Eliminate Tobacco Use And Exposure To Secondhand Smoke

In 1964, the first Surgeon General's report on the effects of smoking on health was released. In the nearly 50 years since, extensive data from thousands of studies have consistently substantiated the devastating effects of smoking on the lives of millions of Americans. Now, this 2010 report of the Surgeon General explains beyond a shadow of a doubt how tobacco smoke causes disease, validates earlier findings, and expands and strengthens the science base. Armed with this irrefutable data, the time has come to mount a full-scale assault on the tobacco epidemic. More than 1,000 people are killed every day by cigarettes, and one-half of all long-term smokers are killed by smoking-related diseases. A large proportion of these deaths are from early heart attacks, chronic lung diseases, and cancers. Every year, thousands of nonsmokers die from heart disease and lung cancer, and hundreds of thousands of children suffer from respiratory infections because of exposure to secondhand smoke. There is no risk-free level of exposure to tobacco smoke, and there is no safe tobacco product. This new Surgeon General's report describes in detail the ways tobacco smoke damages every organ in the body and causes disease and death. We must build on our successes and more effectively educate people about the health risks of tobacco use, prevent youth from ever using tobacco products, expand access to proven cessation treatments and services, and reduce exposure to secondhand smoke. Putting laws and other restrictions in place, including making tobacco products progressively less affordable, will ultimately lead to our goal of a healthier America by reducing the devastating effects of smoking. The Centers for Disease Control and Prevention (CDC), the U.S. Food and Drug Administration (FDA), and other federal agencies are diligently working toward this goal by implementing and sup¬porting policies and regulations that strengthen our resolve to end the tobacco epidemic. CDC has incorporated the World Health Organization's MPOWER approach into its actions at the local, state, and national levels. MPOWER consists of six key interventions proven to reduce tobacco use that can prevent millions of deaths. CDC, along with federal, state, and local partners, is committed to monitor¬ing the tobacco epidemic and prevention policies; protecting people from secondhand smoke where they live, work, and play; offering quit assistance to current smokers; warning about the dangers of tobacco; enforcing comprehensive restrictions on tobacco advertising, promotion, and sponsorship; and raising taxes and prices on tobacco products.In 2009, the Family Smoking Prevention and Tobacco Control Act was enacted, giving FDA explicit regulatory authority over tobacco products to protect and promote the health of the American public. Among other things, this historic legislation gave the agency the authority to require companies to reveal all of the ingredients in tobacco products—including the amount of nicotine—and to prohibit the sale of tobacco products labeled as "light," "mild," or "low." Further, with this new regulatory mandate, FDA will regulate tobacco advertising and require manufacturers to use more effective warning labels, as well as restrict the access of young people to their products. FDA will also assess and regulate modified risk products, taking into account the impact their availability and marketing has on initiation and cessation of tobacco use. This 2010 Surgeon General's report represents another important step in the developing recognition, both in this nation and around the world, that tobacco use is devastating to public health. Past investments in research and in comprehensive tobacco control programs—combined with the findings presented by this new report—provide the foundation, evidence, and impetus to increase the urgency of our actions to end the epidemic of tobacco use.

This report makes available the findings of an international group of experts that provide WHO with the latest scientific and technical advice in the area of product regulation. The third report presents the conclusions reached and recommendations made by the members of the WHO Study Group on Tobacco Product Regulation at its fifth meeting, during which it reviewed two background papers specially commissioned for the meeting and which dealt, respectively, with the following two themes: devices designed for the purpose of nicotine delivery to the respiratory system in which tobacco is not necessary for their operation and setting regulatory limits for carcinogens in smokeless tobacco. The Study Group's recommendations in relation to each theme are set out at the end of the section dealing with that theme. Its overall recommendations are summarized in section 4. The Study Group intends this new set of recommendations to be useful to WHO Member States and national policymakers and regulators in shaping tobacco control policy.

The report examines in detail the two primary strategies to provide health warnings: labels on tobacco product packaging and anti-tobacco mass media campaigns. It provides a comprehensive overview of the evidence base for warning people about the harms of tobacco use as well as country-specific information on the status of these measures.

