

Alcohol accounts for a high proportion of premature mortality in central and eastern Europe.

Rehm J; Sulkowska U; Manczuk M; Boffetta P; Powles J; Popova S et al. *International Journal of Epidemiology* 36(2): 458-467, 2007. (56 refs.)

Background: There is a west-east mortality gradient in Europe, more pronounced in men. The objective of this article was to quantify the contribution of alcohol use to the gap in premature adult mortality between three old (France, Sweden and United Kingdom) and four new (Czech Republic, Hungary, Lithuania and Poland) European Union (EU) member states for the year 2002. Russia was added as an external comparator. Methods Exposure data were taken from surveys and per capita consumption records from the World Health Organization (WHO) Global Alcohol Database. Mortality data were taken from the WHO databank. The risk relationships were taken from published meta-analyses and from the WHO Comparative Risk Assessment project. Alcohol exposure and relative risk information was combined to derive alcohol-attributable fractions for relevant causes of premature mortality. Results Alcohol consumption was responsible for 14.6% of all premature adult mortality in the eight countries, 17.3% in men and 8.0% in women. This proportion was clearly higher in the new EU member states and Russia compared with the comparison countries from the old EU. For men, Russia with 29.0 alcohol attributable premature deaths per 10000 population had a more than 10-fold higher rate compared with Sweden (2.7 deaths/10000). For women, the ratio between Hungary (5.0 alcohol-attributable deaths/10000) and Russia (4.7 deaths/10000) compared with Sweden (0.5 deaths/10000) was almost as high, but the rates were much lower. The Czech Republic and Poland showed proportionally less alcohol-attributable premature mortality than the other new EU member states or Russia for both genders, which, however, was still higher than in any of the old EU member states. Conclusions: Alcohol is a strong contributor to the health gap between western and central and eastern Europe, with both average volume of consumption and patterns of drinking contributing to burden of disease and injury. Alcohol also contributes substantially to male-female differences in

mortality and life expectancy. However, there are feasible and cost-effective measures to reduce alcohol-related burden that should be implemented in central and eastern Europe. Copyright 2007, Oxford University Press.

Cannabis and ecstasy/MDMA (3,4-methylenedioxy-methamphetamine): An analysis of their neuro-psychobiological interactions in recreational users. (review).

Parrott AC; Milani RM; Gouzoulis-Mayfrank E; Daumann J. *Journal of Neural Transmission* 114(8): 959-968, 2007. (100 refs.)

The majority of recreational Ecstasy/MDMA users (90-98%) also take cannabis. This co-drug usage is often viewed as a methodological confound, which needs to be removed statistically. Here we take a rather different approach, and debate the potential complexities of their psychobiological interactions. The ring-substituted amphetamine derivate MDMA (3,4-methylenedioxy-methamphetamine, or 'Ecstasy') is a powerful CNS stimulant, whereas cannabis is a relaxant. Their co-usage may reflect opposing effects in three psychobiological areas: arousal, body temperature, and oxidative stress. Firstly MDMA is alerting whereas cannabis is sedating. Secondly MDMA is hyperthermic whereas cannabis is hypothermic. Thirdly MDMA increases oxidative stress whereas cannabinoids are antioxidant. Hence cannabis may modulate the acute and sub-acute reactions to MDMA, reduce the acute hyperthermia induced by MDMA, and ameliorate the oxidative stress caused by MDMA. The limited empirical evidence on each topic will be critically examined. In terms of chronic effects each drug is functionally damaging, so that polydrug users generally display cumulative neurobiological impairments. However in certain aspects their neuropsychobiological effects may interactive rather than additive. In particular, the combined use of cannabis and MDMA may have rather different neuropsychobiological implications, than their separate usage. In order to investigate these potential complexities, future research will need better empirical data on the exact patterns of co-drug usage. Copyright 2007, Springer.

Cannabis consumption and development of psychosis: State of the art. (review).

Roncero C; Collazos F; Valero S; Casas M. *Actas Espanolas de Psiquiatria* 35(3): 182-189, 2007. (30 refs.)

