

'I've never ever let anyone hold the kids while they've got ciggies': Moral tales of maternal smoking practices.

Holdsworth C; Robinson JE. *Sociology of Health & Illness* 30(7): 1086-1100, 2008. (42 refs.)

Smoking in the home is, potentially, the next frontier in tobacco control in the developed world. As smoking regulations in public space are extended, attention is turning to private spaces and the contribution of parental, particularly maternal, smoking to children's health and socio-economic inequalities in family health. Yet relatively little is known about mothers' smoking practices within the home and the social meanings of smoking that are constructed by these practices. In this paper we explore how mothers who smoke construct moralities of their smoking behaviour, particularly in relation to where and with whom they smoke. Drawing on in-depth Biographic Narrative Interpretative Method, in interviews with 12 smoking mothers, and their partners, we consider how these moral tales involve comparisons with other smokers and the importance of community endorsement of smoking practices, particularly around children. We also consider the role of children in the home and how children are actively involved in the regulation of smoking behaviours. Finally, we consider the implications of these moral tales for interventions around smoke-free homes. Copyright 2008, Blackwell Publishing.

A randomized trial of short psychotherapy versus sustained-release bupropion for smoking cessation.

Zernig G; Wallner R; Grohs U; Kriechbaum N; Kemmler G; Saria A. *Addiction* 103(12): 2024-2031, 2008. (20 refs.)

To compare the efficacy and safety of a novel psychological intervention for smoking cessation called psychodynamic model (PDM) training to an active control condition of sustained-release bupropion. Randomized controlled clinical trial with allocation concealment. Private psychiatric practice. Seven hundred and seventy-nine adult smokers recruited by advertising. PDM training (n = 366 participants) consisted of a very brief (1.5 days) psychoeducation and a supervised training in autosuggestion techniques (guided imageries) aimed at enhancing self-management, decidedness,

assertiveness, security and competence in relationships, natural functions of organs and awareness of bodily functions. Bupropion SR (n = 413) was increased to 150 mg twice daily over 1 week and given over a 8-week period. Twelve-month continuous abstinence confirmed by exhaled carbon monoxide (CO) of 9 parts per million (p.p.m.) or less at all interviews conducted at 3, 6 and 12 months. Intention-to-treat analysis revealed Russell standard 12-month continuous abstinence rates of 39.1% in the psychotherapy group versus 12.3% in the bupropion SR group (P < 0.001) with a relative benefit (RB) of 3.16 (2.38-4.26). Completer analysis revealed 12-month continuous abstinence rates of 39.9% in the psychotherapy group versus 22.5% in the bupropion group [P < 0.001; RB 1.78 (1.35-2.34)]. Of note, bupropion abstinence rates were comparable to previous medications/placebo-only comparisons in geographically different samples. The 1.5-day psychotherapy exceeded bupropion's efficacy, presenting an alternative to pharmacological smoking cessation aids, especially for smokers who reject drugs to treat their substance dependence, at a similar cost (350) as the bupropion treatment (355). Copyright 2008, Society for the Study of Addiction to Alcohol and Other Drugs.

Advance and retreat: Tobacco control policy in the US military.

Arvey SR; Malone RE. *Military Medicine* 173(10): 985-991, 2008. (57 refs.)

This archival study explored why military tobacco control initiatives have thus far largely failed to meet their goals. We analyzed more than 5,000 previously undisclosed internal tobacco industry documents made public via an online database and additional documents obtained from the U.S. military. In four case studies, we illustrate how pressures exerted by multiple political actors resulted in weakening or rescinding military tobacco control policy initiatives. Our findings suggest that lowering military smoking rates will require health policymakers to better anticipate and counter political opponents. The findings also suggest that effective tobacco control policies may require strong, explicit implementation instructions and high-level Department of Defense Support. Finally, policy designers should also consider ways to reduce or eliminate existing perverse

incentives to increase tobacco consumption, such as allowing exchange store tobacco sales to fund recreation, and welfare programs. Copyright 2008, Association of Military Surgeons.

Alcohol, tobacco and other drug use by addictions professionals: Historical reflections and suggested guidelines.

