

Health Management Plan: Public School, Adolescent (13-18 years) Anti-smoking Champaign

*Designed by
The Victorian Adolescent Health Organization
(VAHO)*

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Christopher Pyne,

Minister of the 'Department of Education, Australia',

Our organization (The Victorian Adolescent Health Organization) would like to apply for a grant for the development of a public secondary school, anti-smoking campaign. Our organization is very involved with adolescent health ranging from mental and emotional health issues, as well as physical health issues. In this case, our biggest concern is the prevention of adolescent smoking with the intention of lowering the number of adult smokers in Australia, and ultimately reducing the number of deaths caused by smoking each year.

The campaign is intended to go for the duration of 6 years, using the same students right through their secondary schooling years (grade 7 to 12). Seven different schools (one from each Australian state) are planned to participate in the health plan. The students will consist of both male and females aged 13 to 18. The number of participants is dependent on the sum of students in the cohort year level across all 7 seven schools.

The campaign is projected to start on the 28th of January 2016, the start of the public-school year, and finish on the last day of the public-school year, 19th December 2022. Where data will be collaborated and analyzed. If the data found, were sufficient in reducing the number of adolescent smokers upon finishing school, the 'adolescent anti-smoking campaign' would like to be applied across the country in most public schools.

With that being said, the company requires a grant sum of approximately \$595, 000 for two trained APA specialized psychologists to develop the program outline, as well as psychology majored mentors which will speak to the school students over the longitudinal health project. This will also cover travel costs, and temporary housing for the speakers that may be required to stay in rural areas.

Reducing the number of regular smokers each year, allows more government funds to be spent on other areas of healthcare in Australia

Objective projections

Smoking is a prevailing issue related to health problems around Australia. Smoking is responsible for killing 400 Australians a year. Of the Australian population that smokes 6.7% of these people are aged 12 to 17 years of age (Australian Commonwealth, 2012). Despite the legal age of smoking is 18 years or older, young adolescents are still being presented with the opportunity of obtaining cigarettes. Evidence has been found that long-term smokers developed their habit when they were adolescents and isn't very common for smokers to develop a smoking behaviour after their adolescent period (Nilsson and Emmilen, 2010). It is well known from advertising on cigarette packages in Australia as well as on television that smoking can cause considerable damage to a person's health and wellbeing. If smoking is a consistent habit over a large period, a number of health problems are likely to occur to the individual (Csillag and Aldhouse, 1992). Long-term effects of smoking include a series of different types of cancers as well as diseases. These aren't specific to one region of the body either. Cancers can form in a person's lungs, throat, mouth, and nose. Diseases and other health issues developed by smoking relate to women's ovaries, heart conditions, high blood pressure and gang green. Smoking related cancer is responsible for 21% of deaths in 2005 (Gerts et al, 2012). Studies have found that the early effects of smoking on adolescent's health are closely related to developmental issues within an individual. It's been found that there is an increased chance of adolescents developing asthma including improper development of the individual's lungs (Gerts et al, 2012). The issue faced is that adolescent smokers believe that smoking is delayed affect, where health issues are only more than likely to develop once the individual is significantly older, as well as the belief that they are less likely than others to develop any serious health problems like that of cancer or emphysema (Otten et al, 2009). Many adolescents do not realize the immediate threats of smoking, such as increased chances of developing asthma or developing an addiction. In many cases, facts and information can be found in efficient in preventing the habit of smoking. There are many confounding variables that cause adolescents to have their first cigarette. Some which can be controlled, when an individual may be offered a cigarette, and there are some which can't be such as when an adolescent maybe intoxicated and possibly even ostracized by their peers (Kobus, 2009). High school is for adolescents are one of the most significant aspects of their day-to-day life, where many of them will spend 6-8 hours of their day there. This means that adolescents become highly involved with their

surroundings as well as their interactions between peers. This can become quite stressful for adolescents as pressure to fit in resulting in adolescents smoking not because they wanted to but because they felt the need to to form social relations (Kobus, 2009). Social surroundings are just a single aspect of the environment that can influence adolescents to smoke. There are other environmental factors that have been to have a significant contribution to how adolescents perceive smoking. Evidence has shown that adolescent's perception of smoking is heavily influenced by a strong male stereotype. Strong male figures that are seen smoking on television has been found to give a glorified image of "cool" and "manly" to young impressionists. Image is heavily valued by adolescents due to media expectations including stereotypes that adolescents feel they need to fulfill as it is seen to be the difference between a social group accepting them, or rejecting them through secondary school (Lochbuehler, 2012). Advertising has been found to influence adolescents through marketing. Pleasant colours and fancy fonts glorify Cigarette packages to attract new smokers (or already addicted smokers). It has been found smoking advertising is a major cause in the initiation stage of adolescents smoking by building up on the primary demand (Goldberg, 2003). The Australian government has taken many steps in initiating smoking prevention throughout the country, to reduce the health effects smokers face. Not only to protect the smoker's own health, but to also help the health of those around smokers. Passive smoking has been found to cause damage to non-smokers through secondhand smoking (Ferrenc (2010). The Australian Government has performed preventative measures through the development of plain packaging on cigarette packets, no advertising of cigarettes whatsoever on television or billboards and no smoking in enclosed areas or some public areas (Department of Health, Victoria, Australia, 2012). Though these have proven to be effective in reducing the number of current smokers, ideally, it's more important to teach and inform the individuals at a younger age of the hazards of developing a smoking habit and the ways they can prevent that from occurring in social situations and other influences through high school. The aim of the health project directed towards antismoking campaigns is to place the emphasis on the individuals to make their own decisions in social situations, which they may endure through school rather than depending on laws and legislation developed by the government to prevent adolescents smoking. The smoking prevention plan is aimed at reducing the number of adolescent smokers aged 13 to 17 years of age in public secondary schools. This is to be achieved by attempting to prolong adolescents trying their first cigarette and or ideally prevent the development of smoking addiction before reaching

