

"Start to stop": Results of a randomised controlled trial of a smoking cessation programme for teens.

Robinson LA; Weg MWV; Riedel BW; Klesges RC; McLain-Allen B. *Tobacco Control* 12(Supplement 4): 26-33, 2003. (40 refs.)

Objective: To examine the feasibility, acceptability, and effectiveness of a school based smoking cessation programme among students caught smoking at school. **Design:** A randomised controlled trial comparing cessation rates among students in a behavioural cessation programme and those receiving self help materials only. **Setting:** Eighteen schools in the Memphis, Tennessee area. **Subjects:** Two hundred and sixty one adolescent cigarette smokers (166 male, 95 female) averaging 15.8 years of age. **Intervention:** Students assigned to the intervention received a four session behavioural treatment programme administered individually by a health educator. In addition, these students received stage matched intervention in brief phone calls monthly until the one year follow up. **Main outcome measure:** Self reported and biochemically verified smoking cessation at post-test and 12 month follow up. **Results:** Recruiting students who were caught smoking at school proved to be highly successful. Participants rated the programme favourably, and retention rates were high. Although treated participants improved more in tobacco related knowledge relative to controls ($p=0.002$), there were no group differences in changes in attitudes toward smoking. In addition, treated and control participants demonstrated no significant differences in cessation rates both at post-test and follow up. Comparisons between self reported cessation rates and those obtained under bogus pipeline conditions or with biochemical verification suggested significant falsification of cessation among participants. **Conclusions:** Our results failed to demonstrate any significant effect of the cessation programme on smoking rates for treated adolescents compared with controls. Our findings also highlight the importance of utilising strong methodology in research on adolescent smoking cessation, including control groups and biochemical verification of smoking status. Copyright 2003, British Medical Journal Publishing Group.

A comprehensive assessment of the role of complementary and alternative medicine in smoking cessation.

van Haselen RA; Friedrich ME. *Perfusion* 16(10): 364-369, 2003. (26 refs.)

Background: Smoking places a considerable burden on society in terms of health and economic implications. Effective conventional smoking cessation techniques are available, but despite this, there is a high failure rate (ranging from 80-97 %) in achieving continuous abstinence at one year. It is important to explore how complementary and alternative medicine can contribute to reducing the largest single preventable cause of mortality and morbidity. **Objectives.** To assess and explore the

possible role of complementary and alternative treatments in smoking cessation. **Method:** The current literature on CAM treatments as a specific technique in smoking cessation is summarised. As a second approach, smoking cessation will be explored as a process in which an individual passes through a number of stages, and the role of CAM techniques in these stages will be evaluated. As a third approach, the possible role of tailored, highly individualised CAM treatments is discussed. **Results:** Smoking cessation is a very complex process and it is clear that no single approach, both conventional and non-conventional, is adequate. As mono-therapies, both acupuncture and hypnotherapy hold some promise, but it is proving difficult to distinguish specific and non-specific effects in randomised trials. If we approach smoking cessation as a process, there may be a supplementary role for hypericum and exercise (for depressive symptoms), relaxation techniques, hypnotic techniques, aromatherapy, massage, exercise and valerian (for anxiety). The potential role of highly individualised clinical hypnosis, homeopathy and acupuncture is discussed in further detail. In general, the role of individualised approaches in smoking cessation is largely unexplored and further research is indicated. **Conclusions.** Smoking cessation should be targeted from several angles. Although further research is required, it is likely that treatment programs which integrate selected CAM therapies with conventional approaches can contribute to reducing the burden that tobacco places on both individuals and society. Copyright 2003, Edward Arnold, Ltd.

An exploratory study of control of smoking in the home to reduce infant exposure to environmental tobacco smoke.

Sockrider MM; Hudmon KS; Addy R; Mullen PD. *Nicotine & Tobacco Research* 5(6): 901-910, 2003. (54 refs.)

