

Fit, Healthy, and Ready to Learn

**Chapter F:
Policies
to Prevent
Tobacco Use**

NASBE
NATIONAL ASSOCIATION OF
STATE BOARDS OF EDUCATION

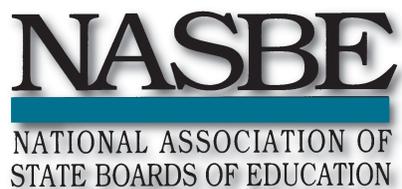


Fit, Healthy, and Ready to Learn

A School Health Policy Guide

Chapter F: Policies to Prevent Tobacco Use Second Edition

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Foreword

The health risks of tobacco use were suspected and publicized shortly after tobacco was first introduced into Europe more than 500 years ago.¹ These risks are now thoroughly documented and proven. Since the first Surgeon General's report on smoking in 1964, dozens of additional major reports have documented in ever-stronger language that tobacco use is the single most avoidable cause of disease, disability, and death in the United States.²

“It is not rocket science that public policymakers who are concerned about health ought to work on tobacco. In fact, if you are not working on tobacco, you are not paying attention.”

Dr. James S. Marks,
Centers for Disease Control and
Prevention

The topic has been in the public discourse for so long that some people are tired of hearing about it. In 2003, Dr. James S. Marks, who was then director of the National Center on Chronic Disease Prevention and Health Promotion (NCCDPHP) of the Centers for Disease Control and Prevention (CDC), noted: “Even public policymakers who do not deal a lot with health feel that tobacco is old news and ask why are we still talking about tobacco?”³

The National Association of State Boards of Education (NASBE) is still focusing on tobacco because it remains an urgent public health imperative and because tobacco use can inhibit student academic achievement.⁴ The facts are sobering. If current patterns of smoking persist:

- five million people younger than 18 years of age today will die prematurely of a tobacco-related disease;⁵
- one-third of all smokers have their first cigarette by age 14;⁶
- almost all first tobacco use occurs before high school graduation;⁷
- young smokers appear to be more vulnerable to nicotine addiction than older smokers;⁸ and
- the tobacco industry continues to heavily market its deadly products to youth.⁹

These facts add up to a powerful argument that schools share a responsibility to do everything possible to discourage the use of tobacco.

In his presentation Dr. Marks went on to say, “It is not rocket science that says public health ought to work on tobacco. It is not rocket science that public policymakers who are concerned about health ought to work on tobacco. In fact, if you are not working on tobacco, you are not paying attention.”

Too Many Lives, Too Many Dollars, and Too Many Tears

“Forty years have passed since the first landmark Surgeon General’s report on smoking and health. Yet, smoking remains the leading preventable cause of death in this country. It continues to cost our society too many lives, too many dollars, and too many tears.... We’ve made significant progress in our fight against smoking, but we still have much more work to do....

“Measures to prevent smoking initiation need to be strong and enforced, especially among adolescents and young adults. We need to deny our youth access to cigarette purchases and prevent advertising from being directed at them. We need to motivate the millions of addicted smokers to quit and facilitate access to cessation programs and therapies that have evidence of effectiveness.”¹⁰

Tommy G. Thompson, Former Secretary,
U.S. Department of Health and Human Services

Executive Summary

Schools have an obligation to communicate to young people a strong anti-tobacco-use message through effective policies, health education programs, and day-to-day interactions between staff and students. Clearly articulated school policies, applied fairly and consistently, can help students decide not to use tobacco.

This chapter provides guidance on developing policies and programs aimed at preventing young people from taking up tobacco use and helping current tobacco users to quit. Like the other chapters of *Fit, Healthy, and Ready to Learn: A School Health Policy Guide*, it features model policy language that states, school districts, and public and private schools can adapt or revise to fit their local needs and governance frameworks. Concise explanations, excerpts from existing policies, quotes from noted experts, and lists of useful resources accompany each model policy. The chapter is divided into five sections:

- 1. An Issue for School Leaders.** Tobacco use has very serious consequences for young people, families, schools, and society as a whole. Youth smoking rates remain high, and millions of young people are on course for early death and disability.
- 2. A Comprehensive Approach to Preventing Tobacco Use.** An effective tobacco-use prevention policy establishes a tobacco-free school environment; requires tobacco-use prevention education; and includes referrals to tobacco-use cessation services. These efforts should be coordinated with parent education and with community-wide prevention campaigns to the greatest possible extent.
- 3. Tobacco-Free School Component.** The cornerstone of a comprehensive effort to discourage tobacco use is the adoption and consistent enforcement of policies for a completely tobacco-free school environment. Students, staff, and visitors should not be permitted to use tobacco anywhere under the control of school authorities at any time, and tobacco promotional items should be prohibited on school grounds.
- 4. Educational Component.** Classroom-based education can successfully prevent many young people from using tobacco products, especially when linked with community tobacco-use prevention campaigns. Effective programs emphasize providing students with the necessary skills to resist social influences to use tobacco.
- 5. Tobacco-Use Cessation Component.** Nicotine is a highly addictive drug. Well-planned programs can help students and staff members who want to stop using tobacco and overcome addiction to nicotine. Schools can provide such services themselves or partner with tobacco-use cessation programs in the community.

1. An Issue for School Leaders

Since the first Surgeon General’s report on smoking in 1964, dozens of additional major reports have documented in ever-stronger language that tobacco use is the single most avoidable cause of disease, disability, and death in the United States.¹¹ According to recent statistics, approximately 12 percent of middle school students and 28 percent of high school seniors are current smokers (defined as having smoked a tobacco product within 30 days of being surveyed).¹² If today’s patterns of smoking persist, five million people currently younger than 18 years of age will die prematurely of a tobacco-related disease.¹³

The fact that one-third of all smokers have their first cigarette by age 14,¹⁴ that almost all first tobacco use occurs before high school graduation,¹⁵ and that young smokers appear to be

more vulnerable to nicotine addiction than older smokers¹⁶ add up to a powerful argument that schools share a responsibility to do everything possible to discourage the use of tobacco products.

In addition to well-known health consequences, smoking can affect students’ attendance and academic performance in school. A growing body of evidence suggests that exposure to tobacco smoke is associated with greater deficits in reading, math, reasoning ability, and language development in elementary-school-aged children, even at

extremely low levels of exposure.¹⁷ Children’s ability to read is especially affected. Secondhand smoke exposure during childhood and adolescence may also cause new cases of asthma or worsen existing asthma, which is the leading health-related cause of school absences.¹⁸ (For more on this topic, see Chapter H of *Fit Healthy, and Ready to Learn*, “Policies Regarding Asthma, School Health Services, and Healthy Environments”).

The 1994 Surgeon General’s report, *Preventing Tobacco Use Among Young People*, documented that use of tobacco is associated with low scholastic achievement, delinquency, and a host of other risky behaviors:

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Smokeless tobacco or cigarettes are generally the first drug used by young people in a sequence that can include tobacco, alcohol, marijuana, and hard drugs.... Cigarette smokers are also more likely to get into fights, carry weapons, attempt suicide, and engage in high-risk sexual behaviors. These problem behaviors can be considered a syndrome, since involvement in one behavior increases the risk for involvement in others. Delaying or preventing the use of tobacco may have implications for delaying or preventing these other behaviors as well.¹⁹

Other research suggests that smoking is associated with anxiety disorders in adolescents. A survey in the 1980s found that high school seniors who were regular smokers and who began smoking by grade nine were three times more likely to have seen a doctor or other health professional for an emotional or psychological complaint.²⁰ In other words, a student's use of tobacco might be an observable symptom—a red flag—of other problems that could seriously affect school performance. At a time when schools are under tremendous pressure to ensure that all children achieve to high standards, addressing every potential barrier to learning is very much the school's job.

In addition, a practical concern for school building administrators is the finding that in 2003 nearly seven percent of all high school students had smoked cigarettes while on school property within 30 days before the survey.²¹ Cigarettes are both a litter problem and a fire hazard, and the use of spit (chewing) tobacco is a sanitation issue.

Consequences of Tobacco Use

The U.S. Surgeon General has summarized the health effects of tobacco use by young people:²²

- cigarette smoking leads to serious health problems in the short term, including cough and phlegm production, an increase in the number and severity of respiratory illnesses, decreased physical fitness (both performance and endurance), adverse changes in blood cholesterol levels, and reduced rates of lung growth and function;
- long-term cigarette smoking causes heart disease; stroke; chronic lung disease; and cancers of the lung, mouth, pharynx, esophagus, and bladder;

"I just believe that having tobacco-free schools is probably one of the most rewarding things you can do in terms of the benefit and results that you get for a very minimum investment."²³

Robert Moore, Superintendent,
Oklahoma City School District

- use of spit tobacco causes cancers of the mouth, pharynx, and esophagus; gum recession; and an increased risk for heart disease and stroke; and
- smoking cigars increases the risk of oral, laryngeal, esophageal, and lung cancers.

More than 8.6 million people in the United States have at least one serious illness caused by smoking.²⁴ Each year, tobacco causes nearly half a million deaths and the loss of more than five million years of potential life; on average, smokers die 13 to 14 years earlier than nonsmokers.²⁵ Smoking kills more Americans than alcohol, drug use, car crashes, firearms, toxic and microbial agents, and sexual behaviors *combined* (fig. 1).²⁶

CDC estimates that cigarette smoking results in more than \$167 billion in costs annually, based on lost productivity (\$92.4 billion) and health care expenditures (\$75.5 billion).²⁷ Our nation can ill afford this unnecessary economic burden.

Trends in Youth Tobacco Use

Each day in the United States, approximately 4,400 youths aged 12 to 17 years old try their first cigarette.²⁸ The 2004 National Youth Tobacco Survey (NYTS) reported that 13 percent of boys and 11 percent of girls in middle school were already current smokers.²⁹ The 2005 Youth Risk Behavior Survey (YRBS) found that 18 percent of male and 14 percent of female high school students reported that they had smoked a whole cigarette before they were 13 years old.³⁰

The younger that people begin smoking cigarettes, the more likely they are to become strongly addicted to nicotine.³¹ Researchers sponsored by the National Institute of Drug Abuse (NIDA) also suggest that early exposure to nicotine may heighten a young person's response to other addictive drugs such as cocaine.³²

Among high school students, the 2005 YRBS found that 20 percent of ninth graders were current cigarette smokers (fig. 2).³³ The percentage increased with each grade level, with 28 percent of all high school seniors reporting they were current smokers. The rate among 12th graders was highest among white students (32 percent), followed by Hispanic (25 percent) and black (13 percent) students.³⁴ A more detailed examination of smoking rates among various racial/ethnic populations, using data from by National Survey on Drug Use and Health (NSDUH), found that American Indians/Alaskan Native youth aged 12–17 years had the highest rates of cigarette smoking.³⁵

In recent years, the percentage of students in all high school grades who smoke has decreased somewhat. This positive trend is attributed to tobacco-use prevention efforts, as well as higher prices for tobacco products.³⁶ Yet, youth-smok-

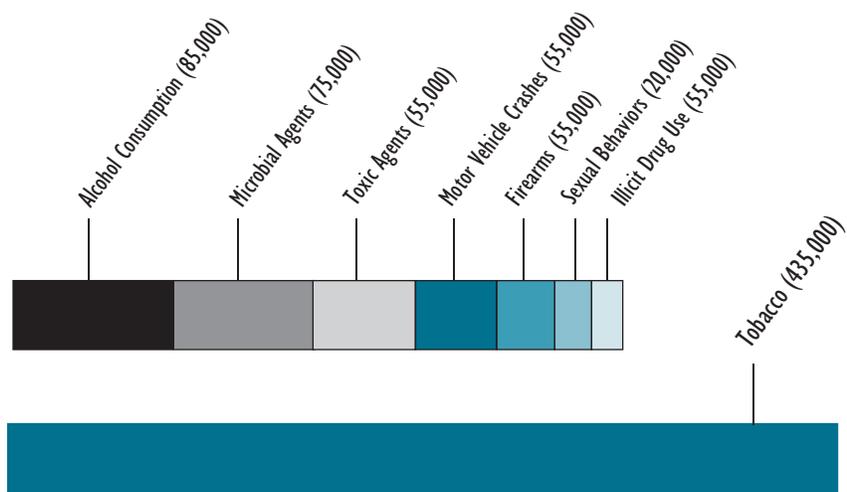
ing rates remain high, and millions of young people are on course for early death and disability.

In addition, data since 2003 show there may be a rebound in the smoking rate among young people. There may be several factors involved in the slowdown of progress made in reducing smoking among adolescents. One is increased advertising for cigarettes.³⁷ In 2003, cigarette companies spent more than \$15 billion to promote their products, nearly triple their spending in 1996. A second factor is that in contrast to cigarette advertising, spending by state tobacco-control programs declined from \$750 million in 2002 to \$551 million in 2006, an amount less than 3 percent of the \$21.3 billion that states received in 2005 from tobacco excise taxes and the 1998 Tobacco Master Settlement Agreement.³⁸

At the same time, a recent study by the Massachusetts Department of Public Health found that the level of nicotine in cigarettes significantly increased between 1998 and 2004.³⁹ Nicotine levels in the three cigarette brands most popular among youth smokers—Marlboro, Newport, and Camel—were among those found to have increased significantly, making it easier for young people who smoke these brands to become addicted and more difficult for smokers to quit.⁴⁰

Figure 1.

Tobacco causes more deaths per year in America than many of the other leading causes combined



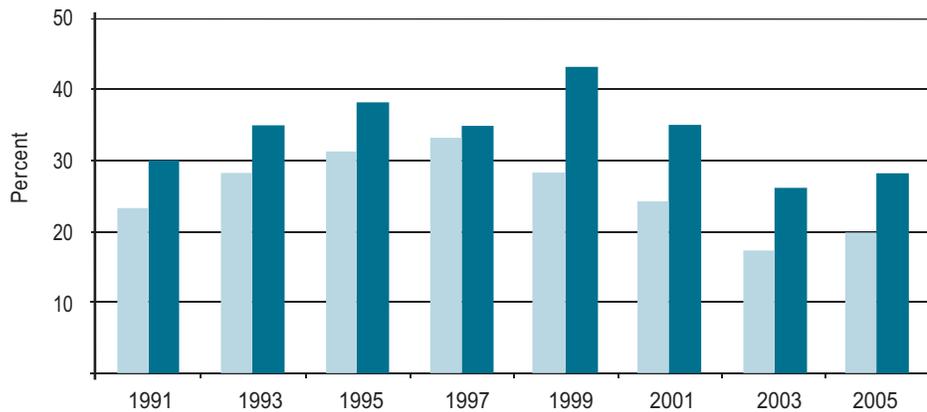
Source: A.H. Mokdad, J.S. Marks, D.F. Stroup, and J.L. Gerberding, “Actual Causes of Death in the United States, 2000.” *Journal of the American Medical Association* (March 2004).

