From: "Stan Shatenstein" <shatensteins@sympatico.ca>
To: Undisclosed-Recipient:;
Date: 25.6.2012 14:01:57
Subject: STAN Bulletin: 9th Edition: 25-June-2012

Smoking & Tobacco Abstracts & News
STAN Bulletin
9th Edition
25-June-2012

Editor's note: I've introduced a one-word editorial comment into the *Bloomberg News* PMI headline, given the absence of evidence that anything Philip Morris introduces in the next few years will truly be lower risk. A key point is that PMI will market NGPs [Next Generation Products] under "existing major trademarks such as Marlboro," thus meaning that even if they are arguably lower risk, they can still be used as brand-stretching ads for 'full-strength' products. There are links here and below to the remarks and slides presented by PMI COO André Calantzopoulos as well as to a critical PPT on Brand Portfolio and Commercial Approach by Frederic de Wilde, PMI Senior Vice President, Marketing & Sales, who notes the growth in the 'slim' sector, and devotes a section to a massive 'Be Marlboro' campaign in Germany. On billboards, the first syllable May is crossed out of the word Maybe, telling smokers to 'Sit or Stand, Yes or No, Left or Right, Don't Be a Maybe'. In one ad, a tough, attractive young woman with holes in her T-shirt sits in what looks like a motorcycle garage and the tagline reads 'Maybe will never be her own boss. Be Marlboro'. The presentation is a treasure trove of facts and images, and other PPTs for various global regions are available at the Investor Day Agenda link.

Stan Shatenstein

In the News:

- Australia: Soldiers & sailor turn to low-cost, duty-free cigarettes to fight off stress & boredom
  - Australia: Tobacco companies dodge ad bans using films, TV & the internet to target children
  - Canada: Winnipeg Free Press: Editorial: Gruesome cigarette pack images seem to be working
  - Canada: Toronto Star: Opinion: DiManno: Smokers' freedoms turn to ash
- Canada: Sex, Lies & Cigarettes: Historian's new book explores reasons women take up tobacco; Smoking & self
  - Israel: Yearning to breathe free: Life without the stench & filth of tobacco is coming
  - Jamaica: The Gleaner: Opinion: JCTC/FCTC: Public health & the tobacco industry: An inherent conflict
  - S. Africa: Smokers in a puff over law as health authorities propose total outdoor smoking ban
  - Thailand: Health Promotion Foundation PSA deemed heartbreaking, highly effective; Video: Smoking Kid
- UK: Daily Mail: Opinion: Plain cigarette packaging plan a charter for organised crime & a danger to children
  - US: CDC: Anti-Smoking Ads Have Increased Quit Attempts: Tips from Former Smokers Campaign
  - US: CA: Prop 29: Cigarette Tax Backers Concede Defeat; $47 Million Tobacco Pitch Buys Win
  - US: Illinois: Smokers Stock Up as $1-Per-Pack Cigarette Tax Hike Goes Into Effect
  - US/Switzerland: PMI to Introduce Putatively Lower-Risk Cigarettes by 2017; PR; Investor Day Agenda, COO Remarks, Slides; De Wilde: Brands

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In this Edition:

- BMJ Open - Covey: US: Smoking, suicidal behaviours & low mood: retrospective analysis
- CC&C - Stingone: US: Racial differences in tobacco, alcohol & SCCHN relationship
- Chest - Avdalovic: Editorial: Electronic cigarettes: no such thing as a free lunch or puff
- Circ J - Kweon: S. Korea: Cumulative Smoking Exposure, Cessation Duration & Carotid Artery Structure
- Drug Alc Depend - Van Zundert: NL: Alcohol consumption & adolescent smoking lapse & relapse
- EJPH - Pérez-Ríos: Spain: Questionnaire-based second-hand smoke assessment in adults
- Headache - Salhofer-Polanyi: Austria: PAMINA: Prospective Analysis of Factors Related to Migraine Aura
- HER - Nagler: India: Bihar: Social contextual model of health behavior change & teacher TC intervention
- Health Mark Q - Khalbous: Tunisia: Tobacco socialization &anti-tobacco ad effectiveness among children
- Heart - de Korte-de Boer: NL: Smoke-free legislation effect on incidence of sudden circulatory arrest
- Ind J Pub Health - Arora: India: Ineffective pictorial health warnings on tobacco products: Lessons learnt
- Int J Legal Med - Stove: Belgium: Fatality following a suicidal overdose with varenicline
- JAMA - Gurbel: Viewpoint: Clopidogrel Efficacy & Cigarette Smoking Status
- J Ethn Subst Abuse - Dennis: US: Tobacco, Alcohol & Other Drug Use Among Rural Reservation American Indians
- J Sch Health - Huang: Taiwan: Smoking Behavior of Remote Mountainous Area Aboriginal Schoolchildren
- J Wom Health - Kabir: Editorial: Smoking ban & pregnancy complications: new evidence
- Nat Med - Sugamura/Wang: Nicotine: linking smoking to abdominal aneurysms
- Ophthalmic Physiol Opt - El-Shazly: Egypt: Passive smoking exposure might be associated with hypermetropia
- Pat Educ Couns - George: US: Asthma, smoking & lung cancer: Beliefs, preferences & SAM in Black communities
- PLoS Med - Dorfman: CSR: How Soda & Tobacco Industry Corporate Social Responsibility Campaigns Compare
- Psychooncol - Tyc: US: Intervention to reduce SHS exposure among children with cancer: controlled trial
- Sci World J - Orsitto: Italy: Relation of SHS to mild cognitive impairment in older inpatients
- Soc Sci Med - Takeuchi: Japan: Community-level socioeconomic status & parental smoking
- Subst Use Mis - Teesson: Australia: Alcohol, tobacco & prescription drugs: Relationship with illicit drug treatment
- Swed Dent J - Johannsen: Sweden: Tobacco cessation interventions by dental hygienists
- Tob Induc Dis - Agaku: Nigeria: FCTC: Tobacco control policy recommendations: Unique opportunity

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Abstracts:

Contingent incentives reduce cigarette smoking among pregnant, methadone-maintained women: results of an initial feasibility and efficacy randomized clinical trial

Addiction
Early View (Online Version of Record published before inclusion in an issue)
Article first published online: **21 JUN 2012**

Michelle Tuten, Heather Fitzsimons, Margaret S. Chisolm, Paul A. Nuzzo and Hendree E. Jones

Abstract

Aims

This study examined the feasibility and efficacy of behavioral incentives for reducing cigarette smoking among pregnant methadone-maintained patients.

Design

Participants (*n* = 102) were assigned randomly to: (i) contingent behavioral incentives (CBI: *n* = 42); (ii) non-contingent behavioral incentives (NCBI: *n* = 28); or (iii) treatment as usual (TAU: *n* = 32).

Setting

Study procedures were implemented at the Center for Addiction and Pregnancy in Baltimore, MD.

Participants

Study participants were pregnant, methadone-maintained women enrolled in substance use disorder treatment.

Measurements

Baseline carbon monoxide (CO) levels were calculated for each participant. Subsequently, breath samples were tested three times weekly to measure changes in smoking behavior. CBI participants received incentives for target reductions from baseline: any reduction (week 1); 10% reduction (weeks 2–4), 25% reduction (weeks 5–7), 50% reduction (weeks 8–9), 75% reduction (week 10–11); and abstinence [CO < 4 parts per million (p.p.m.)] (week 12 until delivery). NCBI participants received incentives independent of smoking CO measurement results. TAU participants received no incentives, the standard treatment at the program.