White WL. *Alcoholism Treatment Quarterly* 26(4): 500-535, 2008

Alcohol, tobacco, and other drug (ATOD) use by individuals working in the addictions field has existed as a complex, controversial personal and professional practice issue for more than 150 years. The central debate within this history involves the concept of nexus—the boundary that distinguishes rights to personal privacy from professional duties and obligations. Ambiguities related to this point of demarcation have contributed to misjudgments related to ATOD use by addictions professionals that have injured multiple parties. This essay reviews the history of ATOD use as a professional practice issue in the addictions field; discusses clinical, ethical, and legal issues related to ATOD use by addiction service professionals; and offers guidance on ATOD use decision making. Copyright 2008, Haworth Press.

Computer-generated tailored feedback letters for smoking cessation: Theoretical and empirical variability of tailoring.

Schumann A; John U; Ulbricht S; Ruge J; Bischof G; Meyer C. *International Journal of Medical Informatics* 77(11): 715-722, 2008. (49 refs.)

Purpose: This study examines tailored feedback letters of a smoking cessation intervention that is conceptually based on the transtheoretical model, from a content-based perspective. Methods: Data of 2 population-based intervention studies, both randomized controlled trials, with total N = 1044 were used. The procedure of the intervention, the tailoring principle for the feedback letters, and the content of the intervention materials are described in detail. Theoretical and empirical frequencies of unique feedback letters are presented. Results: The intervention system was able to generate a total of 1040 unique letters with normative feedback only, and almost half a million unique letters with normative and ipsative feedback. Almost every single smoker in contemplation, preparation, action, and maintenance had an empirically unique combination of tailoring variables and received a unique letter. In contrast, many smokers in precontemplation shared a combination of tailoring variables and received identical letters. Conclusion: The trans theoretical

model provides an enormous theoretical and empirical variability of tailoring. However, tailoring for a major subgroup of smokers, i.e. those who do not intend to quit, needs improvement. Conceptual ideas for additional tailoring variables are discussed. Copyright 2008, Elsevier Science.

Effect of household children on adult ED smokers' motivation to quit.

Mills AM; Rhodes KV; Follansbee CW; Shofer FS; Prusakowski M; Bernstein SL. *American Journal of Emergency Medicine* 26(7): 757-762, 2008. (34 refs.)

Objective: We hypothesized adult parenting smokers in the emergency department (ED) have a higher interest in quitting and may be more amenable to tobacco cessation counseling than smokers without children. Study Design: Cross-sectional survey study of adult smokers in 8 US academic EDs. Results: One thousand one hundred sixty-eight smokers enrolled, 441 (37.8%) with household children (total of 973 exposed children). Compared to smokers without household children, smokers with children were younger (mean age, 37.4 vs 42.8 years), more female (60.3% vs 40.3%), and nonwhite (57.5% vs 44.5%) (all $P < .006$). Groups did not differ in nicotine addiction (median Fagerstrom score, 4 vs 4; $P = .31$). Parenting smokers were more interested in quitting (mean Ladder of Contemplation score, 4.8 vs 5.1 [$P = .02$]), felt it more important to quit (median score, 9 vs 8 [$P = .01$]), and more confident to quit (7 vs 6 [$P = .004$]) than nonparenting smokers. Smoking inside the home was banned by 45% of smokers with children vs 30% without household children ($P < .001$). Conclusions: Adult ED parenting smokers are interested in quitting and taking steps to limit their children's secondhand smoke exposure. Asking adult ED smokers about household children may enhance motivation to quit. Copyright 2008, W B Saunders.

Effectiveness of smoking cessation interventions among adults: A systematic review of reviews. (review).

Valery L; Anke O; Inge KK; Johannes B. *European Journal of Cancer Prevention* 17(6): 535-544, 2008. (34 refs.)

The objective of this study was to identify the most effective intervention strategies and policies for smoking cessation among adults. The Medline and Cochrane Library databases were searched, limited to publications since January 2000. A 'review of reviews' approach was followed. Systematic reviews and meta-analyses were included. Reviews aimed at adolescents or specific subgroups were excluded. Two reviewers independently assessed titles and abstracts. For every

intervention strategy, only the most recent publication was included. Twenty-three studies met the inclusion criteria. The included intervention strategies and policies were ranked according to their effect size, taking into account the number of original studies, the proportion of studies with a positive effect and the presence of a long-term effect. Evidence of effectiveness for the following strategies was found: group behavioural therapy [odds ratio (OR) 2.17, confidence interval (CI) 1.37-3.45], bupropion (OR 2.06, CI: 1.77-2.40), intensive physician advice (OR 2.04, CI: 1.71-2.43), nicotine replacement therapy (OR 1.77, CI: 1.66-1.88), individual counselling (OR 1.56, CI: 1.32-1.84), telephone counselling (OR 1.56, CI: 1.38-1.77), nursing interventions (OR 1.47, CI: 1.29-1.67) and tailored self-help interventions (OR 1.42, CI: 1.26-1.61). A 10% increase in price increased cessation rates by 3-5%. Comprehensive clean indoor laws increased quit rates by 12-38%. These results show and confirm that a wide array of effective smoking cessation intervention approaches and policies can have a large impact on smoking cessation rates. Copyright 2008, Lippincott, Williams & Wilkins.