Figure 2.

Trends in Youth Smoking

Percentage of students in grades 9 and 12 who smoked cigarettes during one or more of the previous 30 days (1991–2005)

■ 9th graders
■ 12th graders



Source: CDC⁴²

CDC concludes:

Although smoking rates fell among youth from 2000 to 2003, recent surveys indicate that the rate of decline may have stalled among both middle school and high school students. This lack of progress suggests the need for greater use of proven anti-smoking strategies and for new strategies to promote further declines in youth smoking.⁴³

Young Women and Smoking

A finding from both the YRBS and the NSDUH was that among white high school students, more young women report current cigarette use than young men. Another large study of youth age 9–14 years old found that those who are concerned with weight and unhappy about their appearance are more likely to consider smoking, that girls are more likely than boys to report smoking for the purpose of weight control, and that current dieting was associated with current smoking among girls.⁴⁴ Indeed, girls who used unhealthy weight-loss methods (vomiting or use of laxatives, water pills, or diet pills) were 14 times more likely to smoke than girls who did not use such methods.⁴⁵ Lung cancer is now the leading cause of cancer death among U.S. adult women; it surpassed breast cancer in 1987.⁴⁶

Another recent survey found that the rate of cigarette smoking was significantly higher among pregnant than nonpregnant women aged 15–17 years old (26 percent vs. 20 percent, respectively).⁴⁷ Cigarette smoking by pregnant women increases the risk for preterm delivery, stillbirth, low birth weight, and sudden infant death syndrome (SIDS).⁴⁸ This not only affects the particular young woman, but when a student is involved in such a health crisis it can disrupt the educational process for many others at school.

Spit Tobacco, Cigars, and other Tobacco Products

Cigarettes are not the only tobacco products being used by young people. The 2005 YRBS found that more than 18 percent of white young men in high school used spit tobacco on a regular basis; the prevalence in this group is much higher than for other ethnic and gender groups. This is of concern because spit tobacco causes cancer of the mouth, inflammation of the gums, and tooth loss.⁴⁹ Two-thirds of this group had used spit tobacco while on school property.⁵⁰

Furthermore, the 2004 NYTS found that 18 percent of male and eight percent of female high school students reported smoking a cigar at least one day within the past

month.⁵¹ The rates for both sexes during 2004 were higher than those in 2002. Some students also smoke pipes, bidis, and kreteks (see Definitions of Terms). School policies need to address all these tobacco products, because all are hazardous to health.

What Education Leaders Can Do

Education decision makers at all levels have an important leadership role to play in promoting a broad view of education: preparing students for a healthy, satisfying, and productive adult life that tobacco use can cut tragically short. This chapter provides guidance on developing policies and programs for the education system aimed at preventing young people from taking up tobacco use and helping current tobacco users to quit. Education leaders can adopt the comprehensive model policy language in this chapter, or adapt or revise it to fit their local needs and governance frameworks, and then oversee its implementation and maintenance.

Education leaders can also use their “moral authority” to speak up and publicly advocate for stronger tobacco laws, policies, and programs that affect the whole community. Although a classroom-based tobacco-use prevention curriculum can be effective on its own, classroom education is much more effective when combined with community-wide programs and media campaigns.⁵² In addition to establishing strong policies within the education system, education leaders can advocate for laws and policies known to reduce tobacco use among young people, including the following:⁵³

- increased federal and state taxes on all tobacco products, as research shows that price increases lead directly to decreases in youth tobacco use rates;
- regulations governing the advertising, promotion, and sale of all tobacco products, including suspending or revoking retail licenses of businesses that sell tobacco to minors;
- reducing the cultural acceptability of tobacco use through the adoption of indoor smoking bans in all public places, including restaurants and workplaces; and
- greater allocation of tobacco industry Master Settlement Agreement funds to comprehensive tobacco control efforts.

Definitions of Terms

Tobacco Product – any lighted or unlighted cigarette, cigar, pipe, bidi, kretek, or other smoking product as well as snus or spit tobacco in any form.

Spit Tobacco – chewing tobacco, also known as dip, chew, and snuff; this type of tobacco is marketed as “smokeless tobacco” by the tobacco industry to imply that chewing is a safe alternative to smoking. The substitute term “spit tobacco” is often used in the public health arena, in part because of the distasteful image it conveys.

Bidi – (pronounced “bee-dee”) is a small, thin hand-rolled cigarette imported to the United States primarily from India and other Southeast Asian countries. These cigarettes consist of tobacco wrapped in a tendu or temburni leaf (plants native to Asia) and may be secured with a colorful string at one or both ends. Bidis can be flavored (such as chocolate, cherry, or mango) or unflavored. They have higher concentrations of nicotine, tar, and carbon monoxide than conventional cigarettes sold in the United States.⁵⁴

Kretek – (pronounced “cree-tech”) sometimes referred to as a clove cigarette, is imported from Indonesia and typically contains a mixture of tobacco, cloves, and other additives. Standardized machine-smoking analyses indicate that kreteks deliver more nicotine, carbon monoxide, and tar than conventional cigarettes sold in the United States.

Snus – (pronounced “snōōs”) is moist powder tobacco packaged in small bags made from the same material as teabags. Originally from Sweden, it is similar to spit tobacco, but the user does not expectorate. Snus delivers a high dose of nicotine and has been linked to pancreatic cancer.

Key Findings from Surgeon General Reports

1964: *Smoking and Health: Report of the Advisory Committee to the Surgeon General of the Public Health Service*⁵⁵

- Cigarette smoking is a health hazard of sufficient importance in the United States to warrant appropriate remedial action.
- Social stimulation appears to play a major role in a young person's early and first experiments with smoking.
- There is suggestive evidence that early smoking may be linked with self-esteem and status needs, although the nature of this linkage is open to different interpretations.
- No differences in intelligence between smoking and non-smoking children have been found, but smokers are more frequent among those who fall behind in scholastic achievements.

1994: *Preventing Tobacco Use Among Young People: A Report of the Surgeon General*⁵⁶

- Nearly all first use of tobacco occurs before high school graduation; this finding suggests that if adolescents can be kept tobacco-free, most will never start using tobacco.
- Most adolescent smokers are addicted to nicotine and report that they want to quit but are unable to do so; they experience relapse rates and withdrawal symptoms similar to those reported by adults.
- Adolescents with lower levels of school achievement, with fewer skills to resist pervasive influences to use tobacco, with friends who use tobacco, and with lower self-images are more likely than their peers to use tobacco.
- Cigarette advertising appears to increase young people's risk of smoking by affecting their perceptions of the persuasiveness, image, and function of smoking.

2000: *Reducing Tobacco Use: A Report of the Surgeon General*⁵⁷

- There is no single, facile explanation for the persisting practice of tobacco use. If rationality were the only force at work, tobacco use would have been abandoned long ago....The forces that can be brought to bear on current or potential smokers are more complex and subtle than the mere aware-

ness that smoking is harmful to one's health. A young person on the threshold of deciding to smoke may be subject to various influences, including the existence or nonexistence of targeted health education programs that discourage smoking, as well as of restrictions on access to cigarettes....Widespread and local norms, affecting this young person in the form of peer pressure, perceived smoking prevalence, and the commercial presentation of tobacco products, can affect the decision either way. The cost of cigarettes is likely to have significant influence on a young person....Personal psychosocial factors undoubtedly play a role and are likely to interact with these other influences. Arrayed among and against such factors are the variety of conduits—also largely unseen by the current or potential smoker—through which the influences of the tobacco industry are manifested....

- Educational strategies, conducted in conjunction with community- and media-based activities, can postpone or prevent smoking onset in 20 to 40 percent of adolescents....
- More consistent implementation of effective educational strategies to prevent tobacco use will require continuing efforts to build strong, multiyear prevention units into school health education curricula and expanded efforts to make use of the influence of parents, the mass media, and other community resources.

2006: *The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General*⁵⁸

- [CDC] recommend[s] a tobacco-free school policy that prohibits students, staff, and visitors from using tobacco products in school buildings, on school grounds, in school vehicles, and at school-sponsored events (including events held on and off school property). This policy should be in effect at all times, even when schools are out of session. The tobacco-free environment established by this policy protects children from secondhand smoke in school buildings and other areas that they frequent as part of their daily school experience and in particular eliminates exposure of children with asthma to secondhand smoke. These policies also reduce children's opportunities to use tobacco products and to witness others doing so, thus reinforcing the messages that children receive in school about the importance of healthy, tobacco-free lifestyles. Finally, tobacco-free school policies create young people who are prepared to—and in fact expect to—matriculate to smoke-free workplaces and communities.

Selected Resources for Statistics and General Information

- State and local education agencies and health departments can be valuable sources of statistical information and prevention goals tailored to the community.
- CDC's **Division of Adolescent and School Health (DASH)** administers the Youth Risk Behavior Surveillance System (YRBSS), which includes national, state, and local school-based surveys of representative samples of 9th- through 12th-grade students, as well as several national surveys of school policies and practices. For more information, visit www.cdc.gov/HealthyYouth.
- CDC's **Office on Smoking and Health (OSH)** directs the U.S. government's tobacco and health activities, collects and publicizes current data and statistics, administers the national and state Youth Tobacco Survey (YTS), and distributes smoking and health information. Visit www.cdc.gov/tobacco.
- The **U.S. Surgeon General's** office has published 29 landmark reports of interest to people developing school health policies. These reports include *Preventing Tobacco Use among Young People* (1994), *Tobacco Use among U.S. Racial/Ethnic Minority Groups* (1998), *Women and Smoking* (2001), *The Health Consequences of Smoking* (2004), and *The Health Consequences of Involuntary Exposure to Tobacco Smoke* (2006). Executive summaries of these reports are available online at www.cdc.gov/tobacco/sgr/index.htm.
- The **American Lung Association (ALA)** frequently issues detailed summaries of statistics and research, including fact sheets on tobacco use among various racial/ethnic groups. Access their reports at www.lungusa.org.
- The **Tobacco.org** website maintains an extensive library of articles from newspapers across the nation and a comprehensive collection of Internet links to government agencies, nonprofit organizations, and tobacco control activists. Go to www.tobacco.org.
- The **American Legacy Foundation** conducts, sponsors, and publishes extensive research on tobacco-related issues and writes policy reports on important issues in tobacco control. Visit www.americanlegacy.org.
- The **Campaign for Tobacco-Free Kids** has developed a series of fact sheets and reports on a range of tobacco issues. Visit www.tobaccofreekids.org/research/factsheets.
- The **National Clearinghouse for Alcohol and Drug Information (NCADI)** provides research information about the health risks of using addictive drugs, including nicotine, as well as guidance on implementing broad-based youth development programs to prevent substance abuse. Go to www.health.org or call (800) 729-6686, Español (877) 767-8432, or TDD (800) 487-4889.

NOTE: The organizations included as resources in this guide offer a broad range of assistance, have a national scope, are easily accessed, have materials available at either low or no cost, and/or offer specialized expertise. The lists are not exhaustive. Scores of other organizations provide high-quality assistance and advice to educators; in addition, hundreds of informative books and articles are available. Consider the resources listed here as starting points only.

2. A Comprehensive Approach to Preventing Youth Tobacco Use

Clearly articulated school policies, when applied fairly and consistently, can help students decide not to use tobacco.⁵⁹ The most effective policies take a comprehensive approach in order to ensure that students receive consistent anti-tobacco-use messages from every direction.

A comprehensive approach should frame tobacco use as not simply a school discipline problem, but more broadly as a serious lifelong health and personal wellness issue that needs to be addressed by the education system. Adoption of a comprehensive policy also broadcasts a powerful message to students, staff, parents, and the community that school leaders consider the issue important.

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This section presents an overview of the major elements of a comprehensive school tobacco-use prevention policy and addresses overall policy adoption, implementation, and evaluation. The sections that follow examine specific policy content areas in more depth.

Elements of a Comprehensive Policy

Studies demonstrate that the policies that are most effective in reducing tobacco use among students include the following provisions:⁶⁰

1. prohibiting all tobacco use and promotion on school property, in school vehicles, and at all school events on or off campus (the foundation and most important aspect of a comprehensive policy);
2. requiring effective tobacco-use prevention education; and
3. facilitating student and staff access to tobacco-use cessation programs rather than solely relying on punitive sanctions for tobacco use at school.

Linking school tobacco prevention efforts to the family and the community further reinforces a consistent message against tobacco use. Evidence has shown that schools' efforts are most effective when allied with local community coalitions and coordinated with media and educational campaigns.⁶¹

Model Policy: Comprehensive School Tobacco-Use Prevention Policy

Note: Underlined and italicized phrases should be customized or are optional.

INTENT: District/school leaders shall develop a comprehensive policy/program/plan to prevent tobacco use that is based on current research and best practices. The policy/program/plan shall be developed in partnership with families, health care providers, and community organizations; shall be implemented within the context of a coordinated school health program; and shall include the following provisions:

- establish and enforce a prohibition on all use of tobacco products by students, staff, and school visitors at all times in school buildings, on school grounds, in school vehicles, and at all school-sponsored events on or off campus;
- prohibit all promotion of tobacco products and companies in school settings;
- implement a sequential educational program to prevent tobacco use that is integrated within the K-12 health education curriculum; is aimed at influencing students' knowledge, attitudes, skills, and behaviors; and is taught by well-prepared and well-supported staff;
- collaborate on community-wide efforts to prevent tobacco use and support students' participation in them;
- provide appropriate counseling services or referrals for students and staff to help stop tobacco use and overcome nicotine addiction;
- participate in the administration of anonymous surveys to assess students' tobacco use and other health risk behaviors; and
- designate a specific school official to be responsible for policy implementation.

POLICY EVALUATION: The district/school shall participate in the administration of anonymous student surveys to assess tobacco use and other health risk behaviors. The school health coordinator/other shall regularly monitor, evaluate, and submit an annual report to the school health advisory council/board of education/other on the implementation of this policy and its effectiveness at reducing tobacco use, along with recommendations for improvement.

[Optional: Many policies include a statement of facts to justify the policy.]

RATIONALE: Cigarette smoking continues to be the chief preventable cause of premature disease and death in the United States. Schools have a responsibility to help prevent

tobacco use for the sake of students' and staff members' health and the well-being of their families. Research conclusively proves the following:

- regular use of tobacco is ultimately harmful to every user's health, directly causing cancer, respiratory and cardiovascular diseases, adverse pregnancy outcomes, and premature death;
- secondhand smoke is a threat to the personal health of everyone exposed to it, especially persons with asthma and other respiratory problems;
- nicotine is a powerfully addictive substance;
- tobacco use most often begins during childhood or adolescence;
- the younger a person starts using tobacco, the more likely he or she will be a heavy user as an adult; and
- many young tobacco users will die an early, preventable death because of their decision to use tobacco.

