Tobacco Science

Newsletter of The Italian Society of Tobaccology

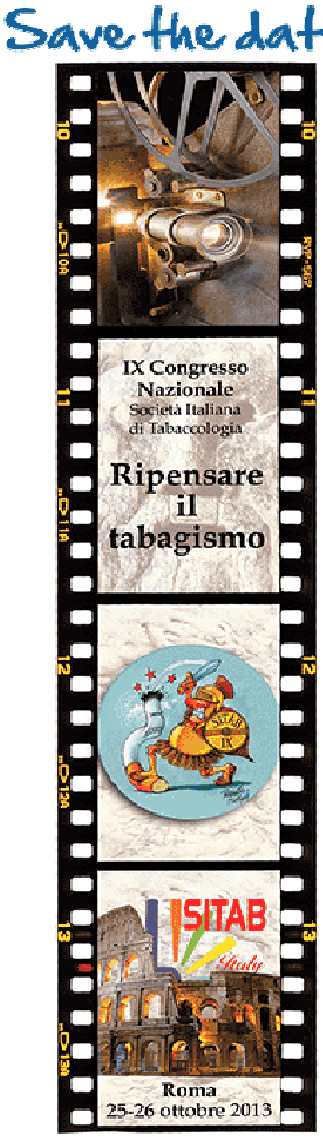
10 settembre 2013

www.tabaccologia.it

48
2013

"Ripensare il tabagismo", VIII Congresso Nazionale SITAB su ricerca, strategie di comunicazione, dati sulle nuove tendenze

.

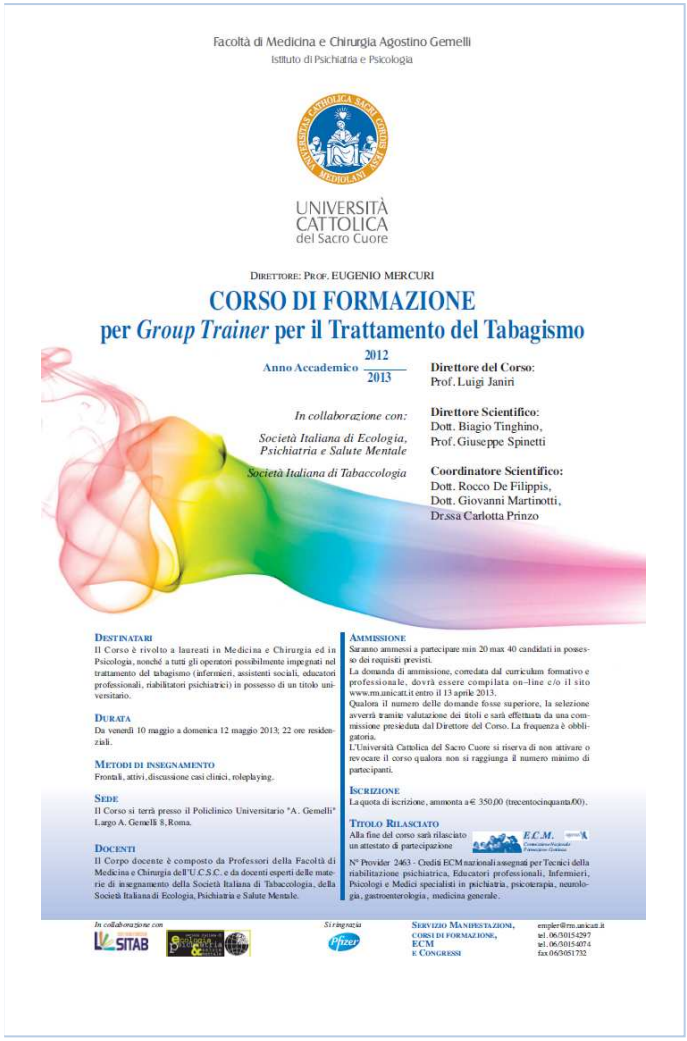


Si terrà a Roma, dal 25 al 26 ottobre 2013, il XIX congresso nazionale della Società Italiana di Tabaccologia. Il consumo di tabacco, nonostante la lenta riduzione dell'incidenza e della prevalenza del tabagismo nel nostro paese, continua ad essere la causa più importante di malattie e di morte. Per questo motivo, recentemente, l'Unione Europea ha sottoposto al vaglio di diversi suoi organi consultivi e decisionali una revisione delle Direttive sul Tabacco, che va nella direzione di rendere più rigida la commercializzazione del tabacco e di ridurre l'appeal che le sigarette possono esercitare nei confronti dei più giovani. Dall'altra parte, il mercato si è evoluto, attraverso una svolta non prevedibile nella sua rapidità di sviluppo, quella della cosiddetta "sigaretta elettronica" o "e-cigarette", che ha colto impreparati anche gli ambiti scientifici.

