CHAPTER 4

Health Education

This chapter presents general guidelines for use in planning and implementing *school health education*, a component of a school health program. Included within this chapter is information about related codes, policies, and recommendations for addressing three high-risk behaviors: (1) unhealthy dietary behaviors, (2) inadequate physical activity, and (3) tobacco use. Incorporated within this chapter is basic information pertaining to two other components of a school health program: *school nutrition services* and *physical education*.

In This Chapter

Implementing Health Education in a School Health Program

Authorization

***Code of Virginia*, Section 22.1-207, Physical and Health Education.**

Excerpt: See Appendix A for *Code of Virginia*, § 22.1-207.

***Code of Virginia*, Section 22.1-207.1, Family Life Education.**

Excerpt: See Appendix A for *Code of Virginia*, § 22.1-207.1.

Overview

Definition. Although a universally accepted definition of the term "school health education" has not been adopted, *Health Is Academic: A Guide to Coordinated School Health Programs* presents the following definition:

> ***Comprehensive school health education:*** *Classroom instruction that addresses the physical, mental, emotional, and social dimensions of health; develops health knowledge, attitudes, and skills; and is tailored to each age level. Designated to motivate and assist students to maintain and improve their heath, prevent disease, and reduce health-related risk behaviors.* [97]

Health Risks and School Performance Variables. The Centers for Disease Control and Prevention (CDC) finds that most major health problems in the United State today are caused by the following six categories of health-related risk behaviors. [78]

- Tobacco use.
- Unhealthy dietary behaviors.
- Inadequate physical activity.
- Alcohol and other drug use.

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[97] Marx, E., and Wooley, S.F. (Eds.). (1998). *Health Is Academic: A Guide to Coordinated Health Programs* (p. 4). New York, N.Y.: Teachers College Press.

- Sexual behaviors that may result in HIV infection, other sexually transmitted diseases, and unintended pregnancies.

- Behaviors that may result in intentional injuries (violence and suicide) and unintentional injuries (motor vehicle crashes).

According to Kolbe,[98] behaviors and attitudes about health that are initiated during childhood are responsible for most of the leading causes of death, illness, and disability in the United States today. Comprehensive school health education programs represent one effective way of providing students with the knowledge and skills to prevent health-impairing behaviors.

In addition, according to Davaney, B., et al., literature in education and health promotion confirm a strong relationship between student involvement in specific health-related risk behaviors and negative outcomes on the following selected measures of school performance:[99]

- *Educational measures*, including graduation rates, class grades, and performance on standardized rates.

- *Educational behaviors*, including student attendance, dropout rates, behavioral problems at school, and degree of involvement in school activities, such as homework and extracurricular pursuits.

- *Student attitudes*, including those toward school, such as aspirations for postsecondary education and feelings about safety on school property, and personal attitudes, such as self-esteem and locus of control.

Health Education and Children's Health Status. Hundreds of studies have evaluated health education and concluded that it is effective in reducing the number of teenage pregnancies, decreasing smoking rates among young people, and preventing the adoption of high risk behaviors. But its effectiveness depends upon such factors as teacher training, comprehensiveness of the health program, time available for instruction, involvement, and community support.[100] [101] Further, sequential school health education

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[98] Kolbe, L. J. (1993). An essential strategy to improve the health and education of Americans. *Preventive Medicine, 22(4)*, pp. 1-17.

[99] Davaney B., Schochet P., Thornton C., Fasciano N., and Gavin A. (1993). Evaluating the Effects of School Health Interventions on School Performance: Design Report. Princeton, N.J.: Mathematica Policy Research, Inc. In Symons, C. et al., Bridging Student Health Risks and Academic Achievement Through Comprehensive School Health Programs. *Journal of School Health*, 67 (6), p. 221.

[100] Seffrin, J. R. (1990). The Comprehensive School Health Curriculum: Closing The Gap Between State-Of-The-Art and State-Of-The-Practice. *Journal of School Health,* 60(4), pp. 151-156.

programs for K-12 students have been found to be more effective in changing health-related risk behaviors than occasional programs on single health topics.[102]

National Health Education Standards

Joint Committee for National School Health Education Standards. To assist schools in developing and evaluating comprehensive health education programs, the Joint Committee for National School Health Education Standards (1995) has developed guidelines for school health standards. The committee was composed of representatives from the Association for the Advancement of Health Education; the American Public Health Association; the American School Health Association; and the Society of State Directors of Health, Physical Education and Recreation. The committee was sponsored by the American Cancer Society.

The committee's goal was to assess the need for school health education and create a framework for local school boards to use in determining content of the health curriculum in their communities. There are seven broad standards that promote health literacy, which is the capacity of individuals to obtain, interpret, and understand basic health information and services and the competence to use such information and services in ways that enhance health. [103]

Description of the Standards. Each of these standards is correlated with the ten traditional health education content areas and the six categories of health-related risk behaviors identified by the Centers for Disease Control and Prevention (CDC). Performance indicators for each standard are developed to help educators determine the knowledge and skills that students should possess by the end of grades 4, 8, and 11. In addition, the standards identify the support needed at the local, state, and national levels, and the support needed within the school and the community, and through institutions of higher education curricula, to successfully implement quality health education.

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[101] Gold, R. 5. (1994). The Science Base for Comprehensive School Health Education. In P. Cortese & K. Middleton (Eds.), The *Comprehensive School Health Challenge: Promoting Health Through Education* (Vol. 2) (pp. 545-573). Santa Cruz: Elk Associates.

[102] Kolbe, L.J. (1993). Developing a Plan of Action to Institutionalize Comprehensive School Health Education Programs in the United States. *Journal of School Health, 63*(1),12-13.

[103] Joint Committee on National Health Education Standards. (1995). *National Health Education Standards.* Available from the American School Health Association P.O. Box 708, 7263 State Route 43, Kent, OH 44240; the Association for the Advancement of Health Education; 1900 Association Drive, Reston, VA 22091; or the American Cancer Society at 1-800-ACS-2345.

Standards. The following standards were developed by the Joint Committee on National Health Education Standards in 1995. [104]

I. Students will comprehend concepts related to health promotion and disease prevention.

Performance indicators for this standard focus on identifying what good health is, recognizing health problems, and ways in which lifestyle, the environment, and public policies can promote health.

II. Students will demonstrate the ability to access valid health information and health-promoting products and services.

Performance indicators focus on identification of valid health information, products, and services, including advertisements, health insurance and treatment options, and food labels.

III. Students will demonstrate the ability to practice health-enhancing behaviors and reduce health risks.

Performance indicators include identifying responsible and harmful behaviors, developing health enhancing strategies, and managing stress.

IV. Students will analyze the influence of culture, media, technology, and other factors on health.

Performance indicators are related to describing and analyzing how one's cultural background, messages from the media, technology, and one's friends influence health.

V. Students will demonstrate the ability to use interpersonal communication skills to enhance health.

Performance indicators relate to interpersonal communication, refusal and negotiation skills, and conflict resolution.

VI. Students will demonstrate the ability to use goal-setting and decision-making skills to enhance health.

Performance indicators focus on setting reasonable and attainable goals and developing positive decision-making skills.

VII. Students will demonstrate the ability to advocate for personal, family, and community health.

Performance indicators relate to identifying community resources, accurately communicating health information and ideas, and working cooperatively to promote health.

Planning Health Education Programs

Assessment

To determine what type of programs to offer within the health education component of a school health program, data should be gathered on student knowledge, skill, attitudes, and

[104] Joint Committee on National Health Education Standards. (1995). *National Health Education Standards.* Available from the American School Health Association; P.O. Box 708, 7263 State Route 43, Kent, OH 44240; the Association for the Advancement of Health Education; 1900 Association Drive, Reston, VA 22091; or the American Cancer Society at 1-800-ACS-2345.

health-related risk behaviors to decide the priority areas in which to offer the program. (Please see "Assessment" in Developing a Program: Infrastructure and Planning Process Steps, Chapter I.)

School Health Education Program Content

The school health education program should be based upon local needs and the health behaviors and problems within the school population as well as national data suggesting the health status of children and youth. Experts have identified the following ten content areas as necessary for a comprehensive school health education curriculum: [105]

1. Community health.
2. Consumer health.
3. Environmental health.
4. Personal health and fitness.
5. Family life education.
6. Nutrition and healthy eating.
7. Disease prevention and control.
8. Safety and injury prevention.
9. Prevention of substance use and abuse (alcohol, tobacco, drugs).
10. Growth and development.

The objective of a school health education program should be to offer an ongoing, sequenced, and developmentally appropriate program that is consistent with community needs.

Effective Methods of Instruction

The most effective methods of instruction in health are student-centered approaches, hands-on activities, cooperative learning techniques, and activities that include problem-solving and peer instruction to help students develop skills in decision-making, communication, setting goals, resistance to peer pressure, and stress management.[106] [107] As with other instructional

[105] American School Health Association. (1994). *Guidelines for Comprehensive School Health Programs, 2nd Edition*. Kent, Ohio: Author.

[106] Kane, W. M. (1993). *Step-By-Step to Comprehensive School Health: The Program Planning Guide* Santa Cruz, CA: ETR Associates. ED360304

areas, the teacher should promote parental involvement by sending materials home, involving parents in classroom activities, and creating assignments that involve parents.

Subsection

The following subsections contain information for use in planning school health education programs that will motivate and assist students to maintain and improve their health, prevent disease, and reduce health-related risk behaviors.

- Nutrition
- Physical Activity
- Tobacco
- Injury and Violence
- Alcohol and Other Drugs
- Early Sexual Activity

Centers for Disease Control and Prevention's Guidelines for School Health Programs. Included within the subsections are the following school health program guidelines, published by the Centers for Disease Control and Prevention:

1. Promoting Lifelong Healthy Eating.
2. Promoting Lifelong Physical Activity.
3. Preventing Tobacco Use and Addiction.

[107] Seffrin, J. R. (1990). The Comprehensive School Health Curriculum: Closing the Gap Between State-Of-The-Art and State-Of-The-Practice. *Journal of School Health, 60*(4), pp. 151-156.

Nutrition

Authorization

***Code of Virginia*, Section 22.1-207, Physical and Health Education.**

Excerpt: See Appendix A for *Code of Virginia*, § 22.1-207.

***Code of Virginia*, Section 22.1-207.3, School Breakfast Program.**

Excerpt: See Appendix A for *Code of Virginia*, § 22.1-207.3.

Overview

Definition. Although a universally accepted definition of the term "school nutrition services" has not been adopted, *Health Is Academic: A Guide to Coordinated School Health Programs* presents the following definition: [108]

> ***School Nutrition Services:*** *Integration of nutritious, affordable, and appealing meals; nutrition education; and an environment that promotes healthy eating behaviors for all children. Designed to maximize each child's education and health potential for a lifetime.*

Services Provided. As reported in *Health Is Academic: A Guide to Coordinated School Health Programs*, school food and nutrition services vary significantly among schools. This variation depends on the perceived needs, resources, and priorities of schools and communities. School food and nutrition services can be categorized as follows: [109]

- Federally supported, nonprofit school lunches, breakfasts, and snacks, including those for students with special health care needs.
- For-profit food programs, including snack bars, school stores, vending machines, à la carte items sold in school cafeterias, and special functions for students or staff.
- Nutrition education activities integrated with classroom instruction.

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[108] Marx, E., and Wooley, S.F. (Eds.). (1998). *Health Is Academic: A Guide to Coordinated Health Programs* (p. 4). New York, N.Y.: Teachers College Press.

[109] Marx, E., and Wooley, S.F. (Eds.). (1998). *Health Is Academic: A Guide to Coordinated Health Programs* (pp.174-175). New York, N.Y.: Teachers College Press.

- Nutrition screening, assessments, and referral.

- Food service provided for nonschool populations, including child care, Head Start, elderly feeding, summer feeding, and contract services that meet the needs of local communities.

Nutrition and Food Services in Virginia. For information on school food and nutrition services in Virginia public schools, please see the nutrition resource list at the end of this subsection.

Recommendation

Centers for Disease Control and Prevention's Guidelines for Promoting Lifelong Healthy Eating. The following guidelines, which are reprinted on the following pages, identify strategies most likely to be effective in promoting lifelong healthy eating among young people. The guidelines were developed by Centers for Disease Control and Prevention (CDC) staff in collaboration with experts from other federal agencies, state agencies, universities, voluntary organizations, and professional associations.

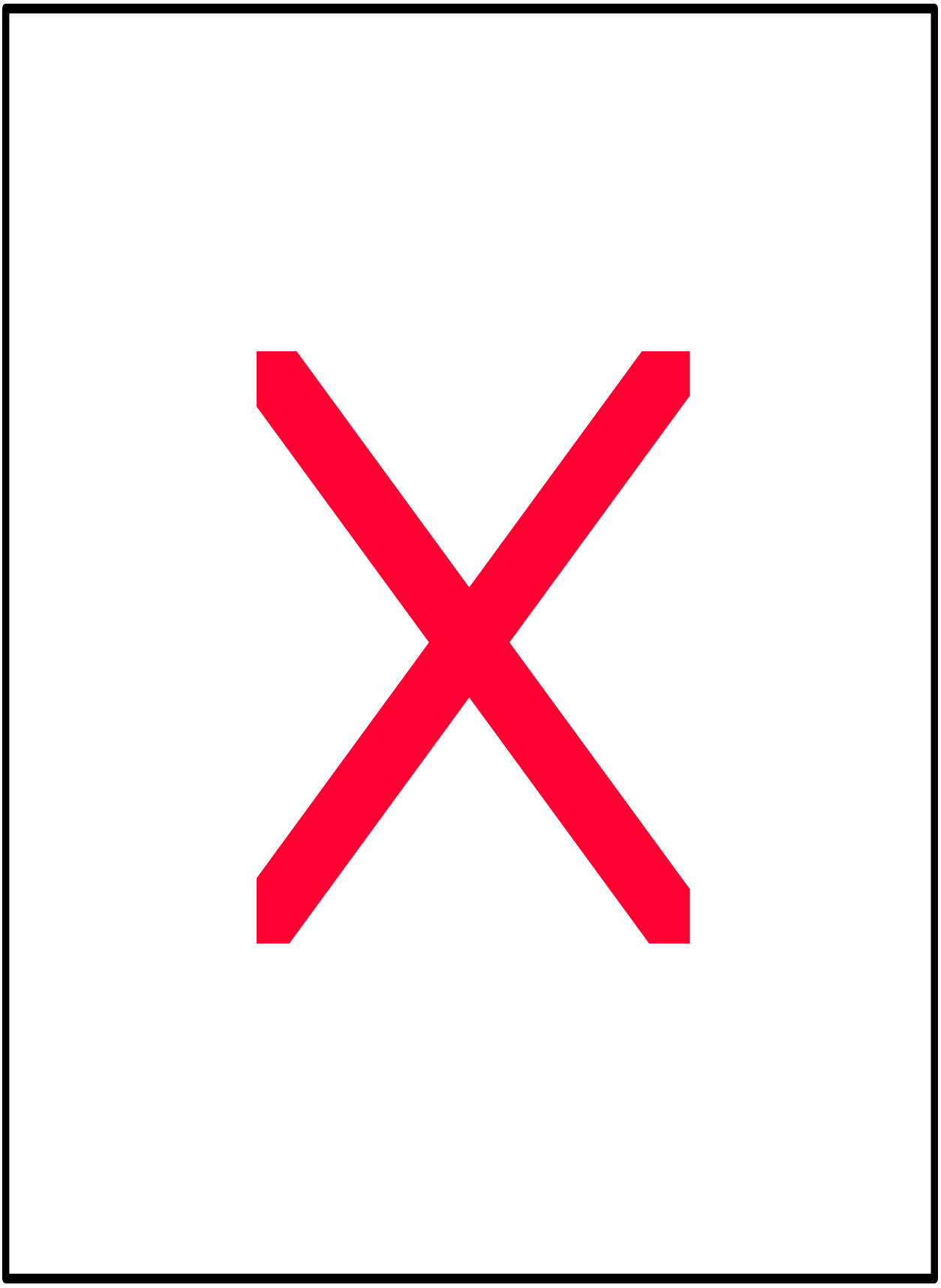
- Guidelines Report At-A-Glance—Summarizes benefits of healthy eating, consequences of unhealthy eating, and data on eating habits of young people; identifies key principles for effective policies and programs; and lists guidelines recommendations.

