Tobacco Science

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Il Consiglio Europeo approva il documento di compromesso sulla direttiva sul tabacco

Il Comitato dei Rappresentanti Permanenti ha approvato il 18 dicembre scorso un testo di compromesso per la revisione della direttiva UE sul tabacco. La proposta è stata approvata in una riunione a tre tra la presidenza lituana, i rappresentanti del Parlamento Europeo e della Commissione. L'obiettivo principale della revisione della direttiva è quello di rendere i prodotti del tabacco meno attraenti rafforzando le regole su come i prodotti del tabacco possono essere realizzati, presentati e venduti.

Il testo di compromesso approvato prevede il divieto di immissione sul mercato delle sigarette e del tabacco roll- your-own con con sapori di frutta, mentolo e vaniglia. Tale divieto si applicherà solo quattro anni dopo il recepimento della direttiva da parte degli stati membri. Gli Stati dovranno inoltre vietare l'immissione sul mercato dei prodotti del tabacco contenenti additivi in quantità tali da aumentare in modo significativo o misurabile l'effetto tossico o di dipendenza, o le proprietà cancerogene, Mutagene o tossiche per i processi riproduttivi .

Immagini e testi sanitari di avvertimento dovranno coprire complessivamente il 65% della superficie (fronte e retro) delle confezioni di sigarette o tabacco. Inoltre, ogni pacchetto di tabacco da fumo deve portare un avvertimento generale (come " Il fumo uccide – smetti ora") e il messaggio informativo: "Il fumo di tabacco contiene oltre 70 sostanze note per causare il cancro".

Il campo di applicazione della direttiva è esteso alle sigarette elettroniche che saranno oggetto di una serie di garanzie (ad es concentrazione massima di nicotina di 20 mg/ml, dimensione massima della cartuccia monouso da 2 ml). Per quanto riguarda le sigarette elettroniche ricaricabili, la Commissione dovrà riferire rispetto al loro potenziale rischio per la salute pubblica al più tardi due anni dopo l'entrata in vigore della direttiva. Se, per motivi giustificati connessi ad un grave rischio per la salute umana almeno tre stati membri dovessero vietare le sigarette elettroniche ricaricabili, la Commissione è autorizzata ad estendere il divieto a tutti gli Stati membri. Gli stati membri possono autorizzare le sigarette elettroniche ai sensi delle norme per i prodotti farmaceutici se soddisfano le disposizioni della legislazione farmaceutica. L'accordo ha lo scopo di aiutare i fumatori a smettere, evitando qualsiasi incentivo per i giovani che iniziano a fumare. La direttiva deve ancora essere formalmente adottata dal Parlamento europeo e dal Consiglio. Una volta adottata la direttiva gli stati membri avranno due anni per recepire le nuove norme nel diritto nazionale .

Uno studio valuta i **prodotti "alternativi"** del tabacco e trova che **non sono utili** a smettere

Uno studio ha valutato di recente, negli USA, l'impatto dei prodotti del tabacco che promettono livelli più bassi di sostanze nocive sulla riduzione effettiva del fumo. Questi prodotti (definiti *smokeless tobacco*) promettono generalmente minor contenuto di nicotina, più bassa esposizione alle sostanze tossiche della combustione e altri benefici. Sono stati intervistati 6110 fumatori che riferivano un uso concomitante di sigarette tradizionali e altri prodotti apparentemente "meno dannosi" (snus, tabacco da masticare, sigarette elettroniche etc.). I risultati mostrano come i consumatori non abbiano riferito un vantaggio evidente dall'uso di questi prodotti non convenzionali rispetto alla cessazione da fumo. I giovani tra i 18-24 anni costituivano la classe di età con la maggior quota di consumo. In realtà l'utilizzo di prodotti alternativi sembra essere legato ad un minor costo degli stessi e quindi tutto ciò conferma l'importanza strategica del costo delle sigarette nel ridurre il fumo di tabacco. "Fino a quando – hanno concluso gli autori - le sigarette convenzionali resteranno relativamente a buon mercato, accessibili ed efficienti in termini di rilascio di nicotina, la maggior parte dei fumatori continuerà ad usarle al posto dei prodotti non convenzionali".

