Philip Morris U.S.A.'s Youth Smoking Prevention Dept. Additional Discussion Points and Possible Conclusions on the form the Secondary school tobacco policy and prevention curricula in South Carolina Controls

- Tobacco control policies are not enough to deter kids from smoking. Despite tightening school tobacco control policy, current smoking rates have increased over 11 percentage points to 38.6% from 1993 to 1997 as reported by 9th 12th graders in the 1997 South Carolina Youth Risk Behavior survey.
- Schools are only one resource for children to learn about not smoking. Most experts seem to agree that youth smoking prevention efforts should be comprehensive and multi-faceted. In fact, a report of the U.S. Surgeon General on preventing youth tobacco use observes: "The effectiveness of school-based smoking-prevention programs appears to be enhanced and sustained by comprehensive school health education and by community wide programs that involve parents, mass media, community organizations, or other elements of an adolescent's social environment."
 - As mentioned above, parents can also be involved. Experts believe parents can play an important role in reducing the odds that an adolescent will use tobacco substances. One study on adolescent smoking found that boys and girls were significantly less likely to smoke if they experienced lower levels of conflict with parents and had parents who had high expectations, were knowledgeable about them, and engaged in authoritative parenting practices.⁴ Moreover, the study's findings suggest that positive parenting practices may help protect youth from smoking.
- Schools should be encouraged to use effective tobacco prevention curricula. Philip Morris U.S.A. agrees with the researchers that there need to be new strategies to encourage schools to use tobacco prevention curricula that have been proven effective. For example, one of the *Programs that Work* for tobacco use prevention, Life Skills Training, covers resistance skills, knowledge, and attitudes; self-management skills; and general social skills, however, it was reported as being used in only 9.2% of high schools in South Carolina. Yet, more than half of the secondary schools are using a program, D.A.R.E., a police officer-led series of classroom lessons, which CDC has not designated as a program meeting specific criteria, including showing evidence of preventing tobacco use.
- ♦ Punishment of minors may not be the "silver bullet" to reducing youth smoking. Research from the Center for Substance Abuse Prevention suggests "programs that do not emphasize punitive penalties, especially those that provide prevention or cessation services such as tobacco education courses, tobacco cessation programs, or diversion alternatives, may be most effective." Philip Morris U.S.A. agrees withthe National Assembly of Health and Human Services Organization when they say that "we need to stop thinking of youth problems as the

² Ibid.

³ U.S. Department of Health and Human Services. <u>Preventing Tobacco Use Among Young People: A Report of the Surgeon General</u>, Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health. 1994: p. 275

⁴ Simons-Morton, Bruce, Crump, Aria Davis, Haynie, Denise, et al. Psychosocial, School, and Parent Factors Associated with Recent Smoking Among Early-Adolescent Boys and Girls. <u>Preventive Medicine</u>. 28, 138-148 (1999). ⁵ Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. (1997) <u>Reducing tobacco use among youth: Community-based approaches</u>. Washington, D.C.: DHHS Publication No. (SMA)97-3146.

principal barrier to youth development and start thinking of youth development as the most effective strategy for preventing youth problems." Schools may want to rethink their tobacco policies to include these types of programs.

Only effective research-based cessation programs should be considered as a sanction for student violators. According to a recently published study, more research is needed to define the most successful approaches for cessation of adolescent tobacco use. The authors of the study also found that the scientific status of cessation research is less refined than prevention research. With the lack of published literature concerning effective, developmentally appropriate programs for adolescent tobacco cessation, school administrators may be reluctant to commit time and limited resources to provide smoking cessation programs. Philip Morris U.S.A. hopes more research is conducted to discover effective approaches. Thus, we recommend identifying research-based cessation programs that have shown a reduction in youth tobacco use when considering adding this approach to policies or legislation.

-Disnit this too broad?

"If cersation programs are to be used, they shall be ...

⁶ The National Assembly. <u>Building Resiliency: What Works; A Community Guide to Preventing Alcohol & Other Drug Abuse Through Positive Youth Development.</u> Washington, D.C. 1994; p.12.

⁷ Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. (1997) <u>Reducing tobacco use among youth: Community-based approaches</u>. Washington, D.C.: DHHS Publication No. (SMA)97-3146.

⁸ Sussman, Steve, Lichtman, Kara, Ritt, Anamara, Pallonen, Unto E. Effects of Thirty-Four Adolescent Tobacco Use Cessation and Prevention Trials on Regular Users of Tobacco Products. <u>Substance Use & Misuse</u>. 34(11), 1469-1503, 1999.

⁹ Coleman-Wallace, Lee, Jerry W., Montgomery, Susanne, et al. Evaluation of Developmentally Appropriate Programs for Adolescent Tobacco Cessation. <u>Journal of School Health</u>. October 1999, Vol. 69, No.8.

¹⁰ Coleman-Wallace, Lee, Jerry W., Montgomery, Susanne, et al. Evaluation of Developmentally Appropriate Programs for Adolescent Tobacco Cessation. <u>Journal of School Health</u>. October 1999, Vol. 69, No.8.

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