4.3 Health promotion in schools

4.3.7 Tobacco use prevention in schools

Background

Cigarette smoking is still the single largest preventable cause of death and disease in Australia. More than 19,000 Australians die each year (50 each day) from diseases caused by smoking, including cardiovascular diseases and cancer.

In Western Australia, multi-strategy smoking prevention across the whole community has been very effective in reducing smoking over the two to three decades. Strategies designed to target young people has been a very important part of the success. The recent Australian Secondary Schools Alcohol and Drug survey showed that the prevalence of smoking among young people in WA was the lowest recorded since the survey began in 1984. Among 12 to 17 year olds, it was found that only 6.1% were current smokers.

Schools are ideally placed to promote healthy living through the formal school curriculum, the school environment and via a variety of policies and practices. School-based smoking prevention is most effective if classroom programs are supported by policies, practices and messages in the wider school community and the community in general. In this way, a health promoting school can positively influence knowledge, attitudes, skills and behaviour of students, enhancing short term and long term health outcomes.

Young people who smoke are most likely to start between the ages of 12 and 16 years. Children and adolescents who smoke can harm their lungs by impairing lung growth and tissue maturation. Of those who have asthma, some may also experience a greater number of asthma related symptoms and less effective asthma control overall. People who start smoking when they are young are more likely to smoke heavily, have higher nicotine dependence, and be at risk of smoking related illnesses later in life such as heart disease, lung cancer and emphysema.

There are many environmental, socio-demographic, behavioural/individual and community factors which can influence adolescents’ smoking acquisition. Children of parents who smoke are more likely to take up smoking, and conversely, children who perceive their parents would disapprove if they smoked are significantly less likely to start.

General principles

Comprehensive strategies (including education, environmental changes and policy development) should be employed for maximum results in smoking prevention, reduction in levels of use and cessation. Community health staff may be able to assist the school in initiating and/or developing these strategies.
School-based programs using social influence training have been the most successful tobacco prevention interventions to date. Social influence training addresses:

- Helping adolescents to recognise high-risk situations where they may feel pressured to smoke;
- Increasing adolescents’ awareness of media, peer and family influences;
- Assisting young people to learn about and practice refusal skills;
- Correcting adolescents’ overestimates of the rate of smoking of adults and adolescents; and,
- Encouraging adolescents’ to make public commitments not to smoke.

When health consequences of smoking are discussed, the emphasis should be on short-term effects which are most relevant to the children and young people (cost, smell, makes asthma worse, performance in sporting activities, looking ‘trashy’, poor skin – aging effect).

Harm reduction strategies should be used to prevent students who are experimenting with tobacco from becoming addicted and supporting students who are currently smokers to quit. Brief interventions and motivational interviewing can be used to assist students in progressing through the stages of behaviour change (pre-contemplation, contemplation, preparation, action & maintenance).

When developing policies, a comprehensive approach should include; forming a policy committee, holding information sessions for the whole school community, identifying measures for tobacco control within the school, and launching, publicising, monitoring and evaluating the policy.

Supply of cigarettes is an important issue to consider. Despite laws against sales to minors, 19% of young people 17 years and under who smoke, buy cigarettes at a delicatessen, convenience store, petrol station or other shop.

**Key Messages**

- Smoking prevention is most effective if a number of strategies work together to reinforce messages throughout the school and local community.
- Help children and adolescents recognise high-risk situations, resist media and peer influences, and have realistic perceptions of smoking rates (this may not be useful among sub-populations that have a particularly high smoking rate).
- Provide specific and simple strategies to adolescents that can help them stop smoking.
- Provide information to parents to assist them in discussing smoking issues with their child.
Role of community health staff

In practice, Community Health nurses should work collaboratively with other Community Health, Public and/or Population Health staff (eg health promotion officers) as part of a School Health Service team. Whilst community health nurses are not solely responsible for health promotion within schools, it is acknowledged that school staff frequently turns to the Community Health nurse for guidance and advice on effective school health promotion approaches.

This guideline has suggested strategies suitable for the school setting to prevent or reduce harm caused by tobacco use. Depending on capacity and existing expertise within the school community, the Community Health nurse’s role in developing or delivering these strategies can vary greatly between being a leader, a catalyst for action or a point of reference for advice to others within the school community.

