

Tobacco-Free Schools for Michigan Youth

A Planning Guide



Partnership for Tobacco-Free Schools

Michigan Department of Community Health
Michigan Department of Education



**Clearly, no knowledge is more crucial than knowledge about health.
Without it, no other life goal can be successfully achieved.**

~E.L Boyer, The Carnegie Foundation for the Advancement of
Teaching, 1983

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Section I: Introduction

Many factors play a role in determining whether or how young people use tobacco. Schools can help children remain tobacco free by exposing them to comprehensive health education that includes tobacco prevention education, adult role modeling of nonsmoking behavior, and strong, enforced tobacco-free policies. The purpose of this guide is to assist schools in developing, implementing, and maintaining policies and programs that help ensure students become healthy adults who are tobacco-free.

School administrative support is key to successful tobacco-free policies and programs. This support reinforces to staff, students, volunteers, and other community members the seriousness of tobacco use as a major health problem and the importance of tobacco-free environments.

“Tobacco-Free Schools for Michigan Youth” meets the requirements of the Centers for Disease Control and Prevention’s (CDC) guidelines for comprehensive tobacco prevention and control programs for schools. These guidelines are included with this packet. A primary component of these guidelines is a 24-hour, 7-day-a-week (24/7) tobacco-free policy that applies to everyone, youth and adults, on school property and at any school function on- and off-campus.

“Health and success in school are interrelated. Schools cannot achieve their primary mission of education if students and staff are not healthy and fit physically, mentally and socially.”

[National Association of School Boards of Education](#)

A DOZEN GOOD REASONS FOR TOBACCO-FREE SCHOOLS

Each day, it is estimated that more than 3,500 American teenagers try their first cigarette and 1,000 other young people become new, daily smokers. Schools play an important role in shaping tobacco use behaviors. When combined, tobacco prevention education, adult role modeling of nonsmoking behavior, and strong tobacco-free policies can create a positive and protective environment in which youth can remain tobacco-free and learn the behaviors that will help them become healthy adults. Below are several good reasons for tobacco-free schools.

1. TOBACCO KILLS AND DISABLES

Schools are responsible for protecting children in their charge from dangerous products. Tobacco kills more Americans each year than alcohol, cocaine, crack, heroin, suicide, car accidents, fires, and AIDS combined. Yearly, tobacco use is responsible for more than 400,000 deaths nationally and for over 15,700 deaths in Michigan. Tobacco use adversely affects nearly every system and function in the human body.

Smoking is known to cause lung cancer and increase the risk of cancers of the pancreas, bladder, colon, and cervix. Cigarettes, spit tobacco, and pipes cause oral cancer, gum disease, and tooth loss. The use of tobacco is

associated with increased risk of heart disease, stroke, blindness, hearing loss, infertility, and male impotence.

In children, tobacco use can cause many health problems. Tobacco use contributes to a general decrease in physical fitness, as well as an increased number of colds, sore throats, and other respiratory illnesses. Smoking is associated with a slower rate of lung growth, which can result in decreased lung function as an adult. It has also been named as a factor in the early development of artery disease as a possible precursor of heart disease. More than five million children alive today will die prematurely because they became regular tobacco users as adolescents.

2. TOBACCO IS A GATEWAY DRUG

Schools must consider other side effects of tobacco use. Tobacco has been classified as a drug by the federal [Food and Drug Administration](#). Schools must prohibit drug use in buildings, on school grounds, and at school-sponsored events.

As cited in the Surgeon General's report, tobacco use has been found to play a pivotal role in the development of other drug dependencies. Studies as early as the 1970s showed that cigarette smoking preceded marijuana smoking and other illegal drug use. More recent data from the [Monitoring the Future Project](#) confirms that illegal drug use is rare among those who have never smoked and that cigarette smoking is likely to precede the use of alcohol or illegal drugs.

A 1991 study released by the [Center of Addiction and Substance Abuse \(CASA\)](#) reported that compared with youth who are smoke-free, those who smoke cigarettes are 12 times more likely to smoke marijuana, and 9.5 times more likely to use any illegal drug. A number of factors could explain this increased risk, including: (a) nicotine produces various effects that are similar to one or more other abused drugs; (b) smoking behavior and tolerance for smoking prepare youth for smoking preparations of cocaine, methamphetamine, and PCP; (c) stealing or buying tobacco involves committing minor infractions, that, while discouraged, have few or no consequences; and (d) attitudes about drug use develop with the early use of nicotine and alcohol to affect mood and the process of rationalization, denial, hiding, sneakiness, and lying that often build up and are transferable to the use of other drugs.

3. TOBACCO IS ADDICTIVE

Schools must be in the business of promoting health rather than enabling addictions. The use of tobacco is not just a "bad habit" – it is a powerful addiction. For many, being addicted to nicotine makes quitting tobacco as difficult as quitting heroin, cocaine, or alcohol. Research has shown that most young tobacco users do not fully understand the concept of addiction. They do not understand what they are getting into. Most youth are deciding to smoke a few cigarettes with friends, not to develop a physical dependence on tobacco that could last the rest of their lives. The majority of adolescents who smoke report they would like to quit, but can't. One study found more

than 60 percent of high school seniors who smoked as few as one to five cigarettes a day, were still smoking five years later. Most had increased the number of cigarettes they were smoking. Researchers estimate that teenagers who become smokers today will remain addicted for an average of 16-20 years. Despite these figures, teens continue to believe that they will be able to quit whenever they want. In fact, nearly 20 million people try to quit smoking every year. Only about three percent have long-term success.

4. **SECONDHAND SMOKE IS A DANGER TO EVERYONE**

Secondhand smoke, or environmental tobacco smoke (this is a tobacco-industry term because it includes a connotation that tobacco smoke is in the environment rather than from someone actively smoking cigarettes – **secondhand smoke** is the more appropriate term to use), causes more than 70,000 deaths in the United States each year, making it the third major killer, after active smoking and alcohol. Approximately 1,977 Michigan residents die each year from exposure to secondhand smoke.

Secondhand smoke contains over 4,700 chemical compounds, more than 50 of which are carcinogenic. Secondhand smoke causes lung cancer in nonsmokers and is suspected of playing a role in other cancers. It causes heart disease, increases carbon monoxide in the blood, and decreases tolerance to exercise. Children exposed to secondhand smoke are more likely to suffer ear infections, bronchitis, and pneumonia than non-exposed children. Secondhand smoke is particularly problematic for the growing number of children with asthma.

Healthy kids
make better
students
and better
students
make healthy
communities

Clusters of students, staff, or visitors smoking at entrances or during school-sponsored events (such as football games) are a health hazard for students. Passing through areas of smoke may be enough to trigger an asthma attack or exacerbate respiratory problems in students. This does not meet the standard of a safe environment. Researchers looking at the health impact of secondhand smoke on children state simply, "Smoking should be banned wherever children are present." The 1986 Surgeon General's Report on Secondhand Smoke states that there is no safe level of exposure to secondhand smoke.

5. **MIDDLE AND HIGH SCHOOL YEARS ARE CRITICAL IN DETERMINING WHETHER AN INDIVIDUAL BECOMES A SMOKER FOR LIFE**

Schools can help delay the onset of smoking and significantly reduce the chances that youth will ever use tobacco regularly. Tobacco use is frequently called a pediatric disease because the onset of smoking often occurs in the adolescent and pre-adolescent years. Statistics show that the vast majority (82 percent) of adults who smoke began smoking before the age of 18; most started experimenting with cigarettes in seventh grade. Conversely, if young people can make it through their school years as nonsmokers, they are likely to stay that way for the rest of their lives.

Studies on the initiation of tobacco use show that most children's first use of tobacco occurs in small social groups of their peers or with slightly older children. If schools prohibit tobacco use on school grounds at all times, they can substantially decrease the time and the social opportunity students have for learning to smoke or chew. Schools can help students stay tobacco-free during their school years, and thereby help them remain tobacco-free for life.

6. ALLOWING TOBACCO USE AT SCHOOLS IS IN CONFLICT WITH PREVENTION MESSAGES DELIVERED IN CLASSROOMS

Schools must send clear, consistent no-use messages. Tobacco use prevention education is considered an essential element of comprehensive school health programs. It is included in the National Standards for School Health and was one of the first areas focused on by the Centers for Disease Control and Prevention for the development of assessment materials. Resistance skills are often taught to help children learn to fend off offers of alcohol, tobacco, and other drugs. Coaches of all sports regularly prohibit tobacco use by team members. Special events in schools such as the American Cancer Society's "Great American Smoke Out," health fairs, and speakers, are intended to reinforce tobacco use prevention. School hallways and bulletin boards often shout the prevention message with posters and banners. How then are children to understand stepping outside their classrooms to view clusters of students, teachers, and parents using tobacco at school-sponsored events? Schools that are not totally tobacco-free send conflicting messages to students about tobacco use.

7. PERCEIVED SOCIAL ACCEPTANCE OF TOBACCO USE, ACCURATE OR OTHERWISE, INFLUENCES ADOLESCENT TOBACCO USE BEHAVIOR

Schools can reduce children's observation of tobacco use and take a firm stand against it. The idea that tobacco use is socially acceptable can be developed when youth witness others using tobacco or when they use it themselves without negative consequences. Studies have shown that children consistently overestimate the number of tobacco users and a majority of youth DO NOT use tobacco. This perception is furthered when students witness crowds of their classmates and teachers smoking or chewing. Adult attitudes toward tobacco use can perpetuate the perception of acceptance. The idea that tobacco use is normative and that it is socially accepted by others, including respected adults, encourages adoption and ongoing use of tobacco products. Enactment and enforcement of a 24/7 tobacco-free school policy represents a firm stand on the part of school administration, teachers, and parents about youth tobacco use and can help reinforce the norm that a majority of their peers are not using tobacco.

8. WORKPLACES IN MICHIGAN ARE SMOKE-FREE

On May 1, 2010, the Dr. Ron Davis Smoke-Free Air Law went into effect in Michigan. This law covers all workplaces and food service establishments. The law also covers public places, including, but not limited to restaurants, bars, shopping malls, bowling alleys, concert halls, arenas, museums, mechanic shops, health facilities, nursing homes, education facilities, and

child care centers. For more information on Michigan's Smoke-Free Air Law go to: http://www.michigan.gov/mdch/0,1607,7-132-2940_2955_2973_55026---,00.html.

Employers are also becoming more reluctant to hire smokers due to increased absenteeism and healthcare cost liability. In a competitive job market and nonsmoking community environment, it is important that students not leave their high school years with a smoking handicap. Some districts exempt vocational or alternative schools from tobacco-free school policies. These are frequently attended by the students who are most likely to smoke and can least afford to be disadvantaged in the job market. Under Michigan's Smoke-Free Air Law, they will no longer be able to do this.

9. LAWS INTENTIONALLY LIMIT ACCESS AND POSSESSION OF TOBACCO BY CHILDREN

It is important that schools model respect for state laws and community ordinances. Michigan law prohibits the sale of tobacco to minors and possession of tobacco products by anyone under age 18 is illegal. It is clear that the intent of the law is to reduce adolescent access to and use of tobacco. Most teens obtain their cigarettes by stealing, taking them from their parents, or illegal purchase through other teens or an adult. If school districts allow students to use tobacco on school property, they are implying they endorse the use of products that were most likely obtained illegally. School personnel who permit youth to smoke or to use spit tobacco on school grounds are condoning illegal behavior, which is disregard for the law. It is important that citizenship lessons are not only taught at school, but applied, and respect for the law is demonstrated. Students learn what they live.

10. SCHOOLS MAY FACE LIABILITY ISSUES BY ALLOWING SMOKING ON THEIR PREMISES

School districts would be wise to protect themselves from this unnecessary risk. Litigation related to tobacco addiction and disease caused by exposure to secondhand smoke is growing. Individuals have recovered damages in numerous lawsuits because their employers failed to provide a safe, smoke-free work environment. With the increasing number of children with asthma, there may be additional cause for concern, particularly if an asthma attack or other respiratory problem is triggered because a child is exposed to tobacco smoke in the school setting.

There is another area of concern. Ten years ago, no one thought tobacco companies could be held liable for the health costs incurred because of addiction to smoking. Today, these companies are indeed being held liable for billions of dollars for the role they played in contributing to tobacco addiction and the consequent diseases. It is conceivable that in the future someone may question the role school personnel or district board members played in allowing addictions to develop through non-enforcement of tobacco-free policies and Michigan laws regarding tobacco use.

11. IT'S THE RIGHT THING TO DO

Establishing a 24/7 tobacco-free school environment is not always the easiest thing to do, but it is the right thing to do to protect children and help them develop into healthy adults. Twenty years ago there was a much higher level of drinking and driving by teens, particularly at times of special school events, such as homecoming and prom. Today, however, school districts and communities are making it clear that this behavior is not acceptable. Many schools have taken the lead by providing post homecoming and post prom parties to keep kids sober and safe. These changes originally met with some resistance from students because they were seen as interferences with their traditional activities. However, schools and communities persisted in what they knew was the right thing to do. The same now applies to tobacco use. Changes and restrictions on this behavior may well be met with some resistance. However, if all school districts adopt 24/7 tobacco-free school policies, there will be a reduction in the number of youth who become permanently addicted to tobacco, and ultimately a reduction in the number of deaths and diseases from tobacco use. Twenty-Four-Hour, Seven-Days-A-Week, Tobacco-Free Schools: It is simply the right thing to do.

