National Institute for Health and Clinical Excellence

Centre for Public Health Excellence

Review proposal: February 2013

Consideration of an update of the public health guidance on 'School based interventions to prevent smoking' (PH23)

1 Background information

Guidance issue date: February 2010

3 year review: February 2013

2 Process for updating guidance

Public health guidance is reviewed 3 years after publication to determine whether all or part of it should be updated.

The process for updating NICE public health guidance is as follows:

- NICE convenes an expert group to consider whether any new evidence or significant changes in policy and practice would be likely to lead to substantively different recommendations. The expert group consists of selected members (including co-optees) of the original committee that developed the guidance, key experts in the area, and representatives of relevant government departments.
- NICE consults with stakeholders on its proposal for updating the guidance (this review consultation document).
- NICE may amend its proposal, in light of feedback from stakeholder consultation.

- NICE determines where any guidance update fits within its work programme, alongside other priorities.

The assessment of the evidence produced by the expert panel for this guidance will also help to inform an Evidence Update.

Evidence Updates are produced by NICE and currently published via NHS Evidence, a service that enables access to authoritative clinical and non-clinical evidence and best practice through a web based portal, and managed by NICE. Evidence Updates highlight new evidence relating to published accredited guidance, where that evidence supports current guidance, or where new evidence is identified that may be of interest to practitioners . They are based on the scope of the particular guidance they relate to, and provide a commentary on a selection of new articles published since the guidance was issued. They do not replace full guidance.

More information on the process and methods used to produce evidence updates can be found here[1]. The Evidence Update on school based smoking prevention will be published alongside the review decision for this guidance.

3 Consideration of the evidence and practice

The expert group discussed published and ongoing research of relevance to the current recommendations, informed by literature searches (see below). They also discussed changes to policy, legislation and organisations that might affect the recommendations.

Literature searches, selection and appraisal

Literature searches were conducted for papers published between November 2008 and October 2012. The original search strategies for the effectiveness and qualitative evidence review were re-run.

[1] http://www.evidence.nhs.uk/nhs-evidence-content/evidence-updates

4079 records were returned by the searches once duplicates had been removed. These records were then sifted by the NICE team against original inclusion criteria, resulting in a shortlist of 128 papers.

The chair of the expert group (see appendix 2) prioritised papers from this shortlist which resulted in a final set of 33 papers for consideration and discussion by the expert group. The criteria for prioritising papers can be viewed in Appendix 3. These papers were critically appraised by the NICE team (following CPHE methods[2] for appraisal of qualitative and quantitative studies), All references identified through the searches can be viewed in Appendix 1.

The original inclusion criteria, methods and considerations used in developing PH23 can be accessed through the full guidance document[3]

The final set of papers was discussed by the expert group at their meeting on the 10th January 2013, and their feedback – summarised below - has informed the proposed review decision. and are summarised below.
Of the 33 papers, 9 were identified by the panel at the meeting as containing new evidence particularly relevant to the guidance review decision (summarised below), and their findings and implications for the guidance were discussed in detail. In addition to these papers, a further 10 reported studies were identified to include in the Evidence Update. 14 papers were rejected as being unsuitable for either because they were either out of scope or of poor methodological quality.

Further details on all of the included papers will be provided in the forthcoming evidence update, due for publication in April 2013.

[2] http://www.nice.org.uk/aboutnice/howwework/developingnicepublichealthguidance/publichealthguidanceprocessandmethodguides/public_health_guidance_process_and_method_guides.jsp

[3] http://publications.nice.org.uk/school-based-interventions-to-prevent-smoking-ph23/introduction

The expert group was asked to and discuss the included papers in relation to the current recommendations and guidance, and advise NICE on the need to update the guidance in light of the following questions:

- *Is there significant new evidence that would change the existing recommendations?*
- *Is there significant new evidence that could inform new recommendations?*
- *Are the recommendation still relevant and useful?*
- *Could the recommendation be amended to improve implementation?*
- *Will changes in policy or practice affect the recommendations?*

The chair of the expert group summarised discussion at the end of the meeting and concluded the advice from the panel.

Please note that the new pieces of public health guidance in development referred to below are listed in section 5, along with other related published NICE guidance.