Il congresso della Società Italiana di Tabaccologia di ottobre 2013 farà il punto della situazione, con un pensiero che è già racchiuso tutto nel suo tema: "Ripensare il Tabagismo". Si tratterà di una occasione per rivedere i dati epidemiologici, per rimettere in discussione posizioni, sulla base di ulteriori dati e delle recenti disposizioni governative sul mercato alternativo (sigarette elettroniche, per esempio), dare spazio alla ricerca, ma soprattutto andare verso un nuovo dibattito e un diverso modo di immaginare e di comunicare il problema. Il congresso è in corso di accreditamento ECM. Il programma e le schede di iscrizione sono disponibili su www.tabaccologia.it

Formazione per **GROUP TRAINER** per il trattamento del **tabagismo**.

Viene riproposto il corso per conduttori di gruppi, organizzato dalla Università Cattolica del Sacro Cuore di Roma, in collaborazione con la Società Italiana di Tabaccologia e la Società di Ecologia, Psichiatria e Salute mentale. Un percorso di tre giorni (**dal 15 al 17 novembre**), *full- immersion*, per fornire agli operatori sanitari le competenze di base per aiutare i fumatori attraverso la metodologia degli incontri di gruppo. Il corso, basato soprattutto su metodi attivi, sarà condotto da esperti con esperienza decennale nella conduzione e nella didattica, appartenenti a varie scuole. Dopo una *overview* sulla dipendenza da tabacco e sui trattamenti oggi disponibili, ci si concentrerà sulle dinamiche di gruppo e sugli strumenti di conduzione. Importante il contributo sull'Analisi Transazionale, gli approcci integrati e le presentazioni sui casi complessi, inclusi quelli con patologie psichiatriche. Il corso fornirà crediti ECM per medici, psicologi, infermieri, tecnici della riabilitazione psichiatrica, educatori professionali. Per la scheda di iscrizione e il programma dettagliato si può consultare la sezione in basso a sinistra della home page, cliccando su www.tabaccologia.it



Facoltà di Medicina e Chirurgia Agostino Gemelli
Istituto di Psichiatria e Psicologia

UNIVERSITÀ CATTOLICA del Sacro Cuore

DIRETTORE: PROF. EUGENIO MERCURI

CORSO DI FORMAZIONE
per *Group Trainer* per il Trattamento del Tabagismo

Anno Accademico 2012/2013

In collaborazione con:
Società Italiana di Ecologia, Psichiatria e Salute Mentale
Società Italiana di Tabaccologia

Direttore del Corso: Prof. Luigi Janiri
Direttore Scientifico: Dott. Biagio Tinghino, Prof. Giuseppe Spinetti
Coordinatore Scientifico: Dott. Rocco De Filippis, Dott. Giovanni Martinotti, Dr.ssa Carlotta Prinzo

DESTINATARI
Il Corso è rivolto a laureati in Medicina e Chirurgia ed in Psicologia, nonché a tutti gli operatori possibilmente impegnati nel trattamento del tabagismo (infermieri, assistenti sociali, educatori professionali, riabilitatori psichiatrici) in possesso di un titolo universitario.

DURATA
Da venerdì 10 maggio a domenica 12 maggio 2013; 22 ore residenziali.

METODI DI INSEGNAMENTO
Frontali, attivi, discussione casi clinici, roleplaying.

SEDE
Il Corso si terrà presso il Policlinico Universitario "A. Gemelli" Largo A. Gemelli 8, Roma.

DOCENTI
Il Corpo docente è composto da Professori della Facoltà di Medicina e Chirurgia dell'U.C.S.C. e da docenti esperti delle materie di insegnamento della Società Italiana di Tabaccologia, della Società Italiana di Ecologia, Psichiatria e Salute Mentale.

AMMISSIONE
Saranno ammessi a partecipare min 20 max 40 candidati in possesso dei requisiti previsti.
La domanda di ammissione, corredata dal curriculum formativo e professionale, dovrà essere compilata on-line c/o il sito www.rm.unicatt.it entro il 13 aprile 2013.
Qualora il numero delle domande fosse superiore, la selezione avverrà tramite valutazione dei titoli e sarà effettuata da una commissione presieduta dal Direttore del Corso. La frequenza è obbligatoria.
L'Università Cattolica del Sacro Cuore si riserva di non attivare o revocare il corso qualora non si raggiunga il numero minimo di partecipanti.

ISCRIZIONE
La quota di iscrizione, ammonta a € 350,00 (trecentocinquanta/00).

TITOLO RILASCIATO
Alla fine del corso sarà rilasciato un attestato di partecipazione
E.C.M.
N° Provider 2463 - Crediti ECM nazionali assegnati per Tecnici della riabilitazione psichiatrica, Educatori professionali, Infermieri, Psicologi e Medici specialisti in psichiatria, psicoterapia, neurologia, gastroenterologia, medicina generale.

