

Role of snus (oral moist snuff) in smoking cessation and smoking reduction in Sweden.

Gilljam H; Galanti M. *Addiction* 98(9): 1183-1190, 2003. (27 refs.)

Aims: To assess to what extent snus has been used as an aid to stop smoking among Swedish smokers. Design: A random telephone retrospective survey of Swedish smokers and ex-smokers. Setting: Survey conducted in November-December 2000. Participants: A national sample of 1000 former and 985 current daily smokers aged 25-55 years. Measurements: Smoking status, date and method of quitting by self-report. Findings: Thirty-three per cent of former smokers and 27% of current smokers had ever used snus. The difference was larger among men (55% versus 45%, $P = 0.003$). Current smokers who made use of snus smoked on average fewer cigarettes per day than non-users of snus. The mean duration of abstinence among former smokers was not influenced by snus use. Conditionally on age, education and use of nicotine replacement therapy there was an increased probability of being a former rather than a current smoker with ever use (OR 1.72, 95% CI = 1.30-2.28) or current use (OR 1.81, 95% CI = 1.31-2.53) of snus. Having used snus at the latest quit attempt increased the probability of being abstinent by about 50% (OR 1.54, 95% CI = 1.09-2.20). Conclusions Our study suggests that by using snus, Swedish male smokers may increase their overall chances of abstinence. However, 71% of the men in this sample who quit smoking did so without using snus and the duration of abstinence was not affected by snus use. This suggests that snus is not a necessary component of smoking cessation at the population level. Snus use was very rare among women. Copyright 2003, Society for the Study of Addiction to Alcohol and Other Drugs.

The impact of smoking cessation on drug abuse treatment outcome.

Lemon SC; Friedmann PD; Stein MD. *Addictive Behaviors* 28(7): 1323-1331, 2003. (23 refs.)

Although cigarette smoking is endemic among illicit drug users, drug abuse treatment programs rarely encourage smoking cessation and often discourage it. The purpose of this study was to determine whether smoking cessation after entering drug abuse treatment influenced drug use 12 months after drug abuse treatment. We analyzed 2316 cigarette smokers in the Drug Abuse Treatment Outcome Study (DATOS), a national, longitudinal study of drug

abuse treatment. Heckman probit selection models assessed the association of self-reported smoking cessation while in drug abuse treatment on self-reported drug abstinence in the year after treatment completion, while simultaneously accounting for possible nonparticipation bias. Controlling for multiple factors, smoking cessation was associated with greater abstinence from drug use after completion of drug abuse treatment ($P=.04$). Despite drug abuse treatment programs' hesitance to encourage smokers to quit, smoking cessation does not negatively impact drug use outcomes. Copyright 2003, Elsevier Science Ltd.

Smoking status identification: Two managed care organizations' experiences with a pilot project to implement identification systems in independent practice associations.

Marcy TW; Thabault P; Olson J; Tooze JA; Liberty B; Nolan S. *American Journal of Managed Care* 9(10): 672-676, 2003. (14 refs.)

Objective: To determine whether managed care organizations (MCOs) can effectively promote the sustained use of smoking status identification systems among independent practice associations. Study Design: Quasi-experimental design measuring smoking status documentation before and after an intervention. Methods: A chart review of the MCOs' patients at 4 participating primary care clinics determined the baseline for smoking status documentation before intervention. Baseline data were unavailable from a fifth participating clinic. Two quality improvement personnel were sent by the MCOs to help the clinics chose and implement a system for identifying smoking status. All of the clinics chose a sticker system. The change in smoking status documentation was assessed by chart reviews of patients enrolled in the MCOs who were seen during the period between 3 and 16 months after implementation of the system. Results: Following the intervention, a significant increase in smoking status documentation was noted among participating clinics. The proportion of patients whose smoking status was identified and documented by any method increased from 50% to 87% ($P < .01$) at the 4 clinics with baseline data. By clinic, the increase varied from 6% to 60%. The sticker system was the method by which most patients' smoking status was documented (77%). There were no controls, so the influence of outside factors, including a regional smoking cessation campaign that coincided with this study, cannot be quantified.

Conclusions: Managed care organizations may be an effective change agent for implementing the guidelines for tobacco use and dependence treatment. Copyright 2003, American Medical Publishing.

Past alcohol problems do not predict worse smoking cessation outcomes.

