Programme of work April 2007-March 2012

Version 4: 25 January 2007

a) Summary

caused by tobacco use. There are three themes to the proposed programme which are linked to seven groups of studies. The themes are: 1) collecting timely and accurate information on the national smoking cessation picture, 2) improving understanding of the process of

are:

A rolling programme of household surveys and associated follow-
tistics on rates of attempts to stop smoking, use of aids in those
pts, 6-month continuous abstinence rates following those attempts

ng interventions to promote and aid cessation.

re nasal spray without behavioural
ttempts as a function of past quit
and mental health and healthcare

The seven groups of studies
1) *Smoking Toolkit Study (STS)*
ups to provide vital national sta
attempts, triggers of those attem
stopping and pilotin
2) *Analysis of existing and ongoing data sets* We
examining a range of issues including effectiveness of
support, patterning of quit attempts, success rates of quit a
attempts, and short- and medium-term changes in physical
smoking.

programmes undertaken according to a
tres, nurse clinics) and involving a range
nurse, full time specialist).

will be made, for example, between behavioural support
range of different models (e.g. rolling groups, drop in cen
of different providers (e.g. pharmacists, practic

s medication which offers
o millions of smokers that
staff time to supervise the
will be externally funded

s funding the running costs of a placebo-controlled randomised trial of
the promise of an extremely low-cost treatment that could be of benefit t
could not afford other medications. This application seeks funding for s
new trial and a collaborative programme of research whose running costs

ed study, a
es from the

6) *The process of change studies* This is a series of studies involving an interview-bas
postal survey with follow-up and a series of experimental studies to test hypothese

smokers to ultrasound images of their carotid arteries.

me involves specific
deline development,
control and smoking

In addition to the research studies, a major component of the programm
communication activities and policy development. This includes continued gui
advice and support to national and international agencies involved in tobacco
cessation and undertaking major systematic reviews.

b) The research proposal

b) 1. Background

The overall aim of the programme is to produce research findings that will contribute to a reduction in tobacco-related harm through smoking cessation, first and foremost in the UK but also

who are currently funded for specific projects experience of the research team including members w

UK and overseas, 4) inform policy decisions, population level interventions and clinical practice

(beyond 10 years), 5) be informed by, and contribute to, theoretical advances, 6) create synergy,

2. Obtaining a more detailed and accurate understanding of the process of stopping smoking to

proved clinical interventions

3. Developing and evaluating im

reduce smoking prevalence by increasing smoking

up-to-date data on key indicators. Figure 1 maps out

proportion of long-term (e.g. 6 month) successes per quit attempt made in that period. (iv) refers to the proportion of the smokers at T1 that achieve long-term abstinence as defined. In Figure 1b) individual rates are specified for quit attempts using *different* aids (v). Because a single quit

g tobacco control interventions because a key goal is to

aids. It is also crucial to asses the success rates (vi)

For any country a national strategy to

cessation must be informed by reliable and

different aids is fundamental to monitorin

maximise the use of the most effective

sociated with use of these different aids to quantify their role in creating long-term ex-smokers.

ure 1c) goes one step further and attempts to delineate the specific triggers (vii) and how far

example how far GP advice triggers

they generate quit attempts involving different aids (viii). For

quit attempts that involve use of medications

not have these critical pieces of informa

subpopulations.

