

# Tobacco Prevention Resource Packet

**Center for School Mental Health Assistance  
(2002)**

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## TOBACCO PREVENTION RESOURCE PACKET

### **Youth Tobacco Use: A Brief Overview**

Tobacco use is one of the leading preventable causes of death and disease in our country (CDC, 1999.) Smoking kills more than 276,000 men and 142,000 women each year. The majority of adults who smoke began smoking before the age of 16 (CDC, 1999). The magnitude of the problem becomes more apparent when one considers that each day, approximately 3,000 youth become daily smokers (CDC, 2001) and more than one-third of all high school students report some form of recent tobacco use (CDC, 1998). Given the severity of the problem, the purpose of this packet is to increase one's understanding of youth tobacco use, facilitate communication about how schools can aid in the prevention of tobacco utilization and highlight available prevention and intervention resources.

The initiation and development of tobacco use by children occurs in five stages (Surgeon General's Report, 1994). First, positive attitudes and beliefs are formed. This is followed by trying, experimenting with and regularly using tobacco. The last stage of this process is addiction.

Several demographic factors have been found to be predictive of smoking. The likelihood of a child beginning to smoke increases with the age of the child. Smoking is the most common among Caucasian males and females, acculturated Latino males and females (Baugh, Hunter, Webber, Berenson, 1982; Faulkner, Escobedo, Zhu, 1996). African-Americans, particularly females are less likely to smoke (Kann, Warren & Harris, 1995). Level of education has been found to be inversely related to smoking initiation (Stanton, Oei, Silva, 1994).

The Surgeon General's Report (1994) also identified several environmental, behavioral and personal risk factors associated with tobacco use. Environmental factors associated with the onset of tobacco use include the availability of tobacco products, perceptions that tobacco use among peers is normative, approval of tobacco use by peers and siblings and lack of parental support and involvement. Behavioral factors include low levels of academic achievement and school involvement, a deficiency in skills to resist social influences and experimentation with tobacco products. Finally, personal factors increasing the risk of tobacco utilization include having a lower self-image and self-esteem as compared to peers, believing that tobacco use is functional and not believing in one's own ability to refuse tobacco when offered.

A plethora of research has been conducted on the reduction of tobacco use; however, the need for effective prevention continues to be great (see Hughes, 1996; Paglia & Room, 1999; Rooney & Murray, 1996; Tobler & Stratton, 1997 for reviews). Schools may be an effective forum for tobacco prevention programs. They are a primary context for socialization (Farrell, Meyer, Kung & Sullivan, 2001) and provide an efficient method of reaching a large number of children (Samples & Aber, 1998). In a review, the CDC (1994) outlined seven recommendations to schools summarizing strategies that are

effective in preventing tobacco use among youth. These recommendations are as follows:

1. A school policy on tobacco use should be developed and enforced.
2. Students should be provided with information about the short and long-term negative psychological and social consequences of tobacco use, the social influences and consequences of tobacco use, and refusal skills.
3. Tobacco use education prevention education should be available to all students in K–12 grade. These programs should be especially intensive during middle school and continue to be reinforced in high school.
4. Teachers should be trained in the specific programs being implemented in the schools.
5. Prevention programs should include parents and families.
6. Schools should support tobacco cessation programs for their students and all school staff.
7. Tobacco prevention programs should be evaluated at regular intervals to assess whether the program meets the CDC's *Guidelines for School Health Programs to Prevent Tobacco Use and Addiction*.

### **Best Practices for Reducing Tobacco Use**

The CDC (2001b.) has identified two programs that have been proven effective in the reduction of tobacco use. The Life Skills Training program targets the reduction of alcohol, tobacco, and other drugs (ATOD) use among students in grades 6 thru 9. It contains 15 sessions in the initial year, ten sessions in the second year and five sessions in the third year. Components of this program included educating students on the effects of ATODs, attitudes and norms, increasing skills for resisting the social influence of drugs and developing self-management and social skills. These skills are taught through instruction and demonstration, behavioral rehearsal, feedback, social reinforcement, and extended practice. A six year follow-up indicated that students who received the life skills training were 66% less likely to use tobacco, alcohol and marijuana one or more times each week.

