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Peer support in Public Health: Lessons from ASSIST smoking prevention & other stories

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- Chocolate
- Smoking
- Einstein
- Peer support
- ASSIST smoking prevention programme
- Other examples



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Nobel.....thinking fast and slow..... Automaticity

- Deliberation v automaticity
- Reason v reaction
- Reflective v habitual
- Slow v fast

- Deliberative, reflective, reasoned behaviour represents a small minority of all behaviour
- Majority of behaviour is automatic, reactive, habitual

- Need to stop reliance on targeting reflective processes
- Limits of human agency
- Need to alter environments (physical, [social, cultural, economic, media, policy]). Injunctive and disjunctive norms.

Marteau et al 2012, Kahneman 2011, Neal et al 2006

Focus on the individual?

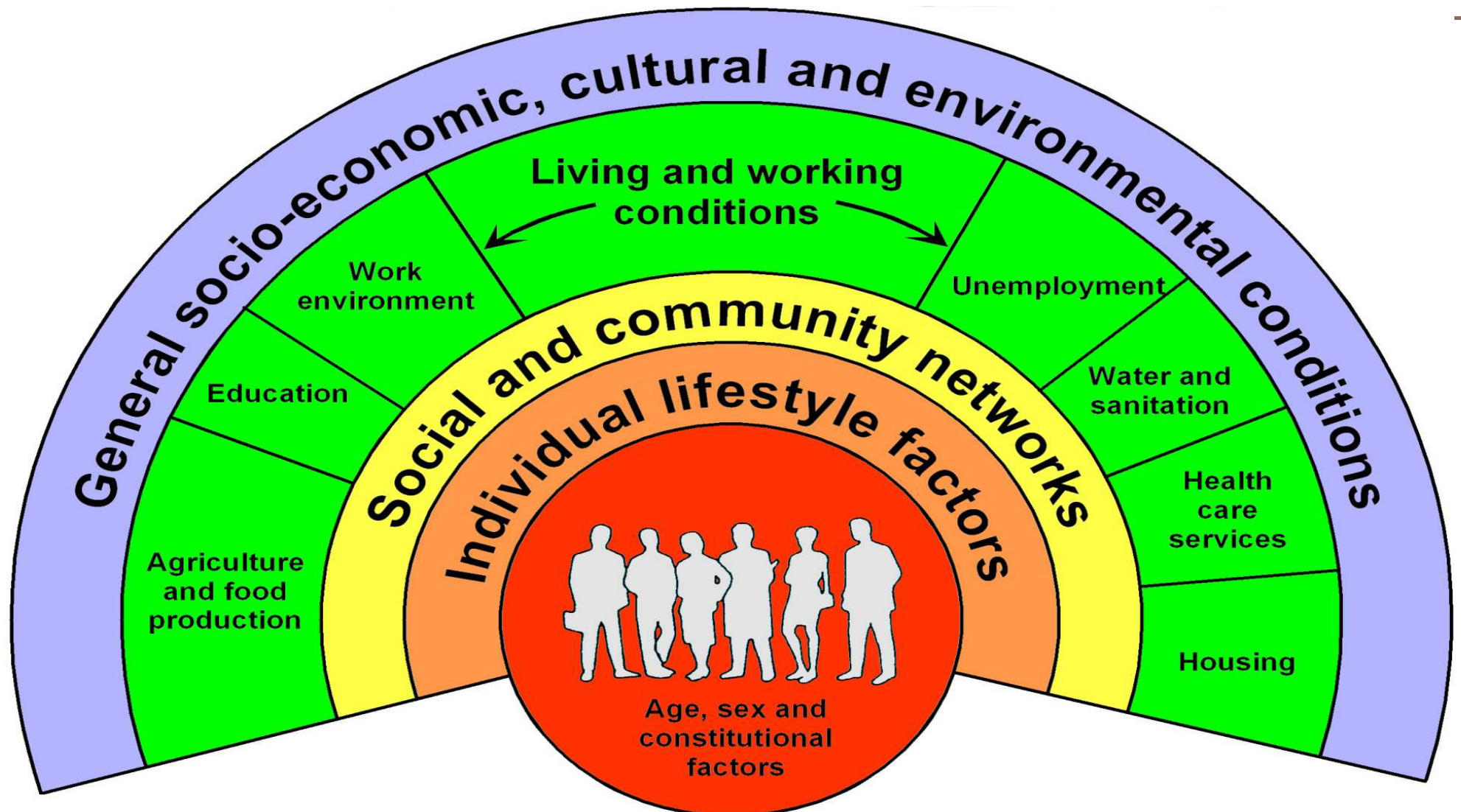
- NHS services person-centred
 - Based on individual to be 'treated'
- Many critical mechanisms influencing behaviour that are not individual level
- Peer supporters can focus on individual and deliberative decisions
- Or can facilitate other protective influences to help make sustained breastfeeding to be
 - Easier
 - Normal
 - Positive, rewarded

“I have every sympathy with the American who was so horrified by what he had read of the effects of smoking that he gave up reading.”