Effects of a perioperative smoking cessation intervention on postoperative complications: A randomized trial.

Lindstrom D; Azodi OS; Wadis A; Tonnesen H; Linder S; Nasell H et al. *Annals of Surgery* 248(5): 739-745, 2008. (43 refs.)

Objective: To determine whether an intervention with smoking cessation starting 4 weeks before general and orthopedic surgery would reduce the frequency of postoperative complications. Summary Background Data: Complications are a major concern after elective surgery and smokers have an increased risk. There is insufficient evidence concerning how the duration of preoperative smoking intervention affects postoperative complications. Methods: A randomized controlled trial, conducted between February 2004 and December 2006 at 4 university-affiliated hospitals in the Stockholm region, Sweden. The outcome assessment was blinded. The follow-up period for the primary outcome was 30 days. Eligibility criteria were active daily smokers, aged 18 to 79 years. Of the 238 patients assessed, 76 refused participating, and 117 men and women undergoing surgery for primary hernia repair, laparoscopic cholecystectomy, or a hip or knee prosthesis were enrolled. Intervention: Smoking cessation therapy with individual counseling and nicotine substitution started 4 weeks before surgery and continued 4 weeks postoperatively. The control group received standard care. The main outcome measure was frequency of any postoperative

complication. Results: An intention-to-treat analysis showed that the overall complication rate in the control group was 41%, and in the intervention group, it was 21% ($P = 0.03$). Relative risk reduction for the primary outcome of any postoperative complication was 49% and number needed to treat was 5 (95% CI, 3-40). An analysis per protocol showed that abstainers had fewer complications (15%) than those who continued to smoke or only reduced smoking (35%), although this difference was not statistically significant. Conclusion: Perioperative smoking cessation seems to be an effective tool to reduce postoperative complications even if it is introduced as late as 4 weeks before surgery. Copyright 2008, Lippincott, Williams & Wilkins.

Heart rate and blood pressure control in infants exposed to maternal cigarette smoking

Viskari-Lahdeoja S; Hytinantti T; Andersson S; Kirjavainen T. *Acta Paediatrica* 2008(97): 11, 2008. (30 refs.)

Aim: Exposure to maternal cigarette smoking is a major risk factor for sudden infant death syndrome (SIDS). Foetal and postnatal smoke-exposure may alter cardiovascular control in infants. We studied heart rate (HR) and blood pressure (BP) responses in smoke-exposed infants. Methods: Eleven infants exposed to maternal cigarette smoking were studied at the age of 12 +/- 2.1 (range 10-16) weeks. Twenty healthy, age-matched infants from non-smoking families served as controls. During confirmed slow-wave sleep (NREM3), 3-5 sec side motion and 45 sec 45 degrees head-up tilt tests were performed. Results: Control infants showed consistent biphasic HR and BP responses to side motion, with an initial 2-5% increase followed by a 2% decrease ($p < 0.0001$). In smoke-exposed infants, the initial HR ($p = 0.009$) and BP responses ($p < 0.0001$) were markedly reduced, and the subsequent decrease in BP was more prominent (systolic blood pressure, SBP, $p = 0.005$; diastolic blood pressure, DBP, $p = 0.03$). No differences were observed between the groups in tilt test results, HR variability or HR responses to spontaneous arousals. Conclusion: Maternal cigarette smoking may alter vestibulo-mediated cardiovascular control in early infancy. This may contribute to increased SIDS risk. Copyright 2008, Blackwell Publishing.

Initial nicotine sensitivity in humans as a function of impulsivity.

Perkins KA; Lerman C; Coddington SB; Jetton C; Karelitz JL; Scott JA et al. *Psychopharmacology* 200(4): 529-544, 2008. (84 refs.)

