

Library Watch on nicotine

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"Working to shape what society's expectations of us should be": Philip Morris' societal alignment strategy. (review).

Yang JS; Malone RE. *Tobacco Control* 17(6): 391-398, 2008. (97 refs.)

Background: A key element of Philip Morris's (PM's) corporate social responsibility initiatives is "societal alignment", defined as "strategies and programs to meet society's expectations of a responsible tobacco company". This study explored the genesis and implementation of Philip Morris' (PM) societal alignment efforts. Methods: The study retrieved and analysed approximately 375 previously undisclosed PM documents now available electronically. Using an iterative process, the study categorised themes and prepared a case analysis. Results: Beginning in 1999, PM sought to become "societally aligned" by identifying expectations of a responsible tobacco company through public opinion research and developing and publicising programs to meet those expectations. Societal alignment was undertaken within the US and globally to ensure an environment favourable to PM's business objectives. Despite PM's claims to be "changing", however, societal alignment in practice was highly selective. PM responded to public "expectations" largely by retooling existing positions and programs, while entirely ignoring other expectations that might have interfered with its business goals. It also appears that convincing employees of the value and authenticity of societal alignment was difficult. Conclusions: As implementation of the Framework Convention on Tobacco Control proceeds, tobacco control advocates should closely monitor development of such "alignment" initiatives and expose the motivations and contradictions they reveal. Copyright 2008, BMJ Publishing Group.

A smoking cessation intervention plus proactive quitline referral in the pediatric emergency department: A pilot study.

Melinda Mahabee-Gittens E; Gordon J; Krugh M; Henry B; Leonard A. *Nicotine & Tobacco Research* 10(12): 1745-1751, 2008. (28 refs.)

The prevalence of adult tobacco users who utilize the

emergency department as patients or parents is disproportionately higher than the national average rates of tobacco use. Thus, it is advised that the emergency department be utilized as a venue for providing tobacco cessation counseling to adult tobacco users. Using a randomized control trial design, this pilot study evaluated the effect of a brief tobacco cessation intervention for tobacco using parents of children brought to a pediatric emergency department. Participants received either usual care or a brief tobacco cessation intervention based on the first 2 of the 5A's of the Clinical Practice Guidelines and fax referral to the Quitline. The primary outcome was self-reported repeated point prevalence of tobacco use at 6 weeks and 3 months following the intervention. Secondary aims included number of quit attempts, increases in readiness to quit, comparisons of participants who were successfully retained, and contact rates by Quitline counselors. At 3-month follow-up, compared to the Usual Care Control group, intervention participants were more likely to have made at least one quit attempt (59% vs. 34%; p.01), be seriously thinking about quitting (68% vs. 37%; p.001), and have higher Ladder scores (6.2 vs. 5.3; p.05). Study personnel were able to contact 68% and 52%, respectively, of participants at 6-week and 3-month follow-up. Quitline counselors were unable to reach 54% of participants. Our results reveal increased intentions to quit and trends toward quitting, however we experienced difficulties with participant retention. Suggestions for improvements in point prevalence and retention are given. Copyright 2008, Taylor & Francis.

Cigarette abstinence impairs memory and metacognition despite administration of 2 mg nicotine gum.

Kelemen WL; Fulton EK. *Experimental and Clinical Psychopharmacology* 16(6): 521-531, 2008. (47 refs.)

The authors assessed the effects of cigarette abstinence (nonabstinent vs. minimum 8 hours abstinent) and nicotine gum (0 mg vs. 2 mg nicotine) on sustained attention, free recall, and metacognition using a within-subjects design. Moderate smokers (10 women and 22 men) received one training session followed by four test sessions on consecutive days. Nicotine gum

improved sustained attention in both abstinent and nonabstinent states, but had no significant effect on predicted or actual recall levels. Cigarette abstinence significantly impaired free recall and reduced the magnitude of participants' predictions of their own performance. In addition, participants were significantly more overconfident about their future memory when abstinent. Thus, nicotine gum can improve smokers' performance in basic aspects of cognition (e.g., sustained attention) but may not alleviate the detrimental effects of cigarette abstinence on higher-level processes such as memory and metacognition. Copyright 2008, American Psychological Association.

Cigarette smoking and military deployment: A prospective evaluation.