This study examined control of environmental tobacco smoke (ETS) exposure in the home by new mothers and identified factors related to the establishment of home smoking control rules. Pregnant women who, at 28 weeks gestation, reported they had not smoked in the past 28 days were enrolled in a randomized smoking cessation study. Telephone interviews were conducted at 6 weeks, 3 months, 6 months, and 12 months postpartum. A Home Smoking Control Index, composed of four items (whether the mother smokes in the home, the partner smokes in the home, other household smokers are asked to smoke outside, and visitors who smoke are asked to smoke outside), was used to classify homes as having a home smoking policy in effect, no policy or an incomplete policy, or no policy needed. Sociodemographic variables and maternal self-efficacy were examined in relation to the index data among 325 women who had need to exercise control of smoking in the home: 63% had a home smoking policy in effect at 3 months, 60% at 6 months, and 64% at 12 months postpartum. Predictors of policy at 6 and 12 months included (a) having a policy in effect at the

previous assessment, (b) confidence in limiting infant ETS exposure in the home, and (c) perceived difficulty in preventing exposure. Early establishment of a policy appears to be important for ensuring sustained infant ETS avoidance over time. The index measures key actions that influence infant exposure and warrants further testing for use in intervention trials. Copyright 2003, Taylor & Francis, Ltd.

British Columbia capital regional district 100% smokefree bylaw: a successful public health campaign despite industry opposition.

Drope J; Glantz S. *Tobacco Control* 12(3): 264-268, 2003. (65 refs.)

Objective: To describe how the British Columbia Capital Regional District successfully passed, implemented, and enforced a 100% smokefree bylaw in all public places, including restaurants and bars, despite an aggressive campaign by the tobacco industry (acting through the hospitality industry) to stop it. Methods: Information was obtained from news reports, internal tobacco industry documents, reports, public documents, and interviews with key players. Tobacco industry documents were accessed between February and April 2002. This project was approved by the University of California San Francisco committee on human research. Results: As in the USA and elsewhere in the world, the tobacco industry in British Columbia, Canada, recruited and created hospitality associations to fight against the district smokefree bylaw. They used the classic industry rhetoric of individual rights and freedoms, economic devastation, and ventilation as a solution. Public health authorities were able to counter industry strategies with a strong education campaign, well written bylaws, and persistent enforcement. Conclusion: It is possible to overcome serious opposition orchestrated by the tobacco industry and develop and implement a 100% smokefree bylaw in Canada. Doing so requires attention to detail in drafting the bylaw, as well as a public education campaign on the health dangers of secondhand smoke and active enforcement to overcome organised resistance to the bylaw. Jurisdictions considering smokefree bylaws should anticipate this opposition when developing and implementing their bylaws. Copyright 2003, BMJ Publishing Group.

Changes in youth smoking participation in California in the 1990s.

Gilpin EA; Emery S; White MM; Pierce JP. *Cancer Causes and Control* 14(10): 985-993, 2003. (47 refs.)

Objective: To identify which key transitions in the adolescent smoking uptake process changed during periods of increasing and decreasing adolescent smoking participation in California. Methods: Age groups (12 - 14 and 15 - 17 years) from longitudinal surveys of California adolescents, conducted in 1993 - 1996 (prevalence increasing) and in 1996 - 1999 (prevalence declining), allowed comparisons of transition rates across these periods for: never smokers (committed and susceptible) to any smoking, experimenters to established smokers, and current established smokers to former smokers (15 - 17-year-olds only). Analyses adjusted for demographics and other baseline environmental influences on adolescents to smoke, with a variable for 'time period' included to test for

differential period transition rates. Results: Adjusted analyses indicated a time period effect (1993 - 1996 versus 1996 - 1999) on all transitions examined for 12 - 14- year- olds. For 15 - 17- year- olds, the time period effect was significant for the transition from committed never smoker to any smoking, but only marginally significant for experimenter to established smoker and from current established to former smoker. Conclusion: Adolescent smoking participation appeared to decline at all phases in the smoking uptake process, with generally larger declines in younger adolescents. Intensified public health measures to curb adolescent smoking beginning in the mid 1990s may have been responsible. Copyright 2003, Rapid Communications of Oxford, Ltd.

