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# WHO INFORMATION SERIES ON SCHOOL HEALTH DOCUMENT FIVE

**Tobacco Use Prevention:  
An Important Entry Point  
for the Development of  
Health-Promoting Schools**



**World Health Organization  
Geneva, 1999**



**UNESCO**

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## **Tobacco Use Prevention: An Important Entry Point for the Development of Health-Promoting Schools**

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## **FOREWORD**

Investments in schools are intended to yield benefits to communities, nations and individuals. Such benefits include improved social and economic development, increased productivity and enhanced quality of life. In many parts of the world, such investments are not achieving their full potential, despite increased enrolments and hard work by committed teachers and administrators. This document describes how the results of educational investments can be enhanced, by increasing the capacity of schools to promote health *as they do learning*.

For better or worse, health influences education. If children are healthy, they can take full advantage of every opportunity to learn. But, children who cannot attend school because of poor health or unhealthy conditions cannot seize the opportunities that schools provide. Similarly, schools cannot achieve their full potential if children who attend school are not capable of learning well. Poor health and unhealthy conditions jeopardize the value of school attendance.

This document is part of the *WHO Information Series on School Health* prepared for WHO's Global School Health Initiative. The Initiative is a concerted effort by international organizations to help schools improve the health of students, staff, parents and community members. The document will be used in the new United Nations Foundation Project "Building Alliances and Taking Action for a Generation of Tobacco-free Children and Youth", which is a joint effort by WHO and UNICEF, and a major part of WHO's Tobacco Free Initiative. It will also be used by UNESCO in the field of preventive education against drug abuse along with strategies and educational materials that can be adapted to specific socio-cultural contexts and which arm individuals, particularly children, youth and women, with the skills necessary to protect themselves against the dangers of both licit (tobacco and alcohol) and illicit drugs.

Creating a tobacco-free generation will require schools, communities, governments and the media to work together in support of health. We encourage education and health agencies to use this document to help schools become "health promoting" schools and collaborate with others to prevent and reduce tobacco use.

Although definitions will vary, depending on need and circumstance, a "Health-Promoting School" can be characterized as *a school constantly strengthening its capacity as a healthy setting for living, learning and working* (see box after the foreword).

The extent to which each nation's schools become Health-Promoting Schools will play a significant role in determining whether the next generation is educated and healthy. Education and health support and enhance each other. Neither is possible alone.

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## **A HEALTH-PROMOTING SCHOOL**

### A Health-Promoting School:

- fosters health and learning with all the measures at its disposal
- engages health and education officials, teachers, students, parents, and community leaders in efforts to promote health
- strives to provide a healthy environment, school health education, and school health services along with school/community projects and outreach, health promotion programmes for staff, nutrition and food safety programmes, opportunities for physical education and recreation, and programmes for counselling, social support and mental health promotion
- implements policies, practices and other measures that respect an individual's self-esteem, provide multiple opportunities for success, and acknowledge good efforts and intentions as well as personal achievements
- strives to improve the health of school personnel, families and community members as well as students; and works with community leaders to help them understand how the community contributes to health and education

# 1. INTRODUCTION

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This document, part of the *WHO Information Series on School Health*, is intended to help people use health promotion strategies to improve health and prevent the use of tobacco. Based on the recommendations of the Ottawa Charter for Health Promotion (Annex 1), it will help individuals and groups move towards a new approach to public health, one that creates on-going conditions conducive to health, as well as reducing the prevailing health problems caused by tobacco use.

While the concepts and strategies introduced in this document apply to all countries, some of the examples might be more relevant to certain countries than others. Programmes based on these models may need to be adapted to take account of cultural and socio-economic conditions.

## 1.1 *Why did WHO prepare this document?*

The World Health Organization (WHO) has prepared this document to help people: care for themselves and others; acquire the ability to make healthy decisions and have control over their lives; and ensure that society creates conditions that allow all its members to attain health.

It provides information that will assist individuals and groups to:

- make a strong case for increased support and attention to school efforts preventing and reducing tobacco use
- understand the nature of a Health-Promoting School
- plan, implement and evaluate tobacco use prevention efforts and health promotion as part of developing a Health-Promoting School

## 1.2 *Who should read this document?*

This document is directed towards:

- Governmental policy-makers, decision-makers, programme planners and coordinators at local, district, provincial and national levels, especially those from the ministries of health and education
- Members of nongovernmental institutions and other organizations and agencies responsible for planning and implementing health and tobacco prevention interventions, especially programme staff and consultants of national and international health, education and development programmes interested in promoting health through schools
- Community leaders, local residents, health care providers, social workers, development assistants, media representatives and members of organized groups (e.g. youth groups and women's groups) interested in improving health, education and well-being in the school and the community
- School community members, including teachers and their representative organizations, students, staff, parents, volunteers and school-based service workers
- Students in pre-service teacher training programmes and teachers participating in in-service training programmes



### 1.3 **What is meant by tobacco and tobacco use?**

"Tobacco use" in this document refers to the use of any nicotine-containing tobacco product, such as cigarettes, cigars, pipes and smokeless tobacco (pan, snuff and chewing tobacco). (1)

### 1.4 **Why focus efforts on schools?**

The school is a priority setting because it offers substantial opportunities to prevent tobacco use:

- Schools provide an efficient and effective way to reach large numbers of the population: school personnel, families and community members, as well as students. About 80% of children now enrol in primary school and 60% complete at least four years of education
- Students can be reached during childhood and adolescence, influential stages in their lives when lifelong behaviours such as tobacco use are formed
- The issue of tobacco use can be addressed consistently during successive years from the earliest grade through secondary school
- Addressing prevention of tobacco use can enhance attention to the use of alcohol and other substances, and other relevant risk factors among students
- Schools provide a channel to the community to introduce tobacco use prevention information and technologies and take the lead in advocating policies and services that reduce tobacco use

### 1.5 **How will this document help people promote health?**

This document is based on the latest information and research, but it is more than a technical document. It is designed to help people address the broad range of factors that must be changed to prevent and reduce risk behaviours and conditions that lead to or encourage tobacco use.

**Create Healthy Public Policy.** This document provides information that people can use to argue for increased local, district and national support for tobacco use prevention interventions in schools and to justify decisions to increase such support.

**Develop Supportive Environments.** This document describes environmental changes, including physical and psycho-social changes, that are necessary to prevent and reduce tobacco use by students and staff. It also describes how parents, teachers, community leaders and others concerned about tobacco use can support these changes in schools and communities.

**Reorient Health Services.** This document describes how current health services can be modified and expanded to prevent and reduce tobacco use and create more effective school health promotion programmes.

**Develop Personal Skills.** This document identifies skills that young people need to develop in order to avoid the initiation or maintenance of tobacco use and exposure to environmental tobacco smoke. It also identifies the skills others, such as parent, teachers and school principals, need to create conditions conducive to tobacco use prevention and health.

**Mobilize Community Action.** This document identifies joint actions that the school and community can undertake to promote health and prevent the spread of the tobacco use pandemic and identifies ways in which the school can collaborate with the community. It also provides arguments and facts that can be



communicated through the mass media to call attention to the problem of tobacco use and to the need for school-based efforts to be complemented by national, community and family actions.

### **1.6 How should this document be used?**

Sections 2 and 3 can be used to argue for prevention and cessation of tobacco use in schools. Section 4 can be used to create a strong basis for local action and for planning interventions relevant to the needs and circumstances of the school and community. Section 5 suggests ways to integrate health promotion efforts into various elements of a Health-Promoting School. Section 6 focuses on teacher training as a condition for implementing tobacco use prevention interventions. The final Section assists in evaluating efforts to make health promotion and tobacco use prevention an essential part of a Health-Promoting School.

For specific guidance on planning, implementing and evaluating, this document should be used in conjunction with the WHO document "Local Action: Creating Health-Promoting Schools." Local Action: Creating Health Promoting Schools provides practical guidance, tools and tips from Health-Promoting Schools around the world and can help tailor efforts to the needs of specific communities.



## 2. CONVINCING OTHERS THAT TOBACCO USE PREVENTION IN SCHOOLS IS IMPORTANT

The following arguments can be used to convince others of the importance of preventing and reducing tobacco use, especially through schools. They strongly support the importance of tobacco use prevention, of implementing tobacco use interventions as part of a school health programme and the need for increased investment in such programmes. Policy-makers and decision-makers can use these arguments to justify their decisions to increase support.

### 2.1 Argument: *Tobacco use prevention deserves increased attention and support*

Schools, communities and nations urgently need to increase efforts to prevent tobacco use, *especially among young people*.

- WHO estimates that **one out of two young people** who start smoking and continue smoking throughout their lives will ultimately be killed by a tobacco-related illness. (2)
- Dr Fernando Antezana, Deputy Director-General ad interim of WHO warns "...unless tough actions are taken immediately, the tobacco epidemic will prematurely claim the lives of about **250 million** children and young people alive today." (2)
- Dr Jose Serra, Brazil's Minister of Health warns "with tobacco use poised to become the leading cause of death in the world within two or three decades... if we really care about the health of our children ...trends in young people's smoking must be reversed...[P]olicy makers have a clear responsibility to create conditions for children to grow up without tobacco." (2)
- Dr Gro Harlem Brundtland, Director-General of WHO calls on all people, organizations and institutions to support increased efforts to reduce tobacco use:

"I am a doctor. I believe in science and evidence. Let me state it clearly: Tobacco is a killer. It should not be advertized, subsidized or glamourized. Adolescents should not be allowed to mortgage their lives to the seductive advertisements of the industry.

WHO's Tobacco Free Initiative aims at galvanizing global support for tobacco control. We need to ensure that our policy is backed by people, money and institutions ... We need to build 'partnerships with a purpose' for combating this epidemic ... I hope you will take every opportunity to involve the highest levels of Government and the highest levels of opinion leaders in ... efforts to build on the present momentum, secure commitment, and reap the significant health and economic benefits that can be achieved from a reduction in tobacco use."

Address to the Regional Committee for the Americas  
Fiftieth Session  
Washington, DC, USA.