The "Handbook" covers how the effects of a tobacco control policy are determined, the core constructs for understanding how and why a given policy works, the potential moderator variables to consider when evaluating a given policy and the data sources that might be useful for evaluation. The "Handbook" includes logic models outlining relevant constructs for evaluating the effectiveness of policies on tobacco taxation, smoke-free environments, tobacco product regulations, limits on tobacco marketing communications, product labeling, anti-tobacco public communication campaigns and tobacco use cessation interventions.

Edited by Richard B. Rothenberg, et al. Examines the methods and tools available to reduce tobacco use. Provides extensive background and detail on historical, social, economic, clinical, educational, and regulatory efforts to reduce tobacco use. Indicates some clear avenues for future research and implementation. The executive summary of this report is available on S/N 017-023-00205-8.

The National Institutes of Health Publication 07-6242, The Role of the Media in Promoting and Reducing Tobacco Use, NCI Tobacco Control Monograph 19, (the 19th of the Tobacco Control Monograph series of the National Cancer Institute (NCI) provides a critical, scientific review and synthesis of current evidence regarding the power of the media both to encourage and discourage tobacco use. The work presented is the most current and comprehensive distillation of the scientific literature on media communications in tobacco promotion and tobacco control. The six main parts of this monograph deal with aspects of media communications relevant to tobacco promotion and tobacco control. Part 1, an overview, frames the rationale for the monograph's organization and presents the key issues and conclusions of the research as a whole and of the individual chapters. This section describes media research theories that guided this assessment of the relationship between media and tobacco use, which can be viewed as a multilevel issue ranging from consumer-level advertising and promotion to stakeholder-level marketing aimed toward retailers, policymakers, and others. Part 2 further explores tobacco marketing—the range of media interventions used by the tobacco industry to promote its products, such as brand advertising and promotion, as well as corporate sponsorship and advertising. This section also evaluates the evidence for the influence of tobacco marketing on smoking behavior and discusses regulatory and constitutional issues related to marketing restrictions. Part 3 explores how both the tobacco control community and the tobacco industry have used news and entertainment media to advocate their positions and how such coverage relates to tobacco use and tobacco policy change. The section also appraises evidence of the influence of tobacco use in movies on youth smoking initiation. Part 4 focuses on tobacco control media interventions and the strategies, themes, and communication designs intended to prevent tobacco use or encourage cessation, including opportunities for new media interventions. This section also synthesizes evidence on the effectiveness of mass media campaigns in reducing smoking. Part 5 discusses tobacco industry efforts to diminish media interventions by the tobacco control community and to use the media to oppose state tobacco control ballot initiatives and referenda. Finally, Part 6 examines possible future directions in the use of media to promote or to control tobacco use and summarizes research needs and opportunities. Key lessons from this volume can inform policymakers as well as scientists and practitioners. Most critical from a policy standpoint is the conclusion, supported by strong evidence, that both exposure to tobacco marketing and depictions of tobacco in movies promote smoking initiation. In the United States in 2005—the same year in which 2.7 million American adolescents aged 12 to 17 used cigarettes in the past month1 and 438,000 Americans died prematurely from diseases caused by tobacco use or secondhand smoke exposure2—the tobacco industry spent $13.5 billion (in 2006 dollars)

on cigarette advertising and promotion,3 an average of $37 million per day. The tobacco industry continues to succeed in overcoming partial restrictions on tobacco marketing in the United States, and tobacco marketing remains pervasive and effective in promoting tobacco use. Efforts to curb the depiction of tobacco use in movies have increased in recent years, and the evidence reviewed here indicates that progress in this area could be expected to translate into lower rates of youth smoking initiation in the future. Strong evidence indicates that media campaigns can reduce tobacco use. This volume highlights the complexities of assessing the media's influence on tobacco-related attitudes and behavior. A vast range of research is reviewed.~

The nation has made tremendous progress in reducing tobacco use during the past 40 years. Despite extensive knowledge about successful interventions, however, approximately one-quarter of American adults still smoke. Tobacco-related illnesses and death place a huge burden on our society. Ending the Tobacco Problem generates a blueprint for the nation in the struggle to reduce tobacco use. The report reviews effective prevention and treatment interventions and considers a set of new tobacco control policies for adoption by federal and state governments. Carefully constructed with two distinct parts, the book first provides background information on the history and nature of tobacco use, developing the context for the policy blueprint proposed in the second half of the report. The report documents the extraordinary growth of tobacco use during the first half of the 20th century as well as its subsequent reversal in the mid-1960s (in the wake of findings from the Surgeon General). It also reviews the addictive properties of nicotine, delving into the factors that make it so difficult for people to quit and examines recent trends in tobacco use. In addition, an overview of the development of governmental and nongovernmental tobacco control efforts is provided. After reviewing the ethical grounding of tobacco control, the second half of the book sets forth to present a blueprint for ending the tobacco problem. The book offers broad-reaching recommendations targeting federal, state, local, nonprofit and for-profit entities. This book also identifies the benefits to society when fully implementing effective tobacco control interventions and policies.