A health promoting school is characterized as a school constantly strengthening its capacity as a healthy setting for learning and working.

~[World Health Organization](#)

SECTION II: An Overview of the [CDC's Guidelines for School Health Programs: Preventing Tobacco Use and Addiction](#)

SECTION III: Michigan Data on Tobacco Use

[YRBS Tobacco Fact Sheet](#)

[Michigan Youth Risk Behavior Survey](#)

[National Youth Risk Behavior Survey](#)

SECTION IV: Emerging Tobacco Products

School staff needs to be aware of a new generation of smokeless products that are being marketed to youth. Due to the increase in smoke-free environments, the tobacco industry has created new nicotine products that can be discretely used in tobacco-free environments. These products are also being marketed by the industry as "safer" than cigarettes and they are being referred to as "risk reduction" products; however, there is no scientific evidence to-date that these products reduce the risk of disease compared to conventional tobacco products, such as cigarettes and spit tobacco. Furthermore, the health impact of these so-called "risk reduction" products is not known, and their impact on youth health, or overall public health, could be negative.

Examples of some of these smokeless products include the following:

- ☼ Snus, a newer smokeless, spitless tobacco that comes in a pouch you stick between your upper lip and gum – it can be left in the mouth for a half-hour, without spitting, until it is discarded
- ☼ Camel “orbs,” “sticks,” and “strips” that are placed in the mouth, on the tongue, or between the cheek and gum and are completely dissolvable
- ☼ E-cigarette – A non-tobacco nicotine product that comes in different flavors, and is designed to look like a cigarette but it is not lit and does not burn like a cigarette

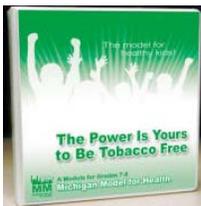
School staff needs to be observant and aware that students may be using these products while they are on school grounds, in class, and during athletic activities. There have been some reports that student athletes will use these products by placing them on a hidden part of their bodies, such as their toes, so they can absorb the nicotine and discretely continue their addiction.

Schools can also play a role in addressing and reducing the use of these products by including a statement in newly adopted or existing 24/7 tobacco-free policies that prohibits the use of these products, but still allows for the use of nicotine replacement therapy as an option that, if approved by a health care provider, can help youth to quit.

SECTION V: Programs That Support Tobacco-Free Schools

A. The Michigan Model for Health

The Michigan Model[®] curriculum facilitates skills-based learning through lessons that include a variety of teaching and learning techniques, skill development and practice, and building positive lifestyle behaviors in students and families. Teacher training in the implementation of the Model ensures that students, and their schools as a whole, get maximum benefits from this carefully structured program.



[*The Michigan Model for Health[®]*](#)

[*The Power is Yours to Be Tobacco Free*](#) – Grades 7 and 8 tobacco prevention module

[*Michigan Model for Health[®] Scope and Sequence Chart Grades K-6*](#)
[*Michigan Model for Health[®] Scope and Sequence Chart Grades K-6*](#)
[*Printable PDF Version*](#)

B. Coordinated School Health Teams

Health education in the classroom, however, is not enough by itself to ensure a healthy learning environment that supports school success. In addition to tobacco prevention education that is part of a systematic and comprehensive school health education curriculum, attention needs



to be paid to the needs of students and staff who are already using tobacco, and to the politics of the school that promote tobacco reduction.

Coordinated School Health Teams (CSHT) at the school building or district level can make the difference between fragmented, weakly supported school health programs and coordinated programs that are supported by administration, community members, parents, school support staff, teachers, and students. Coordinated School Health Teams seek to go beyond the classroom to coordinate the many programs and services that impact the health of school age children.

CSHTs can be comprised of any members of the school and local community concerned about school health. Members may include health education teachers, school administrators, school nurses, school counselors, students, parents, tobacco coalition representatives, physical education teachers, clergy, custodians, food service staff, transportation staff, community agency representatives and others who are interested in helping the school develop school health policies, implement programs, and evaluate the effectiveness of those programs. Many Michigan school districts are now beginning to pull together Coordinated School Health Teams consisting of many of the representatives named above.

There are several resources available, in addition to this manual, which can assist school districts that are attempting to coordinate existing school health programs. These include the following:

- [Michigan State Board of Education Policies](#) are available online. The State Board develops policy recommendations for local public school districts, conducts education policy research and development, and produces publications and reports. Current policies include:
 - [24/7 Tobacco-Free Schools](#) (2005)
 - [Policy on the Management of Asthma in Schools](#) (2005)
 - [Policy on Integrating Mental Health in Schools](#) (2010)
 - [Policies for Affirming Service Learning](#) (2002)
 - [Policies on Integrating Communities and Schools](#) (2002)
 - [Policies for Creating Effective Learning Environments](#) (2000)
 - [Policy on Coordinated School Health Programs to Support Academic Achievement and Healthy Schools](#) (2003)
 - [Policy to Promote Health and Prevent Disease and Pregnancy](#) (2003)
 - [Policy on Quality Physical Education](#) (2003)
 - [Policy on Offering Healthy Food and Beverages in Venues Outside of the Federally Regulated Child Nutrition Programs](#) (2003)
 - [Policy on Comprehensive School Health Education](#) (2004)
 - [Policy on Quality Character Education](#) (2004)
 - [Policies on Safe Schools](#) (2000)
 - [Model Anti-Bullying Policy](#) (2006)
 - [Model Local Wellness Policy](#) (2005)
- [Promoting Healthy Youth, Schools and Communities: A guide to Community-School Health](#) provides a practical approach to planning, developing, maintaining, and evaluating school health councils/Coordinated School Health Teams. Handouts, checklists, forms, and additional resources are included.
- [Guidelines for School Health Programs to Prevent Tobacco Use and Addiction](#) summarizes the recommendations of the CDC for school-wide programs to prevent tobacco use. The CDC also identifies recommended strategies and resources that schools and communities can use to prevent tobacco use

among youth. These resources are available from the Centers for Disease Control and Prevention at <http://www.cdc.gov/healthyyouth/tobacco/guidelines>, or by phone at (770) 488-3168.

- *The [Healthy School Action Tools \(HSAT\)](#)* is an updated version of the *School Health Index*, including questions about healthy eating, physical activity, sun safety, and tobacco-free lifestyles. Developed by Michigan professionals in response to Michigan statistics, the tool is presented by the Michigan Departments of Education and Community Health. It can be found at <http://www.mihealthtools.org>. Periodically, the Michigan Departments of Education and Community Health offer mini-grants to help schools get started on developing coordinated school health programs, using the *Healthy School Action Tools*. Questions about training and mini-grants can be directed to the Michigan Department of Education at (517) 241-4284.
- *[Fit, Healthy, and Ready to Learn](#)* is available from the [National Association of State Boards of Education \(NASBE\)](#). It provides direction on establishing overall policy framework for school health programs, and specific policies on tobacco prevention, physical activity, healthy eating, and sun safety.

If you are interested in more information or technical assistance regarding school health programs, contact the [School Health Coordinator](#) for your region or the Michigan Department of Education, Coordinated School Health and Safety Programs Unit at www.michigan.gov/cshsp (see Section X).

C. Youth Tobacco Use Treatment

Most teens who use tobacco (74 percent) plan to quit and most think they will quit within five years. Of those intended quitters, 73 percent are actually still smoking or using spit tobacco five years later (CDC, 1994). The younger a person is when they start smoking, the less likely they are to succeed at quitting (Breslau and Peterson, 1996), and the deeper their addiction (Stanton, 1995).

A group called the [Youth Tobacco Cessation Collaborative](#), funded by the [Robert Wood Johnson Foundation](#), began meeting in 1998 to gather information, fund research, and propose some guidelines for youth tobacco use treatment programs. Blueprint for Action can be seen on their website at <http://www.youthtobaccocessationtreatment.org/blueprint/index.html>.

Evidence-Based Tobacco Use Treatment Programs:

Youth seem to be more receptive to group programs than adults. This may be due to their familiarity with the classroom setting and their need for socialization with others in their age group. However, one type of tobacco use treatment program does not fit all teens, and what works with teens depends upon their specific age, population, and location. A guide is available from CDC, "[Youth Tobacco Cessation: A Guide for Making Informed Decisions](#)." This guide includes topics such as the quality of the evidence base for youth intervention, the importance of conducting a needs assessment for the population your organization serves, and the need to evaluate your chosen intervention.

There are a number of teen tobacco use treatment programs available. The three most well-known are:

- The American Lung Association's NOT program (Not on Tobacco)
- Community Intervention's Tobacco Education Group (TEG)
- Tobacco Awareness Program (TAP)
- Utah Department of Health's END program (Ending Nicotine Dependence)

These programs are research-based, peer-reviewed, and pilot-tested. They have age-appropriate curriculum broken down into modules. END has eight modules; TAP has nine modules; and NOT has 10 modules with four optional booster sessions. The programs focus on behavior modification, identifying triggers, and developing coping skills, as well as education about the short-term consequences of tobacco use. They also include evaluation tools.

Quitlines are another type of tobacco use treatment method that may be effective for youth. The State of Michigan Tobacco Quit Line offers free counseling to youth who qualify. See the "[Resources](#)" section for additional quit line information.

Recruiting Teens to Tobacco use treatment Programs:

A major challenge is recruiting teens to tobacco use treatment programs. The most successful programs recruit by using peers as much as possible. Incentives to attend the classes are also helpful. Tobacco use treatment programs should be implemented at times when young people are most receptive to the program. The American Lung Association program recommends holding their NOT program during the school day. When this practice conflicts with the academic needs of students, before or after-school sessions are an acceptable way to implement tobacco use treatment programs.

Some areas are using mandatory tobacco use treatment programs as a way to "recruit" kids to quit. In these programs, anyone caught smoking is ticketed and fined or suspended from school for three days. The youth can have these punishments waived if they attend a tobacco use treatment course. This can be unsuccessful if the youth does not desire to quit and can have a negative effect on others in the class. Another less punitive method is to refer youth to a one-to-four session awareness class that provides information that will hopefully move them to make a quit attempt. The receptive youth can then be referred to a voluntary tobacco use treatment program. The awareness classes are often referred to as "alternative to suspension" classes. The ALA NOT program and Community Intervention's TEG are alternative to suspension programs.

The State of Michigan also researches and promotes youth tobacco prevention programs, assists schools in developing 24/7 tobacco-free policies, and has several sources of data schools can access to assess their needs such as:

- Youth Tobacco Survey
- Youth Risk Behavior Survey, and
- Michigan Profile for Healthy Youth

For more information on the various local and state level data and needs assessment tools available go to [Michigan Tools for Healthy Schools](#).

HOW TO CHOOSE A TOBACCO USE TREATMENT PROGRAM

While no one tobacco use treatment method or program can be 100 percent successful, it is important to choose a program that can be most easily incorporated into the school and reach the highest number of smoking students. Following are guidelines to help a school choose and implement a tobacco use treatment program that is best suited to their needs:

- Look for a research-based program (a program that has been evaluated and peer-reviewed)
- Choose a program that is age-appropriate and culturally-sensitive
- Offer the program in a place frequented by youth – e.g., school setting or teen center
- Choose a program that teaches avoidance, stress management, coping, interpersonal, and refusal skills
- Focus on short-term consequences of tobacco use
- Use diverse instructional methods
- Develop accurate social norms about smoking (i.e., most people don't smoke)
- Teach media awareness – an understanding of how their tobacco use is influenced by others
- Offer separate classes for those wishing to quit and those who are seeking an alternative to suspension
- Program will be enhanced and more effective in an environment where youth cannot access tobacco products and where policy discourages smoking
- Involve youth in developing and promoting the program. Peer-led programs can also be very effective
- Evaluate the program (and involve youth) in the evaluation (See section X.)

SECTION VI: Developing and Maintaining a 24/7 Tobacco-Free School Policy

A. TWENTY-FOUR-HOUR, SEVEN-DAYS-A WEEK, TOBACCO-FREE SCHOOL POLICY CRITERIA

The Centers for Disease Control and Prevention (CDC) has made recommendations for effective, comprehensive school health programs to prevent tobacco use and addiction. These recommendations are based on research and best practice developed by experts from national, federal, and volunteer organizations in tobacco prevention and control.

The first recommendation by CDC for a comprehensive program is the development and enforcement of a school policy on tobacco use. A tobacco-free school policy puts into practice what students are learning about tobacco in their classes. In order for education to be effective, the school environment must support what is being taught. In making your school a tobacco-free environment, the norm supports a child's decision to remain tobacco-free. Involving many people in the community in developing a tobacco-free policy brings ownership of this policy to the greater community and encourages strong support for success in enforcing the policy.

Tobacco-Free School Policy Criteria

Schools should begin with the following four criteria:

Prohibit tobacco use by students, all school staff, parents, and visitors on school property, in school vehicles, and at school sponsored functions, including all sporting events, on or away from school property. This means no tobacco use at any time, 24 hours a day, 365 days a year, by anyone on school property at any school functions anywhere.

Prohibit tobacco advertising in school buildings, at school functions, and in school publications. This includes the prohibition of wearing tobacco-related merchandise.

Enforce the policy. Without enforcement, a policy is ineffective. There must be a written procedure for the steps to be taken when policy violations occur. Action taken for violations must be age-appropriate for students and include an educational component, especially for a first-time offense. When school visitors violate the policy for the first time, it is appropriate to inform them of the tobacco-free policy, direct them to a tobacco-free school sign, if it is visible, and ask them to refrain from using tobacco products.

