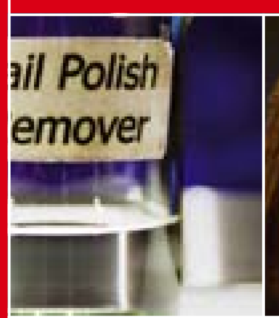
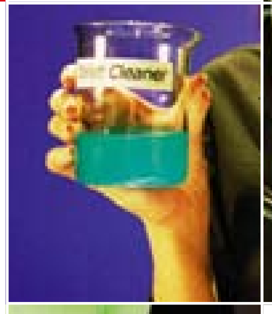
INTRODUCTION





CIGARETTE SMOKE IS POISON

Queensland Government
Queensland Health
Education Queensland

FOREWORD

TOBACCO SMOKING IS THE LEADING PREVENTABLE CAUSE OF DEATH AND ILLNESS IN QUEENSLAND. To help put it into perspective, the annual death toll from smoking is ten-times the road toll.

Clearly, we must do more to address the problem and an important first step is educating young Queenslanders about the potential danger that exists in every puff of smoke.

The Queensland Government's 100% IN CONTROL Poison campaign is the first youth targeted, mass media and school-based anti-smoking campaign to be delivered in Queensland. While it is a complex multi-faceted campaign, the aim is very simple - to help prevent the uptake of tobacco smoking by young people.

Using a comprehensive, whole-of-school approach will ensure that smoke-free messages are consistent and reinforced throughout the entire school community. This approach also provides an opportunity for everyone interested in the well-being of students to become involved in a significant program.

Together, we can improve the quality of life of all Queenslanders through reducing their exposure to tobacco smoking in all its forms.
We support the Poison campaign and strongly encourage the use of this resource by all Queensland primary and secondary school communities.

Wendy Edmond MP
Minister for Health and
Minister Assisting the Premier on Women's Policy

Anna Bligh MP
Minister for Education

April 2003

We gratefully acknowledge and appreciate the assistance of a large number of people who have been involved in developing, reviewing and refining the *Cigarette Smoke is 'POISON'* resource.

PROJECT COORDINATORS/WRITERS

Jodi McDonald	Alcohol, Tobacco and Other Drug Services (Queensland Health)
Debbie Fergus	Alcohol, Tobacco and Other Drug Services (Queensland Health)

CURRICULUM WRITERS

Christine McConnell	The Health Factor
Karen Livingstone	Education Providers Australia

PROJECT SUPPORT TEAM/REFERENCE GROUP

Rod Ballard and Liesl Profke	Education Queensland
Jenene Rosser	Association of Independent Schools Queensland
Kate O'Neill and Judy Gardiner	Queensland Catholic Education Commission
Susan Greenbank	Queensland Cancer Fund
Liane McDermott	University of Queensland, Division of Public Health
John Kelly and Kim Sander	Hothouse Youth Community Team (Queensland Health)
Donna McDowall	School-based Youth Health Nurse Program (Queensland Health)
Sally-Russell Hall	School-based Youth Health Nurse Program (Queensland Health)
Jo-anne Cowen	School-based Youth Health Nurse Program (Queensland Health)
Georgia Green	School-based Youth Health Nurse Program (Queensland Health)
Michael Tilse	Statewide Health Promotion Unit (Queensland Health)
Mark West	Alcohol, Tobacco and Other Drug Services (Queensland Health)
Aleesa Clough	Alcohol, Tobacco and Other Drug Services (Queensland Health)
Melissa Seibold	Alcohol, Tobacco and Other Drug Services (Queensland Health)

Thanks must also go to the two schools that provided a case study outlining tobacco smoking prevention activities in their school. These schools were Cleveland State High School and Redbank Plains State High School.

Finally, we would also like to acknowledge the work of Karen Howarth in the development of the CD-ROM that forms part of the *Cigarette smoke is 'POISON'* resource, and the West Moreton Public Health Unit for the ongoing support of the Project Officers and the resource development.

FURTHER INFORMATION

Alcohol, Tobacco and Other Drug Services
Queensland Health
GPO Box 48
Brisbane QLD 4001
Telephone: 07 3234 1709

PUBLISHED BY

Public Health Services, Queensland Health

GRAPHIC ART

Portfolio Design

© The State of Queensland, Queensland Health, 2003

Copyright protects this work. However, the State of Queensland has no objection to this material being reproduced and communicated in full and unaltered form only for personal and non-commercial purposes. Permission to reproduce, communicate or licence this work for commercial purposes should be sought from Queensland Health, GPO Box 48, Brisbane Qld 4001.

Subject to the any other permissible purposes under the Copyright Act 1968, all other rights are reserved by the State of Queensland.

ISBN 0-7345-2932-5

CIGARETTE SMOKE IS POISON

Disclaimer

The materials presented and included in this publication are for information purposes only. They are intended to be used as a guide only for use in Queensland schools. This information is provided on the basis that users and readers will be responsible for making their own assessment of the materials and should not rely on any information in these materials without seeking their own professional advice.

The State of Queensland through Queensland Health makes no warranty or representation as to the accuracy, completeness or currency of any information contained in this publication. Nor is any warranty or representation made as to the merchantability or fitness for a particular purpose or use of any information in this publication for any purpose other than the intended purpose stated above.

Without limiting the above, the information in this publication is not intended to be used to deliver therapeutic, rehabilitation or other associated programs to any person. Furthermore, the use of the material or the delivery of the information cannot in any way result in or guarantee any particular outcome, deterrence or individual health benefit.

The State of Queensland through Queensland Health does not accept liability for loss and damage incurred by any person as a result of the reliance on or the use of the information in this publication.

