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ABSTRACT

Although few studies have established significant associations between cancer risk perception and smoking status, the evidence remains inconclusive. Therefore, the current study aimed to examine the association between risk perception for developing cancer and smoking status, controlling for sociodemographic factors. Data from the National Cancer Institute's Health Information National Trends Survey [HINTS 5, Cycle 1 (2017)] were utilized. Multivariable logistic regression analysis examined the association between cancer risk perception and smoking status in a sample of 2,232 adults with no history of cancer, adjusting for age, gender, race/ethnicity, education, marital status, employment and family history of cancer. Overall prevalence for current cigarette smoking was 14.75%. Relative to participants who reported lower perceived risk of developing cancer, those who reported higher perceived risk had significantly greater odds of being a current smoker (OR=2.60; 95% CI: 1.23-5.49) or former smoker (OR=1.69; 95% CI: 1.06-2.69). In a sub-group analysis, higher- and moderate-perceived risk of developing cancer were significantly associated with intention to quit smoking (OR=6.56; 95% CI: 1.93-22.28) and (OR=6.53; 95% CI: 1.78-23.89), respectively. Though an individual's perceived risk of developing cancer might predict intention to quit smoking, it is unlikely to be sufficient for inducing motivation to stop high-risk behaviors including smoking. Therefore, initiation and wider dissemination of proven strategies for both discouraging smoking initiation and sustaining smoking cessation are warranted.

Keywords: *risk perception, cigarette smoking, cancer, adults*

ABSTRACT

Relative to motor vehicle drivers/occupants, pedestrians are at greater risk for morbidity and mortality, with drug use posited as a primary risk factor. This study aimed to explore the scope of drug use among pedestrian fatalities in the United States between 2008-2017. Data reduction yielded 36,389 cases reported by Fatality Analysis Reporting System (FARS). Analysis revealed that 67.7% of fatalities were screened, with 36.1% testing positive for one of nine drug classifications. Stimulants (30.1%), cannabinoids (23.2%), depressants (16.1%), and narcotics (15.6%) ranking highest among positive results. Cases testing positive for a second (54.3%) and third (46.2%) drug are discussed. This study supports the need for further research to guide evidence-based educational initiatives to protect vulnerable road users.

ABSTRACT

This study aimed to identify patients' sub-groups through measures of socio-demographic variables, alcohol consumption and alcohol health literacy. Instruments were administered to a sample of 118 patients in Colombia. Multiple Correspondence Analysis (MCA) was used to identify subgroups of individuals with common characteristics. Two groups were identified: one of women with good knowledge about alcohol consequences, low acceptability of regular alcohol intake, lower levels of alcohol drinking, and less openness to discussing alcohol with health practitioners; and one of men with lower levels of knowledge, higher levels of cultural acceptability of drinking, higher

levels of consumption, and more openness to discussing alcohol. Results indicate that the higher the risk of alcohol, the more openness to discussing alcohol with health practitioners.

Keywords: *alcohol drinking, health literacy, primary health care*
