

Pennsylvania's 100% Tobacco Free Schools Toolkit *for Student Assistance Programs*



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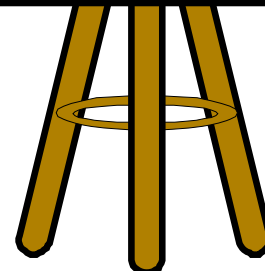
Includes fact sheets; presentations for students, parents and staff; and templates that are available on CD or at www.tobaccofreeallegheny.org

TobaccoFreeAllegheny

This presentation is part of the Tobacco Free Schools Toolkit. The printed booklet that accompanies the presentation is available from Tobacco Free Allegheny.

TobaccoFreeAllegheny

Intervene with Nicotine



What's the Problem?

CDC Current Estimates 2006

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- 23% of high school students in United States are current smokers—23% of males and 22.9% of females. (28.9% in PA)
- 26% of whites, 22% of Hispanics, 13% of African-Americans and 11.5% of Asian-Americans in high school are current smokers.
- 8% of middle school students are smokers.

Current Estimates

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- Each day, approximately 3,900 young people between the ages of 12 and 17 initiate cigarette smoking in the US.
- In this age group, each day an estimated 1,500 young people become daily smokers in this country.

Current Estimates— Other Tobacco Use

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- 13% of high school students and 5% of middle school students are cigar smokers.
- 10% of high school males (11.1% PA) and 4% of middle school males are smokeless tobacco users.
- 3% of high school students and 2% of middle school students are current users of *bidis*.

What's Going Right?

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- Nationally and in PA, lifetime and 30-day use of cigarettes by youth in 6th, 8th and 10th grade have declined to the lowest rates since 1989. (There was an increase from 1993-1995 when rates began to drop again.)

What's Going Right?

UH-OH!

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- Such trends do not hold true for 12th graders, whose rates are lower than 2001, but reflect slight upward movement from 2003. (2001–31.9%; 2003–25.8%; 2005–28.5%)

I Can Quit Anytime I Want

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- Currently, more than 4 million adolescents in the United States smoke cigarettes.
- Although few believe they will smoke long term, 75% are still smoking five to seven years later.
- Pay attention to age, gender and race factors.

Sounds Like a SAP to Me

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Teen smoking associated with:

- Substance use
- Lower academic achievement
- Negative view of authority
- Depression
- Psychiatric co-morbidity
- ADHD
- Relapse in recovery
- PTSD
- Increased health issues

Co-Morbidity

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- National Household Study in England and Wales (Farrell et. Al., *British Journal of Psychiatry*, 2001, 179 432-437)
- A clear relationship between dependence on nicotine, alcohol and other drugs and psychological co-morbidity

Co-Morbidity (cont.)

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- 12% of non-dependent population were assessed as having any psychiatric disorder compared with 22% of nicotine-dependent, 30% of alcohol-dependent and 45% of drug-dependent.
- Association held true across all disorders, anxiety, depression, panic and phobias

Stress and Smoking

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- In a Chinese study consistent with western studies, adolescent smokers reported more stressful life events and felt more stress than non-smokers.
- Bi-directional life stress may cause more smoking, and more smoking causes more life stress.

ADHD

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- University of Pennsylvania Cancer Center documents that individuals with ADHD (inattention and hyperactivity) may smoke to manage their symptoms.
- More likely to start smoking, to start at a younger age and less likely to quit

Depression

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- Smoking and depression affect each other reciprocally, creating a self-perpetuating pattern of unhealthy behavior and negative effect
(Monitor on Psychology, Volume 32, no. 5 June 2001)

Depression (cont.)

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- Teens who were heavy smokers were more likely to grow depressed.
- Teens with persistent depression were more likely to increase smoking.

Depression (cont.)

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- Nicotine alters neuro-chemical pathways in the brain, tweaking the brain's pleasure centers and thereby enhancing mood.
- The negative spiral has important implications for treatment.

Depression (cont.)

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- Over time, tolerance to nicotine develops, and it takes more nicotine to achieve desired effects.
- Once this cycle has been established, heavy smokers who quit are all the more likely to experience depressed mood and thus to relapse to smoking.

Substance Abuse

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- Daily smokers are much more likely to be binge drinkers. 3% of non smokers 12-17 had binged in the last 30 days compared to 40% of daily smokers. (NIDA)
- Tobacco use is associated with other drug use.
- Tobacco users are 19% more likely to use cocaine. (CASA)

Recovery

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- Cocaine and alcohol addicts have an eight times greater chance of relapse if they are smokers.
- Smoking cessation should occur during treatment.

Smoking Causes Problems

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- Engaging in risky behavior can lead to depression. (American Journal of Preventive Medicine—Hallfors et. al. found that behavior patterns of substance abuse—ATOD—and sexual behavior precede depression.)

Where There's Smoke...

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- Girls have increased depression when they experiment with ATOD or sexual intercourse.
- Boys have increased depression with regular tobacco, marijuana and/or binge drinking.

Where There's Smoke...(cont.)

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- Sexual activity, tobacco or other substance use in girls should be met with anticipatory guidance and screening for depression.
- Binge or consistent ATOD use in boys should be met with screening for depression.
- Cessation of experimentation and abuse should be included in treatment for depression.

