

Acute effects of Advance (TM): A potential reduced exposure product for smokers.

Breland AB; Evans SE; Buchhalter AR; Eissenberg T. *Tobacco Control* 11(4): 376-378, 2002. (21 refs.)

Objective: To examine the acute effects of Advance(TM) potential reduced exposure product (PREP) for smokers marketed as a means to reduce exposure to toxic gases and tobacco specific nitrosamines. Design, setting, participants: Latin square ordered, three condition, laboratory based, crossover design with 20 smokers of light or ultra-light cigarettes (15 or more cigarettes/day). In each 2.5 hour condition, participants completed an 8-puff smoking bout from their own brand, Advance(TM), or an unlit cigarette (that is, sham smoking) every 30 minutes for a total of four bouts. Main outcome measures: Subject rated measures of tobacco/nicotine withdrawal; carbon monoxide (CO), and heart rate; plasma nicotine concentrations. Results: Relative to own brand, Advance(TM) produced similar withdrawal suppression and heart rate increase, lower CO boost, and higher plasma nicotine concentrations. Conclusions: PREPs for smokers need to be evaluated using a comprehensive strategy that includes empirical examination of acute and long term effects. Adequate withdrawal suppression and potentially lower concentrations of CO associated with Advance(TM) use are positive factors, although higher nicotine concentrations do not constitute "reduced exposure". Overall, longer exposure periods are necessary to determine carcinogen delivery. I PREP evaluation is complex and should be completed objectively. Copyright 2002, BMJ Publishing Group.

Availability of cigarettes as a risk factor for trial smoking in adolescents.

Woodruff SI; Candelaria JI; Laniado-Laborin R; Sallis JF; Villaseñor A. *American Journal of Health Behavior* 27(1): 84-88, 2003. (22 refs.)

Objectives: To examine associations between cigarette availability measures with trial (ie, first) use of cigarettes. Methods: At Time 1 and one year later (Time 2), 478 adolescents completed smoking surveys. Trial smoking at Time 2 was predicted from Time 1 availability variables (prospective prediction), as well as Time 2 availability variables (cross-sectional prediction). Results: Offers from friends/classmates were a significant cross-sectional predictor. In prospective analyses, greater perceptions of ease of obtaining cigarettes from parents and greater

frequency of offers from an adult were related to trial smoking. Conclusions: Adult influences, including parental factors, may predispose a young adolescent to smoke. Copyright 2003, CB Slack, Inc.

Do smokers with current or past alcoholism need different or more intensive treatment?

Hughes J. *Alcoholism: Clinical and Experimental Research* 26(12): 1934-1935, 2002. (7 refs.)

This article reviews the literature on several questions. (1) Are smokers in treatment for alcoholism interested in receiving treatment for smoking? (75% say yes.) (2) Does the sequence of treatment matter and is there any reason not to initiate concurrent treatment? The answer is unknown. (3) Does smoking cessation threaten sobriety? No, if anything, those who quit smoking may do better. (4) Are smokers with a history of alcohol dependence more dependent on nicotine? Yes, they have higher Fagerstrom scores, more DSM-defined symptoms, and report finding nicotine more reinforcing. (5) Do smokers with a history of alcoholism have a harder time stopping smoking? Seemingly on any given quit attempt, those with a history of alcoholism are as successful as others. (6) Are smokers with a history of alcoholism less likely to quit smoking in their lifetime? Results of 4 studies say yes, and five found the results equivalent. But lifetime cessation is also a function of the number of quit efforts, and smokers are less likely to attempt smoking cessation. (7) Are those with a history of alcoholism especially likely to benefit from dependence-based treatments, i.e. nicotine replacement? Data is equivocal on this. However, because those with a history of alcoholism smoke more, and have higher levels of dependence, and thus need an especially high dose of nicotine-replacement therapies. (8) Are those with a history of alcoholism likely to benefit more from nicotine cessation treatment that is tailored to their history of alcoholism? There isn't research to answer this. Copyright 2002, Project Cork.

