

## What the Research Says ... In One Line

---

Renee Bittoun

*Motivating smokers to quit by encouraging harm-reduction strategies (other than using pharmacotherapies) such as not smoking light cigarettes 'might' prove a gateway to cessation.*

Cunningham et al. (2006). Motivating smoking reductions by framing health information as safer smoking tips. *Addictive Behaviours*, 31, 1465–1468.

*Unlike in adults, short bouts of exercise do not reduce urges to smoke in adolescents.*

Everson et al. (2006). Does exercise have an acute effect on desire to smoke, mood and withdrawal symptoms in abstaining adolescent smokers? *Addictive Behaviours*, 31, 1547–1558.

*Smoking cessation specialists running group treatments can effect better abstinence outcomes than one-to-one at 4 weeks as behavioural support as part of a group dynamic may positively influence outcomes.*

McEwen et al. (2006). Effectiveness of specialist group treatment for smoking cessation vs. one-to-one treatment in primary care. *Addictive Behaviours*, 31, 1650–1660.

*Cognitive behavioural therapy (CBT) skills taught to quitting smokers is no better than control group not taught these skills.*

Thorndike et al. (2006). Effect of cognitive behaviour therapy on smokers' compensatory coping skills. *Addictive Behaviours*, 31, 1705–1710.

*Smoking reduction using a nicotine inhaler is safe and reduces measured risk markers.*

Rennard et al. (2006). Efficacy of the nicotine inhaler in smoking reduction: A double-blind, randomized trial. *Nicotine and Tobacco Research*, 8(4), 555–564.

---