Advice from the expert panel: Policy context

The expert group noted that the guidance as a whole will potentially need updating to reflect changing responsibilities and structures for public health and healthcare commissioning and delivery, and also significant changes to the education system, the management of schools and to the curriculum.

Recommendations

Recommendation 1: Organisation-wide or 'whole school' approaches

The panel identified an updated Cochrane review on school smoking interventions, reported by Carson et al (2011) as relevant to this recommendation. An earlier version of the review had been considered by the original guidance. Favourable to whole-school approaches, the panel noted that the findings of this review do not change the conclusions of the previous

Cochrane review on this topic, but strengthened the evidence based as it contained more studies and further evidence.

The expert panel agreed that Carson et al (2011) and other papers discussed provided broad support for the current recommendation. There was no other evidence identified which was relevant to this recommendation, so the expert group suggested that there was no reason to update it.

Recommendation 2: Adult-led interventions

The updated Cochrane review on school smoking interventions (Carson et al 2011) included some adult-led interventions with community links. The review noted that "*multi-component interventions incorporating both school and community components"* appeared to be ineffective (compared to usual education), however the panel noted that there were issues with assessment and comparators in this area and that the evidence was not clear.

A second paper, Conner & Higgins (2010), focused on "implementation intention manipulation" – assisting young people to plan how, where, and when to refuse the offer of a cigarette. The panel noted that whilst the study had a high loss to follow-up rate, it looked promising and had such approaches (subject to further evaluation) had the potential to enhance the guidance and current practice.

Two papers published since PH23 dealing with the Smokefree Class Competition (SFC) were discussed in detail by the panel. The SFC has been widely implemented throughout Europe and has been promoted by the European Union. In it, classes with young people generally between the ages of 11 to 14 years commit to being smoke free for a six month period. They self-report regularly on their smoking status; if 90% or more of the class reports itself as non-smoking at the end of the six months, the class goes into a competition to win prizes. Those in the classes with lower smoking rates at the end of the project (usually the end of one school year) receive awards.

The chair noted that this intervention has been controversial for several reasons: there have been questions about its effectiveness at preventing young people from taking up smoking, especially in the medium to long term. There have been concerns about its impact on inequalities as the class has to volunteer to participate in the intervention and to be at least 90% non-smokers throughout; young people from routine and manual households are much more likely themselves to be smokers at an early age. Doubts have also been expressed about negative unintended consequences of the intervention, such as bullying or isolation of students who do smoke, or who start smoking during the period of the competition.

The main issues around SFC have been methodological. The intervention was considered during the development of PH23 but not recommended. The panel discussed two papers published since PH23 –one Cochrane review and an RCT, providing further evidence on the interventions effectiveness. Findings from an additional meta-analysis (Isensee & Hanewinkle) were not considered, as the panel felt it was of poor methodological quality.

An RCT study reported by Isensee et al (2012) conducted in a rural area of Germany over a 19 month period attempted to address the problems of pupils from different economic backgrounds. Although it found no effect for those who described themselves as current or non-smokers at baseline, it did note an effect of intervention among experimental smokers at 12 months – fewer in the intervention groups progressed to more established smoking - and asserted that this was a favourable outcome of the intervention. However, the panel felt that methodological issues including self-reported outcome measures made this study difficult to interpret. Secondly, Johnston et al (2012) report a Cochrane review that looked more broadly at incentives for preventing smoking in young people, but focused mostly at SFC studies. It concluded there was no high quality evidence that incentives prevent young people from starting to smoke, although it noted that there were currently few studies and they were of variable quality.

Two further studies (Gabrhelik et al 2012a; Gabrhelik et al 2012b) looked at the "Unplugged" intervention, an intervention used in schools in various parts of Europe. This is an intervention which can be used in both an adult-led, and a peer-led format, and which in these studies was run by adults (see below for details on a peer-led version of this intervention). The panel noted that the authors report a positive effect at 15 months for Unplugged when delivered to a population in the Czech Republic, and further analysis by the same team (Gabrhelik et al 2012b), suggested the programme was useful for specific groups of students (including "at risk" girls) who were at high risk of initiating smoking. They suggested that additional efforts are needed to prevent smoking among adolescent females, perhaps through the use of gender specific messages. A range of methodological limitations were discussed by the panel.