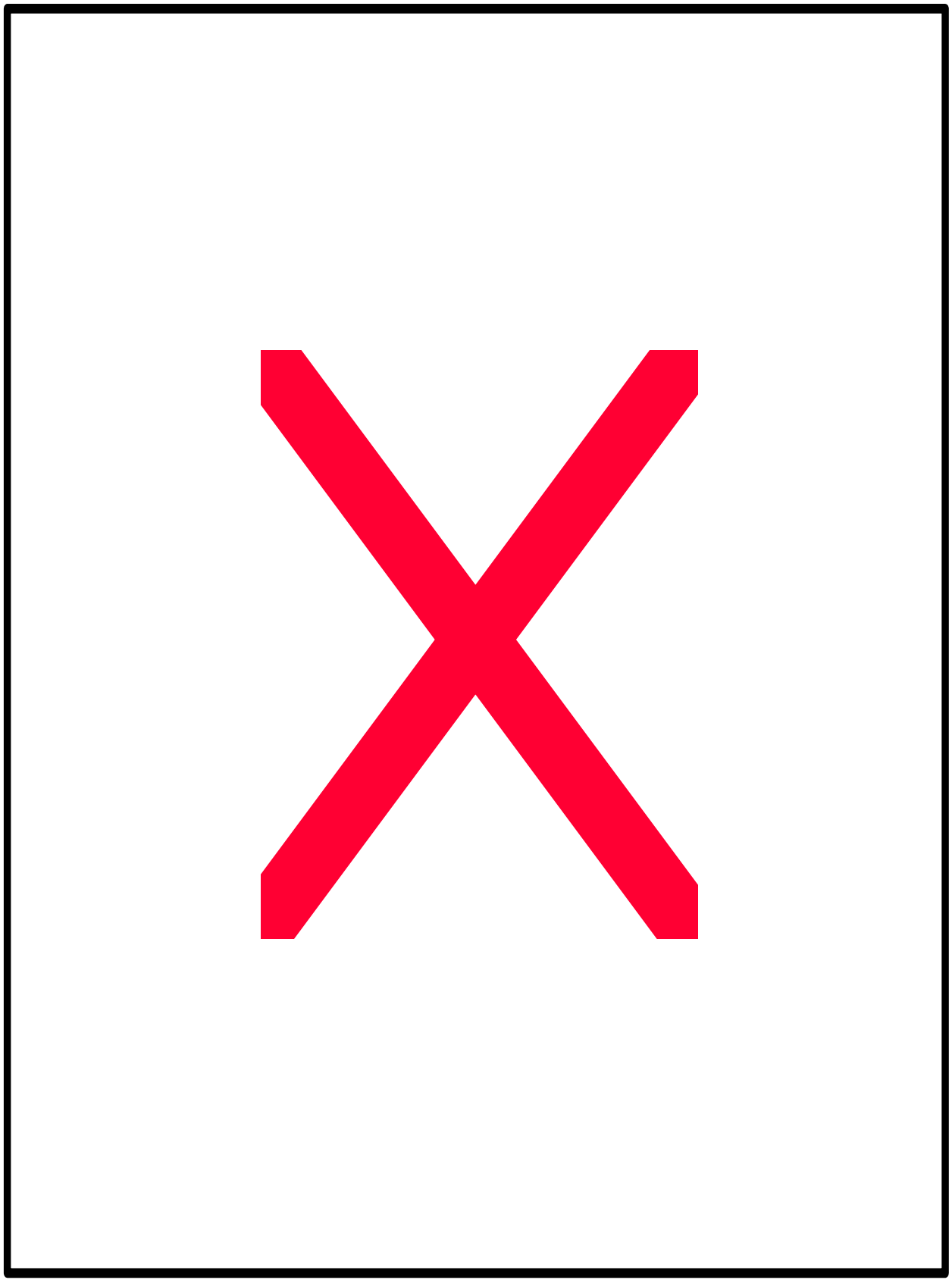
- How You Can Help—Identifies specific actions that parents, students, teachers and coaches, school administrators and board members, community sports and recreation program coordinators, and everyone else who cares about the health of young people can take to help implement guidelines recommendations.

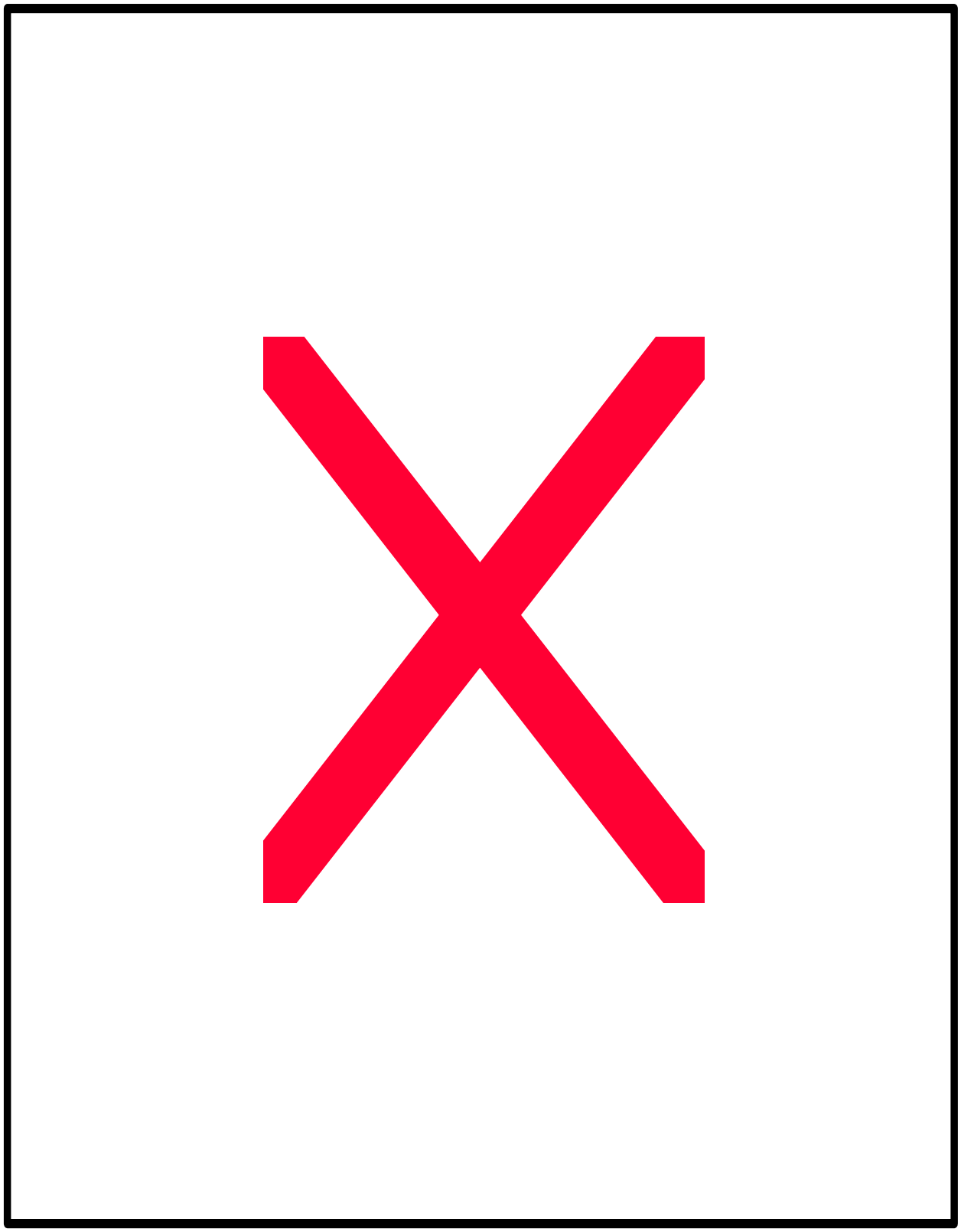
- Fact Sheet—Highlights statistics on the effects of diet on health and academic performances; overweight and obesity; and the eating habits of young people.

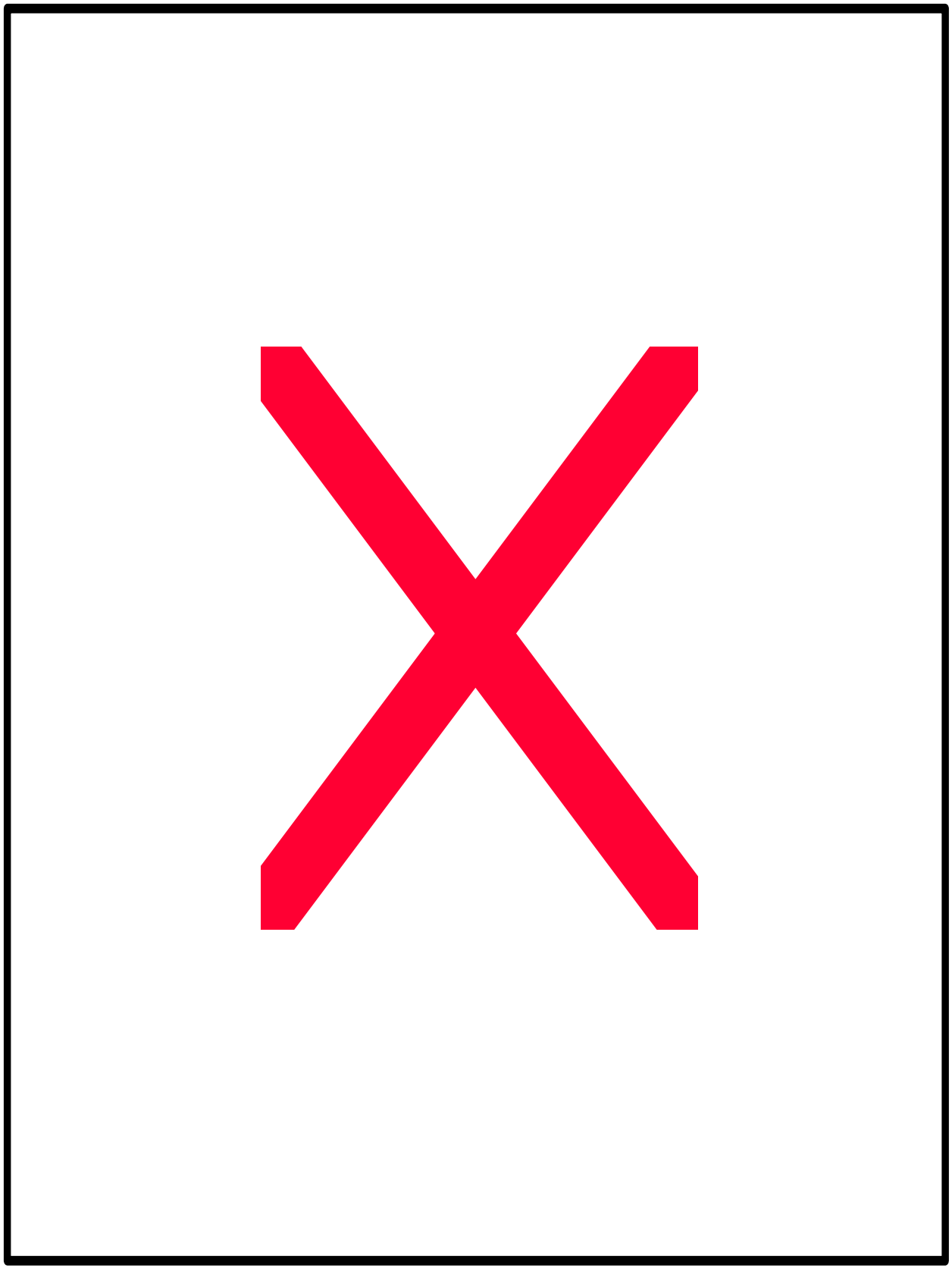
- Nutrition Education Resource List—Provides contact information for government agencies, professional associations, and voluntary organizations.

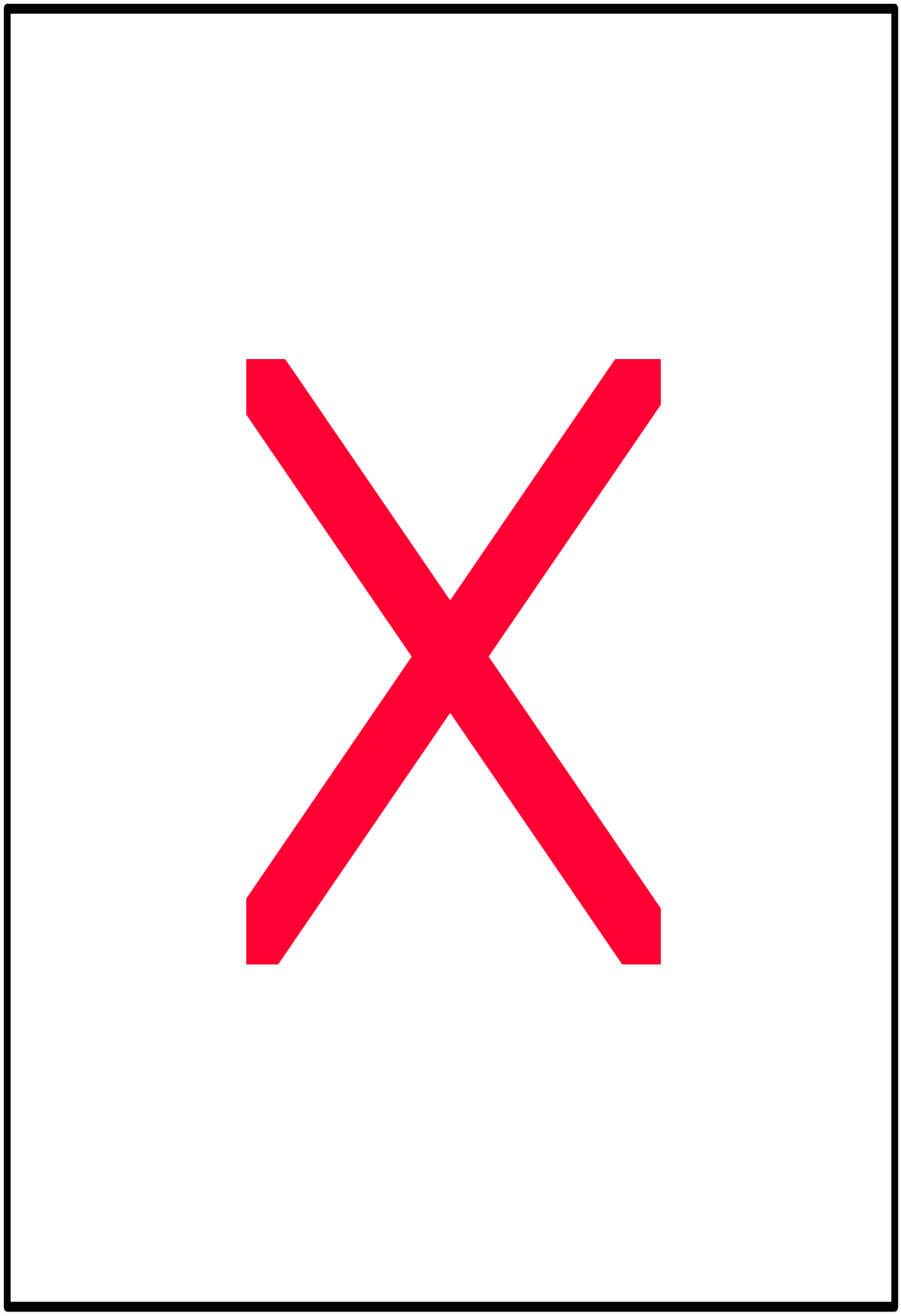
The above guidelines and the complete report, *CDC's Guidelines for School Health Programs Promoting Lifelong Healthy Eating*, are available on the web at http://www.cdc.gov/ nccdphp/dash/nutguide.htm.