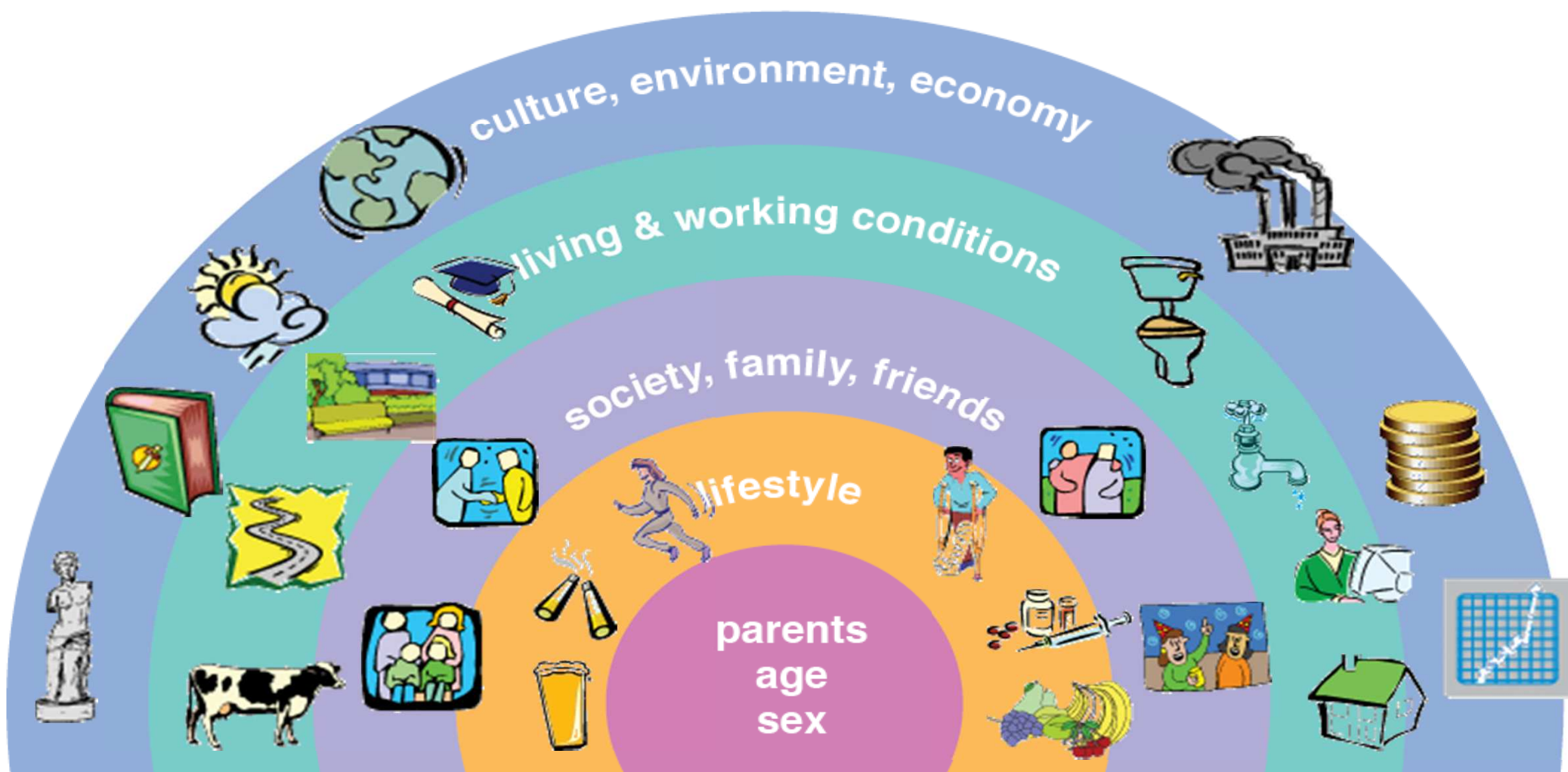
- Lord Conesford
- [cf. smoking in pregnancy]