Additional reasons why schools need to strongly discourage tobacco use are as follows:

- the use of tobacco can interfere with students' attendance and ability to learn;
- *the purchase and possession of tobacco products is illegal for persons younger than age 18 [state laws vary];*
- students need to be prepared for adult life and most workplaces are now smoke-free;
- smoking is a fire safety issue for schools; and
- use of spit tobacco is both a health and sanitation issue in school facilities.

About the Model Policies

All of the model policies from *Fit, Healthy, and Ready to Learn: A School Health Policy Guide* are available at www.nasbe.org/Healthy_Schools. Users are encouraged to download these model policies to adopt or adapt to fit their governance system and locally determined points of view. They were designed to be used at the state, school district, or school level and are applicable to public or private schools.

If used, the following courtesy attribution is requested: "These policies are adapted from *Fit, Healthy, and Ready to Learn: A School Health Policy Guide* by the National Association of State Boards of Education. Reprinted with permission of the author."

“It is my firm belief that students and adults alike are interested in promoting a healthy lifestyle. As a school system, I feel as if we would be doing the community a disservice by not initiating the policy.”⁶²

Chad Clanton, Assistant Principal,
Deer Creek High School,
Deer Creek, Oklahoma

A tobacco-use prevention policy may be at the state, school district, or school level—or at all three levels—depending on the governance system. What is reasonable, feasible, and acceptable in any given state, district, or school will depend upon local circumstances and the results of the policymaking process.

Page 16 has model policy language for a concise, evidence-based policy that is suggested by the research findings and best practices discussed in this guide. Some jurisdictions choose to keep policy language very general and place implementation details in policy appendices or procedural guidance documents.

Building Support for a Policy

Chapter B of *Fit, Healthy, and Ready to Learn*, “The Art of Policymaking” describes in general terms how to assess school health policy needs, determine policy priorities, research and draft policy language, build broad-based support among school staff and the community, and shepherd a policy through the adoption and implementation process. To pursue a policy adoption process specific to tobacco, a number of resources, listed at the end of this section, provide valuable guidance. Particularly useful are:

- CDC’s *School Health Index: a Self-Assessment and Planning Guide*, which enables schools to identify the strengths and weaknesses of tobacco-use prevention policies and develop a local action plan for improvement; and

- *Taking Action Against Secondhand Smoke*, an online toolkit from CDC that suggests action steps for successfully implementing a clean indoor air policy and includes materials that can be reproduced for local campaigns.

Effective policy initiatives typically involve collaboration with a coalition of proponents. The local health department or a group of committed citizens may already have begun an effort to tackle the issue. For information about existing policy initiatives, contact the state or local health department, as well as state or local branches of health organizations such as the American Heart Association (AHA), American Cancer Society (ACS), or American Lung Association (ALA) or of anti-tobacco advocacy organizations such as the Campaign for Tobacco-Free Kids (TFK) or Americans for Nonsmokers’ Rights (ANR).

Successful advocates of tobacco-related school policies suggest the importance of conveying the following key messages in a campaign to build public support:⁶³

- benefits to the health of students, both now and in the future;
- the significance of adult role modeling to what children learn;
- the role of schools in being a positive example to the community; and
- the fact that many other schools and districts have successfully implemented such policies.

Coalition members might be able to suggest specific key messages that are likely to resonate with the local community.

Mobilizing student involvement is a common element of many successful policy initiatives. For example, student champions were instrumental in building support for tobacco-free schools policies in a group of North Carolina school districts.⁶⁴ Among their activities were testifying at school board meetings, surveying and educating other students, speaking to the press, and collaborating with other agencies. The Campaign for Tobacco-Free Kids organizes thousands of observances of “Kick Butts Day,” a celebra-

tion of youth leadership and activism, across the United States each April. Locally determined events for this day include such activities as poster contests and rallies at state capitols.

Accountability and Implementation

Adopting sound policy is only the beginning. An excellent policy may fade away unnoticed unless responsibility for its implementation is clearly designated and mechanisms to ensure ongoing accountability are established. Either the policy itself or written directives need to spell out who is in charge of ensuring that the spirit and the letter of the policy are implemented with fidelity; typically this official is the principal or another school administrator.

A policy is more likely to be smoothly implemented and faithfully enforced if it receives strong administrative support and if all staff members receive an orientation to the policy and the rationale behind it. These leadership actions can convey the importance of tobacco-use prevention to staff and encourage them to incorporate messages against tobacco use in their interactions with students.

A study using interviews with key people in 14 North Carolina school districts that adopted tobacco-free-schools policies found that common fears about implementation did not materialize.⁶⁵ Some expected a loss of teachers or an inability to successfully enforce compliance with the policy, particularly among staff and visitors at athletic events. After the expected problems did not occur, one coordinator said, “We can’t just keep dreaming up obstacles that aren’t going to happen....It was better than we ever anticipated.”⁶⁶

Policy Evaluation

Evaluation is a tool that can be used to demonstrate accountability to policymakers and the community by showing them that a policy really does contribute to reduced tobacco use and less exposure to secondhand smoke.⁶⁷ Evaluation can help school decision makers determine whether a policy and the activities it calls for are being implemented as planned; how well the policy is being accepted by staff, students, and the community; and whether the program is accomplishing what it was intended to accomplish. Findings can thus be used to show that money is being spent appropriately, includ-

ing modifying policy or program elements to make them more effective, and to build a case for further funding and increased support.

Evaluation also helps to identify policy strengths, weaknesses, and areas for improvement. For example, a survey of California teachers implementing tobacco-use prevention activities in middle and high schools found an overwhelming consensus that tobacco-use education is a valuable way to spend class time, but many teachers did not feel well-prepared to teach it.⁶⁸ The survey also found that teachers exposed to formal training appeared to be more successful in discouraging student tobacco use. Using this information, the evaluators were able to issue a specific recommendation for more teacher training.

Useful evaluation activities could include the following:

- ongoing monitoring of youth tobacco-use rates, factors associated with youth tobacco use, and trends over time by making full use of data collected in CDC- and state-sponsored surveys such as the YRBS and the YTS;
- appraising “no tobacco use” sign placements and notices to students, staff, and families;
- maintaining and analyzing logs of reported violations and complaints with associated enforcement actions and other responses;
- compiling school custodian reports of tobacco litter;
- documenting classroom instructional time devoted to tobacco-use prevention lessons;
- documenting and assessing staff policy orientation and professional development activities;
- conducting satisfaction surveys of school staff members, family members, and students;
- documenting staff participation in school/community tobacco-use prevention coalition activities; and
- logging instances and types of youth advocacy activities.

Michigan State Board of Education Policy on 24/7 Tobacco-Free Schools (2005)⁷¹

In keeping with its mandate to protect Michigan students and foster effective learning environments, the Michigan State Board of Education strongly recommends that schools institute local tobacco-free schools policies that prohibit all tobacco use in all school-related situations, 24 hours per day, seven days per week, and 365 days per year.

Tobacco use is a danger to everyone, capable of killing and disabling both those who use the product and those who are exposed to others' use. It can be immediately life threatening for those who have asthma and other respiratory illnesses. Because the danger of tobacco use is now so well known, the majority of Michigan residents are protected by family policies that ban tobacco smoke in their homes. It is therefore reasonable to assume that most Michigan families do not want their children exposed to tobacco in school.

In addition to being a deadly health hazard, exposure to tobacco has demonstrated negative effects on school performance. Recent research suggests that exposure to tobacco smoke is related to cognitive deficits, even at extremely low levels of exposure. Analysis of the Michigan Youth Risk Behavior Survey results indicates that students who are low-performing in school are twice as likely to use tobacco and ten times more likely to smoke heavily than high-performing students. Tobacco use and exposure also interfere with school attendance, decreasing opportunities for learning for those who use tobacco, as well as for those with respiratory illnesses.

Emerging research also suggests that school health policies prohibiting tobacco use, when consistently enforced, are an essential part of lowering teen smoking rates. This Policy on 24/7 Tobacco-Free Schools builds on existing State Board of Education policies including the Policy on Coordinated School Health Programs to Support Academic Achievement and Healthy Schools, Policy on Comprehensive School Health Education, and Policy on the Management of Asthma in Schools. **The State Board therefore recommends that every local school district develop a 24/7 Tobacco-Free Schools Policy that:**

1) Prohibits all use. Research suggests that young people are strongly influenced to use tobacco by the role modeling of adults and peers. The research is also unequivocal that tobacco smoke results in serious, ongoing health problems for children and adolescents. Schools should therefore prohibit the use of any tobacco product in all school-related situations, by any person, at any time, in any location, and at any event.

- a) "Any tobacco product" includes spit tobacco, cigarettes, cigars, or any other kind of tobacco product.
- b) "Any person" includes students, staff, visitors, all groups using school property, and any other persons. Because the State Board of Education believes that public education's

responsibility extends to the health and learning of all students, alternative and vocational programs are included in this prohibition.

- c) “Any time” means 24 hours per day, seven days per week, and 365 days per year.
- d) “Any location” includes the school’s property, grounds, buildings, and vehicles, even when school is out of session or the event is sponsored by another organization.
- e) “Any event” includes all school-sponsored events, whether on or off school property.

2) Prohibits tobacco advertising or promotion. Studies suggest that tobacco advertising and promotion influence tobacco use. Schools should therefore prohibit tobacco advertising or promotion:

- a) on signs.
- b) on clothing such as T-shirts, caps, or bags.
- c) through sponsorship of school events.

3) Identifies the responsibility of the school administrator to:

- a) communicate this policy verbally to students, staff, family members, and visitors, at school events, through signage, and in the student code of conduct.
- b) develop and implement procedures for consistent and fair enforcement.
- c) develop educational alternatives to suspension.
- d) treat violators who are students or staff with disciplinary action in the same magnitude and manner as violations of other school policies.
- e) ensure that visitors who violate the policy discontinue using the tobacco product or leave the premises.
- f) include the expectation that the prohibition will be enforced in contracts with outside groups who use the school building.
- g) coordinate with local law enforcement agencies on enforcement of the Youth Tobacco Act and the Michigan Penal Code related to tobacco use.

4) Encourages and helps students and staff to quit using tobacco. Nearly 60 percent of students who are current smokers have tried to quit smoking in the past year. Without assistance to quit, nearly three-quarters of young people who are daily smokers will remain smokers five years later. Schools should therefore provide access to developmentally appropriate cessation programs and/or information about community cessation programs.

5) Builds on existing local Board of Education policies related to coordinated school health programs, comprehensive school health education, and management of asthma.

Program evaluation does not occur in a vacuum, but is influenced by real-world constraints.⁶⁹ Methods should be practical and feasible and must be conducted within the confines of resources, time, and political context. CDC recommends that a specific person be given the responsibility for ensuring that evaluation data about program activities are recorded in a systematic and coordinated fashion.⁷⁰ Evaluation could be made a responsibility of the school health coordinator or a member of a school health coordinating team (see Chapter C of *Fit Healthy, and Ready to Learn*, “School Health Foundation Policies,” for more about these staff positions).

The school health advisory council is an appropriate forum for discussing implementation progress, challenges, enforcement strategies, evaluation findings, and policy improvement suggestions. The school health council can in turn forward reports to the school board and superintendent on implementation challenges and recommendations for improvement. A tobacco-use prevention policy should include a provision to assess and review the effectiveness of the policy at regular intervals.

Selected Resources for Comprehensive Policies and Evaluation

- State and local education agencies and health departments can be valuable sources of statistical information, advocacy materials, policy referrals, details about state law, and technical assistance for program planning.
- CDC’s **Division of Adolescent and School Health (DASH)** offers a variety of assistance for education policymakers including guidance documents on applying science-based strategies such as the *Guidelines for School Health Programs to Prevent Tobacco Use and Addiction* and the *School Health Index: A Self-Assessment and Planning Tool*. For more information, visit www.cdc.gov/HealthyYouth, contact HealthyYouth@cdc.gov, or call (888) 231-6405.
- CDC’s **Office on Smoking and Health (OSH)** offers a number of useful guidelines for policy and program

planners, including *Best Practices for Comprehensive Tobacco Control Programs* (1999), which contains specific advice about school programs and state tobacco control budgets, and *Introduction to Program Evaluation for Comprehensive Tobacco Control Programs* (2001). Visit www.cdc.gov/tobacco.

- The **National Schools Boards Association (NSBA)** has compiled excerpts from key documents and sample school district policies in a *Tobacco Use Prevention 101* packet, available online at www.nsba.org/schoolhealth.
- The **American Academy of Pediatrics (AAP)** and the **National Association of School Nurses (NASN)** jointly sponsored the development of the *Health, Mental Health and Safety Guidelines for Schools*, a consensus document developed by more than 300 health, education, and safety professionals from more than 30 different national organizations. Tobacco-related topics are covered in several sections, including one specifically on tobacco-use policy. Search the guidelines at www.nationalguidelines.org.
- The **Colorado Department of Public Health and Environment** administers the State Tobacco Education and Prevention Partnership (STEPP), which mobilizes organizations and individuals to support tobacco-free lifestyles and environments. Their website at www.steppcolorado.com includes several in-depth literature reviews that summarize current research on tobacco-use prevention among youth.
- The **California Department of Health Services Tobacco Control Section** offers several tobacco program evaluation guidance resources at www.dhs.ca.gov/tobacco/html/resourceseval.htm.
- The **Utah Department of Health Tobacco Prevention and Control Program** offers *A School’s Guide to Comprehensive Tobacco Control* (revised 2005) with evaluation resources, policy checklists, discussion guides, and other valuable material. The guide is available at www.tobaccofreeutah.org/education.html.

3. Tobacco-Free Schools Component

The school environment is a persuasive, if quiet, instructor. Because young people have a keen eye for consistency, a school's policies can demonstrate and support the lessons taught in the classroom or can contradict and discount those lessons.

A rigorously enforced tobacco-free school environment is the cornerstone of a comprehensive policy intended to prevent or reduce tobacco addiction in young people. Studies have found that schools with consistently enforced smoke-free policies are more likely to have lower rates of student smoking than comparable schools without such policies.⁷²

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Policymakers need to take a firm stand that the use of tobacco by anyone is strictly prohibited at all times on school grounds, in school vehicles, and at all school events on or off campus. In addition, a tobacco-free school environment prohibits the display of tobacco advertising and promotional items.

Dangers of Secondhand Smoke

The serious health consequences of secondhand tobacco smoke have been documented by an ever-increasing body of research (see box on page 24). Environmental tobacco smoke has been classified as a "group A" known human carcinogen, the same classification used for asbestos and benzene. In January 2006,

the California Environmental Protection Agency formally classified secondhand smoke as a toxic air contaminant following an extensive scientific review process.⁷³

Because their lungs are not fully developed, young children are particularly susceptible to secondhand smoke. As a result of such findings, many U.S. states and cities have passed indoor clean air laws that prohibit smoking inside all public buildings, including restaurants and bars.