Correlation, causation, and smoking initiation among youths.

Goldberg ME. *Journal of Advertising Research* 43(4): 431-440, 2003. (50 refs.)

Expanded consideration of a variety of concepts and methods, from associative learning to econometrics, lends further support to the accumulated consensus that tobacco advertising plays a role, with other factors, in inducing young people to smoke. A point by point rebuttal of issues raised by both Reitter (JAR 43, 1 [2003]: 12-13) and Taylor and Bonner (this issue) makes the case that tobacco advertising is not an exception to the rule: advertising works and it works in part by building primary demand. On a broader, more paradigmatic note, the role of correlation and causation are discussed within a convergence or triangulation framework. Copyright 2003, Advertising Research Foundation.

Naltrexone and nicotine patch in smoking cessation: A preliminary study.

Krishnan-Sarin S; Meandzija B; O'Malley S. *Nicotine and Tobacco Research* 5(6): 851-857, 2003. (40 refs.)

This preliminary study evaluated the potential efficacy of 50mg of the opioid antagonist naltrexone or placebo in combination with nicotine replacement therapy for smoking cessation, in a small sample of 32 smokers using one to one and a half packs of cigarettes per day. Addition of naltrexone resulted in an increase in continuous abstinence rates (9/16 for naltrexone vs. 5/16 for placebo). Naltrexone reduced the likelihood of relapse among participants who smoked during the first week of treatment, reduced desire to smoke, and prevented weight gain following smoking cessation. These preliminary results suggest that naltrexone augmentation of nicotine patch therapy using procedures designed to optimize the concurrent use of these two medications may be beneficial for smoking cessation.. Copyright 2003, Taylor & Francis, Ltd.

Patterns of smoking, quit attempts and services for a cohort of 15-to 19-year-olds.

Grimshaw G; Stanton A; Blackburn C; Andrews K; Grimshaw C; Vinogradova Y et al. *Child Care Health and Development* 29(6): 457-464, 2003. (31 refs.)

Objectives: To establish patterns of smoking among 15-to 19-year-olds within mixed urban and suburban area and explore preference for the nature of services to assist quitting. Design

Postal survey and depth interviews with focus group validation. Setting: People registered with health services in the Borough of Solihull, UK. The borough has a diverse population with areas of high deprivation to the north and a range of prosperity elsewhere. Participants: Questionnaires were sent to 50% of those registered and 20 people interviewed aged from 15 to 19 years. Main outcome measures The survey contained demographic questions relating to educational attainment and family, smoking status, history and quit attempts, use of facilities for quit attempts. Qualitative themes explored attitudes and experience of quitting, utilization of cessation services, barriers to access and nicotine replacement therapy. Results: Total survey response rate was 32.6%. Three in five reported smoking a cigarette sometime, 17.2% current regular smokers, 7.2% current occasional smokers. Median age of starting smoking was significantly lower ($P=0.004$) for current regular smokers, distinguishable in two groups; weekend smokers and all week smokers. More quit attempts had been made or planned by current regular smokers but were often short lived. Weekend smokers had a slightly longer duration of quitting ($P=0.03$). Eight-two per cent were optimistic about quitting in the future although the majority (80%) had already made one quit attempt. Knowledge and use of existing services was poor, with concerns about privacy and confidentiality. Models based on autonomy were identified as potentially useful. Conclusion: Teenage smoking is characterized by optimism about quitting despite the failure of many quit attempts, lack of regard for existing services and barriers to uptake. Copyright 2003, Blackwell Science, Ltd.

Persistent use of nicotine replacement therapy: An analysis of actual purchase patterns in a population based sample.

