In this edition:

Addiction

Statistical Analysis of Daily Smoking Status in Smoking Cessation Clinical Trials

Yimei Li, E. Paul Wileyto and Daniel F. Heitjan

Abstract

Aims Smoking cessation trials generally record information on daily smoking behavior, but base analyses on measures of smoking status at the end of treatment (EOT). We present an alternative approach that analyzes the entire sequence of daily smoking status observations.

Methods We analyzed daily abstinence data from a smoking cessation trial, using two longitudinal logistic regression methods: A mixed-effects (ME) model and a generalized estimating equations (GEE) model. We compared results to a standard analysis that takes as outcome abstinence status at EOT. We evaluated time-varying covariates (smoking history and time-varying drug effect) in the longitudinal analysis and compared ME and GEE approaches.

Results We observed some differences in the estimated treatment effect odds ratios across models, with narrower confidence intervals under the longitudinal models. GEE yields similar results to ME when only baseline factors appear in the model, but gives biased results when one includes time-varying covariates. The longitudinal models indicate that the quit probability declines and the drug effect varies over time. Both the previous day's smoking status and recent smoking history predict quit probability, independently of the drug effect.

Conclusion When analysing outcomes of studies from smoking cessation interventions, longitudinal models with multiple outcome data points, rather than just end of treatment, can make efficient use of the data and incorporate time-varying covariates. The generalized estimating equations approach should be avoided when using time-varying predictors.


Am J Mens Health - Algotar

Association of Obesity and Smoking With PSA and PSA Velocity in Men With Prostate Cancer

Significant number of prostate tumors are slow growing and could probably be left untreated. However, many are aggressive and can spread rapidly causing patient suffering and/or death. Current technology does not allow physicians to differentiate between slow growing and aggressive tumors at diagnosis. Hence, many patients are exposed to invasive treatment and its associated morbidities such as incontinence and impotence. Markers that enable differentiation between slow and fast progressing cancer will allow physicians to prevent unnecessary treatments on men who may not need them, and focus on the men with aggressive disease. A longitudinal study was conducted (N = 140) using mixed effects regression models to determine the association of obesity and smoking toward prostate cancer progression. These models account for correlation because of repeated measures over time, thus, using maximum amount of information provided by the subject. Estimates thus obtained are more robust and reliable than those obtained using data from a single time point. Rate of change of prostate-specific antigen (PSA) over time (PSA velocity) was used as a measure of prostate cancer progression. Results indicate that PSA velocity of overweight and obese subjects (0.59 and 1.05 ng/mL/year) was not significantly different as compared with normal weight subjects (p values .91 and .31, respectively). For men in the highest tertile of pack-years of smoking, PSA velocity was significantly higher as compared with never smokers 1.57 ng/mL/year (p = .04). Further studies with larger sample sizes and study designs specific to above exposures are needed before recommendations can be made to reduce weight or reduce/quit smoking.

http://jmh.sagepub.com/content/5/3/272.abstract

Ann Med - Hukkanen

Association between smoking behavior patterns and chronic obstructive pulmonary disease: A long-term follow-up study among Finnish adults

Ann Med. 2011 May 25. [Epub ahead of print]

Hukkanen M, Korhonen T, Heikkilä K, Kaprio J.

Abstract

Low-rate smoking patterns are common, but their pulmonary effects remain poorly known. The study hypothesis was that any level of daily smoking may cause chronic obstructive pulmonary disease (COPD). We investigated the association between longitudinal smoking patterns and COPD using logistic regressions and survival models adjusted for multiple covariates. Data from Finnish Twin Cohort surveys were used. Participants (n = 21,609) were grouped into categories describing 1981 smoking and change in smoking during 1975-1981. Light smoking was defined as < 5 cigarettes per day, moderate 5-19 cigarettes, and heavy ≥ 20 cigarettes per day. Finland's Social Insurance Institution provided data on inhaled anticholinergics purchases (1995-2008) and diagnoses entitling to special reimbursements (1981-2008). We defined COPD as regular anticholinergic use or special reimbursement eligibility for COPD, emphysema, or chronic bronchitis. COPD incidence was 2.5% (n = 528). Elevated disease risks were observed in former, moderate, and heavy smokers, in all who increased smoking, and in those who reduced from moderate to light smoking. Increased risk for anticholinergic use was found in former smokers, in constant light, moderate, and heavy smokers, and in increasers. Former, light, moderate, and heavy smoking in 1981 was associated with future development of disease. Our results demonstrate that all daily smoking patterns may impair pulmonary function.

http://informahealthcare.com/doi/abs/10.3109/07853890.2011.5...
Abstract

Objectives

Recent studies suggest that comprehensive smoking regulations to decrease exposure to second-hand smoke reduce the rates of acute myocardial infarction (AMI). The objective of this paper is to analyse if deaths due to AMI in Spain declined after smoking prevention legislation came into force in January 2006.