"This guideline is an updated version of the 1996 Smoking Cessation Clinical Practice Guideline No. 18."--P. ii.

The report "Offering help to quit tobacco use" tracks the status of the tobacco epidemic and interventions to combat it. The report finds that more countries have implemented tobacco control policies, ranging from graphic pack warnings and advertising bans to no smoking areas. About 5 billion people - 65% of the world's population - are covered by at least one comprehensive tobacco control measure, which has more than quadrupled since 2007 when only 1 billion people and 15% of the world's population were covered.

Tobacco use in the United States is the single most preventable cause of death and disease. The Centers for Disease Control and Prevention's Office on Smoking and Health (CDC/OSH) created the National Tobacco Control Program (NTCP) to foster and support coordinated, nationwide, state-based activities to advance its mission to reduce disease, disability, and death related to tobacco use. CDC/OSH has identified four program goal areas: Preventing initiation of tobacco use among young people; Eliminating nonsmokers' exposure to secondhand smoke; Promoting quitting among adults and young people; and Identifying and eliminating tobacco-related disparities. To determine the effectiveness of NTCP programs, both their implementation and their outcomes must be measured. This manual is intended to provide process evaluation technical assistance to OSH staff, grantees and partners. It defines process evaluation and describes the rationale, benefits, key data collection components, and program evaluation management procedures. It also discusses how process evaluation links with outcome evaluation and fits within an overall approach to evaluating comprehensive tobacco control programs. Previous CDC initiatives have provided resources for designing outcome evaluations. This manual complements CDC's approach to outcome evaluation by focusing on process evaluation as a way to document and measure implementation of NTCP programs. The content of this manual reflects the priorities of CDC/OSH for program monitoring and evaluation, and augments two other CDC/OSH publications: Key Outcome Indicators for Evaluating Comprehensive Tobacco Control Programs and Introduction to Program Evaluation for Comprehensive Tobacco Control Programs. This manual: Provides a framework for understanding the links between inputs, activities, and outputs and for assessing how these relate to outcomes; and Can assist state and federal program managers and evaluation staff with the design and implementation of process evaluations that will provide valid, reliable evidence of progress achieved through their tobacco control efforts.

Tobacco use is the single most preventable cause of disease and death in the United States. The health consequences of tobacco use include heart disease, multiple types of cancer, pulmonary disease, adverse reproductive effects, and the exacerbation of chronic health conditions. Nearly one-half million Americans still die prematurely from tobacco use each year, and economic costs attributable to smoking and exposure to secondhand smoke now approach $300 billion annually. Despite these known health and financial burdens, approximately one in four American adults currently use some form of tobacco, with one in five smoking cigarettes. This public health problem is compounded by the fact that the harmful effects of tobacco use do not end with the user. Although substantial progress has been made in the adoption of comprehensive smoke free policies that prohibit smoking in all indoor areas of workplaces and public places, millions of Americans not protected by such policies remain susceptible to involuntary secondhand smoke exposure in these areas, as well as private settings such as multiunit housing. There is no risk-free level of secondhand smoke, and exposure can cause premature death and disease in nonsmoking adults and children. Nearly 90% of adult smokers begin smoking by the time they are 18 years of age. Although the prevalence of cigarette smoking among youth decreased significantly from the late 1990s to 2003, the rate of decline has slowed in recent years. In 2012, approximately 6.7% of middle school students and 23.3% of high school students reported using a tobacco product within the past 30 days. Several factors may have contributed to this lack of continued decline, including smaller annual increases in the retail price of cigarettes, decreased exposure among youth to effective mass media tobacco control campaigns, and less funding for comprehensive statewide tobacco control programs. Additionally, actions by the tobacco industry, including substantial increases in expenditures on advertising and promotion at the point of sale, may also have played a role, especially given the industry's history of deceptive advertising. In the 2006 final opinion in United States v. Philip Morris, U.S. District

