compliance to repeated sampling methodology may vary by substance type.

<http://www.sciencedirect.com/science/article/pii/S0376871612001536>

Prevalence of smoking and other health risk factors in people attending residential substance abuse treatment

[Drug Alcohol Rev.](#) 2012 May 30. doi: 10.1111/j.1465-3362.2012.00465.x. [Epub ahead of print]

[Kelly PJ](#), [Baker AL](#), [Deane FP](#), [Kay-Lambkin FJ](#), [Bonevski B](#), [Tregarthen J](#).

Abstract

Introduction and Aims. People attending substance abuse treatment have an elevated risk of developing cardiovascular disease (CVD) and cancer. Consequently, there have been increasing calls for substance abuse treatment services to address smoking. The current study examined smoking behaviours of people attending residential substance abuse treatment. Additionally, the study examined rates of other potentially modifiable health risk factors for the development of CVD and cancer. **Design and Methods.** A cross-sectional survey was completed by participants attending Australian Salvation Army residential substance abuse treatment services ($n = 228$). Rates of smoking, exercise, dietary fat intake, body mass index and depression were identified and compared with representative community populations. The relationship between length of treatment and changes in these variables was also examined. **Results.** When compared with the Australian population, participants were much more likely to be current smokers. They also showed higher rates of dietary fat intake, and having had a previous diagnosis of a depressive disorder. Encouragingly, participants were more likely to be engaging in regular exercise. Over a third of all smokers reported having increased their smoking since attending the residential program, with correlational analysis suggesting that nicotine dependence was increasing the longer participants were in treatment. **Discussion and Conclusions.** People attending substance abuse treatment show extremely high rates of smoking (77%). With the large majority of participants showing multiple risk factors for CVD, it is important that residential services consider strategies to address smoking and the other potentially modifiable health risk factors in an integrated fashion.

<http://onlinelibrary.wiley.com/doi/10.1111/j.1465-3362.2012.00465.x/abstract>

Why do smokers quit?

[Eur J Cancer Prev.](#) 2012 May 24. [Epub ahead of print]

[Gallus S](#), [Muttarak R](#), [Franchi M](#), [Pacifci R](#), [Colombo P](#), [Boffetta P](#), [Leon ME](#), [La Vecchia C](#).

Abstract

Scarce information is available, particularly from Europe, on why smokers quit. We analyzed this issue in a large dataset of Italian ex-smokers. Six population-based surveys on smoking were annually conducted in 2005-2010 on a representative sample of the Italian adult population, which included more than 3000 participants each year. A specific question on the main reason for quitting smoking was answered by a total of 3075 ex-smokers (1936 men and 1139 women). Overall, 43.2% of ex-smokers mentioned a current health condition as the main reason to stop smoking, 31.9% stopped to avoid future health problems, 6.3% stopped because of pregnancy or child birth, 4.0% because of imposition by the partner/family, 3.7% because of a physician's recommendation, 3.0% because of the economic cost, 0.5% because of smoking bans, and 4.6% because of other reasons. Statistically significant differences in the motivation to quit smoking have been found according to sex, age, social class, and smoking history. The majority of ex-smokers quit because of tobacco-related health conditions. Only a minority of ex-smokers quit to avoid future illness. Physicians

should be encouraged to assist smokers to quit. The current prices of cigarettes in Italy are not sufficiently high to discourage people from continuing smoking.

<http://journals.lww.com/eurjancerprev/pages/articleviewer.aspx?year=9000&issue=00000&article=99737&type=abstract>

Smoking and its effect on scar healing

[Eur J Plast Surg.](#) 2012 Jun;35(6):421-424. Epub 2012 Jan 3.

[Deliaert AE](#), [Van den Kerckhove E](#), [Tuinder S](#), [Noordzij SM](#), [Dormaar TS](#), [van der Hulst RR](#).

Abstract

Scar formation is influenced by several factors such as wound infection, tension, wound depth and anatomical localization. Hypertrophic scarring is often the result of an imbalance in the wound and scar healing process. The exact underlying pathophysiological mechanism remains unclear. Smoking has a higher risk of postoperative complications probably due to a diminished macrophage induction. Following our clinical impression that smokers without postoperative wound infections show esthetically better scars, we evaluated the scars after a reduction mammoplasty in smoking and nonsmoking patients in a prospective clinical trial. Between July 2006 and September 2007, 13 smokers and 30 non smokers with a reduction mammoplasty were included. They were recruited from Viecuri Medical Centre and Atrium Medical Centre in the Netherlands after written consent. Surgical data and data of the patients' condition were collected. Follow-up for erythema values of the scars was done with a colorimeter (The Minolta CR-300, Minolta Camera Co., Ltd., Osaka Japan) at 1, 3, 6 and 9 months postoperatively on four standardized postsurgical sites. ANOVA and Chi-square test were used for statistical analysis. In the smoking group, the scars were significantly less red compared to the nonsmoking group. No significant differences were found in BMI, resection weight and drain production between both groups. Although smoking is certainly not recommended as a preventive therapy to influence scar healing, this study confirms our assumption that smokers tend to have faster and less erythemateous scar healing to nonsmokers. Further research is needed to understand the mechanism of the effect of smoking on scars.