Cigarette Smokers' Use of Unconventional Tobacco Products and Associations With Quitting Activity: Findings From the ITC-4, U.S. Cohort Karin A. Kasza, Maansi Bansal-Travers, Richard J. O'Connor, Wilson M. Compton, Anna Kettermann, Nicolette Borek, Geoffrey T. Fong, K. Michael Cummings, Andrew J. Hyland

Funzionari cinesi che fumano: sanzioni severe da parte del **Partito Comunista**

I funzionari cinesi sono invitati a " prendere l'iniziativa " di rispettare il divieto di fumo negli spazi pubblici . Secondo una circolare del Partito Comunista cinese (Comitato Centrale e Consiglio di Stato), i funzionari non sono autorizzati a fumare in scuole, ospedali, impianti sportivi , mezzi di trasporto pubblico, o in qualsiasi altri luoghi dove è vietato fumare. Essi vengono altresì diffidati dal comprare le sigarette coi fondi pubblici, offrire sigarette o fumare durante lo svolgimento dei loro compiti di servizio. Queste persone, recita la circolare, "Offuscano l'immagine del partito ed hanno una influenza negativa come leader".

La Cina è il maggior produttore e consumatore di sigarette del mondo e consumatori . Il numero di fumatori è superiore a 300 milioni, con almeno 740 milioni di persone regolarmente esposte al fumo passivo . Nel 2003 , la Cina ha firmato la convenzione quadro dell'OMS sul controllo del tabacco (FCTC) che è entrata in vigore nel gennaio 2006 , ma l'attuazione delle direttive è molto indietro rispetto agli standards richiesti e nessuna legge nazionale fino ad ora vieta il fumo nei luoghi pubblici chiusi .

Pazienti psicotici, tabacco e uso di sostanze stupefacenti

Le persone con grave disturbo psicotico hanno maggiori probabilità di usare anche droghe psicoattive, se fumano. I dati provengono dalla Genomic Psychiatry Cohort, che è costituita da un campione di 9142 individui con diagnosi di schizofrenia, disturbo bipolare con tratti psicotici, disturbo schizoaffettivo e 10195controlli. Sono stati inseriti nello studio persone che avessero fumato > 100 sigarette in tutta la vita, bevevano alcol (> 4 assunzioni giornaliere), usavano pesantemente marijuana (> 21 volte l'anno) o usavano altre sostanze a scopo "ricreativo". Per le persone psicotiche il rischio di essere fumatori è quasi 5 volte più alto che nella popolazione generale (odds ratio , 4.6 , 95% CI , 4,3-4,9), per l'uso di alcol il rischio è 4 volte maggiore (odds ratio , 4.0 , 95% CI , 3,6-4,4), per uso pesante di marijuana 3,5 volte (odds ratio , 3.5 , 95% CI , 3,2-3,7) e l'uso di droghe ricreative (odds ratio , 4,6 , 95 % CI , 4,3-5,0).

Purtroppo sembra che gli interventi di controllo del tabagismo a livello di salute pubblica generale siano poco efficaci tra gli individui con grave malattia psicotica.

Comorbidity of Severe Psychotic Disorders With Measures of Substance Use , **JAMA Psychiatry**. Pubblicato online il 1 gennaio 2014 .; Sarah M. Hartz , Carlos N. Pato , Helena Medeiros , Patricia Cavazos - Rehg , Janet L. Sobell,James A. Knowles , Laura J. Bierut , Michele T. Pato

Linee guida USA su screening tumore polmonare nei fumatori con TAC a basso dosaggio

La USPSTF ha esaminato le prove sull'efficacia di basse dosi di tomografia computerizzata , radiografia del torace e la valutazione citologico dell'espettorato per lo screening del cancro del polmone in soggetti asintomatici che sono a rischio medio o alto per il tumore del polmone (fumatori attuali o ex fumatori). Le raccomandazioni che ne sono derivate vanno nella direzione di consigliare lo screening annuale per il cancro al polmone attraverso TAC a basso dosaggio di emissione negli adulti di età compresa tra 55-80 anni, che hanno una storia consumo di almeno 30 pacchetti di sigarette/anno e attualmente fumano o hanno smesso negli ultimi 15 anni. Lo screening deve essere interrotto quando una persona non ha fumato per 15 anni o sviluppa un problema di salute che limita notevolmente l'aspettativa di vita o la capacità o la possibilità eventuale di essere sottoposta ad un intervento chirurgico polmonare curativo.
La USPSTF ha inoltre commissionato studi di modellizzazione per fornire informazioni circa l'età ottimale in cui iniziare e concludere lo screening, l'intervallo di screening ottimale , ed i relativi benefici ei rischi delle strategie di diverse tipologie di screening.