Plan for communicating the policy to students, all school staff, parents and families, visitors, and the community. A good communication plan that is widely disseminated supports compliance with your policy. The communication should include the rationale that supports tobacco-free schools and should also highlight how the policy will be communicated to students, school staff, parents and families, visitors, and the community at large.

B. GAINING SUPPORT

Tobacco is a serious public health issue in the state of Michigan, especially among children. There is a growing concern among parents and educators about higher addiction rates and the younger ages of first time tobacco users. That is why nearly every community will include someone who would be in favor of tobacco-free schools. Finding individuals who are motivated to help is the key to your initiative. They may be:

- parents, teachers, or school board members
- coaches, student athletes, band members, local tobacco coalition members, or any resident who is concerned about the issue of tobacco
- the more diverse the group, the stronger the campaign will be, and the more representative of the community as a whole

Volunteers can perform many tasks, from circulating petitions and acquiring signatures, to making calls and doing research. Students can gather information from their peers about why a tobacco-free policy is important and how it could positively benefit them. Student government could also be a good starting place to reach students. Parents are critical to the success of the effort, as well as enlisting the help of organizations, such as the Parent Teacher Association (PTA) or Students

Against Destructive Decisions (SADD). Once a large group of supporters has been put together, a smaller working committee should be created. This group can study successful policies implemented by other school districts, give presentations, and develop a policy for implementation.

C. DEVELOPING A POLICY

Tobacco-free policy development should include the following:

- **Individuals responsible for setting the policy**
This includes the names of the school district and its board. Also refer to all applicable laws and related local ordinances.
- **Rationale for developing and implementing the policy**
This includes the reasons for having a policy: health effects of tobacco (first hand and secondhand smoke), concerns about a safe and healthy learning environment, reinforcement of educational curriculum in schools regarding tobacco use, and provision for support for appropriate role modeling for students.
- **Population to which the policy applies**
Identify students, staff, visitors, and all parties whom the policy will affect.
- **Location where the policy applies**
Identify all areas on school grounds specifically buildings, walkways, playing fields, playgrounds, parking lots, school-owned or leased vehicles, and at school-sponsored events, even if held off-campus.
- **Definition of terms**
Describe clearly which tobacco products are being banned and what determines use and/or possession.
- **Enforcement of policy**
Describe how the policy will be enforced, such as police officers and teachers patrolling athletic fields at games and other areas where people gather.
- **Consequences of violation**
Consider who will be cited and how, for students, disciplinary action or educational programs as alternatives to suspension; for staff, verbal warning; for visitors, warnings or escorts off-campus.
- **Date of policy implementation**
Set date and publicize it well. Make plans to notify students, staff, parents, and the general public of the policy, as well as indicators that tobacco-free signs will be posted in well-traveled areas.

Adapted from Creating Tobacco-free Schools, developed by Connie Alcott

D. PRESENTING TO THE SCHOOL BOARD

Since the school board is ultimately responsible for enacting the policy, getting its approval is critical. It is just as important to learn each member's views about a 24 hour tobacco-free policy beforehand. Those who favor such a policy should be informed about the policy as soon as possible because they will serve as advocates. Meeting with opponents will also help; when you know their doubts and questions, you can research the response that will ultimately strengthen your case.

A strong presentation should include:

- Information on the health effects of tobacco from credible medical sources. Discuss secondhand smoke, the relationship of smoking to child respiratory disease including asthma, heart disease, and relevant mortality statistics.
- Presentations by students about the advantages of a tobacco-free environment. A petition signed by students, children, athletes, band members, and cheerleaders could also be effective.
- Similar presentations by teachers, staff, and administrators on potential benefits, such as cleaner grounds, consistency with other health policies, etc.
- Counter arguments to reasons against a 24 hour tobacco-free policy. Consider objections that might include enforcement difficulties or complaints from neighbors.
- Answers to legal issues. Know state and local laws thoroughly.

Make sure your supporters know the date of your presentation to the school board. Their presence can make an important difference in the outcome. Remember to involve a wide variety of community members to show that the effort has broad support.

E. ENFORCEMENT OF THE POLICY

Some of the most frequently asked questions about a tobacco-free policy concern its enforcement. This means determining the enforcement strategies for students, staff and visitors; the consequences of violation of policy; the areas which will be monitored; the people who will have the responsibility of enforcement; their training; and a process for handling complaints and other issues. A detailed, comprehensive enforcement plan will allow for easier acceptance.

Without enforcement, a policy is ineffective. There must be a written procedure for the steps to be taken when policy violations occur. Action taken must be age appropriate for students and include an educational component especially for a first-time offense. Steps taken for a first-time offense for students might include confiscation of tobacco products, notifying parents, and attendance in a tobacco prevention education program.

For a first offense by a school staff member, a verbal warning by the administrator and an offer of tobacco use treatment materials is appropriate. When visitors violate the policy for the first time, it is appropriate to inform them of the tobacco-free policy and ask them to refrain from using tobacco products. (See Section Seven for a sample of school policy and Section Nine for laws regarding tobacco use). It is important to include local enforcement officials when planning a tobacco-free policy.

F. COMMUNICATING THE POLICY

Everyone in the community must be informed of the new policy. Just as important as the notification is the explanation for its implementation. Frame the policy as a positive step in response to a serious public health problem. Also mention the support that it has already drawn and the good example it sets. Awareness of the new policy promotes a higher level of compliance.

Here are some ways to inform various groups:

Students

- tobacco-free signs at all entrances, on school grounds, parking lots, and playing fields
- handbooks, orientation guides
- announcements over PA system
- student-designed posters, banners
- school assembly
- school newspaper

Staff

- copy of the policy to each employee
- articles in staff newsletters
- discussion at staff meetings

Community

- announcement and articles in local paper
- letters to the editor from appropriate school personnel
- announcements and reminders at school events
- informational flyers handed out at events
- letters to nearby businesses and homes
- signs where parents are likely to gather – parking lots, playing fields
- special assembly on weeknight

G. SUPPORTING THE POLICY

A tobacco-free school policy will be more successful if it is accompanied by other efforts supportive of tobacco-free lifestyles. These include: tobacco prevention education as a part of a comprehensive health education program; smoking tobacco use treatment classes for students, parents, or staff; health fairs and special awareness programs about the health dangers of tobacco; and counseling for drug, alcohol, and tobacco use.

H. MONITORING THE POLICY

Once the policy is in effect, look for results. This information will be helpful to evaluate its overall effectiveness. Study all aspects of the policy, such as:

- effects on the students
- number of violations
- number of people who have enrolled in smoking tobacco use treatment classes

Ask students and parent groups for feedback and anecdotal information. Knowing how the policy is working allows for modification if needed.

As data is gathered, make sure to brag a bit about your success, through letters to parents or articles in student and local newspapers. Maintaining interest in the policy, as well as emphasizing its effectiveness, makes it easier to continue and enforce. Examples of success stories can be found at www.mihealthtools.org. Click on "Healthy Schools, Healthy Students."

Even the most comprehensive tobacco-free policy will encounter challenges from those seeking exemptions. Any exemption, however, is a violation of a truly tobacco-free policy. In addition, it sends a mixed message and creates doubts: Why should an exemption be granted in a school declared completely tobacco-free? Students are especially quick to notice these inconsistencies.

Respond to any exemption request with careful preparation. Understand the reasons why the request is being made and construct your case accordingly. For example, if the challenge is based on individual rights, counter with the idea that the main priority is children's health. Rally others to show that the policy has popular support. As always, be persistent and thorough. A tobacco-free school and healthier children and adults are goals that will always be worth the effort.

SECTION VII: Establishing a Tobacco-Free School Policy Checklist

Step 1: Get commitment.

- Secure school board and administrative support for a review of existing policy.
- Talk with students, staff, and community members about attitudes toward the current policy.
- Identify problems related to current policy and support for a change in policy enforcement.
- Identify educational, health, and economic reasons for changing policy or enforcement.
- Request support and cooperation from school board to develop new policy or strengthen enforcement of current policy.

Step 2: Form a school health committee or use an existing committee to recommend a change in district tobacco policy.

- Review current policy and gather data needed for new policy or enforcement changes.
- Include the review of effective policies or enforcement strategies from other districts.
- Discuss and address concerns of school administrators and others.

Step 3: Develop a draft of the new policy.

- Keep it simple and specific.
- Identify to whom the policy applies – student, staff, and visitors.
- Identify areas where the policy applies – school buildings, grounds, athletic events, on- and off-campus, etc.
- Address enforcement issues. Invite local law enforcement officers to assist, if appropriate.
- Develop consequences for violation. Be creative.

Step 4: Present the new policy to school board.

- Acquire and submit forms to get the proposed policy on the school board agenda.
- Select a group of students to present the policy to the school board.

- Train students in presentation skills.
- Provide a few pages of information to board members before meeting. Include information on Michigan tobacco laws.
- Meet with board members individually before the meeting.
- Gather support from community members to attend this meeting.
- Convey the importance of such a policy and ask for approval to adopt.

Once the policy or policy change has been adopted by the school board...

Step 5: Plan the implementation and enforcement strategies.

- Select an implementation date with "significance," such as start of school year.
- Allow sufficient time for people to prepare for implementation.
- Identify tobacco use treatment resources available to tobacco users.
- Identify enforcement strategies for students, staff, and visitors.
- Prepare for complaints about the new policy and decide how conflicts will be resolved.
- Organize special sessions to train and educate those who will be enforcing the policy.
- Emphasize the need for firm, consistent enforcement.
- Emphasize that a 24 hour tobacco-free policy is in the best educational, health, and economic interest of all.
- Focus on the use of tobacco, not the user.
- Make a commitment to enforce the policy consistently.

Step 6: Communicate the policy throughout school and community.

Include:

- A description of the new policy and reasons for change.
- An emphasis on the education, health, and economic benefits of the new policy.
- A list of who will be affected.
- The implementation date.
- Enforcement procedures.
- How and where to get help to quit tobacco use.
- Specify various strategies for reaching students, staff, parents, and others.

Step 7: Implement the policy.

- Recognize that commitment is necessary to ensure effective policy implementation.
- Expect an initial testing period.
- Encourage students, staff, parents, and others to take pride in the new policy.
- Include tobacco users and nonusers in all phases of implementation.
- Enlist cooperation of local retailers not to sell tobacco to minors.
- Use educational programs instead of punitive programs for student violators.
- Offer several options for tobacco use treatment programs.

Step 8: Conduct ongoing advocacy and evaluation of the policy.

- Collect stories of positive effects of policies on students and staff.
- Solicit comments from parents and community members.
- Publicize these comments and stories in school newsletter and send home to parents.
- Identify problems with policy implementation and make necessary corrections.
- Monitor adherence to each section of the policy.

Model Policy for Tobacco-Free Schools

STATEMENT OF POLICY

To protect and enhance indoor air quality and contribute to the health and well-being of all students, employees, and visitors

Effective _____,
School District shall be entirely tobacco-free at all times.

Use of tobacco products and non-tobacco nicotine products* is strictly prohibited 24 hours a day, 7 days a week, within any building or vehicle that is owned, leased, or operated by the school district. Use of tobacco products is also prohibited at all school-sponsored events and on any real property owned, leased, or operated by the school district. This policy applies to all employees, contractors, students, and visitors on the premises of the school district.

*Except nicotine replacement therapy by staff to help them quit tobacco and for students, only if it has been approved and prescribed by a health care provider.

Copies of this policy shall be distributed to all employees and communicated to other affected parties on a periodic basis. Prominent signs communicating this policy will be posted at all entrances and throughout the school district buildings and grounds.

ENFORCEMENT OF POLICY

The success of this policy will depend on the thoughtfulness, consideration, and cooperation of tobacco users and non users. All employees and other affected parties share in the responsibility for adhering to and enforcing the policy.

COMPLAINTS

Persons observing a violation of this policy should bring it to the attention of the school principal, the principal's designee, school district health and safety personnel or one of its members, or the superintendent.

INVESTIGATIONS

School officials or health and safety personnel receiving a complaint will investigate and take action to resolve the issue as soon as possible.

VIOLATORS

Employees and students found to have violated this policy will be subject to disciplinary action(s) in the same manner and magnitude as violations of other school policies. Visitors found to have violated this policy will be informed of the policy and requested to comply. If compliance is not achieved, visitors may be escorted from the premises.

SECTION VIII: Challenges and Solutions

This section of the manual focuses on specific challenges that schools face in their attempt to implement and enforce tobacco-free school policies. Each challenge is briefly described and followed by solutions to provide a range of options for consideration.

A. VISITORS USING TOBACCO ON SCHOOL GROUNDS

Smoking by visitors on school grounds or at school-sponsored events is a frequent challenge faced by districts when trying to enforce tobacco-free school policies. Several factors seem to contribute to this situation:

1. Lack of awareness of the tobacco-free school policy.
2. Hesitancy to confront violators by school personnel. Staff may fear that a confrontation will cause trouble for the schools within the community, or they may feel that enforcement is not a part of their job.
3. Perception that school personnel are infringing on the rights of people wanting to smoke.