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- **I have heart disease because I smoke**
 - **I smoke because cigarettes calm me down**
 - **My friends also smoke, reinforcing my smoking**
 - **We live in a terrible neighborhood, smoking is our only pleasure in life**
 - **We can buy cigarette 'onesies' even when we do not have much money**
 - **We can do that because the police turn a blind eye to it**
 - **We can buy cigarettes in the first place because they are legal**

The main determinants of health



Source: Dahlgren and Whitehead, 1991



Adapted from Dahlgren and Whitehead's Model of Social Determinants of Health

Tobacco Control

- Brief advice
- Smoking cessation services
 - Group or individual withdrawal oriented therapy
- Nicotine Replacement Therapy

“It needs to be recognised that the role of the services is not to reduce smoking prevalence but to provide cost effective life-saving treatment for those that want it”

(West, 2006)

Limited reach

“Any expectations that programs with moderate and temporary effects that reach small numbers of people will create population-wide increases in physical activity is unreasonable”

(Sallis et al 2006)

Tobacco Control – public health policy action

- Advertising restriction
- Restriction on sales
- Legislation on smoking in public places
- Taxation
- Packaging
- Smoking in cars
- Tobacco Companies out of Pension Funds.....
- Changing social norms

Adolescent smoking prevention: Summary of evidence to date (2001)

- Little success to date, effective interventions not yet identified
- Time and resources continue to be invested in school-based interventions which have been found to be ineffective
 - Poor theory
 - Wrong target
 - Poor implementation
- Fresh approach needed
- Need for innovative interventions and high quality evidence of effectiveness

Einstein

“If we keep on doing what we’ve always done then we’ll keep on getting what we’ve always got”

Peer-led interventions (education)

- Evidence that this can be effective, both for the leaders and the led
- Interventions mixed, effectiveness variable (Harden et al 2001)
- Majority use peers (usually from older age group) to deliver classroom-based lessons
- Suggestion that peers effective in establishing behavioural norms but not in imparting information (Mellanby et al 2001)
- Some peers much 'better' than others

Peer influence

- Friends' smoking strongly associated with adolescent smoking (direction?- influence or selection)
- Peer pressure and perceived behavioural norms amongst peers important in smoking uptake
- Friends and peer influence can also be protective (Maxwell 2002)
- Informal contacts between peer educators and young people may be as effective as formal work (Orme and Starkey 1999)
- adoption of 'teacher' role may undermine credibility of educators with their peers (Green 2001)

ASSIST intervention

- Year 8 (aged 12-13)
- Not a ‘typical’ school-based peer-led intervention
- Not teacher-led or classroom-based
- Influential students nominated by their year group
- Trained to be ‘peer supporters’ to diffuse norms of non-smoking behaviour through their social networks
- Adapted from Kelly’s (1997) sexual health ‘gay hero’ / Popular Opinion Leader in US mid-west

Intervention theory / approach

- Diffusion of innovation
 - Influential students ‘opinion leaders’
 - Diffusion through social networks ‘viral marketing’
 - Create new social networks
 - Reverse deleterious effects of peer pressure

Peer nomination

- Did not want only ‘high-achieving’ females
 - Did want influential students
 - Did want a mix (sex, friendship group, behaviour)
 - Identified through three questions:
 - Who do you respect in Year 8 at your school?
 - Who are good leaders in sports or other group activities in Year 8 at your school?
 - Who do you look up to in Year 8 at your school?
 - 17.5% of students with most nominations invited to be peer supporters
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Peer supporter training

- Parental consent obtained
- Peer supporters given two days of training off school premises
- Training delivered by outside trainers
- Peer supporters trained to intervene in everyday situations (e.g. at break-time, after school) to encourage other Year 8 students not to smoke

Training objectives.....