In discussion, the panel expressed concerns that changes to funding and governance arrangements for schools in England might make relatively inexpensive interventions such as SFC attractive to commissioners, despite the limited / no evidence of effectiveness.

The expert panel identified three papers (Isensee & Hanewinkle 2012, Isensee 2012 and Johnston et al 2012) that raise further issues with an intervention considered – but not recommended – during the development of PH23. In light of changes to funding and governance arrangements for schools, and the requirement for schools and local authorities to demonstrate achievement in this area, the panel felt that this recommendation (and evidence around the SFC intervention) could usefully be reviewed and updated. Other papers provided support for existing recommendations, and some evidence about the advantages of targeting specific, at risk groups, but the panel agreed this evidence was not sufficient to warrant further update.

Recommendation 3: Peer-led interventions

The panel identified two papers offering further detail on the peer-led ASSIST intervention, recommended in the current version of PH23. Firstly, Mercken et al (2012) conducted a secondary analysis on the results of an RCT on ASSIST, concluding that ASSIST was particularly effective with female students, and those from poorer areas. The authors also suggested that their findings provided support use of a social networking approach. Secondly, Hollingworth et al (2012) used data from the same RCT study on ASSIST to inform a simple cost-effectiveness analysis of the intervention. The panel felt that the first study provided support for the current recommendation, and some additional information around inequalities suggesting that the intervention did not exacerbate them and perhaps had the potential to help mitigate their effects. The second study was also seen as useful in regard to this recommendation because it gave additional information on the cost of ASSIST.

The panel also discussed Faggiano et al (2012), and study of the use of the "Unplugged" intervention (described above) in Austria, Belgium, Germany, Greece, Italy, Spain, and Sweden). In this paper, the intervention as peer-led. Faggiano et al found that the intervention had some short term success in reducing smoking rates, but had no significant effect at 18 months. Although of relevance, the evidence discussed in relation to this recommendation was not felt by the panel to be sufficient to warrant an update.

The expert panel agreed although the identified papers provided support for the current recommendation and some limited evidence about the need to tailor aspects of intervention for specific population sub-groups, the evidence did not warrant further update of this recommendation.

Recommendation 4: Training and development

The study reported by Hollingworth et al (2012) described above provided some additional information relevant to this recommendation, insofar as it

reported on a sensitivity analysis suggesting that privately contracted trainers were the most expensive way of delivering the intervention, and that costs could also go down over time as the intervention is delegated from senior to more junior teachers.

Some limited evidence relevant to this recommendation was identified, however the panel did not feel it was sufficient to warrant an update to the recommendation at this time.

Recommendation 5: Co-ordinated approach

The updated Cochrane review on school smoking interventions (Carson et al 2011) included some interventions that could be considered 'co-ordinated' with activities across community and other areas. As described above, the review examined the efficacy of multi-component interventions incorporating both school and community components, however the panel noted that there were issues with assessment and comparators in this area and that the evidence was not clear.

The three papers relating to the 'Unplugged' intervention (Faggiano et al 2012; Gabrhelik et al 2012a; Gabrhelik et al 2012b) also provided some evidence for co-ordinated approaches that tie in with activity around alcohol and other substances. The panel felt that although the support here was limited, it could be useful to examine additional evidence on this at a later update, or to consider combined approaches for tobacco, alcohol and other substances in separate guidance.

Some limited evidence relevant to this recommendation was identified, however the panel did not feel it was sufficient to warrant an update to the recommendation at this time.

Cost effectiveness analysis

One study was discussed by the panel that provided additional cost effectiveness information relevant to PH23. Hollingworth et al (2012) used

data from an RCT study on ASSIST to inform a simple cost-effectiveness analysis of the intervention, providing additional data on cost. The paper also suggests that delegating the delivery of ASSIST to appropriately trained teaching staff would be a more cost effective approach than using specialised trainers.

The expert group did not feel there was any evidence to indicate the need to update the cost effectiveness analysis at this time.

