



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 use tobacco occurs in school.¹ Nearly 90 percent of adult smokers begin smoking at or before age 18.²

A national survey in 2015 found that 2.6 percent of eighth graders, 4.9 percent of tenth graders, and 10.5 percent of twelfth graders had smoked in the past month.³ Unfortunately, this problem can begin long before high school or even junior high. Though very little data about smoking is regularly collected for kids under 12, the peak years for first trying to smoke appear to be in the sixth and seventh grades (or between the ages of 11 and 13), with a considerable number starting even earlier.⁴ In 2015, 3.8 percent of eighth grade students reported having had their first cigarette by the end of fifth grade (ages 10 to 11).⁵ If current trends continue, 5.6 million kids under the age of 18 who are alive today will ultimately die from smoking-related disease.⁶

Nicotine is a highly addictive drug; and adolescents, who are still going through critical periods of growth and development, are particularly vulnerable to its effects.⁷ Symptoms of serious addiction, which can lead to years of tobacco use and dependence, can appear within weeks or even days after occasional smoking begins.⁸ Smoking and other tobacco use causes numerous immediate, sometimes irreversible, health effects and risks that can seriously damage kids' health well before they leave school or reach adulthood.⁹

Because of the addictive power of nicotine, about three out of four teen smokers ends up smoking into adulthood, even if they intend to quit after a few years.¹⁰ Smoking may also be a "gateway" to illegal drug use. Studies show that nicotine addiction often precedes the use of other drugs and is a risk factor for future use of drugs and alcohol.¹¹

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

For schools to effectively prevent and reduce youth tobacco use among their students, they must create an environment that encourages anti-tobacco beliefs and behaviors. This fact sheet offers a brief summary of suggested anti-tobacco policies and programs for schools recommended by the U.S. Centers for Disease Control and Prevention and other youth tobacco prevention experts.¹² For more detailed information, please refer to the cited references.

- **Forbid tobacco use by students, staff and visitors on all school grounds and at all school-sponsored events.** School tobacco-free policies that are clearly and consistently communicated, applied and enforced reduce tobacco use among students.¹³ While just making sure that no kids use tobacco at school is helpful, also prohibiting tobacco use by teachers, other school staff, and visitors sends a much more powerful and constructive tobacco-free message. And while adopting firm tobacco-free policies for all school properties and events will have a strong positive impact in and of themselves, these policies are even more effective when accompanied by prevention and cessation education.¹⁴ 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.¹⁵
- **Provide comprehensive tobacco prevention education.** School-based education programs to prevent and reduce youth tobacco use work, but they have to be done right.¹⁶ To work best, such programs should comprehensively address all aspects of tobacco use, including the short- and long-term negative health effects, social acceptability, social influences, negative social consequences, peer norms and peer pressure, resistance and refusal skills, and media literacy as it relates to tobacco marketing and advertising.¹⁷ In addition, it is not enough to offer anti-tobacco 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.¹⁸ Effective youth tobacco prevention programs are grade and age sensitive, with the most intense instruction in middle school and reinforcement throughout high school.¹⁹

- **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.²⁰ 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.²¹
- **Involve parents and families in school efforts to prevent tobacco use.** Families have an enormous influence on students' tobacco perceptions and attitudes, and family members should be involved in school tobacco-free 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 tobacco users to try to quit.²²
- **Offer interactive tobacco-free projects for students.** To reinforce the school's tobacco-free policies and strengthen its related programs, schools should offer students opportunities to work on projects to reduce the pro-tobacco 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. 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: <http://www.kickbuttsday.org/>.²³
- **Help tobacco-using students and staff quit.** Efforts to reduce tobacco use among school kids must focus on more than just preventing kids from starting. Too many kids already use tobacco products, and these kids need help quitting. Most smokers want to quit smoking. In 2015, nearly half (45.4%) of high school smokers tried to quit smoking.²⁴ In 2015, 55.4 percent of adults tried to quit smoking, but only 7.4 percent were successful in staying quit for six months or more.²⁵ Schools can improve these quitting percentages by providing effective cessation assistance to their students and staff who use tobacco. 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 play an important role in developing new ones by partnering 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.²⁶
- **Adopt a firm school policy of not accepting any funding, curricula or other materials from any tobacco company.** Tobacco companies produce and market incredibly harmful and addictive products, and they rely on kids to replace their adult customers who die or quit. For that reason, schools should be completely off limits to tobacco companies. But the major cigarette companies still try to get schools to accept all sorts of assistance—like book covers, industry sponsored tobacco prevention curricula and “anti-youth-smoking” funding books—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. Regardless, accepting tobacco company funding and materials always benefits the tobacco companies a lot more than the school, and it's always a bad deal for our kids.²⁷
- **Evaluate the school's tobacco-free programs at regular intervals.** Schools should regularly evaluate their success at implementing smoke-free policies, programs and curriculum components, as well as their success at decreasing students' tobacco use. Such evaluations are necessary for schools to determine which areas of their program need improvement, as well as to demonstrate the