Smith B; Ryan MAK; Wingard DL; Patterson TL; Slymen DJ; Macera CA. *American Journal of Preventive Medicine* 35(6): 539-546, 2008. (37 refs.)
 Background: The stress of military deployment may compound Occupational stress experienced in the military and manifest in maladaptive coping behaviors such as cigarette smoking. The current study describes new smoking among never-smokers, smoking recidivism among past smokers, and change in daily smoking among smokers in relation to military deployment. Methods: The Millennium Cohort is a 21-year longitudinal study. The current analysis utilized participants (N=48,304) who submitted baseline data (July 2001-June 2003) before the current conflicts in Iraq and Afghanistan and follow-up data (June 2004-January 2006) on health measures. New smoking was identified among baseline never smokers, smoking recidivism among baseline past smokers, and increased or decreased daily smoking among baseline smokers. Analyses were conducted March 2007-April 2007. Results: Among never-smokers, smoking initiation was identified in 1.3% of nondeployers and 2.3% of deployers. Among past smokers, smoking resumption occurred in 28.7% of nondeployers and 39.4% of those who deployed. Smoking increased 44% among nondeployers and 57% among deployers. Those who deployed and reported combat exposures were at 1.6 times greater odds of initiating smoking among baseline never-smokers (95% CI=1.2, 2.3) and at 1.3 times greater odds of resuming smoking among baseline past smokers when compared to those who did not report combat exposures. Other deployment factors independently associated with postdeployment smoking recidivism included deploying for >9 months and deploying multiple times. Among those who smoked at baseline, deployment was not associated with changes in daily amount smoked. Conclusions:

Military deployment is associated with smoking initiation and, more strongly, with smoking recidivism, particularly among those with prolonged deployments, multiple deployments, or combat exposures. Prevention programs should focus on the prevention of smoking relapse during or after deployment. Copyright 2008, Elsevier Science.

Could removing arsenic from tobacco smoke significantly reduce smoker risks of lung cancer?

Cox LA. *Risk Analysis* 29(1): 3-17, 2009. (61 refs.)
 If a specific biological mechanism could be determined by which a carcinogen increases lung cancer risk, how might this knowledge be used to improve risk assessment? To explore this issue, we assume (perhaps incorrectly) that arsenic in cigarette smoke increases lung cancer risk by hypermethylating the promoter region of gene p16INK4a, leading to a more rapid entry of altered (initiated) cells into a clonal expansion phase. The potential impact on lung cancer of removing arsenic is then quantified using a three-stage version of a multistage clonal expansion (MSCE) model. This refines the usual two-stage clonal expansion (TSCE) model of carcinogenesis by resolving its intermediate or "initiated" cell compartment into two subcompartments, representing experimentally observed "patch" and "field" cells. This refinement allows p16 methylation effects to be represented as speeding transitions of cells from the patch state to the clonally expanding field state. Given these assumptions, removing arsenic might greatly reduce the number of nonsmall cell lung cancer cells (NSCLCs) produced in smokers, by up to two-thirds, depending on the fraction (between 0 and 1) of the smoking-induced increase in the patch-to-field transition rate prevented if arsenic were removed. At present, this fraction is unknown (and could be as low as zero), but the possibility that it could be high (close to 1) cannot be ruled out without further data. Copyright 2009, Blackwell Publishing.

Dependence on the nicotine gum in former smokers.

Etter JF. *Addictive Behaviors* 34(3): 246-251, 2009. (42 refs.)
 We conducted an Internet survey in 2004-2007 in 526 daily users of the nicotine gum, to assess use of and dependence on the nicotine gum in former smokers. We used modified versions of the Nicotine Dependence Syndrome Scale (NDSS-G), the Cigarette Dependence Scale (CDS-G) and the Fagerstrom Test (FFND-G). After 30 days, 155 participants (29%) indicated their gum use. Higher dependence on the gum predicted a lower chance of stopping using it at

follow-up (odds ratio=0.36 for each standard deviation unit on CDS-G, $p=0.001$). More long-term (>3 months) than short-term (≤ 3 months) users of the gum agreed with: "I use the nicotine gum because I am addicted to it" (83% vs. 7%, $p<.001$), and fewer long-term users reported that they used the gum to avoid relapsing to smoking (42% vs. 92%, $p<.001$). Long-term users had higher ratings of dependence on the gum than short-term users, as assessed with NDSS-Gum, CDS-Gum and FrND-Gum (all $p<.001$). Most long-term users reported symptoms of dependence on the nicotine gum. Lower levels of dependence on the gum predicted cessation of gum use. However, long term use of the nicotine gum has no known serious adverse consequence, and may be beneficial if it prevents late relapse. Copyright 2009, Elsevier Science.

