**Evaluation: smoking**

**Role models**
- Peer group influences have been found to be the primary influence for adolescents who smoke or use drugs.
- Adolescents who smoked were more likely to socialise with others who smoked.
- Parents smoked - 2x more likely to smoke.
- Siblings smoked - 3x more likely to smoke.
- Friends smoked - 8x more likely to smoke.

**Conditioned cues**
- Psychologists tested the importance of environmental contexts in the urge to smoke.
- One group of participants were presented with smoking cues, and the other were presented with smoking unavailability cues.
- The smoking cues led to a greater urge to smoke than the smoking unavailability cues.

**Implications for treatment**
- Psychologists suggested 'cue exposure' as treatment for addiction.
- It involves presenting the cues without the opportunity to engage in the smoking behaviour.
- This leads to 'stimulus discrimination' as without the reinforcement provided by nicotine, the association between the cue and smoking is extinguished.
- This reduces the craving for cigarettes that arises when exposed to the cue.

**Gender bias in smoking addiction research**
- Argued that there is an inherent gender bias in the research relating to smoking addiction, as there is evidence that the onset and development of smoking addiction differs in men and women.
- Found that women started smoking later than men and there are gender-related differences in both the stages and the context of smoking.
- Explanations of smoking addiction generally fail to address these gender differences.

**Real-world application**
- Psychologists suggested that effective drug prevention programmes should be aimed at beginner adolescents.
- At this stage, adolescents are the most vulnerable to peer pressure and need help in developing drug resistance skills and social skill development.
- This training helps them to refuse drugs and informs them of the influence of peers on drug use.
- Psychologists said that it is imperative to equip adolescents with anti-smoking and anti-drug messages to counteract the influences they receive from their environments.
Outline

- Main assumptions
  - One of several cognitive theories about the factors that lead to a person’s decision to engage in a particular behaviour.
  - According to this theory, an individual’s decision to engage in a particular behaviour (e.g. to take drugs, or to give up alcohol) can be directly predicted by their intention to engage in that behaviour.
  - Intention is a function of three factors:
    - **Behavioural attitude**: a product of personal views, the individual’s attitude to the behaviour i.e. how desirable it seems to be. This is formed on the basis of beliefs about the consequences of performing the behaviour (e.g. I will feel good).
    - **Subjective norms**: a product of social influence, the individual’s subjective awareness of social norms relating to that particular behaviour.
    - **Perceived behavioural control**: assumed to each either on the intention to behave in a particular way.

TPB as a model for addiction prevention

- The TPB can be used as an explanatory framework for understanding the processes that lead to addiction but also as a means to understand prevention and treatment.
  - **Changing behavioural attitude**: previously, campaigns had focused on the risk of marijuana abuse but many teenagers are risk avoidant. More recent campaigns have tried to create a different attitude toward the effect of marijuana use, namely that it is inconsistent with being autonomous and achieving aspirations. This target on attitudes may be key to the success of the current campaign.
  - **Changing subjective norms**: anti-drug campaigns often seek to give adolescents actual data about the percentage of people engaging in risky behaviour. This is done in order to change subjective norms e.g. adolescents who smoke are usually part of a peer group who smoke and therefore might believe that smoking is the norm for teenagers. However, generally most adolescents do not smoke, therefore exposure to accurate statistical information should correct subjective norms and should form part of any effective campaign.
  - **Using the internet to promote health behaviour change**: the internet is being increasingly used to promote health behaviour change e.g. quitting smoking or gambling. Psychologists analysed 85 studies of such interventions and concluded that those based on a theoretical model, especially the TPB, tended to have greater success, suggesting that the TPB can have an important role in the development of Internet prevention programmes.

Evaluation

- **Too rational**
  - The TPB has been criticised for being too rational, failing to take into account emotions, compulsions and other irrational determinants of human behaviour.
  - When completing a questionnaire about attitudes and intention, people might find it
• **Telephone Quitline services**
  - A meta-analysis found that people who received repeated telephone calls from a counsellor increased their odds of stopping smoking by 50% compared to smokers who only received self-help materials and/or brief counselling.
  - concluded that multiple call back counselling improves the long term probability of cessation for smokers who contact Quitline services.

**Evaluation: public health interventions**

**Public health interventions**
- An important finding from the NIDA study was that there was a marked reduction in HIV risk associated with reduction of cocaine use.
- This appeared to be primarily due to the reduction in the frequency of unprotected sex that was otherwise associated with high levels of cocaine use.
- The use of telephone Quitline services for smokers has also been shown to be effective in reducing nicotine dependence.

**The effectiveness of smoke-free legislation**
- Although there was a decline in the percentage of people in the UK who smoked prior to the ban on smoking, this was followed by a rebound effect.
- Attempts to stop smoking were actually greater in the nine months before the ban than in the 17 months after.

**Intervention bias**
- Psychologists describe a phenomenon called the 'clinicians illusion' which argues that many clinicians believe that alcoholism and drug addiction are extremely difficult to treat - more difficult than research suggests.
- The lack of routine screening for alcohol or drug problems means that many clinicians only come across addicts when their condition is well advanced, and in many cases too severe to effectively respond to treatment.
- The analogy of cervical cancer can be used to illustrate this biased perception.
- If women were not routinely screened with smear tests, cervical cancer would only become apparent when it was at a far more advanced stage.
- Would lead to the conclusion that cervical cancer was 'incurable'.
- The view of addiction as 'incurable' among the general public is further strengthened by biased media reports which rarely comment on celebrities who used to have an addiction problem but are now doing well.