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Intervention website: www.evidencetoimpact.com

GUIDEBOOK INTERVENTION INFORMATION SHEET

Assist

Please note that in the 'Intervention Summary' table below 'child age', 'level of need', and 'race and ethnicities information is **as evaluated in studies**. Information in other fields describes the intervention as **offered/supported by the intervention provider**.

Intervention summary				
Description	A school-based universal prevention intervention for children aged between 12 and 13 years. It is delivered by qualified trainers to a selected group of peer supporters across six sessions.			
Evidence rating	3			
Cost rating	1			
Child outcomes	 Preventing substance abuse Reduced smoking. 			
Child age (population characteristic)	12 to 13 years			
Level of need (population characteristic)	Universal			
Race and ethnicities (population characteristic)	Not reported			

Foundations Guidebook – Intervention information sheet

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Intervention summary			
Type (model characteristic)	Group		
Setting (model characteristic)	Secondary school		
Workforce (model characteristic)	Trainer		
UK available?	Yes		
UK tested?	Yes		

Model description

ASSIST (named for its trial: A Stop Smoking in Schools Trial), is a schools-based smoking prevention intervention It is a universal intervention for children between the ages of 12 and 13. It is delivered in secondary schools and aims to improve resilience and reduce the take-up of smoking.

The intervention involves using a questionnaire to identify influential students within schools, and then recruiting them into the intervention and delivering interactive skills and information training. These influential peer supporters then disseminate information positively and effectively to empower their friendship groups not to take up smoking.

Target population

Age of child	12 to 13 years
Target population	All school children aged 12 to 13 years

Please note that the information in this section on target population is as **offered/supported by the intervention provider**.

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Theory of change

Why		Who	How	What		
Science-based assumption	Science-based assumption	Science-based assumption	Intervention	Short-term outcomes	Medium-term outcomes	Long-term outcomes
Smoking in adolescence can cause long-term health problems.	Smoking-related behavioural change in adolescents is propagated by trained peer supporters who promote the benefits of remaining smoke- free and the risks of smoking.	Smoking behaviour in adolescents can be influenced positively or negatively by peers.	The intervention teaches influential peer supporters ways of disseminating information positively and effectively, alongside conflict resolution methods, to empower their friendship groups not to take up smoking.	Peer supporters learn about the risks of smoking and the benefits of being smoke-free, and are trained to disseminate these messages in an ad hoc way by looking for opportunities to include smoking facts in their everyday conversations with their friends.	Peer supporters develop leadership and communication skills and build personal resilience, and are more confident and less likely to take up smoking.	There is a reduction in long- term health problems caused by smoking.

Implementation requirements

Who is eligible?	All school children aged 12 to 13.	
How is it delivered?	ASSIST is delivered in six sessions of varying length of one 20-minute session, three 60-minute sessions, and two full school day sessions. It is delivered to groups of peer supporters by a qualified trainer.	
What happens during the intervention?	The intervention is delivered in four structured phases: Nomination and Recruitment: To start, students are nominated by their peers through a questionnaire filled out by the entire year group. The top 18% of students, with a balanced representation by gender, are then selected to join the intervention as peer supporters. Training: These peer supporters attend a two-day training session held offsite. The training is highly interactive, engaging students in activities to build empathy, non-judgement, and an understanding of the reasons behind smoking, as well as promoting healthier choices. The student-led sessions emphasise skills in influence and persuasion. School-Based Follow-Up Sessions: After training, peer supporters participate in follow-up sessions within the school. Here, they review and reinforce their skills and share progress. Students keep a diary to record their conversations, which they bring to each session for group reflection and traine support.	
	awarded a certificate, recognising them and their achievements. The school is left with a group of well-trained young health ambassadors ready to support their peers.	
Who can deliver it?	The practitioner who delivers this intervention is a lead trainer	
What are the training requirements?	The practitioners have 21 hours of intervention training. Booster training of practitioners is not required.	
How are practitioners supervised?	It is recommended that practitioners are supervised by one host-agency supervisor, in addition to one intervention developer supervisor.	

Implementation requirements (Cont.)

What are the systems for maintaining fidelity?	Intervention fidelity is maintained through the following processes: Training manual Other printed material Other online material Face-to-face training Fidelity monitoring. 				
Is there a licensing requirement?	Yes				
*Contact details	Contact person: Sally Good Organisation: Evidence to Impact Email address: <u>Sally.good@evidencetoimpact.com</u> Website: <u>www.evidencetoimpact.com</u> *Please note that this information may not be up to date. In this case, please visit the listed intervention website for up to date contact details.				

Evidence summary

ASSIST's most rigorous evidence comes from a cluster RCT which was conducted in the UK consistent with Foundations' Level 3 evidence strength threshold.

This study identified a statistically significant reduction in smoking prevalence in the past week at one-year follow-up.

ASSIST can be described as evidence-based: it has evidence from at least one rigorously conducted RCT or QED demonstrating a statistically significant positive impact on at least one child outcome.

Child outcomes				
Outcome	Improvement index	Interpretation	Study	
Reduced prevalence of smoking in the past week	+6	2.64-percentage point reduction in proportion of participants smoking in the last week (self-report) (Long-term: A year later)	1	

Search and review

	Number of studies
Identified in search	12
Studies reviewed	1
Meeting the L2 threshold	0
Meeting the L3 threshold	1
Contributing to the L4 threshold	0
Ineligible	11

Individual study summary: Study 1

Study 1			
Study design	RCT		
Country	UK		
Sample characteristics	This study involved a sample of 10,730 students aged 12 to 13 years from 59 secondary schools across England and Wales. The schools were diverse in terms of size, language spoken (English or Welsh), and free school meal entitlement.		
Race, ethnicities, and nationalities	Not described		
Population risk factors	None reported		
Timing	 Baseline Post-intervention 1-year follow-up 2-year follow-up. 		