<http://www.springerlink.com/content/6h47gu5p65675066/>

<http://www.springerlink.com/content/6h47gu5p65675066/fulltext.pdf>

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

Lifecourse SEP and tobacco and cannabis use

[Eur J Public Health.](#) 2012 May 29. [Epub ahead of print]

[Bowes L](#), [Chollet A](#), [Fombonne E](#), [Galéra C](#), [Melchior M](#).

Abstract

BACKGROUND:

Social inequalities in substance use have been well-documented; however, the impact of changes in socio-economic position from childhood to adulthood is unclear. We examined the relationship between intergenerational trajectories of social position and tobacco and cannabis use among young adults.

METHODS:

Data come from 1103 participants (mean age: 28.9 years) of the Trajectoires Epidémiologiques en Population (TEMPO) study and their parents, participants of the GAZEL study, France. Multinomial regression analyses were used to examine associations between lifecourse socio-economic position (SEP) assessed using the parent's reports of family income (1989 and 2002) and the participant's educational attainment, occupational grade and job stability in 2009, with self-reported tobacco and cannabis use in 2009.

RESULTS:

Compared with participants with stable intermediate/high SEP, those with stable low SEP and those with declining SEP

were more likely to use tobacco (age- and sex-adjusted ORs = 2.03 and 2.26). Participants who experienced declining SEP were also disproportionately likely to use and abuse cannabis (adjusted ORs = 2.22 and 2.73). Associations remained significant after adjusting for family (parental smoking, alcohol use, ill health, unemployment, depression and divorce) and individual (early tobacco and cannabis use, academic difficulties, juvenile internalizing and externalizing problems) risk factors.

CONCLUSIONS:

Cross-sectional studies indicate social inequalities in substance use. Our longitudinal findings suggest that individuals who experienced declining SEP from childhood to adulthood may be twice as likely to use tobacco and cannabis compared with individuals with a stable/high trajectory. Interventions targeting substance abuse should take into account lifecourse determinants including the interplay between individuals' socio-economic origins and later attainment.

<http://eurpub.oxfordjournals.org/content/early/2012/05/29/eurpub.cks065.long>
<http://eurpub.oxfordjournals.org/content/early/2012/05/29/eurpub.cks065.full.pdf+html>

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

The role of home smoking bans in limiting exposure to secondhand tobacco smoke in Hungary

Health Educ Res. 2012 May 30. [Epub ahead of print]

[Paulik E](#), [Maróti-Nagy A](#), [Nagymajtényi L](#), [Rogers T](#), [Easterling D](#).

Abstract

Our objective was to assess how exposure to secondhand tobacco smoke occurs in Hungarian homes, particularly among non-smokers, and to examine the effectiveness of home smoking bans in eliminating exposure to secondhand smoke at home. In 2009, 2286 non-smokers and smokers aged 16-70 years, who were selected randomly from a nationally representative sample of 48 Hungarian settlements, completed paper-and-pencil self-administered questionnaires addressing tobacco-related attitudes, opinions and behaviors. Chi-square tests, one-way analysis of variance and multivariate logistic regression models were used to assess the effect of demographics, socio-economic characteristics and home smoking policies on the risk of exposure to secondhand tobacco smoke at home. Significantly higher risk of exposure was found among younger, lower educated and poorer people and among those having no or partial home smoking restrictions. There was a significant interaction between education level and home smoking policies: the effect of a smoking ban on exposure to secondhand tobacco smoke was stronger for the lower educated group than the higher educated group. The results suggest that Hungarians are making good progress in implementing home smoking bans, and that in the majority of population these bans are working. More can be done to promote the uptake of home smoking bans among poorer and less educated subpopulations.

<http://her.oxfordjournals.org/content/early/2012/05/30/her.cys057.abstract>

Modifiable and non-modifiable risk factors for poor semen quality: a case-referent study

Hum. Reprod. first published online June 12, 2012

A.C. Povey, J.-A. Clyma, R. McNamee, H.D. Moore, H. Baillie, A.A. Pacey, and N.M. Cherry

Abstract

STUDY QUESTION Are common lifestyle factors associated with low-motile sperm concentration (MSC)?

SUMMARY ANSWER Common lifestyle choices make little contribution to the risk of low MSC.

WHAT IS KNOWN AND WHAT THIS PAPER ADDS Reviews of male subfertility often highlight how aspects of men's adult lifestyle can significantly increase their risk of subfertility but the strength of supporting evidence is weak. In this study, although low MSC was associated with a history of testicular surgery, being in manual work, not wearing loose underwear and black ethnicity, no relation was found to consumption of alcohol, use of tobacco or recreational drugs or high body mass index (BMI). These results suggest that delaying assisted conception to make changes to lifestyle is unlikely to enhance conception.

DESIGN Unmatched case-referent study with 780 cases and 1469 referents. Cases had a low-MSC relative to the time since last ejaculation ($<12 \times 10^6$ for 3 days of abstinence). Exposures included self-reported exposures to alcohol, tobacco, recreational drugs as well as occupational and other factors.