School Achievement

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- Children with asthma are more likely to experiment with tobacco and to be exposed to tobacco smoke than children without asthma.

(American College of Chest Physicians)

School Achievement (cont.)

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- Students attending schools with poor academic performance ratings have a significantly higher rate of tobacco exposure and experimentation.

School Achievement (cont.)

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- Study of smoking among Scottish adolescents and association with school achievement:
 - 19.3% of non-smokers reported their academic achievement as good compared to 5.9% of daily smokers.
 - 41.3% of non-smokers reported plans for college as compared to 17.2% of daily smokers.

School Achievement (cont.)

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- 75% of non-smokers did not skip school in previous term compared to 33% of smokers.
- 25.5% of non-smokers had a negative view of school authority and schools as compared to 43.8% of daily smokers.

PTSD

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- Lessons from 9-11
- Victims of trauma use more substances, particularly tobacco and alcohol
- Substance abuse continues after trauma and mental health symptoms abate

PTSD (cont.)

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- Symptoms of depression were more common among those who increased substance use compared with those who did not.
 - 14.6% for smoking compared to 5.2% for non-smokers

What Happens When an Adolescent Tries to Quit?

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- 15.6% of smokers ages 12-19 quit smoking in a four-year period (approximately 4%/year).
- Failed quit attempts are at 58% (adults 43%)—smokers trying to quit for one day or longer in the previous year
- FDA has not approved any pharmacotherapy for use under age 18 .

Cessation Help

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- PA Quitline will send materials, but at this time does not counsel under age 18—1.877.784.8669
- Resources can be found at TFA—
www.tobaccofreeallegheny.org

What if I Already Smoke?

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- Until recently most efforts were in prevention, not cessation.
- But latest research shows that motivation is an important factor, and the trans-theoretical model of change is effective for adolescents, too.

What if I Already Smoke? (cont.)

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- Help build teens' intrinsic and extrinsic motivation to quit
- Tailor programs to adolescents' development needs—making them fun to attend
- Provide social supports to help teens persevere in quit attempts
- Show teens how to make use of community resources

What Should SAP Do?

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- Guide and integrate tobacco into existing policies and procedures
- Ask
- Advise
- Assess
- Assist

What Should SAP Do? (cont.)

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- Use tobacco information as an opening to talk to students about other problems.
- What do you get from smoking? (relaxation, help with anxiety, stress management)
- Make the connection: If we know this...then look for this...

What Can the School Do?

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Recommendations from CDC

- The school guidelines include seven recommendations for ensuring a quality school program to prevent tobacco use.

7 Guidelines

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- Policy
- Instruction
- Curriculum
- Training
- Family Involvement
- Cessation
- Evaluation

Policy

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- Develop and enforce a school policy on tobacco use to include:
(Notice similarity to SAP policies and substance abuse; don't forget the T in ATOD)

Policy (cont.)

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- Prohibiting students, staff, parents and visitors from using tobacco on school premises, in school vehicles, and at school functions

Policy (cont.)

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- Prohibiting tobacco advertising (e.g., on signs, T-shirts or caps or through sponsorship of school events) in school buildings, at school functions, and in school publications

Policy (cont.)

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- Requiring that all students receive instruction on avoiding tobacco use
- Providing access and referral to cessation programs for students and staff
- Helping students who violate tobacco-free policies to quit using tobacco rather than just punishing them

Instruction

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- Provide instruction about the short- and long-term negative physiologic and social consequences of tobacco use, social influences on tobacco use, peer norms regarding tobacco use, and refusal skills

Instruction (cont.)

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- Decrease the social acceptability of tobacco use and show that most young people do not smoke
- Help students understand why young people start to use tobacco and identify more positive activities to meet their goals

Instruction (cont.)

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- Develop students' skills in assertiveness, goal setting, problem solving, and resisting pressure from the media and peers to use tobacco
- Programs that only discuss tobacco's harmful effects or attempt to instill fear do not prevent tobacco use.

Curriculum

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- Provide tobacco-use prevention education in grades K–12
- Introduce in elementary school and intensify in middle/junior high school, when students are exposed to older students who typically use tobacco at higher rates

Curriculum (cont.)

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- Reinforcement throughout high school is essential to ensure that successes in preventing tobacco use do not dissipate over time.

Training

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- Provide program-specific training on tobacco-use prevention for teachers
- The training should include reviewing the curriculum, modeling instructional activities and providing opportunities to practice implementing the lessons.

Family Involvement

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- Promote discussions at home about tobacco use by assigning homework and projects that involve families (Smoke-free home and car pledge cards)
- Encourage parents to participate in community efforts to prevent tobacco use and addiction
- Involve parents or families in supporting school-based programs to prevent tobacco use

Cessation

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- Support cessation efforts among students and school staff who use tobacco
- Schools should provide access to cessation programs that help students and staff stop using tobacco, rather than punishing them for violating tobacco-use policies.

Evaluation

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- Assess the tobacco-use prevention program at regular intervals
- Schools can use *CDC's Guidelines for School Health Programs to Prevent Tobacco Use and Addiction* to assess whether they are providing effective policies, curricula, training, family involvement and cessation programs.

For more information, contact:

TobaccoFreeAllegheny

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This presentation was prepared by the staff at Addiction Medicine Services.