21 September 1998.



## 2.2 Argument: *Tobacco is a killer*

Consider these facts:

- **By 2020, the tobacco epidemic is expected to kill more people than any single disease.**(3)
- Since the middle of the twentieth century, tobacco products have killed more than 60 million people in developed countries alone.(3)
- Currently, tobacco is responsible for **three and a half million deaths worldwide** – or about 7% of all deaths – per year.(3)
- Based on current trends, worldwide we can expect **ten million deaths per year by the 2020s or early 2030s**. It is estimated that **half a billion people now alive will be killed by tobacco products.**(3)
- By 2020, tobacco use will cause 17.7% of all deaths in developed countries and 10.9% of all deaths in developing countries.(3)
- Tobacco is a known or probable cause of about 25 diseases. The sheer scale of its impact on global disease burden is still not fully appreciated. It is well known that tobacco is the most important cause of lung cancer, for example; less well known is the fact that it kills even more people through other diseases, including cancers at other sites, heart disease, stroke, emphysema and other chronic lung diseases.(3)
- Smokeless tobacco causes oral cancer, especially in the lip, tongue, mouth and throat area, and is associated with cancer in the digestive system. The annual mortality from tobacco chewing in South Asia alone may well be above 50,000 deaths a year.(4)
- Breathing Environmental Tobacco Smoke (ETS) (i.e. side-stream and exhaled smoke from cigarettes, cigars and pipes) causes serious health problems.(1) ETS can aggravate allergies and increase the severity of symptoms in children and adolescents with asthma and heart disease; it is also associated with lung cancer because ETS contains essentially the same cancer-causing substances and toxic agents that are inhaled by the smoker. (3)
- If parents use tobacco, children can suffer health consequences. Maternal smoking is associated with a higher risk of miscarriage, lower birth weight of babies and inhibited child development.(3) Parental smoking is also a factor in Sudden Infant Death Syndrome (SIDS) and is associated with higher rates of respiratory illnesses, including bronchitis, colds and pneumonia in their children.(3)

## 2.3 Argument: *Most people who use tobacco were influenced to start during their school-age years*

The majority of tobacco users begin while in their teenage years or earlier. In many countries, tobacco use is rising among young people, while the age of tobacco use initiation is descending.(2) The increased rates and low age of initiation are alarming:

- Smoking prevalence among high school students in the USA increased from 28% in 1991 to 35% in 1995.(5)
- In Latin American countries, 75% or more of smoking initiation occurs between the ages of 14 and 17.(6)



Dr Michael Eriksen, Director of the United States Office on Smoking and Health, explains that "While curiosity and independence are natural parts of growing up, experimentation with tobacco products is not. Early use of tobacco products is...the result of demand created by the tobacco industry...[T]he tobacco industry needs to constantly recruit new smokers to replace those that die from smoking-related diseases...Those new smokers are most often teenagers." (2)

#### **2.4 Argument: *We know what influences young people to use tobacco***

Complex and inter-related factors influence children's and adolescents' use of tobacco. First and foremost, young people interpret smoking as a sign of independence – an image they see in adults who smoke and one which is skillfully created by tobacco advertising.(7)

- Adults who smoke, such as family members, film stars and sports heroes strongly influence children, and especially adolescents. In many countries, large numbers of teachers, medical professionals, politicians and government officials use tobacco.(7)
- Tobacco advertising plays a key role in encouraging young people to smoke. In countries around the world, billions of dollars are being spent on sophisticated tobacco advertising and promotions, portraying tobacco use as "fun", "glamorous", "mature", "modern" and "Western".(7)

At school, social relations influence the way young people live, their norms and values. Research suggests that young people are most at risk for starting tobacco use when they make the transition from primary to secondary school and when they come in contact with older students who use tobacco.(8)

In the transition from primary school to secondary school (and from childhood to adolescence) the need to be part of a group often becomes paramount. Differences in image and lifestyle to distinguish one group from another; this can include the use of tobacco. Group norms can play a significant role in pressuring young people to use tobacco; vulnerability to this pressure may be greater in young people with poor relationships, low self-esteem, boredom and social disadvantage. Older students are role models for younger students; their tobacco use encourages younger students to believe that tobacco is part of a mature image. Group members and older students who do not use tobacco, and who support the decisions of others to avoid its use, play an important role in preventing the initiation of tobacco use among young people.

#### **2.5 Argument: *Prevention is a critically important strategy for reducing tobacco use among young people***

Young people tend to underestimate how addictive nicotine is:

- The younger people are when they start smoking cigarettes, the more likely they are to become strongly addicted to nicotine.(7)
- Even trying cigarettes is dangerous. One-third to one-half of adolescents who experiment with cigarettes go on to become regular smokers. One study found that among those who experimented with cigarettes, about one-half had become regular smokers within one year.(7)

Young people also tend to underestimate how difficult it is to stop using tobacco:

- Although intentions to quit and quit attempts are common among teenagers, only small numbers of teenagers actually stop. (7)
- Studies in the United States have found that about 75% of young smokers considered themselves addicted; about 66% of adolescent smokers indicated that they wanted to quit; and about 70% said



that would not have started if they could choose again. (7)

- People who start using tobacco early have more difficulty quitting, are more likely to become heavy smokers and are more likely to develop a smoking-related disease. (1,4)

Programmes that *prevent* the initiation of tobacco use among school-age children and adolescents are strategically important because of tobacco's impact on health and education.

- As the age at which young people initiate tobacco use decreases (4), an increased proportion of these people will eventually develop tobacco-related diseases, *raising the already burdensome costs of treatment for these diseases.*
- Studies carried out in many countries show that **if young people do not begin to use tobacco before the age of 20, they are unlikely to start smoking as adults.** (7)
- Preventing tobacco use among young people helps prevent long-term health problems and premature death, and promotes optimal health. (9)
- Preventing tobacco use among school students decreases school days missed because of respiratory illnesses. (9)

## **2.6 Argument: Cessation can be an important element of a prevention/reduction strategy**

The seemingly discouraging results of tobacco use cessation programmes have reinforced the opinion that more systematic attention must be given to policies and programmes that prevent individuals from starting to use tobacco. (10) However, successful cessation efforts can support prevention efforts and yield substantial health benefits for young and adult tobacco users, as well as for people who would otherwise be exposed to their smoke.

- Health promotion efforts to persuade young people not to use tobacco are likely to be more successful when they also increase attention to helping tobacco users quit. (7)
- One year after quitting, the risk of coronary heart disease decreases by 50% and within 15 years, the risk approaches that of a long-time non-smoker. (3)
- The relative risk of developing lung cancer, chronic obstructive lung diseases and stroke also decreases, but more slowly. (3)
- Ten to fourteen years after smoking cessation, the risk of death from cancer decreases to nearly that of those who have never smoked. (3)
- Cessation benefits health, no matter at what age one quits smoking; it also helps reduce the existence of Environmental Tobacco Smoke, which is harmful to non-smokers as well as smokers. (3)

## **2.7 Argument: Tobacco use prevention is among the most cost-effective of health promotion interventions**

Tobacco use, a major drain on the world's financial resources, has been labeled a major threat to sustainable and equitable development. Tobacco products cause a loss to the world economy that is so great that a conservative estimate ranks it as an amount that exceeds total current health expenditures in all developing countries combined. (11)



- A World Bank study estimated that the use of tobacco results in a global net loss of US\$200 billion per year, with half of these losses occurring in *developing countries*.(12)
- The World Bank also estimated that smoking prevention is among the most cost-effective of all health interventions. The same study cited *school health programmes* that provide school health services and health education as among the most cost-effective of the public health interventions compared.(13)

## **2.8 Argument: Tobacco use prevention programmes can be a good entry point for the development of Health-Promoting Schools**

Experience has shown that important health issues can serve as effective entry points for the development of Health-Promoting Schools. The creation of a Health-Promoting School, described in Chapter Five, provides a sound basis for addressing tobacco use prevention along with other important health issues – alcohol use, substance use, dietary behaviours, sexual behaviours, sedentary lifestyles and behaviours that result in injury – with students, school personnel and the community.

## **2.9 Argument: Schools are vital partners for achieving WHO’s vision of “Growing Up Tobacco Free”**

Schools have organizational potential and access to a large number of children, adolescents and adults who can help make WHO’s vision of “Growing Up Tobacco Free” a reality. Schools can be vital partners to WHO and other relevant organizations that share these characteristics:

- The belief that every child has the right to grow up without tobacco and without the pressures to use tobacco that emanate from a variety of sources in many schools, communities and nations.(11)
- The determination to help change the environment so that non-smoking is considered normal social behaviour and the choice not to smoke is the easier choice.(11)
- The willingness to call upon and work concertedly with governments and other sectors to implement “A Ten Point Programme for Successful Tobacco Control” as described in Section 4.3 - Policies and Commitments.(14)



### 3. CONVINCING OTHERS THAT TOBACCO USE PREVENTION IN SCHOOLS WILL REALLY WORK

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This section provides information that can be used to convince others that tobacco use prevention interventions will really work, especially when implemented in schools, and help policy-makers and decision-makers justify their decisions to support such efforts.

#### 3.1 Argument: *We know what works well and what can be done to improve programmes that do not work well*

Reviews of smoking-prevention research consistently point to the same conclusions:

- School-based prevention programmes that identify the social influences prompting youth to smoke and that teach skills to resist these influences have demonstrated consistent and significant reductions or delays in adolescent smoking. These programmes usually target youth in their early teenage years, when smoking experimentation and initiation is most common. Effects of these prevention programmes dissipate with time, but can be enhanced with booster sessions or further application of the programme. The difference in smoking rates or initiation between treatment and non-treatment student groups ranges from 25% to 60% and persists from one to four years (although few studies include more than a one-year follow-up). (15)
- Effectiveness of school-based programmes appears to be strengthened by community-wide programmes that involve parents, school policies, mass media and youth access, and mobilize community organizations. The tendency for positive effects to dissipate over time has been particularly evident in school-based intervention studies that include little or no emphasis on booster sessions, few (if any) community-wide activities or policy interventions, or few (if any) mass-media-based components. (15)
- A school-based prevention programme on its own has limitations in impact and scope. Any effort to prevent adolescent tobacco initiation or dependence must address the social context for tobacco use. Initial studies suggest that the combination of school and community prevention programmes can enhance the impact of the school-based programme by providing a complementary, longer-term and multi-pronged approach. (15)

Given the number of studies, the variability in programme format and scope, the various communities and subcultures in which these studies were implemented and the potential threats to internal and external validity in school-based research, the consistency in overall reductions in smoking prevalence across all these studies is remarkable. (16)

Meta-analyses of school based approaches that focus on norms and social influences are described below.

