

Tobacco Free Tribune

Heavy Smoking Declines in U.S.

Biggest drops in California because of tobacco control programs, researchers say

By Steven Reinberg
HealthDay Reporter

TUESDAY, March 15 (HealthDay News) -- The number of people who smoke a pack or more a day has dropped significantly in the United States, and perhaps nowhere more than in California, a new study finds.

The number of people smoking less than a pack but at least 10 cigarettes a day has also dropped significantly, added the researchers, who examined national data on smoking rates from 1965 to 2007 to come to their conclusion.

"Public health advocacy can have a major impact on social norms and lead to major changes in population behavior," said lead researcher John P. Pierce, a professor of family and preventive medicine at the University of California San Diego.

In addition, there has been a significant decline in lung cancer rates in California, and those rates will continue to drop faster than in the rest of the country over the next 15 years, he noted.

"The Tobacco Control Program in California has aimed to change social norms in the population, and this has had a major impact," Pierce said. "Such programs need to be disseminated more widely. The change in social norms in California impacted both initiation and cessation."

The report is published in the March 16 issue of the *Journal of the American Medical Association*. For the study, Pierce's team collected data on 1,801,529 people who took part in the National Health Interview Surveys, 1965-1994 and the Current Population Survey Tobacco Supplements, 1992-2007.

A total of 139,176 responders were in California, and 1,662,353 were located throughout the rest of the United States.

In 1965, 56 percent of all smokers in the United States smoked a pack (20 cigarettes) a day or more. In California, this represented 23.2 percent of smokers while in the rest of the country the prevalence of heavy smokers was 22.9 percent, the researchers found.

By 2007, this prevalence of heavy smokers was 2.6 percent in California and 7.2 percent in other states, they added.

For those who smoked 10 to 19 cigarettes a day, the prevalence in 1965 was 11.1 percent in California and 10.5 percent in the rest of the country. By 2007, the prevalence in California was 3.4 percent while it was 5.4 percent in the rest of the United States, the researchers noted.

"This decline has not been accompanied by higher rates of lower-intensity smoking," Pierce said. "This decline in intensity of smoking has come about by a major change in the number of young people who have taken up even a half-pack per day habit." There has also been a major cessation effect, Pierce added.

Danny McGoldrick, vice president for research at the Campaign for Tobacco-Free Kids, noted that "California has reduced overall smoking and high-intensity smoking much faster than the rest of the country, and this has led to declines in lung cancer rates that are larger than the rest of the country -- saving lives and health-care dollars."

California has achieved these lifesaving gains because it has put in place those policies and programs proven to reduce tobacco use, including the nation's longest running prevention and cessation program, the nation's first statewide smoke-free law and, in earlier years, higher tobacco taxes, McGoldrick said. "Every state should follow California's example," he said.

However, these gains are in jeopardy, as California has fallen behind its funding of tobacco control programs, McGoldrick said.

"To continue its progress, California must raise its tobacco tax, which has fallen well below the national average, and use some of the new revenue to increase funding for its model prevention and cessation program, which has declined significantly in recent years," McGoldrick said.

Dr. Norman H. Edelman, scientific consultant for the American Lung Association, said that "this is validation of all of our efforts."

These findings show that both prevention programs and programs to help people quit are essential, he said. In addition, laws passed that prevent public smoking have also played an important role in the decline in smoking, Edelman noted.

"The ban on public smoking seems to help people quit," he said. "But, the job is not over -- 20 percent of Americans still smoke, so there is still a long way to go. But we have begun to turn the tide in lung cancer and it looks like it's happening in chronic obstructive pulmonary disease (COPD)."

More information

For more information on quitting smoking, visit Smokefree.gov.

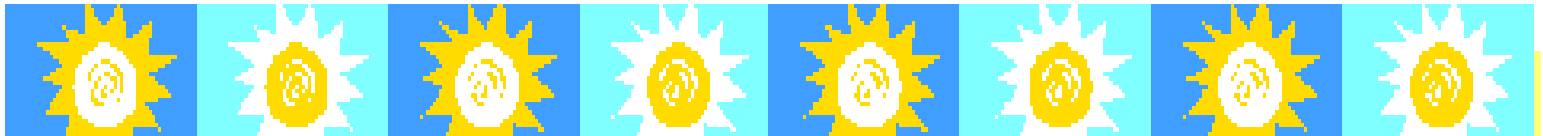
TEEN SMOKING ASSOCIATED WITH FURTHER DRUG USE

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A recent analysis from a Finish-American birth cohort study found that 15% of girls and 12% of boys had used marijuana or other illegal substances by the time they were 17 years old. The study also revealed that teens that began smoking at an early age were more likely to use marijuana in the future, with a 26-fold increase in marijuana use by age 17 for kids who started smoking cigarettes by age 12. Researchers believe that these findings support the “gateway hypothesis”, which states that tobacco and alcohol are ‘gates’ to harder, illicit drugs. This study was published in the *Journal of the American Academy of Child and Adolescent Psychiatry*.

