

WORKING WITH COMMUNITIES TO REDUCE HEALTH INEQUALITIES: PROTECTING CHILDREN AND YOUNG PEOPLE FROM TOBACCO



Newsletter 3

April 2010

FOREWORD

Dear Reader,

We are pleased to present the third newsletter for *Working with Communities to Reduce Health Inequalities*. This is a two-year project addressing tobacco control issues affecting children and young people and involving local communities and peer groups. The primary objective is to develop effective methods of engaging local communities and peer groups in order to bring about lifestyle changes, to develop tools to reduce high smoking prevalence among young people and to reduce children and young people's exposure to second-hand smoke. In this third phase of the work plan, the project concentrates on six pilot interventions targeting disadvantaged communities and groups. In this newsletter we present reports from partners in France, Latvia and Liverpool, UK, who have implemented pilot projects focussing on peer-to-peer interventions with the aim of raising awareness about tobacco-related issues and reducing smoking prevalence amongst the 11 to 16 year age group. The last newsletter focussed on partners from Italy, Romania and Manchester, UK, who had carried out pilot interventions to engage communities in protecting children from exposure to second-hand smoke; updates of their work are likewise featured here. We believe that both groups have demonstrated an innovative approach to dealing with tobacco issues among young people and that the findings can feed into health professionals' work in order to prevent tobacco exposure.

The *Working with Communities to Reduce Health Inequalities* project runs until September 2010 and will conclude in a conference to be organised in Brussels, Belgium, showcasing the project outcomes and presenting both policy recommendations for public health decision-makers as well as a cross-cultural tool-kit for health professionals working on tobacco control with children and young people. More details of the conference to come in the next newsletter.

PEER-TO-PEER INTERVENTION IN LIVERPOOL

The Project Officer led the pilot intervention in secondary schools supported by a project group. Support came from other staff and organisations working with young people and tobacco, including D-MYST (a youth lobbying group), the Schools Stop Smoking Advisor, Healthy Schools and School Health. Four schools agreed to participate and, after positive

initial meetings, four contact teachers were involved. Teachers confirmed that the intervention would benefit older mentors' self-confidence, presentation skills and team work, as well as broadening younger pupils' knowledge.

Each school was responsible for selecting mentors, although we stipulated that we did not necessarily want high-achievers and non-smokers, as younger peers

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may not be as responsive. 30 mentors were selected for peer-to-peer training with a varying number of mentors from each school. We selected mentors from year 10 pupils (14-15 years) and year 8 pupils (12-13 years) were selected as the target group, as young people frequently start experimenting with cigarettes or are under pressure from their peers around this age.

Training

An information tool was developed to train selected mentors, covering the following areas:

- What is health?
- Why be in good health?
- Why is smoking a threat to our health?
- Why do some people smoke and others don't?
- Why are cigarettes sold?
- Who can help?

The aim of the training was not to preach to younger peers, but rather to direct them to sources of information to make their own choices. The pack contained an information tool for mentors to increase knowledge about health and smoking before relaying messages to younger peers.

Mentors received papers and props to help deliver the training and a supervisor was present for support. However, the emphasis was on their role as mentor and becoming competent to deliver the training. It included a pre-intervention questionnaire, based on the Global Youth Tobacco Survey (GYTS), about smoking habits and attitudes before the intervention and knowledge about health effects.



Mentor using props to convey health message

All year 8 classes spent 110-140 minutes with the mentors. Classes ranged from 15-30 pupils, with two or three mentors and a support officer or teacher. Mentors received presentations and notes to help with the

training, while pupils received exercises to encourage them to think about topics and tobacco props were used to illustrate the effects of smoking; information on local stop smoking support was also available.

The year 8 pupils responded well to teaching by older peers. The exercises were well received and classes participated actively in discussions. As the project has been delivered over two or three lessons, we have seen the learning benefits, e.g. topics were discussed and commented on over several lessons.

