

Smoke Free Schools

Professional Development Module

Every
child,
every
opportunity



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Foreword



Over the past two decades the Victorian Government has led the world in tackling avoidable illness and death which result from tobacco smoke. Since the original *Victorian Tobacco Act 1987* was introduced a range of preventative reform measures have been implemented, including smoke free dining, smoke free shopping centres and further smoking restrictions in gaming venues and licensed premises.

We are aware that there are challenges that still need to be met, as each year in Victoria alone, direct tobacco smoking is accountable for more than 3,900 deaths. Alarming, recent studies reveal that young adults aged 18 to 29 have the highest rates of smoking in Australia and those that take up smoking in their teens are more likely to be long-term smokers and suffer from smoking related illnesses.

It is important to acknowledge that the school environment, including the policies implemented and the curriculum and programs taught, can impact on the behaviours and attitudes of children and young people. Since 1989 there has been a total ban on smoking in workplace buildings and vehicles. It is now timely that schools aim to achieve a completely smoke free school environment. I would like to recognise the efforts of our schools in implementing and supporting this policy.

Most recently the Victorian Government announced the *Tobacco Control Strategy 2008–2013* with a focus on promoting the health of children and young people. From the 1 July 2009, I as Minister for Education will exercise the power vested in the *Education and Training Reform Act 2006* to issue an Order that will ban smoking on Victorian government school premises. This will provide children and young people with an environment that is guaranteed to be smoke-free and send a clear message that a healthy lifestyle does not include smoking.

This *Smoke Free Schools* resource is designed to assist schools to become completely smoke free environments. It contains guidelines, support and classroom materials for the prevention and management of smoking tobacco.

I commend this resource to you, and am confident that the impact of this Order in ensuring that schools remain smoke free environments will contribute to positive health and wellbeing outcomes of our children, school staff, parents and communities.

A handwritten signature in black ink that reads "Bronwyn Pike". The signature is fluid and cursive, with the first letter of each name being capitalized and prominent.

Hon Bronwyn Pike MP
Minister for Education

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Introduction

How to use this professional learning module

Duration

This professional development module is designed to be delivered over a morning or afternoon session of 180 minutes. However, the duration may vary according to:

- facilitator and participant knowledge
- whether all activities are presented
- the intended aims of the professional development session
- the amount of time allowed for discussion and planning.

It is anticipated that the module will be delivered in cycles of 30 minutes, during which time the facilitator will give a short introduction, participants will engage in an activity that includes discussion, and the facilitator will conclude by presenting the relevant guidelines with explanations. Once again, this cycle may vary according to the choices of the facilitator and the needs of the participants.

Overheads

The 18 overheads present the guidelines and the main points that relate to them. Facilitators are advised to read the complete explanations of the guidelines in the accompanying resource, *Smoke Free Schools – Tobacco Prevention and Management Guidelines for Victorian Schools*.

Activities

Each activity includes sections on purpose, process, and support materials. Some also include key discussion questions. The activities are designed to help participants understand the reasons and implications related to each guideline. The guidelines relate to the activities as follows:

Activity one

Overheads	1 – 6
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Activity two

Overheads	7 – 9
<i>(and, to varying degrees, is also relevant to overheads</i>	<i>10 – 16)</i>

Activity three

Overheads	7 – 9
-----------	-------

Activity four

Overheads	10 – 15
-----------	---------

Activity five

Overheads	10 – 15
-----------	---------

Activity six

Overhead	16
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Activity seven

Overheads 6, 8 and 10 – 18 are the most relevant

Focus questions

The focus questions may be given to the participants at the beginning of the session. They are designed to help participants identify key issues.

Overheads



Overhead 1

Overview

***Smoke Free Schools –
Tobacco Prevention and
Management Guidelines
for Victorian Schools***

The resource contains

- 11 guidelines
- a brief explanation of each guideline
- practical tools that support the implementation of the guidelines.

Overhead 2

Overview

Guidelines for tobacco prevention and management in schools

Prevention

- 1** **Guideline 1**
Schools are smoke free environments
- 2** **Guideline 2**
Tobacco prevention and management is most effective when a whole school approach to health and wellbeing is evident

Tobacco prevention education

- 3** **Guideline 3**
Tobacco prevention education is best delivered in the context of the school health curriculum
- 4** **Guideline 4**
Effective tobacco prevention education will involve parents and families as partners
- 5** **Guideline 5**
Schools are smoke free environments

Tobacco management

- 6** **Guideline 6**
Student use of tobacco products is primarily a health issue
- 7** **Guideline 7**
Students who are vulnerable to becoming regular smokers should be identified early in their 'smoking pathway'
- 8** **Guideline 8**
Students should be supported to not smoke at school
- 9** **Guideline 9**
Schools should involve parents in the management of a young person's tobacco use
- 10** **Guideline 10**
Community-based agencies should be encouraged to support schools in the management of tobacco use

Evaluation

- 11** **Guideline 11**
Schools should evaluate tobacco prevention education and management strategies

Prevention

Guideline 1

Schools are smoke free environments

According to the *Victorian Government Schools Reference Guide*:

- the Minister for Education has issued an Order banning smoking on Victorian Government school premises effective from 1 July 2009. This ban includes all activities that take place within the school boundaries. This will provide practice that is consistent with health education aims and will provide children and young people with an environment that is guaranteed to be smoke free and send a clear message that a healthy lifestyle does not include smoking
- students, staff and parents must not smoke on school premises (or in view of students), at school functions, and during school-based activities
- an ongoing communication strategy should be designed to inform the whole school community of the reasons for a smoke free environment
- all members of the school community should be aware of their role in implementing a smoke free environment
- health promotion campaigns about tobacco should be implemented and supported by schools.

Overhead 4

Prevention

Background information

The implementation of a smoke free school policy is an important health initiative for many reasons, including:

- smoking accounts for 90 per cent of drug caused deaths (*National Drug Strategy, Department of Health and Ageing, 2009*)
- regular smokers are more likely to begin early in their lives
- delaying experimentation with smoking is an effective protective factor
- there is a greater likelihood of nicotine sensitivity during early human development.