CONTENTS

INTRODUCTION:

- *Cigarette smoke is 'POISON'* 6
- Why address tobacco smoking at your school? 7
- The role of school community members 8
- What is a health promoting school? 11
- Addressing tobacco smoking using the health promoting schools framework 13
- Tobacco as part of School Drug Education 15
- References 20

CURRICULUM, TEACHING & LEARNING (BOOK 1):

- Concept map 1
- 1. Tobacco and Me Unit 14
- 2. Tobacco and the Environment Unit 31
- 3. Know the Facts Unit 41
- 4. The Hidden Messages Unit 64
- 5. Tobacco Policy and the Law Unit 85

SCHOOL ORGANISATION, ETHOS & ENVIRONMENT (BOOK 2):

- Concept map 1
- Why young people smoke 2
- How to address tobacco smoking at your school – proactive and reactive strategies 6
- Developing a smoke-free policy for your school 8
- Peer support programs 17
- Quit smoking strategies 18
- Annual calendar of events that could be used to promote smoke-free activities within your school 29
- How it's been done in other schools 33
- Appendices 37
- References 50

PARTNERSHIPS & SERVICES (BOOK 3):

- Concept map 1
- Supporting families to address the issue of tobacco smoking 2
- How your school community can support Queensland Smoking Laws 8
- Working with local businesses to gain their support for school smoking initiatives 10
- How to involve local media in raising awareness about the issue of smoking in the general community 12
- Resources and agencies that can support your school in addressing tobacco smoking 15
- References 23

THE FOLLOWING TEMPLATES ARE PROVIDED ON THE ENCLOSED CD-ROM

CURRICULUM, TEACHING & LEARNING (BOOK 1)

1. TOBACCO AND ME UNIT:

- Activity sheet 1.1 – Ranking and reaching concensus
- Activity sheet 2.1 – The human body
- Activity sheet 2.2 – Body cards
- Activity sheet 3.1 – Decision-making grid
- Activity sheet 3.2 – Situation cards
- Activity sheet 4.1 – Smoking – harm and risk cards

2. TOBACCO AND THE ENVIRONMENT UNIT:

- Activity sheet 1.1 – Tobacco production and the environment
- Activity sheet 2.1 – Cigarette disposal and the environment
- Overhead 3.1 – Business Opportunity Scenario
- Activity sheet 3.1 - Reflecting

3. KNOW THE FACTS UNIT:

- Activity sheet 1.1 – KWL (Know, Want to know, Learn)
- Activity sheet 2.1 – Interesting info
- Activity sheet 2.2 – Estimation
- Overhead 2.1 – Year 7 statistics
- Overhead 2.2 – Year 8 statistics
- Overhead 2.3 – Year 9 statistics
- Activity sheet 3.1 - Survey
- Activity sheet 4.1 - Solutions
- Activity sheet 5.1 – Dilemmas and decisions
- Activity sheet 5.2 – Benefits of being smoke-free
- Activity sheet 5.3 – Hints on ways to remain smoke-free
- Activity sheet 5.4 - Reflecting

4. THE HIDDEN MESSAGES UNIT:

- Activity sheet 1.1 – What's in a cigarette?
- Activity sheet 1.2 - Brainstorm
- Activity sheet 2.1 – Television advertisement checklist
- Overhead 3.1 – Tobacco in the movies
- Activity sheet 3.1 – Tobacco in the movies
- Overhead 4.1 – Influences to smoke
- Activity sheet 4.1 – What's the pressure?
- Activity sheet 5.1 – Types of behaviours
- Activity sheet 5.2 – Scenario cards
- Activity sheet 5.3 - Reflecting

5. TOBACCO POLICY AND THE LAW UNIT:

- Activity sheet 1.1 – Smokers around the world
- Activity Sheet 2.1 - Tobacco laws in Australia - Advertising
- Activity Sheet 2.2 - Tobacco laws in Australia - Sales to young people
- Activity Sheet 2.3 - Tobacco laws in Australia - Passive smoking
- Activity Sheet 2.4 - Tobacco laws in Australia - Health warnings and smokeless tobacco
- Overhead 3.1 – Making the laws – fact sheet
- Activity sheet 3.1 – *Tobacco and Other Smoking Products Act 1998*
- Activity sheet 4.1 – Elements of a school smoke-free policy
- Activity sheet 5.1 – Evaluation cube
- Activity sheet 6.1 – Saving money
- Activity sheet 6.2 – Why quit?

SCHOOL ORGANISATION, ETHOS & ENVIRONMENT (BOOK 2)

- Policy review checklist
- Example school smoke-free policy
- Exploring the 'not sure' stage of change template
- Developing goals, objectives and strategies
- Tobacco knowledge survey
- My smoking. The when, the where and the why of it
- What influences me to smoke
- Making decisions about smoking
- How could I quit
- Smoking risk reduction agreement

PARTNERSHIPS AND SERVICES (BOOK 3)

- Example newsletter article 1 – Our school is a 'health promoting school' – addressing tobacco smoking
- Example newsletter article 2 – 'POISON' tobacco education: what is it?
- Example newsletter article 3 – What happens if a student is found smoking at school?
- Example newsletter article 4 – Helping your child to remain smoke-free: tips for families
- Example newsletter article 5 – Quit smoking: how to go about it
- Interesting smoking facts for the school newsletter
- Supporting adults to give up smoking - Quit smoking checklist
- Tips for parents who want to support their children to not smoke
- Example of a letter from the school to a local business
- Example of a media release
- *'Poison'* cinema commercial
- *'Poison'* television commercial

SMOKING IS RECOGNISED AS A SIGNIFICANT CAUSE OF DEATH AND DISEASE IN AUSTRALIA. MANY OF THE DISEASES ASSOCIATED WITH SMOKING ARE CHRONIC AND DISABLING, PLACING A LARGE BURDEN ON THE COMMUNITY. RESEARCH INDICATES THAT INITIATION INTO SMOKING BEHAVIOUR IS WELL ESTABLISHED BEFORE THE END OF TEENAGE YEARS. SURVEYS OF SMOKERS SHOW THAT APPROXIMATELY 90% BEGIN USING TOBACCO BY THE AGE OF 20 YEARS[9]. THE EARLIER THE ONSET OF SMOKING, THE EARLIER THE RISK OF SMOKING-RELATED DISEASE AND THE HARDER IT IS TO QUIT[10].