- A meta-analysis of 143 studies of drug-use prevention programmes (including tobacco use prevention) for 6<sup>th</sup> – 12<sup>th</sup> grader students found that these programmes had an overall significant impact on behaviour, skills and knowledge. The study found that programmes that address social influence were more effective than other modalities. (17)

The "interactive" nature of the prevention programme was the distinguishing feature for successful programmes regardless of who lead the programme. What appears to matter most is whether the leader can facilitate the necessary group interactions. (18)



- A meta-analysis of 40 studies of school-based programmes designed to prevent smoking examined knowledge, attitude and behaviour outcomes of social-influence programmes versus traditional programmes found that the social-influence programmes were more likely than traditional programmes to influence behaviour and attitude. (19)
- A meta-analysis of 90 school-based tobacco use prevention programmes designed to develop skills to use in resisting social-influence indicated that tobacco use was 4.5% lower among students in programmes that focussed on social influence than among control groups. The most effective programmes were delivered to 6<sup>th</sup> grade students, used booster sessions, concentrated the programme in a short time period and used peers to present the programmes. (20)

<b>Research conclusions about school-based approaches to prevent tobacco use by young people</b>	
<b>Increasing information:</b>	Providing knowledge of the health consequences of tobacco use is a basic and necessary step, but is not sufficient to change the behaviour of most youth. (15)
<b>Changing beliefs, attitudes, intentions and perceived norms:</b>	Approaches that seek to increase students' sense of self-worth and help students establish a health-related value system are no more effective in reducing adolescent smoking behaviour than those that seek to increase knowledge. (15)
<b>Developing norms, skills to identify and resist social influences:</b>	Approaches that help students develop specific skills to deal successfully with social influences that support smoking (the misperception that most people smoke, the perceived desirable social image of smoking, the appeal of cigarette advertising and the persuasive effects of sibling and peer smoking) are more effective than other approaches. (15)

### **3.2 Argument: Schools have tremendous potential to prevent tobacco use because they are specialized institutions for learning**

Schools are recognized places of learning with existing structures and systems that provide opportunities for integrating new knowledge and skills into the regular curriculum in a way that is both acceptable and cost-effective. Furthermore, informal learning experiences in school can significantly influence students' attitudes and behaviours. (21)

Schools can place fragmented and ad hoc information on tobacco use from mass media, peers and relevant adults into a more comprehensive framework. Over a period of time, schools can approach students in a systematic, process-oriented way. Schools can address various tobacco use topics and their links with risk-taking behaviours (that involve other drugs, alcohol and illicit drugs) relevant to particular age groups. Moreover, schools can provide a planned and sequenced curriculum that systematically discusses different attitudes and develops skills in students at various ages.

When schools set up school-wide activities, based upon multiple strategies and involving parents and community members, the whole school population can benefit from tobacco use prevention. Combining school interventions with community action and support enhances the effects of the interventions.



## 4. PLANNING INTERVENTIONS

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Tobacco use prevention can be an entry point for schools that want to build their capacity to plan and implement a wide range of health promotion efforts. The first step is to recognize tobacco use prevention as a priority for both education and health. The next step is to plan interventions: determine which strategies will have the most significant influence on conditions and behaviours related to tobacco use and how to integrate such interventions with other health promotion efforts for maximum results.

This section describes key steps to consider in planning tobacco use prevention activities:

- Establishing a School Health Team and a Community Advisory Committee
- Conducting a situation analysis
- Obtaining political, community and parental commitments
- Setting goals and objectives

### 4.1. School and community involvement in planning

Health-Promoting Schools involve members of the school and community in planning programmes that respond to their needs and can be maintained with available resources and commitments. Two important groups to involve in the planning process are a School Health Team and a Community Advisory Committee.

#### 4.1.1 School Health Team

A School Health Team is a group of people working together to maintain and promote the health of all people who are working and learning at school. Potential members of the School Health Team include: teachers, administrators, students, parents and school-based or relevant health service providers. Ideally, this team coordinates and monitors health promotion policies and activities, including those related to tobacco. Since schools should implement programmes that respond to important and relevant local needs, it is essential to involve students, parents, teachers and school management in the planning process from the beginning.

Active participation builds a sense of ownership that enhances programme sustainability and support:

- Young people, involved in an early stage of planning, can help develop a programme that responds to their specific needs and concerns.
- Parents and teachers can help ensure that programmes are developed in a culturally appropriate manner.
- Teachers and other school staff can help ensure that interventions are developed with consideration of what they know and what they can do to establish tobacco use prevention as an essential element of a Health-Promoting School.

If a school does not have a School Health Team or group organised to address health promotion, the tobacco use prevention effort can provide the opportunity to form one. The School Health Team can include a balance of students and adults who have various responsibilities in the school. School Health Team members should be committed to the idea of health and tobacco use prevention. The School Health Team, or selected members, can be responsible for planning, designing and evaluating efforts to prevent and reduce tobacco use in the school.



#### 4.1.2 Community Advisory Committee

A Community Advisory Committee can represent a wide spectrum of local groups and organizations that are somehow linked to the school and can provide information, arrange resources, give advice and provide support for tobacco prevention. It is important for schools to work with outside groups and individuals who have an impact on students' knowledge, attitudes and behaviours related to tobacco use. If the school or district already has a Community Advisory Committee, find out whether it addresses health promotion and tobacco use prevention.

The Community Advisory Committee should include men and women with a diversity of skills who:

- are influential in the community or district
- are interested in health promotion and tobacco use prevention
- are able to mobilize support and connections
- represent the community's geographical areas as well as economic, social, ethnic and religious make-up

It may be beneficial to collaborate with existing community groups, such as a healthy city council or school board in tobacco use prevention activities. Potential partners can include: representatives of local government and non-governmental organizations, businesses and vendors, media, religious leaders, community residents, community youth agencies, social service providers, health service providers and sports figures.

To facilitate the efforts of the School Health Team, the Community Advisory Committee can help to:

- determine local needs and resources
- disseminate information about health and tobacco use prevention
- build community support
- encourage community involvement
- help obtain resources and funding for health and tobacco use prevention interventions
- reinforce learning experiences provided in school

The Community Advisory Committee and the School Health Team should work together to plan health promotion efforts and coordinate the various components of a Health-Promoting School, such as health education, health services, community and family involvement so that all aspects of health promotion work together for health and tobacco use prevention.

## 4.2 Situation analysis

Policy-makers, decision-makers and interested groups at national, district and local levels should consider a situation analysis to guide the development of Health-Promoting Schools and tobacco use prevention programmes. At the local level, a School Health Team and Community Advisory Committee, once established, can start planning a programme by conducting a situation analysis.

### 4.2.1 Purpose of conducting a situation analysis

A situation analysis will help people better understand the needs, resources and conditions that are relevant to planning interventions. A good situation analysis has several benefits:



- Policy-makers and decision-makers need strong arguments, especially when their actions involve allocating resources.
- Accurate and up-to-date information can provide a basis for discussion, justification, setting priorities and identifying groups in special need for interventions, such as children living in geographical areas where tobacco use is more prevalent.
- Data obtained through the situation analysis can help ensure that programmes focus on the actual health needs, experience, motivation and strengths of students, staff, families and community members. Data also provide a baseline against which to observe future trends in tobacco use and related behaviour.

#### 4.2.2 Information needed

It is useful to know what proportion of persons in the school, categorized by age and sex, are using tobacco and the frequency of use (for example, the number of cigarettes a person smokes daily). These data are useful in determining the extent to which tobacco use puts the community at risk for developing tobacco-related diseases. Data on attitudes and levels of knowledge about tobacco use are also important for planning effective interventions. The table below shows the basic questions that schools might explore in a situation analysis.

Basic Questions	Methods for Data Collection
What is the prevalence of tobacco use in the community?	Review existing health data; sample survey
What is the prevalence of tobacco use among school-age children and adolescents? Among parents?	Review existing data; sample survey
Do parents and children have basic knowledge about tobacco use?	Questionnaire; focus group discussions
What are the common attitudes and beliefs of teachers, parents and young people towards tobacco use and its prevention? Do teachers think they have the skills they need to help students make healthy decisions about tobacco?	Questionnaire; focus group discussions
Does a school policy on tobacco use exist?	Interview with school officials; review of school policies
What social pressures and conditions exist that encourage or discourage the use of tobacco in the school? In the home? In the community?	Questionnaire; focus group discussions
Are other health interventions being implemented in schools – can education about tobacco use be integrated into them?	Interview with school and community leaders
Are there facilities in the community that support tobacco use prevention and cessation? Are there facilities that undermine tobacco use prevention, such as stores that sell tobacco to children?	Interviews with people from the local health unit, local action groups and community leaders
What are the laws regarding the legal age for smoking? Are these laws enforced? What are the penalties for selling to minors?	Review of existing laws; interview with regulatory groups and law enforcement
Is tobacco use regularly advertised in local newspapers, magazines, movies, other media and public places frequented by children and adolescents?	Interviews with local newspapers and community radios; observation



### 4.2.3 Data resources

In obtaining information, it is very useful to collaborate with health, education, anti-tobacco groups, community organizations, mass media, teachers, parents, students and others to gain access to available data sources and avoid duplication of assessments. Data about the prevalence of tobacco use may be available from the local health unit or from other local or regional organizations. Youth risk behaviour surveys or other health-related assessments can provide valuable information. Data from existing reports and surveys should be carefully reviewed before deciding to undertake a new survey of current needs.

Where data are not available, use simple and proven assessment tools, such as surveys, to identify relevant conditions and behaviours. For instance, counting the number of students in a class or the number of teachers at school who use tobacco can help you to estimate how many people use tobacco. You can then compare this information with national and local data (if available). Obtain information about values, beliefs and attitudes from students and parents through interviews and informal discussions. To reduce unnecessary repetition of such assessments in schools, a broad survey of health-related behaviours and conditions may be the most efficient way to collect tobacco data.

## 4.3 Policies and community commitment

### 4.3.1 Policies

Policies to protect children from tobacco can be passed in many forms and at many different levels of government (e.g., local, provincial, national and international). Policies may be passed most easily as regulations in some places and as legislation in others. In most countries, nongovernmental organizations (NGOs) play a critical role in promoting passage of tobacco prevention laws.

National and local policies and commitments can maximize the success of local efforts to prevent and reduce tobacco use through schools. Schools can help to foster supportive policies.

Children do not simply "choose" to smoke. They are greatly influenced by their environment. Their environments influence their "choices" and public policies influence their environments. Children are much more likely to smoke if they are surrounded by attractive tobacco advertising and promotion; if their favourite sport is sponsored by a tobacco company; if their film idols smoke in the movies; if they see people smoking all around them; and if tobacco products are cheap and readily available. Without sound public policies, the billions of dollars tobacco companies spend promoting their products and creating a "pro-tobacco" environment for children can overwhelm the prevention efforts of parents and schools. Strong public policies help level the playing field and give children a real chance to grow up tobacco-free.

### Policies that work

Policy experts agree that a combination of the policies described below should significantly reduce tobacco use by youth, provided they are sustained over time, strictly enforced and adequately funded. Although benefits will be realised through the implementation of even one of these policies, a comprehensive approach works best. For real progress to be made, all of the recommended policies need to be implemented. Tobacco companies, denied one approach to marketing or selling tobacco products to children, will attempt to use any other methods that are not prohibited.



### **Higher tobacco taxation**

Studies consistently show that tobacco use among children is more sensitive to price increases than tobacco use among adults. In the United States, for example, youth are about three times more likely than adults to quit smoking, or not to start smoking, in response to a tobacco price increase. Increasing the price puts a higher barrier between youth and easy access. Thus tobacco tax increases are good health policy and good fiscal policy. Cheap cigarettes are not a social benefit: they encourage more smoking, causing higher health care costs and more death and disease. Another way to make cheap cigarettes less accessible to young people would be to legislate against single sales of cigarettes as well as half-size cigarette packages, known in some countries as “kiddie packs”.