Findings

CBI condition participants submitted significantly lower mean CO values than the NCBI and TAU conditions over the course of the intervention (P < 0.0001). Nearly half (48%) of the CBI participants met the 75% smoking reduction target and one-third (31%) met the abstinence target at week 12. In contrast, none of the NCBI met either the 75% or abstinence targets. Only 2% of the TAU participants met the 75% reduction and none of the TAU participants met the abstinence targets. These smoking behavior reductions did not yield significant differences in birth outcomes.

Conclusions

Cigarette smoking may be reduced significantly among pregnant, methadone-maintained women through the use of contingent reinforcement for gradual reductions in breath carbon monoxide levels.
http://onlinelibrary.wiley.com/doi/10.1111/j.1360-0443.2012.03923.x/abstract

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Letters

Loose tobacco, ethnicity, income and rurality

Aust N Z J Public Health. 2012 Jun;36(3):291-292. doi: 10.1111/j.1753-6405.2012.00873.x.

Sheerin I, Pitama S, Wells JE, Faatoese A, Richards M, Troughton R, Tikao-Mason K, Huria T, Robertson P, Gillies M, Doughty R, Whalley G, Cameron V.

In New Zealand (NZ) and other western countries,[1,2,3] tobacco taxation has lagged in addressing roll-your-own cigarettes and loose tobacco and has focused on increasing the relative cost of factory-made cigarettes, which has made roll-your-owns comparatively less costly and unintentionally created an incentive for smokers to switch to them. In NZ, roll-your-own use has increased since 1990.[4] Almost half of smokers report using roll-your-owns, and this includes approximately 61% of 15–19 year olds and 60% of Māori smokers.[4] These rates are greater than those reported in other countries.[2]

Young people may use roll-your-owns because they are cheaper than factory-made cigarettes, as smaller amounts of tobacco can be rolled in individual cigarettes, potentially to significantly less than the weight of a standard 0.7 gram manufactured cigarette.[3] By 2010, in NZ there was a 14% difference in taxation between factory-mades versus loose tobacco, making roll-your-owns comparatively cheaper.[5,6]

This study investigated roll-your-own use and implications for tobacco taxation.

Our results show that roll-your-own use is more prevalent in Māori in a rural area (Wairoa), particularly in lower income Wairoa households, compared with data from nationwide surveys.[9]

The NZ government has been lobbied to increase taxation on loose tobacco.[10] In 2010, it announced a progressive increase in taxation, which is estimated to increase the tax by 52% and the retail price of loose tobacco by 40% by 2012.[5] Our results tend to support this increase because elasticity (or price sensitivity) is greater in lower income groups and in younger people, in whom roll-your-own use is more prevalent.[6] The effectiveness of the tax increase will depend on (a) their quitting response and (b) their price elasticity of demand. However, it should be recognised that sales taxes are regressive and have a more severe impact on lower income populations. Other policies are also needed, particularly to address nicotine addiction and to support quitting.

http://onlinelibrary.wiley.com/doi/10.1111/j.1753-6405.2012.00873.x/abstract

Also:

Student Aboriginal health worker smoking: findings from a training college in Western Australia
http://onlinelibrary.wiley.com/doi/10.1111/j.1753-6405.2012.00877.x/abstract

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Relation between smoking history and gene expression profiles in lung adenocarcinomas

BMC Med Genomics. 2012 Jun 7;5(1):22. [Epub ahead of print]

Staaf J, Jönsson G, Jönsson M, Karlsson A, Isaksson S, Salomonsson A, Pettersson HM, Soller M, Ewers SB, Johansson L, Jönsson P, Planck M.

Abstract

BACKGROUND:

Lung cancer is the worldwide leading cause of death from cancer. Tobacco usage is the major pathogenic factor, but all lung cancers are not attributable to smoking. Specifically, lung cancer in never-smokers has been suggested to represent a distinct disease entity compared to lung cancer arising in smokers due to differences in etiology, natural history and response to specific treatment regimes. However, the genetic aberrations that differ between smokers and never-smokers' lung carcinomas remain to a large extent unclear.

METHODS:

Unsupervised gene expression analysis of 39 primary lung denocarcinomas was performed using Illumina HT-12 microarrays. Results from unsupervised analysis were validated in six external adenocarcinoma data sets (n=687), and six data sets comprising normal airway epithelial or normal lung tissue specimens (n=467). Supervised gene expression analysis between smokers and never-smokers were performed in seven adenocarcinoma data sets, and results validated in the six normal data sets.

RESULTS:

Initial unsupervised analysis of 39 adenocarcinomas identified two subgroups of which one harbored all never-smokers. A generated gene expression signature could subsequently identify never-smokers with 79-100% sensitivity in external adenocarcinoma data sets and with 76-88% sensitivity in the normal materials. A notable fraction of current/former smokers were grouped with never-smokers. Intriguingly, supervised analysis of never-smokers versus smokers in seven adenocarcinoma data sets generated similar results. Overlap in classification between the two approaches was high, indicating that both approaches identify a common set of samples from current/former smokers as potential never-smokers. The gene signature from unsupervised analysis included several genes implicated in lung tumorigenesis, immune-response associated pathways, genes previously associated with smoking, as well as marker genes for alveolar type II pneumocytes, while the best classifier from supervised analysis comprised genes strongly associated with proliferation, but also genes previously associated with smoking.

CONCLUSIONS:

Based on gene expression profiling, we demonstrate that never-smokers can be identified with high sensitivity in both tumor material and normal airway epithelial specimens. Our results indicate that tumors arising in never-smokers, together with a subset of tumors from smokers, represent a distinct entity of lung adenocarcinomas. Taken together, these analyses provide further insight into the transcriptional patterns occurring in lung adenocarcinoma stratified by smoking history.

http://www.biomedcentral.com/1755-8794/5/22/abstract
http://www.biomedcentral.com/content/pdf/1755-8794-5-22.pdf

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

Smoking and suicidal behaviours in a sample of US adults with low mood: a retrospective analysis of longitudinal data

BMJ Open. 2012 Jun 8;2(3). pii: e000876. doi: 10.1136/bmjopen-2012-000876. Print 2012.

Covey LS, Berlin I, Hu MC, Hakes JK.

Abstract

OBJECTIVE:

To investigate whether: (1) smoking predicts suicide-related outcomes (SROs), (2) prior SRO predicts smoking, (3) smoking abstinence affects the risk of SRO and (4) psychiatric comorbidity modifies the relationship between smoking and SRO.

DESIGN:

Retrospective analysis of longitudinal data obtained in wave 1 (2001-2002) and wave 2 (2004-2005) of the National Epidemiologic Survey on Alcohol and Related Conditions.

SETTING:

Face-to-face interviews conducted with persons in the community.

PARTICIPANTS:

US adults (N=43 093) aged 18 years or older were interviewed in wave 1 and reinterviewed (N=34 653) 3 years later. For the present study, the sample was the subset of persons (N=7352) who at the wave 2 interview reported low mood lasting 2 weeks or more during the past 3 years and were further queried regarding SRO occurring between waves 1 and 2.

OUTCOME MEASURES:

SRO composed of any of the following: (1) want to die, (2) suicidal ideation, (3) suicide attempt, reported at wave 2. Current smoking reported at wave 2.