Hughes JR; Callas PW; High Dose Study Group. *Drug and Alcohol Dependence* 71(3): 269-273, 2003. (29 refs.)

Whether smokers with a past history of alcohol problems are less able to stop smoking and have a greater need for nicotine replacement therapy than smokers without this history is unclear. We conducted a secondary analysis of a prior study (Nicotine Tobacco Res. 1:169) of 1039 smokers randomized to 0, 21, 35 or 42 mg/day nicotine patch for smoking cessation. Because higher dose patches were being tested, only smokers of 30 cigs/day were included. Although smokers with current alcohol abuse or dependence were excluded, 15% of the smokers had a past (>1 year ago) Short Alcohol Dependence Data (SADD) score of 9 suggesting past alcohol problems. Heavy smokers with a past history of alcohol problems did not relapse sooner, were not less likely to be abstinent and did not benefit more from nicotine treatment or from higher doses than heavy smokers without this history. We conclude that a past history of alcohol problems per se does not predict inability to stop smoking. Copyright 2003, Elsevier Scientific Publishers Ireland, Ltd.

Parental education on passive smoking in infancy does work.

Crone MR; Reijneveld SA; Willemsen MC; Sing RAH. *European Journal of Public Health* 13(3): 269-274, 2003. (30 refs.)

Background: Passive smoking is harmful to young children. A protocol has been developed to allow health care workers to communicate with parents about preventing passive smoking. The main message was to refrain from smoking in the presence of the child. The aim of the study was to assess the effectiveness of this education programme. Method: The prevalence of smoking in the presence of infants aged 0-10 months was compared before and after the implementation of the education programme. National samples of mothers completed questionnaires in 1996 (n = 1,129) and in 1999 (n = 2,534). Questions were asked about smoking in the living room in the presence of infants, and about parental smoking, and background characteristics. Results: The prevalence of passive infant smoking decreased from 41% to 18%. The adjusted odds ratio for passive infant smoking in 1999 compared to 1996 was 0.34 (0.26-0.44) when none of the parents smoked, 0.19 (0.14-0.27) when one of the parents smoked, and 0.30 (0.20-0.44) when both parents

smoked. Conclusion: The implementation of this health education programme seems to have been very successful in reducing passive smoking in children. Implementation of similar health education programmes in other countries is recommended. Copyright 2003, Oxford University Press.

Health care practitioners' motivation for tobacco-dependence counseling.

Williams GC; Levesque C; Zeldman A; Wright S; Deci EL. *Health Education Research* 18(5): 538-553, 2003. (24 refs.)

Smoking cessation counseling by practitioners occurs at low rates in spite of strong evidence that counseling increases quit rates and reduces patient mortality. In a preliminary study, 1060 New York State physicians completed a survey concerning use of the Agency for Health Care Policy and Research (AHCPR) Guidelines, perceived autonomy and perceived competence for counseling, perceived autonomy support from insurers, and barriers to counseling. Considered together, perceived autonomy, perceived competence and perceived autonomy support predicted time devoted to counseling and use of the AHCPR guidelines. The primary, longitudinal study of 220 health care practitioners who attended a smoking cessation workshop predicted change in the practitioners' perceived autonomy and perceived competence for counseling as a function of the degree to which they experienced the workshop instructor as autonomy-supportive. In turn, change in perceived autonomy predicted change in time spent counseling and change in use of the AHCPR guidelines. Copyright 2003, Oxford University Press.

Why do so many drug users smoke?

McCool RM; Paschall Richter K. *Journal of Substance Abuse Treatment* 25(1): 43-49, 2003. (25 refs.)

To better understand why most persons in drug treatment smoke, we explored patients' views of the relationship between their smoking, methadone, and drug use. Recruiting from four methadone clinics, we held seven focus groups with 68 current smokers, and 10 individual interviews with former smokers. Sessions were audiotaped, transcribed, and coded. Participants were 18 years old, smoked 5 cigarettes per day, and had used prescription methadone for 2 years. Most patients linked smoking, methadone, and drug use in three ways. First, patients said smoking and drug use were complementary. Examples included smoking to reduce methadone aftertaste and using drugs to reduce smoking-related throat pain. Second, smoking and drug use were similar because they shared cues and withdrawal symptoms. Third, smoking differed from drug use because it had fewer acute consequences. Because smoking, methadone, and drug use are closely

interrelated, future addictions research and treatment protocols should address them in combination. Copyright 2003, Elsevier Science.