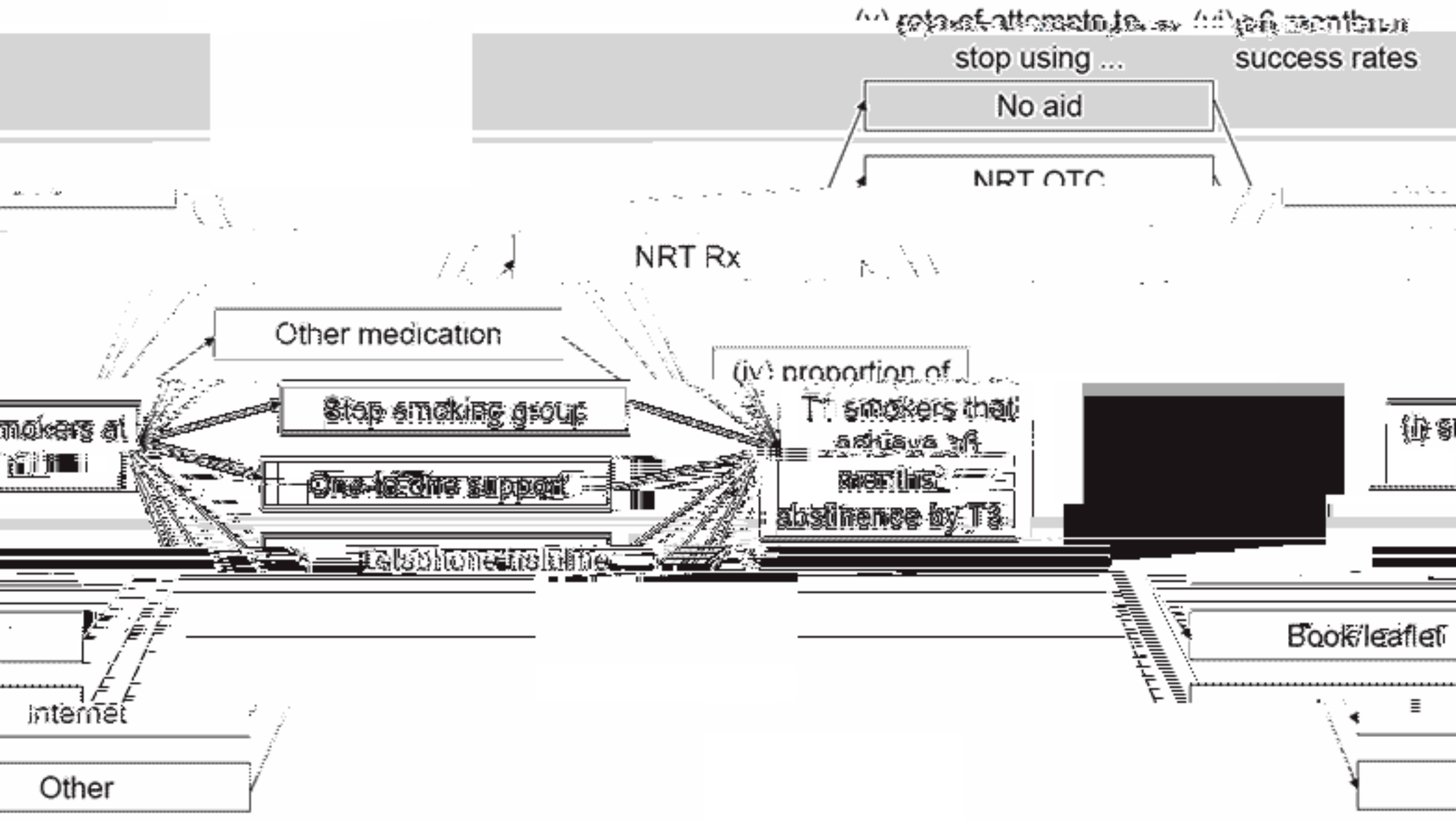
tion for the population as a whole or for priority

If accurate and up-to-date figures can b

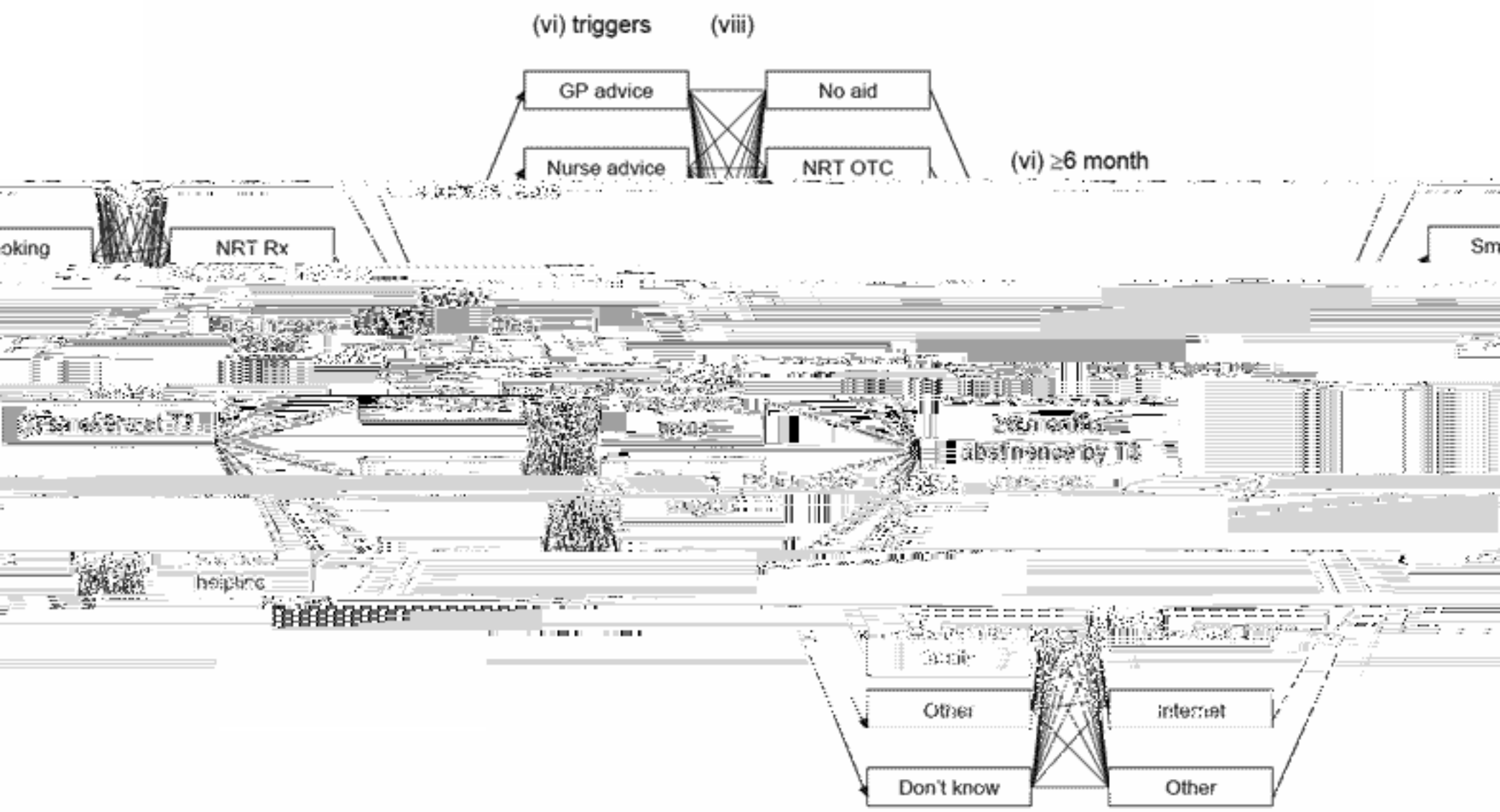
be entered into such a model it will be possible to