RESULTS:

Current and former smoking in wave 1 predicted increased risk for wave 2 SRO independently of prior SRO, psychiatric history and socio-demographic characteristics measured in wave 1 (adjusted OR (AOR)=1.41, 95% CI 1.28 to 1.55 for current smoking; AOR=1.32, 95% CI 1.21 to 1.43 for former smoking). Prior SRO did not predict current smoking in wave 2. Compared with persistent never-smokers, risk for future SRO was highest among relapsers (AOR=3.42, 95% CI 2.85 to 4.11), next highest among smoking beginners at wave 2 (AOR=1.82, 95% CI 1.51 to 2.19) and lowest among long-term (4+ years) former smokers (AOR=1.22, 95% CI 1.12 to 1.34). Compared with persistent current smokers, risk for SRO was lower among long-term abstainers ($p<0.0001$) but not among shorter-term abstainers ($p=0.26$).

CONCLUSIONS:

Smoking increased the risk of future SRO independently of psychiatric comorbidity. Abstinence of several years duration reduced that risk.

http://bmjopen.bmj.com/content/2/3/e000876.long
http://bmjopen.bmj.com/content/2/3/e000876.full.pdf+html

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

Racial differences in the relationship between tobacco, alcohol, and squamous cell carcinoma of the head and neck

Cancer Causes Control. 2012 Jun 7. [Epub ahead of print]

Stingone JA, Funkhouser WK, Weissler MC, Bell ME, Olshan AF.

Abstract

PURPOSE:

Tobacco and alcohol use are well-known risk factors for squamous cell carcinoma of the head and neck (SCCHN), but there has been little examination of disparities in SCCHN and racial patterns of tobacco and alcohol use, especially for African-Americans. The Carolina Head and Neck Cancer Study, a population-based case-control study, was utilized to determine whether relationships between tobacco and alcohol use and SCCHN differed by race.

METHODS:

Using a rapid case ascertainment system, cases were recruited from 46 contiguous counties in North Carolina from 2002 to 2006. Controls, selected from motor vehicle records, were frequency-matched to cases on age, sex, and race. This analysis was based on 989 white and 351 African-American cases and 1,114 white and 264 African-American controls. Analyses were performed using unconditional logistic regression, adjusting for age, sex, race, education, and fruit and vegetable consumption.

RESULTS:

The association between SCCHN and ever tobacco use among African-Americans (odds ratio (OR), 9.68; 95 % confidence interval (CI), 4.70, 19.9) was much greater than that observed in whites (OR, 1.94; 95 % CI, 1.51, 2.50). Smaller differences were observed when examining ever alcohol use (African-Americans: OR, 3.71; CI, 1.65, 8.30, and Whites: OR, 1.31: CI 0.96, 1.78). African-Americans consistently had greater effect measure estimates when examining common levels of duration and intensity metrics of tobacco and alcohol use, both independently and jointly. No racial differences in the effects of environmental (passive) tobacco smoke were observed.

CONCLUSIONS:

These findings suggest racial differences in SCCHN are not solely explained by differences in consumption patterns, and tobacco and alcohol may have greater impact in African-Americans.

http://www.springerlink.com/content/88650q2r3j17262x/

Editorial

Electronic cigarettes: no such thing as a free lunch...Or puff

Chest. 2012 Jun;141(6):1371-2.

Avdalovic MV, Murin S.
As practitioners of pulmonary and cardiac medicine, many of us have no doubt been asked by our patients who smoke about so-called “electronic cigarettes” (e-cigarettes). These devices, termed electronic nicotine delivery systems (ENDS) by the World Health Organization, have been available in the US market since 2007. Our patients have likely heard far more about these devices through marketing, chat rooms, and word of mouth, than we as physicians have through the medical literature. Because ENDS are not currently regulated by the US Food and Drug Administration (FDA) as medical devices— recent court decisions, denied the agency the right to such oversight—manufacturers of ENDS have not been required to establish either safety or efficacy, and we have had few data with which to answer our patients’ queries about these products. Are e-cigarettes a smoking cessation tool? Are they a harmless alternative to cigarettes, as manufacturers claim?

In this issue of *CHEST* (see page 1400), Vardavas et al[1] evaluated the immediate effect of e-cigarette vapors on airway mechanics. Subjects, healthy smokers without chronic lung disease, inhaled the vapors of a commercially available e-cigarette for 5 min. A comprehensive analysis of lung function, including oscillometry and spirometry, revealed that after inhaling e-cigarette vapors, subjects had a significant increase in airway resistance. There were no significant effects on FEV_1, FVC, or FEV_1/FVC ratio. Subjects also had measurable, significant decreases in fraction of exhaled nitric oxide (Feno). Control subjects inhaling vaporless control cigarettes did not have any changes in airway resistance or Feno. This pattern of changes in airway mechanics and Feno experienced by subjects using e-cigarettes is very similar to that seen shortly after inhalation of tobacco smoke.[2] The implication is that with long-term exposure to ENDS, it is plausible that, as with cigarette smoking, there is the potential for more permanent changes in lung function. The study’s authors correctly point out that this is conjectural and that further research on the long-term effects of ENDS is needed...

The study by Vardavas and colleagues,[1] although modest in its size, scope, and conclusions, provides some much needed data on the potential harm of e-cigarettes. Clearly, more studies are needed on the long-term effects of these devices, especially in patients with chronic airways disease. In the interim, we now have enough information to state that the use of the ENDS does cause at least short-term adverse effects that are similar to those of cigarettes, and to tell our

patients that there is no such thing as a free lunch…or, in the case of ENDS, a (harm-) free puff.

http://chestjournal.chestpubs.org/content/141/6/1371.long

Referenced *Chest* study:

Short-term Pulmonary Effects of Using an Electronic Cigarette: Impact on Respiratory Flow Resistance, Impedance, and Exhaled Nitric Oxide
http://chestjournal.chestpubs.org/content/141/6/1400

Effects of Cumulative Smoking Exposure and Duration of Smoking Cessation on Carotid Artery Structure

Circ J. 2012 May 29. [Epub ahead of print]

Kweon SS, Lee YH, Shin MH, Choi JS, Rhee JA, Choi SW, Ryu SY, Kim BH, Nam HS, Jeong SK, Park KS.

Abstract

Background: While prior epidemiological studies have examined the association between cigarette smoking and carotid atherosclerosis, few studies have evaluated the association of both cumulative smoking exposure and the duration of smoking cessation with carotid artery structure. Methods and Results: The study population consisted of 2,503 community-dwelling Korean males aged 50 years and older. Common carotid artery intima-media thickness (CCA-IMT), carotid plaque, and the internal diameter of the common carotid artery (CCA-diameter) were determined by high-resolution B-mode ultrasonography. Data on the characteristics of the subjects, including smoking status, pack-years of smoking, and years since quitting smoking, were collected using a standardized questionnaire. The current smokers had significantly greater CCA-IMT and CCA-diameter and a significantly higher risk of carotid plaque than did the subjects who had never smoked (P=0.009, <0.001, and 0.036, respectively). Dose-response relationships between pack-years and CCA-IMT and CCA-diameter were found among the current smokers (P=0.001 and <0.001, respectively); however, no significant association between pack-years and the carotid artery parameters was observed among the former smokers. For the former smokers, CCA-IMT and CCA-diameter tended to decrease with increasing years since quitting smoking (P=0.009 and 0.012, respectively), whereas no significant association with carotid plaque was found. Conclusions: Cumulative smoking exposure in current smokers and the duration of smoking cessation in former smokers are significant risk factors for carotid atherosclerosis.

https://www.jstage.jst.go.jp/article/circj/advpub/0/advpub CJ-11-1353/ article
https://www.jstage.jst.go.jp/article/circj/advpub/0/advpub CJ-11-1353/ pdf

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

In the heat of the moment: Alcohol consumption and smoking lapse and relapse among adolescents who have quit smoking

Drug Alcohol Depend. 2012 Jun 7. [Epub ahead of print]

Van Zundert RM, Kuntsche E, Engels RC.