In many countries, governments earn substantial tax revenue from illegal sales of tobacco products to minors, but often put only a small percentage back into prevention programmes for young people. It is highly appropriate that a portion of funds raised by tobacco taxes fund programs to protect children and reduce tobacco use. This funding approach has been used in Australia, the United States, Canada and other countries; it is effective and politically popular.

### **Marketing restrictions**

Advertising affects young people’s perceptions of the pervasiveness, image and functions of smoking. Studies have shown that in some countries tobacco advertising is *twice* as influential as peer pressure in encouraging children to smoke. Children are more likely to buy the most heavily advertised brands of cigarettes. Because tobacco advertising is inherently misleading, public policies should prohibit all tobacco advertising and promotions, including free samples and other give-aways, sale of non-tobacco products that carry a tobacco brand name, point of sale advertising and tobacco company sponsorship of sporting and cultural events. Countries that have adopted bans on tobacco advertising as part of a comprehensive tobacco control programme have seen significant declines in tobacco consumption.

### **Prohibition of sales to minors**

In many countries, tobacco products are routinely sold to children (although sales of other addictive, lethal drugs to children are not tolerated). A minimum age of 18 or older should be established for tobacco sales. All tobacco retailers should be licensed and their license should be contingent on obeying the law. A graduated schedule of civil penalties ranging from a warning to license revocation should be established. Enforcement is critically important! If these laws are not enforced, they will not be obeyed. Enforcement funds may be raised from licensing fees and penalties, so these measures can be self-supporting. To eliminate possibilities of unsupervised sales of tobacco products, vending machine sales should be prohibited.

### **Protection from environmental tobacco smoke**

Smoking should be legally prohibited in public places, especially where children may be present. Environmental Tobacco Smoke (ETS) is known to be harmful, especially to children. If public places become smoke-free, then young people will have far fewer places to light up, which could go a long way in reducing smoking. Finally, children who grow up seeing smoking permitted all around them will wrongly conclude that smoke must not be very harmful, and that it is socially acceptable to smoke. This is not an accident. Tobacco companies work very hard to make smoking seem socially acceptable. The 1988 mission statement of one tobacco company included the following intention: “Support to continued social acceptability of smoking through industry and/or corporate actions”.



All of these policies are included within *WHO's Ten-Point Programme for Successful Tobacco Control*. The following points, derived from World Health Assembly resolutions along with recommendations from other international and intergovernmental bodies, include key elements that should be included in comprehensive national tobacco control programmes.

#### **A TEN-POINT PROGRAMME FOR SUCCESSFUL TOBACCO CONTROL(14)**

- 1.** Protection for children from becoming addicted to tobacco through such measures as the banning of sales to and advertising targeted at children.
- 2.** Implementation of fiscal policies to discourage the use of tobacco, such as tobacco taxes that increase faster than the rise in prices and income.
- 3.** Allocation of a portion of the money raised from tobacco taxes to finance other tobacco control and health promotion measures.
- 4.** Health promotion, health education and smoking cessation programmes. Health workers and institutions set an example by being smoke-free.
- 5.** Protection from involuntary exposure to environmental tobacco smoke (ETS).
- 6.** Elimination of socio-economic, behavioural and other incentives that maintain and promote use of tobacco.
- 7.** Elimination of direct and indirect tobacco advertising, promotion and sponsorship.
- 8.** Controls on tobacco products, including prominent health warnings on tobacco products and in any remaining advertisements; limits on and mandatory reporting of toxic constituents in tobacco products and tobacco smoke.
- 9.** Promotion of economic alternatives to tobacco growing and manufacturing.
- 10.** Effective management, monitoring and evaluation of tobacco issues.

#### **4.3.2 Community commitment**

Creating a successful Health-Promoting School relies in part on the extent to which people in the community are aware of and willing to support health promotion efforts. Although tobacco is much more than a youth issue, emphasizing the harm to young people may generate support for tobacco control among politicians and the general public. Even smokers are more likely to support tobacco control legislation if they believe it will help prevent children from starting to smoke. The rationale that children may not be in a position to make informed and rational decisions about whether or not to become tobacco users can also help further policies that will help protect children.



**Communities can show their commitment by:**

- Acknowledging, openly, the importance of tobacco use prevention efforts and tobacco-free environments: local health and education officials, community leaders and other relevant groups can voice their views and lead the way
- Allocating local resources, such as public money, for tobacco prevention interventions in schools
- Coordinating school interventions with other tobacco use prevention activities in the community and encouraging students to support community and national tobacco use prevention and reduction policies and initiatives
- Involving organizations such as youth groups, women's groups and civic groups in efforts to promote tobacco use prevention and reduction through mass media, especially media aimed at young people
- Creating tobacco-free spaces throughout the community, giving special priority to events and areas frequented by young people
- Using both problem solving as well as health-promoting approaches to improve school health
- Involving small businesses for social, financial and/or technical support

**Successful campaigns to generate policies, commitment and support for tobacco use prevention take place in three stages:**

**Conducting research and planning.** Gather as much pertinent information as possible about the issue at the outset. Define feasible objectives and strategies. Assess public opinion. Determine who are likely allies and opponents. Consider the strengths (and weaknesses) of the campaign coalition to be formed. Establish how a campaign can be funded. Research and planning will be necessary throughout, but it is never more important than at the beginning.

**Launching the campaign.** If advance research and planning suggests that a full-scale campaign is warranted, bring the issue into focus for the media and politicians and get it onto the public agenda. Releasing a study supporting new policies, holding a press conference, introducing legislation, garnering expressions of support by leading politicians, all help to keep public attention on the issue. Positive media exposure is often the key to success.

**Lobbying for passage.** If the prevention campaign is a good one, opposition from the tobacco industry will be fierce. A successful campaign must be tireless, strategic and aggressive. Help from experienced lobbyists who know the politicians involved can be extremely helpful. International support for the measures can also prove very useful.

Broaden the base of support for the campaign at every stage and maintain a positive, reasonable approach. Politicians and the media alike will shun organizations and individuals they believe are too extreme.



Many campaigns do not succeed at first, and must be mounted again and again until the objective is achieved. Even after policies become law, commitments are made and support increased, the job is not done. The gain must be protected from future attacks. For example, will the law be strictly enforced? Is adequate funding appropriated? After every victory or defeat, it is important to thank allies, learn from successes and failures and regroup for sustained momentum.

### 4.3.3 Parental support and commitment

The awareness and commitment of parents are central to the success of efforts to prevent and reduce tobacco use through schools. Parents influence their children's health directly by providing a smoking or non-smoking home environment, they convey norms and serve as role models. Ensuring that parents recognize and understand the consequences of tobacco use can help bring about support and action. Involve parents and family members to reinforce on-going school efforts to influence behaviours and the conditions that reduce and prevent tobacco use and exposure to environmental tobacco smoke.

Mobilize parental support through special meetings at school, focussed on issues such as preventing tobacco use at every grade level, problems faced by children who are about to move from primary to secondary school and especially decisions to use tobacco.

#### Parents can show their commitment by:

- Acknowledging that "pro-tobacco" habits at home encourage their children to use tobacco
- Recognizing their direct and indirect influence on the health and behaviour of their children
- Participating in planning, implementing and evaluating tobacco use prevention programmes at school

## 4.4 Goals and objectives of tobacco use prevention.

Using the information gathered in the situation analysis, the School Health Team, in collaboration with the Community Advisory Committee, is ready to develop a vision for change and an action plan. This provides a basis for formulating goals and objectives for health promotion and tobacco use prevention interventions.

### 4.4.1 Goals

Goals make clear what the programme should achieve and describe in broad terms what the programme will do. Tobacco-related goals of a Health-Promoting School aim to:

- prevent the initiation of tobacco use
- reduce the proportion of individuals who use tobacco
- prevent exposure to environmental tobacco smoke

Goals are then broken down into specific outcome and process objectives so that everyone clearly understands what needs to be done, when and why.



#### 4.4.2 Outcome objectives

Outcome objectives define, in measurable terms, what the interventions will achieve in terms of knowledge, attitudes, beliefs, skills, behaviours and conditions related to tobacco use and interventions. Examples of outcome objectives of comprehensive tobacco use prevention interventions include:

- a specified reduction, each year, in the proportion of children who initiate tobacco use
- a specified reduction, each year, in the proportion of children who use tobacco regularly
- a specified change in knowledge, attitudes and skills needed to avoid tobacco use and create tobacco-free conditions
- delay in the age when children start tobacco use

#### 4.4.3 Process objectives

Process objectives describe what will be changed or implemented to achieve the outcome objectives. Examples of process objectives include:

- implementing and maintaining the comprehensive interventions for tobacco use prevention and reduction
- enacting a school policy prohibiting tobacco use by students, school staff, parents and visitors on school property, in school vehicles and at school-sponsored functions
- implementing programmes that educate school personnel about tobacco use prevention and cessation
- integrating tobacco use prevention interventions into a comprehensive approach to school health, such as the development of Health-Promoting Schools
- expanding the efforts to other schools and the community, where feasible and needed, to effectively control tobacco use

"Help them not to smoke."

George Michael Bateman  
Pittsburgh, Pa, USA  
December 1998



## 5. INTEGRATING TOBACCO USE PREVENTION INTO VARIOUS COMPONENTS OF HEALTH-PROMOTING SCHOOLS

A Health-Promoting School strives to use the school's full organisational capacity to improve the health of students, school personnel, families and community members. Such a school offers many opportunities to promote tobacco use prevention as an essential element in maintaining health. Tobacco use prevention interventions can serve as an entry point for developing or enhancing policies, planning groups and various components that serve as a framework for a Health-Promoting School. These components include, but are not limited to:

- school health education
- healthy school environment
- school health services
- school/community projects and outreach
- health promotion for school staff
- school safety
- physical exercise, recreation and sport
- counselling and social support.

Effectiveness of interventions integrated into each of these components depends on the extent to which they are supported by people, policies and trained staff and also how successfully the components combine with other health promotion efforts to complement and reinforce one another.

Not every school will have the resources to integrate tobacco use interventions into all of the components at one time. Therefore, each school has to establish its own priorities, in collaboration with all parties concerned, to decide how thoroughly the components will be addressed. A Health-Promoting School enables students, parents, teachers and community members to work together to make such decisions. It is better to start with small changes as early as possible than to wait until resources become available to address all of these components at once.

### 5.1 School health education

The primary goals of school health education are to help individuals adopt behaviours and create conditions that are conducive to health. The clear and precise delineation of behaviours and conditions that are to be influenced is essential for the development of effective school health education efforts. Examples of behaviours and conditions commonly addressed to prevent or reduce tobacco use include:

- resisting peer pressure to smoke cigarettes
- trying cigarette smoking for the first time
- smoking a whole cigarette
- smoking cigarettes on a regular basis
- smoking cigarettes on the school property
- attempting to quit cigarette smoking
- chewing tobacco
- creating a tobacco-free school policy
- creating tobacco-free public areas

Close collaboration between education and health officials, the School Health Team, the Community Advisory Committee and other school and community members is necessary to identify the particular behaviours and conditions relevant to health in each community.