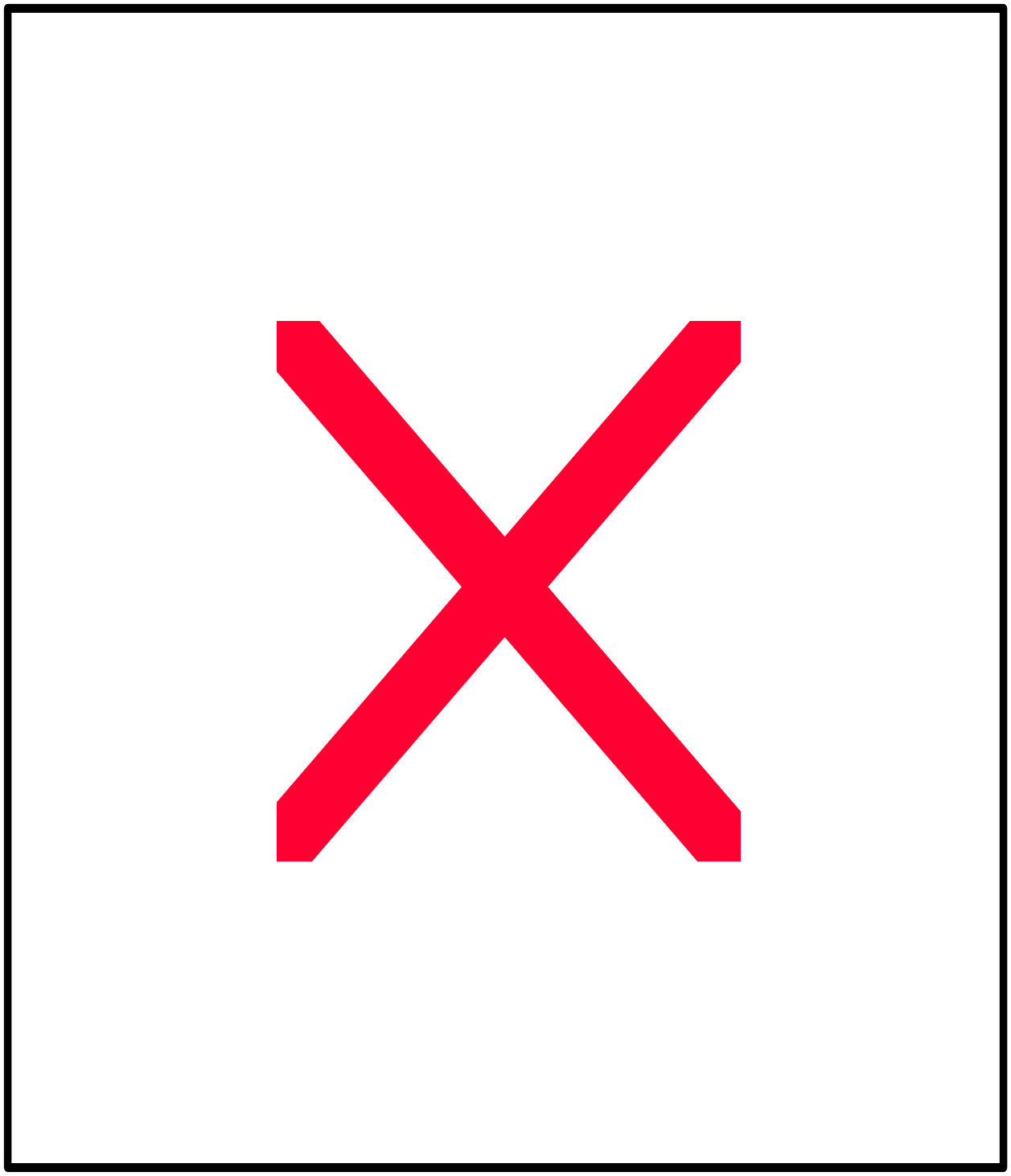


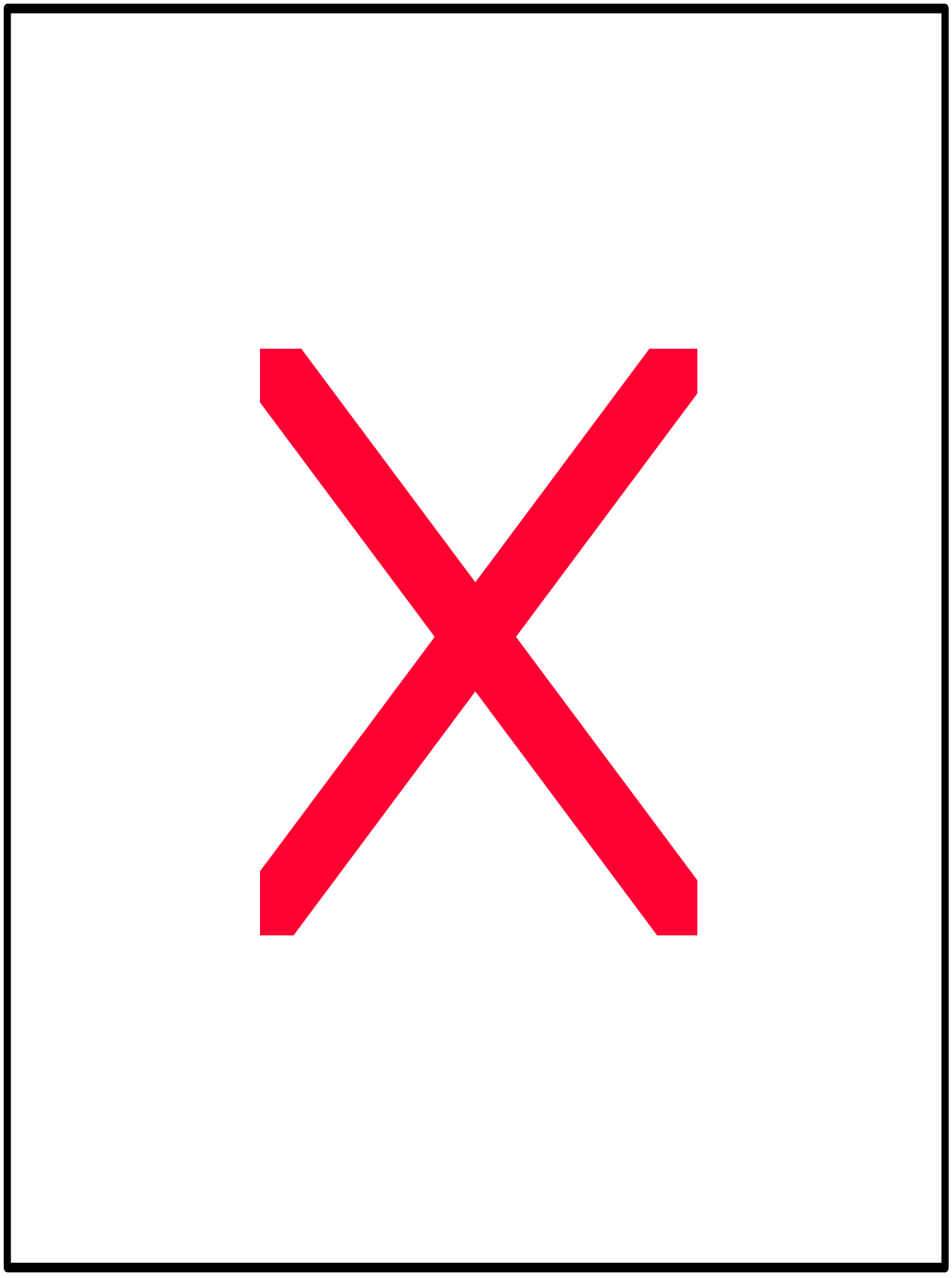


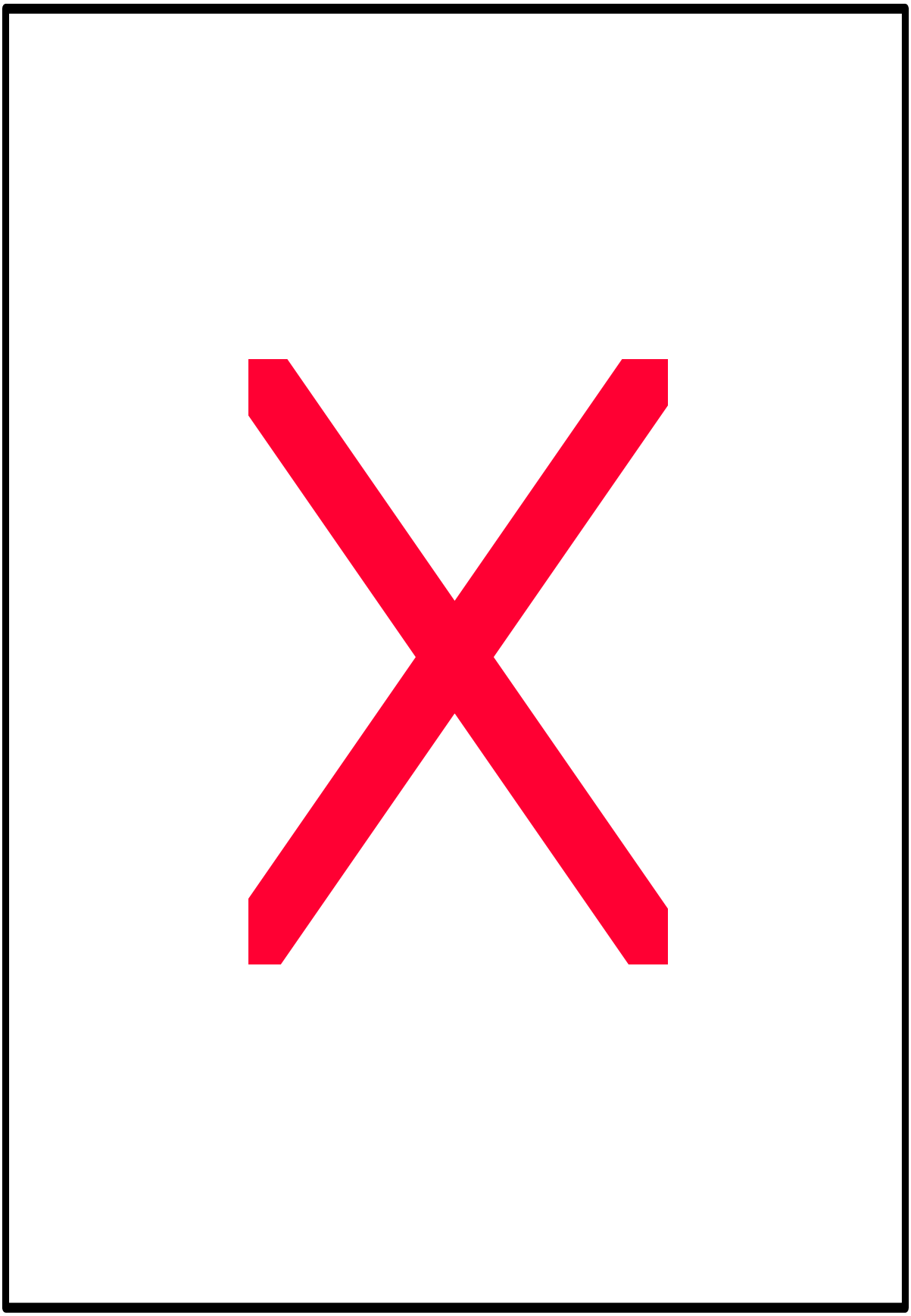


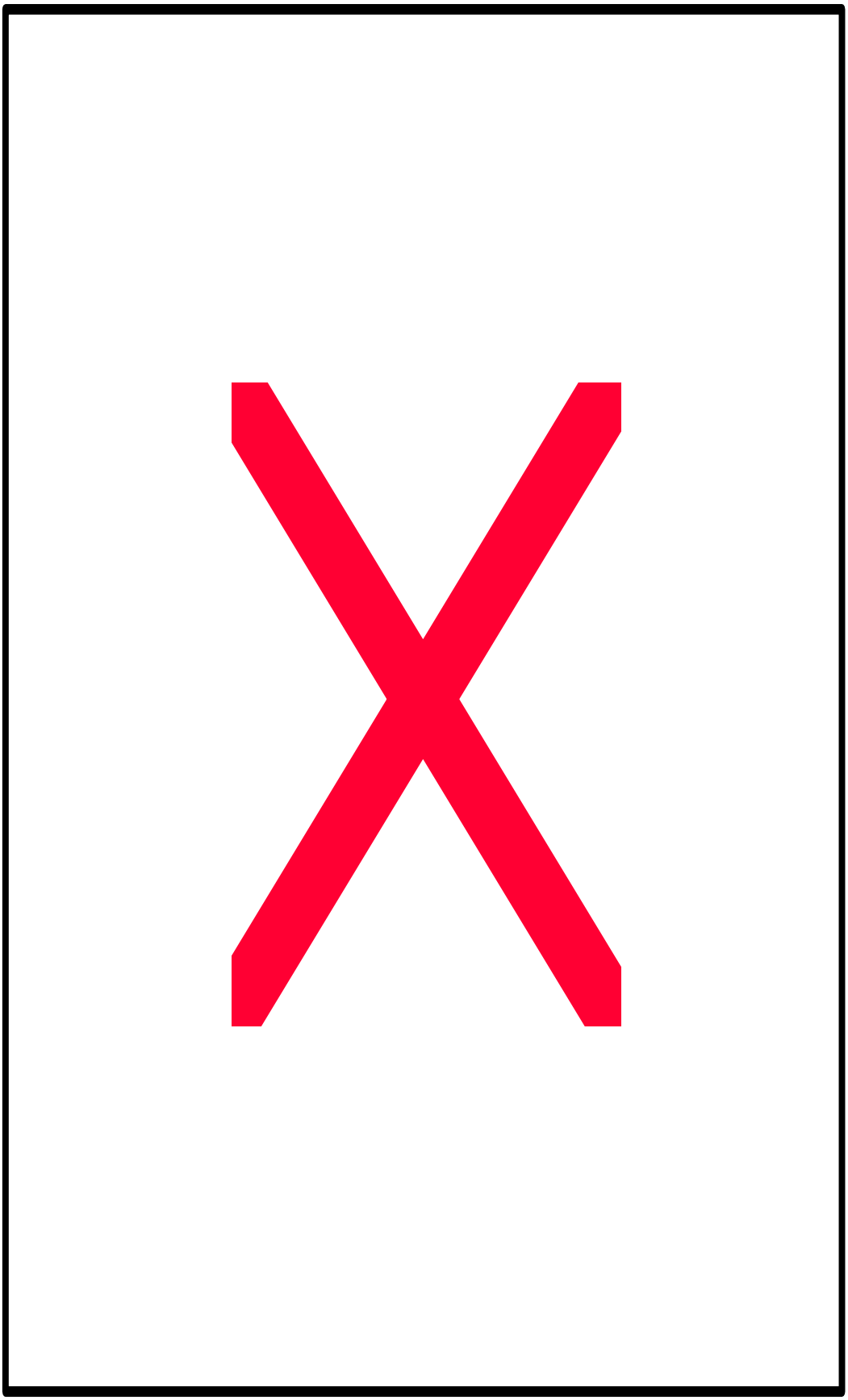








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VIRGINIA NUTRITION EDUCATION RESOURCE LIST

- *Virginia Department of Education*
  School Nutrition Programs
  P.O. Box 2120
  Richmond, VA 23218
  Telephone: (804) 225-2074 or 1-800-292-3820 (toll free)

- *Virginia Department of Health*
  Division of Chronic Disease Prevention and Nutrition
  P.O. Box 2448
  Richmond, VA 23218
  Telephone: (804) 786-5420
  Web site: http://www.vdh.state.va.us/fhs/chronic/chronic.htm

- *Virginia Cooperative Extension*
  Virginia Tech
  Department of Human Nutrition, Foods and Exercise
  338 Wallace (0430)
  Blacksburg, VA 24061-0430
  Telephone: (540) 231-4672
  Web site: http://www.ext.vt.edu/

  Note: Extension is a joint program of Virginia Tech, Virginia State University, the U.S. Department of Agriculture, and state and local governments.

- *Virginia Dietetic Association*
  P.O. Box 439
  Centreville, VA 20122
  Telephone: (703) 815-8293

- *Virginia School Food Service Association*
  Route 6 Box 166
  Harrisonburg, VA 22801
  Telephone: (540) 434-3756 or (888) 867-3195 (toll free)

Physical Activity

Authorization

***Code of Virginia*, Section 22.1-207, Physical and Health Education.**

Excerpt: See Appendix A for *Code of Virginia*, § 22.1-207.

Overview

Definition. Although a universally accepted definition of the term "physical education" has not been adopted, *Health Is Academic: A Guide to Coordinated School Health Programs* presents the following definition. [110]

> ***Physical Education:*** *Planned, sequential instruction that promotes lifelong physical activity. Designed to develop basic movement skills, sports skills, and physical fitness as well as to enhance mental, social, and emotional abilities.*

Objectives for Physical Education Program. The National Standards for Physical Education identify what a physical education student should know and be able to do as the result of a quality physical education program. According to the National Standards for Physical Education, a physically educated person should be able to: [111]

1. Demonstrate competency in many movement forms and proficiency in a few movement forms.
2. Apply movement concepts and principles to the learning and development of motor skills.
3. Exhibit a physically active lifestyle.
4. Achieve and maintain a health-enhancing level of physical fitness.
5. Demonstrate responsible personal and social behavior in physical activity settings.

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[110] Marx, E., and Wooley, S.F. (Eds.). (1998). *Health Is Academic: A Guide to Coordinated Health Programs* (p. 4). New York, N.Y.: Teachers College Press.

[111] Centers for Disease Control and Prevention. (May, 1998). *Guidelines for School and Community Programs to Promote Lifelong Physical Activity Among Young People.* Available: http://www.cdc.gov/nccdphp/dash/physact.htm.

6. Demonstrate understanding and respect for differences among people in physical activity settings.

7. Understand that physical activity provides opportunities for enjoyment, challenge, self-expression, and social interaction.

Diversified physical education programs include a range of activities and concepts in the areas of wellness related fitness: individual and dual sports, team sports, gymnastics, rhythm and dance, track and field, aquatics, and outdoor activities. These programs must be planned and implemented in ways that maximize the goals of physical education and establish a healthy lifestyle. [112]

Physical educators are increasingly focusing on relevance rather than tradition, and participation rather than competition. The current national trend is to teach activities that prepare students for a lifetime of wellness with emphasis on teaching noncompetitive team sports skills. For example: [113]

- A basketball skills class may be taught with every student having a basketball, thus eliminating waiting in line. Students may learn backyard basketball games involving two to four people (such as knockout, hot shot, or "2 on 2"), rather than waiting for the opportunity to play in a full court game. Playing with two basketballs simultaneously adds an aerobic component.