Design

Information was collected on deaths registered by the Instituto Nacional de Estadística for 2004–2007. Age- and sex-specific annual AMI mortality rates with 95% CIs were estimated, as well as age-adjusted annual AMI mortality rates by sex. Annual relative risks of death from AMI were estimated with an age-standardised Poisson regression model.

Results

Adjusted AMI mortality rates in 2004 and 2005 are similar, but in 2006 they show a 9% decline for men and a 8.7% decline for women, especially among those over 64 years of age. In 2007 there is a slower rate of decline, which reaches statistical significance for men (~4.8%) but not for women (~4%). The annual relative risk of AMI death decreased in both sexes (p<0.001) from 1 to 0.90 in 2006, and to 0.86 in 2007.

Conclusion

The extension of smoke-free regulations in Spain was associated with a reduction in AMI mortality, especially among the elderly. Although other factors may have played a role, this pattern suggests a likely influence of the reduction in population exposure to second-hand smoke on AMI deaths.

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

Contemp Nurse - Robertson

Tackling tobacco: A call to arms for remote area nurses


Robertson J.

Abstract

Tobacco-related conditions contribute significantly to the health gap between Indigenous and non-Indigenous Australians. Smoking rates in Australia's Indigenous population has failed to decline even though smoking rates in Australia have declined in general. In some Indigenous communities, smoking rates remain
very high. This paper outlines a project to investigate appropriate strategies to assist Indigenous smokers to quit and the important role nurses can play.

http://www.atypon-link.com/doi/abs/10.5172/conu.2011.37.1.04...

Demography - Rostron

Estimating the Effect of Smoking on Slowdowns in Mortality Declines in Developed Countries

Demography. 2011 Apr 26. [Epub ahead of print]

Rostron BL, Wilmoth JR.

Abstract

Declines in mortality rates for females at older ages in some developed countries, including the United States, have slowed in recent decades even as decreases have steadily continued in some other countries. This study presents a modified version of the indirect Peto-Lopez method, which uses lung cancer mortality rates as a proxy for smoking exposure, to analyze this trend. The modified method estimates smoking-attributable mortality for more specific age groups than does the Peto-Lopez method. An adjustment factor is also introduced to account for low mortality in the indirect method's study population. These modifications are shown to be useful specifically in the estimation of deaths attributable to smoking for females at older ages, and in the estimation of smoking-attributable mortality more generally. In a comparison made between the United States and France with the modified method, smoking is found to be responsible for approximately one-half the difference in life expectancy for females at age 65.

http://www.springerlink.com/content/9w340766w57g5k73/

Drug Alc Rev - Campbell

Alcohol and tobacco co-use in nondaily smokers: An inevitable phenomenon?


Campbell ML, Bozec LJ, McGrath D, Barrett SP.

Abstract

Introduction and Aims. Alcohol use has consistently been associated with smoking among nondaily smokers. However, this may not be an inevitable relationship that extends across all drinking sessions and/or all nondaily smokers. Recently, distinct subgroups of nondaily smokers have been identified, with one subgroup maintaining a stable pattern of nondaily smoking (long-term occasional smokers; LOS), and others transitioning to nondaily smoking either from a non-smoking status (early occasional smokers; EOS) or from a daily smoking status (former daily smokers; FDS). However, little is known about the extent to which these subgroups differ in their alcohol-tobacco co-administration patterns. Design and Methods. 183 nondaily smokers (74 LOS; 55 EOS; 54 FDS) completed face-to-face interviews during which they provided details about their lifetime and past-week tobacco and alcohol administration patterns. Results. EOS were more likely to report having used alcohol at the time of their first-ever cigarette relative to the other subgroups (P ≤ 0.001), but there were no differences in past-week co-administration patterns between the subgroups. Overall, less than one-third of all smoking sessions occurred when drinking, but these accounted for more than half of all cigarettes consumed during the previous week. Moreover, while only 42% of drinking sessions involved tobacco co-administration, when drinking and smoking did co-occur, significantly greater amounts of alcohol were consumed relative to drinking sessions where no tobacco was used (P < 0.01). Discussion and Conclusions. Findings suggest that alcohol use is not invariably related to smoking in EOS, FDS or LOS, but when it is, across all subgroups co-administration is associated with mutual dose escalation.
CONTROL POLICIES TO COMBAT THE HEALTH RISKS FROM SMOKING AND PASSIVE SMOKING