Some programmes to prevent tobacco use have been limited to providing factual information about the harmful effects of tobacco use. Other programmes have attempted to induce fear in young persons about the consequences of use. These strategies alone do not prevent tobacco use, however; they may stimulate curiosity about tobacco use and prompt some students to believe that the health hazards of tobacco use are exaggerated.

In a Health-Promoting School, education to prevent tobacco use is designed to help students acquire the knowledge, attitudes, beliefs and skills they need to make informed decisions, practice healthy behaviours and create conditions conducive to health. Successful programmes address multiple factors.

- **Long-term and immediate undesirable physiologic, cosmetic and social consequences of tobacco use.**  
Interventions should help students understand that tobacco use can result in death and disease, such as heart disease and cancer; and that it has immediate effects such as decreased stamina, stained teeth, foul-smelling breath and clothes, exacerbation of asthma and ostracism by non-smoking peers.
- **Social norms regarding tobacco use.**  
Interventions should use educational techniques to decrease the social acceptability of tobacco use, highlight existing anti-tobacco norms and help students understand that most adolescents do not smoke.
- **Reasons for using tobacco.**  
Interventions should help students understand that many adolescents use tobacco because they believe it will help them be accepted by peers, appear mature or cope with stress. Interventions should help students develop other, more positive means to attain such goals.
- **Social influences that promote tobacco use.**  
Interventions should help students develop skills in recognising and refusing tobacco promotion messages from the tobacco industry, the media, adults and peers.
- **Behavioural skills for resisting social influences that promote tobacco use.**  
Interventions should help students develop refusal skills through direct instruction, modelling, role playing, rehearsal and reinforcement; and should coach them to help others develop refusal skills.
- **Life skills.**  
Interventions should help students develop the skills to make healthy decisions, solve problems, think creatively and critically, communicate effectively, maintain positive relationships, cope with emotions and stress and develop an adequate sense of empathy and self awareness in order to avoid tobacco use and other health risk behaviours.

In a Health-Promoting School, school health education systematically addresses these and other relevant factors at developmentally appropriate ages. Specific examples of knowledge, attitudes and skills that might be addressed at early and late, primary and secondary school levels are described below.



**Early primary school (age 6-9 years)**

**Late primary school (age 10-12 years)**

<p><b>KNOWLEDGE: <i>Students will learn that</i></b></p> <ul style="list-style-type: none"> <li>- a drug is a chemical that changes the way the body works</li> <li>- all forms of tobacco contain a drug called nicotine</li> <li>- tobacco use includes cigarettes, cigars, pipes and smokeless tobacco</li> <li>- tobacco use is harmful to health</li> <li>- stopping tobacco use has short-term and long-term benefits</li> <li>- many persons who use tobacco have trouble stopping</li> <li>- tobacco smoke in the air is dangerous to anyone who breathes it</li> <li>- many fires are caused by persons who smoke</li> <li>- all cigarette advertisements try to persuade persons to use tobacco</li> <li>- most young persons and adults do not use tobacco</li> <li>- persons who choose to use tobacco are not bad persons</li> </ul>	<p><b>KNOWLEDGE: <i>Students will learn that</i></b></p> <ul style="list-style-type: none"> <li>- stopping tobacco use has short- and long-term benefits</li> <li>- environmental tobacco smoke is dangerous to health</li> <li>- most young persons and adults do not use tobacco</li> <li>- nicotine, contained in all forms of tobacco, is an addictive drug</li> <li>- tobacco use has short-term and long-term physiologic and cosmetic consequences</li> <li>- personal feelings, family, peers and the media influence decisions about tobacco use</li> <li>- tobacco advertising is often directed towards young persons</li> <li>- young persons can resist pressure to use tobacco</li> <li>- laws, rules and policies regulate the sale and use of tobacco</li> </ul>
<p><b>ATTITUDES: <i>Students will demonstrate</i></b></p> <ul style="list-style-type: none"> <li>- a personal commitment to not use tobacco</li> <li>- pride in choosing not to use tobacco</li> </ul>	<p><b>ATTITUDES: <i>Students will demonstrate</i></b></p> <ul style="list-style-type: none"> <li>- a personal commitment to not use tobacco</li> <li>- pride in choosing not to use tobacco</li> <li>- support for others who decide to not use tobacco</li> <li>- responsibility for personal health</li> </ul>
<p><b>SKILLS: <i>Students will be able to</i></b></p> <ul style="list-style-type: none"> <li>- communicate to others knowledge about the dangers of tobacco use and personal attitudes for refraining from use</li> <li>- encourage other persons to not use tobacco</li> </ul>	<p><b>SKILLS: <i>Students will be able to</i></b></p> <ul style="list-style-type: none"> <li>- communicate to others knowledge about the dangers of tobacco use and personal attitudes for refraining from use</li> <li>- encourage other persons to not use tobacco</li> <li>- demonstrate skills to resist tobacco use</li> <li>- state the benefits of a smoke-free environment</li> <li>- develop counter arguments to tobacco advertisements and other promotional materials</li> <li>- support persons who are trying to stop using tobacco</li> </ul>

Table 5.1 Knowledge, attitudes and skills for primary school.(1)



**Early secondary school (age 13-14 years)**

**Late secondary school (age 15-16 years)**

<b>KNOWLEDGE: <i>Students will learn that</i></b>	<b>KNOWLEDGE: <i>Students will learn that</i></b>
<ul style="list-style-type: none"> <li>- most young persons and adults do not use tobacco</li> <li>- laws, rules and policies regulate the sale and use of tobacco</li> <li>- tobacco manufacturers use various strategies to direct advertisements towards young persons, such as "image" advertising</li> <li>- tobacco use has short- and long-term physiologic, cosmetic, social and economic consequences</li> <li>- cigarette smoking and smokeless tobacco use have direct health consequences</li> <li>- maintaining a tobacco-free environment has health benefits for everybody</li> <li>- tobacco use is an unhealthy way to manage stress or weight</li> <li>- community organizations have information about tobacco use and can help persons stop using tobacco</li> <li>- smoking cessation programmes can be successful</li> <li>- tobacco contains other harmful substances in addition to nicotine</li> <li>- tobacco growth has negative effects on the environment</li> </ul>	<ul style="list-style-type: none"> <li>- most young persons and adults do not use tobacco</li> <li>- tobacco use has short- and long-term physiologic, cosmetic, social and economic consequences</li> <li>- cigarette smoking and smokeless tobacco use have direct health consequences</li> <li>- community organizations have information about tobacco use and can help persons stop using tobacco</li> <li>- smoking cessation programmes can be successful</li> <li>- tobacco use is an unhealthy way to manage stress and weight</li> <li>- tobacco use during pregnancy has harmful effects on the fetus</li> <li>- schools and community organizations can promote a smoke-free environment</li> <li>- many persons find it hard to stop using tobacco, despite knowledge about the health hazards of tobacco use</li> <li>- tobacco growth has negative effects on the environment</li> </ul>
<b>ATTITUDES: <i>Students will demonstrate</i></b>	<b>ATTITUDES: <i>Students will demonstrate</i></b>
<ul style="list-style-type: none"> <li>- personal commitment to not use tobacco</li> <li>- pride in choosing not to use tobacco</li> <li>- responsibility for personal health</li> <li>- support for others' decisions not to use tobacco</li> <li>- confidence in personal ability to resist tobacco use</li> </ul>	<ul style="list-style-type: none"> <li>- a personal commitment to not use tobacco</li> <li>- pride in choosing not to use tobacco</li> <li>- responsibility for personal health</li> <li>- support for others' decisions to not use tobacco</li> <li>- confidence in personal ability to resist tobacco use</li> <li>- willingness to use school and community resources for information about, and help with, resisting or quitting tobacco use</li> </ul>
<b>SKILLS: <i>Students will be able to</i></b>	<b>SKILLS: <i>Students will be able to</i></b>
<ul style="list-style-type: none"> <li>- encourage other persons to not use tobacco</li> <li>- support persons who are trying to stop using tobacco</li> <li>- communicate knowledge and personal attitudes about tobacco use</li> <li>- demonstrate skills to resist tobacco use</li> <li>- identify and counter strategies used in tobacco advertisements and other promotional materials</li> <li>- develop skills for coping with parents' tobacco use and other difficult personal situations, such as peer pressure to use tobacco</li> <li>- request a smoke-free environment</li> </ul>	<ul style="list-style-type: none"> <li>- encourage other persons to not use tobacco</li> <li>- support persons who are trying to stop using tobacco</li> <li>- communicate knowledge and personal attitudes about tobacco use</li> <li>- demonstrate skills to resist tobacco use</li> <li>- identify and counter strategies used in tobacco advertisements and other promotional materials</li> <li>- develop skills for coping with parents' tobacco use and other difficult personal situations, such as peer pressure to use tobacco</li> <li>- use school and community resources for information about, and help with, resisting or quitting tobacco use</li> <li>- initiate school and community action to support a smoke-free environment</li> <li>- identify other healthy ways to manage stress and weight, instead of tobacco use</li> </ul>

Table 5.1 Knowledge, attitudes and skills for secondary school. (1)



School health education needs to offer a planned, sequential course of instruction from the primary level through the secondary level, addressing the physical, mental and social dimensions of health. It can be taught as a specific subject, integrated into other subjects or a combination of both approaches. It can also be included in extracurricular activities. Because most young people start using tobacco as adolescents, more intensive instructional programmes should be provided for these age groups. Particularly important is the transition from primary to secondary school when new students have to learn to get along with a wider group of peers and come in contact with older students who may use tobacco. For these reasons, interventions need to be especially intensive in early secondary school: for instance, through a minimum of five lessons upon entrance to secondary school followed by booster sessions in the following years.<sup>(22)</sup> Annual preventive education, such as booster sessions, can reinforce the educational interventions in secondary school. Without continued reinforcement (follow-up), success in preventing tobacco use can dissipate over time.

Health education to prevent tobacco use will enhance the overall framework of a Health-Promoting School if it is integrated into other school health components, such as physical activity and health promotion for staff (see Section 5.5 and 5.6). Furthermore, it should be combined with efforts that address other health issues, such as use of alcohol and other substances, life skills and injury prevention, so that the learning experiences will complement and reinforce one another. Link these issues by integrating them into a school health education curriculum and coordinating the simultaneous or sequential presentation of related topics in different classes. Tobacco use prevention and other relevant topics can also be linked through co-teaching, sharing teaching resources, referring students to related lessons and involving students from different classes in group activities.

Curricula for tobacco use prevention and other health-related issues may be available through governmental and non-governmental agencies and organizations, universities or teachers' unions. Teachers and students themselves may also create supplemental materials specific to the local situation.