Is there a role for assessment in smoking cessation treatment?

Kassel JD; Yates M. *Behaviour Research and Therapy* 40(12): 1457-1470, 2002. (80 refs.)

Recent strides have been made in smoking cessation as a number of behavioral and pharmacological treatments have proven effective. These treatments are briefly reviewed. The role of assessment in the treatment process,

however, is less clear. Indeed, to date, there are few data suggesting that specialized assessment can be used to guide prescriptive treatment. As such, the question becomes one of how, or whether, assessment should be used in smoking cessation. We address these questions and argue that despite the dearth of empirical substantiation, certain aspects of smoking behavior should be assessed in that they: (1) help identify behavioral, physiological, and psychological conditions that maintain smoking, (2) help describe the problem (smoking) with enough clarity to foster both clinical understanding and diagnosis, and (3) offer prediction and evaluation of treatment process and outcome. Promising assessment-based treatments are also discussed, as well as recommendations for future directions pertaining to the role of assessment in smoking cessation. Copyright 2002, Pergamon Press.

Negative mood, depressive symptoms, and major depression after smoking cessation treatment in smokers with a history of major depressive disorder.

Kahler CW; Brown RA; Ramsey SE; Niaura R; Abrams DB; Goldstein MG et al. *Journal of Abnormal Psychology* 111(4): 670-675, 2002. (19 refs.)

Negative mood, depressive symptoms, and major depressive episodes (MDEs) were examined in 179 smokers with a history of major depression in a trial comparing standard smoking cessation treatment to treatment incorporating cognitive-behavioral therapy for depression (CBT-D). Early lapses were associated with relatively large increases in negative mood on quit dated Mood improved in the 2 weeks after quit date among those returning to regular smoking but not among those smoking moderately. Continuous abstinence was associated with short- and long-term reductions in depressive symptoms. MDE incidence during follow-up was 15.3% and was not associated with abstinence. Unexpected Was that CBT-D was associated With greater negative mood and depressive symptoms-and increased MDE risk. Results suggest complex bidirectional associations between affect and smoking outcomes. Copyright 2002, American Psychological Association, Inc.

Public health and therapeutic aspects of smoking bans in mental health and addiction settings.

el-Guebaly N; Cathcart J; Currie S; Brown D; Gloster S. *Psychiatric Services* 53(12): 1617-1622, 2002. (58 refs.)

Objective: Health care facilities are increasingly implementing policies that ban smoking. A concern has been raised that these policies may have a negative impact on smokers who are mentally ill or substance dependent. The authors conducted a literature review to analyze the relevant empirical evidence. Methods: Major health care databases were searched. Major search terms included

smoking, smoking cessation, nicotine, health policy, hospital policy, smoke-free policy, psychiatric disorders, and substance use disorders. The search was limited to empirical studies, which were analyzed on the basis of design, the behavioral indicators monitored, and the results of questionnaires. Results and conclusions: A total of 22 investigations of the impact of total or partial smoking bans suggest that the policies have had no major long-standing untoward effect in terms of behavioral indicators of unrest or compliance. However, the policies appear to have had little or no effect on smoking cessation. Smoking cessation strategies should be an inherent component of policies that ban smoking. Copyright 2002, American Psychiatric Association. Used with permission.

Smoking as a risk factor for wound healing and infection in breast cancer surgery.

Sorensen LT; Horby J; Friis E; Pilsgaard B; Jorgensen T. *European Journal of Surgical Oncology* 28(8): 815-820, 2002. (36 refs.)