Abstract

BACKGROUND:

The present study tested the co-occurrence of alcohol use and the first lapse and relapse into smoking among daily smoking adolescents who quit smoking.

METHODS:

In this ecological momentary assessment study, participants completed web-based questionnaires three times a day during one week prior to and three weeks after a quit attempt in their own natural environments. Participants were 134 daily smoking adolescents in the aged 15-19. Hierarchical linear modeling was applied to test whether alcohol use was related to the first lapse and relapse. Lapse was defined as the first incidence of smoking after achieving 24-h abstinence,

relapse was defined as smoking at least five cigarettes on three consecutive days.

RESULTS:

The first lapse was strongly associated with alcohol use. Individual characteristics (age, sex, and baseline smoking status) did not predict the first lapse nor did they moderate the association between alcohol use and the first lapse. Progression from lapse to relapse did not seem to be associated with alcohol consumption, although this association appeared to be moderated by baseline smoking status. More specifically, alcohol use only posed a significant risk factor for relapse among those who smoked less frequently before the start of the study than others who relapsed. Intermittent smoking between the first lapse and relapse (or end of data) was strongly associated with alcohol use.

CONCLUSIONS:

Adolescent drinking during smoking cessation seems to be associated with the first lapse into smoking after quitting and subsequent intermittent smoking and should be targeted in adolescent smoking cessation interventions.

http://www.sciencedirect.com/science/article/pii/S0376871612001792

Also:

Attention deficit/hyperactivity disorder symptoms and depression symptoms as mediators in the intergenerational transmission of smoking
http://www.sciencedirect.com/science/article/pii/S0376871612001548

Questionnaire-based second-hand smoke assessment in adults

Eur J Public Health. 2012 Jun 8. [Epub ahead of print]

Pérez-Ríos M, Schiaffino A, López MJ, Nebot M, Galán I, Fu M, Martínez-Sánchez JM, Moncada A, Montes A, Ariza C, Fernández E.

Abstract

BACKGROUND:

Numerous studies have assessed second-hand smoke (SHS) exposure but a gold standard remains to be established. This study aimed to review how SHS exposure has been assessed in adults in questionnaire-based epidemiological studies.

METHODS:

A literature search of original papers in English, French, Italian or Spanish published from January 2000 to May 2011 was performed using PubMed. The variables recorded for each study included target population, sample size, validation of the SHS questions, study design and phrasing of every question used to assess SHS exposure. For each item, information such as the setting where exposure was assessed or the indicator used to ascertain SHS exposure was extracted.

RESULTS:

We retrieved 977 articles, of which 335 matched the inclusion criteria. The main objective of 75.8% of the studies was to assess SHS exposure.The proportion of validated questions aiming to ascertain SHS exposure was 17.9%. Most studies collected data only for one (40.3%) or two settings (33.4%), most frequently the home (83.9%) and workplace (57%). The most commonly used indicator to ascertain exposure was the presence of smokers and 68.9% of the studies included an item to assess the intensity of SHS exposure.

CONCLUSIONS:

The variability in the indicators and items used to ascertain SHS exposure is very high, whereas the use of items derived from validated studies remains low. Identifying the diverse settings where SHS exposure may occur is essential to accurately assess exposure over time. A standard set of items to identify SHS exposure in distinct settings is needed.

http://eurpub.oxfordjournals.org/content/early/2012/06/08/eurpub.cks069.abstract

Prospective Analysis of Factors Related to Migraine Aura - The PAMINA Study

Headache. 2012 Jun 1. doi: 10.1111/j.1526-4610.2012.02166.x. [Epub ahead of print]

Salhofer-Polanyi S, Frantal S, Brannath W, Seidel S, Wöber-Bingöl C, Wöber C; The PAMINA Study Group.

Abstract
Objectives.- The aim of this study was to examine factors increasing and decreasing the risk of occurrence of migraine aura and of headache and migraine not associated with aura (HoA, MoA) prospectively by means of a daily diary. Methods.- Of 327 patients with migraine completing a comprehensive diary up to 90 days, we selected all patients who recorded at least 1 episode of migraine aura. To find risk indicators and triggers of aura, HoA, and MoA, we analyzed 56 variables and calculated univariate and multivariate generalized linear mixed models. Results.- Fifty-four patients recorded a total of 4562 patient days including 354 days with migraine aura. In the multivariate analysis, the risk of aura was statistically significantly increased by smoking, menstruation, and hunger, and it was decreased by holidays and days off. The risk of HoA and/or MoA was increased during menstruation, by psychic tension, tiredness, and odors, and it was decreased by smoking. Conclusion.- Menstruation is the most prominent factor increasing the risk of aura as well as that of HoA and MoA. Smoking shows the most striking difference increasing the risk of aura, but decreasing the risk of HoA and MoA.

http://onlinelibrary.wiley.com/doi/10.1111/j.1526-4610.2012.02166.x/abstract

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Designing in the social context: using the social contextual model of health behavior change to develop a tobacco control intervention for teachers in India

Health Educ Res. 2012 Jun 4. [Epub ahead of print]

Nagler EM, Pednekar MS, Viswanath K, Sinha DN, Aghi MB, Pischke CR, Ebbeling CB, Lando HA, Gupta PC, Sorensen GC.

Abstract
This article provides a theory-based, step-by-step approach to intervention development and illustrates its application in India to design an intervention to promote tobacco-use cessation among school personnel in Bihar. We employed a five-step approach to develop the intervention using the Social Contextual Model of Health Behavior Change (SCM) in Bihar, which involved conducting formative research, classifying factors in the social environment as mediating mechanisms and modifying conditions, developing a creative brief, designing an intervention and refining the intervention based on pilot test results. The intervention engages users and non-users of tobacco, involves teachers in implementing and monitoring school tobacco control policies and maximizes teachers' role as change agents in schools and communities. Intervention components include health educator visits, discussions led by lead teachers, cessation assistance, posters and other educational materials and is implemented over the entire academic year. The intervention is being tested in Bihar government schools as part of a randomized-controlled trial. SCM was a useful framework for developing a tobacco control intervention that responded to teachers' lives in Bihar.

http://her.oxfordjournals.org/content/early/2012/06/04/her.cys060.abstract

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Tobacco socialization and anti-tobacco ad effectiveness among children

Health Mark Q. 2012 Apr;29(2):97-116.

Khalbous S, Bouslama H.

Abstract
In order to prevent smoking onset among children, it is essential to know the process of smoking socialization and its various dimensions before being able to design any effective anti-tobacco advertisements. This research aims to conceptualize this process and to test the effectiveness of certain styles of anti-tobacco advertising addressed to children. The results show that both attitudinal and behavioral smoking socialization influence anti-tobacco advertisements effectiveness and that the least offensive and humoristic are most effective in Tunisia.

http://www.tandfonline.com/doi/abs/10.1080/07359683.2012.678255

Effect of smoke-free legislation on the incidence of sudden circulatory arrest in the Netherlands

Heart. 2012 Jul;98(13):995-9.

de Korte-de Boer D, Kotz D, Viechtbauer W, van Haren E, Grommen D, de Munter M, Coenen H, Gorgels AP, van Schayck OC.

