

III School Programs

Justification

Because most people who start smoking are younger than age 18, programs that prevent the onset of smoking during the school year are a crucial part of a comprehensive tobacco prevention program.^{1,2} Several studies have shown that school-based tobacco prevention programs that identify the social influences that promote tobacco use among youth and that teach skills to resist such influences can significantly reduce or delay adolescent smoking.¹⁻⁵ Programs that vary in format, scope, delivery methods, and community setting have produced differences in smoking prevalence between intervention and nonintervention groups ranging from 25% to 60% and persisting for 1 to 5 years after completion of the programs.¹⁻⁷ Although long-term follow-ups of programs have indicated that the effect may dissipate over time,⁸⁻¹¹ other studies have shown that the effectiveness of school-based tobacco prevention programs is strengthened by booster sessions and communitywide programs involving parents and community organizations and including school policies, mass media, and restrictions on youth access.¹²⁻¹⁷ Because many students begin using tobacco before high school and impressions about tobacco use are formed even earlier, tobacco use prevention education must be provided in elementary

school and continued through middle and high school grades.¹⁸

Methods for strengthening school programs include

- Implementing *CDC's Guidelines for School Health Programs to Prevent Tobacco Use and Addiction*, including tobacco-free policies, evidence-based curricula, teacher training, parental involvement, and cessation services.
- Implementing and incorporating evidence-based curricula identified through CDC's Research to Classroom Project into a comprehensive school program to prevent tobacco use and addiction. Two curricula with the most credible evidence of sustained impact on youth smoking rates have been identified by CDC as programs that work.^{6,7} Implementation of Life Skills Training and Project Towards No Tobacco Use (Project TNT) have been shown to reduce tobacco use among adolescents.
- Linking school-based efforts with local community coalitions and statewide counter-advertising programs.

Budget

Funds can be awarded directly to school districts, and programs can be supported by statewide technical assistance. States are encouraged to coordinate school program funding with funding for other community programs. Best practices dictate allocating \$500,000–\$750,000 annually for statewide infrastructure and technical assistance to support individual school districts. In addition, \$4–\$6 per student in grades K–12 should be budgeted for annual awards to school districts.

States have developed several models for granting funds to local school districts. Because tobacco use onset among students increases most rapidly between the ages of 10 and 17, most States target a larger proportion of their school funding at young people between these ages. For example, California funds all school districts that have a fully implemented tobacco-free policy. Programs in grades 4 through 8 are funded through an entitlement program at \$7 per child based upon average daily attendance, whereas programs in grades 9 through 12 are funded selectively through a competitive grant process at \$25 per student based on average daily attendance. County education offices receive \$25,000 to \$150,000 per year, depending on county size, to provide training and technical assistance to districts. In Oregon, funding was competitively awarded to 58 of the State's 199 districts (30%) at an annual funding level of approximately \$1.60 per student to implement comprehensive tobacco prevention and education programs based upon CDC's guidelines. Assuming 100% coverage of school districts using a funding model similar to the Oregon model, \$4–\$6 per student in grades K–12 should be budgeted. Based upon the experience of several States in funding school programs, CDC recommends that funds be awarded to school districts that have clearly stated performance objectives consistent with CDC's guidelines.

Core Resources

Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. Division of Adolescent and School Health Bibliography: Effective School-Based Tobacco Prevention Programs; Recommendations and Syntheses. 1998.

Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. Guidelines for School Health Programs to Prevent Tobacco Use and Addiction. 1994. (<http://www.cdc.gov/nccdphp/dash/nutptua.htm>).

Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. Guidelines for School Health Programs: Preventing Tobacco Use and Addiction, At-A-Glance. 1997. (<http://www.cdc.gov/nccdphp/dash/ptuaaag.htm>).

Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. Projects to Promote Guidelines Implementation Fact Sheet. Tobacco, Physical Activity, and Nutrition. June 1997.

Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. Research to Classroom Project—Tobacco Use Prevention “Programs That Work” Fact Sheet. May 1997.

Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. School Health Policies and Programs Study Fact Sheet: Tobacco Use Prevention. October 1995.

Drug Strategies. Making the Grade. Washington, DC: Drug Strategies. 1996.

Education Development Center. Choosing the Tools: A Review of Selected K–12 Health Education Curricula. Newton, MA: Education Development Center, 1995.

Oregon Health Division. Request for Proposals for School-Based Tobacco Prevention and Education Programs. 1996.

References

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- 10 Flay BR, Koepke D, Thomson SJ, et al. Six-year follow-up of the first Waterloo School Smoking Prevention Trial. *Am J Public Health* 1989;79(10):1371–6.
- 11 Ellickson PL, Bell RM, McGuigan K. Preventing adolescent drug use: long-term results of a junior high program. *Am J Public Health* 1993b;83(6):856–61.
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- 14 Pentz MA, Dwyer JH, MacKinnon DP, et al. A multicomunity trial for primary prevention of adolescent drug abuse: effects on drug use prevalence. *JAMA* 1989a;261(22):3259–66.
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- 18 Centers for Disease Control and Prevention. Guidelines for school health programs to prevent tobacco use and addiction. *MMWR* 1994(25 Feb);43:RR-2:1-18. (<http://www.cdc.gov/nccdphp/dash/nutptua.htm>).