PARTICIPANTS AND SETTING Eligible men, aged 18 or above, were part of a couple who had been attempting conception without success following at least 12 months of unprotected intercourse and also had no knowledge of any semen analysis. They were recruited from 14 fertility clinics across the UK during a 37-month period from 1 January 1999.

MAIN RESULTS AND THE ROLE OF CHANCE Risk factors for low MSC, after adjustment for centre and confounding factors, included a history of testicular surgery [odds ratio = 2.39, 95% confidence interval (CI): 1.75, 3.28], being in manual work [odds ratio (OR) = 1.28, 95% CI: 1.07, 1.53] or not working (OR = 1.78, 95% CI: 1.22, 2.59) and having black ethnicity (OR = 1.99, 95% CI: 1.10, 3.63). Conversely, men who wore boxer shorts (OR = 0.76, 95% CI: 0.64, 0.92) or who had a previous conception (OR = 0.71, 95% CI: 0.60, 0.85) were less likely to be a case. No significant association was found with smoking and alcohol consumption, the use of recreational drugs, a high BMI or having a history of mumps or fever.

BIAS, CONFOUNDING AND OTHER REASONS FOR CAUTION Data were collected blind to outcome, and exposure information should not have been subject to reporting bias. Among men attending the various clinics less than half met the study eligibility criteria and among those who did, two out of five were not recruited. It is not known whether any of those who refused to take part did so because they had a lifestyle they did not want subjected to investigation. Although the power of the study was sufficient to draw conclusions about common lifestyle choices, it cannot comment on exposures that are perhaps rare and poorly reported: the finding that use of street drugs was unrelated to low MSC cannot be assumed to apply to all such drugs and all patterns of use. The case definition did not consider sperm morphology or sperm DNA integrity.

GENERALIZABILITY TO OTHER POPULATIONS All participating clinics saw patients at no cost (under the UK National Health Service) and the study population may differ from those in countries without such provision. Even within the UK, low-income couples may choose not to undertake any investigation believing that they would subsequently be unable to afford treatment.

<http://humrep.oxfordjournals.org/content/early/2012/06/12/humrep.des183.abstract>

Related coverage & PR:

Smoking and Drinking May Not Harm Male Fertility - Time

<http://healthland.time.com/2012/06/14/smoking-and-drinking-may-not-affect-male-fertility-much/>

Smoking, drinking, obesity may not effect (sic) sperm count - CBS News

http://www.cbsnews.com/8301-504763_162-57452722-10391704/smoking-drinking-obesity-may-not-effect-sperm-count/

Unhealthy lifestyles have little impact on sperm quality

http://www.eurekalert.org/pub_releases/2012-06/uom-ulh061112.php

The musculoskeletal effects of perioperative smoking

[**J Am Acad Orthop Surg.** 2012 Jun;20\(6\):359-63.](#)

[Argintar E,](#) [Triantafillou K,](#) [Delahay J,](#) [Wiesel B.](#)

Abstract

Although the carcinogenic consequences of smoking are well known, further research is needed on the effects of smoking on musculoskeletal health and surgical outcomes. Orthopaedic perioperative complications of smoking include impaired healing, increased infection, delayed and/or impaired fracture union and arthrodesis, and inferior arthroplasty outcomes. The incorporation of smoking cessation protocols such as transdermal patches, chewing gum, lozenges, inhalers, sprays, bupropion, and varenicline in the perioperative period may result in substantial benefits for patients' musculoskeletal and general health.

<http://www.jaaos.org/content/20/6/359.abstract>

The effect of training on the use of tobacco-use cessation guidelines in dental settings

[**J Am Dent Assoc.** 2012 Jun;143\(6\):602-13.](#)

[Walsh MM](#), [Belek M](#), [Prakash P](#), [Grimes B](#), [Heckman B](#), [Kaufman N](#), [Meckstroth R](#), [Kavanagh C](#), [Murray J](#), [Weintraub JA](#), [Silverstein S](#), [Gansky SA](#).

Abstract

BACKGROUND:

An increase in the number of dentists conducting tobacco-use cessation treatment is needed. The authors assessed the effects of high-intensity training (HIT) or low-intensity training (LIT) and reimbursement on general dentists' tobacco-use-related attitudes and treatment behaviors.

METHODS:

The authors randomly selected 265 dentists in three states and assigned them to one of five groups: HIT workshop groups with and without tobacco-use cessation counseling reimbursement, LIT mailed self-study groups with and without reimbursement or a control group. Outcomes at follow-up were dentists' self-reported tobacco-use-related attitudes and behaviors and patients' reports of dentists' behaviors.

RESULTS:

Significantly more dentists in the intervention groups reported having positive attitudes and behaviors at follow-up than did dentists in the control group. Dentists in the HIT groups, however, reported assessing patients' willingness to quit and assisting them with the quitting process significantly more often than did dentists in the LIT groups. Significantly more patients of dentists in the intervention groups who used tobacco reported receiving advice and assistance from their dentists than did patients of dentists in the control group. Adding reimbursement to HIT or LIT conditions did not provide additional intervention effect.

CONCLUSION:

Dentists trained by means of a workshop or self-study program used components of a recommended guideline more frequently and felt more positive toward tobacco-use cessation counseling than did dentists in the control group.