Research recommendations

The panel felt that one of the two papers on the ASSIST intervention - Mercken et al (2012) - provided some limited evidence in areas identified in research recommendations 1 and 6 in PH23 as being in need of further research: The impact of factors such as gender and socioeconomic group on the effectiveness of interventions to prevent smoking in school aged children. This study provided some support for the effectiveness of ASSIST with girls from families in lower socioeconomic groups.

However, despite this additional evidence the panel was content that all the research recommendations in PH23 remained current.

4 Implementation and post publication feedback

The NHS Information Centre for Health and Social Care published national statistics on smoking, drinking and drug use among young people in 2011 in July 2012. It shows a sustained decline in the proportion of school pupils who have tried smoking, with 25% of pupils surveyed reporting having tried smoking at least once. This figure is lower than at any time since the survey began in 1982, when more than half of pupils (53%) had tried smoking.
In 2011, 5% of pupils smoked regularly (at least once a week). The prevalence of regular smoking among 11 to 15 year olds has halved since its peak in the mid 1990s – 13% in1996. Once other factors are controlled for,

girls were more likely than boys to be regular smokers, and Black pupils were less likely than those from other ethnic groups to smoke regularly. Regular smoking was also associated with drinking alcohol, drug use, truancy and exclusion from school.

The full report is available here: https://catalogue.ic.nhs.uk/publications/public-health/surveys/smok-drin-drug-youn-peop-eng-2011/smok-drin-drug-youn-peop-eng-2011-rep2.pdf

Feedback from the NICE implementation team highlights concerns in the field about the potential impact of changing funding and management landscape for schools on work to prevent smoking,

5 Related NICE guidance

The following NICE guidance is related to PH23:

Related NICE guidance in development:

- Tobacco - harm-reduction approaches to smoking NICE public health guidance. Publication expected May 2013
- Smoking cessation in secondary care – acute, maternity and mental health services NICE public health guidance. Publication expected November 2013

Related published NICE guidance:

- Social and emotional wellbeing - early years NICE public health guidance 40 (2012)
- Tobacco NICE Local government public health briefings 1 (2012)
- Smokeless tobacco cessation - South Asian communities NICE public health guidance 39 (2012)
- Quitting smoking in pregnancy and following childbirth NICE public health guidance 26 (2010)
- Social and emotional wellbeing in secondary education NICE public health guidance 20 (2009)
- Preventing the uptake of smoking by children and young people NICE public health guidance 14 (2008)

- Social and emotional wellbeing in primary education NICE public health guidance 12 (2008)
- Smoking cessation services NICE public health guidance 10 (2008)
- School-based interventions on alcohol NICE public health guidance 7 (2007)
- Workplace interventions to promote smoking cessation NICE public health guidance 5 (2007)
- Interventions to reduce substance misuse among vulnerable young people NICE public health guidance 4 (2007)
- Brief interventions and referral for smoking cessation in primary care and other settings NICE public health guidance 1 (2006)

Related NICE pathways

- Smoking prevention and cessation Last updated September 2012
- Reducing substance misuse among vulnerable children and young people Last updated Dec 2011

6 Equality and diversity considerations

There has been no evidence to indicate that the guidance does not comply with anti-discrimination and equalities legislation.

7 Conclusion

In conclusion, no new evidence has been identified which appears to contradict the existing recommendations. Although there have been some changes to the policy context since the original guidance was published, and some new evidence is available that could add nuance to some of the recommendations, it is highly unlikely that this would invalidate or change the direction of the current recommendations.

However, additional evidence was identified around an intervention considered (but not recommended) in the development of PH23 – the

Smokefree Class Competition - where NICE could partially update the guidance (recommendation 2). The panel felt that on balance, this intervention did not appear to be effective. In the new policy and delivery landscape, there is increased pressure to make best use of resources and deliver appropriate interventions for reduced cost. The additional evidence should enable NICE to reach a clear conclusion about the effectiveness of this intervention, and make an appropriate recommendation.

8 Recommendation

The guidance should be partially updated in light of new evidence.

