

## How Can We Help Addicted Smokers to Quit at School?

by Mia Hanos Zimmermann, MPH

Over the past 40 years, we have certainly realized the importance of preventing young people from smoking, yet we are still working on ways of dealing with tobacco in the place where young people spend a great percentage of their time – school. In order to assess the feasibility of bringing tobacco dependence treatment to students, a needs assessment was conducted in order to identify facilitators and barriers to providing treatment for tobacco dependence for students on school grounds. The study also examined the impact of the 2001 New Jersey state law prohibiting tobacco use on school grounds. The objectives of the assessment were to identify tobacco policies in schools; identify barriers to treatment for adolescents; describe staff knowledge, attitudes and beliefs around tobacco dependence issues; and identify resources available and/or needed to provide tobacco treatment to adolescents. It is hoped that this study will also make the scientific community aware of the types of policies and procedures that need to be in place in order to bring accessible, state of the art tobacco dependence treatment to young people.

Data was collected through structured key informant interviews with administrators, student assistance counselors (SACs), guidance counselors and nurses from eight different schools. Various questions were asked regarding tobacco policies, laws and treatment. In response to questions regarding these issues, all staff were very clear that smoking was not allowed for students on school grounds. Principals also acknowledged that staff were not allowed to smoke on school grounds. SACs tended to point out that they were observing the state law that prohibits tobacco use on school grounds and at school sponsored events.

In addition, schools that had an open campus, where students were able to leave school grounds at lunch time, reported several challenges due to their locations in residential areas. One common challenge was that the neighbors were upset and concerned about students smoking in front of their houses and littering their property with cigarette butts.

Although several principals, SACs, nurses and guidance counselors believed that the state law had lessened smoking in the school, other SACs felt that students found a way around the law and continued to use. Some staff felt that the law had no effect on their school. Principals noted that there had been more disciplinary referrals since the law was passed. SACs, nurses and guidance staff noted that the law had made it more difficult for staff to smoke.

The majority of staff believed that tobacco is an issue that can be addressed at school. However, some nurses and principals noted that more needs to be done to address tobacco, especially with regard to policy development, materials and speakers. Some SACs, nurses and guidance counselors reported that treatment or support was needed for students who want to stop using tobacco.

Responses varied greatly on the issues of testing for nicotine when testing for other substances, and on the resources needed to implement a program for students addicted to tobacco. Half of the staff reported that they would not include a test for tobacco use, while the other half reported that they would. Some of the reasons for not including the test were that, “there is no use for it”; “tobacco is not a priority”; “there is not the same stigma associated with tobacco use”; “it’s not effective”; “it doesn’t alter students’ perceptions”; and “tobacco is different from other drugs.” Another common argument was that tobacco is legal. Staff (predominately

principals and nurses) felt that conducting a chemical test was unnecessary because staff could see students smoking and smell the smoke on their clothing.

Staff in general were supportive of students using nicotine replacement therapy (NRT) at school. Nurses and guidance counselors in particular believed that using nicotine replacement therapy is a “good idea” to help students stop using tobacco.

The consensus among staff was that the NRT would be handled like other medications the students take, whether over the counter or prescription; the nurse would monitor the use of the medication.

Staff expressed varied opinions when asked about the logistics of providing tobacco dependence treatment to young people. Many staff felt that if students wanted to go to a facility for tobacco dependence treatment they would have to “get there themselves.” In addition, a variety of principals, SACs and nurses believed that parents would need to be involved in off-site treatment. Many staff believed that a quit smoking intervention would have to take place after school, if it were off school grounds. Other staff thought that a quit program should take place on school grounds.

Upon completion of the needs assessment, it was obvious that the majority of schools realized that their students were smoking and probably addicted. There appeared to be concern among the staff as to what the role of the school would be in the provision of off-site treatment. Staff seemed concerned about the school being tied to or mandating treatment for tobacco dependence, especially the use of NRT.

Schools are at different levels of preparedness for dealing with the issue of tobacco dependence treatment on site. School tobacco policies need to evolve into more rehabilitation-oriented policies instead of focusing on discipline only for tobacco users. Policies for substance abuse, not including tobacco, were well defined by staff, perhaps because of the illegal nature of substance use.

Regarding tobacco use among young people, there was confusion over the laws in the state of New Jersey. The tobacco industry’s continued portrayal of nicotine addiction as a smoker’s right issue had an impact on staff at the school level. Staff were concerned about a student’s “right to smoke” off of school grounds. The primary method identified by staff to address tobacco was through school health classes. Although health class may be the logical place to address tobacco, it may not be the most effective because the perceived harms of tobacco may be diluted when discussed among the issues of sexually transmitted diseases, drugs, alcohol and pregnancy.

The majority of health consequences associated with tobacco use are delayed. Young people and school staff are more likely to be attentive to problems with immediate consequences. Therefore, the continued inclusion of tobacco as a deadly and addictive drug across the curriculum remains a challenge of utmost importance.

*Note: This needs assessment was conducted to fulfill the field-work requirement of the MPH degree at UMDNJ. The writer was advised by Wendy Ritch, MA, MTS and Dr. Michael Burke. For more information about the needs assessment contact Mia Hanos Zimmermann at [mia.hanos@umdnj.edu](mailto:mia.hanos@umdnj.edu) or 732-235-8230.*