- Participation in volleyball class may be enhanced by modifying the rules using unlimited hits, two serves, or a softer ball. Students can aerobicize volleyball by playing "2 on 2," "3 on 3," or "4 on 4."

- Traditional large group games popular with younger students, such as "Capture the Flag," may be altered to remove the elimination factor and increase the aerobic factor. Instead of sending the students to "jail" or out of a game, students may be required to jog a distance and immediately return to play.

Regardless of the activities offered in a physical education curriculum, wellness-related fitness is the underlying theme. Students should have an understanding of the wellness related fitness concepts and be able to apply them to their own lifestyle. [114]

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[112] Massachusetts Department of Health. (1995). *Comprehensive School Health Manual* (p.10-3). Boston, Mass.: Author.

[113] Massachusetts Department of Health. (1995). *Comprehensive School Health Manual* (p10-3). Boston, Mass.: Author.

[114] Massachusetts Department of Health. (1995). *Comprehensive School Health Manual* (p10-3). Boston, Mass.: Author.

Recommendation

Centers for Disease Control and Prevention's Guidelines for Promoting Lifelong Physical Activity. The following guidelines, which are reprinted on the following pages, identify strategies most likely to be effective in helping young people adopt and maintain a physically active lifestyle. The guidelines were developed by Centers for Disease Control and Prevention (CDC) staff in collaboration with experts from other federal agencies, state agencies, universities, voluntary organizations, and professional associations.

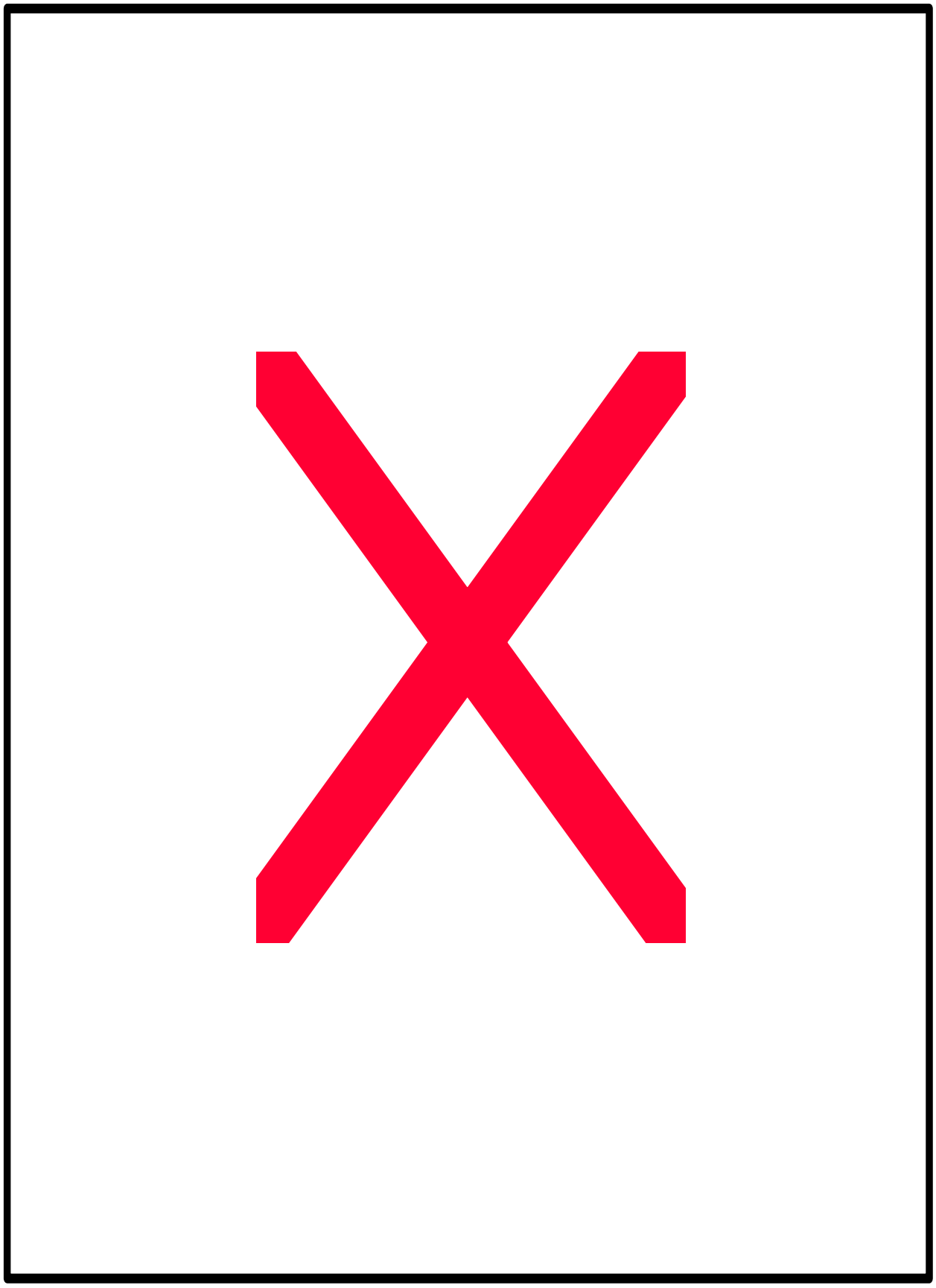
- Guidelines Report At-A-Glance—Summarizes benefits of physical activity, consequences of physical inactivity, and data on participation in physical activity by young people; identifies key principles for effective policies and programs; and lists guidelines recommendations.

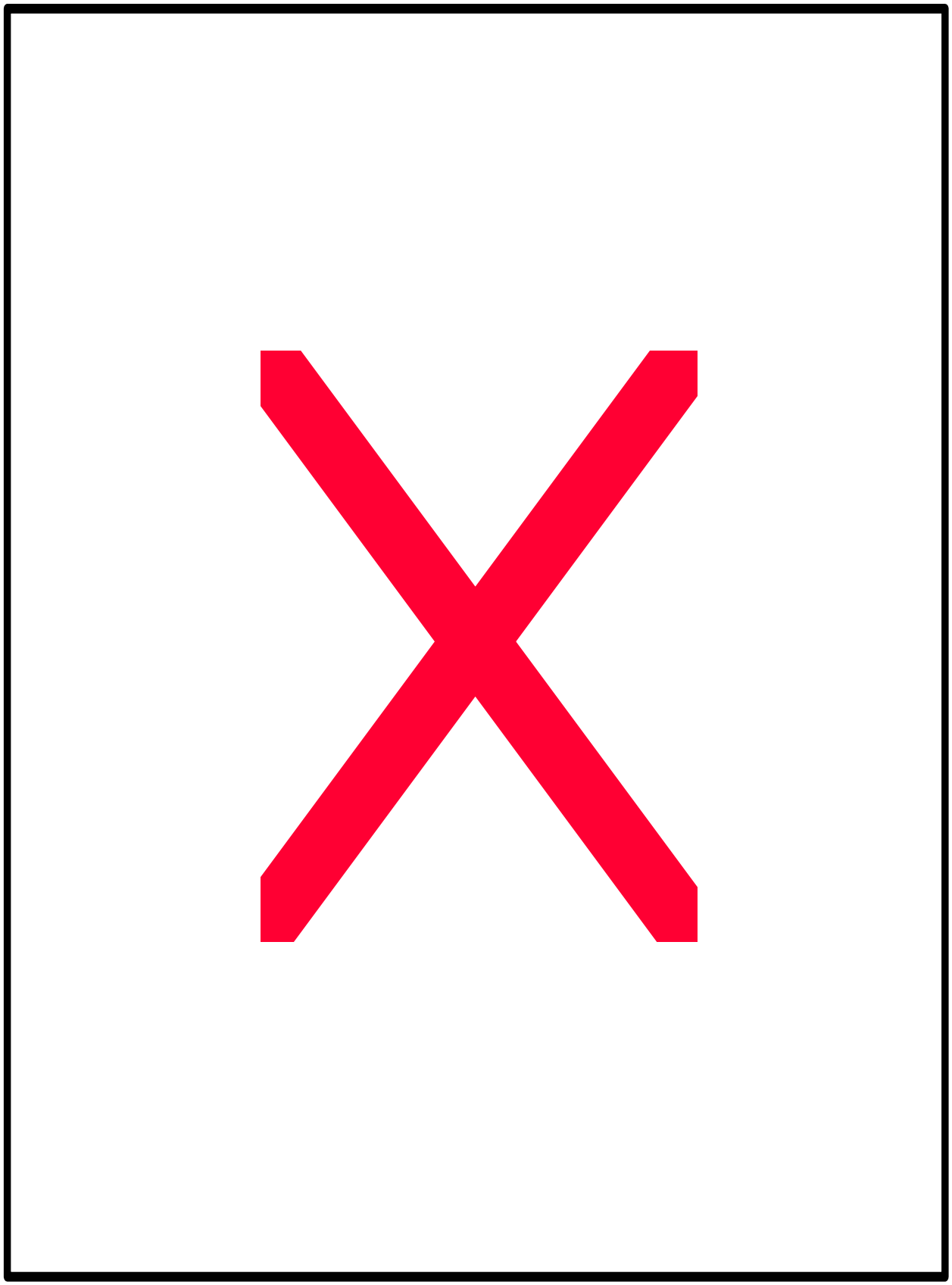
- How You Can Help—Identifies specific actions that parents, students, teachers and coaches, school administrators and board members, community sports and recreation program coordinators, and everyone else who cares about the health of young people can take to help implement guidelines recommendations.

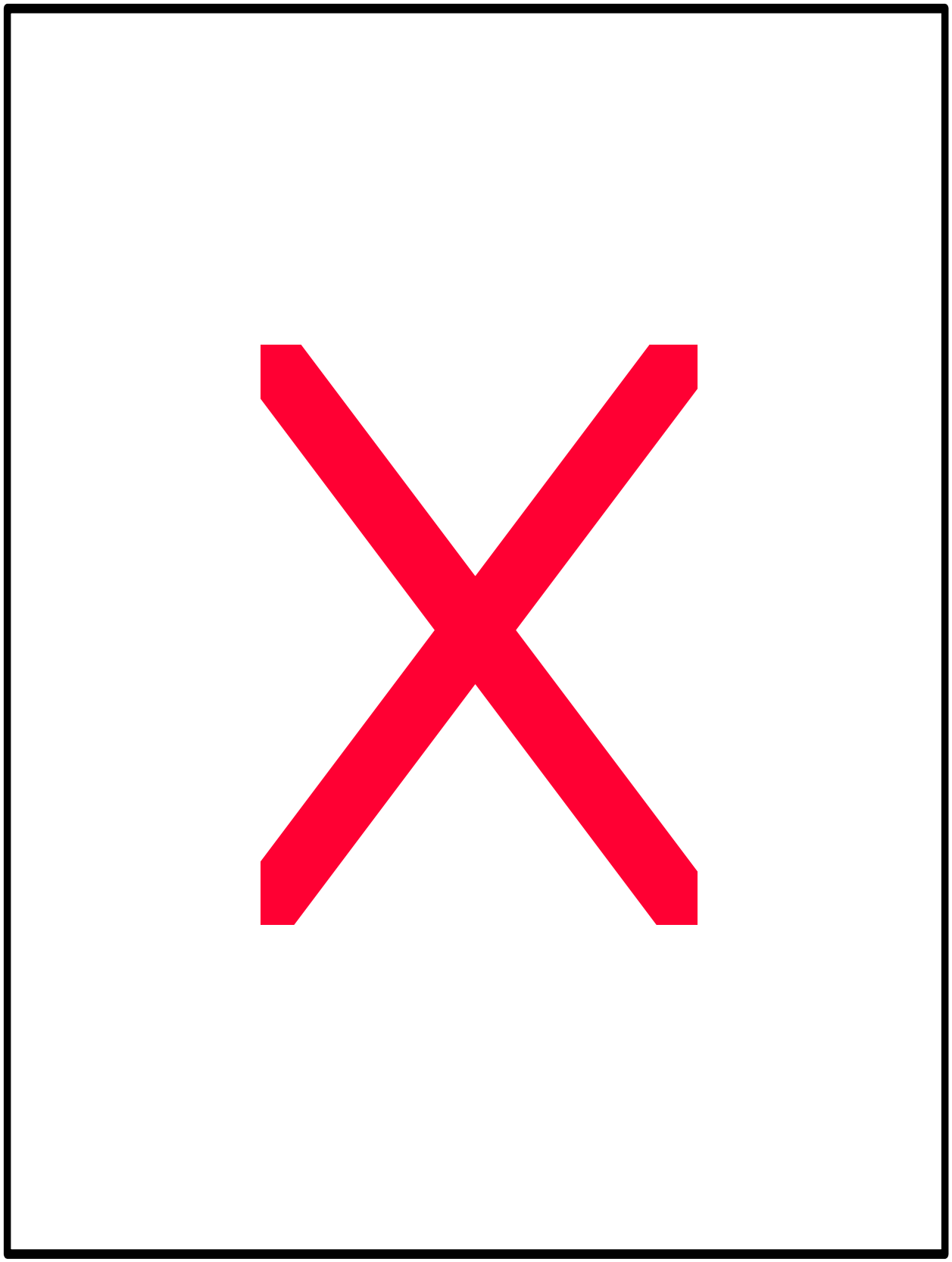
- Fact Sheet—Highlights statistics on the benefits of regular physical activity; the long-term consequences of physical inactivity; overweight and obesity; and participation by young people in physical activity and physical education classes.

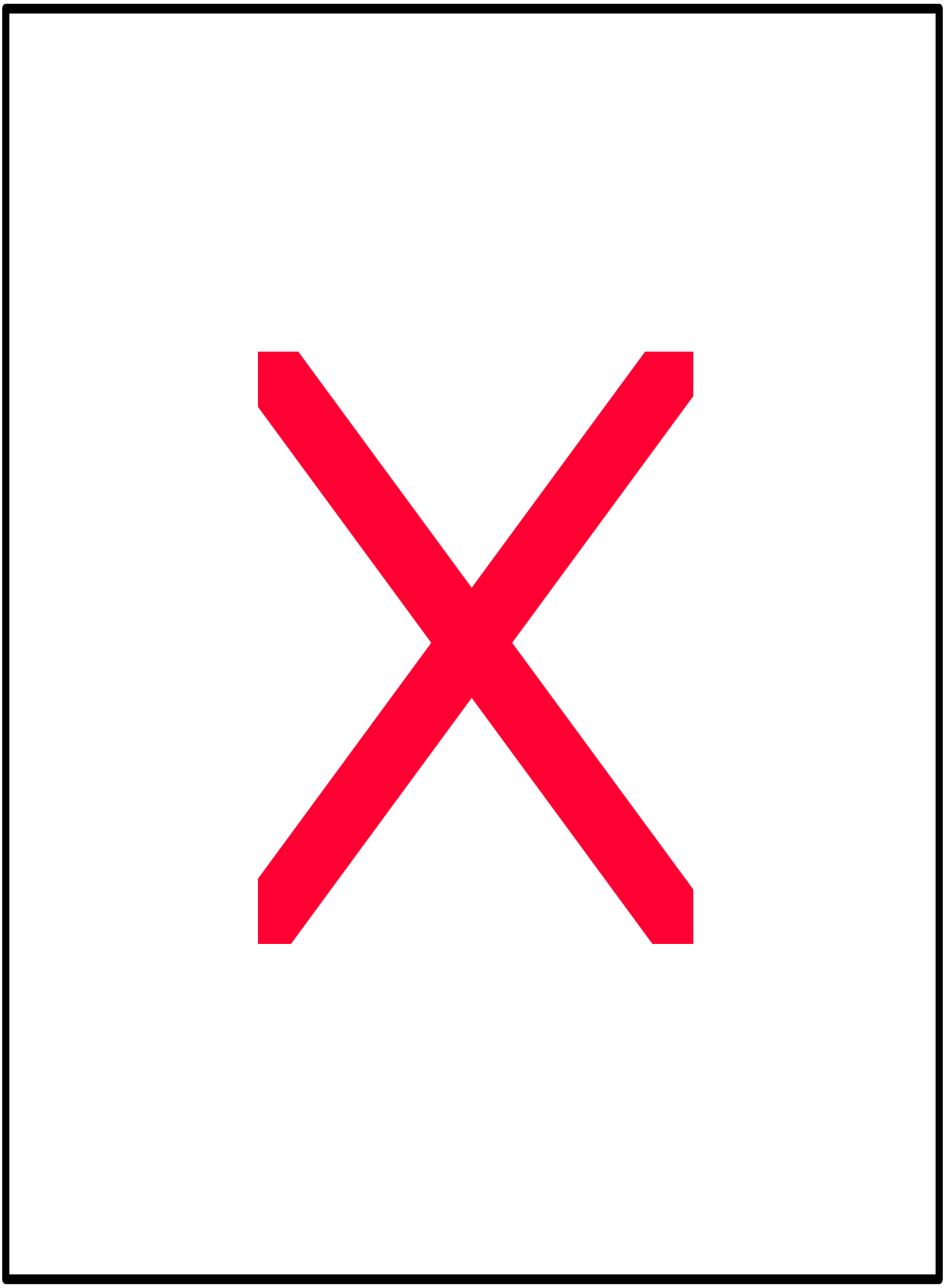
- Physical Activity Information Resource List—Provides contact information for government agencies, professional associations, and voluntary organizations promoting safe and enjoyable physical activity among young people.