Adult Role Modeling

In a recent nationwide survey, 18 percent of middle school administrators and 17 percent of high school administrators reported that staff members were allowed to smoke in school or on school grounds. Furthermore, 53 percent of middle school administrators and 47 percent of high school

Secondhand Smoke Fact Sheet (June 2006)

- Secondhand smoke, also known as environmental tobacco smoke, is a complex mixture of gases and particles that includes smoke from the burning cigarette, cigar, or pipe tip (sidestream smoke) and exhaled mainstream smoke.
- Secondhand smoke is a known human carcinogen (cancer-causing agent). More than 50 compounds in secondhand smoke have been identified as known or reasonably anticipated human carcinogens. Secondhand smoke contains at least 250 chemicals that are known to be toxic or carcinogenic.

Health Effects

- Secondhand smoke exposure causes heart disease and lung cancer in nonsmoking adults. Nonsmokers who are exposed to secondhand smoke at home or work increase their heart disease risk by 25–30 percent and their lung cancer risk by 20–30 percent. Secondhand smoke exposure has immediate adverse effects on the cardiovascular system.
- Secondhand smoke causes sudden infant death syndrome (SIDS), acute respiratory infections, ear problems, and more frequent and severe asthma attacks in children. Secondhand smoke exposure causes respiratory symptoms in children and slows their lung growth.
- There is no risk-free level of secondhand smoke exposure. Even brief exposure can be dangerous.

Current Estimates

- More than 126 million nonsmoking Americans continue to be exposed to secondhand smoke in homes, vehicles, workplaces, and public places.
- Almost 60 percent of U.S. children aged 3 through 11 years—or almost 22 million children—are exposed to secondhand smoke.
- The California Environmental Protection Agency estimates that secondhand smoke exposure causes approximately 3,400 lung cancer deaths and 22,700–69,600 heart disease deaths annually among adult nonsmokers in the United States.
- Secondhand smoke exposure is responsible for an estimated 150,000–300,000 new cases of bronchitis and pneumonia in children aged less than 18 months, resulting in 7,500–15,000 hospitalizations.
- Exposure to secondhand smoke is associated with an increased risk for sudden infant death syndrome (SIDS), asthma, bronchitis, and pneumonia in young children.

Centers for Disease Control and Prevention⁷⁴

“The debate is over. The science is clear. Secondhand smoke is not a mere annoyance, but a serious health hazard.”

Richard Carmona,
Former U.S. Surgeon General⁷⁵

“Tobacco use is not just a ‘bad habit’; it is a powerful addiction....The Food and Drug Administration has classified nicotine, found in tobacco products, as a drug. School policies do not allow the use of other drugs, such as alcohol, marijuana, or cocaine on school grounds and at school sponsored events. Why should an exception be made for nicotine and tobacco?”

Oklahoma State Department of Health⁷⁶

administrators reported that at least 5 to 10 percent of their staff smoked regularly.⁷⁷

Children learn to smoke not only from their peers, but also by imitating adults.⁷⁸ Researchers have documented that school policies permitting staff to smoke significantly influence students’ attitudes towards cigarette use and have a significant negative effect on high school students’ smoking behavior.⁷⁹ Staff members and visitors who use tobacco on school grounds are poor role models for children and youth.

Interviews with students in a sample of schools indicate that they are well aware of which teachers smoke, even if smoking is restricted to the staff room.⁸⁰ Whether or not they intend to, adults who use tobacco inevitably influence students’ attitudes by suggesting that it is a responsible adult decision to use a tobacco product. Allowing smoking areas or the use of spit tobacco by anyone on campus creates an aura of official school acceptance.

To provide the healthiest environment with the fewest cues to use tobacco, schools must prohibit at all times all adult use of tobacco inside of buildings; on school grounds, parking lots, and athletic fields; and at school-sponsored events on or off campus. This rule needs to apply to teachers, bus drivers, cafeteria workers, maintenance staff, athletic spec-

tators, school visitors, and even community members who use the school for other activities during the evening.

Although the use and possession of tobacco products by adults is lawful, there are no legitimate or legally enforceable “smokers’ rights” that override the ability of a school to ensure a healthy learning climate. Policymakers need to be firm about tobacco-free policies even if it becomes an issue in union contract negotiations.

Current Laws and Policies

To help ensure that children are not exposed to secondhand smoke at school, the U.S. Congress passed the Pro-Children Act of 1994, now part of the No Child Left Behind Act (NCLB). The law requires that smoking be prohibited in any indoor facility that is used for “provision of routine or regular kindergarten, elementary, or secondary education or library services to children” if the services are supported by any federal funds. Federal grant applicants must certify that they are complying with this law.

“Policies restricting smoking that are selectively applied may be ineffective and may send a mixed message. For instance, a school-based policy that enforces the legal ban on tobacco use by students, but allows the legal use by teachers and staff, sends the message that tobacco use among adults is acceptable.”

U.S. Center for Substance Abuse Prevention⁸¹

“We have to set the example by modeling and enforcing the healthy behavior that we teach. There should be no double standards.”

David Wiggins, Superintendent, Maine School
Administrative District #29⁸²

“The right of smokers to smoke ends where their behavior affects the health and well-being of others.”

C. Everett Koop,
Former U.S. Surgeon General⁸³

Benefits of Smoke-Free Work Environments

- A smoke-free environment helps create a safe, healthful workplace.
- Direct health care costs to the company [or school district] may be reduced.
- Excess smoking-related absenteeism among smokers who are motivated to quit may be reduced.
- Maintenance costs go down when smoke, matches, and cigarette butts are eliminated in facilities.
- Office equipment, carpets, and furniture last longer.
- It may be possible to negotiate lower health, life, and disability coverage as employee smoking is reduced.
- The risk of fires is lower.

CDC Office on Smoking and Health⁸⁴

However, the Pro-Children Act does not mandate completely tobacco-free school environments: it applies only to indoor facilities that are used by children and to tobacco products that are smoked. Although this minimal law may help to prevent direct physical harm to students' lungs, it does little or nothing to discourage the use of tobacco.

States, districts, and schools are free to go beyond the provisions of the Pro-Children Act, and many have. CDC recommends a policy that prohibits tobacco use by students, all school staff, parents, and visitors on school property; in school vehicles; and at school-sponsored functions away from school property.⁸⁵ An analysis of the laws and policies compiled by NASBE in its online state school health policy database found that as of 2006 only five states—Arizona, Delaware, Mississippi, Oregon, and West Virginia—had laws or policies that fully meet these criteria.⁸⁶ Another 11 states prohibit student, staff, and visitor use of tobacco anywhere on school grounds, but their policies do not fully address all of the criteria in CDC's recommended policy (see fig. 3 on page 28).

Many parts of the nation still have far to go. Thirty-two states and the District of Columbia have laws or policies that fall seriously short of mandating tobacco-free schools in various ways. For example, at least 16 of these 32 states specifically allow designated smoking areas and 11 allow breaks

for school staff members. Two states do not have any state-wide policy. At the local level, school officials interviewed as part of CDC's School Health Policies and Programs Survey 2000 (SHPPS) reported that 46 percent of school districts and 45 percent of schools reported to have policies that meet CDC's criteria for a tobacco-free environment.⁸⁷

Some tobacco-free environment policies, including the model policy language in this section, prohibit students' possession of any tobacco product, not just its use. In at least 35 states, minors can be fined for possession of tobacco.⁸⁸ Such a prohibition might not only reduce access to tobacco, but also might make policy enforcement easier.

Tobacco Industry Promotional Items

A completely tobacco-free school environment goes beyond prohibiting tobacco use—it also addresses other types of encouragement to use tobacco. The policy should include a ban on the possession on school grounds of all tobacco promotional items, such as t-shirts, hats, backpacks, jackets, lighters, camping gear, and electronics. These items are highly visible in the school setting and their ownership is strongly associated with smoking behavior.⁸⁹ Children who own tobacco company promotional items are up to seven times more likely to smoke than children who do not own these items.⁹⁰

Model Policy: Tobacco-Free School Environment

TOBACCO USE AND POSSESSION PROHIBITED. No student, staff member, or school visitor is permitted to smoke, inhale, dip, or chew tobacco at any time, including non-school hours:

- in any building or facility;
- on school grounds, athletic grounds, or parking lots;
- in any vehicle owned or otherwise used by the school; and
- at any school-sponsored event on or off campus.

No student is permitted to possess a tobacco product on school grounds. School authorities shall consult with local law enforcement agencies to enforce laws that prohibit the possession of tobacco by minors within the immediate proximity of school grounds.

TOBACCO PROMOTION PROHIBITED. Tobacco promotional items, including clothing, bags, lighters, and other personal articles, are not permitted on school grounds, in school vehicles, or at school-sponsored events. Tobacco industry advertising, including advertising of commercial films in which tobacco smoking is featured, is prohibited in schools, school-sponsored publications, and school-sponsored events.

*[optional] **CLOSED CAMPUS.** No student may leave the school campus during breaks in the school day to use a tobacco product. Signs to this effect will be posted at appropriate locations.*

SIGNS AND OTHER NOTICES. The superintendent/principal/other shall notify students, families, education personnel, and school visitors of the tobacco-free policy in handbooks, newsletters, announcements, and event programs; on posted notices or signs at every entrance and other prominent locations; and by other efficient means. To the extent possible, schools and districts will use local media to publicize the policies and help influence community norms about tobacco use.

POLICY ENFORCEMENT. It is the responsibility of all students, employees, and visitors to verbally admonish any person using or possessing a tobacco product or promotional item. Any tobacco product found in the possession of a student who is a minor shall be confiscated by staff and discarded. The provisions of existing policies that address the use and possession of drugs shall apply to all tobacco products.

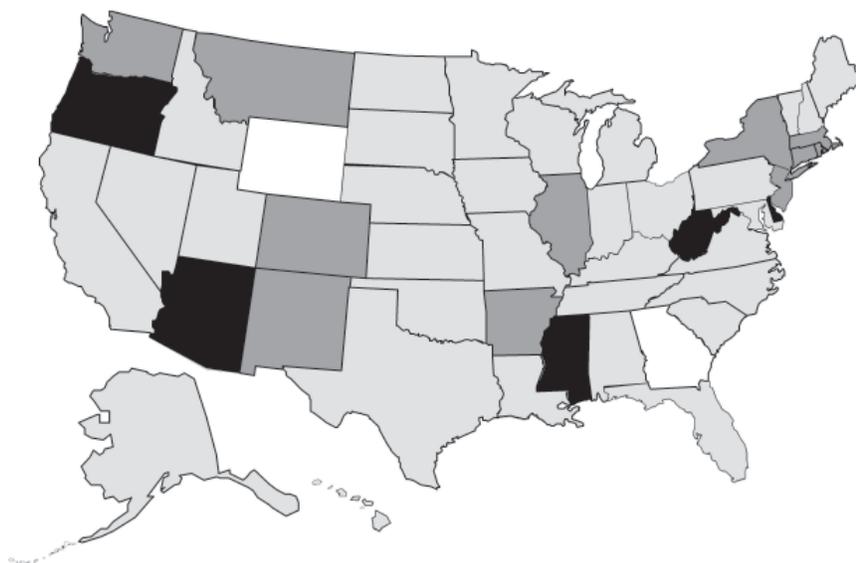
The superintendent/principal/other shall develop and administer a range of helping and punishing enforcement responses to tobacco-use violations appropriate to the violation and the individual student or staff member. These will include educational assignments and tobacco-use cessation services, as well as relevant sanctions such as community service, referral to student court, and disciplinary actions as codified in written school policy. All school staff shall participate in training on the correct, fair, and consistent enforcement of tobacco-free school policies.

Despite the tobacco industry's pledge to curtail many of its activities as part of the 1998 Master Settlement Agreement (MSA) with state governments, cigarette advertising and marketing continue to reach children. For example, magazine ads for the most popular cigarette brands among youths reached more than 80 percent of

young people in the United States an average of 17 times in 2000.⁹¹ Children aged 12 to 17 years—the most likely ages of smoking initiation—are twice as likely as adults to be exposed to tobacco advertising,⁹² and teenagers are three times more sensitive to cigarette advertising than adults are.⁹³

Figure 3. State laws and policies that restrict tobacco use at school

Textual analysis of laws and policies in NASBE's online state school health policy database at www.nasbe.org/HealthySchools/States/State_Policy.asp (as of February 2007).



- Meets CDC's criteria for tobacco-free schools: Law or policy prohibits tobacco use by students, all school staff, parents, and visitors on school property, in school vehicles, and at school-sponsored functions away from school property at all times (5 states)
- Law or policy is close to meeting CDC's criteria for tobacco-free schools, but does not explicitly include every provision (11 states)
- Law or policy partially prohibits tobacco use in schools, but falls seriously short for one or more reasons, such as allowing designated smoking areas or smoking breaks, staff or visitor exemption, or limiting restrictions to school hours (32 states)
- No school tobacco law or policy (2 states)

Note: The Michigan State Board of Education adopted a comprehensive, exemplary policy that provides valuable guidance to school districts, but is not binding in nature.

Source: National Association of State Boards of Education⁹⁴

Courts have sometimes upheld the rights of tobacco companies to advertise to adults on the grounds of protecting their free speech rights.⁹⁵ But commercial speech rights do not override the ability of school leaders to ensure a healthy learning climate on school grounds, especially as children in school are essentially a captive audience.

Closed Campuses

Closed-campus policies can help reduce students' opportunities to use tobacco during the school day. According to the 2000 School Health Policies and Programs Study (SHPPS), some 89 percent of middle/junior high schools and 73 percent of high schools have a closed-campus policy.⁹⁶ See Chapter E of *Fit Healthy, and Ready to Learn*, "Policies to Promote Healthy Eating," for a discussion of how students can be mobilized to help move a school toward a closed-campus policy. Schools may wish to coordinate monitoring and enforcement strategies with their local police departments for consistent implementation of youth tobacco-use prevention policies on and off the school campus.