Figure b) 1.1.1: A population model of smoking cessation (see text for explanation)

b) Model showing use of aids to quit attempts



c) Model showing triggers and aids to quit attempts



c) Model showing triggers and aids to quit attempts

events that prompt quit attempts. Surveys ask about reasons for stopping smoking which is not the same thing (19). From a policy perspective it is important to be able to link quit attempts with

s to determine whether and how far to go in relaxing or tightening the

vestigate triggers and the results suggest that studying triggers is feasible. It is

able to link triggers with the use of different aids to quitting and ultimately success

tant to know, for example, whether quit attempts promoted by GP advice are more

use of NRT or NHS Stop Smoking Services and whether they are more or less

essful, other things being equal.

res an understanding of the personal and social factors that

t methods to stop and their likelihood of success in stopping.

Interpreting the above figures requi

contribute to smokers using differen

methods makes to success of quit attempts (24). It is therefore essential to collect such data (see

25).

Ongoing studies relevant to these issues: The International Tobacco Control (ITC) cohort study (26) includes assessment of quit attempts and success rates but does not take account of multiple quit attempts in a 12-month period and the follow-ups are too infrequent to overcome issues of recall bias when it comes to accurately assessing success rates. In addition the UK sample is too

study, the third wave, involved

months for 2.5 years (27). The use of

s of recall bias but the UK sample is too

following up a multinational cohort of smokers every 3 quarterly follow-up goes a long way to addressing problems

cigarettes per day who at baseline said that they intended to stop smoking in the next 3 months.

There are a number of studies overseas that seek to address this topic, most notably in

Canada (22, 28, 29). However, none of these address the issue of

account of multiple quit attempts over time and the high rate of forgetting of

ing to PRIME

kers and gender

ked how most

about whether

ke

ther frequency of feelings of discomfort.

simple rating of desire to quit in predicting quit attempts.

ms' differentiation between 'urges' (feeling an impulse for act) and

mas. PRIME Theory argues that individuals consciously
oluntary restraint over impulses. Work that is ongoing in the
est this hypothesis (see Section A).

ing to PRIME Theory would predict that the self-labelling is important and that this association will be reinforced once other potential confounding factors

regarded to the role:

eeded to one week label themselves as non-

of self-labelling in achieving prolonged abstinence. PRIME Theory predicts that the self-labelling is

role of identity for example, there is a large literature but mostly on adolescent smok

stance to anti-smoking campaigns (47) and failure of attempts to stop smoking

n which the theory is based is described in more detail in West (4)

ke have begun to be explored.

ate transformation in identity (a kind of epiphany)

delays in the early stages of the quit attempt,

role:

ed to one week label themselves as non-

who kind they are. Some of the interventions

ther frequency of feelings of discomfort.

simple rating of desire to quit in predicting quit attempts.

ms' differentiation between 'urges' (feeling an impulse for act) and

mas. PRIME Theory argues that individuals consciously
oluntary restraint over impulses. Work that is ongoing in the
est this hypothesis (see Section A).

would be expected given the findings together existing models and evidence. W

identity who s

predictive of re

fits with the theory. Evidence c

success or otherwise of interventions to promote quitting. Four of these

unplan

(28). I

unplanned attempts arises from a more compl

which requires immediate action rather than

new identify as a non-smoker would be expected to play a greater

50% of smokers attempting to stop who have succe

for at least 6 months than

smokers report intending to stop in the future) in predicting quitting (30). Accord