In collaborazione con SITAB
Si ringrazia Pfizer

SERVIZIO MANIFESTAZIONI, CORSI DI FORMAZIONE, ECM E CONGRESSI
emplert@rm.unicatt.it
tel. 06/30154297
tel. 06/3015 4074
fax 06/3051732

Ed inoltre

European News Bulletin
European Network for Smoking and Tobacco Prevention
Combining efforts for effective tobacco control in Europe

From… Issue 2013-08, August 2013

Study to analyse the impacts of a possible European Union initiative to protect workers from exposure to environmental tobacco smoke in the workplace

Call for evidence

ICF GHK has been retained by the European Commission to provide analytical services to examine a possible European initiative to protect workers in the European Union (EU) from environmental tobacco smoke (ETS) in the workplace. This**letter** provides more information about the assignment.

The study will examine the likely costs and benefits of four main options:

1. No further action at European level in the field of worker protection from ETS.
2. Non-binding action at European level.
3. Binding legislation at European level. There are sub-options within this - including the possibility of a 'residential premises' exemption (e.g. for prisons and residential care homes) and a 'smoking area' exemption (where ventilated smoking facilities could be installed).
4. Binding legislation at European level. There are sub-options within this - including the possibility of a 'residential premises' exemption (e.g. for prisons and residential care homes) and a 'smoking area' exemption (where ventilated smoking facilities could be installed).
5. Binding legislation, combined with non-binding action.

The study covers all EU Member States and members of the European Free Trade Association.

What evidence is required?

In order to assess the above options, the study requires evidence on a series of specific issues. We are therefore asking organisations to submit evidence on the following topics:

a) Compliance with existing legislation

The study requires evidence on the extent of compliance with national legislation. This might come from monitoring reports, evidence on fines imposed, or academic research.

b) Number of workers exposed to ETS in the workplace

The study requires evidence on the number of workers who are currently exposed to ETS in the workplace. Where possible, this number should be disaggregated by sector, employer size, worker demographics, etc.

c) Use of 'segregation measures'

Legislation in some countries allows employers to install smoking rooms / booths. Where this is the case, the study requires evidence on the extent to which employers have opted to install these facilities, or whether they ban smoking in the workplace instead.
The study also needs evidence on the reasons for the use or non-use of segregation measures. For example, where employers do not install segregation measures but ban workplace smoking, why is this?

d) Cost of segregation measures

Particularly where there are specific ventilation requirements, the study requires information on:

- Installation costs;
- Ongoing / maintenance costs; and,
- The amount of space occupied by rooms / booths.

e) Monitoring / effectiveness of segregation measures

The study requires evidence on how the performance of segregation measures is monitored and whether they meet the standards set by legislation.

f) Number of businesses that are exempt from the legislation

In some countries, certain types of businesses (small bars, for example) are exempt from the legislation; they can decide if they want to allow smoking in the workplace. Where the legislation allows for this, the study needs to know:

- The number of businesses that are exempt from legislation.
- The number of these businesses that opt to allow smoking in the workplace.
- The size of these businesses (how many are Small and Medium-sized Enterprises).
- The number of workers this affects.

How should evidence be submitted? What is the deadline?

Evidence should be emailed to: **ETS.ImpactAssessment@ghkint.com**
The deadline for submissions to the study is 30th September 2013.
You can also contact ICF GHK on the above address should you have any further questions. Many thanks in advance for your contribution to this research.

Poland - study on the tobacco industry exaggerating the scope of illicit cigarette trade

The study on the tobacco industry exaggerating the scope of illicit cigarette trade to lobby against pro-health legislation (**http://dx.doi.org/10.1136/tobaccocontrol-2013-051099**) has gained a lot of media attention in Poland in the recent days. This includes an article in the biggest Polish daily newspaper and an interview in the Polish national public radio. Here are some links:

http://wyborcza.biz/biznes/1,101562,14476657,Ile_papierosow_przemyca_sie_do_Polski__Duzo_mniej_.html_
http://www.polskieradio.pl/130/2351/Artykul/918321,Przemyt-papierosow-poza-kontrola_
http://biznes.onet.pl/przemyt-pod-lupa,18564,5573360,1,news-detal_
http://www.pb.pl/3289608,38639,przemyt-papierosow-tonie-w-dymie

Source: Michal Stoklosa - American Cancer Society

UK - Setting the Standard for plain cigarette packaging

From Monday 26th August to Friday 30th August Cancer Research UK is running a 'week of action' to promote our campaign for standardised cigarette packaging. This is to ensure standard packs are at the forefront of MPs' minds as they head back to Parliament. As it's also the start of the new school year, we are using children heading back to school as a hook.

Source: **http://support.cancerresearchuk.org/support-us/campaign-for-us/setting-the-standard-for-plain-cigarette-packaging**

US - Why is Obama Caving on Tobacco?