Signs and Notices

The key to high compliance with a tobacco-free school policy is clear, consistent, and ongoing communication.⁹⁷ All members of the school and community—students, staff, parents, and visitors—must be aware of the policy, appreciate its health and academic benefits, and clearly understand the consequences if the policy is violated. Following are some suggestions:

- ensure that "no tobacco use" signs are posted prominently at all entrances to the school campus, as well as on buildings, playing fields, bleachers, vehicles, and other areas where tobacco-use violations may occur; sufficient signage should be in place when a new policy takes effect;
- announce the policy at athletic events, plays, dances, and concerts, as well as include it on event program guides;
- announce the policy at all parent and community meetings;

Tobacco Advertising in the Mass Media

"There is more smoking in movies now than at any time since 1950. Endorsement of cigarette brands—the use of specific brands by stars in movies—has increased 11-fold since implementation of the Master Settlement Agreement. Teens who see movies that depict smoking are three times more likely to smoke than teens who do not see smoking in movies, and half of all smoking experimentation among teens has been attributed to this exposure. Stars who smoke onscreen strongly influence smoking behaviors among teens, and the greater the level of smoking depicted, the higher the likelihood that teens will become smokers. Depictions of smoking in music videos, on television, and in other media also influence the smoking behaviors of teens."

Thomas Frieden and Drew Blakeman, New York City Department of Health and Mental Hygiene⁹⁸

Tobacco Advertising in Schools via Channel One

"Channel One is a for-profit company that distributes a daily commercial television program to more than 30 percent of all American teenagers, or 7.7 million adolescents, in nearly 11,500 middle and high schools across the United States. In exchange for loans of TVs and other equipment, the schools agree to show the program to students nearly every school day, consuming an hour per week of school time.

"[Between 2000 and early 2005], Channel One has advertised at least 67 commercial motion pictures. Forty (59.7 percent) of these movies portray smoking. Such cinema portrayals of tobacco are highly effective in luring young people into the ranks of tobacco users—even more so than conventional advertising. Adolescents who see plenty of smoking on screen are nearly three times more likely to start smoking than those who see the least. It is estimated that each year, smoking in movies recruits 390,000 new young smokers in the United States."

Commercial Alert⁹⁹

Delaware State Board of Education Tobacco Policy (2003)

1.0 Required Policy

In order to improve the health of students and school personnel, each school district and charter school in Delaware shall have a policy which at a minimum:

1.1 Prohibits the use of or distribution of tobacco products in school buildings, on school grounds, in school leased or owned vehicles, even when they are not used for student purposes, and at all school affiliated functions.

1.2 Includes procedures for communicating the policy to students, school staff, parents, guardians or relative caregivers, families, visitors, and the community at large.

1.3 Makes provisions for or refers individuals to voluntary cessation education and support programs that address the physical and social issues associated with nicotine addiction.

2.0 The Tobacco Policy Shall Apply to

2.1 Any building, property, or vehicle leased, owned or operated by a school district, charter school, or assigned contractor.

2.1.1 School bus operators under contract shall be considered staff for the purpose of this policy.

2.2 Any private building or other property including automobiles or other vehicles used for school activities when students and staff are present.

2.3 Any non educational groups utilizing school buildings or other educational assets.

2.4 Any individual or a volunteer who supervises students off school grounds.

3.0 No School or School District Property May Be Used for the Advertising of any Tobacco Product

Delaware Administrative Code 14:877¹⁰⁰

- publicize the policy in student newsletters and include it in student and staff handbooks;
- mention the policy at new student orientations for middle school, high school, alternative school, and transfer students;
- post the actual written policy around campuses for visitors and students to read; and
- direct attention to tobacco-free policies in the employee hiring or contract negotiation process.

Policy Enforcement

Fair and consistent enforcement of a tobacco-free school policy is essential. A major nationwide study of school tobacco control policies found that middle schools that closely monitor students have significantly lower rates of student cigarette use than middle schools that monitor less rigorously.¹⁰¹ Administrators of bigger schools were more likely to report higher levels of monitoring students' smoking behavior than smaller schools.¹⁰²

A range of possible consequences should exist for students who are caught violating anti-tobacco-use policies. Many schools treat tobacco use as a disciplinary problem and resort to punitive measures.¹⁰³ However, severe sanctions have been found to be ineffective (see box on page 32).¹⁰⁴

Punitive sanctions can stoke rebellious attitudes among youth. Episodes of out-of-school suspension and expulsion are known to be major risk factors to dropping out of school.¹⁰⁵ Both men and women with less than a high-school education are more likely to smoke than those with more advanced education.¹⁰⁶ Therefore, an unintended result

of punitive sanctions that keep students away from school could be to indirectly encourage them to engage in more of the very tobacco-use behaviors that school leaders are trying to discourage.¹⁰⁷

Punitive sanctions might also be less likely to be enforced if some school administrators consider tobacco use not serious enough to warrant disciplinary action. Or school leaders might avoid applying sanctions if they find that lingering student resentments over severe punishments detract from a positive learning environment. Both of these scenarios could lead to inconsistent application of school policies and rules—which in itself can promote discipline problems.

The alternative approach is to treat a tobacco policy violation as a health issue rather than a school discipline issue and apply consequences that are intended to enhance the violator's awareness of the effects of tobacco use. Health-enhancing disciplinary actions could include the following:

- written assignments on the health effects of tobacco use;
- community service related to tobacco-use prevention;

- educational classes that emphasize building social skills to resist using tobacco;
- encouragement to participate in tobacco-use cessation programs (discussed in a subsequent section); and
- referrals to a student assistance program, because tobacco use might be an indicator of other problems that could put the student at risk for school failure.

Administrators should be able to choose a response from a list of helping and punishing consequences that is appropriate to the violation and the individual student. Severe consequences should be reserved for students who repeatedly violate a tobacco-free school policy or display a defiant attitude; out-of-school suspensions should be used as a last resort at the discretion of the school administration.¹⁰⁸ Punishment options could include some combination of the following:

- referral to a school counselor or administrator;
- parental notification or conference;
- series of lunch-hour detentions or a full day of in-school suspension;
- assignment to pick up litter;

State of Arizona Law (2000)

Tobacco Products Prohibition at Schools and School-Related Areas

- A. Tobacco products are prohibited on school grounds, inside school buildings, in school parking lots or playing fields, in school buses, or vehicles or at off-campus school sponsored events. For purposes of this subsection, “school” means any public, charter, or private school where children attend classes in kindergarten programs or grades one through twelve.
- B. Subsection A of this section does not apply to an adult who employs tobacco products as a necessary component of a school sanctioned tobacco prevention or cessation program established pursuant to section 15-712.
- C. A person who violates this section is guilty of a petty offense.

Arizona Revised Statute (ARS) 36-798.03¹⁰⁹

Supportive Enforcement Methods Are More Effective

In a 1999-2000 nationally representative survey of 340 schools:

- 37 percent of middle school and 36 percent of high school administrators said that they report students to law enforcement agencies for violating antismoking policies;
- 78 percent of middle school and 73 percent of high school administrators said that they suspend students; and
- 26 percent of middle school and 14 percent of high school administrators said that they expel students.

However, the researchers also documented that schools applying these severe consequences did not experience lower cigarette use among students or greater attitudes of disapproval of cigarette use compared to schools applying less severe penalties.

The study's authors concluded, "The findings from this survey and others suggest that schools cannot successfully prevent cigarette use by punitive measures alone; instead, they need to take a more proactive role in promoting healthy behaviors.... Rather than relying on more severe punishments for noncompliance with school policies, schools may want to consider providing good prevention education and smoking cessation programs in a supportive environment that actively discourages tobacco use by both students and staff."

Institute for Social Research, University of Michigan¹¹⁰

- suspension or expulsion from athletic and other extra-curricular activities;
- revocation of parking or other privileges; and
- assignment to alternative schools or after-school programs.
- conference with supervisor;
- facilitated access to a tobacco-use cessation program;
- referral to an employee assistance program; or
- disciplinary action consistent with applicable personnel policies.

Students themselves can be invited to suggest appropriate monitoring schemes, enforcement mechanisms, and consequences for policy violations. Peer pressure and student courts can be useful tools in the fight against tobacco use.

Appropriate responses for school personnel found violating a ban on tobacco might include:

Any policy must be enforced consistently and equitably; students and staff members are keen perceivers of unfairness. A sound enforcement policy allows school officials to exercise discretion on a case-by-case basis and provides avenues for appeal.

“Questions have been raised about the ability of a school board to prohibit students over the age of 18 from possessing tobacco on school grounds. While it is generally legal for a person over the age of 18 to possess tobacco, that does not give a person enrolled as a student the right to violate school policies in this regard. For example, a student over the age of 18 could not possess a weapon or alcohol at school in violation of a school policy even though possession of weapons or alcohol might be legal in other contexts.”

Vermont State Board of Education¹¹¹

Hacienda La Puente (California) Unified School District Tobacco-Free Workplace Policy (1995)

It is the intent and philosophy of the district to continue to provide an environment which encourages and supports employees in their efforts to lead healthy lives by providing them with a tobacco-free work environment....

It is the belief of the Hacienda La Puente Unified School District that employees should serve as role models to students and demonstrate good health practices that are consistent with school programs and which are intended to discourage students from using tobacco products....

The superintendent or a designee shall post at each site and provide each employee with a notice that the unlawful use of tobacco is prohibited in the workplace. This notice shall also:

- a. Include a statement of possible disciplinary actions. The discipline shall be in accordance with board policies on discipline, the Education Code, and applicable collective bargaining agreements.
- b. Inform employees of the availability of counseling, rehabilitation, and employee assistance programs.
- c. Inform employees that as a condition of employment, each employee must abide by the terms of this policy.
- d. Notify employees of the district’s policy of maintaining a tobacco-free workplace.
- e. Inform employees of the dangers of tobacco use in the workplace, including, but not limited to, threats to the health and safety of employees, students, and the public.¹¹²

Selected Resources for Tobacco-Free School Environments

- CDC's Office on Smoking and Health (OSH) offers *Taking Action Against Secondhand Smoke*, an online toolkit available at www.cdc.gov/tobacco/ETS_Toolkit/index.htm. The toolkit is designed to provide communities with tools to reduce secondhand smoke in workplaces and other public places, and includes action steps for successfully implementing a clean indoor air policy, materials that can be reproduced for local campaigns, and an extensive resources section.
- The Campaign for Tobacco-Free Kids offers special reports, facts and research, and information about federal, state, and global tobacco-related initiatives at www.tobaccofreekids.org. This site also includes a Youth Action Center geared towards young people at www.tobaccofreekids.org/youthaction and an online Kick Butts Day activity guide at www.kickbuttsday.org.

Selected State Resources

- The Wisconsin Department of Public Instruction offers an online toolkit to assist and support local tobacco-free school policymaking initiatives, including tip sheets for working with community and school partners and case studies on effective policy communication and enforcement. Online at dpi.wi.gov/sspw/tsignage.html.
- The North Carolina Health and Wellness Trust Fund (HWTF), which receives a portion of the state's Tobacco Master Settlement Agreement funds, operates a website to provide information, resources, and assistance to school districts that are 100 percent tobacco free or are considering adopting a tobacco-free policy. Tools to create, adopt, implement, communicate, and enforce such a policy can be accessed at www.nctobaccofreeschools.com.
- The Partnership for a Tobacco-Free Maine offers *Creating and Maintaining a Tobacco-Free School Policy*, an extensive resource guide to policy development

Key Considerations Regarding Consequences

School authorities are “experts” in determining effective behavioral consequences. However, when developing consequences for policy violations, the following are important points to keep in mind to ensure the policy is effective:

- Violations of the policy must be taken seriously from the very first violation.
- Consequences for violating the policy must be implemented immediately.
- Consequences must be applied fairly and consistently.
- Consequences must be in accordance with relevant code(s) of conduct and/or the school discipline policy.

The school must have sufficient resources to implement the consequences that are chosen. For example, if an in-school suspension is chosen as a consequence, the school will need to have someone to supervise the suspension.

Alberta (Canada) Alcohol and Drug Abuse Commission¹¹³

and enforcement. This resource guide is available online at www.tobaccofreemaine.org/PDF/PTMSchoolPolicy.pdf or by calling (207) 287-4625.

- The Oklahoma State Department of Health produced the *24/7 Policy Guidelines for Tobacco-free Environments*, available at www.health.state.ok.us/program/tobac/TobaccoFreeEnvironment21.pdf.

North Carolina's "Tackle Smoking" Project



During the fall of 2003, the North Carolina Department of Health's Tobacco Prevention and Control Branch assessed the amount of smoking at high school football games of schools with and without a Tobacco-Free School (TFS) policy. The project recruited, trained, and deployed 132 high school students to collect observational data at two home football games each at 45 schools with a TFS policy and 21 schools without a policy.

Key Findings:

- Schools with a TFS policy had significantly fewer instances of smoking at their high school football games than schools without a TFS policy.
- There was poor compliance with TFS policies at many football games.
- TFS policy compliance was highest when schools clearly communicated their policy.
- Overall, adults were responsible for most of the smoking at high school football games. Smoking by adults sends the wrong message to students and undermines the legitimacy of TFS policies.
- A significant number of infants and children were exposed to secondhand smoke at high school football games.
- There was strong public support for TFS policies among spectators at the football games of TFS schools. Overall, 76 percent of all respondents indicated that they supported TFS policies. Even among smokers, the majority (62 percent) either supported or had no opinion about TFS policies.

Recommendations:

Any policy, to be effective, must be continuously communicated and consistently enforced. At a minimum, all schools with a tobacco-free school policy should do the following:

- Have signage outside the stadium, at all entrances to the stadium, near the home and visitor stands, and at restroom entrances.
- Have announcements about the policy read over the public address system at the beginning of the first quarter, second quarter, halftime, and fourth quarter.
- Request school security personnel, staff, and police officers to enforce the policy. Enforcement requires informing smokers or anyone getting ready to light a cigarette that the school has a policy that prohibits tobacco use anywhere, anytime, by anyone on the campus and at school events.

