

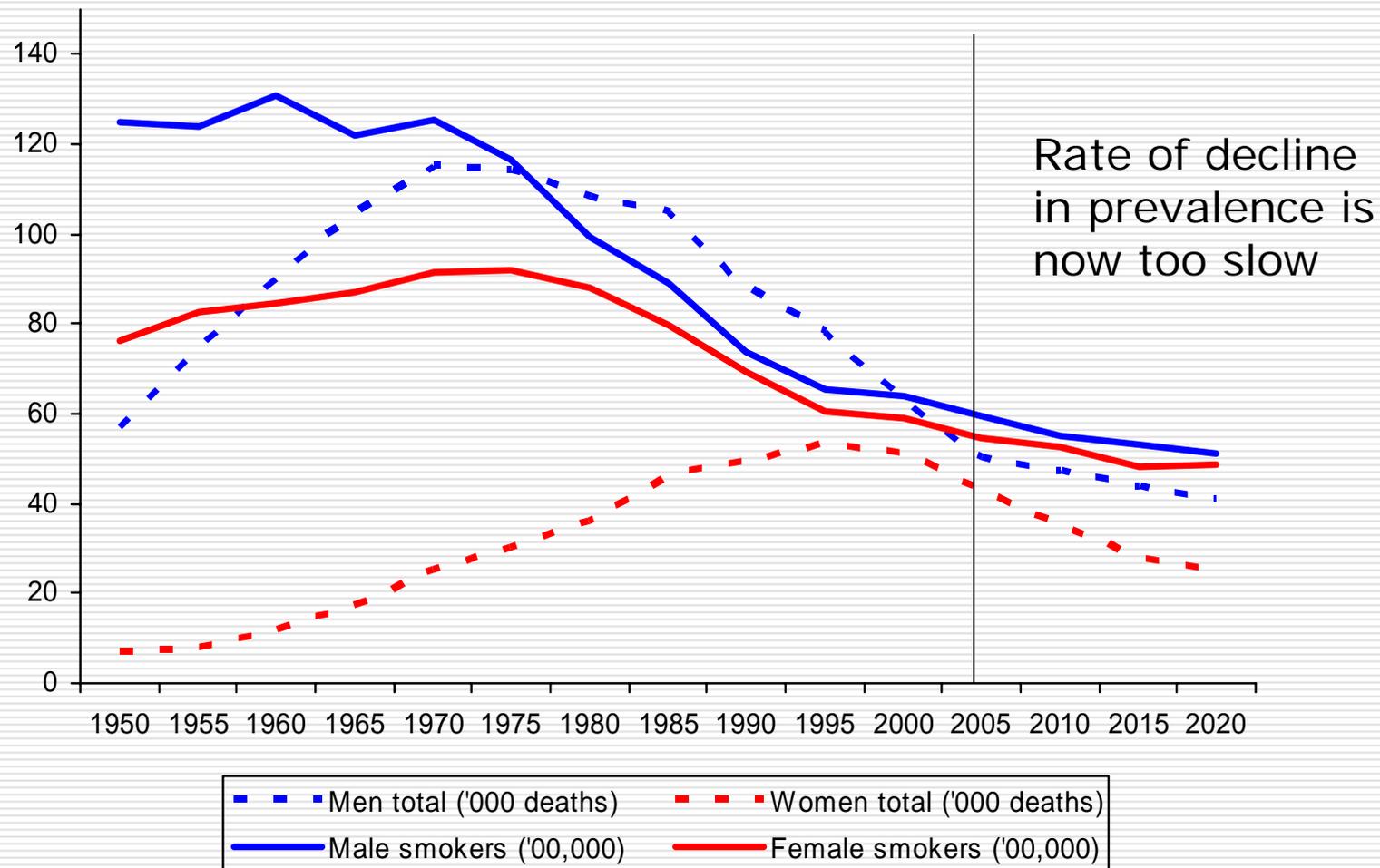
Understanding individual smokers' behaviour and CDTs

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Smoking trends in the UK



Smoking cessation in the UK: 2004

Sources:

1 ONS October/November 2004

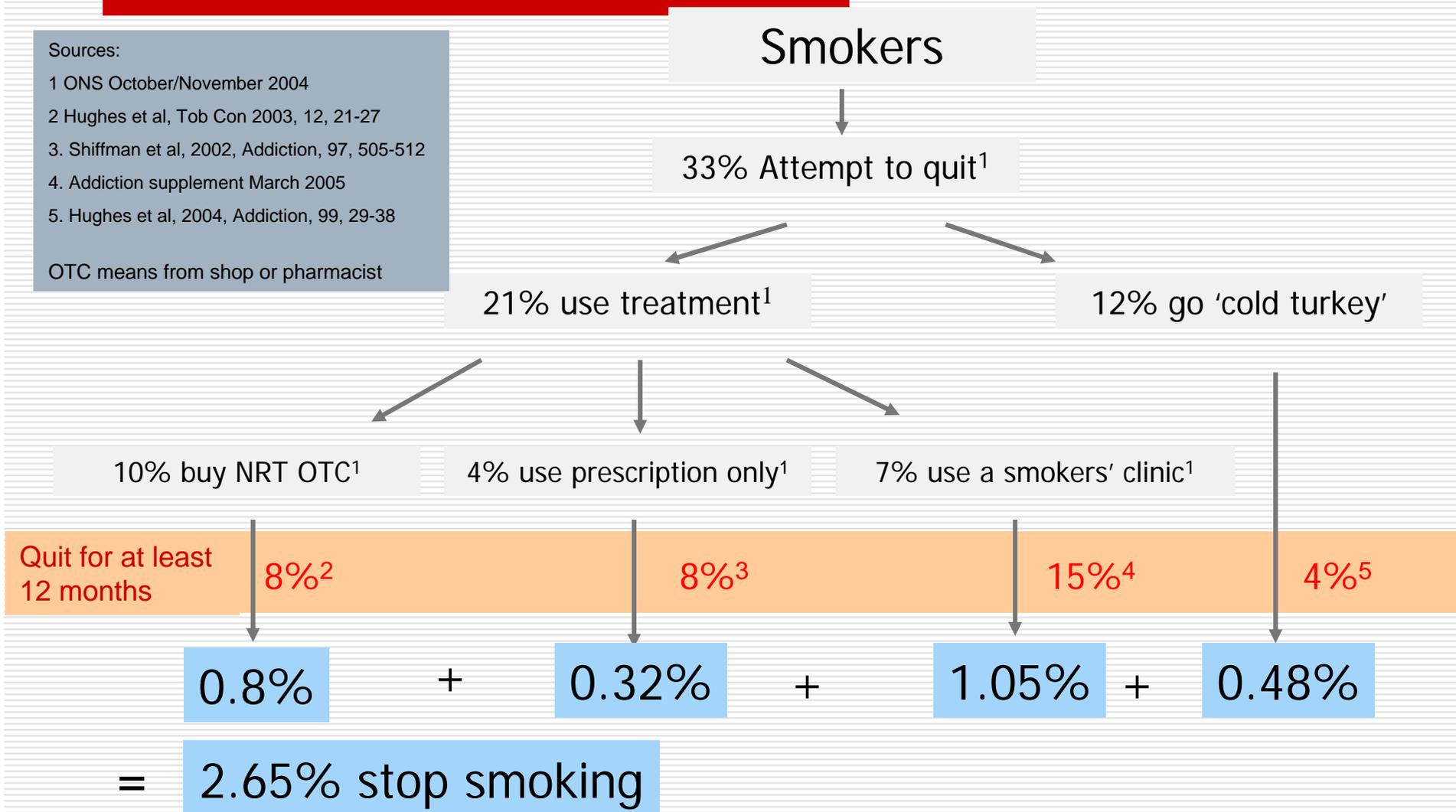
2 Hughes et al, Tob Con 2003, 12, 21-27

3. Shiffman et al, 2002, Addiction, 97, 505-512

4. Addiction supplement March 2005

5. Hughes et al, 2004, Addiction, 99, 29-38

OTC means from shop or pharmacist



Smoking cessation in the UK: 2004

We need to double this figure to get annual prevalence reduction up to 1%

Smokers

70% 'want to stop smoking'

33% Attempt to quit¹

21% use treatment¹

12% go 'cold turkey'

10% buy NRT OTC¹

4% use prescription only¹

7% use a smokers' clinic¹

Quit for at least 12 months

8%²

8%³

15%⁴

4%⁵

0.8%

+

0.32%

+

1.05%

+

0.48%

= 2.65% stop smoking

Why do smokers not try to stop more often?

