Public health interventions are designed to change addictive behaviours of whole populations rather than individuals.

The smoking ban was imposed in the UK in 2007 to protect workers and the general public from the harmful effects of second-hand smoke. Smoking in cars with children has now been banned in the UK to protect them against the harmful fumes and also reduces the risk of them developing the addiction in the future.

Advertising for cigarettes was banned in 2003 and can not be shown in magazines and TV's or any advertising. Alcohol advertising was also restricted from suggesting it can improve success or making drinkers look popular and attractive. This is to restrict media influences from causing the initiation and maintenance of addiction.

Tax on smoking and drinking has also increased due to research suggesting a link between the cost and consumption.

Education in schools has increased what has improved awareness to younger people to to the risks of smoking, drinking and gambling. There is also many health campaigns which target adolescence who are identified as more at risk of substance abuse. Many workplaces also offer support and there are many community programmes issuing leaflets and other forms of advertising to target the local people.

Telephone services such as Quitline have also been introduced which can help people quit smoking.

Fear campaigns have also been introduced to change peoples attitudes towards drinking and smoking with graphic images being used to illustrate harmful effects.

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One major issue with measuring effectiveness of public health interventions is that many campaigns are often issued all at once making them difficult to assess which are effective and which aren't.

Stead et al did a meta analysis of 18000 participants and fund that people who received repeated repeated telephone calls from a counsellor were 50% more likely to quit smoking than smoker who received materials and by brief counselling. The conclusion was that telephone services improved the probability of smokers quitting completely and therefore services such as Quitline can be effective in reducing smoking addictions.

A weakness of studies like this however is that the interventions are based on correlational data and we cannot be sure of cause or effect or any extraneous variables such as peer or family influence that may have affected the results.

In 2007 when the ban came into effect, a NHS stop smoking service was also released which resulted in one quarter of a million people quitting smoking between April and December 2007. This suggests that legislation changes coupled with campaigns can be effective in reducing addictive behaviours such as smoking.

Research suggests that health campaigns may be more effective if combined with models of behavioural change such as theory of planned behaviour.

Research suggests that legislation changes may be ineffective. The Irish office of tobacco control reported in 2010 that when the 2004 Irish smoking ban came into effect and there was a small decrease of 1% in the amount of people who were smoking but this increased by 2% in 2008 suggesting the initial drop was due to other factors such as economical reasons such support economy at the time so households restricted their spending. This suggests that without any strong campaigns to raise awareness to support legislation such interventions addiction may be ineffective.