Aim: Clinical studies suggest that smoking is associated with wound necrosis after breast cancer surgery. However, the significance of smoking as a risk factor for wound infection, skin flap necrosis, and epidermolysis when adjusting for other potential risk factors remains to be studied. Methods: From June 1994 through August 1996, 425 patients underwent breast cancer surgery as simple mastectomy, modified radical mastectomy, or breast conserving surgery. The patients were evaluated postoperatively for wound infection, skin flap necrosis, and epidermolysis. Association between these complications and 17 patient, operative, and postoperative variables were analysed by three separate multiple logistic regression analyses. Results: When compared to non-smoking, smoking was significantly associated with wound infection after all types of surgery (light smoking (1-14 grams per day): [odds ratio (OR) = 2.95, 95% confidence interval (95% CI) = 1.07-8.16], and heavy smoking (greater than or equal to 15 grams per day): OR = 3.46 (1.52-7.85). A similar significant association was found as regards skin flap necrosis and epidermolysis after simple mastectomy and modified radical mastectomy: both light and heavy smoking were predictive for skin flap necrosis: light smoking: OR= 6.85 (1.96-23.90), heavy smoking: OR = 9.22 (2.91-29.25) and for epidermolysis: light smoking: OR = 3.98 (1.52-10.43) and heavy smoking: OR = 4.28 (1.81-10.13). No significant dose-response relation was disclosed. Other risk factors and confounders associated with complicated wound healing were adjusted for in the analysis: diabetes, obesity, alcohol, NSAIDs, duration of surgery, and surgical experience. Conclusion: Independent of other risk factors, smoking is predictive for post-mastectomy wound

infection, skin flap necrosis, and epidermolysis. Copyright 2002, Elsevier Science.

Relation between parental restrictions on movies and adolescent use of tobacco and alcohol.

Dalton MA; Ahrens MB; Sargent JD; Mott LA; Beach ML; Tickle JJ et al. *Effective Clinical Practice* 5(1): 1-10, 2002. (27 refs.)

Movies with R ratings contain more smoking than do movies in all other rating categories. The objective of the study was to evaluate the extent to which parents restrict the exposure of adolescents to R-rated movies and to determine whether such restrictions are associated with decreased tobacco and alcohol use in adolescents. The study design included a cross-sectional, self-administered survey of students in grades 5 through 8. The following results were seen: Of 4544 students surveyed, 18 percent had tried cigarettes and 23 percent had tried alcohol. Although 90 percent were under 14 years of age, only 16 percent were completely restricted from viewing R-rated movies. The prevalence of having tried smoking was 35 percent for those with no restrictions on viewing R-rated movies, 12 percent for those with partial restrictions, and 2 percent for those with complete restrictions. The prevalence of having tried alcohol was 46 percent for those with no restrictions on viewing R-rated movies, 16 percent for those with partial restrictions, and 4 percent for those with complete restrictions. Even after controlling for grade, parental disapproval, maternal supervision, maternal responsiveness, peer and family smoking, and child personality characteristics, children who were completely restricted from viewing R-rated movies were less likely to smoke or drink. It is concluded that limiting the exposure of adolescents to R-rated movies may prevent early use of alcohol and tobacco. Copyright 2002, American College of Physicians-American Society of Internal Medicine.

Socially cued smoking in bars, nightclubs, and gaming venues: A case for introducing smoke-free policies.

Trotter L; Wakefield M; Borland R. *Tobacco Control* 11(4): 300-304, 2002. (24 refs.)

Objective: To assess smokers' perceived effects of smoking bans in bars, nightclubs, and gaming venues on their smoking behaviour. Design: Cross sectional structured interview telephone survey of a random sample of smokers. Setting: Population survey in Victoria, Australia. Participants: The sample comprised 597 smokers and analyses were conducted on 409 smokers who reported patronising bars, nightclubs or gaming venues at least monthly. Outcome measures: Two outcomes studied were socially cued smoking and readiness to quit as a result of restrictions on smoking in social venues. Respondents were identified as socially cued smokers if they reported attending bars, nightclubs or