CLINICAL IMPLICATIONS:

Although the workshop training was more successful than the self-study training, the latter's reach among dentists could have a more significant public health impact. The effect of reimbursement needs further study.

<http://jada.ada.org/content/143/6/602.long>

Adiponectin and Smoking Status: A Systematic Review

[J Atheroscler Thromb](#). 2012 May 17. [Epub ahead of print]

[Kotani K](#), [Hazama A](#), [Hagimoto A](#), [Saika K](#), [Shigeta M](#), [Katanoda K](#), [Nakamura M](#).

Abstract

Aim: Smoking and adiponectin are individually associated with cardiometabolic pathologies. The present systematic review was carried out in order to summarize the association between the smoking status and circulating adiponectin levels. **Methods:** Original articles, restricted to epidemiological studies (by a cross-sectional, case-control and cohort study design) and intervention studies for adult humans, were screened for the years 1995-2010. All of the research group members then selected the eligible literature and assessed the articles in a structured systematic review manner. **Results:** There were 11 key studies, which included 9 articles with a cross-sectional design and 2 articles with an intervention design. Most cross-sectional studies reported lower levels of adiponectin in current smokers than in non/never smokers and/or ex-smokers, while 2 studies reported a non-significant difference in adiponectin between male smokers and non-smokers. The two intervention studies, conducted in patients on 9-week bupropion treatment and 6-month non-pharmacological treatment, reported that smoking cessation increased the adiponectin levels. **Conclusion:** This review suggests that there is a decreased adiponectin level in current smokers and this reduction can be reversed by quitting smoking. More studies are required to confirm the findings and elucidate the biological mechanisms underlying the association between the smoking status and adiponectin levels.

https://www.jstage.jst.go.jp/article/jat/advpub/0/advpub_11833/article
https://www.jstage.jst.go.jp/article/jat/advpub/0/advpub_11833/pdf

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

Smoking is associated with impaired bone mass development in young adult men: A five year longitudinal study

J Bone Miner Res. 2012 May 31. doi: 10.1002/jbmr.1674. [Epub ahead of print]

[Rudäng R](#), [Darelid A](#), [Nilsson M](#), [Nilsson S](#), [Mellström D](#), [Ohlsson C](#), [Lorentzon M](#).

Abstract

It has previously been shown that smoking is associated with reduced bone mass and increased fracture risk but no longitudinal studies have been published investigating altered smoking behavior at the time of bone mass acquisition. The aim of this study was to investigate the development of bone density and geometry according to alterations in smoking behavior in a five-year longitudinal, population-based study of 833 young men, 18-20 yrs (baseline). Furthermore, we aimed to examine the cross-sectional, associations between current smoking and parameters of trabecular microarchitecture of the radius and tibia, using High-Resolution peripheral Quantitative Computed Tomography(HR-pQCT), in young men at the age of 23-25 years (five-year follow-up). Men who had started to smoke since baseline had considerably smaller increases in areal bone mineral density(aBMD) at the total body (0.020 ± 0.047 mg/cm²) (mean \pm SD) vs. 0.043 ± 0.040 mg/cm² , $p < 0.01$) and lumbar spine (0.027 ± 0.062 mg/cm²) vs. 0.052 ± 0.065 mg/cm² , $p = 0.04$), and substantially greater decreases in aBMD at the total hip (-0.055 ± 0.058 mg/cm²) vs. -0.021 ± 0.062 mg/cm² , $p < 0.01$) and femoral neck (-0.077 ± 0.059 mg/cm²) vs. -0.042 ± 0.070 mg/cm² , $p < 0.01$) than men who were non-smokers at both the baseline and follow-up visits. At the tibia, subjects who had started to smoke had a smaller increment of the cortical CSA than non-smokers (8.1 ± 4.3 mm²) vs. 11.5 ± 8.9 mm² , $p = 0.03$), and a larger decrement of trabecular vBMD than non-smokers (-13.9 ± 20.5 mg/mm³) vs. -4.1 ± 13.9 mg/mm³ , $p < 0.001$). In the cross-sectional analysis at follow-up (23-25 yrs), smokers had significantly lower trabecular vBMD at the tibia (7.0%, $p < 0.01$) due to reduced trabecular thickness (8.9%, $p < 0.001$), as assessed using HR-pQCT, than non-smokers. In conclusion, this study is the first to report that men who start to smoke in young adulthood have poorer development of their aBMD at clinically important sites such as the spine and hip than non-smokers, possibly due to augmented loss of trabecular density and impaired growth of cortical cross-sectional area.

<http://onlinelibrary.wiley.com/doi/10.1002/jbmr.1674/abstract>

Tobacco Assessment in Actively Accruing National Cancer Institute Cooperative Group Program Clinical Trials

JCO

Published online before print **June 11, 2012**, doi: 10.1200/JCO.2011.40.8815

[Erica N. Peters](#), [Essie Torres](#), [Benjamin A. Toll](#), [K. Michael Cummings](#), [Ellen R. Gritz](#), [Andrew Hyland](#), [Roy S. Herbst](#), [James R. Marshall](#) and [Graham W. Warren](#)

Abstract

Purpose Substantial evidence suggests that tobacco use has adverse effects on cancer treatment outcomes; however, routine assessment of tobacco use has not been fully incorporated into standard clinical oncology practice. The purpose of this study was to evaluate tobacco use assessment in patients enrolled onto actively accruing cancer clinical trials.