The second program is the Project Toward No Tobacco Use (Project TNT). This program is designed to take place in ten sessions over the course of two weeks. Two-year follow up studies suggest that the initiation of tobacco use was decrease 26% as compared to the control group, weekly or more frequent cigarette smoking was decreased almost 60%, the initiation of smokeless tobacco was reduced approximately 30% and smokeless tobacco use on a weekly basis was eliminated.

### **Tobacco Use Documents/Publications by the Center for School Mental Health Assistance:**

(Note: This document will be included as addenda to this packet.)

Lowie, J.A., Sander, M., Ambrose, M.G., Mullett, E.K., Sorrell, J., Rosner, L., McDuffey, L., and Weist, M.D. (2001). Building a statewide youth movement against

tobacco in Maryland: Youth ideas, reactions and recommendations to move forward. Prepared for the Office of Health Promotion, Education and Tobacco Use Prevention, Department of Health and Mental Hygiene, Baltimore, Maryland.

### **References and Resources:**

Baugh, J.G., Hunter, S.M., Webber, L.S., Berenson, G.S. (1982). Developmental trends of first cigarette smoking experience of children: The Bogalusa Heart Study. *American Journal of Public Health*, 72, 1161-1164.

CDC (1999). Best Practices for Comprehensive tobacco control programs, August 1999. Retrieved September 20, 2001, from the Centers for Disease Control Web site:  
[www.cdc.gov](http://www.cdc.gov)

Centers for Disease Control and Prevention. (2001). Tobacco Information and Prevention Source, National Center for Chronic Disease Prevention and Health Promotion. Retrieved September 20, 2001, from the Centers for Disease Control Web site:  
<http://www.cdc.gov/tobacco/issue.htm>

Centers for Disease Control and Prevention. (2001). Programs that work, National Center for Chronic Disease Prevention and Health Promotion. Retrieved December 12, 2001 from the Centers for Disease Control Web site:  
<http://www.cdc.nccdphp/dash/rte/curric6.htm>

Faulkner, D.L., Escobedo, L.G. Zhu, B. (1996) Race and the incidence of cigarette smoking among adolescents in the United States. *Journal of the National Cancer Institute*, 88, 1158-1160.

Hughes, J. R. (1996). The future of smoking cessation therapy in the United States. *Addiction*, 91, 1797-1802.

Kann, L., Warren, C.W., & Harris, W.A. (1995). Youth risk Behavior Surveillance-United States, 1995. *Journal of School Health*, 66, 365-377.

Paglia, A., & Room, R. (1999). Preventing substance use problems among youth: A literature review and recommendations. *The Journal of Primary Prevention*, 20, 3-50.

Rooney B. L., & Murray, D. M. (1996). A meta-analysis of smoking programs after adjusting for error in the units of analysis. *Health Education Quarterly*, 23, 48-64.

Stanton, W.R., Oei, TPS, Silva, PA (1994). Socio-demographic characteristics of adolescent smokers. *International Journal of Addiction*, 29, 913-925

Tobler, N. S., & Stratton, H. H. (1997). Effectiveness of school-based drug prevention programs: A meta-analysis of the research. *The Journal of Primary Prevention*, 18, 71-128.