Clinical Guidelines, **Screening for Lung Cancer: U.S. Preventive Services Task Force Recommendation Statement** *Ann Intern Med.* Published online 31 December 2013 doi: 10.7326/M13-2771

Ed inoltre

Assessing Exposure to Secondhand Smoke in Restaurants and Bars Two Years After the smoking Regulations in Beijing, China

Indoor Air
Accepted Article (Accepted, unedited articles published online and citable. The final edited and typeset version of record will appear in future.)
Accepted manuscript online: **6 JAN 2014** | DOI: 10.1111/ina.12091

Ruiling Liu, Yuan Jiang, Qiang Li and S. Katharine Hammond

Abstract

Field observation of patron smoking behaviors and multiple sampling approaches were conducted in 79 restaurants and bars in Beijing, 2010, two years after implementing the governmental smoking regulations. Smoking was observed in 30 visits to 22 of the 37 nominal nonsmoking venues during peak-patronage times and six visits to four of the 14 nominal nonsmoking sections. The median area SHS concentrations during peak-patronage time were 27, 15, 43 and 40 μg/m3 in nominal nonsmoking venues, nonsmoking sections, smoking sections, and smoking venues, respectively, as indicated by the difference between indoor and outdoor PM2.5 levels; and 1.4, 0.6, 1.7 and 2.7 μg/m3, respectively, as indicated by airborne nicotine. In the 27 venues with sampling of different approaches and over different time periods, the median nicotine concentration was 1.8 μg/m3 by one-hour peak-patronage-time sampling, 1.1 μg/m3 by one-day active area sampling, 2.5 μg/m3 by one-day personal sampling, and 2.3 μg/m3 by week-long passive sampling. No significant differences of nicotine levels were observed among venues/sections with different nominal smoking policies by all sampling approaches except during peak-patronage time. This study showed that the 2008 Beijing governmental smoking restriction has been poorly implemented, and SHS exposures in Beijing restaurants and bars remain high.

http://onlinelibrary.wiley.com/doi/10.1111/ina.12091/abstract

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Viewpoint

Promise and Peril of e-Cigarettes: Can Disruptive Technology Make Cigarettes Obsolete?

***JAMA*. 2014;311(2):135-136. doi:10.1001/jama.2013.28534**

David B. Abrams

Despite extraordinary success, progress has stalled in reducing premature deaths from tobacco (primarily caused by cigarettes or other combusting tobacco products and not by nicotine per se). The dominance of cigarettes over the past 100 years (the cigarette century) threatens to persist for another century...

This Viewpoint examines the promise, from a harm reduction perspective, and the peril, from an abstinence perspective—represented by e-cigarettes and asks the question “Do e-cigarettes represent a breakthrough disruptive technology, able to render the combustion of tobacco obsolete, potentially ending the combustion-related morbidity and mortality that has been characterized by the cigarette century?”...

Conclusions

The more appealing e-cigarette innovations become, the more likely they will be a disruptive technology. Although the science is insufficient to reach firm conclusions on some issues, e-cigarettes, with prudent tobacco control regulations, do have the potential to make the combusting of tobacco obsolete. Strong

regulatory science research is needed to inform policy. If e-cigarettes represent the new frontier, tobacco control experts must be open to new strategies...

Independent manufacturers of e-cigarettes could compete with tobacco companies and make the cigarette obsolete, just as digital cameras made film obsolete. Use of noncombusted nicotine products is preferable to perpetuating the use of combustible cigarettes and a second cigarette century. The stakes are high, with an estimated 430 000 premature deaths associated with tobacco use per year in the United States and more than 1 billion expected deaths
associated primarily with combusted tobacco use worldwide by the next century.11 The central question is whether e-cigarettes should be aggressively supported by tobacco control in what already appears to be its free market significant rise as a disruptive technology—an extraordinary opportunity to end the cigarette century well before the 100th anniversary of the surgeon general's report on smoking and health in 2064.

http://jama.jamanetwork.com/article.aspx?articleid=1812971

JAMA News & Analysis:

Experts Call for Research Plus Regulation of e-Cigarettes
http://jama.jamanetwork.com/article.aspx?articleid=1812955
CDC: Use of Emerging Tobacco Products Increasing Among US Youths
http://jama.jamanetwork.com/article.aspx?articleid=1812957

Medical Letter on Drugs and Therapeutics:

Electronic Cigarettes
http://jama.jamanetwork.com/article.aspx?articleid=1812953

JAMA Patient Page:

e-Cigarettes
http://jama.jamanetwork.com/article.aspx?articleid=1812964

Combination Varenicline and Bupropion SR for Tobacco-Dependence Treatment in Cigarette Smokers: A Randomized Trial

***JAMA*. 2014;311(2):155-163. doi:10.1001/jama.2013.283185**

Jon O. Ebbert, Dorothy K. Hatsukami, Ivana T. Croghan, Darrell R. Schroeder, Sharon S. Allen, J. Taylor Hays, Richard D. Hurt

