

## CHAPTER 3

# Designing a Comprehensive TUPE Program<sup>5</sup>

## THE CHAPTER AT A GLANCE

A comprehensive TUPE program includes multiple components, such as age-appropriate classroom instruction, skills training for all students with ongoing booster sessions, student assistance programs, student support groups, individual and/or group counseling, parent education, communitywide involvement, and clear school policies related to tobacco use. These components should target both the general student population and students who are using tobacco.



Program administrators must implement the Principles of Effectiveness and are strongly encouraged to incorporate the research-based California Guidelines for Tobacco Prevention (see Chapter 2).



The core and tobacco modules of the California Healthy Kids Survey (CHKS) may be used to identify local needs related to tobacco use and to evaluate progress toward performance indicators.



School districts should not try to design their own TUPE curriculum; rather, they should review the evidence of effectiveness among existing curricula to find the ones that are most appropriate to students in their district.



Districts should evaluate the source of tobacco use prevention materials; some are provided by the tobacco industry and may not be effective.

continued

<sup>5</sup> Information about designing an SDFSC program is contained in Chapter 3 of *Getting Results*, Part I.

THE CHAPTER AT A GLANCE, CONTINUED

Research shows that providing ten tobacco-specific sessions each year in grades six through nine is the ideal program intensity and results in greater effectiveness.



When implementing a **classroom prevention curriculum**, it is important to adhere to the original design and plan of the program, including the number of hours of classroom instruction specified.



Tobacco use prevention instruction should be developmentally appropriate and offered in kindergarten through grade twelve, with a special emphasis on grades six through nine. Booster sessions should be offered in high school to reinforce the lessons taught in middle school.



Teachers should receive program-specific training in the program they are expected to teach. Training should address the underlying theory and conceptual framework of the program as well as the content of the guidelines.



Involve parents, families, and members of the community in the district's tobacco use prevention effort. One way to do so is to add them to the local advisory board.



Effective approaches to smoking cessation among young people between the ages of twelve and twenty-two are still under development. Some of the TUPE Promising and Innovative programs available from the California Healthy Kids Program Dissemination Center include promising practices in cessation.



Evaluate and revise the program at regular intervals until it demonstrates positive results.

**T**o develop a comprehensive TUPE program, administrators should first implement the national Principles of Effectiveness (see Chapter 2) and then follow the California Guidelines for Tobacco Prevention that are described fully in this chapter. The CDE’s Coordinated Compliance Review requirements (published separately and subject to change) describe only

the minimal effort required by CDE policy, not what it takes for an effective program that reduces youth tobacco use.

This chapter addresses district-level planning and needs assessment because they are required by TUPE, but school-level planning is also strongly encouraged so that the program is owned by and relevant to each individual school site.

## Following the Guidelines for Tobacco Prevention

The chapter is organized around the California Guidelines for Tobacco Prevention. The following program design elements were derived from a broad reading of the research literature:

### 1. Design a program that is comprehensive, responsive to local needs and assets, and based on the national Principles of Effectiveness.

- **Make the program comprehensive.** In a major longitudinal study of alcohol, tobacco, and other drug prevention programs, Silvia and Thorne (1997) noted that the more comprehensive a program, the greater the likelihood of success in reducing tobacco and other drug use. A comprehensive TUPE program includes multiple components, such as age-appropriate classroom instruction, skills training for all students with ongoing booster sessions, student assistance programs, student support groups, individual and/or group counseling, staff development, parent education, communitywide involvement, and clear school policies related to tobacco use. These components should target the general student population, pregnant minors, the most at-risk students, and those who use tobacco.

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***National Principle of Effectiveness: Base programs on a thorough assessment of objective data about the drug and violence problems in the schools and communities served.***

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- **Use the California Healthy Kids Survey to determine needs and assets.** Districts that receive TUPE competitive grants for grades nine through twelve are required to use the core and tobacco modules of the California Healthy Kids Survey (CHKS) to identify local needs related to tobacco use. Districts that receive grades four through eight entitlement TUPE funds are advised to use the core and tobacco modules of the CHKS for this purpose and to track the extent to which the district’s program is meeting its performance indicators. A Healthy Kids Survey module on resilience is also available. Information about the CHKS may be found in Appendix A.