Overhead 4

Prevention

Prevalence figures (2005)

- five per cent of 13 year olds smoked tobacco in the past week
- seven per cent of students by 15 years of age had smoked more than 100 cigarettes
- 23 per cent of 17 year olds smoked tobacco in the past month
- the smoking incidence is declining among 12 to 15 year olds
- smoking rates almost halved between 1999 and 2005 among those who smoked in the past week (current smokers) and were aged 16 and 17 years. (Source: Quit Victoria 2009).

Overhead 5

Prevention

Risk and protective factors

Prevention

The following table summarises the risk and protective factors that influence the likelihood of a young person becoming a consumer of tobacco products.

Factors that influence smoking	Risk Factors	Protective Factors
External/environmental factors	<ul style="list-style-type: none"> – Widespread tobacco smoking behaviour in public spaces and institutions – Tobacco advertising – Parental, sibling or peer smoking – Availability of tobacco products – Lack of adult supervision – Low socio-economic status 	<ul style="list-style-type: none"> – Smoke free community areas – Public health campaigns – Parental, sibling and peer non-smoking behaviour – Restricted access to tobacco products – Close relationships with pro-social adults
Personal factors	<ul style="list-style-type: none"> – Disconnectedness from school (especially through truancy) – High self-esteem and confidence combined with risk taking – Rebelliousness – Anti-social behaviour – Unstable mental health – Fashion-consciousness – Low academic achievement – Poor self-esteem and self-image 	<ul style="list-style-type: none"> – Connectedness to school – High self-esteem combined with positive health image of self – Resilience – Pro-social behaviour – Academic achievement
Attitudinal factors	<ul style="list-style-type: none"> – Belief that smoking is a social advantage – Belief that tobacco use is the norm – The absence of a firm commitment not to smoke 	<ul style="list-style-type: none"> – A belief that smoking is socially unacceptable – An awareness that most people do not smoke – A commitment not to smoke
Skill factors	<ul style="list-style-type: none"> – Lack of resistance and social skills 	<ul style="list-style-type: none"> – Resistance and social skills

Prevention

Guideline 2

Tobacco prevention and management are most effective when a whole school approach to health and wellbeing is evident

A whole school approach to health is evident when a strategy relates to:

- curriculum, teaching and learning
- community and parent links and partnerships
- health promotion strategies.

Tobacco prevention education is most effective when it is linked to broader health and wellbeing programs and policies.

Tobacco Prevention Education

Guideline 3

Tobacco prevention education is best delivered in the context of school health curriculum

Tobacco prevention education should be consistent with the principles of harm minimisation. Effective classroom programs will be designed to develop:

- knowledge and thinking skills necessary to make informed decisions about the personal consumption of tobacco products
- attitudes that encourage health-promoting behaviour with respect to tobacco products
- behavioural skills necessary to implement a decision not to smoke.

Tobacco Prevention Education

Guideline 4

Effective tobacco prevention education is based on whole school professional learning

- Professional learning should be provided for those teachers who are responsible for tobacco prevention education, or the management of young people who smoke.
- Professional learning may be accessed through the Department's regional offices and relevant organisations such as Quit Victoria.
- Professional learning will ensure that teachers are aware of the latest research and approaches to drug education and health promotion strategies.

Tobacco Prevention Education

Guideline 5

Effective tobacco prevention education will involve parents and families as partners

All school staff should be vigilant about tobacco smoking because of the following:

- high levels of experimentation by young people
- rapid onset of nicotine dependence
- many other health risks for young people.

Tobacco Management

Guideline 6

Student use of tobacco products is primarily a health issue

- Smoking causes chemical changes to occur in the brain.
- The younger the person, the more rapidly these changes are likely to occur.
- Sensitivity to nicotine increases with each cigarette.
- Many young people develop a smoking dependence in spite of their intentions.

Tobacco Management

Guideline 7

Students who are vulnerable to becoming regular smokers may be identified early in their 'smoking pathway'

In the junior primary school years

Parents are the most significant influence on the development of attitudes, skills and behaviours.

In the middle years of schooling

Peers increasingly influence attitudes and behaviour, but parents remain important.

In the senior years of secondary school

Parents and significant others play an important role in communication with young people and encouraging them to seek appropriate forms of advice and support.

Tobacco Management

Guideline 8

Students should be supported not to smoke at school

- Dependence on nicotine occurs within the first 100 cigarettes.
- In 2005, an estimated 140,359 boys and girls aged between 12 and 17 years were current smokers in Australia.
- In 2005, around 23 per cent of 17 year old students had smoked in the past month.
- With adequate support and appropriate strategies, management of tobacco dependence is possible.
- Learning to manage smoking dependence is a positive step.
- It is important for students to maintain a connectedness with school.
- Quit Victoria offer information seminars for professionals who work with young people. (See www.quit.org.au).

Tobacco Management

Tobacco management disciplinary responses

The Department of Education and Early Childhood Development's *Effective Schools are Engaging Schools: Student Engagement Policy Guidelines* (2009) provide a staged response to inappropriate student behaviour. This includes advice about the suspension of a student from school and the range of disciplinary options to be considered.

If a student is involved in a smoking incident, it may be appropriate to convene a student support group to discuss the student's behaviour. A student support group involves the school principal (or their delegate), the student, the student's main classroom teacher, the student's parents/carers and all professionals who have been in contact with the student or their family (such as the student welfare coordinator). This meeting is aimed at identifying and rectifying behavioural issues so suspension is not required.

Where a suspension is being considered, the student support group should be convened to:

- explain to the student and their parents/carers why they have been suspended, the days of the suspension and where the suspension shall occur
- provide details of any further support services the school has identified as helping students with smoking
- provide the student and their parents/carers with a copy of the *Notice of Suspension* and the information brochure *Procedures for Suspension*.

The parents/carers may wish to be accompanied at that meeting by another person (not acting for a fee or reward). At this pre-suspension meeting with parents, schools should attempt to provide support to the student and parent/guardian to help with:

- ceasing experimentation
- ceasing smoking
- managing the dependence.