University of North Carolina at Chapel Hill School of Public Health¹¹⁴

4. Educational Component

It is easier to prevent people from ever using tobacco than to try to get them to quit once they have begun. Research has shown that school education programs are able to successfully prevent many young people from using tobacco products, especially when school administrators are supportive¹¹⁵ and school-based efforts are linked with local community coalitions and statewide media and educational campaigns.¹¹⁶ Instructional program design makes a difference: effective programs emphasize providing students with the necessary skills to resist social influences to use tobacco.¹¹⁷

Instructional Design

According to the U.S. Surgeon General¹¹⁸ and the Institute of Medicine,¹¹⁹ school-based tobacco-use prevention programs that help students identify the social influences that promote tobacco use (for example, influence from peers, media, and family members) and then teach skills to resist those influences have demonstrated real reductions or delays in adolescent smoking. In a variety of studies, differences in smoking prevalence between students who participate in such programs and control groups range from 25 to 60 percent, and those differences persist for one to five years.¹²⁰ Positive results have been shown across programs that vary in format, scope, and delivery methods in a variety of community cultures.¹²¹

Young people need to learn the immediate and long-term negative health effects of tobacco use; in partic-

ular, the consequences of using spit tobacco are not widely enough known by students and the general public.¹²² However, even though information provides a necessary educational foundation, programs that aim simply to increase knowledge have not been shown to reduce tobacco use.¹²³ Programs based on an “information deficit model” assume that adolescents are rational people who will refrain from tobacco use if they are supplied with adequate information demonstrating that it causes serious harm to the body.¹²⁴ Such programs, as well as those based on inducing fear of disease and death, are ineffective. Yet such information/knowledge programs are the most common type of tobacco prevention education being taught in the nation’s classrooms.¹²⁵

In this section:

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In contrast, programs with proven effectiveness use multiple strategies that do the following:

- attempt to increase youths' knowledge about the physical consequences of tobacco use;
- alter their perception that tobacco use is acceptable and common among their peers;
- train youths in the skills necessary to resist tobacco use (refusal skills); and
- increase youths' confidence that they can remain tobacco free.¹²⁶

Some researchers and practitioners suggest that teaching refusal skills is the most crucial component of tobacco-use prevention and is absolutely necessary for the other three strategies to be effective. Unfortunately, the NYTS has found that only half (51 percent) of middle-school students reported that they had learned tobacco refusal skills during the previous school year and only 17 percent of high school students reported learning them.¹²⁷

Programs to prevent the use of spit tobacco that are based on the social influences model have also demonstrated modest reductions in the initiation of use.¹²⁸ In addition, studies have found that the approaches that are effective in preventing tobacco use also can help prevent the use of alcohol and other drugs.¹²⁹

A teaching strategy that often catches students' attention is to point out the immediate, rather than the long-term, effects of tobacco use. The stained teeth and foul-smelling breath and clothes of smokers put off many young people. Additional short-term effects include ostracism by nonsmoking peers, decreased stamina, and the potential to worsen asthma and other respiratory problems. Athletes should be made aware that smoking slows lung growth, decreases lung function, and reduces the oxygen available for the muscles used in sports.¹³⁰ Education programs also need to address healthy methods of weight maintenance and dispel the notion of tobacco use as a method of weight control.¹³¹

To be most effective, school-based tobacco-use prevention programs must target young people before they

Providing Knowledge Is Not Sufficient

Providing knowledge of the health consequences of smoking is a basic and necessary step, but it is not sufficient to change the behavior of most youths, for three reasons. First, this information-deficit model does not address the complex relationship between knowledge acquisition and subsequent behavior. Second, the model does not consider the addictive nature of tobacco use. Third, the model does not address risk factors such as peer use and approval of tobacco and perceived prevalence of peer tobacco use.

Eight structural elements are considered both necessary and sufficient for effective school-based smoking prevention programs.

- Classroom sessions should be delivered at least five times per year in each of two years in the sixth through eighth grades.
- The program should emphasize the social factors that influence smoking onset, short-term consequences, and refusal skills.
- The program should be incorporated into the existing school curricula.
- The program should be introduced during the transition from elementary school to junior high or middle school (sixth or seventh grades).
- Students should be involved in the presentations and delivery of the program.
- Parental involvement should be encouraged.
- Teachers should be adequately trained.
- The program should be socially and culturally acceptable to each community.

Of critical importance is the integrity of implementation and the fidelity of instruction. [That is,] the programs should be adopted by schools and used in a manner that is close to the way they were evaluated.

Institute of Medicine¹³²

Effective Educational Strategies to Prevent Tobacco Use among Young People

Reducing Tobacco Use: A Report of the Surgeon General devotes an entire chapter to effective educational strategies to prevent tobacco use among young people. Following are the major conclusions of the chapter:

1. Educational strategies, conducted in conjunction with community- and media-based activities, can postpone or prevent smoking onset in 20 to 40 percent of adolescents.
2. Although most U.S. schools have tobacco-use prevention policies and programs in place, current practice is not optimal.
3. More consistent implementation of effective educational strategies to prevent tobacco use will require continuing efforts to build strong, multiyear prevention units into school health education curricula and expanded efforts to make use of the influence of parents, the mass media, and other community resources.¹³³

initiate tobacco use or drop out of school. Younger children are susceptible to tobacco marketing, vulnerable to secondhand smoke, and influenced by the attitudes and behaviors of their teachers and parents.¹³⁴ Yet without repeated booster sessions in later grades, the effects of even the most successful programs dissipate over time.¹³⁵ Research has shown that greater cumulative numbers of tobacco education classes are associated with reductions in smoking behavior and intentions.¹³⁶

Based on a rigorous review of program evaluations, CDC's *Guidelines for School Health Programs to Prevent Tobacco Use and Addiction* recommends that education to prevent tobacco use begin in elementary school, more intensive in-

struction be conducted in grades six through eight, and reinforcement be provided throughout high school.¹³⁷ The guidelines include a detailed list of instructional concepts according to grade level.

Media Literacy

Young people often respond positively to “media literacy” lessons that help them become more aware of the persuasive tactics of tobacco advertising and develop skills to resist the persuasion. Students can become critical media consumers by applying critical thinking skills as they learn how tobacco industry advertising techniques are used subtly to influence attitudes and spending habits. Studies suggest that even a single media literacy intervention can help students understand the appeals of tobacco advertising messages and make a difference in their intention to use tobacco, at least in the short term.¹³⁸

Well-known examples of media literacy in action are the nationwide “*Think. Don't Smoke*” and “*truth*” tobacco countermarketing campaigns conducted by the American Legacy Foundation.¹³⁹ These programs are designed to raise young people’s awareness of manipulative advertising techniques and to harness the natural rebelliousness of youth to defy a powerful institution of authority—the tobacco industry—by not smoking or by quitting. A recent study concluded that there were approximately 300,000 fewer youth smokers in the United States as a result of the *truth* campaign.¹⁴⁰

Media literacy is incorporated into the National Health Education Standards, which form the foundation of many states’ standards. Standard 2 states, “Students will analyze the influence of family, peers, culture, media, technology and other factors on health behaviors.”¹⁴¹

Selecting Curricula

Several federal agencies have identified specific curricula that have scientifically credible evidence of their effectiveness in reducing health-risk behaviors, including tobacco use. The agencies’ recommendations are based on expert opinion or a review of design and research evidence; each agency has its own process and criteria for selecting recommended programs, which are available at the following websites:

Sample Youth-Centered Messages



WHAT YOU(TH) SHOULD KNOW ABOUT TOBACCO



Tobacco and Athletic Performance

- ① Don't get trapped. Nicotine in cigarettes, cigars, and spit tobacco is addictive.
- ② Nicotine narrows your blood vessels and puts added strain on your heart.
- ③ Smoking can wreck lungs and reduce oxygen available for muscles used during sports.
- ④ Smokers suffer shortness of breath (gasp!) almost 3 times more often than nonsmokers.
- ⑤ Smokers run slower and can't run as far, affecting overall athletic performance.
- ⑥ Cigars and spit tobacco are NOT safe alternatives.

Tobacco and Personal Appearance

- ★ Yuck! Tobacco smoke can make hair and clothes stink.
- ★ Tobacco stains teeth and causes bad breath.
- ★ Short-term use of spit tobacco can cause cracked lips, white spots, sores, and bleeding in the mouth.
- ★ Surgery to remove oral cancers caused by tobacco use can lead to serious changes in the face. Sean Marcee, a high school star athlete who used spit tobacco, died of oral cancer when he was 19 years old.

So...

- 👉 Know the truth. Despite all the tobacco use on TV and in movies, music videos, billboards and magazines—most teens, adults, and athletes DON'T use tobacco.
- 👉 Make friends, develop athletic skills, control weight, be independent, be cool.... play sports.
- 👉 Don't waste (burn) money on tobacco. Spend it on CD's, clothes, computer games, and movies.
- 👉 Get involved: make your team, school, and home tobacco-free; teach others; join community efforts to prevent tobacco use.



Centers for Disease Control and Prevention¹⁴²

- *Exemplary and Promising: Safe, Disciplined, and Drug-Free Schools Programs*, sponsored by the Office of Safe and Drug Free Schools (OSDFS) of the U.S. Department of Education at www.ed.gov/adms/lead/safety/exemplary01/index.html.
- *Preventing Drug Use among Children and Adolescents: A Research-Based Guide*, sponsored by NIDA at www.nida.nih.gov/Prevention.
- Research-Tested Intervention Programs, sponsored by the National Cancer Institute (NCI) of DHHS at cancercontrol.cancer.gov/rtips.
- National Registry of Effective Programs, sponsored by the Substance Abuse and Mental Health Services

Administration (SAMHSA) of DHHS at www.modelprograms.samhsa.gov.

To the extent possible, educational programs should take into account any available data on student tobacco use so that the program can be tailored to the specific needs, issues, and interests of the populations being addressed. For example:

- American Indian and Alaska Native adolescents have higher rates of cigarette smoking than all other ethnic groups for whom data are available and they also tend to have high rates of spit tobacco use.¹⁴³ Schools with significant numbers of such students could incorporate culture-specific materials into the tobacco-use prevention curriculum.

- Some young teen girls begin smoking as a misguided weight management strategy. If this practice is found to be common, a school could teach media literacy lessons that raise students' awareness of unrealistic media images of women's bodies and help to counteract those images.¹⁴⁴
- Members of a sports team might use spit tobacco to emulate celebrity athletes or as a result of peer pressure. Their coach could be helped to deliver appropriate anti-tobacco messages.

Parents are important role models and a powerful influence on whether their children begin using tobacco.¹⁴⁵ Family in-

volvement should always be part of a prevention education program. Several tobacco-use prevention curriculum programs include parent education components such as participation in students' homework assignments, invitations to attend meetings at school, and home newsletters.¹⁴⁶

Based on program successes in California, Massachusetts, and Oregon, CDC recommends that states budget four to six dollars per student in grades K–12 to adequately fund school-based tobacco-use prevention programs.¹⁴⁷ Because nicotine is a drug, schools can legitimately use federal funds provided under the Safe and Drug-Free Schools and Communities Act to support tobacco-use prevention education programs. Some states also have funding

Educational Guidelines from CDC

Successful programs to prevent tobacco use address multiple psycho-social factors related to tobacco use among children and adolescents. These factors include:

- **Immediate and long-term undesirable physiologic, cosmetic, and social consequences of tobacco use.** Programs should help students understand that tobacco use can result in decreased stamina, stained teeth, foul-smelling breath and clothes, exacerbation of asthma, and ostracism by nonsmoking peers.
- **Social norms regarding tobacco use.** Programs should use a variety of educational techniques to decrease the social acceptability of tobacco use, highlight existing anti-tobacco norms, and help students understand that most adolescents do not smoke.
- **Reasons that adolescents say they smoke.** Programs should help students understand that some adolescents smoke because they believe it will help them be accepted by peers, appear mature, or cope with stress. Programs should help students develop other more positive means to attain such goals.
- **Social influences that promote tobacco use.** Programs should help students develop skills in recognizing and refuting tobacco-promotion messages from the media, adults, and peers.
- **Behavioral skills for resisting social influences that promote tobacco use.** Programs should help students develop refusal skills through direct instruction, modeling, rehearsal, and reinforcement and should coach them to help others develop these skills.
- **General personal and social skills.** Programs should help students develop necessary assertiveness, communication, goal-setting, and problem-solving skills that may enable them to avoid both tobacco use and other health-risk behaviors.

Centers for Disease Control and Prevention¹⁴⁸

Analyzing Media Messages

Media literacy educators suggest key questions to consider about media content:

- Who created this message and why are they sending it? Who owns and profits from it?
- What techniques are used to attract and hold attention?
- What lifestyles, values, and points of view are represented in this message?
- What is omitted from this message? Why was it left out?
- How might different people interpret this message?

Henry J. Kaiser Family Foundation¹⁴⁹

available for education to prevent tobacco use as a result of legal settlements between the tobacco industry and the states.

Student Academic Assessment

As with all required subjects in the school curriculum, students should be regularly assessed to determine how well they are responding to tobacco-use prevention curricula. As of 2007, only four states—Kentucky, Maine, Rhode Island, and Washington—have included health education topics in their statewide assessment programs.¹⁵⁰

The Health Education Assessment Project (HEAP) at the Council of Chief State School Officers (CCSSO) has developed a variety of assessment materials that are appropriate for use by teachers at the classroom level and for use in large-scale assessments of health education at the elementary, junior high/middle school, and high school levels. The partnership has developed approximately 2,000 assessment items based on the National Health Education

Standards, including 230 assessment items on the topic of tobacco in HEAP's Internet-based assessment system. In addition, HEAP has produced a wide variety of professional development materials to support implementation of standards-based health education and assessment.

Teacher Preparation

To effectively teach tobacco-use prevention, and health education in general, teachers require a unique body of knowledge and instructional skills that differ from those needed to teach other subjects, because health classes aim to influence students' personal behaviors and not just build their knowledge base and develop their cognitive skills. For example, examining the subtle influences of peer modeling is a critical part of prevention education that is typically not addressed in other academic subjects.

According to CDC's SHPPS 2000 survey, only 25 percent of teachers of required health education classes had received staff development on tobacco-use prevention in the two years prior to the survey. Yet, tobacco-use prevention was covered in 80 percent of middle/junior and senior high school health education courses that year, second only to the topic of alcohol- and other drug-use prevention (which was taught in 83 percent of such courses).¹⁵¹

Teachers need adequate preparation to teach prevention skills, followed by ongoing support and continuous professional development. CDC has found that,

*Adequate curriculum implementation and overall program effectiveness are enhanced when teachers are well prepared to deliver the program as planned. Studies indicate that in-person training and review of curriculum-specific activities contribute to greater compliance with prescribed program components.*¹⁵²

(See Chapter C of *Fit Healthy, and Ready to Learn*, "Foundation Policies," for a more detailed discussion about teacher preparation and professional development.)

Coaches and physical education teachers are key role models for aspiring young athletes as well as other students. With a little "coaching," school coaches and athletic program staff members can reach out to students with messages about the importance of choosing a healthy, active,

Model Policy: Tobacco-Use Prevention Education

INSTRUCTIONAL PROGRAM DESIGN. As part of a comprehensive tobacco-use prevention program, tobacco-use prevention education shall be integrated within the health education program and be taught at every grade level, pre-kindergarten through twelfth. Instruction shall be most intensive in grades six through eight and reinforced in all later grades.

The educational program shall be based on theories and methods that have been proven effective by published research and consistent with the state's/district's/school's health education standards/guidelines/framework. Instructional activities shall be participatory and developmentally appropriate. The program shall be designed to accomplish the following:

- instruct about immediate and long-term undesirable physiologic, cosmetic, and social consequences of tobacco use;
- decrease the social acceptability of tobacco use;
- address reasons why young people use tobacco, such as its use as a method of weight control;
- teach how to recognize and refute advertising and other social influences that promote tobacco use;
- develop students' skills for resisting social influences that promote tobacco use;
- develop necessary assertiveness, communication, goal setting, and problem solving skills that may enable students to avoid tobacco use and other health-risk behaviors; and
- engage families as partners in their children's education.