W. H. O. (1997). Tobacco or Health: A Global Status Report. Geneva: World Health Organization.

**On-line Resources:**

1. Center for Disease Control and Prevention:  
<http://www.cdc.gov/tobacco/index.htm>. This comprehensive site provides data on the prevalence of youth tobacco use and related health effects. In addition, this site include tips for parents, teachers and youth group leaders to prevent tobacco use, information on best practices for schools, publications covering a wide array of topics related to youth tobacco use, media campaigns and links to the Surgeon Generals' Reports and other sites.
2. Center for Health and Health Care in Schools/Guidelines for youth tobacco prevention and intervention services: <http://www.healthinschools.org/sbhcs/Tobacco/>. This site contains useful information for school-based tobacco prevention and intervention services. Examples of model school based health clinic programs are given, prevention and intervention programs are outlined, school community outreach activities, evaluation indicators and links to other resources.
3. U.S. Department of Education, Office of Safe and Drug-Free Schools: [www.ed.gov/offices/OESE/SDFS/](http://www.ed.gov/offices/OESE/SDFS/). Safe and Drug-Free Schools is a federal initiative to decrease tobacco, alcohol and drug use and violence through education and prevention activities in schools. It provides information on available grants and links to news updates, on-line publications, model programs, and related web sites.
4. The National Clearinghouse for Drug and Alcohol Information (NCADI): <http://www.health.org/govpubs/PHD745/>. The Prevention Enhancement Protocols System (PEPS) Series systematically evaluates research on prevention programs and then assimilates the information into guidelines for practitioners. The web site contains information on research, conferences, multimedia presentations, and links to databases and other resources.
5. Prevention On-line: [www.health.org](http://www.health.org). The Prevention On-line web site contains information on funding, research, facts on nicotine, youth anti-tobacco campaigns and tobacco prevention guides.
6. Center for Mental Health Services/ Knowledge Exchange Network: [www.mentalhealth.org](http://www.mentalhealth.org). The Knowledge Exchange Network (KEN) provides a search engine that connects people to a number of resources on youth tobacco use including information on trends of youth tobacco use, publications, news releases, and links to government policy statements.
7. Center for Substance Abuse Prevention: <http://www.covesoft.com/csap.html>  
This web-site accesses on and off-site technical assistance to community programs that combat tobacco, alcohol and drug abuse.
8. Teens against Tobacco Use (T.A.T.U.): [www.tatu.org](http://www.tatu.org). T.A.T.U. is sponsored by the American Lung Association. This program utilizes a peer-teaching model to teach young people about tobacco use and become advocates for tobacco-free communities. Its web site provides information on advocacy, prevention resources, anti-tobacco activities, contains links to tobacco related press releases.

9. BADvertising Institute: <http://www.badvertising.org/> . This is a great site to learn about the manipulative advertising techniques the tobacco industry uses. In addition, the user may order anti-tobacco posters, pamphlets, and other materials.
10. Campaign for tobacco free kids: [www.tobaccofreekids.org](http://www.tobaccofreekids.org). This web site provides information on state, national and global anti-tobacco efforts, tobacco related research, youth action initiatives and links to press releases.

**Other Resources:**

American Cancer Association

1-800-ACS-2345

[www.cancer.org](http://www.cancer.org)

American Psychological Association (APA)

750 First Street, NE

Washington, DC 20002-4242.

1-800-374-2721; 202-336-5510.

TDD/TTY: 202-336-6123

Community Interventions

(Jim Crowley, President)

529 south 7<sup>th</sup> Street, Suite 570

Minneapolis, MN 55415

800-328-0417

National Association of Elementary School Principals

1615 Duke Street

Alexandria, VA 22314

1-800-38NASEP

National Association of Secondary School Principals

1904 Association Drive

Reston, VA 20191-1537

703-860-0200

National Association of School Psychologists

Bethesda, MD

[www.nasponline.org](http://www.nasponline.org)

National Association of Teen Institutes

c/o CADA

433 Metairie Road, Suite 306

Metairie, LA 70005

(504) 834-4357

Fax (504) 834-4370

Email [nati@teeninstitute.org](mailto:nati@teeninstitute.org)

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National Institute on Drug Abuse (NIDA)  
National Institutes of Health  
6001 Executive Boulevard, Room 5213  
Bethesda, MD 20892-9561  
[www.nida.nih.gov](http://www.nida.nih.gov)

▣ SAMHSA Substance Abuse and Mental Health Services Administration  
▣ 5600 Fishers Lane  
Rockville, MD 20857  
[www.SAMHSA.gov](http://www.SAMHSA.gov)