Tobacco Management

Tobacco management parent engagement

Guideline 9

Schools should involve parents in the management of a young person's tobacco use

Parents can best support a smoke free policy when they are:

- fully informed about the policy
- included as partners in the school's provision of support
- included as partners in seeking solutions for students who smoke at school
- acknowledging that smoking is primarily a health issue.

Privacy legislation

- Parents have a right to know if their child has broken a school rule.
- Whenever students initiate contact about their smoking behaviour, a school must seek student consent before notifying their parents.

Tobacco Management

Tobacco management community-based agencies

Guideline 10

Community-based agencies should be encouraged to support schools in the management of tobacco use

- Young people live, learn and socialise in their communities.
- Opportunities to smoke occur in communities.
- Peak community bodies provide services (for example, Quit Victoria provides information and counselling, ph 13 7848).
- Local health services provide advice and support.

Evaluation

Guideline 11

Schools should evaluate tobacco prevention and management strategies

Evaluation:

- provides opportunities for reflection and analysis
- provides opportunity for policy improvement
- ensures the school's response remains relevant and effective for the whole school community
- ensures the school's response is consistent and balanced.

Evaluation

Key assumptions about tobacco prevention and management

- 1 Tobacco prevention and management is primarily a health issue.
- 2 Tobacco smoking is a public health epidemic.
- 3 Almost one in 10 young people are smoking by 14 years of age.
- 4 Nearly one quarter of 17 year olds had smoked in the past month.
- 5 Smoking prevalence rates among younger students are gradually decreasing.
- 6 The school environment has an impact on the uptake of smoking by young people.
- 7 Classroom programs are most effective when they are part of a comprehensive strategy.
- 8 Nicotine is physically addictive.

Evaluation

Key assumptions about tobacco prevention and management (continued)

- 9 As soon as a young person begins experimentation with tobacco smoking, changes occur in the brain and sensitivity to nicotine increases.
- 10 Against their own intentions, many young people become dependent smokers.
- 11 Tobacco prevention education should be included in general health and drug education.
- 12 Early intervention is critical when assisting young people to avoid developing a tobacco smoking dependence.
- 13 Regardless of a student's smoking status, they can manage not to smoke at school.
- 14 Parents are essential partners in tobacco prevention education and management.
- 15 School and community partnerships improve effective tobacco smoking prevention and management outcomes.

Activities

- Activity 1: Whole school smoke free environment rating
- Activity 2: Tobacco prevention education – dependence quiz
- Activity 3: Designing a tobacco curriculum
- Activity 4: Early intervention and management – responding to incidents
- Activity 5: Early intervention and management – changing behaviour
- Activity 6: Responding to smoking incidents
- Activity 7: Evaluation and planning activity



Activity 1

Whole school smoke free environment rating

Purpose

A supportive school environment that promotes resilience (especially a sense of belonging) provides protection against smoking. This activity is designed to encourage the exploration of those characteristics of the school environment that promote non-smoking protective factors.

Process

- 1 Introduce the concept of a whole school smoke free environment (see Guidelines 1 and 2).
- 2 Ask participants to rate the factors in the following table from *most important to least important* when considered in light of the successful implementation of a whole school smoke free environment. (Participants may complete the rating in groups or as part of a continuum).

Characteristics of a whole school smoke free environment

- Lunchtime activities.
 - Teachers, parents and visitors adhering to the smoking ban.
 - Providing adequate supervision.
 - Peer support programs.
 - Whole school communication.
 - Leadership.
 - Monitoring school attendance.
 - Being sensitive to cultural diversity.
 - Community involvement.
 - Safety.
 - Building a sense of belonging.
 - Problem solving and coping skills.
 - Building confidence.
 - Encouraging positive and friendly behaviour.
 - Parent involvement.
- 3 Discuss the notion of resilience and protective factors.
 - 4 Distribute the 'Tobacco smoking protective and risk factors table' (Page 30) to participants and discuss any factors that have been missed in the previous discussions.

Discussion questions

- What is resilience?
- In what ways does an environment that promotes resilience provide protection against tobacco smoking?
- What other factors provide protection against tobacco smoking?

Lunchtime activities

Teachers, parents and visitors adhering to the smoking ban

Providing adequate supervision

Peer support programs

Whole school communication

Leadership

Monitoring school attendance

Being sensitive to cultural diversity

Community involvement

Safety

Building a sense of belonging

Problem solving and coping skills

Building confidence

Encouraging positive and friendly
behaviour

Parent involvement

Tobacco smoking protective and risk factors table

The following table summarises the risk and protective factors that influence the likelihood of a young person becoming a consumer of tobacco products.

Risk factors things that increase the likelihood of harm to a young person.

Protective factors things that decrease the likelihood of harm to a young person.

Factors that influence smoking	Risk Factors	Protective Factors
External/environmental factors	<ul style="list-style-type: none"> — Widespread tobacco smoking behaviour in public spaces and institutions — Tobacco advertising — Parental, sibling or peer smoking — Availability of tobacco products — Lack of adult supervision — Low socio-economic status 	<ul style="list-style-type: none"> — Smoke-free community areas — Public health campaigns — Parental, sibling and peer non-smoking behaviour — Restricted access to tobacco products — Close relationships with pro-social adults
Personal factors	<ul style="list-style-type: none"> — Disconnectedness from school (especially through truancy) — High self-esteem and confidence combined with risk taking — Rebelliousness — Anti-social behaviour — Unstable mental health — Fashion consciousness — Low academic achievement — Poor self-esteem and self-image 	<ul style="list-style-type: none"> — Connectedness to school — High self-esteem combined with positive health image of self — Resilience — Pro-social behaviour — Academic achievement
Attitudinal factors	<ul style="list-style-type: none"> — Belief that smoking is a social advantage — Belief that tobacco use is the norm — The absence of a firm commitment not to smoke 	<ul style="list-style-type: none"> — A belief that smoking is socially unacceptable — An awareness that most people do not smoke — A commitment not to smoke
Skill factors	<ul style="list-style-type: none"> — Lack of resistance and social skills 	<ul style="list-style-type: none"> — Resistance and social skills

Activity 2

Tobacco prevention education dependence quiz

Purpose

The rapid development of enhanced sensitivity to nicotine may cause young people to develop a dependence against their intentions. An understanding of the process of nicotine dependence is critical for young people engaged in tobacco-specific education. The information contained in the quiz is also useful for school staff when developing a smoke free school policy and related programs.

