

Michigan State Board of Education
Model 24/7 Tobacco-Free Schools Policy

Preface

The Michigan State Board of Education (SBE) recognizes and acknowledges that “schools cannot achieve their primary mission of education if students and staff are not physically, mentally and socially healthy.” The SBE believes that schools should provide a campus-wide environment where students are taught the knowledge, skills, and values for healthy lifestyles.

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

Tobacco use is a danger to everyone, capable of killing and disabling both those who use the product and those who are exposed to others’ use.^{1,2} It can be immediately life threatening for those who have asthma and other respiratory illnesses. Because the danger of tobacco use is now so well known, the majority of Michigan residents are protected by family policies that ban tobacco smoke in their homes.³ It is therefore reasonable to assume that most Michigan families do not want their children exposed to tobacco in school.

In addition to being a deadly health hazard, exposure to tobacco has demonstrated negative effects on school performance. Recent research suggests that exposure to tobacco smoke is related to cognitive deficits, even at extremely low levels of exposure.⁴ Analysis of the Michigan Youth Risk Behavior Survey results indicates that students who struggle academically in school are twice as likely to use tobacco and ten times more likely to smoke heavily than other students.⁵ Tobacco use and exposure also interfere with school attendance, decreasing opportunities for learning for those who use tobacco, as well as for those with respiratory illnesses.^{6,7}

Emerging research also suggests that school health policies prohibiting tobacco use, when consistently enforced, are an essential part of lowering teen smoking rates.⁸ This Policy on 24/7 Tobacco-Free Schools builds on existing State Board of Education policies including the Policy on the Management of Asthma in Schools.⁹

Therefore, it is recommended that every local school district develop a 24/7 Tobacco-Free Schools Policy that:

1. Prohibits all use. Research suggests that young people are strongly influenced to use tobacco by the role modeling of adults and peers.^{10, 11, 12} The research is also unequivocal that tobacco smoke results in serious, ongoing health problems for children and adolescents.¹³ Schools should therefore prohibit the use of any tobacco product in all school-related situations, by any person, at any time, in

any location, and at any event. Comprehensive 24/7 tobacco-free school policies prohibit the use of all types of tobacco on all school property and at all school sponsored events and functions on or off campus, by all people (including students, employees, visitors, contractors, delivery drivers, etc.).

- a. "Any tobacco product" includes but is not limited to; cigarettes, cigars, spit tobacco, snus, snuff, chewing tobacco, pipe tobacco, waterpipe, vapor product, electronic smoking device, heated tobacco product. Tobacco products include all products deemed to be within the regulatory authority of the US Food and Drug Administration Center for Tobacco Products in 21 U.S.C. 387 through 387U. A tobacco product does not include a product specifically approved by the United States Food and Drug Administration for sale as a tobacco cessation product that is being marketed and sold solely for the approved purpose.
 - b. "Any person" includes students, staff, visitors, all groups using school property, and any other persons. Because the State Board of Education believes that public education's responsibility extends to the health and learning of all students, alternative and vocational programs are included in this prohibition.
 - c. "Any time" means 24 hours per day, seven days per week, and 365 days per year.
 - d. "Any location" includes the school's property, grounds, buildings, and vehicles, even when school is out of session or the event is sponsored by another organization.
 - e. "Any event" includes all school-sponsored events, whether on or off school property.
2. Prohibits tobacco advertising or promotion. Studies suggest that tobacco advertising and promotion influence tobacco use. ^{14,15} Schools should therefore prohibit tobacco advertising or promotion:
- a. on signs,
 - b. on clothing such as T-shirts, caps, or bags,
 - c. through sponsorship of school events.
3. Identifies the responsibility of the school administrator to:
- a. communicate this policy verbally to students, staff, family members, and visitors, at school events, through signage, and in the student code of conduct.
 - b. develop and implement procedures for consistent and fair enforcement.
 - c. develop educational alternatives to suspension.
 - d. treat violators who are students or staff with disciplinary action in the same magnitude and manner as violations of other school policies.
 - e. ensure that visitors who violate the policy discontinue using the tobacco product or leave the premises.
 - f. include the expectation that the prohibition will be enforced in contracts with outside groups who use the school building.

- g. coordinate with local law enforcement agencies on enforcement of the [Youth Tobacco Act](#) and the [Michigan Penal Code](#) related to tobacco use.
4. Encourages and helps students and staff to quit using tobacco. Nearly 46 per cent of students who are current smokers have tried to quit smoking in the past year.¹⁶ Smokers who quit before age 30 will undo much of the health damage caused by tobacco use.¹⁷ Schools should therefore provide access to developmentally-appropriate cessation programs and/or information about community cessation programs.^{18,19}
5. Builds on existing local Board of Education policies related to the Whole School, Whole Community, [Whole Child](#) (WSCC) Framework, school health programs, comprehensive school health education, and management of asthma.

ENDNOTES

¹U.S. Department of Health and Human Services. The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014.

²U.S. Department of Health and Human Services. A Report of the Surgeon General: How Tobacco Smoke Causes Disease: What It Means to You. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2010.