Rationale: Impulsivity is related to greater risk of

nicotine dependence, perhaps by enhancing sensitivity to nicotine's reinforcing and rewarding effects during initial smoking experiences. Objective: We examined the influence of impulsivity characteristics on acute sensitivity to nicotine reward, reinforcement, and other effects in 131 young adult nonsmokers. Materials and methods: Participants engaged in four sessions: the first three to assess dose-response effects of nasal spray nicotine (0, 5, 10 μ g/kg) on reward, as well as mood, physiological, and performance effects, and the fourth to assess nicotine reinforcement using a choice procedure. Five impulsivity factors, derived from factor analysis of self-report (e.g., Barratt Impulsivity Scale, Sensation-Seeking Scale, Novelty seeking) and computer (stop-go, delay discounting, probability discounting) measures of impulsivity, were labeled "novelty seeking", "response disinhibition", "extraversion", "inhibition", and "probability/delay discounting". Results: The associations of novelty seeking with nicotine reinforcement and reward tended to move in opposite directions by sex, generally being directly related in men but inversely or unrelated in women. Similarly, response disinhibition was associated with reward and some mood responses to nicotine that differed by sex. Extraversion was inversely associated with nicotine reinforcement. Characteristics loading on to the other impulsivity factors had little association with nicotine sensitivity. Conclusions: These results are preliminary, but they suggest that characteristics broadly related to impulsivity, especially novelty seeking and response disinhibition, are associated with initial sensitivity to some effects of acute nicotine, including reinforcement and reward, and may do so differentially between men and women. Copyright 2008, Springer.

Neuroimaging, genetics and the treatment of nicotine addiction. (review).

Ray R; Loughhead J; Wang Z; Detre J; Yang E; Gur R et al. *Behavioural Brain Research* 193(2): 159-169, 2008. (172 refs.)

Advances in neuroimaging and genomics provide an unprecedented opportunity to accelerate medication development for nicotine dependence and other addictions. Neuroimaging studies have begun to elucidate the functional neuroanatomy and neurochemistry underlying effects of nicotine and nicotine abstinence. In parallel, genetic studies, including both candidate gene and genome-wide association approaches, are identifying key neurobiological targets and pathways important in addiction to nicotine. To date, only a few neuroimaging studies have explored effects of nicotine or abstinence on brain activity as a function of

genotype. Most analyses of genotype are retrospective, resulting in small sample sizes for testing effects of the minor alleles for candidate genes. The purpose of this review is to provide an outline of the work in neuroimaging, genetics, and nicotine dependence, and to explore the potential for increased integration of these approaches to improve nicotine dependence treatment. Copyright 2008, Elsevier Science.

Nicotine dependence symptoms among young never-smokers exposed to secondhand tobacco smoke.

Belanger M; O'Loughlin J; Okoli CTC; McGrath JJ; Setia M; Guyon L et al. *Addictive Behaviors* 33(12): 1557-1563, 2008. (30 refs.)

Background: To extend previous observations that secondhand tobacco smoke (SHS) is associated with nicotine markers in children, we investigated if SHS exposure is associated with self-reports of nicotine dependence (ND) symptoms among young never-smokers. Method: Data on number of persons who smoke inside the home, number of days exposed to secondhand tobacco smoke in a motor vehicle in the past week, number of parents, siblings, and friends who smoke, and NO symptoms, were collected from 10-12 year-old students in self-report questionnaires. The association between secondhand tobacco smoke and ND symptoms among young never-smokers was assessed in logistic regression models. Results: Sixty-nine of 1488 never-smokers (5%) reported one or more ND symptom. After controlling for sibling and peer smoking, and susceptibility to initiating smoking, exposure to SHS in a motor vehicle was independently associated with nicotine dependence symptoms (OR, 95% CI = 1.2,1.0-1.4). The OR for number of persons who smoke inside the home was 1.1 (0.9-1.4). Conclusion: secondhand tobacco smoke exposure in motor vehicles may be associated with ND symptoms among young never-smokers. If replicated, this finding provides support for interventions that promote nonsmoking in motor vehicles. Copyright 2008, Elsevier Science.

Relapse to smoking after 1 year of abstinence: A meta-analysis.

Hughes JR; Peters EN; Naud S. *Addictive Behaviors* 33(12): 1516-1520, 2008. (28 refs.)