The state/district/school is prohibited from accepting funding, curricula, or other materials provided by the tobacco industry or its agents.

STUDENT ASSESSMENT. Tobacco-use prevention topics and skills shall be incorporated into the health education assessment program.

STAFF PREPARATION. Staff responsible for teaching tobacco-use prevention shall receive preservice training and participate in ongoing professional development activities to effectively deliver the education program as planned. Preparation and professional development activities shall provide basic knowledge about the effects of tobacco use and skill practice in effective instructional techniques.

COMMUNITY COLLABORATION. School leaders are expected to collaborate on common messages and coordinated activities with agencies and groups that conduct tobacco-use prevention education in the community. School staff shall also help interested students become involved with agencies and other organizations in the community that are working to prevent tobacco use. Guest speakers invited to address students shall receive appropriate orientation to the relevant policies of the school/district.

POLICY EVALUATION. The school health coordinator/other shall prepare an annual report to the school health advisory council/board of education/other on the implementation of this policy and its effectiveness at preventing tobacco use, with recommendations for improvement.

Tobacco Industry Support for Education Programs

In recent years, the tobacco industry has approached state and local agencies with proposals to financially support the implementation of youth tobacco-use prevention programs. The industry has also distributed attractive book covers and free or low cost curriculum materials that have not been shown to be effective at preventing tobacco use. The Americans for Nonsmokers' Rights Foundation has produced a fact sheet titled *Tobacco Industry "Prevention" Programs*, available at www.no-smoke.org/document.php?id=276.

Public health groups charge that the motivation behind these programs is not to reduce tobacco use, but rather to gain legitimacy, stimulate positive publicity, deflect political pressure, avoid government regulation, and create the appearance of action. Decisions about whether to accept money directly from the tobacco industry have sparked controversy and divisiveness among those committed to preventing tobacco use. Many believe that any partnership between the tobacco industry and the education community constitutes a fundamental conflict of interest and is unwise.

CDC has prepared a guidance document titled *Accepting Funds from the Tobacco Industry*, available at www.cdc.gov/HealthyYouth/tobacco/pdf/tobacco-funds.pdf.¹⁵³

and tobacco-free lifestyle. CDC and other organizations have developed several tobacco-use prevention materials that address student athletes, such as *The Tobacco-Free Sports Playbook*.¹⁵⁴

Collaboration with Community-Wide Efforts to Prevent Tobacco Use

Evidence-based curriculum and tobacco-free school policies should be well-coordinated with community-wide tobacco-use prevention programs involving families, peers, and local organizations.¹⁵⁵ Researchers have found that although a classroom-based tobacco-use prevention curriculum can be effective on its own, its efficacy is greatly increased when combined with community-wide programs and media campaigns.¹⁵⁶ Numerous states—including Arizona, California, Florida, Indiana, Massachusetts, Maine, Mississippi, Minnesota, Ohio, and Washington—have experienced significant declines in youth tobacco-use rates after implementing multi-component tobacco prevention and control efforts involving schools.¹⁵⁷

The Florida Pilot Program on Tobacco Control is perhaps the most dramatically successful example of a program that incorporated multiple approaches to youth tobacco-use prevention and reduction in school and community settings.¹⁵⁸ The innovative program actively involved youth in its design and implementation and produced substantial early success. From 1998 to 2001, current smoking declined from 19 to 10 percent among middle school students and from 27 to 19 percent among high school students, resulting in almost 75,000 fewer youth smokers.¹⁵⁹ Unfortunately, the rapid early progress leveled out as program funding was subsequently cut.

Policymakers should clearly express their expectation that school leaders and students will actively collaborate with tobacco-use prevention efforts that might be underway in the local community. Learning effective advocacy is National Health Education Standard 8: "Students will demonstrate the ability to advocate for personal, family, and community health."¹⁶⁰ One state and many districts have established requirements for student community service so that students are educated about the importance of becoming involved with their community.

“Today when I speak to high school students, many of whom already smoke, I no longer give my 50-minute lecture on science, health, and the dangers of smoking. Instead, I talk to them for just 10 minutes about some of the characteristics of being an adolescent, such as hating the control of parents and teachers. I explain that parents and teachers have good reasons for what they do, because they know where the land mines are buried.

“I tell them it is surprising that young people—who often resent the control of those who love them—don’t mind turning over control to Big Tobacco, the most deceitful industry that has ever functioned on this planet. I explain that, when teenagers turn over this control they lose their wealth, health, and eventually their lives.”

C. Everett Koop,
Former U.S. Surgeon General¹⁶¹

Students can be encouraged and actively supported to become involved in anti-tobacco advocacy in a number of ways, such as signing petitions, protesting tobacco industry support for sports or entertainment events, sending letters to newspapers, or participating in supervised “stings” of merchants who sell tobacco products to underage youth. Although researchers have not studied whether involvement in community initiatives helps prevent tobacco use among participating students, it stands to reason that their involvement would be helpful to both themselves and their communities.

Selected Resources for Tobacco-Use Prevention Education

- CDC’s **Office on Smoking and Health (OSH)** offers several resources tailored to youth at www.cdc.gov/tobacco/tips4youth.htm:
 - *SLAM!* is a 15-minute video developed to help young people become more aware of the power and pervasiveness of cigarette advertising and to help them explore ways to resist the influences of the tobacco industry.
 - *Tobacco Quiz—Test Your Tobacco IQ* is an online questionnaire that challenges and educates.
- Resources for educators from **OSH’s Tobacco Information and Prevention Source (TIPS)** at www.cdc.gov/tobacco/edumat.htm include the following:
 - Dramatically animated illustrations of key findings of the 2004 *Surgeon General’s Report on the Health Consequences of Smoking on the Human Body* are available at www.cdc.gov/tobacco/sgr/sgr_2004/sgranimation/flash/index.html.
 - *MediaSharp* is a video with an accompanying teacher’s guide for middle and high school students that is designed to help them understand and analyze tobacco and alcohol messages in the media.
 - *Smoke Screeners* is an educational program that helps teach media literacy skills to young people, empowering them to make informed decisions about smoking and chewing tobacco by improving their ability to critically analyze the messages they receive about tobacco use in movies and on television. The program includes a moderator’s guide and video, and can be used in either a classroom or youth group setting.
 - The Media Campaign Resource Center for Tobacco Prevention and Control (MCRC) main-

tains a Media Resources for Teachers website at www.cdc.gov/tobacco/MCRC/teachers.htm.

- The *Tobacco-Free Sports Playbook* provides examples of promoting sports participation as a healthy and positive alternative to tobacco use through programs involving schools, health departments, community organizations, and sports teams. Fact sheets and posters help support the tobacco-free sports concept.
- The *Smoke Free Soccer Coach's Manual*, which is available in English and Spanish, features creatively designed soccer drills that help coaches integrate tobacco control and healthy lifestyle messages into their practices.
- A variety of additional educational materials, posters, videotapes, DVDs, celebrity testimonials, and other materials in English and Spanish are available at www.cdc.gov/tobacco/pubs1.htm.
- The **Wisconsin Department of Education** offers *Resources for School Tobacco Programs: A Selected List*, which is available online at dpi.wi.gov/sspw/pdf/tobaccores.pdf.
- The **National Spit Tobacco Education Program (N-STEP)**—a collaborative effort of Oral Health America, Major League Baseball, Major League Baseball Players Association, American Baseball Coaches Association, and Little League Baseball—assists with the development of state and community coalitions involving organized dentistry. For information and materials, call (312) 836-9900 or visit www.nstep.org.
- The **National Institute of Dental and Craniofacial Research (NIDCR)** of the National Institutes of Health offers several resources on spit tobacco including *Spitting in the Wind: The Facts about Dip and Chew*. Visit www.nidcr.nih.gov/HealthInformation/DiseasesAndConditions/SpitTobacco/default.htm.

Advocacy-Oriented Educational Materials

- The **National Education Association/Health Information Network** offers *Kids Act to Control*

A Comprehensive State Tobacco Program Involving Schools and Young People

Oregon has achieved significant initial declines in per capita tobacco consumption after implementing a statewide tobacco control program. Funding to the community through the county health departments has produced an impressive diversity of coalitions, partners, and local actions. Examples of Oregon's community activities include:

- Engaging young people to plan and conduct community tobacco prevention and education events and campaigns.
- Developing educational presentations and strengthening tobacco-use policies in schools and community and day care centers.
- Conducting youth-led, county-wide assessments of tobacco advertising and developing plans to reduce tobacco sponsorship of public events.
- Using tribal newspapers and community presentations by Indian reservation youth to educate the tribal community about tobacco use and the tobacco industry's advertising and promotion on the reservation.
- Working with judges and retailers to develop education and diversion programs.
- Conducting a campaign on smoking in the home.
- Offering smoking cessation programs by drug and alcohol prevention agencies.

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Tobacco (Kids ACT!), a middle school curriculum that teaches students skills in advocacy, critical thinking, problem solving, decision making, and leadership. Go to www.neahin.org/programs/substance/kidsact.htm.

- The **Americans for Nonsmokers' Rights Foundation (ANR)** supports the *Teens as Teachers (TAT)* youth smoking prevention program that provides high school students with the knowledge and skills necessary to teach younger students and to serve as advocates in their community. Go to www.no-smoke.org/document.php?id=206. ANR also produces *How to Butt In: Teens Take Action Handbook*, as well as numerous culturally specific information materials for specific populations, including African Americans, Hispanics/Latinos, and Asians.
- The **Campaign for Tobacco-Free Kids** is a public policy advocacy organization that sponsors the annual Kick Butts Day, a nationwide event that encourages leader-

ship and activism among kids, and the Youth Advocate of the Year Awards to recognize and celebrate outstanding young tobacco control activists who are making a difference in their communities. Contact (800) 284-KIDS or www.tobaccofreekids.org.

- The **West Virginia Department of Health and Human Resources** supports a teen anti-tobacco movement called *RAZE*, with a website at www.razewv.com. Several other states sponsor similar programs; the **American Legacy Foundation** maintains a list of statewide youth-oriented advocacy programs at www.americanlegacy.org/296.htm.
- Many state affiliates of the **American Lung Association** sponsor *Teens Against Tobacco Use (T.A.T.U.)* programs that employ peer teaching methods to educate young people about tobacco use and instruct them on becoming advocates for tobacco-free communities. For more information, contact your state or local ALA program.

5. Tobacco-Use Cessation Component

Tobacco-use cessation programs for students and school staff members who are addicted to nicotine can be important components of comprehensive policies that address tobacco use. Providing tobacco-use cessation services supports the tobacco-free environment and instructional program by:

- giving current tobacco users the chance to quit;
- providing a positive alternative to punishment; and
- demonstrating that policymakers are concerned about the health of students and staff.

In this section:

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- Planning Considerations	p. 48
- <i>Model Policy: Tobacco-Use Cessation Services</i>	p. 49
- Tobacco-Use Cessation Programs for School Staff Members	p. 50
- A Supportive Environment for Quitting	p. 50
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The Challenge of Nicotine Addiction

Nicotine is the drug in tobacco that causes addiction—and it is highly addictive (see box on page 48). According to the National Institute on Drug Abuse, nicotine provides an almost immediate “kick” that stimulates the central nervous system and other endocrine glands, which is then followed by depression and fatigue, leading the abuser to seek more nicotine.¹⁶³ The brain’s pleasure circuits experience dramatic changes during withdrawal from chronic nicotine use. These changes are comparable in magnitude and duration to similar changes observed during withdrawal from other abused drugs such as cocaine, opiates, amphetamines, and alcohol.

The younger that people begin smoking cigarettes, the more likely they are to become strongly addicted to nicotine.¹⁶⁴ Although most youth do not become nicotine dependent until after two to three years of use, addiction can occur after smoking as few as 100 cigarettes.¹⁶⁵ In addition, the level of nicotine in cigarettes significantly increased between 1998 and 2004, making it easier for young people to become addicted and more difficult for smokers to quit.¹⁶⁶

Research indicates that most adolescent smokers would like to quit smoking: in a 2005 nationwide survey, 55 percent of high school students who were current smokers reported that they tried to quit in the previous 12 months.¹⁶⁷ However, teens experience withdrawal symptoms and relapse

rates similar to those reported by adults.¹⁶⁸ Successful adult quitters generally make 8 to 11 quit attempts before succeeding.¹⁶⁹ Researchers estimate that only four percent of adolescent smokers successfully quit on their own in a given year.¹⁷⁰

In a recent nationwide survey of more than 1,800 regular cigarette smokers aged 16 to 24 years who have tried to quit smoking, most used methods proven ineffective for adults.¹⁷¹ The most commonly tried unsuccessful methods included decreasing the number of cigarettes smoked (tried by 88 percent of young smokers); not buying cigarettes (56 percent); exercising more (51 percent); and trying to quit with a friend (48 percent). The high proportion of respondents who tried to quit smoking by switching to light cigarettes (36 percent overall) or other tobacco products (18 percent among males) was of particular concern to CDC because such ineffective strategies might undermine successful cessation.

Planning Considerations

Schools can take on the task of directly providing tobacco-use cessation services or can steer interested students to organizations that provide information and materials about where to find help to stop tobacco use. The SHPPS 2000 nationwide survey found that 21 percent of middle/junior high schools and 29 percent of high schools have arrangements with organizations or professionals not located on school property to provide tobacco-use cessation services.¹⁷²

State and local health agencies often have information about community tobacco-use cessation programs. Information to help people quit tobacco use is also frequently available through community hospitals, health maintenance organizations, and community help lines. The American Cancer Society (ACS), the American Heart Association (AHA), and the American Lung Association (ALA) frequently support tobacco-use cessation services in the community such as local quit lines and support groups. The federal government, the American Legacy Foundation, and numerous other organizations offer guidance and assistance over the Internet.

Local decisions about cessation services for youth should be based on a thorough needs assessment process that takes into consideration the services currently offered in

Is Nicotine Addictive?

Yes, nicotine is addictive. Most smokers use tobacco regularly because they are addicted to nicotine. Addiction is characterized by compulsive drug-seeking [behavior] and use, even in the face of negative health consequences, and tobacco use certainly fits the description. It is well documented that most smokers identify tobacco as harmful and express a desire to reduce or stop using it, and nearly 35 million of them make a serious attempt to quit each year. Unfortunately, less than seven percent of those who try to quit on their own achieve more than one year of abstinence; most relapse within a few days of attempting to quit.

What people frequently do not realize is that the cigarette is a very efficient and highly engineered drug-delivery system. By inhaling, the smoker can get nicotine to the brain very rapidly with every puff.