Judge Gladys Kessler concluded that the major tobacco companies are adjudicated racketeers that had "mounted a coordinated, well-financed, sophisticated public relations campaign to attack and distort the scientific evidence demonstrating the relationship between smoking and disease." Best Practices for Comprehensive Tobacco Control Programs — 2014 updates the guidance provided in 2007, reflecting additional state experiences in implementing comprehensive tobacco control programs, new scientific literature, and changes in state populations, inflation, and the national tobacco control landscape. This report draws upon best practices determined by evidence-based analysis of state tobacco control programs and published evidence of effective tobacco control strategies. On the basis of this analysis, experience, and evidence, CDC recommends that states establish and sustain comprehensive tobacco control programs that contain the following overarching components. This report describes an integrated budget structure for implementing interventions proven to be effective, and the minimum and recommended state investment that would be required to reduce, and ultimately eliminate, tobacco use in each state. Information for each of these components includes: Justification for the program intervention; Considerations for achieving equity to reduce tobacco-related disparities; Budget recommendations for successful implementation; References to assist with implementation.
This Surgeon General's report details the causes and the consequences of tobacco use among youth and young adults by focusing on the social, environmental, advertising, and marketing influences that encourage youth and young adults to initiate and sustain tobacco use. This is the first time tobacco data on young adults as a discrete population have been explored in detail. The report also highlights successful strategies to prevent young people from using tobacco.
Tobacco use is the leading cause of preventable death in United States, causing more than 440,000 deaths annually and resulting in $193 billion in health-related economic losses each year--$96 billion in direct medical costs and $97 billion in lost productivity. Since the first U.S. Surgeon General's report on smoking in 1964, more than 29 Surgeon General's reports, drawing on data from thousands of studies, have documented the overwhelming and conclusive biologic, epidemiologic, behavioral, and pharmacologic evidence that tobacco use is deadly. This evidence base links tobacco use to the development of multiple types of cancer and other life-threatening conditions, including cardiovascular and respiratory diseases. Smoking accounts for at least 30 percent of all cancer deaths, and 80 percent of lung cancer deaths. Despite the widespread agreement on the dangers of tobacco use and considerable success in reducing tobacco use prevalence from over 40 percent at the time of the 1964 Surgeon General's report to less than 20 percent today, recent progress in reducing tobacco use has slowed. An estimated 18.9 percent of U.S. adults smoke cigarettes, nearly one in four high school seniors smoke, and 13 percent of high school males use smokeless tobacco products. In recognition that progress in combating cancer will not be fully achieved without addressing the tobacco problem, the National Cancer Policy Forum of the Institute of Medicine (IOM) convened a public workshop, Reducing Tobacco-Related Cancer Incidence and Mortality, June 11-12, 2012 in Washington, DC. In opening remarks to the workshop participants, planning committee chair Roy Herbst, professor of medicine and of pharmacology and chief of medical oncology at Yale Cancer Center and Smilow Cancer Hospital, described the goals of the workshop, which were to examine the current obstacles to tobacco control and to discuss potential policy, outreach, and treatment strategies that could overcome these obstacles and reduce tobacco-related cancer incidence and mortality. Experts explored a number of topics, including: the changing demographics of tobacco users and the changing patterns of tobacco product use; the influence of tobacco use on cancer incidence and cancer treatment outcomes; tobacco dependence and cessation programs; federal and state level laws and regulations to curtail tobacco use; tobacco control education, messaging, and advocacy; financial and legal challenges to tobacco control efforts; and research and infrastructure needs to support tobacco control strategies, reduce tobacco related cancer incidence, and improve cancer patient outcomes. Reducing Tobacco-Related Cancer Incidence and Mortality summarizes the workshop.
Millions of Americans use e-cigarettes. Despite their popularity, little is known about their health effects. Some suggest that e-cigarettes likely confer lower risk compared to combustible tobacco cigarettes, because they do not expose users to toxicants produced through combustion. Proponents of e-cigarette use also tout the potential benefits of e-cigarettes as devices that could help combustible tobacco cigarette smokers to quit and thereby reduce tobacco-related health risks. Others are concerned about the exposure to potentially toxic substances contained in e-cigarette emissions, especially in individuals who have never used tobacco products such as youth and young adults. Given their relatively recent introduction, there has been little time for a scientific body of evidence to develop on the health effects of e-cigarettes. Public Health Consequences of E-Cigarettes reviews and critically assesses the state of the emerging evidence about e-cigarettes and health. This report makes recommendations for the improvement of this research and highlights gaps that are a priority for future research.
The second report from the U.S. Surgeon General devoted to women and smoking. Includes executive summary, chapter conclusions, full text chapters, and references.
This report considers the biological and behavioral mechanisms that may underlie the pathogenicity of tobacco smoke. Many Surgeon General's reports have considered research findings on mechanisms in assessing the biological plausibility of associations observed in epidemiologic studies. Mechanisms of disease are important because they may provide plausibility, which is one of the guideline criteria for assessing evidence on causation. This report specifically reviews the evidence on the potential mechanisms by which smoking causes diseases and considers whether a mechanism is likely to be operative in the production of human disease by tobacco smoke. This evidence is relevant to understanding how smoking causes disease, to identifying those who may be particularly susceptible, and to assessing the potential risks of tobacco products.
Alcohol use by young people is extremely dangerous - both to themselves and society at large. Underage alcohol use is associated with traffic fatalities, violence, unsafe sex, suicide, educational failure, and other problem behaviors that