□ PRIME Theory

- A new, comprehensive theory of motivation that integrates choice, impulse, identity, habit, self-control, and drive into a single description of the 'motivational system'
- This system is 'chaotic' in the sense used by 'Chaos Theory'

□ For an action to occur something has to happen **at that time** to trigger it:

- Beliefs about what is good or bad have no effect unless they create desire
- Desires have no effect unless they generate impulses
- The basis of all behaviour change is: **tension and triggers**

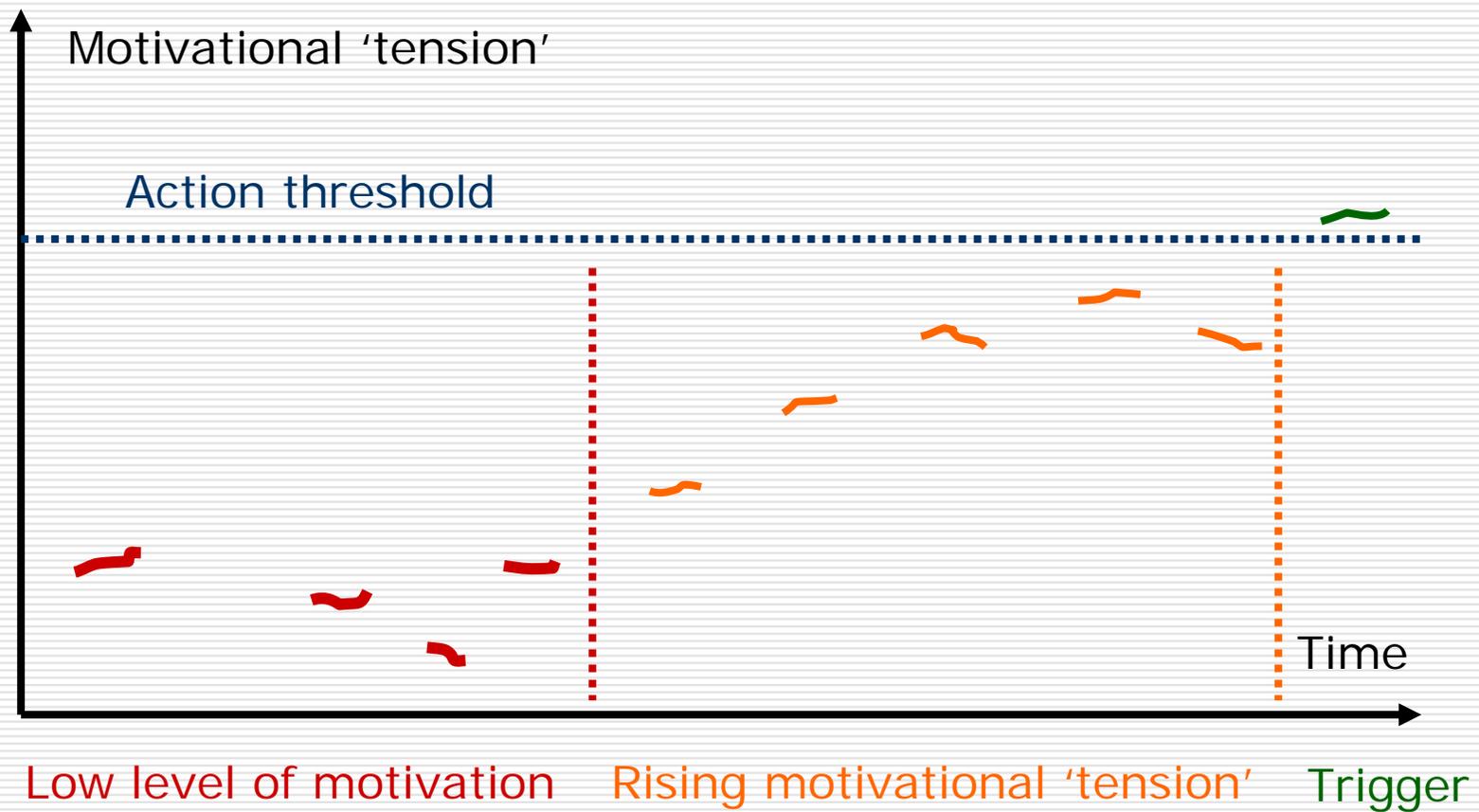
What is 'tension'?