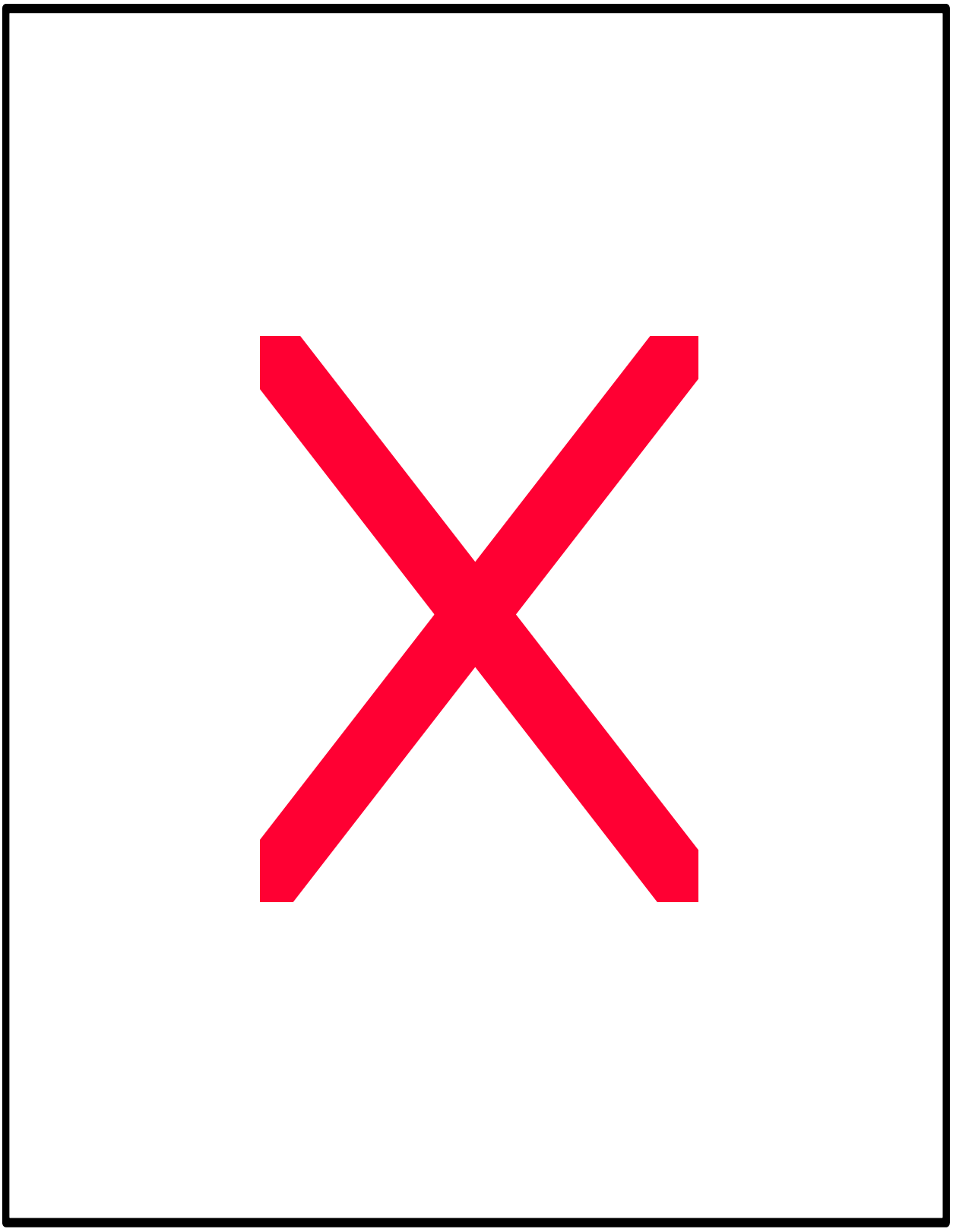
The above guidelines and the complete report, *CDC's Guidelines for School and Community Programs to Promoting Lifelong Physical Activity*, are available on the web at http://www.cdc.gov/ nccdphp/dash/physact.htm.