Methods Protocols and forms for 155 actively accruing trials in the National Cancer Institute's (NCI's) Clinical Trials Cooperative Group Program were evaluated for tobacco use assessment at enrollment and follow-up by using a structured coding instrument.

Results Of the 155 clinical trials reviewed, 45 (29%) assessed any form of tobacco use at enrollment, but only 34 (21.9%) assessed current cigarette use. Only seven trials (4.5%) assessed any form of tobacco use during follow-up. Secondhand smoke exposure was captured in 2.6% of trials at enrollment and 0.6% during follow-up. None of the trials assessed nicotine dependence or interest in quitting at any point during enrollment or treatment. Tobacco status assessment was higher in lung/head and neck trials as well as phase III trials, but there was no difference according to year of starting

accrual or cooperative group.

Conclusion Most actively accruing cooperative group clinical trials do not assess tobacco use, and there is no observable trend in improvement over the past 8 years. Failure to incorporate standardized tobacco assessments into NCI-funded Cooperative Group Clinical Trials will limit the ability to provide evidence-based cessation support and will limit the ability to accurately understand the precise effect of tobacco use on cancer treatment outcomes.

<http://jco.ascopubs.org/content/early/2012/06/11/JCO.2011.40.8815>

Related coverage:

Smoking history not assessed in cancer trials, study finds

<http://medicalxpress.com/news/2012-06-history-cancer-trials.html>

Cigarette design features in low-, middle-, and high-income countries

J Environ Public Health. 2012;2012:269576. Epub 2012 May 8.

[Caruso RV](#), [O'Connor RJ](#).

Abstract

Previous studies have shown that country income grouping is correlated with cigarette engineering. Cigarettes (N = 111 brands) were purchased during 2008-2010 from 11 low-, middle-, and high-income countries to assess physical dimensions and an array of cigarette design features. Mean ventilation varied significantly across low- (7.5%), middle- (15.3%), and high-income (26.2%) countries ($P \leq 0.001$). Differences across income groups were also seen in cigarette length ($P = 0.001$), length of the tipping paper ($P = 0.01$), filter weight ($P = 0.017$), number of vent rows ($P = 0.003$), per-cigarette tobacco weight ($P = 0.04$), and paper porosity ($P = 0.008$). Stepwise linear regression showed ventilation and tobacco length as major predictors of ISO tar yields in low-income countries ($P = 0.909, 0.047$), while tipping paper ($P < 0.001$), filter length ($P < 0.001$), number of vent rows ($P = 0.014$), and per-cigarette weight ($P = 0.015$) were predictors of tar yields in middle-income countries. Ventilation ($P < 0.001$), number of vent rows ($P = 0.009$), per-cigarette weight ($P < 0.001$), and filter diameter ($P = 0.004$) predicted tar yields in high-income countries. Health officials must be cognizant of cigarette design issues to provide effective regulation of tobacco products.

<http://www.hindawi.com/journals/jeph/2012/269576/>

Also:

The 2009 US Federal Cigarette Tax Increase and Quitline Utilization in 16 States

<http://www.hindawi.com/journals/jeph/2012/314740/>

The impact of state preemption of local smoking restrictions on public health protections and changes in social norms

<http://www.hindawi.com/journals/jeph/2012/632629/>

Adult Current Smoking: Differences in Definitions and Prevalence Estimates-NHIS and NSDUH, 2008

<http://www.hindawi.com/journals/jeph/2012/918368/>

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

Community and Individual Factors Associated with Cigarette Smoking Among Young Men Who Have Sex With Men

J Res Adolesc. 2012 Jun 1;22(2):199-205. Epub 2012 Jan 23.

[Holloway IW](#), [Traube DE](#), [Rice E](#), [Schrager SM](#), [Palinkas LA](#), [Richardson J](#), [Kipke MD](#).

Abstract

Young men who have sex with men (YMSM) have higher rates of cigarette smoking than their heterosexual counterparts,

yet few studies have examined factors associated with cigarette smoking among YMSM. The present study sought to understand how different types of gay community connection (i.e., gay community identification and involvement, gay bar/club attendance) were associated with smoking among YMSM recruited through venue-based sampling in Los Angeles, California (N = 526). Structural equation modeling was used to isolate direct and indirect effects of gay community connection on smoking through cognitive and psychological mediators (i.e., psychological distress, health values, internalized homophobia). Findings indicate YMSM cigarette smoking prevention and intervention must be tailored to address the direct and indirect influences of the gay community.

<http://www.ingentaconnect.com/content/bpl/jora/2012/00000022/00000002/art00001>
<http://onlinelibrary.wiley.com/my/doi/10.1111/j.1532-7795.2011.00774.x/abstract>

Smoking and caesarean deliveries: major negative predictors for breastfeeding in the mother-child cohort in Crete, Greece (Rhea study)

***Matern Child Nutr.* 2012 May 29. doi: 10.1111/j.1740-8709.2012.00420.x. [Epub ahead of print]**

[Vassilaki M](#), [Chatzi L](#), [Bagkeris E](#), [Papadopoulou E](#), [Karachaliou M](#), [Koutis A](#), [Philalithis A](#), [Kogevinas M](#).