SECONDHAND SMOKE LINKED TO DIABETES

A new study from the journal *Diabetes Care* demonstrates that both smoking and exposure to secondhand smoke are associated with an increased risk of developing type 2 diabetes. The study used data from the Nurses’ Health Study, which followed 100,526 women for 24 years, to determine if there were associations between smoking, exposure to secondhand smoke, and diabetes incidence. After controlling for other diabetes risk factors, it was found that women who smoked were at the greatest risk of developing diabetes (98% higher risk for those smoking at least 25 cigarettes per day and 39% higher risk for those smoking 1-14 per day, compared to nonsmokers who were not exposed to secondhand smoke). Former smokers and nonsmokers who were exposed to secondhand smoke also were at an increased diabetes risk. The study cannot prove a causal relationship between smoking or secondhand smoke exposure and diabetes, only that there is an association between them.



FDA Plans to Regulate E-Cigarettes as Tobacco Products, Not Drug-Delivery Devices

By [Join Together Staff](#) | April 26, 2011

The U.S. Food and Drug Administration (FDA) announced it will regulate smokeless electronic cigarettes as tobacco products, treating them the same as traditional cigarettes.

The FDA said it will not try to regulate e-cigarettes under stricter rules for drug-delivery devices, the [Associated Press](#) (AP) reports. E-cigarettes are designed to deliver nicotine in the form of a vapor, which is inhaled by the user. They usually have a rechargeable, battery-operated heating element, a replaceable cartridge with nicotine or other chemicals and a device called an atomizer that converts the contents of the cartridge into a vapor when heated. E-cigarettes often are made to look like regular cigarettes.

The AP says that the FDA’s announcement, made in a letter to stakeholders, is considered a victory for makers and distributors of e-cigarettes. The devices’ makers say e-cigarettes allow people to smoke without being exposed to the more than 4,000 chemicals in regular cigarettes. E-cigarettes have been available in the United States since 2006 and are used by several million people worldwide, the article says.

Last year the FDA lost a court case after it tried to treat e-cigarettes as drug-delivery devices, which must satisfy stricter requirements than tobacco products, including clinical trials to prove they are safe and effective. FDA tests found that the liquid in some e-cigarettes contained toxins besides nicotine, as well as cancer-causing substances found in tobacco, the AP reported. Some public health experts say the level of the cancer-causing agents is similar to those found in nicotine replacement therapy, which contains nicotine extracted from tobacco.

Secondhand Smoke Risk Penetrates Womb

By Crystal Phend, Senior Staff Writer, MedPage Today

Published: March 07, 2011

Reviewed by [Robert Jasmer, MD](#); Associate Clinical Professor of Medicine, University of California, San Francisco and Dorothy Caputo, MA, RN, BC-ADM, CDE, Nurse Planner

Nonsmoking women who breathe secondhand tobacco smoke during pregnancy increase their risk of stillbirth, major birth defects, and other harms to their babies, according to a meta-analysis.

The analysis of 19 observational studies found a 23% increased risk of stillbirth with tobacco smoke exposure during pregnancy (odds ratio (OR) 1.23, 95% confidence interval 1.09 to 1.38) in four of the studies, reported Jo Leonardi-Bee, PhD, MSc, of the University of Nottingham, England, and colleagues.

And seven of the studies found that pregnant women exposed to second hand smoke were also 13% more likely give birth to a child with congenital malformations (OR 1.13, 95% CI 1.01 to 1.26), Leonardi-Bee and co-authors wrote in the April issue of *Pediatrics*.

"Because the timing and mechanism of this effect is not clear, it is important to prevent secondhand smoke exposure in women before and during pregnancy," the group urged in their paper.

Previous data have shown that smoking during pregnancy boosts the risk of birth defects by 10% to 34% and stillbirth risk by 20% to 34%, so a modest impact of environmental exposure involving lower levels of the same tobacco smoke toxins wasn't surprising, the group noted.

A prior meta-analysis by Leonardi-Bee's group found that maternal exposure to secondhand smoke decreased infant birth weights by 33 g (1.16 oz) and increased the risk of having a low birthweight baby (defined as <2,500 g or <5.5 lb), so the team expanded their investigation to look for other hazards to the neonate.

They pooled the results of 19 observational studies of nonsmoking pregnant women, 10 of which came from North America, one from South America, three from Asia, and five from Europe.