LAST year I **endorsed** President Obama for re-election largely because of his commitment to putting science and public health before politics. But now the Obama administration appears to be on the verge of bowing to **pressure** from a powerful special-interest group, the tobacco industry, in a move that would be a colossal public health mistake and potentially contribute to the deaths of tens of millions of people around the world.

Although the president's signature domestic issue has been health-care reform, his legacy on public health will be severely tarnished — at a terrible cost to the poor in the developing world — unless his administration reverses course on this issue.

Today in Bandar Seri Begawan, Brunei, representatives from the United States and 11 other nations begin the latest round of negotiations over the Trans-Pacific Partnership, a multinational trade agreement. The pact is intended to lower tariffs and other barriers to commerce, a vitally important economic goal. But if it is achieved at the expense of people's health, the United States and countries around the world will be worse off for it.

The early drafts of the agreement included a "safe harbor" provision protecting nations that have adopted regulations on tobacco — like package warnings and advertising and marketing restrictions — because of "the unique status of tobacco products from a health and regulatory perspective." This provision would have prevented the tobacco industry from interfering with governments' sovereign right to protect public health through tobacco control laws.

Countries (and cities) that have adopted such regulations have had great success reducing smoking rates and saving lives. In New York City, where we have adopted some of the most comprehensive tobacco policies in the world, the smoking rate among adults has fallen by nearly one-third, and among high school students it has been cut in half. This progress helped to increase average life expectancy: in 2010, it was 80.9 years in the city, more than two years longer than in the country as a whole.

This week, however, the Obama administration bowed to pressure from the tobacco industry and **dumped** the safe harbor provision from the trade compact. The tobacco industry was joined by other business interest groups that were fearful that the safe harbor provision would lead to other products' being singled out in future trade accords.

So instead of the safe harbor, the Obama administration is **now calling** for a clause requiring that before a government can challenge another's tobacco regulation under the treaty, their health authorities must "discuss the measure." The administration will also try to ensure that a general exception for matters to protect human life or health (typical in trade agreements) applies specifically to tobacco regulation.

But these are weak half-measures at best that will not protect American law — and the laws of other countries — from being usurped by the tobacco industry, which is increasingly **using trade and investment agreements** to challenge domestic tobacco control measures.

If the Obama administration's policy reversal is allowed to stand, not only will cigarettes be cheaper for the 800 million people in the countries affected by the trade pact, but multinational tobacco corporations will be able to challenge those governments — including America's — for implementing lifesaving public health policies. This would not only put our tobacco-control regulations in peril, but also create a chilling effect that would prevent further action, which is desperately needed.

Tobacco use causes more deaths around the world than HIV/AIDS, malaria and tuberculosis combined. If nothing is done, one billion people will die of tobacco use by the end of this century. Through my philanthropy, I have supported grass-roots efforts overseas to

discourage tobacco use. Bangladesh, for instance, has enacted new rules that are a big step toward banning smoking in public places and on all modes of transportation. In Vietnam, we helped build public support for comprehensive new legislation that includes some of the most effective tobacco-control techniques, like advertising bans and graphic warning labels on packages.

But if the trade pact proceeds without the safe harbor provision, this progress will be jeopardized, a devastating setback for the global effort to reduce tobacco use, particularly because the signatories to the trade pact include nations — like the United States, Australia and Vietnam — that have some of the world's strongest tobacco control measures. If the Obama administration caves, the tobacco rules of its own Food and Drug Administration will be subject to challenge.

I could not be more strongly in favor of trade agreements that expand economic opportunity here and around the globe. But a deal that sells out our national commitment to public health, and forfeits our sovereign authority over our tobacco laws, does not merit the support of Mr. Obama; of the Senate, which would have to ratify it; or of the American people.

Michael R. Bloomberg is the mayor of New York City.

Source:**http://www.nytimes.com/2013/08/23/opinion/why-is-obama-caving-on-tobacco.html?_r=1&**

Scotland - Helping every mum-to-be quit smoking

THE number of pregnant women in Scotland who tried to give up cigarettes rose last year to nearly 3000, thanks to better education and stop-smoking help.

All mums-to-be will now be offered a breath test to provide personalised information about how much they and their unborn baby are being exposed to dangerous carbon monoxide from tobacco smoke.

The Scottish Government's recent announcement of the monitoring initiative is welcome news for ASH Scotland and others involved in the drive to help pregnant women avoid smoking and **tobacco use**.

We know that circumstances mean it is often difficult for pregnant women to quit so it's important they have the support of those around them. Health workers can also encourage the whole family to provide a tobacco-free "bubble" around the unborn child.

Stubbing out cigarettes will end a tragic toll of children affected by tobacco use during pregnancy. Smoking ten or more cigarettes a day during pregnancy doubles the risk of stillbirth. There is also a seven-fold increase in the risk of cot death when the mother smokes over 20 cigarettes a day, particularly if she has smoked during pregnancy.