Solutions:

To address the issue of the community's lack of awareness, the school district could do the following:

- Communicate the policy by publicizing
 - in the local newspaper
 - on TV news
 - through radio spots
 - through prevention messages done by a local tobacco coalition, physician, or health care provider.
- Communicate tobacco-free policies to parents. Notification of the policy should be sent to parents
 - When the policy is approved,
 - At the beginning of each school year, and
 - Throughout the year via reminders in various parent mailings
- Communicate tobacco-free policies to visitors.
 - Publicize through the use of signs. These signs should be plentiful and visible in the following locations:
 - entrances of the school
 - around the school
 - entrances to the stadium
 - on bleachers
 - Make an announcement with a reminder of the school district's policy during outdoor and athletic events. State the policy exists to protect the health of students and visitors and cooperation is greatly appreciated

Whatever the type of communication, it is important that the message be done in a positive, non-critical manner. This will have a significant effect on acceptance. Along with the positive tone, the message should be framed as a children's health issue.

It is very important that someone from the school informs or reminds a visitor who is using tobacco of the school's tobacco-free policy. Many violations are due to visitors being unaware of the policy or forgetting about it. Usually a gentle reminder or pointing out the tobacco-free signs is all that is needed to have the visitor comply.

B. TEACHERS OR STAFF USING TOBACCO ON SCHOOL GROUNDS

If administrators overlook staff tobacco use, it will be impossible to have success with the students. It is important that the message and expectations given to students regarding no tobacco use is the same that is given to staff. It sends mixed messages and leads to thoughts that teachers and administrators are not serious about a tobacco-free policy; therefore the students may not be either. Students are particularly quick to observe these inconsistencies.

Solutions:

- A copy of the policy should be given to all staff with a requirement that they sign an acknowledgement that they understand the policy.
- The policy should clearly state consequences regarding staff who violate the tobacco policy.
- Provide opportunities for staff who are tobacco users to attend tobacco use treatment classes. Although tobacco use treatment classes do not necessarily prevent violation of a tobacco-free policy, they can offer support to those individuals who would like to quit. When tobacco use treatment classes are offered, there may be fewer problems with violations of the policy and a decrease in tobacco-related illness. If your district does not have tobacco use treatment programs, you can find available tobacco use treatment programs listed by county at www.michigan.gov/mdch
 - Click on Physical Health and Prevention
 - Choose Prevention
 - Look at Tobacco

C. STUDENTS LEAVING SCHOOL GROUNDS TO SMOKE IN SURROUNDING NEIGHBORHOODS

Many times in an attempt to continue using tobacco, students will leave the school grounds and go into the surrounding neighborhood. As a result of the social part of smoking, students will linger on or around private or commercial property. This leads local residents and business owners to complain about students leaving trash, hurting landscaping, vandalizing property, and discouraging customers from entering their businesses. In addition, there is a concern about students crossing busy streets and pushing one another out in the street while they are hanging out.

Solutions:

- East Lansing Public Schools has defined its tobacco-free policy more strictly than many schools by expanding their campus to include the surrounding neighborhood. In cooperation with the local neighborhood association, Drug Free School Zone signs were placed in the neighborhood, thus giving school security staff the authority to enforce the policy well beyond the school campus.

- School districts can close their campuses so students are not allowed to leave school grounds. These school districts tend to report fewer complaints about students hanging out to smoke in area neighborhoods. Also, parents tend to feel more secure knowing that their children are not allowed to wander in adjacent neighborhoods.
 - Larger schools may not have the facilities to hold all of their students for one lunch period. To combat this, some schools stagger their lunch hours to accommodate the students.
- Meridian High School tells its students that if there are any issues during lunch off-campus, they will lose their open campus privilege. As a result, Meridian High School reports that many times students police themselves, leading to a decrease in hanging out and smoking behavior in neighborhoods and at local business.
- Local law enforcement can increase their patrols around the school and ticket students who are smoking in the neighborhoods or around businesses.

D. ISSUES IN ALTERNATIVE SCHOOLS

According to the 1998 National Alternative High School Youth Risk Behavior Survey, 64 percent of students in alternative high schools had reported current cigarette use in the last month preceding the survey. This survey also found of the alternative students nationwide, 8.3 percent reported current smokeless tobacco use and 38.3 percent reported current cigar use.¹ This prevalence represents a use of tobacco that is higher than traditional school populations, resulting in an environment in which tobacco use is perceived as the norm. Many students in alternative schools are dealing with multiple issues related to academics, truancy, behavior, substance abuse, emotional health, family and home environment. As a result of these issues, tobacco use is often seen as the least of these students' problems.

There are those who believe that if a tobacco policy was developed and enforced the students in alternative schools would drop out, ultimately choosing tobacco over their education. School administrators may be hesitant to discipline a student for using tobacco, out of fear that he or she may drop out of school permanently.

Solutions:

- Alternative schools should be no different than other public schools in their need to be tobacco-free. This commitment, as well as developing a sense of pride by instilling high academic and behavioral standards, shows alternative students that they are important and the school hasn't given up on them.
- Make tobacco education available to all students in the classroom, as well as provide incentives and alternatives to stop tobacco use.
 - Emphasize the cost of tobacco by having students calculate how much they spend on tobacco per week and what they could buy with this money if they didn't spend it on tobacco.

¹ *Centers for Disease Control and Prevention. CDC Surveillance Summaries, October 29, 1999. MMWR 1999;48 (No. ss-7).*

- Make items available that the students enjoy and could use in the place of tobacco. For example, give students sugar-free candy or gum to help deal with cravings, give them time to use the computer, or allow them use of the gym as alternatives to tobacco use.
- Establish support groups to discuss ways to quit, successful ways to cope with stress, how to handle triggers, and suggestions for alternatives to using tobacco.
- Integrate tobacco issues into an already existing group. This would be a way for the students to address their tobacco use, and also become familiar with and involved in other issues important to youth.
- Make available tobacco use treatment programs during the school day, so students are more likely to attend the program.
- Focus health education on tobacco prevention and make it available to all students.

As of May 1, 2010, Michigan's workplaces are required to be smoke-free. Therefore, if youth cannot manage their smoking behavior, they may not be able to keep their jobs. To help students prepare for this issue, tobacco use can be discussed as it relates to career preparation. Quitting and preventing tobacco use can become part of the educational plan for many of the alternative education students.

E. STUDENTS USING TOBACCO ON SCHOOL GROUNDS

There may be multiple reasons why students use tobacco on school grounds, regardless of the existence of a tobacco-free policy. Students may disregard the policy due to a desire to challenge authority, trying to fit in, inconsistent or lenient enforcement, and nicotine dependence.

Solutions:

- Regardless of the reasons for students using tobacco on school grounds, there must be a true commitment by the principal, teachers, board members, the superintendent, and other administrators in order for the policy to be successful. Positive role modeling is essential for any policy to be successful.
- This commitment also needs to include enforcement, which should come from all individuals just mentioned. This commitment to enforcement shows a united front to the students and gives them a consistent message.
- A significant effort needs to be made to communicate the tobacco-free policy to the students. This communication of the tobacco-free policy can be done by signage, having an actual written policy available for the students to read and including the policy in the student handbook.
- Tobacco-free policies must clearly and concisely state the consequences when a student fails to comply. This ensures that the students know what the consequences will be if they violate the policy. Some school districts implement progressive discipline programs as part of their enforcement policy. These include actions that become increasingly stronger as the number of violations by a particular student mounts.
- Alternative to suspension programs: These programs have evolved out of the school's wish to keep students in school despite violation of the tobacco-free school policy. Alternative to Suspensions programs can be offered in conjunction with a progressive discipline plan. The focus should be on

getting compliance within the school policy, which requires the student to manage his or her tobacco use. Typically, they include information on the negative effects of tobacco use, assist the student in exploring personal use, decision making, and may increase the student's interest in quitting tobacco. Two examples of alternative to suspension programs are:

- o The American Lung Association's Alternative to Suspension Program (ATS) consists of four sessions focusing on student tobacco use, the effects of using tobacco, addiction, healthy alternatives to tobacco use, and how to keep from using tobacco at school.
- o Tobacco Education Group (TEG). The TEG is eight sessions and focuses on providing basic information on the processes and effects of tobacco use and motivates participants to adopt healthier lifestyles and to join an ongoing tobacco use treatment group.

Both programs are mandatory, use adult facilitators, and give the students the option to voluntarily attend a tobacco use treatment program following the completion of their alternative to suspension program. Refer to the resources section to find out more information on ATS, TEG, and tobacco use treatment programs. Regardless of the program, all students should be given tobacco use treatment program information in case they want help quitting. The educational component of the alternative to suspension program can be done as a part of detention or Saturday School. An alternative to suspension program could require parents to be part of the education component. This is done to educate the parents, get them to take the policy more seriously, and to possibly identify and provide resources to help address the parent's own tobacco usage.

SECTION IX: Federal and State Laws on Youth Tobacco Use and Exposure to Secondhand Smoke

MICHIGAN TOBACCO-FREE SCHOOLS ACT

(NO 140) (SB 459)

AN ACT to amend Act No. 328 of the Public Acts of 1931, entitled as amended, "An act to revise, consolidate, codify, and add to the statutes relating to crimes; to define crimes and prescribe the penalties therefore; to provide for restitution under certain circumstances; to provide for the competency of evidence at the trial of persons accused of crime; to provide immunity from prosecution for certain witnesses appearing at such trials; and to repeal certain acts and parts of acts inconsistent with or contravening any of the provisions of this act," as amended, being sections 750.1 to 750.568 of the Michigan Compiled Laws, by adding section 473.

The People of the State of Michigan enact:

Section added: Michigan penal code.

SECTION 1. Act No 328 of the Public Acts of 1931, as amended, being sections 750.1 to 750.568 of the Michigan Compiled Laws, is amended by adding section 472 to read as follows:

750.473 Use of tobacco product on school property as prohibited; violation as misdemeanor; definitions; applicability of subsection 473 to read as follows:

Sec. 473 (1) Except as otherwise provided in subsection (4), a person shall not use a tobacco product on school property.

(2) A person who violates subsection (1) is guilty of a misdemeanor, punishable by a fine of not more than \$50.00.

(3) As used in this subsection:

(a) "School district" means a school district, local act school district, or intermediate school district, as those terms are defined in the school code of 1976, Act No. 451 of the Public Acts of 1976, being sections 380.1 to 380.1852 of the Michigan Compiled Laws; a joint high school district formed under part 3a of Act No. 451 of the Public Acts of 1976, being section 380.171 to 380.187 of the Michigan Compiled Laws; or a consortium or cooperative arrangement consisting of any combination of these.

(b) "School property" means a building, facility, or structure, and other real estate owned, leased, or otherwise controlled by a school district.

(c) "Tobacco product" means a preparation of tobacco to be inhaled, chewed, or placed in a person's mouth.

(d) "Use a tobacco product" means any of the following:

(i) The carrying by a person of a lighted cigar, cigarette, pipe, or other lighted smoking device.

(ii) The inhaling or chewing of a tobacco product.

(iii) The placing of a tobacco product within a person's mouth.

(4) Subsection (1) does not apply to that part of school property consisting of outdoor areas including, but not limited to, an open-air stadium, during either of the following time periods:

(a) Saturdays, Sundays, and other days on which there are no regularly scheduled school hours.

(b) After 6 p.m. on days during which there are no regularly scheduled school hours.

Effective date

SECTION 2. This amendatory act shall take effect September 1, 1993.

This act is ordered to take immediate effect.

Approved August 3, 1993

Filed with Secretary of State August 4, 1993

Pro-Children Act of 1994

School-based nonsmoking policies are important because the school environment needs to be free from secondhand smoke to protect children's health, and for teachers and staff to be positive, health role models. As part of the "Goals 2000 Education America Act," the Federal government enacted the Pro-Children Act of 1994. This act prohibits indoor smoking in facilities that receive federal funding from the U.S. Department of Education, Agriculture, or Health and Human Services, and that offer education, library, day care, health care, and early childhood development services on a continual basis to children under the age of eighteen. See Appendix for the Pro-Children Act of 1994.

Despite the enactment of the Pro-Children Act of 1994, many schools across the U.S. have neither adopted nor enforced indoor smoke-free policies. In response to the lack of implementation, in October 2002, the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, announced the re-authorization of the Pro-Children Act of 1994 under the No Child Left Behind Act of 2001. See Appendix for the Notice of Re-Authorization of Pro-Children Act of 1994. The Michigan Tobacco-Free Schools Act, described in the next section, is in accordance with the Pro-Children Act of 1994 and its re-authorization.

[PRO-CHILDREN ACT OF 1994](#)

Michigan Laws Related to Tobacco Use

Dr. Ron Davis Smoke-Free Air Law

Beginning May 1, 2010, smoking is prohibited in most public places in Michigan. The law covers any workplace and any food service establishment. This law covers public places, including, but not limited to, restaurants, bars, shopping malls, bowling alleys, concert halls, arenas, museums, mechanic shops, health facilities, nursing homes, education facilities, and child care centers.

http://www.michigan.gov/mdch/0,1607,7-132-2940_2955_2973_55026---,00.html

Michigan Youth Tobacco Act (*Public Act 314 of 1988, as amended*)

[http://www.legislature.mi.gov/\(S\(fyjz45hmxs2h55ozf4paes\)\)/documents/mcl/pdf/mcl-Act-31-of-1915.pdf](http://www.legislature.mi.gov/(S(fyjz45hmxs2h55ozf4paes))/documents/mcl/pdf/mcl-Act-31-of-1915.pdf)

Prohibits the sale or distribution of tobacco products to minors; prohibits the possession of tobacco products by minors; requires retailers to post a sign warning against the sale of tobacco to minors.