Tobacco smoking: Current concepts in etiology and treatment. (review).

Patkar AA; Vergare MJ; Batra V; Weinstein SP; Leone FT. *Psychiatry: Interpersonal and Biological Processes* 66(3): 183-199, 2003. (120 refs.)

Tobacco smoking is the most important preventable cause of death and disease. Despite an increased awareness of the addictive nature of smoking and availability of effective treatments, smoking continues to be widespread among individuals with psychiatric disorders. Moreover, mental health professionals remain reluctant to address smoking among their patients for a variety of reasons. Recent research has provided a wealth of data that have shaped the concept of tobacco smoking as a chronic addictive disorder and also demonstrated the efficacy of smoking cessation interventions. This paper reviews the important factors that contribute to smoking and the various pharmacological and psychosocial interventions for smoking cessation from a biopsychosocial perspective. It also makes recommendations for the rational use of these interventions to treat nicotine dependence in individuals with psychiatric disorders. Copyright 2003, Guilford Publications, Inc.

Effect of smoking reduction on later cessation: A pilot experimental study.

Carpenter MJ; Hughes JR; Keely JP. *Nicotine & Tobacco Research* 5(2): 155-162, 2003. (35 refs.)

It is unclear whether reducing the number of cigarettes in smokers not trying to quit increases or decreases the likelihood of future quitting. In a pilot study, smokers not currently interested in quitting (n = 67) were randomized to two groups. Experimental participants received behavioral treatment and nicotine replacement therapy (choice of gum, patch, or inhaler) to reduce smoking by 50% over 4 weeks, followed by brief advice to quit. Usual-care participants received only brief advice to quit and nicotine replacement if they decided to quit. During the 4-week treatment period, nonabstaining reduction participants decreased from 23 to 14 cigarettes per day (p <.01) and maintained their reduction over the 6-month follow-up period. At the 6-month follow-up, 35% of usual-care and 41% of reduction participants (nonsignificant [ns]) moved forward in their stage of change. Over the 6 months, 34% of usual-care participants had at least one 24-h quit attempt, compared with 25% of reduction participants (ns). A total of 9% of usual-care participants remained quit at 6 months vs. 13% in the reduction group (ns). These preliminary results suggest that adding a

reduction option neither increases nor undermines interest in cessation. Higher than expected rates of attempted cessation and quitting in the usual-care group suggest that we recruited smokers whose motivation to quit was above average. Thus, a replication test in a less-motivated group of smokers is needed. Copyright 2003, Carfax Publishing.

Continual smoking of mentholated cigarettes may mask the early warning symptoms of respiratory disease.

Garten S; Falkner RV. *Preventive Medicine* 37(4): 291-296, 2003. (41 refs.)

Background. Continual use of cold preparations including those containing menthol for relief from congestion, cough, or difficulty in breathing can mask the early warning symptoms of respiratory dysfunction. These products usually carry a warning label on the packaging that indicates that they are not for continuous use and may mask the early warning symptoms of a more serious condition. Menthol can be delivered in many dosage forms including the smoke of a mentholated cigarette. Methods. Literature searches were done for the NLM databases (e.g., MEDLINE from 1966, TOXLINE, OLDMEDLINE (1958-1965), CANCERLIT), plus tobacco industry documents and hardcopy indices. The evidence was evaluated with application to mentholated cigarette smoking. Results. A logical progression is presented to attempt to demonstrate that the continuous smoking of mentholated cigarettes may also mask the early warning symptoms of respiratory distress. The early warning symptoms caused by chronic irritation of the respiratory tract may be reduced in severity when the menthol found in a mentholated cigarette is continually delivered to the tract. Conclusion. This masking of the symptoms of an underlying respiratory disease can lead to delays in seeking medical attention resulting in a poor prognosis, additional suffering, and eventual death. Copyright 2003, American Health Foundation.

Naltrexone treatment for alcoholics: Effect on cigarette smoking rates.

Rohsenow DJ; Monti PM; Colby SM; Gulliver SB; Swift RM; Abrams DB. *Nicotine & Tobacco Research* 5(2): 231-236, 2003. (33 refs.)