Cannabis is the most widely used illegal drug in Spain. Currently, its use is on the rise as risk perception is decreasing, primarily among young people. It is well known that cannabis negatively influences course and prognosis in schizophrenic patients. However, the relationship between cannabis use and development of a psychotic or schizophrenic disorder remains controversial. The study of this topic has been approached using longitudinal cohort studies, which study cannabis use and psychotic or schizophrenic disorders. In addition to the classic Swedish conscript study published by Andreasson et al. 1987, during the past years, six more longitudinal cohort studies have been published. The data demonstrate that there are both temporal and dose-response relationships, and that early initiation of cannabis use is highly correlated with the development of psychotic symptoms. Cannabis consumption can increase the risk of developing schizophrenia in a vulnerable population twofold, to the extent that some studies suggest a causal relationship. The current knowledge base makes it necessary to warn the population about the relationship between cannabis use and the development of psychosis. Copyright 2007, S T M Editores, SA.

Causes and circumstances of fatal falls downstairs.

Bux R; Parzeller M; Bratzke H. *Forensic Science International* 171(2/3, special issue): 122-126, 2007. (37 refs.)

Reports of 9156 autopsies performed at the Centre of Legal Medicine of the J.W. Goethe-University Frankfurt over a period of 10 years were reviewed for fatal accidents of falls downstairs, age, gender, drinking behaviour and alcohol influence, the locality and the time of the accident. Among 43 cases (0.47% of all autopsies) were 31 males (72.1 %, average age 63.9 years) and 12 women (27.9%, average age 65.8 years). Twenty-nine accidents (67.4%) occurred at home, in six cases (14.0%) in a public building or area. Twenty-three victims (53.5%) were under the influence of alcohol (average blood alcohol concentrations (BAQC): 2.56 parts per thousand), in 19 persons autopsy revealed severe internal disease which may explain the cause of the fall (severe coronary artery disease, myocardial hypertrophy, myocardial infarction, apoplexy, brain tumour). This study indicates that a fatal fall downstairs without an

underlying severe disease or alcohol influence is a rare phenomenon. Copyright 2007, Elsevier Science.

Corneal ulcers associated with aerosolized crack cocaine use.

Ghosheh FR; Ehlers JP; Ayres BD; Hammersmith KM; Rapuano CJ; Cohen EJ. *Cornea* 26(8): 966-969, 2007. (5 refs.)

Purpose: We report 4 cases of corneal ulcers associated with drug abuse. The pathogenesis of these ulcers and management of these patients are also reviewed. Methods: Review of all cases of corneal ulcers associated with drug abuse seen at our institution from July 2006 to December 2006. Results: Four patients with corneal ulcers associated with crack cocaine use were reviewed. All corneal ulcers were cultured, and the patients were admitted to the hospital for intensive topical antibiotic treatment. Each patient received comprehensive health care, including medical and substance abuse consultations. Streptococcal organisms were found in 3 cases and Capnocytophaga and Brevibacterium casei in 1 patient. The infections responded to antibiotic treatment. Two patients needed a lateral tarsorrhaphy for persistent epithelial defects. Conclusions: Aerosolized crack cocaine use can be associated with the development of corneal ulcers. Drug abuse provides additional challenges for management. Not only treatment of their infections but also the overall poor health of the patients and increased risk of noncompliance need to be addressed. Comprehensive care may provide the patient the opportunity to discontinue their substance abuse, improve their overall health, and prevent future corneal complications. Copyright 2007, Lippincott, Williams & Wilkins.

Dual intoxication with diazepam and amphetamine: This drug interaction probably potentiates myocardial ischemia.

Starcevic B; Sicaja M. *Medical Hypotheses* 69(2): 377-380, 2007. (35 refs.)

Drug-induced myocardial infarction is not a common phenomenon and the underlying mechanism has been related with the coronary artery spasm in the majority of cases. It is mainly related to illicit substances such as cocaine, ecstasy, LSD and amphetamine. According to the findings in the literature it is most likely that myocardial ischemia due to amphetamine abuse is a result of combined mechanisms which include coronary artery vasospasm, and in lesser extent thrombus formation or direct myocardial toxicity. Diazepam is also usually found as a substance of abuse. Recent findings indicate that diazepam exerts an inhibitory activity on different isoforms of the

enzyme cyclic nucleotide phosphodiesterase which can be found in the heart muscle and also show that diazepam potentate the positive inotropic effect of both noradrenaline and adrenaline, which subsequently leads to increase in myocardial contractility. We propose that dual intoxication with amphetamine and benzodiazepine potentate their effects on cardiac tissue and coronary arteries which results in larger myocardial injury. Copyright 2007, Churchill Livingstone.