Abstract

Although benefits of breastfeeding have been widely promoted and accepted, exclusive breastfeeding for the first 6 months of life is far from the norm in many countries. In a prospective mother-child cohort study in Crete, Greece ('Rhea' study), we assessed the frequency of breastfeeding and its socio-demographic predictors. Information on breastfeeding was available for a period of 18 months post-partum for a cohort of 1181 mothers and their 1208 infants. The frequency of exclusive and predominant breastfeeding in the first month post-partum was 17.8% and 3.4%, respectively, with almost three-quarters of women (73.6%) ceasing any breastfeeding after 4 months post-partum. Women were less likely to initiate breastfeeding if they had a caesarean delivery (CD), whereas they were more likely to initiate breastfeeding if they had a higher education or gave birth to a private clinic. Among women breastfeeding, those who had a CD, were ex-smokers or smokers during pregnancy had a statistically significant shorter duration of breastfeeding, whereas higher education and being on leave from work were associated with a longer duration of breastfeeding. Study findings suggest suboptimal levels of exclusive and any breastfeeding and difficulty maintaining longer breastfeeding duration. CD and smoking are common in Greece and are strong negative predictors for breastfeeding initiation and/or duration, necessitating targeting women at risk early in the prenatal period so as to have a meaningful increase of breastfeeding practices in future cohorts of mothers.

<http://onlinelibrary.wiley.com/doi/10.1111/j.1740-8709.2012.00420.x/abstract>

Tobacco Use Screening and Counseling During Physician Office Visits Among Adults — National Ambulatory Medical Care Survey and National Health Interview Survey, United States, 2005–2009

Morbidity and Mortality Weekly Report (MMWR) Supplements

Use of Selected Clinical Preventive Services Among Adults — United States, 2007–2010
June 15, 2012 / 61(02);38-45

Ahmed Jamal, Shanta R. Dube, Ann M. Malarcher, Lauren Shaw, Martha C. Engstrom

Introduction

Tobacco use continues to be the leading cause of preventable disease and death in the United States; cigarette smoking accounts for approximately 443,000 premature deaths annually (1). In 2009, the prevalence of smoking among U.S. adults was 20.6% (46 million smokers), with no significant change since 2005 (20.9%) (2). In 2010, approximately 69% of smokers in the United States reported that they wanted to quit smoking (3). Approximately 44% reported that they tried to quit in the past year for ≥1 day; however, only 4%–7% were successful each year (4). Tobacco dependence has many features of a chronic disease: most patients do not achieve abstinence after their first attempt to quit, they have periods of relapse, and they often require repeated cessation interventions (4). At least 70% of smokers visit a physician each year, and other smokers visit other health-care professionals, providing key opportunities for intervention (4). The 2008 update to the U.S. Public Health Service (PHS) *Clinical Practice Guideline: Treating Tobacco Use and Dependence* recommends that clinicians and health-care delivery systems consistently identify and document tobacco use status and treat every tobacco user seen in a health-care setting using the 5 A's model: 1) ask about tobacco use, 2) advise tobacco users to quit, 3) assess willingness to make a quit attempt, 4) assist in quit attempt, and 5) arrange for follow-up (4). The PHS guideline also recommends the following as effective methods for increasing successful cessation attempts: individual,

group, and telephone counseling; any of the seven first-line medications for tobacco dependence that are approved by the Food and Drug Administration (FDA); and provision of coverage for these treatments by health-care systems, insurers, and purchasers (4). However, clinicians and health-care systems often do not screen for and treat tobacco use consistently and effectively (4).

The *Healthy People 2020* objectives for health systems changes related to tobacco cessation include increasing tobacco screening in office-based ambulatory care settings to 68.6% from a baseline of 62.4% among persons aged ≥ 18 years in 2007 (objective TU 9.1) and increasing tobacco cessation counseling in office-based ambulatory care settings to 21.1% from a baseline of 19.2% among current tobacco users aged ≥ 18 years in 2007 (objective TU 10.1) (5). An overall *Healthy People 2020* objective for adult cessation is increasing recent (i.e., within the past year) smoking cessation success by adult smokers to 8.0% among adults aged ≥ 18 years who have ever smoked 100 cigarettes, who do not smoke now, and who last smoked ≤ 1 year ago and among current smokers who initiated smoking at least 2 years ago from a baseline of 6.0% among adults aged ≥ 18 years in 2008 who ever smoked 100 cigarettes, who do not smoke now, and who last smoked ≤ 1 year ago and among current smokers who initiated smoking at least 2 years ago (objective TU 5.1) (5).

This report summarizes data from the National Ambulatory Medical Care Survey (NAMCS) and the National Health Interview Survey (NHIS) that address the three *Healthy People 2020* objectives (increase screening, increase cessation counseling, and increase overall cessation success) and tobacco medication provision by patient- and physician-related characteristics and presents trends in recent successful cessation among adult smokers by whether they visited a doctor in the past year. These results can be used by researchers and health-care providers to track and improve adherence to the PHS clinical practice guideline on tobacco use and to learn of opportunities for tobacco cessation as a covered health benefit...