Centre for Public Health Excellence, February 2012

References not included in Appendix 1

NHS Evidence (2012) Evidence Updates: Interim process and methods statement. NICE http://www.evidence.nhs.uk/nhs-evidence-content/evidence-updates/evidence-updates-interim-process-and-methods-statement-july-2012.pdf

NICE (2012) Methods for the development of NICE public health guidance: Third edition. http://publications.nice.org.uk/methods-for-the-development-of-nice-public-health-guidance-third-edition-pmg4

NHS Information Centre for Health and Social Care (2012) Smoking, drinking and drug use among young people in England in 2011. https://catalogue.ic.nhs.uk/publications/public-health/surveys/smok-drin-drug-youn-peop-eng-2011/smok-drin-drug-youn-peop-eng-2011-rep2.pdf

Appendix 1: Studies / papers included for discussion by the panel.

Adams ML, Jason LA, Pokorny S, Hunt Y. (2009) “The Relationship Between School Policies and Youth Tobacco Use”, *Journal of School Health* 79(1): 17–43

Connell AM. (2009) “Employing Complier Average Causal Effect Analytic Methods to Examine Effects of Randomized Encouragement Trials”, *American Journal of Drug and Alcohol Abuse* 35(4): 253–259.

Carson KV, Brinn MP, Labiszewski NA, Esterman AJ, Chang AB, Smith BJ. (2011) "Community interventions for preventing smoking in young people", *Cochrane database of systematic reviews* 6;(7):CD001291.

Conner M, Higgins AR. (2010) “Long-term effects of implementation intentions on prevention of smoking uptake among adolescents: a cluster randomized controlled trial”, *Health Psychology* 29(5): 529-38.

Crone MR, Spruijt R, Dijkstra NS, Willemsen MC, Paulussen TG. (2011) “Does a smoking prevention program in elementary schools prepare children for secondary school?” *Preventive Medicine* 52(1): 53-9.

Faggiano F, Vigna-Taglianti F, Burkhart G, Bohrn K, Cuomo L, Gregori D, Panella M, Scatigna M, Siliquini R, Varona L, van der Kreeft P, Vassara M, Wiborg G, Galanti MR; EU-Dap Study Group. (2010) “The effectiveness of a school-based substance abuse prevention program: 18-month follow-up of the EU-Dap cluster randomized controlled trial”, *Drug and Alcohol Dependence* 108(1-2): 56-64.

Flay BR (2009). “School-based smoking prevention programs with the promise of long-term effects”, *Tobacco Induced Diseases* 5(1): 6.

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Gabrhelik R, Duncan A, Miovsky M, Furr-Holden CD, Stastna L, Jurystova L. (2012) "'Unplugged': a school-based randomized control trial to prevent and reduce adolescent substance use in the Czech Republic”, *Drug and Alcohol Dependence* 124(1-2): 79-87.

Gabrhelik R, Duncan A, Lee MH, Stastna L, Furr-Holden CD, Miovsky M. (2012) “Sex specific trajectories in cigarette smoking behaviors among students participating in the unplugged school-based randomized control trial for substance use prevention”, *Addictive Behaviors* 37(10): 1145-50.

Hawkins JD, Oesterle S, Brown EC, Monahan KC, Abbott RD, Arthur MW, Catalano RF. (2012) “Sustained decreases in risk exposure and youth problem behaviors after installation of the Communities That Care prevention system in a randomized trial”, *Archives of Paediatrics & Adolescent Medicine* 166(2): 141-8.

Holliday J, Audrey S, Moore L, Parry-Langdon N, Campbell R. (2009). “High fidelity? How should we consider variations in the delivery of school-based health promotion interventions?”, *Health Education Journal* 68 (1) , pp. 44-62.

Hollingworth W, Cohen D, Hawkins J, Hughes RA, Moore LA, Holliday JC, Audrey S, Starkey F, Campbell R. (2012) “Reducing smoking in adolescents: cost-effectiveness results from the cluster randomized ASSIST (A Stop Smoking In Schools Trial)”, *Nicotine & Tobacco Research* 14 (2): 161-168.

Isensee B, Hanewinkle R. (2012) “Meta-analysis on effects of Smoke Free Class competition on smoking prevention in adolescents”, *European Addiction Research* 18: 110-115.

Isensee B, Morgenstern M, Stoolmiller M, Maruska K, Sargent JD, Hanewinkel R. (2012) “Effects of smokefree class competition 1 year after the end of intervention: a cluster randomised control trial”, *Journal of Epidemiology & Community Health* 66: 334-341.