An open-label pilot study of risperidone in the treatment of methamphetamine dependence.

Meredith CW; Jaffe C; Yanasak E; Cherrier M; Saxon AJ. *Journal of Psychoactive Drugs* 39(2): 167-172, 2007. (44 refs.)

Psychopharmacological treatments for methamphetamine (MA) dependence have questionable efficacy. Open-label risperidone was evaluated in veterans seeking MA dependence treatment. Participants (N = 11) received four weeks of risperidone. They provided weekly self-reports of substance use, urine drug screens, and adverse effects. Neuropsychological assessments and psychiatric symptomatology (Brief Symptom Inventory; BSI) were measured at baseline and follow-up. The eight completers had an average risperidone dose of 3.6mg/day and decreased days of MA use during the trial from a mean of 13.0 (SD = 6.5) in the 30 days prior to starting risperidone to a mean of 0.125 (SD = 0.4; t = 5.7, p = .001). When measured over time, fine motor function (Grooved Peg Board Dominant Hand) was the only neuropsychological domain to improve significantly. No other domain changed significantly from baseline to follow-up among study completers. BSI data were converted to demographically corrected T-scores utilizing appropriate normative data (mean = 50, SD = 10). BSI somatization T-scores declined from a mean of 59.0 (SD = 8.4) to 51.8 (SD = 8.3; t = 2.7, p < .05), and positive symptom distress declined from a mean of 52.8 (SD = 8.0) to 41.7 (SD = 8.6; t = 3.0, p < .05). Risperidone was well tolerated and associated with decreased MA use. Copyright 2007, Haight-Ashbury Publishing.

Ginkgo biloba is not a smart drug: An updated systematic review of randomised clinical trials testing the nootropic effects of G-biloba extracts in healthy people. (review).

Canter PH; Ernst E. *Human Psychopharmacology: Clinical and Experimental* 22(5): 265-278, 2007. (27 refs.)

Here, we update our earlier systematic review of 2001, which critically evaluated the data from clinical trials to determine whether Ginkgo biloba enhances

cognitive function in healthy subjects. Literatures searches of six computerised databases, updated to January 2007, were made for randomised, placebo-controlled, double-blind clinical trials of the effects of standardised Ginkgo biloba (*G. biloba*) extracts on cognitive function in healthy subjects under the age of 60 years. Trials published in any language were included, and data were extracted independently by the two authors following a standardised protocol. We include 15 randomised clinical trials of which 7 are single-dose studies and 8 are longer term studies with treatment periods ranging from 2 days to 13 weeks. Three single dose studies and 4 longer term studies are newly included. Several of the studies have methodological flaws. A number of the acute studies used multiple outcomes and report positive effects on one or more of these at particular time points with particular doses but these findings are either not replicated, or are directly contradicted by other studies. The evidence from longer term studies is largely negative. Of those studies which measured subjective effects, only one of five acute studies and one of six longer term studies reported any significant positive results. Overall, and in line with our previous conclusions, we have found no convincing evidence from randomised clinical trials for a robust positive effect of *G. biloba* ingestion upon any aspect of cognitive function in healthy young people, after either acute or longer term administration. Copyright 2007, John Wiley & Sons.

Health-related effects of genetic variations of alcohol-metabolizing enzymes in African Americans.

Scott DM; Taylor RE. *Alcohol Research & Health* 30(1): 18-21, 2007. (27 refs.)

Alcohol metabolism involves two key enzymes—alcohol dehydrogenase (ADH) and aldehyde dehydrogenase (ALDH). There are several types of ADH and ALDH, each of which may exist in several variants (i.e., isoforms) that differ in their ability to break down alcohol and its toxic metabolite acetaldehyde. The isoforms are encoded by different gene variants (i.e., alleles) whose distribution among ethnic groups differs. One variant of ADH is ADH1B, which is encoded by several alleles. An allele called ADH1B*3 is unique to people of African descent and certain Native American tribes. This allele is associated with more rapid breakdown of alcohol, leading to a transient accumulation of acetaldehyde. African Americans carrying this allele are less likely to have a family history of alcoholism and experience a less rewarding subjective response to alcohol. Moreover, children of mothers with this allele are less

vulnerable to alcohol-related birth defects. The enzyme ALDH1 also is encoded by several alleles. Two of these alleles that are found in African Americans - ALDH1 A1 *2 and ALDH1 A1 *3 - may be associated with a reduced risk of alcoholism. Public Domain.