diminish the prospects of future success, as well as health risks â€" and the earlier teens start drinking, the greater the danger. Despite these serious concerns, the media continues to make drinking look attractive to youth, and it remains possible and even easy for teenagers to get access to alcohol. Why is this dangerous behavior so pervasive? What can be done to prevent it? What will work and who is responsible for making sure it happens? Reducing Underage Drinking addresses these questions and proposes a new way to combat underage alcohol use. It explores the ways in which may different individuals and groups contribute to the problem and how they can be enlisted to prevent it. Reducing Underage Drinking will serve as both a game plan and a call to arms for anyone with an investment in youth health and safety. Tobacco use by adolescents and young adults poses serious concerns. Nearly all adults who have ever smoked daily first tried a cigarette before 26 years of age. Current cigarette use among adults is highest among persons aged 21 to 25 years. The parts of the brain most responsible for cognitive and psychosocial maturity continue to develop and change through young adulthood, and adolescent brains are uniquely vulnerable to the effects of nicotine. At the request of the U.S. Food and Drug Administration, Public Health Implications of Raising the Minimum Age of Legal Access to Tobacco Products considers the likely public health impact of raising the minimum age for purchasing tobacco products. The report reviews the existing literature on tobacco use patterns, developmental biology and psychology, health effects of tobacco use, and the current landscape regarding youth access laws, including minimum age laws and their enforcement. Based on this literature, the report makes conclusions about the likely effect of raising the minimum age to 19, 21, and 25 years on tobacco use initiation. The report also quantifies the accompanying public health outcomes based on findings from two tobacco use simulation models. According to the report, raising the minimum age of legal access to tobacco products, particularly to ages 21 and 25, will lead to substantial reductions in tobacco use, improve the health of Americans across the lifespan, and save lives. Public Health Implications of Raising the Minimum Age of Legal Access to Tobacco Products will be a valuable reference for federal policy makers and state and local health departments and legislators.

Despite overwhelming evidence of tobacco's harmful effects and pressure from anti-smoking advocates, current surveys show that about one-quarter of all adults in the United States are smokers. This audience is the target for a wave of tobacco products and pharmaceuticals that claim to preserve tobacco pleasure while reducing its toxic effects. Clearing the Smoke addresses the problems in evaluating whether such products actually do reduce the health risks of tobacco use. Within the context of regulating such products, the committee explores key questions: Does the use of such products decrease exposure to harmful substances in tobacco? Is decreased exposure associated with decreased harm to health? Are there surrogate indicators of harm that could be measured quickly enough for regulation of these products? What are the public health implications? This book looks at the types of products that could reduce harm and reviews the available evidence for their impact on various forms of cancer and other major ailments. It also recommends approaches to governing these products and tracking their public health effects. With an attitude of healthy skepticism, Clearing the Smoke will be important to health policy makers, public health officials, medical practitioners, manufacturers and marketers of "reduced-harm" tobacco products, and anyone trying to sort through product claims.