THE *CIGARETTE SMOKE IS 'POISON'* RESOURCE HAS BEEN DEVELOPED AS PART OF THE 100% IN CONTROL 'POISON' CAMPAIGN. Other strategies within this campaign include:

- *'Poison'* cinema commercial
- *'Poison'* television commercial and community service announcement
- 100% IN CONTROL website (www.100incontrol.com).

The aim of the campaign is to prevent and reduce smoking experimentation among young people, and to reinforce positive non-smoking behaviours. The key message of the commercials is that cigarette smoke is filled with deadly poisonous chemicals including those found in rat killer, nail polish remover, toilet cleaner, moth balls, lighter fluid and insecticide. Cigarette smoke is *'Poison'*.

The *Cigarette Smoke is 'POISON'* resource aims to provide school communities with a comprehensive range of strategies that can be used to address the issue of tobacco smoking, using the health promoting schools approach. The resource encourages schools to support the prevention of tobacco smoking uptake by young people, and it provides strategies to support those who want to quit.

The *Cigarette Smoke is 'POISON'* resource can be used by many people within the school community such as administration, teachers, students, parents and other support workers. The resource is designed so that individual school communities can develop a range of strategies to meet their own individual needs.

WHY ADDRESS TOBACCO SMOKING AT YOUR SCHOOL?

KILLED MORE THAN 19 000 AUSTRALIANS IN 1998[1]. Whilst relatively few of these tobacco-related deaths were in young people aged 15-34 years (approximately 5%), one of the best strategies for reducing the death and illness associated with this drug is to reduce smoking by young people, as patterns of use acquired during adolescence predict adult use.

School health education programs are known to delay the onset of regular smoking in a significant number of teenagers for up to five years. It is also possible that teenagers who delay smoking uptake, because of a school program, may subsequently give up more easily as adults[2], or not start smoking at all.

Initiation to smoking takes place in recognisable stages. Factors which have been identified as being important in a young person's transition from thinking about smoking to becoming a regular smoker include peer pressure, rebelliousness, role models, media and advertising, self image, weight control and family. These factors illustrate the range of environments which may affect young people's decision making eg. home, community, school. They also provide direction for prevention activities.

To successfully change the social, economic and emotional environment in which the decision to smoke is made, a balanced mix of strategies is required. These include public awareness and information campaigns; advocacy and legislation; and educational and community-based programs, such as those that occur in schools.

Schools are a good place to address the issue of tobacco smoking, and health promoting schools provides a framework to develop a comprehensive range of strategies. Schools can help to raise awareness about the health benefits of being a non-smoker and work with young people to enhance their skills in decision making and resilience. Denormalising tobacco smoking and alleviating the myth that 'everyone smokes' is also important when addressing smoking within a school environment. Schools should highlight the fact that most young people do not smoke and that smoking is not the norm.

THE ROLE OF SCHOOL COMMUNITY MEMBERS

THROUGHOUT AUSTRALIA, YOUTH SMOKING RATES ARE CAUSING INCREASING CONCERN. RESEARCH HAS CONFIRMED THAT THE DECLINE IN ADOLESCENT SMOKING RATES OF THE LATE 1980's HAS STOPPED. IN 1999, A SURVEY FOUND THAT AN ESTIMATED 269,000 MALE AND FEMALE STUDENTS AGED 12-17 YEARS WERE CURRENT SMOKERS IN AUSTRALIA[10].

WHILST IT IS RECOGNISED THAT THE MAIN ROLE OF SCHOOLS IS TO HELP STUDENTS WORK TOWARDS ACHIEVING AND DEMONSTRATING EDUCATIONAL ACHIEVEMENTS OUTLINED IN SYLLABUS DOCUMENTS, ALL MEMBERS OF THE SCHOOL COMMUNITY ALSO HAVE A POTENTIAL ROLE IN PROMOTING THE BENEFITS OF SUSTAINING A SMOKE-FREE LIFESTYLE.

A coordinated approach by schools and communities to the prevention of tobacco smoking and quit smoking interventions provides a mechanism by which strategies can be effectively developed and coordinated and the risk of duplication of services is avoided.

Table 1 offers suggestions for how individuals and groups in the school community can participate in this process when addressing the issue of tobacco smoking.

