Behavioural science & public health: An update from BIT

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Health & behaviour change – a unique challenge?

Public health in a world of

- “negative nudges”
- habitual health behaviours
- unexpected behavioural consequences

A dual approach to public health

A. Policy trials - test, learn & adapt

testing “what works” in the field

B. Evidence-based policy innovation

applying behavioural science to policy design

Policy trial - smoking cessation

In collaboration with Boots, DH & Professor Robert West

Does training pharmacy staff to deliver best practice stop smoking support increase quit rates?

- Intervention: staff trained to deliver behavioural support
- Cluster randomised trial involving 20 stores
- Anticipated to substantially increase quit rates

Evidence-based innovation – tobacco control

Ongoing work with DH & MHRA

Exploring safe alternatives for smokers to avoid poor health outcomes

- Nicotine containing products (NCPs)
- Exploring potential for new regulatory space
- Spring 2013: MHRA framework & NICE guidance

Public Health Responsibility Deal

Wouldn ‘t it be strange if we weren’t to engage

New ways of working. Building on frameworlk of existing regulation etc, new ways of achieivng ends

People helping people –

- the importance of social relationships

"Social integration" is predictive of:

- immune response
- stroke incidence in at risk population
- recurrence of cancer

And in the elderly:

- mortality risk
- cognitive outcomes
- depression
- recovery of mobility after hip fracture

People helping people –

- social support in health contexts

Patients helping patients

- Diabetes Buddy Study
- Find something on recovery from operation

Potential for improved outcomes & greater efficiency

- Contact us if you are interested to know more/get involved

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New ‘austerity’ model of collaboration on trials

- Central government
- Local authorities
- Commissioning bodies
- Private sector providers
- Academia

All asking similar questions in different ways

An opportunity to work together to find out the answers

A: Test, Learn, Adapt

- Evidence may be thin/mixed
- No grand-unified theory

Solution:

1. Rigorously **test** promising new behavioural approaches
2. Use the results to **learn** about what works and doesn't
3. **Adapt** approach for further testing / policy development

Smoking cessation: 2 trials in development

In partnership with Boots (large UK pharmacy chain)

Phase 1:

effectiveness of behavioural support in a pharmacy context

- 25 stores
- stepped wedge design (staggered rollout)
- regular CO testing
- 6 month follow-up

Smoking cessation: 2 trials in development

In partnership with Boots (large UK pharmacy chain)

Phase 2:

If behavioural support proves effective, can we encourage smokers to attend this service by offering small non-financial incentives?

- Details tbc
- 2 incentive conditions: gain frame, loss frame

Smoking cessation: 2 trials in development

In partnership with JobCentre

(unemployed access support services & claim benefits here)

- Early stages of development
- Jobseekers who smoke offered a commitment contract to quit smoking
- International evidence:

Gine, Karlan & Zinman (2008)

Philippines study, 3% increase in quitters at 12 mths

Smoking cessation: 2 trials in development

In partnership with JobCentre, commitment contracts to quit

How this trial might work:

- Smokers sign up voluntarily at JobCentre
- Commit to having a small sum automatically put aside from each benefit payment
- If they aren't smoke free for 6 mths, forfeit sum
- If smoke-free for 6 mths, receive the amount in full plus an equal share of money not collected by those who didn't quit
- Possibility of including non-smokers - saving mechanism

B. Evidence-based policy innovation

Current smoking cessation model:

stop both smoking & nicotine use

- Alternatives to cigarettes (patches, gum, spray, e-cigs) don't mimic dosage or speed of delivery

- Evidence that smokers use nicotine-containing products to moderate their cigarette use

B. Evidence-based policy innovation

Tobacco harm reduction:

reduce consumption of carcinogens

- Light-touch regulation of nicotine-containing products
- Foster innovation & quality, consistency in market
- Giving smokers a choice about how to reduce health harms

Any questions?

You can also email me on:

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