Abstract

IMPORTANCE Combining pharmacotherapies for tobacco-dependence treatment may increase smoking abstinence.
OBJECTIVE To determine efficacy and safety of varenicline and bupropion sustained-release (SR; combination therapy) compared with varenicline (monotherapy) in cigarette smokers.
DESIGN, SETTING, AND PARTICIPANTS Randomized, blinded, placebo-controlled multicenter clinical trial with a 12-week treatment period and follow-up through week 52 conducted between October 2009 and April 2013 at 3 midwestern clinical research sites. Five hundred six adult (>=18 years) cigarette smokers were randomly assigned and 315 (62%) completed the study.
INTERVENTIONS Twelve weeks of varenicline and bupropion SR or varenicline and placebo.
MAIN OUTCOMES AND MEASURES Primary outcome was abstinence rates at week 12, defined as prolonged (no smoking from 2 weeks after the target quit date) abstinence and 7-day point-prevalence (no smoking past 7 days)abstinence. Secondary outcomes were prolonged and point-prevalence smoking abstinence rates at weeks 26 and 52. Outcomes were biochemically confirmed.
RESULTS At 12 weeks, 53.0%of the combination therapy group achieved prolonged smoking abstinence and 56.2%achieved 7-day point-prevalence smoking abstinence compared with 43.2%and 48.6%in varenicline monotherapy (odds ratio [OR], 1.49; 95%CI, 1.05-2.12; P = .03 and OR, 1.36; 95%CI, 0.95-1.93;

P = .09, respectively). At 26 weeks, 36.6% of the combination therapy group achieved prolonged and 38.2%achieved 7-day point-prevalence
smoking abstinence compared with 27.6%and 31.9%in varenicline monotherapy (OR, 1.52; 95%CI, 1.04-2.22; P = .03 and OR, 1.32; 95%CI, 0.91-1.91; P = .14, respectively). At 52 weeks, 30.9%of the combination therapy group achieved prolonged and 36.6%achieved 7-day point-prevalence smoking abstinence compared with 24.5%and 29.2%in varenicline monotherapy (OR, 1.39; 95%CI, 0.93-2.07; P = .11 and OR, 1.40; 95%CI, 0.96-2.05; P = .08,
respectively). Participants receiving combination therapy reported more anxiety (7.2% vs 3.1%; P = .04) and depressive symptoms (3.6%vs 0.8%; P = .03).
CONCLUSIONS AND RELEVANCE Among cigarette smokers, combined use of varenicline and bupropion, compared with varenicline alone, increased prolonged abstinence but not 7-day point prevalence at 12 and 26 weeks. Neither outcome was significantly different at 52 weeks. Further research is required to determine the role of combination therapy in smoking cessation.
TRIAL REGISTRATION clinicaltrials.gov Identifier: http://clinicaltrials.gov/show/NCT00935818

http://jama.jamanetwork.com/article.aspx?articleid=1812959

Related PR:

Combined therapy benefits cigarette smokers trying to quit compared to monotherapy
http://www.eurekalert.org/pub_releases/2014-01/mc-ctb010714.php

Also:

Maintenance Treatment With Varenicline for Smoking Cessation in Patients With Schizophrenia and Bipolar Disorder: A Randomized Clinical Trial
http://jama.jamanetwork.com/article.aspx?articleid=1812963
Trends in Smoking Among Adults With Mental Illness and Association Between Mental Health Treatment and Smoking Cessation
http://jama.jamanetwork.com/article.aspx?articleid=1812961

JAMA Clinical Review & Education:

Pharmacological Treatments for Smoking Cessation
http://jama.jamanetwork.com/article.aspx?articleid=1812940

JAMA Viewpoint:

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JAMA Letter:

Changes in Smoking Prevalences Among Health Care Professionals From 2003 to 2010-2011
http://jama.jamanetwork.com/article.aspx?articleid=1812944

Tobacco Control and the Reduction in Smoking-Related Premature Deaths in the United States, 1964-2012

***JAMA*. 2014;311(2):164-171. doi:10.1001/jama.2013.285112**

Theodore R. Holford, Rafael Meza, Kenneth E. Warner, Clare Meernik, Jihyoun Jeon, Suresh H. Moolgavkar, David T. Levy

Abstract

IMPORTANCE January 2014 marks the 50th anniversary of the first surgeon general's report on smoking and health. This seminal document inspired efforts by governments, nongovernmental organizations, and the private sector to reduce the toll of cigarette smoking through reduced initiation and increased cessation.