gaming venues at least monthly and said that they smoke more in these venues. The potential influence of bans in social venues on readiness to quit was measured by asking respondents if they would be more or less likely to quit smoking if smoking were banned in hotels, licensed bars, gaming venues, and nightclubs. Results: Of all adult smokers, 69% attended bars, nightclubs or gaming venues at least monthly. Of these smokers, 70% reported smoking more in these settings (socially cued smokers) and 25% indicated they would be likely to quit if smoking were banned in social venues. Compared to smokers not likely to quit if there were bans, smokers likely to quit were more likely to be socially cued (odds ratio (OR) 2.64), to be contemplating or preparing to quit (OR 2.22), to approve of bans in social venues (OR 2.44), and to be aged under 30 years (OR 1.73). Compared with smokers not socially cued, socially cued smokers were more likely to be under the age of 30 years (OR 6.15), more likely to believe that there is a safe level of cigarette consumption (OR 2.25), and more likely to have previously made a quit attempt (OR 2.60). Conclusions: These findings suggest that bans on smoking in bars, nightclubs, and gaming venues could reduce cigarette consumption and increase quitting among smokers who frequently patronise these settings. These beneficial effects are likely to be strongest among younger smokers. Copyright 2002, BMJ Publishing Group.

African American leadership groups: Smoking with the enemy.

Yerger VB; Malone RE. *Tobacco Control* 11(4): 336-345, 2002. (145 refs.)

Background: Among all racial and ethnic groups in the USA, African Americans bear the greatest burden from tobacco related disease. The tobacco industry has been highly influential in the African American community for decades, providing funding and other resources to community leaders and emphasizing publicly its support for civil rights causes and groups, while ignoring the negative health effects of its products on those it claims to support. However, the industry's private business reasons for providing such support were unknown. Objective: To understand how and for what purposes the tobacco industry sought to establish and maintain relationships with African American leaders. Methods: Review and analysis of over 700 previously secret internal tobacco industry documents available on the internet. Results: The tobacco industry established relationships with virtually every African American leadership organisation and built longstanding social connections with the community, for three specific business reasons: to increase African American tobacco use, to use African Americans as a frontline force to defend industry policy positions, and to defuse tobacco control efforts. Conclusion: As the tobacco

industry expands its global reach, public health advocates should anticipate similar industry efforts to exploit the vulnerabilities of marginalised groups. The apparent generosity, inclusion, and friendship proffered by the industry extract a price from groups in the health of their members. Helping groups anticipate such efforts, confront industry co-optation, and understand the hidden costs of accepting tobacco industry largesse should be part of worldwide tobacco control efforts. Copyright 2002, BMJ Publishing Group.

Maternal smoking during pregnancy and childhood obesity.

von Kries R; Toschke AM; Koletzko B; Slikker W Jr. *American Journal of Epidemiology* 156(10): 954-961, 2002. (52 refs.)

A recent cohort study suggested that maternal smoking during pregnancy might be a risk factor for childhood obesity. Data from the obligatory school entry health examination in six Bavarian (Germany) public health offices in 1999-2000 were used to assess the relation between maternal smoking during pregnancy and childhood obesity (n = 6,483 German children aged 5.00-

6.99 years). A body mass index greater than the 90th percentile was defined as overweight, and a body mass index greater than the 97th percentile was defined as obesity. The main exposure was maternal smoking during pregnancy. The prevalences of overweight and obesity, expressed as percentages, increased in the following order: never smoked (overweight: 8.1, 95% confidence interval (CI): 7.2, 9.0; obesity: 2.2, 95% CI: 1.7, 2.7); less than 10 cigarettes daily (overweight: 14.1, 95% CI: 11.1, 17.7; obesity: 5.7, 95% CI: 3.7, 8.2); and 10 or more cigarettes daily (overweight: 17.0, 95% CI: 10.1, 26.2; obesity: 8.5, 95% CI: 3.7, 16.1). The adjusted odds ratios for maternal smoking during pregnancy were 1.43 (95% CI: 1.07, 1.90) for overweight and 2.06 (95% CI: 1.31, 3.23) for obesity. A dose-dependent association between overweight/obesity and maternal smoking during pregnancy was observed that could not be explained by a wide range of confounders, suggesting that intrauterine exposure to inhaled smoke products rather than lifestyle factors associated with maternal smoking accounts for this finding. Copyright 2002, Johns Hopkins University School of Hygiene and Public Health. Used with permission