LETTERS

Letters intended for publication should be a maximum of 500 words, 10 references, and one table or figure, and should be sent to the editor at the address given on the inside front cover. Those responding to articles or correspondence published in the journal should be received within six weeks of publication.

“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 tobacco users, who were asked to submit their ideas for strategies to help girls reject tobacco. Twenty-four percent of the responses specifically recommended the use of “smoker stereotype can play a role in the decision to initiate smoking.” Several of the students specifically recommended the use of computer imaging for their ideas.

“Task force members reviewed available literature on the association between smoking and premature facial wrinkling” and provided parameters for customisation of the APRIL (age progression image launcher) program by its creators at C.O.R.E. Digital Productions, Inc in Toronto, Ontario, Canada. The original version of this program ages a picture of an 8-year-old child to approximately age 80. The “At Face Value” adaptation is designed to add about 30 years to an adolescent face, in two versions: one as a non-smoker and another with the premature wrinkling and unhealthy skin tone of a pack-a-day smoker. The software is unique in that it allows users to manipulate the position of the dots by dragging them with the mouse. The user can then change their own picture and several peers’ pictures and then move on. Approximately 10 feet by 10 feet (3 × 3 m) of floor space is needed, in an area where light from any other source can be controlled. Hardware requirements include a PC or laptop computer with three-dimensional graphics accelerator, compatible digital camera with tripod, a black backdrop, and two photography lights with stands and dimmers. Each software license is US$5000.

The software is provided as a stand alone program, without any other tobacco use prevention program on that day, to allow for evaluation of its impact independent of other interventions. Questions asked by students are answered, however, and the New York State Smokers’ Quitline telephone number is provided to those interested in cessation. An LCD projector can be used to show the images to a class of students or a larger audience, but smaller groups are preferred. Most people want to see their own picture and several peers’ pictures and then move on. Approximately 10 feet by 10 feet (3 × 3 m) of floor space is needed, in an area where light from any other source can be controlled. Hardware requirements include a PC or laptop computer with three-dimensional graphics accelerator, compatible digital camera with tripod, a black backdrop, and two photography lights with stands and dimmers. Each software license is US$5000.

Participating middle, high school, and college students completed surveys before and after being photographed, to establish their prior experiences with tobacco and to detect changes in attitudes about tobacco. The demonstration appears to affect current smokers and never smokers in different ways. In early data, smokers have shown significant change between pre- and post-demonstration responses to the questions: “Do you think that you will smoke a cigarette anytime during the next year?” (86.7% answered “Yes” pre; 73.3% post; p = 0.000) and “I think that becoming a smoker reflects poor judgment” (33.3% answered “Yes” pre; 43.5% post; p = 0.028). Never smokers, on the other hand, have indicated a change in attitude on the questions: “Do you think that people risk harming themselves if they smoke one or less than one cigarette per day?” (79.2% answered “Yes” pre; 92.1% post; p = 0.001) and “Does concern about your appearance affect the choices you make from day to day?” (68.4% answered “Yes” pre; 78.5% post; p = 0.043).

This intervention tool often evokes strong reactions from young people. Shrieks, laughter, and exclamations of “I’m never going to look like that!” are frequent. Stunned silence is also common. Many participants’ comment that in their “aged” versions they resemble an older relative, supporting the software’s projection of future appearance.

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References

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 $US170, 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%)...
provided 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 years of age. The subsidisation reduces the cost of NRT to the smoker from a maximum of NZ$199 (US$109) for eight weeks’ product to NZ$5 (US$2.80) for the first four weeks’ supply, and NZ$10 (US$5.40) 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. Redistributed NRT vouchers are claimed by pharmacists through the Ministry of Health’s Health Payments, Agreements and Compliance Unit.

There was significant media interest as a result of the government coordinated NRT media release in November 2000 and the Quitline service was flooded with calls following the launch. Since this time calls have levelled to 9000 per month. Currently, around 41 000 smokers a year register with the Quitline to give up smoking and are around 41 000 smokers a year register with the Quitline to give up smoking and are.

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 interesting 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 15 minutes with each worker, with the aim of examining smoking habits, as well as other health issues. The physician notes whether smoking was banned in every workplace visited. During September 2001, 173 physicians completed 690 questionnaires in the Paris area. The results allowed us to address our three objectives:

1. To assess smokers’ exposure to passive smoking.
2. To compare our results with those published in the literature.
3. To compare our data with those published in the literature.

During the 10 year period the prevalence remained stable; however, it seemed to fall by about 6% between 1991 and 2001.

(1) The prevalence of smokers (37%) in small companies in the Paris area has decreased with time. The prevalence was 44% in 1991, 12% in 1987, and 43% in 1991. During this 12 year period the prevalence remained stable; however, it seemed to fall by about 6% between 1991 and 2001.

(2) The prevalence of passive smokers in these small companies was 9.7%, according to our restrictive definition of passive smoking. This restrictive definition did not make it possible to compare our data with those published in the literature. Several studies had been significantly associated with passive smoking being male, being a blue collar worker, being 25–34 years old, and having a supervisor who smoked.

(3) The ban on smoking at the work station was mentioned by 68% of the workers and smoking was banned in 68% of the workplaces visited. This percentage is higher than that reported by Gizeau and Baudier (1995 59%). This difference may be explained by the fact that we included several departments (offices, workshops, etc). Smoking was banned in 68% of workplaces (n = 461). Bans were most prevalent in shops, workshops, and warehouses. Smokers and non-smokers worked together in 66% of the workplaces visited (n = 447). Smoking was banned in the whole company for 51% of them, and more often in those employing more than 300 workers (76.2%).

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References
2 Grizeau D, Baudier F. Evaluation de l'application des limitations au tabagisme.

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