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***National Principle of Effectiveness: Establish a set of measurable goals and objectives, and design programs to meet those goals and objectives.***

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- **Set measurable goals and objectives.** Once local needs have been identified, measurable goals and objectives should be set to meet these needs. The Consolidated Application requires every district to establish a set of performance indicators that prescribe specific, measurable objectives for tobacco use prevention. Program goals will vary by the target audience addressed. For students who are not yet users of tobacco, the goal should be to prevent tobacco use among young people and secondarily, to delay the onset of tobacco use. Research demonstrates that the earlier students begin to smoke, the more likely they are to become addicted to tobacco over the long run (U.S. Department of Health and Human Services 1994). For students who are already regular smokers or “chewers,” the goal should be to support their efforts to quit using tobacco.

Performance indicators need to be reexamined and reestablished on a regular basis. Each year, schools are confronted with a new cohort of students for which data may show changing prevalence of tobacco use. Prevention efforts must be ongoing and must be tailored to the needs and interests of each new cohort of youngsters.

## 2. Establish and enforce a school policy on tobacco use.

- **Implement, enforce, and communicate a no-use tobacco policy on school grounds.** A study (Pentz, Dwyer, MacKinnon, Flay, Hansen, Wang, and Johnson 1989) of the impact of school smoking policies on over 4,000 adolescents in 23 schools in California found that schools with a comprehensive policy that emphasized both prevention and cessation had significantly lower smoking rates than did schools with a less compre-

hensive policy and less emphasis on smoking prevention.

School districts and county offices of education must be certified as being tobacco free in order to be eligible for TUPE funds. Some prevention coordinators believe that the critical feature of a successful TUPE program is the consistent enforcement of the no-use tobacco policy by school administrators and the provision of consequences for violations of that policy.

## 3. Provide developmentally appropriate tobacco use prevention education in kindergarten through grade twelve; this instruction should be especially intensive in junior high or middle school and should be reinforced in high school.

- **Provide developmentally appropriate instruction in kindergarten through grade twelve.** Table 3 displays the instructional concepts (knowledge), attitudes, and skills that are appropriate at early and later elementary grades, middle and junior high school, and senior high school (Centers for Disease Control and Prevention 1994). Information in the chart can be used to evaluate whether a published curriculum includes age-appropriate information and involves staff development sessions.

Although a published curriculum may be developmentally appropriate as shown in Table 3, it may not have been evaluated as being effective in changing students’ behaviors in accordance with its objectives.

- **Focus the most intense instruction and prevention efforts on grades six to nine,** particularly during the transition year from elementary to middle or junior high school when there is typically a big increase in the rates of tobacco use (Centers for Disease Control and Prevention 1994).

**TABLE 3**

**Developmentally Appropriate Instructional Knowledge, Attitudes, and Skills**

(Centers for Disease Control and Prevention 1994)