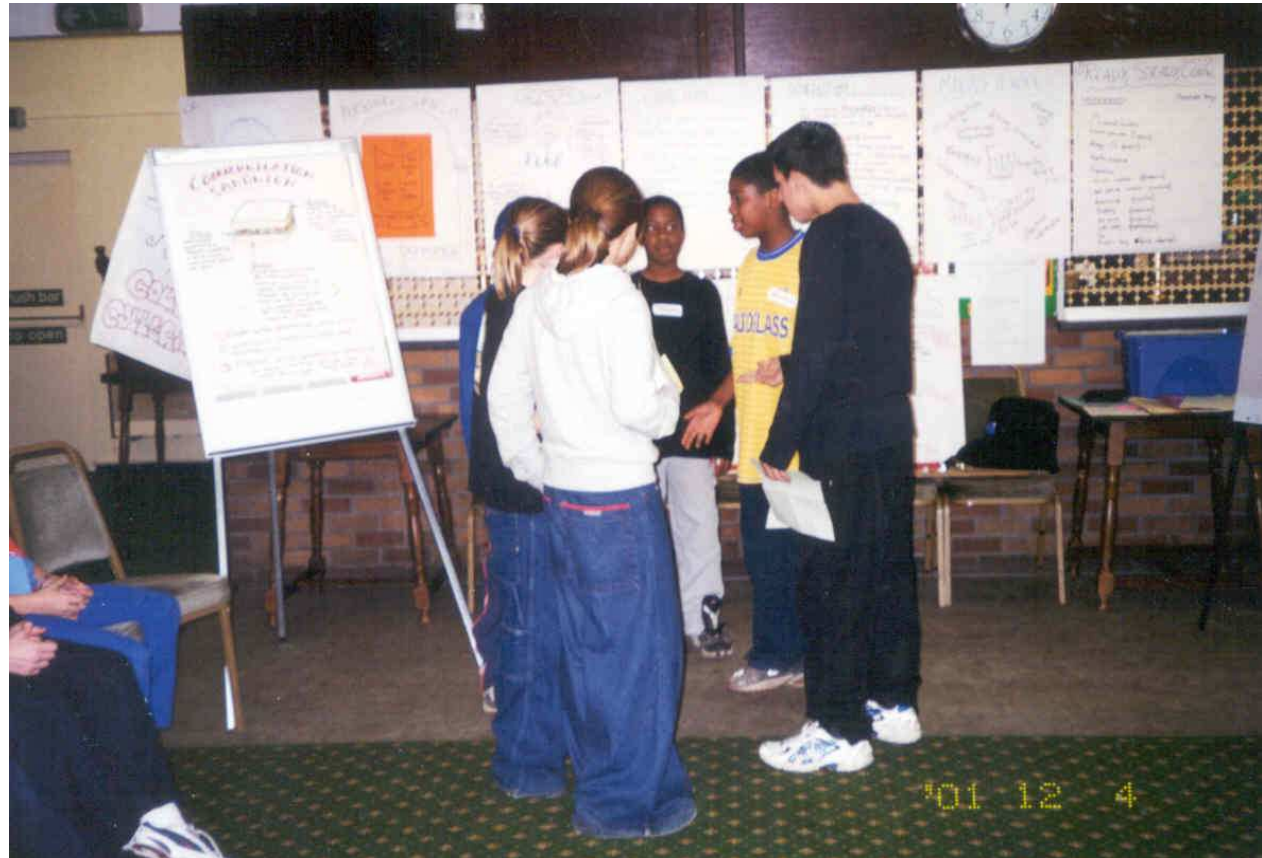
Enhance
knowledge of
harmful effects of
smoking and the
benefits of
remaining 'smoke-
free'



Enhance
communication
skills needed to
promote the
smoke-free
message among
peers



Increase
confidence to
intervene in
everyday
situations to
encourage peers
not to smoke



Have fun



After the training...

- Peer supporters asked to undertake informal conversations about (not) smoking with other Year 8 students
- To keep a record in a simple diary
- Four school-based follow-up sessions over subsequent 10 weeks to encourage and support peer supporters
- Peer supporter role acknowledged with certificate of participation and £10 gift voucher

Results, dissemination, implementation

- Effective (Paper in Lancet)
- Cost Effective (NICE, papers.....)
- NICE Guidance
- DECIPHer-Impact Ltd
 - Licensing model
 - Implemented across Wales
 - 27 areas in England
 - Now in Scotland.....

Other stories.....

- Teeth Tales
 - Victoria, Australia: peer support for oral health in migrant communities
- Health trainers – ‘community peers’
 - Variable models, of who they were and what they did
- Peer support for carers (esp. dementia)
 - Limited evidence base
- Apples and oranges
 - Who is peer supporter?
 - What do they do?
 - What is the mechanism?