Sadly, 20 infants die every year in Scotland due to causes directly attributable to smoking in pregnancy. Over 11,000 Scottish babies are affected annually by their mums lighting up while pregnant. **Tobacco use** is linked to low birth weight, meaning babies are at greater risk of dying and more likely to suffer from breathing problems needing ventilation in intensive care units immediately after birth. In the longer term, they're more likely to have some form of disability.

Smoking is also associated with diabetes, asthma and attention deficit disorder in children, as well as even more serious issues including fertility problems in women and men, miscarriage, premature birth, stillbirth and cot death. Then there's the danger to families of second-hand tobacco smoke from smokers, pregnant or not.

Tackling consequences

But Scotland is working hard to tackle the potentially devastating consequences of smoking in pregnancy and there has been some notable success. The number of mums-to-be who said they were smokers at their first antenatal booking dropped from 29 per cent in 1995 to 19 per cent in 2011.

Even so, over 30 per cent of pregnant women in the most deprived communities still smoke when they book their first antenatal appointment. That contrasts with around 6 per cent in the least deprived. There is a similar stark disparity in the number of smoking mums recorded when health visitors drop by for the first time – 29 per cent in the poorest areas compared to 5 per cent among the wealthiest. This highlights the need for tailored support services in every community.

As part of a new Maternity Improvement Programme, all pregnant women will now be offered carbon monoxide (CO) monitoring early in their pregnancy. The move isn't about stigmatising women smokers – it's about providing individual feedback and information, which we know can be an effective spur and support. It can also show up CO that's come from someone else's cigarette smoke, as well as other sources such as faulty gas appliances. If mums-to-be have raised CO levels, midwives will be able to refer them to specialist stop-smoking support services, as well as to additional care during the pregnancy if needed.

The monitoring has already been tried in some areas and we're delighted to see how positive the results have been. Over a year, NHS Greater Glasgow & Clyde checked 14,282 pregnant women for CO and 2,521 were then referred to the specialist pregnancy smoking cessation service. Nearly 300 had quit smoking a month later. The health authority has increased its CO testing rate to close to 100 per cent, up from less than 80 per cent two years ago, and there are now calls for a similar CO monitoring scheme across England.

Challenges

Some of the challenges that lie ahead are clear. We need to help more pregnant women to quit**tobacco** and smoking to improve their health and that of their baby. Official guidance on smoking cessation in pregnancy is not always being implemented consistently or comprehensively across Scotland, so all maternity services should now commit resources, develop systems and provide training to ensure that happens.

Reduced exposure to second-hand smoke in homes and cars will help and it's good to see the current debate on proposed legislation to ban smoking in vehicles with children. Training is essential to equip everyone who works with families to play their part in preventing damage from tobacco smoke before, during and beyond pregnancy.

By working with parents and families we can make the goal of being free from tobacco a reality for every child – a reality that will save lives.

• Sheila Duffy is chief executive of ASH Scotland www.ashscotland.org.uk

Source: **http://www.scotsman.com/news/helping-every-mum-to-be-quit-smoking-1-3048471**

From… Smoking & Tobacco Abstracts & News- STAN Bulletin

Ideas and Opinions

Increasing the "Smoking Age": The Right Thing to Do

Ann Intern Med. **Published online 26 August 2013**

Michael B. Steinberg and Cristine D. Delnevo

Tobacco use remains the leading cause of preventable death in the United States, and the goal of comprehensive tobacco control is to reduce its harm to society. A critical aspect of tobacco control is to prevent young people from ever becoming smokers. Toward this aim, New York City has proposed to increase the legal age of sale for tobacco products from 18 to 21 years. This commentary discusses this proposal and other efforts to reduce smoking among young people.

The proposed policy is grounded in strong epidemiologic evidence, given that nearly 90% of adults who smoke on a daily basis had their first cigarette by age 18 years (1), and the transition from tobacco experimentation to regular use typically occurs during young adulthood (1–2). Moreover, as a means to reduce access to minors, it is important to consider that 90% of cigarettes purchased for them are done so by people aged 18 to 20 years (3). Young adults also serve as a primary role model for teens, and the tobacco industry has historically capitalized on this through heavy marketing to young adults (4). As such, making it more difficult for young adults to purchase cigarettes has the potential to interrupt the trajectory from experimentation to regular use. It may also have the benefit of further limiting minors' access to tobacco by cutting off their usual sources...

Ample evidence shows that increasing the legal age to purchase tobacco results in a decline in smoking in teens and young adults. Currently, 4 states and 2 counties have a tobacco age of sale of 19 years as opposed to the federal age of 18 years: Alaska, Alabama, Utah, New Jersey, and Nassau and Suffolk counties on Long Island, New York. In 2005, the town of Needham, Massachusetts, raised the tobacco age of sale to 21 years. After the minimum sale age was increased from 16 to 18 years in England, smoking in youth aged 16 to 17 years declined by 30% (6). Sweden increased its age of sale to 18 years in 1997, after which the success of underage purchases went from 84% to 48% of encounters (7). A hypothetical health policy model in which the tobacco age of sale is increased to 21 years projected that youth smoking prevalence could be expected to drop from 22% to less than 9% among persons aged 15 to 17 years within 7 years (8).