	Early Elementary School	Later Elementary School	Middle/Junior High School	Senior High School
Knowledge: Students will learn that...	<ul style="list-style-type: none"> <li>• A drug is a chemical that changes how the body works.</li> <li>• All forms of tobacco contain a drug called nicotine.</li> <li>• Tobacco use includes cigarettes and smokeless tobacco.</li> <li>• Tobacco use is harmful to health.</li> <li>• Stopping tobacco use has short-term and long-term benefits.</li> <li>• Many persons who use tobacco have trouble stopping.</li> <li>• Tobacco smoke in the air is dangerous to anyone who breathes it.</li> <li>• Many fires are caused by persons who smoke.</li> <li>• Some advertisements try to persuade persons to use tobacco.</li> <li>• Most young persons and adults do not use tobacco.</li> <li>• Persons who choose to use tobacco are not bad persons.</li> </ul>	<ul style="list-style-type: none"> <li>• Stopping tobacco use has short- and long-term benefits.*</li> <li>• Environmental tobacco smoke is dangerous to health.*</li> <li>• Most young persons and adults do not use tobacco.*</li> <li>• Nicotine, contained in all forms of tobacco, is an addictive drug.</li> <li>• Tobacco use has short-term and long-term physiologic and cosmetic consequences.</li> <li>• Personal feelings, family, peers, and the media influence decisions about tobacco use.</li> <li>• Tobacco advertising is often directed toward young persons.</li> <li>• Young persons can resist pressure to use tobacco.</li> <li>• Laws, rules, and policies regulate the sale and use of tobacco.</li> </ul>	<ul style="list-style-type: none"> <li>• Most young persons and adults do not smoke.*</li> <li>• Laws, rules, and policies regulate the sale and use of tobacco.*</li> <li>• Tobacco manufacturers use various strategies to direct advertisements toward young persons, such as “image” advertising.*</li> <li>• Tobacco use has short- and long-term physiologic, cosmetic, social, and economic consequences.*</li> <li>• Cigarette smoking and smokeless tobacco use have direct health consequences.*</li> <li>• Maintaining a tobacco-free environment has health benefits.</li> <li>• Tobacco use is an unhealthy way to manage stress or weight.</li> <li>• Community organizations have information about tobacco use and can help persons stop using tobacco.</li> <li>• Smoking cessation programs can be successful.</li> <li>• Tobacco contains other harmful substances in addition to nicotine.</li> </ul>	<ul style="list-style-type: none"> <li>• Most young persons and adults do not smoke.*</li> <li>• Tobacco use has short- and long-term physiologic, cosmetic, social, and economic consequences.*</li> <li>• Cigarette smoking and smokeless tobacco use have direct health consequences.*</li> <li>• Community organizations have information about tobacco use and can help persons stop using tobacco.*</li> <li>• Smoking cessation programs can be successful.*</li> <li>• Tobacco use is an unhealthy way to manage stress or weight.*</li> <li>• Tobacco use during pregnancy has harmful effects on the fetus.</li> <li>• Schools and community organizations can promote a smoke-free environment.</li> <li>• Many persons find it hard to stop using tobacco, despite knowledge about the health hazards of tobacco use.</li> </ul>

\* These concepts reinforce content introduced during earlier grades.

**TABLE 3 (CONTINUED)**

**Developmentally Appropriate Instructional Knowledge, Attitudes, and Skills**

(Centers for Disease Control and Prevention 1994)

	Early Elementary School	Later Elementary School	Middle/Junior High School	Senior High School
Attitudes: Students will demonstrate...	<ul style="list-style-type: none"> <li>• A personal commitment not to use tobacco.</li> <li>• Pride about choosing not to use tobacco.</li> </ul>	<ul style="list-style-type: none"> <li>• A personal commitment not to use tobacco.*</li> <li>• Pride about choosing not to use tobacco.*</li> <li>• Support for others' decisions not to use tobacco.</li> <li>• Responsibility for personal health.</li> </ul>	<ul style="list-style-type: none"> <li>• A personal commitment not to use tobacco.*</li> <li>• Pride about choosing not to use tobacco.*</li> <li>• Responsibility for personal health.*</li> <li>• Support for others' decisions not to use tobacco.*</li> <li>• Confidence in personal ability to resist tobacco use.</li> </ul>	<ul style="list-style-type: none"> <li>• A personal commitment not to use tobacco.*</li> <li>• Pride about choosing not to use tobacco.*</li> <li>• Responsibility for personal health.*</li> <li>• Support for others' decisions not to use tobacco.*</li> <li>• Confidence in personal ability to resist tobacco use.*</li> <li>• Willingness to use school and community resources for information about, and help with, resisting or quitting tobacco use.</li> </ul>
Skills: Students will be able to...	<ul style="list-style-type: none"> <li>• Communicate knowledge and personal attitudes about tobacco use.</li> <li>• Encourage other persons not to use tobacco.</li> </ul>	<ul style="list-style-type: none"> <li>• Communicate knowledge and personal attitudes about tobacco use.*</li> <li>• Encourage other persons not to use tobacco.*</li> <li>• Demonstrate skills to resist tobacco use.</li> <li>• State the benefits of a smoke-free environment.</li> <li>• Develop counter-arguments to tobacco advertisements and other promotional materials.</li> <li>• Support persons who are trying to stop using tobacco.</li> </ul>	<ul style="list-style-type: none"> <li>• Encourage other persons not to use tobacco.*</li> <li>• Support persons who are trying to stop using tobacco.*</li> <li>• Communicate knowledge and personal attitudes about tobacco use.*</li> <li>• Demonstrate skills to resist tobacco use.*</li> <li>• Identify and counter strategies used in tobacco advertisements and other promotional materials.*</li> <li>• Develop methods for coping with tobacco use by parents and with other difficult personal situations, such as peer pressure to use tobacco.</li> <li>• Request a smoke-free environment.</li> </ul>	<ul style="list-style-type: none"> <li>• Encourage other persons not to use tobacco.*</li> <li>• Support persons who are trying to stop using tobacco.*</li> <li>• Communicate knowledge and personal attitudes about tobacco use.*</li> <li>• Demonstrate skills to resist tobacco use.*</li> <li>• Identify and counter strategies used in tobacco advertisements and other promotional materials.*</li> <li>• Develop methods for coping with tobacco use by parents and with other difficult personal situations, such as peer pressure to use tobacco.*</li> <li>• Use school and community resources for information about and help with resisting or quitting tobacco use.</li> <li>• Initiate school and community action to support a smoke-free environment.</li> </ul>