Economic Affairs
Article first published online: 2 JUN 2011

Jeannie Cameron, Barrie M. Craven and Michael L. Marlow

Abstract

Good information is necessary for markets to allocate resources efficiently. Tobacco is a demerit good; smoking endangers smokers but also exerts externalities on non-smokers. Public policies, however, foster misinformation, are contradictory and damage public health. Current policies also deny feedback from the tobacco industry and reduce consumer information about tobacco products that could substantially reduce the harmful effects of smoking.

Author Note

Barrie Craven and Michael Marlow have received no grants or funding of any kind for work on this manuscript. Marlow has received grants in the past from Philip Morris Management Corp. for his work on the effects of smoking bans, which led to refereed publications, all of which acknowledged this support. Jeannie Cameron was formerly employed by British American Tobacco. All are non-smokers.

Note: Tobacco industry-linked authors.

Efficacy of N-Acetylcysteine in the Treatment of Nicotine Dependence: A Double-Blind Placebo-Controlled Pilot Study

Eur Addict Res. 2011 May 24;17(4):211-216. [Epub ahead of print]

Schmaal L, Berk L, Hulstijn KP, Cousijn J, Wiers RW, van den Brink W.

Abstract

Relapse is the rule rather than the exception in smokers aiming to quit smoking. Recently, evidence has emerged that glutamate transmission plays an important role in relapse. N-acetylcysteine (NAC), a cysteine prodrug, restores glutamate homeostasis and appears to be a potential new treatment for substance dependence. In the current pilot study, the effects of NAC on short-term abstinence of smoking were investigated. Subjects were heavy smokers randomized to receive placebo (n = 12) or NAC 3,600 mg/day (n = 10) in a double-blind fashion during 3.5 days. Subjects were asked to stop smoking and report on nicotine craving, nicotine withdrawal symptoms, and cigarette smoking during treatment. At the end of the treatment, subjects were invited to smoke a cigarette and to rate the rewarding effect of this cigarette. There was no significant effect of NAC on craving (p = 0.23, d = 0.52) and only a statistical trend towards fewer withdrawal symptoms in the NAC condition (p = 0.07, d = 0.80). Interestingly, subjects receiving NAC rated the first cigarette after the abstinence period of 3.5 days as significantly less rewarding than subjects on placebo (p = 0.04, d = 0.85). It is concluded that the results of this pilot study are encouraging and suggest that NAC might be a promising new treatment option for relapse prevention in nicotine dependence.
HEB - Mays

Correlates of Adherence to a Telephone-Based Multiple Health Behavior Change Cancer Preventive Intervention for Teens: The Healthy for Life Program (HELP)

Health Educ Behav May 31, 2011

Darren Mays, PhD, MPH, Beth N. Peshkin, MS, McKane E. Sharff, BA, Leslie R. Walker, MD, Anisha A. Abraham, MD, MPH, Kirsten B. Hawkins, MD, MPH, Kenneth P. Tercyak, PhD

Abstract

This study examined factors associated with teens’ adherence to a multiple health behavior cancer preventive intervention. Analyses identified predictors of trial enrollment, run-in completion, and adherence (intervention initiation, number of sessions completed). Of 104 teens screened, 73% (n = 76) were trial eligible. White teens were more likely to enroll than non-Whites (χ²[1] df = 4.49, p = .04). Among enrolled teens, 76% (n = 50) completed the run-in; there were no differences between run-in completers and noncompleters. A majority of run-in completers (70%, n = 35) initiated the intervention, though teens who initiated the intervention were significantly younger than those who did not (p < .05). The mean number of sessions completed was 5.7 (SD = 2.6; maximum = 8). After adjusting for age, teens with poorer session engagement (e.g., less cooperative) completed fewer sessions (B = −1.97, p = .003, R² = .24). Implications for adolescent cancer prevention research are discussed.

Health Psych - Ramo

Reliability and validity of self-reported smoking in an anonymous online survey with young adults

Health Psychol. 2011 May 16. [Epub ahead of print]

Ramo DE, Hall SM, Prochaska JJ.