Abstract

OBJECTIVE:

To investigate whether smoke-free legislation in the Netherlands led to a decreased incidence of out-of-hospital sudden circulatory arrest (SCA). Smoke-free legislation was implemented in two phases: a workplace ban in 2004 and an extension of this ban to the hospitality sector on 1 July 2008.

DESIGN:

Weekly incidence data on SCA were obtained from the ambulance registry of South Limburg, the Netherlands. Three time periods were distinguished: the pre-ban period (1 January 2002-1 January 2004), the first post-ban period (1 January 2004-1 July 2008) and the second post-ban period (1 July 2008-1 May 2010). Trends in absolute SCA incidence were analysed using Poisson regression, adjusted for population size, ambient temperature, air pollution and influenza rates.

RESULTS:

A total of 2305 SCA cases were observed (mean weekly incidence 5.3±2.3 SD). The adjusted Poisson regression model showed a small but significant increase in SCA incidence during the pre-ban period (+0.20% cases per week, p=0.044). This trend changed significantly after implementation of the first ban (with -0.24% cases per week, p=0.043), translating into a 6.8% (22 cases) reduction in the number of SCA cases after 1 year of smoke-free legislation. No further decrease was seen after the second smoking ban.

CONCLUSIONS:

After introduction of a nationwide workplace smoking ban in 2004, a significant decrease in the incidence of out-of-hospital SCA was seen in South Limburg. Poor enforcement of the 2008 hospitality sector ban may account for the fact that no further decrease in the incidence of SCA was seen at this time.

http://heart.bmj.com/content/98/13/995.abstract

Related *Heart* Editorial:

From ashes to ashes: time for cigarettes to hit the dust
http://heart.bmj.com/content/98/13/961.extract

Also:

Enhanced clopidogrel response in smokers is reversed after discontinuation as assessed by VerifyNow assay: additional evidence for the concept of ‘smokers’ paradox'
http://heart.bmj.com/content/98/13/1000

Related *Heart* Editorial:

Smoking, atherothrombosis and clopidogrel
http://heart.bmj.com/content/98/13/963.extract

Ineffective pictorial health warnings on tobacco products: Lessons learnt from India

Indian J Public Health. 2012 Jan-Mar;56(1):61-4.

Arora M, Tewari A, Nazar GP, Gupta VK, Shrivastav R.

Abstract

Pictorial warnings are effective in promoting smoking cessation as shown by research in the developed countries. This study aims to determine perceptions of Indians about the effectiveness of pictorial health warnings on tobacco packs which existed from May 31, 2009, to December 1, 2011. A cross-sectional survey was undertaken in five states of India with 1897 participants (56% males; 54% tobacco users). More tobacco users expressed that the pictorial warnings are inadequate to convey the health impact of tobacco use when compared with nonusers (71.50% vs. 62.75%; P < 0.001). More illiterates when compared with literates expressed their concern that the current pictorial warnings will not motivate them to quit (61.17% vs. 51.01%; P < 0.001). The new warnings implemented from December 1, 2011, in India are also not field-tested. Field testing and assessment of effectiveness of health warnings should be a mandatory requirement for Parties reporting on Article 11 of Framework Convention on Tobacco Control (FCTC).

http://www.ijph.in/article.asp?issn=0019-557X;year=2012;volume=56;issue=1;spage=61;epage=64;aulast=Arora;type=0

Also:

Risk for oral cancer associated to smoking, smokeless and oral dip products
http://www.ijph.in/article.asp?issn=0019-557X;year=2012;volume=56;issue=1;spage=57;epage=60;aulast=Madani;type=0

Fatality following a suicidal overdose with varenicline

Int J Legal Med. 2012 Jun 7. [Epub ahead of print]

Stove CP, De Letter EA, Piette MH, Lambert WE.

Abstract

The smoking cessation agent varenicline acts as a partial agonist on α(4)β(2) nicotinic acetylcholine receptors. Although debated, several reports have linked varenicline therapy to an increased risk of suicidal thoughts and/or suicide. In addition, several non-fatal overdose cases have been reported. In this report, we utilised a sample preparation procedure suitable for postmortem samples and gas chromatography coupled to mass spectrometry to analyse samples obtained from a suicidal case in which ingestion of an overdose of varenicline had occurred. Extremely high concentrations of varenicline (>250 ng/ml) were detected in the blood of the deceased, in addition to high concentrations in urine and vitreous humour. To the best of our knowledge, similar high concentrations have not been reported yet. Although, with respect to the mechanism of death in this case, confounding factors were concomitant ethanol consumption and, importantly, potentially fatal hypothermia, this is the first report of a fatality associated with the ingestion of an overdose of varenicline.

http://www.springerlink.com/content/e5722x3232808372/

Viewpoint

Clopidogrel Efficacy and Cigarette Smoking Status

***JAMA*. 2012;307(23):2495-2496. doi:10.1001/jama.2012.5930**

June 20, 2012

Paul A. Gurbel, Thomas D. Nolin, Udaya S. Tantry
Recent analyses of large-scale trials suggest either a reduced or complete lack of clinical benefit from clopidogrel therapy in nonsmokers.[1-5] Importantly, this observation is not explained by an enhanced prothrombotic state (a condition in which $P2Y_{12}$ inhibitor therapy may be expected to be most effective) in smokers relative to nonsmokers as evidenced by variable event rates in smokers and nonsmokers treated with placebo. Cigarette smoking induces the activity of cytochrome P450 (CYP) 1A2, an isoenzyme involved in the metabolic activation of clopidogrel but less recognized in importance than CYP2C19. Nonsmokers have greater platelet reactivity than smokers during clopidogrel treatment.[6]

A recent additional important analysis of the CAPRIE (Clopidogrel vs Aspirin in Patients at Risk of Ischemic Events) trial revealed a significant interaction based on smoking status (P = .01 for interaction).[1] Specifically, patients in the clopidogrel-treated nonsmoker group (a combination of the never-smoker group and former-smoker group) had no

reduction in the incidence of the primary outcome of ischemic stroke, myocardial infarction (MI), or vascular death compared with the aspirin-treated nonsmoker group (10.4% vs 10.6%, respectively; hazard ratio [HR], 0.98 [95% CI, 0.88-1.09]), whereas patients in the clopidogrel-treated current-smoker group had a significantly lower incidence of the primary outcome compared with the aspirin-treated current-smoker group (8.3% vs 10.8%, respectively; HR, 0.76 [95% CI, 0.64-0.90])...

In the percutaneous coronary intervention cohort of the Clopidogrel and Aspirin Optimal Dose Usage to Reduce Recurrent Events—Seventh Organization to Assess Strategies in Ischemic Symptoms (CURRENT-OASIS 7) trial, a significant interaction was reported based on smoking status (*P* = .04 for interaction).[5] In this trial, clopidogrel was given either as a 600-mg loading dose on day 1, followed by 150 mg on days 2 through 7, then 75 mg daily, or as a 300-mg load on day 1 then 75 mg daily. There was no reduction in the primary composite end point of cardiovascular death, MI, and stroke for nonsmokers treated with high-dose clopidogrel (4.6% vs 4.9%; HR, 0.94 [95% CI, 0.79-1.12]), whereas smokers exhibited a significant reduction in the primary composite end point by high-dose therapy (2.6% vs 3.8%, respectively; HR, 0.67 [95% CI, 0.51-0.89]).