Restrictions of Tobacco Vending Machines (*Public Act 271 of 1992*)

Prohibits placement of tobacco vending machines in places and locations open to minors; exemption for restaurants with Class C liquor licenses (with restrictions) and private clubs and workplaces not open to the public (with restrictions).

Ban on Sale of Cigarettes (*Public Act 272 of 1992*)

Prohibits the sale of cigarettes apart from their original packaging.

Restrictions on Free Tobacco Samples through the Mail (*Public Act 273 of 1992*)

Prohibits the distribution of tobacco at no cost through the mail unless it is part of a direct mail campaign in which the individual has signed an authorization card agreeing to receive the product.

Tobacco Excise Taxes (*Public Act 327 of 1993*)

Levies a tax of \$1.25 per pack on cigarettes (20 count); levies a tax of 20% of wholesale price on non-cigarette tobacco products; earmarks 6% of tobacco tax revenues for health purposes; preempts local ordinances on the sale or distribution of tobacco products.

Surgeon General's Warning on Smokeless Tobacco Billboards (*Public Act 295 of 1988*)

Requires smokeless tobacco billboards to carry the same Surgeon General warnings as required on smokeless tobacco packages.

Smoking in Nursing Homes and Homes for the Aged (*Public Act 103 of 1976*)

Requires facilities to inquire about smoking status upon admission; prohibits staff smoking in patient rooms; requires a sign stating smoking is allowed only in designated areas; prohibits sale of tobacco on premises.

Tobacco-Free Schools (*Public Act 140 of 1993*)

Prohibits the use of tobacco in public school buildings at all times; tobacco use is allowed on school grounds after 6:00 p.m. on class days or at anytime on days when classes are not in session.

Smoking in Group and Family Day Care Homes (*Public Acts 211, 217, and 219 of 1993*)

Prohibits smoking in licensed group day care (7-12 children) and family day care homes (1-6 children) during hours of operation.

Tobacco Tax Stamp (*Public Act 187 of 1997*) Effective May 1, 1998

Requires that all tobacco products distributed and sold in the state must carry a stamp indicating that a tax has been paid. The intent is that the tax is ultimately paid by the consumer of the tobacco product.

Tobacco Billboard Ban (*Public Act 464 of 1998*) Effective January 1, 2000

Billboards advertising any tobacco product are prohibited on all roads and highways in Michigan.

Tobacco Products Registration (*Public Act 182 of 1999*)

Prevents the introduction of cigarettes into Michigan that were intended for foreign markets or were manufactured in other countries to be sold illegally in the United States.

Complete descriptions of tobacco laws are available on the web at:
<http://www.michiganlegislature.org/> - click on Michigan Compiled Laws.

X. Assessment and Evaluation of School Tobacco Use Policies and Programs

A) ASSESSMENT

Assessments are useful tools that can help a school assess its school health policies and programs based on national standards and guidelines and can help schools improve or modify their current school health plans.

Healthy School Action Tools

A healthy school environment gives students clear and consistent messages, accurate health information, and ample opportunity to apply it. The Healthy School Action Tools (HSAT) website provides access to online tools to help your school create a healthier school environment.

Completing the HSAT Assessment helps you to identify your school's existing strengths and areas of need and to get ideas for meaningful change. Assess one or more of these topic areas: Asthma Management, Healthy Eating & Nutrition, Physical Activity & Physical Education, Tobacco-Free Lifestyles, and Violence and Injury Prevention.

B) EVALUATION

We need to evaluate student progress in the same way we do for our schools. Evaluation is critically important in helping to educate decision-makers. It can help to:

- Develop well-designed policies and programs;
- Ensure accountability to funding agencies;
- Weigh and compare various solutions to identified problems;
- Determine whether to support or oppose particular programs or policies;
- Justify decisions to the general public, legislature, and the news media;
- Build consensus among people with different views;
- Make incremental improvements in policies and programs on a continual basis.²

Evaluation can help answer some basic questions:

- What is working?
- What is not working?
- Is the program or policy making any difference?
- Is the program or policy being implemented as intended?
- How can the program or policy be improved?
- Is the program or policy cost effective?
- Should the program or policy be continued?

² Bogden, J.F. (2000). *Fit, Health, and Ready to Learn: A School Health Policy Guide*. National Association of State Boards of Education.

Several types of evaluation are relevant to school health programs. A useful program assessment plan includes elements of the following types of evaluation:³

- 1) **Process evaluation** focuses on monitoring a program as it is being implemented, measuring participation and utilization rates. Information, such as where and when the program is being implemented, how often, how many teachers have been trained, and how many students have participated in the program is used to track what is happening with the program. Student and family satisfaction surveys are types of process evaluation.² Subjective ratings of curriculum quality are also assessed via process evaluation. Process measures in the present school-based prevention context also include student, health educator, and regular teacher-observer perceptions of class control, class enthusiasm, and perceived overall curriculum effectiveness.³
- 2) **Program fidelity evaluation**, also known as implementation evaluation focuses on whether a program is being faithfully implemented as intended,² measuring components, such as student attendance, homework return rate, and how much variation exists in the actual delivery of the curriculum compared to its intended delivery.³
- 3) **Outcome evaluation** focuses on the effectiveness of a program on outcomes, such as health status, behavior change, knowledge, and attitudes. In this particular context of school health, the outcomes would be specific to tobacco use. Measures such as pre- and post-knowledge questionnaires assess whether the program has adequately conveyed its content to students.

Based on a recent review of youth tobacco control strategies, youth tobacco prevention programs are revealing inconsistent findings due to inadequate evaluation.⁴ Evaluation of school health tobacco prevention programs is crucial to determine whether schools are providing effective prevention curricula, and whether to make modifications to improve program effectiveness. In addition, through evaluation, the effectiveness of a program can be demonstrated to secure funding.

According to the evaluation recommendation from the CDC's *Guidelines for School Health Programs to Prevent Tobacco Use and Addiction*, school health tobacco prevention programs need to be assessed at regular intervals in order to ensure a quality school program to prevent tobacco use. Schools can utilize these guidelines to assess whether they are providing effective tobacco-free policies, evidence-based curricula, teacher training, parental involvement, and tobacco use treatment programs.⁵

³ Sussman, S., Dent, C.W., Stacy, A.W., Hodgson, C.S., Burton, D., & Flay, B.R. (1993). Project Towards No Tobacco Use: Implementation, process, and post-test knowledge evaluation. *Health Education Research*, *9(1):1009-123.

⁴ Lantz, P. M., Jacobson, P.D., Warner, K.E., Wasserman, H.P., Berson, J., & Ahlstrom, (2000). Investing in youth tobacco control: A review of smoking prevention and control strategies. *Tobacco Control*, 9:47-63.

⁵ Centers for Disease Control and Prevention. "Guidelines for school health programs to prevent tobacco use and addiction." *MMWR*, February 24, 1994, 43, No. RR-2.

Ongoing assessment and evaluation consistently demonstrates that comprehensive school health education programs have positive outcomes for Michigan students and schools. Evaluation of the substance abuse prevention lessons in grades 6-8 of the *Michigan Model for Health*⁶ revealed significant decreases in smoking, alcohol, and marijuana use.⁶

National and statewide evaluations have been conducted on the *Michigan Model for Health*^{7,8,9} middle school substance abuse curriculums for behavior outcomes, knowledge and skills, program fidelity, effectiveness of teacher training, and content.

Continued attention to assessment and evaluation of the *Michigan Model for Health*⁸ tobacco modules will allow Michigan to track the implementation of the modules, assess teacher and student satisfaction, and determine if the modules are effective in preventing and reducing youth tobacco use. This evaluation information will assist Michigan in monitoring tobacco prevention programming in schools and allow the schools to make the best use of health education funding.

Surveillance

Results of surveys, along with other school reported data, help schools make data-driven decisions to improve education, prevention, and health promotion programming. Examples of survey tools regularly implemented in school settings that measure tobacco use knowledge, attitudes, and behaviors are:

- *National Youth Risk Behavior Survey (YRBS)* – Centers for Disease Control and Prevention
- *Michigan YRBS* – The Michigan Department of Education and Community Health
- *Michigan Profile for Healthy Youth* – Michigan Department of Education
- *National Youth Tobacco Survey (YTS)* – Centers for Disease Control and Prevention
- *Michigan YTS* – Michigan Department of Community Health and Education
- *Michigan Alcohol and Other Drug Survey* – Western Michigan University

Below are national and state agencies and foundations that offer funding and technical assistance to conduct evaluations:*

Technical Assistance

[Centers for Disease Control and Prevention, Division of Adolescent School Health](#)

⁶ Comprehensive School Health Education in Michigan: 1997 Report. Michigan Department of Education, Department of Community Health, Family Independence Agency, and Department of State Police.

⁷ Shope, J. T., Copeland, L.A., Marcoux, B.C., & Kamp, M.E. (1996). Effectiveness of a school-based substance abuse prevention program. *Journal of Drug Education*, 26(4): 323-337.

⁸ Shope, J.T., Copeland, L.A., Kamp, M.E., & Lang, S.W. (1998). Twelfth grade follow-up effectiveness of a middle school-based substance abuse prevention program. *Journal of Drug Education*, 28(3): 185-197.

⁹ Shope, J.T., et. Al., 1997, unpublished data.

[Michigan Department of Education, Office of Grants Coordination and School Support, Coordinated School Health and Safety Programs](#)

[Michigan Comprehensive School Health Coordinators](#)

Search Institute

State Universities and Local Colleges

Funding

Local Community Foundations

Visit www.grants.gov for many funding opportunities

Funding and Technical Assistance

[Michigan Department of Community Health, Tobacco Control Program](#)

[Michigan Office of Drug Control Policy](#)

[Michigan Prevention Network](#)

[U.S. Department of Education, Office of Safe and Drug-Free Schools](#)

*Contact information listed in the "[Resources](#)" section of this manual.

Tobacco-Free Schools Assessment:

A Tool for Evaluating School Tobacco Use Policies and School-Based Tobacco Prevention and Tobacco use treatment Services

This assessment was developed by the State of Michigan from the *School Health Index for Physical Activity and Healthy Eating: A Self-Assessment and Planning Guide*.

Middle school/high school version. Centers for Disease Control and Prevention, Atlanta, 2000.

Module I: School Policies and Environment

Instructions for completing the module:

1. Organize a team of appropriate school staff to complete the modules. Choose team members whom you think are appropriate to represent your school and community. Below are some suggested team members for the various modules:

Principal
Assistant Principal
Health Education, Physical Education, Science, and other teachers
Parents
Students
School Food Service Manager
School Health Coordinator
School Counselor or School Social Worker
School Nurse, health aide or other health care provider
Coaches
Others who organize intramural activities
Maintenance staff
Transportation staff
Community health agency representatives (e.g., local health department American Lung Association, American Cancer Society, American Heart Association)
2. It is recommended that you score each assessment question as a school team.
3. As a team, discuss each question, its scoring descriptions, and seek out any information needed to accurately answer each question. Arrive at a consensus on a score for each question and record the scores on the Score Card. Answer each question as accurately as possible. This tobacco-free assessment is your tool for identifying strengths and weaknesses and for planning improvements.
4. Total the scores at the bottom of the Score Card.
5. As a team, answer the planning questions located at the end of each module. The answers to these questions will serve as the basis for a discussion on overall results and improvements that need to be made to the school's plan to provide a tobacco-free environment, as well as to prevent and reduce tobacco use. Be prepared to discuss your findings and recommendations.

Good luck in your efforts to increase clean indoor air on your school campus and to prevent and reduce tobacco use among Michigan youth!

MODULE 1: SCHOOL POLICIES AND ENVIRONMENT

1.1 Representative committee oversees school health problems

Does the school have a representative committee that meets at least twice a year to oversee school health programs, including tobacco reduction programs?

“Representative committee” means a group that includes relevant members of the school community, such as parents, students, teachers, administrators, food service staff, law enforcement, coaches, and counselors.

3 = Yes.

2 = There is a committee, but it is not representative, or it meets less than twice a year, or it does not address tobacco prevention and tobacco use treatment programs.

1 = There is no committee but there are plans to form one.

0 = No.

1.2 Written policies on tobacco reduction

Does the school or district have written policies on tobacco reduction that includes the following provisions:

- ✓ prohibition of tobacco use, including any kind of tobacco use (including smoking, inhaling, dipping, or spitting)
- ✓ prohibition of tobacco use by any person (including students, staff members, or school visitors)
- ✓ prohibition of tobacco use at any time (including non-school hours)
- ✓ prohibition of tobacco use in any building, facility, or vehicle (including those owned, leased, rented, or chartered by the school or district)
- ✓ prohibition of tobacco use in any location on school grounds (including athletic grounds and parking lots)
- ✓ prohibition of use at any school-sponsored event off-campus
- ✓ prohibition of tobacco possession by students
- ✓ prohibition of tobacco promotional items on school grounds, in school vehicles, or at school-sponsored events (e.g., clothing, bags, lighters, and other personal articles)

3 = Yes, several of these provisions are included.

2 = Only one or two of these provisions are included.

1 = No, but there are plans to include these provisions in the future.

0 = No.