Among the studies, case-control design was most commonly used (eight studies), followed by cross-sectional design (seven), and cohort (four). Only two studies used objective measures of smoke exposure with serum and plasma cotinine levels, whereas the rest used self-reported exposure.

The group claimed that theirs was the first systematic review and meta-analysis of all world evidence available to quantify the effects of maternal secondhand smoke exposure during pregnancy on a range of adverse fetal outcomes.

Spontaneous abortion -- defined as miscarriage of the pregnancy before 20 weeks' gestation --

wasn't significantly more common with secondhand smoke exposure in utero (OR 1.17, 95% CI 0.88 to 1.54).

Death of the baby after 20 weeks' gestation to within the first 28 days after birth also showed no significant impact of secondhand smoke (OR 1.07, 95% CI 0.48 to 2.38) but was only evaluated in two studies.

With regard to individual congenital malformations, again, relatively few studies reported on outcomes but with elevated point estimates for some risks, despite small numbers and statistical non-significance. These included:

- Conotruncal heart defects (OR 1.30, 95% CI 0.85 to 2.10)
- Clubfoot and other similar deformities of the feet (OR 1.80, 95% CI 0.97 to 3.30)
- Cryptorchidism (OR 1.55, 95% CI 0.95 to 2.54)
- Neural tube defects (OR 1.20, 95% CI 0.83 to 1.73)
- Anencephaly (OR 2.10, 95% CI 0.90 to 4.90)
- Spina bifida (OR 1.90, 95% CI 0.70 to 9.40)
- Orofacial clefts (OR 1.09, 95% CI 0.93 to 1.27)
- Craniosynostosis (OR 1.30, 95% CI 0.89 to 1.90)

Leonardi-Bee's group suggested that their results should be generalizable, but cautioned about the likelihood of residual confounding, since they were limited by reliance on confounding factors adjusted for in the original studies.

"Therefore, we were unable to completely adjust for the effects of socioeconomic status or ethnicity, which could have been potential confounders," they wrote.

Publication bias was also a possibility, the researchers added.

Moreover it wasn't clear whether exposure to tobacco smoke toxins via the mother was the culprit, since active smoking by the father could damage genes in his sperm and impact the child as well, Leonardi-Bee's team noted.

"These results highlight the importance of smoking prevention and cessation to focus on the father in addition to the mother during the preconception period and during pregnancy," they concluded in the paper.

The study was supported by the U.K. Centre for Tobacco Control Studies, with core funding from the British Heart Foundation, Cancer Research UK, Economic and Social Research Council, Medical Research Council, and the Department of Health, under the auspices of the U.K. Clinical Research collaboration, and by a grant from the Cancer Research UK project.

The researchers reported having no conflicts of interest to disclose.

Primary source: *Pediatrics*

Source reference:

[Leonardi-Bee J, et al "Secondhand smoke and adverse fetal outcomes in nonsmoking pregnant women: A meta-analysis" *Pediatrics* 2011; DOI: 10.1542/peds.2010-3041.](#)

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WHO Report: Smoking and Drinking Cause Millions of Deaths Worldwide

By [Join Together Staff](#) | April 27, 2011 |

Almost six million people die from tobacco use and 2.5 million from harmful use of alcohol each year worldwide, the World Health Organization (WHO) reports.

The [WHO report](#) on non-communicable diseases—including diabetes, cancer and respiratory and heart diseases—says that a large percentage of these conditions could be prevented by reducing tobacco and alcohol use, eating a healthier diet and exercising more.

According to [Reuters](#), the report explains that tobacco is expected to kill 7.5 million people worldwide by 2020, accounting for 10 percent of all deaths. Smoking causes an estimated 71 percent of lung cancers, 42 percent of chronic respiratory disease and almost 10 percent of cardiovascular disease, the report states.

Alcohol-related deaths account for 3.8 percent

of all deaths worldwide, according to the report. More than half of these deaths occur from non-communicable diseases including cancer, heart disease and liver cirrhosis.

To reduce tobacco use, WHO recommends strategies including tobacco tax increases, distributing information about the health risks of smoking, restrictions on smoking in public places and workplaces, and comprehensive bans on tobacco advertising, promotion and sponsorship.

To reduce harmful alcohol use, WHO recommends a number of measures including increasing excise taxes on alcoholic beverages, regulating availability of alcoholic beverages (including minimum legal purchase age), restricting exposure to marketing of alcoholic beverages through marketing regulations or comprehensive advertising bans, and treatment of alcohol use disorders and brief interventions for hazardous and harmful drinking.

Due to budget constraints, this newsletter will no longer be mailed after July 1, 2011. If you would like to continue to receive this newsletter via e-mail, contact rebecca.horn@grdhd.org.

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Tobacco Control Coalition for the Green River District