OBJECTIVE To model reductions in smoking-related mortality associated with implementation of tobacco control since 1964.
DESIGN, SETTING, AND PARTICIPANTS Smoking histories for individual birth cohorts that actually occurred and under likely scenarios had tobacco control never emerged were estimated. National mortality rates and mortality rate ratio estimates from analytical studies of the effect of smoking on mortality yielded death rates by smoking status. Actual smoking-related mortality from 1964 through 2012 was compared with estimated mortality under no tobacco control that included a likely scenario (primary counterfactual) and upper and lower bounds that would capture plausible alternatives.
EXPOSURES National Health Interview Surveys yielded cigarette smoking histories for the US adult population in 1964-2012.
MAIN OUTCOMES AND MEASURES Number of premature deaths avoided and years of life saved were primary outcomes. Change in life expectancy at age 40 years associated with change in cigarette smoking exposure constituted another measure of overall health outcomes.
RESULTS In 1964-2012, an estimated 17.7 million deaths were related to smoking, an estimated 8.0 million (credible range [CR], 7.4-8.3 million, for the lower and upper tobacco control counterfactuals, respectively) fewer premature smoking-related deaths than what would have occurred under the alternatives and thus associated with tobacco control (5.3 million [CR, 4.8-5.5 million] men and 2.7 million [CR, 2.5-2.7 million] women). This resulted in an estimated 157 million years (CR, 139-165 million) of life saved, a mean of 19.6 years for each beneficiary (111 million [CR, 97-117 million] for men, 46 million [CR, 42-48 million] for women). During this time, estimated life expectancy at age 40 years increased 7.8 years for men and 5.4 years for women, of which tobacco control is associated with 2.3 years (CR, 1.8-2.5) (30% [CR, 23%-32%]) of the increase for men and 1.6 years (CR, 1.4-1.7) (29% [CR, 25%-32%]) for women.
CONCLUSIONS AND RELEVANCE Tobacco control was estimated to be associated with avoidance of 8 million premature deaths and an estimated extended mean life span of 19 to 20 years. Although tobacco control represents an important public health achievement, efforts must continue to reduce the effect of smoking on the nation's death toll.

http://jama.jamanetwork.com/article.aspx?articleid=1812962

Related coverage:

Anti-smoking efforts have saved 8 million American lives
http://www.usatoday.com/story/news/nation/2014/01/07/anti-smoking-efforts-saved-lives/4355227/
Thank You, Surgeon General: Tobacco Control Has Saved 8 Million Lives
http://healthland.time.com/2014/01/07/thank-you-surgeon-general-tobacco-control-has-saved-8-million-lives/
Anti-Smoking Efforts Reduce U.S. Deaths as Global Market Grows
http://www.businessweek.com/news/2014-01-07/anti-smoking-efforts-reduce-u-dot-s-dot-deaths-as-global-market-grows

Multimedia:

Tobacco-Related Events, United States, 1900-2014
http://jama.jamanetwork.com/multimediaPlayer.aspx?interactiveID=6358684

JAMA Editorial:

Tobacco Control 50 Years After the 1964 Surgeon General's Report
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JAMA Viewpoints:

The War Against Tobacco: 50 Years and Counting
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JAMA Revisited:

Childish Habit (1964)
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Smoking Prevalence and Cigarette Consumption in 187 Countries, 1980-2012

***JAMA*. 2014;311(2):183-192. doi:10.1001/jama.2013.284692**

Marie Ng, Michael K. Freeman, Thomas D. Fleming, Margaret Robinson, Laura Dwyer-Lindgren, Blake Thomson, Alexandra Wollum, Ella Sanman, Sarah Wulf, Alan D. Lopez, Christopher J. L. Murray, Emmanuela Gakidou