Abstract

Objective: The Internet offers many potential benefits to conducting smoking and other health behavior research with young adults. Questions, however, remain regarding the psychometric properties of online self-reported smoking behaviors. The purpose of this study was to examine the reliability and validity of self-reported smoking and smoking-related cognitions obtained from an online survey. Methods: Young adults (N = 248) age 18 to 25 who had smoked at least 1 cigarette in the past 30 days were recruited online and completed a survey of tobacco and other substance use. Results: Measures of smoking behavior (quantity and frequency) and smoking-related expectancies demonstrated high internal consistency reliability. Measures of smoking behavior and smoking stage of change demonstrated strong concurrent criterion and divergent validity. Results for convergent validity varied by specific constructs measured. Estimates of smoking quantity, but not frequency, were comparable to those obtained from a nationally representative household interview among young adults. Conclusions: These findings generally support the reliability and validity of online surveys of young adult smokers. Identified limitations may reflect issues specific to the measures rather than the online data collection methodology. Strategies to maximize the psychometric properties of online surveys with young adult smokers are discussed.
Assessing implementation difficulties in tobacco use prevention and cessation counselling among dental providers
Implement Sci. 2011 May 26;6(1):50. [Epub ahead of print]
Amemori M, Michie S, Korhonen T, Murtomaa H, Kinnunen TH.

Abstract

BACKGROUND:

Tobacco use adversely affects oral health. Clinical guidelines recommend that dental providers promote tobacco abstinence and provide patients who use tobacco with brief tobacco use cessation counselling. Research shows that these guidelines are seldom implemented, however. To improve guideline adherence and to develop effective interventions, it is essential to understand provider behaviour and challenges to implementation. This study aimed to develop a theoretically informed measure for assessing among dental providers implementation difficulties related to tobacco use prevention and cessation (TUPAC) counselling guidelines, to evaluate those difficulties among a sample of dental providers, and to investigate a possible underlying structure of applied theoretical domains.

METHODS:

A 35-item questionnaire was developed based on key theoretical domains relevant to the implementation behaviours of healthcare providers. Specific items were drawn mostly from the literature on TUPAC counselling studies of healthcare providers. The data were collected from dentists (n = 73) and dental hygienists (n = 22) in 36 dental clinics in Finland using a web-based survey. Of 95 providers, 73 participated (76.8%). We used Cronbach's alpha to ascertain the internal consistency of the questionnaire. Mean domain scores were calculated to assess different aspects of implementation difficulties and exploratory factor analysis to assess the theoretical domain structure. The authors agreed on the labels assigned to the factors on the basis of their component domains and the broader behavioural and theoretical literature.

RESULTS:

Internal consistency values for theoretical domains varied from 0.50 ('emotion') to 0.71 ('environmental context and resources'). The domain environmental context and resources had the lowest mean score (21.3%; 95% confidence interval [CI], 17.2 to 25.4) and was identified as a potential implementation difficulty. The domain emotion provided the highest mean score (60%; 95% CI, 55.0 to 65.0). Three factors were extracted that explain 70.8% of the variance: motivation (47.6% of variance, alpha = 0.86), capability (13.3% of variance, alpha = 0.83), and opportunity (10.0% of variance, alpha = 0.71).

CONCLUSIONS:

This study demonstrated a theoretically informed approach to identifying possible implementation difficulties in TUPAC counselling among dental providers. This approach provides a method for moving from diagnosing implementation difficulties to designing and evaluating interventions.

http://www.implementationscience.com/content/6/1/50/abstract
http://www.implementationscience.com/content/pdf/1748-5908-6...

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

Int J COPD - Geraghty

Induction of the unfolded protein response by cigarette smoke is primarily an activating transcription factor 4-C/EBP homologous protein mediated process
Geraghty P, Wallace A, D'Armiento J

Abstract

Purpose: Cigarette smoke is the major risk factor associated with the development of chronic obstructive pulmonary disease (COPD). Recent studies propose a link between endoplasmic reticulum (ER) stress and emphysema, demonstrated by increased ER stress markers under smoking conditions. Here, we investigate whether cigarette smoke-induced ER stress is cell specific and correlates with acute and chronic cigarette smoke exposure.

Methods: Gene and protein expression changes in human primary lung cell cultures following cigarette smoke extract (CSE) exposure were monitored by qPCR and Western blot analysis. Mice and guinea pigs were exposed to cigarette smoke and ER stress markers examined in whole lung homogenates. Inflammatory cells from the bronchoalveolar lavage fluid of 10 days smoke exposed mice were also examined.