Shiffman S; Hughes JR; Pillitteri JL; Burton SL. *Tobacco Control* 12(3): 310-316, 2003. (47 refs.)

Background: In 1996, the US Food and Drug Administration (FDA) approved switching nicotine gum and patch from prescription to over-the-counter (OTC) status. Some expressed concerns that broader availability and lack of physician control might increase persistent use of nicotine replacement therapy (NRT)-that is, use beyond the period specified by the FDA approved label. Objective: To estimate the incidence of persistent use of OTC nicotine gum and patch for periods of >3 months, greater than or equal to 6 months, greater than or equal to 12 months, and greater than or equal to 24 months. Design: Analysis of NRT purchase patterns in data from a population based panel of US households all household purchases between January 1997 and March 2000. Subjects: In a national panel of 40 000 US households, 2690 recorded NRT purchases. Results: Among 805 households that purchased nicotine gum, 2.3% of new purchase incidents led to continuous monthly purchase of gum for greater than or equal to 6 months. For nicotine patches (2050 households) the percentage was 0.9%. For both gum and patch, the incidence of persistent purchase dropped below 0.4% by 24 months. Allowing one month gaps within a "continuous" purchase run resulted in increased estimates (for gum: 6.7% for greater than or equal to 6 months and 1.0% for greater than or equal to 24 months; for patch: 1.7% for greater than or equal to 6 months and 0.05% for greater than or equal to 24 months). Conclusion: Persistent use of nicotine gum and patch is very rare

and has not increased with the transition to OTC use, despite removal of physician oversight. Copyright 2003, BMJ Publishing Group.

Predictors of smoking initiation among at risk youth: A controlled study.

Leff MK; Moolchan ET; Cookus BA; Spurgeon L; Evans LA; London ED et al. *Journal of Child & Adolescent Substance Abuse* 13(1): 59-75, 2003. (50 refs.)

Purpose: To examine smoking initiation in a group of adolescents at risk for developing substance abuse. Methods: Fifty-nine adolescents (25 control and 34 at risk adolescents) participated in a longitudinal study of behavioral and cognitive predictors of development of substance abuse. Aggression, conduct problems, hyperactivity, impulsivity, inattention, anxiety/depression, social difficulties, and somatic complaints were assessed at study entry, and tested as predictors for smoking. Results: At the last follow-up (mean 15 months), 41 (69.5%) adolescents had not smoked, 10 (17%) had experimented with cigarettes, and 8 (13.5%) had smoked regularly. Aggression, hyperactivity, and somatic complaints significantly predicted smoking initiation ($p < 0.05$). Smoking status was similar across psychiatric diagnostic groups. Conclusions: These adolescents warrant close monitoring as they are at risk for nicotine dependence and/or psychiatric problems. Preventive measures should be targeted to these at risk adolescents in both primary care and community settings. Copyright 2003, The Haworth Press, Inc.

Shape of the relapse curve and long-term abstinence among untreated smokers.

Hughes JR; Keely J; Naud S. *Addiction* 99(1): 29-38, 2004. (56 refs.)

Objective: To describe the relapse curve and rate of long-term prolonged abstinence among smokers who try to quit without treatment. Method Systematic literature review. Data sources: Cochrane Reviews, Dissertation Abstracts, Excerpt Medica, Medline, Psych Abstracts and US Center for Disease Control databases plus bibliographies of articles and requests of scientists. Study selection: Prospective studies of self-quitters or studies that included a no-treatment control group. Data extraction: Two reviewers independently extracted data in a non-blind manner. Data synthesis: The number of studies was too small and the data too heterogeneous for meta-analysis or other statistical techniques. Results: There is a paucity of studies reporting relapse curves of self-quitters. The existing eight relapse curves from two studies of self-quitters and five no-treatment control groups indicate most relapse occurs in the first 8 days. These relapse curves were heterogeneous even when the final outcome was made similar. In terms of prolonged abstinence rates, a prior summary of 10 self-quitting studies, two other studies of self-quitters and three no-treatment control groups indicate 3-5% of self-quitters achieve prolonged abstinence for 6-12 month after a given quit attempt. Conclusions: More reports of relapse curves of self-quitters are needed. Smoking cessation interventions should focus on the first week of abstinence. Interventions that produce abstinence rates of 5-10% may be effective. Cessation studies should report

relapse curves. Copyright 2004, Society for the Study of Addiction to Alcohol and Other Drugs.