NOTE: NO FURTHER DISCOUNT ON THIS PRODUCT- OVERSTOCK SALE - Significantly reduced price This guide details devastating effects of smoking including nicotine addiction and serious disease. It shows that 5.6 million of today's children will ultimately die early from smoking if we do not do more to reduce current smoking rates. And it shows that 2.5 million nonsmokers have died from secondhand smoke since 1964. It also contains important facts on the benefits of quitting smoking and free resources that are available to smokers who want to quit. The report was produced to motivate as well as educate, to protect our bodies and live long, healthy lives by saying NO to tobacco use. If you are an educator, a health care provider, a parent, or just someone who is interested in healthy living, we hope this guide will be helpful in your efforts to learn more about the dangers of tobacco.The good news is that we now know what mehtods work best. By applying these strategies more aggressively, we can move closer to our goal of making the next generation tobacco-free.

This unique clinical handbook offers the knowledge, skills, and materials needed to help all types of smokers, even the most hard-core, successfully quit. Provided are assessment tools, treatment planning guidelines, and a series of complete treatment packages, ranging from ultra-brief to more intensive options. Designed for use in a variety of settings by a wide range of providers, the volume is evidence-based and consistent with the latest national guidelines on best practice. The authors, leading scientist-practitioners, incorporate the latest pharmacotherapeutic approaches as well as proven motivational, cognitive, and behavioral techniques. Strategies are presented for tailoring treatment to individual smokers and for preventing relapse. Also included are session-by-session intervention guidelines, helpful case examples, and dozens of requisite handouts and forms, ready to photocopy and use. Key Features No other book presents the full range of empirically supported treatments. Practical: includes step-by-step guidelines, cases, reproducible patient forms. Consistent with best-practice recommendations issued by the Surgeon General, the American Psychiatric Association, and the British Thoracic Society. Describes approaches with and without pharmacotherapy. Photocopy Rights: The Publisher grants individual book purchasers nonassignable permission to reproduce selected materials in this book for professional use. For details and limitations, see copyright page.

The last several years have seen a wealth of new evidence on the health effects of exposure to second-hand tobacco smoke (SHS) the benefits of smoke-free environments and best practice in implementing smoke-free policies. Compiling and disseminating this evidence is critical to raising awareness among decision-makers and public health advocates about the necessity for smoke-free environments to protect health and their broad acceptance and endorsement. It is for this reason that WHO is now publishing policy recommendations on protection from SHS exposure.

This book contains the guidelines adopted by the Conference of the Parties. These seven guidelines cover a wide range of provisions of the WHO Framework Convention on Tobacco Control, such as: the protection of public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry; protection from exposure to tobacco smoke; packaging and labelling of tobacco products; and tobacco advertising, promotion and sponsorship; and demand reduction measures concerning tobacco dependence and cessation. These guidelines are intended to help Parties to meet their obligations under the respective provisions of the Convention. They reflect the consolidated views of Parties on different aspects of implementation, their experiences and achievements, and the challenges faced. The guidelines also aim to reflect and promote

best practices and standards that governments would benefit from in the treaty-implementation process.

Tobacco use kills more people than any other addiction and we know that addiction starts in childhood and youth. We all agree that youths should not smoke, but how can this be accomplished? What prevention messages will they find compelling? What effect does tobacco advertising--more than $10 million worth every day--have on youths? Can we responsibly and effectively restrict their access to tobacco products? These questions and more are addressed in Growing Up Tobacco Free, prepared by the Institute of Medicine to help everyone understand the troubling issues surrounding youths and tobacco use. Growing Up Tobacco Free provides a readable explanation of nicotine's effects and the process of addiction, and documents the search for an effective approach to preventing the use of cigarettes, chewing and spitting tobacco, and snuff by children and youths. It covers the results of recent initiatives to limit young people's access to tobacco and discusses approaches to controls or bans on tobacco sales, price sensitivity among adolescents, and arguments for and against taxation as a prevention strategy for tobacco use. The controversial area of tobacco advertising is thoroughly examined. With clear guidelines for public action, everyone can benefit by reading and acting on the messages in this comprehensive and compelling book.