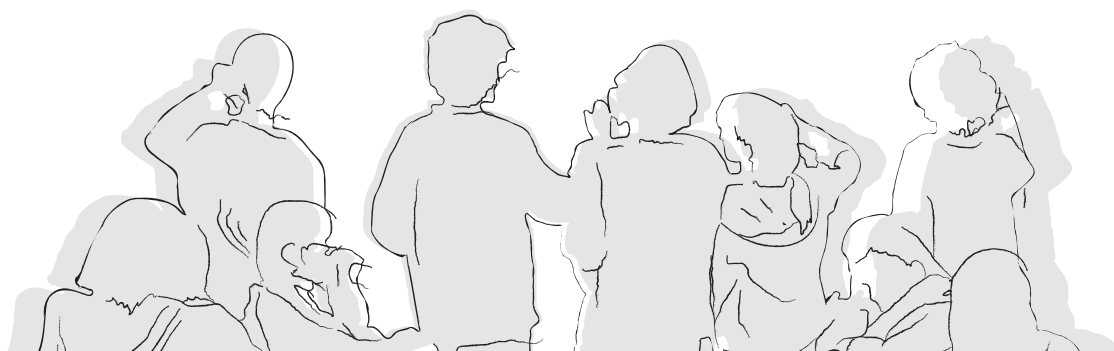
Process

- 1 Distribute the quiz to participants and ask them to complete each question by answering true or false. Alternatively, complete the quiz in discussion with the group.
- 2 Give explanations for each correct answer.
- 3 Discuss the implications for tobacco prevention and management.

Answers to the tobacco and nicotine quiz

- 1 **True.** Inhaling nicotine is a highly efficient way of getting nicotine to the brain as quickly as possible.
- 2 **True.** Nicotine is the physically addictive substance in cigarettes.
- 3 **False.** Most people become regular smokers against their intentions. Often they are dependent on nicotine before they realise.
- 4 **True.** Chemical changes take place in your brain whenever cigarette smoke is inhaled.
- 5 **False.** Each time you smoke a cigarette, chemical changes occur in your brain that make you more sensitive to nicotine, and consequently, more physically dependent on nicotine.
- 6 **True.** You can become very quickly dependent on nicotine.
- 7 **True.** When your body is still developing there is evidence to suggest you become more rapidly dependent on nicotine.
- 8 **True.** Smoking has been linked to all of these diseases.
- 9 **True.** Smoking is responsible for 90 per cent of drug-caused deaths. However, unlike many other drugs, it usually takes a long time to kill a person.
- 10 **False.** Passive smoking has been linked to many serious illnesses.

Tobacco prevention education–dependence quiz



		True	False
1	A cigarette is a vehicle for rapidly delivering nicotine to the brain.		
2	Smokers are dependent on nicotine; they are not dependent on cigarettes.		
3	Most people become regular smokers because they decide to.		
4	Each time you smoke a cigarette; chemical changes are taking place in your brain.		
5	Each time you smoke a cigarette; you become less sensitive to nicotine.		
6	You are dependent on nicotine within the first 100 cigarettes.		
7	The younger you are, the more rapidly you become dependent on nicotine.		
8	Smoking may cause health problems including cancer, emphysema, bronchitis, halitosis(bad breath), heart disease, vascular disease.		
9	Tobacco is responsible for more deaths than any other drug.		
10	Tobacco only harms smokers.		

This sheet may be photocopied and distributed to students and parents, or made available in school libraries, welfare offices and so on. Answers on Page 31.

Activity 3

Designing a tobacco curriculum

Purpose

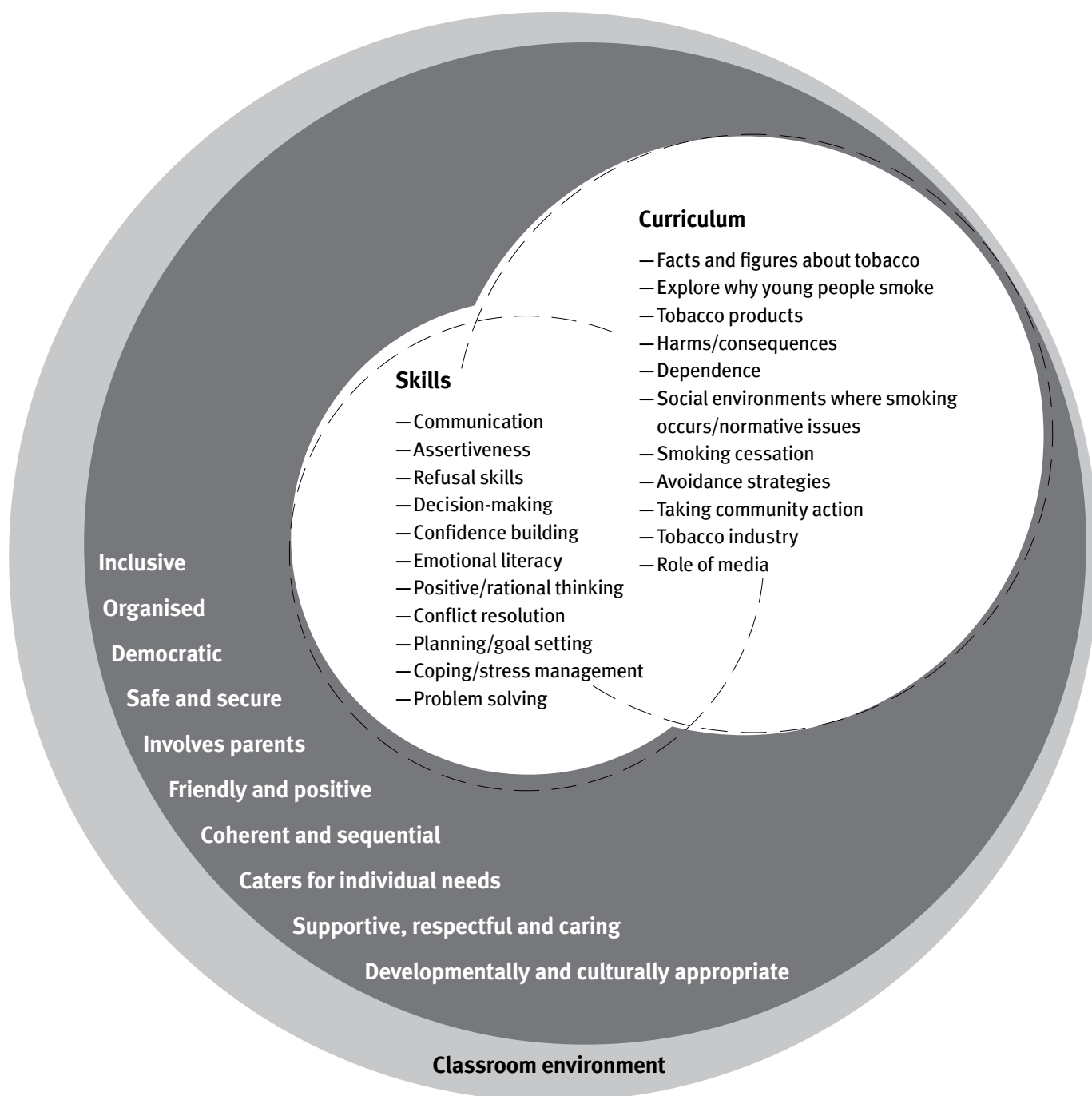
Tobacco prevention education in the classroom must consider the classroom environment, skills acquisition and curriculum content, and be sensitive to the age and development of the students. This activity provides the opportunity for teachers to consider how to marry these elements into a practical lesson. (Note: facilitators may provide texts and other resources to assist with this activity).

