A peer education project to prevent the uptake of smoking in Southampton secondary schools: A feasibility study

Abstract

Introduction

In England in 2010, 5% of pupils aged 11 to 15 said they smoked regularly (at least once a week) and 27% had tried smoking at least once. Less than 0.5% of 11 year olds said they smoked regularly, compared to 12% of 15 year olds (Fuller, 2010). In Southampton in 2008, 21% of year 10 girls and 15% of year 10 boys smoked occasionally or regularly. Pupils who smoke regularly are more likely to perform other risk taking behaviours such as drinking alcohol, taking drugs and truanting (Fuller, 2010).

Taioli & Wynder (1991) found a relationship between number of cigarettes smoked and the age at which a person starts smoking, with those starting earlier smoked significantly more cigarettes in adulthood. The authors concluded that this pattern would invariably increase the risk of smoking related diseases, therefore if smoking prevention interventions only achieve delaying the age at which a young person starts to smoke they will have a public health impact, and at their most effect these interventions could prevent young people from starting to smoke at all.

Evidence shows that school-based lessons on smoking are largely ineffective in reducing smoking prevalence (Aveyard, Cheng, Almond, Sherratt, Lancashire, Lawrence, Griffin, & Evans, 1999), compared to interactive peer interventions (Black, Tobler & Sciacca, 1998). In a Cochrane review of 23 high quality randomised control smoking prevention trials, half found short term effects and the longest running trial found no long term effects, however none of these trials included any peer style interventions and were all classroom based (Thomas & Perera, 2008).

Results from the ASSIST trial seem to be the most promising for smoking prevention work, showing that the risk of students who were occasional or experimental smokers progressing to regular smokers was reduced by 18.3% in intervention schools compared to control schools (Audrey, Holliday, Parry-Langdon & Campbell, 2006). The peer education aspect of ASSIST is based on the work of Kelly, Murphy, Sikkema, McAuliffe, Roffman, Solomon, Winnett, Kalichman, & The Community HIV Prevention Research Collaborative (1997) who trained peer educators to disseminated behaviour change messages to their peers through informal conversations.

Peer pressure is often posited as a reason why young people try or continue to smoke, but it is important not to forget the positive aspects of peer pressure to influence young people not to try or continue to smoke (Maxwell, 2002). The current project was based on the ASSIST model which involved training peer nominated year 8’s to go back into school and have informal health promoting conversations to prevent the uptake of smoking (Audrey, Holliday, Parry-Langdon & Campbell, 2006).
So, how does peer influence work? Steglich, Sinclair, Holliday, & Moore (2010) used stochastic actor-based modelling to find evidence of peer influence on adolescents’ smoking, they found this influence is stable over time. Milton, Woods, Dugdill, Porcellato, & Springett (2008) found in a qualitative study that the main source of cigarettes for a first try was from friends. Maxwell (2002) reported that a friend is 1.9 times more likely to exhibit a risk taking behaviour in the future if a friend has exhibited that behaviour in the present.

This prevention project ran concurrently with smoking cessation work that was already being undertaken in the Southampton secondary schools, therefore both schools had active smoking cessation groups for young people, staff and community members. Both schools had assistance from a senior Health Promotion Specialist and Healthy Schools lead in developing their smokefree schools policy.

Below are the NICE Recommendations (2010), which the work in Southampton encompasses:

- Develop a whole-school or organisation-wide smokefree policy in consultation with young people and staff.
- Apply the policy to everyone using the premises (grounds as well as buildings), for any purpose, at any time.
- Ensure the policy supports smoking cessation in addition to prevention, by making information on local NHS Stop Smoking Services (SSS) easily available to staff and students.
- Consider offering evidence-based, peer-led interventions aimed at preventing the uptake of smoking such as the ASSIST (A Stop Smoking in School Trial)
- Ensure schools and other educational establishments deliver evidence-based smoking prevention interventions. These should be linked to their smokefree policy and consistent with regional and national tobacco control strategies.

School 1 was the whole school, whole community plus peer education condition with in-school stop smoking group. School 2 was peer education and in-school stop smoking group. The ASSIST trial found a greater intervention effect in schools that were in the closer-nit communities (Campbell et al., 2008). Young people’s smoking habits are not only influenced by their peers, but also by whom they live with (Fuller, 2010). It was because of this and the results from ASSIST that we decided to take a whole school, whole community approach to the intervention. Following on from the previous evidence base and the ASSIST trials we ensured that this intervention was not teacher-led and didn’t ask the peer-educators to lead formal teaching sessions, but to disseminate information through informal channels of communication.