Most clinical trials use 6 months or 1 year follow-ups as proxies for life-time smoking cessation. Retrospective studies have estimated 2-15% of smokers relapse each year after the first year of abstinence, but these have methodological problems such as memory bias. We searched for prospective studies of adult quitters that reported the number of

participants abstinent at 1 yr follow-up and who remained abstinent at ≥ 2 year follow-ups. We included studies that reported the percent which remained lapse-free, did not continue treatment after 1 year, and had $\leq 10\%$ lost-to-follow-up. We did not locate any population-based studies but did locate eight randomized, controlled trials, all testing nicotine medications. After deleting one trial with outlier results, a meta-analysis estimated the annual incidence of relapse after 1 year to be 10%; however, the small sample sizes resulted in a wide 95% confidence interval (5-17%) suggesting this estimate is not very accurate. We conclude a non-significant amount of relapse occurs after 1 year. Better quantification of this relapse rate is important to improve estimates of life-long abstinence and reductions in morbidity and mortality from smoking cessation. Copyright 2008, Elsevier Science.

Smoking cessation and serious mental illness.

Snyder M; McDevitt J; Painter S. *Archives of Psychiatric Nursing* 22(5): 297-304, 2008. (36 refs.)

A focus group methodology was employed to identify personal, social, and environmental factors that affect smoking cessation in persons with serious mental illness. Four focus groups were held: two for those who had attempted to quit smoking and two for those who had never attempted to quit. Smoking is central to daily survival in patients with serious mental illness. Social and environmental reinforcement can both assist and hinder efforts to stop smoking. Smoke-free environments influence decisions to quit smoking if positive social comparisons with nonsmokers occur. Peer modeling and interpersonal connections with nonsmokers can offer links to forming supportive nonsmoking relationships. Copyright 2008, WB Saunders.

The Brief Smoking Consequences Questionnaire-Adult (BSCQ-A): Development of a short form of the SCQ-A.

Rash C; Copeland A. *Nicotine & Tobacco Research* 10(11): 1633-1643, 2008. (35 refs.)

A brief form of the Smoking Consequences Questionnaire-Adult (SCQ-A) was developed as an economical alternative to the 55-item SCQ-A in assessing smoking outcome expectancies in adult, heavy smokers. A total of 25 items (two to three items per each of the 10 SCQ-A scales) were administered to current smokers and ex-smokers. Confirmatory factor analysis was used to determine whether the brief form was better accounted for by a 4- or 10-factor model. Several variants of 9- and 8-factor models also were compared. The 10-factor model, representing the 10 subscales of the full-length SCQ-A, fit the data more

adequately than the other models. The Brief SCQ-A (BSCQ-A) scales demonstrated good internal consistency (mean coefficient =.79) and convergent validity. The BSCQ-A also showed promising validity in distinguishing among current smokers and ex-smokers. In a separate sample of smokers, strong and positive associations were present between corresponding pairs of the SCQ-A and BSCQ-A subscales. Copyright 2008, Taylor & Francis.

The effect of a nicotine patch on cigarette craving over the course of the day: Results from two randomized clinical trials.

Shiffman S; Ferguson SG. *Current Medical Research and Opinion* 24(10): 2795-2804, 2008. (31 refs.)

Objectives: The objective of this analysis was to assess the efficacy of a 21 mg/24-h nicotine patch for the reduction of craving throughout the waking day, compared both to placebo, and to a 15 mg/16-h patch differing pharmacokinetic profile over the day. The primary end-point was craving during the evening hours, because previous research suggested that smoking relapse was particularly likely at that time. Research design and methods: Data were drawn from two similar randomized clinical trials among nicotine-dependent smokers who were quitting smoking: Study 1 compared the 21 mg/24-h patch to a placebo patch, while Study 2 compared the 21 mg/24-h patch to a 15 mg/16-h nicotine patch. In both studies, subjects (Study 1: n = 102; Study 2: n = 244) were prompted by an electronic diary to rate their craving multiple times per day during a 1 week baseline period, and for up to 2 weeks after quitting. For analysis, the day was divided into five blocks: morning (up to 10:59 a.m.), mid-day (11:00 a.m.-1:59 p.m.), afternoon (2:00 p.m.-4:59 p. m.), evening (5:00 p.m.-8:59 p.m.), and late night (9:00 p.m. onwards). The individual craving ratings were divided into three intervals based on time since quitting: Days 1-3, 4-7, and 8-14. Results: The 21 mg/24-h nicotine patch resulted in significantly lower craving during all post-quit intervals, at each time of day, both compared to placebo (Study 1), and compared to the 15 mg/16-h nicotine patch (Study 2). Study 2 saw a significant treatment by interval interaction: in later time intervals, the difference in craving experience between 24- and 16-h patch conditions shrunk - while remaining significantly different - as overall levels of craving experienced by subjects in the two groups dropped. Adverse events reported in both studies tended to be mild and transient, consistent with the well characterized adverse event profile of nicotine patches. Conclusions: Study 1 demonstrated that a 21 mg/24-h patch was effective in reducing craving throughout the day,

