Preventing teenagers from starting smoking

Sir,

Teenage health is of increasing interest. The United Kingdom government has specified teenage health in its population targets, including an aim to reduce teenage smoking. Recent evidence suggests that existing measures to reduce smoking have been unsuccessful.

A study has suggested that intensive discussion with teenagers in a primary care clinic about smoking could potentially reduce smoking. This contrasts with school lessons about smoking which achieved no overt benefit. Thus teenage smoking should be considered from the perspective of individuals as well as populations; the most appropriate place to receive individual advice is primary care.

Health education in the consultation may help to reduce the overall number of smokers, although research has shown that talking to adult smokers achieves only relatively small benefits. These data may be improved by using methods developed in the field of addictions research using the concept of readiness to change. This concept was adapted for a pilot study to test an intervention for assessing an individual's vulnerability to start smoking, or readiness to start.

The study was undertaken in one general practice in a deprived area of Cardiff in late 1994. Teenagers consulting L J during routine surgery (and their parents if present) were asked permission to discuss smoking and to help with the research; confidentiality was guaranteed. Thirty-five teenagers aged 12 to 18 years were invited opportunistically and were asked to mark a cross on a visual analogue scale where one end of the scale indicated that the teenager was not thinking of starting smoking and where the other end indicated that the teenager wanted to start smoking. The 35 teenagers were willing to take part. Each discussion took less than five minutes. Eleven (31%) were current smokers and were unsuitable for the study; they were counselled regarding smoking. Of the remaining 24, 15 indicated that they were not thinking of starting smoking and received support for this action. However, nine of the 35 teenagers (26%) were contemplating starting to smoke, four indicating on the scale and in discussion that they were actively thinking of starting soon; all accepted counselling based on their responses.

The 24 teenagers eligible to use the scale described the technique as acceptable, easy to understand and felt that it could be helpful in their decisions on smoking. In particular, the nine who were thinking of starting to smoke reported that they would think more about their decision over whether or not to start smoking although they recognized that they may still start to smoke in the future.

Further development is needed to assess the feasibility of this method for general use in primary care. Several issues are apparent, such as: how to advise in a patient-centred manner; how to use the strategy based on teenagers' relatively infrequent visits to the doctor; and how to match advice to teenagers' readiness-to-start responses. Nonetheless, this strategy may be helpful and could be used for smoking and potentially for other areas of health behaviour such as drug use and sexuality.

LIONEL JACOBSON
STEPHEN ROLLNICK
PAUL HACKETT

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Homoeopathy and immunization

Sir,

Homoeopathic remedies are believed by doctors and patients to be almost totally safe. Is homoeopathic advice safe, for example on the subject of immunization? In order to answer this question, a questionnaire survey was undertaken in 1995 of all 45 homoeopaths listed in the Exeter 'yellow pages' business directory. A total of 23 replies (51%) were received, 10 from medically qualified and 13 from non-medically qualified homoeopaths.

The homoeopaths were asked to suggest which conditions they perceived as being most responsive to homoeopathy. The three most frequently cited conditions were allergies (suggested by 10 respondents), gynaecological problems (seven) and bowel problems (five). They were then asked to estimate the proportion of patients that were referred to them by orthodox doctors and the proportion that they referred to orthodox doctors. The mean estimated percentages were 11% and 8%, respectively. The 23 respondents estimated that they spent a mean of 73 minutes on the first consultation.

The homoeopaths were asked whether they used or recommended orthodox immunization for children and whether they only used and recommended homoeopathic immunization. Seven of the 10 homoeopaths who were medically qualified recommended orthodox immunization but none of the 13 non-medically qualified homoeopaths did. One non-medically qualified homoeopath only used and recommended homoeopathic immunization.

LIONEL JACOBSON
STEPHEN ROLLNICK
PAUL HACKETT

Department of General Practice
University of Wales College of Medicine
Llanedeyrn Health Centre
Cardiff CF3 7PN

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