

Good Questions

Issue Six: Special Issue on Smoking Cessation

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1st July 2007: A UK-wide smoking ban – good news all round?

By Matt Reaney



At the end of a hectic week (including project deadlines, conference calls and various meetings), I need to unwind. Where better to relax with colleagues and friends and talk about anything but work than the local bar? Dodging the rain, I run through the door straight into a wall of hazy cigarette smoke. Unwinding is difficult; having to drive home smelling of ashtrays is frustrating. In March 2004, Ireland became the first country in the world to introduce a nationwide ban on smoking in pubs, restaurants and other enclosed workplaces. Parts of the UK have been 'smoke-free' since March 2006 and on July 1st 2007, the whole of the UK will be 'smoke-free' when a full smoking ban in public places and workplaces is introduced to England. Personally, I can't wait! But will the implementation of the ban be wholly positive? As a researcher, I have an obligation to consider the smoking ban objectively.

The dangers of smoking are well publicised. A recent article in *The Lancet*¹ reports on the development of a new classification system to assess drugs. Tobacco was rated as the ninth most dangerous substance ahead of cannabis and several Class A drugs such as ecstasy. Despite the dangers, smoking remains socially acceptable, even desirable, in some circles and has become an inherent part of our culture, glamorised by celebrities. Under the rules of the ban, actors and comedians onstage will continue to light up for the sake of the 'artistic integrity of a performance'. But why should this continue? Does this not further justify smoking to young, impressionable people?

In addition to the 650,000 Europeans (106,000 in the UK alone) whose death is attributed to smoking every year², a further 19,000 European deaths are



attributed to the controllable and preventable form of air pollution that is passive smoking. Just 30 minutes exposure to second-hand smoke (including more than 4,000 chemicals) is sufficient to reduce coronary blood flow in otherwise healthy adults³. The UK Department of Health⁴ (DH) has recommended that no infant, child or adult should be exposed to second-hand smoke.

So what impact has the smoking ban had on health? Eighteen months after the ban, studies in both Ireland and Norway have suggested that health problems reduced significantly among bar employees while bar visitors reported improved air quality^{5,6}. Consequently, the European Union's health chief is set to seek a "comprehensive ban" on smoking in public places across its 27 countries. The Commission is expected to deliver its final recommendations in early 2008.

So with better air quality and health improvements, the ban can only be good news - right? Wrong! The law of unintended consequences is always at work, and the following have been observed or may be hypothesised:

- ⊗ 34% of landlords in Scotland have had to reduce their staff⁷

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"Despite the dangers, smoking remains socially acceptable, even desirable, in some circles and has become an inherent part of our culture"

UK-wide Smoking Ban

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- ⊗ 56% and 30% of licensees in Scotland reported fewer visits by regulars and new customers' respectively⁷
- ⊗ A 6% decrease in beer sale to bars and restaurants has been observed in Norway⁶ although this cannot be attributed directly to the smoking ban
- ⊗ For some, the desire not to be left alone in the pub while their friends go outside has resulted in them taking up smoking⁸
- ⊗ A study at UCL suggests that a ban in public places may increase smoking in the home (though there is presently no published, peer-reviewed evidence). In the UK, 42% of children live in a home where at least one person smokes⁹ and over 17,000 children under the age of five are admitted to hospital every year due to passive smoking¹⁰
- ⊗ Pubs are keen to make smokers as comfortable as possible so they go back in and spend more money after having a cigarette. The BBC⁸ reports that breweries are spending thousands on outdoor smoking areas, with the number of patio heaters increasing, potentially creating a new environmental burden
- ⊗ Anticipating the ban, the DH cut funding for smoking cessation advertising by 41% last year, but this was accompanied by a marked drop in the numbers of quitters¹¹



So what effect will the smoking ban have in England? As yet, no psychosocial data have been presented on its impact. Issues such as health status, quality of life and satisfaction are yet to be explored. There will always be objection to the smoking ban but, for me, the smoking ban represents a victory for health and wellbeing. Following implementation, I will certainly be frequenting restaurants and bars more often. You can argue that this may or may not be a good thing but, one thing is for sure – I won't be alone!

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In the news...

Kidneys the prize in Dutch TV show

<http://www.time.com/time/health/article/0,8599,1626187,00.html?xid=rss-health>

Drug risks and free speech - can congress ban consumer drug ads?

<http://content.nejm.org/cgi/content/short/356/22/2236?rss=1&query=current>

Need for guidance on mobile phone use in clinical care

<http://www.sciencedaily.com/releases/2007/05/070529201023.htm>

Tea, chocolate chemical may boost memory

http://www.webmd.com/food-recipes/news/20070530/tea-chocolate-chemical-may-boost-memory?src=RSS_PUBLIC

FDA approves new drug for advanced kidney cancer

<http://www.fda.gov/bbs/topics/NEWS/2007/NEW01644.html>

PCTs ignoring orders on patient group involvement

<http://www.hsj.co.uk/healthservicejournal/pages/N1/p12/070621>

How can health psychology help people quit?

Psychosocial risk factors for smoking are well known, including personality traits, risk perception, social environment, and depression. With the introduction of a UK-wide smoking ban, the time to quit has never been better. For many years, there have been a variety of smoking cessation aids (eg, patches, inhalers, chewing gum) available over the counter.

Evidence indicates, however, that such aids are useless without the individual's determination and motivation to quit¹. Harwood et al² promote the need for further understanding of the interrelationships among socio-economic status, psychosocial factors, and medical care related to health outcomes that may inform prevention and cessation strategies. A psychological perspective may allow for the appropriate targeting of smoking cessation programs or nicotine-replacement medication to improve efficacy and maximise long-term cessation.