Post-intervention questionnaires were submitted for analysis. Focus groups with young people have taken place and positive feedback was received.

Conclusion

Feedback and responses received from pupils confirmed that mentors had successfully explored the topics discussed. Mentors remarked that their confidence had been boosted and that they enjoyed teaching young people.

Peer-to-peer interventions are an excellent way to teach young people. The peer mentors took care not to dictate to their younger peers, by simply providing facts about smoking and allowing them to make their own choices. The project did experience some problems, mainly due to organisation of classes, not related to the training or delivery of the intervention. The project has been very well received and feed-back from schools, peer mentors and young people has been very positive.

*Contributed by Danielle Maloney,
Liverpool Primary Care Trust*

PEER-TO-PEER INTERVENTION IN FRANCE

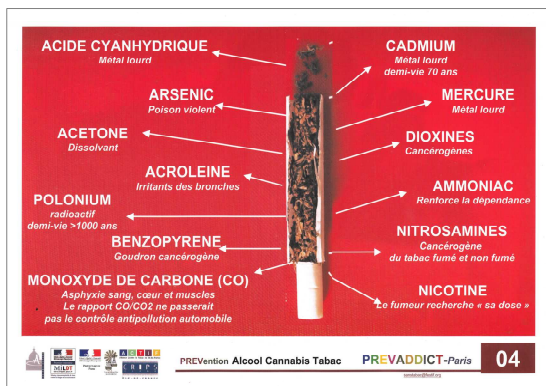
The peer-to-peer intervention was very difficult to conduct in France and continues to be difficult to conclude. School administrations, parents and teachers were very reticent to grant permission and we are still experiencing difficulties to evaluate the whole process.

Since returning to school in September the overall mood in the teaching profession is gloomy for several reasons: social, political and economic. We had to deal with several strikes by teaching staff either prior to or subsequent to the holiday periods (four days in

November, 15 days in December, 7 days in February, 15 days in April), with the result that we did not have many opportunities to organise our interventions. Another odd factor was that the teaching staff, especially science teachers, blocked the action.

We succeeded in organising interventions in four schools and in each of those schools in four classes involving pupils from 11 to 15 years only due to the personal involvement of our tobaccologists, Monique Osman and Annie Binetruy, and the goodwill of certain individuals, who were keen to be involved in the project.

By contrast, pupils were eager to respond to the questionnaire, which they viewed as a kind of event where they were treated as adults and received serious and accurate technical information about tobacco. They were not expecting this exercise, but via the questions raised they were able to consider how tobacco is used by adults and some pupils considered their own tobacco use. Some pupils were chosen by their teachers to follow a special training, lasting about two hours, which enabled them to provide information subsequently to their peers, who in turn were highly co-operative and managed their task well.



Anatomy of a cigarette fact sheet

The programme encouraged all young people think about their health and how smoking can ruin it. They were then asked to consider a complex issue: Why do people smoke? Why are cigarettes sold if they are dangerous? And finally they learned that there are simple ways to quit and that they should seek out help from competent specialists in order to quit successfully.

What is noteworthy is that some pupils did indeed understand that you had to be motivated in order to quit smoking, that you had to admit that you needed help

and that you cannot overcome a drug like tobacco as easily as you think to begin with.



Lastly, we learned a lot from the children: they helped us more than most adults around them did and they were receptive. This experience is certainly worth developing.

Contributed by Joseph Osman,
Office français de prévention du tabagisme

WORKING WITH PEER GROUPS IN LATVIA

Riga, under the project leadership of the Public Health Association of Latvia, took part in the pilot project *Peer-to-peer interventions to raise awareness about tobacco-related issues and address smoking behaviour amongst young people*. This pilot intervention aimed to:

- increase awareness among children and young people about the dangers of exposure to second-hand smoke;
- change attitudes to smoking and exposure second-hand smoke;
- boost attempts to quit smoking among young smokers.

Pilot project implementation

In collaboration with the Department of Welfare of Riga City Council, five schools were recruited to this project and two other schools participated.