Conclusion

Tobacco use screening and intervention is one of the most effective clinical preventive services, both in terms of cost and success (4,25), and is an important component of a comprehensive strategy for increasing tobacco use cessation. As part of its National Tobacco Control Program, CDC recommends that states implement policies and other effective community-based strategies that increase tobacco cessation, in addition to working with health-care systems, insurers, and purchasers of health insurance to expand coverage for tobacco cessation and implement health system changes that support these effective clinical interventions (12,21). Other effective community-based interventions for increasing cessation include increasing the unit price of tobacco products, conducting mass media campaigns combined with other community interventions, providing telephone counseling, and implementing smoke-free legislation (12,21). These interventions are critical for decreasing tobacco use among adults because most persons who try to quit typically do not use any effective services (18,26). Therefore, public health programs should implement a comprehensive tobacco cessation strategy by using policy and media interventions to promote cessation among tobacco users while simultaneously providing affordable, available, and effective services (including counseling and medication) to those who want help to quit (12,21,27).

<http://www.cdc.gov/mmwr/preview/mmwrhtml/su6102a7.htm>

<http://www.cdc.gov/mmwr/pdf/other/su6102.pdf>

Note: Open Access. Full text PDF of complete *MMWR Supplement* freely available from link immediately above.

Maternal Cigarette Smoking and the Development of Necrotizing Enterocolitis

Pediatrics published 11 June 2012, 10.1542/peds.2011-3808

Cynthia D. Downard, Stephanie N. Grant, Alexandra C. Maki, Mary C. Krupski, Paul J. Matheson, Robert W. Bendon, Mary E. Fallat, and R. Neal Garrison

Abstract

BACKGROUND: The maternal variables that affect fetal development and correlate with necrotizing enterocolitis (NEC), the most common gastrointestinal emergency in premature infants, are not well defined. We hypothesized that maternal risk factors were the primary determinant of future development of NEC.

METHODS: Patients with NEC were identified from an established NICU database and were control-matched with 2 neonates treated at the same institution. The medical records of each patient during the NICU admission as well as the prenatal and delivery record of the patient's mother were reviewed. Perinatal data, including maternal smoking, maternal hypertension, maternal BMI, maternal gestational diabetes, conduct of labor and type of delivery, Apgar scores, types of feedings, and placental pathology, were examined, with $P < .05$ deemed significant.

RESULTS: A total of 73 neonates diagnosed with NEC and 146 matched controls were identified. Medical records for

each subject and their mothers were reviewed (438 records total). Maternal cigarette smoking was significantly associated with the future development of NEC ($P = .02$). Maternal gestational diabetes, maternal hypertension, formula feeding, and pathologic chorioamnionitis or uteroplacental insufficiency did not correlate with NEC.

CONCLUSIONS: These data identified maternal cigarette smoking as the only risk factor that is associated with the development of NEC in premature infants. Our data imply that smoking delivers toxins and nicotine to the uterine microenvironment that can affect microvascular development and may predispose the fetus to future NEC.

<http://pediatrics.aappublications.org/cgi/content/abstract/peds.2011-3808v1>

Related coverage:

Mom's Smoking Tied to Dangerous Gut Illness in Premies

<http://consumer.healthday.com/Article.asp?AID=665658>

Tobacco modalities used and outcome in patients with acute coronary syndrome: an observational report

Postgrad Med J. 2012 May 31. [Epub ahead of print]

[Al Suwaidi J](#), [Al Habib K](#), [Singh R](#), [Hersi A](#), [Al Nemer K](#), [Asaad N](#), [Al Saif S](#), [Al-Motarreb A](#), [Almahmeed W](#), [Sulaiman K](#), [Amin H](#), [Al-Lawati J](#), [Al Bustani N](#), [Al-Sagheer NQ](#), [Ali WM](#).

Abstract

Aim The authors evaluated the prevalence and effect of the various tobacco use modalities among patients presenting with acute coronary syndrome (ACS) and compared them with non-tobacco and ex-tobacco users. **Methods** An analysis of the 2nd Gulf Registry of Acute Coronary Events conducted between October 2008 and June 2009 and which included 7930 consecutive patients hospitalised with ACS was made. Patients initially were divided into non-tobacco users, ex-tobacco users and current tobacco users. Subanalysis according to the tobacco modality used was subsequently made: cigarette, waterpipe or smokeless tobacco users. **Results** Overall, 2834 (36%) patients were current tobacco users, 306 (3.9%) patients were waterpipe smokers and 240 patients (3%) were oral tobacco users. When compared with non-tobacco and ex-tobacco users, overall current tobacco users were younger, more likely to be male subjects and less likely to have diabetes mellitus, hypertension and dyslipidaemia. Mortality rate ($p=0.001$) and overall cardiovascular events ($p=0.001$) were lower among current tobacco users when compared with the other two groups. After adjustment for baseline variables, tobacco use was not an independent predictor of adverse events. Subset analysis demonstrates oral tobacco users and waterpipe smokers were older and more likely to be women when compared with cigarette smokers. Among the various tobacco groups, inhospital mortality rates were significantly higher among the waterpipe smokers when compared with the other two groups. **Conclusions** Clinical characteristics and outcomes of ACS patients depend on the tobacco modality used. Further studies are required to evaluate the impact of emerging tobacco use modalities on patients with coronary artery disease.