Theory this is because the response to questions about future quitting do not refl

smokers usually think about this whereas smokers can usually answer a question

triggered depends on factors that are difficult to predict,

about cues of intensity and will make it considerable

impulse/desire expressed

smoking should outperform s

A fourth prediction conce

frustration of automated action schem

experience urges when they exercise *v*

current programme is a first attempt to t

ing and testing better interventions

ods to aid cessation: The top line conclusions regarding aids to
ed up in Box b) 1.3.1.

als have found that individual counselling given to smokers seeking
es ability to sustain abstinence for at least 6 months by an average
to face and a similar amount when delivered according to a pre-
phone – this is compared with minimal support in the form of a brief
(52, 53). There is insufficient information to
(e.g. motivational interviewing, or cognitive
hat are the active ingredients. The evidence
y additive to the effect of NRT. Evidence from

b) 1.3. Theme 3: Develop

Developing improved meth
smoking cessation are summe

Box b) 1.3.1

1. Randomised controlled tria
help with stopping improv
4% when delivered face
arranged schedule by tele

motivational session or written materials alone
determine whether one particular approach (
behavioural therapy) is better than another or w
suggests that the effect of counselling is broadly

real-world application of behavioural support methods suggests that the benefits of behavioural support translate from the experimental trials into the routine clinical situation (54).

so that best practice can be established and disseminated. Key areas of enquiry are: use of specialist staff to treat smokers versus practice nurses or pharmacists, group versus one-to-one [illegible] appoint-based clinics.

b) 2. Studies

[illegible]

wen, JF: Jenny Fidler, ML: Mark Shahab, JS: John Stapleton, AB: Andrew Bryant, AM: Andy McE Livermore, DB: David Boniface ...

[illegible] (JF, AM, JF, AB, DB)

b) 2.1. Study group 1: The Smoking Toolkit Study (PW

primary aim of the study is to provide elating to smoking cessation to guide olkit for understanding the process of GP advice, and aids to cessation such as nicotine replacement therapy and behavioural support in the 'real world'. Furthermore, it will provide national data on smokers' attempts at harm reduction, specifically 'cutting down' and the use of aids to cutting down.

Aims and justification

The background to the study is given in section b) 1.1. The ongoing, up-to-date national statistics on key parameters re policy and clinical practice. It will also provide a unique too smoking cessation and the role played by triggers such as G

The unique feature of the study involves recognising that many smokers make multiple quit attempts within a short space of time, and that unsuccessful quit attempts are often rapidly forgotten. This means that surveys need to be carried out frequently and to concentrate on a more

needs to be able to cater for multiple nvolve different triggers, use different

limited time period for recall. In addition, the response format quit attempts and the possibility that different quit attempts in aids and possibly more than one type of aid.

draw participants for other studies in

The STS is also planned to provide a panel from which to [illegible] programme, including the proposed 6 change studies (see section b) 2.6).

Methodology

This study involves repeated cross-sectional household surveys of national samples of smokers and recent ex-smokers for a period of 5 years with each cross-sectional sample followed up after 3 months and 6 months by postal questionnaire.

There will be between 4 and 12 household surveys per year (ideally 12 depending on funding available) for 5 years drawn using an established quota sampling method by the social research

us company BMRB. To keep the costs to a minimum the baseline surveys will use the BMRB omnibu [illegible] easible study involving quarterly baseline household onthly baseline surveys or ideally monthly baseline surveys, the frequency of surveys the timing of assessments for the smaller surveys. The larger alternatives involve bimo

[illegible] will agree to be followed up and complete the 3 month and 6 month postal [illegible] of these will be asked to provide saliva samples and return these by post. [illegible] from each sample questionnaires. [illegible] giving [illegible] 2 months and 5 months. It is [illegible] expected that [illegible] will be followed up until January [illegible] monthly cohorts, participants between January 2007 and 500 and 1500 will provide samples for saliva cotinine analysis.