New York City officials estimate that increasing the age of sale to 21 years will result in a 55% reduction of tobacco use among persons aged 18 to 20 years and a 67% reduction among those aged 14 to 17 years (9). Two thirds of New Yorkers favor increasing the minimum age of sale for cigarettes from 18 to 21 years, including 69% of nonsmokers and 60% of smokers (10). Also, other states, such as New Jersey, are now considering an increase in the age of sale for tobacco to 21 years. The potential adoption by surrounding states will strengthen each locality's policy because there will be less opportunity for cross-border purchasing. With most current smokers wanting to stop but having difficulty doing so, it seems ill-advised to defend the right for people to start smoking, especially at a young age. Preventing persons aged 18 to 20 years from slipping down the undesirable path of lifelong tobacco addiction will certainly not be accomplished by this one piece of legislation alone, but it is a start and is the right thing to do.

http://annals.org/article.aspx?articleid=1731188

Related USPSTF Statement:

Primary Care Interventions to Prevent Tobacco Use in Children and Adolescents: U.S. Preventive Services Task Force Recommendation Statement
http://annals.org/article.aspx?articleid=1731189
Primary Care Interventions to Prevent Tobacco Use in Children and Adolescents: U.S. Preventive Services Task Force Recommendation Statement
http://pediatrics.aappublications.org/cgi/content/abstract/peds.2013-2079v1

Related coverage:

Doctors support raising the smoking age
http://www.cnn.com/2013/08/26/health/raise-smoking-age-proposal/index.html
Doctors Asked to Counsel Teens About the Dangers of Smoking
http://healthland.time.com/2013/08/26/doctors-asked-to-counsel-teens-about-the-dangers-of-smoking/

Editorial

Cytisine, the world's oldest smoking cessation aid

BMJ 2013;347:f5198 (Published 23 August 2013)

Judith J Prochaska, Smita Das, Neal L Benowitz

Growing evidence for its use as an affordable treatment globally

Nearly 50 years ago, and before any smoking cessation aids were approved in the Western world, cytisine was being used in eastern and central Europe to help people quit smoking. An alkaloid with high affinity for the α4β2 nicotinic acetylcholine receptor subtype, cytisine is derived from the plant *Cytisus laburnum*. It was discovered in 1818, first isolated in 1865,1 and its actions were documented as "qualitatively indistinguishable from that of nicotine" in 1912.2 It was smoked as an accessible and cheap tobacco substitute by German and Russian soldiers during the second world war, and it was brought to market in 1964 as a cessation aid under the brand name Tabex, now produced by Sopharma, a Bulgarian drug company. Currently, the recommended course of treatment starts at one tablet every two hours (six in total per day) for one to three days, tapered gradually, with a scheduled quit date at day 5, and ending with one to two tablets daily by days 21-25. Optimal doses and duration of treatment, however, are as yet undetermined because no human pharmacokinetic data have been published.

The first data from clinical trials on the beneficial effects of cytisine for quitting smoking were published in the late 1960s to early 1970s in non-English, eastern European journals. Quit rates, self reported and collected by mail, ranged from 41% to 65% at the end of treatment and 21% to 30% at six months or longer of follow-up.3 The trials' methods, some with uncontrolled designs, did not meet Western regulatory standards...

There is currently an international online market for cytisine for smoking cessation—a Google search of "buy Tabex" yielded 5470 results. Online vendors claim a 76-80% quit rate, and some sites sell a dissolvable cytosine strip, which has even fewer data or studies available. For this editorial, we purchased a box of 100 1.5 mg cytisine tablets for $31.20 (including US shipping) from a website that marketed natural products and herbs. When production is unregulated, however, buyers risk obtaining poor quality or counterfeit formulations.

Cytisine's initial evidence of efficacy and clear affordability are strong indicators for continued studies. In the meantime, cyber buyers beware.

http://www.bmj.com/content/347/bmj.f5198

Medicine and the Media

Smoke screen: Indian film and television's anti-tobacco obsession

BMJ 2013;347:f5258 (Published 23 August 2013)

Balaji Ravichandran, journalist, Chennai, India

Since 2011 under Indian law broadcasts and films that show tobacco use must include health messages as flashing subtitles for the duration of the scene, with announcements before, during, and after. But, asks **Balaji Ravichandran**, does this deter would-be smokers?

Before 2012 no television channels in India carried health warnings about tobacco. But now, regardless of language or content, every channel, from the most international of broadcasters, such as Fox and HBO, to the most local ones in Tamil or Malayalam, seems saturated with antismoking messages before, during, and after most broadcasts.

