

Acting by peer for tobacco prevention in young people

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		<input checked="" type="checkbox"/> Protocol
Registration date 11/12/2015	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan
		<input type="checkbox"/> Results
Last Edited 16/04/2018	Condition category Mental and Behavioural Disorders	<input type="checkbox"/> Individual participant data
		<input type="checkbox"/> Record updated in last year

Plain English summary of protocol

Background and study aims

In France, the issue of young people smoking remains a major challenge for public health, especially between the ages of 13 and 18, where the number of adolescents smoking goes from 5% at 13 years to around 38% at 18 years. There are a number of reasons why young people take up smoking. School failure, socio-economic and socio-cultural background all have a part to play in adolescents taking up smoking and maintaining the habit. Vocational students (students learning a trade rather than academic qualifications) are therefore at particularly high risk of using psychoactive substances (substances that effect the function of the brain), including tobacco. One of the most important factors is the environment, whether it be family, friends or peers. This peer influence can encourage or discourage smoking tobacco. Peer education, an approach whereby a person's peers are supported in encouraging others to adopt behaviours that are beneficial to health, therefore has the potential to change smoking behavior of adolescents. Indeed, it was demonstrated that the theory of planned behaviour (TPB) has been successful in promoting a number of health-benefiting behaviours. The main objective of this study is to measure the 24-month impact of a peer intervention (or programme) based on the theory of planned behavior on young people exposed to tobacco smoking.

Who can participate?

Students attending vocational schools in France.

What does the study involve?

During a period of three months, volunteer students develop a smoking prevention program with the help of practitioners. This program is then put to the test in their own schools. A total of 15 schools are involved. Seven of these are randomly allocated to the intervention group. The remainder are assigned to the control group. The participants are students in year 11 in all schools. The smoking prevention program is then run in those schools in the intervention group. The schools in the control group carry on as usual. All participating students attending a school in either group are asked to take part in the study for two years. They all complete an online questionnaire at the start of the study then at 3 months, 9 months and 15 months into the study. This questionnaire measures how much each student is smoking (tobacco or cannabis), drinking alcohol, tobacco addiction, and the students beliefs, norms and attitudes towards tobacco. Carbon monoxide levels are collected from each student at the end of the study.

What are the possible benefits and risks of participating?

The potential benefit for participants in this experiment is that they become less likely to take up smoking. No side effects are expected.

Where is the study run from?

Epidaure, Prevention Department of the Cancer Institute of Montpellier (France)

When is the study starting and how long is it expected to run for?

September 2013 to December 2016

Who is funding the study?

1. French National Cancer Institute,
2. Integrated Cancer Research Site, Montpellier (France)

Who is the main contact?

Professor Florence Cousson-Gélie
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Contact information

Type(s)

Public

Contact name

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Additional identifiers

Protocol serial number

2013-033

Study information

Scientific Title

A randomized cluster controlled trial of P2P (Peer Two Peer) for evaluating a peer to peer and theory planned behavior-based program preventing tobacco smoking in vocational college

Acronym

P2P

Study objectives

The primary hypothesis is that the intervention will lead to a 10% decrease in the daily smoking prevalence between the intervention group and the control group after a 2-year follow-up.

Ethics approval required

Old ethics approval format

Ethics approval(s)

South-Mediterranean II ethics committee (Comité de Protection des Personnes (CPP) Sud Méditerranée I), 24/07/2013

Primary study design

Interventional

Study design

Cluster randomised controlled trial

Study type(s)

Prevention

Health condition(s) or problem(s) studied

Tobacco addiction

Interventions

This study compares an intervention group to a control group, randomised into clusters (professional schools and classes) and stratified in three departments of the Languedoc-Roussillon region (Hérault, Aude, Gard). It involves the development of a smoking prevention program made by peers, based on the theory of planned behaviour (TPB). Within interventional schools, the community program will be designed by stakeholders of the Student House (Maison des Lycéens) following a predefined framework. Every TPB dimension will be developed as actions for smokers (casual and / or dependent) or non-smokers. A "blank" action matrix will be initially proposed to students and will allow the distribution of the interventions suggested by the young people in corresponding boxes. The content will be tailored to each community-school needs. A technical committee will accompany the students teaching peers to help them achieve their objectives. This committee aims to support creativity in each interventional Student House and bring supplementary elements if needed and according to their wishes. Six guidance sessions, each lasting a maximum of 1 hour, are proposed by the field committee to the Maison des Lycéens (MDL) intervention group peer educators.