Abstract

IMPORTANCE Tobacco is a leading global disease risk factor. Understanding national trends in prevalence and consumption is critical for prioritizing action and evaluating tobacco control progress.
OBJECTIVE To estimate the prevalence of daily smoking by age and sex and the number of cigarettes per smoker per day for 187 countries from 1980 to 2012.
DESIGN Nationally representative sources that measured tobacco use (n = 2102 country-years of data) were systematically identified. Survey data that did not report daily tobacco smoking were adjusted using the average relationship between different definitions. Age-sex-country-year observations (n = 38 315) were synthesized using spatial-temporal gaussian process regression to model prevalence estimates by age, sex, country, and year. Data on consumption of cigarettes were used to generate estimates of cigarettes per smoker per day.
MAIN OUTCOMES AND MEASURES Modeled age-standardized prevalence of daily tobacco smoking by age, sex, country, and year; cigarettes per smoker per day by country and year.
RESULTS Global modeled age-standardized prevalence of daily tobacco smoking in the population older than 15 years decreased from 41.2%(95%uncertainty interval [UI], 40.0%-42.6%) in 1980 to 31.1%(95%UI, 30.2%-32.0%; P < .001) in 2012 for men and from 10.6% (95%UI, 10.2%-11.1%) to 6.2%(95%UI, 6.0%-6.4%; P < .001) for women. Global modeled prevalence declined at a faster rate from 1996 to 2006 (mean annualized rate of decline, 1.7%; 95%UI, 1.5%-1.9%) compared with the subsequent period (mean annualized rate of decline, 0.9%; 95%UI, 0.5%-1.3%; P = .003). Despite the decline in modeled prevalence, the number of daily smokers increased from 721 million (95%UI, 700 million–742 million) in 1980 to 967 million (95%UI, 944 million–989 million; P < .001) in 2012. Modeled prevalence rates exhibited substantial variation across age, sex, and countries, with rates below 5% for women in some African countries to more than 55% for men in Timor-Leste and Indonesia. The number of cigarettes per smoker per day also varied widely across countries and was not correlated with modeled prevalence.
CONCLUSIONS AND RELEVANCE Since 1980, large reductions in the estimated prevalence of daily smoking were observed at the global level for both men and women, but because of population growth, the number of smokers increased significantly. As tobacco remains a threat to the health of the world's population, intensified efforts to control its use are needed.

http://jama.jamanetwork.com/article.aspx?articleid=1812960

Related coverage & PR:

Smoker numbers edge close to one billion
http://www.bbc.co.uk/news/health-25635121
War on tobacco far from won
http://www.theguardian.com/society/sarah-boseley-global-health/2014/jan/07/smoking-tobacco-industry
Study: Tobacco control has saved millions of lives
http://www.washingtonpost.com/national/health-science/study-tobacco-control-has-saved-millions-of-lives/2014/01/07/58a8549a-77db-11e3-a647-a19deaf575b3_story.html
'Smoking among Indian men on the decline'
http://www.thehindu.com/news/national/smoking-among-indian-men-on-the-decline/article5550412.ece
Despite global declines in smoking rates, number of smokers and cigarettes rises [Audio]
http://www.abc.net.au/am/content/2013/s3922150.htm
Overall prevalence of smoking has decreased globally, although number of smokers has increased
http://www.eurekalert.org/pub_releases/2014-01/tjnj-opo010214.php

JAMA Poetry & Medicine:

Smoke

http://jama.jamanetwork.com/article.aspx?articleid=1812965

Organizational Factors as Predictors of Tobacco Cessation Pharmacotherapy Adoption in Addiction Treatment Programs

J Addict Med. 2013 Dec 20. [Epub ahead of print]

Muilenburg JL, Laschober TC, Eby LT.

Abstract

OBJECTIVES::

This study investigated 3 organizational factors (ie, counseling staff clinical skills, absence of treatment program obstacles, and policy-related incentives) as predictors of tobacco cessation pharmacotherapy (TCP) adoption (comprised of the 9 available TCPs) in addiction treatment programs using the innovation implementation effectiveness framework.

METHODS::

Data were obtained in 2010 from a random sample of 1006 addiction treatment program administrators located across the United States using structured telephone interviews.

RESULTS::

According to program administrator reports, TCP is adopted in approximately 30% of treatment programs. Negative binomial regression results show that fewer treatment program obstacles and more policy-related incentives are related to greater adoption of TCP. Counter to prediction, clinical skills are unrelated to TCP adoption.

CONCLUSIONS::

Our findings suggest that organizational factors, on the basis of established theoretical frameworks, merit further examination as facilitators of the adoption of diverse TCP in addiction treatment programs.

http://journals.lww.com/journaladdictionmedicine/pages/articleviewer.aspx?year=9000&issue=00000&article=99775&type=abstract

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Sustained Waterpipe Use in Young Adults

***Nicotine Tob Res* published 30 December 2013**, 10.1093/ntr/ntt215

Erika N. Dugas, Erin K. O'Loughlin, Nancy C. Low, Robert J. Wellman, and Jennifer L. O'Loughlin

Abstract

Introduction: Waterpipe smoking is increasingly popular among North American youth. However, the extent to which waterpipe use is sustained over time is not known. The objective of this study was to describe the frequency and predictors of sustained waterpipe use over 4 years in young adults.