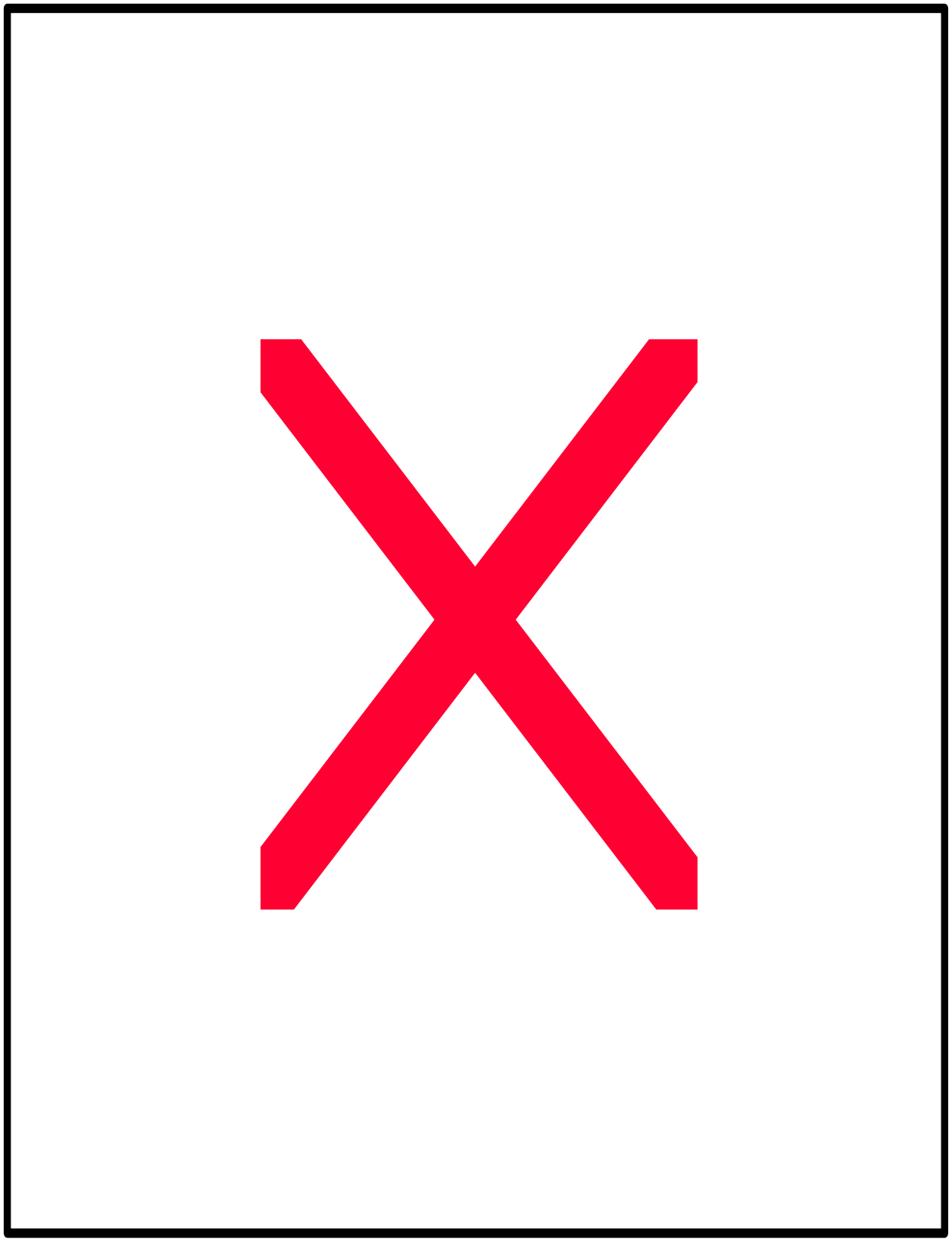


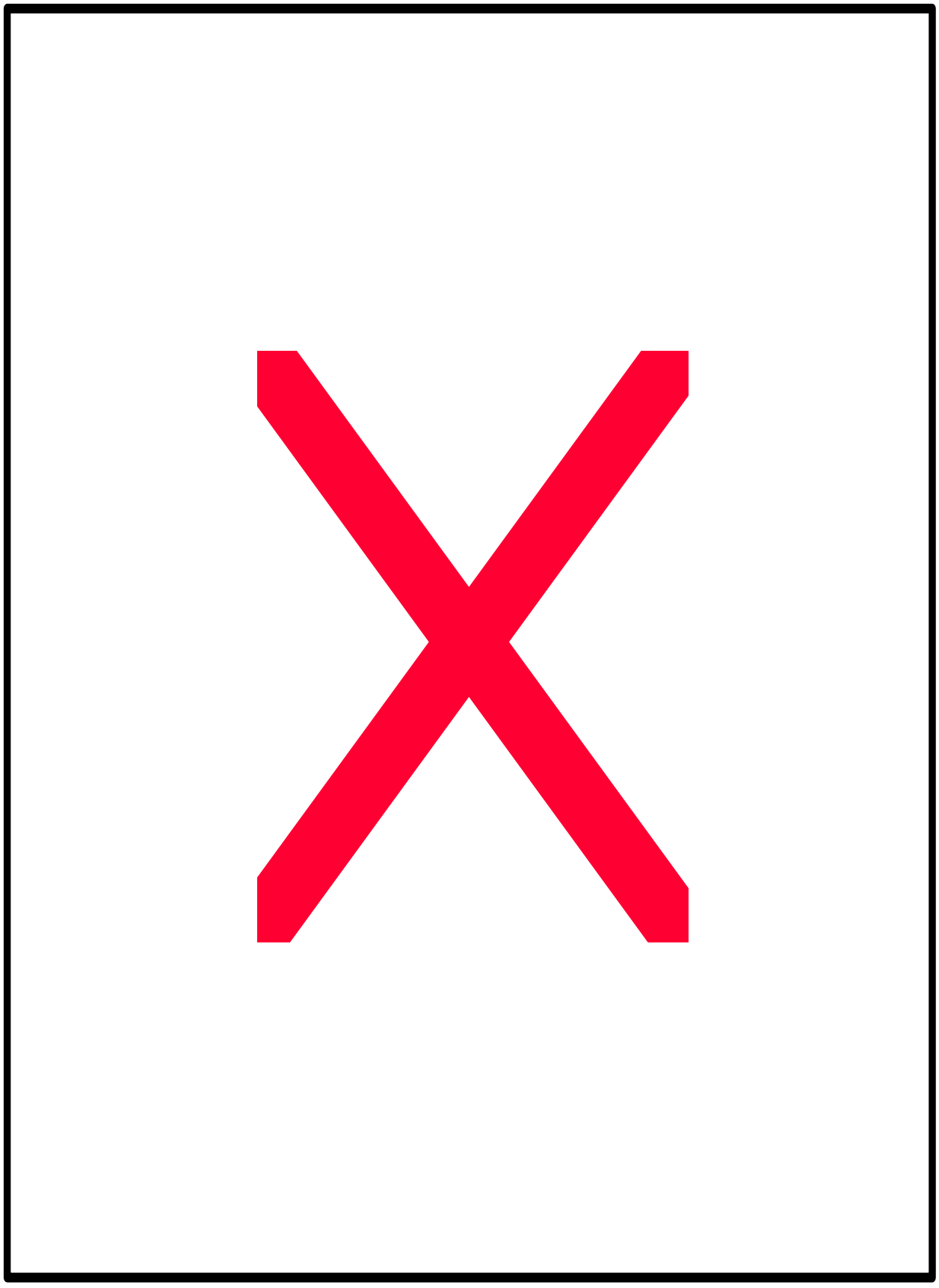


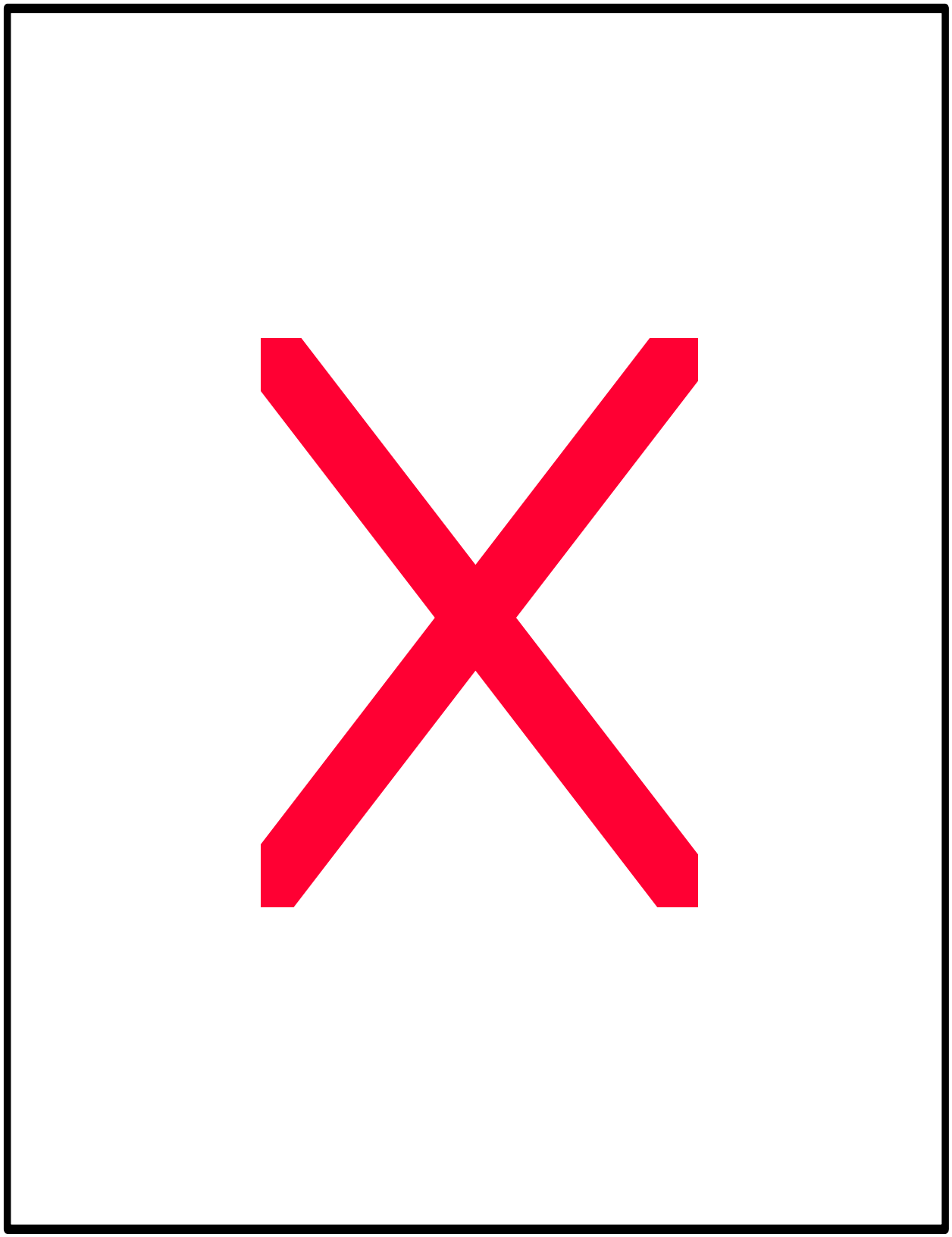


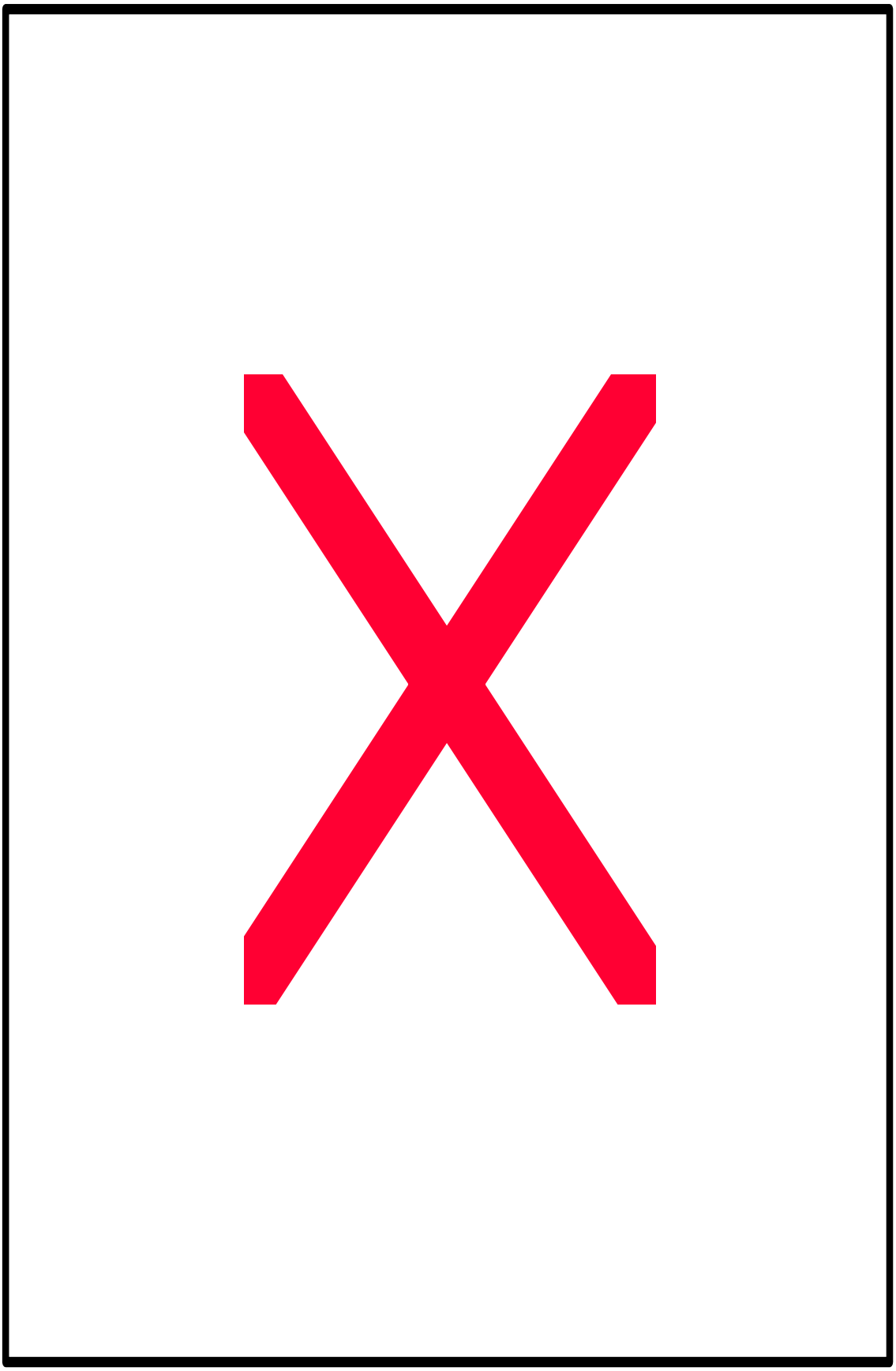












VIRGINIA PHYSICAL ACTIVITY INFORMATION RESOURCE LIST

- *Virginia Department of Education*
  Health, Physical Education and Driver Education
  P.O. Box 2120
  Richmond, VA 23218
  Telephone: (804) 225-3300 or 1-800-292-3820 (toll free)
- *Virginia Association for Health, Physical Education, Recreation and Dance (VAHPERD)*
  126 Westmoreland Street
  Richmond, VA 23226
  Telephone: (804) 335-6955 or 1-800-918-9899 (toll free)
  Web site: http://www.vahperd.vt.edu/

Injury and Violence

Authorization

***Code of Virginia*, Section 22.1-207, Physical and Health Education.**

Excerpt: See Appendix A for *Code of Virginia* § 22.1-207.

***Code of Virginia*, Section 22.1-278.1, School Safety Audits Required.**

Excerpt: See Appendix A for *Code of Virginia* § 22.1-278.1.

Overview

Leading Cause of Death and Disability. Injuries are the leading cause of death and disability for children and adolescents in Virginia. Between 1994 and 1997, 1,682 youth died as a result of injury before reaching their 20th birthday, and 21,346 were hospitalized.

"An estimated 10-25 percent of these injuries occur in and around schools. Injuries are one of the most frequent conditions cared for by school health personnel. Over a two-year period, an estimated 80% of elementary school children, for example, will see a school nurse for injury related complaints." [115]

Prevention Strategies

School Role. *"Educators, school nurses, public health professionals, coaches, and administrators together can play a powerful role in preventing injuries at school. The following strategies are recommended: regular review of school injury reports and close monitoring of causes of injuries; development of school safety policies; drafting a comprehensive injury prevention plan; establishment of a school safety committee to deal with both unintentional and intentional injuries."* [116]

School-based implementation of a quality, age-appropriate injury prevention curriculum will provide children with the knowledge and skills they need to make safer choices and

[115] Children's Safety Network at Education Development Center, Inc. (1997). *Injuries in the School Environment: A Resource Guide* (Second Edition). Newton, Mass.: Education Development Center, Inc.

[116] Di Scala, C. et al. (November, 1997). Causes and Outcomes of Pediatric Injuries Occurring at School. *Journal of School Health*, *67*, (9).

to avoid injury at school, at home and in the community. Motor vehicle, bike and pedestrian safety; fire and burn, choking, drowning, poisoning and fall prevention; gun safety; and violence prevention are all areas that can be addressed. Community resources (e.g. police, fire, health care providers, and other safety educators) are readily available and can complement school-based injury prevention.

Examples. The following is a list of prevention strategies for school injuries, which focus on environmental changes. [117]

Removal of Physical Hazards

- Glass in doors.
- Asphalt under playground equipment.
- Bleachers on playing field lines.
- Uneven surfaces (holes or ruts) on playing fields.

Maintenance of Equipment and Facilities

- Protective guards on shop equipment.
- Playground equipment in good repair.
- Working smoke detectors.
- Active grounds maintenance committee.

Addition of Safety Features and Equipment

- Padded mats on concrete gym equipment.
- Use of helmets and mouth guards during sports.
- Locks on roof doors.
- Metal detectors.
- Increased lighting.
- Storage for student knapsacks.
- Low shrubbery at blind corners of buildings.

Enforced Policies and Regulations

- Collection and review of injury report forms by a designated staff person.
- Completion of a school safety audit.
- Development of school-wide safety policies based on injury reports.
- Development of injury response and emergency treatment protocol for school staff.
- Enforcement of rules, especially for sports and recreational activities.

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[117] Di Scala, C. et al, Causes and Outcomes of Pediatric Injuries Occurring at School (1997, November). *Journal of School Health,* 67, (9).

- Monthly safety checks of school premises, including recreational areas.
- In school suspensions for minor infractions and fighting.
- Identification of clear policies for injuries in the absence of medical personnel or athletic trainer on site.

Modification of Behaviors

- Education of staff on hazards and prevention.
- Education of staff on completing injury report forms and their usefulness for prevention.
- Training of coaches, gym teachers and other school personnel in emergency first aid and CPR.
- Increased supervision of students during recess and recreational time.
- Training of students as peer mediators for conflict resolution.
- Curriculum activities for students oriented to safety education on school grounds (and training of children to make safer choices and avoid injury at school, at home, and in the community).

Violence

Incidents of school violence can result in injuries to students and staff. Data show that the incidence of crime and violence in schools is declining, but the severity of those incidents and the likelihood of multiple injuries and deaths have increased (Source: Ronald Stephens, Executive Director, National School Safety Center, 1998.)

The *Code of Virginia*, § 22.1-280.1, Reports of certain acts to school authorities, requires that

> *Reports shall be made to the principal or his designee on all incidents involving (i) the assault, assault and battery, sexual assault, death, shooting, stabbing, cutting, or wounding of any person on a school bus, on school property, or at a school-sponsored activity; (ii) any conduct involving alcohol, marijuana, a controlled substance, imitation controlled substance, or an anabolic steroid on a school bus, on school property, or at a school-sponsored activity; (iii) any threats against school personnel while on a school bus, on school property or at a school-sponsored activity; or (iv) the illegal carrying of a firearm onto school property.*

Note: Please see Appendix A for complete excerpt of *Code of Virginia*, § 22.1-280.1.

Violent incidents that are included in *Code of Virginia*, § 22.1-280.1, are listed and defined below:

- **Fighting**. A mutual physical confrontation between two (or more) individuals. The confrontation may result in physical injury. Fighting can be classified as:

  1. Fighting: Resulting in *no injury*.

     Any fight involving two or more individual in which no individual sustains serious or minor injuries.

  2. Fighting: Resulting in *minor injury*.

     Any fight involving two or more individuals in which one or more individual sustains a minor injury. Minor injuries do not required professional medical attention. Minor injuries may include, but not be limited to: (a) scrape on body (e.g., knee, elbow, hand) and (b) minor bruising.

  3. Fighting: Resulting in *serious injury*.

     Any fight involving two or more individuals in which one or more individual sustains an injury requiring professional medical attention. Serious injury may include, but not be limited to, the following: (a) a bullet wound, (b) fractured or broken bones, (c) concussion, (d) cuts requiring stitches, and (e) any injuries with profuse or excessive bleeding.

- **Homicide.** Any death resulting from causes other than natural, accidental, or suicide.

- **Physical Assault.** For the purposes of this manual, physical assault means an unlawful beating, victim and an offender can be clearly identified, and a minor or serious injury results.

- **Rape**. Sexual penetration (e.g., oral, anal, or vaginal) without consent. This category also includes statutory rape which, for the purposes of this manual, is defined as sexual penetration with or without the consent of a minor.

Documentation

Student Injury Report Form. During the 1996-97 school year, Henrico County Public Schools, Virginia, agreed to pilot a Student Injury Report Form (SIRF) in 54 schools. The pilot SIRF was developed by the Childhood Injury Prevention Program, Department of Pediatrics, Medical College of Virginia Hospitals at Virginia Commonwealth University based on one used in Arizona for five years. A SIRF was completed by school nurses and/or clinic attendants for each school injury seen or treated during the school day that occurred during a school activity and required parental notification.

Based on an analysis of the data and feedback from school nurses and clinic attendants, it was concluded that the SIRF documents valuable information about injuries occurring in the school environment that could be used to target prevention strategies, and that while thorough, some form changes were necessary to make its use less time-consuming.

The SIRF was subsequently revised to resemble one used statewide in Utah and, at the time of development of this manual, is being used in Henrico County Schools to document school injuries.

Please see Appendix E for a copy of the Henrico County Schools Student Injury Report Form.

NATIONAL INJURY AND VIOLENCE INFORMATION RESOURCE LIST

- U.S. Department of Education: Keeping Schools and Communities Safe
  Web site: http://www.ed.gov/offices/OESE/SDFS/safeschools.html

  Note: The following USDOE publications are available online:
  Early Warning, Timely Response: A Guide to Safe Schools
  http://www.ed.gov/offices/OSERS/OSEP/earlywrn.html

  Preventing Youth Hate Crime
  http://www.ed.gov/pubs/HateCrime/start.html

  Creating Safe and Drug-Free Schools: An Action Guide
  http://www.ed.gov/offices/OESE/SDFS/actguid/index.html

  Conflict Resolution Education
  http://www.ncjrs.org/txtfiles/160935.txt

  School Uniform Manual
  http://www.ed.gov/updates/uniforms.html

- American Association of School Administrators/Safe Schools Planning
  1801 North Moore Street
  Arlington, VA 22209
  Telephone: (703) 528-0700
  Web site: http://www.aasa.org/SA/feb9601.htm

  Note: The following AASA publication is available online at the above Web site:
  The Art of Safe School Planning: *40 Ways to Manage and Control Student Disruptions*

- Center for Effective Collaboration and Practice
  1000 Thomas Jefferson St., NW
  Suite 400
  Washington, D.C. 20007
  Telephone: 1-888-457-1551
  Web site: http://www.air-dc.org/cecp/

- Center for the Prevention of School Violence
  20 Enterprise Street, Suite 2
  Raleigh, NC 27607-7375
  Telephone: (800) 299-6054
  Web site: http://www2.ncsu.edu/ncsu/cep/PreViolence/index.html

- Center for the Study and Prevention of Violence
  Institute of Behavioral Science
  University of Colorado at Boulder
  Campus Box 442
  Boulder, CO 80309-0442
  Telephone: (303) 492-8465
  Web site: http://www.colorado.edu/cspv/

- Center for Mental Health in Schools
  School Mental Health Project
  Department of Psychology
  UCLA
  405 Hilgard Ave.
  Los Angeles, CA 90095-1563
  Telephone: (310) 825-3634
  Web site: http://smhp.psych.ucla.edu/

- Educational Resources Information Center, U.S. Department of Education
  P.O. Box 1398
  Jessup, MD 20794-1398
  Telephone: (877) 4-ED-PUBS
  Web site: http://oeri.ed.gov/pubs/edpubs.html

- Children's Safety Network
  National Injury and Violence
  Prevention Resource Center
  Education Development Center, Inc.
  55 Chapel Street
  Newton, MA 02458-1060
  Telephone: (617) 969-7101, ext. 2207
  Web site: http://www.edc.org/HHD/
  csn/index.html

  Note: The following CSN publication

  is available online:

  Injuries in the School Environment: A Resource Guide (2nd Edition, 1997)
  http://www.edc.org/HHD/csn/
  schoolinj/cov.html

- National Alliance for Safe Schools
  P.O. Box 1068
  College Park, M.D. 20741
  Telephone: (301) 935-6063
  Web site: http://www.safeschools.org/

- National Association of Attorneys General and National School Boards Association "Keep Schools Safe"
  Web site: http://www.keepschools
  safe.org/

  Note: The above Web site includes the following online NAAG/NSBA resources:
  Crisis Management
  Student Participation
  Parent Participation
  Law Enforcement Partnership
  Environmental Design
  Drug and Alcohol Prevention
  Crime Reporting/Tracking
  School Security
  Training for School Personnel
  Concise Discipline Code

- National Center for Conflict Resolution Education
  110 W. Main Street
  Urbana, IL 61801
  Telephone: (800) 308-9419
  Web site: http://www.nccre.org/

- National Program for Playground Safety
  School of HPELS
  University of Northern Iowa
  Cedar Falls, IA 50614-0618
  Telephone: (800) 554-PLAY (7529)
  Web site: http://www.uni.edu/
  playground/

- National Resource Center for Safe Schools
  Northwest Regional Educational Laboratory
  101 SW Main, Suite 500
  Portland, OR 97204
  Telephone (503) 275-9500
  Web site: http://www.nwrel.org/safe/
  index.html

- National SAFE KIDS Campaign
  1301 Pennsylvania Ave, NW
  Suite 1000
  Washington, D.C. 20004-1707
  Telephone: 202-662-0600
  Web site: http://www.safekids.org

- Safe & Drug-Free Schools Program
  U.S. Department of Education
  Telephone: 202-260-2812.
  Web site: http://www.ed.gov/offices/
  OESE/SDFS/

NATIONAL INJURY AND VIOLENCE INFORMATION RESOURCE LIST (continuation)

- Office of Juvenile Justice and Delinquency Prevention: School Violence Resources
  810 Seventh Street, NW
  Washington, D.C. 20531
  Telephone: (202) 307-5911
  Web site:
  http://ojjdp.ncjrs.org/hlights/svresources.html

  Note: The following publications are

  available online at the above OJJDP

  Web site:

  An Overview of Strategies to Reduce School Violence

  The Art of Safe School Planning: 40 Ways to Manage and Control Student Disruption

  Combating Fear and Restoring Safety in Schools

  Combating Violence and Delinquency: The National Juvenile Justice Action Plan

  Conflict Resolution Education: A Guide to Implementing Programs in Schools, Youth-Serving Organizations, and Community and Juvenile Justice Settings

  Crime in the Schools: A Problem Solving Approach

  Early Warning, Timely Response: A Guide to Safe Schools

  Preventing Violence in Schools

  Promising Strategies to Reduce Gun Violence

  Strategies to Reduce Gun Violence

  Violence Among Middle School and High School Students: Analysis and Implications for Prevention

- National School Safety Center
  141 Duesenberg Drive, Suite 11
  Westlake Village, CA 91362
  Telephone: 805-373-9977
  Web site: http://www.nssc1.org/

  Note: The following NSSC resources are available online:
  Checklist for Characteristics of Violent Youth
  http://www.nssc1.org/reporter/checklist.htm

  School Associated Violent Deaths Report
  http://www.nssc1.org/savd/savd.htm

- RISK WATCH™ Curriculum
  National Fire Protection Association
  1 Batterymarch Park
  Quincy, MA 02269-9101 USA
  Telephone: 1-800-344-3555
  Web site: http://catalog.nfpa.org/

  Note: Teaches facts, safety skills, and positive attitudes (preschool through grade 8).