TABLE 1:
THE ROLE OF THE SCHOOL COMMUNITY MEMBERS

	CURRICULUM, TEACHING AND LEARNING	SCHOOL ORGANISATION, ETHOS & ENVIRONMENT	PARTNERSHIPS AND SERVICES
PRINCIPAL AND ADMINISTRATIVE STAFF	* Encourage changes to the curriculum to encompass comprehensive smoking education programs. * Endorse the development and implementation of quit smoking programs. * Permit the display of relevant tobacco prevention and quit resources within the school environment.	* Progress the development of a smoke-free policy that supports and sustains a smoke-free school environment. * Monitor and review the effectiveness of the policy. * Ensure compliance with no smoking requirements within the school environment and ensure these are known and used by all members of the school community. * Encourage the development of proactive strategies.	* Ensure ways are found for students, staff and community members to work together to promote smoke-free policies. * Ensure that all school-based smoking prevention initiatives are publicly acknowledged through the relevant media channels. * Provide information about tobacco smoking strategies via the school newsletter and using other methods.
TEACHING STAFF	* Develop learning experiences that allow for demonstration of drug-related learning outcomes. * Ensure that teaching materials are comprehensive and cover the physical, emotional, psychological and social issues surrounding smoking prevention and quit smoking. * Allow opportunities for students to enhance their mental health and self-esteem. * Use existing resources to maximise teaching outcomes (such as Mind Matters and Friends).	* Join the workgroup to develop a smoke-free policy. * Know and implement the smoke-free policy and procedures in a fair and consistent manner. * Actively promote and support the smoke-free environment.	* Be aware of existing support and counselling services within the school and wider community. * Enable students to access support and counselling services in a non-judgemental and non-threatening manner.
GUIDANCE OFFICER/S AND SCHOOL SUPPORT STAFF (such as school chaplain/s, liaison worker/s, indigenous worker/s, school-based police officer)	* Support learning programs and promote a smoke-free environment.	* Contribute to the development of and support the implementation of the smoke-free policy.	* Actively work with school personnel and families to allow students to access support and counselling services. * Provide support and/or counselling to individuals and/or groups. * Provide resources for staff and families related to quit smoking programs.

	CURRICULUM, TEACHING AND LEARNING	SCHOOL ORGANISATION, ETHOS & ENVIRONMENT	PARTNERSHIPS AND SERVICES
SCHOOL-BASED YOUTH HEALTH NURSE	* Actively seek to be informed about and support curriculum in this area. * Provide professional opinion to teaching staff in the design and development of lesson content. * Actively resource school personnel to facilitate professional training and development in the areas of smoking prevention and quit smoking.	* Provide appropriate smoke-free policy advice. * Assist in the development of the smoke-free school policy. * Actively promote the smoke-free environment. * Provide individual and / or group support.	* Be aware of existing services and support personnel within the school and wider community. * Promote a coordinated and holistic approach to the issues of smoking prevention and quit smoking. * Make links with the community, for example retailers, law enforcement workers.
STUDENTS	* Actively participate and engage in the learning program. * Actively participate in program evaluation processes.	* Actively role model a smoke-free lifestyle. * Actively promote and support a smoke-free environment. * Participate in discussions related to the development of a smoke-free policy. * Provide support to peers based on the principles of advocacy, not through bullying and harassment.	* Share community responsibility to work with and help others to maintain a smoke-free environment.
FAMILIES		* Actively participate in the development of a smoke-free policy. * Actively support and promote the smoke-free school environment. * Actively participate in the development, implementation and evaluation of tobacco smoking strategies.	* Actively seek information about tobacco prevention strategies via school newsletters, homework activities and through active involvement at the school.
COMMUNITY AGENCIES (such as local Alcohol, Tobacco and Other Drug Services, Child and Youth Mental Health Services, Public Health Services, Oral Health Services)	* Provide appropriate support for smoke-free programs. * Offer and participate in training and development activities.	* Assist in the development of a smoke-free policy. * Actively promote and support the smoke-free environment. * Promote quit smoking programs for staff, parents and young people.	* Provide individual support and counselling. * Provide training and development.

Adapted from: Smoke-free education and child care guidelines, 2002[5]

WHAT IS A HEALTH PROMOTING SCHOOL?

THE MOST COMMON SOURCE OF CIGARETTES FOR YOUNG PEOPLE AGED 12-17 IS FRIENDS, WITH 35% OF MALES AND 40% OF FEMALES OBTAINING CIGARETTES IN THIS WAY. THE PROPORTION OF STUDENTS OBTAINING CIGARETTES FROM FRIENDS DECREASES WITH AGE, PARTICULARLY FOR FEMALES. FOR OLDER SMOKERS, AGED 16-17 YEARS, THE PRIMARY SOURCE OF SUPPLY IS THROUGH PURCHASES AT RETAIL OUTLETS, WITH 55% OF MALES AND 45% OF FEMALES REPORTING PURCHASING THEIR OWN CIGARETTES[10].

YOU MAY OR MAY NOT HAVE HEARD OF HEALTH PROMOTING SCHOOLS BEFORE. It does not matter. Schools in Queensland have been using these principles of operation in total or in part for many years without using the label – "health promoting schools". The health promoting schools approach provides an organisational management framework for schools in which they can coordinate activity. A health promoting school is one that works in a way that demonstrates a whole school commitment to improving and protecting the health and well-being of the school community[3].

The health promoting schools approach is really a way of thinking and working that is adopted by the whole school, in order to make the school the best possible place to learn, work and play.

The approach is based on the following principles[3]:

- schools play an important role in shaping the lives of those who go there to learn, work and play
- schools are much more than just 'classrooms and lessons' as other components of the school contribute significantly to making the school what it is
- our physical, mental, social, emotional and spiritual well-being has a big impact on how well we can learn, work and play, and in turn on what we can achieve in our lives
- people in the school community have much to contribute to the school and their involvement has the potential to make the school a better place.