These large-scale clinical trials have led to the dominant use of clopidogrel in the treatment of high-risk patients with cardiovascular disease. However, evidence from these same studies consistently supports less or no clinical efficacy from clopidogrel therapy among patients who do not smoke. These observations raise concerns about the costs and potential risks incurred by treating nonsmokers with clopidogrel. The clopidogrel-smoking interaction deserves further scrutiny and may be related to the influence of cigarette smoking on CYP activity. The influence of smoking status on clopidogrel metabolism is currently being evaluated in a prospective study (NCT01260584).

http://jama.jamanetwork.com/article.aspx?articleID=1187938

Also:

Prevent Tobacco Deaths
http://jama.jamanetwork.com/article.aspx?articleID=1187940

Referenced *Tob Control* report:

The potential impact of smoking control policies on future global smoking trends
http://tobaccocontrol.bmj.com/content/early/2012/04/19/tobaccocontrol-2011-050147

"It's Bad Around Here Now": Tobacco, Alcohol and Other Drug Use Among American Indians Living on a Rural Reservation

J Ethn Subst Abuse. 2012 Apr;11(2):130-48.

Dennis MK, Momper SL.

Abstract

Using data about members of a midwestern American Indian reservation in eight focus groups that were conducted like "talking circles," the authors describe the participants' (N = 49) views of the current use and abuse of tobacco, alcohol, and other drugs. Results indicate that the use of tobacco is pervasive; that the use of alcohol and other drugs, especially marijuana and oxycodone, are problems on this reservation because they are detrimental to health and well-being; and appropriate, available, and accessible treatment is scarce, nonexistent, or underfunded. Culturally sensitive substance abuse treatment and increased funding for treatment are major health issues for this population.

http://www.tandfonline.com/doi/abs/10.1080/15332640.2012.675244

Also:

Cigarette smoking among Jordanian adults
http://www.tandfonline.com/doi/abs/10.1080/15332640.2012.674888

Analysis of Influential Factors Associated With the Smoking Behavior of Aboriginal Schoolchildren in Remote Taiwanese Mountainous Areas

J Sch Health. 2012 Jul;82(7):318-327. doi: 10.1111/j.1746-1561.2012.00705.x.

Huang HL, Hsu CC, Peng WD, Yen YY, Chen T, Hu CY, Shi HY, Lee CH, Chen FL, Lin PL.

Abstract

BACKGROUND:

A disparity in smoking behavior exists between the general and minority populations residing in Taiwan's mountainous areas. This study analyzed individual and environmental factors associated with children's smoking behavior in these areas of Taiwan.

METHODS:

In this school-based study, data on smoking behavior and related factors for mountain-dwelling students were obtained from the 2008 and 2009 Control of School-aged Children Smoking Study surveys. A representative sample (N = 1239) from 26 primary schools was included. The association among 3 groups (never-, former-, and current-smokers) and the potential variables were simultaneously examined using unordered polytomous logistic regression analysis.

RESULTS:

Between 13% and 34% of ever-smokers reported that their first smoking experience was in third grade. More than 70% were found to have bought cigarettes and 87% reported that the tobacco retailers had sold them cigarettes. The significant factors for current-smokers were predisposing factors, ie, attitude toward smoking (adjusted odds ratio [AOR] = 1.21); reinforcing factors, ie, family smoked in front of me (AOR = 2.44), friends smoked in front of me (AOR = 16.24), and school staff smoked in front of me (AOR = 2.98); and enabling factors, ie, cigarette availability and accessibility (AOR = 2.16 and 2.42, respectively). A student's perceived punishment for smoking at school had a positive significant effect on the risk of being former-smokers (AOR = 1.57).

CONCLUSION:

The findings provide a basis for school and community to design and implement effective anti-smoking programs for remote mountain-based students to further reduce youth smoking.

http://onlinelibrary.wiley.com/doi/10.1111/j.1746-1561.2012.00705.x/abstract

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Editorial

Smoking ban and pregnancy complications: new evidence

J Womens Health (Larchmt). 2012 Jun;21(6):616-8.

Kabir Z, Clancy L.

Secondhand smoke (SHS) exposure is a group I carcinogen, and there is no risk-free safe level of SHS exposure.[1] There is also substantial evidence that both direct (firsthand) and maternal exposure to SHS increase the risk of pregnancy complications.[2,3] Maternal smoking during pregnancy is an important modifiable risk factor and has both immediate and long-term health consequences. For instance, mothers who smoked during pregnancy have a 2-fold increased risk of having low birthweight (LBW) babies compared to nonsmoking mothers.[4,5] Unfortunately, many pregnant women do smoke; for example, 1 in 5 pregnant women continues smoking in Ireland.[6]

Tobacco use cessation is the single most cost-saving prevention tool to reduce premature deaths, morbidity, and disability. Adverse birth outcomes, such as LBW and preterm births, are important risk factors for perinatal morbidity and mortality and have also been associated with an increased risk of cardiovascular disease later in adulthood.[7,8] Tobacco control has both a health and an economic benefit and a potential downstream consequence of a sustainable health development of a society or a nation. In 2006, the US Institute of Medicine (IOM) reported that the high rate of premature births in the United States is costing at least $26 billion a year.[9] The good news is that the existing tobacco control strategies do work effectively.[10] One such strategy is the comprehensive smoke-free policy...

The underlying mechanistic pathways of such complex interventions are plausible but are intriguing, especially the apparent increase in LBW births despite smoke-free policies.[6,14] A retrospective study in the state of Massachusetts showed no decline in LBW rates despite a consistent fall in maternal smoking rates.[22] Future studies of similar nature are needed and should address the methodologic limitations akin to cross-sectional ecologic designs or retrospective secondary data analytic study designs. Nevertheless, the growing evidence in support of the positive population health gains of smoke-free policies for a vulnerable population, such as pregnant women and pregnancy complications, is both

encouraging and crucial. Analyses of the cost-effectiveness of similar interventions should lend further support to public health policy makers and advocates. In summary, any positive health intervention for pregnant women is a win–win public health advocacy tool.

http://online.liebertpub.com/doi/abs/10.1089/jwh.2012.3695

Referenced *J Wom Health* study:

A Citywide Smoking Ban Reduced Maternal Smoking and Risk for Preterm, Not Low Birth Weight, Births: A Colorado Natural Experiment
http://online.liebertpub.com/doi/abs/10.1089/jwh.2011.3305

Nicotine: linking smoking to abdominal aneurysms

Nat Med. 2012 Jun 6;18(6):856-8. doi: 10.1038/nm.2714.
Published online **06 June 2012**

Koichi Sugamura & John F Keaney Jr

The link between tobacco use and aneurysms of the abdominal aorta is well established, but the specific mechanisms involved have remained elusive for decades. A new study indicates that nicotine is the major culprit in cigarette smoke and provides a common mechanism of aneurysm formation that may allow the development of drugs to treat this disease, for which currently only surgical treatments exist (pages 902–910).

Abdominal aortic aneurysm is an enlargement of the abdominal aorta that represents a difficult clinical problem because the initial symptom is often rupture of the aneurysm[1], an event with a mortality exceeding 70% (ref. 2), despite advances in surgical treatment[3]. These aneurysms start as small dilatations of the abdominal aorta that gradually expand over the course of years with the risk of rupture increasing drastically once the aneurysm reaches a diameter of 5 cm or more. The only accepted treatment for these large aneurysms is surgical open or endovascular graft placement. Early detection of smaller abdominal aneurysms is important because it enables clinicians to observe aneurysm expansion and intervene before rupture. However, prophylactic surgery for aneurysms smaller than 5 cm has not proven useful, so the current practice is watchful waiting until intervention is possible, and most aneurysms slowly expand over years...