Method
Participants and Procedure

The methodology was based on Starkey, Holliday, Audrey, Bloor, Parry-Langdon, Hughes, & Moore (2008).

Two secondary schools in Southampton City participated in this study. They were chosen from the 14 other schools due to strong professional contacts within the school, good working relations on past project work and a keenness to tackle issues around smoking in their schools. Both schools agreed to take part in the project on first meeting, which was very encouraging. Year 8 students (12-13 year olds) were used in the ASSIST trial and when visiting schools it was also the opinion of school staff that year 8 was a good year to use, not only for their low smoking prevalence, but because they had a more flexible timetable. Students from year 8 were selected to take part in the study based on a set of peer nomination questions (see appendix 1, please note that question 4 is a control question and should not be included in the analysis) given to the whole of year 8.

The questionnaire was administered by the school staff along with an information sheet (see appendix 2) to accompany the questions. Once the researcher received the nominations the top 17.5% most nominated student males and females were invited to take part in the study (see table 1). It was hoped that 15% of the year group would be trained as peer educators.

Table 1. Participation information for each stage of the selection process

<table>
<thead>
<tr>
<th>School</th>
<th>Nominated</th>
<th>Consent Obtained</th>
<th>Attended Training</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Male</td>
<td>Male</td>
</tr>
<tr>
<td>School 1</td>
<td>12</td>
<td>11</td>
<td>10</td>
</tr>
<tr>
<td>School 2</td>
<td>9</td>
<td>7</td>
<td>6</td>
</tr>
</tbody>
</table>

A meeting was arranged with the nominated peer educators and the researchers to clearly explain what taking part in the project entailed. Once consent was given (see appendix 3) a letter drafted by the school in collaboration with the researcher was sent home to parents for parental consent. At this point the schools were asked to complete a whole school online survey to collect baseline data (see www.southamptonquitters.nhs.uk/schools for questionnaire).
**Intervention**

The training was designed by the main researcher in collaboration with the Healthy Schools Lead. Trainer's backgrounds were primarily smoking cessation and all trainers had experience of working with young people previously.

The nominated year 8s were taken to a venue separate from the school for two days training. The first day focused mainly on smoking knowledge and the second day focused on peer educator skills (see appendix 4). They were accompanied by staff from their school, but the school staff were not present during the delivery of the training. This decision was made as it was felt that the young people would feel they could speak their minds and it also clearly separated the intervention as separate from lessons at school.

At the end of the training the new peer educators were given a diary with which they were asked to write down any conversations they had with their peers about smoking. It was explained that these diaries were to be collected in at the end of the project and a £10 voucher would be given out. The intervention period ran for 10 weeks after the initial training and involved the
researchers visiting the peer educators four times in school. These four follow-up sessions involved further training, problem solving and reminding peer educators to have conversations with their peers and record these in their diaries. At the end of the ten week intervention period the schools were asked to repeat the online questionnaire.

In school 1, the whole school, whole community condition, we encouraged activities around smoking within the school itself and also in the community around the school. During the 10 week trial the SSS attended promotion events in the local supermarket as well as the usual clinics running in the local library and parents evenings at the school. The school, as well as running their normal smoking cessation group, ran assemblies about smoking prevention; the peer educators helped on a stand for No Smoking Day and also had different facts about smoking on their electronic screens.

**Follow-up sessions**

These differed in length according to school lessons and time available. The teaching in these follow-up sessions had to be very flexible as sometimes the rooms were double booked, not booked at all, students hadn’t been told the session were on or students arrived late and had to be ‘rounded-up’ by their peers.

**Venue**

The venue chosen was the same for school 1 and 2 and had two rooms; one used for the group teaching and the other was used as a breakout room and for break-time. The training day was broken up according to the normal breaks the young people would have at school and ran from 09:30-14:30 to fit in with the school day.

**Measures**

The primary outcome measure was smoking prevalence collected pre and post intervention. An attitude and behaviour questionnaire was used which had already been developed and previously implemented by the Hampshire and Isle of Wight Tobacco Alliance. It was successfully used to collect data from 14 Secondary schools. An incentive for schools to complete this survey was that Solent NHS Trust would give each school an individual report, allowing them to have a ‘snapshot’ of the smoking, alcohol and drug attitudes and behaviour in their school. This is data which has not been collected since 2008 in Southampton secondary schools.