One of the fundamentals of health psychology is the understanding of behaviour change. We can predict and explain many behaviours using social cognition models (eg, the Health Belief Model, Protection Motivation Theory, the Theory of Planned Behaviour). These models suggest that behaviour is influenced by the individual's beliefs and attitudes, which develop within and are influenced by an individual's social context.

The Trans-Theoretical Model (TTM)^{3,4,5} describes how people modify a problem behaviour or acquire a positive behaviour. The central organizing construct of the model is that humans move through stages of change: precontemplation, contemplation, preparation, action and maintenance. Factors influencing behaviour change vary at each stage of change. For example, buying a nicotine replacement patch (action) is likely to be ineffective if the individual has not yet considered his/her own motivations for quitting (contemplation). Similarly, those who are ready to quit (action) may not make it beyond a few days or weeks of not smoking, ie, they are not ready to maintain that change.

The TTM suggests that success in smoking cessation involves doing the right thing at the right time: emphasising experiential change processes during the contemplation and preparation stages and shifting to behavioural process activities during action. Stage of change has been shown to be predictive of cessation⁶.



Figure 1: The stages of change in the Transtheoretical Model

Interventions must be evaluated in terms of their impact, ie, recruitment rate x efficacy. A smoking cessation intervention with very high efficacy but low recruitment would have very little impact on smoking rates in the population – and vice versa. Interventions based on the TTM have the potential to have high efficacy and high recruitment rates, thus increasing potential impact on entire populations.

The development of effective smoking cessation products and support services is likely to benefit from the reconceptualisation of existing interventions, according to psychological theory, with service users at the core of intervention design⁷. Please [contact us](#) for more information about these theories or ways in which we can work with you to tailor interventions to maximise efficacy and generalisability.

"A psychological perspective may allow for the appropriate targeting of smoking cessation programs or nicotine-replacement medication to improve efficacy and maximise long-term cessation"

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2. Harwood GA et al (2007). Cigarette Smoking, Socioeconomic Status, and Psychosocial Factors: Examining a Conceptual Framework. *Public Health Nursing* 24(4): 361-371
3. Prochaska JO, DiClemente CC (1983). Stages and processes of self-change of smoking: Toward an integrative model of change. *Jf Cons Clin Psych*, 51: 390-395
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In Brief

■ [New bone marrow cancer drug available on NHS](#)

After tremendous campaigning, a watchdog has endorsed a new scheme to make the drug 'Velcade' available on the NHS to treat people with bone marrow cancer.

In a new move however, the NHS has entered a unique agreement proposed by drug manufacturers Janssen-Cilag. As part of the agreement Janssen-Cilag agree to refund the NHS if a patient does not respond to the treatment. At a cost of £18,000 per treatment per patient, this scheme is certainly the first of its kind.

Patients campaigning for the availability of the drug on the NHS have welcomed this decision citing an improvement in quality of life as one of the reasons they were in favour of this drug.

■ [Diabetes Week: Small change, big difference](#)

'Small change, big difference' is the theme of diabetes week this year. The idea behind the theme is that the smallest of changes can make a difference to the lives of people with diabetes. The aim of diabetes week organised by Diabetes UK is to campaign for the rights of people with diabetes, raise awareness of the condition, and to run nationwide fundraising events.

To see what small change you could make to make a big difference; please visit the [Diabetes UK](#) website.

You ask the questions, we'll get the answers

If you feel that there's something else you would like to see in the e-bulletin or if you have a burning question, ask AHP. We'll find the answer and publish the best one in next month's issue. Send your questions to: info@ahpresearch.com

■ [A sweet angle on the smoking ban](#)

Chupa Chups found that sales rose by 25% following implementation of the smoking ban in Spain after it offered quitters an alternative hand-to-mouth activity by developing a range of lollipops in cigarette carton-like packaging. Chupa Chups is now rushing to install vending machines in typical smoker hangouts.

■ [Molecule blamed for hangovers](#)

It is common to consider dehydration, or impurities in alcohol for the banging head and nausea following a night on the town, but this is only partly right. Researchers have suggested that another cause of a hangover is a molecule called acetaldehyde, produced by your liver as it breaks down ethanol. Research into acetaldehyde is ongoing.

Good Answers?

Every month in "Good Questions", we give you the opportunity to benefit from your own "Good Answers". Just give some thought to the problems we pose and send us your answers.

Which country was the first in the world to introduce a smoking ban in 2004?

Answers to: info@ahpresearch.com. The lucky winner will receive an Amazon voucher. The closing date for entries is 12 noon on **Friday 13th July**. We will publish the answer to this month's problem in next month's issue, along with the name of the winner. If you would prefer to remain anonymous, just let us know. Last month's "Good Answer" was 'Dublin'. Congratulations to Ružena Kalečiková of Zentiva, who wins a £10 voucher for amazon.co.uk

Forthcoming events:

15 - 18 Aug 2007
EHPS 21st Annual
Conference:
Maastricht

12 - 14 Sept 2007
Division of Health
Psychology Annual
Conference:
Nottingham

10 - 13 Oct 2007
ISOQOL 14th Annual
Congress:
Toronto

20 - 23 Oct 2007
ISPOR 10th Annual
European Congress:
Dublin

10 Dec 2007
UKSBM 3rd Annual
Scientific Meeting:
Warwick

For further details on any of these events, please visit our [events](#) webpage.