In the search for new therapies using animal models, one limitation is the extent to which the animal models recapitulate the human condition. The mouse models used by Wang *et al*.[7] reproducibly generate abdominal aneurysms, but in the suprarenal aorta. In contrast, most human aneurysms are located below the renal arteries, suggesting that mice may imperfectly model the human condition. In addition, the human disease occurs in later stages of life compared to the equivalent in mice and is associated with atherosclerosis and thrombosis, conditions not prevalent in the mouse model. Thus, there are important distinctions between mouse aneurysm models and aortic aneurysms in humans, indicating there could be challenges in developing new therapies for human abdominal aortic aneurysm using mouse models.

Despite these concerns, the study by Wang *et al*.[7] provides an important molecular link between nicotine and the promotion of abdominal aortic aneurysms. This finding adds to a recent study that uncovered another molecular target of nicotine, microRNA-21 (miR-21), that is strongly upregulated in the course of aneurysm formation[11]. The upregulation of miR-21 seems to be protective, as inhibiting its expression accelerates aneurysm expansion. Collectively, these two studies begin to identify molecular targets for nicotine that provide us with new potential therapeutic strategies for a disease that currently has no established medical therapy.

http://www.nature.com/nm/journal/v18/n6/full/nm.2714.html

Referenced *Nat Med* study:

Activation of AMP-activated protein kinase α2 by nicotine instigates formation of abdominal aortic aneurysms in mice *in vivo*
http://www.nature.com/nm/journal/v18/n6/full/nm.2711.html

Passive smoking exposure might be associated with hypermetropia

Ophthalmic Physiol Opt. 2012 Jun 1. doi: 10.1111/j.1475-1313.2012.00918.x. [Epub ahead of print]
Volume 32, Issue 4, July 2012, Pages: 304–307

El-Shazly AA.

Abstract
Purpose: The aim of the study was to explore the relationship between nicotine exposure in children via passive smoking and the refractive errors of these children. Methods: The study included 300 children between the age of 5 and 12 years. Children were subjected to detailed history taking with special emphasis on the degree of exposure to passive smoke. They underwent a complete ophthalmological evaluation including cycloplegic refraction. Urine samples were collected to measure urinary levels of cotinine and creatinine with subsequent calculation of the cotinine creatinine ratio (CCR). Results: The refractive error assessment indicated 122 hypermetropic (40.7%), 86 myopic (28.7%) and 92 emmetropic (30.7%) children. Gender and age were not statistically different between the three groups. Urinary cotinine was significantly higher in the hypermetropic than myopic and emmetropic groups ($p < 0.0001$). Moreover, it was significantly higher in the emmetropic group than the myopic one ($p = 0.02$). Cotinine/creatinine ratio (CCR) and the parental number of cigarettes smoked per day showed the same pattern as urinary cotinine. Considering all 300 data, the spherical equivalent refractive error was significantly correlated with the number of cigarettes smoked by the parents, CCR and urinary cotinine levels cotinine ($p < 0.0001$ for all correlations). Conclusion: Passive smoking indices were related to the degree of refractive error and children with hypermetropia showed significantly higher passive smoking indices. We suggest that passive smoking might be associated with a refractive error shift towards hypermetropia.

http://onlinelibrary.wiley.com/doi/10.1111/j.1475-1313.2012.00918.x/abstract

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Health beliefs, treatment preferences and complementary and alternative medicine for asthma, smoking and lung cancer self-management in diverse Black communities

Patient Educ Couns. 2012 Jun 8. [Epub ahead of print]

George M.

Abstract

OBJECTIVE:

The purpose of this literature review is to characterize unconventional health beliefs and complementary and alternative medicine (CAM) for asthma, smoking and lung cancer as those that are likely safe and those that likely increase risk in diverse Black communities. These findings should provide the impetus for enhanced patient-provider communication that elicits patients' beliefs and self-management preferences so that they may be accommodated, or when necessary, reconciled through discussion and partnership.

METHODS:

Original research articles relevant to this topic were obtained by conducting a literature search of the PubMed Plus, PsychINFO and SCOPUS databases using combinations of the following search terms: asthma, lung cancer, emphysema, chronic obstructive pulmonary disease (COPD), smoking, beliefs, complementary medicine, alternative medicine, complementary and alternative medicine (CAM), explanatory models, African American, and Black.

RESULTS:

Using predetermined inclusion and exclusion criteria, 51 original research papers were retained. Taken together, they provide evidence that patients hold unconventional beliefs about the origins of asthma and lung cancer and the health risks of smoking, have negative opinions of standard medical and surgical treatments, and have favorable attitudes about using CAM. All but a small number of CAM and health behaviors were considered safe.

CONCLUSION:

When patients' unconventional beliefs and preferences are not identified and discussed, there is an increased risk that standard approaches to self-management of lung disease will be sub-optimal, that potentially dangerous CAM practices might be used and that timely medical interventions may be delayed.

PRACTICE IMPLICATIONS:

Providers need effective communication skills as the medical dialog forms the basis of patients' understanding of disease and self-management options. The preferred endpoint of such discussions should be agreement around an integrated

treatment plan that is effective, safe and acceptable to both.

http://www.sciencedirect.com/science/article/pii/S0738399112001747

Soda and Tobacco Industry Corporate Social Responsibility Campaigns: How Do They Compare?

PLoS Med 9(6): e1001241. doi:10.1371/journal.pmed.1001241
Published: June 19, 2012
Lori Dorfman, Andrew Cheyne, Lissy C. Friedman, Asiya Wadud, Mark Gottlieb

Summary Points

Because sugary beverages are implicated in the global obesity crisis, major soda manufacturers have recently employed elaborate, expensive, multinational corporate social responsibility (CSR) campaigns.
These campaigns echo the tobacco industry's use of CSR as a means to focus responsibility on consumers rather than on the corporation, bolster the companies' and their products' popularity, and to prevent regulation.
In response to health concerns about their products, soda companies appear to have launched comprehensive CSR initiatives sooner than did tobacco companies.
Unlike tobacco CSR campaigns, soda company CSR campaigns explicitly aim to increase sales, including among young people.
As they did with tobacco, public health advocates need to counter industry CSR with strong denormalization campaigns to educate the public and policymakers about the effects of soda CSR campaigns and the social ills caused by sugary beverages.

http://www.ploscollections.org/article/info:doi/10.1371/journal.pmed.1001241

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

Intervention to reduce secondhand smoke exposure among children with cancer: a controlled trial

Psychooncology. 2012 Jun 8. doi: 10.1002/pon.3117. [Epub ahead of print]

Tyc VL, Huang Q, Nicholson J, Schultz B, Hovell MF, Lensing S, Vukadinovich C, Hudson MM, Zhang H.

Abstract

OBJECTIVE:

This randomized controlled trial tested the efficacy of parent-based behavioral counseling for reducing secondhand smoke exposure (SHSe) among children with cancer. It also examined predictors of smoking and SHSe outcomes.

METHODS:

Participants were 135 parents or guardians of nonsmoking children with cancer, <18 years, at least 30 days postdiagnosis, and living with at least one adult smoker. Parents were randomized to either a standard care control group or an intervention consisting of six counseling sessions delivered over 3 months. Parent-reported smoking and child SHSe levels were obtained at baseline, 3, 6, 9, and 12 months. Children provided urine samples for cotinine analyses.

