

Brief Evaluation of the "Easy Way To Stop Smoking" Clinic, Raynes Park

INTRODUCTION

The charity, **QUIT**, which aims to help and encourage smoking cessation, provides a Quitline service. As part of this service, smokers can phone the Quitline and be informed of smoking cessation treatment services in their local area. However, QUIT quite correctly do not feel it appropriate to direct clients to centres which make excessive and unsubstantiated claims as to their treatment's efficacy. As the name suggests, Allen Carr's "Easy Way" treatment does make some strong claims, such as the following claims on the promotional leaflet:

- 1 - "It is equally effective for long-term, heavy smokers and casual smokers.**
- 2 - It is instantaneous and permanent.**
- 3 - It requires little or no willpower.**
- 4 - There are no bad withdrawal pangs.**
- 4 - You won't even put on weight."**
- 5 - The clinic also claims, "We would emphasize that 80% of clients succeed with one sessions only, and that, of those that require extra sessions, 80% succeed after the second session."**

In addition to making these impressive claims for the effectiveness of his treatment, Allen Carr has been critical of other agencies purporting to help smokers. For example, in his 1995 book entitled, "The Only Way To Stop Smoking Permanently" Mr Carr states (p24)

"My great mistake was in underestimating the sheer incompetence, apathy, ignorance ineptitude and plain stupidity of the very institutions that purport to care, like the BMA, QUIT, THE GOVERNMENT, THE CIVIL SERVICE, THE MEDIA and all their so-called experts who, far from assisting the poor smokers to get free, merely persists in giving them advice which is almost guaranteed to ensure their slavery for life! They merely perpetuate the myths that smoking is a habit, a pleasure or a crutch, that smokers smoke because they choose to smoke and because they enjoy it and the greatest myth of them all: THAT IT IS DIFFICULT TO STOP!"

On p20 of the same book he asks, "Why haven't organisations like the BMA, ASH and QUIT bothered to check me out?"

Partly in response to this, Mr Peter McCabe, Chief Executive of QUIT, asked me to look into the treatment and report on whether or not the claims made about the effectiveness of Allen Carr's treatment are reasonable and accurate.

During a meeting with Allen Carr and Robin Hayley (Managing Director, Allen Carr's Easyway [International] Ltd) it was agreed that they were happy to have their service evaluated and would be keen to hear the results. In the first instance the

plan was for 20 smokers with a serious desire to quit to receive the treatment at the Raynes Park clinic, and be monitored for three months to assess their success in stopping smoking.

In addition, it was agreed with Mr Roy Sheehan (Therapist at the Raynes Park Clinic) that I would be able to do a brief audit of previous clients from their client register in order to hear their views on the treatment.

AIM : To evaluate the likelihood that the claims made by the "Allen Carr Easy Way to Stop Smoking" Clinic are accurate.

METHOD: 19 volunteer smokers with a strong desire to quit and a willingness to attend the Raynes Park Clinic for treatment were recruited at St George's Hospital, Tooting. All the participants were first of all interviewed by Jonathan Foulds or Carol Mills (Clinical Nurse Specialist) in order to check that they were appropriate to refer to the clinic (ie smokers who were highly motivated to quit and who would be willing to attend for treatment and be followed up).

PARTICIPANTS: The main characteristics of the volunteers are presented in the table. Almost all the participants stated that their desire to stop smoking was "very strong", and all but one of them had tried to stop before. As indicated by the range of cigarettes per day and expired carbon monoxide, the sample were mainly quite heavy smokers. Generally, they were a fairly typical group of smokers' clinic clients.

Main Participant Characteristics

No. male/ female: 8/11

Mean Age (range): 43 (27-59)

Mean number of cigarettes per day (range): 24 (10-50)

Mean expired carbon monoxide (range): 25 (9-44)

Mean number of years of smoking (range): 26 (9-43)

Strength of desire to quit (0-4, 4=very strong): 3.8 (3-4)

PROCEDURE: Once the participants agreed to participate, they were referred to the Easy-way Clinic and given details to enable them to arrange an appointment. One additional person was assessed but did not attend any appointments (due to difficulty getting time off work) and so his data are not discussed here. It was arranged that in addition to attending the clinic, the clients would be contacted one week after their "quit date" and again at various time-points in order to monitor progress. Participants who claimed to be abstinent at the 4 week telephone follow-up were asked to attend St George's to validate this by providing a measure of expired carbon-monoxide with a concentration of less than 10 parts per million.

RESULTS:

Participation: 19 participants attended the Raynes Park clinic at least once. Two clients who relapsed within the first 3 months returned to the clinic for booster

sessions.

Smoking Cessation: At one week follow-up 13 of the 19 participants (68%) claimed to have stopped smoking and not had a puff during the previous week. Of the other six participants, two managed three days without a cigarette, one managed two days and three were not able to abstain for one day.

These three participants who were unable to quit for even a day were particularly heavy smokers, averaging 38 cigarettes per day, and having an average expired carbon-monoxide concentration of 38 parts per million.