This thinking underpins a way of working that is defined by:

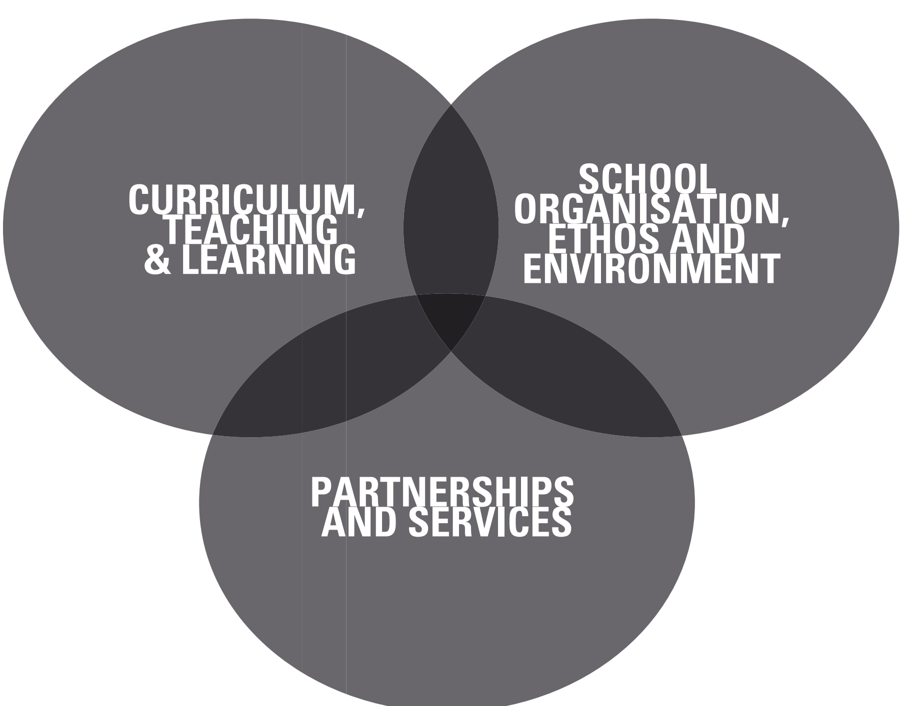
- people from across the school community **working together** to plan and deliver school activities
- an ongoing consideration of the broad range of factors which make up the school, to ensure that **positive and comprehensive** school systems, environments, programs and activities are provided.

School communities consist of three components:

- curriculum, teaching and learning
- school organisation, ethos and environment
- partnerships and services.

In the health promoting schools framework ***(figure 1)*** all three of these components are inter-connected, have a direct influence on one another, and are integral to the make-up of the whole school. The framework is simply a model representing the complex nature of a school community. It serves as a continual reminder to consider the importance of working across all areas of the school and thereby encourages a coordinated and comprehensive approach to planning and delivering school activities, programs and policies[3].

FIGURE 1[3]:
THE HEALTH PROMOTING SCHOOLS FRAMEWORK



Underpinning the health promoting schools movement is the understanding that:

- health and learning are inextricably linked
- health is a resource for living and learning
- the promotion of both health and learning is core business for schools[4].

Contact your local Queensland Health Public Health Unit for further information about health promoting schools, to obtain a copy of the 'toolbox for creating healthy places to learn, work and play', or to find out more about how to obtain a copy of the video, 'Health promoting schools ... creating healthy places to learn, work and play' (see ***page 18 in Book 3***, 'Partnerships and Services', for the Public Health Unit nearest to you).

USING THE HEALTH PROMOTING SCHOOLS FRAMEWORK

THE HEALTH PROMOTING SCHOOLS FRAMEWORK PROVIDES AN EFFECTIVE MODEL FOR ADDRESSING ISSUES SUCH AS TOBACCO SMOKING IN SCHOOLS. A health promoting school uses a consultative process to identify issues within the school community, and then works towards addressing these issues by involving a wide range of people. The goals of a health promoting schools approach in regard to tobacco smoking are to contribute to, and/or support, community strategies that discourage the uptake and use of tobacco. This can be achieved by:

- acknowledging that confidence, self-esteem, communication and relationship skills are all vital to mental health and well-being
- intervening with students who may have started to use tobacco
- supporting students or staff who wish to quit smoking
- encouraging parental and community involvement in the process[5].

When addressing any health issue it is important to consider strategies that address the three components of curriculum, teaching and learning; school organisation, ethos and environment; and partnerships and services. This will ensure that messages are consistent throughout the school environment.

There are a wide range of strategies that can be used within a school community to address the issue of tobacco smoking. It is important that a group of representatives from within your school community work together to determine what is required by the school in terms of prevention and quit smoking support (ie. policies, procedures, curriculum, quit programs etc.). This resource package aims to provide your school community with as many strategies as possible so that you have lots of ideas from which to pick and choose. Remember, just taking on one strategy to address tobacco smoking is unlikely to succeed in changing behaviour. It is important to consider a range of options that will create a supportive environment within your school and ensure that messages are consistent.

The following framework *(figure 2)* provides an overview of the broad range of strategies that can be used in a health promoting school to address tobacco smoking. Each of these strategies will be explored in further detail throughout the books.

FIGURE 2:
ADDRESSING TOBACCO SMOKING ISSUES USING THE HEALTH PROMOTING SCHOOLS FRAMEWORK

CURRICULUM, TEACHING & LEARNING (BOOK 1)

* Integration of tobacco smoking into years 1-10 HPE & SOSE syllabuses
* 'Hands on' activities such as survey development and implementation by students, painting of smoke-free toilets
* Consider links to other health issues eg. mental health, oral health
* Students write smoke-free policy

SCHOOL ORGANISATION, ETHOS & ENVIRONMENT (BOOK 2)

* Proactive strategies for addressing tobacco smoking
* Reactive procedures for dealing with incidents related to tobacco smoking
* School smoke-free policy
* School newsletter articles
* Information home to parents
* Peer support programs
* Information sessions for parents
* Quit programs

PARTNERSHIPS & SERVICES (BOOK 3)

* School-based Youth Health Nurse
* Public Health Unit
* Local businesses
* Alcohol, tobacco & other drug workers
* Indigenous health workers
* School-based oral health staff
* Heart Foundation
* Parent's & Citizen's Association
* Queensland Cancer Fund
* Local media
* Parents/families
* School-based Police Officer
* Community agencies
* School nurse

TOBACCO AS PART OF SCHOOL DRUG EDUCATION

BOTH THE NATIONAL AND QUEENSLAND SCHOOL DRUG EDUCATION STRATEGIES ARE UNDERPINNED BY THE PRINCIPLES FOR DRUG EDUCATION IN SCHOOLS[6]. These principles define good practice in comprehensive drug education, reflect the philosophy of health promoting schools, and encourage a coordinated, comprehensive approach to addressing drug issues in schools.

