



HOW SCHOOLS CAN HELP STUDENTS STAY TOBACCO-FREE

Schools are in a uniquely powerful position to play a major role in reducing the serious problem of smoking and other tobacco use by kids. Children spend almost a third of their waking time in school, or about 135 hours per month – and much of the peer pressure kids feel regarding whether or not to smoke occurs in school.¹ Moreover, the vast majority of all smokers begin before leaving high school.² A national survey in 2010 found that 7.1 percent of eighth graders, 13.6 percent of tenth graders, and 19.2 percent of twelfth graders had smoked in the past month.³ Unfortunately, this problem begins long before high school, or even junior high. Very little data about smoking is regularly collected for kids under 12, but the peak years for first trying to smoke appear to be in the sixth and seventh grades, or between the ages of 11 and 12, with a considerable number starting even earlier. For example, in a nationwide *Monitoring the Future* survey, thirteen percent of eighth grade students reported having first smoked by the fifth grade (ages 10 and 11), and 28 percent have tried smoking by the eighth grade.⁴ If these trends are not changed, more than five million kids under age 18 alive today will ultimately die prematurely from smoking.⁵

Smoking and other tobacco use also causes a number of immediate, sometimes irreversible, health effects and risks that can seriously damage kids' health well before they leave school or reach adulthood.⁶ At the same time, symptoms of serious addiction that can lead to years of dependent use can appear within weeks, or even days after occasional smoking begins.⁷ While only three percent of daily smokers in high school think that they'll still be smoking in five years, more than 60 percent are still regular daily smokers seven to nine years later.⁸ Smoking may also be a "gateway" to illegal drug use. Adolescent smoking usually precedes illegal drug use, and the earlier a child experiments with tobacco the more likely he or she is to use marijuana, cocaine, heroin, and other illicit drugs.⁹

The Role of Schools in Reducing Youth Smoking and Other Tobacco Use

For schools to effectively prevent and reduce youth smoking among their students, they must create an environment that encourages anti-smoking beliefs and behaviors. This fact sheet offers a brief summary of suggested anti-smoking policies and programs for schools recommended by the U.S. Centers for Disease Control and Prevention and other youth smoking prevention experts.¹⁰ For more detailed information, please refer to the cited references.

- **Forbid smoking by students, staff, and visitors on all school grounds and at all school-sponsored events.** School smoke-free policies that are clearly and consistently communicated, applied, and enforced reduce smoking among students.¹¹ While just making sure that no kids smoke at school is helpful, also prohibiting smoking by teachers, other school staff, and visitors sends a much more powerful and constructive anti-smoking message. At the very least, any tobacco use by teachers, staff, or others on school grounds or at school activities should be completely invisible to students. Simply adopting firm smoke-free policies for all school properties and events will have a strong positive impact, but these policies are even more effective when they are accompanied by prevention and cessation education.¹² Many schools are already required to prohibit smoking because the Federal Pro Children's Act of 1994 prohibits smoking in facilities that regularly provide certain Federally-funded children's services.¹³
- **Provide comprehensive tobacco prevention education.** School-based education programs to prevent and reduce youth smoking work, but they have to be done right.¹⁴ To work best, such programs should not focus on only one aspect of smoking, such as the short- and long-term negative health effects but should also address social acceptability, social influences, negative social consequences from tobacco use, peer norms and peer pressure, resistance and refusal skills, and media literacy as it relates to tobacco marketing and advertising.¹⁵ In addition, it is not enough to offer anti-smoking education only in middle school or early high school. Students should receive this instruction and guidance, in one form or another, throughout their educational experience.¹⁶ Effective

youth tobacco prevention programs are grade and age sensitive, with the most intense instruction in middle school and reinforcement throughout high school.¹⁷

