Smoking

- **Initiation** - role models - SLT suggests that experimental and subsequent addiction to smoking is a consequence of having role models who smoke e.g. celebrities, peers.
- Suggests that the vicarious reinforcement from parents, peers and the media lead people to expect positive consequences of smoking.
- **Popularity** - Mayeux et al. found a positive correlation between boys who smoked aged 16 and their popularity at 18.
- **Maintenance** - The constant repetition of smoking creates an association between the reinforcing effects of nicotine and sensory aspects e.g. the smell and sight of cigarettes. Franklin et al. once this association is made sensory cues become **conditioned stimuli** that activate the same areas of the brain as the nicotine itself. DiBlasio et al. found that adolescents who smoke are more likely to ‘hang-out’ with other adolescent smokers.
- Supporting the theory of peer influence. Karcher and Finn children whose parents smoke are 1.88x more likely to start smoking. If siblings smoked they were 2.64x more likely to smoke. If close friends smoked the chance was 8x higher.
- **Relapse** - conditioned cues - cues previously associated with smoking e.g. the smell increase the likelihood of the person smoking again. Hogarth et al. found that the amount of craving increased significantly when an individual was presented with a conditioned stimulus.

**Thewissen et al.** 2 conditions used testing environmental contexts in the urge to smoke:
1) 33 smokers with a cue predicting smoking e.g. smoking area outside.
2) Smokers presented with a no smoking sign. They found that the cue predicting smoking led to a greater urge to smoke than for those in the 2nd condition.

**Drummond et al.** suggests a treatment approach based on cues being an important factor in maintenance of a habit. Cues for smoking availability are presented to the smoker without the opportunity to actually engage. This leads to **stimulus discrimination** where the association between the cue and the nicotine is extinguished, which in turn reduces the craving when exposed to the cue again.

- **Refusal self-efficacy** - a person’s belief in their ability to succeed in something e.g. quitting smoking. Lawrence and Rubinson those who smoke more frequently have less confidence in their ability to quit and so are more likely to relapse.
- Learning theory fails to address gender differences in smoking resulting in **gender bias** e.g. Lopez et al. women start smoking later than men and there’s a difference to their context of smoking.

**Botvin** suggests that drug prevention programmes should target younger adolescents, as they are most vulnerable to peer influences. Resistance training equips them to refuse drugs and teaches them about peer influences.
a cocaine addiction to deal with the pressures of touring and the music industry.

- Suggests the media may drive people to drugs for creative reasons rather than merely as an escape from pressure.

Theory of planned behaviour (TPB):

- A cognitive theory based on the factors that lead to a person’s decision to start a particular behaviour.
  1) Behavioural attitude - A product of personal views and their attitudes towards certain behaviours and the consequences associated with them.
  2) Subjective norms - A product of social influence and the individual’s awareness of social norms relating to that behaviour and how significant others feel is the right thing to do (injunctive norm).
  3) Perceived behavioural control - acts on either the intention to behave a certain way or directly on the behaviour, because:
    A) The more control a person thinks they have over their behaviour, the stronger their intention to perform the behaviour will be.
    B) The higher the perceived behavioural control the more likely they are to try and to persevere a behaviour.

TPB as a model for addiction prevention

- Changing behavioural attitude - A new campaign attempted a different anti-drug approach than other campaigns, by focusing on cannabis stopping people achieve their aspirations rather than focusing on health aspects etc. and found to have great success on influencing attitudes.
- Changing subjective norms - Most anti-drug campaigns aim to provide statistical data on its users. Many adolescents who smoke are in a peer-group of smokers so believe it is common. However, when exposed to the statistics they realise that relatively few adolescents smoke. This should change their attitude.

- Perceived behavioural control - Godin et al. found that the 3 factors of TPB were useful in explaining intentions, but perceived behavioural control seemed most important as a predictor of ultimate behaviour.
  - They therefore suggested that prevention programmes should focus on the willpower to give up, as well as making people aware the efforts that will be required.
- Self-efficacy - belief in one’s own ability has been shown to be important in prevention of addiction.
  - Majer et al. found that an addict’s belief in their ability to abstain was related to optimism and a positive outcome. Suggesting that improving self-efficacy should be a primary goal of treatment plans.
- Internet for promotion of health behavioural change - Webb et al. looked at 85 studies of internet based behavioural change interventions and found that those based on TPB tended to have greater success. Supports TPB and suggests that internet interventions can be successful as treatment plans.

- TPB has been criticised for being too rational and ignoring emotions, compulsions and other