Firstly, the baseline survey was conducted in classrooms with a target group of 500 pupils (11 to 15 years), in mid September 2009. In parallel, 64 peer advocates from the schools followed the peer-to-peer training programme. Training sessions took place three times a month for two hours until mid October 2009.

After adapting the programme to the target group, it was

implemented in grades 5 to 8 and included two 45 minute sessions from late October to December 2009. The training was led by two peer advocates in each class in the presence of one professional (social educator, nurse or prevention expert), who did not intervene in the session. After each training session the peer advocates met with addiction prevention experts to discuss experiences. A follow-up survey was conducted with the same target group in January 2010. The concluding activity for all 64 peer advocates and 7 school representatives took place at the end of February 2010. The aim of this activity was to share experience between peers from different schools and to obtain feedback about the pilot project in general. After the concluding activity each peer advocate was awarded a diploma for their active participation, and each school representative received recognition for their involvement and successful co-operation in the pilot project.

Results

The baseline survey findings show that the family presents the highest risk factor for smoking and second-hand smoke. Some 36.3% of 11-12 year-olds and 76.0% of 14 year-olds have never attempted smoking, while about 38.4% of 11-12 year-olds and 60.0% of 14 year-olds are exposed to smoke at home. Peer influence is a very high risk factor in smoking initiation due to target group exposure to SHS. 36.1% of 14 year-olds have most or all friends who smoke. Although awareness of tobacco harm is quite high in every age group, it declines with age. For example, while 84.0% of 11-12 year-olds consider tobacco to be harmful, 60.4% of 14 year-olds consider it harmful to themselves alone. Awareness of tobacco harm also demonstrates how discussing tobacco and second-hand smoking has an impact. 45.4% of 11-12 year-olds and 50.7% of 14 year-olds had been taught about the dangers of smoking during the past year. However, only 19.5% of 11-12 year-olds and 35.9% of 14 year-olds had discussed reasons for peer smoking in class during the past year. It is worth mentioning that the peer advocates who smoked before participating in the pilot project quit in the course of it and found this project to be a substantial motivating factor in the quitting process.

The main advantages of the pilot were the following:

- The project concept is considered to be effective, as it fulfils its objectives.

- It backs up the peer-to-peer training strategy.
- Tobacco prevention activities are carried out by peer advocates shortly after peer training.
- It forces young people to be active and consider their own and others' lifestyles, especially smoking habits and opinions about smoking.
- It promotes a socially acceptable means of communication among young people.
- It highlights the magnitude of smoking at schools and the need for smoking cessation among young people.

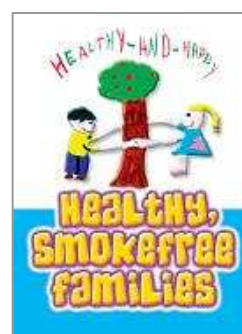
By way of conclusion, the pilot project drew attention to the following needs:

- Tobacco prevention activities are needed in the 10-11 year-old target group.
- A critical approach and a negative association with smoking should be promoted, as there is increased tolerance to smoking as age increases.
- There is a clear need to educate parents and other adults about second-hand smoke.

*Contributed by Elina Rotbaha-Zaremba,
Department of Welfare, Riga City Council*

UPDATE ON SECOND-HAND SMOKE INTERVENTIONS

WYTHENSHAWE HEALTHY SMOKE-FREE FAMILIES MANCHESTER, UK



The project evolved to centre on a visual 'chemical soup' display. Parents were encouraged to consider whether they would make soup out of the chemicals in cigarettes and leave it cooking while children played nearby. They were asked to make their homes and vehicles smoke-free. People signing up to the smoke-free homes scheme received a certificate and a goody

bag. About a third of adults did sign up as smoke-free.

1151 people signed up suggesting that there were about 3450 interventions.