<http://pmj.bmj.com/content/early/2012/05/30/postgradmedj-2011-130178.abstract>

Economic effect of smoke-free ordinances on 11 Missouri cities

Prev Chronic Dis. 2012 May;9:E106. Epub 2012 May 31.

[Kayani N](#), [Cowan SR](#), [Homan SG](#), [Wilson J](#), [Warren VF](#), [Yun S](#).

Abstract

INTRODUCTION:

The harmful effects of secondhand smoke are convincing more and more communities across the United States and the world to prohibit smoking in public places, especially in eating and drinking establishments. A 1993 Missouri state law allows smoking in designated areas in indoor public places such as restaurants and bars. Consequently, some Missouri communities have adopted local ordinances that prohibit smoking in all indoor workplaces, including restaurants and bars. We used an objective measure of economic activity, the taxable sales revenues of eating and drinking establishments, to empirically examine the economic effect of smoke-free ordinances.

METHODS:

We studied the economic effect of smoke-free ordinances in 11 Missouri cities using multivariate log-linear regression models with log-transformed taxable sales revenues of eating and drinking establishments as the dependent variable and the smoke-free ordinance as the independent variable, while controlling for seasonality, economic condition and unemployment. We used data from 20 quarters before the smoke-free ordinances and at least 10 quarters after the smoke-free ordinances for all cities. The null hypothesis of no effect of smoke-free ordinance on taxable sales of the eating and drinking establishments was tested.

RESULTS:

Eight of the 11 cities had increased taxable sales for eating and drinking establishments postordinance. The remaining 3 experienced no change.

CONCLUSION:

The findings of our study are consistent with findings from most published economic studies that a smoke-free ordinance does not harm a local economy.

http://www.cdc.gov/pcd/issues/2012/11_0277.htm

http://www.cdc.gov/pcd/issues/2012/pdf/11_0277.pdf

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

Altruism in time: social temporal discounting differentiates smokers from problem drinkers

[Psychopharmacology \(Berl\)](#). 2012 May 29. [Epub ahead of print]

[Bickel WK](#), [Jarmolowicz DP](#), [Mueller ET](#), [Franck CT](#), [Carrin C](#), [Gatchalian KM](#).

Abstract**RATIONALE:**

Recent studies on reinforcer valuation in social situations have informed research on mental illness. Social temporal discounting may be a way to examine effects of social context on the devaluation of delayed reinforcers. In prior research with non-drug-using groups, we demonstrated that individuals discount delayed rewards less rapidly (i.e., value the future more) for a group of which they are a member than they do for themselves alone.

OBJECTIVES:

The current study examined how cigarette smoking and level of alcohol use relate to rates of delay and social temporal discounting.

METHODS:

In this study, we used crowd-sourcing technology to contact a large number of individuals (N = 796). Some of these individuals were hazardous-to-harmful drinkers (n = 269), whereas others were non-problem drinkers (n = 523); some were smokers (n = 182), whereas others were nonsmokers (n = 614). Delay discounting questionnaires for individual rewards (me now, me later) and for group rewards (we now, we later; me now, we later) were used to measure individuals' discounting rates across various social contexts.

RESULTS:

Our analyses found that smokers discounted delayed rewards more rapidly than controls under all conditions. However, hazardous-to-harmful drinkers discounted delayed rewards significantly more rapidly than the non-problem drinkers under the individual condition, but not under the social conditions.

CONCLUSIONS:

This finding suggests that the use of different abused drugs may be associated with excessive discounting in the individual condition and has selective effects when discounting for a group in the social conditions.

<http://www.springerlink.com/content/g38664tv15351837/>

Cocaine and nicotine research illustrates a range of hypocretin mechanisms in addiction

[Vitam Horm.](#) 2012;89:291-313.

Sleep Hormones: Chapter Sixteen

[Baimel C.](#), [Borgland SL.](#), [Corrigall W.](#)

Abstract

Hypocretins (also known as orexins) are neuropeptides synthesized in the lateral hypothalamus and perifornical region and projecting widely throughout the brain. They play an important modulatory role in plasticity related to addictive behavior. Hypocretin signaling to the ventral tegmental area (VTA) promotes synaptic plasticity by potentiating glutamatergic inputs to dopamine neurons and is required for the plasticity induced by stimulant drugs like cocaine. Plasticity in the VTA leads to increased output of dopamine neurons and increased release of dopamine in projection areas, which is associated with the development of addiction-related behaviors. Antagonists of hypocretin receptors inhibit some of these behaviors, particularly those with high effort requirements, suggesting a significant role of hypocretin in the motivation to obtain drugs. Furthermore, hypocretin neurons are also targeted by drugs of abuse, such as nicotine. Projections of hypocretin neurons to regions beyond the VTA may also play a significant role in motivation and addiction. Taken together, the hypocretin system may be a prime drug target for treatment of addiction and related disorders.

<http://www.sciencedirect.com/science/article/pii/B9780123946232000160>

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