



School and Community-Based Education Programs

Most people who use tobacco begin as children. Because they start young, they have more difficulty quitting, are more likely to become heavy users, and are more likely to develop a tobacco-related disease. At the same time, adults strongly influence youth tobacco use through the example they set and through their influence over societal norms which often condone or even promote tobacco use. Therefore, education programs should not just focus on preventing children from starting to use tobacco but also help reduce adult tobacco use. Also, to be effective, such programs need to be carefully adapted to the unique cultural, political and economic features of each country.¹

School-Based Programs: The school is an extraordinary setting in which to improve the health of students, school personnel, families and members of the community. According to the U.S. Centers for Disease Control & Prevention (CDC), well-designed, well-implemented school programs can help reduce tobacco use among young people.² School programs to prevent tobacco use and addiction will be most effective if they:

- teach students not only about the dangers of tobacco use but also teach life skills, refusal skills and media literacy in order to resist the influence of tobacco marketers and peers;

- provide developmentally appropriate instruction that addresses the social and psychological causes of tobacco use, including the role of the tobacco industry -- programs that only discuss tobacco's harmful effects or attempt to instill fear rarely prevent tobacco use;
- prohibit tobacco use at all school facilities and events and encourage and help students and staff to quit using tobacco; and
- are reinforced by community-wide efforts to prevent tobacco use and addiction.

Community-Based Programs: Local government entities, community organizations, local businesses and other community partners should all be involved in community-based education programs. These groups can effectively engage in tobacco control activities where people live and work. They can also be effective in reaching children not in regular attendance in schools, who in some countries may represent a very high percentage of all children. To be effective, community-based education programs should:

- have community support and involvement in their design;
- be coordinated with (and utilize) other community services and resources;

- be cognizant of the role community norms have in influencing behavioral change regarding tobacco use;
- indicate promising innovative approaches to diminishing tobacco use among target groups and encourage those approaches to be replicated by others; and
- establish criteria for eligibility and accountability to ensure that funds are spent on the most effective efforts.³

Public Education: The media can and should be effectively utilized to promote tobacco control efforts.

Billboards, newspapers, magazines, the internet, radio and television can all be valuable means of disseminating important educational messages. During the transition to the complete advertising ban recommended by the World Health Organization (WHO), countries may want to launch aggressive media campaigns to reduce the power of pro-tobacco marketing. These efforts can include:

- *Counter-advertising:* Paid media advertising, when used with precision, can be an effective tool for discouraging tobacco consumption and can be funded through the earmarking of a portion of tobacco taxes. If carried out free of interference by the tobacco industry, such programs can help reduce tobacco use among both young people and adults.⁴



- *Media Advocacy:* By providing the media with reliable information and encouraging them to prepare news, features and opinion articles, continuing public attention to tobacco and health issues can be sustained at little or no cost. In countries such as Canada, Finland, New Zealand and Norway, extensive public debates leading to the implementation of comprehensive tobacco control policies received prominent and prolonged media coverage, with frequent references to the health hazards of tobacco.

- *No-Tobacco Days:* WHO sponsors an annual World No-Tobacco Day on May 31st. In many countries, these and other no-tobacco celebrations have been useful in focusing public and media attention on tobacco issues and serving as a launching pad for legislative and regulatory initiatives. Even in countries where very little in the way of strengthening tobacco control seems feasible, it should still be possible to celebrate World No-Tobacco Day.

Research, Monitoring and Evaluation: Education programs need to be continuously monitored and evaluated,

with regular measurement of key outcomes conducted to assess progress and to help improve performance. This information can be used to make necessary adjustments in the programs to ensure that they are responsive to changes in tobacco use and are able to take advantage of new scientific findings.

Beware of Tobacco Company-Sponsored Education Programs: Although offers by tobacco companies to fund youth anti-tobacco programs are tempting, the experience in the United States shows that such programs are usually launched at particularly sensitive political moments for the tobacco industry, are designed to relieve political pressure on the industry rather than actually discourage tobacco use by young people and fail to mention the health dangers associated with tobacco use.⁵

Conclusion

Over forty years of experience with education and health programs show that if tobacco use is still perceived as socially acceptable, educational campaigns focused mainly on the health hazards of tobacco use will produce

only modest results in preventing young people from beginning to smoke. For better results, WHO recommends that education and health promotion programs be accompanied by other actions, particularly regulatory and tax measures, that will reduce the social acceptability of tobacco use.

Resources on the World Wide Web

U.S. Centers for Disease Control, *Best Practices for Comprehensive Tobacco Control Programs* (August 1999) <http://www.cdc.gov/tobacco/bestprac.htm>

World Health Organization, *Guidelines for Controlling and Monitoring the Tobacco Epidemic* (1998) <http://www.who.int/psa/docs/guide/index.htm>

"The Truth" web site – innovative U.S. web-site designed by young people for young people <http://www.thetruth.com>

British Columbia Ministry of Health's web site for young people <http://www.tobaccofacts.org/>

¹ Adapted from: World Health Organization., *Guidelines for Controlling and Monitoring the Tobacco Epidemic*, 1998; <http://www.who.int/psa/docs/guide/index.htm>; *Guidelines for School Health Programs to Prevent Tobacco Use and Addiction*, Centers for Disease Control: 1994; and National Center for Tobacco Free Kids Fact Sheets "Essential Elements of a Comprehensive State Tobacco Control Program" (<http://tobaccofreekids.org/research/factsheets/pdf/0015.pdf>) and "Comprehensive Tobacco Control Programs Reduce Tobacco Use," (<http://tobaccofreekids.org/research/factsheets/pdf/0045.pdf>) 1998.

² U.S. Centers for Disease Control & Prevention, "Guidelines for School Health Programs to Prevent Tobacco Use and Addiction," *Morbidity and Mortality Weekly Report*, 1994, vol. 43, No. RR-2: <ftp://ftp.cdc.gov/pub/Publications/mmwr/rrrr4302.pdf>

³ Stan Glantz and Larry Miller, "Model Tobacco Control Legislation, Version #6, 1999.

⁴ See for example, California Department of Health Services, "California's Tobacco Education Media Campaign," <http://www.dhs.ca.gov/tobacco/documents/FSMediaCamp.pdf>

⁵ National Center for Tobacco Free Kids, *A Long History of Empty Promises: The Tobacco Industry's Youth Anti-Tobacco Programs*, 1999; <http://tobaccofreekids.org/research/factsheets/pdf/0010.pdf>

⁶ World Health Organization, *Guidelines for Controlling and Monitoring the Tobacco Epidemic*, 1998; <http://www.who.int/psa/docs/guide/index.htm>