- 558 smoking households signed up as smoke-free after the intervention, suggesting that it was carried out with about 1650 smoking families.
- 413 smoking families changed their behaviour by making their homes smoke-free.
- These homes comprise 1452 children. It may be supposed that the intervention took place with households with 4356 children, although this is probably an overestimate, as more people with children chose to sign up as smoke-free.
- 94 of the non-smoking households signed up had previously permitted smoking.

In future we look forward to hosting:

- a *Celebrate Wythenshawe's European Achievement* lunch in May 2010;
- an event to share lessons from the European project with the whole city in Manchester Town Hall in November 2010.

We are delighted that NHS Manchester and Barnardo's have agreed

- to extend the participation worker post for a further 18 months and
- to test air quality in a sample of homes later this year to obtain evidence whether the project has been successful in changing longer-term behaviour.

We look forward to sharing lessons from all the pilots with our European colleagues and policy-makers in Brussels in September 2010.

*Contributed by Alison Reid, NHS Manchester,
and Chris Bell, Barnardo's*

INTERVENTION IN VENETO REGION, ITALY

The pilot project started again in school year 2009-2010. This project is a three-year course, so teachers already involved in the project were trained for new activities in October 2009. Activities with children began in February 2010 involving parents from the outset. We continue to promote the *Five-Star Schools Competition* and to celebrate World No Tobacco Day by staging activities.

Some outcomes of the previous year include:

Smoke-Free Homes Competition: Of about 900 families with children attending primary schools, some 284 respondents signed up to keeping their homes smoke-free. Of these respondents, 24.4% said they were smokers, 61.5% non-smokers and 12.7% ex-smokers. 32.2% of families had smoking members. All families received a *Smoke-Free Homes* certificate signed by the local health authority and a key-ring.

Five-Star Schools competition: 12 schools participated in the competition and were audited for compliance with no-smoking rules; 9 schools were awarded the *Five-Star Schools* certificate, and 3 schools obtained four stars. All schools decided to continue the competition this year to improve or maintain their achievement.

At the end of this school year, another important outcome will be to evaluate children's life skills. When the project began three years ago, the children received a life skills questionnaire to measure development and improvement of specific life skills relating to certain educational activities. The questionnaire will be repeated in May 2010 with first outcomes expected for early summer 2010.

*Contributed by Alessandro Mantovani & Andrea Finessi,
Adria Local Authority, Veneto Region*

SMOKE-FREE HOMES INTERVENTION IN MÂNĂȘTIREA, ROMANIA

The Romanian Network for Smoking Prevention continued to implement health-promoting activities in the community. The community group was involved in implementing health education sessions with community members in order to promote the benefits of smoke-free homes.

In particular for children between 7 and 16 years, a smoking prevention campaign was developed by a multidisciplinary team (comprising public health experts, health promotion specialists, teachers and GPs). This campaign was included as a school programme with the support of local school authorities. The school programme included an information session for teachers, an educational session for all children from Mânăștirea school, a painting competition and an award ceremony for competition winners.



Award ceremony in Mănăstirea

At the education session, the family doctor together with the co-ordinator of the community group discussed tobacco-related issues with the pupils, offered advice about the short- and long-term physiological and social consequences of using tobacco, social influences and peer norms regarding tobacco use taking into account the children's age.

The painting competition explored the following themes: children's health and smoke-free facilities. Students

were asked to paint or draw scenes about the right to breathe clean air without tobacco smoke. The competition produced twelve winners whose drawings were incorporated in a health promotion calendar for 2010. The award event, which was staged with children and their parents during the Christmas period, promoted public awareness of the health risks of second-hand smoke in order to reduce children's exposure to it. Promotional materials aiming to reduce social acceptability of smoking in homes and to promote a tobacco-free life-style among children and their families were distributed.

We await the evaluation results, but we can already draw partial conclusions based on the monitoring process: tobacco prevention activities must be comprehensive incorporating both community intervention and school-based education.

*Contributed by Eugenia Bratu,
Romtens Foundation*

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