Drug interactions with smoking.

Kroon LA. *American Journal of Health-System Pharmacy* 64(18): 1917-1921, 2007. (37 refs.)

Purpose. The mechanisms for drug interactions with smoking and clinically significant pharmacokinetic and pharmacodynamic drug interactions with smoking are reviewed. Summary. Polycyclic aromatic hydrocarbons (PAHs) are some of the major lung carcinogens found in tobacco smoke. PAHs are potent inducers of the hepatic cytochrome P-450 (CYP) isoenzymes 1A1, 1A2, and, possibly, 2E1. After a person quits smoking, an important consideration is how quickly the induction of CYP1A2 dissipates. The primary pharmacokinetic interactions with smoking occur with drugs that are CYP1A2 substrates, such as caffeine, clozapine, fluvoxamine, olanzapine, tacrine, and theophylline. Inhaled insulin's pharmacokinetic profile is significantly affected, peaking faster and reaching higher concentrations in smokers compared with nonsmokers, achieving significantly faster onset and higher insulin levels. The primary pharmacodynamic drug interactions with smoking are hormonal contraceptives and inhaled corticosteroids. The most clinically significant interaction occurs with combined hormonal contraceptives. The use of hormonal contraceptives of any kind in women who are 35 years or older and smoke 15 or more cigarettes daily is considered contraindicated because of the increased risk of serious cardiovascular adverse effects. The efficacy of inhaled corticosteroids may be reduced in patients with asthma who smoke. Conclusion. Numerous drug interactions exist with smoking. Therefore, smokers taking a medication that interacts with smoking may require higher dosages than nonsmokers. Conversely, upon smoking cessation, smokers may require a reduction in the dosage of an interacting medication. Copyright 2007, American Society of Health-System Pharmacy

Is the frequency of carisoprodol withdrawal syndrome increasing?

Reeves RR; Hammer JS; Pendarvis RO.

Pharmacotherapy 27(10): 1462-1466, 2007. (31 refs.) Carisoprodol is a commonly used centrally acting muscle relaxant. A number of case reports have suggested that the drug may have abuse potential, presumably because it is metabolized to the anxiolytic

drug, meprobamate, which is a controlled substance at the federal level. Two recent case reports described symptoms of withdrawal after the cessation of carisoprodol. We present two additional cases that support the concept of a withdrawal syndrome with this drug. Symptoms of carisoprodol withdrawal include anxiety, tremulousness, insomnia, jitteriness, muscle twitching, and hallucinations. These symptoms are most likely caused by withdrawal from the meprobamate that accumulates after large amounts of carisoprodol are ingested. Although carisoprodol is not a controlled substance at the federal level, clinicians should be aware of its significant potential for abuse. Copyright 2007, Pharmacotherapy Publications Inc.

Manganic encephalopathy due to "ephedrone" abuse.

Sanotsky Y; Lesyk R; Fedoryshyn L; Komnatska I; Matviyenko Y; Fahn S. *Movement Disorders* 22(9): 1337-1343, 2007. (32 refs.)

We describe the clinical and neuroimaging features of 6 drug-abuse patients with self-inflicted manganese poisoning. The patients injected a home-brewed mixture called "ephedrone" (slang term) that contained manganese to produce an amphetamine-like euphoria. The desired chemical product, phenylpropanoneamine (also called methamphetamine), was synthesized from a common-cold-remedy compound using permanganate as the catalyst. Manganese was a by-product in the ephedrone mixture. After months of self-injections, a clinical picture emerged, consisting of apathy, bradykinesia, gait disorder with postural instability, and spastic-hypokinetic dysarthria. There was no response to levodopa. The MRI revealed symmetric hyperintense T1-weighted signals in the basal ganglia, typical of manganese accumulation. Copyright 2007, Movement Disorder Society.

Offspring effects of prenatal alcohol exposure from birth to 25 years: The Seattle Prospective Longitudinal Study.

Streissguth A. *Journal of Clinical Psychology in Medical Settings* 14(2): 81-101, 2007. (72 refs.)