Process

- 1 Discuss each of the three elements:
 - classroom environment
 - skills acquisition
 - curriculum content (see *Smoke Free Schools – Tobacco prevention and management guidelines for Victorian schools* – Guideline 3, Page 13)
 - how these elements influence the effectiveness of the classroom tobacco prevention education.
- 2 Key points:
 - the classroom environment promotes a sense of belonging
 - life skills are crucial to negotiating through risk situations
 - accurate information is essential when developing cognitive/decision-making skills.
- 3 In groups, use the information from the following diagram to design a tobacco prevention education lesson plan.
- 4 Ask each group to present their lesson, describing its purpose, procedure and evaluation process.
- 5 Collect lessons for distribution to participants at a later date.
- 6 Extension activity. Using the diagram, distribute resources to groups and ask participants to rate each resource according to each element: classroom environment, skills acquisition, and curriculum content.

Key elements for teaching about tobacco

This diagram highlights factors relating to classroom environment, skills acquisition and curriculum content when delivering effective tobacco prevention education.



Activity 3 (cont.)

Designing a tobacco curriculum

Classroom tobacco prevention education – lesson plan worksheet

Year level
Purpose
Procedure
Preparation and equipment required
Discussion questions and/or evaluation tool

Activity 4

Early intervention and management – responding to incidents

Purpose

To explore the current approaches of schools when responding to tobacco incidents.

Process

- 1 Choose an appropriate scenario (for example, 6, 7, 9 or 12) from Activity 6 and ask participants to describe how their school might respond. Ask them to consider possible consequences and support options.
- 2 Ask participants to discuss:
 - why their schools (or they themselves) respond to tobacco smoking incidents in the way they do
 - what are the outcomes of their school's approach to smoking incidents for:
 - the students
 - the school
 - other students
 - families?
 - are they satisfied with their school's approach to tobacco smoking incidents (and related issues)?
- 3 The diagram on Page 34 presents a range of interventions a school can take in response to a smoking incident. Ask participants to write down those steps their school does and does not take.

Privacy and consent

When students self-refer, or voluntarily offer information about their smoking, schools should be aware of privacy legislation as it relates to young people and health (for example, smoking). Where a student has broken school rules, parents should be informed about their child's behaviour. However, when a student initiates contact seeking help for his or her smoking behaviour, consent must be obtained from the student before a parent can be notified. Schools should also refrain from invoking disciplinary consequences in these instances.

Activity 4 (cont.)

Table School interventions

The following set of interventions has been developed to guide schools through a process of responding to a young person who has been smoking at school. It is recognised that each case should be considered individually and, whenever possible, advice should be sought from suitably qualified professionals. Support material is provided in *Smoke Free Schools - Tobacco Prevention and Management Guidelines for Victorian Schools**.

The aim of this checklist is to assist school staff to:

- intervene early in a student's smoking pathway. This will help students avoid developing a smoking dependence
- support student compliance with the school's smoke free policy.

When intervening with young people the following areas should be considered:

- the young persons level of dependency

- the young person's desire to reduce or stop smoking
- the level of connectedness or engagement to the school
- the level of protective factors versus risk factors in the young person's home, school and community
- whether the young person engages in smoking alone or with others
- whether the intervention will do more harm than good.

Reducing supply

If possible establish where the young person obtains their cigarettes. Reducing supply is an important harm minimisation strategy. If it is established that the young person is obtaining cigarettes from traders then schools can lodge a report of this offence to the Drug Information Line 1300 156 775.

* Page numbers refer to the *Smoke Free Schools – Tobacco Prevention and Management Guidelines for Victorian Schools*.

Type of smoking	Interventions
Experimental First intervention	<ul style="list-style-type: none"> — express concern and reiterate school policy — contact parents/guardians (Page 42) — educate about dependence (parents and student) (Page 46) — educate about harms (parents and student) (Page 48) — establish source of supply (Page 41) — reinforce boundaries and rules — explain and invoke consequences — build rapport, for example, through a mentor, peer education, advocacy — develop contract/management plan (Page 50).
Regular Further interventions	<p>Including the above suggestions, the following responses are also appropriate:</p> <ul style="list-style-type: none"> — undertake assessment (Page 52, 53) — provide support counselling/mentoring (Page 43, 44, 56, 58, 59, 60) — review — referral — seek medical advice — provide ongoing management and positive reinforcement, for example, through student support group.