\* These concepts reinforce content introduced during earlier grades.

- **Reinforce tobacco use prevention education** from the lower grades by providing “booster” sessions in grades ten through twelve. Booster sessions typically include developmentally appropriate classroom instruction that repeats and/or expands on concepts previously introduced. Booster lessons in high school are important for maintaining prevention program successes that were achieved in middle school.
  - **Tailor programs** to address the audience’s needs, interests, culture, and other relevant characteristics.
- 4. Provide instruction about social influences on tobacco use, peer norms regarding tobacco use, refusal skills, and short- and long-term negative physiological and social consequences of tobacco use.**
- **Learn what is being taught.** As noted in Chapter 2, tobacco use prevention education in California has not always utilized the most effective approaches for influencing students’ behavior. The district’s TUPE coordinators should make it a priority to find out what is going on in classrooms within the district in order to identify instructional content and teaching strategies that need strengthening.

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***National Principle of Effectiveness: Design and implement programs for youths based on research or evaluation that provides evidence that the strategies used prevent or reduce drug use (including tobacco).***

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- **Use and select effective prevention curricula.** A district should not have to develop its own tobacco use prevention curricula when effective programs are already available. Program administrators should focus instead on reviewing the

evidence of effectiveness among existing curricula to find the ones that are most appropriate to students in their district. They should select research- and evaluation-based strategies that are developmentally appropriate, affect behavior, and promote youth development. Curricula based on the social influences model have generally been shown to be most effective. Chapter 4 has information on effective programs.

- **Offer ten or more tobacco-specific sessions each year.** Traditionally, the CDE’s Coordinated Compliance Review has required that instruction and reinforcement activities be a minimum of six or more hours per grade level annually in order to meet the needs of students. However, research (e.g., Botvin, Baker, Dusenbury, Botvin, and Filazzola 1993) shows that ten tobacco-specific sessions each year during each of grades six to nine are needed for instructional approaches to be most effective. The Principles of Effectiveness require that the actual number of hours be dictated by the research and faithfully replicate any program design. To be effective, many evaluated curricula specify the need for incorporating booster sessions and the number of hours needed (usually far beyond six) to ensure that instruction effectively changes behavior.

Students may receive additional instruction through alternatives to the curriculum being used in the classroom. For example, peer education, drama presentations, and presentations by outside speakers at assemblies may supplement instructional strategies.

- **Adhere to the original plan and design of any selected instructional program.** A substantial number of teachers who adopt recommended programs reinvent them in

one way or another, and this may reduce their effectiveness. All elements should be included, and the actual number of hours specified by the program's research or evaluation should be provided. One of the reasons many programs shown to be effective in a research setting are not effective in actual practice is because the original program is only partially implemented or implemented differently than the design (Centers for Disease Control and Prevention 1994).

- **Evaluate the source of tobacco use prevention materials.** The tobacco industry provides free or low-cost tobacco education materials to schools. Such materials are always professionally produced and attractive, and they contain a superficially positive message. Many of these programs, however, may be deliberately ineffective or may contain hidden messages that promote tobacco use. These materials may be distributed by otherwise reputable organizations. Be sure to read the small print carefully. Questions regarding the source of such materials may be directed to the Healthy Kids Program Office in the California Department of Education or the California Healthy Kids Resource Center (see Appendix A).

Tobacco prevention and cessation materials targeted to various cultural and ethnic groups are available from the Tobacco Education Clearinghouse of California, ETR Associates, P.O. Box 1830, Santa Cruz, CA 95061-1830, (800) 258-9090.