1.3 Written policies that support prevention and intervention services

Does the school or district have written policies on tobacco prevention or intervention services that include the following:

- ✓ prevention or health education classes for all students
- ✓ access to intervention services for all students who need them
- ✓ prevention information for all staff
- ✓ access to intervention services for all staff who need them

"Access to intervention services" means provision of services or referral to community agencies that provide services.

"Intervention services" means services such as alternative-to-suspension classes for students or tobacco use treatment programs.

3 = Yes, for all four areas.

2 = Yes, for all three areas.

1 = Yes, for one or two areas.

0 = No.

1.4 Staff oriented to policies

Is staff oriented to, and given copies of, the tobacco reduction policies that relate to their job responsibilities?

3 = Yes.

2 = Staff are oriented to or given copies, but not both.

1 = No, but there are plans to do so.

0 = No.

1.5 Notice

Are students, families, school staff, and school visitors notified of the tobacco-free policy?

"Notified" means through the use of the following:

- ✓ student handbooks
- ✓ newsletters
- ✓ presentation at staff orientations and meetings
- ✓ posted notices or signs at every building entrance
- ✓ posted notices or signs at the entrance to outside sports areas
- ✓ public announcements during sports games
- ✓ local media announcements
- ✓ contracts with outside vendors and organizations that rent school facilities
- ✓ presentation at community meetings

3 = Yes, all of the above groups are notified.

2 = Most of the methods are used.

1 = Few or none are used, but there are plans to increase this.

0 = None are used or the school has no policy.

1.6 Closed campus during breaks and lunch

Are students prohibited from leaving the school campus during all breaks in the school day to reduce use of tobacco products?

"All breaks" includes lunch, study halls, and breaks between classes.

3 = Yes.

2 = Students are prohibited from leaving campus during lunch, but they may step off-campus to use tobacco.

1 = No, but there are plans to do so.

0 = No.

1.7 Policy maintenance

Are all staff responsible for maintaining the policies?

"Maintaining" includes:

- ✓ verbally advising the person regarding the tobacco-free policy
- ✓ written procedures for addressing tobacco use violations by students, staff, and visitors
- ✓ confiscating and discarding the tobacco product
- ✓ reporting the offense to designated authority

- ✓ referring person through the existing school referral process for assessment of need for intervention

3 = Yes, for four or five areas.

2 = Yes, for three or four areas.

1 = Yes, for one or two areas.

0 = No.

1.8 Legal enforcement

Are reportable offenses communicated to the local law enforcement agency?

According to Michigan law, "reportable offenses" means use or possession of tobacco products by anyone under the age of 18.

List of tobacco products includes:

- ✓ cigarettes
- ✓ cigars
- ✓ chewing or spit tobacco
- ✓ tobacco snuff
- ✓ pipe tobacco
- ✓ tobacco in any other form

3 = Yes.

2 = Some offenses are reported regarding tobacco use or possession of tobacco products, but not all.

1 = No, but there are plans to do so.

0 = No.

1.9 Student Handbook

A student handbook, made available to all students, includes the following:

- ✓ clear policy language
- ✓ list of progressive disciplinary actions for violations of the policy
- ✓ clear description of prevention and intervention services and how students can access these services
- ✓ student orientation to the handbook is provided

3 = Yes, for all four areas.

2 = Yes, for two or three areas.

1 = Yes, for one area.

0 = No.

Module 1: School Policies and Environment

Score Card (photocopy before using)

Instructions: To complete this Score Card, first carefully read and discuss the Questionnaire on the following pages that contain specific questions and scoring descriptions. After all questions have been scored, respond to the Planning Questions on the next page.

	Fully in Place	Partially in Place	Under Development	No
1.1 Representative committee oversees school health programs	3	2	1	0
1.2 Written policies on tobacco reduction	3	2	1	0
1.3 Written policies that support prevention and intervention services	3	2	1	0
1.4 Staff oriented to policies	3	2	1	0
1.5 Notice	3	2	1	0
1.6 Closed campus during breaks and lunch	3	2	1	0
1.7 Policy maintenance	3	2	1	0
1.8 Legal enforcement	3	2	1	0
1.9 Student Handbook	3	2	1	0
Total the number of circled responses in each column				

Multiply by the point value

___ x3 ___ x2 ___ x1 ___ x0

Subtotals

+
 +
 +

Total points earned

Total points possible

 27

Percentage (total points earned/27 x 100)

%

Module 1: School Policies and Environment

Planning Questions (photocopy before using)

These planning questions will help your school use its tobacco-free assessment results to identify and prioritize changes needed to improve your tobacco-free policies and tobacco prevention and reduction services.

1. Based on the scores earned for each question in Module 1, what are the strengths and weaknesses of your school's tobacco use policies and tobacco prevention and reduction services?

2. To improve each of the weaknesses identified in question 1, identify recommendations for action.

MODULE 2: HEALTH EDUCATION

2.1 Required health education course

Does the school require all students to take and pass at least one health education course?

3 = Yes.

2 = Students are required to take one course, but they do not have to take it again if they fail it.

1 = No, but there are plans to require this.

0 = No.

2.2 Sequential health education curriculum

Do all who teach health education use a sequential health education curriculum that addresses tobacco prevention and tobacco use treatment?

3 = Yes.

2 = Some do, and there are plans to require all to do so.

1 = Some do, but there are no plans to require all to do so.

0 = None do, or the curriculum is not sequential, or it does not include physical activity and/or nutrition, or there is no health education curriculum.

2.3 Curriculum consistent with standards

Is the health education curriculum consistent with the Michigan standards for health education?

“Consistent” means that the curriculum addresses the key learning objectives identified by the standards.

3 = Yes, the curriculum addresses all of the key learning objectives identified by the standards.

2 = The curriculum addresses some of the key learning objectives, but not all.

1 = No, but there are plans to make it consistent with standards.

0 = No, or there is no health education curriculum.

2.4 Health education grades

Do students earn grades for required health education courses? Do the grades count as much as grades for other subjects toward academic recognition (e.g., honor roll, class rank)?

3 = Yes. (Note: If the school does not give academic recognition for health education courses, but does give a grade, such as "S" or "U," select 3.)

2 = Students earn grades, but they count less than grades for other subjects.

1 = No, but there are plans to change this.

0 = No, or there are no required health education courses.

2.5 Essential tobacco prevention topics

Does the health education curriculum address these essential tobacco prevention topics:

- ✓ long and short-term health effects of tobacco use
- ✓ addictive effects of nicotine
- ✓ use of tobacco as an unhealthy way to lose weight
- ✓ effects of tobacco use on athletic performance
- ✓ health benefits of clean indoor air
- ✓ health effects of secondhand smoke
- ✓ health benefits of abstaining from tobacco use
- ✓ legal, social, and financial consequences of tobacco use
- ✓ analysis of social influence on tobacco use, including media, family, and culture
- ✓ reasons why youth start using tobacco
- ✓ peer norms and refusal skills
- ✓ decision-making and goal-setting skills
- ✓ advocacy
- ✓ the role of community organizations in tobacco prevention and tobacco use treatment
- ✓ how students can support others who abstain from tobacco
- ✓ how students can support others who want to quit using tobacco
- ✓ harmful effects of tobacco use on fetal development

3 = Yes.

2 = Most of the topics.

1 = Few or none of the topics, but there are plans to address more.

0 = Few or none of the topics, or there is no health education course.

2.6 Opportunities to practice skills

Do most or all tobacco prevention lessons teach skills needed to adopt healthy behaviors, and do these lessons give students multiple opportunities to practice these skills?

"Skills" includes the following:

- ✓ analyze social influences to use tobacco, such as peer pressure and family tobacco use
- ✓ refusal skills
- ✓ stress management skills
- ✓ support others who abstain from tobacco
- ✓ support others who want to quit
- ✓ identify and counter negative influences for tobacco use
- ✓ promote the norm of abstinence from tobacco
- ✓ avoid secondhand smoke and assert an individual's right to a tobacco-free environment
- ✓ decision making and goal setting
- ✓ advocacy
- ✓ access prevention and tobacco use treatment resources in school and community

3 = Yes.

2 = Most of the topics.

1 = Few or none of the topics, but there are plans to address more.

0 = Few or none of the topics, or there is no health education curriculum.

2.7 Active learning strategies

Do most or all tobacco prevention lessons feature active learning strategies and activities that students find to be enjoyable and personally relevant?

"Active learning" means activities that involve student participation, rather than lecture format.

Examples include:

- ✓ small group cooperative activities
- ✓ out-of-classroom research: interviews with family and community members, surveying student body, etc.
- ✓ developing role plays, skits, counter-advertisements
- ✓ keeping journals, writing letters
- ✓ creating a prevention or tobacco use treatment plan
- ✓ developing media campaigns through brochures, T-shirts, posters, bumper stickers
- ✓ making presentations to student body, school board, community groups

3 = Yes.

2 = About half or some do.

1 = Few or none do, but there are plans to use more active learning strategies.

0 = Few or none do.

2.8 Culturally appropriate examples and activities

Do all who teach health education use a variety of culturally appropriate examples and activities that are inclusive of the ethnic cultures of the community?

"Culturally appropriate examples and activities" include:

- ✓ featuring people of various ethnic and racial backgrounds
- ✓ highlighting the contributions and skills of people from a variety of cultural, racial, and ethnic groups
- ✓ not stigmatizing or stereotyping any groups
- ✓ validating and building the student's self-esteem and sense of culture and national background
- ✓ reflecting an acknowledgement of, and excitement about, student diversity

3 = Yes.

2 = Most do.

1 = Few or none do, but there are plans to increase this.

0 = Few or none do.

2.9 Assignments encourage student interaction with family and community

Do all who teach health education use assignments and projects that encourage students to interact with family members and community organizations?

Examples of ways to interact with family members include:

- ✓ doing homework assignments with parents, guardians, or other trusted adults
- ✓ conducting surveys of family members
- ✓ sharing information with family members
- ✓ exhibiting student projects at school for family viewing
- ✓ participating in fun tobacco-free activities
- ✓ encouraging a family discussion on the negative aspects of tobacco use, especially if other family members smoke

Examples of ways to interact with community organizations include:

- ✓ gathering tobacco-related information from existing community-based organizations

- ✓ promoting smoking tobacco use treatment, clean indoor air, and restricting youth access to tobacco products
- ✓ having students volunteer to help deliver services through community-based organizations
- ✓ participating in community-based special events (e.g., health fairs, [Great American Smokeout](#), [Kick Butts Day](#), [World No Tobacco Day](#))

3 = Yes.

2 = Assignments and projects encourage interaction with family or community, but not both.

1 = No, but there are plans to add these types of assignments and projects.

0 = No.

2.10 Certified health education teachers

Are all health education courses taught by certified health education teachers?

“Certified” means those teachers with a health education endorsement. (**Note:** Michigan law requires all teachers in Michigan be certified and endorsed in their content area)

3 = Yes.

2 = Most courses are taught by certified health education teachers.

1 = Few courses are taught by certified health education teachers.

0 = No courses are taught by certified health education teachers.

2.11 Continuing education for teachers

Do most or all who teach health education participate in professional development and continuing education in health education at least once a year?

“Professional development and continuing education” means on-site (e.g., school, district) and off-site (e.g., city, county, state, national) training opportunities.

3 = Yes.

2 = About half do.

1 = Few or none do, but there are plans for more to participate.

0 = Few or none do.

2.12 Teacher preparation for delivery of instruction on tobacco use

Do most or all who teach students about tobacco use prevention or tobacco use treatment participate in training specific to curriculum?

Training should include:

- ✓ discussion of the underlying theories and conceptual frameworks of the tobacco prevention and tobacco use treatment program
- ✓ review of tobacco prevention and tobacco use treatment program content
- ✓ demonstration of tobacco prevention and tobacco use treatment program activities by a skilled trainer
- ✓ participant practice of tobacco prevention and tobacco use treatment program activities at the training

3 = Yes.

2 = About half do.

1 = Few or none do, but there are plans for more to participate in training.

0 = Few or none do, or there is no specific curriculum for tobacco.

Module 2: Health Education
Score Card (photocopy before using)

Instructions: To complete this Score Card, first carefully read and discuss the Questionnaire on the following pages that contain specific questions and scoring descriptions. After all questions have been scored, respond to the Planning Questions on the next page.

	Fully in Place	Partially in Place	Under Development	No
2.1 Required health education course	3	2	1	0
2.2 Sequential health education curriculum	3	2	1	0
2.3 Curriculum consistent with standards	3	2	1	0
2.4 Health education grades	3	2	1	0
2.5 Essential tobacco prevention topics	3	2	1	0
2.6 Opportunities to practice skills	3	2	1	0
2.7 Active learning strategies	3	2	1	0
2.8 Culturally appropriate examples and topics	3	2	1	0
2.9 Assignments encourage student interactions with family and community	3	2	1	0
2.10 Certified health education teachers	3	2	1	0
2.11 Continuing education for teachers	3	2	1	0
2.12 Teacher preparation for delivery of instruction on tobacco use	3	2	1	0
Total the number of circled responses in each column				

Multiply by the point value

___ x3 ___ x2 ___ x1 ___ x0

Subtotals

+ + +

Total points earned

Total points possible

36

Percentage (total points earned/36 x 100)

%

Module 2: Health Education

Planning Questions (photocopy before using)

These planning questions will help your school use its tobacco-free assessment results to identify and prioritize changes needed to improve your tobacco-free policies and tobacco prevention and reduction services.