Results: Cigarette smoke induced a trend increase in the ER stress response through an activating transcription factor 4 (ATF4) mediated induction of C/EBP homologous protein (CHOP) in primary small airway epithelial cells. Bronchial epithelial cells and macrophages responded similarly to CSE. Wild-type mice and guinea pigs exposed to acute levels of cigarette smoke exhibited increased levels of CHOP but not at significant levels. However, after long-term chronic cigarette smoke exposure, CHOP expression was reduced. Interestingly, inflammatory cells from smoke exposed mice had a significant increase in CHOP/ATF4 expression.


http://www.dovepress.com/articles.php?article_id=7591

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

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J Pharm Pharmacol - Rao

A novel tri-layered buccal mucoadhesive patch for drug delivery: assessment of nicotine delivery


Rao S, Song Y, Peddie F, Evans AM.

Abstract

Objectives The aim of this study was to assess the potential of a novel delivery device for administering drugs that suffer from a high degree of first-pass metabolism. Methods A tri-layered buccal mucoadhesive patch, comprising a medicated dry tablet adhered to a mucoadhesive film, was prepared and characterized by its physicochemical properties and mucoadhesive strength. Nicotine was used as a model drug for the characterization of drug release and drug permeation. The influence of different adsorbents on the release of nicotine base from the patches was evaluated in vitro. Different molecular forms of nicotine (base and complex salt) were evaluated for their effect on release performance and permeation in vitro. Key findings Results demonstrated acceptable physicochemical and mucoadhesive properties for the tri-layered patch. Rapid release of nicotine was observed when nicotine base was incorporated with calcium sulfate dihydrate as the adsorbent. Patches incorporating nicotine base showed distinct advantages over those containing nicotine polacrilex, in terms of drug release (complete drug release achieved at 30 vs 60 min) and transmucosal permeation (37.28 ± 4.25 vs 2.87 ± 0.26% of the dose permeating through mucosa within 120 min). Conclusions The novel tri-layered patch can effectively adhere to, and deliver an active ingredient through the buccal mucosa, confirming its potential for buccal mucoadhesive drug delivery.
Mt Sinai J Med - Bitton

Improving the delivery of global tobacco control


Bitton A, Green C, Colbert J.

Abstract

Tobacco control must remain a critical global health priority given the growing burden of tobacco-induced disease in the developing world. Insights from the emerging field of global health delivery suggest that tobacco control could be improved through a systematic, granular analysis of the processes through which it is promoted, implemented, and combated. Using this framework, a critical bottleneck to the delivery of proven health promotion emerges in the role that the tobacco industry plays in promoting tobacco use and blocking effective tobacco-control policies. This “corporate bottleneck” can also be understood as a root cause of massive disease and suffering upon vulnerable populations worldwide, for the goal of maximizing corporate profit. Naming, understanding, and responding to this corporate bottleneck is crucial to the success of tobacco-control policies. Three case studies of tobacco-control policy—South Africa, the Framework Convention on Tobacco Control, and Uruguay—are presented to explore and understand the implications of this analysis.

NBER - Cawley

The Economics of Risky Health Behaviors

NBER Working Paper No. 17081

Issued in May 2011

John Cawley, Christopher Ruhm

Abstract

Risky health behaviors such as smoking, drinking alcohol, drug use, unprotected sex, and poor diets and sedentary lifestyles (leading to obesity) are a major source of preventable deaths. This chapter overviews the theoretical frameworks for, and empirical evidence on, the economics of risky health behaviors. It describes traditional economic approaches emphasizing utility maximization that, under certain assumptions, result in Pareto-optimal outcomes and a limited role for policy interventions. It also details nontraditional models (e.g. involving hyperbolic time discounting or bounded rationality) that even without market imperfections can result in suboptimal outcomes for which government intervention has greater potential to increase social welfare. The chapter summarizes the literature on the consequences of risky health behaviors for economic outcomes such as medical care costs, educational attainment, employment, wages, and crime. It also reviews the research on policies and strategies with the potential to modify risky health behaviors, such as taxes or subsidies, cash incentives, restrictions on purchase and use, providing information and restricting advertising. The chapter concludes with suggestions for future research.

Occup Environ Med - Villeneuve
Associations between cigarette smoking, obesity, sociodemographic characteristics and remote-sensing-derived estimates of ambient PM2.5: results from a Canadian population-based survey

**Occu Environ Med.** 2011 May 24. [Epub ahead of print]

Villeneuve PJ, Goldberg MS, Burnett RT, van Donkelaar A, Chen H, Martin RV.