The strategies in this guideline have been structured around the three major components of the Health Promoting Schools Framework. Below are some suggestions which may assist nurses to identify what their role within each of these components may be.

| Role of community health staff | o Actively seek to be informed about and support curriculum in learning outcome areas |
| School curriculum, teaching and learning | o Advocate where there are gaps in curriculum areas |
| | o Provide resources and information to assist teachers in delivery of teaching and learning |
| | o Identify own and relevant student support service staff professional development needs to assist in evidence based harm minimisation strategies (eg Motivational Interviewing, Brief Intervention counselling) |
| School environment, policies and practices | o Advocate to develop school smoke free policies using an inclusive, consultative approach |
| | o Assist in the development of school policies which have an impact on health |
| | o When seeing students in a primary care context, assess tobacco use as part of a basic assessment and offer cessation support if appropriate |
| Partnerships with the community | o Be aware of existing services and support personnel within the school and wider community |
| | o Promote a coordinated and holistic approach to health related issues |
| | o Advocate for the involvement of parents and other members of the wider community in the prevention and harm minimisation of smoking among young people |
| | o Link individuals and families to appropriate services to assist with |
health concerns
- Engage local public/population health staff to address tobacco sales to minors in the community.

Curriculum, teaching and learning
- Advocate that Health, Physical Education, Science and other learning areas focus on social influences mentioned previously.
- Advocate that teachers include interactive skills training to assist students to resist smoking influences.
- Link teachers to adequate skill development in appropriate curriculum areas to assist students with coping and stress management skills.
- Link teaching, school health service and student support service staff to appropriate professional development. (See ‘Useful Resources’ section for curriculum materials.)
- Advocate that curriculum interventions are short, intensive and run by a trained health educator or teacher who had received appropriate professional development in smoking prevention.

School environment, policies and practices
- Develop school policy, including behaviour management for students who smoke and support for smoking cessation. Schools should avoid suspension for smoking as this is likely to encourage more smoking opportunities for the individual who is suspended.
- School smoke-free policies should be evident in all Western Australia schools. This applies to all staff, students and visitors to the school, both in and out of school hours.
- Promote the policy to all students/families at the beginning of each school year. Include material that describes potential harms of youth smoking, details of the school’s resources that are available to assist in student smoking cessation and outline action taken when a student is found to violate the smoke free policy.
- Ensure that easy access to cessation advice and support is available to current tobacco users within the school (private room for counselling, appropriate identified referral pathways, etc).
- Ensure that there are school health services and/or student support service staff that are appropriately trained to offer individual and/or group smoking cessation counselling based on Brief Intervention or Motivational Interviewing techniques for students who smoke.
- Ensure adequate teacher supervision is provided in ‘high-risk’ areas of school campus.
• Ensure that clear “no smoking” signs are prominently displayed around the school, especially in areas that attract visitors

• Promote smoke-free events such as World No Tobacco Day and National Youth Tobacco-free Day.

Partnerships with the community

• Advocate to address problems associated with local retailers selling tobacco products to young people.

• Provide information to parents to assist them in discussing smoking issues with their child.

• Encourage parents to have total household and car smoking restrictions.

• Provide parents with advice and links to programs that will support them in smoking cessation.

• Involve parents with student/family take-home activities.

• Engage in community action to limit access to cigarettes (advocate for removal of vending machines, or relocation to less accessible locations to youth).

• Use the School newsletter for regular articles or tips that remind students, staff and families that the school is committed to preventing the uptake of smoking and reducing the number of young people who smoke.

• Advocate for businesses popular among young people to promote anti-smoking messages. Offer, free advertising in the school newsletter for these businesses.

Related policies, procedures and guidelines

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Useful resources


A number of Smarter than Smoking resources can be ordered via [http://www.smarterthansmoking.org.au](http://www.smarterthansmoking.org.au) or from the (WA Division) National Heart Foundation (Ph 9388 3343 or email SMART@heartfoundation.com.au):

- **Keep Left** – Youth smoking cessation guide for nurses
- **Smart School Grant application forms** for smoking prevention initiatives up to $2500
- **Teacher Resource Kits** including *Keeping Ahead of the Pack* (includes DVD, for lower secondary schools), **Ideas Kit for Upper Primary Teachers and Critics’ Choice** (includes DVD, for upper primary and lower secondary schools)
- **Clearing the Air**: A brochure to help parents talk with children about smoking
- Smarter than smoking prevention and cessation brochures for young people
- Smarter than Smoking fact sheets and posters
- Newsletter articles for your schools newsletter

School Drug Education and Road Aware Program

**Keeping In Touch** - The Kit: working with alcohol & other drug use, a resource for primary and secondary schools

Fresh Start – Brief Intervention Training or Facilitator Training for health professionals in smoking cessation.

Smarter Than Smoking (South Australia) teacher resource support site


**Policy Owner**
Director Statewide Policy Unit.

**Portfolio**
School aged children
References