PRINCIPLES FOR DRUG EDUCATION IN SCHOOLS[6]

1. DRUG EDUCATION IS BEST TAUGHT IN THE CONTEXT OF THE SCHOOL HEALTH CURRICULUM.

Ongoing, comprehensive, developmentally-appropriate programs support effective learning and also have the capacity to take into account the complex and changing nature of drug-related behaviour. Separate and isolated programs do not usually reflect the coordination, continuity and context that can be provided by programs that have a sound curriculum base.

2. DRUG EDUCATION IN SCHOOLS SHOULD BE CONDUCTED BY THE TEACHER OF THE HEALTH CURRICULUM.

The teacher, with specific knowledge of the students and the learning context, is best placed to identify and respond to the needs of students and to coordinate drug education with other classroom activities.

3. DRUG EDUCATION PROGRAMS SHOULD HAVE SEQUENCE, PROGRESSION AND CONTINUITY OVER TIME THROUGHOUT SCHOOLING.

Health messages must be regular, timely and come from a credible source. These messages need to be addressed at relevant ages and/or stages of the development of the learner. Complex social skills then build on and reinforce existing skills.

4. DRUG EDUCATION MESSAGES ACROSS THE SCHOOL ENVIRONMENT SHOULD BE CONSISTENT AND COHERENT.

School policies and practices that reinforce the objectives of drug education programs maximise the potential for success.

5. DRUG EDUCATION PROGRAMS AND RESOURCES SHOULD BE SELECTED TO COMPLEMENT THE ROLE OF THE CLASSROOM TEACHER, WITH SELECTED EXTERNAL RESOURCES ENHANCING, BUT NOT REPLACING, THAT ROLE.

The credibility of the teacher's role in meeting student needs may be compromised where externally-developed programs or resources are imposed on schools.

6. APPROACHES TO DRUG EDUCATION SHOULD ADDRESS THE VALUES, ATTITUDES AND BEHAVIOURS OF THE COMMUNITY AND THE INDIVIDUAL.

Responsible decisions by students about the use of drugs are more likely when peer and community groups demonstrate responsible attitudes and/or safe, minimal drug use.

7. DRUG EDUCATION NEEDS TO BE BASED ON RESEARCH, EFFECTIVE CURRICULUM PRACTICE AND IDENTIFIED STUDENT NEEDS.

Unilateral approaches, such as providing information only about the harmful long-term effects of drug use, have failed in many cases because they ignored local needs and were based on unevaluated assumptions.

8. OBJECTIVES FOR DRUG EDUCATION IN SCHOOLS SHOULD BE LINKED TO THE OVERALL GOAL OF HARM MINIMISATION.

The concept of harm minimisation encompasses a range of strategies, including non-use, which aim to reduce the harmful consequences of drug use.

9. DRUG EDUCATION STRATEGIES SHOULD BE RELATED DIRECTLY TO THE ACHIEVEMENT OF THE PROGRAM OBJECTIVES.

Some strategies are used because they are popular, enjoyable or interesting. However, unless they are also linked to the achievement of objectives, the value of these approaches is questionable.

10. THE EMPHASIS OF DRUG EDUCATION PROGRAMS SHOULD BE ON THE DRUG USE LIKELY TO OCCUR IN THE TARGET GROUP AND THE DRUG USE THAT CAUSES THE MOST HARM TO THE INDIVIDUAL AND SOCIETY.

Some drugs attract media attention and public concern but these may not necessarily be the most used nor cause the most harm. Generally, the focus will be on the use of lawfully available drugs. Other drug use needs only be addressed in particular contexts or subgroups where it is significantly prevalent and harmful.

11. EFFECTIVE DRUG EDUCATION SHOULD REFLECT AN UNDERSTANDING OF THE CHARACTERISTICS OF THE INDIVIDUAL, THE SOCIAL CONTEXT, THE DRUG AND THE INTERRELATIONSHIP OF THESE FACTORS.

Programs that address just one of these components neglect other significant influences and are likely to have limited success.

12. DRUG EDUCATION PROGRAMS SHOULD RESPOND TO DEVELOPMENTAL, GENDER, CULTURAL, LANGUAGE, SOCIOECONOMIC AND LIFESTYLE DIFFERENCES RELEVANT TO THE LEVEL OF STUDENT DRUG USE.

Attention to how these factors contribute to harmful drug use will make programs more relevant and meaningful to the target group and can help to address the motivations for drug use derived from influences such as culture and gender.

13. MECHANISMS SHOULD BE DEVELOPED TO INVOLVE STUDENTS, PARENTS AND THE WIDER COMMUNITY IN THE SCHOOL DRUG EDUCATION PROGRAM AT BOTH THE PLANNING AND IMPLEMENTATION STAGES.

A collaborative approach will help to reinforce desired behaviours by providing a supportive environment for school programs.

14. THE ACHIEVEMENT OF DRUG EDUCATION OBJECTIVES, PROCESSES AND OUTCOMES SHOULD BE EVALUATED.

Evaluation will provide formal evidence of the worth of the program in contributing to short-term and long-term goals as well as improving the design of future programs.