**Abstract**

Objectives Long-term exposure to ambient fine particles (PM(2.5)) has been shown to increase mortality. Variables measured on the same spatial scales of air pollution may confound associations, and so the authors' objectives were to evaluate the associations between PM(2.5) and individual-level measures of smoking, obesity and sociodemographic status. The authors present an approach to evaluate the impact that uncontrolled confounding from smoking may have on associations between PM(2.5) and mortality. Methods Individual-level behavioural and sociodemographic data were obtained from a 2003 national survey of 122 548 Canadians. Estimates of ground-level PM(2.5) at a resolution of 10×10 km between 2001 and 2006 were derived from satellite remote sensing. Exposures were assigned to the residence of the participants at the time of the survey. Differences in the prevalence of smoking across concentrations of PM(2.5) and RRs drawn from the literature were used to model the bias on rate ratios. Results Participants in areas with higher concentrations of PM(2.5) had a higher income and educational attainment, smoked less and were more likely immigrants. Smoking had a negative confounding effect on the associations between PM(2.5) and mortality. To compensate for this bias, for a 10 μg/m(3) increase in PM(2.5), mortality from lung cancer and heart disease in the referent exposure group needed to be increased by 6.9% and 3.2%, respectively. Conclusions Associations were found between sociodemographic and lifestyle characteristics and PM(2.5) at a resolution of 10×10 km. The authors present a model to adjust for uncontrolled confounding of smoking that can be readily adapted to exposures measured at different spatial resolutions.

http://oem.bmj.com/content/early/2011/05/24/oem.2010.062521....

**Oral Health Prev Dent - Pau**

Dental hygienists’ self-reported performance of tobacco cessation activities


Pau A, Olley RC, Murray S, Chana B, Gallagher J.

**Abstract**

**PURPOSE:**

Tobacco use is a major risk factor in oral and systemic diseases. Current national guidelines outline activities that positively contribute towards tobacco cessation. Little is known about dental hygienists’ role in tobacco cessation activities. This study investigates dental hygienists’ performance of tobacco cessation activities in the dental surgery and explores factors associated with this performance.

**MATERIALS AND METHODS:**

Dental hygienists in south-east England on the register of the British Society of Dental Hygiene and Therapy completed a postal questionnaire survey in 2008.

**RESULTS:**

A total of 439 (61%) questionnaires were returned, representing both part-time (66.7%) and full-time (33.3%) hygienists working in the private (69.5%) and non-private sectors (30.5%). Most hygienists recorded positive attitudes towards tobacco cessation. Overall, 162 (41.9%) reported performing four or more tobacco cessation activities. The less-commonly performed activities indicated to patients the value of attending NHS Stop Smoking Services for specialised help, with hygienists referring patients to the NHS Stop Smoking
Services and offering assistance to those who do not wish to attend NHS stop Smoking Services. Higher reported numbers of tobacco cessation activities performed were statistically significantly associated with a higher number of positive attitudes held \((P = 0.004)\), while socio-demographic and professional attributes were not.

**CONCLUSION:**

Tobacco cessation activities, as recommended by national guidelines, are not always performed by dental hygienists. Efforts are needed to promote the dental hygienist's role in tobacco cessation, especially in relation to referring patients to NHS Stop Smoking services. These efforts should focus on changing the attitudes of dental hygienists, especially on their effectiveness in promoting tobacco cessation.


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**Pat Educ Couns - Herie**

**Changing practitioner behavior and building capacity in tobacco cessation treatment: The TEACH project**

*Patient Educ Couns.* 2011 May 23. [Epub ahead of print]

Herie M, Connolly H, Voci S, Dragonetti R, Selby P.

Abstract

**OBJECTIVE:**

To facilitate interprofessional knowledge transfer to practice by increasing treatment capacity of health care practitioners to deliver evidence-informed smoking cessation counseling.

**METHODS:**

TEACH (Training Enhancement in Applied Cessation Counseling and Health) combines diffusion of innovations with principles of adult learning to address the lack of system capacity to implement evidence-based smoking cessation treatments. Participants were professionals from 15 disciplines with commitment from their supervisor to implement the intervention. Pre- and post-training course evaluation surveys assessed the extent to which learning objectives were achieved and guided a continuous quality improvement process.