Naltrexone (NTX), by its pharmacological action in the mesolimbic pathways, should decrease reinforcement from nicotine as well as from alcohol. By means of this mechanism, NTX could result in temporary increases in smoking followed by decreased smoking rates among alcoholics not motivated to quit smoking. The change from pretreatment in smoking rates of 73 recently abstinent alcoholics in a 12-week clinical trial of NTX vs. placebo during alcoholism treatment was compared during 8 of the

12 weeks. Only smokers compliant with NTX were included in the analyses. NTX was associated with decreased smoking at every time point, but the effect was significant at only one time point. When alcohol relapsers were excluded, NTX patients showed decreased smoking at every time point, but the effect was significant at only two time points, a reduction of about five cigarettes per day. When smoking stage of change was included in the analyses, NTX showed no significant main or interaction effects on smoking rate. Pre-contemplators showed significantly less change in smoking rate than all other patients at the first and last four time points. Therefore, NTX alone currently does not show promise for promoting smoking reduction among recently abstinent alcoholics who have not sought or been given smoking cessation treatment. Further research is needed on possible effects with smokers motivated to quit smoking and on other methods of promoting smoking cessation among alcoholics. Copyright 2003, Carfax Publishing.

Internet sales of cigarettes to minors.

Ribisl KM; Williams RS; Kim AE. *Journal of the American Medical Association* 29(10): 1356-1359, 2003. (21 refs.)

Context: There is growing concern that the Internet might become a source of tobacco products for minors. Although researchers have studied tobacco sales to minors at retail outlets for more than a decade, there are no published studies of tobacco sales to minors via the Internet. Objective To determine the proportion of Internet cigarette vendors that will sell cigarettes to minors. Design, Setting, and Participants: Cross-sectional study conducted in April-July 2001. Under adult supervision, 4 adolescents aged 11 to 15 years attempted to purchase cigarettes via 55 Internet cigarette vendors located in 12 states. These minors made a total of 83 purchase attempts, paying by credit card (n=47) and by money order (n=36). Main Outcome Measure: Proportion of Internet cigarette vendors that sold cigarettes to minors. Results Minors successfully received cigarettes for 93.6% of credit card purchase attempts and for 88.9% of money order purchase attempts. Age was never verified for any of these deliveries. Internet vendors sent a total of 1650 packs of cigarettes to the underage adolescents in this study. Conclusion: Minors appear to have easy access to cigarettes via the Internet because many Internet vendors have weak or nonexistent age verification procedures. Copyright 2003, American Medical Association.

The effect of parental smoking on lung function and development during infancy. (review).

Stocks J; Dezateux C. *Respirology* 8(3): 266-285, 2003. (170 refs.)

While the adverse effects of parental smoking on respiratory health during childhood are well recognized, its potential impact on early lung development is less clear. This review summarizes current evidence on the effect of parental smoking on lung function during infancy. It is difficult to separate the effects of pre- and postnatal exposure, since the majority of mothers who smoke in pregnancy (currently around 30% worldwide) continue to do so thereafter. Nevertheless, measurements undertaken prior to any postnatal exposure have consistently demonstrated significant changes in tidal flow patterns in infants whose mothers smoked in pregnancy. While there is, as yet, no convincing evidence from studies in human infants that smoking during pregnancy is associated with increased airway responsiveness at birth, many studies have demonstrated a reduction in forced expiratory flows (on average by 20%) in infants exposed to parental smoking. While maternal smoking during pregnancy remains the most significant source of such exposure and is likely to be responsible for diminished airway function in early life, continuing postnatal tobacco smoke exposure will increase the risk of respiratory infections, the combination of both being responsible for the two- to fourfold increased risk of wheezing illnesses observed during the first year of life in infants whose parents smoke. These findings emphasize the need to keep infants in a smoke-free environment both before and after birth, not least because of growing awareness that airway function in later life is largely determined by that during foetal development and early infancy. Copyright 2003, Blackwell Publishing Asia.

Tobacco- and alcohol-attributable mortality and years of potential life lost in Germany.

John U; Hanke M. *European Journal of Public Health* 13(3): 275-277, 2003. (19 refs.)

Aim: To compare the ages of death caused by tobacco smoking and alcohol risk drinking. Methods: Smoking rates from the largest population survey, alcohol drinking data from the National Health Survey and data from the vital statistics from Germany are used and attributable fractions computed. Results: Alcohol-attributable deaths occurred at the youngest age, followed by tobacco- plus alcohol-attributable cases, whereas death cases attributable to tobacco smoking only occur latest. Conclusion: The overlap in the two substance-use behaviours, has to be taken into account when considering attributable mortality data. Copyright 2003, Oxford University Press.