Methods: Data were available in a prospective cohort investigation of 1,293 Grade 7 students recruited in a convenience sample of 10 secondary schools in Montreal, Canada in 1999. Data on past year waterpipe use were collected from 777 participants when they were age 20 years on average (in 2007–2008), and again when they were age 24 years (in 2011–2012), in mailed self-report questionnaires. Twenty potential predictors of sustained waterpipe use were tested, each in a separate multivariable logistic regression model.

Results: About 51% of 182 waterpipe users at age 20 reported waterpipe use 4 years later. Most sustained users (88%) smoked waterpipe less than once a month. Parental smoking, being currently employed, less frequent cigarette smoking and more frequent marijuana use were associated with sustained waterpipe use.

Conclusions: Half of young adults who used waterpipe in young adulthood reported use 4 years later. Young adults who sustain waterpipe use appear to do so as an activity undertaken occasionally to socialize with others.

http://ntr.oxfordjournals.org/content/early/2013/12/29/ntr.ntt215.abstract.html

Also:

On Evidence of Telescoping in Regular Smoking Onset Age
http://ntr.oxfordjournals.org/content/early/2013/12/29/ntr.ntt220.abstract.html

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Noncombustible Tobacco Product Advertising: How Companies Are Selling the New Face of Tobacco

***Nicotine Tob Res* published 30 December 2013**, 10.1093/ntr/ntt200

Amanda Richardson, Ollie Ganz, Carolyn Stalgaitis, David Abrams, and Donna Vallone

Abstract

Background: With declining cigarette sales, increasing restrictions, and recent Food and Drug Administration (FDA) regulation of cigarettes, there has been a dramatic rise in the marketing of noncombustible tobacco products (NCPs). However, little is known about how NCPs are advertised and to whom.

Methods: Two full-service advertising firms were used to systematically collect all U.S. advertisements for NCPs (e-cigarettes, snus, dissolvables, and chew/dip/snuff,) running between June 1 and September 1, 2012. The advertisement and associated metadata (brand, media channel, observations, spend, and estimated reach) were examined. Attributes of print advertisements were examined relative to target demographics of the publications in which they ran.

Results: Over 3 months, almost $20 million was spent advertising NCPs. Although the greatest spend was on the promotion of smokeless (~$8 million) and snus (~$10 million), e-cigarette advertisements were the most widely circulated. Print advertisements, the majority of which were e-cigarettes and chew/dip/snuff, were heavily tailored to middle-aged White males. Many e-cigarette print ads suggested harm reduction and use when one cannot smoke (poly-use) while chew/dip/snuff focused on masculinity.

Conclusions: Robust ongoing surveillance of NCP advertising is critical to inform the FDA and protect public health. Both commercial advertising and public health media campaigns must ensure that content is not misleading and educates consumers about harm based on the available science. The way messages are framed have the potential to decrease tobacco use by promoting rather than undermining cessation of combusted products and/or encouraging exclusive use of less harmful NCPs rather than poly-use of combusted and NCPs.

http://ntr.oxfordjournals.org/content/early/2013/12/29/ntr.ntt200.abstract.html

Also:

Tobacco Control Policies Specified According to Socioeconomic Status: Health Disparities and Cost-effectiveness
http://ntr.oxfordjournals.org/content/early/2014/01/02/ntr.ntt218.abstract.html

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Open Access:

An observational study of retail availability and in-store marketing of e-cigarettes in London: potential to undermine recent tobacco control gains?

BMJ Open 2013;3:e004085 doi:10.1136/bmjopen-2013-004085
Published **23 December 2013**

Robert Hsu, Allison E Myers, Kurt M Ribisl, Theresa M Marteau

Abstract

Objectives E-cigarette companies and vendors claim the potential of e-cigarettes to help smokers reduce or quit tobacco use. E-cigarettes also have the potential to renormalise smoking. The purpose of this study was to describe the availability and in-store marketing of e-cigarettes in London, UK stores selling tobacco and alcohol.

Design Observational study.

Setting Small and large stores selling alcohol and tobacco in London, UK.

Primary and secondary outcome measures The number of stores selling e-cigarettes, the number of stores with an interior or exterior e-cigarette advertisement, the number of stores with an e-cigarette point-of-sale movable display, store size, deprivation index score for store's corresponding lower super output area.

Results Audits were completed in 108 of 128 selected stores. 62 of the audited stores (57%) sold e-cigarettes. E-cigarette availability was unrelated to store size. There was a statistically non-significant trend towards increased availability in more deprived areas (p=0.069). 31 of the 62 stores (50%) selling e-cigarettes had a point-of-sale movable display, with all but one found in small stores. Two small stores had interior advertisements and eight had exterior advertisements. No advertisements were observed in large stores.

