



Strong minds. Strong bodies. Strong schools.

A partnership of the RI Departments of Education and Health
with funding from the Centers for Disease Control and Prevention

thrive report

Vol. 1, Number 4, April 2007

April Issue: Tobacco

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thrive: by the numbers

599 Number of additives used in different types of cigarettes

0 Number of additives listed on cigarette labels

\$125,000 Amount of money once donated to a food bank by a tobacco company

\$21 million Amount spent publicizing that fact

\$2.46 RI sales tax per pack of cigarettes (2nd highest in the U.S.)

\$13.24 Smoking-caused health costs and productivity losses per pack sold in Rhode Island

\$2270 Amount spent per year by a pack-a-day smoker (\$6.22 per pack avg. with tax)

33 Number of friends

April's Focus: Tobacco

Welcome to the April edition of the **thrive report** focusing on tobacco.

Tobacco use is one of six critical types of adolescent health behavior shown to contribute to the leading causes of death and disability in youths and adults, along with alcohol abuse & drug use, injury & violence (including suicide), and sexual risk behaviors.

According to the CDC, these behaviors usually are established during childhood, persist into adulthood, are inter-related, and are preventable. In addition to causing serious health problems, these behaviors also contribute to educational and social problems, including failure to complete high school and unemployment.

Tobacco use, including cigarette smoking, cigar smoking, and smokeless tobacco use, is the single leading preventable cause of death in the United States. In Rhode Island we have made great strides to curb tobacco use. Rhode Island is the seventh state in the nation to become smoke-free, effective March 1, 2005. According to the Youth Risk Behavior Survey, high school smoking fell from 35% to 16 % between 1997 and 2005. The percentage of public high school students who ever tried cigarette smoking fell from 69.1% in 1997 to 44.7% in 2005. Further, 51% of current smokers have tried quitting in the past year according to the 2005 YRBS. Rhode Island tobacco retail sales to underage youth decreased from 35% in 1997 to 17% in 2003.

thrive, along with the RI Student Assistance Program, American Cancer Society, RI Chapter, and the RI Lung Association partnered to develop a toolkit for tobacco prevention and cessation for schools. Strong policy, research-based health education curricula, and access to cessation services help schools play a strong role in preventing tobacco use and promoting cessation among current smokers.

The Core Issue: Tobacco

Searching for Solutions

Schools typically think of tobacco as little more than a topic for health class and as a disciplinary problem to be solved, "What can

and family you could treat to a day at Disney World for that amount

1400 Number of RI youth who become new daily smokers, each year

52 Percentage of RI high school-age smokers who try to quit each year and fail

2 Percentage of RI high school-age smokers who try to quit each year and succeed

2 Number of people in the US who died tobacco-related deaths while you read this "By the Numbers"

Smoking facts collected and/or calculated from the truth, www.thetruth.com; the Campaign for Tobacco Free Kids, tobaccofreekids.org; American Lung Association, www.lungusa.org; and the Youth Tobacco Cessation Collaborative www.youthtobacco cessation.org

Tobacco Links

[Campaign for Tobacco Free Kids](#)

[Not On Tobacco \(NOT\)](#)

[Health Topic Tobacco](#)

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be done to stop students from smoking on campus?" Unfortunately, this way of thinking leads to limited solutions - ones that do not work very well. For example, locking bathrooms simply replaces one public health problem with another and creates more of a headache for students than "the smoking bathroom" they had to deal with before.

Another typical solution is to suspend students caught smoking on school grounds. Unfortunately, this often backfires, as students are more likely to smoke - or take even bigger risks - outside of the school environment. Suspending a student for tobacco may also be counterproductive in terms of the core mission of the school - education. Smoking on campus can be a sign that a student is becoming disengaged from school. Suspending them pushes them away at a critical moment.

A Changing Mindset

Fortunately, many schools are beginning to approach things differently. With the increasing push for personalization in schools, they see this as an opportunity for an adult in the building to connect with a student and talk about what is going on. It is an opportunity to identify challenges and set personal and educational goals.

A Broader Approach

Seeing how tobacco fits into the bigger issues of attitudes toward school, school climate, and barriers to learning opens up a whole other approach. In this approach, some of the steps schools may take include: teaching high quality tobacco curricula, enforcing policies that go beyond just banning tobacco use, communicating with the entire school community about tobacco, offering cessation programs for students and for staff, and involving parents in tobacco prevention efforts. These steps support both the public health goals and the core educational goals of the school.

Resources and tools for all of these approaches can be found at: <http://www.thriveri.org/issues/tobacco.html#administrator>

Fresh from the Field

Submitted by Louise Dias, Coventry High School, Coordinator Coventry Task Force

When I was hired as the coordinator for the Coventry Task Force in October of 2006, Coventry High School had rules that would suspend students caught smoking on school grounds.

One of the programs I wanted to implement was the American Lung Association's NOT (Not On Tobacco) Alternatives to Suspension program, having seen its success at Exeter/West Greenwich. With the support of the Superintendent, the principal, and all four of the vice principals, I was able to implement the program. Now, instead of getting suspended, students caught smoking on school grounds would have to attend six weekly group sessions. Rather than having students out of school and still smoking, the program tries to educate students how to **stop** smoking, using different methods. The curriculum also teaches healthy behaviors and life management skills.

When students first come, they do not want to be there. Many of them tell me up front that they do not want to quit. I start with an

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Annie Marie Silvia, Editor

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exercise where they talk about their highs and lows that day. That gets them talking. Over time, they open up and share personal or family issues, problems with their peers, and the pressures they feel. By the end of the series, they look forward to coming.

Despite the odds, two students have quit smoking. Both credited the NOT Alternatives to Suspension program for its help. Even students who do not end up quitting get something out of the NOT program. It is one of the few places where they feel that they can talk openly with an adult and with each other in a safe, confidential setting. I have even had a few students come back to see me afterwards.

The success of this program is largely due to the support given to me by the entire school faculty. I enjoy interacting with the Coventry High school students, at the same time helping them rid themselves of a nasty habit. It is very rewarding!

To share your first-person success stories in "Fresh from the Field," please email annemarie.silvia@ride.ri.gov.

As always, we welcome and encourage your feedback about **thrive**, Rhode Island's Coordinated School Health model. Please email us at rosemary.reilly-chammat@health.ri.gov or midge.sabatini@ride.ri.gov.

Sincerely,

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