### **5.1.1 Designing and/or selecting lessons and materials for health education**

Design lectures, discussion, debates, role-plays and audio-visual aids to increase knowledge, build positive attitudes and values, dispel myths, increase skills and provide support for the development of healthy lifestyles. Some educational interventions are more effective than others in influencing certain factors. Select an educational method based on how appropriate that method is to influence the factors, such as knowledge, attitudes and skills associated with tobacco use and conditions that contribute to the initiation, maintenance and cessation of tobacco use. For example, a lecture can increase knowledge, but is less effective in influencing beliefs or building skills. Discussions, debates and carefully prepared materials can be more effective than a lecture in dispelling misconceptions about tobacco use. Similarly, practice sessions and role plays can be more effective in building skills than lectures, discussions, debates and written materials.

In designing or selecting an educational method, give consideration to the target group. Lessons for primary grade students may be too simple for older students. Debates and discussions may be too complex for young students but very effective for older students, community leaders and adults. Since it is important to educate beyond the classroom, consider educational methods such as theatre and participation in community projects.

### **5.1.2 Youth Participation**

When developing school policy and programmes, make efforts to involve students. Students can play an important role in deciding on a policy and in developing and implementing interventions. Students



can also contribute to carrying out the interventions by modelling social skills and leading role rehearsals. Peer leaders can help counteract social pressures that encourage youth to use tobacco, especially if they receive training so that they accurately present skills and information. (1)

## 5.2 Healthy school environment

School and community environments play a significant role in determining whether interventions to prevent and reduce tobacco use will be effective and sustainable. To create an environment that supports health education and tobacco use prevention, a Health-Promoting School must consider its policies and management practices.

### 5.2.1 Supportive school policies and practices

Supportive school policies, brief documents that promote a clear set of school norms regarding health and tobacco use, guide schools in planning, implementing and evaluating efforts to promote health and prevent tobacco use (see box below - Important aspects of a tobacco-free school policy). They incorporate input from all relevant members of the school community: students, teachers, parents, staff, administrators, health service providers and counsellors. School policies need to meet national and local rules and should be adapted to the health concerns and practices of different ethnic and cultural groups represented. Policies also need to support collaboration and coordination among the health, education and economic sectors, and the school and community.

#### Important aspects of a tobacco-free school policy:

- A rationale for preventing and reducing tobacco use
- Procedures for communicating the policy to students, school staff, parents, visitors and community members
- Sufficient content to raise public awareness of tobacco use effects and consequences
- Regulations against tobacco use by students, school staff, parents and visitors on school property, in school vehicles and at school-sponsored activities outside school property
- Restrictions against tobacco advertising in school buildings, school surroundings and school publications
- Prohibitions against trading tobacco products on school property
- A requirement that education to prevent tobacco use be provided at the school and complemented with other relevant health promotion efforts
- Training of teachers and school personnel in skills need to implement tobacco use prevention programmes
- Provisions that give students and all school staff access to programmes to help them quit using tobacco
- Requirements for coordination between health and education authorities at local and district levels (for example, health services)
- Provisions for enforcing the policy (i.e., sanctions for disobeying rules, a procedure for complaints)
- Designation of a person(s) or a committee responsible for checking if the policy is being carried out properly (1)



Schools frequently consider the following options when trying to develop a policy on tobacco use:

**Students are not allowed to use tobacco; tobacco use by others is restricted in all rooms and areas accessible to students.**

**Pros:** This option protects students from environmental tobacco smoke and diminishes the chances that teachers and other school personnel will serve as adverse role models.

**Cons:** This option may enhance the belief of students that tobacco use is mature. It promotes inequality between students and school personnel. It does not correspond with the ideas of a Health-Promoting School because it does not prevent tobacco use and exposure to environmental tobacco smoke among school personnel.

**Students, teachers and other school personnel are not allowed to use tobacco except in one room or area on the school property.**

**Pros:** Students and school personnel who do not use tobacco are protected from environmental tobacco smoke and, to a certain extent, from the modelling influence of tobacco users. By providing an opportunity to use tobacco schools reduce the chances of illegal use. If there is a policy on healthy working conditions, this restriction can help meet the criteria.

**Cons:** Restriction is a compromise between tobacco users and non-users. Allowing tobacco use at school does not support educational interventions designed to create a tobacco-free society.

**A tobacco-free school: tobacco use is not allowed within the school premises, on the schoolyard and in the immediate surroundings.**

**Pros:** Creating a tobacco-free school is the best way to protect the health of all people learning, working and playing in the school and its direct surroundings. This also protects the school population from exposure to environmental tobacco smoke

**Cons:** It is hard to achieve such a policy without the full support of everybody involved. Tobacco users may find it hard to heed the rules, resulting in illegal tobacco use.

To ensure broad support for school policies on tobacco, the School Health Team, Community Advisory Committee, representatives of relevant groups (students, parents, school staff and their unions) and school board members should participate in developing and implementing the policy. Policy on working conditions for teachers and other school personnel may help in determining the appropriate option for the school.

### 5.2.2 Psycho-social environment

A Health-Promoting School provides an ambience that respects the individual and fosters confidence in healthy choices and healthy lifestyles. Aspects of a healthy psycho-social environment to be integrated into a Health-Promoting School:



**Support for not using tobacco and cessation:** The psycho-social environment should support health-conducive perceptions and actions of all who learn, work and play in the school. It should be consistent with other health-promoting interventions in the school and the classroom. For instance, the friendliness and support of school staff as well as the community members involved in the projects can contribute encouragement and psycho-social support for those who are trying to quit using tobacco.

**Teacher as role models for not using tobacco:** One aspect of the school's psycho-social environment is the important role that teachers play as adult role models and as mentors. For instance, teachers can set an example and encourage students to follow a healthy way of life by not using tobacco.

**Peer reinforcement:** Young people influence each other. Students can provide positive reinforcement to their peers by showing that tobacco use is not an essential element to being accepted by peers. This requires students to be provided with time and opportunities to stimulate socialization without social pressure to use tobacco.

### 5.3 School health services

School health services help foster health and well-being as well as prevent, reduce, monitor or treat important health problems or conditions. In Health-Promoting Schools, health services work in partnership with and are provided for students, school personnel, families and community members. They are coordinated with other services and tobacco use prevention activities at school and in the community. They use specialists to provide advice and support for health promotion and tobacco use prevention.

Schools and communities need to consider what preventive and treatment services are necessary for prevention and cessation (e.g. cessation programmes, counselling) and how these can best be provided. Effective coordination avoids duplicating services. Give special attention to ensuring that services are easily accessible for students and school personnel.

Health service providers know the health consequences of tobacco use. Invite them to the school: they can provide students, school personnel and parents with information on tobacco use in the community and demonstrate the effects of tobacco use on the body. They may also give good advice on teaching materials, support the development of a tobacco policy at school and provide counselling for cessation efforts and/or programmes.

### 5.4 Community and family involvement and outreach

Complementary community-wide strategies can strengthen education interventions.<sup>(23)</sup> Health-Promoting Schools provide a valuable link to parents and community members who can support and encourage children to make choices that promote health. Schools, families and the community should work together to improve health and prevent tobacco use within the community.<sup>(24)</sup> In a Health-Promoting School, personnel, community members and families can participate together in planning and implementing tobacco-free activities that strengthen community spirit and health.

#### 5.4.1 Community participants

Tobacco use prevention activities provide excellent opportunities to undertake school/community projects that can affect the health status of the entire community. These projects give students a chance to become actively involved in learning how to prevent tobacco use. Community participants



in the projects can acquire specific health-related knowledge as well as skills needed to undertake community actions (see Section 4.1 and Section 4.3).

The School Health Team and the Community Advisory Committee can jointly find ways for students, teachers and community members to work together to promote tobacco free policies, stressing prevention through mass media and combined community/school interventions.

#### **5.4.2 Family involvement**

The family provides a setting where students can understand, practice and share what they learn in the classroom about health and tobacco use. Potentially, families can support and reinforce tobacco use prevention and health promotion. Thus, it is essential for school staff and parents to work together in order to maximize the potential for prevention both at school and at home. Students are most likely to adopt healthy lifestyle patterns if they receive consistent information and support through multiple channels; parents, peers, teachers, community members and the media. Therefore, a school trying to prevent students from starting to use tobacco needs to strengthen links and involve parents as much as possible. Parents, in turn, should feel that their school is open and receptive to their ideas and participation. Establish connections with parents during school health fairs, health-related workshops for parents, parent-teacher meetings or a parent's visit to relevant services at school or in the community.

The school can provide parents and family members with information, resources and skills related to tobacco use prevention in an effort to extend the school interventions into the students' homes. Involving parents in tobacco use prevention at the primary school level (for example through take-home activities and interventions at school) can discourage tobacco use in both students and their parents. In addition to learning how to prevent and reduce tobacco use for themselves and their children, parents can contribute services or resources to the school and participate or lead community efforts that promote tobacco use prevention.

Outreach to community and family members is especially important in places where a high percentage of young people do not attend school. School outreach to the community has the potential to reach those who have no direct contact with the school.

#### **5.4.3 Mass media**

Many governments have established successful programs, using mass media to provide strong messages designed to counter the image of tobacco use as sexy, glamorous and normal. Equally important are school-based and community-based prevention programs. Research shows that coordinated mass media programs and education programs produce much better results than either approach by itself.

Mass media can attract attention to the issue of tobacco use and provide information on prevention activities. It can be used on a national and local scale as well as in classrooms for health promotion and tobacco use prevention. Mass media include well-known channels such as radio, television, signboards and written materials (newspapers, magazines, booklets, leaflets). Calendars, comics, photo novels, posters and traditional communication forms, such as dance troupes, are also channels to communicate a message. Radio programmes, television shows, quiz programmes for schoolchildren and crossword puzzles in children's newspapers have been used to prevent children from initiating tobacco use. Some materials can be distributed through more than one channel or can be used with



different target groups: a teacher with a cassette recorder can play the same programme at the village well that is broadcast over radio or discussed in class.

Multimedia approaches that combine face-to-face and mass channels are appropriate for tobacco use prevention because tobacco use is relevant to everybody (through smoking or environmental tobacco smoke); different channels are necessary for different phases in the learning process.

Tobacco company advertising is a pervasive and influential aspect of the media, especially when targeted at adolescents. Therefore, it is important to teach children to understand how advertising encourages tobacco use. If health-promoting organizations are involved in school and community prevention efforts, they can help inform students about manipulative advertising. Schools can also use special student projects (such as, encouraging students to work with media to design campaigns) to encourage the media to help prevent tobacco use and discourage tobacco promotion and advertising.

## **5.5 Health promotion for school staff**

A Health-Promoting School does not limit its efforts to preventing tobacco use among students: it also emphasizes tobacco use prevention and cessation for employees, teachers, administrators and support staff. Counselling and courses can help the school staff quit using tobacco. As school personnel in most countries have little or no training and/or experience with tobacco cessation, training may be needed.