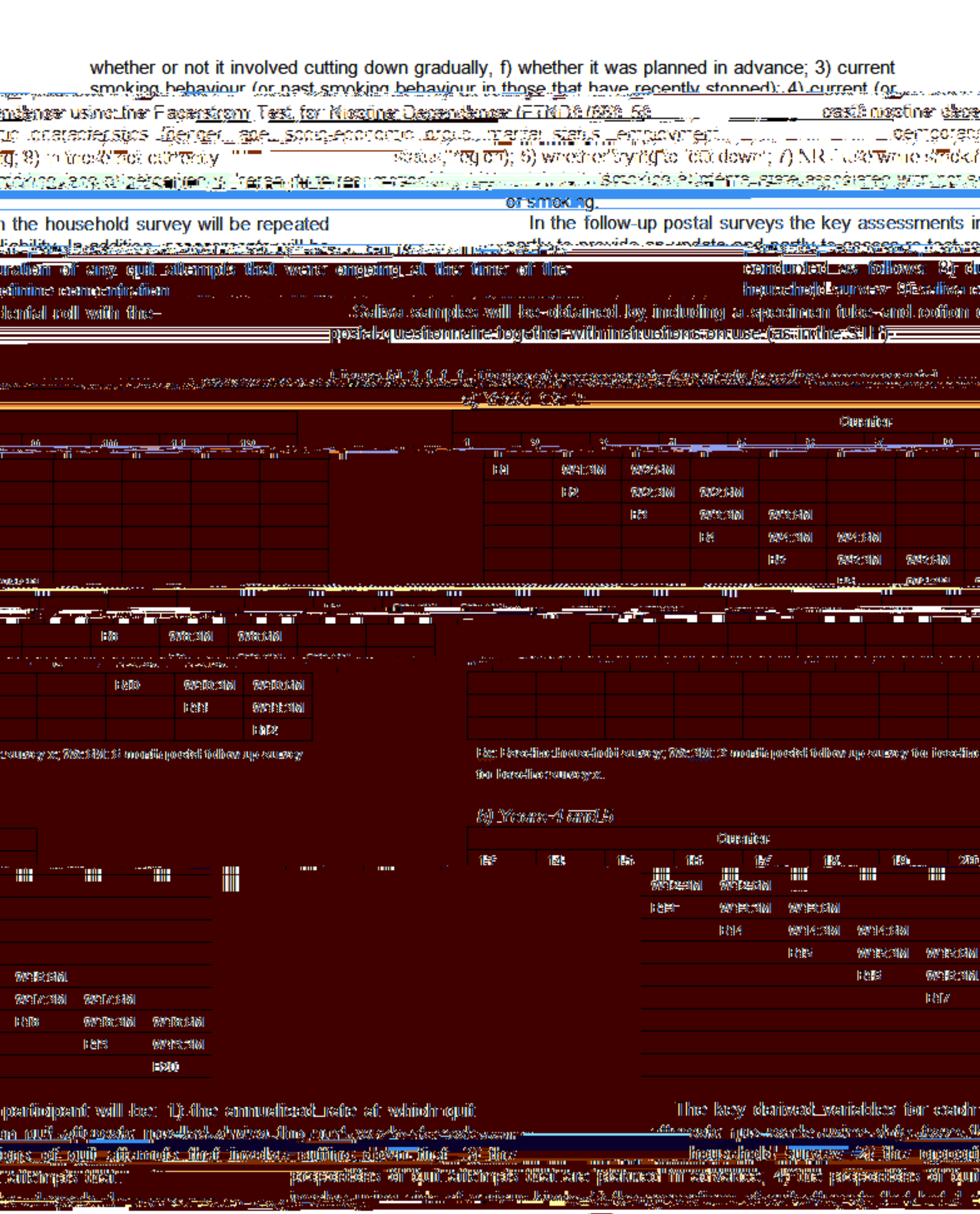
[illegible] be any person aged 16 or above who has agreed to take part in the d survey. Appendix 2 shows the proposed baseline questionnaire. This has been postal questionnaire and in May 2006 we commissioned BMRB to test it again as estionnaire in an omnibus survey exactly as it would be used in the full study. The s for each participant at each household survey will be: 1) the number of serious called as having been made within the last 3 months; 2) for each quit attempt made [illegible] used to [illegible] cover the [illegible] the [illegible] The [illegible] BMRB household pilot tested as a a household que key assessment quit attempts rec

whether or not it involved cutting down gradually, f) whether it was planned in advance; 3) current smoking behaviour (or past smoking behaviour in those that have recently stopped); 4) current (or

or smoking.

n the household survey will be repeated

In the follow-up postal surveys the key assessments in



The analyses will focus on:

3. time series analyses to assess changes in each of the above parameters at whatever frequency they are assessed (quarterly, bimonthly or monthly) including seasonal trends,

This methodology has been pilot tested and there is a hi

b) 2.2 Study group 2: Analysing data from and reporting findings from ongoing and existing datasets

b) 2.2.1. The ATTEMPT Cohort (JF, RW, LS)

Aims and methodology

This data set (see earlier discussion) involved follow-up every 3 months for up to 2.5 years of a

completed in late 2005 but with a dataset of

period of the existing programme but will need to continue into the first year of the new programme and possibly beyond. The proposed schedule of the first five papers arising from the cohort to be produced under the new programme is: 1) The role of acute and chronic illness in prompting quit attempts and their relationship to success of those attempts; 2) The role of body weight and concern about increases in body weight as a barrier of attempts to stop smoking and to long-term success; 3) The short-term and medium-term benefits to physical and mental health of stopping smoking; 4) Methods used by smokers to help them stop as a function of different smoker

s over a 2-year period.