## 5. Provide program-specific training for teachers.

Teachers should receive training in any program they are expected to teach. Training should address the underlying theory and conceptual framework of the program as well as the content of the guidelines. Teacher training should also include an opportunity to see the program activities modeled by skilled trainers, and teachers should have the opportunity to practice implementing program activities. Studies indicate that in-person training and review of curriculum-specific activities contribute to greater compliance with prescribed program components. One study found that one-to-one on-site intervention by the researcher with school principals increased implementation of a social influences model prevention program in elementary schools (Rohrbach, Graham, and Hansen 1993).

## 6. Involve parents, families, and community in support of school-based programs to prevent tobacco use.

- **Involve parents and families in tobacco use prevention education activities.** Parents or families can play an important role in providing social and environmental support for tobacco-free lifestyles. They can be involved in program planning, in soliciting community support for programs, and in reinforcing educational messages at home. Homework assignments that involve parents or families can increase the likelihood that tobacco use is discussed at home and motivate adult users of tobacco to consider quitting. Research indicates that parent involvement—through parent orientation sessions, parent-child participation in prevention activities, and/or parent cessation programs—

improved parental knowledge about adolescent tobacco use, contributed to the development of negative attitudes by parents toward tobacco use, and mobilized parents to speak with their children regarding not using tobacco (Center for Substance Abuse Prevention 1997).

- **Establish and work with a broad-based advisory council.** Because tobacco is included in the Safe and Drug-Free Schools and Communities Act, districts are encouraged to use the advisory council established for the district’s alcohol, drug, and violence prevention efforts to advise its TUPE program. It is important to invite a representative of the county health department or local lead agency (LLA) who is involved with the public health aspect of California’s Tobacco Control Program to participate on the council. Conversely, TUPE coordinators may also attend LLA coalition meetings. A list of county health department representatives may be found in Appendix B. Other participants could be local representatives from the voluntary organizations that have worked for years to combat tobacco use, including the American Lung Association, the American Cancer Society, the American Heart Association, and Americans for Nonsmokers’ Rights. Many of the local chapters conduct tobacco control programs with funding from Proposition 99.
- **Implement strategies and coordinate with communitywide prevention efforts.** Community-based strategies to prevent tobacco use are essential to the success of school-based programs. Some studies have shown that classroom-based tobacco use prevention programs, by themselves, have produced only short-term effects (Tobler 1993). The effectiveness of

school-based efforts to prevent tobacco use appears to be enhanced by the addition of targeted communitywide programs that address the role of families, community organizations, tobacco-related policies, antitobacco advertising, and other elements of the adolescent’s social environment. For example, Tobler (1993) found that embedding an interactive school-based prevention effort within a community-based initiative doubled the impact of the program in reducing ATOD use.

Many communitywide efforts organized by LLA involve creating environmental changes that reduce the availability of or affect attitudes toward tobacco, such as merchant education and no-use policies in public places. These environmental strategies can be combined with tobacco use prevention education targeting the individual to create more powerful antitobacco attitudes and behaviors.

School, district, and county staff can find out about communitywide efforts in their areas by contacting the tobacco control program at the county health department. In addition to activities conducted by local health departments, communitywide programs are also organized by other components of California’s Tobacco Control Program, including:

- ◆ Regional projects that conduct activities in county clusters: Bay Area, Central Coast, Central Valley, Gold Country, High Country, Los Angeles, North Coast, North Valley, Southern Coast, and Tri-County
- ◆ Ethnic networks that conduct culturally relevant tobacco control activities for African-American, American Indian, Asian and Pacific Islander, and Hispanic/Latino populations

- ◆ Competitive grants funded by the California Department of Health Services

The county health department and/or LLA can put districts in touch with these programs in their areas.

### 7. Support cessation efforts among students and all school staff who use tobacco.

Effective approaches to smoking cessation among young people between twelve and twenty-two are still under development. Therefore, these approaches are categorized as promising rather than effective. Cessation efforts may include precessation (cessation education and awareness, readiness for cessation) and cessation. School-site policies should include actions (e.g., mandatory participation in a cessation awareness program) for students who get caught using or possessing tobacco.