Did the Tobacco Control Act amendment in 1995 affect daily smoking in Finland? Effects of a restrictive workplace smoking policy.

Helakorpi SA; Martelin TP; Torppa JO; Patja KM; Kiiskinen UA; Vartiainen EA et al. *Journal of Public Health* 30(4): 407-414, 2008. (40 refs.)

This study examined changes in adult daily smoking in 1981-2005 in Finland, in order to evaluate the impact of the 1995 Tobacco Control Act Amendment (TCAA) and accompanying measures on the proportion of daily smokers. The main focus of the TCAA was to prohibit smoking at workplaces (designated rooms excluded) in order to protect workers from environmental tobacco smoke. The study was based on data from annual postal surveys among 15- to 64-year-olds in 1981-2005 (average response rate 73%). The data set for this study comprised men and women aged 25-64 years ($n = 73\ 471$). Logistic models were used to test the effect of the 1995 TCAA across employment status while controlling for the effect of changes in the real price of tobacco and in gross domestic product per capita, and adjusting for age, education, secular trend and prevalence of ever-smokers in each birth cohort. Controlling for confounding factors, the odds ratio (OR) for daily smoking after 1995 among employed men was 0.83 (95% CI 0.73-0.94) compared with the OR (1.0) for the period ending 1994. The corresponding figure for employed women was 0.78 (95% CI 0.68-0.91). The results can be interpreted as a positive effect of the 1995 TCAA on employees' daily smoking. Moreover, a similar decrease in daily smoking was not seen among those not targeted by the TCAA (including farmers, students, housewives, pensioners and the unemployed). Smoking behaviour was and can be influenced by national tobacco policy measures. Copyright 2008, Oxford University Press.

Environmental tobacco smoke exposure and child behaviors.

Yolton K; Khoury J; Hornung R; Dietrich K; Succop P; Lanphear B. *Journal of Developmental and Behavioral Pediatrics* 29(6): 450-457, 2008. (81 refs.)
Rationale: Emerging evidence suggests that exposure to environmental tobacco smoke (ETS) may be linked with behavior problems in childhood, but previous research has relied primarily on parent report of exposure, and results are inconclusive. Objectives: To investigate the relationship between exposure to ETS and child behavior problems among children with asthma. Methods: The sample included 220 children who were enrolled in an asthma intervention trial and regularly exposed to ETS at home. Serum cotinine was used to measure exposure to tobacco smoke, and behavior problems were assessed by parent report on the Behavior Assessment System for Children. Covariates in adjusted analyses included: sex, age, race, asthma severity, asthma medication, maternal education, prenatal tobacco exposure, maternal depression, and Home Observation for Measurement of the Environment score. Results: Child behavior problems increased with increasing exposure to ETS. A stratified analysis of boys and girls separately indicated higher exposure among girls, but behavior problems were statistically significantly associated with exposure only in boys. Increasing behavior problems included externalizing behavior problems ($\beta = 2.23$, $p = .02$) such as hyperactivity and aggression, internalizing behavior problems ($p = 2.19$, $p = .01$) such as depression, and behavior symptoms ($\beta = 2.55$, $p = .01$). Conclusions: Among children with asthma, exposure to ETS is related to increased child behavior problems among boys. Copyright 2008, Lippincott, Williams & Wilkins.

Evaluation of an evidence-based tobacco treatment curriculum for psychiatry residency training programs.

Prochaska JJ; Fromont SC; Leek D; Hudmon KS; Louie AK; Jacobs MH et al. *Academic Psychiatry* 32(6): 484-492, 2008. (32 refs.)