- **Provide program-specific training for teachers.** When teachers are trained to properly deliver tobacco prevention curriculum, the success of the overall program is greatly improved.¹⁸ Effective training should include a review of curriculum content, modeling of program activities by skilled trainers, and the opportunity for teachers to practice implementing program activities.¹⁹
- **Involve parents and families in school efforts to prevent tobacco use.** Families have an enormous influence on students' smoking perceptions and attitudes, and family members should be involved in school anti-smoking efforts as much as possible. Programs that include interactive homework assignments that educate and involve parents and other family members not only increase family discussions on this important topic but can lead to better home policies about tobacco use and even encourage adult smokers to try to quit.²⁰
- **Offer interactive anti-smoking projects for students.** To reinforce the school's anti-smoking policies and enliven its related programs, schools should offer students opportunities to work on projects to reduce the pro-smoking influences in their communities. For example, students could do a survey of stores near their school that advertise and sell tobacco products, and then write letters to the store owners urging them to reduce or eliminate their externally visible tobacco-product ads and put all their tobacco products behind the counter. Similarly, students could start a letter-writing campaign to encourage magazines available in the school library to stop running any tobacco-product advertisements. The Campaign for Tobacco-Free Kids' Kick Butts Day activity guide describes additional anti-smoking projects for students that can be done independently or as part of Kick Butts Day each year.²¹
- **Help tobacco-using students and staff quit.** Efforts to reduce smoking among school kids cannot solely focus on preventing kids from starting. Too many kids already smoke, and these kids need help quitting. In fact, 61 percent of high school smokers report that they want to quit smoking.²² Likewise, while the vast majority of adult smokers want to quit, a CDC study found that only about six percent were able to quit for a month or longer.²³ Schools can improve these quitting percentages by providing effective cessation assistance to their smoking students and staff. If school-run cessation programs are not possible, schools can still provide students and staff with information on how to quit and on how to link up with community-based cessation programs -- or even bring program representatives to the schools. If there is a shortage of available cessation programs, schools can also play an important role in developing new ones, in conjunction with community health, youth, and other volunteer organizations. In any such efforts, schools should be mindful of the fact that successful cessation approaches differ for kids and adults. Cessation programs for adolescents, for example, should focus more on immediate consequences, offer specific attainable goals, and use contracts that include rewards.²⁴
- **Adopt a firm school policy of not accepting any funding, curricula, or other materials from any tobacco companies.** Tobacco companies produce and market incredibly harmful and addictive products, and they rely on kids to replace their adult customers who die or quit. Accordingly, schools should be completely off limits to tobacco companies. But the major cigarette companies have been trying to get schools to accept all sorts of assistance -- such as "anti-youth-smoking" funding books, book covers, or even curricula as part of their much broader public relations and political strategies. Some schools say that the only way they can offer tobacco prevention programs and materials to their students is by taking these tobacco-company "gifts." Yet, in many cases, the schools have not even tried to find or develop alternative sources of income or assistance. In any case, accepting cigarette company funding or materials always benefits the companies a lot more than the school, and is always a bad deal for our kids.²⁵
- **Evaluate the school's anti-smoking programs at regular intervals.** Schools should make sure to evaluate their success in implementing various smoke free policies, programs, and curriculum components, as well as their success in making a difference in the smoking patterns of students. This evaluation is necessary for schools to determine areas of their program that need improvement,

as well as to demonstrate the positive effects of the program to students, parents, and the community – and to other schools who have not adopted tobacco prevention programs.

By taking some or all of these steps, schools can have an enormous impact on the current and future health and well being of their students.

Campaign for Tobacco-Free Kids, February 7, 2011 / Meg Riordan

For more information, see factsheets at

http://www.tobaccofreekids.org/facts_issues/fact_sheets/toll/tobacco_kids/.

¹ See e.g., Jackson C, "Initial and experimental stages of tobacco and alcohol use during late childhood: relation to peer, parent, and personal risk factors," *Addictive Behaviors* 22(5):685-98, Sept-Oct 1997. See, also, Banks, M, et al., "Adolescent attitudes to smoking: their influence on behavior," *Int'l Jnl of Health Education* 24(1):39-44, 1981.

² Substance Abuse and Mental Health Services Administration (SAMHSA), HHS, Calculated based on data in National Household Survey on Drug Use and Health, 2007.

³ Johnston, LD, et al., *Monitoring the Future National Survey Results on Drug Use, 1975-2010*, "Smoking stops declining and shows signs of increasing among younger teens." University of Michigan News Service: Ann Arbor, MI, 2010 [This school-based study does not survey kids who have dropped out of school, who tend to have higher smoking rates]. <http://www.monitoringthefuture.org/data/10data.html#2010data-cigs>.

⁴ Johnston, LD, et al., *Monitoring the Future National Survey Results on Drug Use, 1975-2002. Volume I, Secondary School Students*, (2003). National Inst. on Drug Abuse (NIDA), NIH Publication No. 03-5375 http://monitoringthefuture.org/pubs/monographs/vol1_2002.pdf.

⁵ U.S. Centers for Disease Control & Prevention (CDC), "Projected Smoking-Related Deaths Among Youth—United States," *Morbidity and Mortality Weekly Report (MMWR)*, 1996 November, 45:44.