Secondary measures were a qualitative evaluation from the peer educators (see appendix 5) and from school staff (see appendix 6) and also diaries recording informal conversations.

**Results**
Unfortunately, due to issues discussed in the next section with data collection (see Table 2), there are no quantitative survey results presented here.

**Table 2. Survey completion**

<table>
<thead>
<tr>
<th>School</th>
<th>Total number of pupils</th>
<th>Pre-intervention surveys completed</th>
<th>10 week post-intervention surveys complete</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>782</td>
<td>157 (20%)</td>
<td>33 (4%)</td>
</tr>
<tr>
<td>2</td>
<td>599</td>
<td>29 (5%)</td>
<td>0</td>
</tr>
</tbody>
</table>

The following figures show the results of the qualitative questionnaire completed by the peer educators.

**Figure 1. ‘What have you learnt from the conversations you have had with people about smoking?’**

- ‘That people find it so hard to stop and it’s so addictive’
- ‘That smoking is worse than I thought’
- ‘Never try a fag’

**Figure 2. ‘How will you use what you have learnt in the last 10 weeks?’**
It's hard to quit
Tell people what we have learnt
Not to smoke
Help people not to smoke
Smoking kills
Help with passive smoking
Ask open questions
Give good advice about smoking
I will be easier to talk to
Help people to stop smoking
Tell people about Quitters

‘I can help people I know stop smoking or prevent them from taking up this habit’

I will carry on talking to people and to remember not to pressure people into stopping smoking’

‘If people talk about giving up or I overhear them I just say I know a good place called Quitters’

**Figure 3. ‘How has taking part in the project helped you?’**

‘It’s gave me even more reasons to never try smoking’
‘It’s helped me understand how listening to people about their problems is a good thing and smoking is worse than you think’

Figure 4. ‘What did you enjoy the most from the last 10 weeks?’

‘When we had to draw the effects to the body because it seemed more effective and persuasive’

Figure 5. ‘What did you enjoy the least from the last 10 weeks?’

Looking at the damage smoking does - upsetting 8
When we had to do lots of work 8
The end of the project 8
Persuasive techniques - already knew these 14
Nothing 14
Making posters 8
Writing and drawing 8
The sessions back in school 8
Fact/Myth 8
Speaking in front of people 8
Day in the life of a tobacco worker - upsetting 8

‘Ending it. Because it was fun and taught me about (smoking)’

The response to the question ‘How likely was it that you would have started to smoke before you took part in this project?’ where 1 is very likely and 5 is not
likely at all, the mean score across both schools was 3.5. The response to the question ‘How likely was it that you would have started to smoke now you have taken part in this project?’ the mean score across both schools was 4.5.

Diaries

The diaries showed that 77% of conversations were with smokers, it was not known what the smoking status was of the other 33%. Four diaries were handed in by school 1 and 3 diaries from school 2. School 1 recorded 17 conversations and school 2 recorded 5 conversations.

**Figure 6. Ages of people peer educators had conversations with**

![Ages of people peer educators had conversations with](image1)

**Figure 7. Proportion of males and female peer educators had conversations with**

![Proportion of males and female peer educators had conversations with](image2)
Figure 8. Topics of diary conversations
Feedback from school staff

The first school said that taking part in the project had raised the profile of smoking prevention in the school.

‘the profile of the anti-smoking message has never been so high...’

The second school said that although it was difficult to measure whether the intervention has raised the profile of smoking prevention within the school (see appendix 6 for questions), they had had an increase in numbers of student coming to their smoking cessation group. Although one school could not answer this question as they would not be in post next year, the other school said they could not see any reason why this project couldn’t be repeated again with the next year 8s as long as the accompanying staff were utilised more.

Both schools said they would like more involvement in the training and in the selection of the peer educators.

‘If the staff are included more we can support the programme more effectively within school’
‘It would be good to have staff involvement in the selection of the peers, perhaps by drawing up a long list from which students could elect or by having the casting vote at the end if results were inconclusive’

‘The students selected were chosen by the students - these are not always the students that are comfortable speaking with or sharing information with staff’

Both schools were asked what would have facilitated improved survey completion. One school said that there wasn’t anything wrong with the system and that greater efficiency on the part of school staff was where it went wrong. The other school said that the survey took too long to complete and many of the questions were repetitive.