adult hood. Through a series of informative and hands on seminars developed by a specialized psychologist in the field of social psychology and a addiction, adolescents will essentially be provided the tools and information necessary to avoid the development of a smoking habit on their own. This will be achieved by follow up sessions through their entire secondary schooling period, from grade 7 up until grade 12. By the completion of the health project the objective is to lower the adolescent smoker's rate of 6.7% to approximately 5% nationwide. Using a smaller sample to determine the effectiveness of the health plan will indicate if the number of smokers in Australia can be reduced and ultimately lower the number of Australian deaths caused by smoking after the 6-year trial period.

Project plan

The adolescent antismoking campaign in high schools is based on several reports based around high school public smoking and the effects of school based antismoking programs. Adolescent smoking between the year of 13 and 18 is more common amongst public high schools than it is in private high schools (Jacobs, 1993), because of this the health plan is to target public high schools, which is also more convenient because they are owned by the government, making it potentially easier to conduct such a project. Viadero's (2005) study found that 80% of smokers developed their habit before the age of 18. He developed a 'Lifeskills program', which was found to be quite effective, in which an informative class on the hazards of smoking was put on for students once a year from grade 7 up until grade 12. Results showed that of the adolescents that were enrolled in the "Lifeskills had a ~6% reduced difference in students that smoked a cigarette that month, compared to those who didn't attend any at all. Crone et al (2011) conducted a similar experiment that started in the 6th grade of primary school, which was also found to be effective in reducing the number of smokers the following year (grade 7). Due to difficulties tracking children who would move to different schools after completion of grade 6, the adolescent antismoking campaign, would be easier to conduct from grade 7 where majority of student would stay until their completion of high school. It would also mean that the health plan would cost somewhat cheaper removing a year's worth of study and staff from the expenses.

The adolescent antismoking campaign is to be designed to target the entire country. Due to such a large scale of this plan, the project has been scaled down to fit budget requirements. There are 1,409 public secondary schools, all of which are government owned (Australian Bureau Of Statistics, 2007). Of these 1, 409 schools, one high school will be

randomly selected from each state of the country (total of 7 schools), to develop a good representation that can be projected onto the population of Australia. The campaign is to start on the 28th of January 2016, which is the start of the public schooling year (Department of Education and Early Childhood Development, 2014). This date allows enough time for the preparation to develop a seminar outline, including it will mark the beginning of the school year for students who have moved from primary education (grade 6) to secondary education (grade 7) before social influences of high school take effect. The study will conclude on the 19th of December 2022, 6 years after the study began. This marks the last day of school for high school students who started 6 years earlier, meaning this will be a longitudinal study, using the same participants. The participants will be the students in year 7 cohort across all seven selected schools, aged 13 to 18, in 2016, and will fill out questionnaires at end of every year for data collaboration. Both males and females in that year will be involved in the study.

The adolescent antismoking campaign will include 2 scientific based constructed seminars every year for duration of the campaign. The first will be held within the first week of the schooling year focusing in on social situations and the perceived image of it, based on reports of social pressure to smoke, and ways in which students can avoid/prevent these situations. The class will be interactive as well as be informative of the health risks associated with smoking. The seminar will go for the duration of 2 hours. The second seminar will occur midyear before the school holiday on the 27th of June. This session will also go for 2 hours and would be viewed as a follow session. Where students can ask questions about the experiences that they have had since the first seminar. This enables students to learn new ways to deal with situations that weren't touched on, and the hazards of smoking can be reiterated and reinforced through reward systems of appraisal (Skinner, 1950). This will continue over the duration of their schooling until the end of the schooling year, 2022, when data will be collected and processed. Based on the outcome of the results will determine if the health plan was effective and should be applied to the population. This study is very similar to the study conducted by Viadero's (2005) but is aimed to be more involved, and more consistent in relation to the number of seminars students are involved with. These predictions aim produce a higher percentage of non-regular smoking students by the end of the schooling year, hence lower the number of smokers around Australia.

The staff involved in the campaign will consist of 2, registered APA psychologist where one has specialized in addiction and the other social psychology. The staff that will conduct the seminars will consist of 7 psychology majors, each assigned to one of the schools for the

duration of the campaign so rapport can be established between the speaker and students.

The effective costs of the campaign are as listed below.

Cost Analysis

Item	Expenditure
Staff	Psychologist campaign design x 2 – \$300,000 (150,000 each) (two years preparation leading up to 2016) Employed Speakers – \$35,000 (5,000 each for 12 sessions over 6 years)
Staff training	\$50,000
Travel costs	Accommodation (if required) - \$10,000
Market Research and Data Collection	\$200,000
Miscellaneous (phones, food, print-outs, materials and equipment)	\$20,000
Total Costs	~ \$595,000

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