“At Face Value”: age progression software provides personalised demonstration of the effects of smoking on appearance

The Task Force for Tobacco-Free Women and Girls in New York State is utilising a computer software program that provides personalised, science based illustrations of how smoking can affect facial appearance. The task force developed this program at the urging of young people who entered a 1998 essay contest in which middle and high school students were asked to submit their ideas for strategies to help girls Reject Tobacco. Twenty four per cent of the 2000 entrants from across the state advised that knowledge of the unattractive effects of tobacco use would deter girls from smoking. Their idea is supported by studies demonstrating that face attractiveness is an important component of the face. The series of pictures can be customised to a student’s sex and ethnicity to illustrate the aging process. The series of pictures can be animated to “morph” from the current to the future.

“Age progression” software is unique in that it employs two identical current pictures and produces a file of 21 pairs of pictures, beginning with two identical current pictures and progressing to two versions that illustrate how the participant might look in about 30 years (fig 1). Both versions reflect the structural changes that faces undergo in the normal aging process. The series of pictures can be loaded into the program, blue dots appear around the eyes, nose, and other “landmarks” of the face, informing key positions to be employed in the aging progression. If necessary, the operator can refine the position of the dots by dragging them with the mouse. The picture is then processed within 55 seconds, producing a file of 21 pairs of pictures, beginning with two identical current pictures and progressing to two versions that illustrate how the participant might look in about 30 years (fig 1). Both versions reflect the structural changes that faces undergo in the normal aging process. The series of pictures can be animated to “morph” from the current to the future.

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Subsidised nicotine replacement therapy

Miller et al present results from a workplace based smoking cessation study where 39% of nicotine replacement therapy (NRT) vouchers were redeemed for NRT patches for half the recommended retail price (RRP US$170, subsidised to US$85). However, the authors conclude that cost may not be a barrier to accessing NRT. The New Zealand experience shows that heavily subsidised NRT (92%)...
providing through an existing Quitline service considerably enhances access to NRT for smokers.

A nationwide programme to provide subsidised NRT was implemented from November 2000 through the New Zealand Quitline, a free telephone service for people wanting to quit smoking. Long term cessation rates have been found to improve when NRT is used as part of a behavioural intervention such as counselling.

When smokers call the New Zealand Quitline they are assessed for their eligibility to receive vouchers for subsidised NRT (patches or gum). Eligibility criteria include being a “heavier” smoker (10+ cigarettes/day) motivated to quit, and 18–18 years of age. The subsidisation reduces the cost of NRT to the smoker from a maximum of NZ$199 (US$199) for eight weeks’ product to NZ$5 (US$5) for the first four weeks’ supply, and NZ$10 (US$10) for the second four weeks’ supply. This fee covers dispensing costs and provides a means of encouraging some degree of motivation to quit among smokers. Redem- 

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Smoking among workers from small companies in the Paris area 10 years after the French tobacco law

Since the introduction of a tobacco law in 1991, smoking in enclosed public areas, including the workplace, has been forbidden in France. At the time this law was introduced we conducted several studies concerning smoking behaviour and the implementation of smoking regulations in the workplace. We believed that it was interest- ing to repeat this study 10 years later: (1) to assess the prevalence of active smokers in small companies in the Paris area; (2) to assess the prevalence of passive smokers in these companies; (3) to describe the impact of the French tobacco ban in these places of work.

In the French occupational health system, every worker undergoes a medical examination at least once a year regardless of whether they are exposed to occupational hazards. The occupational physician is required to spend one third of their time studying each worker’s work station. The data were collected among a population of 9000 workers employed in all job categories in the Paris area. These workers belonged to companies employing between one and 3500 workers. The mean number of employees was nine, indicating that most of these companies were very small. We chose a double observation method: one in the physi- 

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One suggestion for Philip Morris . . . err, sorry, Altria’s new logo . . .
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