At one month follow-up, nine participants (47%) claimed to be abstinent. However, only five of these (26%) attended a follow-up and validated their abstinence by providing an expired carbon monoxide measurement of less than 10 ppm (average = 5ppm). One attended and had two separate measurements above 10 ppm (one as high as 39). Two (a husband and wife pair) claimed to be abstinent on the telephone but failed to attend three separate validation appointments. One other participant couldn't attend due to pressure of work. The true one-month success rate therefore lies somewhere between the validated rate (26%) and the self-reported rate (47%). One participant claimed to be abstinent on the phone but when she attended had an expired carbon monoxide level of 26 ppm and admitted that she has been smoking, but did not want her friend to know.

At 3 month follow-up 6 participants (32%) claimed to be abstinent. 5 of these (26%) claimed to have been abstinent from their first appointment, and one had lapsed, but managed to abstain again after a booster session.

An attempt was made to follow-up these 6 participants again approximately 8 months after their quit date. Two confirmed that they had returned to smoking, two confirmed that they continued to be abstinent and three were consistently unavailable and a family member who answered the phone volunteered that they thought they were still abstinent. This suggests long term (unvalidated) abstinence rate of around 26%.

Withdrawal Symptoms: Several of the participants reported that they had experienced nicotine withdrawal symptoms and craving during the first weeks. Seven participants reported that five or more symptoms (mainly irritability, feeling miserable, restlessness, sleep disturbance and craving for a cigarette) were experienced more or much more than usual, and so fulfilled standard diagnostic criteria for the nicotine withdrawal syndrome (4 of these were abstinent for the first week). For example, one man became so depressed that he was tearful during the first week.

General Comments by Participants: The participants described the format of the treatment in the following terms:

"A small group of about 8 people... we were allowed to smoke during the session ...that was good... he talked very quickly for a long period - about 3 hours...virtually a verbal monologue, a harangue...a high speed intense lecture about smoking, full of sympathy and understanding...a lot of repetition..discussed reasons why we smoke with some quotations from the book... there was a break for coffee, there was a group chat and then 10 minutes of hypnotherapy at the end."

Some of the positive comments were as follows:

"It was helpful to be brainwashed, very positive.....24 hour support is available...he positively reframed the withdrawal experience..it rang true...not nagging..a relaxed atmosphere."

Some of the negative comments were as follows:

"He spoke very quickly, I felt I missed a lot...not enough backup, a tape could have been included...good-but one-off session no good, would like intensive support during first weeks of quitting...stuff about not needing willpower was crap - a lie...too long and boring...the 90% success rate is not backed up by stats - based on people asking for their money back."

15 (79%) felt that the content of the treatment was properly explained beforehand. Of the 4 who did not, one commented that they had not expected hypnosis to be part of the treatment and one claimed to have been unaware that the session would last for 4 hours.

17 (89%) recalled that during the session there was criticism of other methods as being ineffective gimmicks or even dangerous. Nicotine replacement therapy in particular was mentioned by the therapist and the clients recalled it being said that "patches cause cardiac arrest...a con...horror stories about patches...very negative about nicotine substitutes..very bad side effects...gum causes cancer of the mouth...addictive."

14 (74%) said that they would recommend the clinic to friends who wanted help to stop.

Brief Follow-up of Previous Clients at the Raynes Park Clinic

One possibly important difference between the clients we referred to the clinic and the clinic's usual clientele is that they did not have to pay the usual £95 fee. It may well be that this serves to ensure that clients are highly motivated and may make them more likely to attend further free booster sessions. We therefore tried to contact a number of previous clients on the phone to assess how successful they had been. Quite correctly, the clinic did not want an "outsider" cold-calling ex-clients, and so the procedure was that the clinic secretary (who knew the clients) called the number in the registration card and asked if they were happy to speak to me. We selected the letter "F" and went through the registration forms in order, calling those with a London phone number. After a while we decided to only call

those attending the clinic since 1993, as so many earlier clients were no longer at the same number.

After making 50 calls, it turned out that 36 were not in, or had changed number, 4 said they did not wish to answer any questions (2 admitted they were smoking to the receptionist, one just said "no" and the other said she was working to a deadline and didn't have the time at the moment). 10 agreed to answer some questions about their treatment at the clinic.

Results: As shown in below, these 10 clients had first attended the clinic an average of 21 months previously. 70% of them were currently smoking (and another who had returned to smoking after attending the clinic had just stopped again a week ago on her own). The 8 clients who went back to smoking lasted an average of about 6 weeks before relapsing.

Five of the clients who had managed to abstain for at least 8 weeks were asked if they had put on any weight. Four said yes and one said no. The average weight gain was 10.8 lbs and even the person who said "no" commented that in fact he had only put on about 5 lbs. There were some signs that the amount of weight gain was related to the length of time off cigarettes, for example, the person who had remained off cigarettes for the longest period (23 months) reported the largest weight gain (21 lbs).