including the evening period when relapse risk is heightened. A further study comparing the 21 mg/24-h patch to a 15 mg/16-h nicotine patch found that craving was significantly lower at all times of day for smokers using the 21 mg/24-h patch. The studies were limited in that craving was only monitored for the first 2 weeks of quitting (when craving is most prominent), and cannot elucidate the impact of patch use on craving outside of this time. Also, there was substantial attrition of the sample over time, partly due to relapse in all conditions. Copyright 2008, Librapharm/Informa Healthcare.

The waterpipe: Time for action.

Maziak W. *Addiction* 103(11): 1763-1767, 2008. (41 refs.)

The waterpipe, known in many cultures under different shapes and names (e.g. hookah, shisha, narghile), is a centuries-old tobacco use method that is witnessing a world-wide surge in popularity. This popularity is most noticeable among youths, and is surpassing cigarette smoking among this group in some societies. Many factors may have contributed to the recent waterpipe spread, including the introduction of sweetened/flavored waterpipe tobacco (known as Maassel), its reduced-harm perception, the thriving cafe culture, mass media and the internet. The passage of smoke through water on its way to the smoker underlies much of the common misperception that waterpipe use is less harmful than cigarettes. The health/addictive profile of waterpipe compared to cigarettes is largely unresearched and is likely to be influenced by the properties of smoke, duration and frequency of use, type of tobacco used, volume of smoke inhaled and the contribution of charcoal. However, the accumulation of evidence about the harmful and addictive potential of waterpipe use is outpacing the public health response to this health risk. A timely public health and policy action is needed in order to curb the emerging waterpipe smoking epidemic. Copyright 2008, Society for the Study of Addiction to Alcohol and Other Drugs.

Tobacco industry research and efforts to manipulate smoke particle size: Implications for product regulation.

Wayne GF; Connolly GN; Henningfield JE; Farone WA. *Nicotine & Tobacco Research* 10(4): 613-625, 2008. (98 refs.)

Over the past half-century of cigarette design, tobacco manufacturers have prioritized efficiency of delivery alongside ease of inhalation and use. As a result, the modern cigarette is uniquely effective at facilitating the absorption of nicotine as well as carcinogens and other toxins. The present study draws on internal

tobacco company documents to assess industry consideration of the role of smoke particle size as a potentially controllable influence over inhalation patterns and lung exposure. Tobacco manufacturers evaluated particle size manipulation both as a means of controlling physical and sensory product attributes and as a possible approach to reducing health hazards related to exposure. Industry scientists concluded that the smoke aerosol particle distribution of conventional cigarettes, constructed within common parameters, falls within a narrow and effective inhalation range. However, the internal findings suggest that differences in smoke particle size distribution are possible through less conventional approaches to product design. We propose that particle size be included among the many design features to be considered in emerging tobacco product regulation. However, the present review does not address whether particle size regulation would be a plausible means of substantially reducing addictiveness or harmfulness of cigarettes, and therefore we do not propose it as a high-priority target for regulation. Copyright 2008, Taylor & Francis.

Using alcohol to sell cigarettes to young adults: A content analysis of cigarette advertisements.

Belstock SA; Connolly GN; Carpenter CM; Tucker L. *Journal of American College Health* 56(4): 383-389, 2008. (49 refs.)

Advertising influences the health-related behaviors of college-aged individuals. Cigarette manufacturers aggressively market to young adults and may exploit their affinity for alcohol when creating advertisements designed to increase cigarettes appeal. Internal tobacco industry documents reveal that cigarette manufacturers understood the popularity of alcohol among young adults and sought to produce pertinent marketing strategies. Methods: The authors conducted a content analysis of cigarette and alcohol advertisements in young adult-oriented magazines to investigate portrayed associations between cigarettes and alcohol. Results: The content analysis revealed that 32 of 114 cigarette advertisements referenced alcohol and that those advertisements were more likely than others to portray active smoking. Conversely, 0 of 317 alcohol advertisements referenced cigarettes, and alcohol advertisements were only slightly more likely than cigarette advertisements feature alcohol-related settings. Conclusions: Such advertising may detrimentally affect smoking patterns of college students. An understanding of these strategies can benefit on-campus tobacco control efforts. Copyright 2008, American College Health Association.