Every time a character in a film or television programme smokes, a flashing anti-tobacco warning, such as "Tobacco causes cancer," pops up on the screen, and remains there for the duration of the scene. For many Bollywood and Hollywood films, this means several antismoking messages each hour. And most English language channels already carry integrated subtitles, leaving precious little screen space left in which to see the film.

At the beginning and end of many films, lengthy infomercials, often in partnership with an antismoking or cancer charity, carry further warnings. Some channels go further and use horrifying images in their advertisements of lungs destroyed by cancer, emphysema, and other diseases.

The reason for this new obsession with the harms of smoking is a federal law passed in November 2011, mandating that all television programmes and films that show even one scene including oral or smoking tobacco use carry health messages at the beginning and in the middle.1 They must also display "prominent" anti-tobacco messages at the bottom of the screen for the duration of the segment...

The New Delhi non-governmental organisation Health Related Information Dissemination Amongst Youth started monitoring depiction of tobacco use in Bollywood films in 2006 with support from the US National Institutes of Health. When this research is published it will show any impact of the 2011 law. Arora told the *BMJ* that anecdotal evidence shows that the law is already working.

http://www.bmj.com/content/347/bmj.f5258

Advancing the Understanding of Craving During Smoking Cessation Attempts: A Demonstration of the Time-Varying Effect Model

Nicotine Tob Res first published online August 24, 2013

Stephanie T. Lanza, Sara A. Vasilenko, Xiaoyu Liu, Runze Li, and Megan E. Piper

Abstract

Introduction: Advancing understanding of smoking cessation requires a complex and nuanced understanding of behavior change. To this end, ecological momentary assessments (EMA) are now being collected extensively. The time-varying effect model (TVEM) is a statistical technique ideally suited to model processes that unfold as behavior and nicotine dependence change. Coefficients are expressed dynamically over time and represented as smooth functions of time.

Methods: The TVEM approach is demonstrated using data from a smoking-cessation trial. Time-varying effects of baseline nicotine dependence (a time-invariant covariate) and negative affect (a time-varying covariate) on urge to smoke during a quit attempt were estimated for monotherapy, combination therapy, and placebo groups. SAS syntax for conducting TVEM is provided so that readers can adapt it for their research.

Results: During the first 2 days after quitting, the association between negative affect and craving was significantly stronger among individuals in the placebo group, suggesting an early positive impact of treatment. For the monotherapy and combination therapy groups, during the second week of the quit attempt baseline dependence was less strongly related to craving compared with the placebo group, indicating a different positive impact of treatments later in the quit attempt.

Conclusions: The results reveal information about the underlying dynamics that unfold during a quit attempt and how monotherapy and combination therapy impact those processes. This suggests possible mechanisms to target in an intervention and indicates timepoints that hold the greatest promise for effective treatment. TVEM is a straightforward approach to examining time-varying processes embedded in EMA.

http://ntr.oxfordjournals.org/content/early/2013/08/24/ntr.ntt128.abstract

---

Effects of Maternal Prenatal Smoking and Birth Outcomes Extending into the Normal Range on Academic Performance in Fourth Grade in North Carolina, USA

Paediatric and Perinatal Epidemiology
Early View (Online Version of Record published before inclusion in an issue)
Article first published online: **25 AUG 2013** | DOI: 10.1111/ppe.12081

Rebecca Anthopolos, Sharon E. Edwards and Marie Lynn Miranda

Abstract

Background

Research has documented the adverse relationship of child cognitive development with maternal prenatal smoking and poor birth outcomes. The potential, however, for maternal prenatal smoking to modify the association between birth outcomes and cognitive development is unclear.

Methods

We linked statewide North Carolina birth data for non-Hispanic white and non-Hispanic black children to end-of-grade test scores in reading and mathematics at fourth grade (n = 65 677). We fit race-stratified multilevel models of test scores regressed on maternal smoking, birth outcomes (as measured by continuous and categorical gestational age and birthweight percentile for gestational age), and their interaction, controlling for maternal- and child-level socio-economic factors.

Results

Smoking was consistently associated with decrements in test scores, and better birth outcomes were associated with improvements in test scores, even in clinically normal ranges. Test scores increased quadratically with improving birth outcomes among smoking and non-smoking mothers. Among non-Hispanic white children, the magnitude of the association between gestational age and test scores was larger for children whose mothers smoked during pregnancy compared with the non-smoking group. However, among non-Hispanic black children, birth outcomes did not appear to interact with maternal smoking on test scores.

Conclusions

Maternal prenatal smoking may interact with birth outcomes on reading and mathematics test scores, particularly among non-Hispanic white children. Improvements in birth outcomes, even within the clinically normal range, may be associated with improved academic performance. Pregnancy-related exposures and events exert a significant and long-term impact on cognitive development.

http://onlinelibrary.wiley.com/doi/10.1111/ppe.12081/abstract

---

Mortality in Schizophrenia: Clinical and Serological Predictors

Schizophr Bull. 2013 Aug 13. [Epub ahead of print]

Dickerson F, Stallings C, Origoni A, Schroeder J, Khushalani S, Yolken R.