Participant Characteristics and Outcome

No male/female: 4/6

Mean age (range): 42 (29-52)

Previous daily cigarettes (range): 28 (15-40)

Average time since first attended the clinic, in months (range): 21 (2-32)

No (%) currently smoking: 7 (70%)

No (%) not smoked since clinic attendance: 2 (20%)

Mean length of time from clinic attendance to starting smoking, in weeks (range), based on the 8 who restarted smoking: 5.5 (0-16)

No (%) who said the first week was quite easy: 6 (60%)

Five of these ten clients had more than one contact with the clinic. One had gone back for a booster session and bought the book and video but was still unable to quit. She did not enquire about the money back as she felt the clinic had "done their best". Another had telephone contact and arranged two further appointments and had to cancel both of these. She then realised that she was not eligible for her money back due to the cancellations. Another went back for a free appointment but was smoking again within a week. She said that she enquired about the money back and was asked to come along for another appointment. At that point she said she no longer wanted to attend the clinic again. She commented, "I felt they weren't particularly interested - it's a bit grudging if you go back." Another has arranged a booster session and has still to attend. Another client said she had attended the clinic about 5 times and found it "exhilarating" but had returned to smoking each time. She had never asked for her money back because she was either out of the

time schedule (described in the guarantee, attached) or did not want to ask as she blamed herself for her failure. Another who was smoking said she did not know she could claim her money back (although it is clearly stated) and another did not ask for it because she relapsed after the 3 month time limit.

DISCUSSION: Although the number of clients studied here is too small to make any definitive statements about success rates, they suggest that around two thirds of the clients manage to achieve initial abstinence for the first week, about a third remain abstinent in the short term (1-3 months), and about 20-25% remain abstinent in the longer term (over 6 months). If anything, these are likely to be overestimates as they do not include biochemical verification of abstinence.

It is clear that a reasonable proportion of the clients (around 40%) experience marked withdrawal symptoms in the early stages and that weight gain is the norm for those abstaining in the longer term. There was also some evidence that heavy smokers found it particularly difficult to abstain (eg of the 5 clients smoking at least 40 per day, only one [20%] managed to abstain for a week).

All in all, these figures are fairly typical of those seen in other smokers' clinics. The initial one-week abstinence rate is very respectable, and suggests that the initial 4-hour treatment session probably does contain an active ingredient, in the sense that it boosts clients' motivation, clarifies their thinking and helps them to reach a state in which they are determined to quit. To quote one of the clients, "it was helpful to be brainwashed". The fact that 70-80% of the clients said that they would recommend the clinic to friends also shows that, regardless of whether or not they actually succeeded in stopping smoking, most felt that the treatment served to increase their chances.

On the whole, most of the information given as part of the treatment appeared to be reasonably accurate. The main exceptions to this are (1) the specific claims about the treatment's efficacy and (2) the information given about the efficacy and safety of nicotine replacement therapy.

The money back guarantee is clearly stated (copy attached) and is a positive aspect of the service. However, as shown above, it is clearly inaccurate to claim success rates based on the proportion of clients who are successful in obtaining their money back. The majority of clients do not succeed in stopping smoking permanently but do not succeed in getting their money back for a range of reasons (eg they feel the clinic provided a service and are embarrassed about asking for the money back, or they did not feel it provided much help and so are not prepared to spend another four hours (plus travelling) of their time just to get the money back). There may also be an effect whereby those people who do not succeed with this method are particularly prone to blame themselves. On p24 of Allen Car's 1995 book he states, "I know that all smokers feel stupid". There is a great risk that they might feel even more so if they do not succeed with this method, after all, they have been told that this is the "easy way" and over 90% of people succeed. There may

also be some risk that they will be put off trying again.

CONCLUSION: This brief evaluation found no evidence to substantiate the claims made by Allen Carr's Easyway To Stop Smoking that:

- it is equally effective for heavy smokers and casual smokers,
- it is instantaneous and permanent,
- it requires little or no willpower,
- there are no bad withdrawal pangs,
- it will avoid weight gain,
- it is successful in doing this in at least 80% of clients.

The evidence is more consistent with the view that less than 30% of clients remain abstinent in the long term, and weight gain and withdrawal symptoms are common. On the other hand it seems that the treatment helps boost motivation in the early stages and achieves respectable initial quit rates (about two thirds abstinent in the first week). Overall the treatment was positively evaluated by the clients and the vast majority would recommend it to friends.

My main recommendation would be that the clinic and those associated with it should immediately cease to make excessive and unsubstantiated claims about the effectiveness of the treatment and should withdraw any material which makes such claims. I'd also suggest that the information provided about nicotine replacement is checked and presented in a more balanced fashion. I'd be happy to provide Mr Carr with copies of published research reports evaluating the safety and efficacy of these treatments.

I have little doubt that this treatment will have helped many smokers to quit. If the information provided on treatment efficacy and nicotine replacement is corrected, then it will reduce the risk of clients feeling that they have been misinformed.

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