Jackson CA, Henderson M, Frank JW, Haw SJ. (2012) “An overview of prevention of multiple risk behaviour in adolescence and young adulthood”, *Journal of Public Health* 34 (suppl 1): i31-i40.

Jackson C, Geddes R, Haw S, Frank J. (2012) “Interventions to prevent substance use and risky sexual behaviour in young people: a systematic review”, *Addiction* 107(4): 733-47.

Johnston V, Liberato S, Thomas D. (2012) "Incentives for preventing smoking in children and adolescents," *Cochrane database of systematic reviews* 17;10:CD008645.

Lipperman-Kreda S, Grube JW. (2009) “Students' perception of community disapproval, perceived enforcement of school antismoking policies, personal beliefs, and their cigarette smoking behaviors: results from a structural equation modeling analysis”, *Nicotine & Tobacco Research* 11(5): 531-9.

Lovato CY, Pullman AW, Halpin P, Zeisser C, Nykiforuk CI, Best F, Diener A, Manske S. (2010) “The influence of school policies on smoking prevalence among students in grades 5-9, Canada, 2004-2005”, *Preventing Chronic Disease* 7(6): 524–542.

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Norman CD, Maley O, Li X, Skinner HA. (2008) “Using the internet to assist smoking prevention and cessation in schools: a randomized, controlled trial”, *Health Psychology* 27(6): 799-810.

Pabayo R, O'Loughlin J, Barnett TA, Cohen JE, Gauvin L. (2009) “Does intolerance of smoking at school or in restaurants or corner stores decrease cigarette use initiation in adolescents?”, *Nicotine & Tobacco Research* 14(10): 1154-1160

Sabiston CM, Lovato CY, Ahmed R, Pullman AW, Hadd V, Campbell HS, Nykiforuk C, Brown KS. (2009) “School smoking policy characteristics and individual perceptions of the school tobacco context: are they linked to students' smoking status?”, *Journal of Youth and Adolescence* 38(10): 1374-87.

Sloboda Z, Stephens RC, Stephens PC, Grey SF, Teasdale B, Hawthorne RD, Williams J, Marquette JF. (2009) “The Adolescent Substance Abuse Prevention Study: A randomized field trial of a universal substance abuse prevention program”, *Drug and Alcohol Dependence* 102(1-3): 1-10.

Spoth R, Redmond C, Clair S, Shin C, Greenberg M, Feinberg M. (2011) Preventing substance misuse through community-university partnerships:

Randomized controlled trial outcomes 4 ½ years past baseline", *American Journal of Preventive Medicine* 40(4): 440-7.

Starkey F, Audrey S, Holliday J, Moore L, Campbell R. (2009) "Identifying influential young people to undertake effective peer-led health promotion: the example of A Stop Smoking In Schools Trial (ASSIST)", *Health Education Research* 24 (6): 977-88.

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Appendix 2: Expert panel members and advisors

Chair of the expert panel:

Professor Amanda Amos, University of Edinburgh / co-opted expert to the Public Health Interventions Advisory Committee (PHIAC) for PH23

Expert panel members:

Judith MacMorran, Senior Health Promotion Specialist, Newcastle / co-opted expert to PHIAC for PH23

Professor Ann McNeill, Institute of Psychiatry, Kings College London

Dr Simon Murphy, Senior Research Fellow, DECIPHer, Cardiff University

Lisa Szatkowski, Lecturer in Medical Statistics, Faculty of Medicine & Health Sciences, University of Nottingham

Advisors (policy leads):

Lee McGill, Team Leader, Tobacco Policy, Department of Health

Neil Dube, Young People Division, Department for Education

Appendix 3: Criteria for prioritising articles for consideration by the expert group

Evidence is prioritised by the Chair on the basis of its potential impact on, or support of, current knowledge in at least one of the following categories, or by other criteria identified in the scope:

- Health or social care practice: potential impact on clinical, public health or social care guidance, including increased understanding of the experiences of patients or service users.
- Services: potential impact on service organisation, delivery or commissioning.
- Resources: potential impact on resource use or the need for investment or disinvestment.