RESULTS:

Reductions in parent-reported smoking and exposure were observed in both the intervention and control conditions. There was a significantly greater reduction in parent-reported smoking and child SHSe at 3 months for the intervention group compared with the control group. Child SHSe was significantly lower at 12 months relative to baseline in both groups. Children's cotinine levels did not show significant change over time in either group. Exposure outcomes were influenced by the number of smokers at home, smoking status of the parent participating in the trial, and the child's environment

(home versus hospital) the day before the assessment.

CONCLUSIONS:

Children's SHSe can be reduced by advising parents to protect their child from SHSe, combined with routine reporting of their child's exposure and cotinine testing, when delivered in the context of the pediatric cancer setting. More intensive interventions may be required to achieve greater reductions in SHSe.

http://onlinelibrary.wiley.com/doi/10.1002/pon.3117/abstract

Relation of secondhand smoking to mild cognitive impairment in older inpatients

ScientificWorldJournal. 2012;2012:726948. Epub 2012 May 1.

Orsitto G, Turi V, Venezia A, Fulvio F, Manca C.

Abstract

Up to now, controversy still exists regarding the role of secondhand smoking (SHS) in developing cognitive impairment. This study aimed to evaluate the prevalence of SHS in hospitalized older patients with cognitive deficit, particularly in those with mild cognitive impairment (MCI). Smoking history was classified into four groups: never smokers, former-active smokers/no SHS, active smokers, and secondhand smokers, and cognitive function into three levels: normal cognition (C), MCI, and dementia. A total of 933 older subjects with diagnoses of MCI (n = 98), dementia (n = 124), or C (n = 711) were enrolled in this cross-sectional study. As expected, patients with dementia had significantly higher frequency of former-active smokers than cognitively normal. Moreover, patients with MCI showed a significantly higher frequency of active and secondhand smokers than patients with dementia or C. A smoking history is very frequent in older patients with dementia. Patients with MCI had even higher rate of exposure to active or secondhand smoking.

http://www.tswj.com/2012/726948/

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

Community-level socioeconomic status and parental smoking in Japan

Social Science & Medicine
Volume 75, Issue 4, August 2012, Pages 747–751
Available online **2 May 2012**.

Kenji Takeuchi, Jun Aida, Manabu Morita, Yuichi Ando, Ken Osaki

Abstract
Community-level social environment has been considered to be associated with smoking behavior. However, no study has examined the association between community-level environmental factors and parental smoking behavior in families with young children. The aim of the present study was to examine the association between community-level socioeconomic status (SES) and parental smoking behavior. We used data from a cross-sectional study conducted from 2005 to 2006. We randomly selected 44 Japanese municipalities, 39 of which municipalities agreed to participate in this survey. The study subjects were participants in health check-ups for three-year-old children. Smoking status and individual demographic characteristics were obtained using self-administered questionnaires. Community-level variables were obtained from national census data for 2005. The prevalence of employment in tertiary industries and of unemployment was used to measure community-level SES. Multilevel Poisson regression models were used to calculate prevalence ratios (PRs) for smoking. Of 4143 subjects, a total of 3301 parents in 39 municipalities participated in our survey. Among the 2975 participants (71.8%) included in our analysis, 59.0% were smokers. There was no association between the job of the head of the household considered as an indicator of individual-level SES and smoking. By contrast, when we examined the relationship between prevalence of employment in tertiary industries as community-level SES and smoking, parents living in low middle SES municipalities had a significantly higher prevalence ratio for smoking, compared to parents living in the highest SES municipalities. This result suggested that those with lower community-level SES tended to have a higher prevalence of parental smoking regardless of individual-level SES.

http://www.sciencedirect.com/science/article/pii/S0277953612003176

Alcohol, tobacco, and prescription drugs: the relationship with illicit drugs in the treatment of substance users

Subst Use Misuse. 2012 Jun;47(8-9):963-71.

Teesson M, Farrugia P, Mills K, Hall W, Baillie A.

Abstract
Alcohol, tobacco, prescription drug, and illicit drug use frequently co-occur. This paper reviews the extent of this co-occurrence in both general population samples and clinical samples, and its impact on treatment outcome. We argue that the research base for understanding comorbidity among tobacco, alcohol, prescription, and illicit drugs needs to be broadened. We specifically advocate for: (1) more epidemiological studies of relationships among alcohol, tobacco, and other illicit drug use; and (2) increased research on treatment options that address the problematic use of all of these drugs.

http://informahealthcare.com/doi/abs/10.3109/10826084.2012.663283

Tobacco cessation interventions by Swedish dental hygienists--a questionnaire study

Swed Dent J. 2012;36(1):45-52.

Johannsen A, Wickholm S, Andersson P.

Abstract
The aim of the study was to investigate tobacco cessation interventions by Swedish dental hygienists and their perception of the importance of tobacco cessation to oral health. A questionnaire was mailed to 400 randomly selected dental hygienists (DH) in Sweden. The questions covered such topics as tobacco cessation interventions, perceived barriers, and their perception of the importance of tobacco cessation in relation to caries, gingivitis, periodontitis and dental implants. The response rate was 57%. Tobacco habits were routinely recorded by 94% of the respondents. 52% of the dental hygienists reported time constraints, 50% reported insufficient competence and 43% answered that they had lack of experience to work with tobacco cessation. All respondents perceived tobacco cessation to be an important determinant of treatment outcomes in patients with dental implants and periodontitis. Bivariate analysis showed an association between training courses in tobacco cessation and tobacco cessation interventions (OR 3.25, CI 95% 1.80-5.85). A logistic multivariate regression model disclosed two other factors significantly correlated with tobacco cessation interventions: competence (OR 2.4, 95% CI 1.16-4.85), and experience (OR 2.1, 95% CI 1.06-4.28). The analyses were adjusted for age, length of undergraduate training course, and dental care organization. The dental hygienists considered tobacco cessation to be very important in patients with periodontitis and in those with dental implants. Most of the DH in this study undertook some tobacco cessation interventions, though not extensive; the main barriers reported were lack of time, competence and experience.

http://www.ncbi.nlm.nih.gov/pubmed/22611904

Letter to the Editor

Tobacco control in Nigeria-policy recommendations

***Tobacco Induced Diseases* 2012, 10:8** doi:10.1186/1617-9625-10-8
Published: **19 June 2012**

Israel T Agaku, Adisa O Akinyele and Akinbode Oluwafemi

Abstract

Major strides towards national tobacco control have been made since Nigeria became signatory to the WHO Framework Convention on Tobacco Control (FCTC) in June 2004. The Nigerian senate passed a bill on March 15, 2011 which is expected to be signed into law shortly, to regulate and control production, manufacture, sale, advertising, promotion and

sponsorship of tobacco or tobacco products. This paper highlights how the proposed tobacco control law provides a unique opportunity to domesticate the WHO FCTC, expand on smokeless tobacco regulation and develop a science base to improve tobacco control measures in Nigeria.

http://www.tobaccoinduceddiseases.com/content/10/1/8/abstract
http://www.tobaccoinduceddiseases.com/content/pdf/1617-9625-10-8.pdf

Also:

Smoking Status and Metabolic Syndrome in the Multi-Ethnic Study of Atherosclerosis. A cross-sectional study
http://www.tobaccoinduceddiseases.com/content/10/1/9/abstract
http://www.tobaccoinduceddiseases.com/content/pdf/1617-9625-10-9.pdf

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

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