A Health-Promoting School strives to provide healthy working conditions for all staff: it is important to establish regulations on tobacco use on the school premises, within classrooms and other areas. As policies are developed, communicated them to students and employees, explaining the changes concerning tobacco use, the rationale behind them and when they come into effect. Offer support to employees to help them quit tobacco use. The school can even propose to pay a part of the costs of smoking cessation interventions, which will demonstrate the school's commitment to helping employees who use tobacco. Providing smoking cessation programmes is expensive and requires a commitment of resources that many schools do not have.

Or, a school can collaborate with health services to provide smoking cessation and/or self-help cessation materials to employees. This alternative takes advantage of existing resources and does not require a continuing effort by the employer, though it does require a start-up effort by the school.

Yet another alternative is to provide referral information about community smoking cessation programmes or self-help cessation materials for employees. This option also takes advantage of using existing resources and will be less expensive than the first two options. It will also be easier to implement because it requires less school effort. However, this option will have less effect on tobacco use and health care costs.

## **5.6 Physical exercise, recreation and sport**

Abstaining from tobacco use does not in itself guarantee good health. Excluding tobacco is an important part of a healthy lifestyle that also includes physical exercise. Physical exercise, recreation and sport help individuals acquire and maintain physical fitness and serve as a healthy means of self-expression and social development. Physical exercise, instead of tobacco use, offers alternatives for dealing with stress and being accepted by peers. Physical exercise, recreation and sport can also show the negative consequences of tobacco use on the body because tobacco can impede physical and aerobic performance. It is also a way to show improvement in physical condition after quitting tobacco use.



Recreational activities can restore strength and spirits during and after school and work. Ball games, dances or trips can support good health and offer opportunities for reducing stress and spending time with peers or colleagues.

### **5.7 Counselling and social support**

An individual's psychological well-being, including self-esteem and self-confidence, is critical to tobacco use prevention. School counselling programmes and social support provide guidance for students, school personnel and families in dealing with difficulties, adjustments, growth and development. Education about life skills teaches decision-making skills, stress management and refusal skills. Such interventions provide students with opportunities to practice skills and strategies that will help them maintain a healthy lifestyle and avoid tobacco use.



## 6. TRAINING TEACHERS AND OTHER SCHOOL PERSONNEL TO IMPLEMENT TOBACCO USE PREVENTION

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Teachers and other school staff are intermediaries who can address tobacco use prevention with young people in powerful ways. They are in daily contact with students and provide means and facilities to structure fragmented knowledge in a systematic way. Teachers provide a structured way of learning that helps students acquire necessary knowledge, attitudes and skills to adopt a healthy lifestyle. Tobacco use interventions can only be effective if teachers are actively involved in developing and implementing such interventions.

In all communities, the training of teachers should be of highest priority because teachers provide the information to students and serve as role models for their students. In addition, teachers traditionally play an influential role in their communities. Their own behaviours and actions can promote positive attitudes outside the classroom. Thus, it is important to train teachers and other school personnel to implement tobacco use interventions, and, if necessary, offer them a tobacco use cessation programme so they can set a healthy example as non-tobacco users.

Adequate curriculum implementation and overall programme effectiveness are enhanced when teachers are trained to deliver the programme as planned. Teachers need to be trained to recognize the importance of carefully and completely implementing the selected programme, and become familiar with its underlying theory and conceptual framework. Training should include a review of the programme content and a chance to practice programme activities once they are modelled by skilled trainers.

Training for teachers and other school personnel should involve:

- a rationale for implementing tobacco use prevention and reduction interventions in schools
- allocation of authority, personnel, time and resources to a staff member who will be responsible for initiating, managing and coordinating training
- regularly scheduled follow-up sessions that provide updates about the status of tobacco use and progress in reducing and preventing the initiation of tobacco use
- the development of a core training group who will enable all relevant teachers and school personnel to receive training in a timely manner
- an evaluation to determine how confident teachers and other school personnel feel about preventing and reducing tobacco use

Because health education involves influencing attitudes, values and skills, as well as knowledge to promote healthy behaviours and conditions, teachers must be trained to use a wide variety of teaching methods. Some teachers rely on one or two educational methods, such as lectures and worksheets. Although these methods may reach a large number of people and convey vast amounts of information that might otherwise not be disseminated, lectures are not very effective in helping to build prevention skills. Teacher training should focus on methods that engage students and parents in the educational process, such as discussion, debates, role playing and community education projects. All these training elements can help ensure the effectiveness and relevance of tobacco use interventions.



## 7. EVALUATION

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Evaluation is a powerful tool that can be used to inform and strengthen school health programmes. Besides providing information about the extent to which the programme is being implemented as planned and producing the intended effect, evaluation can and should be used as a tool for planning health promotion programmes. Evaluation should include a needs assessment, baseline data collection, monitoring procedures and periodic and final assessments.

Evaluation is important because it helps schools:

- plan the total project
- involve policy-makers, sponsors, planners, administrators and participants in determining what the programme is to accomplish
- make improvements or adjustments in the process of implementation
- provide feedback to those involved in project planning to determine which parts of the project are working well and which are not
- document the experience gained from the project so that it can be shared with others
- demonstrate the value of the efforts and the achievements made by the school, parents, students and community members

### 7.1 Two types of evaluation

Two main types of evaluation are most relevant to evaluating school health programmes: process and outcome evaluation. Both provide information that is necessary to monitor, reshape and revise the programme content and implementation.

**Process evaluation** assesses how well the interventions are being implemented, identifies factors that hinder or promote the implementation and assesses the reactions to the programme among students, teachers and others involved.

**Outcome evaluation** measures whether and to what extent outcome objectives have been achieved. Outcome evaluation can demonstrate the benefits of school health promotion programmes or show further need for such programmes. By bringing evaluation results to the attention of the community, schools can convince others to become involved in the programme.

Quite often, the evaluation component is limited because resources (time, personnel and budget) are limited. In countries with limited resources, evaluations that measure the extent to which the planned interventions are being implemented as intended may be more feasible than evaluations to measure the impact of interventions on behaviour and related factors (knowledge, attitudes, skills). However, tobacco use is a highly visible behaviour and thus can be easily assessed in specific situations/settings (e.g. in school canteens, on school playgrounds). No matter how limited the resources for evaluation are, observation of tobacco use at school is possible. Although observation is very limited as an evaluation tool, it can provide useful information.

Evaluate the implementation of a tobacco use prevention programme during and immediately after the intervention. Evaluation of the programme outcome, however, should take place only after evaluators are reasonably convinced that the interventions are being implemented as planned.



## 7.2 What to evaluate

The chart below presents topics that might be addressed in conducting the two types of evaluation.

<b>PROCESS EVALUATION</b>	
<b>Basic questions</b>	<b>Method of measurement</b>
Does the school have a restrictive policy on tobacco use?	Interview with school officials or programme coordinator
Is the school policy on tobacco use implemented and enforced as written?	Interview with school officials or programme coordinator
Are teachers, students, school health personnel, school administrators, parents and appropriate community representatives involved in planning, implementing and assessing programmes and policy to prevent tobacco use?	Interview with programme coordinator and school health officers (school nurse, school doctor); interview with parents and community representatives
Is in-service training provided, as planned, for educators responsible for implementing tobacco use prevention?	Interview with programme coordinator and educators
Is education to prevent tobacco use provided throughout the entire school curriculum?	Interview with programme coordinator and teachers
Are all lessons and education activities for preventing tobacco use implemented as planned?	Interview with educators; view records kept by educators; participate in classroom observation
To what extent is tobacco prevention integrated into the components of a Health-Promoting School?	Interview with school officials or programme coordinator
What do students think of the curriculum?	Interview with students; questionnaire; focus group discussion
Are there tobacco use prevention and cessation programmes for teachers and school personnel?	Interview with teachers and school personnel or programme coordinator.
What do those responsible for implementing the interventions think of them?	Interview with educators
<b>OUTCOME EVALUATION</b>	
<b>Basic questions</b>	<b>Method of measurement</b>
Does the tobacco education programme foster the necessary knowledge, attitudes and skills to prevent tobacco use? Does it prevent or reduce tobacco use?	Questionnaire; interview; focus group discussion; interview with parents and teachers; observation
Does the training of educators foster the necessary knowledge, attitudes and skills to implement tobacco use prevention? Do teachers teach what they are trained to teach?	Questionnaire; interview; focus group discussion; classroom observation
Does the tobacco use prevention programme encourage and support cessation efforts by students and all school staff who use tobacco? To what extent do users quit?	Questionnaire; interview; focus group discussion



### 7.3 Reporting progress and achievements

Any evaluation is complete only when its results are reported and communicated to those who need them and can use them. Evaluation is necessary to assess the progress and the achievements of the tobacco use prevention programme. This is of concern to policy-makers, education officials, administrators, and participants, especially if subsequent decisions involve allocating resources. Showing the positive effects of such interventions may also stimulate attention for tobacco use prevention.

Evaluation should be used as a means for improving tobacco use prevention: a negative answer to any of the evaluation questions should prompt the school to a further consideration of the effectiveness of particular efforts.



## **ANNEX 1**

### **OTTAWA CHARTER FOR HEALTH PROMOTION (1986)**

*The first International Conference on Health Promotion, meeting in Ottawa this 21st day of November 1986, hereby presents this CHARTER for action to achieve Health for All by the year 2000 and beyond.*

*This conference was primarily a response to growing expectations for a new public health movement around the world. Discussions focused on the needs in industrialized countries, but took into account similar concerns in all other regions. It built on the progress made through the Declaration on Primary Health Care at Alma-Ata, the World Health Organization's Targets for Health for All document, and the recent debate at the World Health Assembly on intersectoral action for health.*

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#### **HEALTH PROMOTION**

Health promotion is the process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment. Health is, therefore, seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy life-styles to well-being.

#### **PREREQUISITES FOR HEALTH**

The fundamental conditions and resources for health are:

- peace,
- shelter,
- education,
- food,
- income,
- a stable eco-system,
- sustainable resources,
- social justice, and
- equity.

Improvement in health requires a secure foundation in these basic prerequisites.

#### **ADVOCATE**

Good health is a major resource for social, economic and personal development and an important dimension of quality of life. Political, economic, social, cultural, environmental, behavioural and biological factors can all favour health or be harmful to it. Health promotion action aims at making these conditions favourable through **advocacy** for health.

#### **ENABLE**

Health promotion focuses on achieving equity in health. Health promotion action aims at reducing differences in current health status and ensuring equal opportunities and resources to enable all people to achieve their fullest health potential. This includes a secure foundation in a supportive environment, access to information, life skills and opportunities for making healthy choices. People cannot achieve their fullest health potential



unless they are able to take control of those things which determine their health. This must apply equally to women and men.