Activity 5

Early intervention and management - changing behaviour

Purpose

Changing habitual behaviour is difficult. When a physical dependence is also present, behaviour change is an even greater challenge. This activity attempts to give an understanding of the issues facing young people who are regular smokers, or are developing a smoking dependence, and may be considering change.

Process

- 1 Place the signs on Page 39, in different areas of the room.
- 2 Ask participants to think about a behaviour they have recently tried to change and that they are prepared to share with the rest of the group (for example, resisting chocolate or easing a restricting diet).
- 3 Explain the meaning of each sign with respect to changing behaviour.
- 4 Ask participants to stand by the sign that most reflects their present circumstance in relation to the behaviour they are considering.
- 5 Ask people to reveal to the group:
 - the behaviour they are attempting to change
 - the history of the behaviour.
- 6 Distribute the behaviour change model illustrated on Page 40 (Assisting a young smoker to change their smoking behaviour). In relation to the previous discussion, participants identify stages they may have moved through.
- 7 Discuss how people can move back and forth through the stages, and how smoking is a chronic, relapsing condition that often requires many attempts before cessation. This activity will help emphasise that, in many instances, the role of schools will be to assist young people, over a period of time, not to smoke at school.

Contented

Contemplating

Preparing

Acting

Maintaining

Relapsing

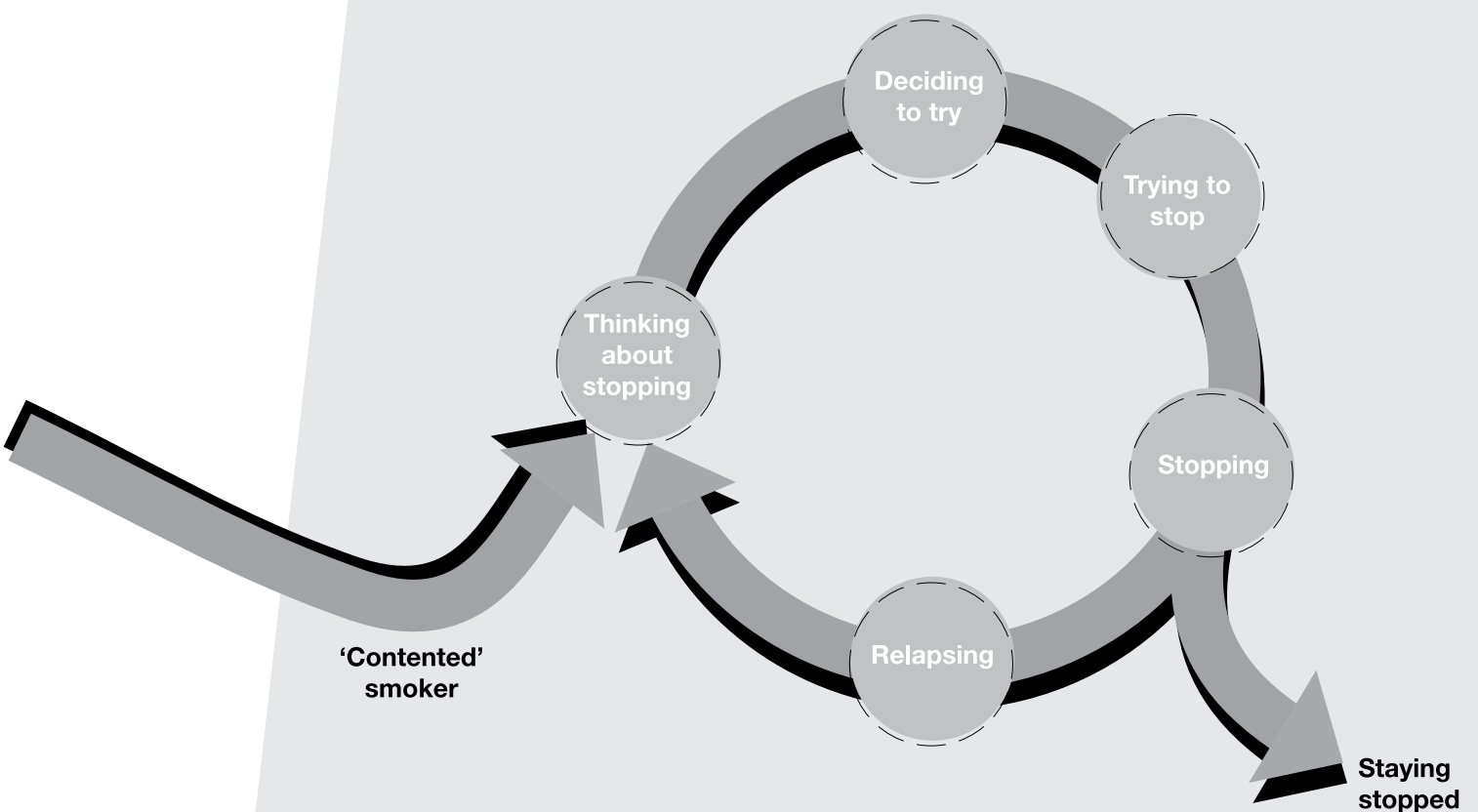
Activity 5 (cont.)

Early intervention and management – changing behaviour

The Stages of Change Model briefly describes the different stages smokers may pass through when attempting to manage or cease their smoking dependence. It is helpful for smokers, and people who are supporting them, to understand the different challenges and shifts in thinking required for

a person to change behaviour. The model recognises a smoker may move back and forth through the stages, rather than progress predictably from one stage to the next.