**RESULTS:**

Evaluation of 741 participants that attended the three-day Core Course from June 2007 to January 2009 revealed significant increases in pre- to post-training ratings of feasibility, importance, and confidence in using the intervention. In addition to attitudinal changes, practitioners made changes to practice behavior. At six months post-training, 55% of professionals were implementing the intervention and 91% engaged in knowledge transfer activities in their organizations/communities.

**CONCLUSION:**

Findings suggest that TEACH impacted clinical practice and may serve as a model for knowledge translation initiatives in other health behavior domains.

**PRACTICE IMPLICATIONS:**

These data demonstrate that it is feasible to operationalize interprofessional knowledge translation models to transfer research findings into practice.
Scand J Psych - Wiium

Actions taken by schools when tobacco policies are violated: Associations with adolescent smoking prevalence


Wiium N, Wold B.

Abstract

This study examined the association of adolescent smoking prevalence with actions taken by schools (i.e., informing parents or disciplining pupils at school) for violating the school tobacco policy. Interaction terms between actions taken by schools and role models' smoking behavior or support for adolescents were also examined. Data were collected using self-completed questionnaires from a nationally representative Norwegian sample of 15-year-olds (1,404 pupils, 51% males) and 73 staff members. Informing parents when the school tobacco policy was violated by contrast with other actions taken by schools was not associated with lower levels of adolescent smoking. Disciplining pupils was associated with lower levels of adolescent smoking but the association was no longer significant when examined together with parents' and teachers' smoking behavior or support. Exposure to parents' and teachers' smoking, and teachers' support were associated with adolescent smoking prevalence, irrespective of actions taken by schools. Identifying the mechanism under which these different home and school factors relate to adolescent smoking may be worthwhile to inform intervention initiatives.


Subst Use Mis - Richardson/Wackowski

An Investigation of Smoking Cessation Video Content on YouTube


Richardson CG, Vettese L, Sussman S, Small SP, Selby P.

Abstract

This study examines smoking cessation content posted on youtube.com. The search terms "quit smoking" and "stop smoking" yielded 2,250 videos in October 2007. We examined the top 100 as well as 20 randomly selected videos. Of these, 82 were directly relevant to smoking cessation. Fifty-one were commercial productions that included antismoking messages and advertisements for hypnosis and NicoBloc fluid. Thirty-one were personally produced videos that described personal experiences with quitting, negative health effects, and advice on how to quit. Although smoking cessation content is being shared on YouTube, very little is based on strategies that have been shown to be effective.

http://informahealthcare.com/doi/abs/10.3109/10826084.2011.5...

Also:

Banning smoking in New Jersey casinos-a content analysis of the debate in print media
http://informahealthcare.com/doi/abs/10.3109/10826084.2011.5...

Tob Control - Gallus/Vansickel
Attitudes towards the extension of smoking restrictions to selected outdoor areas in Italy

*Tob Control* 2011; Published Online First: 25 May 2011

Silvano Gallus, Valentina Rosato, Piergiorgio Zuccaro, Roberta Pacifici, Paolo Colombo, Marco Manzari, Carlo La Vecchia

**Abstract**

**Objectives** To estimate the attitudes of Italians on the extension of the smoking ban to selected public outdoor areas.

**Methods** The authors considered data from two Italian surveys on smoking conducted in 2009 and 2010 on a total sample of 6233 individuals, representative of the Italian population aged 15 years or over.

**Results** 64.6% of Italians supported smoke-free policies in public parks, 68.5% in sports stadiums, 62.1% in beaches, 85.9% in school courtyards and 79.9% in outdoor areas surrounding hospitals. Among current smokers, the corresponding estimates were 32.9% for parks, 38.2% for stadiums, 31.2% for beaches, 67.6% for schools and 55.3% for hospitals.

**Conclusions** Extension of the smoking ban to selected outdoor areas is supported by the large majority of the Italian population. The overwhelming majority of support for smoke-free school grounds and outdoor areas surrounding hospitals indicates that legislative action is required.

http://tobaccocontrol.bmj.com/content/early/2011/05/25/tc.20...

Also:

Waterpipe tobacco products: nicotine labelling versus nicotine delivery
http://tobaccocontrol.bmj.com/content/early/2011/06/01/tc.20...

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**Tob Control - Gonzalez/Lewis**

**Through tobacco industry eyes: civil society and the FCTC process from Philip Morris and British American Tobacco’s perspectives**

*Tob Control* 2011; Published Online First: 2 June 2011

Mariaelena Gonzalez, Lawrence W Green, Stanton A Glantz

**Abstract**

**Objective** To analyse the models Philip Morris (PM) and British American Tobacco (BAT) used internally to understand tobacco control non-governmental organizations (NGOs) and their relationship to the global tobacco control policy-making process that resulted in the Framework Convention for Tobacco Control (FCTC).