- Partnerships for Preventing Violence
  Harvard School of Public Health
  718 Huntington Ave., 1st Floor
  Boston, MA 02115
  Telephone: (617) 432-0814

VIRGINIA INJURY AND VIOLENCE INFORMATION RESOURCE LIST

- Virginia Department of Education
  School Safety Resource Center
  P.O. Box 2120
  Richmond, VA 23218-2120
  Telephone: (804) 225-2928
  Web site: http://www.pen.k12.va.us/VDOE/Instruction/safety.html

  Note: The following DOE materials are available online:

  School Safety Audit Guidelines
  http://www.pen.k12.va.us/go/VDOE/Instruction/schoolsafety/audit.html

  Checklist for the Safety and Security of Buildings and Grounds
  http://www.pen.k12.va.us/go/VDOE/Instruction/schoolsafety/checklis.html

  School Safety and Violence Prevention
  http://www.pen.k12.va.us/VDOE/News/violprev.html

- Virginia Department of Education
  Health, Physical Education and Driver Education
  P.O. Box 2120
  Richmond, VA 23218-2120
  Telephone: (804) 225-3300
  Web site: http://www.pen.k12.va.us/VDOE/Instruction/PE/

- Virginia Department of Criminal Justice Services
  Crime Prevention Center
  805 E. Broad Street, 10th Floor
  Richmond, VA 23219
  Telephone (804) 371-0863
  Web site: http://www.dcjs.state.va.us

- Virginia Department of Health
  Center for Injury and Violence Prevention
  P.O. Box 2448
  Richmond, VA 23218
  Telephone: (804) 692-0104
  Web site:
  http://www.vdh.state.va.us/fhs/injury/center.htm

- American Red Cross: Richmond Chapter
  PO Box 655
  Richmond, VA, 23205-0655
  Telephone: (804) 780-2250

- Curry School of Education at the University of Virginia
  Youth Violence Project
  405 Emmet Street
  Charlottesville, VA 22903-2495
  Telephone: (804) 924-7472
  Web site:
  http://curry.edschool.virginia.edu/curry/centers/youthvio/

  Note: The following Curry information

  is online:

  Preventing Gun Violence at School
  http://curry.edschool.virginia.edu/curry/centers/youthvio/latebreaking/news.html

Tobacco

Authorization

***Code of Virginia*, Section 22.1-207, Physical and Health Education.**

Excerpt: See Appendix A for *Code of Virginia*, § 22.1-207.

Recommendations

Centers for Disease Control and Prevention's Guidelines For Preventing Tobacco Use and Addiction. The following guidelines, which are reprinted on the following pages, identify strategies most likely to be effective in preventing tobacco use and addiction among young people. The guidelines were developed by Centers for Disease Control and Prevention (CDC) staff in collaboration with experts from other federal agencies, state agencies, universities, voluntary organizations, and professional associations.

- Guidelines Report At-A-Glance—Summarizes benefits of preventing tobacco use, consequences of tobacco use, and data on tobacco use by teens; identifies key principles for effective policies and programs; and lists guidelines recommendations.

- How You Can Help—Identifies specific actions that parents, students, teachers, school administrators and board members, and everyone else who cares about the health of young people can take to help implement guidelines recommendations.

- Fact Sheet—Highlights statistics on tobacco use by young people; health effects of tobacco use by young people; nicotine addiction among adolescents; and tobacco sales and promotion to youth.

The above guidelines and complete report, *CDC's Guidelines for School Health Programs Preventing Tobacco Use and Addiction*, are available on the web at http://www.cdc.gov/ nccdphp/dash/nutptua.htm.

CDC's Guidelines for School Health Programs

Preventing Tobacco Use and Addiction

At-A-Glance

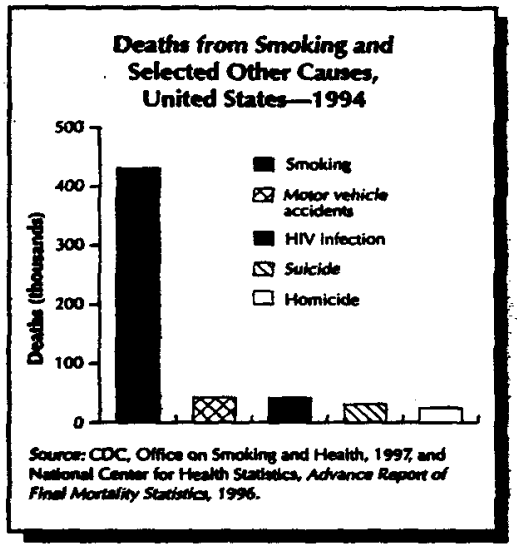
Each day, more than 3,000 young people across the United States become daily smokers. Most start this deadly habit not fully understanding that nicotine in tobacco is as addictive as heroin, cocaine, or alcohol. Most also underestimate the health consequences, even though tobacco use is the leading cause of preventable death in the United States. School programs to prevent tobacco use among young people can make a major contribution to the health of the nation, particularly when these programs are coordinated with community efforts.

Benefits of Preventing Tobacco Use Among Young People

- Helps prevent long-term health problems and premature death.
- Promotes optimal health and decreases school days missed because of respiratory illnesses.
- Dramatically decreases the likelihood that a young person will become a regular tobacco user as an adult.

Consequences of Tobacco Use

- Tobacco use causes more premature deaths in the United States than any other preventable risk. Of all people less than 18 years old in 1995, an estimated 5 million will die prematurely from smoking-related illnesses.
- Cigarette smoking causes heart disease; stroke; chronic lung disease; and cancers of the lung, mouth, pharynx, esophagus, and bladder.
- Cigarette smoking increases coughs, shortness of breath, and respiratory illnesses; decreases physical fitness; and adversely affects blood cholesterol levels.



Source: CDC, Office on Smoking and Health, 1997, and National Center for Health Statistics, *Advance Report of Final Mortality Statistics, 1996.*

- Smokeless tobacco is not a safe alternative to cigarettes. Using it causes cancers of the mouth, pharynx, and esophagus; gum recession; and an increased risk for heart disease and stroke.

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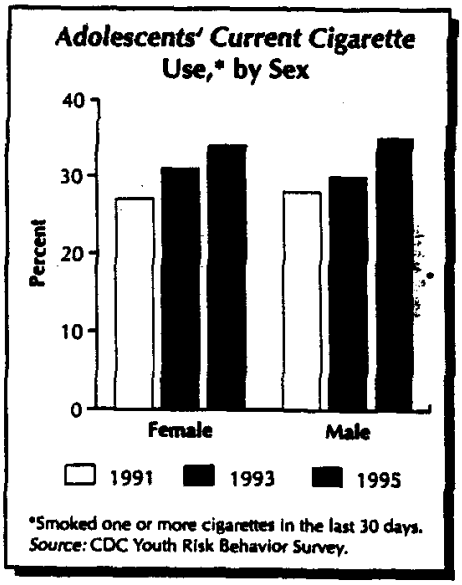
- Smoking cigars increases the risk of oral, laryngeal, esophageal, and lung cancers.
- Second-hand tobacco smoke can cause respiratory illnesses, increase the risk of lung cancer and heart disease, and trigger asthma attacks.
- Tobacco use causes stained teeth, bad breath, and foul-smelling hair and clothes.

Tobacco Use by Teens

- The rate of teen smoking is rising: 35% of high school students were current smokers in 1995, compared with 28% in 1991.
- 71% of high school students have tried cigarettes.
- The younger people are when they start using tobacco, the more likely they are to become strongly addicted to nicotine.
- 89% of persons who ever smoked daily first tried a cigarette at or before age 18; 25% of high school students smoked a whole cigarette before age 13.
- 11% of high school students use smokeless (snuff or chewing) tobacco; 27% have smoked a cigar in the past year.



- 3 out of 4 teenage smokers have tried to quit at least once—but failed.

The Opportunity

Well-designed, well-implemented school programs to prevent tobacco use and addiction

- Have proved effective in preventing tobacco use.
- Provide prevention education during the years when the risk of becoming addicted to tobacco is greatest.
- Provide a tobacco-free environment that establishes nonuse of tobacco as a norm and offers opportunities for positive role modeling.
- Can help prevent the use of other drugs, especially if the program addresses the use of these substances.

Preventing Tobacco Use and Addiction Among Young People

How You Can Help

Everyone can play a part in helping young people avoid using tobacco products. If you are a parent or guardian, student, teacher, athletic coach, school administrator or board member, health professional, or anyone else who cares about the health of young people, here are some steps you can take to make a difference in their lives.

Everyone Can

- ✔ Teach young people that using cigarettes and smokeless tobacco (snuff or chew) puts them at risk for health problems and addiction.
- ✔ Voice your support for tobacco-free schools and effective tobacco-use prevention education to school administrators and board members.
- ✔ Encourage merchants to limit the number of tobacco ads in their stores, remove self-service displays, and comply with the law by checking IDs and refusing to sell tobacco products to minors.
- ✔ Ask merchants and managers of hotels and restaurants to locate vending machines where they will not be accessible to young people.
- ✔ Speak at a meeting or submit a letter to a local newspaper to discuss the importance of clean indoor air restrictions and policies that limit young people's access to tobacco products.
- ✔ Encourage coordination between school and community programs to prevent tobacco use and addiction.

Parents or Guardians Can

- ✔ Set a good example by not using tobacco and give clear, consistent messages about the dangers of tobacco to your children.
- ✔ Provide your children with a tobacco-free environment at home.
- ✔ Support comprehensive school health programs and insist that they include tobacco-use prevention education.
- ✔ Help your children who use tobacco set realistic goals for stopping and give them positive reinforcement and encouragement.
- ✔ Help your children who use tobacco identify the underlying reasons for its use and substitute positive activities such as physical activity or stress management to compensate.
- ✔ Help your children critically analyze messages that glamorize tobacco use on television, in movies, and in magazines and other print media.
- ✔ Join a school health committee and guide policies to prevent tobacco use.
- ✔ Volunteer to help school staff implement tobacco-use prevention activities.
- ✔ Work with the school board to provide assistance programs, rather than punishment, for students who violate tobacco-use policies.
- ✔ Share tobacco-use prevention information with your children and talk with them about related homework assignments and projects.

Students Can

- ✔ Teach peers and younger students about the importance of not using tobacco.
- ✔ Ask for and support tobacco-free schools and communities.
- ✔ Encourage the school to ban ads for tobacco products from student publications and events.
- ✔ Take elective courses in health.
- ✔ Volunteer to help in community efforts to prevent tobacco use.
- ✔ Suggest that the school paper print a story about tobacco advertising and promotion campaigns aimed at young people.

Teachers Can

- ✔ Set a good example by not using tobacco.
- ✔ Use curricula and teaching methods that meet the criteria in CDC's *Guidelines for School Health Programs to Prevent Tobacco Use and Addiction.*
- ✔ Work with other school staff to coordinate tobacco-use prevention efforts and give students consistent, reinforced messages.
- ✔ Teach tobacco-use prevention issues in a variety of classes, such as science, history, and English.
- ✔ Encourage and support the efforts of students and school staff to quit using tobacco.
- ✔ Prohibit tobacco use by students participating in sports and stress the adverse effects of tobacco on sports performance.
- ✔ Involve families and community organizations in tobacco-use prevention activities.
- ✔ Find and use national, state, and local resources for tobacco-use prevention education.
- ✔ Participate in tobacco-use prevention training and share experiences with other teachers.
- ✔ Evaluate tobacco-use prevention activities and student progress.

School Administrators and Board Members Can

- ✔ Organize a school health committee that includes all key groups and has a mandate to develop tobacco-use prevention policies and programs based on the CDC guidelines.
- ✔ Enact and enforce policies that require school facilities, grounds, and events to be tobacco free.
- ✔ Communicate tobacco-use prevention policies to staff, students, parents, and the community.
- ✔ Require tobacco-use prevention education for students in grades K–12.
- ✔ Encourage the establishment of tobacco cessation programs for students and staff.
- ✔ Involve teachers and other staff, families, and community members in key decisions about tobacco-use prevention programs.
- ✔ Hire teachers with preservice training in preventing tobacco use and provide ongoing in-service training that focuses on teaching strategies for promoting healthy behaviors.
- ✔ Encourage activities to evaluate the effectiveness of programs to prevent tobacco use.

For more information about what you can do to prevent tobacco use among young people, please see the Centers for Disease Control and Prevention's Guidelines for School Health Programs to Prevent Tobacco Use and Addiction. *This document is available from CDC, Division of Adolescent and School Health, ATTN: Resource Room, 4770 Buford Highway, Mailstop K-32, Atlanta, GA 30341-3724; phone: (770) 488-3082; website: http://www.cdc.gov/nccdphp/dash.*

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CDC's Guidelines for School Programs to Prevent Tobacco Use

CDC's Guidelines for School Health Programs to Prevent Tobacco Use and Addiction *were designed to help achieve national health and education goals. They were developed in collaboration with experts from 29 national, federal, and voluntary agencies and are based on an extensive review of research and practice.*

Key Principles

School programs to prevent tobacco use and addiction will be most effective if they

- Prohibit tobacco use at all school facilities and events.
- Encourage and help students and staff to quit using tobacco.
- Provide developmentally appropriate instruction in grades K–12 that addresses the social and psychological causes of tobacco use.
- Are part of a coordinated school health program through which teachers, students, families, administrators, and community leaders deliver consistent messages about tobacco use.
- Are reinforced by community-wide efforts to prevent tobacco use and addiction.

Recommendations

The guidelines include seven recommendations for ensuring a quality school program to prevent tobacco use.

1 Policy

Develop and enforce a school policy on tobacco use. The policy—developed in collaboration with students, parents, school staff, health professionals, and school boards—should

- Prohibit students, staff, and visitors from using tobacco on school premises, in school vehicles, and at school functions.
- Prohibit tobacco advertising (e.g., on signs, T-shirts, or caps or through sponsorship of school events) in school buildings, at school functions, and in school publications.
- Require that all students receive instruction on avoiding tobacco use.
- *Provide access and referral to cessation programs for students and staff.*
- Help students who violate smoking policies to quit smoking rather than just punishing them.

2 Instruction

Provide instruction about the short- and long-term negative physiologic and social consequences of tobacco use, social influences on tobacco use, peer norms regarding tobacco use, and refusal skills. *This instruction should*

- Decrease the social acceptability of tobacco use and show that most young people do not smoke.
- Help students understand why young people start to use tobacco and identify more positive activities to meet their goals.

- Develop students' skills in assertiveness, goal setting, problem solving, and resisting pressure from the media and peers to use tobacco.

Programs that only discuss tobacco's harmful effects or attempt to instill fear do not prevent tobacco use.

3 Curriculum

Provide tobacco-use prevention education in grades K–12.

- This instruction should be introduced in elementary school and intensified in middle/junior high school, when students are exposed to older students who typically use tobacco at higher rates.
- Reinforcement throughout high school is essential to ensure that successes in preventing tobacco use do not dissipate over time.

4 *Training*

Provide program-specific training for teachers. The training should include reviewing the curriculum, modeling instructional activities, and providing opportunities to practice implementing the lessons. Well-trained peer leaders can be an important adjunct to teacher-led instruction.

5 Family Involvement

Involve parents or families in support of school-based programs to prevent tobacco use. Schools should

- Promote discussions at home about tobacco use by assigning homework and projects that involve families.
- Encourage parents to participate in community efforts to prevent tobacco use and addiction.

6 Tobacco Cessation Efforts

Support cessation efforts among students and school staff who use tobacco. Schools should provide access to cessation programs that help students and staff stop using tobacco rather than punishing them for violating tobacco-use policies.

7 Evaluation

Assess the tobacco-use prevention program at regular intervals. Schools can use CDC's *Guidelines for School Health Programs to Prevent Tobacco Use and Addiction* to assess whether they are providing effective policies, curricula, training, and cessation programs.