Stages of change model



Stage of change	What a smoker may be thinking, feeling or doing	What a support person can do	Common questions/ strategies a support person might institute
‘Contented’ smoker Pre-contemplation. Unaware/ under-aware. Filtering out non-smoking information. Denial.	Enjoy smoking, not interested in quitting. Believe they are getting a lot out of it.	Raise awareness through empathy and reflection of resistance. Encourage openness and the possibility of change.	Signal availability of strategies and services to assist quitting. Challenge mythologies.
Thinking about stopping Contemplation. More aware of pros and cons. More personally vulnerable. Ambivalent/contradictory.	The smoker makes statements such as: ‘Not sure I’m ready.’ ‘Thinking about it.’ ‘Yes but...’	Helps tip balance. Clarify the effects of current choices through reflection of ambivalence. Reinforce that something has to change. Collaborate on goal setting.	Motivational interviewing and discussion, for example, how does smoking fit in with your sport, attractiveness to opposite sex, cost (etc) as related to emerging goals?
Deciding to try Preparation. Making decisions. Early stirrings of action. Some changes now, and intentions for immediate future. Wanting solutions.	‘I’m trying to quit.’	Plan by choosing strategies and setting targets. Take actions. Sustain behaviour change and acknowledge efforts.	Assess levels of addictions and match with possible strategies, for example, reduction of intake. Identify triggers and make plans for coping with them. Plan a ‘quit day’. Identify support systems.
Trying to stop Action. Active attempts. Commitment, putting in time and energy. Altering addictive behaviour. Experiencing difficulty establishing new patterns Ambivalence – desire to be different.	‘I want to prevent myself from relapsing.’ ‘I may need a boost to help maintain the changes I’ve made.’	Emphasise successes. Prepare skills/strategies. Encourage vigilance. Help sustain new patterns.	Examine the times and situations of maximum risk, for example, is there a concurrent use with alcohol? How will you handle peer-related smoking? Examine motivation, for example, why am I doing this and is it worth it? Revisit identified goals and targets. Ensure (and re-evaluate) support systems.
Stopping Maintenance. Quitting for six months or more. Continuations of change. Stabilising gains and working to prevent relapse. New patterns established.	‘I want to prevent myself from relapsing.’ ‘I may need a boost to help maintain the changes I’ve made.’	Emphasise successes. Prepare skills/strategies. Encourage vigilance. Help sustain new patterns.	Revisit motivations and, if necessary, redefine according to changes. Provide relapse prevention in light of a possible false sense of control (for example, ‘I’ve done it and one or two cigarettes won’t hurt’). How would you handle relapse and not feel defeated?
Relapsing Returning to smoking and earlier stage. Retreating to comfort zone. Learning from past for next attempt.	‘I’m smoking again.’ ‘I’ve failed.’	Value personal experience and new skills. Explore personal triggers. Normalize the experience of setbacks. Challenge hopelessness.	Examine risks. Explore what could lead to having a cigarette, for example tiredness, anxiety, feeling hungry.
Staying stopped Quitting forever.	‘I have done it.’ ‘I have succeeded.’	Remind them to congratulate themselves. Quitting is not easy. In future years, it is important they never forget this success, and the efforts they made to reach it.	What new things can you, or have you put in your life in the space left by your smoking? What life qualities have you gained? How can you celebrate your success in a way that does not involve returning to smoking?

Activity 6

Responding to smoking incidents

Purpose

Many issues are associated with managing smoking in schools. These scenarios raise some of the common dilemmas schools may confront. Some of the scenarios tend to relate to particular age groups, but most apply to primary and secondary school students. The scenarios give teachers an opportunity to discuss strategies for responding to these dilemmas.

Process

- 1 Choose one or more scenarios that are most suitable to the teachers participating in the session.
- 2 Ask them to consider the scenario in groups by answering these questions:
 - What is the central issue?
 - Are there competing considerations?
 - How would they respond (describe the order of the actions)?
- 3 Ask groups to report back to the larger group.
- 4 Encourage participants to share dilemmas they have encountered or might envisage.

Scenario One

While doing a smoking activity about why young people smoke, a significant proportion of students report that their parents, or friends of their parents, often give them a puff to see what smoking is like, especially when they are celebrating with alcohol.

Main issue: Parent attitudes.

Scenario Two

The school implements a smoke free policy. A group of parents object to not being allowed to smoke at school functions.

Main issue: Parent rights.

Scenario Three

A school provides information about the role of parents in developing non-smoking attitudes with their children. A parent complains that the information is patronising and outside the school's duty of care.

Main issue: The responsibilities of schools.

Scenario Four

Smoking is occurring in the girls' toilets, and a cat-and-mouse game is being played out between duty teachers and students.

Main issue: Privacy and supervision.

Scenario Five

Complaints are received from members of the community about students who are smoking on their way to and from school.

Main issue: What is possible?

Scenario Six

A student asks to speak to a teacher in confidence and reveals that she wants support to give up smoking.

Main issue: Rights and privacy legislation.

Scenario Seven

Senior students are going on a study camp. A student provides a letter from his parents giving permission for him to smoke. The letter states the young person is a dependent smoker and should not be discriminated against because of his smoking.

Main issue: Health and student rights.

Scenario Eight

A local shop is selling cigarettes to senior primary and junior secondary school students.

Main issue: Breaking the law and who to notify.

Scenario Nine

During lunchtime, a group of students are seen smoking in a laneway opposite the school. When queried, they say another teacher told them that if they wanted to smoke, they should do it outside the school premises.

Main issue: Inconsistent messages.

Scenario Ten

Students from different schools congregate at a bus depot after school. Smoking is prevalent among the students while waiting for their buses.

Main issue: Who is responsible?

Scenario Eleven

During a discussion in class, a group of Year 10 students explain how they only smoke at parties and other social occasions. They are confident they can restrict their smoking to these situations.

Main issue: Understanding nicotine and dependence.

Scenario Twelve

A student seeks a meeting in confidence to explain that, while she is committed to completing her schooling, she has been smoking regularly for a number of years and is unable to refrain from smoking for as long as a full school day.

Main issue: Dependence and management.

Activity 7

Evaluation and planning activity

Purpose

To encourage participants to analyse the tobacco policy and procedures in their school, and to plan how they might develop a smoke free policy and related procedures.