Abstract

Persons with schizophrenia have a reduced life expectancy largely due to death from natural causes. Factors that have been previously associated with excess mortality include cigarette smoking and antipsychotic medication. The role of other environmental factors such as exposure to infectious agents has been the subject of only limited investigation. We

prospectively assessed a cohort of persons with schizophrenia with a clinical evaluation and a blood sample from which antibodies to human herpes viruses and Toxoplasma gondii were measured. Mortality was determined with data from the National Death Index following a period of up to 11 years. We examined the role of demographic, serological, and clinical factors on mortality. A total of 25 (5%) of 517 persons died of natural causes. The standardized mortality ratio was 2.80 (95% CI 0.89, 6.38). After adjusting for age and gender, mortality from natural causes was predicted in separate models by cigarette smoking (relative risk [RR] = 4.66, P = .0029); lower cognitive score (RR = 0.96, P = .013); level of antibodies to Epstein-Barr virus (RR = 1.22, P = .0041) and to Herpes Simplex virus type 1 (RR = 1.19, P = .030); immunologic disease (RR = 3.14, P = .044); and genitourinary disease (RR = 2.70; P = .035). Because cigarette smoking confers an almost 5-fold risk of mortality, smoking cessation is an urgent priority. Having an elevated level of antibodies to Epstein-Barr virus and to Herpes Simplex virus type 1 are also significant predictors of death from natural causes.

http://schizophreniabulletin.oxfordjournals.org/content/early/2013/08/12/schbul.sbt113.abstract

Related PR:

Smoking, Diabetes Linked to Natural Deaths in Schizophrenia Patients
http://psychcentral.com/news/2013/08/18/smoking-diabetes-linked-to-natural-deaths-in-schizophrenia-patients/58613.html

---

Countering the demand for, and supply of illicit tobacco: an assessment of the 'North of England Tackling Illicit Tobacco for Better Health' Programme

Tob Control Published Online First: 19 August 2013 *doi:10.1136/tobaccocontrol-2013-050957*

Ann McNeill, Belinda Iringe-Koko, Manpreet Bains, Linda Bauld, Geoffrey Siggens, Andrew Russell

Abstract

Background Illicit tobacco (IT) undermines the effectiveness of tobacco control strategies. We assessed the implementation and impact of a new programme designed to reduce demand for, as well as supply of, IT, in the north of England, where IT was prevalent.

Methods 'Mixed methods' research was undertaken. Qualitative methods included stakeholder interviews (at outset and 1 year later) and ethnographic research. Indicators reflecting those supply and demand issues for which data were available were identified and monitored, including relevant items on two cross-sectional surveys carried out in 2009 and 2011 with over 4000 individuals from which a social marketing campaign was also developed. IT reports to two existing hotlines, promoted through the programme, were assessed.

Results Initially, concerns abounded about the different philosophies and ways of working of local and national enforcement and health agencies, but these were much reduced at follow-

up. A protocol was developed which greatly facilitated the flow of intelligence about IT supply. A social marketing campaign was developed highlighting two messages: IT makes it easier for children to start smoking and brings crime into the community, thereby avoiding misleading messages about relative harms of illicit and licit tobacco. Public and stakeholder awareness of IT increased as did calls to both hotlines.

Conclusions A partnership of agencies, with competing values, was established to tackle IT, a complex public health issue and, inter alia, implemented a social marketing campaign using novel messages. This improved the flow of intelligence about the supply of IT and increased awareness of IT.

http://tobaccocontrol.bmj.com/content/early/2013/08/28/tobaccocontrol-2013-050957.abstract

---

Open Access *Tobacco Control* papers:

The choice of discount brand cigarettes: a comparative analysis of International Tobacco Control surveys in Canada and the USA (2002–2005)
http://tobaccocontrol.bmj.com/content/early/2013/08/28/tobaccocontrol-2012-050851.abstract
http://tobaccocontrol.bmj.com/content/early/2013/08/28/tobaccocontrol-2012-050851.full.pdf+html
A novel approach to estimating the prevalence of untaxed cigarettes in the USA: findings from the 2009 and 2010 international tobacco control surveys
http://tobaccocontrol.bmj.com/content/early/2013/08/22/tobaccocontrol-2013-051038.abstract
http://tobaccocontrol.bmj.com/content/early/2013/08/22/tobaccocontrol-2013-051038.full.pdf+html

Note: Open Access. Full-text PDFs freely available from links immediately above.

Redazione: ufficioprogetti.sitab@gmail.com

In collaborazione con

Stan Shatenstein
Editor & Publisher, STAN Bulletin
Smoking & Tobacco Abstracts & News
5492-B Trans Island
Montreal, QC Canada H3W 3A8
shatensteins@sympatico.ca

STAN Bulletin is supported by
voluntary reader contributions