A recent evaluation (Coleman-Wallace, Lee, Montgomery, Blix, and Wang 1999) showed a two-step approach to tobacco use cessation to be effective in decreasing tobacco usage. In this study the Tobacco Education Group (TEG) curriculum was used to motivate tobacco users to want to quit, and the Tobacco Awareness Program (TAP) was used with students who wanted to quit.

One of the research summaries in Chapter 6 describes the state of the art in youth cessation programs (“Effects of thirty-four adolescent tobacco use cessation and prevention trials on regular users of tobacco products,” summarized by Luanne Rohrbach on pages 72–74). However, many promising practices exist in this area, including Promising and Innovative programs promoted through the California Healthy Kids Program

Dissemination Center (see Chapter 5 for a fuller discussion of cessation). The California Smoker’s Helpline provides cessation materials and counseling for youths as well as adults. See Appendix A to learn more about accessing the Helpline and programs from the Healthy Kids Program Dissemination Center.

### 8. Promote youth development in caring environments.

Youth development focuses prevention programs on fostering resilience in youths, promoting asset building, and ensuring that youths are connected to a caring adult or mentor. The CDE believes these are appropriate strategies for preventing tobacco use.

Research from the Search Institute (Benson, Leffert, Scales, and Blyth 1998) shows that the more developmental assets an adolescent has, the less likely she or he is to use tobacco. A complete review of the research and recommended program strategies on youth development, resilience, and asset building may be found in the 1999 Update to *Getting Results (Positive Youth Development: Research, Commentary, and Action)*. The California Healthy Kids Survey includes a resilience assessment module.

### 9. Evaluate and revise the tobacco use prevention program at regular intervals until it demonstrates that it is *getting results*.

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**National Principle of Effectiveness:**  
*Evaluate programs periodically to assess progress toward achieving goals and objectives, and use evaluation results to refine, improve, and strengthen the program and to refine goals and objectives, as appropriate.*

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**Evaluate the district's program through surveys of students, staff, and parents.**

Evaluation can provide valuable information to guide program efforts. It is not enough, however, to measure the extent to which the program has been implemented. The goal is to reduce the prevalence of tobacco use among youths in the district. The evaluators should measure whether the prevalence rate is decreasing.

It is essential to adopt objectives based on realistic student outcomes that measure the extent to which youths use tobacco.

Administrators can use the core and tobacco modules of the California Healthy Kids Survey to track the district's progress in achieving its performance indicators for impacting students' tobacco use behaviors.

## Operating in the Real World

Combining the program design elements based on the California Guidelines for Tobacco Prevention described above with the selection of effective, research-based strategies outlined in the following chapter will provide the foundation for an effective TUPE program. However, the realities of school priorities, pressures, and politics mean that getting tobacco use prevention to the top of the list for administrators, staff, and students can be very difficult. In planning and modifying a TUPE program, therefore, it is important to be aware of and plan ways to overcome common barriers to implementation.

The barriers include reductions or fluctuation in funding, school restructuring efforts, staff turnover, lack of administrative support or broader schoolwide staff commitment, lack of teacher training, and the lack of specific places in the curriculum to teach tobacco use prevention education. Also, program implementation is often more successful when the program is established throughout the school and community, rather than just in some classrooms.

Student-related barriers include high numbers of students at risk for tobacco use and students who are jaded from overexposure to ineffective programs.

The most difficult barrier to address may be a district's singular focus on academic achievement without regard for the broad array of learning supports needed for young people to benefit from improved reading and mathematics instruction. An important prevention program goal is to help principals and teachers understand that healthier students are better learners.

Finally, effective tobacco use prevention programs develop because of strong and positive relationships among the adults and students in the school and community; however, such relationships can take time to build. One person alone cannot force changes in program implementation and delivery but can strive to create the environment in which many people are motivated to help young people avoid becoming addicted to tobacco.

## Summary

In summary, despite the urgent need to prevent tobacco use by young people, the multiple, pressing demands on school staff and administrators may make it difficult to keep tobacco use prevention at the forefront of a school's priorities. Within limited time and resources, however, there are specific, recommended steps a district can follow to create or modify its TUPE program, starting with enforcement of a

tobacco-free policy and continuing through evaluation to see whether fewer students are using tobacco or intending to use it. Resources available through the CDE's Healthy Kids Program Office and through local community-based tobacco control programs (described in previous chapters) can supplement a district's efforts.