Abstract: The Family Smoking Prevention and Tobacco Control Act (Tobacco Control Act) aims to prevent and reduce tobacco use in adolescents by imposing FDA regulations on tobacco in regards to its manufacture, distribution, and marketing (US Department of Health and Human Services, 2012). Using data from the National Youth Tobacco Survey from years 2004-2011, trends in tobacco use, access and exposure were examined through three primary research aims.

Cancer is low or absent on the health agendas of low- and middle-income countries (LMCs) despite the fact that more people die from cancer in these countries than from AIDS and malaria combined. International health organizations, bilateral aid agencies, and major foundations—which are instrumental in setting health priorities—also have largely ignored cancer in these countries. This book identifies feasible, affordable steps for LMCs and their international partners to begin to reduce the cancer burden for current and future generations. Stemming the growth of cigarette smoking tops the list to prevent cancer and all the other major chronic diseases. Other priorities include infant vaccination against the hepatitis B virus to prevent liver cancers and vaccination to prevent cervical cancer. Developing and increasing capacity for cancer screening and treatment of highly curable cancers (including most childhood malignancies) can be accomplished using "resource-level appropriateness" as a guide. And there are ways to make inexpensive oral morphine available to ease the pain of the many who will still die from cancer.

The health and economic costs of tobacco use in military and veteran populations are high. In 2007, the Department of Veterans Affairs (VA) and the Department of Defense (DoD) requested that the Institute of Medicine (IOM) make recommendations on how to reduce tobacco initiation and encourage cessation in both military and veteran populations. In its 2009 report, Combating Tobacco in Military and Veteran Populations, the authoring committee concludes that to prevent tobacco initiation and encourage cessation, both DoD and VA should implement comprehensive tobacco-control programs.

Tobacco use and second-hand smoke (SHS) exposure during pregnancy have adverse health effects on women and infants. Potential increases in tobacco use and SHS exposure among pregnant women threaten to undermine improvements in maternal and child health outcomes achieved in the past 50 years. There are currently no up-to-date, evidence-based guidelines for identifying and managing tobacco use and exposure to SHS in pregnancy in most of low- and middle- income countries. Furthermore, many existing guidelines do not include all forms of tobacco use or measures to limit maternal SHS exposure. To fill this gap, the WHO has developed the "WHO Recommendations for the Prevention and Management of Tobacco use and Second-hand Smoke Exposure in Pregnancy". The guidelines were developed by an independent Guidelines Development Group. The primary objective of these guidelines is to reduce tobacco use and SHS exposure in pregnant women by providing evidence-based recommendations to health-care providers and other related service providers. These guidelines cover the following issues: 1. Elements necessary for effective screening of pregnant women for tobacco use (smoked and smokeless) and SHS exposure.2. Safety and effectiveness of psychosocial and pharmacological interventions for tobacco use in pregnancy.3. Effective interventions for reducing SHS exposure.1.1. at work and in public places,1.2. at home.These recommendations are part of a larger project of the WHO Noncommunicable Diseases and Mental Health, which aims to make recommendations regarding the management of substance abuse in pregnancy, covering tobacco, alcohol and other psychoactive substances.

Preventing Tobacco Use Among Youth and Young AdultsA Report of the Surgeon General

Neuroscience of Nicotine: Mechanisms and Treatment presents the fundamental information necessary for a thorough understanding of the neurobiological underpinnings of nicotine addiction and its effects on the brain. Offering thorough coverage of all aspects of nicotine research, treatment, policy and prevention, and containing contributions from internationally recognized experts, the book provides students, early-career researchers, and investigators at all levels with a fundamental introduction to all aspects of nicotine misuse. With an estimated one billion individuals worldwide classified as tobacco users—and tobacco use often being synonymous with nicotine addiction—nicotine is one of the world's most common addictive substances, and a frequent comorbidity of misuse of other common addictive substances. Nicotine alters a variety of neurological processes, from molecular biology, to cognition, and quitting is exceedingly difficult because of the number of withdrawal symptoms that accompany the process. Integrates cutting-edge research on the pharmacological, cellular and molecular aspects of nicotine use, along with its effects on neurobiological function Discusses nicotine use as a component of dual-use and poly addictions and outlines numerous screening and treatment strategies for misuse Covers both the physical and psychological effects of nicotine use and withdrawal to provide a fully-formed view of nicotine dependency and its effects