“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 middle and high school students who 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 suggesting that self image and perception of smoking. Their idea is supported by studies showing that heavily subsidised NRT (92%) decreases smoking initiation in early and middle adolescence. However, the authors conclude that cost may not be a barrier to accessing NRT. The New Zealand experience shows that heavily subsidised NRT (92%) and premature facial wrinkling.

Demonstrations require approximately five minutes each, beginning with a photograph taken by a digital camera connected to the computer. The participant’s sex and ethnic group are entered. When the picture is downloaded into the program, blue dots appear around the eyes, nose, and other “landmarks” of the face, identifying 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.

“At Face Value” is provided as a stand alone demonstration, 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 sources 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 subsidised to US$85.

“Y es” pre; 78.5% post; p = 0.043). “Do you think that people risk harming themselves if they smoke one or less than one cigarette per day?” (79.2% answered “Y es” 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 “Y es” 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 in their “aged” versions they resemble an older relative, supporting the software’s pro-

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 “Y es” pre; 73.3% post; p = 0.000) and “I think that becoming a smoker reflects poor judgment” (33.3% answered “Y es” 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 “Y es” 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 “Y es” pre; 78.5% post; p = 0.043).

References

Subsidised nicotine replacement therapy

Miller et al present results from a workplace based smoking cessation study where 59% of nicotine replacement therapy (NRT) volunteers were redeemed for NRT patches for half the recommended retail price (RRP US$170, subsidised to US$85). 1 However, the authors conclude that cost may not be a barrier to accessing NRT. The New Zealand experience shows that heavily subsidised NRT (92%)...
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 one third of their time studying each worker's health. The physician is obliged to conclude a medical report which is sent to a local occupational health service. If it includes several departments (offices, workshops, etc), smoking was banned in 68% of workplaces. This difference may represent a good understanding about how to use the patches and gum appropriately. Overall, there was little wastage of the nicotine patches and gum. Of those who redeemed their first four week supply, 70% reported using the whole voucher most (70%) reported using the whole voucher most (70%)

The enhancement of the New Zealand Quitline service through the provision of subsidised NRT has been viewed positively by smokers using the service and has greatly increased the number of people accessing the Quitline. Research results indicate that considerable subsidisation of NRT (92% in New Zealand's case) as part of an enhanced Quitline counselling service indeed provides an incentive to smokers who want to quit.

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With the highest rate among clerks (72.2%). About three quarters (76%) of workers worked in a public room. Thirty eight per cent of workers stated that their direct supervisor was a smoker.

During the same period, 160 occupational physicians completed 690 questionnaires in workplaces selected at random, 678 of which could be analysed. The physician noted whether smoking was banned in every workplace (company or agency). Several questionnaires were completed for a single workplace if it 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 in those employing more than 300 workers (76.2%).

The results allowed us to address our three objectives:

1. The prevalence of smokers (37%) in small companies in the Paris area has decreased with time. The prevalence was 44% in 1979, 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 workers were 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 Grizeau and Baudier in 1995 (59%). This difference may represent a good understanding about how to use the patches and gum appropriately.

The 1991 French tobacco law, the initial purpose of which was to protect non-smokers, seems to have led to a decrease in the prevalence of smoking and to a decrease in cigarette consumption, as shown by other studies on smoking policies. The prevalence of regular smokers decreased by 6% in accordance with the conclusions of Farrelly et al that "the ban on smoking in all workplaces should reduce the prevalence of smokers by 10%". In the Paris area, real progress in the fight against smoking in the workplace was only made after the introduction of a national smokefree legislation, as in Finland. This situation could probably be enhanced further if the authorities boosted the French tobacco ban by introducing new stronger national smoking legislation.

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References

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