Smokers' willingness to protect children from secondhand smoke.

King KA; Vidourek RA; Creighton S; Vogel S. *American Journal of Health Behavior* 27(5): 554-563, 2003. (38 refs.)

Objective: To examine the effectiveness of a secondhand smoke media campaign on adult smokers' willingness to protect children from secondhand smoke. Methods: Following a series of community awareness ads, a random sample of 390 adult smokers was surveyed via telephone regarding their perceptions of secondhand smoke. Results: Seeing or hearing the ads was significantly associated with intentions to personally smoke outside of the home and to ask visitors to smoke outside. Most smokers were committed to protecting children from secondhand smoke. Conclusion: Secondhand-smoke media campaigns can positively affect smokers' knowledge of the dangers of secondhand smoke and future intentions to protect others from secondhand smoke. Copyright 2003, CB Slack, Inc.

Smoking cessation interventions for in-patients: A selective review with recommendations for hospital-based health professionals.

Wolfenden L; Campbell E; Walsh RA; Wiggers J. *Drug and Alcohol Review* 22(4): 437-452, 2003

A selective review of the literature was conducted to provide evidence-based recommendations for the clinical management of hospitalized smokers. The Cochrane library, in particular the Cochrane review of 'Interventions for smoking cessation in hospitalised patients', was the basis for the review and was supplemented with other clinical and non-clinical literature where the review did not inform clinicians sufficiently. Evidence was reviewed on issues considered by the authors to be of importance to health professionals interested in providing a smoking cessation intervention to their patients. The review suggests that effective hospital interventions: incorporate an in-patient intervention lasting greater than 20 minutes in duration with extended post discharge follow-up; consist of at least five

intervention contacts; and be delivered over at least a 3-month period. Furthermore, interventions should include in-patient advice and counselling, the provision of nicotine replacement therapy and extended proactive post discharge telephone support. The review also indicates that cessation interventions are particularly effective when delivered to patients with a cardiovascular diagnosis. All health professionals may be effective in providing cessation treatments; however, the addition of a specialist smoking cessation counsellor appears to improve interventions in this setting. Finally, without the development of supportive systems, routine intervention with smoking patients by health professionals is unlikely. Recommendations for the delivery of effective smoking cessation interventions in hospitals are provided. Copyright 2003, Carfax.

Smoking cessation, smoking reduction, and delayed quitting among smokers given nicotine patches and a self-help pamphlet.

Jolicoeur DG; Richter KP; Ahluwalia JS; Mosier MC; Resnicow K. *Substance Abuse* 24(2): 101-106, 2003. (16 refs.)

Over-the-counter nicotine replacement raises questions regarding its "real world" efficacy. This was an open-label, prospective study of 223 smokers who received 42 free nicotine patches and a self-help booklet via shopping mall distribution. The overall quit rate 6 months following distribution of the nicotine patches was 22% (50/223), almost the same quit rate found 6 weeks following patch distribution (21%, 47/223). Twelve percent (27/223) were abstinent at both 6 weeks and 6 months. Among the 83 participants who did not quit, cigarettes smoked per day dropped from 28 to 18. A substantial subgroup of quitters (14%) who, although still smoking at 6 weeks, were smoke free at 6 months, and it appears they had purposefully delayed a serious quit attempt. These results support the usefulness of nicotine patches in helping smokers quit, even with only minimal intervention such as a self-help manual. Copyright 2003, Association for Medical Education & Research in Substance Abuse.