Before alcohol was generally known to cause birth defects, National Institute on Alcohol Abuse and Alcoholism in 1974 began funding a population-based Seattle study on alcohol use and pregnancy outcome. Women receiving prenatal care by mid-pregnancy were recruited (N = 1,529) and interviewed at home. Approximately 500 offspring exposed to a range of alcohol levels were examined on 11 occasions between day 1 and 25 years. Neuropsychological and neurobehavioral performance measures are correlated with prenatal alcohol dose, without substantial

confounding by socio-demographic or rearing conditions, smoking, nutrition, or other drugs. Deficits in attention, arithmetic skill, spatial-visual memory, and IQ, as well as increased alcohol problems and psychiatric disorders are among offspring outcomes correlated at several ages with maternal drinking during and before pregnancy recognition. Findings are not confined to women who believed they had alcohol problems. Not all exposed offspring appear affected. Copyright 2007, Springer Publishers.

Children in methamphetamine homes: A survey of physicians practicing in southeast Tennessee.

Bratcher L; Clayton EW; Greeley C. *Pediatric Emergency Care* 23(10): 696-702, 2007. (5 refs.)

Objectives: Methamphetamine (meth) abuse in the rural South has increased greatly in the last decade. This addiction harms meth abusers and producers and endangers children who live with them. Appropriate medical evaluation and treatment of these exposed children are largely undefined. The objective of this research was to ascertain how emergency medical practitioners view this problem and their management approaches. Methods: A survey of medical practices was mailed to 87 physicians associated with emergency departments and child services in 12 southeastern Tennessee counties with high rates of meth lab seizures. This survey asked about physicians' examination of children in provided clinical scenarios who may have been exposed to meth, their assessment of the severity of the meth problem in their area, and the utility of a standardized protocol for management. Twenty-six practitioners responded. Results: In a clinical scenario developed to suggest high possibility of meth exposure, the average response regarding likelihood of meth exposure was 8 on a scale of 1 to 10. In a scenario suggesting ambiguous exposure, the physicians' mean response about likelihood of meth exposure was 4 on a scale of 1 to 10. In a third scenario presenting a confirmed meth exposure, physicians ordered the following tests: toxicology screening (96%), complete blood count (88%), oxygen saturation (76%), chest radiograph (72%), and carboxyhemoglobin concentration (52%). Ninety-two percent of respondents felt that medical knowledge of meth could be improved. Conclusions: Southeastern Tennessee emergency practitioners varied in their estimation of the likelihood of meth exposure to children in different scenarios. In addition, their clinical responses to cases of definite exposure were highly divergent. These practitioners also stated that standardized guidelines would aid in providing care for meth-exposed children. Copyright 2007, Lippincott, Williams & Wilkins.

Syncope and QT prolongation among patients treated with methadone for heroin dependence in the city of Copenhagen.

Fanoë S; Hvidt C; Ege P; Jensen GB. *Heart* 93(9): 1051-1055, 2007. (30 refs.)

Background: Methadone is prescribed to heroin addicts to decrease illicit opioid use. Prolongation of the QT interval in the ECG of patients with torsade de pointes (TdP) has been reported in methadone users. As heroin addicts sometimes faint while using illicit drugs, doctors might attribute too many episodes of syncope to illicit drug use and thereby underestimate the incidence of TdP in this special population, and the high mortality in this population may, in part, be caused by the proarrhythmic effect of methadone. Methods: In this cross-sectional study interview, ECGs and blood samples were collected in a population of adult heroin addicts treated with methadone or buprenorphine on a daily basis. Of the patients at the Drug Addiction Service in the municipal of Copenhagen, 450 (, similar to 52%) were included. The QT interval was estimated from 12 lead ECGs. All participants were interviewed about any experience of syncope. The association between opioid dose and QT, and methadone dose and reporting of syncope was assessed using multivariate linear regression and logistic regression, respectively. Results: Methadone dose was associated with longer QT interval of 0.140 ms/ mg (p = 0.002). No association between buprenorphine and QTc was found. Among the subjects treated with methadone, 28% men and 32% women had prolonged QTc interval. None of the subjects treated with buprenorphine had QTc interval >0.440s(1/2). A 50 mg higher methadone dose was associated with a 1.2 (95% CI 1.1 to 1.4) times higher odds for syncope. Conclusions: Methadone is associated with QT prolongation and higher reporting of syncope in a population of heroin addicts. Copyright 2007, BMJ Publishing Group.