Conclusions This audit revealed widespread availability of e-cigarettes and in-store marketing in London, UK. Even if e-cigarettes prove to be an effective cessation aid, their sale and use are resulting in an increasing public presence of cigarette-like images and smoking behaviour. After decades of work to denormalise smoking, these findings raise the question of whether e-cigarettes are renormalising smoking.

http://bmjopen.bmj.com/content/3/12/e004085.abstract
http://bmjopen.bmj.com/content/3/12/e004085.full.pdf+html

Note: Open Access. Full-text PDF freely available from link immediately above.

Cancer statistics, 2014

CA: A Cancer Journal for Clinicians
Early View (Online Version of Record published before inclusion in an issue)
Article first published online: **7 JAN 2014**

Rebecca Siegel, Jiemin Ma, Zhaohui Zou, Ahmedin Jemal

Abstract

Each year, the American Cancer Society estimates the numbers of new cancer cases and deaths that will occur in the United States in the current year and compiles the most recent data on cancer incidence, mortality, and survival. Incidence data were collected by the National Cancer Institute, the Centers for Disease Control and Prevention, and the North American Association of Central Cancer Registries and mortality data were collected by the National Center for Health Statistics. A total of 1,665,540 new cancer cases and 585,720 cancer deaths are projected to occur in the United States in 2014. During the most recent 5 years for which there are data (2006-2010), delay-adjusted cancer incidence rates declined slightly in men (by 0.6% per year) and were stable in women, while cancer death rates decreased by 1.8% per year in men and by 1.4% per year in women. The combined cancer death rate (deaths per 100,000 population)

has been continuously declining for 2 decades, from a peak of 215.1 in 1991 to 171.8 in 2010. This 20% decline translates to the avoidance of approximately 1,340,400 cancer deaths (952,700 among men and 387,700 among women) during this time period. The magnitude of the decline in cancer death rates from 1991 to 2010 varies substantially by age, race, and sex, ranging from no decline among white women aged 80 years and older to a 55% decline among black men aged 40 years to 49 years. Notably, black men experienced the largest drop within every 10-year age group. Further progress can be accelerated by applying existing cancer control knowledge across all segments of the population.

http://onlinelibrary.wiley.com/doi/10.3322/caac.21208/abstract
http://onlinelibrary.wiley.com/doi/10.3322/caac.21208/pdf

Note: Open Access. Full-text PDF freely available from link immediately above.

Related coverage & PR:

U.S. cancer death rates fall 20 percent in the last 20 years - mostly thanks to Americans quitting smoking
http://www.dailymail.co.uk/news/article-2535451/U-S-cancer-death-rates-fall-20-percent-20-years-thanks-Americans-quitting-smoking.html
Cancer Statistics Report: Deaths Down 20% in 2 Decades
http://www.cancer.org/cancer/news/news/cancer-statistics-report-deaths-down-20-percent-in-2-decades

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Exposure to Celebrity-Endorsed Small Cigar Promotions and Susceptibility to Use among Young Adult Cigarette Smokers

Journal of Environmental and Public Health. 2013: 520286, 2013.

Kymberle L. Sterling, Roland S. Moore, Nicole Pitts, Melissa Duong, Kentya H. Ford, and Michael P. Eriksen

Abstract

Small cigar smoking among young adult cigarette smokers may be attributed to their exposure to its advertisements and promotions. We examined the association between exposure to a celebrity music artist's endorsement of a specific brand of small cigars and young adult cigarette smokers' susceptibility to smoking that brand. Venue-based sampling procedures were used to select and survey a random sample of 121 young adult cigarette smokers, aged 18–35. Fourteen percent reported exposure to the artist's endorsement of the small cigar and 45.4% reported an intention to smoke the product in the future. The odds of small cigar smoking susceptibility increased threefold for those who reported exposure to the endorsement compared to those not exposed (OR = 3.64, 95% CI 1.06 to 12.54). Past 30-day small cigar use (OR = 3.30, 95% CI 1.24 to 8.74) and past 30-day cigar use (OR = 5.08, 95% CI 1.23, 21.08) were also associated with susceptibility to smoke a small cigar. An association between young adult cigarette smokers' exposure to the music artist's small cigar endorsement and their susceptibility to smoke small cigars was found. This association underscores the importance of monitoring small cigar promotions geared toward young people and their impact on small cigar product smoking.

http://www.hindawi.com/journals/jeph/2013/520286/

Note: Open Access. Full-text PDF freely available from link immediately above.

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