When asked how taking part in the project had benefited the peer educators, one school said:

‘I think it helped to create a supportive team ethos amongst those that took part and has increased their confidence amongst older peers’

**Discussion**

The peer education work in Southampton was successful in many ways, one of them being that peer educators rated they would have been more likely to smoke had they not taken part in the project. Although, this was a retrospective measure and in future work should be measured pre and post intervention. For the schools and students taking part it was overall a positive experience and one that we would like to repeat with future year 8s and more schools.

Unfortunately, we are not able to report on the effectiveness of this intervention only on the implementation in Southampton Secondary schools as the researchers experienced problems with the data collection and survey completion within both schools. In reference to the problems faced with collection of data, the researcher recognised that this survey has been carried out in many of the schools in Hampshire in the past with great success.

The results from the peer educator qualitative survey showed that the ‘What’s in a cigarette’ exercise was the most useful and enjoyable part of the training, they will help people to not smoke as a result of the intervention, which gives some indication that prevention was the ‘take home’ message. Although, looking through the diaries showed that 77% of conversations were with smokers. Learning the effects of smoking was how the intervention has helped them the most, which indicates that they have increased their knowledge, but nothing seemed to stand out as a least enjoyed aspect.

No schools exerted an influence over the young people chosen to take part in the intervention. Holliday, Audrey, Moore, Parry-Langdon, Campbell (2009) in interviews with trainers who delivered the ASSIST intervention found that some schools removed nominated young people from participating as they did
not want to be seen to be rewarding bad behaviour. The alternative to this in practice was disruptive student’s effecting intervention delivery. This was felt in School 1, as there was a young person who disrupted the delivery of the second day and the four follow-up sessions. In hindsight, this young person should have been excluded from the rest of the intervention.

The school staff were not present during the delivery of the training. This decision was made as it was felt that the young people would feel they could speak their minds and it also clearly separated the intervention as separate from lessons at school. Although, in hindsight again and with subsequent work in Hampshire it seems that the young people are just as outspoken and teaching staff provide a much needed disciplinary function and are also on hand to talk to their students about aspects of the intervention specific to their school i.e. who to go to in school if you are worried about a friend.

This intervention included a quiz which allows facilitators to find out what the young people think the smoking rates are in Hampshire and then give them the correct information. Young people frequently overestimate smoking prevalence in their school and by informing them that smoking prevalence is low in their year group it is possible that non smoking peer’s attitudes and behaviours will become more influential (Maxwell, 2002).

Training focused on prevention, but young people tended not to grasp this, as was evident in their examples and role plays. Although Audrey, Holliday & Campbell (2006) in their paper on adolescent perspectives of taking part in ASSIST reported that young people once back in school were targeting their conversations to friends who could be persuaded not to take up smoking rather than persuading those already smoking to stop.

Key Learning Points

1. Develop a contract or service level agreement with the school at initial contact detailing what the schools responsibilities and the SSS responsibilities are. It could be that training is delayed if the first phase of data collection is not completed.
2. Arrange training and follow-up session dates before any intervention is delivered.
3. It would be prudent to have at least one member of school staff present during the two days training to field any school-related questions and for disciplinary purposes. In response to feedback from the schools, this would also help the schools to support the project more effectively.
4. Have a discussion with the school once the top 17.5% of peer educators have been chosen. Both schools said they would have liked to be involved in the selection in some way.
5. Maintain a clear emphasis throughout the whole process of prevention rather than cessation and encouraging conversations with peers rather than adults.
6. Ensure at least one link within the school is of a high level to ensure all responsibilities are met.
7. Investigate the possibility of getting permission to text peer educators to prompt conversations during the 10 week intervention period.

Future Direction

Without our own evidence for the efficacy of this project it is hard to suggest a future direction. However, based on the ASSIST evidence and the NICE Guidance (2010) we would like to run the peer education project in every secondary school in Southampton and repeat this every year with each new year 8. We intend to carry on supporting all our schools with their smokefree policies and are currently developing a Smokefree School Award. We also feel it is of the utmost importance that peer interventions must be used in combination with wider tobacco control policy and cessation work.

However, it is unlikely that a single mode of action will be wholly effective in reducing the uptake of smoking in adolescents and other smoking prevention interventions must not be discounted. Wilkinson & Abraham (2004) investigated the antecedents of adolescent smoking and suggested that interventions targeting particular groups of adolescents, for example, target smoking intentions and perceived behavioural control among girls and attitudes towards smoking among those from lower socio-economic groups. Wilkinson & Abraham (2004) also found that self-esteem was a direct predictor of smoking suggesting the continued use of interventions to foster self-esteem in these age groups.