Modelling the temporal patterning of quit attempts and their success

was added to

France of whom 52% were followed up successfully for one year. Since then Spain

ill be conducted in collaboration with RJII

proposed analyses are part of a planned sequence and w

e estimates of statistical power cannot be

who were contracted to undertake the field work. Accurate

ses.

a power of greater than 80% in most ca

Clinic that has been completed by JS. Subjects were followed up for 12 months. The issue of whether combinations of different forms of NRT are more effective than individual forms is of practical and theoretical importance. As noted earlier, data to date suggest that combinations are more effective ... there is very little data in which the combination has been compared with both individual forms (58). This study addressed that issue. The trial was also designed to understand better the type of smoker that might respond best to two forms of NRT at opposite ends of the pharmacokinetic spectrum (patch with very slow release versus spray with rapid absorption). ... of only two; one involved members of this team (58), and the other compared nasal spray with patch and attempted to identify parameters that could help match smokers to treatments (72). This study would build on those findings. Many smoking characteristics were measured, including plasma nicotine samples before and immediately after smoking a cigarette, and a range of smoking typology and dependence scales. Thus the study offers the opportunity to examine possible differences between smokers in terms of suitability for different forms of NRT.

b) 2.2.5. Maudsley Cessation Clinic Research Database (JF, JS, AM, RW)

Aims and methodology

The Maudsley database has been maintained by JS since 1987, containing the full pre treatment, treatment and outcome records of ... smokers ... and counselling versus group treatment comparison of different forms of NRT). The database ... stability of key smoking characteristics and the severity of withdrawal symptoms during abstinence. There are almost no data on either of these. With regard to the stability of nicotine dependence, we found in the STP that smokers in the population showed a high degree of stability in the FTND (see Appendix 1) but we could find no published data ... degree of stability but in small samples (73). In recent years DNA samples have been collected from those attending the clinic, providing the largest such database where full clinical and smoking ... test hypotheses relating particular ... forms to withdrawal symptoms, urges and short- and long-term abstinence.

b) 2.2.6. The ZORN trial (JS, EV, RW)

Aims and methodology

This is an RCT comparing the effectiveness of nicotine replacement therapy versus bupropion versus a combination of the two as an aid to smoking cessation in the context of behavioural support provided by NHS Stop Smoking Services (see section A b) 1.). Support has been provided ... the data set ... benefit of these treatments will be completed by the end of the current programme but has been designed to answer further questions of fundamental importance in the treatment of nicotine dependence, such as ... treatments is an active area of study and some important findings are beginning to emerge. For example, ... functionality, as indicated by pretreatment 3-HC/cotinine ratio derived from cigarette smoking, ... exciting finding that needs following up.

b) 2.2.7. Health Survey for England (JF, LS, RW, DB)

Aims and methodology

The HSE is a rolling survey of a large nationally representative sample in England that involves a

oking children and adults and smoking adults, stratified by age, socio-economic group,

and passive smoking. It will also provide a starting point for a

smoke exposure following introduction of the smoke-free legis

b) 2.2.8. International Tobacco Control (ITC) study (LS, R

Aims and methodology

The ITC is a large multi-national cohort st

the University of Waterloo. This ambitiou

generate publications at a high rate (40.

tudy of smokers coordinated by Professor Geoff Fong at

us project has reached a stage where it has begun to

75-85). The focus is very much on attitudes and their

r Gerard Hastings at the University of Stirling. The UK cohort consists of

ed by telephone approximately annually. CRUK contributes to funding of the

med a collaboration with the team and works with Dr McNeill and others in

UK's national strategy of cessation services and reimbursement of smoking

McNeill, who w

together with Professo

2000 smokers surveye

UK cohort. LS has for

evaluating whether the

USA, Canada and Australia. For the last wave of data, we would also be interested to see whether there is any difference in cutting down to stop as opposed to complete cessation given the UK's recent policy change with regard to NRT

nd a market for information on best

ns. AM and RW have been working

ning, support and advice and close

ntation issues are as important as

t provided. Recent policy initiatives

ervices with reports of some service

are so variable that the figures do

Aims and justification

The NHS stop smoking services provide both a resource an

ways of implementing effective smoking cessation interventio

closely with the services since their instigation providing trai

bonds have been established. It is apparent that impleme

efficacy when it comes to the effectiveness of the treatmen

appear to have led to distortions in the implementation of se

not allow comparisons between them (65).

make use of the innovation that exists within the services to establish what approaches work better than others in terms of attracting smokers into the services and attaining high quit rates.

throughput of 7000 smokers. This constitutes a unique resource to assess wha

t constitutes best

programme). The network will also offer access to NHS Stop Smoking Service staff, whose knowledge and attitudes can be evaluated routinely and in response to specific interventions.