positive effects of the program to students, parents and the community, as well as 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.

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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 United States Department of Health and Human Services. Substance Abuse and Mental Health Services Administration. Center for Behavioral Health Statistics and Quality. National Survey on Drug Use and Health, 2014. ICPSR36361-v1. Ann Arbor, MI: Inter-university Consortium for Political and Social Research [distributor], 2016-03-22. <http://doi.org/10.3886/ICPSR36361.v1>.

³ University of Michigan, Monitoring the Future Study, 2016, <http://www.monitoringthefuture.org/data/16data/16cigtbl2.pdf>. [This school-based study does not survey kids who have dropped out of school, who tend to have higher smoking rates].

⁴ Miech, RA, et al., *Monitoring the Future National Survey Results on Drug Use, 1975-2015: Volume 1, Secondary School Students*, Ann Arbor, Institute for Social Research, The University of Michigan, 2016. http://www.monitoringthefuture.org/pubs/monographs/mtf-vol1_2015.pdf.

⁵ Miech, RA, et al., *Monitoring the Future National Survey Results on Drug Use, 1975-2015: Volume 1, Secondary School Students*, Ann Arbor, Institute for Social Research, The University of Michigan, 2016. http://www.monitoringthefuture.org/pubs/monographs/mtf-vol1_2015.pdf.

⁶ HHS, "The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General," 2014, <http://www.surgeongeneral.gov/library/reports/50-years-of-progress/index.html>.

⁷ HHS, "The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General," 2014, <http://www.surgeongeneral.gov/library/reports/50-years-of-progress/index.html>.

⁸ DiFranza, JR, et al., "Initial symptoms of nicotine dependence in adolescents," *Tobacco Control* 9:313-19, September 2000.

⁹ HHS, "Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General," 2012, <http://www.surgeongeneral.gov/library/reports/preventing-youth-tobacco-use/full-report.pdf>. See also, Campaign for Tobacco-Free Kids (TFK) factsheet, *Smoking's Immediate Effects on the Body*, <http://tobaccofreekids.org/research/factsheets/pdf/0264.pdf>.

¹⁰ HHS, "Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General," 2012, <http://www.surgeongeneral.gov/library/reports/preventing-youth-tobacco-use/full-report.pdf>.

¹¹ HHS, *Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General*, HHS, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2012. See also, TFK factsheet, *Smoking and Other Drug Use*, <http://tobaccofreekids.org/research/factsheets/pdf/0106.pdf>.

¹² 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.

¹³ 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.

¹⁴ 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.

¹⁵ Title 20 USC 6081.

¹⁶ See TFK fact sheet, *School-Based Programs Reduce Tobacco Use*, <http://www.tobaccofreekids.org/research/factsheets/pdf/0050.pdf>.

¹⁷ 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.

¹⁸ 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.

¹⁹ 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.

²⁰ 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.

²¹ 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.

²² 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.

²³ For more information on Kick Butts Day, visit www.kickbuttsday.org.

²⁴ CDC, "Youth Risk Behavior Surveillance—United States, 2015," *MMWR*, 65(6), June 10, 2016.

http://www.cdc.gov/healthyyouth/data/yrbs/pdf/2015/ss6506_updated.pdf.

²⁵ CDC, "Quitting Smoking Among Adults—United States, 2000-2015," *MMWR* 65(52): 1457-1464, January 6, 2017,

<https://www.cdc.gov/mmwr/volumes/65/wr/pdfs/mm6552a1.pdf>.

²⁶ 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.

²⁷ 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/.