

# Preventing teenagers from smoking



**ASSIGN  
BUSTER**

## Problemstatement

It is well documented that tobacco use has caused many smoking related diseases yearly; De Meyrick (2000) reported that almost 20, 000 people died each year from smoking related diseases. Smoking has been steadily declining in Australia but there is a need to prevent teenagers from even taking up smoking.

According to statistics provided by Quit Victoria (2014), the overall rate of smokers among Australian students aged 12 to 17 was 6. 7% in 2011, with 4. 1 percent of students within the age bracket of 12 to 15 being current smokers and 12. 9 per cent of current smokers being in the age bracket of 16 to 17 years of age.

Further, it was reported that the majority of adult smokers adopted the habit as teenagers, with the average age of initiation in 2010 being 16 and these smokers took up the habit seriously after progressing from the experimental stage (Tobacco in Australia 2014). It was also found that 16% of males and 13% of females had become regular smokers by the age of 17 (Tobacco in Australia 2014).

A study by Chang et al (2005) also found that tobacco smoking among teenagers has been associated with substance abuse and depression as well as a host of mental health problems in both male and female adolescents. Chang et al (2005) further reported that prevention and early intervention into teenage smoking will not only avert later daily smoking but it can also prevent or mitigate the risk for substance use and psychiatric problems.

Considering that smoking has caused many health related problems and has also contributed to other social costs, it becomes crucial to prevent teenagers from even adopting the smoking habit. While there are many anti-smoking campaigns, a specific programme targeting teenagers in Victoria is needed to significantly reduce the statistics of 16% male and 13% female teenage smokers by age 17.

### NeedsAnalysisPlan

Step	Timeframe	Briefdescriptionofthetypesofinformation/evidencetobe identified via this specific step	Potential sources
1.	1 week	5 suburbs that have the highest percentage of at risk teenagers	Internet, databases, call Vic Health, check with community health centres, schools etc
2	2 weeks	Anti-smoking programmes that specifically targeting teenagers in these suburbs	Internet, databases, call Vic Health,

- |   |         |   |
|---|---------|---|
|   |         | check with<br>community<br>health<br>centres,<br>schools etc                                  |
|   |         | Interviews<br>with<br>teenagers in<br>schools and<br>popular<br>teenage<br>hang-out<br>places |
| 3 | 4 weeks | Find out why teenagers smoke  |
|   |         | Interviews<br>with<br>teenagers in<br>schools and<br>popular<br>teenage<br>hang-out<br>places |
| 4 | 4 weeks | Find out how to discourage<br>teenagers from taking up<br>smoking                             |
|   |         | Interviews<br>with<br>teenagers in<br>schools and<br>popular<br>teenage<br>hang-out<br>places |
|   |         | Consult<br>social<br>workers and  |

schools etc

The identified problems and service gaps

There was no secondary research on the suburbs most at risk of teenage smoking in Victoria. However, interviews with community health care centres, social workers and schools found that the suburbs of Broadmeadows, Dallas, Coolaroo, Frankston North and Bangholme are most at risk of teenagers adopting the smoking habit. The low socio-economic background of the teenagers and poverty associated and family problems have placed these teenagers at the highest risk of not only adopting the smoking habit but also substance and alcohol abuse. There are high incidences of teenagers presenting themselves with problems associated with substance and alcohol abuse, such as depression and self-harm, at the community health care centres. These findings are typical in other research studies research as well (Johnston & Thomas 2008). Local police also reports incidences of teenage brawls and fights as well as an overall higher crime rate in these rough suburbs.

It has been found from interviews with local support groups, including schools and community health centres as well as social workers that these teenagers feel displaced and isolated. Due to the shortage of resources, there have not been any specific programmes targeting at these teenagers to address smoking, substance or alcohol abuse. There are programmes by local church groups, schools and community health centres to help the residents of these suburbs. However, these programmes are not properly coordinated and are sporadic and short-lived at best. For this reason, the

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benefits of any community-based programme to help the teenagers cannot really be realised.

Interviews with teenagers in these suburbs found that many of them form friendship with other teenagers in schools. Due to cases of bullying or simply for the need of peer support, children as young as pre-primary form friendship with the older children and teenagers, expecting protection from these 'gangs'. These children learn their habits and emulate behaviour of the older children of the gangs. Interviews with teenagers found that most consider smoking, substance use and alcohol consumption as a rite of passage that they have grown up and accepted as full member of the gangs. For this reason, some teenagers started smoking and drinking as young as 9 years. The fact that many of the parents are also smokers do not help. The high crime rate in these suburbs is due to the lack of employment for teenagers and the need to support their smoking and alcohol habit. As such, the target audience for the proposed funding is primary school children and high school children living in the identified suburbs.

The service gaps found are the lack of a sustained programme specifically targeting the children and teenagers in the suburbs of Broadmeadows, Dallas, Coolaroo, Frankston North and Bangholme against taking up smoking as well as support programmes for teenagers to quit smoking. While there are attempts in reaching out to our target market in reducing or preventing smoking by various community groups, there is no concerted effort in pooling the efforts of the community support groups through any programme to address the issues that contribute to early adoption of smoking in these

communities. This is due to the absence of a person or community group that is solely responsible for such a programme and the lack of funding.

After the funding has been proven successful with the proposed interventions, this can be considered for other suburbs in Melbourne and Victoria in the future.