Finally, the network will be a major tool for building research capacity within the NHS Stop Smoking Services. The website (www.scsrn.org) provides valuable resources for services wanting to undertake their own audits or research projects and these need to be updated regularly. It also provides a simple system whereby services can upload reports which are catalogued under different headings so that other services can see what has been done.

with whom AM has close ties

Methodology

The website is currently being hosted for free by Exchange Supplies

organising the UK National Smoking Cessation Conference and are happy to continue this relationship. However, the work involved in maintaining and developing the website and working with busy service managers to ensure that they make most effective use of it is more than can be undertaken on present resources. This is a role that will be taken by other members of the research team, the programmer (ML) and the PA and HBRC administrator with supervision by AM.

that members can report findings and share experiences and resources. Studies proposed for the network include:

tion of different relapse prevention

de of delivery (drop-in clinic, pharmacy d group etc.)

method of acquiring medication (one- n GP, direct supply etc.)

NRT combinations, as a function of NHS prescription or with one available

ary care sources and their association nd success rates.

1. Comparison of long-term success rates as a funct interventions
2. Comparison of 4-week success rates as a function of mod one-to-one, practice nurse one-to-one, rolling group, fixed
3. Comparison of retention and outcome as a function of stop-shop via a Patient Group Direction, prescription from
4. Demand for, use of, and effectiveness of, different N prescribing policy (e.g. with all NRT available on PGD or one purchased by the client separately).
5. Methods used to increase referrals from GP and seconda with reach a

or these studies will typically involve multiple random effects logistic regressions dependent variables entered together with measured confounders (including free ibility and age) and with the stop smoking services as a random variable and where ctice as another nested variable. These analyses will be complex and require

The analyses fo with the key inc prescription elig appropriate pra

depends on the quality of data collection by the stop smoking ndertaken work with these services to bring data collection up ing this liaison and training will represent a significant part of rogramme.

Technical feasibility

The success of this series of studies services involved. AM has already u to the required standard and continu his workload in the early part of the n

b) 2.4. Study group 4: Evaluation of the Nicotine Cannon (AM, RW, JF, LS, EV, JS)

Aims and justification

We have been undertaking preliminary research with a novel nicotine delivery device that may help some smokers to stop more effectively than existing products. This is an area in which there is already a great deal of research and development (e.g. 88, 89). However, to date no single form of

it is currently believed that a device that could deliver abstinence in unselected smokers (58).

also be important – the ability of smokers to adjust on a moment to moment basis the delivery of nicotine and comfort attached to this. The Nicotine Cannon is a device that we believe allows this to a greater degree than existing nicotine delivery systems. It involves five nicotine inhaler cartridges arranged in parallel in a wide bore tube (the diameter of a spirometer mouthpiece) around a central Volby core. The user adjusts the concentration of nicotine [illegible] covering the central core more or less with a finger.

[illegible] rapidly (see Section A.6.6.3). The next steps are to examine the [illegible] user may need and to do so [illegible]

[illegible]

Methodology

Three studies are planned:

[illegible]

The methodology will be the same as has been adopted for the pharmacokinetic study undertaken [illegible]

there is evidence that smoking [illegible] (given that smokers will be the ultimate users of the product and [illegible]

nd acute

This study will also assess ratings of acceptability of the products, subjective effects a [illegible] according to the manufacturers' instructions for the same length of time (10 minutes). In the case of the Cannon the subjects are instructed to take 10 puffs per minute. Blood will taken for measurement of nicotine: at baseline, halfway through administration (5 minutes), and at 1, 5, 10, 15, 30 and 60 minutes after administration of nicotine has ceased. In addition the subjects will complete a 10-point rating scale on the presence of any of the following symptoms: nausea, throat irritation, dizziness, feeling unwell, pleasant feelings and agitation. These self-report ratings are made at the same intervals that blood is taken and are marked between 1 (none) and 10

variates. The secondary outcomes measures were ratios of [illegible] period using baseline ratios as co

[illegible] acceptability of the products and usage of the products [illegible]

f effect of the nicotine cannon on abstinence (Years 3 to 5)

b) 2.4.3 RCT of

programme grant to support the involvement of the UDRC in this research. This will involve [illegible] time to engage in coordination and liaison activities during the analysis and disseminating the findings

[illegible] with regard to [illegible] reason is that the manufacturers are not in a position [illegible] ard against profiteering should the programme of research prove successful. provides a safegu

Methodology

[illegible] follow-up using the Russell Standard outcome assessment. The course of and 12-mon as specified in the labelling for the drug in Poland where the trial will be carried out. medication is [illegible] delay of subsequent trials and studies [illegible] The meth [illegible] simulated using the existing dosing regimen. Other studies comparing medication as currently and comparing cytisine against existing smoking cessation medications different dosing regimens ed. Further phase I and phase II studies are desirable but these can be are also likely to be requir by other partners in the workpackage conduct

Technical feasibility

[illegible] ensuring that the NRPI funded Tabex trial runs successfully. The Extensive work has gone int [illegible] feasibility of the remaining studies in the programme depends on external funding, but given th [illegible] tial worldwide impact of this programme of research, there is considerable interest from a scien [illegible] ber of quarters and confidence is high that funding will be secured. [illegible]

[illegible] 2.6 Study group 6: The Process of Change studies (EV, JE, LS, AM, PW) [illegible]

urges to smoke that come unexpectedly or when there is a crisis or situation normally associated with smoking; 4) Evidence of chronic or acute distress that depletes mental resources necessary for the exercise of self control, and the expectation of escape from which may make a resumption of smoking attractive; 5) Evidence of continued feelings of attraction to smoking; 6) Evidence of

s has
we -

ar the

social and physical environment is associated by triggers, including other people smoking. This has been an area that has been most studied to date and the importance of situational factors is established (see e.g. 36).