15. THE SELECTION OF DRUG EDUCATION PROGRAMS, ACTIVITIES AND RESOURCES SHOULD BE MADE ON THE BASIS OF THEIR ABILITY TO CONTRIBUTE TO LONG-TERM POSITIVE OUTCOMES IN THE HEALTH CURRICULUM AND THE HEALTH ENVIRONMENT OF THE SCHOOL.

A coordinated series of short-term programs linked to longer-term outcomes should be given priority over the superficially attractive stand-alone, one-off or quick-fix alternatives.

HARM MINIMISATION

HARM MINIMISATION IS DEFINED BY THE NATIONAL DRUG STRATEGIC FRAMEWORK[7] AS 'POLICIES AND PROGRAMS DESIGNED TO REDUCE DRUG RELATED HARM'.

The framework states that 'harm minimisation aims to improve health, social and economic outcomes for both the community and the individual and encompasses a wide range of approaches'. The ultimate goal of many anti-smoking programs is non-use of tobacco, however a harm minimisation approach also recognises other strategies that lower the risk of harm for individuals who are currently smoking. For schools, harm minimisation may be stopping young people smoking while at school and when travelling to and from school rather then trying to achieve total abstinence.

Harm minimisation strategies need to be developed to encourage young people to evaluate their smoking status and to seek assistance without fear of being exposed, ridiculed or labelled as delinquent. Research published in 1994[8] concluded that there is no 'magic approach' to reduce smoking rates among young people, instead efforts that complement each other were shown to work best. The actions that have the lowest level of harm are to not start smoking, to quit and to avoid environmental tobacco smoke.

Many barriers can be encountered when addressing smoking in the school setting. It is important to recognise those factors that seem to limit the effectiveness of school tobacco smoking strategies. They can include[8]:

- an expectation that the school will be able to completely eliminate tobacco use by young people
- relying on outside experts, one off lectures, visiting caravans, flashy road shows or any single activity or strategy
- use of fear based messages, preaching or hysteria
- seeking abstinence as the only goal
- treating tobacco use as bad or delinquent behaviour
- staff exaggerating problems with tobacco use, imposing their own values, criticising the views of students or discussing their own experiences
- not acknowledging the perceived benefits of tobacco use.

FURTHER INFORMATION ABOUT SCHOOL DRUG EDUCATION

SCHOOL DRUG EDUCATION (EDUCATION QUEENSLAND)

http://education.qld.gov.au/health-safety/promotion/drug-education/

The Education Queensland website includes information and links on everything you need to know about school drug education.

NATIONAL SCHOOL DRUG EDUCATION STRATEGY

www.detya.gov.au/schools/publications/subject.htm#Drug_Education

The purpose of this document is to provide a broad statement of principles and strategic intent for Commonwealth initiatives and funding under the National Illicit Drug Strategy in the area of school drug education. The goal of the National School Drug Education Strategy is 'no illicit drugs in schools'. This goal is based on the belief that illicit and other unsanctioned drug use in schools is unacceptable. The focus is on educational outcomes. Assisting students with drug related problems and deterring the presence and use of unsanctioned drugs in schools is also being addressed.

NATIONAL PROTOCOLS FRAMEWORK

www.detya.gov.au/schools/publications/subject.htm#Drug_Education

This document, National Framework for Protocols for Managing the Possession, Use and/or Distribution of Illicit and Other Unsanctioned Drugs in Schools, was developed by the Council of Australian Governments (COAG) in 1999 as an integrated strategy to combat drugs through law enforcement, education and treatment. The aim of the protocols is to help school communities develop better ways of managing drug use in the school environment on a nationally consistent basis.

EDUCATION QUEENSLAND

http://education.qld.gov.au

The Education Queensland website provides a wide range of information about issues related to schools; higher education; parents and students; learning and teaching; and corporate policies and plans. It is a useful site for further information about addressing alcohol, tobacco and other drug issues in Queensland state schools.

IN QUEENSLAND, BOYS USUALLY BEGIN EXPERIMENTATION WITH SMOKING BY YEAR 8, AND GIRLS BY YEAR 9. THERE IS A SHARP INCREASE IN THE NUMBER OF STUDENTS WHO SMOKE REGULARLY BETWEEN YEAR 7 AND YEAR 8, AND THEN A CONSTANT INCREASE UNTIL YEAR 12, WITH OVER 34% OF FINAL YEAR STUDENTS HAVING SMOKED IN THE LAST SEVEN DAYS (34% FEMALES, 38% MALES). ACCORDINGLY, THERE IS A NEED FOR MULTIPLE STRATEGIES, SUCH AS THOSE OUTLINED IN THIS RESOURCE, TO ADDRESS YOUTH TOBACCO SMOKING IN THE MIDDLE YEARS OF SCHOOLING. SEE FIGURES 3 AND 4 BELOW FOR THE PERCENTAGES OF BOYS AND GIRLS IN QUEENSLAND WHO SMOKED IN THE PAST WEEK, OVER THE PAST 2 DECADES[11].