1. Based on the scores earned for each question in Module 2, what are the strengths and weaknesses of your school's tobacco use policies and tobacco prevention and reduction services?

2. To improve each of the weaknesses identified in question 1, identify recommendations for action.

MODULE 3: PHYSICAL EDUCATION

3.1 Integration of health education and physical education

Are the health benefits of not using tobacco, including chewing or spit tobacco, and the adverse consequences of tobacco use on physical performance, taught as part of the physical education curriculum? If so, are the students asked to sign a contract or pledge that they will become or remain tobacco-free?

3 = Yes.

2 = The health benefits of not using tobacco and the adverse consequences of tobacco use on physical performance are taught, but the students are not asked to sign a tobacco-free contract.

1 = No, but there are plans to do so.

0 = No.

3.2 Tobacco-free contract for participation in athletic or intramural activities

Are students that participate in athletic or intramural activities asked to sign a tobacco-free contract and, if so, are there consequences for violating the contract, such as not being allowed to participate?

3 = Yes.

2 = Yes, but not in all areas.

1 = No, but there are plans to do so.

0 = No.

Module 3: Physical Education
Score Card (photocopy before using)

Instructions: To complete this Score Card, first carefully read and discuss the Questionnaire on the following pages that contain specific questions and scoring descriptions. After all questions have been scored, respond to the Planning Questions on the next page.

	Fully in Place	Partially in Place	Under Development	No
3.1 Integration of health education and physical education	3	2	1	0
3.2 Tobacco-free contract for participation in athletic or intramural activities	3	2	1	0
Total the number of circled responses in each column				

Multiply by the point value

x2 x2 x1 x0

Subtotals

+ + +

Total points earned

Total points possible

 6

Percentage (total points earned/6 x 100)

%

Module 3: Physical Education

Planning Questions (photocopy before using)

These planning questions will help your school use its tobacco-free assessment results to identify and prioritize changes needed to improve your tobacco-free policies and tobacco prevention and reduction services.

1. Based on the scores earned for each question in Module 3, what are the strengths and weaknesses of your school's tobacco use policies and tobacco prevention and reduction services?

2. To improve each of the weaknesses identified in question 1, identify recommendations for action.

MODULE 4: NUTRITION SERVICES

4.1 Promote a 24-hour tobacco-free policy

Is tobacco use prohibited in the following areas, 24 hours a day:

- ✓ dining room and kitchen areas
- ✓ concession stands during athletic and intramural activities, both on- and off-campus

3 = Yes.

2 = Tobacco use is prohibited in the dining room and kitchen areas, but not in the concession stands during athletic and intramural activities.

1 = No, but there are plans to do so.

0 = No.

Module 4: Nutrition Services Score Card (photocopy before using)

Instructions: To complete this Score Card, first carefully read and discuss the Questionnaire on the following pages that contain specific questions and scoring descriptions. After all questions have been scored, respond to the Planning Questions on the next page.

	Fully in Place	Partially in Place	Under Development	No
4.1 Promote a 24-hour tobacco-free policy	3	2	1	0
Total the number of circled responses in each column				

Multiply by the point value

x3 x2 x1 x0

Subtotals

+ + +

Total points earned

Total points possible

 3

Percentage (total points earned/3 x 100)

%

Module 4: Nutrition Services

Planning Questions (photocopy before using)

These planning questions will help your school use its tobacco-free assessment results to identify and prioritize changes needed to improve your tobacco-free policies and tobacco prevention and reduction services.

1. Based on the scores earned for each question in Module 4, what are the strengths and weaknesses of your school's tobacco use policies and tobacco prevention and reduction services?

2. To improve each of the weaknesses identified in question 1, identify recommendations for action.

MODULE 5: SCHOOL HEALTH SERVICES

5.1 Promote tobacco prevention and tobacco use treatment

Does the school nurse or other health service provider actively promote tobacco prevention and tobacco use treatment to students and their families through the following activities:

- ✓ distribution of educational materials
- ✓ consultation
- ✓ small group discussions
- ✓ tobacco use treatment programs, on-site or through referral
- ✓ presentations

3 = Yes, through most of the methods listed above.

2 = Through one or two of the methods listed above.

1 = No, but there are plans to start doing so.

0 = No, or the school does not have a school nurse or other health service provider.

5.2 Collaborate with staff

Does the school nurse or other health service provider collaborate with other school staff to promote tobacco prevention and tobacco use treatment?

Examples of ways to collaborate include:

- ✓ policy development
- ✓ curriculum development
- ✓ unit/lesson planning
- ✓ special events and projects
- ✓ in-service training on the health and academic benefits of abstaining from tobacco
- ✓ encourage identification and referral of students

Examples of other school staff include:

- ✓ counselors
- ✓ psychologists
- ✓ social workers
- ✓ health education workers
- ✓ physical education teachers
- ✓ coaches
- ✓ classroom teachers
- ✓ food service staff
- ✓ maintenance and transportation staff

3 = Yes, with most of the staff listed above.

2 = With one or two of the staff listed above.

1 = No, but there are plans to collaborate.

0 = No, or the school does not have a school nurse or other health service provider.

5.3

Does the school nurse or other health service provider identify students at risk of using, or currently using tobacco and provide self-help materials, referral to tobacco use treatment programs, or brief clinical interventions?

Brief clinical interventions should follow the U.S. Department of Health and Human Services Clinical Practice Guidelines* that include strategies for students: a) willing to quit, b) unwilling to quit, c) the recent quitter.

Brief clinical interventions should consist of the 5 As:

- ✓ asking about tobacco-use: identify and document tobacco use status with every student, every visit
- ✓ advising to quit: urge every user to quit, in a way that is easy for them to understand
- ✓ assessing willingness to make a quit attempt: determine the student's willingness to quit
- ✓ assisting in quit attempt: for willing students, counsel them on how to quit
- ✓ arranging for a follow-up visit: schedule follow-up contact within the first week of quit date

3 = Yes, all three are offered to tobacco using students (self help materials, tobacco use treatment program referrals, and brief clinical interventions).

2 = For two of the three areas.

1 = For one of the three areas.

0 = No.

*U.S. Department of Health and Human Services. (2000) Clinical Practice Guidelines – Treating Tobacco-Use and Dependence. Rockville, MD. Guideline documents are available at: www.surgeongeneral.gov/default.htm.

Module 5: School Health Services

Score Card (photocopy before using)

Instructions: To complete this Score Card, first carefully read and discuss the Questionnaire on the following pages that contain specific questions and scoring descriptions. After all questions have been scored, respond to the Planning Questions on the next page.

	Fully in Place	Partially in Place	Under Development	No
5.1 Promote tobacco prevention and tobacco use treatment	3	2	1	0
5.2 Collaborate with staff	3	2	1	0
5.3 Identify and refer students with problems	3	2	1	0
Total the number of circled responses in each column				

Multiply by the point value

x3 x2 x1 x0

Subtotals

+ + +

Total points earned

Total points possible

 9

Percentage (total points earned/9 x 100)

%

Module 5: School Health Services

Planning Questions (photocopy before using)

These planning questions will help your school use its tobacco-free assessment results to identify and prioritize changes needed to improve your tobacco-free policies and tobacco prevention and reduction services.

1. Based on the scores earned for each question in Module 5, what are the strengths and weaknesses of your school's tobacco use policies and tobacco prevention and reduction services?

2. To improve each of the weaknesses identified in question 1, identify recommendations for action.

MODULE 6: SCHOOL COUNSELING, PSYCHOLOGICAL, AND SOCIAL SERVICES

6.1 Promote tobacco prevention and tobacco use treatment

Do school counseling, psychological, or social work services staff actively promote tobacco prevention and tobacco use treatment to students and their families through the following:

- ✓ distribution of educational materials
- ✓ consultation
- ✓ small group discussions
- ✓ tobacco use treatment programs, on-site or through referral
- ✓ presentations
- ✓ computer-based tobacco prevention or tobacco use treatment programs
- ✓ telephone quit lines (some insurance companies provide this service to their members, such as Blue Cross Blue Shield Health Line and Health Alliance Plan)

3 = Yes, through most of the methods listed above.

2 = Through one or two of the methods.

1 = No, but there are plans to start doing so.

0 = No, or the school does not have any counseling, psychological, and social services staff.

6.2 Collaborate with staff

Do school counseling, psychological, or social services staff collaborate with other school staff to promote tobacco prevention and tobacco use treatment?

Examples of ways to collaborate include:

- ✓ policy development
- ✓ curriculum development
- ✓ unit/lesson planning
- ✓ special events and projects
- ✓ in-service training on the health and academic benefits abstaining from tobacco
- ✓ encourage identification and referral of students

Examples of other school staff include:

- ✓ school nurse or other health service provider
- ✓ health education teachers
- ✓ physical education teachers
- ✓ coaches
- ✓ classroom teachers
- ✓ food service staff

3 = Yes, with most of the staff listed above.

2 = With one or two of the staff listed above.

1 = No, but there are plans to collaborate.

0 = No, or the school does not have any counseling, psychological, or social services staff.

6.3 Identify and refer students who are using, or at risk of using tobacco

Do school counseling, psychological, or social work services staff identify student using, or at risk of using, tobacco products and provide self-help materials, referral to tobacco use treatment programs, or brief clinical interventions?

Brief clinical interventions should follow the U.S. Department of Health and Human Services Clinical Practice Guidelines* that include strategies for students: a) willing to quit, b) unwilling to quit, and c) the recent quitter.

Brief clinical interventions should consist of the 5 A's:

- ✓ asking about tobacco use: identify and document tobacco use status with every student, every visit
- ✓ advising to quit: urge every user to quit, in a way that is easy for them to understand
- ✓ assess willingness to make a quit attempt: determine the student's willingness to quit
- ✓ assisting in quit attempt: for willing students, counsel them on how to quit
- ✓ arranging for a follow-up visit: schedule follow-up contact within the first week of quit date

3 = Yes, all three are offered (self-help materials, tobacco use treatment program referrals, and brief clinical interventions).

2 = For two of the three areas.

1 = For one of the three areas.

0 = No.

U.S. Department of Health and Human Services. (2000) Clinical Practice Guidelines – Treating Tobacco-Use and Dependence. Rockville, MD. Guideline documents are available at www.surgeongeneral.gov/tobacco/default.htm.

Module 6: School Counseling, Psychological, and Social Services

Score Card (photocopy before using)

Instructions: To complete this Score Card, first carefully read and discuss the Questionnaire on the following pages that contain specific questions and scoring descriptions. After all questions have been scored, respond to the Planning Questions on the next page.

	Fully in Place	Partially in Place	Under Development	No
6.1 Promote tobacco prevention and tobacco use treatment	3	2	1	0
6.2 Collaborate with staff	3	2	1	0
6.3 Identify and refer students who are using, or at risk of using tobacco	3	2	1	0
Total the number of circled responses in each column				

Multiply by the point value

x3
 x2
 x1
 x0

Subtotals

+
 +
 +

Total points earned

Total points possible

9

Percentage (total points earned/9 x 100)

%

Module 6: School Counseling, Psychological, and Social Services

Planning Questions (photocopy before using)

These planning questions will help your school use its tobacco-free assessment results to identify and prioritize changes needed to improve your tobacco-free policies and tobacco prevention and reduction services.

1. Based on the scores earned for each question in Module 6, what are the strengths and weaknesses of your school's tobacco use policies and tobacco prevention and reduction services?

2. To improve each of the weaknesses identified in question 1, identify recommendations for action.

MODULE 7: HEALTH PROMOTION FOR STAFF

7.1 Health screening for staff

Does the school or district offer or provide easy access to a free or reasonably priced physical health screening for staff at least once a year?

A physical health screening is where staff members are examined for acute or chronic diseases, or health risk factors, and are provided with feedback on how to reduce health risks and improve or eliminate chronic disease.

“Provide access to” means that the school or district has a special arrangement for staff to receive health screening either on- or off-site through a community program or employer provided health insurance.

Examples of health screenings include:

- ✓ height and weight
- ✓ blood pressure
- ✓ cholesterol screening
- ✓ diabetes/blood sugar screening
- ✓ tobacco use

3 = Yes.

2 = Yes, the school or district offers or provides access to physical health screenings, but they are not reasonably priced or easily accessible.

1 = No, but there are plans to do so.

0 = No.

7.2 Tobacco prevention and tobacco use treatment programs for staff

Does the school or district offer or facilitate easy access to tobacco prevention resources and tobacco use treatment programs for staff?

“Facilitate” means that the school or district has a special arrangement for staff to receive services at a community facility, provides information, such as tobacco prevention resources or a smoking tobacco use treatment program directory, or provides referrals for resources and programs.

Examples of resources include:

- ✓ tobacco use treatment counseling
- ✓ classes
- ✓ workshops
- ✓ support groups
- ✓ prevention materials
- ✓ local tobacco reduction coalitions
- ✓ referral to local physician
- ✓ computer-based tobacco use treatment programs

- ✓ telephone quit lines (offered through insurance programs, such as Blue Cross Blue Shield Health Line and Health Alliance Plan)
- ✓ pharmacological quitting aids, such as nicotine replacement therapy (e.g., nicotine patch, gum, etc.) and non-nicotine therapy (e.g., Zyban)

3 = Yes.

2 = Yes, the school or district offers or provides easy access to tobacco prevention resources or smoking tobacco use treatment resources, but they are not reasonably priced.

1 = No, but there are plans to do so.

0 = No.