## **MEDIATE**

The prerequisites and prospects for health cannot be ensured by the health sector alone. More importantly, health promotion demands coordinated action by all concerned: by governments, by health and other social and economic sectors, by nongovernmental and voluntary organization, by local authorities, by industry and by the media. People in all walks of life are involved as individuals, families and communities. Professional and social groups and health personnel have a major responsibility to **mediate** between differing interests in society for the pursuit of health

Health promotion strategies and programmes should be adapted to the local needs and possibilities of individual countries and regions to take into account differing social, cultural and economic systems.

## **HEALTH PROMOTION ACTION MEANS:**

### **BUILD HEALTHY PUBLIC POLICY**

Health promotion goes beyond health care. It puts health on the agenda of policy makers in all sectors and at all levels, directing them to be aware of the health consequences of their decisions and to accept their responsibilities for health.

Health promotion policy combines diverse but complementary approaches including legislation, fiscal measures, taxation and organizational change. It is coordinated action that leads to health, income and social policies that foster greater equity. Joint action contributes to ensuring safer and healthier goods and services, healthier public services, and cleaner, more enjoyable environments.

Health promotion policy requires the identification of obstacles to the adoption of healthy public policies in non-health sectors, and ways of removing them. The aim must be to make the healthier choice the easier choice for policy makers as well.

### **CREATE SUPPORTIVE ENVIRONMENTS**

Our societies are complex and interrelated. Health cannot be separated from other goals. The inextricable links between people and their environment constitutes the basis for a socio-ecological approach to health. The overall guiding principle for the world, nations, regions and communities alike, is the need to encourage reciprocal maintenance - to take care of each other, our communities and our natural environment. The conservation of natural resources throughout the world should be emphasized as a global responsibility.

Changing patterns of life, work and leisure have a significant impact on health. Work and leisure should be a source of health for people. The way society organizes work should help create a healthy society. Health promotion generates living and working conditions that are safe, stimulating, satisfying and enjoyable.

Systematic assessment of the health impact of a rapidly changing environment - particularly in areas of technology, work, energy production and urbanization - is essential and must be followed by action to ensure positive benefit to the health of the public. The protection of the natural and built environments and the conservation of natural resources must be addressed in any health promotion strategy.



## **STRENGTHEN COMMUNITY ACTION**

Health promotion works through concrete and effective community action in setting priorities, making decisions, planning strategies and implementing them to achieve better health. At the heart of this process is the empowerment of communities - their ownership and control of their own endeavours and destinies.

Community development draws on existing human and material resources in the community to enhance self-help and social support, and to develop flexible systems for strengthening public participation in and direction of health matters. This requires full and continuous access to information, learning opportunities for health, as well as funding support.

## **DEVELOP PERSONAL SKILLS**

Health promotion supports personal and social development through providing information, education for health, and enhancing life skills. By so doing, it increases the options available to people to exercise more control over their own health and over their environments, and to make choices conducive to health.

Enabling people to learn, throughout life, to prepare themselves for all of its stages and to cope with chronic illness and injuries is essential. This has to be facilitated in school, home, work and community settings. Action is required through educational, professional, commercial and voluntary bodies, and within the institutions themselves.

## **REORIENT HEALTH SERVICES**

The responsibility for health promotion in health services is shared among individuals, community groups, health professionals, health service institutions and governments. They must work together towards a health care system which contributes to the pursuit of health.

The role of the health sector must move increasingly in a health promotion direction, beyond its responsibility for providing clinical and curative services. Health services need to embrace an expanded mandate which is sensitive and respects cultural needs. This mandate should support the needs of individuals and communities for a healthier life, and open channels between the health sector and broader social, political, economic and physical environmental components.

Reorienting health services also requires stronger attention to health research as well as changes in professional education and training. This must lead to a change of attitude and organization of health services which refocuses on the total needs of the individual as a whole person.

## **MOVING INTO THE FUTURE**

Health is created and lived by people within the settings of their everyday life; where they learn, work, play and love. Health is created by caring for oneself and others, by being able to take decisions and have control over one's life circumstances, and by ensuring that the society one lives in creates conditions that allow the attainment of health by all its members.

Caring, holism and ecology are essential issues in developing strategies for health promotion. Therefore, those involved should take as a guiding principle that, in each phase of planning, implementation and evaluation of health promotion activities, women and men should become equal partners.



## **COMMITMENT TO HEALTH PROMOTION**

The participants in this Conference pledge:

- to move into the arena of healthy public policy, and to advocate a clear political commitment to health and equity in all sectors;
- to counteract the pressures towards harmful products, resource depletion, unhealthy living conditions and environments, and bad nutrition; and to focus attention on public health issues such as pollution, occupational hazards, housing and settlements;
- to respond to the health gap within and between societies, and to tackle the inequities in health produced by the rules and practices of these societies;
- to acknowledge people as the main health resource; to support and enable them to keep themselves, their families and friends healthy through financial and other means, and to accept the community as the essential voice in matters of its health, living conditions and well-being;
- to reorient health services and their resources towards the promotion of health; and to share power with other sectors, other disciplines and, most importantly, with people themselves;
- to recognize health and its maintenance as a major social investment and challenge; and to address the overall ecological issue of our ways of living.

The Conference urges all concerned to join them in their commitment to a strong public health alliance.

## **CALL FOR INTERNATIONAL ACTION**

The Conference calls on the World Health Organization and other international organizations to advocate the promotion of health in all appropriate forums and to support countries in setting up strategies and programmes for health promotion.

The Conference is firmly convinced that if people in all walks of life, nongovernmental and voluntary organizations, governments, the World Health Organization and all other bodies concerned join forces in introducing strategies for health promotion, in line with the moral and social values that form the basis of this CHARTER, Health For All by the year 2000 will become a reality.

### CHARTER ADOPTED AT AN INTERNATIONAL CONFERENCE ON HEALTH PROMOTION

The move towards a new public health

November 17-21, 1986 Ottawa, Ontario, Canada



**ANNEX 2**  
**HEALTH CONSEQUENCES OF TOBACCO USE**  
**AND ENVIRONMENTAL TOBACCO SMOKE (1)**

<b>1. Health consequences of tobacco use</b>	
<u>Mortality and morbidity</u>	<ul style="list-style-type: none"> <li>• results in premature death</li> <li>• causes significant disease and disability</li> </ul>
<u>Cardiovascular effects</u>	<ul style="list-style-type: none"> <li>• a cause of coronary heart disease</li> <li>• a cause of cerebrovascular disease (stroke)</li> <li>• a cause of atherosclerotic peripheral vascular disease</li> </ul>
<u>Cancer</u>	<ul style="list-style-type: none"> <li>• a cause of lung cancer</li> <li>• a contributing factor for pancreatic cancer</li> <li>• a cause of laryngela cancer</li> <li>• a contributing factor for renal cancer</li> <li>• a cause of cancer of the lip, tongue mouth and pharynx</li> <li>• associated with gastric cancer</li> <li>• a cause of esophageal cancer</li> <li>• a cause of bladder cancer</li> </ul>
<u>Lung diseases</u>	<ul style="list-style-type: none"> <li>• a cause of chronic bronchitis</li> <li>• a cause of emphysema</li> </ul>
<u>Women's health effects</u>	<ul style="list-style-type: none"> <li>• a cause of (intrauterine) growth retardation, leading to low birth weight babies</li> <li>• a contributing factor for cervical cancer</li> <li>• a probable cause of unsuccessful pregnancies</li> </ul>
<u>Other health effects</u>	<ul style="list-style-type: none"> <li>• addiction to nicotine</li> <li>• adverse interactions with occupational hazards that increase the risk of cancer</li> <li>• alteration of the actions and effects of prescription and non-prescription medications</li> <li>• a probable cause of peptic ulcer disease</li> </ul>

<b>2. Health consequences of breathing Environmental Tobacco Smoke (ETS)</b>
<ul style="list-style-type: none"> <li>• a cause of lung cancer in non-smokers</li> <li>• a cause of oral cancer</li> <li>• associated with higher death rates from cardiovascular disease in non-smokers</li> <li>• in children, associated with respiratory tract infections, increased prevalence of fluid in the middle ear, additional episodes of asthma, and increased severity of symptoms in children with asthma, and a risk factor for new onset of asthma in children who have nor previously displayed symptoms</li> <li>• associated with increased risk of sudden infant death syndrome (SIDS)</li> <li>• associated with increased irritant effects, particularly eye irritation, among allergic persons.</li> </ul>



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## GLOBAL SCHOOL HEALTH INITIATIVE

### WHO Information Series on School Health

#### ***Local Action: Creating Health-Promoting Schools, WHO/HPR/HEP/98.7***

*Local Action* will assist school and community leaders in efforts that promote the health of young people through schools. It provides practical guidance, tools and descriptions of and “tips” from Health-Promoting Schools around the world.

#### ***Strengthening Interventions to Reduce Helminth Infections: As an Entry Point for the Development of Health-Promoting Schools, WHO/HPR/HEP/96.10***

Research and case studies have proven that schools are an efficient means to prevent and reduce helminth (worm) infections. This document shows how helminth reduction interventions can have a positive impact on children’s health, learning potential and school attendance.

#### ***Primary School Physical Environment and Health, WHO/School/97.2, WHO/EOS/97.15***

This document identifies key elements for achieving a healthier school environment. It focuses on adequate services – particularly water and sanitation, operation and maintenance, and local motivation and ownership – with an emphasis on the physical environment of the school.

#### ***Violence Prevention: An Important Element of a Health-Promoting School, WHO/HPR/HEP/98.2***

This document explains how violence affects the well-being and learning potential of millions of children around the world. It provides interventions that can reduce violence through schools.

#### ***Healthy Nutrition: An Essential Element of a Health-Promoting School, WHO/HPR/HEP/98.3***

*Healthy Nutrition* reveals how nutrition interventions in schools benefit the entire community, and how healthy eating contributes to decreasing the risks of today’s leading health problems.

#### ***Preventing HIV/AIDS/STDs and Related Discrimination: An Important Responsibility of Health-Promoting Schools, WHO/HPR/HEP/98.6***

This document exhibits that HIV prevention programmes are effective in reducing the risk of HIV infection among young people. It explains why schools must accept the responsibility to educate their community members and work with them to determine the most appropriate and effective ways to prevent HIV infection among young people.

#### ***Active Living: An Essential Element of a Health-Promoting School, WHO/HPR/HEP/98.8***

This document shows how school age is the optimal time of life for individuals to adopt useful, pleasurable and satisfying physical activities as an integral part of their own daily life.

#### ***Tobacco Use Prevention: An Important Entry Point for the Development of a Health-Promoting School, WHO/HPR/HEP/98.5***

*Tobacco Use Prevention* demonstrates that tobacco use prevention programmes have a positive impact on the health of children and adolescents and that comprehensive tobacco use prevention programmes in schools work and effectively reduce tobacco consumption.