References


Appendix 1

- Please complete the questionnaire without talking to each other.
- Name up to, but no more than, five year 8’s for each question.
- You can use the same names if they suit more than one question.
- Leave a question blank if you cannot think of any names.

Q1. Who do you respect in Year 8 at your school?
Name: ____________________________
Name: ____________________________
Name: ____________________________
Name: ____________________________
Name: ____________________________
Name: ____________________________

Q2. Who are good leaders in sports and other group activities at your school?
Name: ____________________________
Name: ____________________________
Name: ____________________________
Name: ____________________________
Name: ____________________________
Name: ____________________________

Please Turn Over
Q3. Who do you look up to in Year 8 at your school?
Name: _____________________________________
Name: _____________________________________
Name: _____________________________________
Name: _____________________________________
Name: _____________________________________
Name: ________________________________

Q4. Who have you had a conversation with in Year 8 at your school today?
Name: _____________________________________
Name: _____________________________________
Name: _____________________________________
Name: _____________________________________
Name: _____________________________________
Name: ________________________________

Thank You!
Researchers Information Sheet

- You have 10 minutes to finish this
- Please complete the questionnaire without talking to each other
- Name up to, but no more than, five year 8’s for each question
- You can use the same names if they suit more than one question
- Leave a question blank if you cannot think of any names

Researchers Notes

Introduce this as research looking at different groups of students in Year 8. Do not reveal the specific purpose of this task in case students are influenced to nominate non-smokers or students whom they view as suitable peer educators.

If students ask for a definition of terms such as ‘respect’ or ‘good leader’, reflect the question back to them by asking what they understand it to mean. The aim is to avoid biasing student’s interpretations.
Appendix 3

Peer Education Project to Stop Young People Smoking

We are asking if you would like to take part in our research project to see if we can reduce the amount of young people that start smoking.

Before you decide if you want to join in, it's important to understand why the research is being done and what it will involve for you.

You have been chosen, along with 23 others, by young people in Year 8 at your school because they respect you, look up to you and see you as a good leader.

Questions

1. **Do I have to take part?**

   No. It’s up to you. We will ask for your agreement, and then ask you to sign a form. You can keep a copy of this sheet. You are free to stop taking part in this project at any time and you don’t need to tell us why.

2. **What will happen if I take part?**

   - You will attend 2 training days on the 11th and 12th January in school time, but not in school
   - You will learn about the harmful effects of smoking and how to talk to people around you about smoking
   - You will be asked to keep a record of this in a diary
   - You will attend 4 follow-up sessions over 10 weeks after the 2 days training

3. **What are the benefits of taking part?**

   One benefit might be that you stop a friend from starting to smoke or help someone who already smokes to stop.

4. **What if I am a smoker already?**

   If you already smoke and would like to take part we ask that you go along to the stop smoking group that will be running in your school in January and try to stop smoking.

5. **Who do I tell if I decide I don’t want to take part?**

   Tell Mr Wright if you don’t want to take part.

6. **Who is organising the project?**

   The project is being organised by Solent Healthcare, who are part of the NHS. The project is being funded by the Department of Health
7. Who has checked that the project can go ahead?

The project will be checked by the ethics committee at the University of Sussex.

**Peer Education Project to Stop Young People Smoking**

Has someone else explained this project to you?  
Yes/No

Do you understand what this project is about?  
Yes/No

Have you asked all the questions you want?  
Yes/No

Do you understand it’s ok to stop taking part at any time?  
Yes/No

Are you happy to take part?  
Yes/No

If any answers are ‘no’ or you don’t want to take part, don’t sign your name.