³Michigan BRFSS Annual reports 2016 : https://www.michigan.gov/mdhhs/0,5885,7-339-71550_5104_5279_39424-134600--,00.html

⁴Jonathan Ling and Thomas Heffernan. The Cognitive Deficits Associated with Second-Hand Smoking. *Frontiers in Psychiatry*. (2016)V 7, 46. PMC4805605; PMID: 27047401 doi: 10.3389/fpsyt.2016.00046

⁵Ruoling Chen MD, PhD; Angela Clifford PhD; Linda Lang PhD; Kaarin J. Anstey PhD. Is exposure to secondhand smoke associated with cognitive parameters of children and adolescents? -a systematic literature review. *Annals of Epidemiology*. Volume 23, Issue 10, October 2013, Pages 652-661. <https://doi.org/10.1016/j.annepidem.2013.07.001>

⁶Michigan Profile for Healthy Youth:2017-2018: Percentage of students who smoked cigarette during the past 30 days, cigars, cigarillos, little cigars or used electronic vapor products by their Academics: As/Bs vs Ds/Fs. <https://mdoe.state.mi.us/schoolhealthsurveys/ExternalReports/CountyReportGeneration.aspx>

⁷U.S. Department of Health and Human Services. Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2012.

⁸Evans-Whipp T, Beyers JM, Lloyd S, Lafazia AN, Toumbourou JW, Arthur MW, Catalano RF. A review of school drug policies and their impact on youth substance use. *Health Promotion International*. 2004;19(2):227–34. And U.S. Department of Health and Human Services. Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2012.

⁹Policy on the Management of Asthma in Schools (January 2005). Michigan State Board of Education. http://www.michigan.gov/documents/MDE_Asthma_Policy_Board_10_2004_115301_7.pdf.

¹⁰Alves, Joana, Perelman, Julian, Soto-Rojas, Victoria, Richter, Matthias, Rimpela, Arja, Loureiro Bruno, Isabel, Mirte, Federico, Kuipers, A.G., Kunst, Anton, Lorant, Vincent. (2017). The Role of Parental Smoking on Adolescent Smoking and its Social Patterning: A cross-sectional survey in six European Cities. *Journal of Public Health*, 39 (2), 339-346. <https://doi.org/10.1093/pubmed/fdw040>

¹¹Liu, J., Zhao, S., Chen, X., Falk, E. B., & Albarracín, D. (2017). The Influence of Peer Behavior as a Function of Social and Cultural Closeness: A Meta-Analysis of Normative Influence on Adolescent Smoking Initiation and Continuation. *Psychological Bulletin*, 143 (10), 1082-1115. <https://doi.org/10.1037/bul0000113>

¹²Yue, Liao, Zhaoqing, Huang, Huh, Jimi, Pentz, Mary Ann, Chou, Chih-Ping (2013). Changes in Friends' and Parental Influences on Cigarette Smoking From Early Through Late Adolescence. *Journal of Adolescent Health*, 53 (1), 132-138. <https://doi.org/10.1016/j.jadohealth.2013.01.020>

¹³Secondhand Smoke (SHS) Facts. Centers for Disease Control and Prevention. Accessed online: 5.20.19. https://www.cdc.gov/tobacco/data_statistics/fact_sheets/secondhand_smoke/general_facts/index.htm

¹⁴John P. Pierce, James D. Sargent, Martha M. White, Nicolette Borek, David B. Portnoy, Victoria R. Green, Annette R. Kaufman, Cassandra A. Stanton, Maansi Bansal-Travers, David R. Strong, Jennifer L. Pearson, Blair N. Coleman, Eric Leas, Madison L. Noble, Dennis R. Trinidad, Meghan B. Moran, Charles Carusi, Andrew Hyland, Karen Messer. (2017). Receptivity to Tobacco Advertising and Susceptibility to Tobacco Products. *Pediatrics*, 139 (6). Accessed online 5.20.19. <https://pediatrics.aappublications.org/content/pediatrics/139/6/e20163353.full.pdf>

¹⁵Abraham Brown, Crawford Moodie, The influence of tobacco marketing on adolescent smoking intentions via normative beliefs, *Health Education Research* 2009, 24(4):721-733 <https://doi.org/10.1093/her/cyp007>

¹⁶Youth Risk Behavior Survey (2017).

¹⁷Preventing Tobacco Use among Youth and Young Adults: A Report of the Surgeon General (2012). U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking

and Health.

https://www.cdc.gov/tobacco/data_statistics/sgr/2012/consumer_booklet/pdfs/consumer.pdf

¹⁸Information about cessation programs may be obtained through The Michigan Tobacco Quitline <https://michigan.quitlogix.org/en-US/> Michigan Department of Health and Human Resources Quit Tobacco Tools https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2955_2973_53244---,00.html

¹⁹Youth Tobacco Cessation: A Guide for Making Informed Choices (2005). Centers for Disease Control and Prevention. http://www.cdc.gov/tobacco/educational_materials/cessation/youth_cess/index.htm .