

TOBACCO

A JAMA THEME ISSUE
Edited by Helene M. Cole, MD



An estimated 4 million people will die this year from tobacco-related illness. Brundtland explains why tobacco control efforts have had limited impact. More effective regulation of tobacco products, such as the new regulations in Canada that will require prominent warning labels on cigarette packages (Figure), is one of several necessary steps to curb this preventable epidemic. See page 750.

Medical News & Perspectives

Experts discuss ethical problems posed by the genetics revolution.

[SEE PAGE 681](#)

Risks of Cigar Smoking

Rates of cigar smoking are increasing. This summary of the American Cancer Society conference on health risks of cigar smoking points out that cigars are not a safe alternative to cigarettes.

[SEE PAGE 735](#)

A Tobacco-Free Future

Global and US efforts to control tobacco use: some success, but much to accomplish.

[SEE PAGE 752](#)

Respiratory Symptoms in Nonsmokers and ETS

Respiratory symptoms among police officers in Hong Kong who have never smoked had a dose-response relationship with exposure to environmental tobacco smoke (ETS).

[SEE PAGE 756](#)

JAMA Patient Page

For your patients: Preventing child and adolescent tobacco use.

[SEE PAGE 794](#)

Tobacco Use Among College Students

Rates of cigarette smoking among college students may underestimate tobacco use in this population because use of other tobacco products—cigars, pipes, and smokeless tobacco—has not been assessed. In this analysis of data from a 1999 cross-sectional survey of students at 119 US 4-year colleges, Rigotti and colleagues found that almost half of respondents reported using a tobacco product in the past year. Current prevalence of cigarette smoking was 28.5% and of cigar use, 8.5%; a majority of tobacco users reported using more than 1 tobacco product in the past year.

[SEE PAGE 699](#)

US Estimates of Smoking-Attributable Deaths

The tobacco industry has criticized the Centers for Disease Control and Prevention (CDC) estimates of the number of deaths in the United States attributable to smoking because the estimates are adjusted only for age and sex and lack adjustment for socioeconomic and behavioral factors. Using data from the same population-based study used for CDC estimates of smoking-attributable deaths, Thun and colleagues found that after adjusting for age and controlling for education, occupation, race, alcohol consumption, and various dietary factors, the overall estimate of deaths attributable to smoking in the United States decreased only by approximately 1%.

[SEE PAGE 706](#)

Risk of Cataracts After Smoking Cessation

Cigarette smoking has been shown to be an independent risk factor for the development of age-related cataracts, but whether the risk persists or declines after smoking cessation is uncertain. In this analysis of data from 20907 men in the Physicians' Health Study I followed up for an average of 13.6 years, Christen and colleagues found that the risk of cataract was lowest in never smokers, intermediate in past smokers, and highest in current smokers. Among ever smokers, the risk of cataract increased 7% for each 10-pack-year increase in smoking, but was slightly reduced among past smokers compared with current smokers independent of total cumulative dose.

[SEE PAGE 713](#)

Curbing Smoking Among Youth

Several strategies have been developed to reduce smoking in youth, and interventions that target adults as well as youth might offer a new public health approach. In an analysis of data from population-based US surveys conducted in 1992-1993 and 1995-1996, Farkas and colleagues found that smoke-free workplaces and homes, especially where all household members were never smokers, were associated with significantly lower rates of adolescent smoking. In an assessment of the Florida Pilot Program on Tobacco Control, a comprehensive youth-led program that included a media campaign, community activities, school-based and retailer education, and enforcement of youth access laws, Bauer and colleagues report that tobacco use among Florida public middle school and high school students decreased significantly 2 years after program implementation. Retailer compliance with laws restricting the sale of cigarettes to youth could reduce youth access to tobacco products, but in an analysis of data from 110062 Food and Drug Administration retail compliance checks, in which minors attempt to purchase tobacco products, Clark and colleagues found that the rate of illegal sales was 26.6%. Illegal sales were associated with failure to request proof of age, employment of older minors to make the purchase, attempts to purchase smokeless tobacco, and performing checks at 5 PM or later.

[SEE PAGES 717, 723, AND 729](#)

A 36-Year-Old Woman Who Smokes

Ms V has been smoking since age 9 years and currently smokes 1 to 2 packs per day. She has made several unsuccessful attempts at quitting, but recently was able to abstain for 24 days while taking bupropion hydrochloride and using a nicotine patch. Rigotti reviews the prevalence and health burden of cigarette smoking and treatment of tobacco use.

[SEE PAGE 741](#)