The alcoholic lung: Epidemiology, pathophysiology, and potential therapies.

Joshi PC; Guidot DM. *American Journal of Physiology. Lung Cellular and Molecular Physiology* 292(4): L813-L823, 2007. (84 refs.)

Epidemiological evidence gathered only in the past decade reveals that alcohol abuse independently increases the risk of developing the acute respiratory distress syndrome by as much as three- to fourfold. Experimental models and clinical studies are beginning to elucidate the mechanisms underlying this previously unrecognized association and are revealing for the first time that chronic alcohol abuse causes

discrete changes, particularly within the alveolar epithelium, that render the lung susceptible to acute edematous injury in response to sepsis, trauma, and other inflammatory insults. Recent studies in relevant animal models as well as in human subjects are identifying common mechanisms by which alcohol abuse targets both the alveolar epithelium and the alveolar macrophage, such that the risks for acute lung injury and pulmonary infections are inextricably linked. Specifically, chronic alcohol ingestion decreases the levels of the antioxidant glutathione within the alveolar space by as much as 80-90%, and, as a consequence, impairs alveolar epithelial surfactant production and barrier integrity, decreases alveolar macrophage function, and renders the lung susceptible to oxidant-mediated injury. These changes are often subclinical and may not manifest as detectable lung impairment until challenged by an acute insult such as sepsis or trauma. However, even otherwise healthy alcoholics have evidence of severe oxidant stress in the alveolar space that correlates with alveolar epithelial and macrophage dysfunction. This review focuses on the epidemiology and the pathophysiology of alcohol-induced lung dysfunction and discusses potential new treatments suggested by recent experimental findings. Copyright 2007, American Physiological Society.

Prospective memory impairment in "ecstasy" (MDMA) users.

Rendell PG; Gray TJ; Henry JD; Tolan A. *Psychopharmacology* 194(4): 497-504, 2007. (41 refs.)

Rationale: Considerable research indicates that "ecstasy" users perceive their memory for future intentions (prospective memory) to be impaired. However, only one empirical study to date has directly tested how this capacity is affected by ecstasy use, and this study provided relatively limited information regarding the extent, scope, or implications of problems experienced. Objectives: The present study assessed prospective performance on a laboratory measure of prospective memory that closely represents the types of prospective memory tasks that actually occur in everyday life and provides an opportunity to investigate the different sorts of prospective memory failures that occur ("Virtual Week"). Method: Ecstasy

user group (27 current users and 34 nonusers) was between participants, and prospective memory task (regular, irregular, time-check) was within participants. A measure sensitive to specific aspects of psychopathology was also administered. Results: Ecstasy users were significantly impaired on Virtual Week, and these deficits were of a comparable magnitude irrespective of the specific prospective memory task demands. The pattern of results was unchanged after controlling for marijuana use, level of psychopathology, and sleep quality. Further, prospective memory was shown to be significantly impaired for both relatively infrequent and relatively frequent ecstasy users, although for the latter group the magnitude of this deficit was greater. Conclusions: Prospective memory performance is sensitive to regular and even moderate ecstasy use. Importantly, ecstasy users experience generalized difficulties with prospective memory, suggesting that these deficits are likely to have important implications for day-to-day functioning. Copyright 2007, Springer.

Experimentally-induced spontaneous opiate withdrawal: Relationship to cigarette craving and expired air carbon monoxide.

Lofwall MR; Walsh SL; Bigelow GE; Strain EC. *American Journal on Addictions* 16(4): 310-315, 2007. (38 refs.)

Smoking often increases after opioid use among those addicted to both opioids and nicotine, but the relationship between smoking and experimentally induced spontaneous opioid withdrawal (OW) has not been characterized. Six inpatient opioid-dependent smokers were stabilized on morphine 15 mg SC QID. Expired air carbon monoxide levels and smoking craving were measured for each participant on ten days when spontaneous OW was experimentally induced and on ten separate days in the absence of OW. Spontaneous OW was associated with significantly reduced carbon monoxide levels and smoking craving. Interestingly, craving was only reduced for items related to the positive reinforcing effects of smoking. These preliminary results suggest that OW may be a favorable context to initiate smoking cessation treatment interventions. Copyright 2007, Taylor & Francis.