If you do want to take part, you can write your name below:

Your name  
_____________________________________________________

Date  
_____________________________________________________

The person who explained this project to you needs to sign too:

Print name  
_____________________________________________________

Sign  
_____________________________________________________

Date  
_____________________________________________________
## Day 1 - Smoking

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Trainer</th>
</tr>
</thead>
<tbody>
<tr>
<td>09:30</td>
<td>Getting to know you – Ice breaker</td>
<td></td>
</tr>
<tr>
<td>09:35</td>
<td>Why are we here &amp; ground rules</td>
<td></td>
</tr>
<tr>
<td>09:40</td>
<td>Ground rules and facilities</td>
<td></td>
</tr>
<tr>
<td>09:45</td>
<td>Ready Steady Cook</td>
<td></td>
</tr>
<tr>
<td>10:15</td>
<td>Why young people smoke</td>
<td></td>
</tr>
<tr>
<td>10:45</td>
<td>Who wants to be a millionaire quiz</td>
<td></td>
</tr>
<tr>
<td>11:15</td>
<td>Break (Other room)</td>
<td></td>
</tr>
<tr>
<td>11:30</td>
<td>Effects of Smoking</td>
<td></td>
</tr>
<tr>
<td>12:00</td>
<td>Leaflet Summaries</td>
<td></td>
</tr>
<tr>
<td>12:30</td>
<td>Lunch (Other room)</td>
<td></td>
</tr>
<tr>
<td>13:00</td>
<td>A day in the life of a child tobacco worker</td>
<td></td>
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<tr>
<td>13:30</td>
<td>Fact or Myth Game</td>
<td></td>
</tr>
<tr>
<td>13:50</td>
<td>Shield of Achievement</td>
<td></td>
</tr>
<tr>
<td>14:10</td>
<td>Recap of day – Questions – What will we be doing tomorrow?</td>
<td></td>
</tr>
</tbody>
</table>
## Day 2 – Peer Educator Skills

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Trainer</th>
</tr>
</thead>
<tbody>
<tr>
<td>09:30</td>
<td>Ice Breaker and Recap of Day One</td>
<td></td>
</tr>
<tr>
<td>09:40</td>
<td>What are we doing today and comfort zone?</td>
<td></td>
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<tr>
<td>09:50</td>
<td>A LED FORCE</td>
<td></td>
</tr>
<tr>
<td>10:10</td>
<td>Open Questions</td>
<td></td>
</tr>
<tr>
<td>10:30</td>
<td>Confidentiality</td>
<td></td>
</tr>
<tr>
<td>10:45</td>
<td>Smoking Adverts</td>
<td></td>
</tr>
<tr>
<td>11:00</td>
<td>Break</td>
<td></td>
</tr>
<tr>
<td>11:15</td>
<td>CO Monitors</td>
<td></td>
</tr>
<tr>
<td>11:30</td>
<td>Problem Solving</td>
<td></td>
</tr>
<tr>
<td>12:00</td>
<td>Design a Smoking Prevention Poster</td>
<td></td>
</tr>
<tr>
<td>12:30</td>
<td>Lunch</td>
<td></td>
</tr>
<tr>
<td>13:00</td>
<td>Human Bingo</td>
<td></td>
</tr>
<tr>
<td>13:20</td>
<td>Role Play</td>
<td></td>
</tr>
<tr>
<td>14:10</td>
<td>Favourite Part of the day &amp; give diaries &amp; questions</td>
<td></td>
</tr>
</tbody>
</table>
Appendix 5

1. Think about the chats you’ve had with people about smoking. What have you learnt from these?

2. How will you use what you have learnt in the last 10 weeks in the future?

3. How has taking part in the project helped you?

4. What did you enjoy the most? Please tell us why?

5. What did you enjoy the least? Please tell us why?

Think about yourself.....

6. Before you started this project, on a scale of 1 to 5 how likely was it that you would have started to smoke in the future?

   Very likely  1  2  3  4  5  Not likely at all

7. Now you have taken part in this project, on a scale of 1 to 5 how likely is it that you will start to smoke in the future?

   Very likely  1  2  3  4  5  Not likely at all

Think about other students in year 8 at your school....

8. Before you started this project, on a scale of 1 to 5 how likely do you think it was that other students in year 8 would have started to smoke in the future?

   Very likely  1  2  3  4  5  Not likely at all

9. Now you have taken part in this project, on a scale of 1 to 5 how likely do you think it is that other students in year 8 will start to smoke in the future?

   Very likely  1  2  3  4  5  Not likely at all
Appendix 6

School Staff Questions

1. Has being part of the Peer Education Project raised the profile of smoking prevention in your school? If yes, how?

2. What has been the impact of taking part in the project on the peer educators?

3. Would your school be able to take part in this project every year to train the new year 8's. If no, why?

4. If we came back next year and trained the next year 8 what improvements or changes could we make to the project?

5. On a scale of 1 to 5 how would you rate the whole experience of taking part in this project?

   Poor 1  2  3  4  5  Excellent

6. What would have facilitated improved survey completion?