The theory also suggests themes relevant to the relapse process. These include: 1) How first lapse arises from a conscious decision to resume smoking, a thought, act or event

decision to make a temporary exception to the rule of abstinence. Surprisingly we could find no studies that examined this issue. Preliminary analysis of this concept in the co-investigator's

cates that conscious decisions to resume smoking are rare but

current work on another study ind

ectations'. This is an area that has also received little attention. There has been extensive

exp

arch on the 'abstinence violation effect' in which a lapse creates dissonance and feelings of

rese

e; 3) Changes in the

smoked for stress relief may relapse for stress. For examp

se in terms of recovery of

following lapses. The patterning of smoking behaviour following the lap

vided but PRIME Theory

abstinence or pattern of transition to regular smoking has been st

ew but also

proposes a focus not only on relapse

resumed smoker etc.).

ew programme are:

The four projects currently under way that will feed into the studies for the n

e hypnotherapy pilot study (section b) 36), and a study being

smoking urges (section b) 36), th

e and not to smoke.

of their motivation to smok

f studies on process of change would build on the findings from the

The proposed series o

current work. It will also

logy

Methodo

kers (Year 1)

b) 2.6.1. Interviews with smokers and ex-smok

views with 100 smokers (regular smokers and long-term ex

that it will involve a total of

ews will be based around a comprehensive

participants' homes or at the HBRO. The intervi

motivational assessment as proposed by PRIME Theory. This attempts to determine for each individual the range of motivational forces contributing to their ongoing behaviour and what theory

how far the grid can be

markers and not just interview responses. Indeed, this is an open question

populated using different methods.

re that they capture the full range of responses rather than attempting to

survey research to ensu

Table 4) 2.6.11 Example of [illegible] CDMT

Theory				
Factors that motivate	General dispositions	Environmental factors	Smoking-related dispositions	[illegible]
[illegible]	[illegible]	[illegible]	*smoking or milieu: against attempts to stop or success of attempts*	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
castinate, failure to ement plans	space to develop plans	stopping aversive	[illegible]	proc imple
g. 'relative' sposition	e.g. 'preoccupied' smoking 'modes'	e.g. disposition to early smoking behaviour	[illegible] responses	d
g. reduced anxiety	e.g. learned triggers	e.g. strong pers	[illegible] moses and	e
tory forces (often driven)	control impulses		patterns directly generating impulses.	inhibi cue d

questionnaire will be given to a sample of 500 smokers from the STS and use a fixed format version of the comprehensive motivational assessment grid to determine for each smoker their temporal profile of motivational tension regarding smoking. It will specifically compare the

Methodology

eeking funding from the BHF

de two

ded with

ity standards who will also deliver the intervention. During the scan, the results, which
on a screen, will be explained to participants and compared with that of a non-smoker.
participants will be provided with information regarding the link between arterial
d smoking, an accompanying leaflet and a picture print-out of their own arterial scan.
in the treatment group will also receive a standard cardiovascular risk assessment and
uraged to quit smoking. In the control group, participants will also receive a standard
s after the
d smoking
sation behaviours.

chnical feasibility

technical feasibility of this study depends on securing external funding and co-operation with

method and a highly experienced

in

lasting motivational effect of these kinds of images using the kind of motivational grid described
section b) 2.6.

b) 3. Overview

A summary of the key research questions is given in Box b) 3.

Box b) 3. Key research questions:

and success of quit attempts? (Study 2.1)

t are the short- and medium-term gains in physical and mental health associated with
king cessation? (Study 2.1, Study 2.3)

egy of cessation services and reimbursement of smoking
attitudes and behaviour among UK smokers compared to
as the US and Canada? What are the most important cross-
essation? (Study 2.1, Study 2.8)
spray when used in a general practice setting with minimal

hort- and long-term relapse differ? (Study 2.3)
iction to cigarettes in terms of predicting failure of quit attempts

of nicotine patch versus nasal spray versus the combination?

prognosis after controlling for other predictors? (Study 2.5)

6. Continue as Assistant Editor, Addiction

John Stapleton:

1. Contributing to NICE guidance

[redacted]

b) 5. Building capacity

[redacted]

hers: This programme aims to create the next generation of world-class

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Post-doctoral researcl

researchers to the field and the next task is to retain them and develop their expertise.

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