Objective: Smokers with mental illness and addictive disorders account for nearly one in two cigarettes sold in the United States and are at high risk for smoking-related deaths and disability. Psychiatry residency programs provide a unique arena for disseminating tobacco treatment guidelines, influencing professional norms, and increasing access to tobacco cessation services among smokers with mental illness. The current study evaluated the Rx for Change in Psychiatry curriculum, developed for psychiatry residency programs and focused on identifying and

treating tobacco dependence among individuals with mental illness. Methods: The 4-hour curriculum emphasized evidence-based, patient-oriented cessation treatments relevant for all tobacco users, including those not yet ready to quit. The curriculum was informed by comprehensive literature review, consultation with an expert advisory group, faculty interviews, and a focus group with psychiatry residents. This study reports on evaluation of the curriculum in 2005-2006, using a quasi-experimental design, with 55 residents in three psychiatry residency training programs in Northern California. Results: The curriculum was associated with improvements in psychiatry residents' knowledge, attitudes, confidence, and counseling behaviors for treating tobacco use among their patients, with initial changes from pre- to posttraining sustained at 3-months' follow-up. Residents' self-reported changes in treating patients' tobacco use were substantiated through systematic chart review. Conclusion: The evidence-based Rx for Change in Psychiatry curriculum is offered as a model tobacco treatment curriculum that can be implemented in psychiatry residency training programs and disseminated widely, thereby effectively reaching a vulnerable and costly population of smokers. Copyright 2008, American Psychiatric Association.

Long-term results of a smoking reduction program.

Glasgow RE; Gaglio B; Estabrooks PA; Marcus AC; Ritzwoller DP; Smith TL et al. *Medical Care* 47(1): 115-120, 2009. (24 refs.)

Introduction: There have been few comprehensive evaluations of smoking reduction, especially in health care delivery systems, and little is known about its cost, maintenance of reduced smoking, or robustness across patient subgroups. Methods: A generally representative sample of 320 adult smokers from an HMO scheduled for outpatient surgery or a diagnostic procedure was randomized to enhanced usual care or a theory-based smoking reduction intervention that combined telephone counseling and tailored newsletters. Outcomes included cigarettes smoked, carbon monoxide levels, and costs. Results: Both intervention and control conditions continued to improve from 3- to 12-month assessments. Between-condition differences using intent-to-treat analyses on both self-report and carbon monoxide measures were nonsignificant by the 12-month follow-up (25% vs. 19% achieved 50% or greater reductions in cigarettes smoked). The intervention was implemented

consistently despite logistical constraints and was generally robust across patient characteristics (eg, education, ethnicity, health literacy, dependence). Conclusions: In the absence of nicotine replacement therapy, the long-term effects of this smoking reduction intervention seem modest and nonsignificant. Future research is indicated to enhance intervention effects and conduct more comprehensive economic analyses of program variations. Copyright 2009, Lippincott, Williams & Wilkins.

Lower quit rates among African American and Latino menthol cigarette smokers at a tobacco treatment clinic.

Gandhi KK; Foulds J; Steinberg MB; Lu SE; Williams JM. *International Journal of Clinical Practice* 63(3): 360-367, 2009. (25 refs.)

Lower rates of smoking cessation and higher rates of lung cancer in African American (AA) smokers may be linked to their preference for mentholated cigarettes. This study assessed the relationship between menthol smoking, race/ethnicity and smoking cessation among a diverse cohort of 1688 patients attending a specialist smoking cessation service. 46% of the patients smoked mentholated cigarettes, but significantly more AA (81%) and Latino (66%) patients than Whites (32%) smoked menthols. AA and Latino menthol smokers smoked significantly fewer cigarettes per day (CPD) than non-menthol smokers (15.7 vs. 20.3, for AA, and 17.0 vs. 22.1, for Latinos), with no differences among White menthol and non-menthol smokers. At 4-week follow up, AA, Latino and White non-menthol smokers had similar quit rates (54%, 50% and 50% respectively). In contrast, among menthol smokers, AAs and Latinos had lower quit rates (30% and 23% respectively) compared with Whites (43%, $p < 0.001$). AA and Latino menthol smokers had significantly lower odds of quitting [odds ratio (OR) = 0.34; 95% CI = 0.17, 0.69 for AA, and OR = 0.32; 95% CI = 0.16, 0.62 for Latinos] than their non-menthol counterparts. At 6-month follow up, a similar trend was observed for the race/ethnicity subgroups, with AA menthol smokers having half the odds of being abstinent compared with AA non-menthol smokers (OR = 0.48; 95% CI = 0.25, 0.9). Despite smoking fewer CPD, AA and Latino menthol smokers experience reduced success in quitting as compared with non-menthol smokers within the same ethnic/racial groups. Copyright 2009, Wiley-Blackwell Publishing.