Tobacco and the Health of Young People

Fact Sheet

Tobacco Use by Young People

- Each day, approximately 6,000 young people try a cigarette, and 3,000 become daily smokers.[1] If current tobacco use patterns persist, an estimated 5 million people who were younger than 18 years old in 1995 will die prematurely from a smoking-related illness.[2]
- The proportion of high school students who smoke increased from 28% in 1991[3] to 35% in 1995.[4] In 1995, 16% of high school students were frequent smokers (i.e., had smoked cigarettes on 20 or more of the 30 preceding days).[4]
- Non-Hispanic white high school students are about twice as likely to smoke cigarettes as non-Hispanic black students (38% vs. 19%). However, the prevalence of smoking among non-Hispanic black male high school students doubled from 14% in 1991 to 28% in 1995.[4]
- Among people who have ever smoked daily, 89% tried their first cigarette and 71% began smoking daily before age 19. The average age at which smokers try their first cigarette is 14 ½ years; 25% of high school students smoked a whole cigarette before age 13.[5]
- More than 11% of high school students (20% of males and 2% of females) use smokeless tobacco.[4] In some states, more than 1 of every 3 male high school students use smokeless tobacco.[6]
- Among high school seniors who use smokeless tobacco, almost 75% began before the 9th grade. Adolescents who use smokeless tobacco are more likely than nonusers to become cigarette smokers.[5]
- 27% of high school students report having smoked a cigar in the past year.[7]

Health Effects of Tobacco Use by Young People

- Cigarette smoking causes heart disease; stroke; chronic lung disease; and cancers of the lung, mouth, pharynx, esophagus, and bladder.[5]
- Cigarette smoking by young people leads to serious health problems, including cough and phlegm production, an increase in the number and severity of respiratory illnesses, decreased physical fitness, adverse changes in blood cholesterol levels, and reduced rates of lung growth and function.[5]
- Use of smokeless tobacco causes cancers of the mouth, pharynx, and esophagus; gum recession; and an increased risk for heart disease and stroke.[5]
- Smoking cigars increases the risk of oral, laryngeal, esophageal, and lung cancers.[7]

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Nicotine Addiction Among Adolescents

- Several studies have found nicotine to be addictive in ways similar to heroin, cocaine, and alcohol. Because the typical tobacco user receives daily and repeated doses of nicotine, addiction is more common among tobacco users than among other drug users. Of all addictive behaviors, cigarette smoking is the one most likely to become established during adolescence.[3]
- 84% of smokers aged 12–17 consider themselves addicted. The younger people are when they start to smoke cigarettes, the more likely they are to become strongly addicted to nicotine.[5]
- Young people who try to quit smoking suffer the same nicotine withdrawal symptoms as adults who try to quit.[5]
- About 2 out of 3 teenage smokers say they want to quit;[6] 3 out of 4 teenage smokers have made at least one serious attempt to quit smoking;[9] and 70% say that if they could choose again, they would never start smoking.[8]
- Only 5% of high school seniors who smoke daily think they will be smoking in 5 years—but almost 75% of them are still smokers 5 years later.[10]

Tobacco Sales and Promotion to Youth

- All states have laws making it illegal to sell cigarettes to anyone under the age of 18, yet 39% of high school students younger than 18 who smoke say they usually buy cigarettes in a store.[4]
- Among high school students younger than age 18 who smoke, 78% report not being asked for proof of age when they buy cigarettes in a store.[4]
- The tobacco industry generated about $190 million in profit from the illegal sale of cigarettes to minors in 1991. In that year, teenagers smoked an average of 28.3 million cigarettes per day.[11]
- About 86% of adolescent smokers who bought their own cigarettes in 1993 bought Marlboro, Camel, or Newport—the 3 most heavily advertised brands. However, these brands accounted for only 32% of all cigarettes sold that year.[12]
- In a 1991 survey, 30% of 3-year-olds and 91% of 6-year-olds recognized the Joe Camel character (the same recognition level for Mickey Mouse) and linked him to cigarettes.[13]

References

1. Substance Abuse and Mental Health Services Administration. Unpublished data, 1994.
2. Centers for Disease Control and Prevention. Projected smoking-related deaths among youth—United States. *Morbidity and Mortality Weekly Report* 1996;45:971–4.
3. Centers for Disease Control and Prevention. Tobacco, alcohol, and other drug use among high school students—United States, 1991. *Morbidity and Mortality Weekly Report* 1992;41:698–703.
4. Centers for Disease Control and Prevention. Tobacco use and usual source of cigarettes among high school students—United States, 1995. *Morbidity and Mortality Weekly Report* 1996;45:413–8.
5. Centers for Disease Control and Prevention. *Preventing Tobacco Use Among Young People. A Report of the Surgeon General.* Atlanta, GA: U.S. Department of Health and Human Services, 1994.
6. Kann L et al. Youth risk behavior surveillance—United States, 1995. *Morbidity and Mortality Weekly Report* 1996;45(SS-4).
7. Centers for Disease Control and Prevention. Cigar smoking among teenagers—United States, 1996, and two New York counties, 1996. *Morbidity and Mortality Weekly Report* 1997; 46:433–40.
8. George H. Gallup International Institute. Teen-age Attitudes and Behavior Concerning Tobacco: Report of the Findings. Princeton, NJ: George H. Gallup International Institute, 1992.
9. Moss AJ et al. Recent trends in adolescent smoking, smoking uptake correlates and expectations about the future. *Advance Data from Vital and Health Statistics No. 221.* Hyattsville, MD: National Center for Health Statistics, 1992.
10. Johnston LD et al. *National Survey Results on Drug Use from the Monitoring the Future Study, 1975–1994.* Washington, DC: National Institute on Drug Abuse, 1996. NIH publication no. 96-4027.
11. Cummings KM, Pechacek T, Shopland D. The illegal sale of cigarettes to U.S. minors: estimates by state. *American Journal of Public Health* 1994;84:300–2.
12. Centers for Disease Control and Prevention. Changes in the cigarette brand preferences of adolescent smokers—United States, 1989–1993. *Morbidity and Mortality Weekly Report* 1994;43:577–81.
13. Fischer PM et al. Brand logo recognition by children aged 3 to 6 years. *JAMA* 1991;266:3145–8.

Resources

For more information, contact the following:

Virginia Department of Health
Division of Chronic Disease Prevention and Nutrition
Tobacco Use Control Programs
P.O. Box 2448
Richmond, VA 23218
Telephone: (804) 692-0005
Web site: http://www.vdh.state.va.us/fhs/chronic/tobacco/Tobacco.htm

Alcohol and Other Drugs

Authorization

***Code of Virginia,* Section 22.1-207, Physical and Health Education.**

Excerpt: see Appendix A for *Code of Virginia* § 22.1-207.

***Code of Virginia*, Sections 22.1-16, Bylaws and Regulations Generally, and 22.1-206, Instructions Concerning Drugs and Drug Abuse.**

See Appendix A for *Code of Virginia* § 22.1-16 and § 22.1-206.

Regulations of the Virginia Board of Education. *Rules Governing Instructions Concerning Drugs and Substance Abuse, 8 VAC 20-310-10. Health education program.*

Excerpt:

> **The Board of Education recognizes that the illegal and inappropriate use of certain substances constitutes a hazard to the development of students. Elementary and secondary schools shall include in the health education program instruction in drugs and abuse.**
>
> **Therefore, the public schools of the Commonwealth shall:**
>
> 1. **Be concerned with education and prevention in all areas of substance use and abuse.**
> 2. **Establish and maintain a realistic, meaningful substance abuse prevention and education program that shall be developed and incorporated in the total education program.**
> 3. **Establish and maintain an ongoing in-service substance abuse prevention program for all school personnel.**
> 4. **Cooperate with government and approved private agencies involved with health of students relating to the abuse of substances.**
> 5. **Encourage and support pupil-run organizations and activities that will develop a positive peer influence in the area of substance abuse.**
> 6. **Create a climate whereby students may seek and receive counseling about substance abuse and related problems without fear of reprisal.**

Resources

- *Virginia Safe and Drug-Free Schools and Communities Programs*

  Virginia Department of Education
  Office of Compensatory Programs
  P.O. Box 2120
  Richmond, VA 23218-2121
  Telephone: (804) 225-2871.

For publications, training opportunities, and technical assistance related to Safe and Drug-Free Schools and Communities Programs.

- *Virginia Community Services Boards*

  Community Services Boards (CSBs) throughout Virginia engage in Community-Based Prevention Planning, which involves identification of community risk and protective factors and of community resources. The Department of Mental Health, Mental Retardation, and Substance Abuse Services maintains a current list of community service boards. (Telephone 804-786-3921)

- *Virginia Offices on Youth*

  Offices on Youth are locally run commissions that provide a variety of prevention and early intervention services. Many have conducted community needs assessments and are likely to have gathered data valuable for planning Safe and Drug-Free Schools and Communities Programs. The Department of Juvenile Justice maintains a current list of offices on youth. (Telephone 804-371-0700)

Local Advisory Council Primer[118]

The* Primer *was developed to assist local Safe and Drug-Free School and Communities Act (SDFSCA) Advisory Council members in understanding the requirements of SDFSCA, the nature and scope of local Advisory Council responsibilities, Principles of Effectiveness that govern such programs, and what prevention research report what is and what is not effective. Included in the* Primer *are key Virginia and national resources.

[118] Atkinson, A.J. and Travis, R.H. (November 1998). Local Advisory Council Primer. Harrisonburg, VA: Virginia Effective Practice Project.

To order the* Primer *contact:
Virginia Effective Practices Project (VEPP)
Office of Substance Abuse Research
MSC 4004
James Madison University
Harrisonburg, VA 22807
Telephone: (540) 568-2736
Web site: http://www.jmu.edu/cisat/seep/

- *Chart on Commonly Used and Abused Drugs*
  The following table includes commonly used and abused drugs with their street names, how they are taken, and effects and health hazards.

Commonly Used and Abused Drugs [119]

Major Classification	Drug	Street name	How it is taken	Effects	Health Hazards
Stimulants	Cocaine/Crack	Coke, flake, girl, blow, nose candy, C, rock, lady	Inhaled through nose, injected, smoked	Increased heart and respiratory rates, raised blood pressure, dilated pupils, decreased appetite, increased alertness, sweating, headache, shakiness, blurred vision, sleeplessness, dizziness, moodiness, restlessness, anxiety, runny nose (if inhaled)	♦If inhaled, may cause ulcers in nasal passages. ♦ Extremely high doses can cause rapid or irregular heartbeat, tremors, loss of coordination or physical collapse (stroke, heart failure). ♦ Using large amounts over a long time cause psychosis (hallucinations, delusions, paranoia). ♦Can cause psychological and physical dependency; tolerance develops rapidly. ♦If injected with shared needles, user may contract AIDS or other diseases.
	Amphetamines (e.g., Dexedrine, Benzedrine)	Dexies, speed, uppers, bennies, black beauties, pep pills, copilots, Christmas trees, ice	Taken orally, injected, inhaled through nose		
	Caffeine	Tea, cola, cocoa, coffee	Taken orally		
	Nicotine	Butts, squares, coffin nail	Smoked, chewed		
Depressants	Alcohol	Booze, fire water, juice, oils	Taken orally	Relaxation, slurred speech, staggering gait, altered perception, slowing down of reflexes and mental processes, calmness	♦Very large doses can cause respiratory depression, coma, and death. ♦Combining alcohol and other depressants can multiply the effects and the risks. ♦Can cause psychological and physical dependence; tolerance can develop. ♦Withdrawal symptoms range from restlessness, insomnia, and anxiety to convulsions and death.
	Barbiturates (e.g., Amytal, Seconal)	Downers, barbs, blue or red devils, yellow jackets	Taken orally		
	Methaqualone (e.g., Quaaludes)	Ludes, sopors	Taken orally		
	Tranquilizers (e.g., Valium, Librium)	Muscle relaxers, sleeping pills, goof balls	Taken orally		
Narcotics	Heroin	Smack, horse, H, junk, stuff	Injected, smoked, Inhaled through nose	Euphoria, relief from pain, contentment, drowsiness, nausea, constricted pupils, watery eyes, itching	♦An overdose may produce stow and shallow breathing, clammy skin convulsions, coma ♦Can cause psychological and physical dependency; tolerance develops rapidly. ♦If injected with shared needle, user may contract AIDS or other diseases.
	Morphine	Dreamer, M, Emma	Injected, smoked, taken orally		
	Methadone	Dollies	Injected, taken orally		
	Opium	Dope, monkey	Smoked, eaten		
	Codeine	Syrup, schoolboy	Taken orally, injected		
Cannabis sativa	Marijuana	Pot, grass, weed, reefer, Mary Jane, joint, gold, Thai sticks	Eaten, smoked	Relaxation, sleepiness, impairment of short-term memory and comprehension, altered sense of time, poor concentration and coordination, anxiety, confusion, distortion of perception, red eyes, increased heart rate, increased appetite.	♦Smoke is damaging to lungs. ♦May cause psychological dependence. ♦Can produce paranoia and psychosis. ♦May damage liver. ♦May affect maturation or function of reproductive system.
	Tetrahydrccannabnol	THC	Taken orally, smoked		
	Hashish	Hash	Eaten, smoked		
	Hashish Oil	Oil	Smoked (mixed with tobacco)		

[119] Massachusetts Department of Public Health. (1995). *Comprehensive School Health Manual* (pp. 14-17). Boston, Mass.: Author.

Major Classification	Drug	Street name	How it is taken	Effects	Health Hazards
Hallucinogens	Lysergic Acid Diethyamide Mescaline and Peyote Psilocybin	LSD, acid, cubes, microdot, Big D Mesc, buttons, cactus Magic mushrooms, 'shrooms	Licked off paper, taken orally, gelatin or liquid put in eyes Taken orally, chewed, smoked Chewed and swallowed	Pupil dilation, higher body temperature, increased heart rate and blood pressure, sweating, loss of appetite illusions and hallucinations, tremors, anxiety.	♦Effects are unpredictable. ♦Flashbacks can occur even after use has ceased. ♦Bad trips, which may lead to suicide. ♦Heavy users may develop brain damage.
Inhalants	Solvents, nitrous oxide, aerosol sprays, paint thinner, gasoline, nail polish, model glue, cleaning fluid	Laughing gas, whippets, poppers, snappers, rush, bolt, locker room, bullet, climax	Vapors Inhaled	Nausea, sneezing, coughing, nosebleeds, fatigue, lack of coordination, bad breath, loss of appetite, exhilaration, confusion, change in heart rate (some increase and others decrease).	♦Deeply inhaling vapors or using a lot in a short period may cause disorientation, violent behavior, unconsciousness, or death. ♦Long-term use may cause weight loss, fatigue, electrolyte imbalance, muscle fatigue, and permanent damage to nervous system, liver, kidneys, blood, and bone marrow.
Anabolic Steroids	Steroids (e.g., Deanobol, Durabolin, Winstrol)	'Roids	Taken orally, injected	Quick weight and muscle gain, acne, aggressive and hostile behavior, jaundice, swelling of feet, or lower legs, trembling, persistent unpleasant breath odor, purple or red spots on the body.	♦Long-term use can damage the liver, cardiovascular system, and reproductive system. ♦In individuals who have not reached full growth, can arrest bone growth. ♦Users may develop changes in sexual characteristics that may be difficult or impossible to reverse. Males: abnormal hair growth, breast enlargement, shrunken testicles, sterility. Females: shrinkage of breasts, menstrual irregularities, growth of facial hair, enlargement of the clitoris.
Phencycidine	PCP, Semyl, Semylan	PCP, peace pill, hog, killer weed, angel dust	Taken orally, injected, smoked (on tobacco, marijuana, or parsley)	Increased heart rate and blood pressure, sweating, dizziness, slowing of time and movements, dulling of senses, poor coordination, speech blocked or incoherent	♦Large amounts may cause death from convulsions, heart or lung failure, or ruptured blood vessels in the brain. ♦May cause violent or bizarre behavior or paranoia. ♦Regular use affects memory, perception, concentration and judgment. ♦If injected with shared needle, user may contract AIDS or other diseases.

Early Sexual Activity

Authorization

***Code of Virginia*, Section 22.1-207, Physical and Health Education.**

Excerpt: See Appendix A for *Code of Virginia*, § 22.1-207.

***Code of Virginia*, Section 22.1-207.1, Family Life Education.**

Excerpt: See Appendix A for *Code of Virginia*, § 22.1-207.1.

Recommendation

Early sexual behavior may lead to teen pregnancy, sexually transmitted infections, and HIV infection/AIDS. At the present time, there are no national guidelines related to early sexual behavior for school and community health programs from the Centers for Disease Control and Prevention. However, other nonprofit national organizations have developed guidelines and suggested instructional procedures to address prevention of sexual behaviors that lead to teen pregnancy or sexually transmitted diseases or infections, including HIV infection. These organizations include but are not limited to the following:

NATIONAL ORGANIZATIONS

- Advocates for Youth Advocates for Children and Youth
  1025 Vermont Avenue, NW, Suite 200
  Washington, D.C.
  Telephone: (202) 347-5700
  E-mail: info@advocatesforyouth.org
  Web site: http://www.advocatesforyouth.org/

- American Red Cross
  Contact your local chapter of the American Red Cross.
  To find your local American Red Cross:
  Telephone: 1-800-667-2968
  E-mail: internet@usa.redcross.org
  Web search: http://www.crossnet.org/where/where or call the number below.
  Telephone 1-800-MOSBY-n-U (1-800-667-2968)

- American School Health Association
  P.O. Box 708
  Kent, OH 44240
  Telephone: (330) 678-1601
  E-mail: asha@ashaweb.org
  Web site: http://www.ashaweb.org/

- Centers for Disease Control and Prevention
  Guidelines for Effective School Health Education to Prevent the Spread of AIDS.
  Web site: http://www.cdc.gov/nccdphp/dash/aids.htm

- March of Dimes
  Birth Defects Foundation National Office
  1275 Mamaroneck Avenue
  White Plains, NY 10605
  Telephone: 1-888-MODIMES (663-4637)
  E-mail publiceducation@modimes.org.

- National Campaign to Prevent Teen Pregnancy
  2100 M Street NW
  Suite 300
  Washington, D.C. 20037
  Telephone: (202) 261-5655
  Web site: http://www.teenpregnancy.org

- Institute for Youth Development
  P.O. Box 16560
  Washington, D.C. 20041
  Telephone: (703) 471-8750
  Web site: http://www.youthdevelopment.org/

STATE ORGANIZATIONS

- Abstinence Education Coordinator
  Virginia Department of Health
  Division of Child and Adolescent Health
  P. O. Box 2448
  Richmond, VA 23218-2448
  Telephone: (804) 225-3697

- Teen Pregnancy Coordinator
  Virginia Department of Health
  Division of Child and Adolescent Health
  P. O. Box 2448
  Richmond, VA 23218-2448
  Telephone: (804) 371-2409

LOCAL ORGANIZATIONS

- Contact the health educator at the local health department.