Study 1	
Child outcomes	Reduced prevalence of smoking in the past week (child report)
Other outcomes	None reported
Study Rating	3
Citation	Campbell, R., Starkey, F., Holliday, J., Audrey, S., Bloor, M., Parry-Langdon, N., & Moore, L. (2008) An informal school-based peer-led intervention for smoking prevention in adolescence (ASSIST): A cluster randomised trial. <i>The Lancet</i> . 371 (9624), 1595–1602.

Brief summary

Population characteristics

This study involved a total of 10,730 students aged 12 to 13 years from 59 secondary schools across England and Wales. The schools were diverse in terms of size, language spoken (English or Welsh), and free school meal entitlement, reflecting different socioeconomic backgrounds.

Study design

This study used a two-arm pragmatic cluster randomised controlled trial where schools were randomly assigned to either the intervention (ASSIST) or control (usual smoking education) groups. 30 schools and 5,358 eligible students were allocated to the intervention condition, and 29 schools and 5,372 students were allocated to the control condition. All students in the relevant year group of participating schools were eligible to take part unless withdrawn by their parents or carers.

Measurement

Assessments took place at baseline, post-intervention, and one and two years post-intervention. All measures were completed at each timepoint.

Child report measures included a standardised questionnaire about smoking designed for young people (Boreham and Shaw (2000)).

Study retention

95.6% (10,261) of children participated in the baseline assessment, representing 96.8% (5,187) of intervention children and 94.5% (5,074) of control.



92.2% (9,897) of children participated in post-intervention assessment, representing 94.7% (5,076) of intervention children and 89.7% (4,821) of control.

93.6% (10,043) of children participated in the one-year follow-up assessment, representing 94.8% (5,080) of intervention children and 92.4% (4,963) of control.

90.8% (9,747) of children participated in the two-year follow-up assessment, representing 93.0% (4,984) of intervention children and 88.7% (4,763) of control.

Results

Data-analytic strategy

The study used random effects logistic regression models, with multilevel analysis including schools as random effects to estimate the interventions effect on the intended outcomes.

Findings

Youth in the intervention group showed statistically significant reduction in smoking prevalence at one-year post-intervention.

Study 1: Outcomes table

Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point		
Child outcomes							
Smoking prevalence in the past week	Standardised national drug use, smoking and drinking survey	0.75 (OR)	No	9,349	Post-intervention		
Smoking prevalence in the past week	Standardised national drug use, smoking and drinking survey	0.77 (OR)	Yes	9,147	1-year follow-up		
Smoking prevalence in the past week	Standardised national drug use, smoking and drinking survey	0.85 (OR)	No	8,756	2-year follow-up		

Other studies

The following studies were identified for this intervention but did not count towards the intervention's overall evidence rating. An intervention receives the same rating as its most robust study or studies.

Audrey, S., Cordall, K., Moore, L., Cohen, D. & Campbell, R. (2004) The development and implementation of a peer-led intervention to prevent smoking among secondary school students using their established social networks. *Health Education Journal*. 63 (3), 266–284

Audrey, S., Holliday, J. & Campbell, R. (2008) Commitment and compatibility: Teachers' perspectives on the implementation of an effective school-based, peer-led smoking intervention . *Health Education Journal*. 67 (2), 74–90.

Audrey, S., Holliday, J., Parry-Langdon, N. & Campbell, R. (2006) Meeting the challenges of implementing process evaluation within randomized controlled trials: The example of ASSIST (A Stop Smoking in Schools Trial). *Health Education Research*. 21 (3), 366–377.

Holliday, J. C., Rothwell, H. A. & Moore, L. A. (2010) The relative importance of different measures of peer smoking on adolescent smoking behavior: Cross-sectional and longitudinal analyses of a large British cohort. *Journal of Adolescent Health*. 47 (1), 58–66.

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), 44–62.

Hollingworth, W., Cohen, D., Hawkins, J., Hughes, R. A., Moore, L. A., Holliday, J. C., ... & Campbell, R. (2011) 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.

Mercken, L., Moore, L., Crone, M. R., De Vries, H., De Bourdeaudhuij, I., Lien, N., ... & Van Lenthe, F. J. (2012) The effectiveness of school-based smoking prevention interventions among low-and high-SES European teenagers. *Health Education Research*. 27 (3), 459–469.

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), 977–988.

Starkey, F., Moore, L., Campbell, R., Sidaway, M. & Bloor, M. (2005) Rationale, design and conduct of a comprehensive evaluation of a school-based peer-led anti-smoking intervention in the UK: The ASSIST cluster randomised trial [ISRCTN55572965]. *BMC Public Health*. 5 (1), 43.

Starkey, F., Moore, L., Campbell, R., Sidaway, M. & Bloor, M. (2007) Erratum to: Rationale, design and conduct of a comprehensive evaluation of a school-based peer-led anti-smoking intervention in the UK: The ASSIST cluster randomised trial [ISRCTN55572965]. *BMC Public Health*. 7 (1), 301.

Steglich, C., Sinclair, P., Holliday, J. & Moore, L. (2012) Actor-based analysis of peer influence in A Stop Smoking In Schools Trial (ASSIST). *Social Networks*. 34 (3), 359–369.



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Note on provider involvement: This provider has agreed to Foundations' terms of reference (or the Early Intervention Foundation's terms of reference), and the assessment has been conducted and published with the full cooperation of the intervention provider.