7.3 Promote and encourage staff participation

Does the school or district promote and encourage staff participation in tobacco prevention and tobacco use treatment programs?

Examples of ways to “promote and encourage staff participation” include:

- ✓ information at new staff orientation
- ✓ information on programs provided with paychecks
- ✓ flyers posted on school walls
- ✓ mailings to staff
- ✓ announcements at staff meetings
- ✓ staff newsletter articles
- ✓ incentive/reward programs
- ✓ public recognition of staff participation
- ✓ health insurance discounts
- ✓ budget for staff health promotion

3 = Yes, through two or more ways listed above.

2 = Through one of the ways.

1 = No, but there are plans to start doing so.

0 = No.

7.4 Budget for staff health promotion

Is there a school or district budget for staff health promotion activities? Does the budget include a salary for a coordinator?

“Coordinator” means a full or part time employee who is responsible for planning, designing, implementing, and evaluating staff health promotion activities.

3 = Yes.

2 = There is a budget, but it does not include a salary for a full- or part-time coordinator.

1 = No, but there are plans to create a budget.

0 = No.

Module 7: Health Promotion for Staff
Score Card (photocopy before using)

Instructions: To complete this Score Card, first carefully read and discuss the Questionnaire on the following pages that contain specific questions and scoring descriptions. After all questions have been scored, respond to the Planning Questions on the next page.

	Fully in Place	Partially in Place	Under Development	No
7.1 Health screening for staff	3	2	1	0
7.2 Tobacco prevention and tobacco use treatment programs for staff	3	2	1	0
7.3 Promote and encourage staff participation	3	2	1	0
7.4 Budget for staff health promotion	3	2	1	0
Total the number of circled responses in each column				

Multiply by the point value

___ x3 ___ x2 ___ x1 ___ x0

Subtotals

+ + +

Total points earned

Total points possible

 12

Percentage (total points earned/12 x 100)

%

Module 7: Health Promotion for Staff

Planning Questions (photocopy before using)

These planning questions will help your school use its tobacco-free assessment results to identify and prioritize changes needed to improve your tobacco-free policies and tobacco prevention and reduction services.

1. Based on the scores earned for each question in Module 7, what are the strengths and weaknesses of your school's tobacco use policies and tobacco prevention and reduction services?

2. To improve each of the weaknesses identified in question 1, identify recommendations for action.

MODULE 8: FAMILY AND COMMUNITY INVOLVEMENT

8.1 Promote tobacco education for families

Does the school provide families with many opportunities to learn about tobacco prevention and tobacco use treatment through educational materials sent home and involvement in school-sponsored activities?

Examples of educational materials include:

- ✓ homework assignments that require family participation
- ✓ brochures
- ✓ newsletter articles
- ✓ introduction to curricula

Examples of school-sponsored activities include:

- ✓ parent-teacher meetings
- ✓ health fairs
- ✓ sporting events
- ✓ assembly events

3 = Yes, provides many opportunities about tobacco prevention and tobacco use treatment.

2 = Provides some opportunities.

1 = No, but there are plans to start providing opportunities.

0 = No.

8.2 Student and family input into programs

Does the school formally obtain and review, at least once a year, input from students and their families about their satisfaction with the tobacco prevention and tobacco use treatment programs?

3 = Yes.

2 = From students or families, but not both, or less than once a year.

1 = No, but there are plans to start obtaining input.

0 = No.

8.3 Family and community involved in implementing programs

Do parents and other community members help plan, implement, and evaluate tobacco prevention and tobacco use treatment programs?

Examples of ways to “help plan, implement, and evaluate” include:

- ✓ volunteering to help in the classroom, or with special events
- ✓ serving on a curriculum committee
- ✓ designing or conducting a needs assessment or program evaluation
- ✓ assisting in the implementation of tobacco prevention and tobacco use treatment programs

3 = Yes.

2 = They help implement programs, but are not involved in planning or evaluation.

1 = No, but there are plans for future involvement.

0 = No.

8.4 School staff promote community-based programs and reviews

Does school staff inform students and their families of community-based tobacco reduction resources and programs?

Examples of "community-based tobacco reduction resources" include:

- ✓ state and local health departments
- ✓ American Cancer Society
- ✓ American Lung Association
- ✓ American Heart Association
- ✓ local tobacco reduction coalitions
- ✓ other youth leadership groups

Examples of "community-based tobacco reduction programs" for prevention include:

- ✓ American Lung Association's "Teens Against Tobacco Use" (TATU)
- ✓ American Nonsmoker's Rights Foundation's "Teens as Teachers" (TAT)

Examples of "tobacco use treatment programs" include:

- ✓ American Lung Association's "Not On Tobacco" (NOT) for youth
- ✓ American Lung Association's "Freedom From Smoking" for adults

3 = Yes, staff provide information for students and families.

2 = Staff provide information for students or families, but not both.

1 = No, but there are plans to start providing information.

0 = No.

8.5 Community access to school facilities outside of school hours

Do community members have access to school facilities outside of school hours to participate in or conduct tobacco prevention and tobacco use treatment programs?

“Outside of school hours” means after school, evenings, weekends, and during school vacations.

3 = Yes.

2 = The access is quite limited, or there is substantial cost involved.

1 = No, but there are plans to start allowing access to community members.

0 = No.

Module 8: Family and Community Involvement Score Card (photocopy before using)

Instructions: To complete this Score Card, first carefully read and discuss the Questionnaire on the following pages that contain specific questions and scoring descriptions. After all questions have been scored, respond to the Planning Questions on the next page.

	Fully in Place	Partially in Place	Under Development	No
8.1 Promote tobacco education for families	3	2	1	0
8.2 Student and family input into programs	3	2	1	0
8.3 Family and community involved in implementing programs	3	2	1	0
8.4 School staff promote community-based programs and resources	3	2	1	0
8.5 Community access to school facilities outside of school hours	3	2	1	0
Total the number of circled responses in each column				

Multiply by the point value

 x3 x2 x1 x0

Subtotals

+ + +

Total points earned

Total points possible

15

Percentage (total points earned/15 x 100)

%

Module 8: Family and Community Involvement

Planning Questions (photocopy before using)

These planning questions will help your school use its tobacco-free assessment results to identify and prioritize changes needed to improve your tobacco-free policies and tobacco prevention and reduction services.

1. Based on the scores earned for each question in Module 8, what are the strengths and weaknesses of your school's tobacco use policies and tobacco prevention and reduction services?

2. To improve each of the weaknesses identified in question 1, identify recommendations for action.

SECTION X: Resources

1. State and National Tobacco Reduction Resources

For more information on tobacco-related policy issues and tobacco prevention and tobacco use treatment resources contact:

STATE RESOURCES

Michigan Department of Community Health (MDCH) Division of Chronic Disease and Injury Control, Tobacco Section

109 W. Michigan Avenue

P.O. Box 30195

Lansing, MI 48913

(517) 335-8376

www.michigan.gov/tobacco

MDCH

Office of Drug Control Policy

Lewis Cass Building, 5th floor

320 S. Walnut St.

Lansing, MI 48913

(517) 241-0519

www.michigan.gov/mdch

Michigan Department of Education Grants Coordination and School Support Coordinated School Health and Safety Programs

P.O. Box 30008

Lansing, MI 48909

(517) 241-4284

www.michigan.gov/cshsp

Michigan Tobacco Quit Line

1-800-I CAN QUIT or 1-800-QUIT-NOW

The quit line offers information, referrals and free counseling sessions to assist Michigan residents who qualify, including youth, to quit smoking. An intake is completed by quit line staff to determine eligibility status for counseling. Information in counseling sessions is kept confidential.

Students Against Destructive Decisions

(Founded as Students Against Driving Drunk)

Michigan Chapter 1200 West Huron Street, Suite 206

(248) 706-0757

www.slstoday.org

Council of Michigan Foundations - Local Community Foundations

http://www.michiganfoundations.org/s_cmf/index.asp

These foundations may offer funding to school-based youth tobacco prevention and tobacco use treatment programs.

Prevention Michigan, Inc.
P.O. Box 4458
East Lansing, MI 48826-4458
1-800-968-4968
www.preventionnetwork.org

NATIONAL RESOURCES

American Cancer Society

(800) ACS-2345 or check your phone book for local chapter listings.
www.cancer.org

Tobacco Control section is divided into four categories: Health Issues, Quitting Tips, Public Issues, and Smoking-Related Cancers.

American Heart Association

(800) 242-8721 or check your phone book for local chapter listings.
www.aha.org

For grassroots and tobacco-related legislation issues, contact (202) 785-7900.

American Lung Association

(800) Lung-USA or check your phone book for local chapter listings.
www.lungusa.org

Tobacco Control Section includes smoking tobacco use treatment information, smoking and women, smoking and teens. This site also includes information on the Not On Tobacco (N-O-T) teen smoking tobacco use treatment program.

Americans for Non-Smoker's Rights Foundation

(510) 841-3032
www.no-smoke.org

This site includes information on secondhand smoke, youth, smoke-free advocacy, tobacco industry tactics, and documents.

Centers for Disease Control and Prevention Office on Smoking and Health

(800) CDC-1311
<http://www.cdc.gov/tobacco/>

CDC's Tobacco Information and Prevention Source (TIPS) offers an up-to-the-minute count of the young people who have started smoking so far this year. This site also includes the Surgeon General's reports, quit tips, research and data, tips for kids, tips for teens, educational materials and publications.

**Centers for Disease Control and Prevention
Division of Adolescent School Health (DASH)**

(888) 231-6405

<http://www.cdc.gov/nccdphp/dash>

This site provides information on CDC's school health program guidelines, surveillance, and evaluation tools, as well as school health data, programs, and policies.

Community Intervention

http://www.communityintervention.org/ttopic_tobacco

This site offers information about the Tobacco Education Group (TEG) and Tobacco Awareness Program (TAP). These are intervention and tobacco use treatment programs for teens.

National Center for Tobacco-Free Kids/Campaign for Tobacco-Free Kids

(800) 248-KIDS

www.tobaccofreekids.org

This site offers campaign initiatives, tobacco news, tobacco ad gallery, press, and research.

Search Institute

(800) 888-7828

www.searchinstitute.org

This site offers a description of the agency's mission, the 40 Developmental Assets, and information on the Search Institute's surveys and student profiles.

**U.S. Department of Education
Office of Safe and Drug-Free Schools**

(202) 260-3954

<http://www.ed.gov/about/offices/list/osdfs/index.html>

This site offers a description of the agency's mission and information on the types of grants they offer, as well as substance abuse and violence prevention programs and activities that they support.

Utah Department of Health

<http://www.tobaccofreeutah.org/end.html>

This site offers information and contacts for the Ending Nicotine Dependence (END) teen tobacco use treatment program in Utah.

Michigan Tobacco Reduction Coalitions

Michigan Community Tobacco Coalitions are also a resource and can assist schools in the adoption, implementation, and enforcement of 24/7-tobacco free school policies in addition to providing youth tobacco prevention and tobacco use treatment program. For a list of coalitions or to contact a coalition in your area, call the MDCH, Tobacco Section at 517-335-8376.

Regional School Health Coordinator Contact List:

The mission of the Comprehensive School Health Coordinators Association is to promote the health of children and their families in Michigan through leadership and advocacy for coordinated school health programming. They provide training and technical assistance for the Michigan Model for Health[®] curriculum.

<http://www.cshca.org>

Click on "Quick List of School Health Coordinators"

Michigan State Board of Education (SBE) Policy on Coordinated School Health Programs and Background

Read all of the SBE Policies online at www.michigan.gov/cshsp/ scroll to the bottom of the "What's New" section to find the link "State Board of Education adopted model policies addressing school health and safety."

Michigan Synar Compliance Checks Background

The Federal Synar amendment was signed into law in July 1992. It requires that states have in place a law prohibiting the sale of tobacco products to minors under age 18, that states actively enforce their youth tobacco and vending machine laws, and that states demonstrate to the Substance Abuse and Mental Health Services Administration (SAMHSA) the effectiveness of their enforcement efforts. States must use random unannounced inspections of retailers and cigarette vending machines to determine compliance with youth tobacco laws. If states do not meet the criteria outlined in the Synar regulations, SAMHSA may withhold up to 40 percent of the state's federal Substance Abuse Prevention and Treatment Block Grant funds. This could mean a loss of approximately \$22 million.

Michigan Youth Tobacco Act (YTA) prohibits: the sale of tobacco products to minors; minors from using or possessing tobacco products; the sale of a cigarette separately from its package. The YTA meets Synar requirements. The federal regulations require that states enforce this law to reduce the extent to which tobacco products are available to minors under age 18. The regulations also require states to develop a strategy for achieving a rate of less than 20 percent illegal sales to youth.

For more information on SYNAR, go to

<http://www.prevention.samhsa.gov/tobacco/default.aspx>

FDA Legislation and Restrictions on Outdoor Advertising of Tobacco Products Near Schools

The Federal Smoking Prevention and Tobacco Control Act (FSPTCA) of (2009) provision prohibits outdoor advertising of tobacco products within 1000 feet of schools or playgrounds. Schools will not be required to enforce this rule, but they can report violations to the Michigan Department of Community Health (MDCH), Tobacco Section, before FDA develops an online, formal reporting process. For more information on the FSPTCA go to: <http://www.fda.gov/TobaccoProducts/default.htm>. Please refer to the Resources Section for MDCH, Tobacco Section contact information.