

Using positive deviance techniques to improve smoking cessation outcomes in New South Wales prison settings

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Average smoking prevalence among New South Wales (NSW) prisoners exceeds 72%. Most inmates have no intention to stop smoking in the short term, making management of prison-based smoking cessation (Quit) programs difficult.¹⁻³ The NSW Tobacco Action Plan identifies prisoners as a priority group for smoking cessation initiatives.⁴ The cost to Justice Health of structured smoking cessation programs is substantial – typically \$400 per inmate, including cost of nicotine replacement therapy and weekly peer-support and counselling sessions. It is therefore important to explore less expensive ways to help smoker prisoners quit. Since 2006, the authors introduced positive deviance techniques⁵ to complement structured Quit programs in a NSW prison, highlighting positive exceptions (i.e. non-smokers and quitters) to smoking stereotypes in prison settings, and encouraging mainstream adoption of the success strategies of these ‘positive deviants’. Positive deviance is an ‘assets-based’, four-stage approach that focuses on using the resources already available among communities to promote health (see Table 1).⁶

Over a 15-month review period, smoking prevalence fell by 20 percentage points in this prison, 70% of Quit participants were not smoking three months after the program started (compared with an average 52% success rate for other comparable Justice Health structured Quit programs between 2001-05). Eleven of 14 long-sentence prisoners who participated in the program remained abstinent for at least 12 months, compared with 16 out of 41 patients similarly followed-up at other sites. Furthermore, the documented number of smokers making efforts to quit smoking on their own in this centre by contacting clinic nurses during the review period was significantly higher than in the other sites where similar Quit programs were being undertaken. The recognition accorded positive deviants by Justice Health staff and their ‘no-smoking’ advocacy (e.g. during World No Tobacco Day activities) apparently also served to promote a smoking abstinence norm in this prison.

Sustainable interventions that help prisoners to quit smoking, rather than those that merely prevent them from smoking while incarcerated, are likely to make significant positive contributions to inmates’ health status⁹ and long-term economic rehabilitation. A study showed that each adult year of regular smoking is associated with a decreased net worth of around \$500.¹⁰ The authors’ initiative suggests that, although use of positive deviance outside the field of childhood malnutrition is limited at present, this low-cost technique that focuses on existing and workable practices can be gainfully adapted to complement structured and unstructured Quit programs in prisons.

Table 1: Stages of the positive deviance approach and their relevance to reducing smoking prevalence in New South Wales (NSW) prison settings.

Stages of positive deviance approach	Relevance to smoking cessation in NSW prisons
Define community problem and desired outcome	Smoking prevalence in NSW prisons average 72% (range: 48%-79% in 22 prisons), ⁷ at least three times the community prevalence. Desired outcome is to reduce prisoners’ smoking prevalence by at least 30% over five years through encouraging a smoking abstinence norm by changing the behaviour and practices of prisoners who smoke.
Determine positive deviants in the community	Less than 30% of NSW prisoners are non-smokers. For each prison, non-smokers were determined by surveys, including obtaining a list of prisoners that have not bought tobacco for three consecutive weeks, as well as by observation. Positive deviants also included inmates that quit smoking following participation in smoking cessation programs or on their own following incarceration.
Discover what they are doing differently (positive deviance enquiry)	At a NSW prison setting where this initiative had been implemented for about 18 months, common themes among 23 successful participants on the Quit program included stopping tobacco purchase on set Quit date, regular peer support by non-smokers, positive self talk, honesty to counsellors about smoking history, changing activity patterns during usual smoking times, saving money normally used for tobacco purchases, and monitoring health improvements.
Disseminate findings and actively encourage adoption of intervention approach	World No Tobacco Day posters were designed to include statements by positive deviants describing the behaviours and practices that have kept them non-smokers despite living in an environment dominated by smokers. Positive deviants were also invited to speak directly to other inmates regarding their strategies and practices. Social marketing techniques were also applied to ‘sell’ the positive deviants’ behaviours and practices to non-smokers willing to quit. ⁸

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