Process

- 1 Ask participants to evaluate their school's tobacco or smoke free policy and procedures against the following checklist on guidelines and school action.
- 2 Identify areas requiring development and articulate an aim.
- 3 Detail the steps to achieving the aim.
- 4 Nominate a responsible person or committee.
- 5 Nominate a time for initiating the first step to achieving the aim.
- 6 Report back to the group.

Activity 7 (cont.)

Checklist

The guidelines and school action

The guidelines and school action

The following checklist is designed to allow a school to quickly determine if current practices match these guidelines. School staff should refer to the appropriate guideline section in order to clarify any of the following questions.

Once a school has completed the checklist, a set of actions should be identified for each NO response. The section related to each guideline can assist.

Guidelines:

1	Does the school have a smoke free policy?	Yes	No
	Is there a communication strategy designed to inform the whole school community of the policy and the reasons for its existence?	Yes	No
	Are all members of the school community aware of their role in implementing a smoke free policy?	Yes	No
2	Does the school have a clearly evident whole school approach to health?	Yes	No
3	Is tobacco prevention education delivered in the context of the school health curriculum?	Yes	No
4	Is professional learning available to support teachers responsible for tobacco prevention education, and teachers responsible for the management of smoking incidents?	Yes	No
	Are up-to-date resources available to support those teachers responsible for tobacco prevention education?	Yes	No
5	Are parents involved in the organisation, implementation and evaluation of tobacco prevention education?	Yes	No
6	Is the student use of tobacco products regarded primarily as a health issue?	Yes	No
7	Are those students vulnerable to becoming regular smokers identified early in their 'smoking pathway'?	Yes	No
8	Are students who are regular smokers provided with adequate support and appropriate strategies to enable them to control their dependence?	Yes	No
9	Are parents involved in the management of a young person's tobacco use?	Yes	No
10	Does school access resources from community-based agencies to support the management of student tobacco use?	Yes	No
11	Does the school regularly audit and evaluate tobacco prevention education and tobacco management strategies?	Yes	No

Tobacco Action Plan

School

Tobacco Action Plan						
	Guidelines	Checklist Questions	y/n	Implementation Strategies	Timeline	Responsibility for Implementation
Prevention	1 Schools are <i>Smoke Free Schools</i> . 2 Tobacco prevention and management are most effective when a whole school approach to health and wellbeing is in place.	Does the school have a smoke free policy? Is there a communication strategy designed to inform the whole school community of the policy and the reasons for its existence? Are all members of the school community aware of their role in implementing a smoke free policy? Does the school have a clearly evident whole school approach to health?				
Education	3 Tobacco prevention education is best delivered in the context of the school health curriculum. 4 Effective tobacco prevention education is based on whole school professional learning.	Is tobacco prevention education delivered in the context of the school health curriculum? Is professional learning available to support teachers responsible for tobacco prevention education and the management of smoking incidents? Are up to date resources available to support those teachers responsible for tobacco prevention education?				
	5 Effective tobacco prevention education will involve parents and families as partners.	Are parents involved in the organisation of tobacco prevention education?				

	Guidelines	Checklist Questions	y/n	Implementation Strategies	Timeline	Responsibility for Implementation
Management	6 Student use of tobacco products is primarily a health issue.	Is the student use of tobacco products regarded primarily as a health issue?				
	7 Students who are vulnerable to becoming regular smokers should be identified early in their 'smoking pathway'.	Are those students vulnerable to becoming regular smokers identified early in their 'smoking pathway'?				
	8 Students should be supported not to smoke at school.	Are students who are regular smokers provided with adequate support and appropriate strategies to enable them to control their dependence?				
	9 Schools should involve parents in the management of a young person's tobacco use.	Are parents involved in the management of a young person's tobacco use?				
	10 Community based agencies should be encouraged to support schools in the management of tobacco use.	Does the school access resources from community-based agencies to support management of student tobacco use?				
Evaluation	11 Schools should evaluate tobacco prevention and management strategies.	Does the school regularly audit and evaluate tobacco prevention education and tobacco management strategies?				

Focus Questions



Background Information

See overheads 1–4

Background information

- 1 Is tobacco smoking a health epidemic?
- 2 What percentage of drug-related deaths is attributed to tobacco?
- 3 Between what ages do most regular smokers begin the habit?
- 4 By delaying experimentation with tobacco, does a young person reduce the likelihood of becoming a lifelong smoker?

Focus questions

The focus questions may be given to the participants at the beginning of the session. They are designed to help participants identify key issues.

Prevention

See overheads 5–9

Prevention

- 1 What is resilience?
- 2 Does the development of resilience skills provide protection against smoking?
- 3 How do teaching and learning strategies influence attitudinal and behavioural outcomes?
- 4 In what kind of school environment does the most effective tobacco prevention education occur?
- 5 Why is a harm minimisation approach to tobacco prevention education the most realistic?
- 6 When are parents the most significant influence on the attitudinal development of their children?
- 7 How might parents improve tobacco prevention education?
- 8 How might schools support parents in tobacco prevention education?
- 9 What family and school factors provide protection against smoking?
- 10 What opportunities should classroom tobacco prevention education provide for students?
- 11 What strategies can be utilised to develop behaviour skills resistant to experimenting with tobacco products?

Early intervention and management

See overheads 10–15

Early intervention and management

- 1 Why should all members of the school community be vigilant about tobacco smoking?
- 2 What begins occurring as soon as a person begins smoking tobacco?
- 3 In what different way does nicotine affect a younger person?
- 4 Is it unreasonable to expect a dependent smoker to refrain from smoking during school hours?
- 5 Why is early intervention with experimental tobacco use considered critical?
- 6 Should students be encouraged to use nicotine replacement therapies?
- 7 What can communities offer to help reduce smoking among young people?
- 8 What is a common dilemma for schools when responding to a tobacco-smoking incident?
- 9 Do the guidelines support a school imposing a sanction if a student fails to conform to a smoke free school policy?
- 10 Tobacco-related sanctions should be consistent with what document?
- 11 Is a discipline-only response to a tobacco incident unreasonable?
- 12 If a student breaches the school's smoke free policy, what else can be offered to parents and students prior to suspension?
- 13 With regards to a student's tobacco smoking, when should a school seek student permission to involve parents?