Other factors to consider besides nicotine's addictive properties include its high level of availability, the small number of legal and social consequences of tobacco use, and the sophisticated marketing and advertising methods used by tobacco companies. These factors, combined with nicotine's addictive properties, often serve as determinants for first use and, ultimately, addiction.

National Institute on Drug Abuse¹⁷³

the community. The CDC guide *Youth Tobacco Cessation: A Guide for Making Informed Decisions* provides advice on adopting realistic goals and developing practical implementation and evaluation plans, as well as actual examples of state and local programs.¹⁷⁴

Schools can organize or refer students to tobacco-use cessation programs using a variety of strategies that vary

Model Policy: Tobacco-Use Cessation Services

PROGRAM AVAILABILITY. As part of a comprehensive tobacco-use prevention program, the school shall provide referrals to community resources and programs to help students and staff members overcome nicotine addiction. School counselors or community agencies are encouraged to establish voluntary tobacco-use cessation programs at school. Planning for such services should be based on findings from needs assessment activities and periodically evaluated for effectiveness and participant satisfaction.

PROGRAM ATTENDANCE. Attendance or completion of a tobacco-use cessation program shall not be mandatory for anyone or used as a penalty. Attendance or completion of a tobacco-use cessation program is allowed as a voluntary substitute to suspension for use or possession of tobacco.

MEDICATIONS. Nicotine is a highly addictive and harmful drug. Existing policies regarding the possession, use, and storage of medications at school shall apply to medications containing nicotine that are prescribed to relieve withdrawal symptoms, including gum, patches, lozenges, snus, sprays, inhalers, and tablets.

POLICY EVALUATION. The school health coordinator/other shall prepare an annual report to the school health advisory council/board of education/other on the implementation of this policy and its effectiveness at helping students and staff members stop using tobacco, with recommendations for improvement.

in length and intensity. Depending on the program goal and the clientele, commonly employed methods include the following:

- face-to-face brief interventions, usually delivered to one person at a time and intended to stimulate further cessation efforts by the student;
- videotapes, brochures, and other self-help materials on how to quit tobacco use, selected to meet a variety of populations;
- computer software that assesses a person's tobacco use and motivation to quit and provides tailored counseling and feedback;
- telephone counseling or support—most states have existing “quitlines” that teens can use;
- one-on-one, face-to-face counseling provided by a trained counselor or therapist;
- group counseling that provides mutual support from peers, at school or off-site by trained counselors or therapists; and
- pharmacotherapy such as nicotine gum, nicotine patches, snus, and medications available by prescription to alleviate the symptoms of physical withdrawal from nicotine during the quitting process (only with oversight by licensed medical providers; see Chapter H of *Fit, Healthy, and Ready to Learn*, “Policies on Asthma, School Health Services, and Healthy Environments,” for a full discussion of school policies regarding the possession, staff administration, self-administration, and storage of medications at school).¹⁷⁵

CDC notes that programs that rely solely on “scare tactics” to change tobacco-use behavior by evoking fear of the consequences of use—such as showing pictures of diseased lungs or presenting people who have been disfigured by a tobacco-related disease—have not been shown to be effective.¹⁷⁶

CDC also notes that overcoming an addiction requires the willingness and voluntary commitment of a person who is determined to succeed.¹⁷⁷ Mandatory participation in a tobacco-use cessation program as a punishment for tobacco use at school is not likely to be effective and the student may develop a lasting dislike for such services. Nevertheless, a recent survey of 591 mostly school-based youth tobacco-use cessation programs found that only 56 percent reported that program enrollment was completely voluntary.¹⁷⁸ Nine percent reported that enrollment was entirely mandatory, and 35 percent reported mixed mandatory and voluntary enrollment. On average, programs reported that 73 percent of young people who started treatment completed the entire program.¹⁷⁸

A minority of the youth tobacco-use cessation programs surveyed (22 percent) required parental permission to participate in the program; 34 percent notified parents of their child's participation.

Tobacco-Use Cessation Programs for School Staff Members

School staff members who need help to quit using tobacco should be provided convenient opportunities to participate in tobacco-use cessation programs. The science of help-

ing adults to quit using tobacco is quite advanced: effective treatments exist for adults that can produce permanent or long-term abstinence from tobacco use.¹⁷⁹ These include individual, group, and telephone counseling services; over-the-counter nicotine patches; and other pharmacotherapies. Even brief tobacco-dependence treatments are effective, and the U.S. Public Health Service recommends that everyone who uses tobacco should be offered at least brief treatment.¹⁸⁰

It may be possible to work with community tobacco-use cessation providers to provide programs on-site in a district building if sufficient demand exists. Health insurance policies provided by the school district should be examined to see if they cover the costs of participation (see the discussion of staff health promotion programs in Chapter C of *Fit, Healthy, Ready to Learn*, School Health Foundation Policies).

A Supportive Environment for Quitting

CDC cautions that overcoming tobacco dependence, as with any addiction, is a complex and continuous process involving an array of physical, social, and psychological factors.¹⁸¹ Many factors can prompt people to begin using tobacco, and many variables can prompt them to quit. A

Choosing a Tobacco-Use Cessation Intervention

- Before you select an intervention, expect to see some evidence of its effectiveness.
- If you decide to implement an existing intervention, make sure its instructions are clear and that the implementation protocol is flexible.
- Look for an intervention that was developed for and tested with youth from similar cultural, developmental, and educational backgrounds as those you intend to serve.
- Look for an intervention that uses a cognitive-behavioral approach, which seeks to change thought processes and the behaviors they influence.

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single intervention or activity is unlikely to be effective or suitable for every person. Therefore, to be maximally effective, tobacco-use cessation efforts should be undertaken in the context of a comprehensive tobacco control program that establishes a supportive environment for quitting. A comprehensive program includes coordinated school/community tobacco-use prevention education, as well as legislative and policy efforts to limit tobacco use, stop tobacco advertising and promotions, promote clean indoor air, restrict youth access to tobacco, and increase the cost of tobacco through taxation.

Selected Resources for Tobacco-Use Cessation Programs

- The CDC **Office of Smoking and Health (OSH)** maintains a comprehensive website of useful resources and links to quit smoking at www.cdc.gov/tobacco/how2quit.htm. Among the resources is *Youth Tobacco Cessation: A Guide for Making Informed Decisions*.
- The **U.S. Surgeon General's Office** maintains an extensive tobacco-use cessation website of resources at www.surgeongeneral.gov/tobacco, including the definitive guidance document, *Treating Tobacco Use and Dependence—Clinical Practice Guideline*.
- **Smokefree.gov** is a Federal government interagency website that provides information and professional assistance to support both immediate and long-term needs to help a person quit smoking. Immediate assistance is available in the form of an online step-by-step cessation guide; local and state telephone quitlines; the national telephone quitline of the National Cancer Institute (NCI) 1-877-44U-QUIT (1-877-448-7848) in English and Spanish; NCI's instant messaging service; and publications that can be downloaded, printed, or ordered.
- The **American Cancer Society (ACS)** distributes pamphlets, posters, and exhibits on smoking and provides smoking education, prevention, and cessation programs. ACS offers the *Commit to Quit* program for adult smokers and a *Resource Guide to Youth Tobacco Cessation Programs*. Refer to your phone book for the ACS chapter in your area, contact (800) ACS-2345, or go to www.cancer.org.
- The **American Lung Association (ALA)** conducts programs that address smoking cessation, prevention, and protection of nonsmokers' health and provides a variety of educational materials. Refer to your phone book for the ALA chapter in your area, contact (800) LUNG-USA, or go to www.lungusa.org.
- The **Center for Tobacco Cessation (CTS)** is a source of the best available science on tobacco-use cessation and works with national partners to expand the use of effective tobacco dependence treatments. Visit www.ctcinfo.org/about/default.asp.
- The *American Journal of Health Behavior* published a special supplement on youth tobacco-use cessation in 2003. The issue describes recent research efforts, suggests recommendations for collecting and reporting data, and reveals better practices and guidelines to follow based on a systematic review of published and unpublished youth tobacco-use cessation studies. View a summary at www.ajhb.org/27-s2.htm.

Appendix A. Policy Checklist

Following is a summary list of key policy points addressed in this chapter. Note that policies may be at the state, school district, or school level depending on the governance system and that the level of detail may vary accordingly.

Comprehensive School Tobacco-Use Prevention Policy [see page 16]

- A comprehensive plan to discourage tobacco use, developed in partnership with families, health care providers, and community agencies, includes the following components:
 - enforcing a prohibition on all use of tobacco products by students, staff, and school visitors at all times in school buildings and vehicles, on school grounds, and at school-sponsored events on or off campus;
 - prohibiting tobacco promotional items, such as clothing, bags, or other personal articles, and any kind of tobacco advertising, at school or school-sponsored events;
 - implementing a sequential educational program to prevent tobacco use that is integrated within the K-12 health education curriculum; is aimed at influencing students' knowledge, attitudes, skills, and behaviors; and is taught by well-prepared and well-supported staff;
 - collaborating on community-wide efforts to prevent tobacco use and supporting students' participation in them; and
 - providing appropriate counseling services and/or referrals for students and staff to help overcome nicotine addiction.
- The comprehensive plan is implemented as part of the coordinated school health program.
- The plan is monitored and evaluated for effectiveness at regular intervals.

Tobacco-Free School Environment [see page 27]

- Student, staff members, and school visitors are not permitted to smoke, inhale, dip, or chew tobacco at any time, including non-school hours:
 - in any building, facility, or vehicle owned, leased, rented, or chartered by the school or district;
 - on school grounds, athletic grounds, or parking lots; and
 - at any school-sponsored event off campus.

- Students are not permitted to possess a tobacco product on school grounds.
- School policies that address the use and possession of drugs apply to tobacco products.
- Tobacco promotional items, including clothing, bags, lighters, and other personal articles, are not permitted on school grounds, in school vehicles, or at school-sponsored events.
- Tobacco advertising is prohibited in all school-sponsored publications and at all school-sponsored events.
- Students are not permitted to leave the school campus during breaks in the school day to use a tobacco product (a closed-campus policy).
- Local law enforcement agencies enforce laws within the immediate proximity of school grounds that prohibit the possession of tobacco by minors.
- Students, families, staff, and visitors are notified of the tobacco-free policy in handbooks and newsletters, announcements, event programs, and other means.
- “No Tobacco Use” signs or other notices are posted at every school entrance and other prominent locations.
- Students and employees using tobacco are subject to relevant, appropriate sanctions, including disciplinary action, as codified by written school policy.
- All school staff participate in training on the correct and fair enforcement of tobacco-free policies.
- The tobacco-free schools policy is monitored and evaluated for effectiveness at regular intervals.

Tobacco-Use Prevention Education [see page 42]

- Tobacco-use prevention education is integrated within the health education program.
- Tobacco-use prevention education is taught at every grade level, preK–12, with intensive instruction in grades 6–8.
- The educational program is based on proven theories and methods and is consistent with applicable health education standards.
- Instructional activities are participatory and developmentally appropriate.
- The education program is designed to:
 - instruct about immediate and long-term undesirable physiologic, cosmetic, and social consequences of tobacco use;

- decrease the social acceptability of tobacco use;
 - address reasons why young people smoke;
 - teach how to recognize and refute advertising and other social influences that promote tobacco use;
 - develop students' skills for resisting social influences that promote tobacco use;
 - develop necessary assertiveness, communication, goal-setting, and problem-solving skills that may enable students to avoid tobacco use and other health-risk behaviors; and
 - engage families as partners in their children's education.
- Tobacco-use prevention topics and skills are incorporated in the health education assessment program.
 - Staff responsible for teaching tobacco-use prevention have adequate preservice training and participate in ongoing professional development activities.
 - Tobacco-use prevention education is coordinated with the other components of the school health program and integrated into the instruction of other subject areas.
 - The district or school collaborates with agencies and groups that conduct tobacco-use prevention education in the community.
 - School staff help interested students become involved with agencies and other organizations in the community that are working to prevent tobacco use.
 - The tobacco-use prevention education program is monitored and evaluated for effectiveness at regular intervals.

Tobacco-Use Cessation Services [see page 49]

- The school provides referrals to community resources and programs to help students and staff overcome nicotine addiction.
- Voluntary tobacco-use cessation services are provided at school in response to assessed needs.
- Attendance or completion of a tobacco-use cessation program is not used as a penalty, though participation is allowed as a voluntary substitute to suspension for student use or possession of tobacco.
- School policies regarding the possession, staff administration, self-administration, and storage of medications apply to medications containing nicotine.
- Tobacco-use cessation services are monitored and evaluated for effectiveness at regular intervals.

Appendix B. List of Acronyms

AAP	American Academy of Pediatrics
ACS	American Cancer Society
AHA	American Heart Association
ALA	American Lung Association
ANR	Americans for Nonsmokers' Rights
CCSSO	Council of Chief State School Officers
CDC	Centers for Disease Control and Prevention
CTS	Center for Tobacco Cessation
DASH	Division of Adolescent and School Health of the Centers for Disease Control and Prevention
DHHS	United States Department of Health and Human Services
IOM	Institute of Medicine of the National Academy of Sciences
MSA	Tobacco Master Settlement Agreement, the 1998 legal settlement between the tobacco industry and 46 states
NASBE	National Association of State Boards of Education
NASN	National Association of School Nurses
NCADI	National Clearinghouse for Alcohol and Drug Information

NCCDPHP	National Center on Chronic Disease Prevention and Health Promotion of the Centers for Disease Control and Prevention
NCI	National Cancer Institute of the National Institutes of Health
NIDA	National Institute of Drug Abuse of the National Institutes of Health
NIDCR	National Institute of Dental and Craniofacial Research of the National Institutes of Health
NSBA	National Schools Boards Association
NSDUH	National Survey on Drug Use and Health, administered by the Substance Abuse and Mental Health Services Administration
N-STEP	National Spit Tobacco Education Program
NYTS	National Youth Tobacco Survey, administered by CDC's Office of Smoking and Health
OSDFS	Office of Safe and Drug Free Schools of the U.S. Department of Education
OSH	Office of Smoking and Health of the Centers for Disease Control and Prevention
SAMHSA	Substance Abuse and Mental Health Services Administration of the U.S. Department of Health and Human Services
SHPPS	School Health Policies and Programs Survey, administered by CDC's Division of Adolescent and School Health
SIDS	Sudden Infant Death Syndrome
TFK	Campaign for Tobacco-Free Kids
YRBS	Youth Risk Behavior Survey, administered by CDC's Division of Adolescent and School Health

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The National Association of State Boards of Education is a nonprofit, private association that represents state and territorial boards of education. Our principal objectives are to strengthen state leadership in education policymaking; promote excellence in the education of all students; advocate equality of access to educational opportunity; and assure responsible lay governance of public education.



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