FIGURE 3:
PERCENTAGE OF MALE STUDENTS WHO REPORTED SMOKING IN THE LAST WEEK IN QUEENSLAND

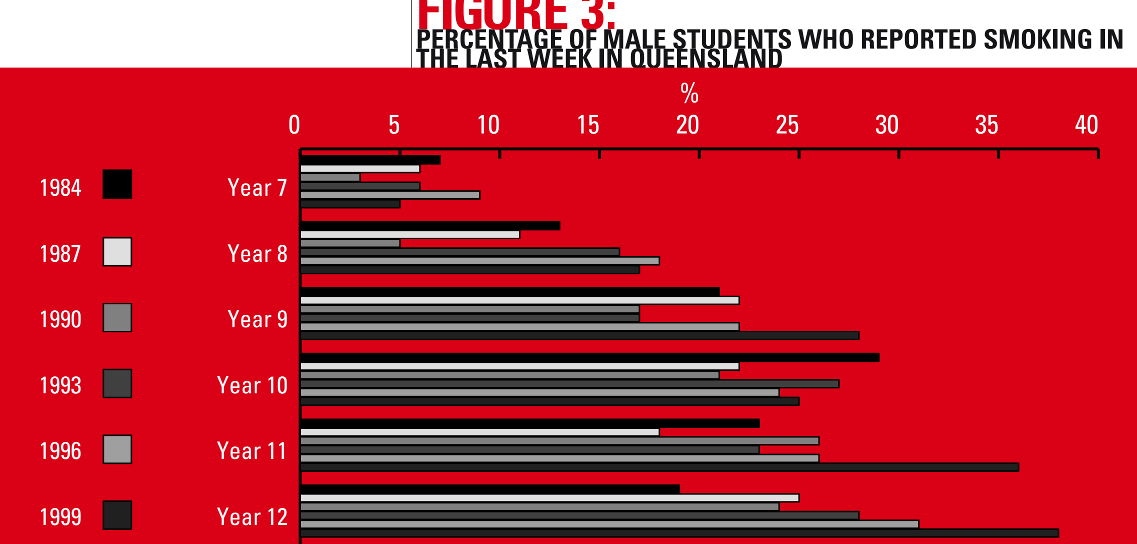
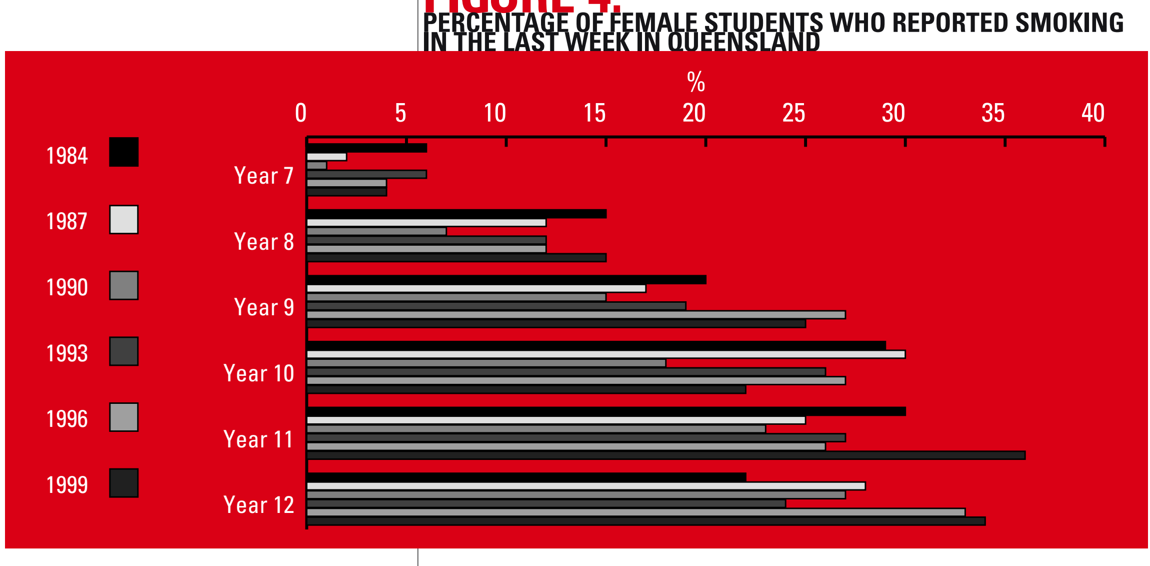


FIGURE 4:
PERCENTAGE OF FEMALE STUDENTS WHO REPORTED SMOKING IN THE LAST WEEK IN QUEENSLAND



REFERENCES

1. Miller, M. & Draper, G. (2001). *Statistics on drug use in Australia 2000.* AIHW cat. no. PHE 30, AIHW (Drug Statistics Series no 8), Canberra.
2. Education Queensland. (1997). *'don't have to smoke!'* Health Issues Section, Education Queensland, Brisbane.
3. Queensland Health & Education Queensland. (2001). *A toolbox for creating healthy places to learn, work and play.* Central Public Health Unit Network, Queensland Health, Brisbane.
4. Department of Human Services & Department of Education, Training and Employment. (2000). *Health promoting schools: Supportive environments for learning and health.* Health Promotion SA, Adelaide.
5. Quit SA & the State of South Australia. (2002). *Smoke-free education and child care guidelines.* Quit SA, Adelaide.
6. Ballard R, Gillespie A & Irwin R. (1994). *Principles for Drug Education in Schools – an initiative of the School Development in Health Education Project.* University of Canberra Faculty of Education, Canberra.
7. Ministerial Council on Drug Strategy. (1998). *National Drug Strategic Framework 1997-98 to 2002-03 Building Partnerships: A strategy to reduce the harm caused by drugs in our community.* Australian Government Printing Service, Canberra.
8. US Department of Health and Human Services. (1994). *Preventing Tobacco Use Among Young People: A Report of the Surgeon General.* U.S. Department of Health and Human Service, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention, Office on Smoking and Health, Atlanta, Georgia.
9. Australian Bureau of Statistics. (1990). *National Health Survey, Smoking 1989-90.* AGPS, Canberra.
10. Hill, White & Effendi. (2002). *'Changes in the use of tobacco among Australian secondary students: results of the 1999 prevalence study and comparisons with earlier years', Australian and New Zealand Journal of Public Health.* 26(2), 156-163.
11. Lowe, Carmot, Ballard & Stanton. (2000). *Smoking and Skin Protection Among Year 7 to 12 Students in Queensland, 1999.* Centre for Health Promotion and Cancer Prevention Research, University of Queensland, Brisbane.