- ❑ 'Motivational tension' involves a feeling of dissatisfaction with the status quo
- ❑ It has the following features:
 1. It is only present when it is 'brought to mind'
 - ❑ It can often put 'out of mind'
 - ❑ It is more responsive to changes in circumstances than steady states
 2. It involves a comparison with something 'better' which is achievable
 - ❑ There is a strong tendency to make 'upward comparisons'
 - ❑ Denying that something is achievable can reduce the tension

What are triggers?

- Triggers are events in the internal or external environment that generate impulses to act that are strong enough to overcome inertia and competing impulses
- Internal triggers
 - Persistence of or increases in drive states
 - Recollection of intentions or plans
- External triggers
 - Reminders
 - Cues
 - 'Provocations'
 - 'Models'
 - 'Calls to action'

Motivation to stop



Cutting down

- ❑ Tension can be reduced by 'cutting down' or other harm minimisation activities
- ❑ Approximately 50% of smokers are attempting to restrict their smoking at any one time
- ❑ New data from Smokers Toolkit Pilot (N=84) indicate that smokers who say they are 'trying to cut down on how much they smoke' have only slightly lower nicotine intake (saliva cotinine of 331ng/ml versus 370ng/ml)
- ❑ But previous research shows that smokers who report that they are 'cutting down in preparation for quitting' are more likely to have quit one year later than those who do not (West et al, 2001)
- ❑ So cutting down in itself may be of little benefit, but if it is successful it may promote cessation

Tension, triggers and smoking

□ Tension

- Worries about health, feeling of disgust, embarrassment, shame, dissatisfaction with the cost, **feeling that stopping is possible**

□ Triggers

- Health scares
- Other people stopping
- Instruction from an authority
- **'New hope' messages**
- 'Injections of urgency'

Cut Down Then Stop (CDTS)

- ❑ Successful 'cutting down' may increase tension by increasing the feeling that stopping is possible
- ❑ The pharmacological component of the drive to smoke may be reduced so that when cessation is attempted it is more likely to be successful

Evidence used by Pfizer to support CDTS

	Nicotine gum or inhaler % (N)	Placebo gum or inhaler % (N)	Odds ratio
Total N	1215	1209	
% (N) who had reduced their smoking by 50% at 4 months	15.9% (193)	6.7% (81)	2.63
% (N) of those who had by 50% at 4 months who were abstinent at 12 months	30.1% (58/193)	18.5% (15/81)	1.89
Percent (N) of smokers who were abstinent at 12 months	8.6% (105)	4.5% (54)	2.02

Implications of CDTS

- ❑ Uncertain whether it will increase quit attempts or detract from abrupt cessation
- ❑ Possibility that will weaken the 'not a puff' message for smokers in clinics
- ❑ Clinics should not be expected to help smokers reduce – no evidence that this is effective
- ❑ GPs should probably prescribe NRT for CDTS in cases where stopping is more urgent e.g. COPD but it is clear that the smoker will not stop abruptly
- ❑ Could be the start of a blurring of the boundaries between cigarette use and nicotine use leading to smokers getting nicotine from more than one source

Conclusions

- CDTS may increase the rate at which quit attempts are made and the use of NRT in those quit attempts
- The effect on prevalence depends on how far it substitutes for abrupt quits
- It is unlikely in itself to achieve the target of doubling quit rates. For that we need more tension and more triggers:
 1. 20p levy on a pack of cigarettes funding a tobacco control programme run by an independent Tobacco Control Task Force
 2. Complete ban on smoking in indoor public places
 3. Mass media campaigns and advocacy that focus more on tension and triggers: addressing the smoker's identity, injecting more urgency and more action-oriented messages