#### Proposed interventions/solutions

It is proposed that a Quit Teenage Smoking Project be the responsibility of Quit Smoking Victoria with a dedicated trained personnel (probably a nurse) and two other full-time staff members in a team to oversee the project. A multi-pronged approach with several partners is needed to address teenage smoking in the identified suburbs. Li & Powdthavee (2014) reported from their study that people who stay longer in schools tend to be at a lower risk of taking up the smoking habit. For this reason, it is vital to include the schools as an important partner in this project. It is also crucial to include community health care centres as an important partner in this project, for the simple reason that they are the health authority that can discuss health issues with the teenagers who present themselves at these centres for health related issues. Churches and community groups are also critical partners in this project due to their outreach programs and their network in the community to help these teenagers. It is also vital to include businesses' participation as these businesses can offer casual employment to keep the teenagers off the street where they learn how to smoke. The extra money earned can be useful to teenagers to feed themselves and they also learn a

skill and feel respected. Businesses can also be involved through some corporate sponsorship.

The multi-pronged approach requires the teenagers to be segregated into two different target groups – the non-smokers and the smokers. The objective for the non-smokers is to prevent them from smoking while the immediate objective for the smokers is to reduce smoking.

The interventions are discussed as follows –

<u>Groups</u>	<u>Objectives</u>	<u>Interventions</u>	<u>Measurement</u> (every three months)
Schools (both primary and high schools)	<ul style="list-style-type: none"> <li>Keep students in school as long as possible –</li> </ul>	<ul style="list-style-type: none"> <li>Keep students engaged in school</li> <li>Reduce absences by checking on students regularly – give students a reason to</li> </ul>	<ul style="list-style-type: none"> <li>Check on school attendance</li> <li>Check on absences of at risk students</li> <li>Carry out survey to find out if students enjoy school</li> </ul>
Businesses	<ul style="list-style-type: none"> <li>for example, reduce absences</li> </ul>		



go to  
 school,  
 eg. Free  
 breakfast  
 (sponsored  
 by  
 businesses) and  
 interesting  
 after-  
 school  
 activities

Schools  
 (both  
 primary  
 and high  
 schools)  
 Community  
 Health  
 Centres

- Educate students on the harm of smoking and demonise smoking as uncool

- Organise regular talks and include anti-smoking in health projects

- Carry out survey of before and after talks and projects

Community  
 Health  
 Centres

- Educate teenagers on Always include smoking prevention as

- Check record on whether

part of doctor's visits

Offer current smokers support on how to reduce smoking

Preventio n and reduction

Provide emotional support through counselling for teenagers going through hard time

there is an increase or reduction in smoking

- |                           |   |  |   |
|---------------------------|---|--|---|
| Church & Community Groups | <ul style="list-style-type: none"> <li>• Offer alternatives to smoking to be part of group and be cool</li> </ul> | <ul style="list-style-type: none"> <li>• Keep students engaged with fun activities that involve friendly interaction with teenagers</li> </ul> | <ul style="list-style-type: none"> <li>• Check on attendance of such groups and if the members have recently started smoking</li> </ul> |
|---------------------------|---|--|---|

, such as etc.

organising

a pop

music

group so

that

teenagers

can sing

together

and

compete

in a

friendly

talent

competiti

on

- Organise

after

school

sports,

such as

footy and

basketball

- Organise

free

movie  
session  
over the  
weekend

Businesses

- Provide casual employment to teenagers because many are poor. The skills learnt are useful. Occupied teenagers are less likely to smoke out of boredom
- Offer a fun and healthy place to work after school or during weekends so that teenagers can earn some pocket money while learning new skills and also give them a sense of dignity
- Check on teenage workers' emotional satisfactions at work.
- A requirement at work

is

teenagers

cannot

smoke.

and

respect.

- Sponsor in

They do

kind or

not need

cash to

to earn

schools to

respect by

support

smoking

anti-

smoking

campaign

## Conclusion

The Quit Teenage Smoking Project/Campaign is a proposed project that needs funding by the Victorian Department of Health to prevent teenagers from taking up smoking. Due to the limited funds available, it is proposed that this campaign be carried out in the poorest suburbs of Victoria. The campaign is a multi-pronged approach that engages not only the community health centres in these suburbs but also schools, churches and community groups as well as businesses because smoking is more than a health issue but also a social and emotional one. The main reason why teenagers take up smoking is because they feel that it is a rite of passage and they want to be accepted in their peer groups. Hence, it is important that these teenagers

are occupied with better things than getting into trouble and taking up smoking, which can also lead to alcohol and substance abuse.

It is proposed that schools be responsible for keeping the students engaged with several proposed programmes while the churches and community groups keep the students occupied with interesting activities so that these teenagers find meaning in their lives with other activities than getting into trouble and smoking. Businesses can actively recruit teenagers to work for them after school and businesses can also provide sponsorship, such as free meals in schools so that students have incentives to go to school. Of course, the community health centres help by providing medical and emotional counselling support. In order to ensure that the campaign is a success, three monthly review of objectives and measurement of goals are important so that adjustment can be made to the campaign to achieve the best results.

## **References**

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Li, J., & Powdthavee, N. (2014). Does More Education Lead to Better Health Habits? Evidence from the School Reforms in Australia. *Social Science & Medicine*.

Quit Victoria Resource & Media Centre 2014

<http://www.quit.org.au/resource-centre/fact-sheets/smoking-rates>

Tobacco in Australia 2014, Cancer Council, <http://www.quit.org.au/news/>