⁶ See Campaign for Tobacco-Free Kids (TFK) factsheet, *Smoking's Immediate Effects on the Body*, <http://tobaccofreekids.org/research/factsheets/pdf/0264.pdf>.

⁷ DiFranza ,JR, et al., "Initial symptoms of nicotine dependence in adolescents," *Tobacco Control* 9:313-19, September 2000.

⁸ Johnston, LD, et al., *Monitoring the Future*, 1998.

⁹ TFK factsheet, *Smoking and Other Drug Use*, <http://tobaccofreekids.org/research/factsheets/pdf/0106.pdf>; Center on Addiction and Substance Abuse (CASA), Columbia University, "Cigarettes, Alcohol, Marijuana: Gateways to Illicit Drug Use," October 1994.

¹⁰ Information and recommendations for school policies have been derived from CDC, *Guidelines for School Health Programs to Prevent Tobacco Use and Addiction*, *MMWR*, 43(RR-2), February 25, 1994, www.cdc.gov/mmwr/preview/mmwrhtml/00026213.htm.

¹¹ Grimes, J, et al., "Educational factors influencing adolescent decision-making regarding use of alcohol and drugs," *Jnl of Alcohol and Drug Education* 35:1-15, Fall 1989.

¹² Pentz, M, et al., "The power of policy: the relationship of smoking policy to adolescent smoking," *American Jnl of Public Health (AJPH)*, 79:857-62, July 1989.

¹³ Title 20 USC 6081.

¹⁴ See TFK fact sheet, *School-Based Programs Reduce Tobacco Use*, <http://www.tobaccofreekids.org/research/factsheets/pdf/0050.pdf>.

¹⁵ Flay, B, "Psychosocial approaches to smoking prevention: a review of findings," *Health Psychology* 4(5):449-88, Sept 1985. See, also, Best, J, et al., "Preventing cigarette smoking among school children," *Annual Reviews of Public Health* 9:161-201, 1988.

¹⁶ National Cancer Institute, "School programs to prevent smoking: the National cancer Institute's guide to strategies that succeed", 1990, HHS publication no. (NIH) 90-500.

¹⁷ Glynn, T, "Essential elements of school-based smoking prevention programs," *Jnl of School Health* 59(5):181-8, May 1989. Murray, D, et al., "Five- and six-year follow-up results from four seventh-grade smoking prevention strategies," *Jnl of Behavioral Medicine* 12(2):207-18, 1989.

See, also, Flay, B, et al., "Six-year follow-up of the first Waterloo School Smoking Prevention Trial," *AJPH* 79(10):1371-6, October 1989.

¹⁸ Connell, D, et al., "Summary of findings of the school health education evaluation: health promotion effectiveness, implementation, and costs," *Jnl of School Health* 55(8):316-21, October 1985. See, also, Gold, RS, et al., "Summary and conclusions of the THTM evaluation: the expert work group perspective," *Jnl of School Health* 61(1):39-42, January 1991.

¹⁹ Tortu, S, et al., "School-based smoking prevention: the teacher training process," *Preventive Medicine* 18(2):280-90, March 1989. See, also, Perry, C, et al., "Evaluating the statewide dissemination of smoking prevention curricula: factors in teacher compliance," *Jnl of School Health* 60(10):501-4, December 1990.

²⁰ Perry, C, et al., "Parental involvement in cigarette smoking prevention: two pilot evaluations of the 'Unpuffables Program,'" *Jnl of School Health* 60(9): 443-7, November 1990.

²¹ For more information on Kick Butts Day, visit www.kickbuttsday.org.

²² CDC, "Youth Tobacco Surveillance—United States, 2000," *MMWR* 50(SS-4), November 2, 2001; U.S. Bureau of the Census.

²³ CDC, "Smoking cessation during previous year among adults—United States, 1990 and 1991," *MMWR* 42(26):504-507, July 1993.

²⁴ Weissman W et al., "Development and preliminary evaluation of a cessation program for adolescent smokers," *Psychology of Addictive Behaviors* 1(1):84-91, March 1987. See, also, HHS, *The health consequences of smoking: nicotine addiction – a report of the Surgeon General*, 1988.

²⁵ See, e.g., American Heart Association, American Cancer Society, et al., Letter to state boards of education, August 16, 2001; TFK factsheets on industry youth prevention programs, http://www.tobaccofreekids.org/facts_issues/fact_sheets/industry/prevention/.