The defined content for these sessions are as follows:

Session 1

1. Presentation of the teams, the aims and the protocol for the study
2. Constitution of the group of voluntary peer educators
3. If necessary, recommendations to enable young elected representatives of the MDL to recruit other peer educators amongst the non-elected college students (friends, leaders...)

Session 2, 3, 4

1. Gathering of the intervention propositions thought up by the youths of the MDL
2. Verification of the conformity between the interventions proposed by the youths and the Theory of Planned Behaviour (TPB)

3. Adding actions, if necessary, in order for the interventions to cover all the items of the TPB depending on the smoker status of the targeted peers (cf. table 1)
4. Propositions, if necessary, of “turnkey” examples of actions (cf. workshops 1 to 5)
5. Provisional budget estimate per action
6. Adjustment of the interventions/budget if necessary
7. Validation of the interventions

Session 5, 6

1. Provision of the necessary (material, financial) means
2. Contribution of knowledge and expertise in order to elaborate the tools if necessary
3. Support in the elaboration of the tools
4. Validation of the intervention tools

At the end of the school year, a day of meetings and exchanges between the college students of the MDLs, part of the intervention group, shall be organised. This day will take place at the Epidaure Centre and will gather youths from the MDLs, the local education authority, the Languedoc-Roussillon Regional Council and the ARS (Regional Health) representatives, as well as Public Health professionals (cf. team) and teams from the educational community.

The aims on this day for the youths of the MDL will be to:

1. Meet other young elected representatives of the MDL
2. Exchange on their own practical experiences
3. Learn about other proposed intervention tools
4. Present their own created intervention tools
5. Discuss with health, health education, nicotine related addiction specialists and health psychology professionals
6. Evaluate the knowledge and expertise acquired during the year
7. Programme the interventions for the following year

The actions proposed by the peer educators, with the support of the field committee, will be carried out throughout the next two school years. The pace of the interventions will be tailored to meet the requirements of each college according to the needs and modes of organisation. The length of each action will be adapted to the time realities of each school and will last between 45 minutes and 1.5 hours.

Intervention Type

Behavioural

Primary outcome(s)

Prevalence of daily smoking at 24 months defined by a daily tobacco use of at least 1 cigarette validated by CO levels in exhaled air.

Key secondary outcome(s)

1. Using habits (tobacco, alcohol, cannabis),
2. Tobacco consumption modification characteristics (decrease, quitting)
3. Tobacco addiction and CAST score
4. Elements of TPB: behavioural norms, normative beliefs, control beliefs, attitudes, subjective norms, and perceived control
5. Environmental quality of high schools toward tobacco

Measured at baseline, then 3,9 and 15 months after baseline.

Completion date

31/12/2016

Eligibility**Key inclusion criteria**

1. Students attending vocational schools aged 15-21
2. Girls and boys

Participant type(s)

Healthy volunteer

Healthy volunteers allowed

No

Age group

Mixed

Sex

All

Key exclusion criteria

1. Participants who refuse give informed consent
2. Young people who cannot speak French

Date of first enrolment

01/12/2013

Date of final enrolment

30/06/2015

Locations**Countries of recruitment**

France

Study participating centre

Epidaure, Prevention Department of the Cancer Institute of Montpellier

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Sponsor information

Organisation

French National Cancer Institute (Institut National du Cancer)

Organisation

Integrated Cancer Research Site (SIRIC)

Organisation

French National Cancer Institute

ROR

<https://ror.org/03m8vkq32>

Funder(s)**Funder type**

Government

Funder Name

Institut National Du Cancer

Alternative Name(s)

The French National Cancer Institute, L'Institut national du cancer, INCa

Funding Body Type

Private sector organisation

Funding Body Subtype

Research institutes and centers

Location

France

Funder Name

Integrated Cancer Research Site, Montpellier

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary

Not expected to be made available

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Protocol article	protocol	13/04/2018		Yes	No