**Methods** Analysis of internal tobacco industry documents in the Legacy Tobacco Document Library.

**Results** PM contracted with Mongoven, Biscoe, and Duchin, Inc. (MBD, a consulting firm specialising in NGO surveillance) as advisors. MBD argued that because NGOs are increasingly linked to epistemic communities, NGOs could insert themselves into the global policy-making process and influence the discourse surrounding the treaty-making process. MBD advised PM to insert itself into the policy-making process, mimicking NGO behaviour. BAT's Consumer and Regulatory Affairs (CORA) department argued that global regulation emerged from the perception (by NGOs and governments) that the industry could not regulate itself, leading to BAT advocating social alignment and self-regulation to minimise the impact of the FCTC. Most efforts to block or redirect the FCTC failed.
**Conclusions** PM and BAT articulated a global policy-making environment in which NGOs are key, non-state stakeholders, and as a result, internationalised some of their previous national-level strategies. After both companies failed to prevent the FCTC, their strategies began to align. Multinational corporations have continued to successfully employ some of the strategies outlined in this paper at the local and national level while being formally excluded from ongoing FCTC negotiations at the global level.

http://tobaccocontrol.bmj.com/content/early/2011/06/01/tc.20...

Also:

Monoamine oxidase inhibitory activity in tobacco smoke varies with tobacco type
http://tobaccocontrol.bmj.com/content/early/2011/06/01/tc.20...

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**Tob Induc Dis - Dietz**


*Tobacco Induced Diseases* 2011, 9:6 (1 June 2011)


**Abstract**

The primary aim was to examine whether increasing workplace smoking restrictions have led to an increase in smokeless tobacco use among US workers. Smokeless tobacco exposure increases the risk of oral cavity, esophageal, and pancreatic cancers, and stroke. The prevalence of smokeless tobacco use decreased from 1987-2000, except among men 25-44. While smokeless tobacco use has declined in the general population, it may be that the prevalence of smokeless tobacco use has increased among workers due to workplace smoking restrictions, which have been shown to have increased over the years. Using the most current nationally representative National Health Interview Survey (NHIS) data, we examined whether increasing workplace smoking restrictions have led to an increase in smokeless tobacco use among US workers (n=125,838). There were no significant changes in smokeless tobacco use prevalence from 1987-2005 (pooled prevalence = 3.53%); rates also were lower in smoke free workplaces. Worker groups with high rates of smokeless tobacco use included farm workers (10.51%) and blue collar workers (7.26%). Results indicate that smokeless tobacco prevention strategies targeting particular worker groups are warranted.

http://www.tobaccoinduceddiseases.com/content/9/1/6/abstract
http://www.tobaccoinduceddiseases.com/content/pdf/1617-9625--...

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

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**Trials - Choi**

**Culturally-Tailored Smoking Cessation for American Indians: Study protocol for a randomized controlled trial**


Choi WS, Faseru B, Beebe LA, Greiner KA, Yeh HW, Shireman TI, Talawyma M, Cully L, Kaur B, Daley CM.

**Abstract**

**ABSTRACT:** BACKGROUND: Cigarette smoking is the number one cause of preventable death among American Indian and Alaska Natives, Al/ANs. Two out of every five Al/AN will die from tobacco-related diseases if the current smoking rates of Al/ANs (40.8%) persist. Currently, there is no proven, effective culturally-tailored smoking cessation program designed specifically for a heterogeneous population of Al. The primary aim of this group randomized clinical trial is to test the efficacy of "All Nations Breath of Life" (ANBL) program compared to a non-tailored "Current Best Practices" smoking cessation program among Al
smokers. METHODS: We will randomize 56 groups (8 smokers per group) to the tailored program or non-tailored program for a total sample size of 448 American Indian smokers. All participants in the proposed study will be offered pharmacotherapy, regardless of group assignment. This study is the first controlled trial to examine the efficacy of a culturally-tailored smoking cessation program for American Indians. If the intervention is successful, the potential health impact is significant because the prevalence of smoking is the highest in this population. Registered Clinical Trial: NCT01106456.

http://www.trialsjournal.com/content/12/1/126
http://www.trialsjournal.com/content/pdf/1745-6215-12-126.pd...

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