

Smoking prevention: public health helping kindergardens and schools

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Background

Hungary has been party to the WHO Framework Convention on Tobacco Control since 2005. In recent years, the Government of Hungary has adopted and implemented a series of strong tobacco-control measures. The most important of these are the smoking ban in indoor public places and some outdoor public places, the significant tax increase on cigarettes, the inclusion of combined warnings (text and pictures) on cigarette packages, and the drastic reduction in the number of stores selling tobacco products. In 2014 we compiled a case study "(*Article 8.: Protection from exposure to tobacco smoke - the story of Hungary*) ¹ which focuses on the most important of these measures: smoke-free legislation in Hungary has been an overall success. Levels of enforcement and compliance have been high, the amended PNS Act has been well supported by both smokers and non-smokers, air quality has significantly improved and exposure to second-hand smoke in public places has been reduced. Combining the smoking ban and other effective tobacco-control measures, such as media campaigns, taxation, pictorial warning labels on tobacco products, a restriction of the number of shops selling tobacco products, and smoking-cessation services, maximized the success of the ban and led to a significant decrease in the rates of adult daily smokers and youth (aged 13–15 years) experimenting with tobacco. The short-term economic impacts of the ban were also favourable; if anything, the number of hospitality venues and the income of the hospitality industry have increased.

Awareness of the population and the importance of prevention

Several surveys² prove the effectiveness of those policies and interventions which form part of comprehensive tobacco control. Interventions include smoking prevention programmes in schools, increasing prices through tax increases, pictorial warnings, ban on tobacco advertising, mass communication campaigns, and regulations to protect non-smokers and limiting the availability of tobacco products. According to the World Health Organisation, smoking prevention programmes – as a crucial part of health education – are essential already in childhood.³ Moreover, linked to **Article 12** "Education, communication, training and public awareness" of the FCTC it is an important task to promote and strengthen public awareness of tobacco control issues.

Surveys prove that price increase of tobacco products, community programmes combined with mass communication campaigns and the mobilization of communities successfully decrease smoking among young people. Although, to make real and significant changes in the field of tobacco control among young people, legal measures should be coupled with other interventions, e.g. with evidence based effective prevention programmes and communication. Thus, it is important to develop complex prevention programmes focusing on social skills and competencies, which are in line with the latest

¹ <http://www.euro.who.int/en/health-topics/disease-prevention/tobacco/publications/2012/tobacco-control-in-practice/article-8-protection-from-exposure-to-tobacco-smoke-the-story-of-hungary>

² John P Prierce; Victoris M White; Sherry L Emery; What public health strategies are needed to reduce smoking initiation?; Tob Control 2012;21:258-264; (<http://tobaccocontrol.bmj.com/content/21/2/258.full.pdf+html>) (Accessed: 13.10.2014)

³ WHO Framework Convention on Tobacco Control;
http://www.fokuszpont.dohanyzasvisszaszoritasa.hu/sites/default/files/EVSZ_DK_HU.pdf

theories about health behaviour change and incorporate the results of the latest good practices.⁴ For effective behaviour change, individual level interventions are needed which also form the basis of system level changes. To change behaviour, the combined impact of capabilities, opportunities and motivation is needed which is summarized in the “COM-B model”.⁵

About our smoking prevention programmes

The **Kindergarten Smoking Prevention Programme** of the Focal Point for Tobacco Control has been running successfully at country level since the implementation of the pilot project in 1994, currently in 50% of all kindergartens. The programme forms the opinion of children about smoking in an entertaining, playful way, at the same time preparing them not to be victims of passive smoking and to actively act against it.

Further information:

http://www.dohanyzasvisszaszoritasa.hu/eng/ovodai_dohanyzas_megelozesi_program.html

The content of the programme package (except some of the tools) can be downloaded for free:

<http://www.dohanyzasvisszaszoritasa.hu/eng/programdoboz.php>

The school program “**Smoking is Sticky**” („Ciki a cigi”) strives to maintain the results of the kindergarten programme, like knowledge transfer, the attitude and opinion changing impact tailored to the needs of the age group, both within and after school hours.

After school hours, the webpage “Smoking is Sticky” (<https://cikiacigi.hu/>) is suggested which can be used by children on the internet or on a Portable Touch Screen Computer (PTSC). The aim of PTSC is to call the attention of children to the games and information on the webpage, which warn about the harmful effects of smoking. The machine can be claimed from the Policy Administration Services of Public Health of government offices.

In 2008, a curriculum and tool box with interactive elements was developed for pupils attending the 3-5th and 6-8th grades. The school programme consists of tasks and modules aiming to develop competencies which, based on literature, are effective in smoking prevention.

The differences between the training materials of the 3-5th and 6-10th grades are justified by the diverse psychological features of these age groups. The programme for pupils attending the 3-5th grades takes into account the cognitive, moral and imaginative development typical of them. Cognition processes, interest, perception, imagination, thinking and memory go through huge changes in this period, and in many cases, the amount of acquired knowledge and information increases by leaps and bounds. In this period, deliberate attention grows, the amount of information kept in mind in parallel widens, and swiftness of memorizing and recalling improves. Thinking processes become more and more logical, conscious and consistent, thus, they reach the so called concrete operational stage. Therefore, it was important for us to make training elements especially perceptible. By using these methods, education tools in the programme present smoking-related diseases as well as probable complications in an

⁴ Thomas RE, McLellan J, Perera R. School-based programmes for preventing smoking. Cochrane Database of Systematic Reviews 2013. (<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD001293.pub3/pdf>) (Accessed: 08.04.2015)

⁵ Michie et al: The behaviour change wheel: A new method for characterising and designing behaviour change interventions. Implementation Science, 2011. 6:42 (<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3096582/pdf/1748-5908-6-42.pdf>) (Accessed: 08.04.2015)

expressive way, they demonstrate the psychic relations of smoking and abstract terminologies regarding smoking get full meaning.

The programme focuses on three main fields:

- to avoid passive smoking,
- to prevent adopting the habit of smoking,
- to promote cessation.

The tool box contains an interactive, projectable, flash based presentation, a manual for teachers and a text-assistance book for the pictures of the presentation. All these help to transfer knowledge in all smoking-related fields. The flash based presentation arouses and maintains pupils' interest, and promotes memorizing and acquiring knowledge (pictures, parts of films, animations, etc.).

The teachers' manual gives guidance and advices for teachers on leading the sessions. To elaborate the body of knowledge included, 8 x 45 minutes long sessions are suggested, however, shorter sessions are also possible adjusted to the possibilities of school lessons.

For the successful implementation of the programme, a text-assistance book was compiled which includes all illustrations of the interactive flash based presentation and a short textual explanation supporting elaboration. This enables to easily elaborate the ten chapters.

Following registration, the teachers' manual, the text-assistance book and the flash based presentation with videos, pictures and animations can be downloaded by schools, free of charge from the website of NEFI (<https://megelozes.cikiacigi.hu/>).

The interactive presentation can be downloaded/viewed:

http://www.dohanyzasvisszaszoritasa.hu/eng/iskolai_megelozesi_program_3-5.html

http://www.dohanyzasvisszaszoritasa.hu/eng/iskolai_megelozesi_program_6-10.html

Conclusions

All in all, legal measures should be coupled with other interventions to maintain positive changes among the adult population and to generate significant changes in tobacco control among young people, e.g. with effective, evidence based prevention programmes. Thus, we believe that implementing existing prevention programmes is important as well as their development based on the results of the latest behaviour change concepts and of good practices.

Budapest, 29.09.2019